



Children and Young People's Overview and Scrutiny Committee

Date **Thursday 29 September 2016**
Time **9.30 am**
Venue **Committee Room 2, County Hall, Durham**

Business

Part A

Items during which the Press and Public are welcome to attend. Members of the Public can ask questions with the Chairman's agreement.

1. Apologies for Absence
2. Substitute Members
3. Minutes of the Meetings held on 1 July, 25 July and 5 September 2016. (Pages 1 - 22)
4. Declarations of Interest, if any
5. Any items from Co-opted Members or Interested Parties
6. Media Relations - Update on Press Coverage
7. County Durham Teenage Pregnancy (Pages 23 - 42)
 - a) Report of the Interim Director of Public Health
 - b) Presentation by Portfolio Lead in Public Health
8. Update on School Funding Reforms (Pages 43 - 46)
 - a) Report of the Interim Corporate Director of Resources
 - b) Presentation by Finance Manager – Education Services
9. Children and Young People's Services Ofsted Single Inspection Framework - Report of Interim Corporate Director of Children and Young People's Services (Pages 47 - 74)
10. Draft Oral Health Strategy For County Durham - Report of Interim Director of Public Health (Pages 75 - 90)

11. CAS - Revenue and Capital Outturn 2015/16 and CAS - Quarter 1: Forecast of Revenue and Capital Outturn 2016/17 - Reports of Interim Corporate Director of Resources (Pages 91 - 112)
12. Quarter One 2016/17 Performance Management Report - Report of Corporate Management Team (Pages 113 - 126)
13. Summary of Minutes from Children and Families Partnership (Pages 127 - 132)
14. Such other business as, in the opinion of the Chairman of the meeting, is of sufficient urgency to warrant consideration

Colette Longbottom
Head of Legal and Democratic Services

County Hall
Durham
21 September 2016

To: **The Members of the Children and Young People's Overview and Scrutiny Committee**

Councillor C Potts (Chairman)
Councillor M Nicholls (Vice-Chairman)

Councillors J Armstrong, D Bell, K Corrigan, K Dearden, O Gunn, D Hall, C Hampson, J Hart, D Hicks, K Hopper, P Lawton, J Measor, S Morrison, L Pounder, M Simmons, H Smith, M Stanton, P Stradling and W Stelling

Parent Governor Representatives:
Mr R Patel

Co-opted Members:
Mr D Kinch

DURHAM COUNTY COUNCIL

CHILDREN AND YOUNG PEOPLE'S OVERVIEW AND SCRUTINY COMMITTEE

At a Meeting of **Children and Young People's Overview and Scrutiny Committee** held in Committee Room 2, County Hall, Durham on **Friday 1 July 2016 at 9.30 am**

Present:

Councillor C Potts (Chairman)

Members of the Committee:

Councillors J Armstrong, D Bell, K Corrigan, O Gunn, D Hall, C Hampson, J Hart, D Hicks, K Hopper, M Nicholls, L Pounder, M Simmons, H Smith, M Stanton and P Stradling

Co-opted Members:

Mr D Kinch

1 Apologies for Absence

Apologies for absence were received from Councillors K Dearden and P Lawton.

2 Substitute Members

There were no substitute Members in attendance.

3 Minutes

The minutes of the meeting held on 1 April 2016 were agreed as a correct record and signed by the Chairman.

4 Declarations of Interest, if any

There were no declarations of interest.

5 Media Relations - Update on Press Coverage

The Overview and Scrutiny Officer referred Members to recent press articles relating to the remit of Children and Young People's Overview and Scrutiny Committee. The articles were:

- County Durham's young champions recognised – following the introduction of the Young Person's Chairman's Medal which was introduced by Councillor Blakey, the former Chairman of the County Council, 14 of County Durham's most deserving young people received the award at a presentation event on 13 May 2016.

- 10,000 turn out for Wharton Park's re-opening weekend – Families enjoyed two days of entertainment on the opening bank holiday weekend following the £3m renovation.
- Wolsingham School first in the region to achieve UNESCO associated status – the school had become one of 22 UNESCO associated schools within the UK, joining a global network of 10000 educational institutions in 181 countries.

The Chairman commended the achievement of Wolsingham School and Members agreed that a letter be sent to them on behalf of the Children and Young People's Overview and Scrutiny Committee, to congratulate them for achieving UNESCO associated status. Members agreed that letters of congratulations should be sent to all of the winners of the Young Persons Chairman's Medal, on behalf of the Committee.

The Chairman agreed to amend the order of business and consider item no. 10 on the agenda.

6 Concessionary Travel Arrangements for Disabled Residents and their Carers

The Committee considered a report of the Corporate Director of Regeneration and Economic Development which informed them of the English National Concessionary Travel Scheme (ENCTS) which provided free travel on local bus services for older and disabled people (for copy see file of minutes).

The Head of Transport and Contract Services confirmed that travel was free in County Durham for children under five years old and legal advice had been sought with regards to legislation regarding disabled children under the age of five years. He explained that eligibility guidance provided clarity that the concession for carers applied because they were travelling with a person of fee paying age. It had been established that the Council were not obliged to give a free pass to carers of disabled children under the age of five years, however it could be issued at the Councils discretion.

Councillor Armstrong referred to austerity and measures taken to reduce costs, and queried the cost to the authority, if a discretionary concession was offered to carers of disabled children under 5 years old. The Head of Transport confirmed that there would be an estimated 280 children that would be entitled to such a scheme and it would cost in excess of £35000 per year. Following a benchmarking exercise in areas of Tyne and Wear, he confirmed that North Tyneside Council did not offer free travel to companions of disabled children, Northumberland and Tyne and Wear Local Authorities did, however most of the Tees Valley Councils did not, with the only exception being Darlington Borough Council. He also added that the Service was considering all non-statutory functions with regards to cost-cutting.

Councillor Hall confirmed that information should be provided to the Committee to ensure that travel costs were not provided for by other means, such as carers allowance and that an investigation to establish whether travel companions were covered within the Carers' Allowance should take place.

Councillor Gunn stressed the importance of safeguards for people who did not have other forms of transport to be disadvantaged in any way.

Councillor Stradling confirmed that there was not enough information for Members to consider making a recommendation to Cabinet and Councillor Armstrong requested an Equality Impact Assessment be included in the additional information being brought back to the committee. The Head of Transport and Contract Services confirmed that he would return at a later date with approximate numbers and cost implications for the Committee to consider.

Resolved:

- i. That the report be noted.
- ii. That a further report be brought to Committee.

The Chairman confirmed that the items would be considered from item no. 7 on the agenda.

