



North Tyneside Council

Vivienne Geary
Head of Law and Governance
North Tyneside Council
Quadrant
The Silverlink North
Cobalt Business Park
North Tyneside
NE27 0BY

This matter is being dealt with by:
Ms E A Kerr
Democratic Services
Tel: (0191) 643 5322
Fax: (0191) 643 2430
e.mail: elizabeth.kerr@northtyneside.gov.uk

15 January 2018

To: All Members of Children, Education and Skills Sub-committee

Dear Councillor

Children, Education and Skills Sub-committee – 22 January 2018

I refer to the agenda for the meeting of the Children, Education and Skills Sub-committee to be held on Monday 22 January 2018 and enclose the following items:

Item 5 – Eating Disorders report

Item 6 - Children and Young People's Plan

Please bring these papers with you to the meeting.

Yours sincerely

Elizabeth Kerr
Democratic Services Officer
On behalf of
Vivienne Geary
Head of Law and Governance

Circulation overleaf

Circulated to:

To all Members of the Children, Education and Skills Sub-committee

Councillor Alison Austin
Councillor Pamela Brooks
Councillor Joanne Cassidy
Councillor Karen Clark
Councillor Muriel Green
Councillor Karen Lee

Councillor Andy Newman
Councillor Pat Oliver (Deputy Chair)
Councillor Margaret Reynolds
Councillor Matthew Thirlaway (Chair)
Councillor Alison Waggott-Fairley
Councillor Frances Weetman

Parent Governor Representatives

Mrs Michelle Ord

Churches Representatives

Rev. Michael Vine, Church of England

Mr Gerry O'Hanlon, Roman Catholic Church

Meeting: Children, Education and Skills Sub-committee

Date: 22 January 2018

Title: Eating Disorders

Authors: Dr. Sionna McCutcheon Consultant Child and Adolescent Psychiatrist
Dr. Elisa Gatiss Clinical Psychologist
Dr. Julie Owens Consultant Child and Adolescent Psychiatrist and
Clinical Lead

Report from: NHS North Tyneside Clinical Commissioning Group and
Children and Adolescent Mental Health Service (CAMHS)

Wards affected: All

1. Purpose of Report

The purpose of this report is to provide information on the services provided by North Tyneside CAMHS (child and adolescent mental health service) for children and adolescents presenting with eating disorders in North Tyneside.

2. Recommendation(s)

The sub-committee is recommended to consider the report attached and make any comments and/or recommendations as appropriate.

3. Details

See attached report.

4. Appendices

The service provision for Children and Adolescents with Eating Disorders report.

5. Background documents

[Access and Waiting Time Standard for Children and Young People with Eating Disorders](#)

Access and Waiting Time Standard for Children and Young People with Eating Disorders

Report for NTC Children, Education and Skills Sub-committee on the service provision for Children and Adolescents with Eating Disorders in North Tyneside 22nd January 2018.

Authors Dr. Sionna McCutcheon Consultant Child and Adolescent Psychiatrist

Dr. Elisa Gatiss Clinical Psychologist

Dr. Julie Owens Consultant Child and Adolescent Psychiatrist and Clinical Lead

The purpose of this report is to provide information on the services provided by North Tyneside CAMHS (child and adolescent mental health service) for children and adolescents presenting with eating disorders in North Tyneside.

Due to concerns about the provision of services for children and young people presenting with eating disorders NHS England published "[Access and Waiting Time Standard for Children and Young People with Eating Disorders](#)" in 2015. This guidance states that National Institute for Health and Care Excellence (NICE)-concordant treatment should start within a maximum of 4 weeks from first contact with a designated healthcare professional for routine and within 1 week for urgent cases.

Background Information

Eating disorders are serious mental health problems. They can have severe psychological, physical and social consequences. Children and young people with eating disorders often have other mental health problems (for example anxiety or depression), which also need to be treated in order to get the best outcomes.

It is vital that children and young people with eating disorders, and their families and carers, can access effective help quickly. Offering evidence-based, high-quality care and support as soon as possible can improve recovery rates, lead to fewer relapses and reduce the need to inpatient admissions.

The availability of dedicated, community eating-disorder services has been shown to improve outcomes and cost effectiveness. If a child or young person starts their treatment in a general child and adolescent mental health service (CAMHS), they are more likely to be admitted to an inpatient service than those treated in community eating-disorder settings within the following year.

The sooner someone with an eating disorder starts an evidence-based NICE-concordant treatment the better the outcome. The standard is for treatment to be received within a maximum of **4 weeks** from first contact with a designated healthcare professional for routine cases and within **1 week** for urgent cases. In cases of emergency, the eating disorder service should be contacted to provide support within 24 hours.

Services need to be able to respond to the broader needs of families and carers as well as the child or young person with an eating disorder. This might include supporting the family with techniques to help manage eating disorders in young people, and information about additional support services or expert advice.

Providers of eating disorder services will be required to demonstrate that they deliver evidence-based, high-quality care. This can be supported through the membership of a national quality improvement and accreditation network to produce transparent and accessible data for all stakeholders, including the general public. This will enable providers to assess and continue to improve the quality of care they provide, and ultimately become accredited services.

Training commissioned at a national level will be offered to improve clinical and management skills specifically to meet the needs of children and young people with an eating disorder, and the needs of their family where appropriate. This is vital to providing a viable service that focuses on continuous improvement.

NHS England, clinical commissioning groups (CCGs), local authorities, education providers and other eating disorder services (including adult mental health) should work in partnership to improve outcomes for children and young people with eating disorders and support their transition between services. This is an effective way to increase capacity and share resources to deliver better care.

MANAGEMENT OF YOUNG PEOPLE PRESENTING WITH EATING DISORDERS IN NORTH TYNESIDE

North Tyneside CAMHS is commissioned by North Tyneside CCG and is provided by Northumbria Healthcare Trust to provide care for young people presenting with eating disorders.

Due to the serious nature of eating disorders if it is apparent from the referral to CAMHS that the young person is likely to have an eating disorder the referral is immediately (same day as referral received) directed to the eating disorder team and an appointment for an initial assessment is arranged. Most of the referrals for eating disorder patients are made by GPs, but the team are working towards self-referral especially for this patient group. Some referrals may arise from open CAMHS cases where eating problems may have developed following referral for another mental health problem.

The Specialist Eating Disorder CAMHS Team

The team consists of 1.4 wte members of the CAMHS staffing – this includes time from psychiatrists, clinical psychologist and nursing staff. All the members of the eating disorders team have received specialist training in eating disorders and are able to provide evidence based treatment. The team meets weekly to discuss new referrals as well as open cases and team development. Recently a paediatric dietician has joined the team for one session a week.

Over the last 4 years the clinicians team have accessed a range of training opportunities including Maudsley training of family based treatment for anorexia nervosa, IAPT (Improving Access to Psychological Therapies) systemic family therapy training for eating disorders and, more recently, 8 days of national training that has been rolled out across the country funded by NHS England.

