

**GATESHEAD METROPOLITAN BOROUGH COUNCIL**  
**FAMILIES OVERVIEW AND SCRUTINY COMMITTEE MEETING**

**Thursday, 1 December 2016**

**PRESENT:** Councillor B Oliphant (Chair)  
  
Councillor(s): S Green, J Adams, B Clelland, A Geddes,  
M Hall, J Kielty, L Kirton, K McCartney, R Mullen and  
C Simcox

**CO-OPTED MEMBERS** Jill Steer, Maveen Pereira and Sasha Ban

**F21 APOLOGIES FOR ABSENCE**

Apologies for absence were received from Cllr Caffrey, Cllr Hawkins, Cllr S Craig, Cllr J Graham, Cllr McMaster and co-opted member Jon Wilkinson.

**F22 MINUTES OF LAST MEETING**

The minutes of the meeting held on 20 October 2016 were agreed as a correct record.

*Matters Arising*

A letter has been sent to the Medical Director of the QE Hospital for a response to the questions raised at the last meeting around Foetal Alcohol Spectrum Disorder. A response is currently being awaited and recommendations will be brought back to the Committee as soon as possible thereafter.

**F23 CHILD AND ADOLESCENT MENTAL HEALTH SERVICE UPDATE**

The Committee received a presentation on the redesign of Children, Adolescent, Mental Health Services (CAMHS), by Chris Piercy, Director of Nursing NGCCG. The Committee was reminded that the review of CAMHS has been collaboratively carried out with Gateshead Council, Newcastle City Council and Newcastle Gateshead CCG. The review aims to design an integrated, early response to the emotional and psychological needs of children, young people and families, to improve outcomes and reduce inequalities.

Work on the review started in February 2015, it was noted that the review was challenging due to the number of organisations involved in delivering services. The project has tried to understand how the service is currently meeting needs and how it can move away from a tiered service. The project has undertaken a 'Listening' activity which has involved consultation with young people aged 15-18 years old who are currently engaged with mental health services. It was acknowledged that these

young people had an excellent level of knowledge and provided innovative and enlightening ideas. In addition, multi-agency workshops were held which included provider organisations, schools, parents and carers. Focus groups were also held and a targeted listening activity with young people over-represented in mental health services. Following these consultation events a new model of emotional wellbeing care and support was designed and a number of design workshops were held. It was also confirmed that further targeted engagement with hard to reach groups is ongoing and will conclude in January 2017.

The proposed model is focused on prevention and early intervention, there is a single front door and one point of contact. There will be a shared care approach so less 'bounce' between services, although there will be continued commissioning of some services, there is integrated working at the heart of the model. The model is recovery focused and will provide appropriate escalation when necessary.

It was reported that engagement work on the developed model will conclude in January 2017, an event will be held on 16 January with all providers around the specification. Initial service improvement will commence in April 2017, this will be phased implementation and will be monitored on a quarterly basis.

It was questioned whether work has been held with Syrian refugee children and young people. It was acknowledged that this is part of the engagement challenge across the whole system.

It was queried whether this is a redesign of all CAMHS. It was noted that CAMHS is commissioned, is a co-design around provider organisations, Expanding Minds Improving Lives (EMIL) is the project title that young people suggested. The core CAMHS service is around emotional health and wellbeing and there are strands under this, for example eating disorders.

It was questioned where funding for CAMHS comes from. It was noted that mental health is a priority for NHS England and there is a requirement to keep money for mental health services. It was confirmed that most funding is from the NHS and some is from the local authorities. It was also noted that local authority funding is not ring fenced but the Council values early help and working in partnership to develop commissioning. Committee was advised that £75,000 was received through project development funding to develop the EMIL project and carry out engagement work and it was confirmed that this was not core funding of the project.

The point was made that this work is aspirational and there were concerns about how realistic this is based on capacity. It was recognised that the current model is not effective because services and providers were not working together, this is now a national priority. It was noted that there is not a lot of funding with which to achieve the desired outcome therefore it is important that the new model enables more integrated and collaborative working.

It was pointed out that currently parents do not get enough time to work with the service. It was confirmed that the model looks to include families earlier on, although there will still be occasions when the child or young person does not want their families to know details of their situation.

