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FAMILIES OVERVIEW AND SCRUTINY COMMITTEE AGENDA

Thursday, 20 October 2016 at 1.30 pm in the Bridges Room - Civic Centre

From the Acting Chief Executive, Mike Barker

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 8 September 2016
3	**Review of Children's Oral Health in Gateshead - Evidence Gathering** (Pages 11 - 14) Report of the Director of Public Health
4	**Performance Improvement Update - children presenting at hospital as a result of self-harm** (Pages 15 - 20) Report of the Director of Public Health
5	**Case Study - Consequences of Alcohol Consumption in Pregnancy** Presentation from Gateshead Hospitals NHS Foundation Trust
6	**Update on Healthy Schools Programme as a Traded Service** (Pages 21 - 26) Report of the Director of Public Health

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GATESHEAD METROPOLITAN BOROUGH COUNCIL

FAMILIES OVERVIEW AND SCRUTINY COMMITTEE MEETING

Thursday, 8 September 2016

PRESENT: Councillor B Oliphant (Chair)

Councillor(s): S Green, J Adams, S Craig, A Geddes, M Hall, S Hawkins, J Kielty, L Kirton, K McCartney, E McMaster, S Ronchetti and C Simcox

CO-OPTED MEMBERS John Wilkinson, Maveen Pereira and Sasha Ban

F9 APOLOGIES FOR ABSENCE

Apologies for absence were received from Cllr Mullen, Cllr Clelland, Cllr J Graham, Cllr Caffrey and co-opted member Jill Steer.

F10 MINUTES OF LAST MEETING

The minutes of the meeting held on 16 June 2016 were agreed as a correct record.

F11 OSC REVIEW OF CHILD PROTECTION - MONITORING REPORT

The Committee received the first monitoring report following last year's review into child protection in Gateshead. It was acknowledged that there has been a limited time from completion of the review to date, therefore much of the work is in progress.

A number of recommendations came out of the review, including improving the availability of GP reports at Child Protection Conferences. It was noted that there has previously been a struggle to get GP information into conferences, however a lot of work has been carried out through workshop events with the Clinical Commissioning Group. This has resulted in an improvement and between April 2015 and March 2016 70.4% of Child Protection Conferences included GP reports, this continues to be monitored.

Another recommendation from the review was to improve the detail of data provided in relation to school referrals. It was acknowledged that there is still work to do to link detail with school information because of the different systems used. It was reported that from April 2016 35 schools, four nurseries and one private school made referrals. A breakdown of this data will be provided in future reports.

The review recommended that evidence be reviewed in light of the Ofsted inspection findings. It was reported that focus over the summer was around child protection planning to ensure this was clear for all staff. Workshops were held with Social Workers in order to help support them to improve the quality of plans and ensure

they focus on risk and important issues for the child. Independent advocacy was highlighted by Ofsted as an area for improvement, therefore work is continuing to promote the Mind of My Own (MOMO) app. The app is used to send information of importance to the young person and ensure their views are incorporated in plans. It was confirmed that there are 191 young people who currently have the app. Work is also ongoing with NYAS, the provider for independent advocacy, to support children and young people through the child protection process.

The review also recommended that consideration be given to the appropriateness of a Multi Agency Safeguarding Hub (MASH) for children. It was reported that there are a few Hubs nationally with mixed reports, and it is still being considered as to whether this is right for Gateshead.

It was questioned whether any other Tyne and Wear authorities have Multi Agency Safeguarding Hubs for children. It was confirmed that they do not, although Northumberland County Council does have some co-location work it is not a MASH. It was noted that Sunderland previously had one, however there have not been any locally which have been successful.

It was queried whether gaps are identified in terms of which GP practices are not providing reports to Child Protection Conferences. It was noted that work is ongoing with the CCG who will feedback to specific practices.

It was questioned how issues can be addressed better. It was acknowledged that improvement planning on a multi agency basis is carried out and the LSCB works with partner agencies to address issues.

RESOLVED - (i) That the Committee noted that progress achieved in the last five months.
(ii) That the Committee was satisfied with the level of progress to date.

F12 LSCB ANNUAL REPORT AND PLANS

The Committee received the Local Safeguarding Children Board (LSCB) annual report for the last financial year and the business plan for this year.

It was noted that the LSCB is a statutory multi agency partnership that meets six times per year to look at safeguarding and promoting the welfare of children. The role of the LSCB is to monitor effectiveness and coordinate what is done by partners for the purposes of safeguarding, also the Board must raise awareness of safeguarding and undertake Serious Case Reviews.