OTHER SERVICES/ PATHWAYS

North Tyneside CCG also commissions a service from NTW (Northumberland Tyne and Wear Mental Health trust) called EDICT (Eating Disorder Intensive Community Treatment). A referral is made to this service from North Tyneside CAMHS if a young person's condition is deteriorating or not

improving at a satisfactory rate and a more intensive community treatment is required. EDICT offers similar interventions but can offer more frequent appointments and have a wider multi-disciplinary team.

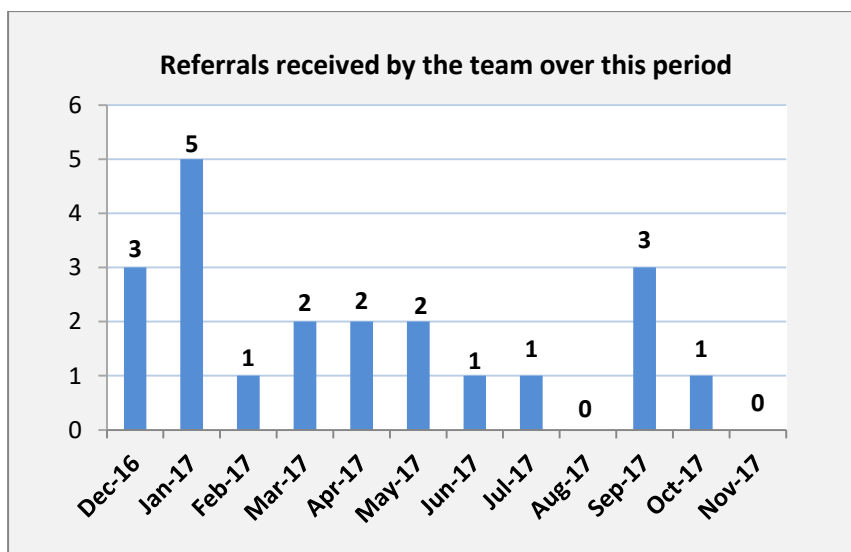
INPATIENT CARE

Community treatment is by far preferable for patients with eating disorders and evidence shows that patients that stay in the community fare better long term compared to patients who are admitted to hospital. However community treatment is not always effective and inpatient admission may be indicated. The local inpatient unit is Evergreen Unit in Middlesbrough. However there are not always beds available and admission to an out of area bed further afield is necessary.

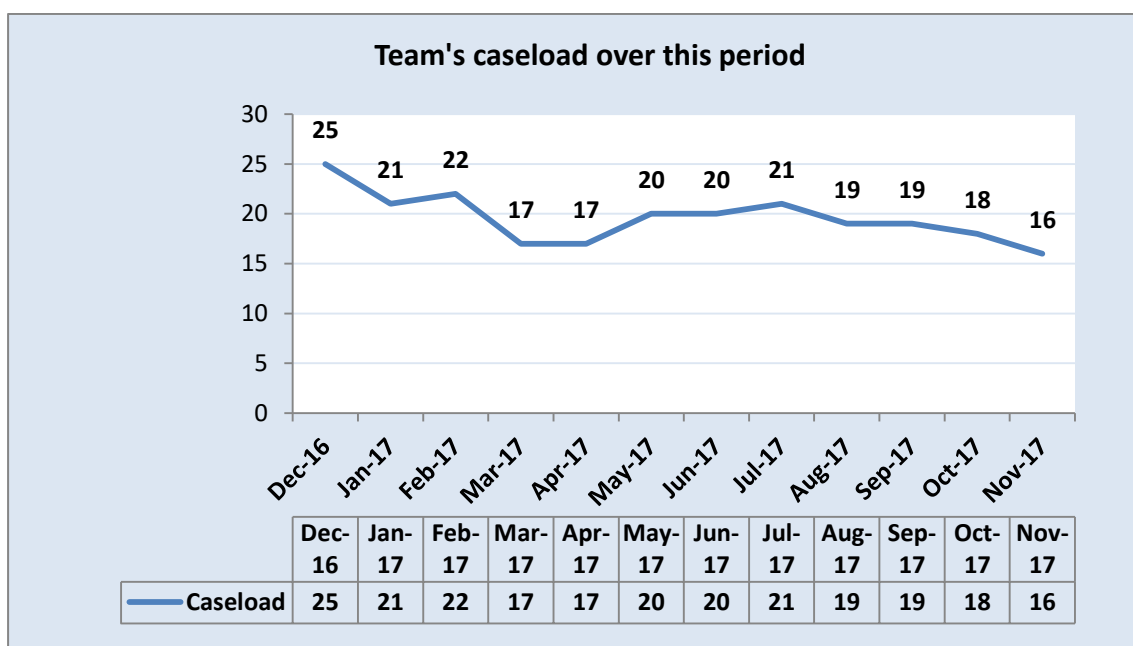
North Tyneside CAMHS – Data on Specialist Eating Disorder Team

1. Number of referrals received from 1 December 2016 to 30 November 2017

Monthly breakdown:



2. Team's caseload



3. Number of cases seen by the team and appointments offered to patients over this period

Number of cases seen by the team over this period	46
Total number of appointments offered to patients over this period	486
Average number of appointments offered to each patient	11
Maximum number of appointments offered to patient	52

4. Average waiting times from referral to assessment over this period

Average wait in weeks for all ED patients	1.84
Average wait in weeks for patients with a diagnosis of Anorexia	0.86

Further information about eating disorders.

Anorexia Nervosa is a serious mental health condition with the highest mortality of any psychiatric disorder. Around 2% die from suicide or starvation. Onset is typically in adolescence and prevalence reports in teenage girls vary but it is thought to be <1%. Key features include intentional weight loss through restriction of diet, with or without self-induced vomiting, over-exercise or use of diet pills. The young person loses 15% of body weight or their weight falls 15% below average for their age and height. There is typically endocrine disturbance, females usually stop having periods and puberty is delayed if onset is before onset of puberty. Anorexic thoughts are present with an intense dread of fatness, belief in the need to lose weight and a self-imposed low weight threshold. In the long term it's thought that roughly 50% recover, 30% are partly improved and 20% run a chronic course.

Bulimia Nervosa can be a hidden illness as sufferers often of normal weight and can be secretive about symptoms. It is believed to be more common than anorexia nervosa but under-represented in clinical samples. Core symptoms include preoccupation with eating and craving food as well as periods of starvation with repeated bingeing and compensatory behaviours. There is a dread of fatness and the sufferer self sharply defined weight threshold. In the long term roughly 50% recover, 25% improve and 25% have a chronic course.

Atypical Anorexia Nervosa is used to describe those young people in who one or more of the key criteria for a diagnosis of anorexia nervosa is absent, but they otherwise present a fairly typical clinical picture. Patients who have all key symptoms of anorexia nervosa but only to a mild degree, for example they may not have lost 15% of body weight.

TREATMENT ACCORDING TO NICE GUIDELINES

Anorexia Nervosa

Psychoeducation should be part of treatment as well as monitoring of weight, physical and mental health. Parents or carers should be involved as appropriate. Helping people to reach a healthy body weight or BMI for their age is a key goal; as such weight gain is essential in supporting other psychological, physical and quality of life changes that are needed for improvement or recovery.

