



FAMILIES OVERVIEW AND SCRUTINY COMMITTEE AGENDA

Thursday, 16 June 2016 at 1.30 pm in the Bridges Room - Civic Centre

From the Chief Executive, Jane Robinson

Item Business

1. Apologies for absence

2. Minutes of last meeting (Pages 3 - 10)

The Committee is asked to approve as a correct record the minutes of the last meeting held on 14 April 2016

3. Constitution (Pages 11 - 12)

Report of the Chief Executive

4. Role and Remit (Pages 13 - 14)

Joint Report of the Chief Executive and Strategic Director, Corporate Services and Governance

5. The Council Plan - Year End Assessment of Performance and Delivery 2015-16 (Pages 15 - 54)

Joint report of the Chief Executive and Interim Strategic Director, Care Wellbeing and Learning

6. Corporate Strategic Tracker and Target Indicators 2020 (Pages 55 - 62)

Joint Report of the Chief Executive and Interim Strategic Director, Care Wellbeing and Learning

7. 0-19 Public Health Developments (Pages 63 - 70)

Report of Director of Public Health, Care Wellbeing and Learning

8. Review of Children's Oral Health in Gateshead - Scoping Report (Pages 71 - 76)

Report of Director of Public Health, Care Wellbeing and Learning

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Date: Wednesday, 8 June 2016

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GATESHEAD METROPOLITAN BOROUGH COUNCIL
FAMILIES OVERVIEW AND SCRUTINY COMMITTEE MEETING

Thursday, 14 April 2016

- PRESENT:** Councillor M Brain (Chair)
- Councillors: J Adams, L Caffrey, B Clelland, J Graham, D Robson, S Ronchetti, C Simcox and A Thompson
- CO-OPTED:** John Wilkinson, Jill Steer, Sasha Ban and Maveen Periera
- IN ATTENDANCE:** Councillor S Green

F38 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors Geddes, McCartney, S Craig, Hawkins, Oliphant and McNally.

The Chair welcomed the new parent governor representative, Maveen Pereira, to the meeting.

F39 MINUTES OF LAST MEETING

The minutes of the meeting held on 3 March were agreed subject to the inclusion of the following points that were made under Minute F36 'OSC Review – Evidence Gathering';

- Whether there is the possibility of creating a Multi Agency Safeguarding Hub (MASH) for Children in the future.
- In order to monitor safeguarding, a breakdown of referrals from individual organisations was suggested.

F40 REVIEW OF CHILD PROTECTION IN GATESHEAD - FINAL REPORT

Committee received the draft final report on the review of child protection in Gateshead. The scope of the review was to look at how safeguarding works in Gateshead, with the Committee looking at potential future developments. Committee was reminded that the review took place over four evidence gathering sessions, particularly focused on the legislative framework and the child protection process and the journey from referral to assessment. During the evidence gathering sessions the indicators of need were looked at and a detailed case study of the journey of a family was discussed.

It was noted that from the evidence gathering sessions recommendations have been drafted, these are;

- Additional work to be undertaken to further improve the availability of GP

reports at Initial Child Protection Conferences and Review Child Protection Conferences.

- Improvement to the detail of data provided in relation to school referrals to children's social care: Providing a breakdown by school to facilitate the Committee's scrutiny of safeguarding within education.
- Review the evidence in light of the latest Ofsted inspection findings published on 11 March 2016.

The Committee also agreed to add an additional recommendation around further looking at the possibility of a MASH for children in the future.

In terms of GP reports, it was suggested that a report should be taken to the Health and Wellbeing Board as the CCG and GP Federation are represented there.

A query was raised about the retention of Social Workers following the recent loss of some workers to another local authority which had received an inadequate rating by Ofsted. It was confirmed that some staff have left to go to another authority which is in a position to pay significantly more for Social Workers, Gateshead is not in a position to compete with the rate of pay. There are plans to replace the staff who have left and at present the loss is being managed. Staff have been briefed about the difficulties of working for an inadequate authority and the advantages of working for a good authority. It was noted that Gateshead is able to attract good staff because it is the only local authority in the region with a good rating from Ofsted. It was questioned whether there has been a risk assessment carried out in case more staff leave. It was confirmed that good agency staff have been secured in case they are needed to be put in place quickly, in addition there is a rolling continuous advert for the recruitment of Social Workers. It was agreed to bring back a report to Committee on the recruitment and retention of Social Workers in Gateshead.

RESOLVED -

That the Committee agreed the recommendations, subject to the additions discussed, and agreed that the Chair present the report to Cabinet as representing the Committee's findings and recommendations of the review.

F41 MONITORING REPORT - REVIEW OF ROLE OF THE COUNCIL IN SUPPORTING EDUCATIONAL OUTCOMES

The Committee received a monitoring report following last year's review of the role of the Council in supporting the educational outcomes of vulnerable and poorly performing pupils.

It was noted that schools are continuing to be challenged around gaps in attainment and currently the biggest issue is at Key Stage 4. Governing Bodies and inspection teams have received training around giving robust but appropriate challenge to schools. The strategic delivery of education services is a key part of the Council's ongoing review as a response to the reducing budget. It was noted that this financial year there has been a 40% budget reduction, however there have been no redundancies as services have traded more.

In terms of Special Schools and specialist support from the NHS, work is continuing and will form part of the Committee's annual discussion with Special School Headteachers. Since the final report, Eslington School is now on two sites so there is double the capacity. It was suggested that teachers from ARMS units should be invited to future Special Schools Conferences.

It was acknowledged that the impact on pupils is difficult to measure, however the gap between disadvantaged pupils and others has increased by the end of Key Stage 4.

Next steps include, developing the skills of Governors to challenge leaders, this will continue to be reviewed. Following the publication of the White Paper consideration will need to be given as to where school improvement will sit in the future. Consultation between the local authority and Special School Headteachers to ensure the correct number and types of places in special education are available. In particular, there has been an increase in autistic pupils and it is therefore important to have enough adequate places for all pupils. It was also noted that analysis of 2015/16 exam data will be carried out to assess the level of impact in closing the attainment gap between vulnerable pupils and others.

A summary of the White Paper was provided and the main points highlighted. It was noted that there is a push to move to multi-academy trusts chains, which can be cross authorities. There is also proposed a new government power to convert underperforming schools to academies. The White Paper also sets out the future role of local authorities, this is to ensure every child has a school place, the needs of vulnerable pupils are met and acting as champions for all parents and families.

It was questioned whether local authorities can become sponsors for multi-academy trust. It was noted that there are currently talks with the DfE ongoing around potential models, however no further information has been provided yet. Concerns were raised about the impact on the whole borough if the local authority is no longer driving attainment. It was confirmed that there is a motion to full Council next week and a meeting is planned for May to meet with Headteachers and Governors about where to go next.

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

F42 CLOSING THE GAP ANNUAL REPORT

The Committee received a report highlighting the academic performance of disadvantaged and poorly performing pupils. Following Committee's review in 2015/16 it was recommended that an annual report be brought to Committee on the gap between disadvantaged and other pupils.

It was noted that at foundation stage, the achievement gap in Gateshead has narrowed since last year, this is just below national gap. In terms of end of year 1 phonic assessment it was noted that the achievement gap remained static within

Gateshead, however the achievement of disadvantaged children increased nationally. It was reported that at Key Stage 1, nationally the achievement of disadvantaged children has increased, gaps have grown in attainment in maths in Gateshead but it is not a significant increase. At Key Stage 2, 72% of disadvantaged pupils got level 4, this was a 2% increase in Gateshead, however, in terms of national ranking Gateshead dropped from 40 in 2014 to 46 in 2015.

It was questioned whether the ethnic make up of Gateshead is a factor in attainment figures and that Gateshead's figures may be skewed in comparison to more diverse areas. It was acknowledged that this may be the case as white working class boys are usually at the bottom of attainment figures, however there are no statistics to analyse this.

It was reported that at Key Stage 4, achievement of 5 A*-C's including English and Maths fell and national ranking dropped from 50 in 2014 to 105 in 2015. It was acknowledged that this is disappointing as work is continuing to close the gap but is not reflected in outcomes. Therefore, officers are waiting for the new data set to see whether there are improvements and if the ongoing work is effective. It was confirmed that Link Inspectors continue to challenge school on the impact of pupil premium funding, which is hoped will help narrow the gap.

The point was made that more needs to be done to look at the underlying issues as to why young people are not learning and look at different models, for example the impact of cutting support services to some vulnerable groups like youth services and careers advice. It was acknowledged that narrowing the gap is not straightforward and more needs to be done to unpick examples of good practice. Cardinal Hume English department was used as an example, there are no gaps in attainment at Cardinal Hume for English. It was recognised that there is a lot of work ongoing with schools to inspire and motivate to reduce gaps at a time when educational pathways are being removed.

It was suggested that some schools pay lip service to such issues, for example many secondary schools stream pupils from the start, this can have an impact on outcomes for some pupils. It was also suggested that some schools chase headlines for the best results which does not account for gaps between that and the lower attaining pupils.

The point was made that pupil premium is paid for a child being in school 30 out of 52 weeks, therefore some of this funding should be redirected to support pupils outside of school. It was acknowledged that previously schemes were in place, for example extended schools, however in real terms school budgets are going down.

It was requested that data be broken down into gender for the next report.

RESOLVED -

That the Committee's comments on the position of schools and the authority in relation to the 'Closing the Gap' agenda be noted.

F43 REVIEW OF TEST OF ASSURANCE

The Committee received a report on the effectiveness of assurance arrangements put in place when the statutory roles of the Director of Children's Services and the Director of Adult Social Services were allocated to a single chief officer, the Strategic Director, Care Wellbeing and Learning.

In accordance with statutory guidance a local test of assurance was carried out. Cabinet agreed in September 2014 to bring together the functions and it was agreed that Committee would review the new arrangements after one year. It was noted that the report was delayed due to a number of changes within the Care, Wellbeing and Learning Service.

The test itself has been reviewed with partners and the Chair of the LSCB and it has found to still be relevant. In addition Ofsted found the test to be coherent.

The test has been revised and updated to reflect the changes in senior management. The former Director retired and was replaced on an interim basis. The test requires the new Director is a social care professional, the scope of the position includes children and adult services and public health commissioning, therefore looking at the life course and transitional points between child and adult services.

RESOLVED -

That the Committee was satisfied that the assurance arrangements set out in the revised Test of Assurance are sufficiently robust and that the Council continues to meet its statutory obligations in relation to children and vulnerable adults.

F44 INSPECTION OF SERVICES FOR CHILDREN IN NEED OF HELP AND PROTECTION, CHILDREN LOOKED AFTER AND CARE LEAVERS

A report was presented informing Committee of the findings from Ofsted's inspection of the services for children in need of help and protection, children looked after and care leavers and their review of the effectiveness of the Local Safeguarding Children's Board.

It was reported that the overall judgement of Children's services in Gateshead was good. Seven inspections were carried out within the region, with only Gateshead and Hartlepool receiving a good rating. Nationally 85 inspections were carried out, only 20 were graded good and two outstanding.

Gateshead was found to have eight Annex O's, these are where inspectors observe best or innovative practice, it was noted that this was the highest numbers of Annex O's. Each area of the inspection was highlighted; children in need help and protection was found to be good, the multi agency arrangements were good and the thresholds well embedded. Early help was found to be good and there was recognition of good relationships between social workers and families. It was also noted that Gateshead has a proactive approach, seen through the number of unborn

plans. It was found that LAC permanence was good and the voices of LAC were heard and well supported, placement stability was found to be good.

Risk areas, child sexual exploitation and substance misuse, was found to be appropriately supported. Ofsted also noted that there was good planning in terms of rehabilitation to return home and the prevention of family breakdown. Adoption performance was rated good and it was noted that there is minimal disruption.

In terms of care leavers it was found that improvement was required, however there were good practice examples highlighted.

Leadership, management and governance was found to be good and there was a strong ethos of collective responsibility across the Council. It was also found that the OSC gave 'robust challenge'.

A number of recommendations were highlighted by Ofsted, including; improving quality of plans, however this was flagged up by management prior to completion of the inspection. It was also recommended that all children subject to child protection processes should have access to independent advocacy. It was noted that this is well promoted but a lot of young people prefer to go through the Children's Rights Officer rather than seek independent advocacy, this was an area highlighted under an Annex O.

It was reported the review of the LSCB found that it required improvement. Ofsted recommended that the LSCB needed to engage more effectively with the community and that there should be better links between the LSCB and the Health and Wellbeing Board.

A regional overview of inspections was provided.

It was queried what it would take to tip the balance to outstanding. It was confirmed that those reports from outstanding local authorities are currently being looked at to see what Gateshead needs to aspire to.

- RESOLVED -
- (i) That the Committee noted the contents of the report.
 - (ii) That the Committee agreed to scrutinise and monitor the subsequent improvement plan relating to the Ofsted findings.

F45 WORK PROGRAMME REPORT

The Committee received the 2016/17 work programme, the case studies and review topic were highlighted. A number of topics were suggested during the consultation period; a report on FGM and radicalisation obligations for schools will be slotted into the programme during the year. Teen pregnancy is not currently on the work programme but will be monitored and slotted in if performance worsens.

It was confirmed that the review will look at review of children's oral health as it has been found that this has a massive impact on health as an adult. Oral health is also

an indicator of other issues, for example neglect. There are significant differences in the level of oral health across Gateshead and there has been an increase in the number of hospital admissions due to dental health. A broader methodology for evidence gathering was welcomed.

- RESOLVED -
- (i) That the Committee agreed the review topic and areas it wishes to progress as case studies in 2016-17.
 - (ii) That the Committee endorsed the provisional work programme for 2016-17 and referred it to Council on 26 May 2016 for agreement.
 - (iii) That the Committee noted that further reports will be brought to the Committee to identify any additional issues which the Committee may be asked to consider.

F46 ANY OTHER BUSINESS

The Chair, on behalf of the Committee, thanked Cllr Robson for all her work during her time on the Committee as this was her last meeting.

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**FAMILIES
OVERVIEW & SCRUTINY COMMITTEE
16 June 2016**

TITLE OF REPORT: Constitution

REPORT OF: Jane Robinson, Chief Executive

Purpose

To note that the constitution of the Committee and the appointment of the Chair and Vice Chair as approved by Council for the 2016/17 municipal year is as follows:-

Chair Councillor B Oliphant
Vice Chair Councillor S Green

Councillors J Adams
L Caffrey
B Clelland
S Craig
A Geddes
J Graham
S Green
M Hall
S Hawkins
J Kielty
L Kirton
K McCartney
C McHatton
E McMaster
R Mullen
B Oliphant
S Ronchetti
C Simcox

Co-opted Members Sasha Ban – Parent Governor Representative
(Secondary Sector)
Maveen Pereira – Parent Governor Representative
(Secondary Sector)
Jill Steer – Parent Governor Representative (Primary
Sector)
Revd J Wilkinson – C of E Diocesan Representative
1 Vacancy – RC Diocesan Representative
1 Vacancy – Parent Governor Representative
(Primary Sector)

Recommendation

The Committee is asked to note the report.

