

CHILDREN, EDUCATION AND SKILLS SCRUTINY COMMITTEE

AGENDA

**Meeting to be held in the Civic Centre (Committee Room No. 1) on
Thursday 2nd March, 2017 at 5.30 p.m.**

Membership

Cllr Beck, Bell, Francis (Vice-Chairman), Hunt, Jackson, F. Miller, O'Neil, Scullion, P. Smith (Chairman), Stewart, M. Turton and Tye

Coopted Members – Mrs A Blakey, Ms R Elliott and Mr S Williamson

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Part A – Cabinet Referrals and Responses

No Items

Contact: Joanne Stewart, Principal Governance Services Officer Tel: 561 1059
Email: joanne.stewart@sunderland.gov.uk

Information contained in this agenda can be made available in other languages and formats on request

Part B – Scrutiny Business

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E. WAUGH,
Head of Law and Governance,
Civic Centre,
SUNDERLAND.

22nd February, 2017.

Item 2

At a meeting of the CHILDREN, EDUCATION AND SKILLS SCRUTINY COMMITTEE held in COMMITTEE ROOM 1 of the CIVIC CENTRE, SUNDERLAND on THURSDAY 2nd FEBRUARY, 2017 at 5.30 p.m.

Present:-

Councillor Smith in the Chair

Councillors Beck, Bell, Francis, Hunt, Jackson, F. Miller, O'Neil, Stewart and Tye together with Ms. A. Blakey and Mr. S. Williamson.

Councillor N. Wright – Chairman of the Scrutiny Coordinating Committee

Councillor D.E. Snowden – Vice-Chairman of Scrutiny Coordinating Committee

Councillor Hodson - Observing

Also in attendance:-

Mr. Dane Bainbridge, Sunderland Youth Parliament

Ms. Karen Brown, Scrutiny and Members Services Coordinator

Mr. James Diamond, Scrutiny Officer

Mr. David Gallagher, Chief Officer, Sunderland CCG

Mr. Ian Holliday, Head of Reform and Joint Commissioning

Mr. Mark Knowles, Directorate Manager, Children & Young People's Service

Ms. Lisa Quinn, Executive Director of Commissioning and Quality Assurance

Mr. Ryan Parker, Youth Almighty Project

Mr. Ben Pescod, Youth Almighty Project

Mr. Josh Potter, Youth Almighty Project

Ms. Jacqui Reeves, Washington MIND

Mr. Carl Sketchley, CAMHS Clinical Lead

Ms. Janette Sherratt, Joint Commissioning Manager, Children

Ms. Joanne Stewart, Principal Governance Services Officer

Mr. Toby Sweet, Chief Executive, Sunderland Counselling Service

Mr. Seb Watts, Youth Almighty Project

Ms. Angela Wilson, Washington MIND

Mr. Jack Wilson, Sunderland Youth Parliament

Apologies for Absence

Apologies for absence were submitted on behalf of Councillor M. Turton and on behalf of Ms. R. Elliott and Mr. Alex Hopkins, Director of Children's Services

Minutes of the last ordinary meeting of the Children, Education and Skills Scrutiny Committee held on 5th January, 2017

1. RESOLVED that the minutes of the of the last ordinary meeting of the Children, Education and Skills Scrutiny Committee held on 5th January, 2017 (copy circulated), be confirmed and signed as a correct record..

Declarations of Interest (including Whipping Declarations)

Item 4 – Child and Adolescent Mental Health Services (CAMHS) – Progress Report

Councillors D.E. Snowden and N. Wright made an open declaration in the item as patrons of Washington MIND.

Children and Adolescent Mental Health Services (CAMHS) – Progress Report

The Sunderland Clinical Commissioning Group submitted a report (copy circulated) which provided the Committee with an overview of Child and Adolescent Mental Health Service (CAMHS) provision and performance in Sunderland.

(for copy report – see original minutes)

Ms. Janette Sherratt, Joint Commissioning Manager, Children and Mr. Ian Holliday, Head of Reform and Joint Commissioning, presented the report advising that they intended to attend the meeting of the Committee in March to discuss the refreshed CAMHS Transformational Plan and work programme for the year ahead and that at this meeting it was intended to focus upon the CAMHS service, with each provider giving a brief presentation on the history of their services, a description of the kinds of services they provided and an indication of the numbers accessing those services.

Ms Sherratt advised that recently NHS England had published a number of key metrics against which CAMHS Provision/Transformation would be measured. Sunderland was performing well across all key metrics, and Ms. Sherratt advised that they were already at 29.66% for the total number of children and young people commencing treatment, with the target set at increasing from 28% in 2016/17 to 35% by 2020/21. Sunderland were also already at 100% for the number of young people with an eating disorder who received treatment within 4 weeks, if routine, and 1 week, if urgent.

Councillor Smith referred to paragraph 2.6 and the evidence for the rising need in key groups, such as the increasing rates of young women with emotional problems and the increasing numbers of young people presenting with self-harm and asked if figures were available. Ms. Sherratt advised that it would be public health who held those numbers and Mr. Diamond agreed to contact Ms. Gillian Gibson, Director of Public Health for the information and circulate it to Members of the Committee.

Councillor Stewart referred to the presentations the Committee were about to receive from providers and asked if they could indicate as to how they determined whether their services had been successful as part of their presentation, which they agreed to.

The Committee then received presentations from each of the commissioned services, as follows:-

- Washington MIND – Jacqui Reeves and Angela Wilson;
- Sunderland Counselling Service – Toby Sweeting;
- Community CAMHS – Carl Sketchley; and

- Sunderland Children and Young People's Community Services (CYPS) – Mark Knowles.

Ms. Blakey advised that she had been in attendance at Headteacher briefings where the Washington MIND providers had been and had always been very impressed. She asked if there was any chance of the project being rolled out across the city and to offer training and presentations to agencies in the private sector also? Ms. Reeves advised that the Understanding Self-harm Project had received funding from the Washington Area Committee and had therefore been provided in partnership for the Washington Area alone and they could not really say what would happen with the project in the future. They advised that when a project was deemed to have been a success they did try to identify funding, especially when they had the evidence to base the success upon, and agreed that they would much prefer to be able to run the project citywide. In relation to providing training they advised that if other pots of funding were identified then they could look to provide similar training elsewhere in and around the city.

Mr. Williamson asked the providers from Washington MIND if they deemed themselves to be experts in their fields, to which they agreed they would. He then asked, in their expert opinion, if the reduction in youth services funding that was planned would have a detrimental effect on young people in the city, and if they felt it would, why? Ms. Reeves replied absolutely yes, undoubtedly the removal of funding would impact on young people in the city in a huge way. They commented that young people in the city all needed to be able to engage in a meaningful way on their own terms and that for example, those who did not enjoy school needed external interactions to be able to do this, which they could lose with the removal of youth services.

In response to a further question, Ms. Reeves advised that she was not saying that youth provision replaced the Mental Health Support offered for young people but that there could be some young people who would go through the youth providers for support and sometimes the interaction and support the young person would receive through the particular youth service would stop the young person being referred on through another service as their issues had been dealt with at an early intervention. Therefore, they felt that in removing funding and resources from the 'bottom', that this could only impact on issues further up the support chain for young people.

Councillor Wright felt that this was an opportune time for her to convey the concerns of the overarching Scrutiny Coordinating Committee and that they were clearly elucidated and very concerned over the future provision of youth services in the city. She referred to the last meeting of the full Council which had seen the public gallery filled with young people whom Councillor Tye had submitted a petition to Council on behalf of. Members were aware of the knock on effects the removal of funding would have and how this would lead to further difficulties for young people and that the whole of youth services provision was being reassessed in light of this.

Councillor Jackson asked Mr. Sweeting, Sunderland Counselling Service, how systemic practices were valued in context with other professions and he advised that the service did not have therapists trained in this area as yet. Mr. Sketchley, Community CAMHS, advised that there were a number of specific interventions which were felt to be most effective with families and systemic practice was one of those and that there was more training being provided around the service. He advised that when the service met with a young person they would identify them as a

family and look at the best way for services to work with the family and young person and other agencies, including their school, etc. He advised that all services would look to have foundation level training in the practice where necessary but that it was certainly recognised that there was a strong evidence base for it and it was part of the 'menu' of services that could be provided if relevant.

In response to an earlier question from Councillor Francis, regarding assurances that young people did not 'slip through the net', Mr. Sketchley advised that he hoped through the collective presentations it was shown that providers worked collectively to ensure that the key practice and approach was to ensure that this did not occur. Mr. Sketchley advised that services were seeing an increase in demand and that there were multi factors for this but that they were working to meet the needs of individuals in the most timely way they could. The average waiting time was seven weeks to screen every referral but that if it was an urgent case then they would be seen much sooner than this. He advised that they were not comfortable with a seven week wait and that the service were looking to improve on this further but that they compared this with the local and national averages to identify that they were performing really quite well.

Councillor Pat Smith referred to the changes made in relation to the Strengthening Families Panel and Mr. Sketchley advised that the idea of the child, young person's and family's needs being identified and a collaborative response as to how to best meet their needs being set out was a good thing. In many areas CAMHS was a separate service so the opportunity to work together with other agencies to look in detail at the needs of a young person and family was a practice which other services aspire to model. He felt that the model of practice was good with the resource available to them but that it could look to work much better if more resources were available.

In response to a query from Mr. Williamson around comparing favourably on a regional and national basis with an average after referral of seven weeks and if this was the 2016/17 data and the maximum wait, Mr. Sketchley advised that he could only give anecdotal data but that he had spent enough time looking at the data to know this. He advised that it was not uncommon in other areas for there to be a wait of up to 6 to 12 months and that there had been an 18 week target set which was beyond the capacity of a lot of other agencies, so seven weeks was a massive undercut for the service.

Mr. Williamson went on further to state that it was disappointing that twice the Committee had been advised that the CAMHS compared favourably on a regional and national basis but that this had not been backed up with further detail. The Committee were faced today with looking at the value of the commissioned services being provided and one of those issues was looking at the value of CAMHS and whether it was worth continuing to commission their service and provide funding for it. He commented that the Committee needed to see the facts before them as to how Sunderland compared against national benchmarks and evidence that no child waited more than seven weeks following a referral as claimed. Mr. Sketchley commented that the exact information was not in front of him at the present time but that it was readily available and could be circulated to the Committee through Ms. Sherratt.

Councillor Wright thanked providers for their presentations and commented that it was evident that they worked very hard and should be commended for the services

they continue to provide. She commented that she understood that there had been a lot of changes around service provision and CAMHS had moved on and improved since the last review of the service had been undertaken.

Councillor Wright went on to query if the 18 week target was being met every time and referred to a particular incident she had been made aware of where this had most definitely not been the case and the individual had been deterred by their GP from being referred to CAMHS because waiting times were sitting at around the one year mark, yet Members continued to be told that the service were comparing favourably both regionally and nationally. She commented that the measuring of the service against others came second to her main concern, which was the reputation of Sunderland services and knowing that individuals accessing the service were being given the best. It was obviously unacceptable if young people were not being able to access the services in a timely manner.

Mr. Gallagher, Sunderland CCG, referred to the specific incident the Councillor had referred to and was appalled that this was the way in which the individual had been advised and asked if the personal details around that individual could be shared outside of the meeting so that he may follow that up, with their agreement.

Councillor Tye had a number of comments and questions specifically of CAMHS, namely:-

- did the service feel that they were able to cope with the current levels of demand on them?;
- the waiting times had been recognised as not being acceptable, so what was in place to deal with this? Was there an emergency action plan to address the issue?;
- that he was sceptical of the waiting times following referral as this was not a reflection of his own experiences in having dealt with the services and was not the information being provided by other professionals.

Mr. Sketchley commented that the figure of seven weeks for first contact following referral was absolutely accurate and that he was slightly offended to be questioned around its validity. He explained that there were a range of services and agencies accessing the CAMHS and that sometimes it could be the communications between the particular service that was accessing CAMHS.

With regards to whether the service feel they are able to cope with the demand for services put upon them, Mr. Sketchley advised that work had been undertaken to raise awareness of the services and provision available and that this, invariably, increased the level of referrals made and put more pressure on parts of the service. The services looked to promote themselves better so that agencies and partners were able to locate routes to mental health support and services should it be required, and more of the previously unmet need were coming through to the service.

Councillor Tye asked if the service providers had had frank and open discussions with the new Director of Children's Services, Mr. Alex Hopkins, around his views and expectations of the service and Ms. Sherratt advised that they had, and Mr. Hopkins had a real interest in the mental health support and was very interested in the CAMHS provision but more than that they had had discussions around the overall

wellbeing of children and young people and the strategic plan for the future provision.

Mr. Gallagher commented that the whole conversation around the provision of CAHMS demonstrated how complex the issue could be and how no one provider could offer both the physical and mental health services required, so it was all the more important that the focus was around how providers could work together to get the very best provision and levels of services for the residents of Sunderland.

Councillor Francis referred to the problems around the data regarding waiting times and asked if Committee Members could be provided with all of the detailed data including the range, mean, medium, mode and standard deviation of waiting times over the last twelve months, as sometimes how data was worked out could give a different view to what was being experienced, which it was agreed could be provided.

In relation to the CYPS Community Services, Councillor Tye related to three specific scenario's whereby young people had been in need of access to services and support and each had been dealt with in different ways; one through section 136 into the assessment suite, one through admittance to accident and emergency and the third who was dealt with at the scene by Northumbria Police and triaged by a local duty team. Mr. Knowles, CYPS, advised that the on street triage system had been a pilot scheme which they were pleased had given favourable outcomes. He explained that the challenge was around other services involved with young people who were showing high risk behaviours and commented that sometimes accident and emergency units and Northumbria Police were not equipped to deal with these issues. The Section 136 assessment suite was a safe place to take the young person but it did tend to be within an adult site, although this was an area being looked into. He also advised that Sunderland Royal Hospital had an individual in place with young person expertise who could be quickly on site to support any individual brought in through the accident and emergency unit and therefore, he would like to think in future the incidents Councillor Tye had referred to would not happen.

Mr. Williamson referred to the number of 'Did Not Arrive' (DNA's) experienced by services at their first and then subsequent appointments and commented that if Headteachers at the young person's school were advised of the appointments they could then look to work with the individual and family to ensure their attendance. Mr. Knowles advised that the service were working more closely with schools but that there were issues around confidentiality for the young person; as if they did not want other agencies to know they were accessing services, then they would need to respect that but on the whole it was a suggestion that could be taken on board.