Last year the LSCB was chaired by Gary Hetherington and currently the Board is in a recruitment exercise for a new Chair. The Board is obliged to publish an annual report on the effectiveness of safeguarding in the area, this is shared with this Committee, Cabinet, the Children's Trust Board and the Health and Wellbeing Board. The annual report also determines safeguarding priorities for the following year.

It was reported that the Government commissioned a review of multi agency strategic safeguarding arrangements and the Wood Report recommended a number of changes, including possibly disbanding LSCBs to set up new partnership arrangements. Government agreed in principle, however a Government steer is currently being awaited, therefore future requirements are not clear. It was noted that the Wood Report recommends the continuation of strategic multi agency partnership working, therefore it may be decided that the LSCB is still fit for purpose. It was agreed that the Committee would be kept up to date on any possible changes.

Over the last year the LSCB was inspected by Ofsted and was found to 'require improvement'. Following this, seven recommendations were made, all of which have now been achieved and signed off. It was reported however that Ofsted was satisfied that the Board was meeting its statutory requirements but that some areas required strengthening, these were areas identified through self assessment. It was also found that a number of arrangements were strong, in particular around missing and sexually exploited children. It was reported that progress has been made against all priorities, there has been an inquiry into child sexual exploitation and lessons have been learnt from Serious Case Reviews in other areas, as there has been none in Gateshead. The LSCB has also strengthened links to young people and communities, views of young people were sought through a recent engagement event. Taxi driver training events have also been held, this is now a condition on granting or renewing a taxi licence. A sub-regional conference was also held with 500 professionals, including Social Workers, Health workers and Teachers.

The Missing, Sexually Exploited and Trafficked Group (MSET) discussed 43 cases due to missing and sexual exploitation concerns. The Child Death Review Sub Group considered nine child deaths, it was noted that this is the lowest number Gateshead has had and the majority of these deaths were due to premature births or as a result of life limiting conditions and were not modifiable conditions.

It was reported that there has been a 5% increase in the number of child protection plans over the last year and an increase of 38% in the number of child protection enquiries. It was acknowledged that this has inevitably led to an increase in the workload at a time when services are squeezed. It was noted that Gateshead continues to have the highest number of unborn babies subject to child protection plans and that this is reassuring as there are pre-birth assessments early and therefore less need to put in steps later. It was confirmed that the rate of re-referrals into Social Care remain low, this shows that families are receiving the services that they need at the first point of contact. It was noted however that there has been an increase in the number of children being permanently excluded from school and higher than expected numbers of children being admitted to hospital for self-harm.

The Board previously agreed a three year approach in terms of business planning and three strategic principles were agreed; leadership, challenge and learning. Three strategic objectives were also established; protecting vulnerable children, preventing harm and improving outcomes. In relation to leadership the Board will continue to strengthen links with the community and monitor the redesign of Early Help services. In terms of challenge, an effectiveness framework will be implemented which will challenge the Boards performance, single agency audits will also be undertaken by partners. In relation to learning it was noted that young

people will be listened to and their views be used to identify themes. It was noted that task and finish work will be carried out on the issue of self-harm and the increase in permanent exclusions.

It was questioned whether the business plan would still stand if the Government steer was to remove LSCBs. It was confirmed that nothing would happen until at least the end of the year as legislation would need to be re-written if changes were intended to be made.

It was queried as to who signs off the recommendations from Ofsted once they are achieved. It was noted that the Board sign off and then is reported to Group Management Team, it was confirmed that Ofsted would only return if there had been a judgement of inadequate. It was also noted that for long term issues an effectiveness framework is used as a benchmarking exercise.

It was questioned whether there is a lack of engagement with certain communities and whether this is specific to the LSCB or is Council wide. It was confirmed that this is not an issue as there are now three lay members on the Board, there had previously been a member of the Jewish community represented, however he has since stood down and has not been replaced as of yet. It was acknowledged that the Board has carried out the work recommended by Ofsted but there is still more to be done, for example rolling out the child sexual exploitation training to other areas such as the leisure sector.

It was questioned why there are no names against the membership list. It was noted that representatives change quite quickly and any named membership list would be out of date, however the positions would stay the same. It was confirmed that partnership arrangements are very strong and there is buy in at a senior level in all partner organisations.

It was queried what issues were identified as concerns for young people in Gateshead. It was noted that this was around safety on the Metro and in parks, however it was felt that this was more around perception rather than them witnessing any real incidents. It was suggested that, in the absence of park wardens, community leaders should be made aware of any issues in order to help tackle them.

It was questioned how the training to taxi drivers is provided. It was confirmed that taxi drivers must attend a one hour briefing with police around child sexual exploitation. The training highlights signs to look out for in terms of vulnerable young people and how to report any incidents of concern. There are examples of budget hotels being used so taxi drivers are made aware in case of dropping off young people at such places. It was noted that in Newcastle there was examples of party houses where sessions were held and drivers need to be aware if they are dropping a lot of people off there. It was agreed that a copy of the presentation and handouts provided to taxi drivers during their training would be circulated to the Committee.