For children and young people family therapy for anorexia nervosa is the recommended first line and this would typically consist of 18-20 sessions over the course of a year. Early in treatment this focuses on supporting the parents or carers to take a central role in helping the person manage their eating (this is a temporary role in the first phase) and also aiming to establish a good therapeutic alliance with the person, their parents or carers and other family members.

In the second phase the young person (with help from their parents or carers) is supported to establish a level of independence appropriate for their level of development. In the final phase the focus is on plans for when treatment ends (including any concerns the person and their family have) and on relapse prevention address how the person can get support if treatment is stopped.

NICE recommend if FT-AN is unacceptable, contraindicated or ineffective for children or young people with anorexia nervosa, consider individual CBT-ED (Cognitive Behavioural Therapy for Eating

Disorders) or Adolescent Focused psychotherapy for anorexia nervosa (AFP-AN). Both of these treatments though predominantly individually focussed include some family sessions.

It is recommended that those with Anorexia Nervosa and their families are offered dietary advice in line with their developmental needs.

Bulimia Nervosa

NICE guidelines recommend family therapy for bulimia nervosa (FT-BN), typically 18-20 sessions over 6 months. This has a similar focus and structure to FT-AN. If this is unsuccessful, unacceptable or contraindicated CBT for eating disorders is recommended.

Physical Health Monitoring

There should be links with acute medical services to ensure young people's needs are met if they become physically unwell. ECG and bloods should be monitored when indicated. There are also recommendations in terms of bone density scans.

Meeting: Children, Education and Skills Sub-committee
Date: 22 January 2018
Title: Children and Young People's Plan 2014-18 update

Author: Craig Anderson Tel: 0191 643 5621
Service: Corporate Strategy
Policy Performance and Research
Wards affected: All

1. Purpose of Report

Recommendation 2 of the Child Poverty Sub Group report in 2014 was that the Children, Education and Skills Sub-committee receive a bi-annual performance report on the delivery of the Children and Young People's Plan 2014-18.

The attached report shows progress since the last update to the sub-committee, in June 2017.

2. Recommendations

The Sub-committee is recommended to note the progress made in delivering the Children and Young People's Plan priorities and if considered appropriate provide comments and / or recommendations.

3. Background

- 3.1 North Tyneside's Children and Young People's Plan provides the strategic framework for the integrated planning, commissioning and delivery of children's services, in order to improve the lives of children and young people. The plan is produced and owned by the Children, Young People and Learning Partnership. Since 2010 the plan has also served as the borough's Child Poverty Strategy, setting out how partners will work together to address the underlying causes of deprivation.
- 3.2 In 2014 the Children, Young People and Learning Partnership agreed to develop a new plan. Partners recognised the need to further integrate children's services to address the complex issues facing children and young people in the borough. The Children and Young People's Plan 2014-18 was approved by Council in September 2014. The plan will be refreshed in 2018.
- 3.3 North Tyneside Council's Overview and Scrutiny Committee's 'Review of Child Poverty' report was published in 2014 and included the recommendation that the Children, Education and Skills Sub-committee should receive bi-annual progress reports on the implementation of the Children and Young People's Plan.

3.4 Cabinet accepted Overview and Scrutiny's recommendation on the 10 March 2014 and agreed that the first report on the new Children and Young People's Plan would be presented at the June 2015 Children, Education and Skills Sub committee meeting.

4. Performance update

4.1 The updated report including key performance information is attached. The contents were considered by the Partnership in November 2017.

4.2 The Committee will note that the performance report shows that

- For the fifth year in a row, there has been an increase in the number of children who are ready for school. This overall success is further supported by a reduction in the gap, linked to deprivation, for children achieving the expected level at Foundation Stage. This gap has been reduced by all children improving but those on Free School Meals improving at a faster rate
- There has been a reduction in the number of young people who are not in education, employment or training over the lifetime of this plan. In addition there has also been a reduction in the number of 18-24 year olds who are claiming Job Seekers Allowance. This is part of a wider reduction in the number of people claiming unemployment benefits, which has reduced from 4.8% in 2012/13 to 2.7% in 2016/17
- Young people are proceeding to a positive destination at an increasing rate. 88% of young people progress to Key Stage 5 (A level). Of those, 90% progress into a positive destination after Key Stage 5.

5. Conclusion

Committee members are requested to note the progress made against the Children and Young People's Plan and make any further comments or recommendations around the delivery of the shared priorities, or any further information required.

