

## CHILDREN, YOUNG PEOPLE AND LEARNING SCRUTINY COMMITTEE

### AGENDA

Meeting to be held in Civic Centre, Committee Room No. 1, on  
Thursday, 12<sup>th</sup> January, 2012 at 5.30 p.m.

#### Membership

Cllrs Bell, Bonallie, MacKnight, T. Martin, Morrissey, Oliver, D. Richardson, Scanlan,  
D. Smith, Stewart and Williams

#### Co-opted Members

Ms. J. Bell, Mr. H. Brown, Ms. S. Duncan, Mrs. R. Elliott, Mr. M. Frank,  
Mrs. M. Harrop, Ms. H. Harper, Mrs. C. Hutchinson and Mr. K. Morris

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E. WAUGH  
Head of Law & Governance

Civic Centre,  
SUNDERLAND.

4<sup>th</sup> January, 2012

Date of Next Meeting: Thursday, 23<sup>rd</sup> February, 2012 at 5.30p.m. to be held in the Civic Centre, Committee Room 1

**At a meeting of the CHILDREN, YOUNG PEOPLE AND LEARNING SCRUTINY COMMITTEE held in COMMITTEE ROOM NO. 1, CIVIC CENTRE, SUNDERLAND on THURSDAY, 8<sup>th</sup> DECEMBER, 2011 at 5.30 pm.**

**Present:-**

Councillor Stewart in the Chair

Councillors Bell, Bonallie, MacKnight, T. Martin, Morrissey, Oliver, Scanlan, D. Smith and Williams together with Ms. R. Elliott

**Apologies for Absence**

Apologies for absence were submitted to the meeting on behalf of Mrs. S. Duncan and Mr. Morris

**Chairman's Announcement**

The Chairman advised Members of the Committee that Mr. Malcolm Frank was retiring as the Roman Catholic Co-opted representative due to his work commitments and asked that a letter be sent thanking him on behalf of the Committee for the dedication and contribution he had shown to the during his years of service. He advised that the new representative would be Ms. Ann Blakey following her appointment at the next Council meeting.

**Minutes of the Last Meeting of the Children, Young People and Learning Scrutiny Committee held on 20<sup>th</sup> October, 2011**

1. RESOLVED that the minutes of the meeting of the Children, Young People and Learning Scrutiny Committee held on 20<sup>th</sup> October, 2011 be confirmed and signed as a correct record.

**Declarations of Interest**

Item 8 - Schools Admissions for September, 2011

Councillor Williams declared a personal interest in the above item as a member of the Admissions Forum.

## **Policy Development and Review 2011/12 : Progress Report**

The Chief Executive submitted a report (copy circulated) which provided Members with an update on the progress in relation to the policy review and related working groups, around Early Intervention, Teenage Pregnancy and the Corporate Parent.

(for copy report – see original minutes).

Mr. Nigel Cummings, Scrutiny Officer, presented the report advising of the recent work that had been undertaken by the Committee with regards to their policy review into Early Intervention and the two working groups around teenage pregnancy and the Corporate Parent. He advised that whilst the working groups were separate pieces of work it was acknowledged that there were strands to their research that would feed into the main policy review and provide some useful evidence.

Mr. Cummings referred to the meeting with representatives from the Department of Education (DfE) which had been postponed from the 21<sup>st</sup> November, 2011 due to travel delays in London and advised that this had now been rearranged to take place on Wednesday, 21<sup>st</sup> December, 2011, which all Members would receive an invitation to.

Councillor Williams referred to a CAF Panel hearing that she had attended in Washington and advised that she had been cynical of some of the cases, whereby it appeared that the parent was only interested in the 15 hours of free childcare but were not then willing to engage in any of the other services offered, which in turn meant the family was not being treated together as a unit and any issues were not being resolved. She informed the Committee she intended to revisit further CAF Panels in the future.

Councillor MacKnight referred to the meeting that had been undertaken at the Bunny Hill Centre on 2 November, 2011, which approximately 20 people had attended, and informed Members that she had asked one of the Officers where they were based and had been told that only 2 or 3 of those at the meeting were based at the Centre and the rest of the Officers at the meeting had been pulled in specifically for that day. She commented that it had felt rather condescending to the Councillors and following the meeting she was not 100% confident in the CAF process.

Mr. Keith Moore, Executive Director Children's Services, commented that he was interested to hear Members comments and he was happy to meet with them to discuss their views and understand their issues with the CAF system more. He also advised that over the past week the service had been undertaking a peer review which had been looking at the CAF process. He advised that a full report of the findings of the review would be submitted to a future meeting of this Committee for consideration.

Councillor Stewart commented that the Locality Based Teams had only just been created and some of the members of the team had advised that they had only been in post a few days. There was a certain amount of confusion and this had fed through in their comments at the meeting and it needed to be recognised that these were early days for the teams.

Councillor Stewart advised that Councillor Tye had been invited to attend a future meeting of the Committee to share his experiences and views as part of the evidence for the policy review as one of the few Councillors who had completed a CAF form, and it was:-

2. RESOLVED that:-

- (i) The Committee note the progress made in relation to the policy review into early intervention; and
- (ii) The Committee note the future evidence gathering activities arranged as part of the review process.

### **Policy Development and Review 2011/12 : Expert Jury Day**

The Chief Executive submitted a report (copy circulated) to support evidence gathering for this year's policy review and prepare for the Jury event to be held on 14<sup>th</sup> December, 2011.

(for copy report – see original minutes).

Mr. Cummings explained that the Expert Jury was designed to allow Members to question internal staff, service providers and key stakeholders in addition to the opportunities presented at Committees and through further evidence gathering processes.

He advised that each of the invited witnesses had been provided with the same three questions as set out in the report to provide their responses at the meeting and a pen portrait for each of the witnesses would be provided on the day for Members.

3. RESOLVED that:-

- (i) Members agree to receive evidence at the Expert Jury Day and make comments for inclusion in the final report; and
- (ii) Members comments on the main questions to be used in conjunction with the jury event be received and noted.

### **Annual Children's Services Assessment 2011**

The Executive Director Children's Services submitted a report (copy circulated) which provided a summary of the outcomes from the Annual Children's Services Assessment which was published by Ofsted in November, 2011, including strengths and areas for improvement.

(for copy report – see original minutes).

Ms. Beverley Scanlon, Head of Commissioning and Change Management and Ms. Kelly Davison-Pullan, Lead Officer for Corporate Performance, presented the report highlighting the outcomes from the annual assessment as confirmed by Ofsted on 8

November, 2011, which the majority were positive, and set out the key areas for development as noted below:-

- half of childminding provision remains satisfactory;
- over a third of primary schools are satisfactory; and
- too much secondary provision remains satisfactory.

Councillor Williams commended the report and the positive messages that were coming through from it. She commented that there would always be some difficulties, especially around issues such as childminding where there was a high turnover, but felt that the positive outcomes should be celebrated by the Council.

In response to a question from Councillor Stewart around the future level of support from the Local Authority to the primary and secondary schools, Mr. Mike Foster, Deputy Executive Director Children's Services, commented that the future relationships between schools and the Local Authority would change and at present they were looking at how schools could support each other through organising cluster groups of schools. He advised that until schools had embedded their relationships the authority would continue to play a leadership role to facilitate for them.

Councillor Stewart requested that a briefing note on the plans for the roll out of this process be forward to Committee Members for information.

Councillor Martin commented that Southmoor School was an example of a school that had shown they were co-operating with other schools by having met for the last few years with local primary school children to ease the transition into secondary school.

The Chairman having thanked the Officers for their report, it was:-

4. RESOLVED that:-

- (i) the outcomes for the Ofsted Children's Services Annual Assessment be received and noted; and
- (ii) the Committee agree to receive a further update on improvement actions at a future meeting.

### **Performance Report Quarters 1 & 2 (April – September, 2011)**

The Chief Executive submitted a report (copy circulated) providing the Committee with a performance update for the period April to September, 2011.

(for copy report – see original minutes)

Ms. Beverley Scanlon, Head of Commissioning and Change Management, Ms. Kelly Davison-Pullan, Lead Officer for Corporate Performance, and Mr. Mike Foster, Deputy Executive Director Children's Services, presented the report advising that in October 2010 the Government announced that from April 2011 there would no

longer be a requirement for Council's to produce an LAA. They explained that for 2011/12 the Council's aim was that in future performance reporting would be focused on the key priorities for the people, place and economy of Sunderland and would continue to be a robust appraisal of the situation resulting in actions.

Councillor Martin commented that it was important to note the improvement made in regard to the percentage of 4-11 year olds who are library members as it was introducing young people to the library system and a new way of learning.

Councillor Oliver asked what challenges the library service faced with the increasing use of technology, such as e-readers, etc and how they intended to try and harness this. The Chairman advised that there was a dedicated report on this issue planned to be submitted to the Committee in February, 2012 and suggested the Councillor may want to wait until this report was before the Committee for consideration to see if it addressed his queries.

Councillor Bell referred to the figures for 16-18 year olds not in education, employment or training (NEET) and asked if due to the current economic climate they were seeing these percentages increasing. Ms. Scanlon advised that there had been a slight increase of 0.1%, using the new methodology, but on the whole they were sustaining the figures as they were. She advised that participation rates were high in Sunderland and that the authority were well matched with others in the region. The service would continue to look at the information coming from Central Government on apprenticeships and keep the Committee informed as appropriate.

Councillor Stewart asked if further trend data could be provided to Members on the following performance indicators:-

- percentage of initial assessments for children's social care carried out within 7 working days of referral;
- percentage of children looked after at 31 March with three or more placements during the year; and
- pupils eligible for free school meals progressing 2 levels in Maths KS1 and KS2;

and the Officer agreed to provide this information for Members.

As a point of information, Mr. Moore advised that the Munro Review of Child Protection had recently been approved which had the potential to revise timescales in relation to assessments, etc. The service were awaiting information and would be working together to implement changes which were imminent.

The Chairman having thanked the Officers for their report, it was:-

5. RESOLVED that the findings within the report be received and noted.

## **School Admissions for September, 2011**

The Executive Director Children's Services submitted a report (copy circulated) which had been requested at a previous meeting of the Committee and set out the admissions arrangements operated within the City.

(for copy report – see original minutes).

Ms. Beverley Scanlon, Head of Commissioning and Change Management, and Ms. Val Thompson, School Place Planning Manager, presented the report advising that the reception numbers for September 2011 admission had increased across the city with a similar increase expected for September, 2012. There had been significant pressure on places in the Washington area which resulted in two schools increasing their admission number for the September 2011 intake.

Ms. Scanlon explained that a programme of meetings were in place with Headteachers and governors in each area to explore solutions to accommodate the projected increase for September, 2012 and they were aiming to get a clear indication of which schools had a large number of expressions of preference for them as soon as possible to try and address the issues.

In response to a question from Ms. Elliott regarding the number of places that would be allocated to Grindon Hall School, if it became a free school, Ms. Thompson advised that there would be two classes of 18 in the primary school and two classes of 20 pupils in the secondary school, although these were not the class sizes they had at present in the school. Initial discussions had been had with the school and these would continue. Any impact would be most likely to be on neighbouring schools such as South Hylton Primary, Academy 360, Barnes Infant and Junior and Richard Avenue Primary Schools.

Councillor Williams referred to the 69 primary appeals that had been upheld and asked if these included those that were held in relation to the two schools in Washington who had agreed to admit more children and was advised that they were included. Primary appeals would not ordinarily be as high as 69 due to the Infant Class Size legislation.

Councillor Martin asked how applications for faith schools that were oversubscribed were dealt with and was informed that the initial application would still come through the authority's School Admissions Team as part of the coordinated admissions process, before being forwarded to the relevant governing body for consideration. If the school was oversubscribed the parent would have the legal right to appeal and aided schools had diocesan panels to consider them.

Ms. Thompson informed Members that one helpful suggestion had been to get information from the Diocese as to the number of baptisms in wards of the city to help give an indication to the admissions service as to which aided schools the child may be expected to apply to in the future and to help plan school places.

Councillor Oliver commented that it may be beneficial for the Committee to see which schools in the city are getting the most preferences and the reasons parents give for their applications. Ms. Thompson informed the Committee this information was available and could be provided, and it was:-



6. RESOLVED that Members views on the Admissions arrangements and their application be fed back to the service.

### **Amended Local Code of Conduct for Issuing Fixed Penalty Notices in respect of Unauthorised Absence**

The Executive Director Children's Services submitted a report (copy circulated) which informed Members of the key points arising from the introduction of Fixed Penalty Notices as an additional enforcement provision available for use in cases of unauthorised absence from school.

(for copy report – see original minutes).

Mr. Mike Foster, Deputy Executive Director Children's Services and Ms. Elaine Matterson, Attendance Manager presented the report advising that fixed penalty notices (FPN) were introduced as an alternative to prosecution and were a possible intervention in circumstances where a parent is judged capable of securing their child's regular attendance but is not willing to take responsibility for doing so. The authority intended to use FPN's as a way to improve attendance and if Cabinet agreed with the recommendation to introduce notices they would be reviewed on an annual basis.

In response to a question from Councillor Oliver regarding the pro's and con's of using FPN's, Mr. Foster advised that the pro's would be seeing a notable improvement in attendance figures for schools. He explained that Ms. Matterson would manage when FPN's were issued and each case would be assessed in its own right to determine if issuing a notice was relevant and to ensure families with existing issues and challenges were not penalised in any way.

Ms. Matterson explained that one of the con's would be collecting the payment from the notices as they would not know the exact level of take up of them. She informed Members that she had looked at current information from January to July, 2011 there would have been in the range of 480 possible warnings or notices issued, which would have needed investigation and action.

Councillor Oliver referred to the tailored approach to each case and asked what would happen if one family was issued with a notice and another was not, would the level of consistency not be questioned by parents? Ms. Matterson explained that this was one of the reasons for each case to be considered by the team to ensure decisions were fair and equitable and ensure that parents were not penalised. Mr. Foster also advised that the team would also ensure that the schools had carried out all of the relevant actions they were required to with regards to a young person's attendance.

Councillor Williams commented that there would have to be agreement from the schools for the local authority to act on their behalf and was advised by Mr. Foster that the local authority had a statutory duty to undertake but advised that Ms. Matterson had been working with schools and so far had their agreement.

Councillor Williams commented that governing bodies had not agreed to the changes and Mr. Foster informed her that they intended to present the changes to Governors once Cabinet had made their decision.

Concerns were raised by Members over consistency in taking families to court for non payment of fines and overall fairness in issuing of notices to parents. Mr. Foster advised that it was a complex issue and it was important to reiterate that the intention was to improve attendance levels and not to have to issue notices and fine families.

Ms. Matterson advised that there was a statutory duty placed on the local authority, and although it was a school's responsibility to deliver actions to address attendance up to a point, when it came to enforcement or further action the responsibility fell upon the local authority. This was the case for all maintained and aided schools and academies.

Members were advised that when the notice was served parents had 28 days to pay, regardless of whether they were in receipt of benefits or not. Families had no right to appeal to the issue of a notice and the penalty had to be paid in full and not in instalments. Mr. Foster commented that this was why it was necessary to consider each case on its own evidence to see if a penalty notice would be the most relevant form of action or if it would be another burden on a family that already had issues.

Mr. Moore informed the Committee that there were only two local authorities not using this system at present and that it was about increasing engagement of the attendance team through the use of the CAF mechanism to work with families to understand why there were attendance issues and work on getting the young person back into education.

Councillor Stewart asked what effect the FPN's had had in other authorities and was informed that the DfE had commissioned York University to undertake research which had found attendance had risen in schools and they were now issuing less FPN.

In response to a query from Councillor Stewart regarding the main criteria for issuing a FPN, Ms. Matterson advised that they would initially review the work the school had undertaken with the young person to ensure they had carried out all relevant procedures. They would then look at alternative methods that may be used and if these had been exhausted, examine the possible issue of FPN if appropriate.

Councillor Stewart thanked the Officers for their report and asked that the Committee be provided with findings of the annual review when appropriate, and it was:-

7. RESOLVED that the content of the report be received and noted with any comments to be incorporated into the final report to be presented to Cabinet in January, 2012.

## **Work Programme 2011-12**

The Chief Executive submitted a report (copy circulated) appending the current work programme for the Committee's information.

(for copy report – see original minutes).