7 Innovations Programme Update

The Committee considered a report of the Corporate Director of Children and Adult Services which provided an update on the progress and implementation of the Innovations in Children's Social Care Programme (for copy see file of minutes).

Members received a presentation from the Strategic Manager, Children's Services which highlighted the background to the programme, the progress to date, the impact of the transformation to date, and the challenges that remained and next steps (for copy of slides see file of minutes).

Councillor Gunn commended the progress which had been made during a time, when as a result of austerity, there was such a huge reduction in public expenditure and it was very difficult to be allocated funding.

Councillor Nicholls was concerned by the stress on Social Workers with excessive caseloads and welcomed the progress towards more manageable numbers of Looked after Children. The Strategic Manager, Children's Services confirmed that a lot of the success was down to joint working and the co-locating of services with One Point. Social Workers were now located within the same building as Family Workers and therefore communication in the transfer of care had been improved. Team Co-ordinators were now responsible for administrative tasks, such as arranging meetings therefore Social Workers could use their time more efficiently. In addition, it was proposed that a PCSO would be based at One Point and could provide essential information on families which were not yet subject to a care plan, but may need early intervention.

Councillor Hart referred to the sustainability of the programme considering £3.2m funding from the Innovations Programme had been utilised and he queried whether a further proposal had been made to secure funding in order to continue the programme. The Strategic Manger, Children's Services confirmed that the Government had committed a further £200m to the Innovations Fund for the next two years and bids were welcome for new projects or from those who wanted to upscale current models. A proposal was being submitted and should it not be successful, as long as the estimated targets for the reduction of LAC be met, the money saved would be reinvested, and the service could be maintained. If not, staggered reductions to the resources going in would be made.

Councillor Stradling suggested that a further progress report was given in six months and the Strategic Manager, Children's Services confirmed that an update would be given following receipt of the Independent Evaluation Report which was scheduled.

Resolved:

That recommendation as outlined in the report be approved.

8 Director of Public Health Annual Report

The Committee considered a report of the Director of Public Health which requested the receipt of the 2015 annual report of the Director of Public Health for County Durham (for copy see file of minutes).

Members received a presentation from the Consultant in Public Health which provided an update on Obesity in County Durham (for copy see file of minutes).

Councillor Nicholls referred to the ongoing rise in obesity and confirmed that although a change in diet had contributed, there had been a reduction in physical activity over the years. Children were not playing outdoors and had limited physical education in schools. He confirmed that it was crucial for schools offer additional activities to assist children in becoming more active and as a result, living a more active lifestyle in later years. The Consultant in Public Health confirmed that there was a lot of work going on in schools such as projects for growing your own food, food plans, children were encouraged to walk or cycle to school and a there was a nation campaign called The Daily Mile which encouraged children to walk every day.

Councillor Smith referred to the remit of various Committees - planning and licensing Committees considered whether food establishments would generate business and create jobs in local areas, however this Committee which was considering the impact that those establishments had when selling high calorie foods which contributed to weight gain. The Consultant in Public Health referred to a recent headline with reference to a planning application for a fast food premises in Newcastle which had been refused due to it being near a school. A subsequent appeal was withdrawn by the applicant due which confirmed that it was possible to fend off organisations if they could be of detriment to children's health.

With reference to food labelling and the significant advertising for food which was low in fat or fat free, Councillor Gunn confirmed that upon close inspection of their nutritional content, a lot of food which did not contain fat was extremely high in sugar. People were not aware of this and assumed that they were consuming a healthy fat-free diet, when in fact could be high in sugar which contributed to Type 2 diabetes.

In addition Councillor Gunn added that food donations to food banks, although appreciated, were sometimes processed, high in carbohydrates, fat and sugar, and consideration should be given to improving the type of food that was donated.

Mr Kinch referred to a headline from a daily newspaper which had suggested that takeaways were delivering to school gates and queried whether the Consultatnt in Public

Health had any knowledge of this happening in County Durham. In response the Consultant in Public Health advised that he had only heard anecdotal evidence that when schools held evening events sometimes takeaway food was brought in, but acknowledged that this did not fit with school food plans.

Resolved:

That recommendation as outlined in the report be approved.

9 Performance Management Q4

The Committee considered a report of the Corporate Management Team which presented progress against the councils corporate basket of performance indicators, Council Plan and service plan actions and other performance issues for the Altogether Better for Children and Young People theme for the 2015/16 financial year (for copy see file of minutes).

The Strategic Manager, Performance and Information Management presented the report and key issues with regards to the Quarter Four Performance Management Report.

It was noted that on page 92 the percentage of children looked after who had all of their reviews completed within required timescale was 91.3% and not 9.13% as stated in the report.

Councillor Hart suggested that the Committee should monitor CASCYP 30 to ensure that children waiting for CAMHS appointments did not have a lengthy wait as schools were not satisfied. The Strategic Manager, Performance and Information Management confirmed that this information would be fed back into the service lead.

Resolved:

That recommendation as outlined in the report be approved.

10 Refresh of the Work Programme

The Committee considered a report of the Assistant Chief Executive which provided Members with an updated Work Programme for the Children and Young People's Overview and Scrutiny Committee for 2016-17 (for copy see file of minutes).

The Overview and Scrutiny Officer provided Members with a presentation on the updated work programme and confirmed that a joint meeting with Safer and Stronger Communities Overview and Scrutiny Committee would take place on 25 July 2016.

In response to a question from Councillor Hall regarding third sector involvement in the Review of Youth Support, the scrutiny officer advised that there was third sector involvement across all of the priority themes of the council. As such, it would affect all committees and therefore this would be a topic which was more suited to a Member Seminar. This was as advised by the Head of Children's Services at the previous meeting of the Committee. The outcome of the Review of Youth Support would be reported to the Committee after it had been presented to Cabinet.

With regards to the identification of an In-depth Scrutiny Review, Councillor Gunn referred to the minutes from 1 April 2016 which confirmed the possibility of undertaking a piece of work on exclusions and managed moves between schools. The Overview and Scrutiny Officer confirmed that an Educational Services Update would be provided to the Committee on 5 September 2016 and following which, Members could consider a working group if the information presented did not meet expectations.

Resolved:

That recommendation as outlined in the report be approved.

11 Verbal update on Review of Take up of Free School Meals and Holiday Hunger

The Overview and Scrutiny Officer provided Members with a verbal update regarding the Review of Take up of Free School Meals and Holiday Hunger.

Members of the working group had met with teachers and students whilst on a site visit at Seaham School of Technology, where they had observed their biometric system in operation.

The Working Group had raised a number of issues with regards to the biometric system, such as not giving students on free school meals confidentiality and also being able to gain unauthorised access to another students balance.