RESOLVED - (i) That the Committee noted the LSCB and partner agency performance for 2015/16 and endorsed the proposed priorities.

(ii) The Committee agreed to receive updates in relation to any proposed changes to strategic arrangements as a consequence of the Wood Report.

F13 GATESHEAD CHILD HEALTH PROFILE

The Committee received a report on the Child Health Profile that was published in June. The key findings for Gateshead were identified as;

- Child poverty is significantly worse than the England average
- Childhood obesity levels are similar to the England figures
- Immunisation uptake is above the England average
- Child mortality rates are similar to the England average
- Although there has been a decrease in the number of hospital admissions as a result of self-harm for young people, Gateshead is still significantly worse than the England average

The report provided a list of indicators that have shown improvement in the last year and also those which have not improved and it was noted that any particular issues could be brought back to the Committee.

The performance in terms of immunisations in looked after children was queried. It was confirmed that there was a slight dip last year, however this was not an issue and figures remain in the high 80%. Although it was noted that, ideally, this should be above 95% for herd immunity.

It was questioned whether numbers of children on Education Health Care Plans are recorded within the Child Health Profile. It was confirmed that this is not recorded in the Child Health Profile, however it was suggested that it could be looked at as to how health correlates with those young people on Education Health Care Plans. It was also suggested that next time information around the number of young children having eye tests could be reported on and whether there are any risk assessments carried out in schools around the time children spend in front of computer screens.

Performance around self-harm figures was questioned. It was acknowledged that the number in Gateshead is significantly worse than the national average, in Gateshead there were 179 admissions to hospital for self-harm, however this does not determine the actual number of young people involved. It was confirmed that this relates to ages 10-24 and a larger cohort for hospital admissions is 19 and above. It was also noted that there may be some young people self-harming but who are not admitted to hospital. It was reported that the LSCB is to roll out training in schools to help them support young people who are self-harming.

It was questioned whether female genital mutilation (FGM) is an issue in Gateshead. It was confirmed that there are no cases in children in Gateshead nor any national prosecutions. However, maternity services have reported some mothers who have suffered and they continue to be monitored. It was queried whether hospitals would know what to do if there was a case in Gateshead. It was noted that all frontline practitioners and schools have received training in this area, they have a duty to

report any cases of female genital mutilation and procedures are in place.

The point was made that further information is needed around the redesign of the Child and Adolescent Mental Health Service (CAMHS). It was confirmed that the 'Expanding Minds Improving Lives' project is ongoing and the CCG has paid for ongoing counsellor support in schools while the larger development of the service is going on. Committee was advised that a report on CAMHS is scheduled on its work programme for 1 December 2016.

RESOLVED -

(i) That the Committee noted the content of the report.

(ii) That the Committee agreed to receive future reports which detail specific areas of concern and provide trend analysis showing change over at least three years data.

F14 REVIEW OF CHILDREN'S ORAL HEALTH IN GATESHEAD - EVIDENCE GATHERING

The Committee took part in the first evidence gathering session of the review into the oral health of the child population in Gateshead and their access to dental services. David Landes from Public Health England attended the meeting to give some general context into dental health and dental services in the area.

It was reported that a small survey was undertaken to show the proportion of five year olds with tooth decay in 2015. This small sample showed 20% of the 5 year old population in Gateshead suffered from tooth decay. It was noted that Gateshead is performing well compared to the North East, which may be to do with the artificially fluoridated water in the area.

It was noted that a five year old survey will be carried out to examine all five year olds in state schools. This will allow comparisons to be made between different areas. It was however noted that this data will only be an indication following the change to positive parental consent in schools.

The Committee viewed a map which showed the areas in Gateshead with the highest percentage of dental disease. It was evident that there are wide variations across Gateshead, therefore there are inequalities in different sections and there is a need to look at other interventions.

The proportion of the Gateshead population accessing NHS dental care in 2012/13 was looked at. This showed that that figure was less than 50% for 0-4 year olds, however by school age this increases to 70%. A breakdown of practices across Gateshead in 2013 was also provided.

In terms of orthodontic care this is accessed by the South of Tyne and Wear area and access is measured on a third of all 12 years olds needing orthodontic care. It was noted that this roughly meets needs and shows that all have reasonable access.

In terms of access to services it was reported that distances of 100,000 journeys have been measured, the majority travel less than two miles to dental services and the most deprived areas travel the least.