8. RESOLVED that the information contained within the work programme be received and noted and reports be added, with the agreement of the Chairman, as discussed during the meeting.

### **Forward Plan – Key Decisions for the Period 1<sup>st</sup> December, 2011 to 31<sup>st</sup> March, 2012**

The Chief Executive submitted a report (copy circulated) to provide Members with an opportunity to consider the Executive's Forward Plan for the period 1<sup>st</sup> December, 2011 to 31<sup>st</sup> March, 2012.

(for copy report – see original minutes).

Mr. Cummings, Scrutiny Officer, having presented the report, it was:-

9. RESOLVED that the Executive's Forward Plan for the period 1<sup>st</sup> December, 2011 to 31<sup>st</sup> March, 2012 be received and noted.

The Chairman then closed the meeting having thanked Members and Officers for their attendance.

(Signed) P. STEWART,  
Chairman.

## **CHILDREN, YOUNG PEOPLE & LEARNING SCRUTINY COMMITTEE**

### **POLICY REVIEW UPDATE**

#### **REPORT OF THE CHIEF EXECUTIVE**

**12 JANUARY 2012**

#### **1. Purpose of the Report**

- 1.1 The report provides Members of the Committee with an update on the progress in relation to the policy review, and related working groups, being undertaken by the Children, Young People and Learning Scrutiny Committee around Early Intervention, Teenage Pregnancy and the Corporate Parent.

#### **2. Background**

- 2.1 Initial scoping documents were presented to the Committee on 21<sup>st</sup> July 2011 which set out proposed terms of reference for the review. At its meeting on 8<sup>th</sup> September 2011, the Committee considered a scene setting report for the review.
- 2.2 The Committee also established two working groups around teenage pregnancy and the Corporate Parent respectively. While these are separate pieces of work, it is acknowledged that there are strands to this research which will feed into the main policy review and provide some useful evidence.

#### **3. As Soon As Possible: Early Intervention and Locality Services in Sunderland – Policy Review Update**

- 3.1 Members of the Children, Young People and Learning Scrutiny Committee held its expert jury day to support the policy review into early intervention on Wednesday 14<sup>th</sup> December 2012. Some of the key points arising from the jury day were as follows:
- The multi-agency approach reduces the repetition for families and once initiated moves very quickly in response;
  - The approach brings together practitioners with a multitude of knowledge and skills to produce better outcome for families;
  - Problems do not exist in isolation and tackling a range of issues at the same time creates huge benefits;

- Families have a general sense of fear of engagement arising from the apprehension that their children will be taken away from them;
- The location of services and transport is also an issue and can create a barrier to accessing services and support for those most disadvantaged;
- There remains lots of work to be done with families, as some are more able to cope with the situation than others. It is worth remembering that parents have a different viewpoint on their own child than others. Some parents are still grieving for the child they do not have as against the child they have;
- Barriers exist around the motivation of young people and their parents; there are often inter-generational issues that create barriers to intervention. As well as the often chaotic circumstances that young people and families live in, and;
- There were issues surrounding the capacity of the council and partners to sustain the current CAF process and system.

3.2 A full detailed note of the meeting is attached at **appendix 1** of this report.

3.3 The committee also met with a representative of the Department for Education on 21<sup>st</sup> December 2011, to ascertain the central government position and direction of travel in relation to early intervention. A full account of this session is attached at **appendix 2** of this report.

#### **4. Next Steps**

4.1 Further evidence gathering activities will be developed around looking at holding a focus group with a number of agencies involved in the early intervention agenda, visiting the XL youth village project and looking at a best practice visit. **Appendix 2** shows the timetable for the policy review.

#### **5. Recommendations**

5.1 That the Committee notes the progress made in relation to the policy review into early intervention.

5.2 That the Committee notes the future evidence gathering activities as part of the review process.

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**Contact Officer:** **Nigel Cummings, Scrutiny Officer (0191 561 1006)**  
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## Children, Young People and Learning Scrutiny Committee

### Early Intervention Policy Review

#### Expert Jury Day Notes

**Present:** Cllrs Stewart, Williams, Morrissey, MacKnight, T Martin, Bell, Scanlon and Rose Elliott & Suzanne Duncan Morris (Co-opted Members).

#### **Ros Watt – Parent Partnership Service (PPS) Coordinator**

*Q1 – The Sunderland response to early intervention requires a co-ordinated multi-agency response, where appropriate, what are the benefits to this form of approach?*

The multi-agency approach reduces the repetition for families in that they only have to inform of their circumstances once via the CAF form. Also the Team around the family/child (TAF/C) once initiated moves very quickly in response.

The locality teams that are now based within the local area is an incredible move forward. It means that families have services on their doorsteps and has created a one-stop shop for families.

It was slow in getting started and to get used to the new system but the increase in quality is really visible now with good quality outcomes for families.

There is also an increased number of health representatives attending the TAF/C meetings.

*Q2 – Intervention strategies can help families and individuals enormously but what barriers might exist to prevent access to support?*

One of the main barriers is communication. A lot of families access my services through a variety of routes. Having worked for the LA for 11 years it is still possible for me to walk into schools and be unknown.

Another major barrier for SEN parents is around transport. A number of early intervention programmes that are available including training courses are held at Columbia Grange and getting there can be problematic for low income families with limited resources.

Again in relation to communication a lot of families are unaware that services are available or even exist, there needs to be better signposting to the support and help that is available.

*Q3 – How can the outcomes and impacts of early intervention strategies be measured effectively with benefits often only truly identified/realised years later?*

This is difficult but we can measure outcomes by looking at the end of the support and what the family think of this support. Look at their starting point and also at where they are now by monitoring responses along the way.

#### *Additional Questions*

*How do families access your service – Is the LA the first port of call?*

Yes – hopefully by accessing the call centre a person can be signposted through to the service. Also routes in via website, GPs, Schools and Libraries. It is ultimately about conflict resolution, mediation and getting parents on side.

One option would be to inform elected members of the service and this could be added to the signposting routes available.

There are still lots of work to be done with families, as some are more able to cope with the situation than others. It is important to remember that parents have a different viewpoint on their own child than others. Some parents are still grieving for the child they do not have as against the child they have.

*How effective is the sharing of SEN information between schools, FE colleges etc?*

It is better than it used to be and the transition to adult services is continuing to develop. Colleges are much better at diagnosis of dyslexia than schools generally.

*Do you have a substitute if you are unable to attend a CAF meeting?*

No. There is only RW. There is an issue of suitable cover for this role in the LA.

The role that RW undertakes is about offering an informed choice for families in a challenging situation. It is true that some families need direction and parents are often reluctant to look at the options available to them to make that informed choice.

Members thanked Ros for her attendance and providing some interesting points as part of the evidence gathering process.

#### **Rachel Putz – Locality Operation Manager (Coalfields)**

*Q1- The Sunderland response to early intervention requires a co-ordinated multi-agency response, where appropriate, what are the benefits to this form of approach?*

One of the main advantages is that bringing the various practitioners together with all their knowledge and skills can produce a better outcome for families. In the past families would be working with only one professional and this could mean that a number of associated issues had the potential to be overlooked.

Families could also feel like they are pushed around from one service to the next. This allows for a more co-ordinated and organised approach and provides a good experience for the family. It will also lead to quicker resolutions for families involved.

*Q2 – Intervention strategies can help families and individuals enormously but what barriers might exist to prevent access to support?*

There are 2 key aspects to this that revolve around the family perception and the professional point of view respectively.

Families have a general sense of fear of engagement arising from the fear that their children will be taken away from them. It is important to build trust and relationships and this can be difficult too.

There is also a lack of confidence from families making those initial steps into accessing services/activities, even just entering the building can be a huge barrier.

There is also a dislike to the message of professionals around how children are best looked after, sometimes messages can be perceived as nosy or obtrusive.

Professionals need the referral and assessment process to be as simple as possible. The CAF process has the ability to bring agencies together to work for the same outcomes. A lot more CAF forms are coming through the system now, but it is still the early days of the process.

There are also cultural changes that need to happen. Some staff are still new to this way of working and it is taking time to see the benefits of working in different ways. Integrated working can mean that some professionals are working out of their own comfort zone which has merits and disadvantages.

There are also issues around confidentiality as the CAF process requires a greater sharing of knowledge and information and everyone needs to be mindful of the confidential nature of such information.

*Q3 – How can the outcomes and impacts of early intervention strategies be measured effectively with benefits often only truly identified/realised years later?*

Interventions can be measured on an individual level from the start point through to the end of support via a strength and difficulty questionnaire.



There is also the outcomes star which gauges family perceptions on how far they have travelled.

It is harder to measure impact on a larger scale. There are global outcome measures like the Early Years Foundation Stage Profile where increased results can illustrate a general increase in education status. There are also educational attainment measures at KS2 and KS4 however it is unsure how long these will remain in light of the Dame Tickell review.

Other global indicators around obesity rates, teenage pregnancy rates can show impacts of a wide range of strategies on a global or specific level.

### *Additional Questions*

It was reported that the Government was doubling the amount of free child care places for disadvantaged children under 2yo, this would relate to 15 hrs per week for those eligible under set criteria.

*How will you look to stop the potential abuse of additional child care hours by parents who simply see it as an opportunity to offload their children?*

Currently looking at how to address the delivery of the service from April to stop abuse of the system, moving to a locality process for the allocation of child care rather than the current system of central control will help.

*Why are Gattoo represented on the CAF panel meetings?*

Gattoo are present because of their good local knowledge of estates and families it adds to the context and wider picture when dealing with family issues.

*What happens if a young person or family does not want to engage with the CAF process?*

It is true that the process is purely voluntary and that is why the development of relationships is so important to ensure that families and young people engage fully.

*What is the voluntary sector role in early intervention?*

The TAF/C involves all agencies and it is the hope that such organisations and agencies would be involved.

It was also noted that the Operational Manager does not attend CAF panel meetings. Health partners were reported as good attendees at such meetings and have agreed to attend all meetings where a health visitor is involved.

Members thanked RP for her attendance and found the information provided very useful.

## **Louise Hill – Head of Service for Youth Offending**

*Q1 – The Sunderland response to early intervention requires a coordinated multi-agency response, where appropriate, what are the benefits to this form of approach?*

The service works closely with the police, magistrates and other agencies to identify young people at risk of offending and look to keep these at risk young people out of the youth offending system.

There are a number of initiatives that help young people and use a multi-agency approach including Wear Kids, Tackle it and Positive Futures.

The benefits for Sunderland are long term in nature in that the service is looking to prevent young people from becoming hardened criminals.

It was noted that the prevention element was to be relocated to the locality teams (Wear Kids element) to further strengthen the locality response.

*Q2 – Intervention strategies can help families and individuals enormously but what barriers might exist to prevent access to support?*

Funding is an issue with so many projects currently funded through the LA and with spending cuts to LA's there are real pressures on sustaining these projects.

Another barrier is around the motivation of young people and their parents, there are often inter-generational issues that create barriers to intervention. As well as the often chaotic circumstances that young people and families live in.

The location of services and transport is also an issue and ties in with the motivation aspect already mentioned.

*Q3 – How can outcomes and impacts of early intervention strategies be measured effectively with benefits often only truly identified/realised years later?*

There are national targets for the reduction of re-offending in young people and Sunderland performs well in this area. There are also measures around the use of custody and the long terms impacts for young people. There are also good success rates in young people accessing Education, Employment or Training.

The service also monitors those young people entering the criminal justice system for the first time.

There are also a number of softer measures that can be used including:

- Young Achievers Award
- Community Payback Scheme

- Restorative Justice – where young people meet the victims of their crimes; this also includes feedback from the victims too
- Fear of crime survey.

### *Additional Questions*

It is hoped that the advent of locality working will help to enhance engagement with those young people in the care system.

It was acknowledged that the XL Youth Villages had been a success in keeping young people out of trouble.

Important that young people get the message that prison is not a holiday camp and it was noted that some young people do get institutionalised.

Members queried if there were any areas that had particularly success compared to others and LH was to look into this and report back to the committee.

*In relation to the issues of funding are there any particular organisations that are at risk due to funding concerns?*

The Youth Justice Board Grant has not been finalised at present and will need to look at what is classed as statutory provision and what is not. There will also be a need to look at the benefits of services and projects and the whole picture for Sunderland.

Members thanked LH for her involvement in the process.

### **Susan Henderson – Every Learner Matters (ELM) Manager (Red House Academy)**

The ELM Manager is in charge of a unit attached to Red House Academy that caters for anyone who is excluded from school. The unit is also used for the phased return of non-attendees back into the main school and helps councils those young people with social or emotional difficulties within the school.

The unit is also used for bullying and conflict resolution, as well as having drop-in sessions to raise awareness around issues such as sexual health, drug, alcohol and mental health.

There are a maximum of 12 pupils in unit at one time with 2 staff members who also attend meetings and CAF panels.

The ELM Group monitors a variety of young people within the school.

It was noted that the unit was never used just as a 'sin bin' and that there were rules and procedures within the school for access to the unit.

It was reported that success was measured by the numbers of students who had received no call outs or internal exclusion and currently the figures were 95% Year 7, 94% Year 8 and 97% Year 9.

SH outlined the process for intervention used by the Academy. It was noted that the first step would be to set up a meeting with parents and discuss any concerns. A target report would be produced and if there was no improvement then there would be a move to the Bridge Centre for 3 days. The Academy uses the CAF process a lot and this again is discussed with the parents.

*What happens in the Bridge Centre when a pupil is placed there?*

The first ½ hour is used for silent reading and this acts as a calming strategy. All course work completed in main school is also carried out in the unit, there is also group and socio-economic work undertaken in the centre.

There is a proper teacher training area and work is done in small groups by year and ability.

It was noted that every child submitted to the Bridge Centre was also subject to a CAF referral with any immediate concerns being flagged with Children's Services.

The impact of intervention strategies on the exclusion rates in the school on a ½ termly basis. The school also conducts evaluations on young people at the beginning of an intervention strategy and at the end to assess outcomes and success. It was noted that young people did not like to have their break and lunchtimes away from their friends.

*Was there any peer pressure on young people who were attending the unit?*

SH commented that the unit had been in place for 10 years and school culture was very accustomed to its use and practice. Parents view was mixed with some being very positive and others negative; however there have never been any parents who have refused the use of the unit with their child.

It was also noted that when identifying needs for young people they are generally more receptive if services are provided or offered in the school setting. It is a more comfortable environment for the majority of young people.

Members thanked SH for her informative answers to the various questions and her involvement in the process.

**Lynne Goldsmith – Service Manager (Child and Family Support Service)**

*Q1 – The Sunderland response to early intervention requires a co-ordinated multi-agency response, where appropriate, what are the benefits to this form of approach?*

It was noted that the Safeguarding Service and Early Intervention had been the subject of a peer review very recently.

The review was critical of the LA's partnership arrangements with other agencies. The LA takes too much responsibility and it should be that other agencies share this responsibility in the delivery of services. It will be important in the future to look at how we commission services both differently and smarter.

The multi-agency approach is better for families, better parity to a wider range of services. It is important that we get all partners to engage with the TAF/C.

*Q2 – Intervention strategies can help families and individuals enormously but what barriers might exist to prevent access to support?*

LA's have seen a depletion of a lot of resources and operating in a more for less situation. It is important to work smarter with the reduced resources at our disposal.

The city has problems with drug, alcohol and domestic violence and it will be how we use our resources differently to tackle these issues and the locality working is one such way.

*Q3 – How can the outcomes and impacts of early intervention strategies be measured effectively with benefits often only truly identified/realised years later?*

Yes – often the benefits are not seen for many years and there are other issues to factor in, it is a complex situation.

Additional Questions

*Is it simply a postcode lottery in relation to funding grants?*

It is about how we target particular areas as well as looking at what resources we have in those areas. It may be a case of looking at different ways of commissioning possibly even bespoke commissioning to address a particular need of an area or family within an area.

*What are your experiences of the CAF process?*

Certain services are 'opting out' of the TAF/C Panel meetings as some are still of the mindset that this is additional to their current sphere of work. It should be noted that CAF panels are well attended.

The CAF needs a re-launch in Sunderland to fully engage with partners around the process.

The recent peer review had highlighted Telford and Wrekin as good areas of practice in this field.

There was also concern over the filling of the Chairing role for the various TAF/C panels.

There are issues around capacity for the CAF panels and TAF/C groups.

