

## Children, Education and Skills Sub-committee

**17 October 2016**

Present: Councillor M Madden  
Councillors K Bolger, P Brooks, J Cassidy,  
K Clark, M A Green, M Thirlaway, A Newman, J Walker  
and M Rankin.

Mr G O'Hanlon	Church Representative
Rev. M Vine	Church Representative
Mrs M Ord	Parent Governor Representative

### **CES24/10/16 Apologies**

Apologies for absence were received from Councillor A Austin and Mrs J Little, Parent Governor Representative.

### **CES25/10/16 Substitute Members**

There were no substitute members reported.

### **CES26/10/16 Declarations of Interest**

In relation to the presentation on the proposed merger between TyneMet College and South Tyneside College, Mr G O'Hanlon declared a registerable personal interest as he was employed by TyneMet College as a lecturer.

### **CES27/10/16 Minutes**

**Resolved** that the minutes of the previous meeting held on 19 September 2016 be confirmed as a correct record and signed by the Chair.

### **CES28/10/16 Proposed Merger between TyneMet College and South Tyneside College**

The sub-committee received a presentation on the proposed merger between TyneMet College and South Tyneside College. The Chair of Governors, Bill Midgley, the Principal and Chief Executive, Jon Vincent, the Deputy Principal for Finance and Corporate Development, Ann-Marie Crozier, and Audrey Kingham, the Deputy Principal for Curriculum and Business Development, attended the meeting to make the presentation and answer questions.

The sub-committee was informed that TyneMet was in a position of strength as it were financially stable, fit for purpose and had received good Ofsted ratings in all aspects. The college was acknowledged on a national level for its work with engineering and manufacturing students and was the most popular provider nationally for student

satisfaction; the challenge was to become more resilient and robust, to invest in the local community and to grow as an institution.

The presentation outlined the challenges faced by Further Education colleges which included continuous funding pressures, curriculum reforms and changing markets which required colleges to look afresh at their missions and how they could serve their communities.

It was explained that a range of partnership models had been explored and evaluated but the merger with South Tyneside was the preferred option to explore further. This would be an exciting opportunity and would mean having one financially stable Further Education College, operating from sites north and south of the river Tyne. The new college would focus on the future needs of students, employers and communities of North Tyneside and South Tyneside. The proposed name for the new model was Tyneside College, which would incorporate South Tyneside College, Tyne Metropolitan College (including the engineering college), Queen Alexandra Sixth Form College, South Tyneside College and South Shields Marine School. There would be no change to the current branding used.

The presentation explained that the new vision was 'to be a world-class educational facility, focussed on developing the potential of the employees of the future, thereby ensuring the long-term prosperity of our region'. The presentation highlighted the key principles and outlined what the new college would do.

It was anticipated that Tyneside College would come into being on the 1 August 2017. The presentation outlined the key dates and events leading up to the opening, which included public consultation. TyneMet would come back and formally consult with the Council in due course as well as with other stakeholders.

The sub-committee sought clarification on South Tyneside College's financial and academic position and whether it was a merger or a takeover; the anticipated savings for the colleges; what new courses they might be able to offer; and the long term future of the physical presence of the college in the borough.

The representatives from TyneMet gave assurance that whilst it was technically a takeover there would be a new board of governors and a new chairperson and each college would have its own board of governors as well. Each college brought equal strengths to the partnership and it was seen as a merger; there was no advantage to be gained by running the north of Tyne colleges down. South Tyneside College was in a better financial position than TyneMet and the target was to have a saving of £1.5m by the end of year 2, mainly through economies of scale and more streamlined management costs, front line education provision would not be included in this target. They were in the very early stages of planning the curriculum but the colleges were seen as having natural affinities and whilst it was acknowledged that there would be some core courses offered by both, research had shown that students would not cross the river to go to college but would move to either Newcastle, Gateshead or Sunderland if the course they wanted to do was not available in their borough. When Tyneside College opened, in terms of the curriculum and courses available, it would be business as usual and there was no intention to stop providing any courses or close any buildings. The worst option was to do nothing, the main focus was to ensure TyneMet's future and they believed the merger was the most resilient and effective way to do this.

The sub-committee was also informed that the Elected Mayor had invited the representatives to attend the next Council meeting to give this presentation to all Members.

The sub-committee **agreed** to note the information presented on the proposed merger between TyneMet College and South Tyneside College and requested to be kept informed throughout the process.

### **CES29/10/16      Report of the ADHD Sub Group**

The sub-committee received a report from the Attention Deficit Hyperactivity Disorder (ADHD) sub group which had been established to examine the support provided in the borough for children with ADHD and their families. The sub-committee was required to endorse the report and its recommendations for submission to the next meeting of the Overview, Scrutiny and Policy Development Committee to request they approve the report for submission to Cabinet.