Councillor Wright commented that she had seen the changes occurring in the services and the improvements that were being worked towards and congratulated Officers involved but understood that there was still further developments that needed to be made and raised a number of concerns following the information that had been presented to the Committee from the providers, including concerns over the registering of hospital beds nationally; the pressure on voluntary services, which young people who self harm may look to for support rather than statutory services; young people with eating disorders which could be misdiagnosed; what the aftercare offer for young people following discharge from services was; how services were made accessible for hard to reach groups who may not access the usual referral

routes and what follow up was taken around DNA's? how many attempts are taken to engage with the young person following a DNA?

Mr. Holliday agreed with Councillor Wright in that the role of the voluntary sector was an important one and to allow young people to become fully engaged there needed to be a range of services and ways to access them for young people. Early intervention through other routes available would help divert some cases from being referred on further. He commented that there was always the feeling that there were too many young people at tier level three, which if there were more interventions available for the young person prior to this then the individual may not have been referred. There were concerns in the current climate that cuts to the lower level services would have an impact throughout.

Mr. Knowles commented that traditional services do not always engage with young people in the way that they prefer. A lot of young people would look straight to the internet for advice and support nowadays and services needed to get better at providing information and signposting and allowing the access of services in this way to better engage with young people. Ms. Sherratt commented that part of the transformation was to look towards cyber help and that this had already begun to be invested in.

In closing, Ms. Sherratt expressed that overall, it was about the bringing together of services and offering a range of options for universal needs and the right level of support to children and young people through a wide and varying range of services but that with the best will in the world there may always be some individuals who do not wish to engage with statutory services so it was about addressing how the whole system worked together to ensure that support and advice was always available. She reiterated that it was intended to bring a further update report back to this Committee in March, 2017 to seek Members views on the refreshed CAMHS Transformational Plan and work programme for the year ahead.

Members, having fully considered the report, and having no further questions, it was:-

2. RESOLVED that the report be received and noted and that a further report be submitted to the March meeting to seek Members views on the refreshed CAMHS Transformational Plan and work programme for the year ahead.

Notice of Key Decisions

The Head of Member Support and Community Partnerships submitted a report (copy circulated) providing Members with an opportunity to consider those items on the Executive's Notice of Key Decisions for the 28 day period from the 10 January, 2017.

(for copy report – see original minutes)

Members having fully considered the report, it was:-

3. RESOLVED that the Notice of Key Decisions be received and noted.

Annual Work Programme 2016/17

The Head of Member Support and Community Partnerships submitted a report (copy circulated) attaching for Members' information, the work programme for the Committee's work being undertaken for the 2016/17 council year.

(for copy report – see original minutes)

Mr. Diamond presented the report and invited comments and/or questions from Members.

Members having fully considered the report, it was:-

4. RESOLVED that the information contained in the Work Programme be received and noted.

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

(Signed) P. SMITH,
Chairman.

REPORT OF THE ACTING CONSULTANT IN PUBLIC HEALTH

UPDATE ON SUICIDE AND SELF-HARM IN SUNDERLAND

1. Purpose of Report

- 1.1. This report is to inform the Children, Education and Skills Scrutiny Committee of the current position in Sunderland regarding rates of suicide and self-harm and provide an overview of current and planned activity to improve outcomes.

2. Background

- 2.1. Suicide is a major issue for society, globally, nationally and locally and a leading cause of years of life lost. In 2015 there were 4,820 deaths from suicide in England, 247 deaths from suicide in the North East and 24 deaths from suicide in Sunderland.¹
- 2.2. In 2015 the North East had a suicide rate of 10.9 per 100,000 population, compared to a rate of 13.2 deaths per 100,000 population in 2014. Although this represents a welcome reduction of 17.5% the suicide rate in the North East is still the second highest of all English regions, after Yorkshire and The Humber which had a suicide rate of 11.6 per 100,000 population in 2015.²
- 2.3. Nationally the suicide rate in males decreased in 2015, whilst it increased in females. The suicide rate in females is at the highest level in a decade. Across all broad age groups the suicide rate for males was 3 times greater than that of females.³
- 2.4. Annual mortality statistics for England and Wales show that suicide continues to be a leading cause of death for some age groups.⁴ In 2015 suicide and injury or poisoning of undetermined intent was the leading cause of death for:
- boys and girls aged 5-19 years (16.9% of male deaths and 10.6% of female deaths)⁵;
 - males and females in the 20-34 years age group, accounting for 21.4% of deaths (24.5% males and 14.8% females);
 - males in the 35-49 years age group, accounting for 11.8% of deaths.
- 2.5. In 2012 the Department of Health published a national suicide prevention strategy for England,⁶ which identified two overarching objectives and six key areas for action. Local areas should use these six key areas for action to develop local suicide prevention action plans, to be monitored and delivered through a local suicide

¹ Office for National Statistics (2016) Statistical bulletin Suicides in the UK: 2015 registrations.

² Office for National Statistics (2016) Statistical bulletin Suicides in the UK: 2015 registrations.

³ Office for National Statistics (2016) Statistical bulletin Suicides in the UK: 2015 registrations

⁴ Office for National Statistics (2016) Statistical Bulletin: Deaths Registered in England and Wales (Series DR): 2015

⁵ From the ages of 10 -14 years the cause of death was intentional self-harm and for those aged 15 and over it was intentional self-harm and event of undetermined intent.

⁶ Department of Health (2012) Preventing Suicide in England: a cross government outcomes strategy to save lives

prevention action group. The overarching objectives of the national suicide prevention strategy were to achieve a reduction in the suicide rate in the general population in England, and provide better support for those bereaved or affected by suicide.

- 2.6. An annual progress report of the national suicide prevention strategy is published annually, the latest of which was published in January 2017. This progress report recommends increasing the focus on young people in educational settings, including colleges and universities, to raise awareness of suicide risk and mental wellbeing. It also highlights specific action to strengthen the national strategy:
- better and more consistent local planning and action by ensuring that every local area has a multi-agency suicide prevention plan in 2017, with agreed priorities and actions
 - better targeting of suicide prevention and help seeking in high risk groups such as middle-aged men, those in places of custody/detention or in contact with the criminal justice system and with mental health services
 - improving data at national and local level and how this data is used to help take action and target efforts more accurately
 - improving responses to bereavement by suicide and support services
 - expanding the scope of the National Strategy to include self-harm prevention in its own right.
- 2.7. Public Health undertakes an annual suicide audit as recommended in national guidance. The findings of the audit should be used to inform local priorities for suicide prevention.
- 2.8. Self-harm is a key risk factor for suicide. It has been shown that at least half of people who die by suicide will have engaged in self-harm at some stage in their lives, often shortly before death. The risk of suicide following self-harm is as much as 60-100 times the risk of suicide in the general population, in the first year after self-harm.⁷

3. Local Context

Nationally Published Suicide Data

- 3.1. Data published by the Office for National Statistics shows that the suicide rate in Sunderland is declining, following a period when it had been increasing. The reported 3 year aggregated rate for Sunderland is now lower than the rate reported for England and the North East.
- 3.2. In 2013-2015 the suicide rate in Sunderland was 10.0 per 100,000 population. For the same period the rate was 10.1 per 100,000 in England and 12.4 per 100,000 in the North East.

⁷ Department of Health (2014) Annual Report of the Chief Medical Officer 2013. Public Mental Health Priorities: investing in the evidence.

Figure 1: Age-standardised suicide rates per 100,000 population, rolling three year aggregates, Sunderland compared to England

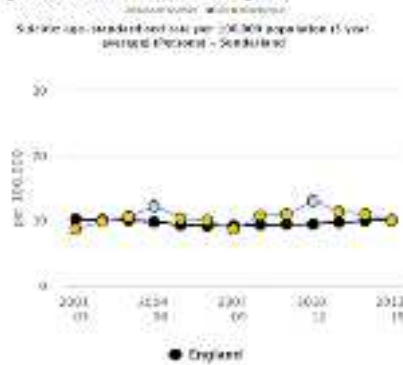
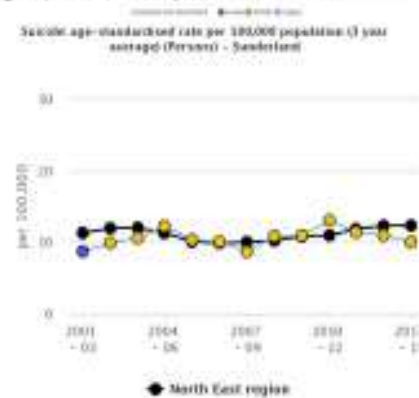


Figure 2: Age-standardised suicide rates per 100,000 population, rolling three year aggregates, Sunderland compared to North East



- 3.3. The rate of male suicides in Sunderland has decreased, from 18.7 per 100,000 population in 2012-14 to 17.2 per 100,000 population in 2013-2015. (NB data is not available for female suicides as data is suppressed due to small numbers).
- 3.4. The annual suicide audit provides data collected from records of HM Coroner in Sunderland. It does not include records for Sunderland residents where the inquest was conducted through a different coroner's office. The audit report for 2013-2015 is based upon 62 records.

Local Suicide Audit Data

- 3.5. In 2016 officers from the local authority accessed records at HM Coroner's Office in Sunderland, for deaths from suicide registered in 2015. The data has been used, alongside data from previous audits, to present an overarching audit of suicides and undetermined deaths in Sunderland for the period 2013-2015. Over this period 62 deaths were registered within this category.
- 3.6. Analysis of the local suicide audit data showed that 85% were male, and that 28% of male deaths occurred in the 35-44 age group and 56% of female deaths in the 45-54 age group.
- 3.7. Hendon ward had the greatest number of deaths from suicide (by area of residence), followed by Pallion and Sandhill ward. Together they accounted for 29% of all deaths from suicide. At a locality level Sunderland East had the greatest number of suicides, by event (28%) and area of residence (29%).
- 3.8. Data was analysed to show the breakdown of individual risk factors:
 - 70% were single, divorced, separated or widowed – the greatest risk factor was being single (40%)
 - 28% were married, cohabiting or in a common-law relationship
 - 45% lived alone and 31% lived with a partner (with or without children)
 - 40% were employed, 24% were retired and 23% were unemployed
 - 80% of those employed were in unskilled or semi-skilled employment
 - 48% had a mental health diagnosis
 - 40% had substance misuse problems (of these 40% had an alcohol problem, 32% had a drug problem and 28% had a drug and alcohol problem)

- 27% had a dual diagnosis of substance misuse and a mental health issue
- 42% had previously self-harmed
- 35% had previously attempted suicide
- 29% had experienced family / relationship breakdown
- 11% had been bereaved.

3.9. Analysis of contact by service type showed a significant proportion of people had contact with primary care services, 26% in the week before death and 58% in the 3 months prior to death. Mental health services had contact with 48% of people, 10% in the week before death. A fifth of people had made contact with Accident and Emergency in the 3 months prior to death.

Suicide Prevention

3.10. The local suicide prevention group continues to meet, and in 2017 Sunderland takes on the rotating responsibility for chairing the sub-regional suicide prevention group.

3.11. Recent activity which has taken place locally with the aim of reducing the number of suicides includes:

- the new Samaritan signs with a Freephone and text number now erected on the Wearmouth and Queen Alexandra bridges
- NTW Mental Health Trust delivered suicide prevention training for primary care staff as part of a Time In Time Out session in December 2016, with over 80 staff in attendance
- community based suicide prevention training recommissioned for 4 years
- suicide prevention campaign – Sunderland Stands Together – developed and due to be launched, with a webpage and literature
- Initial Response Service and welfare rights working together closely to share information about individuals as appropriate, to provide targeted support
- positive media coverage in the Sunderland Echo on the lead up to Christmas in partnership with Washington Mind – 12 days of Christmas
- work developing to secure funding for ‘building resilience through sport’, which will target men in the at risk age group.

4. Local Context: Self-harm

4.1. Rates of self-harm are monitored nationally through emergency hospital admission data and have not been updated since the last report in March 2016. The available data shows that for all ages hospital admissions due to self-harm in Sunderland are the lowest in the North East and lower than for England. The rate in Sunderland is 168.7 per 100,000 population, compared to 240.2 in the North East and 191.4 in England.

4.2. Nationally rates of self-harm are higher in young people aged 10 – 24 years, a trend that is reflected in Sunderland. Previously self-harm data for young people was reported on a 3 year aggregated basis, but it is now reported annually. The latest data available shows that in 2014/15 the rate of self-harm in young people is declining nationally and locally. The rate of self-harm in Sunderland amongst 10-24 year olds in 2014/15 was 497.3 per 100,000 population, compared to 616.3 per 100,000 population in 2012/13. The current rate, which represents 245 admissions,

is similar to the North East rate (477.7 per 100,000 population) but worse than the rate for England (398.8).

- 4.3. As reported previously Hospital Episode Statistics data for Sunderland for the period 2011/12 – 2013/14 showed that at a locality level the average rates of emergency hospital admissions due to self-harm were highest in Sunderland East and Sunderland North, but also in Washington North. The rates were particularly high in the Hendon ward, where it was over twice the Sunderland average. People living in the Hendon, Redhill, St Peters, Southwick and Washington North wards were at increased risk of self-harm.
- 4.4. Whilst the Hospital Episode Statistics data has not been refreshed, as it is not data made available routinely, modelled data (standardised admission ratios) are available at a locality level for 2010/11 – 2014/15 through Local Health for all ages. This data shows that Hendon ward had almost 3.5 times more hospital admissions for self-harm compared to Sunderland and the wards of Southwick, Redhill and Castle were at least double the number of hospital admissions than the Sunderland average.
- 4.5. In October 2016 Washington Mind were funded through Washington Area Committee to deliver a self-harm project for 12 months. The project is focused around young people, parents and professionals. Strong links have been formed with the four secondary schools in the Washington Area and amongst the ongoing work the Project Co-ordinators are delivering information in school assemblies and Personal, Social, Health and Education (PSHE) lessons and school staff are taking part in Understanding Self-Harm training. Parents' groups are being held to raise awareness of self-harm and provide safe and supportive information and a closed page has been set up on Facebook to provide continued support. In order to remain aware of current emotional difficulties and 'trends' around self-harm the Project Co-ordinators are also working therapeutically with a caseload of young people. Work will continue to progress in a spirit of collaboration with the needs of the young people being at the heart of the work.
- 4.6. The children's mental health service is now working alongside the 24/7 adult psychiatric liaison service to provide extended hours of contact within City Hospitals Sunderland. Provision is now available for children 7 days a week, until 10pm at night, and opportunities are being considered to extend this further. This ensures children who attend Accident and Emergency and need to have contact with mental health services do so in most cases. Where the children services are not available the adult psychiatric liaison service would provide support, and then transfer back to children's services.