Members would be interested to see a full breakdown on attendance at CAF panel meetings and TAF/C meetings to gauge this issue further.

Members thanked LG for attending the jury day and found her contribution most helpful.

### **Sandra Mitchell – Head of Early Intervention and locality Services**

*Q1 – The Sunderland response to early intervention requires a co-ordinated multi-agency response, where appropriate, what are the benefits to this form of approach?*

From the child and family perspective the multi-agency response delivers a better outcome. No problem or issue exists in isolation and tackling a range of issues at the same time has benefits.

It is also a more effective use of agency resources leading to quicker and better outcomes and provides an opportunity to bring in other agencies.

*Q2 – Intervention strategies can help families and individuals enormously but what barriers might exist to prevent access to support?*

Being a voluntary process has positive and negative points. There can often be a difference of opinion between the professional and the family who do not perceive the problem in the same way or even think they have a problem at all.

There is also still a lack of awareness from agencies around the process which can lead to an inappropriate use of the threshold for CAF's.

Some agencies also question what their involvement would be and have capacity concerns.

*Q3 – How can the outcomes and impacts of early intervention strategies be measured effectively with benefits often only truly identified/realised years later?*

There is a lot of CAF data and the outcomes star plots progress from a child/family perspective, this is not perfect but does allow the evidencing of the impact of interventions. This measure is ultimately more around perspective and opinion of those at the centre of the work.

Professionals may have a different view on this.

There has also been a lot of research conducted in the USA around the benefits of early intervention. No where near as much research in this country, which is an issue.

#### Additional Questions

*Is the CAF process to be re-launched?*

Yes looking to have a re-launch of the CAF in January 2012 as part of raising awareness on the thresholds. Important to remind people about the types and sorts of support available and what social care is all about.

It was also noted that local voluntary agencies appeared to be unaware of the changes and such groups had the potential to be good contacts based on their knowledge and work in the areas. This could be addressed during the re-launch.

SM reported that monitoring of those agencies submitting CAFs highlighted there was a level of awareness.

*How do we ensure parity across the CAF process?*

It is recognised that individual CAF panels could arrive at different decisions. There is a monitoring process for TAF/C through the regular review of the meetings that take place. There is also moderation of all decisions through putting CAF forms to different panels to test the process.

Members also requested further detailed data (approx. 6 months work) on CAFs including who attends and attendance rates.

*Is there buy-in on this process from outside agencies?*

There are a number of agencies including Gentoo / Local Churches etc who contribute but there are also capacity issues and issues around the independence of the Chair.

*Did the Peer Review bring any issues forward?*

Yes a number of issues have been highlighted following the peer review including:

- Concerns around capacity to sustain the current CAF system;
- Capacity of partners – not taking their full part;
- Thresholds are unknown and too numerous.

*How long is a case in the system if no decision is reached?*

We would look to submit this back to the CAF panel at the very next meeting (week later).

*Are there any targets in relation to this?*

Yes we look to have 100% of referrals read by the panel in the first week of submission and that are referred back are read again in the second week.

Members requested further information and stats on this particular aspect.

Members thanked SM for her attendance at the meeting and found her information extremely useful in the policy review work of the committee.



## **Children, Young People and Learning Scrutiny Committee**

### **Early Intervention Policy Review**

#### **Department for Education Notes**

**Present:** Cllrs Stewart, Bell, Morrissey, MacKnight, Williams, Rose Elliott (Co-opted Member) and Pat Smith (Portfolio Holder – Children and Learning City).

**Also Present:** Ciaran Hayes (Sure Start and Early Intervention – Department for Education), Nigel Cummings (Scrutiny Officer), Sandra Mitchell (Head of Early Intervention and Locality Services) and Liz Craig (Scrutiny and Area Support Assistant).

#### **Notes**

The discussions began around the definition of early intervention and reference was made to the various independent reviews conducted by Allen, Tickell, Field and Munro. All the reviews acknowledged that it was not just about the early years but also about early detection of abuse, neglect or family circumstances. In essence early intervention requires a broad definition for it is a broad issue.

It was also acknowledged that there were various differing definitions of early intervention and ways of operating and there needed to be greater coherence and consistency of approach.

#### ***The Importance in Early Intervention***

1. There is no single service for early help and intervention.
2. Under the age of 5 universal services are the domain of children's centres, maternity services and health visitors. After the age of 5 this is provided by schools.
3. Good identification mechanisms and high quality frontline practice are vital within universal services.
4. There needs to be a shared local understanding of what early intervention means in practice in the local area.
5. What works locally, national research and evaluation of approaches will all help front line staff and commissioners to make effective decisions for help and intervention.

#### ***Measuring the Success of Early Intervention***

It was noted that robust measures were essential to a whole system approach to early intervention. CH explained that success measures should as far as possible:

- Avoid the risk of perverse incentives – those incentives which have an unintended and undesirable result which is contrary to the interests of the incentive makers;
- Be simple, meaningful and under the control of those who are held accountable for them - have measures that are common across all services which will simplify the data collection;
- Incentivise partnership working and data sharing;
- Contribute to benchmarking;
- Be meaningful to users of services;
- Be outcome measures, or linked as closely as possible to outcomes.

### ***Financing Early Intervention***

Social investment and social impact bonds were discussed as potential ways of funding early intervention. A Social Impact Bond was defined as a contract with a public sector organisation in which a commitment is made to pay for improved social outcomes that result in public sector savings. The expected public sector savings are then used as a basis for raising investment for prevention and early intervention services that improve social outcomes.

The broad benefits of such financing are that:

- More funds are available for prevention and early intervention services;
- The public sector only has to pay for effective services; the third party investor bears all the risk of services being potentially ineffective;
- There is an incentive to be as effective as possible, because the larger impact on the outcome, the larger the repayment investors will receive;
- The Social Impact Bond approach imbeds vigorous ongoing evaluation of program impacts into program operations, accelerating the rate of learning about which approaches work and which do not.

It was also reported that the Early Intervention Fund was to go ahead with various Whitehall departments contributing to this fund.

### ***Discussion Points***

Members raised the issue of the funding challenge and that this was perhaps the most difficult issue in light of the huge public spending cuts announced in recent budget statements. While commissioning services and partnership working are ways to overcome this there still is the need for a lead organisation.

The term Early Intervention was also discussed and how the term 'Early Help' was now beginning to creep into the terminology and language when discussing intervention. It was highlighted as important to have a clear definition and a clear term to avoid confusion and misunderstanding.

Members queried how saving could be measured and it was felt that local authorities would struggle to identify cashable savings from work undertaken. CH noted that the Social Impact Bond would only fit in a very specific and controlled environment and would not suit all services.

It was also acknowledged that all local authorities faced difficult decisions in prioritising in light of spending reductions. It was also noted that some of the funding mechanisms were perverse incentives in that LA's were penalised for doing well.

Members enquired as to a national perspective on the Common Assessment Framework (CAF) and it was noted that there appeared to be a huge variety across the country. There is currently no major national work being undertaken in relation to the CAF process.

### ***Summing Up***

In summing up Members were asked if there were any particular points they would wish to be reported back to the Department of Education. Members outlined the following issues:

Important to look at what Local Authorities do well and ensure that they are not penalised for good performance in financial terms.

A need for clarity in the use of the terms Early Intervention and Early Help was seen as important to avoid confusion.

If early intervention is to succeed on a multi-agency level then all organisations need to work to the same goal. This could be problematic in relation to the voluntary sector, charities and other agencies as there is an issue with fragmentation and coordination of a number of groups etc.

The focus on the voluntary sector, to engage with a vast agenda, is often unreasonable as many of these organisations are in reality small groups with limited numbers and limited capacity.

Members thanked CH for his attendance and found the presentation and discussion very useful to the policy review.

CHILDREN, YOUNG PEOPLE AND LEARNING SCRUTINY COMMITTEE – POLICY REVIEW PLAN

<b>Timeline</b>	<b>Review Task</b>	<b>Aims &amp; Objectives</b>	<b>Methodology</b>	<b>Contributors</b>
Jul/Sep 11	To gather a body of evidence around how EI services	To gain a good understanding, through research, of how EI services have and are currently delivered	Desktop Research	Scrutiny Officer Children's Services
<b>08.09.11</b>	Children, Young People and Learning Scrutiny Committee Formal Meeting	To provide an overview and introduction to the review into Early Intervention in Sunderland	Presentation	Scrutiny Officer Children's Services
7th Oct 11	Visit to Children's Centre (Options: Dubmire or Rainbow Centre)	To see first hand work conducted in a Children's Centre and hold a focus group with key representatives around EI	Visit/Focus Group/informal discussion	Scrutiny Officer Key Partners Children's Services
<b>20.10.11</b>	Children, Young People and Learning Scrutiny Committee Formal Meeting	To look at and understand the process involved in the Common Assessment Framework.	Briefing Meeting prior to Committee Meeting	Scrutiny Officer Children's Services
2 Nov 11	Visit to a Locality Team (North Area)	To visit a locality based office and meet operational managers and understand the role of locality teams and their role in EI	Visit/Focus Group/informal discussion	Scrutiny Officer Key Partners Children's Services
<b>07.12.11</b>	Children, Young People and Learning Scrutiny Committee Formal Meeting	To provide an update on review progress to all members of the committee	Written Report	Scrutiny Officer Children's Services
14 Dec 11	Expert Jury Day	To invite key witnesses to provide evidence to the committee on	Interviews	Scrutiny Officer Children's Services
21 Dec 11	Meeting with representatives of Department for Education	To understand central policy direction of Early Intervention with DfE	Meeting	Scrutiny Officer Department for Education

CHILDREN, YOUNG PEOPLE AND LEARNING SCRUTINY COMMITTEE – POLICY REVIEW PLAN

Dec 11/Jan 12	Meeting with Key Stakeholders incl; Police, YOS, Gentoo, PCT	To consider multi-agency approach to EI and how the various partners work together	Focus Group	Scrutiny Officer Key Partners
Dec 11/Jan 12	Evidence Gathering from Parents and Young People	To gain an understanding of the experiences of parents and young people in relation to intervention.	Discussion Groups	Scrutiny Officer Children's Services
Dec 11/Jan 12	Visit into Community Setting	To visit an XL Village Youth Project Event to understand how such community sector projects integrate into EI approaches	Site Visit/Focus Group	Scrutiny Officer Children's Services
25 Jan 11	Best Practice Visit (Option: Durham County Council)	A visit to a neighbouring authority to look at how they tackle EI.	Visit	Scrutiny Officer Children's Services
<b>12.01.11</b>	Children, Young People and Learning Scrutiny Committee Formal Meeting	To provide an update on review progress to all members of the committee	Written Report	Scrutiny Officer Children's Services
Jan/Feb 11	The Reflection of Evidence	To look at the evidence gathered and discuss how the report is to be presented. Also look at potential recommendations from the evidence.	Meeting	Scrutiny Officer
<b>23.02.11</b>	Children, Young People and Learning Scrutiny Committee Formal Meeting	To provide an update on review progress to all members of the committee	Written Report	Scrutiny Officer Children's Services
March/April 11	Preparation of draft and final reports	To gather all the evidence together, draw conclusions and make recommendations	tba	Scrutiny Officer Children's Services

**N.B. All members of the Children, Young People and Learning Scrutiny Committee are contributors at all stages of the review process.**

**CHILDREN, YOUNG PEOPLE &  
LEARNING SCRUTINY COMMITTEE**

**12<sup>th</sup> January  
2012**

**REVIEW OF ACUTE SPECIAL PAEDIATRIC SERVICE**

**REPORT OF THE CHIEF EXECUTIVE**

**1. Purpose of the Report**

- 1.1 The report and presentation will provide Members with an overview of a programme of reform work related to the pathway for acutely sick and injured children. The related Public Consultation linked to this work began on 7<sup>th</sup> December 2011, inviting health professionals, patients and the general public to give their views on the future of services for acutely sick and injured children across Gateshead, Sunderland and South Tyneside.

**2. Background**

- 2.1 The consultation, being held by NHS South of Tyne and Wear, is the result of three years work looking at how services can be improved. The changing pattern of childhood illness means that current provision no longer meets the needs of children or their families.

Children and young people suffer from more chronic and complex long-term illness now than in the past, for example, asthma and diabetes. This means they need more community-based treatment, closer to home resulting in fewer hospital admissions and overnight stays.

A review of the pathway for sick and injured children began in 2008. Although commissioner-led, this review has been clinically driven and involved doctors and nurses from all major providers of the existing pathway.

In June 2011 South of Tyne and Wear PCTs Joint Statutory Board received a summary of the service review process and option appraisal. The Board approved progression to public consultation pending a review from the National Clinical Advisory Team (NCAT) who are charged with reviewing the clinical component of service reconfigurations.

The option appraisal paper was also received by the three acute trusts in South of Tyne and Wear, City Hospitals Sunderland Foundation Trust, Gateshead Health Foundation Trust and South Tyneside Foundation Trust in September 2011. All Boards supported the proposals described to enhance community services and establish short stay services in all localities that can meet the needs of the majority of children and young people alongside the effective use of inpatient services for those children that require an extended stay in

hospital. The purpose of the proposals is to realign existing resources to ensure that they better meet the needs of children today. The realignment increases resources in the areas of paediatric assessment and community support and makes more effective use of inpatient resources for the small numbers of children that require this type of care.

Experts from the National Clinical Advisory Team completed a review of the proposals on 7th November 2011 and their report indicates that the proposals would provide high quality safe services for children and are possible to implement.

### **3. Current position**

3.1 The consultation began on 7<sup>th</sup> December 2011 at the NHS South of Tyne and Wear PCT Cluster Board meeting and finishes on 31<sup>st</sup> March 2012. It is of the highest importance that we reach as many children, young people and parents as possible to discuss our plans and understand their views and any concerns; particularly those that use acute services regularly. A broad range of stakeholders have been identified through the Children's Acute Steering Group, PCT engagement managers, in discussion with local authority colleagues and through the PCT Local Engagement Boards. We would welcome advice from OSC members on how to ensure that appropriate groups are reached during the consultation.

The different options and the one option preferred by the PCTs and local foundation trusts are described in the attached consultation document. The preferred option includes:

- 24-hour assessment units in local hospitals in Gateshead, Sunderland and South Tyneside
- the work of the children's community nursing team would be extended to offer support to sick children in their own home
- Inpatient services, for children and young people who require a period in hospital, would be provided by Sunderland Royal Hospital or the Great North Children's Hospital at the Royal Victoria Infirmary (RVI).

Consultation information has been sent to all stakeholders with an invitation to log any comments or concerns on our website or via the consultation telephone line. A minimum of two public meetings are being held in each locality. The following Public Meetings have been arranged:

#### **Sunderland**

- **17<sup>th</sup> January** from 2pm, Washington Leisure Centre, The Galleries, Washington Town Centre, Washington, NE38 7SS
- **23<sup>rd</sup> February** from 6pm, Training & Education Centre, Sunderland Royal Hospital, Kayll Road, Sunderland, SR4 7TP

## **Gateshead**

- 1<sup>st</sup> February from 2pm, Blaydon Rugby Club, Crow Trees, Hexham Road, Swalwell, NE16 3BN
- 16<sup>th</sup> February from 6pm, Caedmon Room, Gateshead Library, Prince Consort Road, Gateshead, NE8 4LN

## **South Tyneside**

- 23<sup>rd</sup> January from 2pm, Living Waters Church, St Jude's Terrace, South Shields, South Tyneside, NE33 5PB
- 6<sup>th</sup> March from 6pm, Living Waters Church, St Jude's Terrace, South Shields, South Tyneside, NE33 5PB

In addition we are attending Overview and Scrutiny Committee meetings in each locality as well as Children's Trusts and PCT Local Engagement Boards. A programme of engagement work has been developed including meetings with school councils, children's centres and relevant community groups.

Feedback received during the consultation will be reviewed and summarised by an independent consultant. Progress will be reported to the March 2012 PCT Cluster Board meeting with a recommendation for the future to the subsequent meeting.

A document "**Getting better together - a consultation on acute health services for children and young people**" (**Appendix 1**) has been developed for use within the public consultation. The document outlines the pathway review process, options and the commissioners preferred option. A summary consultation document is also available (**Appendix 2**).

## **4. Conclusion**

- 4.1 The report and presentation will provide members with an outline of the proposals of the consultation and seek the committee's views on their preferred option.