CONTACT: Rosalyn Patterson

Extension 2088

TITLE OF REPORT: Role and Remit

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

Summary

The report sets out the remit and terms of reference of the Committee as previously agreed by the Cabinet and the Council.

Background

1. Article 6 of the Council's Constitution sets out the aims and objectives of the scrutiny function in Gateshead Council. In particular it should be an integral part of the Council's framework and a constructive process which works alongside other parts of the Council's structure, contributing towards policy development. Importantly it will enhance rather than duplicate activity and it will look to broader issues affecting local people rather than just internal Council issues.

Remit / Terms of Reference

2. Within the above principles, all Overview and Scrutiny Committees will
 - Review decisions, holding decision makers to account
 - Call - in executive decisions in accordance with the procedure set out in the Overview and Scrutiny Committee rules
 - Contribute to the policy making process through:
 - Policy reviews agreed as part of the service planning cycle
 - Advise Cabinet as part of the Council's performance management framework
 - Examining issues in the Council's Schedule of Decisions
 - Ensure other agencies, public and private, play their part in accordance with the Council's protocol achieving a better quality of life for Gateshead residents.

3. This Committee has specific responsibility for performing the overview and scrutiny role in relation to:-

- ⇒ The functions of the Council as an education authority
- ⇒ The provision of social services, and other services to children and young people, including specific health services for children and young people (including the function of reviewing and scrutinising matters relating to the health service as set out on the Health and Social Care Act 2001 and associated regulations).

Recommendation

4. The Committee is asked to note its remit and terms of reference.

Contact: Rosalyn Patterson

Ext: 2088

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

REPORT OF: Jane Robinson, Chief Executive
Alison Elliot, Interim Strategic Director, Care, Wellbeing and Learning

SUMMARY

This report provides the year end 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 year end performance report monitors progress against the 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 the 14 July 2015 which 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.
5. Gateshead's Sustainable Community Strategy Vision 2030 was also refreshed and approved by Cabinet on 3 November 2015.

Five Year Target Setting 2015/16 – 2019/2020

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

Delivery and Performance

7. The year end 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.
8. Progress as to how well the Council is performing in relation to the 2015/16 targets set where information is available at the year end stage is also reported in this report.

9. Progress as to how well the Council is performing in relation to the equalities objectives where information is available at the year end 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 at year end 2015/16 are achieving the desired outcomes in the Council Plan 2015-2020;
- (ii) agree that the report be referred to Cabinet on 12 July 2016, with the recommendations from the Families Overview and Scrutiny Committee for their consideration.

Contact: Marisa Jobling

Ext: 2099

Families Overview and Scrutiny Committee

Council Plan – End of Year Assessment of Delivery and Performance 2015/16

16 June 2016

Portfolio	Children and Young People
Portfolio Member:	Children and Young People – Councillor Angela Douglas
OSC Chair	Councillor Bernadette Oliphant
Lead Officer	Alison Elliott , Interim Strategic Director, Care, Wellbeing & Learning
Support Officer	Ann Day , Service Manager, Children’s Commissioning

Introduction

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.

‘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)

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.

Section A of this report provides the end of year 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.

Section B of this report provides a summary of additional indicators that underpin our work with children, young people and their families.

Annex 1 provides a summary table of all the performance information provided within this report. The strategic outcome indicators are highlighted in bold.

Achievements

- Ofsted judged **Children's Services in Gateshead to be Good**. (outcome of the inspection of services for children in need of help and protection, children looked after and care leavers and review of the effectiveness of the Local Safeguarding Board). Out of 85 inspections nationally between November 2013 and 11 March 2016, only 20 others have achieved an overall judgement of 'Good', 22 were 'Inadequate' and 43 'Require Improvement'.
- The level of engagement in children's centres at the end of March 2016 was 57.03% (5141 families), which meets the Ofsted requirement to engage with the "majority of families" (51%).
- The percentage of children attaining Level 4 and above at KS2 was 82%, a 2% increase from the previous year of 80%.
- 63.7% of children achieved a good level of development at age 5, exceeding the target of 59% and significant improvement of 7.1% from 56.6% last year.
- In the autumn term (2015), the take-up of free early learning places for eligible 2-year olds was over 80%, which compares with 72% nationally
- The take-up of 3 and 4 year old places is very high at 98% (June 2015).
- At GCSE (in terms of 5+ A* to C with English and maths), Gateshead has continued to perform better than the national average.
- The latest NEET figure of 5.3% has reduced from 7.6% last year.
- All targets for youth offending have been met showing significant success when compared to regional and national figures
- Overall performance for children's social care remains positive although increasing demand has impacted on numbers of child protection plans and there has been a slight increase in Looked After Children.
- The Family Intervention Team has secured funding to develop support for couples and co-parenting relationships through DWP's Local Family Offer pilot.
- Gateshead Youth Offending Team (YOT) won the 2015 Youth Justice Board's Arts and Culture Award for the First World War Art Project. The young people's work has been displayed at BALTIC as part of the Koestler Trust exhibition.
- 375 children and young people attended the Active Kidz holiday activities (70% were through referrals and 30% through public bookings). 100% of referral partners consulted said that the referral met the identified needs. Outcomes for the children involved included improved social engagement; improved family relationships and improved physical health.
- The introduction of the "MOMO" app has helped us to capture and promote the 'voice of the child' in a more systematic way.
- All special schools in Gateshead have been rated by Ofsted as at least good with Dryden, Eslington and Gibside schools rated as outstanding.
- A registered child's nurse for Gateshead's special schools has been appointed, based at Low Fell Clinic.
- A Young Carers Strategy (up to 2018) has been developed and the memorandum of understanding has been agreed for how children's and adults services will work together.

- Public health is now the responsible commissioner for 0-19 public health services; this provides an opportunity for alternative delivery models and improved integration of services across the system.

Areas for Improvement

- The gap between outcomes for disadvantaged pupils and non-disadvantaged pupils at Key Stage 4 remains large and is continuing to prove challenging. Reducing inequalities in educational achievement for looked after children (LAC), children with special educational needs (SEN), and children receiving free school meals remain a priority; this year none of the equalities targets were met.
- The rate of under 18 conceptions has increased. Gateshead has the 3rd highest rate in the North East and the 11th highest in England.
- Although there has been a decrease in the number of hospital admissions as a result of self harm for young people aged 10-24; Gateshead is still significantly worse than the England average.
- Childhood excess weight and obesity is improving but remains a concern. The evidence suggests that overweight and obese children are more likely to remain obese into adulthood and to develop diseases such as Type 2 diabetes and cardiovascular diseases at a younger age.
- A significant increase in pupils with Autistic Spectrum Disorder; Social, Emotional, Mental Health needs and Speech, Language and Communications Needs is adding pressure to numbers in special schools across Gateshead.
- Although permanent exclusions have remained steady over the past 3 years, there has been an increase in 2014/15 at 0.19% from 0.07 the previous year
- While most services received a 'good' rating in the recent Ofsted inspection, the experience and progress of care leavers requires improvement. Reasons for this included: not enough care leavers continuing education, work or training beyond the age of 19 and the Council needing to be more ambitious and persistent for this group.

Key Actions over the next 6 months

- As part of the Council's Change Programme and budget saving exercise the review of children's services as part of the Care, Wellbeing and Learning Redesign will continue. At its meeting on 23rd February, 2016, Cabinet approved the proposal for a new senior management structure within Care, Wellbeing and Learning, effective from April 2016, to enable continued improvement in the coordination of Council functions, the organisation of staff, and to enable Council services to be delivered in a more efficient and effective way. Following the report, phase 1 of these improvements has begun and has involved considering and integrating the commissioning function (adult and children's services and public health) and the development of a Quality Assurance Unit (bringing together independent reviewing officers, safeguarding board support, adult and children's performance teams and policy, development and partnerships). This new model of working will take effect from June 2016. Phase 2 will be ongoing over the next six months and will focus on further work to achieve 2016/17 savings; business support; Disabled Children's Service/Transitions/SEN; redesign of Care First; market

shaping to help and support the new model and developing a performance framework measuring outcomes

- We will take forward actions to respond to the areas for development which were highlighted by the recent Ofsted inspection, through the Learning and Children's Performance Framework
- We will continue to assess the likely impact of a significant reduction in funding around education and the impact of the Government's recent White Paper "Educational Excellence Everywhere". This will include examining how and what education and related services will be funded in the future and will require the development of new delivery models.
- The Early Years and Childcare Service will focus on preparing for the increase in the statutory free entitlement, from 15 to 30 hours, for eligible 3- and 4-year old children (from working households - from September 2017).
- We will carry out the recommendations from the OSC review of Child Protection in Gateshead including an improvement in the availability of GP reports at Initial Child Protection Conferences (ICPCs) and Review Child Protection Conferences (RCPCs), improving the detail of data provided in relation to school referrals to children's social care and consider and evaluate the appropriateness of a Multi Agency Safeguarding Hub (MASH) as part of the redesign of Care Wellbeing and Learning.
- We will tackle the under 18s conception rate, through linking more effectively with other commissioned services and partners and produce a sexual health strategy to reflect the joint vision for Gateshead in improving sexual health outcomes.

Section A: Performance and analysis for year end 2015/2016 for the 14 strategic outcome indicators

In light of increasing demand and ongoing reductions, there is a positive picture overall.

In terms of the detail for the 14 strategic outcome indicators, where information is available, the picture is mixed, with performance on some key deliverables being maintained or improving, while others continue to pose a challenge.

7 of the indicators have met the target set for the year and 1 other has improved (although the target has not been met) from the previous reporting period (hospital admissions for self harm).

2 further targets relate to GCSEs (including the 3 equalities targets measuring GCSE attainment, including Maths and English). The overall attainment for secondary pupils at GCSE including English and Maths is just below the target for the year but has remained steady in comparison to the previous year's results. The 3 equalities targets are continuing to prove challenging, however, the results for looked after children have improved considerably this year. The results for those children with SEN has also slightly improved from last year, however, performance for those children accessing free school meals has dropped.

For 2 other strategic outcome indicators (child poverty and % of mothers smoking at the time of delivery), no official update has been available since the last reporting period.

In terms of the indicator around numbers of children subject to a child protection plan, there has been a significant increase in the last six months and the rate remains high in comparison to the national and regional rates.

In relation to the timeliness of adoptions, some of the cases dealt with have been complex and the focus has been on ensuring long term positive outcomes for the children. Such cases inevitably have longer timescales and this has been an anticipated consequence.

Those strategic objectives which have not met their targets will be subject to additional scrutiny through Group Management Team and where performance remains a concern escalated to portfolio holders.

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	End of year 2015/16
15.1%	12.8%	Data Available November 2016

No further update

There has been no further update since the last reporting period (six monthly report). Data for 2015/16 is expected to be released around November 2016. As a result of the merger of Newcastle and Gateshead CCG's data, there is now no longer separate data published and it is no longer possible to report on the current quarterly position at the year end.

This is currently being looked into to determine whether there is any way we can obtain separate information for Gateshead

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	End of year 2015/16
56.6%	59%	63.7%

Target met and improving

Once again overall outcomes at the end of the early years have improved. The proportion of children attaining a good level of development rose from 56.6% to 63.7% in the last year. In 2013 it was 34%. The increase of 7.1% this year compares with a national increase of 5.9 % to 66.3% so the gap between Gateshead children and other children nationally is closing. Gateshead now performs above the north east average of 63.1%.

Behind the overall figures, children in Gateshead perform above the national figures in all three of the prime areas of learning and development: personal, social and emotional development; physical development and communication and language. This is particularly important as these are the areas where the foundations for future learning success are laid. In part, the reason for this success is the proportion of high quality nursery classes and nursery school provision in Gateshead. When children's original pre-school provision is tracked, those previously attending nursery school perform best at the end of the reception year. Our training programme has also stressed to staff the importance of ensuring that the prime areas are firmly established.

The weakest area in the curriculum continues to be writing, despite an increase of 5.5%. Boys continue to perform less well than girls and this has been an area of focus this year in the support provided to schools.

A recent change in the population to include more children whose first language is not English has also meant that increases in literacy have been achieved with substantial effort. Many of the children come from families who are recent arrivals in the north east and do not have a good grasp of English, in contrast to other more established communities in the north east. Only 40% of EAL (English as an additional language) children attained a good level of development. This issue has been explored as part of the Early Years training programme, alongside the gap between those eligible for free school meals and those who are not. The gap is currently 15% compared to 25% in 2014. Schools have been supported to target and identify those children who are in danger of falling behind at an earlier stage in their school life.

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	End of year 2015/16
36.6% (this covers the period 2013/14)	34.8%	34% (this covers+ the period 2014/15)

Target met and improving

The latest figures for the revised definition of this indicator were released in Dec 15 and show a decrease from 36.6% in 2013/14 to 34.0% in 2014/15 (a 7.10% decrease on the previous year). The data set for this indicator within the public health framework tool has been amended so that it is no longer calculated by the school the child attends but by the child’s postcode. This revision was applied to all previous years of data so we are still able to compare year on year data. However, because of this change there has been a slight change to the figure we provided for last year in the last reporting period.

Gateshead is currently lower than the North East figure of 35.9% and is currently higher but not significantly higher than the England total of 33.2%. Despite this decrease Gateshead did not successfully reach its target for 2014/15 of 31.0%

Looking at the trend data from its highest point in 2009/10 at 38.5%, there has been a steady downward trend for Gateshead (coming down 11.69% since that point). Despite the very slight increase in 2013/14 it appears that the 2014/15 year is continuing that downward trend.

We are now at the lowest level for excess weight since the availability of the National Child Measurement Programme (NCMP) data and Gateshead now has the lowest prevalence of excess weight in the North East having previously had the 3rd highest.

In terms of excess weight amongst reception class aged children, the latest figures for the revised definition of this indicator were released in Dec 15 and are for the 2014/15 year. Excess weight levels amongst reception aged children have decreased from 24.4% in 2013/14 to 23.1% in 14/15, which is a decrease of 5.3%. Gateshead is lower than the North East figure of 23.7%, and is higher, but not significantly higher than the England figure of 21.9%.

As a result of this decrease Gateshead surpassed the Care Wellbeing and Learning target that was set for 2014/15 of 24.0% and now has the 4th lowest prevalence in the North East.

Work to tackle the challenges around this indicator include the ongoing work in schools as part of the local Gateshead Healthy Schools Programme, where schools can choose to focus on healthy eating as an option. The School Sport Partnership is also well established and works to support healthy eating and physical education, with a focus on the whole family approach.

We have been supporting a new campaign from Public Health England which encourages parents to get “Sugar Smart” and take control of their children’s sugar intake. Every primary school in Gateshead, which is part of the “School Fruit and Veg Scheme” received healthy eating teaching resources in January and February and Sugar Smart packs to be given to school children and their families.