The Group had considered some parents were concerned about sharing their personal financial information to apply for FSM, however it had been confirmed that a National Insurance Number was all that was needed and Members had agreed that requesting it as early as the school application process, would ensure that all eligible children were identified.

With regards to holiday hunger, the meeting with students from Seaham School had established that children wanted organisations to focus on activities rather than food when arranging school holiday provision.

Members had heard from the Principal Co-ordinator at East Durham AAP, who had confirmed that The Holiday Programme had been initiated to tackle holiday hunger. Voluntary organisations could apply to the Holiday Activity Fund and receive a grant to assist them in addressing holiday hunger as part of any activities they were providing. Members were keen to consider East Durham AAP when benchmarking.

The Diocese of Durham and the Church Urban Fund had joined together to tackle poverty by launching Communities Together Durham, who had presented Members with a growing school holiday programme to tackle child poverty. The Church was providing funding to, and supporting community organisations to develop their own programmes, and also providing volunteers with training to enable them to host events more efficiently.

The Overview and Scrutiny Officer confirmed that a final working Group had been arranged for 5 July 2016 for Members to consider the key findings and conclusions and formulate recommendations.

Resolved:

That the update be noted.

12 Summary of Minutes from Children's and Family Partnership

Members noted the Summary of Minutes from the Children and Families Partnership (for copy see file of minutes).

Resolved:

That the minutes be noted.

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DURHAM COUNTY COUNCIL

SAFER AND STRONGER COMMUNITIES AND CHILDREN AND YOUNG PEOPLE'S OVERVIEW AND SCRUTINY COMMITTEES

At a Joint Special Meeting of the **Safer and Stronger Communities and Children and Young People's Overview and Scrutiny Committees** held in **Committee Room 2, County Hall, Durham** on **Monday 25 July 2016** at **9.30 am**

Present:

Councillor D Boyes and C Potts (Joint-Chair)

Members of the Joint Committee:

Councillors J Armstrong, J Charlton, C Hampson, M Hodgson, G Holland, T Nearney, K Shaw, P Stradling, J Turnbull, C Wilson, O Gunn, D Hicks, K Hopper, P Lawton, S Morrison, M Nicholls, L Pounder and H Smith

Co-opted Members:

Mr R Patel

Co-opted Employees/Officers:

Chief Fire Officer S Errington

Also Present:

Councillors J Allen

1 Apologies for Absence

Apologies for absence were received from Councillors D Bell, J Cordon, K Corrigan, J Gray, H Liddle, J Maitland, M Simmons, F Tinsley and Mr J Welch

2 Substitute Members

No notification of Substitute Members had been received.

3 Declarations of Interest

There were no Declarations of Interest.

4 Any items from Co-opted Members or Interested Parties

There were no items from Co-opted Members or Interested Parties.

5 ERASE Team - Update

The Chairman, Councillor D Boyes introduced the Safeguarding Manager, Durham Constabulary, Helen Murphy, and the Team Manager, Children and Adults Services (CAS), Sheila Purvis who were in attendance to give an update presentation to Members in respect of the ERASE Team (for copy see file of minutes).

The Safeguarding Manager referred Members to the report circulated with the agenda papers, and the slides provided. It was explained that the current profile in terms of child sexual exploitation (CSE) for County Durham was young people most commonly aged 13-16, with those who are reported missing being especially at risk. Members noted that the vast majority of CSE began online, however, other locations could include takeaways, house parties, and youth hang out areas. Members learned of the work undertaken by Neighbourhood Wardens (NWs), Police Community Support Officers (PCSOs), and local Beat Officers in identifying areas where young people hang out and making them safe. Councillors noted that while boys were affected, the majority of victims were female and there were also links in terms of Lesbian, Gay, Bisexual and Transgender (LGBT) young people and CSE. It was added that offenders tended to be lone offenders, rather than operating in groups and most offenders within County Durham were White British.

Members learned that the aims of the ERASE team were to reduce the risk of CSE through:

- Multi-agency working, prevention and disruption plans
- Intelligence development
- Engaging with young people at risk
- Raise awareness about CSE

It was noted there were different target audiences, including professionals, people within communities/parents, and young people themselves. It was reiterated that there was an aim to reduce the risk and demand associated with missing children. Councillors noted that the Team Manager, CAS attended all the CSE meetings with the Detective Sergeant chairing the meetings. Members were given an example, highlighting how the range of agencies shared their information, how issues would be identified and prevention and disruption plans would be put in place. The Team Manager, CAS noted how well various agencies worked together, for example bus companies, colleges, charities in being able to identify potential warning signs such as young people receiving gifts or money and changes in use of mobile phones. The Safeguarding Manager added that all information was vital in being able to help prevent and disrupt CSE, with the Team being able to build upon intelligence received.

The Team Manager, CAS noted that the ERASE Team had noted a number of young people from other Local Authority areas were placed in accommodation within County Durham and if this is determined within interviews with Social Workers or CSE interviews, then the ERASE Team would speak to the other Local Authority as regards how they could then support the young person, noting in some cases the Local Authority may not be nearby. The Safeguarding Manager noted the vast majority were from nearby Local Authorities and a meeting had taken place with the Chief Constable and Chief Executive from another Local Authority to discuss protocols for information sharing in terms of CSE risk.

The Safeguarding Manager explained that CSE profile was looked at annually, to improve the intelligence development and tasking around perpetrators, with a dedicated researcher looking all information received and providing research for CSE meetings to help task other teams and including innovative tactics to intervene to protect a child. Members noted examples of how suspected vehicles could be added to the Automatic Number Plate Recognition (ANPR) system and that ERASE Caseworkers could liaise with the analyst as required. It was noted that the Multi-Agency Safeguarding Hub (MASH) also helped in terms of information gathering and filling in any gaps, and that the big task was in raising awareness. Councillors noted that there was number awareness raising activities including: the Local Safeguarding Children Board (LSCB) delivering briefings to Area Action Partnerships (AAPs); two half-day conferences to over 300 professionals; single agency training; team briefings; and media and marketing plan around target audiences. Councillors also noted that there would also be social media activity, bus stop adverts from mid-September as well as feeding into national campaign days. The Team Leader, CAS noted that further to presentations for young people, Headteachers from secondary schools had received training last year and this year would also include Headteachers from primary schools.

The Safeguarding Manager explained that in terms of reducing the risk and demand associated with missing children and supporting young people at risk, activities included: two missing coordinators: a youth worker engaging with young people, carrying out return to home interviews and carrying out a risk matrix in terms of CSE; a community support team; accountability of all repeat missing; contact with children homes; and demand analysis. The Team Manager, CAS noted that it was important to be able to have these early interventions and to assess and refer accordingly.