It was noted that challenges continue in terms of tackling dental disease in the population by addressing inequalities. Although 75% of five year olds in Gateshead have no dental disease there are still 20-25% who have preventable dental diseases. The Committee was advised of the need to consider if services are where they need to be and ensure oral health is integrated into all plans.

The point was made that previously dental vans were brought to schools which meant less reliance on parents taking children to dental surgeries. It was advised that separate school dental services stopped in the early 1990's however it was acknowledged that it is still important to get practices linked to schools. It was noted that the standard of dental care has changed massively over the last 30 years and therefore it would be very expensive to deliver a mobile service. It was recognised that for some families there are issues around overcoming the barrier of getting into a dental practice. It was also felt particularly important to ensure links with schools in deprived area. It was confirmed that current links are being reviewed through the Public Health reviews to see where dental care is expected to fit in, ie with school nurses. It is hoped through these reviews the service can be less disjointed in terms of 0-19 care.

It was queried whether there are dentists trained to deal with autistic and disabled children in Gateshead. It was noted that all dentists should be able to help, either offering care themselves or be able to refer to colleagues who can better meet the needs of a particular child.

It was noted that Public Health gained responsibility for dental care in 2013, this is across the South of Tyne and Wear, therefore discussions must be held with South Tyneside and Sunderland. It is expected that in 18 months time there will be a full 0-19 service that includes oral health. It was agreed that regular updates on the review can be reported to Committee.

RESOLVED - That the Committee noted the content of the report and the evidence presented as part of the review of Children's Oral Health in Gateshead.

F15 OFSTED INSPECTIONS AND SCHOOL DATA - PROGRESS UPDATE

The Committee received a report outlining the findings from Ofsted inspections, undertaken in spring and summer 2016 terms.

In terms of primary schools, Brandling and Roman Road improved from previous good ratings to outstanding. Washingwell Primary School received a good rating, an improvement on its last inspection. It was reported that St Wilfrid's Catholic Primary School stayed as 'requires improvement', it was noted that the school comprises of a high number of children with special educational needs which has had an impact on the rating.

In relation to secondary schools, Whickham School was found to 'require improvement'. It was noted that the school received a tough inspection and was on the edge of a 'good' result and the monitoring report was very positive about where the school is going. Joseph Swan Academy was also found to 'require improvement', there were good elements within the inspection findings but exam results were not strong enough to improve its rating. In both schools leadership and management were found to be good.

It was reported that the Pupil Referral Unit (PRU) was found to be 'inadequate'. It was noted that the senior leadership of the PRU has changed, however Ofsted judged attendance and behaviour to be inadequate. Work is ongoing to improve attendance and the PRU is in a better position today than it was previously.

It was noted that 94% of schools in Gateshead are good or better and only 5 require improvement. 37% of primary schools in Gateshead are outstanding, nationally this figure is 20%. In addition, provisional Key Stage 2 SAT results show Gateshead is joint ninth in the country.

It was queried as to whether the increase in permanent exclusions is a factor as to why the PRU was judged to be inadequate. It was confirmed that work is ongoing with the LSCB to look at the causes of the increase in permanent exclusions, this makes the work of the PRU harder.

The funding system was queried in terms of the ratio between primary and secondary schools. It was acknowledged that evidence suggests that early intervention is better, if the balance was changed pupils may be behind where they should be when starting secondary schools.

It was questioned how academies are helped following Ofsted. It was confirmed that powers of intervention are reduced so it depends how schools work with the Council, however it was noted that there are good relationships with all the academies.

RESOLVED - That the Committee considered the position in relation to Ofsted inspections.

FAMILIES
OVERVIEW AND SCRUTINY COMMITTEE
20 October 2016

TITLE OF REPORT: **Children's Oral Health in Gateshead**

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.

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

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1. Background

1.1 A scoping report was presented to the committee in June 2016 outlining the process of the oral health review. A presentation was given to the committee in September 2016 by Dr David Landes from Public Health England. The presentation outlined the prevalence of problems, measures and indicators, the national policy context and factors shaping and influencing children's oral health.

1.2 The next stage of the review is to receive a presentation from NHS England.

2. Scope of presentation

2.1 NHS England has agreed to present to the overview and scrutiny committee today. The scope of the presentation will cover:

- Profile of dental services commissioned by NHS England across Gateshead including capacity and take up for children
- General overview of NHS England commissioning responsibility, the current contractual framework and the challenges this presents
- Overview of the future direction of travel with the proposed new contract and the move to a model that includes a form of 'partial registration' in the form of capitation

3. Next stages of the review

3.1 The next stages of the review are as follows:

- 1st December 2016 – examining the evidence base around children's oral health promotion
- 26th January 2017 – A dentists perspective on children's oral health
- Between now and January 2017 - visits to oral health promotion team to be arranged

4. Recommendation

4.1 Overview and Scrutiny Committee is asked to note the content of the presentation by NHS England and to provide comments on the information provided.