## **5 Recommendation**

- 5.1 That Members consider and comment on the report and presentation.

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**Contact Officer:** Nigel Cummings, Scrutiny Officer: 0191 561 1006:  
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South of Tyne and Wear



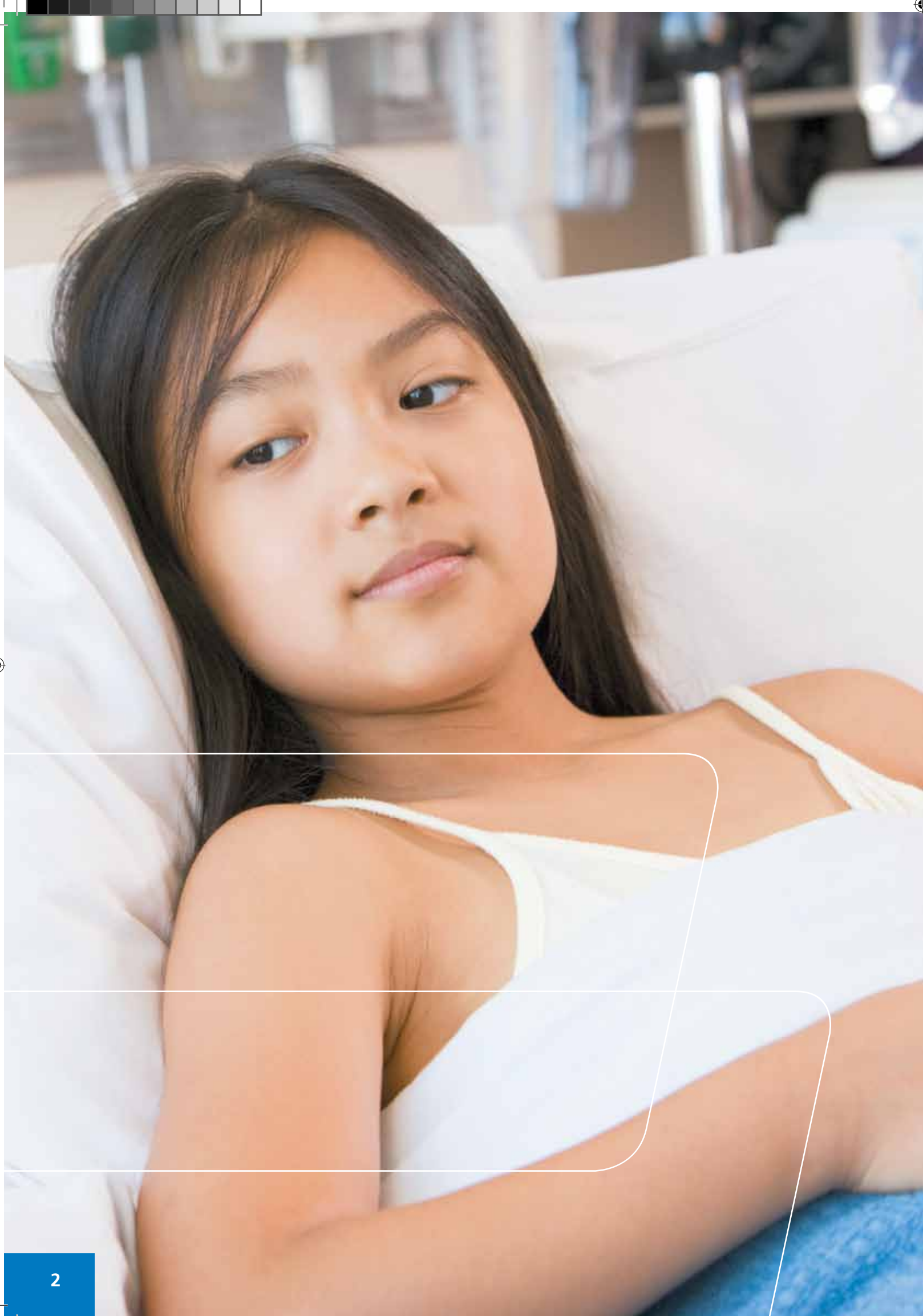
## Getting Better Together

A Public Consultation

Acute health services for children and young people

*Working together to make  
South of Tyne and Wear healthy for you*

Gateshead Primary Care Trust • South Tyneside Primary Care Trust • Sunderland Teaching Primary Care Trust



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## Foreword

**Ensuring that children and young people living in Gateshead, Sunderland and South Tyneside have access to high quality, safe and effective healthcare is one of our key objectives.**

Over the past three years we have worked closely with doctors and other health professionals, patients and their families to look at the current provision for acutely sick and injured children and to consider how best to ensure there will be sustainable quality services in the future.

As a result of this work and all of these discussions, it has become clear that we need to change the way services are provided if we are to deliver the level of care that our young patients and their families expect, now and in years to come.

Having listened to people in Gateshead, Sunderland and South Tyneside, wherever possible, we want to see more children and young people receiving care closer to their homes, with fewer being admitted to hospital. When a hospital stay is necessary, we believe that care

should be provided in a dedicated centre with access to a range of staff who are experienced in treating younger patients for those types of conditions that require inpatient care.

Our proposal has been scrutinised by the National Clinical Advisory Team. This team is charged with conducting a clinical review wherever a major change of service is required.

Please take the time to read this document and complete the attached questionnaire. We look forward to hearing your views.



**Karen Straughair**  
Chief Executive  
NHS South of Tyne and Wear

**"I support these recommendations as they will ensure the continued local provision of high quality services for children and young people."**

**Gabriel Okugbeni** Consultant Paediatrician/Clinical Lead for Paediatrics, South Tyneside NHS Foundation Trust

**"I look forward to the further development of local services for the children and young people of Gateshead."**

**Rosemary Menzies** Consultant Paediatrician/Divisional Director of Women's and Children's Services, Gateshead Health NHS Foundation Trust

**"I support the plan to enhance local services for children and young people. It will ensure that fewer children need to be admitted to hospital for long periods."**

**Geoff Lawson** Consultant Paediatrician/Clinical Director, Child Health, City Hospitals Sunderland NHS Foundation Trust

## About this document

**NHS South of Tyne and Wear covers Gateshead Primary Care Trust (PCT), South Tyneside Primary Care Trust (PCT) and Sunderland Teaching Primary Care Trust (TPCT) and is the name given to the integrated management arrangements which exist across the three PCTs.**

Our vision is to work together to make South of Tyne and Wear healthy for all. We aim to achieve this by improving the health of local communities and ensuring excellent patient care through the wise and effective use of public money.

This document focuses on health services for children and young people who are acutely sick or injured. Following an in-depth clinical review, it has become clear that we need to improve our local services. The changing pattern of childhood illness means that current provision no longer meets the needs of children, young people or their families. We are therefore seeking views on planned changes to those services.

This document identifies the various options considered and outlines the one we feel is most appropriate. In coming to this conclusion, we have taken advice from doctors and nurses who work with children and young people in hospital and in the community. We also talked to parents, children and young people about their experiences and expectations.

We hope that as many people as possible respond to this consultation and give us their views on the future shape of these important local services. We are particularly keen to hear from patients, their families, other young people, patient groups and stakeholders.

The final date for comments on this proposal is 31 March 2012. To find out how to respond, please see page 25.

Acute refers to illness that is often sudden in onset and can be severe, but generally lasts only a short time before the patient recovers fully.





## The case for change

**Local services for sick and injured children and young people have served the community well for many years, but advances in medical treatment and prevention and the different nature of childhood illness means that they need to change.**

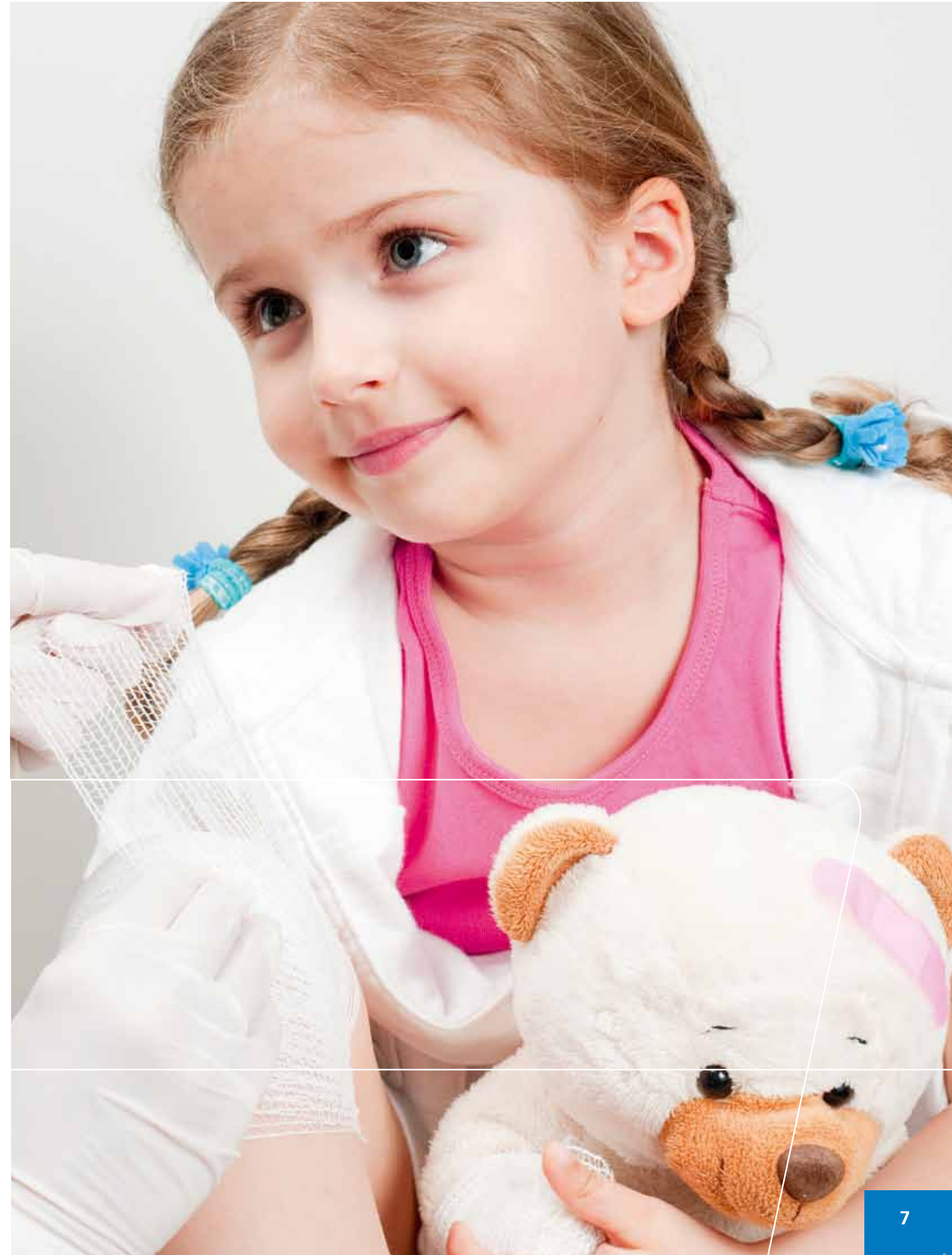
These days, advances in paediatric medicine mean that serious childhood illnesses are very rare and children and young people seldom have to stay in hospital overnight. This means that, at times, fewer than half of the overnight beds for children in South of Tyne and Wear are occupied each night.

However, children and young people suffer from more chronic illness now than in the past; for example, conditions like asthma and diabetes. These types of childhood illness can be managed safely and more appropriately in the child's own home with support from healthcare staff.

It is often the case that children attend hospital when they could have been treated closer to home by their own general practitioner (GP) or in a walk-in service – for example, children with gastroenteritis. What's more, some of these children are admitted overnight when their medical needs could actually have been resolved without a hospital stay. We know that unnecessary admissions can disrupt family life and children's education.

Last year, more than 12,000 children and young people were admitted to local hospitals. Many of them could have been managed in the community.

At the moment, children and young people who need an overnight stay can use services in Gateshead, Sunderland or South Tyneside. Spreading the paediatric expertise across the region in this way means that we are unable to provide the very high level of care we believe is required. Smaller units are not able to employ a wide range of paediatric staff and some experience difficulty recruiting and retaining doctors and nurses. Having three inpatient facilities in the area also results in a poor use of resources as beds are often unoccupied.





As a result, we believe that we are not providing the type of services that acutely sick and injured children and their families need. It is also important to consider value for money and to ensure that we offer the best care in the most cost-effective way. That is why we would like to make a number of changes to the way services are delivered across the South of Tyne and Wear area.

We want to see more children and young people receiving care closer to home or in their own home and fewer presenting at hospital and being admitted for overnight stays. To ensure that this is possible, we plan to increase the range of services available in the community.

For those children who do need hospital support, we will establish assessment units within Queen Elizabeth Hospital, Gateshead, South Tyneside District Hospital, South Shields, and Sunderland Royal Hospital. Within these units children will be assessed and treated or referred by expert paediatric staff.

A small number of children will need to be admitted for overnight stays or longer periods. To meet their needs, we plan to create a single, dedicated paediatric inpatient unit to serve the South of Tyne and Wear area. This would be located at Sunderland Royal Hospital. Children and young people would also be able to use the service provided by the Great North Children's Hospital at the Royal Victoria Infirmary in Newcastle.

We can deliver a better inpatient service for children and young people by concentrating expertise in a single hospital rather than spreading it out across three areas, as we do currently. A single paediatric unit for South of Tyne and Wear would provide 24-hour access to inpatient services staffed by doctors and nurses experienced in managing the types of conditions that require a stay in hospital. It would also be large enough to maintain sufficient doctors and nurses with a wide range of paediatric skills.

**“As a GP, I want all my patients to receive the best possible care. For this reason, more serious childhood conditions need to be treated in a dedicated inpatient unit with the appropriate facilities and experienced staff.”**

Dr Jonathan Harness, GP, Glenpark Medical Centre, Gateshead

In developing our plan, we have also had to consider the availability of skilled staff. The European Working Time Directive is having an impact on the number of hours doctors can work and therefore the number of staff that are required to run a unit. This, together with changes in the number of doctors being trained, may have a long-term effect on the number of specialists available to work in the region in the future.

#### **Travel implications**

We have looked carefully at the impact of travelling to and from a single inpatient paediatric unit. Our analysis shows that the majority of people who need hospital support will continue to use the service provided at their local hospital, so they will not have to travel any further than they do at present.

However, depending on where they live, the few children who need to be admitted to hospital may experience longer journeys than they do at the moment. South Tyneside District Hospital is approximately 10 miles from Sunderland Royal Hospital and the Great North Children's Hospital in Newcastle is approximately four miles from the Queen Elizabeth Hospital.

We do need to remember that only a small number of children and young people may need to travel further than they do now – according to our estimate no more than four each day. This proposal will mean that most children and young people will be treated locally, close to their home or even in their home without the need to visit a hospital. Travel analysis information is available on our website.

***The nature of childhood illness is different today. Too many children go to hospital when they could be cared for in the community.***

***There are too many children's overnight beds.***

***It will become increasingly difficult to recruit the hospital staff required.***

***A better and more cost-effective service is possible.***



## What are the options for the future?



### Option one:

Implementation of a range of service developments including:

- walk-in services available to children of all ages
- children's community nursing team support for acutely ill and injured children and young people
- children's short-stay assessment units in hospitals in Gateshead, Sunderland and South Tyneside, available for **limited hours**, eg 8.00am - 10.00pm
- inpatient care available at Sunderland Royal Hospital and the Great North Children's Hospital at the Royal Victoria Infirmary, Newcastle.

### Option two:

Implementation of a range of service developments including:

- walk-in services available to children of all ages
- children's community nursing team support for acutely ill and injured children and young people
- children's short-stay assessment units in hospitals in Gateshead, Sunderland and South Tyneside, available for **24 hours** each day
- inpatient care available at Sunderland Royal Hospital and the Great North Children's Hospital at the Royal Victoria Infirmary, Newcastle.

## Option appraisal summary

Maintaining the current configuration of services is not a viable option as it does not meet the acute health needs of today's children and young people in an efficient way. Resources are focused on inpatient care rather than assessment and treatment in the most appropriate setting. It is unlikely that the current service configuration is sustainable from a workforce perspective and therefore it will be increasingly challenging to meet the required national quality standards and recommendations.