Childhood excess weight and obesity are still particular areas of concern, as the evidence suggests that overweight and obese children are more likely to stay obese into adulthood and to develop diseases such as Type 2 diabetes and cardiovascular diseases (heart disease and stroke) at a younger age.

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

End of year 2014/15	Target	End of year 2015/16
80% (academic year 2013/14)	82%	82% (academic year 2014/15)

Target met

Gateshead Primary Schools have continued to perform strongly. In 2015, in terms of attainment at Key Stage 2 in the reading test, writing teacher assessment and mathematics test, the percentage of children attaining Level 4 and above was 82%, a 2% increase from the previous year of 80%. It was also 80% in 2013.

This places Gateshead above the regional and national average, which was 81% and 80% respectively; the average across England increased from 79% in 2014 and similarly the north east average increased from 79% in 2014.

In 2015 (2014/15 academic year) Gateshead was ranked 44th out of 152 local authorities and improvement compared to the position in 2014 when Gateshead was ranked 50th.

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

End of year 2014/15 (2013/14 academic year)	Target	End of year 2015/16 (2014/15 academic year)
58.5%	59%	58.1%

Target not met (but within agreed tolerance)

In 2014 there was a change in accounting at GCSE, so results from previous years are not directly comparable.

There was a very slight decrease of -0.4 % this year. Attainment at GCSE has been consistently higher than the national average (in terms of 5+ A*to C with English and maths) over recent years. This has continued again this year, however, the gap has closed slightly. This is mainly due to the maths results being disappointing. Across England, the average was 53.4% in 2014, with a 0.4% rise in 2015 to 53.8%. Gateshead's results are also above the north east average which was 54.6% in 2014 and which rose 0.8% to 55.4% in 2015.

At 58.1% Gateshead is ranked 63rd out of 152 local authorities (1 being top performing), in comparison to 54th the previous year.

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

End of year 2014/15 7.6% (official January 2015 figure)	Target 7.0%	End of year 2015/16 5.3% (official January 2016 figure)

Target met

The Gateshead NEET figures compare positively with the north east regional figure of 5.7%; however, it is higher than the national figure of 4.2%. The "Not Known" figure which measures how well the local authority has tracked the young people stands at 3.3% against a regional figure of 3.6% and a national figure of 8.4%. In line with Government Directives, there has been an increased focus in 2015/16 on tracking young people's destinations – i.e. education, training apprenticeships, employment or NEET. This has refocused Personal Advisers' time and has resulted in clear improvements in the "Not Known" figure.

Both NEET and "Not Known" figures show significant improvements from last year's figures of 7.6% and 4.8% respectively.

The latest official figures (January 2016) equates to approximately 334 young people, compared to 438 young people the previous year. However, throughout the last year there have been 451 incidences of young people joining the NEET cohort, which demonstrates that this is a dynamic rather than a static figure.

Gateshead data for those young people identified as having Special Educational Needs/Disabilities is also positive. The participation return of 89.9% is above the regional and national figures and compares well to the 2014 figure of 88.2%.

The three year Ngaged Project (Youth Contract) has just ended (March 2016). This has been a successful project aimed at re-engaging and supporting those young people who are hardest to help. In the last year the project has helped over 130 young people move from NEET to EET (in education, training or employment). Working closely with partners, a supportive mentoring role for advisers was developed and bespoke solutions to barriers to education or employment found. Many of these working practices will now become mainstreamed.

In the coming year, a two fold focus for improvement for Connexions will be to engage more young people and move them out of the NEET cohort, but also to attempt to target those “engaged” but “at risk of leaving” and becoming NEET, working with them so that they remain settled or seamlessly move to alternative provision. Support is already offered in a targeted way for students in Year 11 of school. The challenge will be how to best target and allocate resource to those in post 16 destinations, where triggers for disengaging can be very different.

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	End of year 2015/16
510 per 100,000 88 (covering period October 2013- September 2014	398 per 100,000 70	276 per 100,000 47 (covering period October 2014- September 2015 (latest official published data)

Improved and target met

In terms of official (published data), the latest YJB data obtained via PNC (Police National Computer), covers the period October 2014 –September 2015) and reports 47 FTEs per 100,000, which is a rate of 276 per 100,000, a 46% reduction from the same period last year. This is lower than the national average of 376 per 100,000 for this period and also below the regional average of 429 per 100,000.

In relation to the information collated locally, the latest provisional figures for quarter 4 (January 2016 – March 2016), show a total of 122 FTEs (per 100,000 of 10-17 year olds), equating to 21 young people. This is an 8% decrease from quarter 3 (24 young people). In this latest quarter the FTEs were made up of 13 males and 8 females, with a mean age of 14 years for the group.

The Youth Crime Education Programme has been delivered to over 1000 pupils across year groups 5 to 11. The programme is targeted at schools and education providers where specific concerns are raised linked to criminogenic behaviours within local communities or specific issues within an educational establishment. The programmes include awareness of anti-social behaviour, the role of the Police, joint enterprise offending, sexting and e-safety healthy relationships, substance misuse, victim awareness and child sexual exploitation.

Gateshead Youth Offending Team has developed “Community Remedy” with Northumbria police. This has ensured that victims of youth crime have their views listened to at the earliest opportunity and young people who have caused harm are brought to account for their actions.

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	End of year 2015/16
64.2 per 10,000 258 CYP	62 per 10,000	68.1 273 CYP

Not met target

At the end of March 2016 (Quarter 4), there were 273 children subject to a CP plan (68.1 per 10K) By comparison, at the end of September 2015 (Quarter 2), there were 221 children (55 per 10K). This represents a 23.5% increase in the number of CP plans over the last six months. The rate per 10K is also higher than the same period at the previous year end and remains higher than the national average (42.9) and the regional average (59.5), both reported in 2014/15.

In the last six months of the year, we have undertaken a review of child protection in Gateshead. The key issues addressed include:

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

The review consisted of four evidence gathering sessions, where Families OSC Committee examined each stage of the process and explored the way decisions are taken, risks are managed, and the involvement of partners. The sessions also explored how Gateshead undertakes its safeguarding responsibilities in conjunction with partners, within the policy context and legal frameworks for Child Protection.

The recommendations emerging from the review are:

- That additional work is undertaken to further improve the availability of GP reports at ICPCs and RCPCs
- To improve the detail of data provided in relation to school referrals to children’s social care: Providing a breakdown by school to facilitate the committee’s scrutiny of safeguarding within education
- Evaluate the appropriateness of a MASH as part of the redesign of Care Wellbeing and Learning.

The recommendations of the review will inform the work of the Local Safeguarding Children’s Board (LSCB) in terms of how it oversees the whole system.

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	End of year 2015/16
11.3%	15%	11.8%

Target met

During the period of April 2015 to March 2016, out of the 338 children who became subject to a child protection plan (CP) plan, 40 children became the subject of a CP plan for a second or subsequent time (11.8%). This cohort comprised 19 individuals, 7 groups of 2 siblings, 1 group of 3 siblings and 1 group of 4 siblings. 13 children out of the cohort were on their second or subsequent plan within 2 years of their previous CP plan ending, 6 of whom were within 12 months of their previous CP plan ending.

At the same time last year, 34 out of 300 children became the subject of a CP plan for a second or subsequent time (11.3%).

The numbers of children subject to a second or subsequent child protection plan remain below the national and regional average, which suggests robust practice in Nationally, 16.6% of children became the subject of a CP plan for a second or subsequent time and in the north east 14% of children became the subject of a CP plan for a second or subsequent time. Gateshead’s statistical neighbours reported that 15.7% of children became the subject of a CP plan for a second or subsequent time. (CIN Census 2014-2015).

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	End of year 2015/16
78.8%	78%	86.0%

Improving and target met

This is not a cumulative indicator and is based on current figures at the end of the period. During the period April 2015 to March 2016, 104 children have been in their placement for at least 2 years out of the 121 children who have been looked after for two and a half years or more (86%). At the same time last year there were 104 children out of 132 (78.8%).

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 to 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	End of year 2015/16
210 days	<181 days	214 days

Target not met

This indicator is published on the National Adoption Scorecard. 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.

In the last year (April 2015-March 2016) there have been 25 adoptions, with a three year average of 214 days between a placement order being granted and the child being matched. The England average for the same period is 223 days.

In relation to the timeliness of the adoptions, some of the cases dealt with have been complex and the focus has been on ensuring long term positive outcomes for the children. Such cases inevitably have longer timescales and this has been an anticipated consequence.

There were 2 particular cases where the average number of days was significantly higher. In one case concerning a child with a number of additional needs, numerous assessments were undertaken including one to determine whether the child should

be placed with other siblings. In another case a child was adopted by a family member but the application was only submitted when the family felt able to proceed. There were also delays in legal proceedings which added to the increase in timescales.

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 2015/16
21.4% (2012 figure)	21% (to reflect 2013 figure)	20.5% (2013 figure)

Target met and improved

The indicator is based on the number of children living in homes with 60% less than the median income.

Child Poverty is normally reported at the end of year; however, the figures were released early this year and were reported in the six monthly report (April 2015-September 2016).

The Government’s Welfare Reform and Work Act achieved Royal Assent in March 2016 and has now been passed into law. It holds significant implications for how child poverty is defined, measured and addressed in the UK. The Government has been interested in making a policy movement away from income-based measures of poverty and the removal of statutory obligations on local authorities to reduce child poverty. Instead, it emphasises tackling worklessness, improving educational attainment and supporting ‘Troubled’ families as the most effective ways to increase the life chances of children living in poverty. Ministers wanted to remove a statutory duty to publish levels of UK household income as part of the welfare reform and work Act, but following a battle with the House of Lords, have accepted that the low income measure should be protected.

In Gateshead, efforts to tackle child poverty are being focused on: financial inclusion, including working with Credit Unions, enforcement activity and prevalence of high interest loans. Work is also ongoing to mitigate the impact of welfare reforms (also a GSP agenda), supporting young people into education, employment and training, frontline support and advice via children’s centres and other initiatives through the Employment and Enterprise Growth and Job Centre Plus to get people into work.

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 2014/2015	Target	End of year 2015/16
626.5 per 100,000 (for the period 2013/14)	491.7 per 100,000	531.3 per 100,000 (for the period 2014/15)

Target not met but improving

***Please note that the information reported here relates to hospital admissions as a result of self harm amongst children and young people aged 10-24 years.**

The target for the year end at 2014/15 was set at 491.7 Per 100,000, which is also the confirmed target for 2015/16.

The latest information available covers the period (2014/15) and shows a decrease from 626.5 per 100,000 in 2013/14 to 531.3 per 100,000 in 2014/15. Although we have not met the target set, it is a decrease of 15.20%. Gateshead is considered to be significantly worse than the England figure (398.8) and is higher but not significantly higher than the North East figure (477.7).

While Gateshead has the fourth highest rate of admissions for self-harm in the North East, the actual number of admissions has also gone down from 214 to 179. It is important to bear in mind that the data for this indicator refers to episodes of admissions and not persons so it should not be taken that the admissions related to 179 separate young people.

The gender differences for the data shows that females are more likely to self harm than males.

Gateshead is currently involved in the “Expanding Minds, Improving Lives”, project alongside NHS Newcastle Gateshead Clinical Commissioning Group (CCG) and Newcastle City Council and with an aim to transform mental health services for young people locally. The aim is to deliver an integrated, early response to the emotional and psychological needs of children, young people and families and improve outcomes, reduce inequalities and reduce the impact of poor mental health on the economy and individuals. A major focus of the work is on health inequalities and to explore ways to provide more effective support to vulnerable young people, by adopting models of integrated working. The work of young people involved in the project was celebrated at a recent special Tyneside Pop-up Cinema event. This included a short film called CHAOS, co-produced by young people with Newcastle based Helix Arts, which was premiered at the celebration. The film shone a light on the experiences of young people and gave an outlet to share their experiences and views on how services should change.

In the last reporting period (April-September 2015), we included an addendum with data provided from the North of England Commissioning Support Unit. This was

specific to rates of self harm among 10-17 year olds. This was a requested piece of work and therefore, updated information is not readily available to us and to obtain such information would incur a cost.

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	End of year 2015/16
8.57% (figures for 2013/14 academic year)	21%	20.00% (for 2014/15 academic year)

Target not met

In the 2014/15 academic year there were 45 looked after children in the cohort (including 16 children out of borough). Performance this year has improved from last year, whereby 20% of those children achieved 5 A*-C GCSEs including English and Maths, however, the target has been narrowly missed. Gateshead compares well against the national and regional averages, where 13.8% of children nationally achieved these results and 11% of children in the north east.

20 children in the Gateshead cohort (44.5%) out of 45 children had statements of SEN/or an Education and Health Care Plan (EHC).

The appointment of a teacher and educational psychologist to the REALAC Team has made a difference over the year. Personalised programmes are offered to pupils at risk of underachieving and liaison with schools on pupils' individual learning needs has improved. The next development is to make a joint appointment with the Behaviour Support Service to recruit a member of staff to work with pupils who are excluded or at risk of exclusion.

The Headteacher of the Virtual School for Looked after Children has produced a "data dashboard" which specifically details the performance of looked after children. This dashboard is produced on an annual basis and will help to highlight performance trends over time and keep track of the gap between disadvantaged and other pupils.

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	End of year 2015/16
29.1% figures for 2013/14 academic year	41%	28.1% Figures for 2014/15 academic year

Target not met

The current figure at 28.1% shows that performance has dropped from last year (29.1%) and the target has not been met.

The figure of 28.1% is also lower than both the North East average of 30.5% and the England average of 33.3%.

In terms of the gap with other pupils in Gateshead, it compares to 62.8% for all other pupils which is a -34.7 gap. In terms of comparison regionally and nationally, the figure shows a -30.1% gap in the north east and a -27.9% gap nationally.

The Closing the Gap project at KS4 which was introduced in September 2014 continues. It provides an opportunity for schools to share good practice in relation to the Closing the Gap agenda, in order to improve performance in relation to this measure.

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	End of year 2015/16
20% (figures for 2013/14 academic year)	25%	21.2% (figures for 2014/15 academic year)

Target not met

The figure shows a slight increase from the previous year's performance and is better than the north east figure of 18.2% and the national figure of 20%. The gap between outcomes for children with SEN and children with no SEN closed by almost 3% in 2015 (it now stands at -42.8%, which is smaller than both the regional gap of -45.2% and the national gap of -44.6%.

The number of children in the cohort in Gateshead was 283.

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

The following additional measures all contribute towards the overall picture of whether children are being given the best start in life.

Infant mortality

The definition is: infant deaths under 1 year of age per 1000 live births.

For the period 2012-2014 (combined because of low numbers), Gateshead's rate is 4.5 per 1000 infants, which equates to around 31 deaths (around 10 per year). This is a 4.3 decrease on the previous period where the rate was 4.7%. The Gateshead rate is currently higher (but not significantly higher) than the north east rate for infant mortality at 3.6 per 1000 infants and is also slightly higher (but not significantly higher) than the national rate which is 4.0 per 1000 infants.