6. Appendices

Children and Young People's Plan Performance report January 2018

Children and Young People's Plan

Performance report

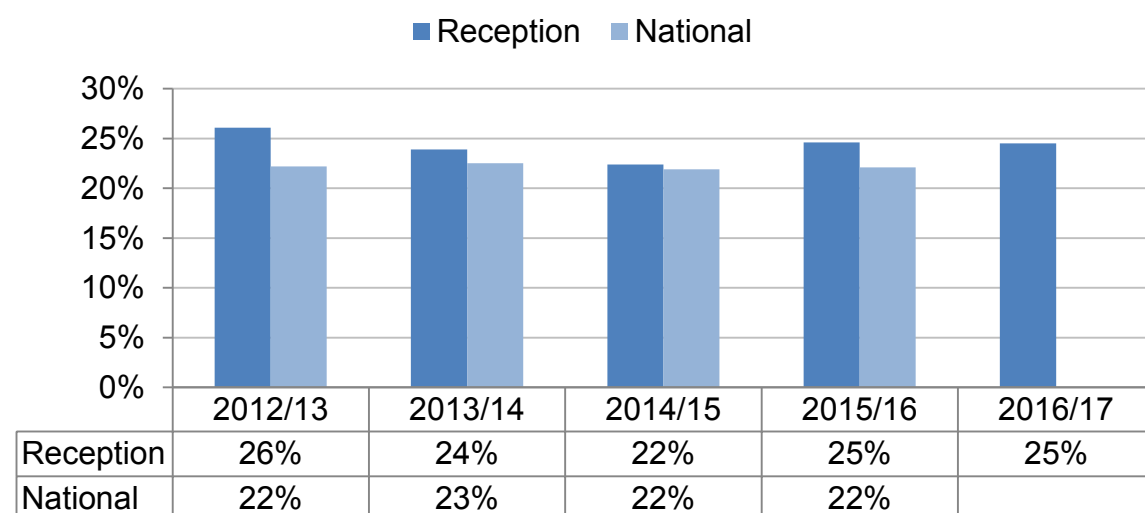
January 2018



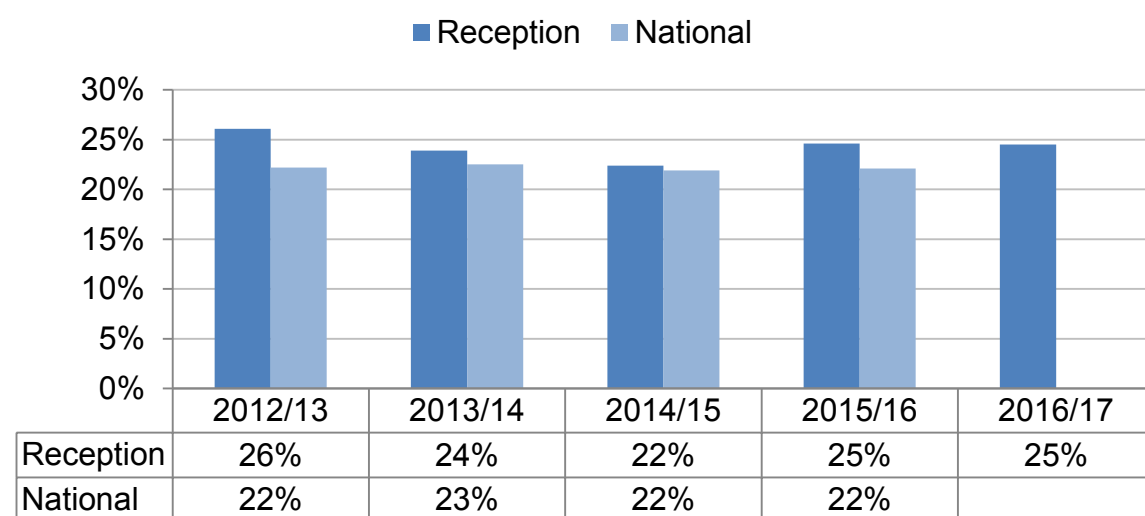
Ready for School

Outcome 1.1 Children and their families lead healthy lifestyles

**Childhood obesity - prevalence of excess weight at Reception
NCMP (PHOF 2.06)**



**Childhood obesity - prevalence of excess weight at Year 6
NCMP (PHOF 2.06)**



Measure 1

The Plan has a clear focus on ensuring a healthy start to life continuing through childhood and beyond. A key part of that is the continued focus on reducing excess weight levels in the borough.

The percentage of reception aged children with excess weight remains at 25%. In 2016 North Tyneside was significantly worse than the national rate of 22%. The percentage of year 6 children with excess weight has increased slightly between 2016 and 2017. In 2016 North Tyneside was comparable with the national rate of 34%.

All very overweight children have been followed up since the National Child Measurement Programme was carried out in March and recruitment onto the weight management programme Healthy for Life has been successful.

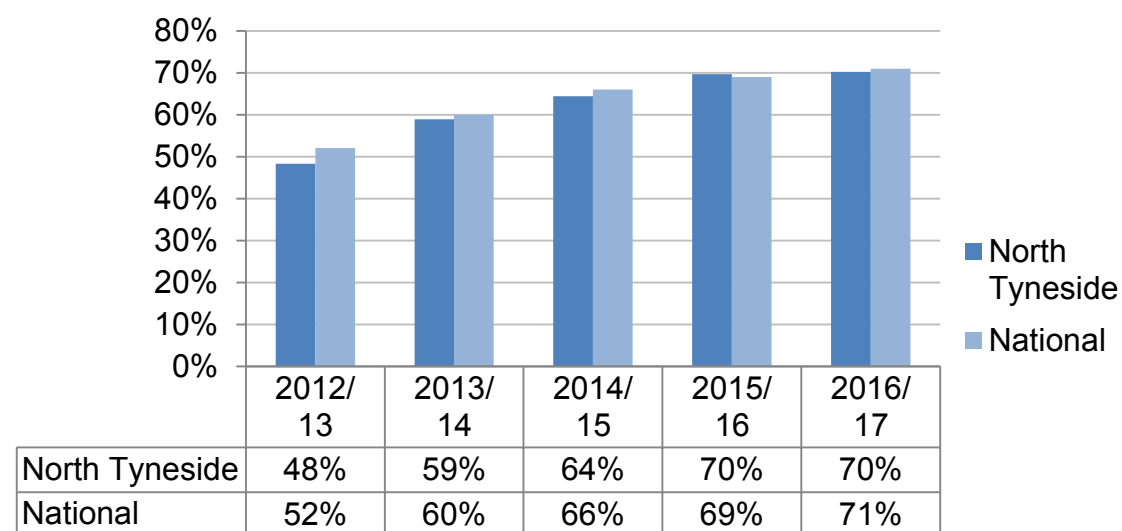
The adult weight management programme Weight Worries continues to go from strength to strength. The National Diabetes Prevention Programme will be rolled out across the NE on 1st April 2018 we are working with Clinical Commissioning Group colleagues and hope to have a programme in North Tyneside early next year. We are exploring the opportunities to work with schools in relation to the PE and sport premium for schools.

Active North Tyneside continues to promote physical activity across the borough particularly in our less affluent areas and offer both universal and targeted programmes for children and families.

A TCPA event was held to identify what more can be done in the borough to promote health place. The HFT policy in the Local Plan has been tested with two appeals both of which have been dismissed.

Outcome 1.2 Children are ready to start school

% pupils with a Good Level of Development at Foundation Stage



Measure 2

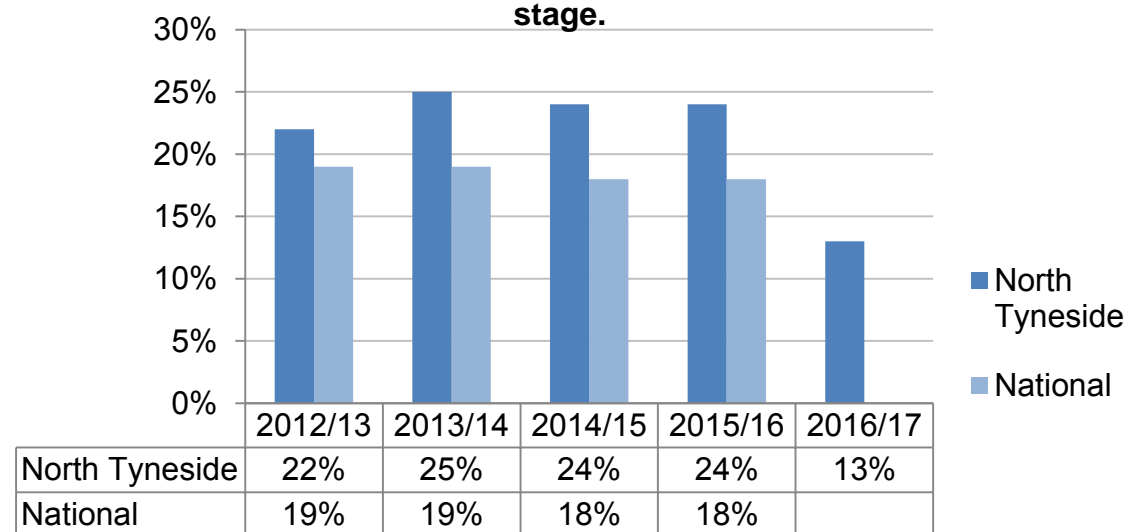
A key ambition for the plan is that every child is ready for school. The research is clear that ensuring that this happens will provide the best start in life for both the children and their families.

There has been an improvement in the percentage of pupils reaching a Good Level of Development by the end of Foundation Stage.

In 2016/17 the figure of 70.2% is in-line with the latest national data, although the improvement nationally has been greater. (2017 data is provisional)

Moderation processes have been further strengthened to ensure that accuracy remains as a high priority. Additional training has been delivered and planned regarding strong in school procedures and head teachers' understanding of the assessment differences in Early Years.