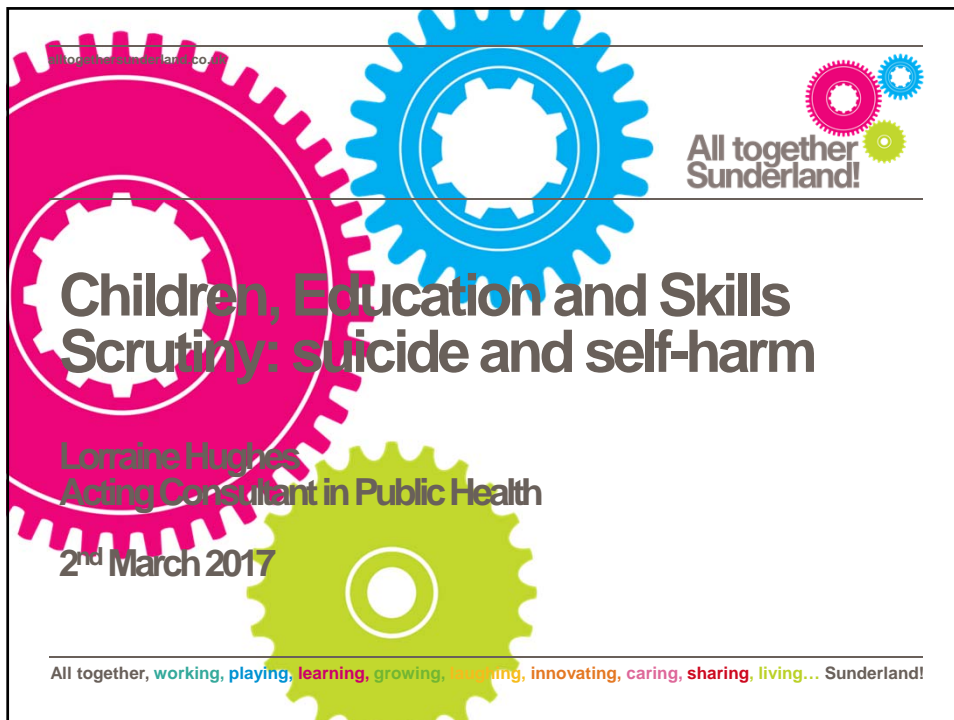
5 Conclusions

- 5.1 The importance of reducing rates of suicide and self-harm continues to be highlighted nationally, and recognised and supported in Sunderland. Progress is being made and rates of suicide and self-harm are declining, although there continues to be variation within Sunderland. The impact of the availability of comprehensive, high quality mental health services and a co-ordinated approach to suicide prevention should be recognised.

6 Recommendations

The Scrutiny Committee is recommended to:

- (a) Approve the contents of the report.
- (b) Consider the content of the report, to identify further opportunities to support suicide prevention and reduce rates of self-harm across Sunderland.



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Children, Education and Skills Scrutiny: suicide and self-harm

Lorraine Hughes
Acting Consultant in Public Health

2nd March 2017

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Purpose

AIM
Update the Children, Education and Skills Scrutiny Committee on
Suicide and Self-Harm

OBJECTIVES

- Understand the global, national and local challenge of suicide prevention
- Describe the national policy context
- Develop an understanding of national and local data

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Suicide Prevention – a global and local challenge

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- Suicide prevention is a global public health priority –over 800,000 people lose their lives to suicide every year
- Many more people attempt suicide every year – a previous suicide attempt remains one of the most significant risk factors for suicide
- Suicide happens across the life course – globally one of the leading causes of death of young people aged 15-29
- In 2015 there were:
 - 6,188 deaths from suicide in the UK
 - 4,820 deaths from suicide in England
 - 247 deaths from suicide in the North East
 - 24 deaths from suicide in Sunderland

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Suicide

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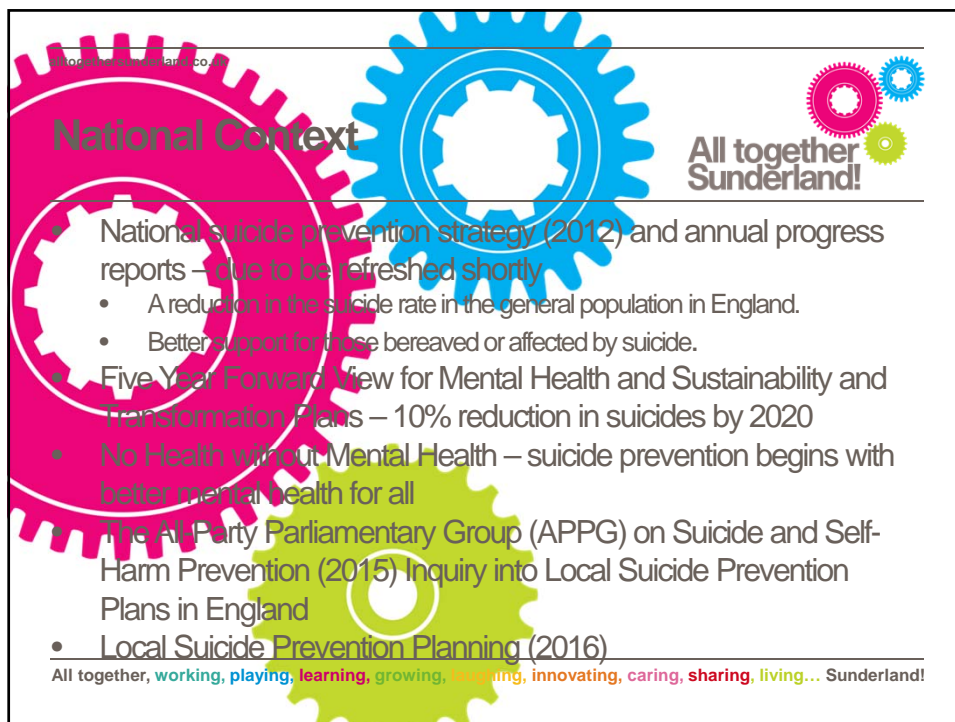
'... includes all deaths from intentional self-harm for persons aged 10 and over, and deaths where the intent was undetermined for those aged 15 and over.'

In England 13 people take their own lives every day

For every person who dies as a result of suicide at least **10** people are affected

Economic cost for each person of working age - **£1.67 million**

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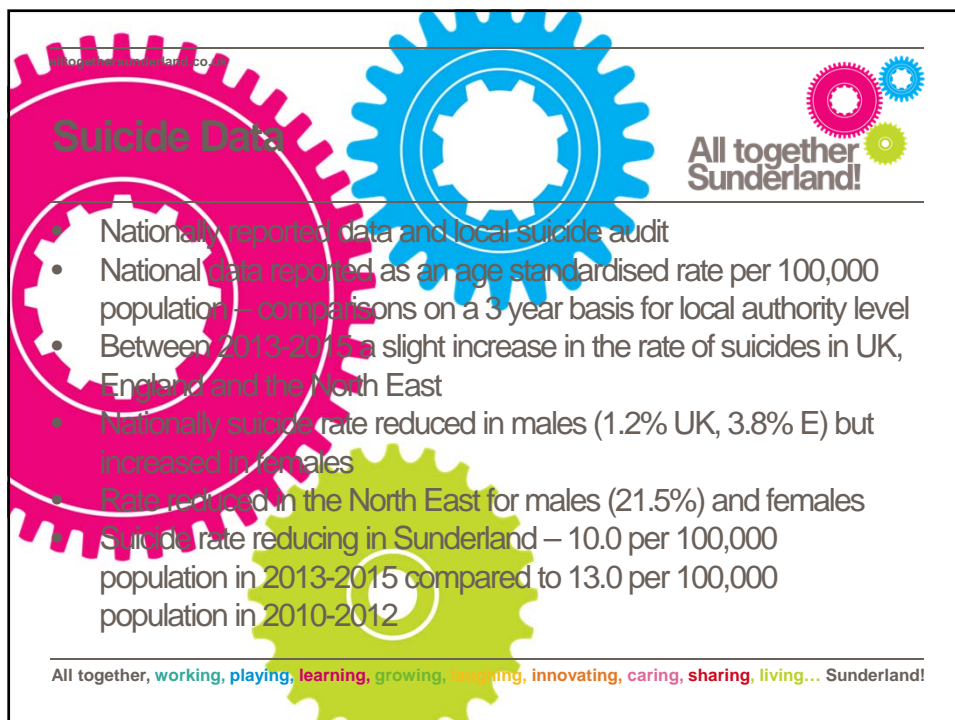
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National Context

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- National suicide prevention strategy (2012) and annual progress reports – due to be refreshed shortly
 - A reduction in the suicide rate in the general population in England.
 - Better support for those bereaved or affected by suicide.
- Five Year Forward View for Mental Health and Sustainability and Transformation Plans – 10% reduction in suicides by 2020
- No Health without Mental Health – suicide prevention begins with better mental health for all
- The All Party Parliamentary Group (APPG) on Suicide and Self-Harm Prevention (2015) Inquiry into Local Suicide Prevention Plans in England
- Local Suicide Prevention Planning (2016)

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Suicide Data

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- Nationally reported data and local suicide audit
- National data reported as an age standardised rate per 100,000 population – comparisons on a 3 year basis for local authority level
- Between 2013-2015 a slight increase in the rate of suicides in UK, England and the North East
- Nationally suicide rate reduced in males (1.2% UK, 3.8% E) but increased in females
- Rate reduced in the North East for males (21.5%) and females
- Suicide rate reducing in Sunderland – 10.0 per 100,000 population in 2013-2015 compared to 13.0 per 100,000 population in 2010-2012

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Figure 1: Age-standardised suicide rates per 100,000 population, rolling three year aggregates, Sunderland compared to England