The Committee noted there had been some real successes and that the next steps would include an interim review, carried out by Professor S Hackett of Durham University, and multi-agency audit findings. Members noted emerging issues such as the need to get it right in “sexting” cases, as some could include CSE issues, and in terms of a new child advocacy model pilot. It was added that it was important to continue to engage with young people and parents to be able to explain the importance of being safe while using social media and messaging applications. Members noted that young people should not be criminalised where there is no CSE issue; however, it was vital to communicate to young people the dangers in such messaging and sharing of pictures. The Team Leader, CAS added that it was also important to help parents understand and be aware of the relevant privacy settings for their children’s social media, keeping the whole family safe.

The Safeguarding Manager explained that funding of £750,000 had been obtained in terms of a pilot programme to help support victims, with updates on this being reported back to the LSCB.

Councillors noted that the ways that they could help would be by: “see something, say something”, meaning to pass any information to the Police for them to make a judgement as regards the situation and then to respond in a proportional manner; to help raise awareness and share information and look at events where training could be provided; and to keep CSE on the agenda, fostering a supportive culture for all victims and providing a message of zero tolerance to abusers.

The Chairman, Councillor D Boyes thanked the Safeguarding Manager and the Team Manager, CAS and asked Members for their questions on the report and presentation.

Councillor M Nicholls noted the presentation and report were very in-depth and thanked the Officers for their work, as well as all associated agencies and organisations, such as DISC, and also asked if there was a number that Members could use to give information. The Safeguarding Manager explained that Members could use the non-emergency 101 telephone number if they had some information, however, it may also be possible to bring forward information via the First Contact service.

Councillor O Gunn noted that it was good that information was being shared via AAPs and within Primary Schools, however added that she felt it may also be appropriate for School Governors to also receive training. Councillor O Gunn asked whether there was any impact in terms of the school holiday period and also whether information leaflets could be made available for parents, for example at Police and Communities Together (PACT) Meetings. The Safeguarding Manager noted that some messages were brought forward at PACT meetings as appropriate, and the Team Leader, CAS added that there were awareness sessions within school with Governors, and this linked in with the LSCB and their training. It was noted that there was work carried out in the school holidays with the Family First and One Point Services, working closely with communities. The Team Leader, CAS explained that with the ERASE Team being based within One Point allowed for face-to-face interaction which was a better working relationship and helped ensure a speed of response. The Safeguarding Manager added that summer projects were designed to help engage with young people and included fishing events, drama events and courses in relation to emotional resilience.

Councillor T Nearney asked as regards multi-agency working and the increased training and how investigation and enforcement were carried out. Councillor T Nearney also asked as regards the role of the community and voluntary sector (CVS) in terms of helping with education on the issues, noting there were a lot of good materials available from charities. The Team Leader, CAS noted that there had been meetings with colleagues from the Education department and materials were chosen to ensure all primary schools were using the same series of presentations on the issue, ensuring a consistent approach. The Safeguarding Manager noted issues such as alcohol would be looked at by the Harm Reduction Unit (HRU) and they would look to confiscate any alcohol from underage drinkers. It was added that the HRU would also share information in terms of any vulnerable young people.

Councillor H Smith noted that getting the message across at a young age was vital, and agreed with the issue being brought to attention at primary school. Councillor H Smith noted there were a lot of very good materials available from the NSPCC and asked whether the materials being used were bespoke Durham County Council (DCC) materials. The Team Leader, CAS noted those materials were very good, as were a number from other organisations such as Barnardos, and the National Crime Agency's (NCA) CEOP (Child Exploitation and Online Protection) website and that those developed for use in schools would bring together the best of what was available.

The Portfolio Holder for Safer Communities, Councillor J Allen noted she had visited the ERASE project approximately a year ago in the early stages of its development. Councillor J Allen noted the issues in terms of children's homes and missing children, and welcomed the involvement of the Chief Constable and also the Council's Head of Children's Services, Carol Payne in the work undertaken. Councillor J Allen referred Members to the impact and success of the "Dying to be Cool" campaign in relation to cold water shock and added that a campaign akin to that may be useful.

Councillor J Turnbull asked if there were any mechanisms in place to alert Authorities offenders being placed in properties close to schools. The Safeguarding Manager explained that if they were convicted offenders, there would be a multi-agency approach which would include housing providers. It was added that should there be information as regards a situation that was not working, then the Public Protection Unit should be informed accordingly. The Team Leader, CAS added that should Members have any information, no matter how trivial it may seem, they should bring it to the attention of the Police as they can investigate the matter further and that sometimes one piece can be the key to “completing the jigsaw”.

The Chairman, Councillor D Boyes thanked the Safeguarding Manager, the Team Manager, CAS and Members for their questions.

Resolved:

That the report and presentation be noted.

6 Children's Services - Update

The Chairman, Councillor C Potts introduced the Council's Head of Children's Services, Carol Payne who was in attendance to give an update presentation to Members in respect of the Children's Services (for copy see file of minutes).

The Head of Children's Services noted that the Council's Children's Services had been subject to a Ofsted Single Inspection Framework (SIF) Inspection, carried out between 22 February and 16 March 2016, with the report within the agenda papers having originally having been presented to Cabinet at its meeting held on 13 July 2016. It was explained that a SIF Inspection focuses upon: children in need of help and protection; services for looked after children, including care leavers and those within fostering and adoption; leadership and governance; and the LSCB.

Members were reminded the inspection took place over 4 weeks, and that the experience was very intense and with 10 Inspectors, a Senior Data Analyst, 2 Quality Assurance Managers and a Regional Director from Ofsted being involved. It was explained that Inspectors had originally looked at 20 cases files to audit, however, this expanded to samples from many other files to approximately 200 files in total. Members noted that issues that were reviewed included: decision making; supervision; managerial oversight; written plans; and recording at all stages of a child's journey. It was explained that Inspectors were provided with 535 documents, including strategic reports, minutes of meetings, performance data and case file data. The Head of Children's Services referred Members to a slide depicting a word cloud generated from the view of those staff that had experienced the inspection, with examples including: thorough, intense, relentless and exhausting.

The Committee noted that the overall Ofsted judgement was “requires improvement”, with a breakdown of across the SIF focus areas being:

Children who need help and protection	-	Requires improvement
Children Looked After and Achieving Permanence	-	Requires improvement
- Adoption performance	-	Good
- Experience and progress of Care Leavers	-	Good
Leadership, management and governance	-	Requires improvement
LSCB	-	Good

The Head of Children’s Services noted that there had been many strengths highlighted within the inspection and these had included good early help services and good multi-agency working that was well established. Members noted that other positives had been noted included: the high levels of Children’s Centre registrations; appropriate referrals via First Contact; the MASH working well where there was risk of significant harm; and with placements for looked after children being at least good. The Committee noted that the inspection had shown other areas that were working well, such as the services for disabled children being good and well-managed, adoption was good, and the services, support and range of accommodation for care leavers was also good. It was added that another strength mentioned was that political and senior leaders, as corporate parents, demonstrated passion and commitment to children and young people.