% gap between non-FSM pupils and FSM pupils (in North Tyneside) reaching the expected level (GLD) at foundation stage.



Measure 3

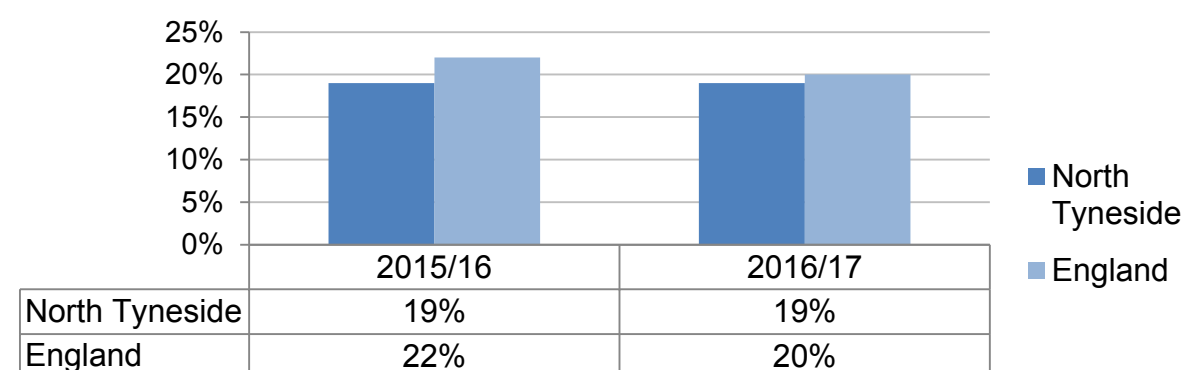
Based on provisional data, the gap between Free School Meal (FSM) pupils and their peers in North Tyneside who achieved a Good Level of Development at foundation stage has reduced. This is as a result of a greater improvement in the performance of FSM pupils in 2017 compared to previous years.

There has been a “disadvantaged” focus introduced into all training and network meetings. The Ofsted report Unknown Children – Destined for Disadvantaged?” has been highlighted and good practice shared. There is a new network group focusing on Pupil Premium and Early Years Pupil Premium that is led by an adviser and good practice will be extended to pre school settings.

Ready for Work and Life

Outcome 2.1 Narrow the gap in educational outcomes

% gap between non-disadvantaged (nationally) pupils and disadvantaged (locally) pupils reaching the Expected Level in RWM at KS2



Measure 4

Attainment at the end of key stage 2 in North Tyneside has improved since last year for every subject at the expected level, with 9% improvement in combined Reading, Writing and Maths (RWM). North Tyneside is performing significantly better than other Local Authorities for KS2 reading, writing, maths & combined RWM at the Expected Level.

Large scale school improvement strategies led by Early Years School Improvement Service (EYSIS) over time are paying off this year for many Primary schools. A proactive EYSIS plan has been in place for 3 years, creating and developing new assessment materials before levels finished with a school working group. These are still used today and enabled schools to bridge the gap robustly. The Primary team also developed exciting cross-curricular units based on the new curriculum and best practice creative literacy units, which form the basis of most schools' curricula today

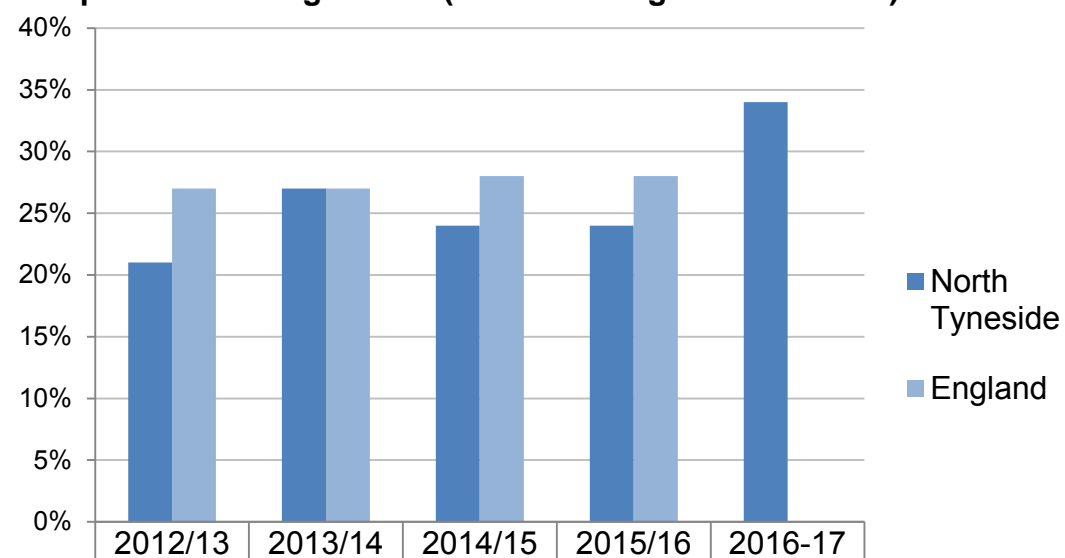
The current end of KS2 assessments has only taken place for the last 2 years, so a 3 year trend will not be available until next year.

EYSIS has been working closely with the 13 schools who are doing the 2 year Primary Writing Project with Pie Corbett. For example, 11 out of 13 schools increased the proportion of pupils attaining greater depth at KS2.

For more able children, reading and maths are broadly in line with national, writing is significantly better. The Primary team has created an action plan focussed on supporting and challenging schools where there is any area where data is significantly below, or intelligence shows a potential vulnerability.

Disadvantaged pupils are broadly inline with emerging national disadvantaged for all subjects, but high aspirations to bring attainment into line with non-disadvantaged are at the heart of the plans. For example, all Primary CPD has a focus on developing the emotionally healthy schools agenda, so that pupils have increased resilience and self-esteem. There are now 5 trained Pupil Premium reviewers on the EYSIS team and there is a focus on supporting schools to review best practice for PP children. There is also a focus on catching pupils earlier at key transition points so that they are less likely to fall through gaps. Research-based interventions in reading, writing and maths delivered by EYSIS continue to support pupils to narrow gaps.

% achievement gap between disadvantaged pupils and their peers achieving Basics (A* to C in English and Maths) at KS4