The sub group had met on a number of occasions to receive information and discuss their findings and also held a series of evidence gathering meetings with officers from the Council. To gain an understanding of the services available in the borough the sub group also met with parents, teachers, SENCo's and health professionals. The study used the NICE clinical guidelines on the diagnosis and management of ADHD relevant to children and young people as a template and looked to see whether the local authority was meeting them and, if gaps were identified, what could be done to fill them.

The guidelines subject areas were:

1. People with ADHD require integrated care that addresses a wide range of personal, social, educational and occupational needs. Care should be provided by adequately trained healthcare and education professionals.
2. Children and young people with behavioural problems suggestive of ADHD can be referred by their school or primary care practitioner for parent-training/education programmes without a formal diagnosis of ADHD.
3. Diagnosis of ADHD – should be made on the basis of a full clinical and psychological assessment of the person; including a discussion about behaviour and symptoms in the different domains and settings of the person's everyday life; a full developmental and psychiatric history; and observer reports and assessment of the person's mental state.
4. Post diagnosis of ADHD – advice about diet, behaviour and general care.
5. Treatment for children and young people – parent-training/education programmes, psychological treatment, contact with the child's teacher, drug treatment reserved for those with severe symptoms and impairment or for those with moderate levels of impairment who have refused non-drug interventions, or whose symptoms have not responded sufficiently to training/education programmes or psychological treatment.
6. Transition to adult services – if receiving care, transferred to adult services with transition planned in advance by both referring and receiving services; use of the care programme approach considered if needs are severe and/or complex.
7. Every locality should develop a multi-agency group, with representatives from multidisciplinary specialist ADHD teams, paediatrics, mental health and learning disability trusts, forensic services, child and adolescent mental health services

(CAMHS), the Children and Young People's Directorate (CYPD) (including services for education and social services), parent support groups and others with a significant local involvement in ADHD services. The group should:

- Oversee the implementation of this guideline.
- Start and coordinate local training initiatives, including the provision of training and information for teachers about the characteristics of ADHD and its basic behavioural management.
- Oversee the development and coordination of parent-training/education programmes.
- Consider compiling a comprehensive directory of information and services for ADHD including advice on how to contact relevant services and assist in the development of specialist teams.

As a result of the study the sub group had identified recommendations in relation to various aspects of support for families including the establishment of multiagency task and finish groups to create good practice; a review of training provision and implementation; referral to CAMHS; and activities with other areas of the authority.

The recommendations, if accepted, would assist the local authority, the NHS, parents, schools and volunteer organisations within communities in North Tyneside to help and support each other; which might also reduce the stigma and increase awareness and the knowledge of people whose families are unaffected by ADHD.

Representatives from the ADHD Parents Support Group, Kay Armatage, Alison Murray and Kate Taylor, which had been consulted by the sub group, had requested and been granted by the Chair of the Sub-committee five minutes to address the meeting.

The Parents Support Group stated their thanks to the councillors and all the professionals who took part in the sub group for their time and input and acknowledged the severe financial restraints that both Health and the local authority were currently experiencing. The support required for parents relied heavily upon a framework between Health and the local authority working together as one and this was the main reason behind the original request to implement the NICE guidelines. The Parents Support Group wanted to raise the following points with regard to the report:

- There was an urgent need to collect accurate data about children diagnosed with ADHD and what was actually happening to them as they move through the various systems of Health and Education.
- It was disappointing to note that whilst frameworks and templates were in place, they were not being used by all schools. SENCO's stated that parent support groups were a valuable resource and they would welcome these being set up within all schools across the borough to provide support to parents and improve on the communication between school and home.
- Additional support and training in schools was welcomed but recommending and encouraging schools to complete this training was not enough, it needed to be mandatory.
- Delivery of the Parent Factor course must be by experienced and fully trained professionals with advice on the development of training courses from parents who would also be willing to participate in the programmes alongside trained professionals.
- The need for a Multi Agency group, including parent representatives, as per the NICE guidelines to oversee the implementation of the NICE guidelines.

- There was no clear data readily available to establish what happens to children with ADHD on their transition through childhood to adulthood.

In response to the comments, the representatives from the Parents Support Group were informed about the local authority's power in relation to schools and the health organisations in the area and the functions and responsibilities of scrutiny committees.

Other feedback on the draft report had been received from people involved in the study and some changes to the recommendations had been made just prior to the meeting; in light of the late notification of these changes and the comments made by the Parents Support Group, it was suggested by the convenor of the sub group that instead of deferring the acceptance of the report for submission to Overview, Scrutiny and Policy Development Committee, the report be accepted in principle by the sub-committee and delegated authority given to the sub group, in consultation with the Chair of the Sub-committee, to finalise the report for its submission to Overview, Scrutiny and Policy Development Committee on 7 November 2016.