Members learned that other areas also found to be good and working well included: staff training and development, consultation with children and young people, including care leavers; accommodation choices; and work in terms of combating CSE and children who go missing. It was added that other positives had included the Youth Offending Service being well integrated and the education support for looked after children being good. The Inspectors had noted that the performance information was extensive and that the Children and Young People’s Overview and Scrutiny Committee had demonstrated passion and commitment to improve the lives of young people. Another strength highlighted was the processes that were in place in order to be able to learn from serious case reviews.

The Head of Children’s Services explained that the inspection had noted that the Council’s Corporate Parenting Panel provided good feedback, however, added that Members were not given enough performance information in order to be able to provide challenge and influence improvement in terms of frontline practice. It was reiterated that the inspection had highlighted the positive role of Overview and Scrutiny and in providing effective challenge of performance.

Members were reminded of the context in which the review of Children’s Services was undertaken, including the significant changes over recent years such as restructuring of teams in 2014, the single assessment process coming into effect, the formation of the MASH, and the innovation programme with 10 Families First Teams. It was added that as result of these changes, improvements had been seen in some areas, however the impact had other changes had not yet been seen. Members were reminded of the pressures placed upon social workers, including that of their caseloads.

The Head of Children's Services noted that the review had 14 recommendations in terms of areas for improvement, noting issues such as: social worker caseloads being too high, in the region of 30-40 per social worker at the time of the inspection, compared 8-12 in the only 3 Local Authorities that were Ofsted rated "outstanding"; reports to politicians and senior leaders need more focus on quality of practice; case auditing needed to be more robust; and social work assessment, planning and recording needs to improve. Members noted that areas for improvement in connection with compliance with regulations and legislation had included: private fostering; voluntary accommodation (Section 20 of the Children Act); temporary assessment of Foster Carers; advocacy and independent visitors for Looked After Children; staying put regulations for care leavers; the quality of return to home interviews; and analysis on adoption recruitment. The electronic case management system was found to be unfit for purpose.

The Committee noted several of the issues were already in the process of being addressed prior to the inspection; however, several issues had been highlighted through the process. It was noted that a number of actions were being taken to remediate issues and that also an Improvement Plan had been developed, with actions to be overseen by the Quality Improvement Board. Councillors noted actions already underway included: a recruitment strategy in place, though noting the difficulty in recruiting experienced social workers; an additional team being recruited; the Newly Qualified Social Worker (NQSW) Academy set up to help grow and nurture our own staff in-house; a revised structure being implemented; and the focus of the Families First programme. It was added that other actions included: Social Work Consultants being in place; Learning Communities being piloted; and a Quality Improvement Framework, including a revised audit process. Members noted the Social Services Information Database (SSID) review that was underway with a procurement process to be undertaken in November as regards this. Councillors noted that Family Friendly Care Plans had been developed and guidance had been reissued in terms of Section 47, Section 20 and Regulation 24 matters. Members noted improved tracking of the Public Law Outline (PLO) process and that the numbers of young people "staying put" had already improved. It was added that improvement clinics were in operation within teams.

The Head of Children's Services concluded by highlighting national inspection outcomes, which showed that the majority of Local Authorities and LSCBs fell within the "requires improvement" category, 52% and 50% respectively.

The Chairman, Councillor C Potts thanked the Head of Children's Services and asked Members for their questions on the report and presentation.

Councillor H Smith noted the NQSW set up was a good idea and asked if there could be any way to include within contracts that they would remain at the Council, else once experienced they could be tempted to leave and go elsewhere. The Head of Children's Services noted that although clauses were in place, it is not possible to hold staff to the agreement. However, it was important to ensure that employees felt valued and would want to stay at Durham County Council and it was noted that major factors in ensuring this were: making social workers feel supported; provide good training; help social workers feel that they were "making a difference"; and to have manageable caseloads.

Councillor O Gunn noted the Ofsted inspection and added that the context of budget cuts and the creativity of DCC had not been taken into account. Councillor O Gunn asked if there was a national shortage of social workers and whether this was being addressed.

The Head of Children's Services noted that some Local Authorities in London and one in the North East had agency worker levels of around 40-50%, with DCC having less than 10%. However, it was added that if more agency workers were available this would be welcomed as indeed there was a shortage locally and nationally. It was added that there were drives to try and improve the profile of social workers, akin to how teaching as a profession had its profile raised through the 1980s, with Isabelle Trowler having been appointed as Chief Social Worker for Children and Families by Government.

The Head of Children's Services noted that "golden handshakes" were not recommended in order to attract experienced social workers, as this could result in costs spiralling, and that the best way would be to provide a good professional experience that would attract those people to want to work in Durham.

Councillor M Hodgson asked as regards any pressures on foster families if the number of young people "staying put" was increasing and as regards the service moving forward. The Head of Children's Services reported that payments to carers for Staying Put are less than for under-18s, but that rates are increasing.

It was added that a draft Improvement Plan would be submitted to Ofsted in August, and that areas for improvement would be tackled head-on. It was added that the level of support in Durham for the service was good and that the appointment of a Corporate Director of Children's Services would also be a good step in moving forward.

The Chairman, Councillor C Potts noted that a further update at Committee in a further 6 months would be useful in terms of demonstrating progress being made. The Head of Children's Services noted that reporting back to Members via Committee was an area highlighted by Ofsted.

Councillor J Armstrong noted that the Inspectors had not taken into account the context the budget savings the Council had been required to make and added that the action plan was the right thing to do.

Councillor G Holland noted that the commitment of staff had not been in question; however, there was the issue of caseloads had been mentioned. Councillor G Holland added that the Government could not "have something for nothing" and that if caseloads were to reduce then there was a need for Government pay for the necessary training to ensure the resources necessary. The Head of Children's Services noted that the inspection was carried out "resource blind", however, it was to be noted that during austerity DCC had not lost a single social worker. It was explained that in terms of caseloads, 40 was not a usual figure, however the inspection had taken place during a particularly busy period. It was added that 20-25 was more usual and that goalposts nationally and regionally had shifted with an aim for around 16-20, though Members noted that before asking funds it must be ensured that we were working as efficiently as possible in the first instance.