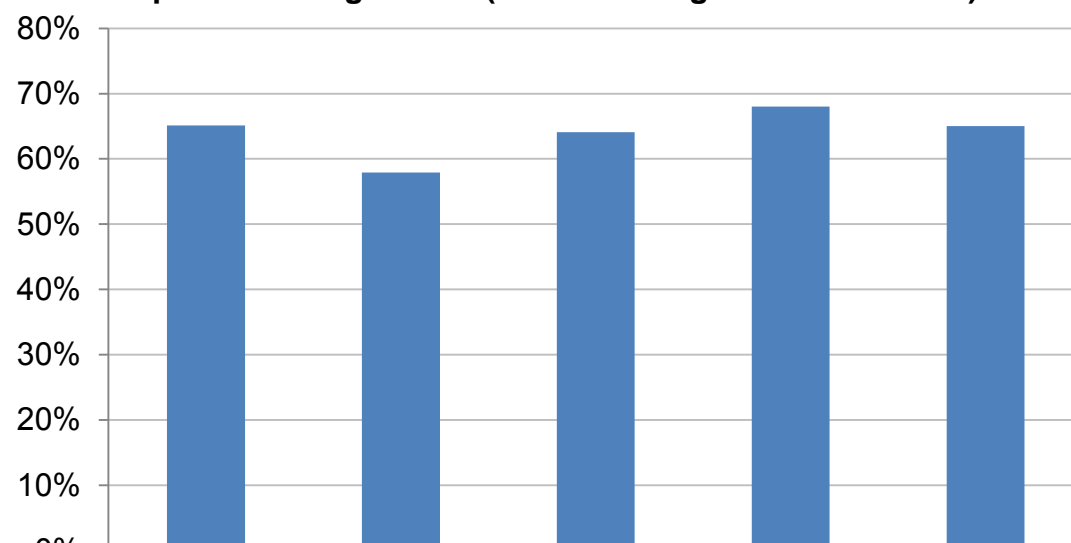
North Tyneside	21%	27%	24%	24%	34%
England	27%	27%	28%	28%	

Measure 5

Ensuring that all young people are ready for work and life is a key part of the plan.

Changes to methodology over the years make direct comparisons impossible, however it seems clear that the gap has widened in North Tyneside this year. National data, not yet available, will be necessary to see if the gap has widened nationally due to methodological changes.

% Pupils achieving Basics (A* to C in English and Maths at) KS4



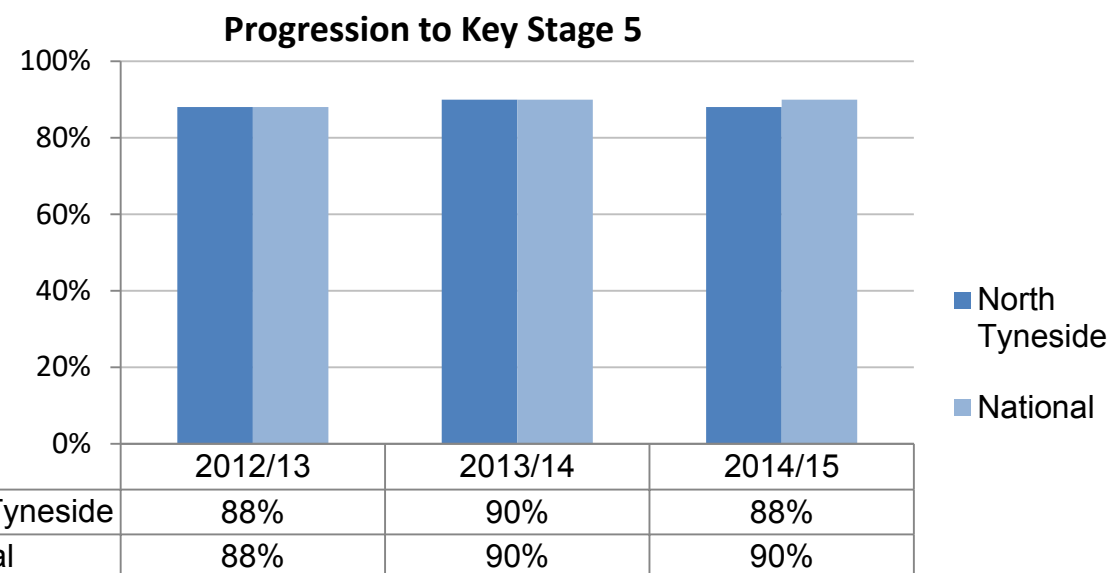
North Tyneside	65%	58%	64%	68%	65%
----------------	-----	-----	-----	-----	-----

Measure 6

Ensuring that all young people are ready for work and life is a key part of the plan.

Provisional KS4 attainment for 2016-17 is slightly lower than last year but remains significantly better than expected national levels.

Outcome 2.2 Ready for employment



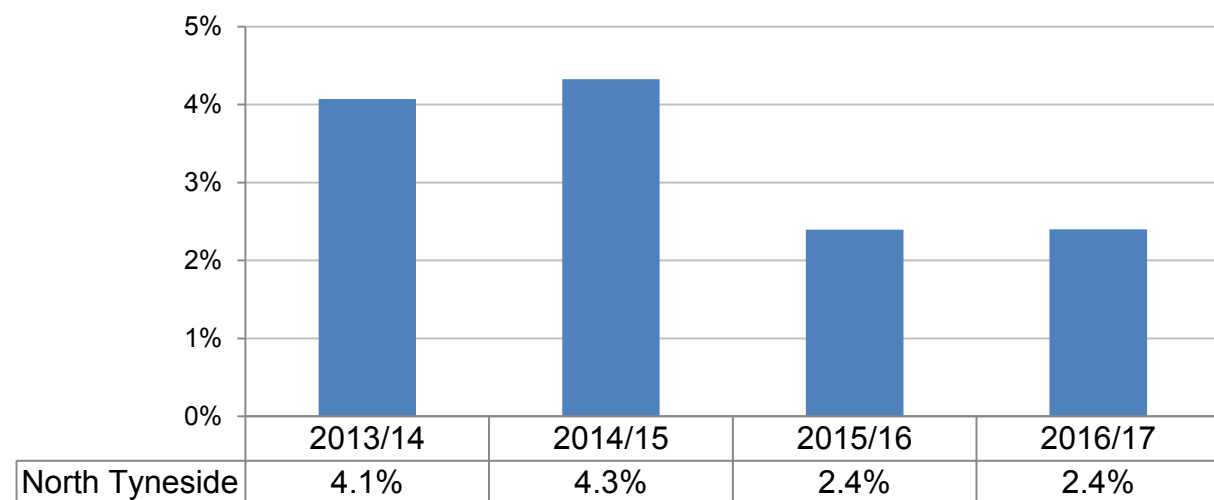
Measure 7

Ensuring that young people in North Tyneside have the right high level skills and qualifications to progress and succeed in the job market is important for their happiness and the regions' prosperity.

Progression from KS4 to any education destination remains broadly steady and just below national (-2%). The shortfall for North Tyneside is in our relatively high rate of unsustained destinations.

Improving pupil expectations and education outcomes at KS4 will maximise opportunities for all pupils to progress to further study.