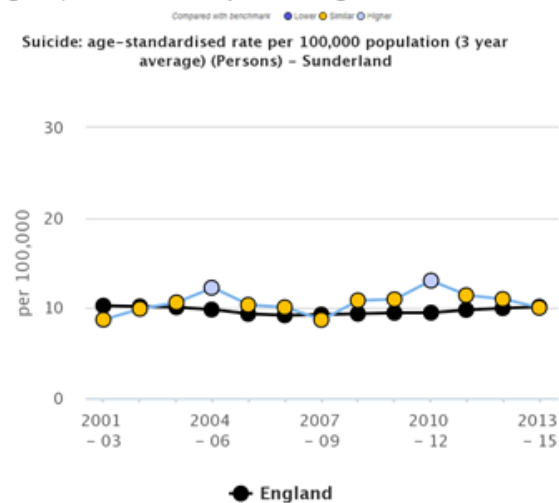
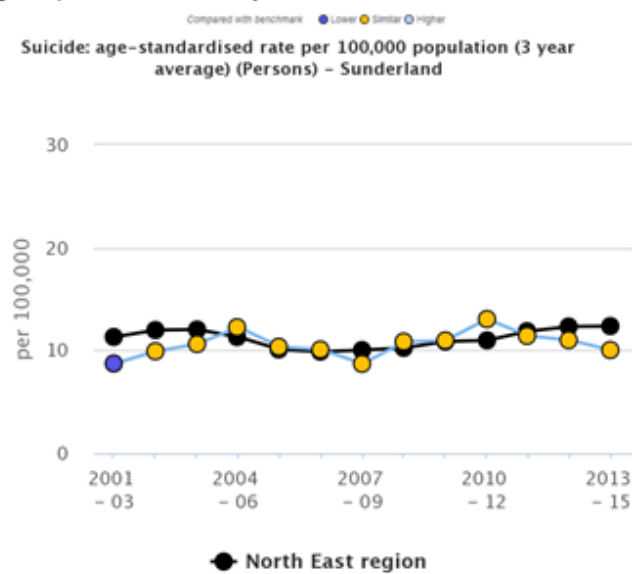
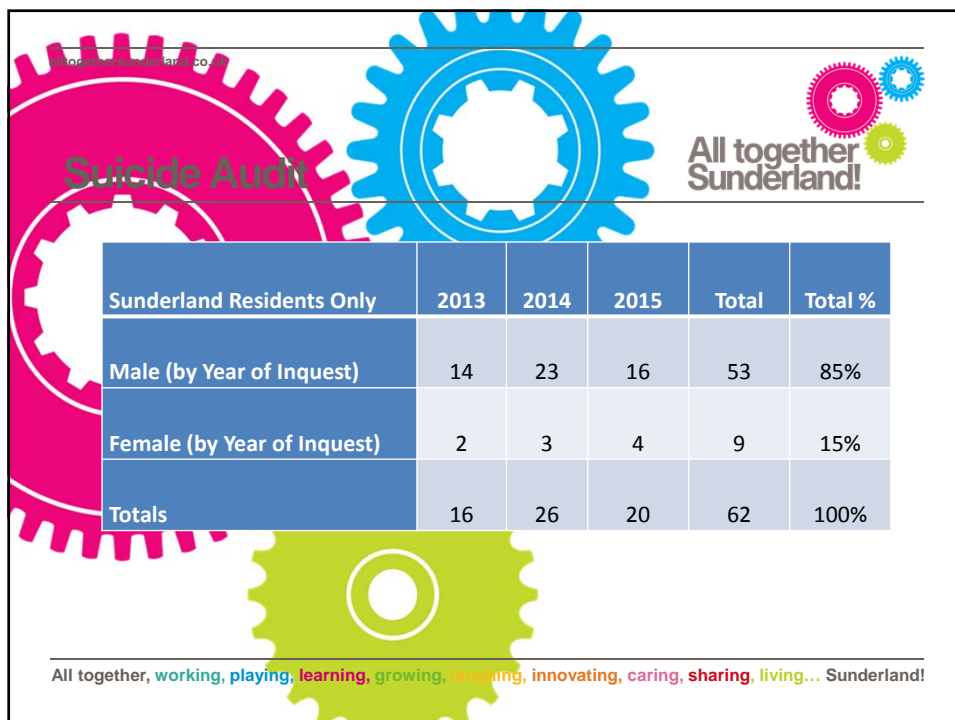
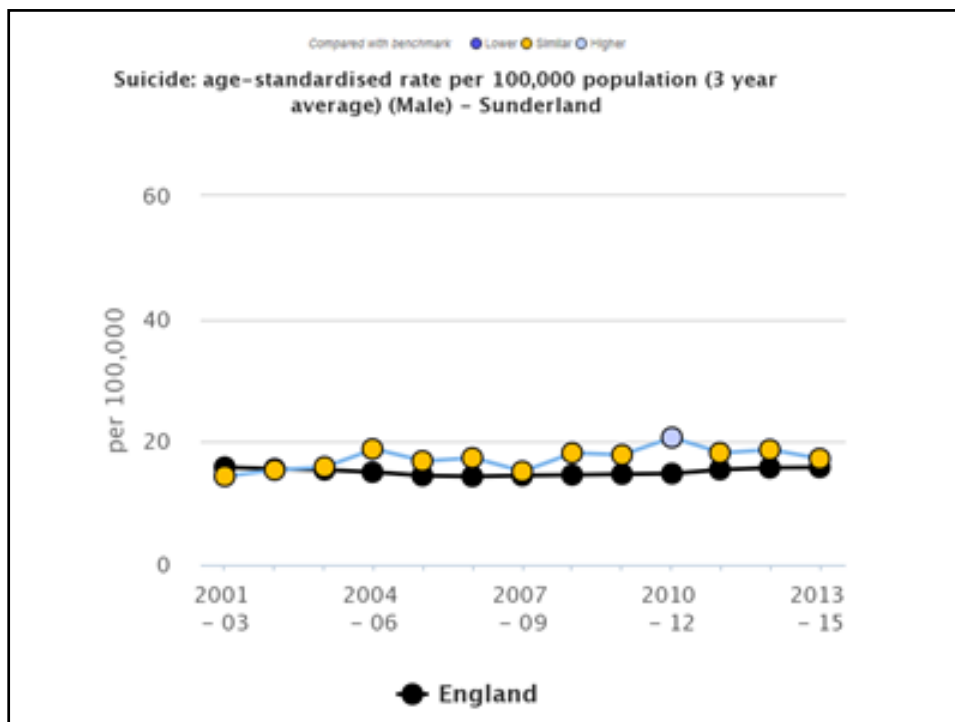
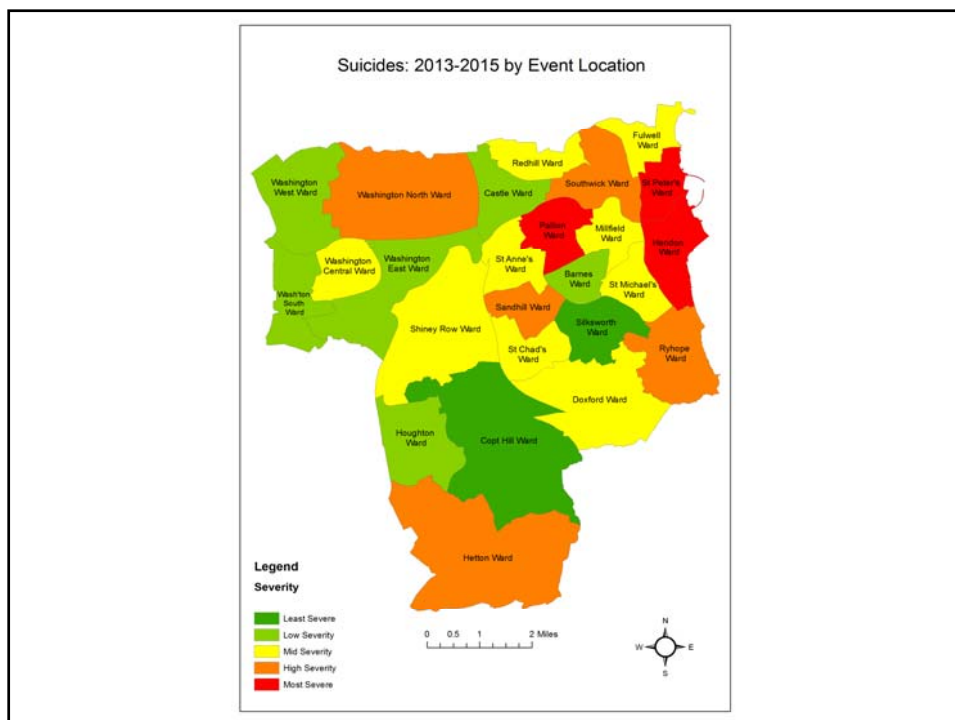
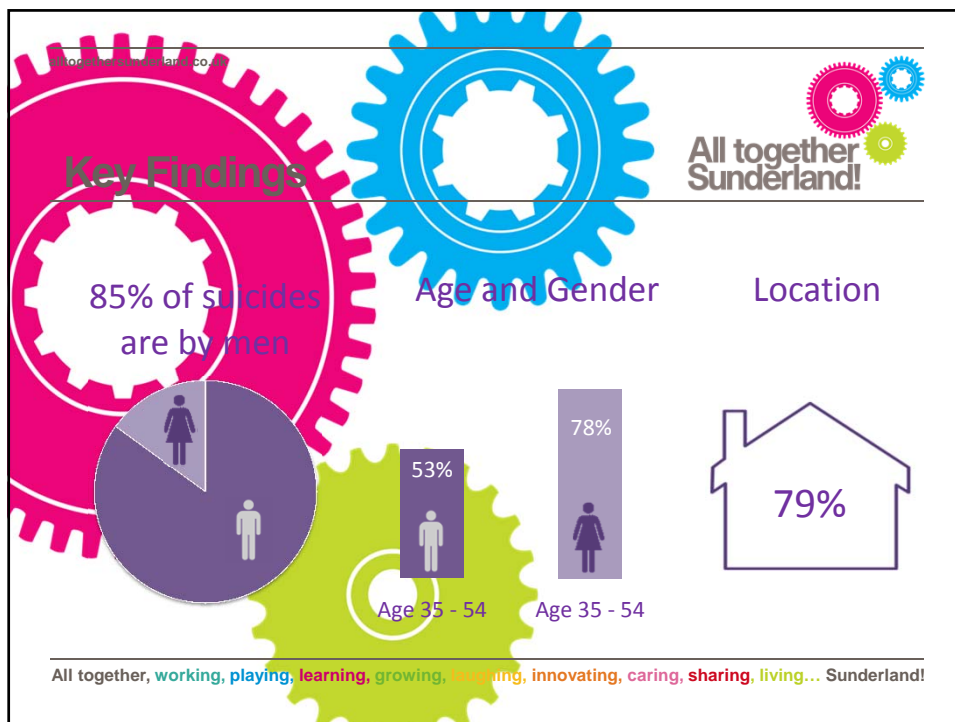
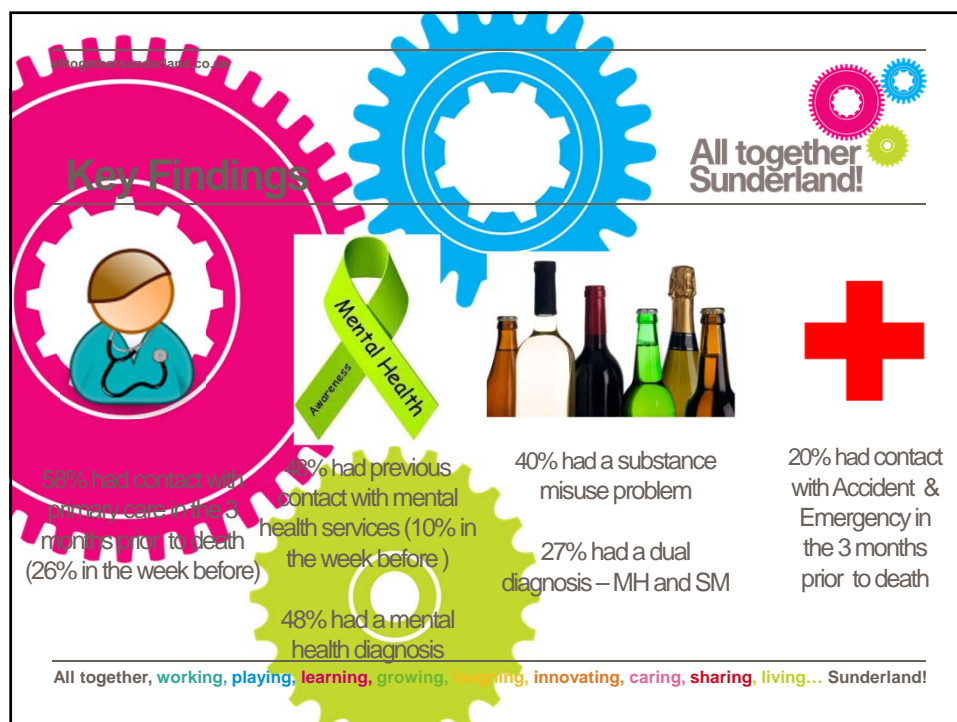
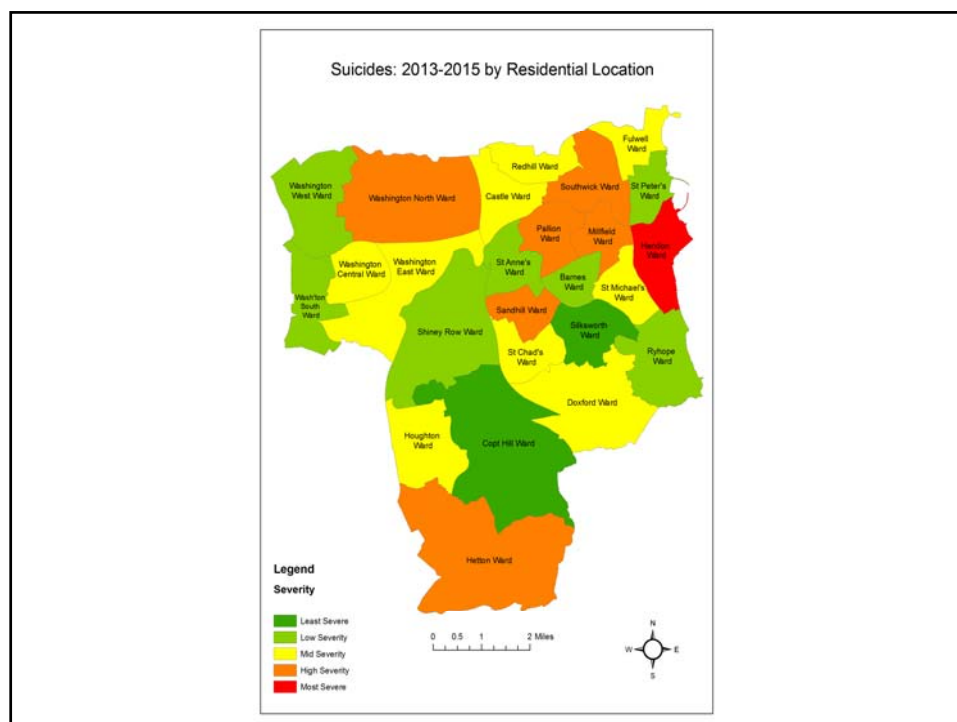


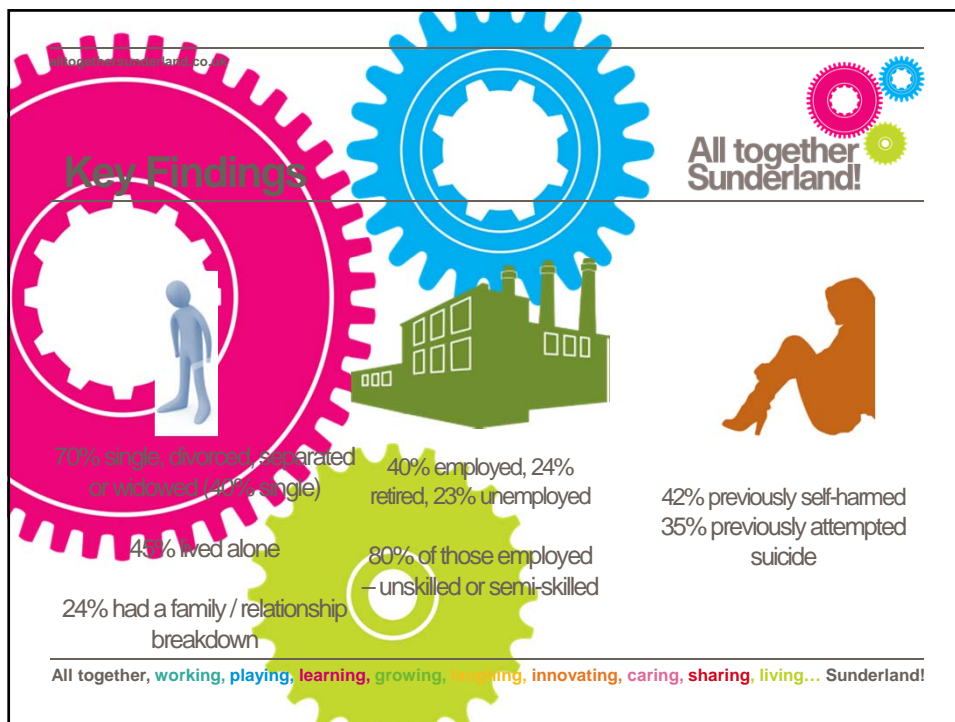
Figure 2: Age-standardised suicide rates per 100,000 population, rolling three year aggregates, Sunderland compared to North East