The Head of Planning and Service Strategy, Peter Appleton added that he had been party to the 4 weeks of the inspection and reiterated the comments of the Head of Children's Services as regards the intensity of the process. It was added that DCC was learning, however, some of the standards being applied, for example in recording, were not based on the resources actually available and that DCC had focus on good outcomes for young people, not just paperwork.

The Chairman thanked the Officers for their presentation and comments, noting that Members recognised the commitment of the Council Officers to provide a quality service and Members supported and thanked Officers for this.

Resolved:

- (i) That the report and presentation be noted.
- (ii) That the Children and Young People's Overview and Scrutiny Committee receive further updates in relation to the transformation of Children's Services on a six month basis.

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DURHAM COUNTY COUNCIL

SPECIAL CHILDREN AND YOUNG PEOPLE'S OVERVIEW AND SCRUTINY COMMITTEE

At a Special Meeting of **Children and Young People's Overview and Scrutiny Committee** held in Committee Room 2, County Hall, Durham on **Monday 5 September 2016 at 10.00 am**

Present:

Councillor C Potts (Chairman)

Members of the Committee:

Councillors J Armstrong, D Bell, K Corrigan, K Dearden, C Hampson, J Hart, D Hicks, A Hopgood, K Hopper, J Lethbridge, S Morrison, M Simmons, H Smith, M Stanton, P Stradling and J Turnbull

1 Apologies

Apologies for absence were received from Councillors T Nearney, M Nicholls, L Pounder and Mr D Kinch.

2 Substitute Members

There were no substitute Members in attendance.

3 Declarations of Interest, if any

There were no declarations of interest.

4 Any items from Co-opted Members or Interested Parties

No items from Co-opted Members or Interested Parties were received.

5 Concessionary Travel Arrangements for Disabled Residents and their Carers

The Chairman agreed to change the order of business and therefore item no. 6 was considered.

The Committee considered a report from Corporate Director of Regeneration and Economic Development which gave details of Concessionary Travel Arrangements for Disabled Residents and their Carers/Companions.

The Sustainable Transport Manager referred to the information contained in the report which Members had requested at a previous meeting, regarding benchmarking and potential costs of issuing a companion pass for a disabled child. Members had also asked for an Equality Impact Assessment to be carried out.

Members were advised that national guidance indicated the government's intention that the concession applied to passengers of fare paying age and that children under the age of five travelled free on local buses.

The Sustainable Transport Manager advised that of the 122,000 active passes issued 17380 had been issued on disability grounds and one in four of those passes issued included the plus companion element of travel.

Members learned that there were 280 under 5s eligible for the higher rate of disability allowance and depending on variables including take up and usage there was a potential cost of £56000 to the Council.

The Legal Manager PPP confirmed that he was asked to consider the issue of Concessionary Travel Arrangements was first raised and he was satisfied that the Council were acting lawfully and in accordance with government guidelines. He added that following the benchmarking exercise it was apparent that Durham County Councils current scheme was consistent and in fact better than some other local authorities.

Councillor Hopgood had raised the issue following a query from one of her constituents who had moved to Durham from York, where they had received a concessionary pass for their disabled child and a companion. Although this was a discretionary scheme, she referred to the moral obligation of the Council for other schemes, such as the Council Tax reduction scheme, which was a non-statutory scheme that the Council felt was morally correct to offer. She referred to the pressures of the family to attend medical appointments and the cost of using public transport to travel long distances. The report referred to a potential cost of £56k however it was highly unlikely that every person eligible would take up the offer considering that many people would use their own transport. Considering the Council paid millions into other schemes, Councillor Hopgood stated that the money was not a great deal overall.

The Chairman referred to para 23 of the report and highlighted that no other authority, including York, offered Concessionary Travel passes to children under fare paying age.

Councillor Armstrong referred to the generosity of the scheme considering that it was a non-statutory arrangement. He raised the question of where the additional funding could be found considering the Councils targeted savings of £29m from the 2017/18 budget. Councillor Armstrong confirmed that any additional cost would have to be subsidised by the Council and with services already being considered for reductions, it would not be wise to put an additional burden on the service.

Councillor Potts stated that the authority needed to find further savings to meet targets in the Medium-Term Financial Plan and would be looking at the non-statutory elements of the current scheme. The likelihood was that the provision of concessionary travel for carers accompanying over 5s would come under scrutiny.

Councillor Hart considered that the expense to an individual family was a considerable amount, but it was not a considerable amount to the Council. However he was not confident that the Cabinet would support such a scheme.

Councillor Hopper confirmed that she was aware that in some areas of the County, including North West and South Durham, a volunteer taxi service operated for attending hospital appointments however, there was a charge.

The Sustainable Transport Manager confirmed that volunteer transport was available for a charge, however it may be reimbursed by the NHS. Councillor H Smith confirmed that to her knowledge the NHS did reimburse patient travel costs.

Councillor Lethbridge confirmed that although the Council had excellent moral standards and attempts were always made to stand for what was right and good, the fact remained that the ability to provide services was being stripped away by austerity. Should the Committee support such a proposal, there would inevitably be a service which would suffer due to the cost implications.

The Chairman agreed to a request from Councillor Hopgood that the Committee vote on a report of the findings being put forward for consideration by Cabinet and Councillor Hopgood moved a recommendation which was seconded by Councillor Simmons.

Councillor Armstrong moved that the report be noted and that no further action be taken which was seconded by Councillor Lethbridge.

Upon a vote being taken it was,

Resolved:

That the report be noted and no further action be taken.

6 Youth Support Review Consultation Process

The Committee considered item no. 5 on the Agenda, report of the Corporate Director of Children and Young People's Services, which provided Members with background information relating to the presentation on the Youth Support Review consultation process (for copy, see file of minutes).

The Committee received a presentation from Strategic Manager, Children's Services Reform (for copy, see file of minutes).

In response to a query from Councillor Armstrong, the Strategic Manager, Children's Services Reform, confirmed that Members briefings were taking place in order to ensure the outcome of the consultation was communicated and the findings were also being distributed to AAP's.

Councillor Hart queried whether officers were any closer to taking a view on how AAP funding was to be distributed. The Strategic Manager responded that money would be shared equitably over the 14 AAPs.

Resolved

That the report and presentation be noted.

7 Stronger Families Programme - Phase 2 Update

The Committee considered a report of Interim Corporate Director of Children and Young Peoples Services, which provided an update relating to Phase 2 of the Stronger Families Programme (for copy see file of minutes).

The Strategic Manager, Think Family Services presented the report to Members and highlighted the relevant points in relation to phase one and two of the Stronger Families Programme.

The Chairman described the report as being positive and praised the efforts of the team for being on target for the second phase of the programme.