Contact: Lynn Wilson ext 2580

Appendix A

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. Looked After Children). 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 2017 - 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).

Gateshead Council

FAMILIES
OVERVIEW AND SCRUTINY COMMITTEE
20 October 2016

TITLE OF REPORT: **Performance Improvement Update – Children Presenting at Hospital as a result of Self Harm- Children and Young People Update 2016**

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

SUMMARY

The purpose of this report is to provide the committee with an overview of self –harm hospital admissions in Gateshead and an update of the work that has taken place over the last 12 months.

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1. Defining Self-Harm and background

1.1 Self-harm can be defined in a number of ways:

"Intentional self-poisoning or injury, irrespective of the apparent purpose of the act" (National Institute for Clinical Excellence - NICE – 2004).

"The act of deliberately causing harm to oneself either by causing a physical injury, by putting oneself in dangerous situations and/or self-neglect" (National Self-harm network)

1.2 Self- harm can occur in many forms including, but not limited to, cutting, burning, punching, inserting or swallowing objects, self-poisoning, head banging, eating disorders, attempted hanging or strangulation.

1.3 The reasons why people engage in self-harm are often a symptom of underlying emotional problems, and self- harm is used as a way of coping. Self-harm is not usually triggered as a result of one isolated event but rather as a set of circumstances leaving young people overwhelmed and unable to manage their emotions

1.4 Why….???
"Pain works, Pain heals. If I had never cut myself I probably wouldn't still be around today. My parents didn't help me, school didn't help me but self-harm did and I'm doing pretty well for myself these days. Not in a heartbeat do I think that it is a good or positive thing, or anything besides a heart-breaking desperate act that saddens me every time I hear about it. But there is a reason people do it. My emotions can vary rapidly, in an emotionally charged situation I will either during or shortly after harm myself. I'm not good at dealing with emotions or communicating them to others"

(Anon. Truth Hurts 2006)

1.5 In the vast majority of cases self-harm is hidden and secretive with most children and young people making great efforts to conceal signs of self -harm. Research indicates that parents and carers are often unaware of incidents of self-harm.

1.6 It is not always easy to tell if someone in self-harming and children and young people may find it difficult to approach services for support. This is particularly because children and young people may feel ashamed and guilty about their behaviour. The stigma associated with self-harm can prevent children and young people getting the support and information they need to establish better ways of coping.

1.7 Some reasons for self-harm include being bullied, not getting on with parents, stress and worry about academic performance and examinations, parental separation or divorce, bereavement and loss, unwanted pregnancy, experience of abuse including sexual abuse, difficulties with sexuality, low self-esteem, feelings of being rejected or not fitting in.

2. National Context

2.1 Self-harm rates are much higher among children and young people than adults, with the most common age of onset around 12 years. Considering all of the available research data a prevalence rate of between 1 in 12 and 1 in 15 is indicated in the 12 -25 age groups. It is probable that two children and young people in every secondary school classroom have self- harmed at some point.

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2.2. Most self-harm occurs in the community. A Child and Adolescent Self-Harm in Europe (CASE) study found that 84.7% of young people did not seek help from an acute hospital (Hawton et al 2009). A 2016 enquiry found that 43% of young people who had completed suicide were not in contact with services. In most instances a friend, family member of teacher notices a change in the young person (RcPsych, 2014).

2.3 Nationally the rates are four times higher for girls than boys. Groups of children and young people that are more vulnerable to self-harm include children and young people in residential settings, lesbian, gay, bisexual and transgender young people, young Asian women, children and young people with learning disabilities.