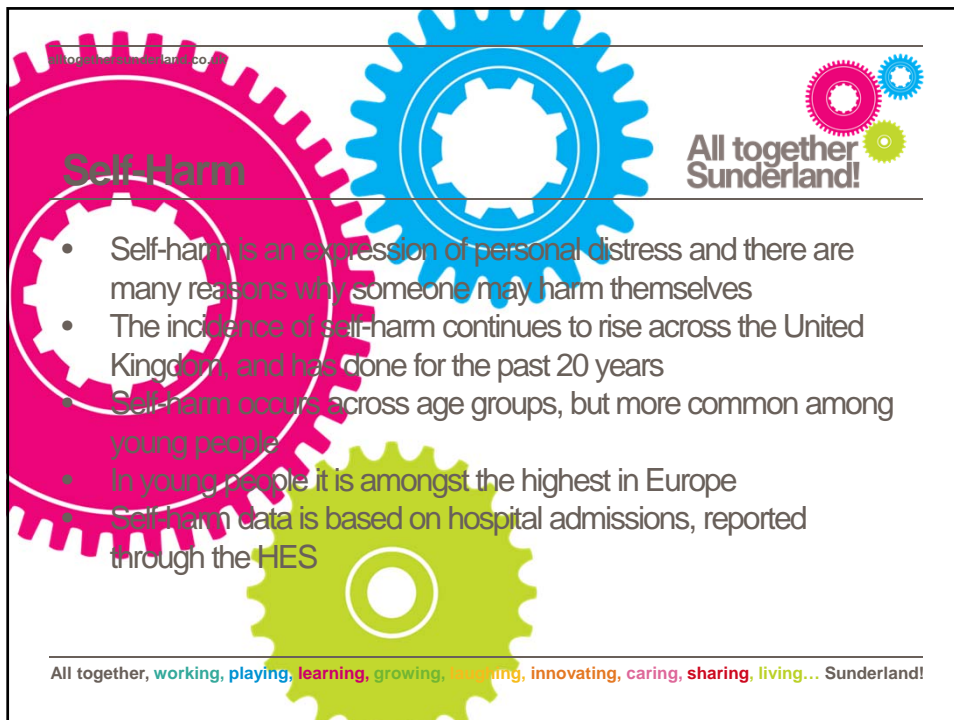












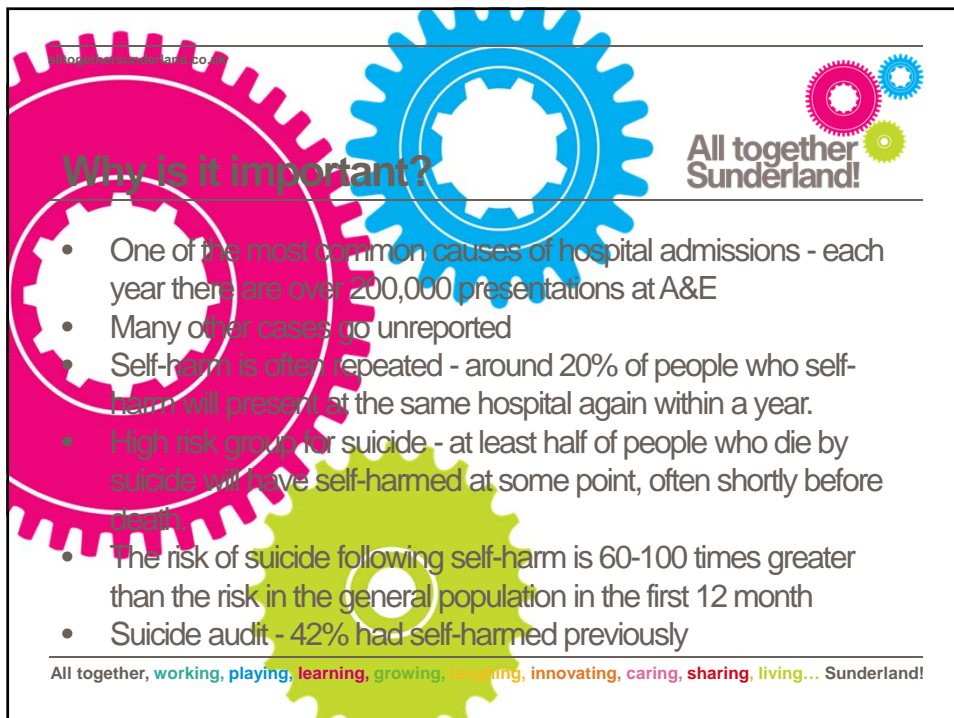
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Self Harm

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- Self-harm is an expression of personal distress and there are many reasons why someone may harm themselves
- The incidence of self-harm continues to rise across the United Kingdom, and has done for the past 20 years
- Self-harm occurs across age groups, but more common among young people
- In young people it is amongst the highest in Europe
- Self-harm data is based on hospital admissions, reported through the HES

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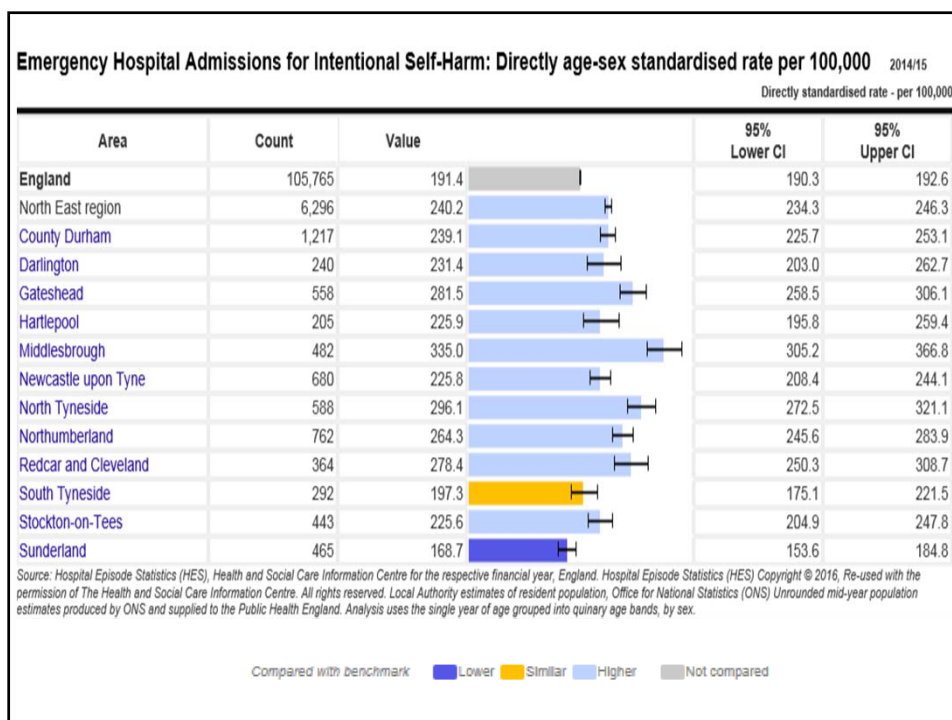
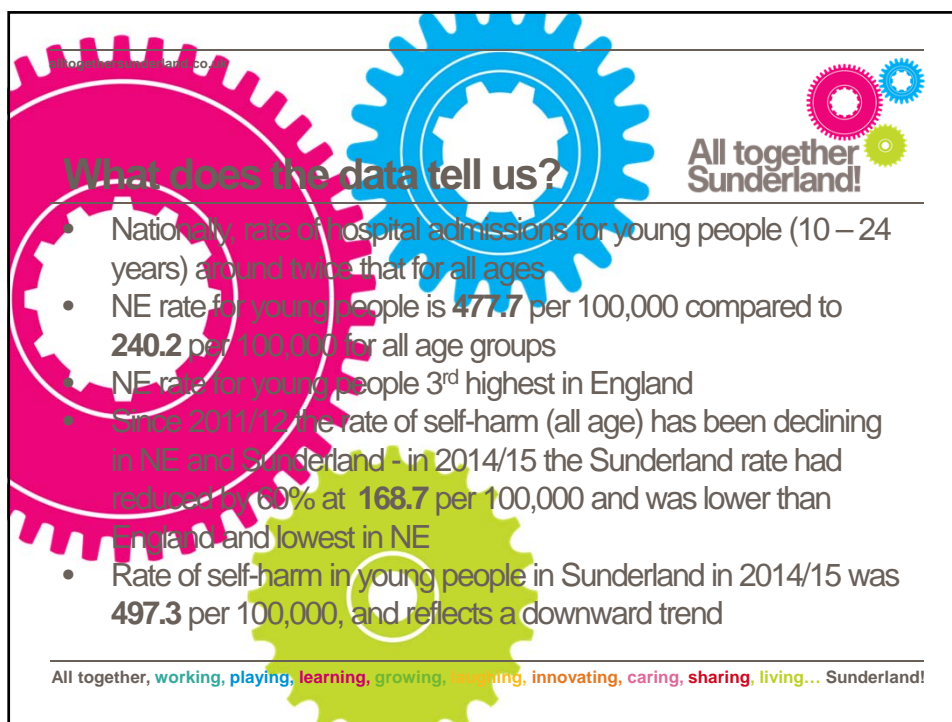
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Why is it important?

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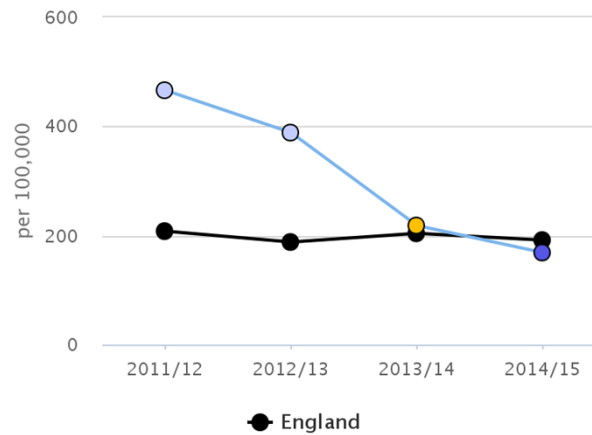
- One of the most common causes of hospital admissions - each year there are over 200,000 presentations at A&E
- Many other cases go unreported
- Self-harm is often repeated - around 20% of people who self-harm will present at the same hospital again within a year.
- High risk group for suicide - at least half of people who die by suicide will have self-harmed at some point, often shortly before death
- The risk of suicide following self-harm is 60-100 times greater than the risk in the general population in the first 12 month
- Suicide audit - 42% had self-harmed previously

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What does this look like?

Emergency Hospital Admissions for Intentional Self-Harm: Directly age-sex standardised rate per 100,000 – Sunderland



Hospital admissions as a result of self-harm (10-24 years): directly standardised rate per 100,000 population aged 10-24

		Directly standardised rate - per 100,000	
Area	Value	Lower CI	Upper CI
England	398.8	394.9	402.7
North East region	477.7	458.4	497.5
County Durham	440.3	399.2	484.6
Darlington	526.8	425.9	644.3
Gateshead	531.3	456.2	615.3
Hartlepool	356.3	271.8	458.8
Middlesbrough	576.1	492.8	669.2
Newcastle upon Tyne	388.9	339.9	442.6
North Tyneside	563.0	482.9	652.4
Northumberland	511.8	450.6	579.1
Redcar and Cleveland	661.7	561.1	775.0
South Tyneside	512.8	429.5	607.5
Stockton-on-Tees	504.7	433.5	584.4
Sunderland	497.3	436.7	564.0

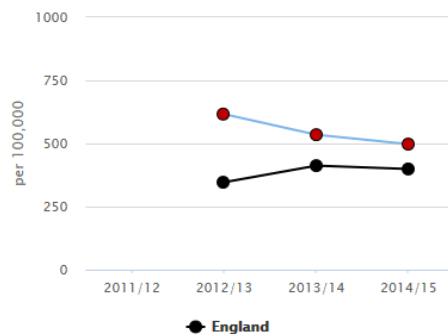
Source: Hospital Episode Statistics (HES) Copyright © 2016, Re-used with the permission of The Health and Social Care Information Centre. All rights reserved.

Compared with benchmark Better Similar Worse Not compared

Hospital admissions as a result of self-harm (10-24 years): directly standardised rate per 100,000 population aged 10-24

Sunderland

Directly standardised rate - per 100,000



Recent trend: -

Period	Count	Value	Lower CI	Upper CI	North East England	
2011/12	-	-	-	-	-	-
2012/13	330	616.3	551.4	686.7	479.6	346.3
2013/14	270	534.6	472.5	602.6	507.2	412.1
2014/15	245	497.3	436.7	564.0	477.7	398.8

Source: Hospital Episode Statistics (HES) Copyright © 2016, Re-used with the permission of The Health and Social Care Information Centre. All rights reserved.

Compared with benchmark: ● Better ● Similar ● Worse ○ Not Compared

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References

1. <http://www.who.int/mediacentre/factsheets/fs398/en/>
2. Office for National Statistics (2016) Statistical Bulletin
Suicides in the UK: 2015 registrations
3. <http://fingertips.phe.org.uk/>

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Item 5

CHILDREN, EDUCATION AND SKILLS SCRUTINY COMMITTEE

02 March 2017

Special Educational Needs and Disabilities Update

REPORT OF THE EXECUTIVE DIRECTOR OF CHILDRENS SERVICES

1. Purpose of the report

- 1.1 To update members of the Children, Education and Skills Scrutiny Committee on the provision and outcomes for SEND across the City.

2. Background

- 2.1 The Children and Families Act of 2014 came into force in September 2014 and places responsibility on the local area, which includes the local authority and health commissioners and providers, to identify and meet the needs of children and young people aged 0-25 who have special educational needs or disability.

3. Identified need across the City

3.1 School age pupils

In January 2016, Sunderland had a school age population of 41 850, of which 6,332 or 15.1% were identified as having a special educational need (12.5% at SEN support and 2.7% Statements/EHC plans). Sunderland has a high percentage of children on SEN support compared to our nearest neighbours and the national average, although the rate of children subject to a statement or EHC plan is lower than all comparators and has been for the last three years.

Children with a statement or EHCP in 2015/2016 were in the following provision:

Provision	%
Academy Converter	13.8%
Academy Special Converter	44.2%
Academy Sponsor Led	7.4%
Community School	11.5%
Community Special School	18.0%
Free Schools	0.0%
LA Nursery School	0.0%
Other Independent School	2.3%
Other Independent Special School	0.0%
Pupil Referral Unit	0.0%
Voluntary Aided School	2.8%
Voluntary Controlled School	0.0%

- 3.2 In 2016, 440 pupils (39%) had a statement and 678 (61%) had an Education, Health and Care Plan (EHCP), with the majority of pupils enrolled in one of our 6 special schools.
- 3.3 Across primary schools in Sunderland in 2015/16, 33% of children with SEND (Statement, Education, Health & Care Plan or SEN Support) had a primary need involving a speech, language and communication need, which was higher than the north east and national average, while the proportion of children with a specific or diagnosed learning difficulty was lower at 5.5%, compared to 8% in the north east and 10% national. As a result we are working with the teaching schools and local providers to deliver proven training in 'I Can - Early Talk' and 'Talk Boost'.
- 3.4. Across secondary schools in Sunderland, 32% of children with SEND had a primary need involving a moderate learning difficulty compared to 29% across the north east and 25% nationally, while children with a specific or diagnosed learning difficulty was 14%, lower than the national average of 21%. Further work will be carried out with schools to review the identification of specific learning difficulties such as dyslexia.
- 3.5 Across special schools, 41% of children with SEND had a primary need on the autistic spectrum compared to 25% north east and 26% nationally, while children with a moderate learning difficulty was 3%, lower than the north east average of 14% and national average of 16%.
- 3.6 Based on the January 2016 census, the majority of children attending a Sunderland setting with a statement or EHCP had a primary need of autism (30.6%). The majority of children with SEND support had a primary need of moderate learning difficulty (31%). The rate of children with a statement/EHCP with autism has increased over a 3 year period. The rate of children with SEN support with a moderate learning difficulty remains high, although this has reduced year on year.
- 3.7 In January 2016, there were 1,033 children aged 5 to 18 included in maintained school census with a statement or EHCP; 76% were male, 24% were female, 5% were looked after, 1% had a parent in the armed forces, 4% used English as an additional language, 10% were from a minority ethnic background, 15% were children in need and 1% were on a care plan.
- 3.8 The number of pupils being taught in special schools in Sunderland has risen from 640 in 2013/2014 to an anticipated number of 724 in 2017/2018. Sunderland has a higher proportion of children being taught in special schools

as a percentage of whole school population than England, but a similar number of lower proportion compared with neighbouring LAs and the north east.