% not in Education, Employment or Training



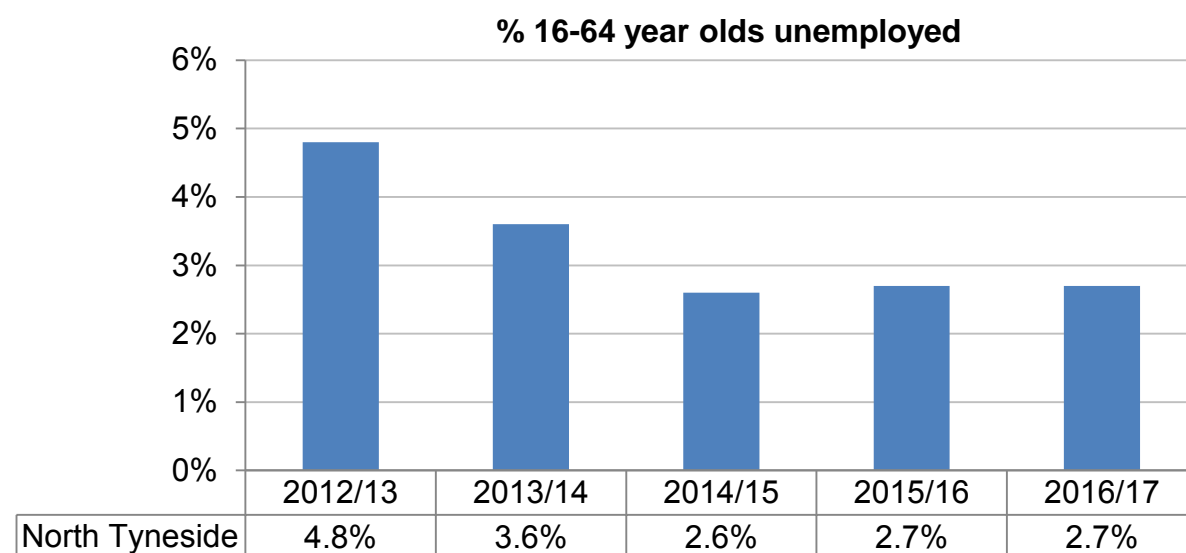
Measure 8

North Tyneside aims to ensure that everyone is ready for work and life.

NEET rates in North Tyneside are again better (lower) than national rates for the second year running.

The number of people, aged 16-18, who are Not in Education, Employment or Training (NEET) across North Tyneside improved dramatically from 2014/15. This is also reflected in a reduction, by 385 people, of 18-24 year olds claiming Job Seekers Allowance.

This success has been achieved through a range of targeted activity, including Connexions, the 'Care to Work' programme for young people leaving care and a supported internship programme for young people with special education needs (SEN) and disabilities.



Measure 9

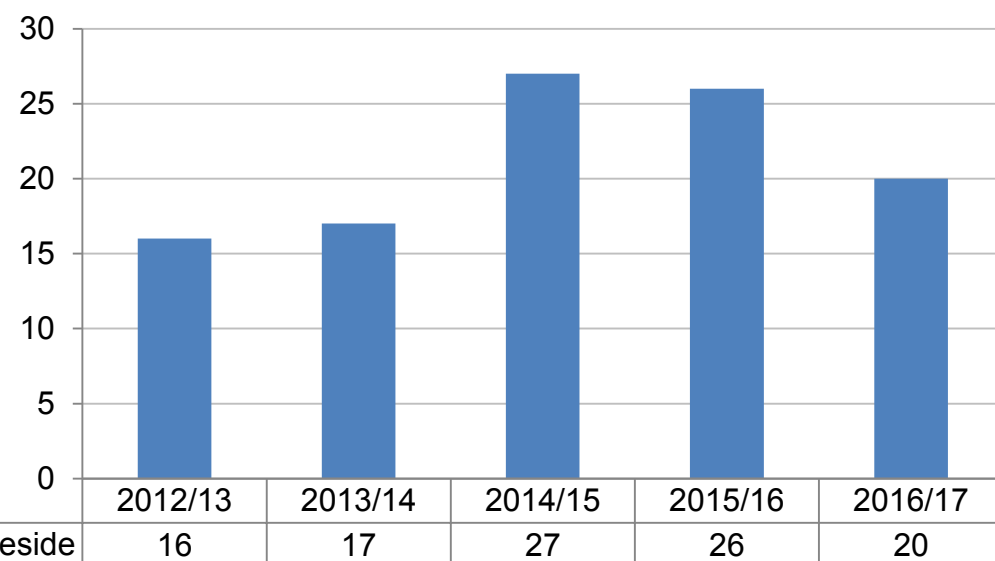
The plan for North Tyneside is focused on ensuring that residents are ready for work and that the Borough is a great place to work.

This measure shows that the number of claimants of the main unemployment benefits - Jobseeker's Allowance and out of work Universal Credit claimants has reduced significantly since 2013. The claimant rate for the main unemployment benefits was unchanged in March 2017 compared to a year earlier. The number of claimants fell to 3,385, from 3,430 a year earlier.

This measure is expected to improve through the work of the Mayors Welfare Reform Task Group, work on supporting businesses to grow and the work to support people gain the skills that businesses require.

Outcome 2.3 Reduce risk taking behaviour

Offenders supported / young offenders



Measure 10

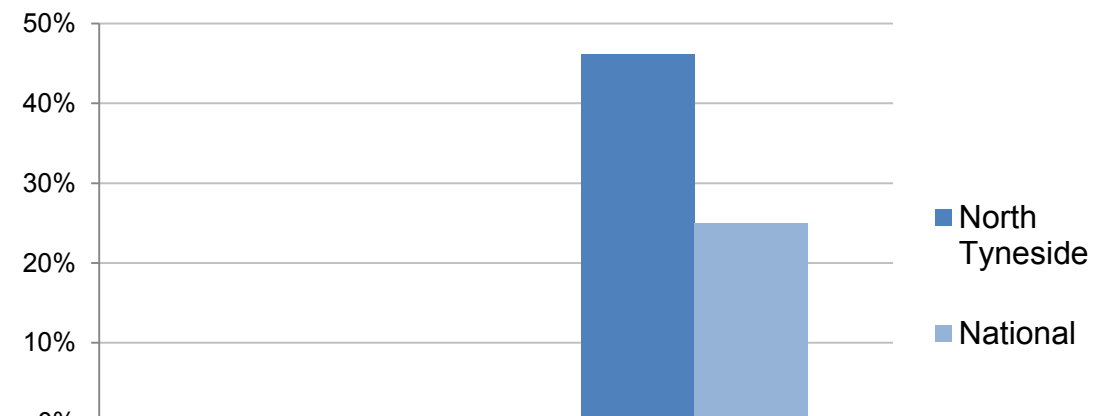
The Youth Offender Team aim to achieve a reoffending rate under 40% and aim to bring North Tyneside's rate down to the National average of 37% in the next 2 years.

The current year's target has been achieved (the figure represents an annual reoffending rate of 35%)

Safe, Supported and Cared For

Outcome 3.1 The most vulnerable Children and Young People are protected

% LAC Pupils (SSDA903 cohort) reaching the Expected Level in RWM at KS2



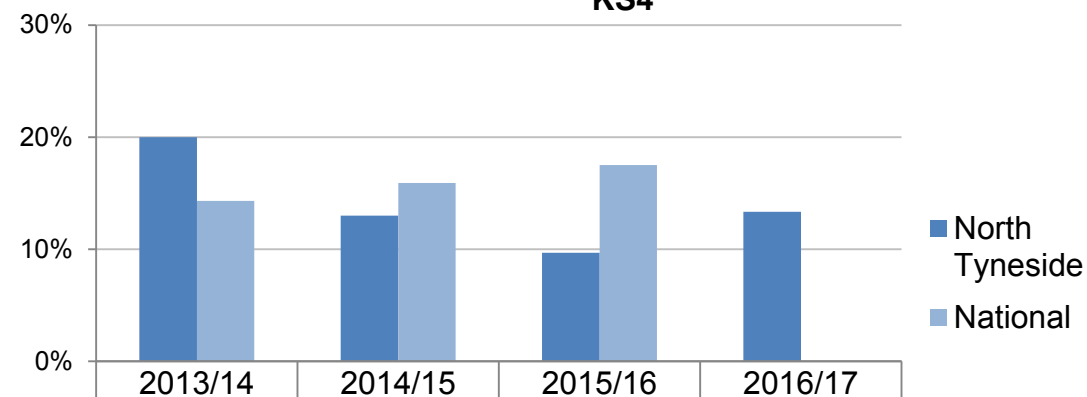
	2015/16	2016/17
North Tyneside	0%	46%
National	0%	25%

Measure 11

The RHELAC (Raising Health And Education in Looked After Children) team provide a range of support to Looked After Children including academic support, counselling and attachment related support plans.