It was suggested that schools are now picking up the fall out of mental health services not being able to meet the demands on it, for example buying in counsellors, and it was noted that more early help, i.e. talking therapies, is required. It was confirmed that during the engagement phase of the project, parents and carers were consulted on how they want to be involved and it is expected that the service will be more responsive in the future.

Concerns were raised that previous models have spoken about a single point of access, but in reality this has not been the case. It was acknowledged that the single point of access under the new model will be able to be accessed by all, for example; parents, children and young people and services, and all would be expected to work together.

It was questioned whether the contract would come back to the Committee prior to sign off. It was confirmed that this would be possible, however an event is organised for the new year where the plans would be shared.

It was questioned whether, at the point of assessment, there is a choice for the child or family around where they could receive care. It was confirmed that there is a choice for all patients. It was also queried whether there is criteria set down in order to evaluate the progress within the system. It was noted that work is ongoing in terms of an evaluation tool.

**RESOLVED** - That the comments of the Committee and the information provided be noted.

## **F24 REVIEW OF CHILDREN'S ORAL HEALTH IN GATESHEAD - EVIDENCE GATHERING**

The Committee took part in the penultimate evidence gathering session into the review of children's oral health in Gateshead.

Committee was advised that the local authority is statutorily required to provide or commission oral health promotion programmes. It must also provide or commission oral health surveys in order to facilitate monitoring of oral health needs, planning and evaluating promotion programmes and provision of dental services.

Principles of commissioning better oral health for children and young people were outlined;

- A life course approach - improves health and reduces avoidable health inequalities
- Children, young people and families at the heart – about understanding what works for the population, an asset based approach puts communities at the heart of decision making
- Partnership working – support from a range of partners to ensure an integrated approach so that oral health is embedded in all children's services
- Information sharing – a range of data is held by key partners
- Support in a range of settings – through the environments that people live in

- Workforce development – implementing ‘Making every contact count’ with all child care professionals
- Leadership and advocacy – clear local vision for oral health improvement through strategies
- Access to quality local dental services – NHS England responsibility but local authorities can plan and evaluate local dental services

A map of dental practices across Gateshead was provided, it was noted that the number of practices in certain areas is in response to the level of need, for example more are needed in central Gateshead than in other areas. It was noted that there is geographical variation particularly in the west of the borough.

A Public Health England toolkit reviews oral health improvement interventions for 0-19 year olds. The toolkit assesses each of the five key intervention areas;

- Supporting consistent evidence informed oral health information
- Community based preventive services
- Supportive environments
- Community action
- Healthy public policy

It was queried who would be responsible for mobile dentistry. It was noted that Public Health do not hold the funding for this and such a response would not be within Public Health’s remit. It was acknowledged that any professional in contact with young people has a responsibility as bad oral health is a form of neglect. It was also noted that the Oral Health Promotion team works in schools and that any school with a high tooth decay rate will be worked with, this includes pupils and staff, however it was acknowledged that it is still difficult to engage parents. Committee was advised that the service offered by the oral health promotion team is currently free and particular schools are targeted through the information in the five year old survey which highlights decay rate. Staff in schools are educated around the links between oral health and safeguarding. The point was made however that the oral health team is only five people working across the south of Tyne and Wear dealing with 0-19 so engagement with schools is only a small part of their work.

It was questioned whether any schools in Gateshead have refused the support offered by the oral health team. It was confirmed that there are some schools in Gateshead which have not engaged and this is due to time and resource, it was also noted that some schools have refused to participate in the five year old survey.

It was suggested that more needs to be done centrally, for example targeting Government and manufacturers around impact on oral health in children.

- RESOLVED -
- (i) That the Committee noted the content of the report and its comments be noted.
  - (ii) That Committee agreed to receive the interim report in March 2017, which will contain the evidence gathered and recommendations for future commissioning and integrated working arrangements.

## **F25 ANNUAL REPORT ON COMPLAINTS AND REPRESENTATIONS - CHILDREN**

Committee received the annual report on Children's Services complaints and representations from April 2015 to March 2016.

The three stage process was outlined, which includes; local resolution, investigation and independent review. It was reported that during the year there was an 18% decrease in all complaints received. Low level issues have decreased as they are dealt with effectively by either a Complaints Officer or by a Team Manager.