Councillor Hopper queried cuts to services and the effects that staff shortages may have on the programme. The Strategic Manager confirmed that there was a national shortage of Social Workers and recruitment was taking place in order to address that in Durham, with the Councils Social Work Academy assisting with learning and development of newly qualified SW's. She confirmed that Durham had not recruited staff specifically to work on the programme and instead utilised existing staff, however it was acknowledged that should there be a reduction in staff, it may be difficult to continue operating in such a positive way.

Councillor Armstrong confirmed that a meeting was being held with the Interim Corporate Director of Children and Young Peoples Services where the future activity of Overview and Scrutiny and Corporate Parenting Panel would be considered.

For information, Councillor Armstrong confirmed that a presentation would be provided to the Committee following Ofsted inspection, which focused on the number of Social Workers, their caseloads and how they prioritised work.

The Strategic Manager concluded that although many services were being reduced, it had not affected partnerships, which remained strong – particularly that with Durham Constabulary.

Resolved

That the report be noted.

**Children and Young People's
Overview and Scrutiny Committee****29th September 2016****County Durham Teenage Pregnancy**

Report of Gill O'Neill, Interim Director of Public Health

Purpose of the Report

1. This report is to present the Children and Young Peoples (CYP) Overview and Scrutiny Committee (OSC) with an update on local plans and progress to reduce under 18 conceptions and unplanned teenage pregnancies.
2. Present the Teenage Pregnancy action plan for County Durham 2016 – 2018, and secure commitment from the children and young people's OSC services.

Background

3. Reducing the historically high level of teenage pregnancy continues to be a top priority at both national and local levels. For many teenagers bringing up a child is incredibly difficult and often results in poor outcomes. This includes poor emotional health for the mother and physical health for her and the baby. The reasons for tackling teenage pregnancy and supporting teenage mothers and young fathers are well documented and include health and wider inequalities issues.
4. Steps are needed to ensure that if young people do become parents they get the support they need to make successful futures for themselves and their children, and prevent the poor outcomes that are associated with teenage parenthood, including, poor child health outcomes; poor maternal emotional health and well-being; increased risk of teenage parents and their children living in poverty.
5. The National Teenage Pregnancy Prevention Strategy for England, *The Teenage Pregnancy Strategy: Beyond 2010*¹ highlights the need for focused work in prevention and support. This will ensure that all young people receive the information, advice and support they need and also have access (and know how to use) contraception effectively when they do reach the stage that they become sexually active.
6. OSC conducted a detailed review of under 18 conceptions in 2012, and a Teenage Pregnancy and Teenage Parents Health Needs Assessment (HNA) for County Durham was undertaken in 2014 / 2015. This was to better understand the inequalities within County Durham. Public health worked closely with key partners to undertake the HNA which included:
 - Identification of current evidence base

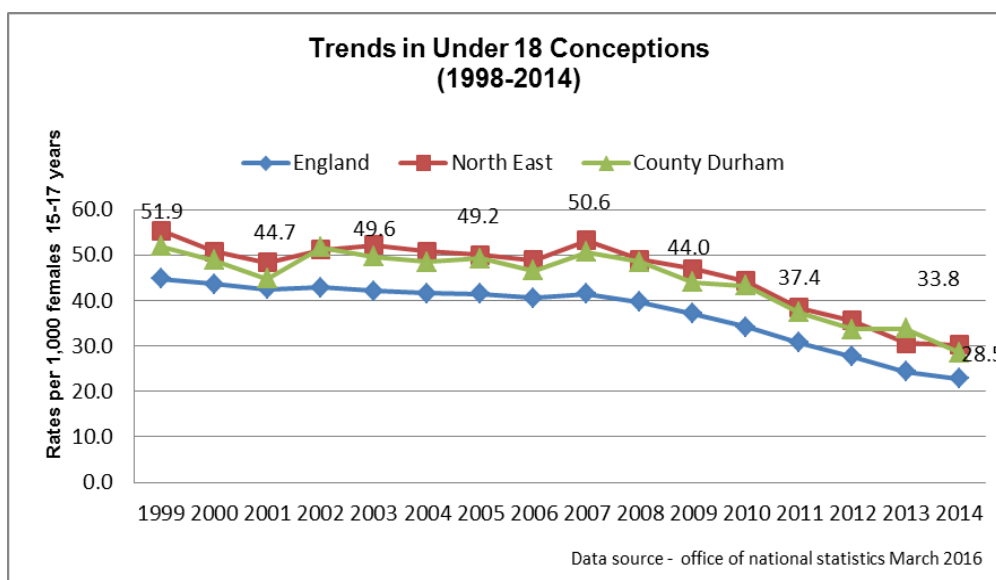
¹ The Teenage Pregnancy Strategy: Beyond 2010

- Collation of baseline data, services, workforce, and information mapping
- Consultations with young people, young parents and other key stakeholders
- Identification of barriers and gaps with current services
- Agree a multi-disciplinary delivery plan that outlines the actions required to reduce teenage conception and provide identified support to young parents and their children.

County Durham Under 18 and Under 16 Conceptions

- Under 18 conception rates in County Durham have been falling over time, but remain significantly worse than England. The distribution of teenage conception rates within County Durham is also unequal and although some wards have made significant improvement, some have remained largely unchanged and other wards under 18 conception rates appear to be increasing and require monitoring.

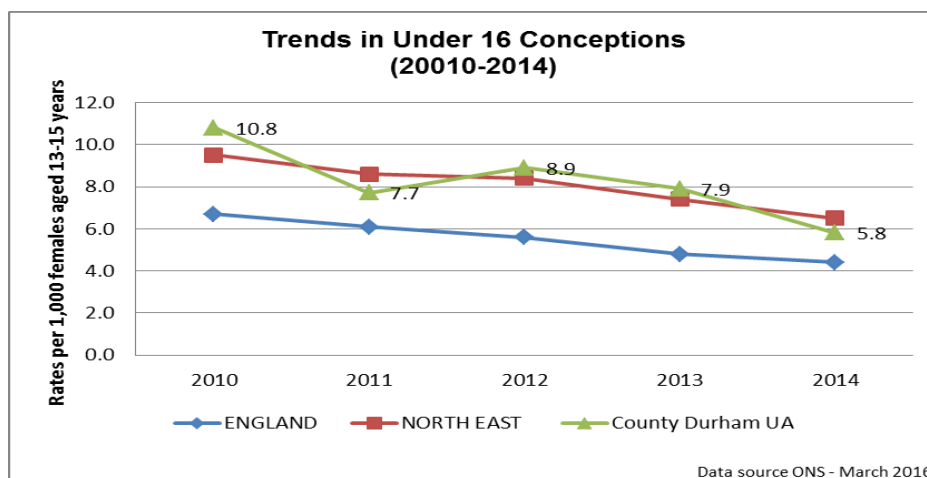
Figure 1: Under 18 conceptions over time, annual rates 1998 to 2014, County Durham, North East and England.
Source: Office for National Statistics, 2016.