From 2001-2003 to the latest data set in 2012-2014, the actual rate of infant mortality has increased by 9.8% from 4.1 per 1000. The current rate of data has reversed a trend that was beginning to show rises in the overall rate, however, it is too early at this stage to know whether there is a definite change in the direction of travel.

Infant mortality is often associated with an increased risk among 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 sleeping campaigns.

Initiation and Prevalence of breastfeeding at 6 weeks

There is no further update in terms of figures for these indicators. The latest available data relates to 2014/15 and was reported at the six monthly report stage. It is expected that the 2015/16 data will be published in November 2016. There will no longer be quarterly data available for breast feeding initiation and prevalence at 6 weeks due to the change over to the children's public health 0-5 data set; NHS England no longer publish this data.

To increase both breast feeding initiation and prevalence at 6-8 weeks remains a huge challenge for Gateshead. Gateshead is significantly worse than the England average

Breast feeding has been supported by a number of key partners in Gateshead as we know that there is evidence that babies who are breast fed experience lower levels of gastro-intestinal and respiratory infection. Observational studies have shown that breastfeeding is associated with lower levels of child obesity.

An antenatal pathway has been created by the Breastfeeding Operational Group in Gateshead to support mothers to navigate the antenatal health care system. The new pathway indicates which key professionals will be involved at which stage with the child. This pathway has been highlighted and indicated as an area of good practice regionally.

Children's Centre Reach figures

The reach figure measures the percentage of families of under 5s living in Gateshead who accessed children's centre services during a specific period. The level of engagement at the end of March 2016 was 57.03% (5141 families), which meets the Ofsted requirement to engage with the "majority of families" (51%). This is an increase on the figures from the last 2 years where the reach figure was 54.27% at March 2015 and 54.79% at the end of March 2014.

Gateshead's Children's Centre continues to provide universal and targeted services for children and their families throughout Gateshead. The universal services are now mainly delivered by a range of small local community businesses that have undergone a selection process. The providers of such activities/groups charge parents a nominal fee that has been agreed by the Children's Centre Management, which also does regular quality monitoring checks on the groups. In addition to these groups, staff have maintained their commitment to deliver at least one free universal activity in all the children's centre linked sites.

There has been an increase in the work of the Children's Centre Parent Outreach Workers (POWs) to support families on a one to one basis. These families are identified through the CAF process as being in need of early intervention support. During the last year, they have worked with 273 families. Of those families, 34% returned to universal support following intervention; 41% remain open and continue to receive targeted children's centre support. Of the remaining 25%, 10 families escalated to more intensive support through the FIT and/or statutory social care.

The Positive Pathways Team works with families who have stepped down from the Safeguarding and Care Planning Teams and are placed within the children's centre structure. This team has worked with a case load covering 197 children of which 15 have escalated to higher threshold services and 184 remain open to support.

Partnership working continues to be at the heart of the children's centre and this can be evidenced through the membership of the Children's Centre Advisory Board.

A model has been jointly developed between the Health Visiting Service, Early Years Childcare Service and the Children's Centre Managers to ensure that the 2 year old "integrated assessment" was introduced in line with Government policy by September 2015. This will provide a holistic view of the child, developmentally, both in the home and in childcare settings. These assessments should lead to fewer 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. Children's centre staff will continue to place a priority on increasing the take up of these places.

Risk and Resilience for Young People

Gateshead is implementing a risk and resilience approach to young people's risk taking behaviour to provide education and signposting to services.

Number of young people in drug treatment

The latest data available is for Quarter 3 (2015/16), which is cumulative for the year. This shows that there have been 81 new presentations, with 114 young people using the service (April 2015-December 2015). These figures are lower than those at Quarter 3 the previous year where there had been 103 new presentations and 143 young people using the service (April 2014-December 2014).

The total number of young people in the Drug Treatment Service at December 2015 was 144 (this is a rolling 12 month total), in comparison to 184 young people in the service at December 2014.

In terms of the latest information, cannabis has now surpassed alcohol as the primary substance in treatment; with 73% of clients in treatment for this reason (this is a big increase from only 59% at the same time last year). Alcohol is present for 72% of the clients and nicotine for 50%. This is in contrast to the national picture which indicates that 88% of young people were in treatment for cannabis, 48% for alcohol and only 14% for nicotine. This continues to highlight Gateshead's high levels of nicotine misuse amongst young people.

Overall at Quarter 1 (2015/16, 67% of those in treatment were male and 33 % were female, which is a similar split to the national picture.

Platform (Drug and Alcohol Service) has achieved 100% in waiting times of 3 weeks and under for young people starting their first treatment intervention.

Alcohol specific hospital admissions under 18s

The latest data available covers the period 2012/13-2014/15. At 54.7 per 100,000, this is a 6.97% reduction from the last reporting period of 58.8 per 100,000. The admission rate has continued a downward trend over the past 4 periods of data collection. However, Gateshead, is still significantly worse than the England rate (36.6 per 100,000), but is slightly better than the north east rate (60.4 per 100,000). Gateshead is currently the 4th lowest admission rate of all the north east local authorities. The highest admission rate in the north east is Sunderland at 92.9 per 100,000, which is also the highest rate for England.

Teenage conceptions Under 18s

The latest data available is for the end of year 2014 showing 37.7 under 18 conceptions per 1000. This data shows an increase in the rate from 2013, going from

29.3 per 1000 which is an increase of around 18.4%. Gateshead's figure is now the second highest of the five Tyne and Wear authorities. The lowest is North Tyneside with 22.9 per 1000 and the highest is Sunderland with 35.3 under 18 conceptions per 1000.

Gateshead's rate for 2014 is also higher than the Tyne and Wear (Met County) rate at 32.0 and higher than the north east rate of 30.2. It is also higher than the overall England rate of 22.8.

From 2013 to 2014 there was an increase of 16 under 18 conceptions, from 103 in 2013 to 119 in 2014.

The current rate of U18 conceptions is at its highest level over the last four periods of data collection; this followed a time in 2013 when the rate was at its lowest since the availability of the data.

The most important lesson from the Teenage Pregnancy Strategy (1998) was that the solution to teenage pregnancy cannot be achieved by one service alone. A whole system approach is needed, with clear actions for all agencies, supported by strong leadership and accountability.

In moving forward there is an opportunity to link more effectively with other commissioned services and partners in Gateshead. A sexual health strategy will be produced to reflect the joint vision for Gateshead in improving sexual health outcomes.

Permanent exclusions

Although the rate of permanent exclusions in Gateshead has remained steady over the past three years, there has been an increase in the past year, with a rate of 0.19% from 0.07 the previous year (2013/14). There were 52 permanent exclusions in total throughout the year, 50 from secondary schools and 2 from primary schools.

The latest figure for both England and the region (2013/14) was slightly lower than Gateshead at 0.06%.

The Data Source for this information is the Spring/Summer/Autumn Census 2016.

There has been a rise in exclusions arising from drugs, violence and disruptive behaviour. There are no standardised criteria for permanent exclusions and it is based on the school's own behaviour policy; the Local Authority has very little influence over that. It is also difficult to re-locate pupils who display persistent disruptive behaviour or who are found to be in possession of weapons.

Working closely with head teachers, the local authority has been developing the Pupil Referral Unit (PRU) to reflect the changing needs of permanently excluded pupils within Gateshead, including the development of a wider range of alternative provision at KS4.

Exclusions will also be a subject of discussion at a forthcoming LSCB Development Day.

Fixed term exclusions

Fixed term exclusions at 2.18% have risen slightly from the previous year at 2.11% but have continued to drop from the previous two years (2.80% in 2012/13 and 3.43% in 2011/12). There were 588 fixed term exclusions in total, with 501 from secondary schools, 62 from primary schools and 25 from special schools. In addition, there were 63 fixed term exclusions from the PRU.

The Data Source for this information is the Spring/Summer/Autumn Census 2016.

The latest figure for England (2013/14) was 3.5% and the regional figure was 3.14.

Attendance/Persistent Absence (PA) trends for primary and secondary Schools

Persistent absence in primary schools for the academic year 2014/15 has remained steady at 1.6%, which is the same as the previous year (2013/14). In 2012/13 it had been 3.2%. In terms of secondary schools, the latest figure shows a rate of 5.18%, which shows a decrease for the fifth consecutive year (5.4% last year and 7.3% the previous year).

The Data Source for this information is the Spring/Summer/Autumn Census 2016. Persistent absentees are defined as those children absent for 57 or more sessions up to the end of the summer term.

Targeted Youth Service

A key area of development for AYSS (Adolescent Youth Support Service) has been the “missing return interview” (independent return interviews). When a child or young person goes missing from care/home, a request is made for a member of the AYSS Team to meet with the young person within 72 hours following his/her return. This gives the young person an opportunity to meet and talk through the “missing episode”. This interview is intended to draw out the level of risk and vulnerability to which the young people may be exposing themselves and is strongly aligned with work around concerns in relation to child sexual exploitation (CSE). Over the past year, there has been an improvement in meeting this timescale from just below 50% to over 73%.

From April 2015 to the end of March 2016, 240 children went missing, generating 977 missing episodes. This includes children from care who have gone missing. 389 return interviews were requested during that period and of those 228 were accepted. Of the 977 missing episodes during this period, it was reported at 185 (18.9%) of these that the child could have been at risk of CSE whilst missing.

AYSS worked with police cadets to deliver a range of sessions including a presentation around CSE to schools, universities and youth clubs, culminating in a presentation to over 500 delegates at the Safeguarding Conference in November 2015.

Youth Justice Custodial sentences

The latest Youth Justice Board published data for January 2015 – December 2015 shows the 12 monthly rate of custody for Gateshead at 0.29. This represents 5 custodial sentences in the 12 month period and a 0.12 decrease year on year. This is below the regional average for this period (0.41) and also below the national average (0.40).

In the past twelve months Hassockfield Secure Training Centre was decommissioned by the Youth Justice Board. This has led to young people being sent to alternative custodial establishments, some of which are a considerable distance from their homes. The Youth Offending Team (YOT) has been developing working relationships with those establishments including Aycliffe, Rainsbrook Secure Training Centre and Wetherby and there have been good examples of sharing information and joint working to ensure plans are appropriate and young people are safeguarded.

Young people who receive custodial sentences receive a visit from a Team Manager to ask about their experience of custody, using a safeguarding questionnaire. The meeting gives young people an opportunity to speak honestly and candidly and to identify any concerns with their care. As a result of one such meeting, a young person moved to a different “wing” within the custodial establishment and measures were put in place to safeguard him. All feedback from questionnaires is reported to the YOT Board.

Rate of proven reoffending

The latest 12 month reoffending data from the Police National Computer (PNC) for April 2013-March 2014 sets Gateshead's Binary (number of young people who go on to reoffend) rate of offending at 36.9% (37.9% the previous year) and the Frequency (number of re offences committed per young person) rate of reoffending at 0.93 (1.00 the previous year). This represents a cohort of 179 young people, of whom 66 went on to reoffend.

Taking into account the continued reduction in First Time Entrants (FTEs) and the low numbers of young people in the cohort, the reoffending figures 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 Child in Need (CiN) assessment

During the period April 2015-March 2016, there has been a total of 1994 referrals, of which 1937 have resulted in a child in need assessment (97.1%). At the same time last year, there had been 1752 referrals, of which 1669 resulted in completed child in need assessments (95.3%). The target for 2015-16 was 75%.

There has been a 13.8% increase in the number of referrals in comparison to the same time last year.

% of CIN assessments carried out within 45 days

Between April 2015 and March 2016, a total of 2200 CIN assessments have been completed. Of these, 2043 (92.9%) were completed within timescales. Currently there are 386 open CIN assessments. At the same point last year, 1993 CIN assessments had been completed, 1946 of these were within 45 working days (97.6%). This represents a 10.3% increase in CIN assessments completed, in comparison to the same time last year. The target for 2015-16 was 90%.

CP plans lasting more than 12/24 months

Current CP plans lasting more than 12 months

Of the 273 plans CP plans open at the end of March 2016, 23 have been open for more than one year (8.4%). 1 of those 23 plans has been open for more than 2 years. At the same time last year, 258 plans were open at the end of March 2015, with 42 being open for more than one year (16.3%). 6 cases at that point had been open for more than 2 years.

Ended CP plans lasting more than 24 months

Of the 323 CP plans that have ended between April 2015 and March 2016, 10 had lasted for more than 2 years (3.23%). The target was 4%. At the same time last year, 10 plans out of 319 ended during the time period had lasted more than 2 years (3.1%).

% of CP reviews held within timescale

Of the 174 children who have required reviews between April 2015 and March 2016 and who have been children protected for at least three months and are currently children protected, all have received their reviews within the timescale. There have been 281 reviews carried out in total for the current cohort; last year 209 children had reviews in the same period and all too were within the timescale. Gateshead's figures compare favourably with both the national figure where 94% of children were reviewed within timescale, the north east where 94.6% children were reviewed within timescale and Gateshead's statistical neighbours reported that 92.7% were reviewed within timescale (CIN Census 2014/15).

Numbers of looked after children

The figure at the end of March 2016 was 344 (representing 85.8 children per 10,000) a slight increase from the previous year's position when there were 340 looked after children (84.8 children per 10,000). This year's figure is above the regional average of 82 children per 10,000 and it is also higher than the national average of 60 which has remained relatively stable since 2013 (60 per 10,000).

% of LAC with 3 or more placements

At the end of March 2016, there were 26 looked after children who have had 3 or more placements out of a total of 344 looked after children (7.6%). At the same time last year there were 24 out of 341 looked after children who had 3 or more placements (7%).

A number of initiatives are ongoing to ensure 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.

Looked After Children (LAC) reviews held within timescale

Of the 319 eligible looked after children at the end of March 2016, 99.1% of reviews have been within timescale, with a total of 726 reviews completed since April 2015. Our target was 100%. There are 3 cases where the reviews are not within timescale. 2 of these 3 cases relate to two siblings.

Gateshead's figure remains higher than the national average of 91%.

Work is ongoing to ensure that children and young people are sufficiently engaged in their LAC reviews.

Care leavers in suitable accommodation

There are 144 young people who will turn 17, 18, 19, 20 or 21 during 2015-16 and 122 who are in suitable accommodation. There are 19 young people with whom we are not in touch, but who have been reported as not being in suitable accommodation for the purpose of this indicator. There are 2 young people who are in custody and one who is in hospital and is sectioned under the Mental Health Act.

Care leavers in Education, Training or Employment (ETE)

There are 144 young people who will turn 17, 18, 19, 20 or 21 during 2015-16, of whom 73 are in some form of ETE. There are 19 young people with whom we are not in touch, but have been reported as not being in ETE for the purpose of this indicator and 2 are in custody. We know that 11 are not in ETE due to parenting reasons and 10 other young people as a result of disabilities.

Adoption children whose placements started within best interest dates end of year figure

25 adoptions have taken place during the period April 2015-March 2016, of which 17 were within the best interest date (68%). At the same point last year, there had been 34 adoptions, of which 25 were within the best interest timescale (73.5%).