### Option one

This option describes a realignment of resources to better meet the acute health needs of children and young people today. The evidence reviewed indicates the need to enhance community and short-stay services in all localities and concentrate inpatient services in one location in South of Tyne and Wear. Cost and activity information, together with regional and national work, may suggest that this option is the most appropriate. However, the local view is that at this point in time short-stay assessment units with restricted opening hours are not the best option.

### Option two

We believe option two provides a good balance between community and hospital services and means that the small number of children who require assessment during the night can be managed within their local area. In order to maintain a 24-hour assessment service in the long term, providers will need to consider alternative staffing models.





## Our preferred option

At the moment, there are children's inpatient services at Queen Elizabeth Hospital, Gateshead, South Tyneside District Hospital, South Shields, and Sunderland Royal Hospital. These services provide treatment and assessment of children with acute conditions 24 hours a day, seven days a week.

Our preferred choice is option two. In summary, this will result in:

- **children's short-stay assessment units** at Queen Elizabeth Hospital, Gateshead, South Tyneside District Hospital, South Shields, and Sunderland Royal Hospital. These will provide a 24-hour service, seven days a week. Units will care for children between the ages of 0 and 16 years (older for special needs patients). They will be consultant led and staffed by multidisciplinary teams including children's doctors and nurses. There will be consultant cover from early until late, with on-call provision during the night for children's emergencies. Units will provide rapid assessment, treatment and discharge or hand on to another service. There will be no inpatient care available in short-stay assessment units.
- **inpatient care**, there will be no inpatient provision at Queen Elizabeth Hospital or South Tyneside District Hospital. These hospitals will have 24-hour units as described above and will be supported by the children's community nursing team. Inpatient care will be provided by Sunderland Royal Hospital. Parents will also have the choice to attend the Great North Children's Hospital at the Royal Victoria Infirmary (RVI) in Newcastle. Children who require more complex procedures will be treated at the RVI as currently happens.
- **the use of existing walk-in services** to assess and, if necessary, treat children of all ages, without the need to visit a hospital. There are facilities in Sunderland, South Tyneside and Gateshead.
- **the children's community nursing team** is already providing support to children with complex needs or long-term conditions in their own homes. The team's role will be expanded so that they can deal with a wider range of patients including those with injuries or acute illness. This service will be available from early until late each day during the week and for reduced hours on Saturday and Sunday.





**Within the assessment units there will be a number of observation beds where doctors will be able to monitor children with more complex needs over a period of time.**

### The children's short-stay assessment units

The children's short-stay assessment units will ensure that acutely sick children are seen by paediatric staff more rapidly than is possible at the moment. The units will speed up access to treatment and reduce unnecessary hospital admissions and overnight stays.

The majority of children who currently use hospital services but who do not have an overnight stay will be treated by assessment units. With the support of the community nursing team, assessment units will also deal with some of those children who are currently being admitted to a ward overnight. For many children, being able to access care close to home or in their own home is more appropriate than a hospital admission.

Within the assessment units there will be a number of observation beds where doctors will be able to monitor children with more complex needs over a period of time. Children who need further investigation or treatment or are not well enough to

go home will be transferred to Sunderland Royal Hospital or the Great North Children's Hospital at the Royal Victoria Infirmary in Newcastle.

Units will be consultant led and staffed by a multidisciplinary team including an appropriate mix of doctors, paediatric nurse practitioners, emergency nurse practitioners, registered children's nurses, medical middle grade/first grade training staff and a play worker.

There will be consultant cover from early until late within units and an on-call arrangement during the night for neonatal services and other children's emergencies. Consultants and senior medical staff will provide telephone advice to community services and support the training/supervision of walk-in service staff.

It is likely that these units will be located within existing accident and emergency (A&E) departments.

Maintaining the current configuration of services is not a viable option for many reasons. We believe this preferred option represents a more effective way of meeting the acute health needs of children and young people today.

All the evidence we have considered, including the views of patients, parents, doctors and other specialists, indicates the need to increase community and short-stay services and to concentrate inpatient services, for the small number of children who need them, in one location.

In this way, the health needs of the vast majority of children will be met by services in their local area, meaning that they will have to travel the same or shorter distances than at present. A small number of children who need inpatient services may have to travel further than they do now to access them.

Providing care for the acutely unwell or injured child at home or close to home is important. It ensures a better patient and carer experience, can reduce emergency admissions and allows those children who need hospital treatment to be discharged early.

Our plan is to ensure a more joined-up approach to the care of acutely sick and injured children and the development of close working relationships between the children's community nursing team, hospital services, walk-in services and GPs.

In November 2011, experts from the National Clinical Advisory Team reviewed the plans described in this document and concluded that they were achievable and safe but noted that the issue of sustainability would need to be considered going forward.



## Inpatient care at Sunderland Royal Hospital

Sunderland Royal Hospital will provide inpatient care for children and young people from across the South of Tyne and Wear area. Patients may also choose to attend the Great North Children's Hospital at the Royal Victoria Infirmary in Newcastle.

Concentrating inpatient services in one location will ensure a safe and sustainable service now and into the future. It will allow a concentration of expertise in the range of conditions that require inpatient care and the increased number of children visiting the hospital in Sunderland means that it will be possible to consider developing new ways of providing services. What's more, there is evidence that sick children and young people do better in larger units than in smaller units.

It is proposed that Sunderland Royal Hospital is the location for the inpatient unit serving South of Tyne and Wear. This is because the hospital currently provides a range of services and treats certain conditions that South Tyneside District Hospital and Queen Elizabeth Hospital do not. In addition, Sunderland Royal Hospital has sufficient capacity to manage the expected increase in the number of patients. However, staffing may be increased to deal with the greater number of admissions.



## Children's community nursing team

The plan is to provide enhanced community nursing team support to ensure that more acutely ill and injured children can be cared for at home. Care will be provided to children aged between 0 and 16, or older if the young person has special needs. We also acknowledge that there will have to be some flexibility around age limits in order to meet individual needs appropriately.

Initially, referrals to the children's community nursing team will be through the inpatient unit at Sunderland Royal Hospital, the Great North Children's Hospital at the Royal Victoria Infirmary in Newcastle or children's short-stay assessment units in all localities. Eventually, it is hoped that the team will also be able to accept referrals from GPs, including out-of-hours services.

The service will operate seven days a week from the early morning to late evening, probably between 7.00am and 10.00pm during the week with reduced hours at weekends. Families will be given clear information about who to contact during the night if help is needed.

There will be clear criteria for access to and discharge from the service and the provision of standard care packages where appropriate.

***High-quality care closer to home for the majority of children.***

***Support within the family home from the children's community nursing team.***

***Comprehensive hospital service that is better staffed and resourced than at present.***

***A more joined-up approach to the care and treatment of acutely sick and injured children.***

## How our plan was developed

This plan has the support of local doctors and nurses and we have taken into account the views of patients, parents and local people.

We considered the potential advantages and disadvantages of our plan, and looked at the implications of any changes from a range of perspectives including safety, clinical effectiveness and facilities.

We also carried out a thorough review of guidance, expert opinion and best practice. The multi-disciplinary team who developed the plan also considered:

- *national guidance and recommendations from the Royal College of Paediatrics and Child Health*
- *examples of best practice elsewhere in the UK*
- *data showing how existing services are being used*
- *national and local research that has been carried out on bronchiolitis and acute abdominal pain (which are two very common conditions in children).*

We held a number of events that focused on the reform of children's services and which were used to test assumptions. These identified a range of important issues which have been taken into account within our proposal. Most importantly:

- *the public need to know which health service to attend, eg GP, walk-in service or A&E*
- *patients need informative, clear patient information leaflets*
- *the need for standard assessments in primary care and secondary care services*
- *the need for better community support from a range of services including the children's community nursing team*
- *access to children's short-stay assessment facilities.*



To assess public opinion, we used the Health Care Commission survey of children's inpatient services 2004 and considered the Children's Society's Voices Project, *The Sick and Injured Child's Care Journey*, 2005.

We also commissioned a range of public engagement activities during the summer of 2008, including questionnaires, focus groups and self-completion comment cards. From this, we concluded that while respondents knew where to get help and support and were happy with the overall level of service provided, they had expectations that were not currently being met. They identified the need for:

- *better access to GPs, especially outside normal hours*
- *better access to services when a child becomes ill*
- *better communication between professionals*
- *access to information about their child's condition*
- *access to competent staff, able to assess children appropriately at all stages of their treatment*
- *child-friendly environments*
- *speedy diagnosis*
- *services that meet the needs of young people as well as children*
- *services that meet the needs of children with special needs*
- *timely feedback from NHS Direct and out-of-hours services*
- *a reduction in waiting times.*

Engagement with parents and young people continued into 2009 linked to specific initiatives.

There is a considerable amount of guidance and expert opinion on the development of children's acute services which helped us as we developed our plan.



## Demography and health needs assessment in South of Tyne and Wear

In 2010, almost a quarter of the residents of Gateshead, South Tyneside and Sunderland were children aged between 0 and 19 years.



A recent strategic needs assessment of the health of children in South of Tyne and Wear showed:

- a predicted increase in the birth rate of 11 per cent from 2010 to 2015
- a number of areas in South of Tyne and Wear are amongst the most deprived in England
- at age 4-5, between 14 per cent and 15 per cent of children are overweight or obese
- fruit and vegetable consumption is the lowest in the country
- a lower life expectancy than the England average and significant variation in life expectancy across the region
- low breastfeeding rates.

(Source: Sunderland Joint Strategic Needs Assessment, 2008)

These factors can put children at risk of serious health problems, both in the immediate future and later in life, and highlight the importance of appropriate and sustainable healthcare services.

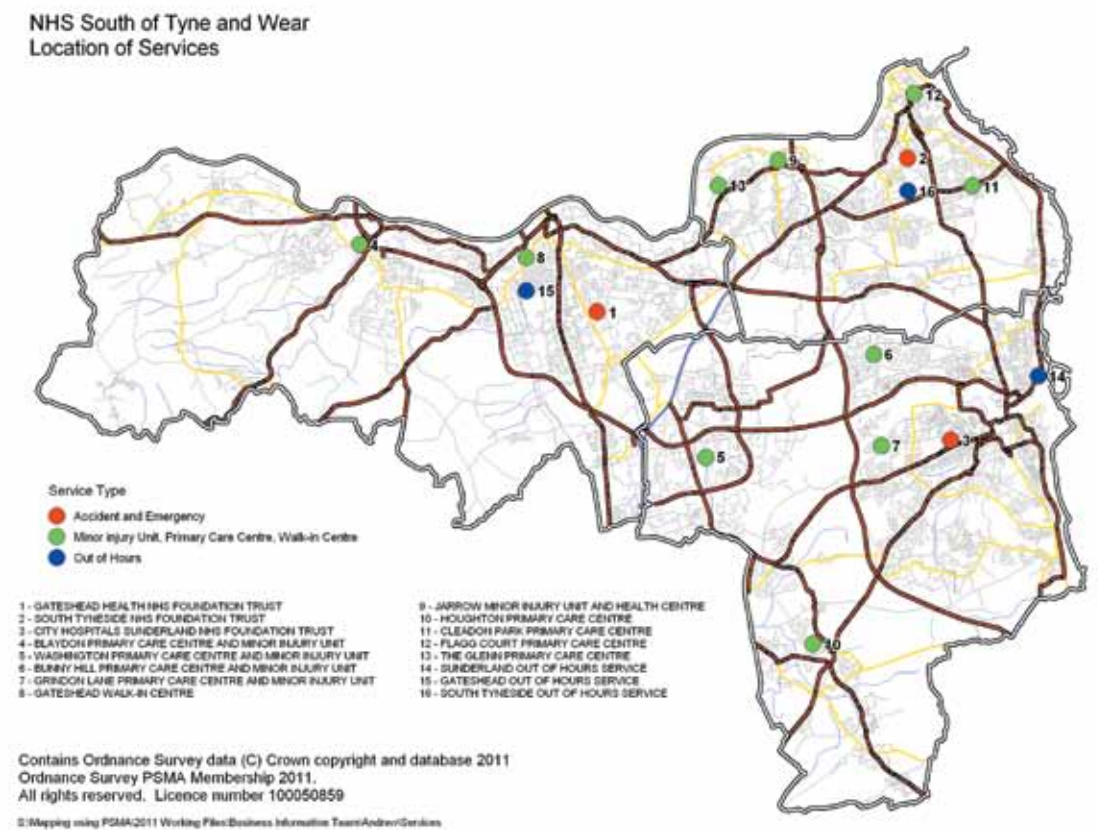
## How health services are used now

Many children lead healthy lives and rarely need medical treatment. Of those who do need medical intervention, 97 per cent are treated in the community.

Fig 1 Service use in 2010/11 for children and young people 0-16 in South of Tyne and Wear:

Service Accessed	2010/11 contacts
GP attendances	260,917 (estimate based on 2009/10)
Walk-in service attendances	31,796
A&E attendances	46,112
Emergency admissions	12,020

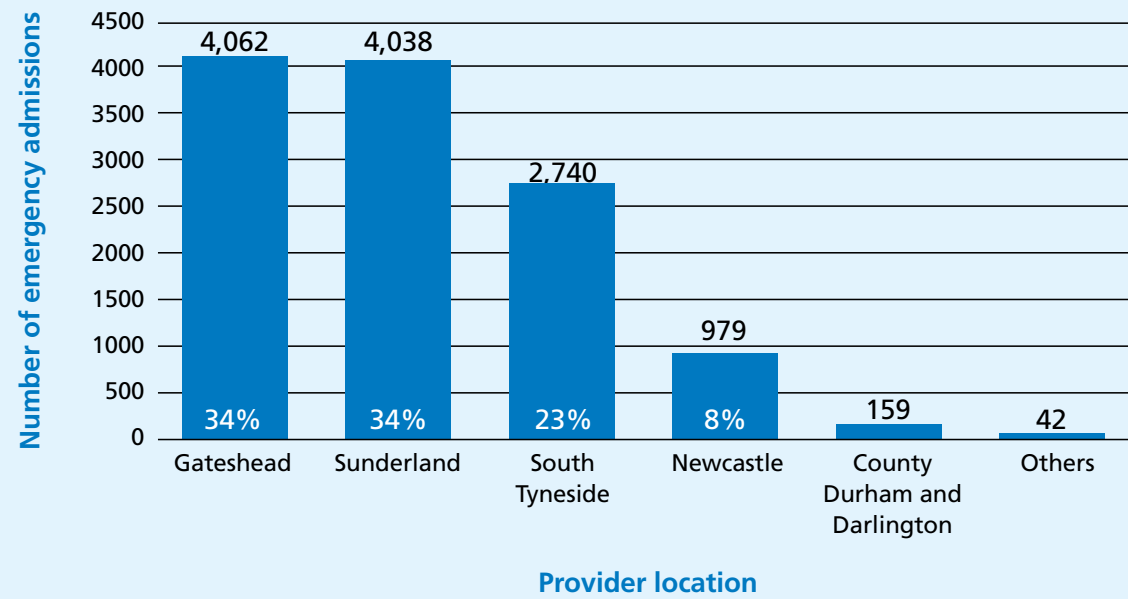
The map below shows the hospitals and minor injury and illness units in South of Tyne and Wear.