It was **agreed** to accept the report in principal and delegate to the ADHD sub group, in consultation with the Chair of the Sub-committee, authority to finalise the report for its submission to Overview, Scrutiny and Policy Development Committee on 7 November 2016.

## **CES29/10/16      Early Help and Integrated Locality Teams**

The sub-committee received an update on the development of the new Early Help Offer through the 0-19 Locality Teams and the integration of the Troubled Families (TF) work.

Key features of the new model included:

- Four integrated locality teams, made up of professionals who had expertise in working with children and families.
- 'Whole Family Working' i.e. workers not only working on a specific issue which reduced costs as fewer workers are engaged with a family, but also improved outcomes, by ensuring the issues facing families are addressed in their totality.
- Specialist support drawn in when families needed them, through the specialist knowledge of team members, or by linking with specific teams.
- The locality teams operating from community based settings across North Tyneside which were managed by a Locality Manager with support and included specific expertise in:
  - Community navigation – helping people find their own support solutions in the community
  - Youth work/youth offending
  - Drug and alcohol misuse
  - Mental health
  - Working with troubled families
  - Working with children in need
  - Child development/Healthy children – Health Visiting and School nursing
  - Children leaving care
  - Employability – through the Troubled Families Employment Advisors.

Targeted provision was based on North Tyneside's successful Family Partner model; 0-19 staff provided the key contact point for vulnerable families and would be responsible for

preventing need from escalating and achieving positive outcomes. Workers would have a mixed caseload of ages and families with additional needs, including those with multiple and increasingly complex needs. The family partner developed a plan in partnership with the family, commissions suitable interventions and holds other agencies accountable for delivery against that plan. Other teams providing support through the plan were schools, voluntary and community sector providers, housing, Child and Adolescent Mental Health Services (CAMHS) and the police.

On 1<sup>st</sup> June 2016 the team, which were different sizes based on the analysis of need, moved into their new locations:

South West – Howdon Children’s Centre  
North West – Shiremoor Children’s Centre  
Central – Riverside Children’s Centre  
Coast – Whitley Bay Customer First Centre

The Early Help pathway had also been implemented which included the new ‘locality allocation’ meetings which happened each month in each locality. There were five circumstances which would see a family discussed at a locality meeting:

1. Those identified through Troubled Family data.
2. Complex or ‘stuck’ Early Help cases.
3. Cases that have been through a statutory social work assessment but which do not meet the threshold for social work intervention.
4. Cases that have been to the ‘Front Door’ but who on further examination do not need a statutory social work assessment.
5. Children who have been in Child Protection and have progressed to Child In Need and who, with support, can now be transitioned back to mainstream services.

This process was very new and a future report would provide analysis of how it was working but early indications had been positive.

The sub-committee was also informed that another Troubled Families claim had been submitted. In the first two claims the local authority had only been able to claim for 6 and then 8 of the 28 indicators of success; however the local authority’s most recent claim had been for 19. This suggested that progress was being made and the programme was being better understood.

The sub-committee was also informed that an action they had recommended the last time an update on the Troubled Families programme had been received had been completed. The recommendation was in relation to the introduction of a process for notifying relevant partners/organisations when a death had occurred in a family to enable appropriate support to be offered (previous minute CES51/03/16). Now when a family registered a death they were asked by the Registrar if they would like to be signposted to services for support.

Members sought clarification that professional help was available for families that needed it, that services and support from voluntary organisations like employability services was not being duplicated by the family partners and that families had options about who they worked with.

The sub-committee was assured that when work began with a family the first step was to identify what other services and support the family was receiving and to ensure there was no duplication and that these providers were also invited to the locality meetings. The key

role of the family partner was to build relationships with the family, persuade them to engage with the process and provide a conduit for the support so as to not overwhelm a family; where professional specialist support was required it was offered.

The location of the north west locality team in Shiremoor was particularly frustrating for some Members as Shiremoor was associated more with Whitley Bay and there were buildings in the north west, for example the John Willie Sams Centre and the community centre in Fordley, which could easily accommodate a team and would be based in the right area and be easily accessible for the local community. It was explained that the locality teams were based where the data indicated they needed to be and that family partners were rarely in the office and travelled to the families rather than vice versa.

It was **agreed** (1) to note the information provided on the work of the locality teams and the Troubled Families programme; and (2) to request that the appropriate Cabinet Member and the Head of Health, Education, Care and Safeguarding consider relocating the north west locality team to an office based in the north west of the borough.

### **CES30/10/16          Parent Governor Representatives – End of Term of Office**

The Chair informed the sub-committee that the four year term of office for the parent governor representatives had come to an end; Mrs Ord had been re-selected and would continue in her position for another term but Mrs Little was no longer a parent governor and was stepping down. The Chair thanked Mrs Little for her service to the committee and her school and wished her all the best for the future.

The Chair's comments were endorsed by all present.