Multi agency working FamiliesGateshead

The number of new Common Assessments being undertaken has risen from 494 at the end of March 2015 to 988 for the period April 2015 to March 2016 (inclusive).

There are currently 1165 active Teams around the Family (TAFs – April 2016), 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 (318). Other services playing a leading role include Education (228 lead practitioners), Positive Pathways Team (167), Health services (134) and the Youth Offending Team (130). Voluntary Service figures have dropped this year as a result of the Oasis Aquila Service being decommissioned. Some cases transferred to other services and some were ended.

FamiliesGateshead

The Family Intervention Team continues to hold the majority (39%) of FamiliesGateshead cases as part of the national troubled families agenda. The FIT has participated in a pilot to take more direct referrals from colleagues in the Gateshead Housing Company where families were subject to legal proceedings on their tenancy.

Family Intervention Team (FIT)

FIT received referrals for 1,044 children between 1/4/15 and 31/3/2016, an increase of 5.5% from the same period last year. 513 referrals (49%) were from Referral and Assessment, 313 (30%) from Education and 105 (10%) from Health. Significantly, the last quarter (January 2016 – March 2016) has seen a 21% increase in referrals to FIT, compared to 2014/15. This is partly due to FIT having become an embedded, more recognisable service to schools and health and the increases have steadily increased throughout 2015/16.

There are also waiting lists and changes to eligibility for behaviour and emotional wellbeing support services and this continues to place more direct referrals into FIT.

FIT closed the cases of 613 children in the last year, without any further action required. This involved 71.6% of all closures. 65 children (7.6%) were referred to the Referral & Assessment Team and 26 (3%) were referred to the Safeguarding and Care Planning Teams.

FIT continues to use evidence based approaches in its intervention work and has completed national standard training in Foetal Alcohol Syndrome, Incredible Years and Drawing Therapy. It has also expanded the number of staff trained in the Respect Young People's Programme (addresses child to adult violence), Family Nurture (parenting approaches) and the Freedom Programme (domestic violence).

The team has developed a 12 month calendar of parenting provision across a wide range of community locations for 2016/17, including an updated programme for

managing adolescent behaviour (Keeping up with your teens) and the new Parents as Partners programme to work with couples and co-parents. The majority of parenting support is delivered during home visits on live/open FIT caseloads but an additional 63 parents completed separate group programmes.

Early Years and Childcare Service

The work of the Early Years and Childcare Service (EYCS) has continued to focus on the growth of the take-up of free early learning places for eligible 2-year olds. In the autumn term of 2015, we passed the 80% take-up rate for the first time. This compares with a national take-up rate of 72%.

The take-up of 3 and 4 year old places remains stable and very high at 98% (June 2015). There were 54% of children accessing this free entitlement in maintained provision, and 46% in Private, Voluntary and Independent (PVI) childcare provision. The percentage of children accessing maintained nursery provision has now fallen by 16% in the past 2 years.

DfE has awarded £116, 000 to Gateshead for 'Early Innovator' status to carry out pioneering work around flexibility and sufficiency of places; the outcome will be shared nationally.

Together with educationGateshead, staff continue to provide support and training to the PVI sector, as well as to schools looking to develop their own childcare provision. Whilst Ofsted is the sole arbitrator of quality in the PVI sector, the support that EYCS officers provide is highly valued, and has contributed to quality remaining high, with 84.3% of all registered childcare provision which has been Ofsted inspected, having a grade of good or outstanding.

Domestic Violence

Operation Encompass is a police led initiative that has been established to share information with schools, to be able to support children who are affected following a domestic abuse incident. Since the inception of Operation Encompass in April 2015 to 4 January 2016, there have been 529 separate domestic abuse incidents reported, of which a total of 1,185 children were involved. The average age of the child involved was 9 years. 172 Incidents were open/opened to Children's Services, of which 132 Repeat incidents were recorded. 58 incidents were both repeat incidents and open to Children's Services and 73% of incidents involved households where two children reside.

Subsequently, information is fed into Team around the Family (TAF) meetings and issues are discussed with the child, where appropriate and more covert actions such as monitoring the child's behaviour, attendance and general wellbeing within the school setting are carried out.

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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			19.50%	15.9	15%	15.1%					2015/16 data to be published in November 2016	↓A	Data for 2015/16 is not available at this time and won't be released until around November 2016. Due to the merger of Newcastle and Gateshead's CCG it is also not possible to report on the current quarterly position as of year end. Data for For the end of the year (equating to 2014/15), shows that 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%. As a result of the merger of Gateshead CCG, Newcastle North and East and Newcastle West CCGs, there is now no longer separate data published for these. This is currently being investigated to see whether it will be possible to obtain separate information for Gateshead.
	actual target	12.8%											
best feeding initiation		67.70%	65.80%	66.60%	68.20%	67.50%					2015/16 data to be published in November 2016	↓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%. However, Gateshead was significantly lower than the overall England rate of 74.3%. This is the first time since 2011/12 that the rate for Gateshead has gone down. There will no longer be quarterly data for this indicator due to the change over to the children's public health 0-5 data set as NHS England no longer publish this information.
breast feeding at 6-8 weeks		37.90%	33.40%	36%	36.40%	37.20%					2015/16 data to be published in November 2016	→G	2014/15 data at 37.2% shows an increase of 2.2% (36.4%) from the previous year. Despite this increase, Gateshead is still significantly worse than the England rate for 2014/15 of 43.8%. We are currently unable to compare the Gateshead data for 2014/15 with the regional or new CNTW figures for 2014/15 as these two data sets failed their validation criteria for year end and the % rates have not been published in the data set at this time.
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% check with Mar	36.1% k	36.60%	34.00%						↑R	The data for 2014/15 for this indicator was released in December 2015 and shows a 7.1% decrease from the previous year. Please note that the data set for this indicator has been amended and is no longer calculated by the school the child attends but by the child's postcode. This revision was applied to previous years' data so is comparable year on year. As a result, we have had to slightly alter the figures from that which were provided in the previous reporting period.

	prevalence of obesity in primary school age yr6		23.20%	21.30%	21.90%	20.70%	19.90%					↑R
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Latest information for 2014/15 continues the downward trend. This compares to 21.5% for the north east in 2014/15 and 19.1% for England.

		2010/11	2011/12	2012/13	2013/14	2014/15	2015/16				RAG	commentary
							Q1	Q2	Q3	Q4		
FS13: Hospital admissions for self harm rate per100,000 under 18 years	491.7 per 100K	166.9 per 100K	146.5 per 100K	491.7 per100K	626.5 per 100K	531.3 per 100K					→R	Please note that the information reported here relates to hospital admissions as a result of self harm amongst children and young people aged 10-24 years . This figure covers the year 2014/15 and shows a reduction of 15.2%. This is significantly worse than the latest national data (398.8) and is also higher (though not significantly) than the north east figure (477.7 per 100K children and young people. Gateshead has the 4th highest admissions rate in the north east.
Alcohol specific hospital admissions under 18s -per 100,000		120	106	90	71	58.8%				54.7	↑A	Latest data covers the period 2012/13-2014-15, where Gateshead's rate at 54.7 per 100,000 shows a decrease of 6.97% from the previous period and a continuing downward trend, The Gateshead rate was lower than the north east rate of 60.4 per 100,000 but significantly higher than the national rate of 36.6 per 100,000 cyp. These comparisons are for internal comparison in Gateshead, taken from the data available from Gateshead's Public Health Team.
number of young people in drug treatment			109	121	163(end of quarter 4)	133 (end of quarter 4)				81 (end of quarter 3)	↑G	Data for Q3(2015/16) is the latest data available and shows 81 new presentations to treatment (year from April 2015- December 2015). The rolling 12 month figure of young people using the service at the end of December 2015 was 144, which is a reduction from 184 from December 2014. The Quarter 4 data is due to be released at the end of May 2016.
Page 47 Teenage conceptions (under 18) per 1000												
		49.7	30.2	31.8	29.3	37.7					↓R	The latest available data is for year end 2014. This has shown an increase from 2013, going from 29.3 per 1000 to 37.7, an increase of around 18.4%. Gateshead's figure is now the second highest of the five Tyne and Wear authorities ;the lowest is North Tyneside with 22.9 and the highest is Sunderland with 35.3. For Gateshead, the rate for 2014 is higher than the Tyne and Wear Met County rate at 32.0 and higher than the north east rate of 30.2. It is also higher than the overall England rate of 22.8. From 2013 - 14, there was an increase of 16 under 18 conceptions, from 103 in 2013 to 119 in 2014.

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%	88.0%	89.2%	84.6%	95.2%	95.3%	90.1%	98.4%	98.3%	97.1%	→G	During the period April 15 - March 16, there have been a total of 1994 referrals, of which 1937 have resulted in a child in need assessment (97.1%). At the same time last year, there had been 1752 referrals, of which 1669 resulted in completed child in need assessments (95.3%). There has been a 13.8% 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	90%				98.5%	97.6%	95.2%	95.7%	94.4%	92.9%	→G	Between April 15- March 16, a total of 2,200 CiN assessments have been completed. Of these, 2043 (92.9%) were completed within timescales. Currently there are 386 open CiN assessments. At the same point last year 1993 CiN assessments had been completed, with 1946 within 45 working days (97.6%). This represents a 10.3% increase in CiN assessments completed compared to the same time last year.
F09: Numbers of children subject to a cp plan (target 62 per 10K)	62 Per 10K		50.7	44.9	42.1	68.7	64.2	58.4	55.0	68.8	68.1	↓R	As at 31st March 2016 (end of Q4) there were 273 children subject to a CP plan (68.1 per 10k). By comparison, as at 30th September 2015 (end of Q2), there were 221 children (55 per 10K). This represents a 23.5% increase in the number of CP plans over the last 6 months. The rate per 10K remains higher than the national average (42.9) and the regional average (59.5), both reported in 2014/15.
	Actual		194	181	170	276	258	234	221	276	273		
F09: % becoming subject to CP plan for 2 nd subsequent time	Target 15%		9.6%	8.6%	9.3%	10.8%	11.3%	12.5%	9.9%	13.7%	11.8%	→G	<p>During the period of April 15 to March 16, out of the 338 children who became subject to a child protection (CP) plan, 40 children became the subject of a CP plan for a second or subsequent time (11.8%). This cohort comprised of 19 individuals, 7 groups of 2 siblings, 1 group of 3 siblings and 1 group of 4 siblings. 13 of the cohort were on their second or subsequent plan within 2 years of their previous CP plan ending, 6 of which were within 12 months of their previous CP plan ending.</p> <p>At the same time last year, 34 out of 300 children became the subject of a CP plan for a second or subsequent time (11.3%).</p> <p>Nationally, 16.6% of children became the subject of a CP plan for a second or subsequent time and in the north east 14% of children became the subject of a CP plan for a second or subsequent time. Gateshead's statistical neighbours reported that 15.7% of children became the subject of a CP plan for a second or subsequent time (CiN Census 2014-2015).</p>
CP plans lasting more than 2 years (ended plans)	Target 4%		5.5%	0.4%	0.0%	1.4%	3.1%	0.0%	0.6%	0.5%	3.2%	→G	Of the 323 CP plans that have ended between April 15 and March 16 10 had lasted for more than 2 years. At the same time last year, 10 plans out of 319 ended during the time period had lasted for more than 2 years (3.1%).

CP lasting more than 12 months (open plans)	Target < 15%		9.5%	17.5%	9.9%	16.3%	21.4%	29.0%	19.6%	8.4%	↑G	Of the 273 CP plans open at the end of March 16, 23 have been open for more than one year (8.4%). 1 of those 23 has been open for more than 2 years. At the same time last year, 258 plans were open at the end of March 2015, with 42 being open for more than one year(16.3%). 6 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%	100%	100%	→G	Of the 174 children who have required reviews in between April 15 and March 16 and who have been CP for at least three months and are currently CP, all have received their reviews within timescale. There have been 281 reviews carried out in total for the current cohort; last year 209 children had reviews in the same period and all in timescale. Nationally, 94% of children were reviewed within timescale, in the North East 94.6% were reviewed within timescale, and Gateshead's statistical neighbours reported that 92.7% of children were reviewed in timescale (CIN Census 2014-2015).

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	89	85.8	→G	At the end of March 2016, there were 344 looked after children in Gateshead. The rate of LAC per 10,000 stood at 85.8, which is above the regional average of 82 per 10,000 and higher than the national average of 60 per 10,000.
	actual	365	384	390	358	340	358	371	357	344		
% of LAC 3 or more placements	Target 10%	9.6%	13.8%	10.0%	7.2%	7.0%	1.1%	5.0%	4.6%	7.6%	→G	At the end of the March 2016 there were 26 looked after children (LAC) who have had 3 or more placements out of a total of 344 LAC (7.6%). At the same time last year there were 24 out of 340 LAC had 3 or more placements (7%).
F10: % of LAC living continuously in same placement for 2yrs+	Target 78%	80.5%	73.0%	66.3%	75.6%	78.80%	80.0%	81.1%	85.3%	86.0%	↑G	This is not a cumulative indicator; it is based on current figures at the end of the period. During the period of April 15 to March 2016, 104 children have been in their placement for at least 2 years out of the 121 children who have been looked after for 2 and a half years or more (86%). At the same time last year there were 104 out of 132 (78.8%).
LAC reviews held within timescale	Target 100%	97.8%	100.0%	100.0%	99.4%	99.7%	98.9%	98.8%	99.1%	99.1%	↓A	Of the 319 eligible Looked After children at the end of March 2016, 99.1% of reviews have been within timescale, with a total of 726 reviews competed since April 2015. Our target was 100%. There are 3 cases where the reviews are not within timescale. 2 of these 3 cases relate to two siblings. Gateshead's figure remains higher than the national average of 91%.
Page 50 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 19 100% Age 20 92% Age 21 40%	Age 17 100% Age 18 84% Age 19 95% Age 20 88% Age 21 79%	Age 17-50% Age 18-91% Age 19-86% Age 20-94% Age 21-87%	Age 17-50% Age 18-83% Age 19-83% Age 20-94% Age 21-87%	↓R	There are 144 young people who will turn 17,18, 19, 20 or 21 during 2015-16, and 122 are in suitable accommodation. There are 19 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 in custody and one who is in hospital and is sectioned under the Mental Health Act.
						Age 20 100%						
						Age 21 88.9%						
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 19 60% Age 20 38.5% Age 21 20%	Age 17 100% Age 18 63% Age 19 55% Age 20 38% Age 21 21%	Age 17-50% Age 18-74% Age 19-45% Age 20-46% Age 21-48%	Age 17-50% Age 18-71% Age 19-44% Age 20-45% Age 21-52%	↓R	There are 144 young people who will turn 17, 18, 19, 20 or 21 during 2015-16, of which 73 are in some form of EET. There are 19 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 11 are not in EET due to parenting commitments and 10 as a result of disabilities.
						Age 20 35%						
						Age 21 56%						
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			2009-2012	2010-2013	2011-2014				2012-2015	↓R	This year we have had 25 adoptions. The England average for the period 2012-15 is 214 days. This indicator is published on the National Adoption Scorecard.
			134 days	164 days	210 days			214 days				
Adoption: children whose placements started within the best interest dates	Target 80%	81.8%	80.0%	70.6%	66.7%	73.5%	60.0%	63.6%	63.2%	68.0%	↓G	25 adoptions have taken place during April-September 2015, of which 17 were within the best interest date (68%). At the same point last year there had been 34 adoptions, of which 25 were within time (73.5%).