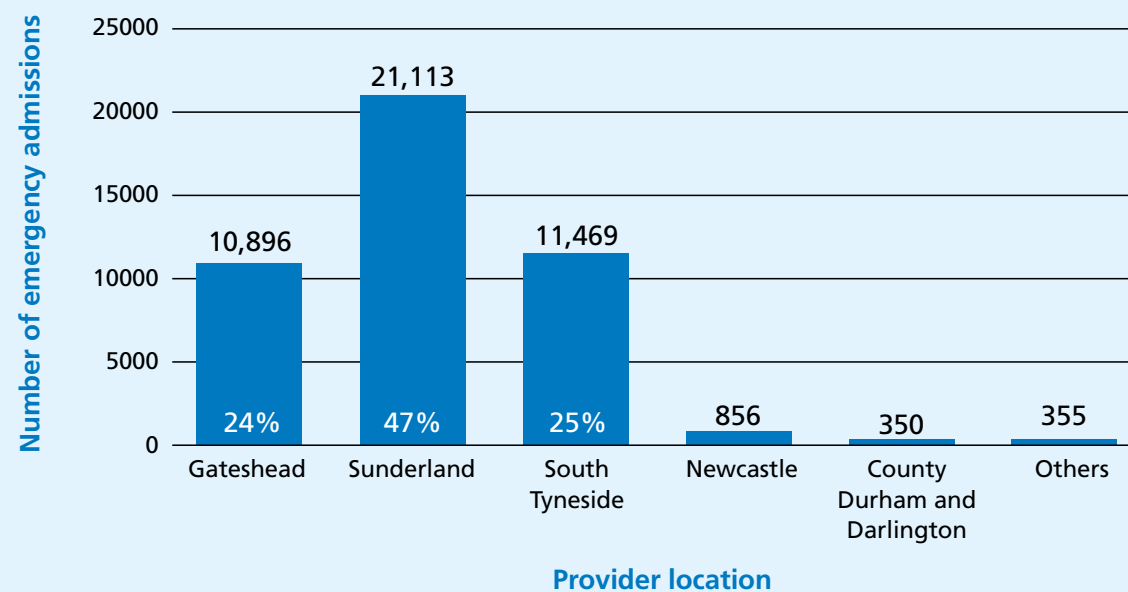
When children in the South of Tyne and Wear area require hospital care, 90 per cent of them attend a hospital in this area. The remainder attend a hospital in Newcastle or another provider.

Clearly, there is a need for responsive children's acute services to be available across our region.

**South of Tyne & Wear Paediatric Emergency Admissions 2010/11  
Age 0-16 Years by Provider**



**South of Tyne & Wear A&E Attendances 2010/11  
Age 0-16 Years by Provider**



We know that many of the emergency admissions to hospital are for a very short period of time. In 2009/10, approximately half of the children admitted to hospital had a stay of four hours or less and the majority were treated within one day.

It is positive that children are being treated quickly; however, this data also shows that most children could be managed in short-stay facilities. Treating more children in short-stay assessment units would allow the inpatient unit to focus on those children with more complex needs.

Of those children admitted to hospital during 2009/10, the top five conditions were:

- 1 viral infection of unspecified site
- 2 viral infection and other specified intestinal infections
- 3 acute upper respiratory infections
- 4 acute bronchiolitis
- 5 abdominal and pelvic pain

A proportion of these children could have been supported in other ways – for instance, by the children's community nursing team, enabling them to remain at home.

At the moment, we have too many overnight beds for sick children. At times fewer than half of these beds are occupied. In the future, when more children are cared for in the community, the number of overnight stays will be reduced.

Most children's emergencies occur between 7.00am and 11.00pm, with peaks between 4.00pm and 8.00pm. This indicates the need to ensure care services for acutely sick and injured children are available in all localities from early until late in the evening.







*Most sick and injured children are treated locally without the need for a hospital visit.*

*Many children who visit hospital could actually have been treated safely and quickly elsewhere, allowing hospitals to focus on those children with more complex health needs.*

*Fewer than half of all overnight beds for children are occupied at any one time.*

**Have your say**

This document explains our planned changes to services for children and young people who are acutely sick or injured, and gives the reasons why these changes are needed.

We will be holding a number of public meetings during the consultation period. Details of public meetings can be found on our website.

You can respond to this plan by completing and returning the questionnaire at the back of this document. Alternatively, call 0191 529 7374.

You can also find the questionnaire on our website at [www.sotw.nhs.uk/yoursay/consultations/](http://www.sotw.nhs.uk/yoursay/consultations/)

## How could these changes affect you?

Below we have identified a range of potential scenarios and explained how they would be dealt with now and how they would be dealt with under our preferred option.

Scenario	Current service	New service
Jack is a one year old who lives in Gateshead. He has not been very interested in eating or drinking for a day. His mum is concerned as he's developed a temperature that hasn't come down with the use of paracetamol. At 11.00pm she becomes worried that he may get worse during the night and wants him to be seen by a doctor.	Mum takes Jack to the Queen Elizabeth Hospital, Gateshead, where he is assessed in the A&E department.	Mum takes Jack to the Queen Elizabeth Hospital, Gateshead, where he is assessed in the children's short-stay assessment unit. Mum is given advice and reassurance and returns home. This is followed up by a home visit from the children's community nursing team the following day.
Molly has been unwell for a few days and is seen by her GP who recommends a further assessment at the local hospital.	Molly is seen at the day unit at Queen Elizabeth Hospital, Gateshead. She has some tests and is observed for a few hours and then sent home when all appears well.	Molly is seen by specialist paediatric staff in the children's short-stay assessment unit at Queen Elizabeth Hospital, Gateshead. She is observed for a few hours and then sent home when all appears well.
Six-year-old Madison lives in Gateshead. She returns home from school complaining of an earache and sore throat. Mum gives her pain relief to see how she responds. At 6.00pm, Madison is still complaining about the pain. Her mum takes her to Gateshead walk-in service.	Madison attends the walk-in service in Gateshead where she is assessed by staff and given treatment with advice to visit her GP if the symptoms don't resolve in a day or two.	Madison attends the walk-in service in Gateshead where she is assessed by staff and given treatment with advice to visit her GP if the symptoms don't resolve in a day or two.

Scenario	Current service	New service
Callum is eight years old and lives in South Tyneside. On Sunday afternoon he falls from his bike and twists his leg. Dad takes him to the A&E department at South Tyneside District Hospital.	In A&E, Callum has an x-ray which shows no broken bones. He is sent home with appropriate pain relief and advised to rest.	Callum is assessed by specialist paediatric staff in the children's short-stay assessment unit at South Tyneside District Hospital. He has an x-ray which shows no broken bones. He is sent home with appropriate pain relief and advised to rest.
Lily is four years old and lives in South Tyneside. She has a very high temperature, has not eaten for some time and is not very responsive. Mum takes her to the A&E department at South Tyneside District Hospital.	Lily is assessed in A&E at South Tyneside District Hospital. She is quickly transferred to the children's ward for further assessment and treatment. She stays in hospital for a few days before being well enough to go home.	Lily is assessed in the children's short-stay assessment unit at South Tyneside District Hospital where it becomes clear that she will need inpatient care. She is transported to the children's ward at Sunderland Royal Hospital. She stays in hospital for a few days before being well enough to go home.
Holly lives in Blaydon. She has had a high temperature and has not been well for a few days. When assessed by her GP a rash is identified and it is clear that she needs admission to hospital.	Her GP refers Holly to the children's ward at Queen Elizabeth Hospital, Gateshead.	The GP phones the short-stay assessment unit at the Queen Elizabeth Hospital, Gateshead to discuss Holly's needs and arrange admission to the Great North Children's Hospital at the Royal Victoria Infirmary in Newcastle. Alternatively, her parents could have chosen admission to Sunderland Royal Hospital.

Freeport RSEB-EKUY-ZEUX  
 NHS South of Tyne and Wear  
 Children's acute services consultation  
 Pemberton House  
 Colima Avenue  
 Sunderland Enterprise Park  
 Sunderland  
 SR5 3XB





## South of Tyne and Wear

### A Public Consultation Questionnaire

#### Acute health services for children and young people

**1 Are you a:**

- child or a young person
- parent or someone who cares for children/young people
- health professional
- other, please state.....

**2 If you are a child/young person, have you attended A&E in the past year?**

**If you are a parent/carer, have you attended A&E with a child during the past year?**

- Yes
- No
- Not sure

**3 If you are a child/young person, have you stayed in hospital over night during the past year? If you are a parent/carer, has your child stayed in hospital overnight during the past year?**

- Yes
- No
- Not sure

**4 Do you support the planned changes explained in the consultation document, ie:**

- the development of 24-hour short stay assessment units
- inpatient care available at Sunderland Royal Hospital and the Great North Children's Hospital at the Royal Victoria Infirmary, Newcastle.

- Yes
- No
- Not sure

**If you have any concerns or comments about the planned changes please let us know:**

If you would like to receive the final consultation report, please write your name and address or email address below:

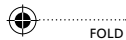
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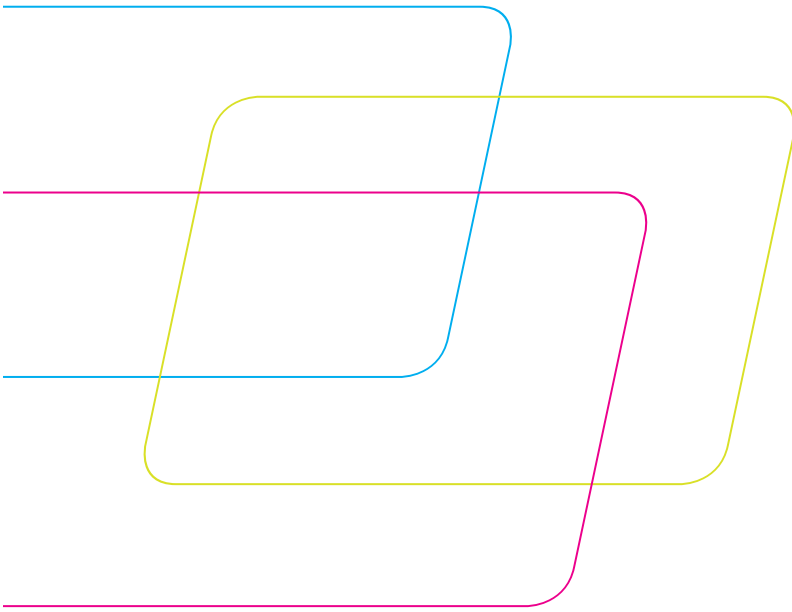
Address: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Please return this questionnaire by 31 March 2012.





**NHS South of Tyne and Wear**

Pemberton House  
Colima Avenue  
Sunderland Enterprise Park  
Sunderland  
SR5 3XB

**Telephone: 0191 529 7000**

**Fax: 0191 529 7001**

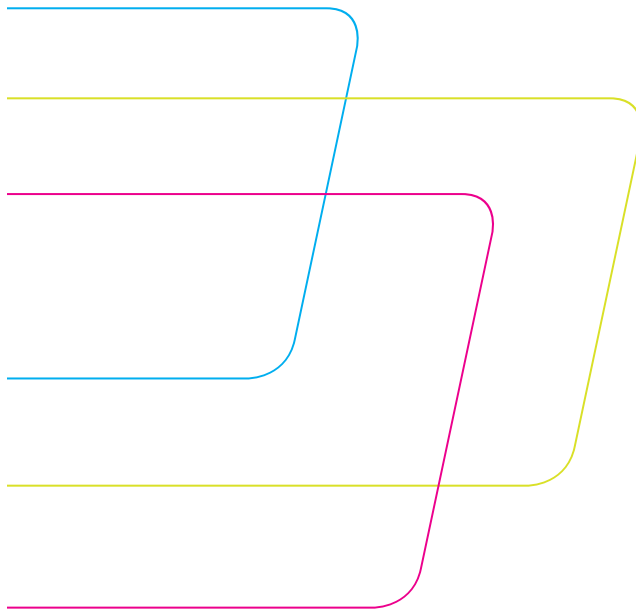
**[www.sotw.nhs.uk](http://www.sotw.nhs.uk)**

**This information can be made available in  
another format on request. Please call the  
Communications Team on 0191 529 7221**





South of Tyne and Wear



## Getting Better Together

A Public Consultation  
Acute health services for children and young people

*Working together to make  
South of Tyne and Wear healthy for you*

Gateshead Primary Care Trust • South Tyneside Primary Care Trust • Sunderland Teaching Primary Care Trust

**NHS South of Tyne and Wear**  
Pemberton House  
Colima Avenue  
Sunderland Enterprise Park  
Sunderland  
SR5 3XB

**Telephone: 0191 529 7000**  
**Fax: 0191 529 7001**

**[www.sotw.nhs.uk](http://www.sotw.nhs.uk)**

**This information can be made available in another format on request. Please call the Communications Team on 0191 529 7221**

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## Getting better together

NHS South of Tyne and Wear covers Gateshead Primary Care Trust (PCT), South Tyneside Primary Care Trust (PCT) and Sunderland Teaching Primary Care Trust (TPCT) and is the name given to the integrated management arrangements which exist across the three PCTs.

Our vision is to work together to make South of Tyne and Wear healthy for all. We aim to achieve this by improving the health of local communities and ensuring excellent patient care through the wise and effective use of public money.

Following an in-depth clinical review, it has become clear that we need to improve local services for sick and injured children. These services have served the community well for many

years, but advances in medical treatment and prevention and the nature of childhood illness means that they no longer meet the needs of children, young people or their families.

That is why we would like to make a number of changes to the way services are delivered across South of Tyne and Wear. We are very keen to hear your views on our plan.

**“I support the plan to enhance local services for children and young people. It will ensure that fewer children need to be admitted to hospital for long periods.”**

Geoff Lawson, Consultant Paediatrician/Clinical Director, Child Health, City Hospitals Sunderland NHS Foundation Trust

## Why do the services need to change?

These days, advances in paediatric medicine mean that serious childhood illnesses are very rare and children and young people seldom have to stay in hospital overnight. This means that at times, fewer than half of the overnight beds for children in the South of Tyne and Wear area (covering Gateshead, Sunderland and South Tyneside) are occupied each night.

However, children and young people suffer from more chronic illness now than in the past; for example, conditions like asthma and diabetes. These types of childhood illness can be managed safely and more appropriately in the child’s own home with support from healthcare staff.

It is often the case that children attend hospital when they could have been treated closer to home by their own general practitioner (GP) or in a walk-in service – for example, children with gastroenteritis. What’s more, some of these children are admitted overnight when their medical needs could actually have been resolved without a hospital stay. We know that unnecessary admissions can disrupt family life and children’s education.

Last year, more than 12,000 children and young people were admitted to local hospitals. Many of them could have been managed in the community.

As a result, we believe that we are not providing the type of services that acutely sick and injured children and their families need. It is also important to consider value for money and to ensure that we offer the best care in the most cost-effective way. That is why we would like to make a number of changes to the way services are delivered across the South of Tyne and Wear area.

Acute refers to illness that is often sudden in onset and can be severe, but generally lasts only a short time before the patient recovers fully.



## What changes are being proposed?

We want to see more children and young people receiving care closer to home or in their own home and fewer presenting at hospital and being admitted for overnight stays. To ensure that this is possible, we plan to increase the range of services available in the community.

For those children who do need hospital support, we will establish assessment units within Queen Elizabeth Hospital, Gateshead, South Tyneside District Hospital, South Shields, and Sunderland Royal Hospital.

A small number of children will need to be admitted for overnight stays or longer periods.

To meet their needs, we plan to create a single, dedicated paediatric inpatient unit to serve the South of Tyne and Wear area. This would be located at Sunderland Royal Hospital. Children and young people would also be able to use the service provided by the Great North Children's Hospital at the Royal Victoria Infirmary in Newcastle.



## Options for the future

### Option one:

Implementation of a range of service developments including:

- walk-in services available to children of all ages
- children's community nursing team support for acutely ill and injured children and young people
- children's short-stay assessment units in hospitals in Gateshead, Sunderland and South Tyneside, available for **limited hours**, eg 8.00am - 10.00pm
- inpatient care available at Sunderland Royal Hospital and the Great North Children's Hospital at the Royal Victoria Infirmary, Newcastle.

### Option two:

Implementation of a range of service developments including:

- walk-in services available to children of all ages
- children's community nursing team support for acutely ill and injured children and young people
- children's short-stay assessment units in hospitals in Gateshead, Sunderland and South Tyneside, available for **24 hours** each day
- inpatient care available at Sunderland Royal Hospital and the Great North Children's Hospital at the Royal Victoria Infirmary, Newcastle.

Option two is our preferred option. It provides a good balance between community and hospital services and means that the small number of children who attend during the night can be managed within their local area.



## Why will this ensure better services?

We believe that we can improve the services available to acutely sick and injured children and young people and their families across NHS South of Tyne and Wear.

Our plan will deliver:

- high-quality care closer to home for the majority of children
- support within the family home from the children's community nursing team
- a comprehensive hospital service that is better staffed and resourced than at present
- a more joined-up approach to the care and treatment of acutely sick and injured children.

## How can I have my say?

You will find the full consultation document and questionnaire on our website at

[www.sotw.nhs.uk/yoursay/consultations/](http://www.sotw.nhs.uk/yoursay/consultations/)

Alternatively, you can call us for a copy of the full consultation document and questionnaire on **0191 529 7374**.