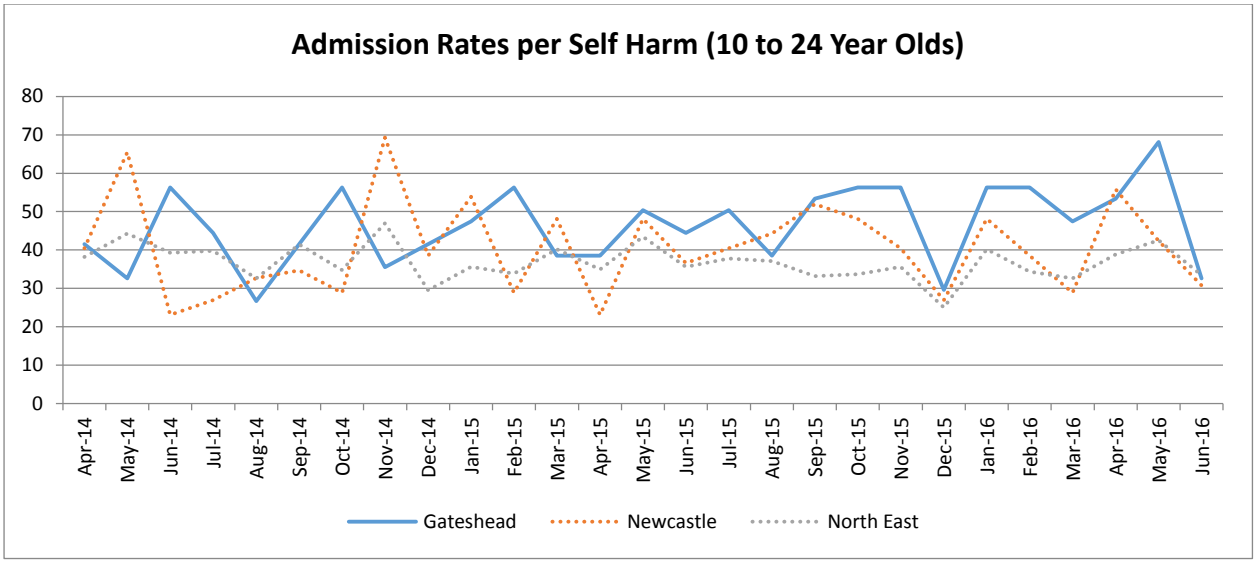
3. Local context – Key Findings in Gateshead

Child Health Profile

3.1 The Child Health Profile produced annually by Public Health England presents a picture of child health and wellbeing for each Local Authority area. The profile (published in March 2016) shows that 179 young people (531.3 per 100,000 population) aged 10 – 24 years were admitted to hospital as a result of self- harm in 2014/15.This is a decrease from the previous year which was 214 (626.5 per 100,000).

Hospital admissions analysis by North East Commissioning Support (NECS)

3.3 North East Commissioning Support has provided an analysis of Gateshead hospital admissions for intentional self- harm in patients aged 10 to 24 for the period April 2014 to June 2016. The chart below compares Gateshead with Newcastle and the North East on a month by month basis for this period.



3.4 The data from North East Commissioning Support for 2015/16 indicates that the rate of hospital admissions has increased to 223 compared to the child health profile 2014/15 data (number 179). The 2015/16 information is not yet available on the child health profile and has yet to be validated so should be treated with caution at this time.

3.5 Overall admission rates for females remain higher than those for males (this is in line with other areas) but the trend for female admissions is down in 2015/16. There has been a noticeable increase in the male admissions in the age group 10 to 24 in 2015/16 (from 32 to 61).

3.6 However there are two males who have had 10+ admissions each over the last 15 months (April 2015 to June 2016) who are impacting on the figures for 2015/16. Neither of these males had any admissions during 2014/15.

Age Group	Male			Female		
	2014/15	2015/16	2016/17 (Apr – June)	2014/15	2015/16	2016/17 (Apr – June)
10 to 14	-*	-*	-*	50	37	8
15 to 19	16	26	6	62	62	17
20 to 24	32	61	14	53	37	19
Total	48	87	20	165	136	44

(* numbers less than 5)

3.7 The majority of female admissions (total 176) for intentional self- harm during 14/15 and 15/16 are coded as self- poisoning with a medicine or medicines (e.g. ibuprofen and aspirin, naproxen). The number of females coded as self- harm by sharp object for the same period is 37.

3.8 The majority of male admissions (total 55) for intentional self-harm during 14/15 and 15/16 are coded as self-poisoning by and exposure to drugs used to treat epilepsy, tranquilisers or sleeping pills, medicines that alter chemical levels in the brain. The number of males coded as self- harm by sharp object for the same period is 6.

3.9 We have looked at the rates of hospital admissions at ward level but the numbers per ward are too small to allow meaningful comparison.

3.10 The data in relation to the causes for concern forms that were passed to children's services in 2014/15 and 2015/16 from the Queen Elizabeth Hospital has been compared with the number of hospital admissions recorded. During 2014/15 there were 77 forms passed to children's services against a total of 179 admissions. During 2015/16 there were 83 cause for concern forms passed to children's services against a potential total of 223 admissions.

3.11 The data at paragraph 3.10 has highlighted a potential issue in relation to the differences between the number of admissions and the number of cause for concern forms being submitted. Also some forms refer to deliberate self-harm (e.g. cutting and overdose) and some refer to young people suffering injuries to their hands after punching an object in anger or distress (also classed as deliberate self-harm). Further exploration of the cause for concern forms and data coding needs to be considered.