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	0.19		↓G	The data source for this information is the Spring/Summer/Autumn Census 2016. The latest figure for England and the region (2013/14) was slightly lower than Gateshead at 0.06%.
Fixed term exclusions		2.19	2.08	2.55	2.3	3.43	2.88	2.11	2.18		→G	The rate has risen slightly since the previous year but has continued to drop from the previous 2 years. The latest figures for England (2013/14) was 3.5% and the region was 3.14)both slightly below Gateshead at that period). The data source is the Spring/Summer/Autumn Census 2016.
% persistent absence - primary					not comparable	4.40%	3.00%	3.20%	1.60%	1.60%	→G	The rate has remained steady with the previous year's figure. Persistent absentees are defined as those children absent for 57 or more sessions up to the summer term.
% persistent absence - secondary		12.55%	12.55%	11.40%	10.03%	8.71%	8.52%	7.30%	5.40%	5.18%	↑G	In terms of secondary schools, the latest figure shows a rate of 5.18%, which shows a continuing downward trend (5.4% last year and 7.3% the previous year).
F02: Children achieving a good level of development at age 5	59%				51%	53%	57%	34%	56.60%	63.70%	↑G	Figure shows continued improvement. It meets our target of 59% and is getting closer to the national average of 66.3% for the academic year 2014/15. It is above the north east average of 63.1%. Information taken from DFE Official Figures - SFR36/2015.
F04: educational attainment primary (stage 2 sats)	82%			77.00%	76.00%	79%	77%	80%	80%	82%	↑G	Performance at KS2 has been strong over time and remains so, with a 2% increase in performance on the previous year.
F05: educational attainment Secondary level (Pupils achieving 5+ GCSE 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%	58.10%	↓A	The results show a slight decrease from the previous year and are just below target. We are still above the national average of 53.8% although the gap has closed slightly. We are also above the north east average of 55.4%. As DFE performance measures changed significantly in 2014, it can't be compared with the years before that. Under the new accounting rules
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% (for 2014/15 academic year)	↑A	The results show that 9 out of the 45 children in the cohort achieved at least 5 or more GCSE's (or Equivalents) including English and Maths. Performance has increased from the previous year and is currently above both the North East (11.0%) and England (13.8%) averages. However, the target has been narrowly missed.
S15: Pupils accessing Free School Meals	41%		20.40%	23.9%	27.7%	35.0%	30.0%	36.2%	29.10%	28.10%	→R	The current figure at 28.1% shows that performance has dropped from last year (29.1%) and the target has not been met. This is also lower than both the North East average of 30.5% and the England average of 33.3%. In terms of the gap with other pupils in Gateshead, it compares to 62.8% for all other pupils which is a - 34.7 gap. In terms of comparison regionally and nationally, the gap is also wider for Gateshead, with the figure showing -30.1% gap in the north east gap and a - 27.9% gap nationally.
S16: Children with Special Educational Needs	25%					15%	16.50%	24.50%	20.00%	21.20%	→R	The figure shows a slight increase from the previous year's performance and is better than the north east figure of 18.2% and the national figure of 20%. The gap between outcomes for children with SEN and children with no SEN closed by almost 3% in 2015 (it now stands at -42.8%, which is smaller than both the regional gap of -45.2% and the national gap of -44.6%.

		2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16				
F12: Reduce Child Poverty rates (% less than 60% average income and out of work benefits)	21% (to reflect 2013 figure)			24.6% (relates to 2009)	24.1% (relates to 2010)	23.2% (relates to 2011)	21.4% (relates to 2012)	20.5% (relates to 2013)			↑G	The indicator is based on the number of children living in homes with 60% less than the median income. It is a snapshot at August 2013. 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%).
Reach for children's centres (target 51%)	51%	34.09%	43.74%	44.50%	47.71%	54.79%	54.27%	57.03%			↑G	The reach figure measures the percentage of families of under 5s living in Gateshead who accessed children's centre services during a specific period. The level of engagement at the end of March 2016 was 57.03% (5141 families), which meets the Ofsted requirement to engage with the "majority of families" (51%). This is an increase on the figures from the last 2 years where the reach figure was 54.27% at March 2015 and 54.79% at the end of March 2014.
YOUTH OFFENDING SERVICE			2010/11	2011/12	2012/13	Rolling 12 Month PNC Data						
						Oct 13-Sep 14	Jan 14-Dec 14	Apr 14-Mar 15	July 14-Jun15	Oct 14-Sep 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. Rolling 12 Month)	398 per 100,000		658	641	576	510	474	428	588	276	↑G	FTEs data is now reported by the Youth Justice Board (YJB) from data extracted from the Police National Computer with a 12 month lag. The number of First Time Entrants (FTE) has nationally seen a decline in recent years. The latest YJB published data for October 2014 - September 2015 shows the rate of FTEs for Gateshead at 276 (per 100,000 of population) a 46% reduction from previous year. This is lower than the national average of 376 per 100,000 for this period and also below the regional average of 429 per 100,000. This Quarter we had a total of 22 FTEs in Gateshead, (122 FTEs per 100,000), which is an 8% decrease from Quarter 3. The FTEs in Quarter 4 were made up of 13
		2011/12	2012/13	2013/14	2014/15	Jan 14-Dec 14	Apr 14-Mar 15	July 14-Jun15	Oct 14-Sep 15	Jan 15-Dec 15		
Use of Custody rate: Rate per 1,000 of Population 10-17 yr. olds		0.78	0.39	0.62	0.23	0.41	0.29	0.23	0.35	0.29	↑G	Use of Custody rate per 1,000 of 10-17 population. The latest YJB published data for January 2015- December 2015 shows the 12 month rate of Custody for Gateshead at 0.29. This represents 5 custodial sentences in the 12 month period and is a -0.12 decrease year on year (from 0.41 at the same period last year). This is below the regional average for this period (0.41) and is also below the national average. (0.40)
		Jan08-Dec 08	Jan 09-Dec 09	20Jan 10-Dec 10	Jan 11-Dec 11	Jan 12-Dec 12	Apr 13-Mar 14					
Reoffending Rate After 12 Months. Reported 12 months in arrears by the YJB – data extracted from the PNC	percentage rate of reoffending	33.4%	35.4%	38.3%	33.3%	39.2%	36.9%				↑A	The latest 12 month rolling reoffending data from PNC for April 13 – March 14 sets Gateshead's Binary rate of reoffending at 36.9%, and the Frequency rate of reoffending at 0.93. This represents a cohort of 179 young people, of whom 66 went on to reoffend, and commit 166 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

	freq rate of reoffending	0.89	0.92	0.99	1.06	1.0	0.93					↑A	Reoffending figures demonstrate the prime nature of some of our young people, and the challenges faced by the team to reduce their reoffending.	
		Jan-10	Jan-11	Jan-12	Jan-13	Jan-14	Jan-15	Jan-16						
	F06: Number of young people aged 16-18 NEET	7.0%	8.8	9	7	7.2	7.6%	5.3%				↑G	The latest official figures are from January 2016 (covering Nov 15-Jan 16) and show a considerable reduction in young people who are NEET from the same period of the previous year. The figure equates to about 334 young people, in comparison to 438 young people the previous year.	
	MULTI-AGENCY WORKING	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2015 Q1	Q2	Q3	Q4			
	Number of CAFs registered	225	278	289	390	494	988	255	250	265	218	→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													
	Adolescent Youth Support							0	1	1	3			
	Adult service							2	2	3	0			
	Children with Disabilities							1	0	0	3			
	Early Years							14	8	1	4			
	Education							90	79	97	77			
	Family Intervention team							55	65	62	56			
	Gat Young Women's Project							3	1	0	0			
	Health							42	49	66	35			
	Positive Pathways							10	5	9	2			
	Private Sector							17	14	13	11			
	Voluntary Sector							1	2	3	4			
	YOT							23	24	11	23			
	Youth & Community								1					
	Teams led by LP agency													
	Teams								1139	1234	1165			
	Adolescent Youth Support								2	2	3			
	Adult service								2	3	0		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 . Voluntary Service figures have dropped due to the Oasis Aquila Service being decommissioned; some cases transferred to other services and some ended.	
	Children 's Services								1	0	0			
	Children with Disabilities								0	51	50			
	Children's Centre								52	44	59			
	Connexions								0	2	2			
	Education								199	207	228			
	Family Intervention team								383	349	318			
	Young Women's Project								9	8	8			
	Health								118	127	134			
	Positive Pathways								150	172	167			
	Private Sector								52	53	57			
	Voluntary Sector								64	116	9			
	Youth Offending team								107	100	130			

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TITLE OF REPORT: Corporate Strategic Tracker and Target Indicators - 2020

**REPORT OF: Jane Robinson, Chief Executive
Alison Elliott, Interim Strategic Director, Care Wellbeing &
Learning**

SUMMARY

1. This report outlines the proposed service targets to be agreed for the period up to 2020.
2. The targets set express the planned level of performance and are based on a sound understanding of current and past performance and the likely influences over future performance. They will be used as a tool for driving continuous improvement and stretching performance against a particular measure over a given period of time and help to set out what needs to be done to achieve improvement within an appropriate timescale. Committee is asked to consider these targets so that the Council's performance continually improves and contributes to the delivery of Vision 2030 and the Council Plan.

Background

3. The Council Plan 2015-2020 was approved by Cabinet in July 2015, with Vision 2030, Gateshead's Sustainable Community Strategy, also refreshed and agreed by Cabinet on the 3rd November 2015. Both documents endorse shared desired outcomes for Gateshead, which are:
 - Prosperous Gateshead – a thriving economy for all -;
 - Live Love Gateshead – a sense of pride and ownership by all; and
 - Live Well Gateshead – a healthy, inclusive and nurturing place for all.
4. As a result of the development of a Council Plan for 2015-2020, evaluation took place which identified the need to refresh the Corporate Performance Management Framework to support decision making and ensure the Council continues to be effective, fit for purpose and sustainable. This report forms part of the Council's performance management framework and sets out the Strategic Indicators (SIs) targets for the period to 2020, for consideration by the Families Overview and Scrutiny Committee (OSC).

Target Setting 2020

4. On the 19 April 2016, Cabinet approved the revision of the corporate strategic indicator set including the identification of 'Tracker' and 'Target' indicators. Cabinet also agreed the replacement of the the current model of reporting rolling five-year performance targets with a single fixed 2020 target, where appropriate.
5. A revised list of strategic performance indicators has been identified to support the monitoring of progress in delivering the outcomes of the Council Plan and Vision 2030.

This has involved both the identification of new indicators and the removal of others. To ensure strategic indicators match the outcomes it is proposed to:

- Continue to report to both Families Overview and Scrutiny Committee and Cabinet every 6 months on progress (with, where appropriate, additional performance data).
- Replace the gathering and reporting of five year rolling targets and instead categorise strategic indicators as either a "Tracker" or a "Target" indicator. Key performance indicator progress will be reported against these two indicator types. Target and tracker indicators are defined as:
 - Target indicators - targets are realistically able to be set for these indicators, where improvements can be measured regularly and can be actively influenced by the Council and its partners. An example would be the percentage of business rates collected. A fixed 2020 target will be set and progress towards this target will be reported; and
 - Tracker indicators – where possible a target will be fixed. However, this may not be realistic, so performance will be tracked, benchmarked and reported with a 2020 target not necessarily be set. Instead, the longer term trend will be monitored, as the Council and partners may only able to partially influence the outcome.

6. The Council's framework includes national frameworks that have been introduced including the Public Health Outcomes Framework (PHOF); NHS Outcomes Framework (NHSOF); Adult Social Care Outcomes Framework (ASCOF); and Children and Young Peoples Outcome Framework (CYPOF). The strategic nature of this framework allows a robust examination and assessment of performance. To ensure that it continues to deliver appropriate information and drive improvement the framework will be assessed in line with the new Council Plan 2015-2020. Any amendments to the performance framework arising from the new Council Plan will be reported through the appropriate channels.
7. Cabinet previously agreed, on 15 July 2014, that future target setting would be received on an exception report basis highlighting areas where:
 - there is a material deviation between actual performance and expected performance;
 - there are inspection and internal audit recommendations;
 - there have been amended national and local priorities, including changes in legislation; and
 - benchmarking and comparison of targets and performance information.
8. The establishment of 2020 targets will enable performance reports to track and monitor progress against the targets for service performance to ensure performance is continually improving and contributing to the successful delivery of Vision 2030 and the Council Plan.
9. Information on the performance of each SI target for the period 2015/16 is subject to a separate report on this agenda.
10. The table in Appendix 1 sets out the targets for SIs relating to the remit of Families OSC for the period to 2020 and showing how they fit into the shared outcomes set out in the Council Plan 2015-20. Where possible, newly available baseline information, and any clarification of national definitions and six-monthly performance has been taken into consideration. There remains a number of SIs where target information is yet to be published. It should be noted that where target definitions have been changed or varied

and no baseline is currently set, that performance reporting will continue in the interim period until a suitable baseline is established.

11. Some points to be aware of include:

- **PG17** – (NEET) - This is the percentage of 16 to 18 year olds who are not in education, employment, or training (NEET). This indicator and NEET targets use an annual result which is based on an average of three one month snapshots at the end of November, December and January each year.
- **PG19a-b** Successful admission to preferred school places is split between primary and secondary schools.
- **PG21** – The Early Years Foundation Stage Profile is no longer compulsory from September 2016.
- **PG22a-c** Education – Children attaining the expected standard at Key Stage 1 is split into Reading, Writing and Maths. This is a new measurement from summer 2016. Once baseline data is available, it will be possible to identify trends and help set realistic and challenging targets.
- **PG23** - Increase the % of children attaining the expected standard at the end of KS2 is a new measure used from the summer of 2016.
- **PG24** – The summer of 2016 is the final year the percentage of children achieving 5 or more A*-C GCSE including Maths & English will be measured. From 2017 exam results will be graded 1-9.
- **PG25 and PG 26** - Progress 8 will be introduced for all schools in 2016 (based on 2016 exam results, with the Progress 8 score showing in performance tables published in late 2016/early 2017). The new measure will be based on a students' progress measured across eight subjects: English; mathematics; three other English Baccalaureate (EBacc) subjects (sciences, computer science, geography, history and languages); and three further subjects, which can be from the range of EBacc subjects, or can be any other approved, high-value arts, academic, or vocational qualification. From 2016, the floor standard will be based on schools' results on the Progress 8 measure. The summer of 2016 also sees the start of the measure for Attainment 8, which is the students' average achievement across eight subjects. From 2016, the floor standard will be based on schools' results on the Progress 8 measure.
- **PG27** - This measurement is being made nationally for the first time in summer 2016. Once data is available, it will be possible to identify trends and help set realistic and challenging targets.
- **CP10** - Ensure young people leaving care are supported to have an opportunity in the Council for an apprenticeship is pending further detail from central government for a proposed start in 2017.