We will be holding a number of public meetings during the consultation period. Details can be found on our website or by calling the number above.

This consultation ends on **31 March 2012**.



## **Outcomes from Annual Unannounced Inspection of Contact, Referral and Assessment Arrangements**

### **Report of the Executive Director Children's Services**

**STRATEGIC PRIORITIES: Learning City, Safe City**  
**CORPORATE IMPROVEMENT: Delivering Customer Focused Services,  
Efficient and Effective Council**

#### **1. Why has this report come to the Committee?**

- 1.1 This report is presented to Scrutiny Committee to provide a summary of the outcomes from the Annual Unannounced Inspection of Contact, Referral and Assessment Arrangements in Children's Services, which took place on 18th and 19th October 2011.

#### **2. Background – The Inspection Process**

- 2.1 Unannounced Ofsted inspections of contact, referral and assessment arrangements were introduced in June 2009 under section 138 of the Education and Inspections Act 2006. All local authorities had been inspected by August 2010. Ofsted is now at the end of its second inspection cycle. Sunderland was first inspected in July 2010.
- 2.2 Inspections focus on the local authority as the lead agency for child protection and assess how well practice helps to manage the risk of harm to children and young people and minimises the incidence of abuse and neglect.
- 2.3 Inspectors spend the majority of their time looking at direct practice, including scrutinising individual case files with frontline workers. These inspections do not grade the effectiveness of the service, but identify where the authority is meeting the requirements of statutory guidance, and identify areas of particular strength, areas for development and any areas for priority action (which identify any serious weaknesses that place children at risk of inadequate protection from significant harm).
- 2.4 No grade is awarded from the inspection; however the outcome does contribute to the overall annual performance assessment of Children's Services.



### **3. Current Position**

- 3.1 The 2nd unannounced inspection of contact, referral and assessment arrangements was carried out in Sunderland on 18<sup>th</sup> and 19<sup>th</sup> October 2011. Following the inspection, on 16 November 2011 the Executive Director of Children's Services received the letter from Ofsted confirming the outcome of the inspection. ( A copy of the letter is attached at Appendix 1 )
- 3.2 The inspection identified an area of strength, many areas of practice which met requirements and some areas for development. It should be noted that, in line with the previous inspection of 2010, there were no Priority Actions.
- 3.3 From the evidence gathered during the inspection, the inspectors recognised the following strength:
- The council's continuing commitment to Safeguarding and the significant investment made to strengthen the Safeguarding workforce.
- 3.4 The inspection also identified a number of services which met the requirements of statutory guidance, including:
- Section 47 enquiries are timely, risks effectively identified and decisions made are appropriate.
  - Record keeping is up to date and management decisions are clearly recorded.
  - Staff demonstrate appropriate awareness of the diverse needs of children and families.
  - Staff are suitably qualified and benefit from a wide range of training opportunities.
  - Lessons learned from serious case reviews are shared and contribute to improvements in practice.
  - A well established and effective out of hours service is staffed by qualified and experienced social workers.

### **4. Areas for Development**

- 4.1 The following areas were identified for development:
- The quality of assessments need to be more consistent, the views of children are not always clearly recorded or taken into account when planning. The quality of analysis is too variable. However, Children's Services has made this a priority action in its service improvement plan.
  - Greater understanding of thresholds. Improved screening process will lead to a higher update by early intervention services.
  - The council's integrated children's system (ICS) does not support efficient practice. This was an area highlighted for development in the

previous inspection. Through the recommendations from the Munro Review, local authorities have been given greater freedoms to develop systems and processes which better fit the needs of the service.

- Strategy discussions are held with police as a matter of course, however improvement is required in regard to multi-agency strategy meetings.

## **5. How we are addressing the areas for development**

### **5.1 Variable quality of assessments**

Action taken:

- Improved system for management oversight to review requirement for workers to record children's views on assessments.
- Analysis workshop held in Initial response team - November 2011
- Themed Case file Audit focussing on children's views – November 2011
- Assessment sign off arrangements reviewed to ensure children's views are evidenced - Dec 2011

### **5.2 The threshold for referral to the children's social care service is not widely understood by partner agencies.**

Action taken:

- Further analysis of partners' understanding of thresholds through Peer Challenge – December 2011
- SSCB subgroup established to agree strategic thresholds document and promote shared understanding of agreed thresholds
- First draft of strategic thresholds document – Jan. 2012

### **5.3 ICS does not support efficient practice**

Action taken:

- High level meeting chaired by Executive Director
- ICS Task Group set up under ICS Improvement Group
- Urgent improvement plan and medium term ICS improvement strategy agreed
- New Electronic Social Care Record (ESCR) linked to ICS in place from 9<sup>th</sup> January, facilitating the development of reports and plans in Word format to replace ICS format reports and plans
- New report formats for Review CP conferences in place from 16<sup>th</sup> January 2012
- Other new report formats introduced from February 2012

### **5.4 Strategy meetings are not routinely held on a multi-agency basis**

Action taken:

- Joint work with police and health colleagues underway to agree unified approach – January 2012

## 6. **Next Steps**

6.1 Children's Services have now confirmed their three year priorities. The actions identified above to address the areas for development will be included in all plans associated with these priorities. The three year priorities are:

- New relationship with schools
- Early Intervention/Review of Early Years/Children's Centres
- Safeguarding – an improving story which includes ...
- Whole family, whole community responsive service approach.

## 7. **Conclusion**

7.1 Scrutiny Committee are asked to note the content of this report and associated appendix and to agree to receive regular progress reports regarding the actions identified to ensure that the areas for development are addressed and that outcomes for the City's most vulnerable children and young people continue to improve.

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**12 JANUARY 2012**

**CITY SERVICES – SUNDERLAND LIBRARIES SERVICE OVERVIEW 2010/2011**

**REPORT OF THE EXECUTIVE DIRECTOR OF CITY SERVICES**

**Link to Strategic Priorities:**

Prosperous City

Healthy City

Safe City

Learning City

Attractive and Inclusive

**1.0 PURPOSE OF THE REPORT**

1.1 The purpose of this report is to provide members with an overview of library activities, programme and performance for the last full year of 2010/2011.

**2.0 BACKGROUND**

2.1 Sunderland Libraries served the population of 280,300 in 2010/11 through a network of 20 static libraries, 2 mobile libraries, a mobile ICT learning vehicle (Libraries Information Access Zone), a Local Studies Centre and a Books on Wheels Service. It also serves Sunderland Schools (via the Schools Library Service which operates as a traded service) and Sunderland Royal Hospital via a Hospital Service.

2.2 In 2010/11 the service received over 1,368,866 visits and provided access to over 450,000 items and electronic resources.

2.3 Libraries deliver and support key outcomes for local communities and individuals with service planning and outcomes aligned to match city council priorities.

**3.0 PROGRAMME FOR 2010/11**

3.1 During 2010/11 Sunderland Libraries delivered a full programme of activities and events. Examples of these include:-

**3.2 World Book Day - 3 March 2011**

World Book Day (WBD), also known as International Day of the Book or World Book and Copyright Day is an annual event organised by United Nations Educational, Scientific and Cultural Organisation (UNESCO) to promote reading, publishing and copyright. WBD is a world wide celebration and is marked in over 100 countries around the globe. WBD moved into its second decade in 2008. Over this relatively short period it has become firmly established as the biggest annual event promoting the enjoyment of books

and reading. Sunderland Public Libraries have encouraged both children and adults to take part in WBD with a diverse selection of events.

To celebrate World Book Day in 2011 libraries held a number of events in order to appeal to all members of the community. These included:-

- Creative writing taster session
- Chatterbox Challenge national initiative - Chatterbox Challenge was a Guinness World Record attempt for the most children and adults to sing 'Heads, Shoulders, Knees and Toes' to make this the biggest and loudest Challenge yet
- JJ Gillum author visit
- Colin Mulhern author visit
- Andy Newbound author session
- Children's illustrator session
- Dickens Photography Family Session
- Dads n Kids session
- Crime Scene Investigation Family Forensics

### **3.3 World Book Night**

The first World Book Night (WBN) took place on Saturday 5 March 2011, two days after WBD. The Night represents the most ambitious and diverse celebration of adult books and reading ever attempted in the UK and Ireland.

Sunderland Libraries activities included a special Saturday evening opening of Fulwell Library on WBN until 7.30pm. Library staff registered as 'Book givers', also visited Sainsbury's in Fulwell and the Blue Bell Pub Fulwell and at High Usworth, to give away free reads and talk about reading and Library Services.

### **3.4 Learning**

Libraries provide family learning taster sessions throughout the year. The aim of these sessions is to encourage parents or carers to participate in an activity with their child(ren) and to have fun together. During National Family Learning Festival (October 2010), Sunderland Libraries joined with the BBC to promote 'Hands on History - the Normans'. Craft sessions were held in each library to make Norman shields and castles. The sessions proved very successful with 124 adults and 243 children taking part. Other sessions throughout the year included Family Forensics, Family Tai Chi and Family History for Families.

In November 2010 Sunderland Libraries worked with the BBC to promote 'Turn Back Time - History of the High Street'. Sunderland was delighted to have been chosen as one of only 12 places in Britain to host a pop-up shop. An empty shop unit in the Bridges was transformed into a Grocer's shop from the 1930s for a weekend. Visitors were able to see, touch, hear and even smell the history of their local high street whilst engaging in a number of fun activities. Despite the severe weather over 6000 people attended the event over three days.

### 3.5 Reader Development

Libraries deliver a reader development programme throughout the year. This involves events outside normal library opening hours and includes venues other than libraries. The main aim of reader development is to enhance reading experiences and opens up choices to all. Examples of reader development programme during 2010/11 includes:-

**Six Book Challenge** – this national programme invites less confident readers to read six books and record their reading in a diary and then receive a certificate and attend a celebration event. During the year Libraries worked in partnership with Sunderland Women’s Centre and Fulwell Day Centre to target emergent readers to enrol on the programme. Thirty five learners completed the Challenge and each learner was invited to a celebration event in the City Library in September.

Recorded comments included a Fulwell Day Centre learner – “I enjoyed reading these books, it kept me busy, I love reading. I would recommend that this has been a good exercise and I will keep reading”.

**Summer Reading Scheme** - The Summer Reading Challenge is a read and reward scheme targeted at children aged 4-12 years old. The challenge takes place annually at public libraries across the country. The Summer Reading Challenge 2010 ‘*Space Hop*’ encouraged children to embark on an intergalactic journey to discover the joy of reading and develop a keen interest in the science of space travel. The Summer Reading Challenge and the accompanying summer programme is the largest single reader development activity undertaken by the Library Service.

Libraries provided a programme of activities to compliment the Space Hop theme. These included the Space Hop Magic show, animal handling sessions, puppet making and storytelling. Each library also ran staff led art and craft activities with activities linked to the Space Hop theme.

1849 children took part in the Summer Reading Challenge 2010 the Space Hop.

1036 girls and 813 boys took part in the Summer Reading Challenge 2010 the Space Hop.

184 children joined the library in order to take part in the Summer Reading Challenge.

23 school classes were invited to the library where staff promoted the Summer Reading Challenge and children’s activities.

3223 children and adults attended activity sessions at libraries throughout the summer

### 3.6 Social Inclusion

Libraries work closely with a range of different communities across Sunderland, developing programme and initiatives that vary from Black History Month to VIP (Visually Impaired Persons) reading groups, for both adults and children. Programme is delivered from static library sites and community venues across the City.

#### **International Women's Day Tuesday 8 March 2011**

The theme for International Women's Day was "Equal access to education, training and science and technology: Pathway to decent work for women". Sixteen women, from Sunderland Women's Centre, attended a computer session at the City Library and Arts Centre. The aim of the session was to provide the opportunity to access technology, raise awareness of the IT provision libraries provide and to demonstrate computers as a tool to help them with their ESOL studies.

The women were set different tasks involving reading historical information about Sunderland and looking at old digital pictures, the women then had to complete questions regarding the information they have read/looked at. After the IT session the women participated in a reflective session where they used descriptive words they have learned as part of their ESOL studies, to describe the digital pictures they had previously looked at.

### 4.0 LIBRARY PERFORMANCE 2010/11

- 4.1 Sunderland Libraries continues to monitor performance and benchmark services by comparison, against the CIPFA Public Library Statistics to ensure optimum service evaluation and delivery.

#### **SUNDERLAND LIBRARIES – FACTS AND FIGURES 2010/2011**

Number of static service points	20
Number of Mobile Libraries	2 + 1 Mobile ICT vehicle
Number of Visitors	1,368,866
Number of enquiries	169,147
Total Stock	452,295
Number of Items Issued	1,211,951
Number of Active Borrowers	46,900
Number of new members	11,133
Number of Requests Taken	50,034

Number of ICT hours accessed	184,414
Number of Adult Learning Sessions attendee hours	10,214
Number of Storytime attendees	1,695
Number of Time for Rhyme attendees	3,637
Number of Class Visit attendees	6,331
Number of Craft Activity attendees	3,434
Number of Reader Development Activity attendees	4,430
Number of Access & Inclusion Activity attendees	1,370
<b>User Satisfaction with the service</b>	
% of library users aged 16 or over who view their library service as very good/good	92% (Adult PLUS Oct 09)
% of library users aged under 16 who view their library service as good	86% (Child PLUS Oct 07)
% of library users aged 16 or over who rate standard of customer care as very good or	95% (Adult PLUS Oct 09)
% of library users aged under 16 who view the library as a friendly place	98.8% (Child PLUS Oct 07)

## LIBRARY PERFORMANCE FRAMEWORK

4.2 The table below shows comparative outturns for 2009/2010 and 2010/11.

4.3 Indicators showing an increase include the number of people reporting that they have used a public library in the last 12 months (as measured by the Active People Survey); the number of enquiries; the number of 4 – 11 years who are members of the library and the number of ICT hours accessed in libraries.

<b>Indicator Definition</b>	<b>09/10 Final Outturn</b>	<b>10/11 Final Outturn</b>
Total who have used a public library at least once in the last 12 months (NI9)	44%	48.3%
Number of physical visits per 1,000 population	4,962	4883.5
Total number of enquiries	159,052	169,147
Number of Book Issues	1,244,658	1,174,498

Number of AV Issues	42,394	37,453
Number of Total Issues	1,287,052	1,211,951
Number of Active borrowers per 1,000 population	181	167.3
No of 4-11 year old girls who are library members as a percentage of the 4-11 year old girl residents	73%	78.25
No of 4-11 year old boys who are library members as a percentage of the 4-11 year old boy residents	64%	67.25
Total number of ICT hours accessed	180,013	184,414

**4.4** Indicators that have decreased have been affected by a number of factors. Issues of CD's and DVD's continue to be impacted by the increased usage of direct music downloading and the availability of films on demand via the Internet and commercial suppliers. Visits in person have also reduced although the number reporting that they have used a public library in the last 12 months has increased, again indicating a general change in the way services are accessed from traditional footfall to online usage.

## **5.0 CURRENT POSITION**

5.1 The library service, along with other Culture and Tourism services is currently under review, as part of the Culture, Sport and Leisure Review, led by the Head of Community Services.

5.2 The review is examining all areas of service delivery to enable the development of 21<sup>st</sup> century library services that are proactive and reflective of community needs with future emphasis being on services and not being limited to static buildings.

5.3 The review will identify a new business model for the future delivery of library services so that services are more efficient, focused and delivering to communities needs.

5.4 The next stages of the review will include consultations with members and the public to seek views on potential ways forward for the service which will inform the final outcomes.

## **6.0 CONCLUSION**

6.1 Libraries are committed to delivering a quality service and programme and to ensure performance is continuously reviewed.

6.2 Following the completion of the ongoing review all service planning and performance monitoring will be updated to reflect the outcomes and the future direction of the service.

## **7.0 RECOMMENDATIONS**

7.1 Members are requested to note the above for information and comment as appropriate.

# CHILDREN, YOUNG PEOPLE & LEARNING SCRUTINY COMMITTEE

## HASTING HILL PRIMARY SCHOOL – MONITORING INSPECTION

### REPORT OF THE EXECUTIVE DIRECTOR CHILDRENS SERVICES 12 JANUARY 2012

#### 1. Purpose of the Report

- 1.1 To provide Members with an update on the progress of Hasting Hill Primary School following the school being placed in special measures after an inspection in March 2011.