It was reported that the key themes of complaints were around quality of service and staff conduct. In terms of specific areas of complaint, the majority were in relation to Safeguarding, Care Planning and Adoption. There was also four complaints received directly from looked after children, it was acknowledged that this is high in comparison to previous years and a lot of low level complaints from looked after children are dealt with through the Mind of My Own (MOMO) app.

It was noted that communication is a key theme throughout all complaints. There were two data protection breaches during the year and this has led to identification of staff training. In terms of timescales there was some complaints not completed within 20 working days. 34% of complaints were not upheld after investigation and 40% were partially upheld.

It was reported that during the year five complaints progressed to Stage 2, which is an increase on the previous year. All Stage 2 complaints require an independent person to investigate, the costs of this was almost £4000 for 2015/16.

In terms of compliments, there was a 4% increase on the previous year with 41% of all representations being compliments.

It was questioned whether there is access to an advocate for looked after children. It was confirmed that this is a requirement and there are good links with advocacy services.

**RESOLVED** - That the Committee noted the annual report and was satisfied with the performance of Care, Wellbeing and Learning in responding to complaints and ensuring that this results in continuous service improvement.

## **F26 THE COUNCIL PLAN - SIX MONTHLY ASSESSMENT AND PERFORMANCE DELIVERY**

The six month performance report was presented to Committee. In terms of achievement it was reported that the LearningSkills Service was rated good by Ofsted at a recent inspection, in addition Grove House received an outstanding rating. The level of engagement in children's centres is positive and above Ofsted's requirement of engaging 51% of families.

It was reported that 38% of the schools in the nursery, primary and special sectors are judged as outstanding and provisional Key Stage 2 results place Gateshead 8<sup>th</sup> in the country. Early years development is in line with the national average and 100% of childcare provision in Gateshead has been rated as good by Ofsted. Provisional figures show that performance at GCSE's has improved.

It was noted that work is ongoing in relation to the new Sexual Health Strategy for Gateshead. It was also acknowledged that a recent inspection of the Youth Offending Team (YOT) found it had substantially improved in all areas. It was noted that the Active Kidz activities continue to be popular with 294 children and young people accessing the service during the spring and summer holidays.

In terms of areas for improvement there continues to be a high number of children subject to Child Protection Plans and the number of Looked After Children (LAC) also remains high, at present there are 366 LAC. There are also challenges around the increase in permanent exclusions, the increase in the number of children in low income families and the experience and progress of care leavers.

Work over the next six months will include strengthening the Early Help Strategy and understanding the significant rise in child protection plans. It was noted that the Local Safeguarding Children Board (LSCB) is currently looking into the increase in permanent exclusions and a meeting is planned with secondary Headteachers to try and understand why the figure is so high in Gateshead. It was reported that work is ongoing in relation to care leavers around challenges such as isolation and tenancy sustainability and work is underway with housing to develop taster flats. Committee was advised that the new taster flat development project has been shortlisted for an LGA award.

It was questioned whether the certain schools are seeing the increase in permanent exclusions or whether this is across all schools in Gateshead. It was confirmed that, although there are some outliers, all schools are excluding more pupils than previously, subsequently this has impacted on the Pupil Referral Unit. Concerns were raised that some primary schools are encouraging certain pupils, for example those with an ASD diagnosis, to leave the school instead of permanent exclusion. It was stated that the Council would take action if this was evident in any school.

It was suggested that in future performance reports the key actions should be more focussed in order to better measure progress against.

- RESOLVED -
- (i) That the Committee considered the activities undertaken during April 2016 to September 2016 are achieving the desired outcomes in the Council Plan 2015-2020.
  - (ii) That the Committee agreed that the report be referred to Cabinet on 24 January 2017.

## **F27 OSC WORK PROGRAMME REVIEW**

The Committee received a report seeking views on future review topics to be considered during 2017/18 and also the process and effectiveness of the current work programme.

- RESOLVED -
- (i) That any issues identified as potential review topics by 14 December 2016 will be included in the list of review topics to be considered by the OSC at the start of the municipal year unless such issues are being or would more appropriately be dealt with via other Council processes.
  - (ii) That the Committee was satisfied with the review monitoring process carried out so far.
  - (iii) That the Committee was satisfied with the effectiveness of the case studies carried out in 2015/16.