Schools are also using pupil premium plus to provide interventions. The majority of pupils are on track to reach Expected Standards but as always there are some pupils with SEND who will not reach the Expected Standard but are progressing well. Nationally, 25% of looked after children achieved the expected standard in 2016.

% LAC Pupils (SSDA903 cohort) attaining Basics (A*-C E&M) at KS4



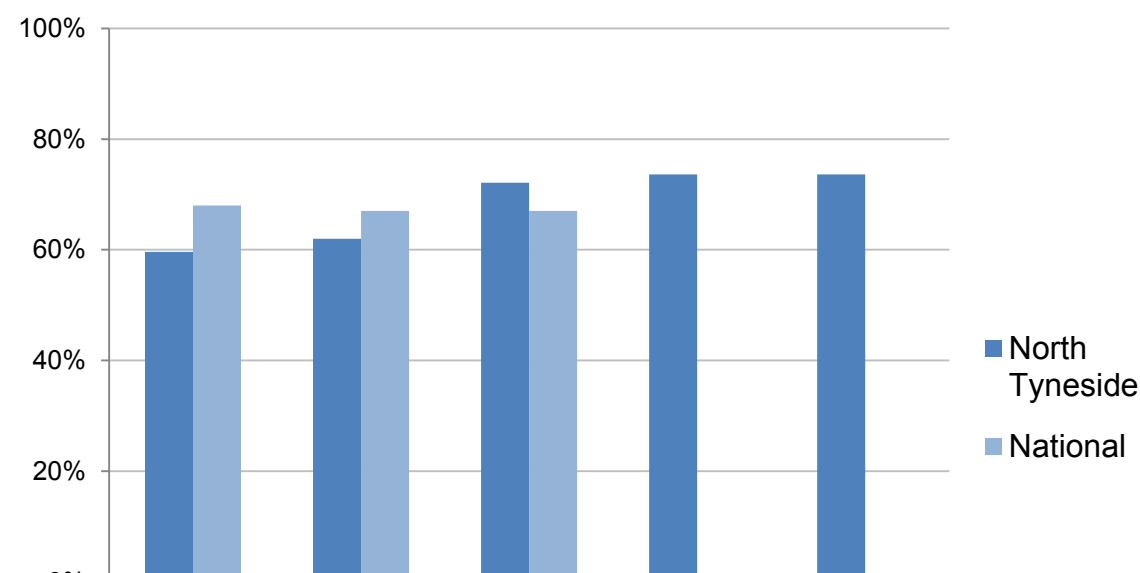
North Tyneside	20%	13%	10%	13%
National	14%	16%	18%	

Measure 12

The RHELAC (Raising Health And Education in Looked After Children) team provide a range of support to Looked After Children including academic support, counselling and attachment related support plans.

This year's attainment for the complex CLA group (with many other complex characteristics) is again in line with national for this group.

% Looked After Children placement stability



North Tyneside	59.6%	62.0%	72.1%	73.6%	73.6%
National	68.0%	67.0%	67.0%		

Measure 13

Looked After Children are able to express their opinions to the service through a variety of mechanisms. One of their priorities has been to maintain stable placements.

The proportion of children looked after long term who have been in the same placement for more than two years remained stable in 2017/18.

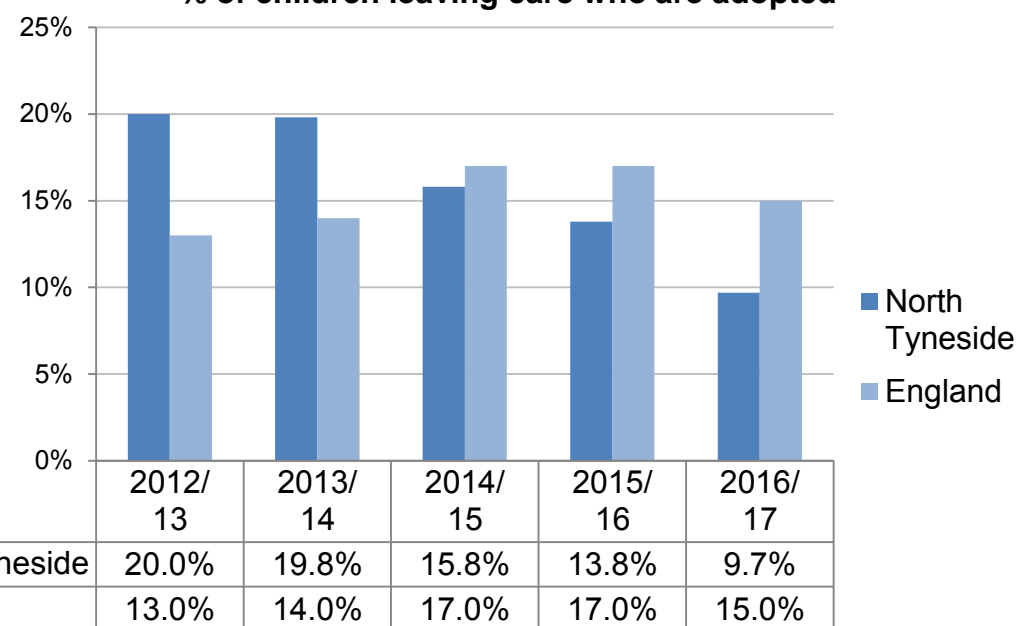
North Tyneside is in the top quartile nationally for this indicator.

The local authority sets high standards for itself in the care of long term looked after children. The Local Authority aims to achieve a safe and stable home for those children who are looked after on a long term basis.

A rigorous care planning process ensures that only in exceptional circumstances are children moved to alternative care arrangements, and in those instances the placement move is considered to be in the best interests for the wellbeing of each child.

Services for Looked After Children were rated as "Good" by the 2017 Ofsted Single Inspection.

% of children leaving care who are adopted



Measure 14

14 children were adopted in 2016/17 compared to 24 the previous year. This decrease in adoptions is in line with the national trend.

The Local Authority has a good record in achieving adoption outcomes for children in recent years, especially when it comes to those children for whom adoption is traditionally difficult to achieve.

Fewer children are having to wait before being matched with their forever family, and as such the journey from care to adoption has significantly shortened for each child.

This has resulted in fewer adoptions in recent years, although this is in line with most other local authorities in England. Adoption performance was rated as “Good” by the 2017 Ofsted Single Inspection.