3.9 Post 16 Pupils

The table below highlights the number of young people aged 16 - 25 years that either have a statement of SEN or an Education, Health & Care Plan at December 2016 and the type of educational provision they were studying at:

Provision type	Number
General FE College	64
Maintained Special School	0
Special Academy	138
Academy	4
Supported Internship Other FE	0
Other FE	0
Independent School	5
NEET	Not available
Non-maintained Special School	3
Maintained Mainstream School	0
Special College	0
Other - arranged by the local authority	18
Apprenticeship	2
Free School	0
Specialist Post 16 College	14
Traineeship	3
Total	251

4. **Rise in numbers of pupils with Autism**

4.1 In September 2015, the local authority identified a pressure of places in ASD mainstream resource provisions and at Sunningdale Special School. A total of 20 extra places were required to meet the total identified additional need from September 2016.

4.2 School census data shows that over 30.6% of children with an Education, Health and Care Plan are identified as having autism. Data from the autism outreach team shows that they are being notified of 10 to 15 cases per week of children / young people receiving a diagnosis of autism. Of these young people we are identifying a number of bright autistic children who are struggling due to highly complex levels of anxiety. At this point there was no provision was available for these children in the City and it was recognised that considerable additional costs would be incurred to place out of the city which would adversely impact on funding arrangements.

- 4.3 A report was taken to Cabinet in July 2016 proposing the creation of further provision to meet the additional demand for pupils with ASD who require a specialist curriculum within a specialist setting. The preferred option was the development of a new all through provision (5 - 16). This would involve the refurbishment and development of a former educational site in the City. The former Bishop Harland CE School has been identified as a potentially suitable location with refurbishment and renovation costs estimated at £1.5m. Cabinet agreed for officers to begin an informal consultation process in the autumn term.
- 4.4 Subsequent to this, the local authority has been approached by the Department for Education to consider the development of a new specialist free school or academy. The local authority submitted an expression of interest to the Regional Schools Commissioner at the end of October 2016, and a formal expression of interest was forwarded to the Department for Education in November 2016. We are currently waiting for a response to our proposal from the Department for Education.

5. Commissioned Places 2017/2018

- 5.1 The local authority has continued to work with the Clinical Commissioning Group (CCG), the Dedicated Medical Officer for SEN and social care colleagues to identify the medium to longer term demand for specialist places for high need pupils from birth to age 25. This work is required to provide information for the Joint Strategic Needs Assessment (JSNA), which will in turn inform future commissioning arrangements for children and young people with high needs including the capital and revenue requirements to meet the identified demand.
- 5.2 Local authority officers have visited settings to review places for the academic year 2017/2018. From the analysis undertaken to date, additional places are required in both maintained primary special schools, resulting in a need for 14 places, a further 10 places are required for children with profound, multiple and severe learning difficulties and 6 places in mainstream specialist ASD resource provisions. Officers proposed a reduction of 6 commissioned places in sensory provision (Visually Impaired) at Sandhill View and Thorney Close. Proposed place numbers are detailed at Appendix 1.
- 5.3 In October 2016, school's forum agreed to fund an external piece of research, to be carried by Sunderland University, to provide a complete and full need analysis of the prevalence of SEN across the city. The outcome of this needs analysis will be used to inform future strategy in terms of meeting the needs of high needs pupils in Sunderland, and contribute to a case for securing national funding and support to meet that need.

6. Education, Health and Care plans

- 6.1 Since the implementation of the SEN reforms, the local authority has carried out 678 conversions of statements to Education, Health and Care plans. A further 277 plans will be converted to Education Health Care plans by the 31st July 2017 and the remaining 248 to be complete by 31st March 2018.
- 6.2 There have been 509 requests for Education, Health and Care plans since 2014 of which 250 have been agreed.
- 6.3 Meeting statutory timelines - It is in the interests of all those concerned that EHC needs assessments are carried out in a timely manner. Regulations set out that the overall time it takes from the local authority receiving a request for an assessment and the final EHC plan being issued (if one is required) should be no longer than 20 weeks. In Sunderland, 100% were issued within 20 weeks, excluding exceptional cases where LAs are allowed to exceed the 20 week time limit, compared to the all local authorities in the north east with an average of 61.0%. Including exceptions, 67.5% were issued within 20 weeks, compared to all local authorities in the north east average of 54.7%.
- 6.4 Referrals to the tribunal - The local authority has had a higher number of referrals to the first tier tribunal than our counterparts across the region although this is below national. The vast majority of these have been settled without recourse to a full tribunal meeting. In 2015/2016 the local authority was required to support one tribunal case.

7. Attainment of Children with a Special Educational Need and Disability

7.1 Early Years Foundation Stage

Children achieving a good level of development at EYFS has increased year on year for children without a special educational need or disability, while performance has dipped and also recovered in 2015/16 for children with SEN support. Of the 43 children with a statement or EHCP, 3 achieved a good level of development. Two children had a hearing impairment and 1 had a moderate learning difficulty. Outcomes are 4 percentage points above north east figures and 3 percentage points above national.

7.2 Phonics

The proportion of children with SEN support achieving the expected standard in phonics has increased year on year since 2012/13. 9 out of 47 children with a statement or EHCP achieved the expected standard in 2015/16. Of

those 9, 3 had autism, 3 had a speech/language or communication problem, 2 had a physical disability and 1 had a hearing impairment.

7.3 Key Stage 1 & 2

Assessment in KS1 and KS2 changed nationally in 2015/16. A higher proportion of children with a statement or EHCP achieved the expected standard in reading compared to writing and maths. Historically, this has been a common trend. Children who are SEN support achieve well in maths and science. A similar pattern can be identified at KS2, with a higher proportion of statemented/EHCP children achieving the standard in reading, and a higher proportion of children with SEN support achieving the required standard in maths and science. The outcomes for children with Statements/EHCP in reading, writing and mathematics combined are 2 percentage points below national and north east averages.

7.4 Key Stage 4

The proportion of children with a statement/EHCP achieving any qualification at KS4 has been a little sporadic over recent years, with 73% recorded in 2015/16, an improvement on the previous two years. The proportion of children with SEN support has fallen slightly from almost 100% to 98%. A similar pattern can be identified when analysing achievement of 5 GCSE A*-G.

Attainment 8 measures for pupils with a statement or an Education, Health and Care Plan are better than national and regional outcomes. Progress 8 measures for pupils with Education, Health and Care plans are in line with regional outcomes.

Issues remain in terms of pupils identified as SEN support where progress 8 and attainment 8 measures are below regional and national figures.

7.5 Destination Data - post KS4

87% of children with a statement and 74% of children with SEN support who left a Sunderland state funded secondary school at the end of the 2013/14, moved into a further education setting in the following academic year. A similar pattern can also be identified at both north east and national level. Overall, 94% of children with a statement moved into sustained employment, education or training (EET) compared to 92% for the north east and 91% nationally.

The percentage of 19 year olds with a statement qualified to level 2 and level 3 are higher than national and north east outcomes.

7.6 Destination Data - post KS5

The majority of students leaving KS5 provision in 2013/14 went onto sustained Higher Education. This is also higher than other students across the north east and nationally. Overall though, a lower proportion of students in Sunderland with a special educational need went onto sustained education, employment or training compared to students across the whole of the north east and England.

8. **Local Area Inspection of SEN**

8.1 The Children and Families Act of 2014 came into force in September 2014 and places responsibility on the local area, which includes the local authority and health commissioners and providers, to identify and meet the needs of children and young people aged 0-25 who have special educational needs or disability.

8.2 The Department for Education invited Ofsted and the Care Quality Commission (CQC) to inspect local areas on their effectiveness in fulfilling their new duties. The framework for this new inspection and inspection handbook has been developed and, Ofsted and CQC have consulted formally on these arrangements. All 152 local areas will be inspected, within an inspection period of up to five years.

8.3 Inspectors will evaluate how effectively the local area:

- identifies children and young people who have special educational needs and/or disabilities;
- assesses and meets the needs of children and young people who have special educational needs or disability;
- improves outcomes for children and young people who have special educational needs or disability.

8.4 Inspection arrangements

Inspection teams will include an HMI, a CQC inspector and an Additional Inspector (Local Authority Inspector). Local areas need to identify a nominated officer who will liaise with the inspection team to arrange meetings and ensure access to the evidence they need. The field work is likely to include discussions with elected members, key local area officers from health, education and social care, and meetings with leaders of early year settings, schools and colleges, and specialist visits will be made to a range of providers and services. Visits will not inspect the provision but focus on their understanding and participation in meeting the local area's responsibilities.

- 8.5 Inspectors will look at children and young people's files as evidence for evaluations. There will be a strong emphasis on gathering the views of young people, parents and carers, involving:
- Meetings during visits to early years settings, schools and colleges;
 - Meetings with established young people, and parent and carer groups;
 - Meetings with any reference groups established by the local area;
 - A webinar for parents and carers during the inspection.
- 8.6 A project plan is in place to address the activity that needs to take place. Officers are working with parents/carers, and a range of groups to carry out an evaluation of current processes. Areas for development arising from this evaluation will be used to inform a strategic plan.

9. Recommendations

- 9.1 The Scrutiny Committee is recommended to:
- Consider and comment on the information provided regarding SEND.
 - Note the progress in converting statements of Special Educational Needs to Education, Health and Care plans.
 - Be aware of the adjustments to commissioning arrangements for specialist places in schools and settings for the academic year 2017/2018
 - Comment on the information provided regarding performance of SEN pupils.
 - Note the arrangements for the inspection of SEND local area inspections and the implications for officers, members and partners.

APPENDIX 1

PROPOSED COMMISSIONED PLACES 2017/2018

Institution / Provider	2016/17 Agreed Places	2017/18 Proposed Places	Variation
Academy 360 - Curriculum Access Provision (CAP)	30	30	0
Biddick Academy – Autistic Spectrum Disorder (ASD) Provision	30	30	Potential for a further 4 places - Dependent upon Academy Board approval
Farringdon Academy - ASD Provision	35	35	0
Hetton School - Language Unit Provision	12	12	0
Oxclose Primary Academy – Physical and Medical Difficulties	7	7	0
Oxclose Academy – Physical and Medical Difficulties	12	12	0
Sandhill View Academy – Sensory Provision (HI)	12	12	0
Sandhill View Academy – Sensory Provision (VI)	3	0	-3
Thorney Close – Sensory provision (HI)	6	6	0
Thorney Close – Sensory Provision (VI)	3	0	-3
Usworth Colliery ASD Provision	10	12	+2
Washington School - Curriculum Access Provision (CAP)	20	20	0
Total Special Units and Resource Provisions	180	176	-4
Barbara Priestman Academy	126	126	0
Columbia Grange School	100	100	+7 waiting list

North View Academy	70	70	0
Portland Academy	164	174	+10
The New Bridge Academy	130	130	0
Sunningdale School (Includes Nursery Places)	100	100	+7 waiting list – capacity issues in school
Total Special Provisions	690	700	+10 +14 on current waiting lists

Institution / Provider	2016/17 Agreed Places	2017/18 Proposed Places	Variation
Post 16 Places			
City of Sunderland	92	92	0
Grindon Hall Free School	1	0	-1
Springboard Sunderland Trust	24	24	0
St Aidan's Academy	0	1	+1
St Anthony's Girls Catholic Academy	1	0	-1
St Robert's of Newminster RC School	0	1	+1
Independent Specialist Providers	7	8	+1
Non-Maintained Special Schools	12	12	0
Total Post 16 Places	137	138	+1
Intervention Places			

Barbara Priestman Academy	6	6	0
Portland Academy	2	2	0
The New Bridge Academy	5	5	0
Total Intervention Places	13	13	0
Alternative Provision in Schools and Academies			
Highfield Primary – Language Unit Provision	10	10	0
Northern Saints Primary – Language Unit Provision	10	10	0
New Penshaw Academy – Language Unit Provision	10	10	0
Total Alternative Provision in Schools and Academies	30	30	0
KS1 Pupil Referral Service	18	18	0
KS2/3/4 Pupil Referral service	113	113	0
Returners & Young Mums Provision	32	32	0
Beacon of Light	0	0	0
Total Alternative Provision - Other	163	163	0
TOTAL	1213	1220	7

Note: The following are not included in the variation to place numbers - Biddick Academy potentially require 4 additional places, subject to Academy Board approval. There are 14 pupils currently on waiting lists at Columbia Grange and Sunningdale and at KS2/3/4 there is currently a waiting list of 3, 10 and 9 respectively.

Glossary

ASD – Autism Spectrum Disorder: Autism is a lifelong developmental disability that affects how people perceive the world and interact with others.

Autistic people see, hear and feel the world differently to other people. If you are autistic, you are autistic for life; autism is not an illness or disease and cannot be 'cured'. Often people feel being autistic is a fundamental aspect of their identity.

Autism is a spectrum condition. All autistic people share certain difficulties, but being autistic will affect them in different ways. Some autistic people also have learning disabilities, mental health issues or other conditions, meaning people need different levels of support. All people on the autism spectrum learn and develop. With the right sort of support, all can be helped to live a more fulfilling life of their own choosing.

AI - Additional Inspector

CQC - Care Quality Commission - make sure health and social care services provide people with safe, effective, compassionate, high-quality care and encourage care services to improve. They monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety.

DfE - Department for Education

EET - Education, Employment or Training

EHCP – Education Health and Care Plan – The purpose of an Education, Health and Care Plan is to make special educational needs of the child or young person, to secure the best possible outcomes for them across education, health and social care and, as they get older, prepare them for adulthood.

EYFS – Early Years Foundation Stage – The foundation stage begins when children reach the age of three. Many children attend early education setting soon after their third birthday. The foundation stage continues until the end of the reception year and is consistent with the National Curriculum. It prepares children for learning in year 1, when programmes of study for key Stage 1 are taught.

FE – Further education – A college or provider offering continuing education to young people over the compulsory age of 16. The FE sector in England includes further education colleges, sixth form colleges, specialist colleges and adult education institutes.

HI – Hearing impairment - Hearing loss, also known as hearing impairment, is a partial or total inability to hear. A deaf person has little to no hearing. Hearing loss may occur in one or both ears. Hearing loss can be categorised as mild, moderate, moderate-severe, severe, or profound.

HMI – Her Majesty's Inspector – Accountable for leading high impact inspection of education in a variety of settings, developing a critical understanding of each provider within a specified caseload, informed by incisive, accurate data analysis.

JSNA – Joint Strategic Needs Assessment – Joint strategic needs assessments (JSNAs) analyse the health needs of populations to inform and guide commissioning of health, wellbeing and social care services within the local authority areas. The JSNA's central role is to act as the overarching primary evidence base for health and well-being boards to decide on key local health priorities.

LO - Local Offer – Local authorities in England are required to set out their local offer information about provision they expect to be available across education, health and social care for children and young people in their area who have SEN or are disabled, including those who do not have an Education, Health and Care (EHC) Plans. Local authorities must consult locally on what provision the local Offer should contain.