Recommendation

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

- (i) Comment on the proposed 2020 targets set for the corporate strategic indicators and the available benchmarked performance to ensure the Council's performance is continuously improving to contribute to the delivery of Vision 2030 and the Council Plan and agree they be referred to Cabinet for approval
- (ii) Agree that this report is submitted to Cabinet for approval.

Families OSC

**PERFORMANCE MANAGEMENT STRATEGIC INDICATORS
TO MONITOR DELIVERY OF THE COUNCIL PLAN 2015-2020**

= Equality Objectives

Prosperous Gateshead		Indicator: Existing/ New/ Equality	Desired Direction	Reporting Officer	Year End 2014/15 (RAG/ TREND)	Target 2015/16	Year End 2015/16 (RAG)	North East (RAG)	National (RAG)	Target 2020
Fewer people with low level skills and more people with higher level skills-Improved educational attainment / increased learning and development:										
PG16	Apprenticeships within the workforce	New (Target)	Higher is better	Deborah Hill	New - (NB: dependent on detail of agreed final Government legislation)					
PG17	Reduce NEET rate	Existing (Tracker)	Lower is better	Val Hall	7.6%	7.0%	5.3%	5.7%	4.3%	4.8%
PG18	Increase the % of Gateshead schools rated Outstanding	New (Tracker)	Higher is better	Steve Horne	New	New	32.4%	20.9%	19%	40%
PG19a	Maximise the % children offered a place at their preferred primary school	New (Target)	Higher is better	Steve Horne	New	New	95%	92.6%	87.8%	97%
PG19b	Maximise the % children offered a place at their preferred secondary school	New (Target)	Higher is better	Steve Horne	New	New	92%	91.9%	84.2%	95%
PG20	Reduce the % of children in low income families (formally children in poverty)	Existing (Tracker)	Lower is better	Val Hall	21.4% (2012)	21%	20.53% (2013)	22.2% (2013)	18% (2013)	18.5%
Educational attainment:										
PG21	Increase the % of children achieving a good level of development at age 5 <i>(Only statutory for one more year)</i>	Existing (Target)	Higher is better	Steve Horne	57%	59%	63.7%	63.1%	66.3%	N/A Ends 2016/17
PG22 a-c	Increase the % of children attaining expected standard at the end of KS1 <i>(New measure used from summer 2016)</i>	New (Target)	Higher is better	Steve Horne						
PG22a	Reading				New	N/A	New	New	New	90%
PG22b	Writing				New	N/A	New	New	New	84%
PG22c	Maths				New	N/A	New	New	New	90%

Prosperous Gateshead		Indicator: Existing/ New /Equality	Desired Direction	Reporting Officer	Year End 2014/15 (RAG/ TREND)	Target 2015/16	Year End 2015/16 (RAG)	North East (RAG)	National (RAG)	Target 2020
PG23	Increase the % of children attaining the expected standard at the end of KS2 <u>(New - used from summer 2016)</u>	New (Target)	Higher is better	Steve Horne	New	N/A	New	New	New	85%
PG24	Increase the % of children achieving 5 or more A*-C GCSE including Maths & English <u>(final year 2016 with 2017 first year of the new 1-9 grade)</u>	Existing (Tracker)	Higher is better	Steve Horne	58.5%	59%	58.1%	55.4% (2014/15)	53.8 (2014/15 all English authorities)	N/A
PG25	Raise Attainment 8 - scores of pupils at the end of KS4 <u>(NB: New - used from baseline of summer 2016)</u>	New (Tracker)	Higher is better	Steve Horne	New	New	New	New	New	C or 5
PG26	Raise Progress 8 – scores of pupils at the end of KS4 <u>(NB: New measure used from baseline of summer 2016)</u>	New (Tracker)	Higher is better	Steve Horne	New	New	New	New	New	-0.03
Equality Objective: Increase levels of ambition and aspiration of vulnerable groups across Gateshead										
PG27	Reduce the gap between Attainment 8 & Progress 8 scores of disadvantaged pupils and on-disadvantaged peers at KS4 <u>(2016 baseline)</u>	New / Equality (Tracker)	Lower is better	Steve Horne	New	New	New	New	New	TBC
PG28a	Increase the % of vulnerable children achieving 5 or more A*- C at GCSE including Maths & English: <u>(NB: To end at 2015 and replaced with PG26)</u>									
	Looked After Children (LAC)	Existing (Tracker)	Higher is better	Steve Horne	8.6%	21%	20%	11%	13.8%	N/A
PG28b	Free School Meals (FSM)	Existing (Tracker)	Higher is better	Steve Horne	29.1%	41%	28.1%	30.5%	33.3%	N/A
PG28c	Special Educational Needs (SEN)	Existing (Tracker)	Higher is better	Steve Horne	20.0%	25%	21.2%	18.2%	20%	N/A

Live Well Gateshead		Indicator: <i>Existing/ New/ Equality</i>	Desired Direction	Reporting Officer	Year End 2014/15 (RAG/ TREND)	Target 2015/16	Year End 2015/16 (RAG)	North East (RAG)	National (RAG)	Target 2020
A place where children have the best start in life:										
LW2	% of mothers smoking at time of delivery	Existing (Tracker)	Lower is better	Alice Wiseman	15.1% (2014/15)	12.8%	Awaiting data	18.0% (2014/15)	11.4% (2014/15)	9.9%
Equality Objective: Support vulnerable groups at most risk of poverty and deprivation										
LW3	The number of eligible 2 year olds accessing their free early learning place	New / Equality (Target)	Higher is better	Val Hall	New	New	80% Autumn 2015	Awaiting data from service	72%	Awaiting data from service
LW6	Number of children with a child protection plan	Existing (Target)	Lower is better	Elaine Devaney	64.3 per 10,000 (2014/15)	62 per 10,000	68.1 per 10,000	59.5 per 10,000 (2014/15)	42.9 per 10,000 (2014/15)	54 per 10,000
Equality Objectives: Support vulnerable groups most at risk of poverty and deprivation										
LW7	Work with families - part of the national Troubled Families Programme–No. of families engaged by FamiliesGateshead.	New/ Equality (Target)	Higher is better	Val Hall	New	New	1,054 families	No comparable data	No comparable data	4,020 families
Equality Objectives: Gateshead the place – to improve the range of housing across Gateshead for vulnerable groups										
LW8	Ensure young people leaving care who are homeless are supported to have a safe place to live appropriate & sustainable accommodation)	New/ Equality (Target)	Higher is better	Elaine Devaney	New	100%	97.9%	No comparable data	No comparable data	100%
Equality Objectives: To increase the level of ambition and aspiration of vulnerable groups across Gateshead										
LW9	Ensure young people leaving care are supported to be in education, employment apprenticeships or training.	New/ Equality (Target)	Higher is better	Elaine Devaney	New	71%	50%	45.3%	47.7%	71%
LW37b	Children killed or seriously injured (KSI) in Road Traffic Collisions - % change over base year	Existing (Tracker)	Higher is better	Anneliese Hutchinson	24.53%	31.00%	37%	26.99%	No data	44%

Corporate Performance		Indicator: Existing/ New/ Equality	Desired Direction	Reporting Officer	Year End 2014/15 (RAG/ TREND)	Target 2015/16	Year End 2015/16 (RAG)	North East (RAG)	National (RAG)	Target 2020
Maximising Growth:										
Equality Objective: To increase levels of ambition and aspiration of vulnerable groups across Gateshead										
CP10	Ensure young people leaving care are supported to have an opportunity in the Council for an apprenticeship	Equality (Target)	Higher is better	Deborah Hill / Elaine Devaney	New - (NB: dependent on detail of agreed final Government legislation)					

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TITLE OF REPORT: 0 - 19 Public Health Developments

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

Summary

This paper provides an overview of the 0-19 Children and Young People's work and, the decision agreed at Strategy Group regarding the future procurement for 0-19 Children and Young People's Public Health Services. The report will also provide an overview on the 0 – 5 (Health Visitor and Family Nurse Partnership) and 5 – 19 (School Nursing) commissioning developments.

Background

1. Public health commissioning responsibilities for children aged 0-5 transferred from NHS England to Local Authorities on 1 October 2015. This was the final part of the much larger transfer of Public Health Functions to Local Authorities which took place on 1 April 2013 under the Health and Social Care Act 2012. Since April 2013, Gateshead has been responsible for commissioning public health services for school-aged children 5-19 ("school nursing").
2. From 1 October 2015 local authorities became responsible for commissioning the 0-5 Healthy Child Programme (HCP) which includes; the Health Visiting service (incorporating universal and targeted programmes) and the Family Nurse Partnership (targeted services for first time teenage mothers).
3. A national board was put in place to oversee the transfer, providing the guidance and defining the process. The transfer of responsibility took place successfully in the North East, supported by a Regional Advisory Board and local implementation groups.

What does the current service look like?

4. The Healthy Child Programme (HCP) is the universal clinical and public health programme for children and families from pregnancy to 19 years. It offers a programme of screening tests, immunisations, developmental reviews, information and guidance on parenting and healthy choices. Due to its universal reach the HCP aims to identify families who need additional support or are at risk of poor health outcomes. The HCP is made up of three core documents:
 - Healthy Child Programme: pregnancy and the first five years
 - Healthy Child Programme: the two year review
 - Healthy Child Programme: from 5 to 19 years old

Why do we have a Healthy Child Programme?

5. The recommended standard for the delivery of the HCP depends on services for children and families being fully integrated. If effectively implemented, in terms of overall aims, the HCP should lead to:
 - Strong parent-child attachment and positive parenting, resulting in better social and emotional well-being in children
 - Care that helps to keep children healthy and safe
 - Healthy eating and increased activity, leading to a reduction in obesity
 - Prevention of some serious and communicable diseases
 - Increased rates of breastfeeding initiation and continuation of breastfeeding beyond 6 -8 weeks
 - Readiness for school and improved learning
 - Early recognition of growth disorders and risk factors for obesity
 - Early detection of – and action to address – developmental delay, abnormalities and ill health, and concerns about safety
 - Identification of factors that could influence health and well-being in families
 - Better short- and long-term outcomes for children who are at risk of social exclusion
6. The Healthy Child Programme (HCP) recognises the key role of a variety of professionals in promoting children and young people's wellbeing and is aimed at the full range of practitioners in children's services, with a particular focus on:
 - Health visiting/family nurse partnership from pregnancy to 5 years,
 - Family Nurse Partnership is a voluntary preventive programme for vulnerable young first time mothers aged 19 or under
 - School nursing for 5-19 year olds

The 0 to 5 Healthy Child Programme (HCP)

7. The 0-5 HCP is an early intervention and evidenced based programme led and delivered by health visitors. It sets out the health and development reviews, health promotion, parenting support and screening and immunisation programmes that should be provided for all children aged 0 to 5. The objectives of the Healthy Child Programme are to:
 - Identify and treat problems early
 - Help parents to care well for their children
 - Change behaviours which contribute to ill health
 - Protect against preventable diseases.(Please see diagram in appendix 1 which gives an overview of health visiting and school nurse model)
8. As part of the programme's delivery, health visitors act as a vital link between primary care, early years, public health, young children and their families. They provide a unique, universal and non-stigmatising service to communities by building trusting relationships that support parents and children, which can enable the delivery of early intervention and prevention. They strengthen partnership

working to enable the integration of early year's services and community assets around the needs of children and families.

9. The 0-5 Healthy Child Programme also includes the delivery of the Family Nurse Partnership (FNP) which is an intensive, structured, home visiting programme, offered to first time parents under the age of 20. A specially trained family nurse visits the mother regularly from early pregnancy until the baby is 2 years old. FNP has three aims:
 - a) To improve pregnancy outcomes
 - b) To improve child health and development
 - c) To improve parents' economic self-sufficiency.

School Nursing Service - 5 to 19 years old Healthy Child Programme

10. The primary purpose of the school nursing service is to provide evidence-based intervention to facilitate, early intervention, prevention, health promotion and health protection programmes. The service aims to help all school aged children and young people to achieve their full potential for physical, mental, social, psychological and emotional wellbeing and to gain maximum benefit from their education. Interventions also aim to enable children and young people to reduce the impact of illness and disability on their health and wellbeing.
11. This service is available to all school aged children and young people, who attend Local Authority Maintained Schools, Free Schools and Academies in Gateshead. In Gateshead there are 68 primary schools (includes Bensham Grove Nursery), 9 secondary schools (excluding Emmanuel College), 6 Special schools, and 1 Pupil Referral Unit. Based on Gateshead population projections, it is projected that one of the largest increases in population numbers will be for the age group 5-12 year olds and there will be an increase of 1,300 by 2025.
12. NHS England is responsible for commissioning immunisation programmes for 5-19s. A national model for School Nursing was published by the Department of Health with the expectation that local areas implement the model to ensure a consistent, evidence based approach to the delivery of school nursing services and the Healthy Child Programme. The national model builds on and compliments the national specification for 0-5 Health Visiting Services.

Does Gateshead Council have any statutory requirements?

13. Certain universal elements of the Healthy Child Programme have been legally mandated at this stage. These elements are:
 - Antenatal health promoting visits
 - New baby review
 - 6-8 week assessment
 - 1 year assessment
 - 2-2.5 year review
14. These are key times to ensure that parents are supported to give their child the best start in life, and to identify early, those families who need extra help. Delivery of the universal elements of the Healthy Child Programme should be underpinned by Gateshead's Joint Strategic Needs Assessment, which identify vulnerable and at risk groups, including young carers, Children in Care, young offenders, those

not in education, employment or training (NEET), looked after children and children with disabilities. At an individual or family level, services should be developed to meet individual need and tailored to ensure individuals and their families are supported.

15. The Government is planning to undertake a review at 12 months of the impact of the mandation, and has a 'sunset clause' at 18 months to enable Parliament to discuss the impact of the changes.
16. Gateshead Council provides voluntary data returns to Public Health England (PHE) and will continue to do so through the 18 months mandation period. The mandation ruling is only in respect to the delivery of the five universal touch points. The Minister for Public Health has asked PHE to review the five mandated touch points of the universal health visiting service. PHE will report its findings to the Minister in the autumn of 2016 and this will inform her decision as to whether the mandation will be extended beyond March 2017.