Child and Adolescent Mental Health Service (CAMHS) information

3.10 At the time of writing this report we do not have access to up to date information regarding the Child and Adolescent Mental Health's service in relation to self-harm referrals, and assessments following hospital admission. The Clinical Commissioning Group (CCG) is working with the current provider to look at information that may be available as part of the Expanding Minds Improving Lives transformation plan update. This will include cross reference of hospital data, use of the pathway between services, how many young people have been offered and attended appointments with CAMHs and how many did not attend.

4. Actions to address self-harm

4.1 Self-Harm training has been developed specifically for up to 75 Secondary School staff and 3 training sessions have taken place to date (21st, 27th 28th Sept). This has been delivered by Dr Kate Ward who is a Clinical Psychologist at Northumberland Tyne and Wear Foundation Trust. The training has been well attended by all secondary schools.
There will be 3 follow up sessions with staff who attended the training to look at which systems / policies they have put in place to help support any pupils who have self- harmed or are at risk of self-harm.

4.2 The Gateshead Self-Harm Protocol has been approved by the Local Safeguarding Children's Board and is currently being used as part of the training with Local Schools. The protocol covers the following:

- Definitions of self-harm
- Reasons for self -harming behaviour
- Working with self-harm (including indicators of self-harming behaviour, front line staff dealing with disclosure, management of self-harm acts, what to expect in hospital, risk assessment, looked after children, consent, competence and confidentiality, child protection, working with people who self-harm and or at risk of suicide)
- Gateshead Self Harm Care Pathway – what to do if you are concerned about a young person self-harming
- Pathway of care for children and young people presenting to the Queen Elizabeth Hospital (Accident and Emergency and Medical Admissions units)in with acute mental health problems including intentional self-harm
- Key contacts and useful websites and training available in Gateshead

The next stage of the work around the protocol is to consider the promotion and roll out to the wider work force including GP's, School Nurses, Accident and Emergency Staff and the children and young people's work force.

4.3 Washington Mind and the Local Safeguarding Children's Board continue to offer self-harm training to schools and professionals from within the children's workforce. In addition to this, the Emotional Wellbeing Team also continue to deliver and develop a general Mental Health awareness training programme to provide an overview of all mental health conditions which is included as part of the schools training directory.

4.4 A Schools Health and Wellbeing Survey (one for primary and one for secondary) has been developed and schools can sign up to this at any time during the academic year. The survey is confidential and the secondary school survey includes questions about bullying, dealing with problems, feelings and emotions and self- harm – including would the young person know where to get help if they were hurting themselves. The data from the survey will be analysed at the end of the 16/17 academic year.

4.5. Newcastle Gateshead Clinical Commissioning Group (CCG), Newcastle Council and Gateshead Council have been working together with local communities to plan what needs to happen locally to transform the emotional wellbeing and mental health provision for children, young people and their families. The project is known locally as "Expanding Minds, Improving Lives" and a number of areas of work have been ongoing since April 2015. A new model has been developed based on best present evidence, both nationally and locally, and the listening and engagement phase with local people and providers. The project is currently in discussion with providers to explore the best ways to implement the model.

5. Summary

5.1 Gateshead has a high proportion of hospital admissions as a result of self- harm compared to the North East region. The highest proportion of those admissions occurs in the 20-24 year olds, with females more likely than males likely to self -harm.

5.2. There are potential issues in relation to the coding of data for self-harm admissions and the cause for concern forms that are sent to children's services which requires further exploration.

6. Recommendations

- The committee is asked to note the content of the report and to provide comments on the information provided.
- It is recommended that further work should be undertaken by Public Health, Children's Services and North East Commissioning Support to look at the coding of admissions, and the cause for concern forms that are sent to children's services to gain a fuller picture of the issues and the differences in the data.
- Agree to receive an update in 12 months in relation to:
    a) The implementation of the Self- Harm Protocol
    b) The findings of the Schools Health and Wellbeing Survey
    c) The new model for CAMHs and the implications and outcomes for children and young people

Contact: Lynn Wilson Ext: 2580

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Gateshead Council

FAMILIES
OVERVIEW AND SCRUTINY COMMITTEE
20 October 2016

TITLE OF REPORT: **Update on Healthy Schools Programme as a Traded Service 2016/17**

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

SUMMARY

The purpose of this report is to provide the committee with an update on the performance of the Healthy Schools Programme as a traded service and provide an update of the work that has taken place over the last 12 months.

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1. Introduction

1.1 In early 2015 it was proposed that the Gateshead Healthy Schools Programme would look to continue as a traded service from September 1st 2016 once the existing contract for the programme ended on 31 August 2016.

1.2 In preparation for this, the outline of the new service was included and advertised as part of the Services to Schools & Academies Brochures that are sent to schools each year promoting the different Council programmes and services that schools can choose to buy into.