#### 2. Background Information

- 2.1 The inspection, conducted on 28 and 29 November 2011, was the second monitoring inspection since the school became subject to special measures following the inspection which took place in March 2011.
- 2.2 The inspection report was published on the Ofsted website on 20 December 2011 and is attached at appendix 1 of this report.

#### 3. Current Position

- 3.1 A verbal update will be given by officers from Children's Services in relation to this inspection report and the progress the school has made since entering special measures in March 2011.

#### 4. Recommendations

- 4.1 To consider the Section 8 inspection report for Hasting Hill Primary School.

#### 5. Background Papers

Ofsted – Section 8 inspection report (Hasting Hill Primary School)

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30 November 2011

Miss Jill Brown  
Headteacher  
Hasting Hill Primary School  
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Sunderland  
Tyne and Wear  
SR3 4LY

Dear Miss Brown

### **Special measures: monitoring inspection of Hasting Hill Primary School**

Following my visit to your school on 28 and 29 November 2011, I write on behalf of Her Majesty's Chief Inspector of Education, Children's Services and Skills to confirm the inspection findings.

The inspection was the second monitoring inspection since the school became subject to special measures following the inspection which took place in March 2011. The full list of the areas for improvement which were identified during that inspection is set out in the annex to this letter. The monitoring inspection report is attached and the main judgements are set out below.

Progress since being subject to special measures – inadequate

Progress since previous monitoring inspection – inadequate

Newly Qualified Teachers may not be appointed.

This letter and monitoring inspection report will be posted on the Ofsted website. I am copying this letter and the monitoring inspection report to the Secretary of State, the Chair of the Governing Body and the Executive Director for Children, Schools and Families for Sunderland.

Yours sincerely

Tom Grieveson  
**Her Majesty's Inspector**

September 2011



INVESTOR IN PEOPLE

## Annex

### **The areas for improvement identified during the inspection which took place in March 2011**

- Accelerate the rate of pupils' progress and improve their achievement by:
  - raising the expectations of what all pupils can achieve
  - providing the most-able pupils and those with special educational needs and/or disabilities with activities which are closely matched to their abilities
  - providing more opportunities for pupils to apply their mathematical skills to solve problems
  - improving pupils' attendance.
  
- Improve the quality of teaching, learning, support and intervention by:
  - ensuring that assessment information is used systematically to identify need and plan learning
  - increasing the pace of learning to increase pupils' level of engagement
  - ensuring pupils receive clear guidance through marking and feedback on how to improve their work.
  
- Ensure that leaders and managers at all levels have greater impact on the school's effectiveness by:
  - ensuring that the governing body fulfils all statutory responsibilities and holds the school to account by using performance data rigorously to monitor and challenge its work
  - ensuring that all safeguarding requirements are fully met
  - increasing the rigour of the systems used to monitor teaching and learning so that there is a well-established cycle that includes clear feedback and support to develop the quality of teaching
  - developing a well-planned curriculum that meets the needs of individuals and groups
  - using data analytically to monitor the progress of pupils.
  
- Accelerate the progress of children in the Early Years Foundation Stage by:
  - providing a wider range of interesting, exciting and challenging activities, particularly outdoors
  - ensuring adults use assessment information effectively to plan the next step in each child's learning
  - implementing a robust action plan to eradicate weaknesses in provision.

## **Special measures: monitoring of Hasting Hill Primary School**

### **Report from the second monitoring inspection on 28 and 29 November 2011**

#### **Evidence**

The inspector observed the school's work, scrutinised documents and met with pupils, the headteacher and temporary executive headteacher, middle leaders, teachers, the Chair and vice-Chair of the Governing Body, the parents' representative, an officer from the local authority and the National Leader in Education who is supporting the work of the school.

#### **Context**

At the previous monitoring inspection, the school's deputy headteacher was acting headteacher. She returned to her substantive post in early September 2011 and is now teaching a Year 5/6 class covering the absence of the class teacher. A highly experienced former headteacher was appointed as temporary executive headteacher in September 2011 and he will remain in post until the end of this term when the position will be reviewed. The substantive headteacher returned to her post at the end of October 2011 following a 12-month period of maternity leave. A National Leader in Education from Town End Primary Academy and her staff are working to support the school's improvement.

#### **Pupils' achievement and the extent to which they enjoy their learning**

Published results from the 2011 national tests and assessments confirm that attainment is low at Key Stages 1 and 2 and pupils make inadequate progress, particularly in English. At Key Stage 1, pupils' scores declined in reading, writing and mathematics compared to the previous year. Few pupils reached the higher Level 3. At Key Stage 2, pupils' attainment declined sharply in English and mathematics compared to the most recent published scores in 2009. Relatively few reached the higher Level 5. Girls outperformed boys at Key Stage 1. At Key Stage 2, girls' attainment was higher than boys at Level 4 but boys did better at Level 5 in mathematics. Those pupils known to be eligible for free school meals and those with special educational needs and/or disabilities had low scores at Key Stage 1. At Key Stage 2, pupils with special educational needs and/or disabilities showed weak performance in English. Those pupils known to be eligible for free school meals performed particularly well in mathematics.

The school has recently conducted a series of tests and assessments in English and mathematics for all pupils. Results highlight marked differences in pupils' progress and attainment in different year groups and between subjects. While there are signs of improvement at Key Stage 1, there is significant underachievement at Key Stage 2 in subjects and between groups of pupils. The absence of formative school-wide assessment practice results in some teachers lacking an incisive understanding of what is required to drive pupils' learning and close the deficit in their knowledge and skills.

Progress since the last monitoring inspection on the areas for improvement:

- Accelerate the rate of pupils' progress and improve their achievement – inadequate

### **Other relevant pupil outcomes**

In lessons, the majority of pupils continue to behave well, enjoy school and have positive attitudes towards learning. They relate well to each other and are confident when working with their peers. Pupils continue to feel safe and consider that new safety measures at the entrance to the school make them feel more secure. They express confidence in staff to support them when difficulties arise. They enjoy the new rewards system and say that it encourages them to work hard. The continued focus on improving attendance is resulting in average levels this term, although differences between classes remain.

### **The effectiveness of provision**

All teachers were observed during the inspection. While there has been some improvement in teaching, too much remains satisfactory and not enough is good, particularly at Key Stage 2. Required changes in teaching quality to accelerate pupils' progress and sustain momentum are not happening quickly enough.

Teachers have adopted the school's revised lesson planning format. Objectives are clearly stated and, in most cases, a range of activities are planned for various groups of pupils. Too often, however, these activities, while they might be different, are not matched closely enough to pupils' needs and this is putting a brake on progress, particularly in parts of Key Stage 2. This occurs because the school lacks a system for conducting routine, on-going evaluations of pupils' learning. Consequently, when teachers are preparing lessons there is insufficient insight and up-to-date awareness of what pupils require so that learning can be driven forward at the pace required to close the substantial gaps in their knowledge and skills. At Key Stage 1, teachers are generally more adept at providing activities for pupils which do build on prior learning because their evaluations of pupils' on-going needs are more secure. While the outcomes of recent tests are helpful in identifying where pupils need to improve, they are not sufficient to support teachers to plan learning over time so that lesson activities can build progressively on pupils' achievements.

At Key Stage 1 and parts of Key Stage 2, teachers' time in lessons is mostly targeted to good effect to support groups and individuals based on their knowledge of where their input is most required. In some Key Stage 2 classes, while teachers are giving more thought to their role after the start of lessons, for some their impact in promoting learning is less pronounced because not enough thought has been given to which groups would benefit most from their involvement.

Teachers' marking is improving but lacks consistency. At best it is diagnostic, providing accurate feedback to pupils about how to correct errors in their work. However, the focus on

how pupils can improve is not routinely established in practice and remains an important task to be accomplished.

Work to improve the curriculum has not started.

Progress since the last monitoring inspection on the areas for improvement:

- Improve the quality of teaching, learning, support and intervention – inadequate

### **The effectiveness of leadership and management**

The appointment of the temporary executive headteacher has brought much needed strategic capacity to the work of the school. There is now a forthright recognition of the school's strengths and weaknesses and monitoring systems are becoming established. These are contributing directly to staff's understanding of where improvement is required and underline the executive headteacher's determination to ensure there is a shared accountability and responsibility for improvement. Nonetheless, his involvement is relatively recent and there has been insufficient time to accelerate the pace of change necessary to catch up with the planned cycle of actions. Actions taken during the summer term to tackle the school's weaknesses were mostly ineffective and have resulted in too much slippage against the action plan. Some important actions, including the remodelling of the curriculum, have not been started.

The impact of other leaders on school improvement has been variable. While there are some well-intended actions and much effort, for example, to improve pupils' attainment in mathematics and to augment provision for those with special educational needs and/or disabilities, the impact of other initiatives is limited. Consequently, the school has not progressed as far as it should and remains too reliant on external support.

The executive headteacher has ensured that governors are better informed about the school's progress and is welcoming of their greater involvement and the sharper challenge this represents. They have benefited from bespoke training. This has given them a clearer understanding of their roles and the better flow of information is helping them to establish a clearer understanding of the school's performance. The appointment of additional governors to broaden their capacity is well timed. Safeguarding matters have been addressed satisfactorily.

Progress since the last monitoring inspection on the areas for improvement:

- Ensure that leaders and managers at all levels have greater impact on the school's effectiveness – inadequate

### **Early Years Foundation Stage:**

Better coordination in both Nursery and Reception in the way staff plan and deliver learning shows notable improvement. Adult roles in supporting children's learning are carefully planned, when directing activities and in supporting those originating from the child's

interests. Each aspect of the Early Years Foundation Stage curriculum is planned for in detail and coupled to diagnostic, daily evaluations of children's progress, which in turn is informing further planned learning. These factors are contributing directly to the better progress being made by children. The outdoor space now provides a genuine extension to the indoor areas and is treated as an integral resource. The coordinated usage of the outdoor facilities between Nursery and Reception is clear and has become embedded so that learning opportunities are being maximised to a far greater extent than previously. The need to consolidate and build on these gains is well understood by the Early Years Foundation Stage leader and staff.

Progress since the last monitoring inspection on the areas for improvement:

- Accelerate the progress of children in the Early Years Foundation Stage – satisfactory

### **External support**

The school continues to benefit from well-matched support from the temporary executive headteacher, the local authority and from the National Leader in Education and her school. Local authority evaluations are accurate and insightful. The mapping of progress and slippage against planned actions is based on a thorough knowledge of the school's performance. The school remains overly dependent on these external sources for support and guidance. The executive headteacher's temporary role in supporting capacity building within the school will be reaffirmed by governors and the local authority prior to the end of term.

# **CHILDREN, YOUNG PEOPLE & 12 January 2012 LEARNING SCRUTINY COMMITTEE**

## **WORK PROGRAMME 2011-12**

### **REPORT OF THE CHIEF EXECUTIVE**

#### **1. Purpose of Report**

- 1.1 The report attaches, for Members' information, the current work programme for the Committee's work during the 2011-12 Council year.
- 1.2 The work of the Committee in delivering its work programme will support the Council in achieving its Strategic Priorities.

#### **2. Background**

- 2.1 The work programme is a working document which the Committee can develop throughout the year. As a living document the work programme allows Members and Officers to maintain an overview of work planned and undertaken during the Council year.

#### **3. Current position**

- 3.1 The work programme reflects discussions that have taken place at the 8 December 2011 Scrutiny Committee meeting. The current work programme is attached as an appendix to this report.

#### **4. Conclusion**

- 4.1 The work programme developed from the meeting will form a flexible mechanism for managing the work of the Committee in 2011-12.

#### **5 Recommendation**

- 5.1 That Members note the information contained in the work programme.

#### **6. Glossary**

n/a

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CHILDREN, YOUNG PEOPLE & LEARNING SCRUTINY COMMITTEE WORK PROGRAMME 2011-12

	JUNE 9.6.11	JULY 21.7.11	SEPTEMBER 8.9.11	OCTOBER 20.10.11	DECEMBER 8.12.11	DECEMBER 14.12.11	JANUARY 12.1.12	FEBRUARY 23.2.12	APRIL 5.4.12
<b>Cabinet Referrals and Responses</b>		Article 4: Youth Justice Plan 2011/12 (JH/GK)	Cabinet Response to 2010/11 Policy Review – Learning at Work (NC)  Article 4: CYPP Annual Report			Evidence Gathering Meeting			Article 4: CYPP Update
<b>Policy Review</b>	Proposals for policy review (NC)	Scope of review (NC)	Approach to the Review (NC)	Update on Policy Review (NC)	Policy Review – Update  Expert Jury Event		Policy Review	Policy Review – Update	Policy Review – Draft Report
<b>Performance</b>	Looked After Children and the Court System (MB)  Youth Commissioned Contracts (SM)	Schools Performance - Termly Report (MF)  Breaks for Carers of Disabled Children (KP)	Provisional KS Results (MF/AB)  Performance & VfM Annual Report (BS)  Monitoring of Scrutiny Recommendations (NC)	Complaints Annual Report 11/12 (BS)  SSCB Annual Report and Business Plan (JV)  New Ofsted Inspection Framework (MF)	Ofsted Annual Children's Services Assessment (BS)  Performance Q2 April – Sept (BS)  Admissions Report  Fixed Penalty Notices (MF)		Review of Acute Special Paediatric Service (LT)  Outcomes from Unannounced Inspection  Early Intervention Core Offer  Library Plan (JH)	Attainment of C&YP (MF)  Outcomes of Annual Inspection of Children's Services (ofsted) (BS)  Education Act 2011  Schools Performance – Termly Report (MF)	Schools Performance – Termly Report (MF)
<b>Scrutiny</b>	Work Programme 2011/12 (NC)  Forward Plan (NC)  Safe & Sustainable Consultation: Children's Heart Services (NC)	Work Programme 2011/12 (NC)  Forward Plan (NC)	Work Programme 2011/12 (NC)  Forward Plan (NC)	Work Programme 2011/12 (NC)  Forward Plan (NC)	Work Programme 2011/12 (NC)  Forward Plan (NC)		Hasting Hill Primary School – Monitoring Report  Work Programme 2011/12 (NC)  Forward Plan (NC)	Corporate Parenting Annual Report (MB)  Work Programme 2011/12 (NC)  Forward Plan (NC)	Scrutiny Annual Report (NC)  Work Programme 2011/12 (NC)  Forward Plan (NC)
<b>CCFA/Members items/Petitions</b>									

To be scheduled: Behaviour & Attendance Strategy  
School Place Planning  
Contact, Referral and Assessment Arrangements – Action Plan



**FORWARD PLAN – KEY DECISIONS FOR THE  
PERIOD 1 JANUARY 2012 – 30 APRIL 2012**

**REPORT OF THE CHIEF EXECUTIVE**

**12 JANUARY 2012**

**1. Purpose of the Report**

- 1.1 To provide Members with an opportunity to consider those items on the Executive's Forward Plan for the period 1 January 2012 – 30 April 2012 which relate to the Children, Young People and Learning Scrutiny Committee.

**2. Background Information**

- 2.1 Holding the Executive to account is one of the main functions of Scrutiny. One of the ways that this can be achieved is by considering the forthcoming decisions of the Executive (as outlined in the Forward Plan) and deciding whether Scrutiny can add value in advance of the decision being made. This does not negate Non-Executive Members ability to call-in a decision after it has been made.
- 2.2 To this end, it has been agreed that the most recent version of the Executive's Forward Plan should be included on the agenda of this Committee. The Forward Plan for the period 1 January 2012 – 30 April 2012 is attached marked **Appendix 1**.

**3. Current Position**

- 3.1 In considering the Forward Plan, Members are asked to consider only those issues which are under the remit of the Children, Young People and Learning Scrutiny Committee. These are as follows:-

*Children & Young People's Plan Outcomes: Be Healthy; Stay Safe; Enjoy and Achieve; Positive Contribution; Achieve Well-Being and Adult Learning, Libraries, Youth Justice and Economic Well-Being*

- 3.2 In the event of Members having any queries that cannot be dealt with directly in the meeting, a response will be sought from the relevant Directorate.

**4. Recommendations**

- 4.1 Members are asked to note that there are no items in the current Forward Plan relating to the remit of this Committee.

## 5. Background Papers

There were no background papers used in the preparation of this report.

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