Gateshead's commissioning responsibilities – challenges and opportunities

17. The transfer of commissioning responsibilities to local authorities for the Healthy Child Programme for 0-5s provides an opportunity to take a fresh look at providing coherent, effective services for children locally. The transfer offers the potential to join up services across the age spectrum of 0 to 19. It also enables the prospect of greater integration between public health and children's services to promote well-being and school-readiness for young children, including housing, early years, education and wider council services.
18. The transfer of the Healthy Child Programme for 0-5s presents us with an opportunity to reshape the whole provision to form an Integrated 0-19 Public Health service joining up the commissioning of the Healthy Child programme for children 0 - 5 years, with the commissioning for 5-19 year olds as well as other public health functions, with a focus on universal services, early help, prevention of risky behaviours and treatment where appropriate. Joining up these services across the age spectrum of 0 to 19 seeks to strengthen primary prevention and early help by bringing together a robust approach for improving outcomes for young people.
19. The direction of travel is to undertake a service redesign and develop a new service specification in order to commission an integrated 0-19 Public Health service which will encompass both the School Nursing, Health Visiting Service and Family Nurse Partnership – this will deliver both efficiencies and better streamlined services and outcomes for children and families in Gateshead.
20. Public Health is already consulting on plans to redesign services to ensure this is congruent with Gateshead's approach to Early Help. The vision for Early Help is that issues will be identified as soon as possible to enable a flexible, easy to access response to issues as they arise. The response will include a mix of centrally based, community-based and outreach services as needed. The proposed model will be able to respond to the issues that compound or lead to child poverty and or put children at risk e.g. benefits and housing advice; nutrition; physical activity; health and education advice; drug and alcohol; and domestic abuse.

21. The inclusion of public health within the local authority provides an impetus for greater integration in how services are offered to children and families, providing an opportunity for better alignment and a more holistic and family centric approach. In commissioning an Integrated 0-19 Public Health service we are seeking to develop:

- Integrated public health nursing services as part of a coherent prevention and early help programme for children and young people (0-19 years) and their families
- Effective partnerships with health, education, social care and voluntary and community sector partners in order to support wider improvements in the health and wellbeing of the 0-19 population
- Co-ordinated approaches to the prevention, early help and treatment of young people's risky behaviours (including offending, smoking, unprotected sex, drugs and alcohol), so that behaviours are not treated in isolation
- High quality, accessible prevention and early help services which enable children, young people and their families to access help and support as early as possible, to improve their health and wellbeing

The redesigned service is intended to give every child in Gateshead the best start in life and enable young people to achieve their full potential through supporting them to make healthier life choices.

22. Some of the challenges that the new delivery model will need to address include:

- Ensuring the accessibility and visibility of the service and better communication about the role
- Ensuring that there is a standard operating framework in place to ensure consistency of quality of care across all settings where the service is offered and measurement of outcomes
- Establishing a seamless HCP 0-19 including having due regard to key transition points such as on entering school, leaving care and transition to adult provision
- Effective partnership working with NHSE and CCG commissioned services including screening, childhood immunisation, maternity, primary care and paediatric services for children and young people with long term health conditions and complex health care needs
- Meeting unmet need including outreach work with children and young people not in mainstream school including those being educated at home, those in Pupil Referral Unit and alternative education as well as 16-19 years old who may be in need or at risk of unhealthy behaviours
- Prioritising important public health action such as breastfeeding, emotional health and wellbeing, smoking prevention, alcohol and substance misuse, healthy weight and improved sexual health and reduction in teenage pregnancies and stopping work that is not included in the service specification.

- Ensuring appropriate data collection and reporting systems are in place across the service, to collect evidence of activity and impact as well as routine feedback from service users, partners and stakeholders.

Next Steps for Gateshead

23. Strategy Group supported the decision to delay the procurement. The delayed procurement of a new 0-19 service has been influenced by a number of factors including TUPE costs, budget savings and the development of an early help hub within Gateshead Council. It has been agreed to award a direct contract to STFT for 2017/2018. This has been done in consultation with legal and procurement colleagues.
24. A plan is being implemented; working with the current provider, South Tyneside Foundation Trust, to reduce costs/staffing levels during 2016/2017 to make the budget savings of £0.459m across both contracts. It is acknowledged that the current provider, as a Foundation Trust, does have a cost improvement programme underway and there may be a potential to link into this. This will put the service in a stronger position for a full procurement to ensure a new contract is in place by April 2018 for a remodelled 0-19 service.

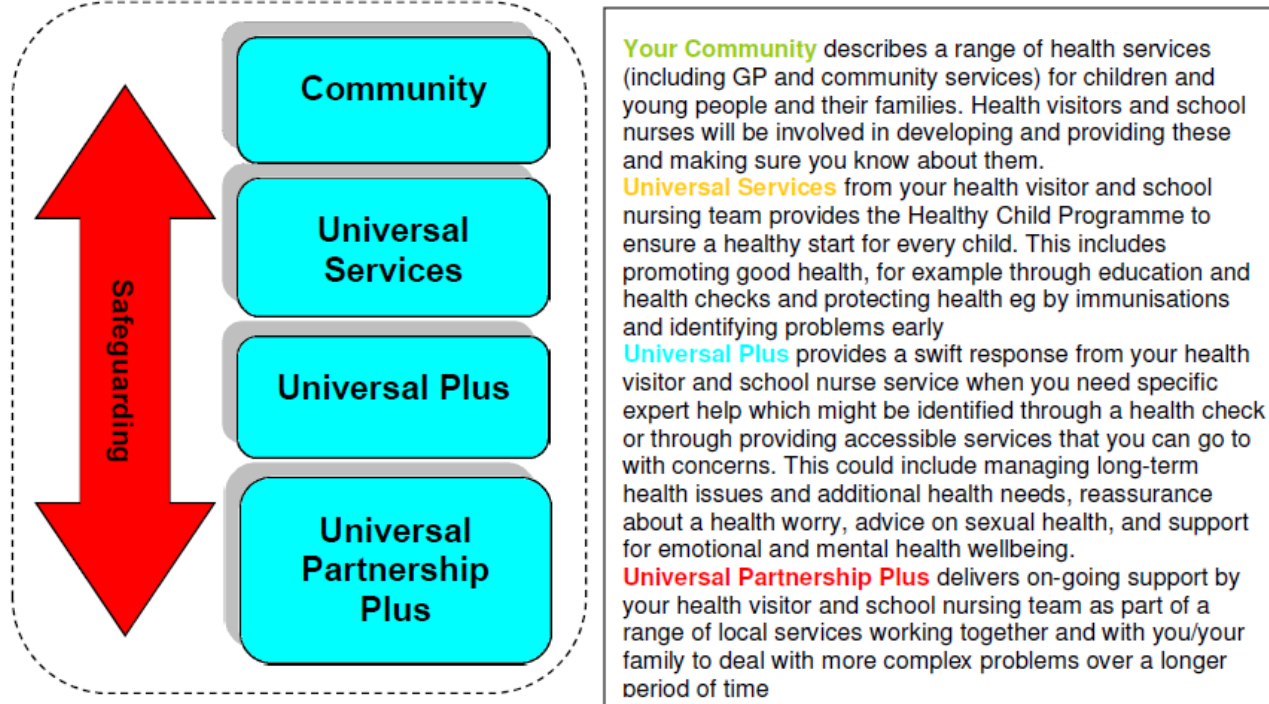
Recommendations

25. Overview and Scrutiny Committee is asked to:
 - i. Receive future updates as the development of the 0-19 service develops and asked to give its view of the potential future delivery model.

Contact: Alice Wiseman ext 2777

Behnam Khazaeli ext 3036

Figure 3: The service model for health visiting and school nursing



Public health nurses use strength-based approaches, building non-dependent relationships to enable efficient working with their population (children, young people and families) to support behaviour change, promote health protection and to keep children safe. Figure 3 illustrates the service model for health visiting and school nursing services and what parents, children and young people can expect to receive. Health visiting and school nursing teams will be led by a qualified health visitor or school nurse.

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TITLE OF REPORT: Review of Children's Oral Health in Gateshead
– Scoping Report

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

Summary

The Director of Public Health's Annual Report 2015 highlighted that ensuring children have the best start in life is firmly established in public health thinking as the most important issue for improving health and tackling health inequalities.

It must be understood in the context of the wider socio-economic issues which influence health throughout the life course. The Annual Report 2015 and Joint Strategic Needs Assessment highlighted how poor oral health impacts on children and families' health and wellbeing and how oral health is an integral part of overall health in children and young people.

Families Overview and Scrutiny Committee have agreed that the focus of its review in 2016/17 will be Children's Oral Health.

Background

1. It is well recognised that oral health is an important part of general health and wellbeing. Whilst there have been welcome improvements in the oral health of children in England, significant inequalities remain. Many general health conditions and oral diseases share common risk factors such as poor diet linked to the consumption of sugary foods and drinks.
2. Oral diseases are largely preventable; and there is a need to develop interventions to achieve sustained and long-term improvements in oral health and reduce inequalities. To do so, requires partnership action to address the wider determinants of health, ranging from economic and social policy change (creating healthier environments e.g. supplementary planning document on hot food take aways,, school food policies), to the adoption of healthier behaviours by individuals in the population. It is fundamentally important to focus also on upstream factors that create inequalities and that cause both poor general and oral health.

3. The oral health of the UK has improved significantly over the last few decades, however significant inequalities remain. Although oral diseases are largely preventable they remain a significant public health problem. Dental disease is highest in the most deprived populations and this inequality needs to be addressed. Overall Gateshead has levels of dental decay that are lower than the average for England.
4. These lower levels of dental decay are due to the fact that Gateshead has benefitted from an optimally fluoridated water supply for 40 years. Fluorides are widely found in nature and in foods such as tea, fish and naturally in some water supplies. The link between fluoride in public water supplies and reduced levels of tooth decay was first documented early in the last century. Although some members of the community do not support water fluoridation, there is abundant evidence that increasing fluoride availability to individuals and communities is safe as well as effective at reducing caries levels.
5. However, population averages mask oral health inequalities. A well-recognised association exists between socioeconomic status and oral health and evidence suggests that oral diseases are increasingly concentrated in the lower income and more excluded groups. Good oral health is integral to general health as it 'contributes to general well-being' and allows people to 'eat, speak, and socialise without active disease, discomfort or embarrassment'.
6. From April 2013 Local Authorities (LA) were given the responsibility for improving the oral health of their populations. Part of the planning for this involves an assessment of the local oral health needs of the population, followed by the development of an oral health strategy. The local oral health strategy must incorporate the national priorities detailed in Choosing Better Oral Health – an Oral Health Plan for England as well as other key policy drivers. The Health and Social Care Act (2012) amended the National Health Service Act (2006) and placed responsibilities on local authorities for health improvement, including oral health improvement, in relation to the people in their areas.
7. Local authorities are statutorily required to provide or commission oral health promotion programmes to improve the health of the local population, to the extent that they consider appropriate in their areas. Local Authorities are also required to provide or commission oral health surveys in order to facilitate: the:
 - assessment and monitoring of oral health needs,
 - planning and evaluation of oral health promotion programmes
 - planning and evaluation of the arrangements for the provision of dental services, and
 - reporting and monitoring of the effects of any local water fluoridation schemes covering their area

8. The oral health surveys are carried out as part of the PHE dental public health intelligence programme. Local authorities are also required to participate in any oral health survey conducted or commissioned by the secretary of state
9. At the same time NHS England (NHSE) was given the responsibility for commissioning primary care dental services through the local Area Teams. Specialist dental public health advice is provided by Public Health England to NHSE and Local Authorities.

Children's Oral Health in Gateshead: Scope of the Review

10. Gateshead's Joint Strategic Needs Assessment (JSNA) and the Director of Public Health's Annual Report 2014/15 set out the main children's oral health issues in Gateshead which will form the scope of the Review. Potential areas of focus include:

- inequalities in access / ward variations,
- prevalence of dental decay in five year olds,
- levels of hospital admissions, the high rates of admissions for General anesthetic's for extraction of teeth in 0-19 year olds
- commissioning and planning arrangements
- the approach to sugar reduction in Gateshead

Progress of the Review

11. The Review process and timescales are set out at Appendix A. While the Review is led by the Council, partner organisations will be involved to ensure an approach that reflects the complexity, prevalence and extent of the response.

Involvement

12. The Review will involve:
 - The Council, NHS England and Public Health England.
 - Members of the Local Dental Committee and Local Professional Network
 - Providers
 - If appropriate, individuals, carers and families

Outcomes

13. The Overview and Scrutiny Committee work will identify:
 - Improvements in Oral Health Promotion for children and young people, individuals and families of Gateshead

- Opportunities for partners to work together more effectively to improve oral health promotion in Gateshead.
- Potential gaps in services e.g. assessing Orthodontic treatment need to determine if sufficient effective Orthodontic care is currently commissioned for the local population
- Potential improvements in services specifically for oral health
- Revision of the Council's strategies and plans and those of partners to address children's oral health in Gateshead

Recommendation

14. Overview and Scrutiny Committee is asked to:

- (i) Note the background to the Review and the current issues identified in the JSNA and Director of Public Health's Annual Report 2014/15.
- (ii) Agrees the process set out at Appendix A.

Contact: Alice Wiseman ext 2777
Behnam Khazaeli ext 3036

Progress of the Review

Stage 1

The scope, purpose and intended outputs of the Review should firstly be agreed by the Cabinet and relevant Overview and Scrutiny Committee (OSC). The recommendations of Advisory Groups may also be considered if appropriate.

Proposal

- 16th June 2016 – Scoping report to OSC.

Stage 2

Evidence may be gathered by the OSC making visits as necessary or inviting persons and organisations to give evidence before it. Relevant Group or Strategic Directors and the Chief Executive will assist the OSC as necessary. The evidence gathered by OSC will be written up by officers.

Proposal

- 8th September 2016 – prevalence of problems (what does the data tell us), measures and indicators, the national policy context, factors shaping and influencing children's oral health.
- 20th October 2016 – evidence from partners, access to services and current patterns of commissioning and service delivery, prevention and evidence from partners in the NHS, Public Health England, and Local Dental Committee.
- 1st December 2016 – examining the evidence base around children's oral health promotion.
- 26th January 2017 – a dentists perspective on children's oral health.
- Visits – OSC will be invited to visit The Oral Health Promotion Team which is based within the Community Dental Service provided by South Tyneside NHS Foundation Trust. They have Oral Health programmes running in a variety of settings such as mainstream schools with high rates of decay, special schools, vulnerable groups (e.g. LAC). They also support national campaigns such as National Smile Month and provide training to Health Visitors, school nurses and voluntary organisations. Visit to be scheduled between 9 September 2016 and 20 January 2017.

Stage 3

2nd March

The OSC will then meet to consider an interim report prepared by the Lead Officers and to analyse the evidence presented and the information gathered and to prepare its conclusions.

Stage 4

6th April 2017

Officers will then prepare a report on the issue based on the views of the OSC. Officers will submit this report to the OSC to secure agreement that the report is a fair, accurate and complete reflection of the OSC's conclusions.

Stage 5

The Chair of the OSC will then present this report to the Cabinet. The Cabinet may take note of the report, approve all or some of the report's recommendations or refer the report to full Council or to an Advisory Group for further consultation. Date (subject to confirmation).