Ofsted – Office for Standards in Education – a non-ministerial government department established under the Education(schools) Act 1992 to take responsibility for the inspection of all schools in England. Her Majesty's Inspectors (HMI) form its professional arm.

NEET - Not in Education, Employment or Training

SEN – Special Education Needs – A child or young person has SEND if they have a learning difficulty or disability which calls for special educational provision to be made for him or her. A child of compulsory school age or a young person has a learning difficulty or disability if he or she has a significantly greater difficulty in learning than the majority of others of the same age, or has a disability which prevents or hinders him or her from making use of educational facilities of a kind generally provided for others of the same age in mainstream or mainstream Post 16 institutions.

Special Educational Provision – Special educational provision is provision that is different from or additional to that normally available to pupils or students of the same age, which is designed to help children and young people with SEN or disabilities to access the National Curriculum at school or to study at college.

VI – Visual Impairment – Visual impairment, also known as vision impairment or vision loss, is a decreased ability to see to a degree that causes problems not fixable by usual means, such as glasses.

LOOKED AFTER CHILDREN LEAVING CARE

REPORT OF THE DIRECTOR OF CHILDREN'S SERVICES

1. Purpose of Report

- 1.1 The purpose of the report is to update the Committee on the current position with regard to looked after children who are leaving care.

2. Background

- 2.1 At its meeting in January 2017, the Committee considered an update report on the Sunderland Safeguarding Children Improvement Plan. At the meeting the Committee asked for a further report on the services available for looked after children who are leaving care.

3 Current Position

- 3.1 The appropriate officers will be in attendance to outline the current position and answer any questions from members.
- 3.2 A copy of the Ofsted letter dated 2 September 2016 is attached by way of background. The letter was sent following an Ofsted Monitoring visit which looked at the experiences and progress of young people leaving care.

4 Conclusion

- 4.1 The report sets out to provide additional information requested by members on the services available for looked after children who are leaving care.

5 Recommendation

- 5.1 That the Scrutiny Committee considers the progress being made in relation to services available for looked after children who are leaving care.

6. Glossary

None

7 Background Papers

Ofsted Monitoring letter 2 September 2016

Foss House
Kings Pool
1–2 Peasholme Green
York
YO1 7PX

T 0300 123 1231
Textphone 0161 618 8524
enquiries@ofsted.gov.uk
www.gov.uk/ofsted

2 September 2016

Mr Alex Hopkins
Director of Children's Services
Civic Centre
Burdon Road
Sunderland
Tyne and Wear
SR2 7DN

Dear Mr Hopkins,

Monitoring visit of Sunderland City Council children's services

This letter summarises the findings of the monitoring visit to Sunderland City Council children's services on 4 and 5 August 2016. The visit was the first monitoring visit since the local authority was judged to be inadequate overall at the inspection of services for children in need of help and protection, children looked after and care leavers, published in July 2015. This monitoring visit was carried out by Her Majesty's Inspectors, Fiona Millns and Rachel Holden.

Areas covered by the visit

During the course of this visit, inspectors reviewed the progress made in respect of the experiences and progress of care leavers.

The visit considered a range of evidence, including electronic case records, supervision records, observation of social work practice, performance data and young people's case file audit findings. In addition, we spoke to eight care leavers, and a range of staff, including managers, social workers, advanced practitioners and housing providers.

The local authority is making significant progress to improve services for care leavers.

Summary of findings

- Senior managers within children's services have responded determinedly to the areas of improvement identified in respect of the experiences and progress of care leavers, which were judged to be inadequate at the last inspection.

- Senior managers have a sound understanding of the key priorities for improvement in services for care leavers, demonstrated through a clear, evaluative and accurate self-assessment.
- Workers at all levels within the Next Steps service for care leavers report that they feel more confident and supported by senior managers and that there is a more open and receptive culture of leadership.
- Performance management, including data collection and quality auditing, has improved considerably, providing a more accurate analysis to inform areas for further service improvement and development.
- New policies, procedures, documents and accompanying training are supporting workers to improve the quality of practice and recording.
- Care leavers feel safe and well supported where they are living.
- There is a good range of housing options available, including newly commissioned accommodation and increased use of 'staying put' and supported lodgings.
- The percentage of care leavers with pathway plans in place has increased considerably, from 69% in November 2015 to 89% in June 2016.
- While the number of pathway plans undertaken has improved, the quality of these is not consistently good, especially in consideration of chronologies, assessments of need, analyses of findings and the detail of plans.
- The quality of case recording is not consistently good, lacks detail and does not evidence the work undertaken with care leavers.
- Care leavers are supported by a stable team of social workers and personal advisers in the Next Steps care leavers' service.
- Caseloads for Next Steps workers are manageable, enabling workers to offer support and guidance to care leavers.
- Supervision of social work and personal advisers is undertaken regularly, but recording of supervision is not reflective and does not focus on the quality of practice.
- Management oversight, including challenge from independent reviewing officers, is weak. It is not clearly recorded in young people's records and is not effective in progressing their plans.
- Care leavers are increasingly involved in developing their pathway plans, and their opinions are considered carefully.
- The percentage of care leavers who are now in touch with the Next Steps service has increased from 30% in May 2015 to 82% in June 2016.
- Care leavers are supported well to develop skills for independence.

- Despite care leavers increasingly being supported well, there are significant gaps and delays in care leavers receiving information about their medical histories and being given their health passports.
- Care leavers receive appropriate support to access education and college. However, personal education plans are not consistently provided or updated.
- While there is still room for improvement, the percentage of care leavers not in education, employment and training (NEET) has significantly decreased from 85% in May 2015 to 57% in June 2016. This includes six care leavers now in higher education and eight care leavers accessing apprenticeships.
- Care leavers are consistently provided with information about their rights and entitlements. This includes their being provided with key documents, such as national insurance numbers, birth certificates and passports.
- Care leavers are represented within the change council and have contributed to the commissioning of services through this forum. They act as young inspectors in reviewing the quality of housing provision and in developing a DVD to showcase the range of housing options available.

Evaluation of progress

Based on the evidence gathered during the visit, we identified areas of strength, areas where improvement is being made and some areas where we considered that the progress has not yet met the expectations set out in the local authority's action plan.

The new leadership arrangements for children's services in Sunderland in respect of services for care leavers demonstrate a strong and appropriate focus. Leaders are committed to developing a performance culture at all levels of service delivery. Improvements are clearly seen in the outcomes for care leavers. Improved performance monitoring and quality assurance processes are key factors in securing this improvement. Findings from quality assurance processes are used to shape training and packages of support for staff. The development of practice standards, policies and new frameworks for pathway planning and assessments underpin these developments and support further improvement and consistency of practice.

Workers in the Next Steps service report a change in culture, with clear direction and openness, which is engendering confidence within the staff team. The Next Steps service has been relocated close to the city centre, which enables care leavers to meet their allocated workers more easily and is resulting in better support for them. Improved contact and support for care leavers is further enhanced through increased stability of the workforce, with just one vacancy in the Next Steps team, due to the promotion of one of the workers. Sickness levels across the workforce are low.

Pathway planning has been a priority for the 'Next Steps' service, to ensure that care leavers' needs are identified and action taken to provide support. In November 2015,

only 69% of care leavers had a pathway plan. This had increased to 89% by June 2016. However, as acknowledged by senior managers and identified by inspectors, the quality of pathway plans is not yet good enough. Needs assessments are not always undertaken, chronologies are not used consistently or effectively, plans are not specific with regard to actions required and are not always updated to reflect changes in circumstances. In addition, personal education plans are not always in place or up to date, and the quality of case recording is inconsistent, often lacking sufficient detail.

Supervision and management oversight is not consistently effective in progressing actions or identifying weaknesses in the quality of practice with care leavers. The recording of supervision does not demonstrate reflective practice in casework. Managers, including independent reviewing officers, do not sufficiently challenge the quality of planning and recording. Inspectors identified that the appropriateness in the timing of transition of young people to the Next Steps team had not always been well considered.

The health needs of care leavers are addressed within the pathway planning process. However, care leavers do not always receive their medical histories or health passports to ensure that they have this important information for their future, despite senior managers raising this with health partners.

There is evidence of effective involvement of care leavers in shaping services and influencing their own plans for the future. This includes involvement in the change council, which represents the voices of children and young people who are in care in Sunderland. Care leavers speak very positively about the changes that have taken place since the Ofsted inspection in May and June 2015. Care leavers consistently report that they receive good support, are aware of their legal entitlements and are involved in pathway planning. This was seen through the support provided to access education and employment opportunities and in the data, which shows an increase in care leavers in education, employment and training and a decrease in those who are NEET. One care leaver reported that the help and support received from her worker is 'amazing'. Care leavers have access to the 'mind of my own' app to help them to keep in touch with workers and to express their views, as well as a helpful folder which includes information about money, staying put, complaints and an A-Z of services.

In addition to the increased support for care leavers from their allocated workers, a key aspect of improvement for care leavers has been their access to better housing options. Increasing use and promotion of staying put arrangements and supported lodgings help to ensure that care leavers have a better range of options. At the time of the monitoring visit, just one care leaver was homeless and the local authority was responding quickly and appropriately to address the situation. The young people's tracked cases, sampled audits and discussions all showed that care leavers feel safe where they are living. The local authority has reflected the views of care leavers as

part of the commissioning of services, including the development of new housing provision. Young inspectors have reviewed all of the accommodation available and provided a star rating. Care leavers have been involved in the development of a DVD to showcase the different housing choices available.

I am copying this letter to the Department for Education. This letter will be published on the Ofsted website.

Yours sincerely

Fiona J Millns

Her Majesty's Inspector

2 MARCH 2017

CHILDREN, EDUCATION AND SKILLS SCRUTINY COMMITTEE

NOTICE OF KEY DECISIONS

REPORT OF THE HEAD OF MEMBER SUPPORT AND COMMUNITY PARTNERSHIPS

1. PURPOSE OF THE REPORT

- 1.1 To provide Members with an opportunity to consider the items on the Executive's Notice of Key Decisions.

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 Notice of Key Decisions) 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, the most recent version of the Executive's Notice of Key Decisions is included on the agenda of this Committee. The Notice of Key Decisions is attached marked **Appendix 1**.

3. CURRENT POSITION

- 3.1 In considering the Notice of Key Decisions, Members are asked to consider only those issues where the Scrutiny Committee or relevant Scrutiny Panel could make a contribution which would add value prior to the decision being taken.
- 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. RECOMMENDATION

- 4.1 To consider the Executive's Notice of Key Decisions at the Scrutiny Committee meeting.

5. BACKGROUND PAPERS

- Cabinet Agenda
-

28 day notice
Notice issued 21 February 2017

The Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012

Notice is given of the following proposed Key Decisions (whether proposed to be taken in public or in private) and of Executive Decisions (including key decisions) intended to be considered in a private meeting:-

Item no.	Matter in respect of which a decision is to be made	Decision-maker (if individual, name and title, if body, its name and see below for list of members)	Key Decision Y/N	Anticipated date of decision/ period in which the decision is to be taken	Private meeting Y/N	Reasons for the meeting to be held in private	Documents submitted to the decision-maker in relation to the matter	Address to obtain further information
160104/48	To consider the freehold acquisition of two properties to provide children's services accommodation.	Cabinet	Y	During the period 11 January to 31 March 2017.	Y	The report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraph 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report will contain information relating to the financial or business affairs of any particular person (including the authority holding that information). The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
160728/94	To approve the disposal of premises within the Athenaeum Buildings, Fawcett Street, Sunderland.	Cabinet	Y	During the period 22 March 2017 to 30 April 2017.	N	Not Applicable	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk

Item no.	Matter in respect of which a decision is to be made	Decision-maker (if individual, name and title, if body, its name and see below for list of members)	Key Decision Y/N	Anticipated date of decision/ period in which the decision is to be taken	Private meeting Y/N	Reasons for the meeting to be held in private	Documents submitted to the decision-maker in relation to the matter	Address to obtain further information
161013/121	To approve the revised Housing Allocations Policy for the Local Authority	Cabinet	Y	22 March 2017	N	Not applicable	Cabinet report Updated Policies	Governance Services Civic Centre PO Box 100 Sunderland SR2 7DN Committees@sunderland.gov.uk
161019/122	To agree the establishment of a Housing Investment Company.	Cabinet	Y	22 March 2017	Y	The report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraph 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report will contain information relating to the financial or business affairs of any particular person (including the authority holding that information). The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet report Business Case	Governance Services Civic Centre PO Box 100 Sunderland SR2 7DN Committees@sunderland.gov.uk

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161020/123	To approve in principle the establishment of a new police led Road Safety Partnership (Northumbria Road Safety Partnership) embracing the Northumbria Force area.	Cabinet	Y	During the period 22 March to 30 April 2017	N	Not applicable	Cabinet report	Governance Services Civic Centre PO Box 100 Sunderland SR2 7DN Committees@sunderland.gov.uk
161020/124	To agree to consult on the draft Sunderland Local Plan: Core Strategy and Development Management Plan	Cabinet	Y	During the period 22 March to 30 April 2017	N	Not applicable	Cabinet report	Governance Services Civic Centre PO Box 100 Sunderland SR2 7DN Committees@sunderland.gov.uk

Item no.	Matter in respect of which a decision is to be made	Decision-maker (if individual, name and title, if body, its name and see below for list of members)	Key Decision Y/N	Anticipated date of decision/ period in which the decision is to be taken	Private meeting Y/N	Reasons for the meeting to be held in private	Documents submitted to the decision-maker in relation to the matter	Address to obtain further information
161215/146	Approval for the payment of financial assistance to a Sunderland based company in relation to the company's own investment plans.	Cabinet	Y	During the period 8 February to 30 April 2017	Y	The report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraphs 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report will contain information relating to the financial or business affairs of any particular person (including the authority holding that information). The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet Report	Governance Services Civic Centre PO Box 100 Sunderland SR2 7DN Committees@sunderland.gov.uk
161208/147	To authorise the holder of the post of Executive Director of Economy and Place (or in their absence/post vacancy the Chief Operating Officer –Place) to exercise the Council's enforcement powers under the Law of Property Act 1925 in relation to the use of Enforced Sales.	Cabinet	Y	During the period 22 March to 30 April 2017.	N	Not Applicable	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk

Item no.	Matter in respect of which a decision is to be made	Decision-maker (if individual, name and title, if body, its name and see below for list of members)	Key Decision Y/N	Anticipated date of decision/ period in which the decision is to be taken	Private meeting Y/N	Reasons for the meeting to be held in private	Documents submitted to the decision-maker in relation to the matter	Address to obtain further information
161219/148	To approve a scheme for Structural Maintenance of A1231 Bridges.	Cabinet	Y	During the period 8 February to 31 March 2017.	N	Not applicable	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
161222/152	To seek approval for the transfer of social enterprise support staff to Sunderland Care and Support Ltd	Cabinet	Y	22 March 2017	Y	The reports is not for publication as the Cabinet is considered likely to exclude the public during consideration thereof as they contain exempt information relating to a particular individual or which is likely to reveal the identity of any individual, any consultations or negotiations, or contemplated consultations or negotiations in connection with any labour relations matter arising between the Council and its employees (Local Government Act 1972, Schedule 12A, Part 1, Paragraphs 1, 2 and 4). The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk

Item no.	Matter in respect of which a decision is to be made	Decision-maker (if individual, name and title, if body, its name and see below for list of members)	Key Decision Y/N	Anticipated date of decision/ period in which the decision is to be taken	Private meeting Y/N	Reasons for the meeting to be held in private	Documents submitted to the decision-maker in relation to the matter	Address to obtain further information
170105/157	To agree a new model and structure for event delivery across the city	Cabinet	Y	22 March 2017	Y	The reports is not for publication as the Cabinet is considered likely to exclude the public during consideration thereof as they contain exempt information relating to a particular individual or which is likely to reveal the identity of any individual, any consultations or negotiations, or contemplated consultations or negotiations in connection with any labour relations matter arising between the Council and its employees; and will contain information relating to the financial or business affairs of any particular person (including the authority holding that information). The public interest in maintaining this exemption outweighs the public interest in disclosing the information.(Local Government Act 1972, Schedule 12A, Part 1, Paragraphs 1, 2 and 4). The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk

Item no.	Matter in respect of which a decision is to be made	Decision-maker (if individual, name and title, if body, its name and see below for list of members)	Key Decision Y/N	Anticipated date of decision/ period in which the decision is to be taken	Private meeting Y/N	Reasons for the meeting to be held in private	Documents submitted to the decision-maker in relation to the matter	Address to obtain further information
170109/159	To consider and approve the detailed arrangements for the delivery of children's services from 1 st April 2017, including the detailed corporate and contractual terms, the performance measures and the proposed Together for Children Business Plan.	Cabinet	Y	During the period 8 February and 31 March 2017	Y	The report is not for publication as the Cabinet is considered likely to exclude the public during consideration thereof as it contains exempt information relating to the financial or business affairs of any particular person (including the authority holding that information), and/or any consultations or negotiations, or contemplated consultations or negotiations in connection with any labour relations matter arising between the Council and its employees and/or information in respect of which a claim to legal professional privilege could be maintained in legal proceedings. The public interest in maintaining these exemptions outweighs the public interest in disclosing the information.(Local Government Act 1972, Schedule 12A, Part 1, Paragraphs 3, 4 and 5). The public interest in maintaining these exemptions outweighs the public interest in disclosing the information.	Cabinet Report	Governance Services Civic Centre PO Box 100 Sunderland SR2 7DN Committees@sunderland.gov.uk

Item no.	Matter in respect of which a decision is to be made	Decision-maker (if individual, name and title, if body, its name and see below for list of members)	Key Decision Y/N	Anticipated date of decision/ period in which the decision is to be taken	Private meeting Y/N	Reasons for the meeting to be held in private	Documents submitted to the decision-maker in relation to the matter	Address to obtain further information
170118/160	To seek approval to commence consultation on Sunderland's Housing Strategy	Cabinet	Y	26 April 2017	N	Not applicable	Cabinet Report Draft Housing Strategy 2017 - 2022	Governance Services Civic Centre PO Box 100 Sunderland SR2 7DN Committees@sunderland.gov.uk
170123/161	International Advanced Manufacturing Park (IAMP) - update report on land acquisition, scheme delivery and related matters	Cabinet	Y	During the period 2 March to 30 April 2017.	Y	The report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraphs 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report will contain information relating to the financial or business affairs of any particular person (including the authority holding that information). The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet Report IAMP land acquisition and contractor costs	Governance Services Civic Centre PO Box 100 Sunderland SR2 7DN Committees@sunderland.gov.uk

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170130/162	To consider consultation responses received and associated actions; approve the Minster Quarter Masterplan as Supplementary Planning Document (SPD)	Cabinet	Y	26 April 2017	N	Not applicable	Cabinet Report; Consultation Report; Minster Quarter Masterplan Supplementary Planning Document	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
170131/163	To seek approval to procure and award a collective ICT Managed Service Provider for Evolve, Sunderland Software Centre, and Washington Business Centre for an initial three year period with the potential to extend the contract by two 12 month periods to a total of five years	Cabinet	Y	During the period 22 March to 28 April 2017	N	Not applicable	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk

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170207/164	To procure a Building Operator for offices at the former Vaux site.	Cabinet	Y	During the period 22 March to 30 April 2017	N	Not applicable	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
170207/165	To seek approval to procure a contractor for the refurbishment of the Fawcett Street offices	Cabinet	Y	During the period 22 March to 30 April 2017	N	Not applicable	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
170208/166	To appoint consultants to undertake Condition Reports, Strategic and Outline Business Cases for Strategy Frontage 3 Coastal Defence Structures (Port of Sunderland)	Cabinet	Y	22 March 2017	N	Not applicable	Cabinet Report Specification for Condition Reports, Strategic and Outline Business Cases for Strategy Frontage 3 Coastal Defence Structures (Port of Sunderland)	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk

Item no.	Matter in respect of which a decision is to be made	Decision-maker (if individual, name and title, if body, its name and see below for list of members)	Key Decision Y/N	Anticipated date of decision/ period in which the decision is to be taken	Private meeting Y/N	Reasons for the meeting to be held in private	Documents submitted to the decision-maker in relation to the matter	Address to obtain further information
170210/167	To seek approval of a Procurement of Vehicle Tyres Supply Contract	Cabinet	Y	22 March 2017	N	Not applicable	Cabinet Report Procurement of Vehicle Tyres	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
170213/168	To seek approval for a proposed extension to Unit 11 Mercantile Road, Rainton Bridge Industrial Estate, Houghton le Spring	Cabinet	Y	During the period 22 March to 30 April 2017	Y	The report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraphs 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report will contain information relating to the financial or business affairs of any particular person (including the authority holding that information). The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk

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170214/169	To seek approval for the revised Local Welfare Provision Policy (Crisis Support / Community Care Support) and scheme changes from April 2017	Cabinet	Y	22 March 2017	N	Not applicable	Cabinet Report Amended LWP Policy Statement Equality Impact Assessment	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
170214/170	To seek approval to procure Family, Adult & Community Learning provision for 2017/18	Cabinet	Y	22 March 2017	N	Not applicable	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk

Item no.	Matter in respect of which a decision is to be made	Decision-maker (if individual, name and title, if body, its name and see below for list of members)	Key Decision Y/N	Anticipated date of decision/ period in which the decision is to be taken	Private meeting Y/N	Reasons for the meeting to be held in private	Documents submitted to the decision-maker in relation to the matter	Address to obtain further information
170214/171	To seek approval for the proposed maintained school admission arrangements for the academic year September 2018-2019	Cabinet	Y	22 March 2017	N	Not applicable	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
170214/173	To approve the procurement of Domestic Violence Services for the city	Cabinet	Y	22 March 2017	N	Not applicable	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk

Item no.	Matter in respect of which a decision is to be made	Decision-maker (if individual, name and title, if body, its name and see below for list of members)	Key Decision Y/N	Anticipated date of decision/ period in which the decision is to be taken	Private meeting Y/N	Reasons for the meeting to be held in private	Documents submitted to the decision-maker in relation to the matter	Address to obtain further information
170214/174	To receive an update on progress on delivery of the cultural agenda. This includes support for the submission of funding bids and an update on proposals for Monkwearmouth Station	Cabinet	Y	22 March 2017	N	Not applicable	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk

Note; Some of the documents listed may not be available if they are subject to an exemption, prohibition or restriction on disclosure.

Further documents relevant to the matters to be decided can be submitted to the decision-maker. If you wish to request details of those documents (if any) as they become available, or to submit representations about a proposal to hold a meeting in private, you should contact Governance Services at the address below.

Subject to any prohibition or restriction on their disclosure, copies of documents submitted to the decision-maker can also be obtained from the Governance Services team PO Box 100, Civic Centre, Sunderland, or by email to committees@sunderland.gov.uk

Who will decide;

Cabinet; Councillor Paul Watson - Leader; Councillor Henry Trueman – Deputy Leader; Councillor Mel Speding – Cabinet Secretary; Councillor Louise Farthing – Children's Services; Councillor Graeme Miller – Health, Housing and Adult Services; Councillor John Kelly – Public Health, Wellness and Culture; Councillor Michael Mordey – City Services; Councillor Cecilia Gofton – Responsive Services and Customer Care

This is the membership of Cabinet as at the date of this notice. Any changes made by the Leader will be specified on a supplementary notice.

Elaine Waugh

Head of Law and Governance **21 February 2017**

Item 8

CHILDREN, EDUCATION AND SKILLS SCRUTINY COMMITTEE

2 MARCH 2017

ANNUAL WORK PROGRAMME 2016-17

REPORT OF THE HEAD OF MEMBER SUPPORT AND COMMUNITY PARTNERSHIPS

1. PURPOSE OF THE REPORT

- 1.1 The report sets out the current work programme of the Committee for the 2016-17 Council year.
- 1.2 In delivering its work programme the Committee will support the council in achieving its Corporate Outcomes.

2. Background

- 2.1 The work programme is a working document which 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 current work programme is attached as an appendix to this report.

4. Conclusion

- 4.1 The work programme is intended to be a flexible mechanism for managing the work of the Committee in 2016-17.

5 Recommendation

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

Contact Officer: Jim Diamond, Scrutiny Officer
james.diamond@sunderland.gov.uk

CHILDREN, EDUCATION AND SKILLS SCRUTINY COMMITTEE – WORK PROGRAMME 2016-17

REASON FOR INCLUSION	28 JUNE 16	19 JULY 16	8 SEPTEMBER 16	6 OCTOBER 16	3 NOVEMBER 16	1 DECEMBER 16	5 JANUARY 17	2 AND 14 FEBRUARY 17	2 MARCH 17	30 MARCH 17
Policy Framework/ Cabinet Referrals and Responses					Youth Justice Plan (Sharon Clutton-Dowell)					Education and Skills Strategy (Simon Marshall)
Scrutiny Business	<p>Remit and Work Programme of Committee (Jim Diamond)</p> <p>Children and Adult Mental Health Service – Progress Report (Janette Sherratt)</p> <p>Participation and Engagement of Young People (Jane Wheeler)</p>	<p>Child Sexual Exploitation (Gary Hetherington)</p> <p>Social Work – Arrangements for Obtaining Staff Views (Debra Patterson)</p>	<p>Local Authority Designated Officer (LADO) –Annual Report (Gavin Taylor))</p>	<p>Levels of Attendance and Exclusions in Schools (Simon Marshall)</p> <p>Social Work Staff Consultation – Feedback (JD)</p> <p>Opportunities for Consultation with Young People (JD/Jane Wheeler)</p>	<p>Independent Review Officer (IRO) – Annual Report (Gavin Taylor/Graham King)</p> <p>Corporate Parenting Annual Report (Martin Birch)</p>	<p>Early Years (Alex Hopkins)</p> <p>Local Authority Officer Designated Officer – Progress (Gavin Taylor)</p> <p>Fixed Penalty Notices (Simon Marshall)</p>	<p>Safeguarding Board Annual Report (Jane Held Independent Chair)</p> <p>Children and Adolescence Mental Health Service (Tracy Hassan)</p> <p>Social Work Staff Consultation – Feedback (JD)</p>	<p>Educational Attainment Schools Results/ Performance of Looked after Children and Vulnerable Groups(Simon Marshall)</p> <p>Youth Offer (Bev Scanlon)</p> <p>Child and Adolescent Mental Health Service (Janette Sherratt/Ian Holliday)</p>	<p>Suicide and Self Harm, children & young people – Progress Report (Gillian Gibson/Lorraine Hughes)</p> <p>Special Educational Needs/Services Provided for Autistic Children (Simon Marshall)</p>	<p>Drugs and Alcohol – Support for Young People (Simon Marshall)</p> <p>Child Sexual Exploitation – Update</p> <p>Pupil Place Planning ()</p> <p>Child and Adolescent Mental Health Service (Janette Sherratt/Ian Holliday)</p>
Performance / Service Improvement		<p>Improvement and Learning Plan – Monitoring Report (Alex Hopkins)</p> <p>Children's Services Complaints (Marie Johnston)</p>	<p>Improvement and Learning Plan – Monitoring Report (Alex Hopkins)</p>	<p>Improvement and Learning Plan – Monitoring Report (Recruitment and Retention of Social Work Staff) (Alex Hopkins)</p>	<p>Improvement and Learning Plan – Monitoring Report (Assessment and Care Planning) (Debra Patterson)</p>	<p>Improvement and Learning Plan – Monitoring Report) (Early Help Services to Children and Families) (Alex Hopkins)</p> <p>Children's Services Complaints (Marie Johnston)</p>	<p>Improvement and Learning Plan – Monitoring Report (Looked After Children and Permanency Planning) (Alex Hopkins)</p>	<p>Improvement and Learning Plan – Monitoring Report (Putting the Voice of Child at the Centre of Social Care Practice) (Alex Hopkins)</p>	<p>Leaving Care - Improvement and Learning Plan (AH)</p> <p>Meet the Team (AH)</p>	<p>Improvement and Learning Plan – Monitoring Report (Alex Hopkins) (Quality Assurance and Governance Mechanisms)</p> <p>Children's Services Complaints (Rhiannon Hood)</p>
Consultation / Awareness Raising	<p>Notice of Key Decisions</p> <p>Work Programme 16-17</p>	<p>Notice of Key Decisions</p> <p>Work Programme 16-17</p>	<p>Notice of Key Decisions</p> <p>Work Programme 16-17</p>	<p>Notice of Key Decisions</p> <p>Work Programme 16-17</p>	<p>Notice of Key Decisions</p> <p>Work Programme 16-17</p>	<p>Notice of Key Decisions</p> <p>Work Programme 16-17</p>	<p>Notice of Key Decisions</p> <p>Work Programme 16-17</p>	<p>Notice of Key Decisions</p> <p>Work Programme 16-17</p>	<p>Notice of Key Decisions</p> <p>Work Programme 16-17</p>	<p>Notice of Key Decisions</p> <p>Work Programme 16-17</p>

Items to Programme: Fixed Penalty Notices (tbc), Early Help Commissioning and Strategy (tbc), Children and Young People's Partnership Plan (June), Youth Offer