1.3 In addition to this, the Healthy Schools Consultant was informing all schools as part of the programme of termly visits about the proposed new changes to the Programme and the annual costs to schools.

2. New Programme Offer

2.1 The Health in Schools Programme will give schools access to a Health in Schools Co-ordinator that will provide the following:

- Promote new services and programmes, and support health promotion campaigns, for children and young people.
- Provide quality assurance of all aspects of the framework and to participate in termly Quality Assurance Group meetings
- Work with schools, school nurses and other agencies on how to identify those in greater need and interventions to offer those identified.
- Raise awareness by schools of care pathways and available services for children and young people in Gateshead.
- Support schools to identify and agree activities to address their specific health and wellbeing needs.
- Support schools to access training for staff.
- Liaise with wider stakeholders in their offer of health promotion and training to schools.

2.2 *Social & Emotional Wellbeing Programme*

A Children and Young People's Mental Health Liaison Worker will:

- Support schools to develop a school curriculum that promotes social skills.
- Support schools to create and sustain an environment that promotes resilience of students.
- Work with the Health in Schools coordinator and others (for example, school nurses) to develop strategies to identify those at greater risk of mental health problems and offer appropriate interventions or signpost/refer to other services as necessary.

2.3 In addition, the Children and Young People's Mental Health Liaison Worker can explore directly with school and staff around their own ideas and needs to create and offer schools a variety of flexible activities/workshops/groupwork and information to support a range of emotional health and wellbeing, including for example:

1. Self Esteem
2. Friendship
3. Anti-Bullying

2.4 *Additional Support*

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

2.5 *Costs*

- £500 PA for Primary Schools
- £700 PA for Secondary Schools

3. Participating Schools

3.1 As of October 1st 2016, 44 Gateshead schools have agreed to buy into the new programme (Appendix 1)

3.2 Feedback from schools indicate that the main reason for not participating was due to the costs now associated with the Programme.

4. Next Steps

4.1 We are currently working with the Graphics Team on the development of new branding / logo for the programme which will be used on all Healthy Schools Correspondence, including the Gateshead Healthy Schools Website and Community of Practice and for new Healthy Schools certificates.

4.2 We will continue to promote the Gateshead Healthy Schools Programme in light of the publication of the Government's Child Obesity Strategy and the introduction of the new Healthy Rating scheme for schools that will be introduced in September 2017 and

monitored by Ofsted. At the time of writing, Public Health England North East have recently received a request from the Department of Education asking to map the current Healthy Schools Provision across the North East suggesting that schools' involvement in Healthy Schools programmes could be a significant factor in determining a schools position on the new rating scheme.

5. Recommendations

- The committee is asked to note the content of the report and to provide comments on the information provided.
- Agree to receive an update in 12 months in relation to:

    - Continuing performance of schools and updates on the health priorities they will be focusing on.
    - Update on the number of schools agreeing to engage in the Healthy Schools Programme for 2017/18

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Appendix 1.

Schools that have bought into new Healthy Schools Programme

Primary	***Special***	***Secondary***
Birtley East	Eslington	Thorp Academy
Bede	Cedars	
Highfield Comm Prim.	Dryden	
Fell Dyke	Millway	
St Agnes	Furrowfield	
The Drive	Hill Top	
Roman Road		
Portobello		
Wardley		
Crookhill		
St Aidans		
Glynwood		
Windy Nook		
Rowlands Gill		
Falla Park		
Whickham Parochial		
Ryton Federation		
Bensham Grove		
Fellside		
Corpus Christi		
Highfied St Josephs		
Brandling		
Caedmon		
Greenside		
Harlow Green		
High Spen		
Lingey House		
Lobley Hill		
St Josephs, Blaydon		
Colegate		
Swalwell		
Oakfield Infants / Oakfield Juniors		
St. Oswalds.		
St Mary & St Thomas		
Front St		
Chopwell		
Winlaton West Lane		

Not buying in

Primary	***Special***	***Secondary***
Larkspur	Gibside	Cardinal Hume
Bill Quay		Heworth Grange
Riverside Academy		Thomas Hepburn
Kibblesworth		Whickham
South Street		St Thomas More
St Joseph's RC VA		Kingsmeadow
St Peters		Lord Lawson
St Annes		Joseph Swan
Ravensworth Terrace		
St Augustines		
St Wilfrids		
Brighton Avenue		
St Josephs Infants.		
St Jospehs Juniors		
St. Albans		
Whitemere		
Carr Hill		
Barley Mow		
Clover Hill		
Blaydon West		
Sacred Heart		
Kelvin Grove		
St Phillip Neri		
Dunston Hill		
Parkhead		
Emmaville		
Kells Lane		
St Mary's		
Washingwell		

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