	1999	2001	2003	2005	2007	2009	2011	2013	2014
Number of U18 conceptions County Durham	469	399	458	456	484	408	324	293	245

- Under 16 conception rates continue falling over time locally, regionally, and nationally. There is limited data available for under 16 conceptions due to the smaller numbers involved, limiting the extent to which it is possible to disaggregate the data. Annual data for under 16 conceptions for top tier local authorities is only available from 2009 onwards and no information is available at sub locality levels. Information is provided on under 16 conception trends on an annual basis and 3 year aggregated. Due to the very small number of conceptions, variance can appear much greater over a short period of time therefore annual figures should be considered with caution.

Figure 2: Under 16 conceptions over time, annual rates 2010-2014, County Durham, North East and England. Source: Office for National Statistics, 2016.



	2010	2011	2012	2013	2014
Number of U16 conceptions County Durham	93	66	76	65	46

Data source ONS March 2016

Recommendations for action

9. It is recognised that no additional funding is available to implement the recommendations and action plan. It is therefore imperative that partners work cohesively through a systems approach and utilise current resources effectively and efficiently to deliver better outcomes for young people. Key recommendations for County Durham were collated into themes which form the key sections for the action plan:
 - Strategic partnership development
 - Prevention: including resilience, Sex and Relationship Education (SRE) and universal services
 - Supporting pregnant teenagers and teenage parents
 - Targeted support
 - Sexual health services: including contraception and Emergency Oral hormonal Contraception (EOHC)
 - Data Improvement
10. The Teenage Pregnancy action plan for County Durham (appendix 2) considers the national teenage pregnancy strategy whilst reflecting local needs identified in the OSC report and the HNA. The multi-agency plan presents a holistic approach throughout and is underpinned with a **resilience building theme** to help protect young people against engagement in risky taking behaviours.
11. The plan is to be delivered over a two year period from 2016 – 2018 and will be monitored and performance managed by the teenage pregnancy partnership board. Public health senior management team and the children

young people and families' partnership board will receive regular progress updates.

12. The voice of CYP and other key stakeholders were fundamental to the development of the action plan. This included consultations relating to SRE from the HNA and the school nursing service review.
13. Marmot principles of proportional universalism have been embedded to help reduce inequalities identified from the HNA with both universal and targeted actions developed. Short term outputs and long term outcome indicators have been included.

Plan for Success – What makes the difference

14. Although the key factors from the national strategy are included in the local action plan, other fundamental elements have been embedded throughout that considers the changing needs of young people. These include:
 - A multi-agency plan that presents a holistic approach throughout
 - Is underpinned with a resilience building theme to help protect young people against engagement in risk taking behaviours
 - Includes targeted service interventions to provide additionality to the universal SRE service to ensure those young people who are at most risk receive appropriate information, advice and support
 - Identified support pathways for teenage parents to reduce the chance of subsequent unplanned conceptions
 - Staff development and upskilling the CYP workforce infrastructure is a key element. This will promote sustainability across services who work with children and young people

15. **Recommendations**

Children and Young People's Overview and Scrutiny Committee is requested to note the information within the update report on teenage conceptions for County Durham.

Contact: Michelle Baldwin

Tel: 03000 267663

Appendix 1: Implications

Finance

No additional funding is required to implement the action plan. It is anticipated that partners work cohesively through a systems approach and utilise current resources effectively and efficiently to deliver better outcomes for young people.

Staffing

No implications.

Risk

No implications.

Equality and Diversity / Public Sector Equality Duty

No negative impacts

Accommodation

No implications.

Crime and Disorder

No implications.

Human Rights

No implications.

Consultation

Consultations undertaken with young people and key stakeholders

Procurement

No implications.

Disability Issues

No implications.

Legal Implications

No implications.

Appendix 2: County Durham Teenage Pregnancy Action Plan 2016-2018

County Durham Teenage Pregnancy Action Plan 2016/2018

1 Key Theme: Strategic Partnership Development

Primary Aim:

Ensure active partnership engagement including the wider determinants of health to reduce under 18 conceptions in County Durham including education, employment, living conditions, social networks, transport and access to services.

No	Objective	Action	Outcome / Measure	Service / Organisation	Lead Officer	Timescale	Update	RAG
1.1	Establish a multi-disciplinary partnership to ensure active engagement including the wider determinants of health	Develop an integrated teenage pregnancy service model for County Durham	Integrated pathways are developed	Teenage pregnancy partnership board	Michelle Baldwin	December 2016		
1.2	Learning opportunities for teenage parents are developed to maximise opportunities for suitable employment, education and training	Map provision delivered through DurhamWorks (YEI) with teenage pregnancy and teenage parents	Trial and evaluate provision under DurhamWorks	DCC/ Adult Learning and Skills Service	Helen Radcliffe / Karen Hudson	July 2016		
1.3	Ensure post 16 delivery partners are aware of available services for young people. This includes prevention of unplanned pregnancies and support for teenage parents	Ensure workforce development is included in ALSS business planning	Improved signposting to services / resources	Improving Progression for Young People (IPYP) IPAG	Linda Bailey	September 2016		
1.4	Develop an integrated vulnerable parent pathway (VPP) ensuring multi-agency working	Develop a vulnerable parent pathway for County Durham	Pathway developed and embedded across County Durham	0-19 service HDFT	Pauline Coglan	December 2016		

	that considers the health and wellbeing needs of the mother, father and child. This includes the wider determinants of health.							
1.5			Audit and review of VPP outcomes	0-19 service HDFT	Pauline Coglan	September 2017		
1.6	Ensure effective and efficient communication with key stakeholders.	Establish a multi-agency group to develop and implement a communications plan with key stakeholders including: <ul style="list-style-type: none"> • CYP • DCC Housing / employment • DurhamWorks • Health / midwifery • Schools / education • CVS • One Point • AAPs • GP practices 	Service user feedback is obtained to improve and develop services that are: <ul style="list-style-type: none"> • Fit for purpose • young people friendly • accessible • Quality assured 	Teenage pregnancy partnership Board	Michelle Baldwin / Karen Stewart	March 2017		
1.7	Learning opportunities and good practice are included to help shape future services for young people.	Promote active engagement with the teenage pregnancy knowledge exchange and Sex Education Forum	Sharing of best practice is standardised within the teenage pregnancy partnership terms of reference	Teenage pregnancy Partnership board	Michelle Baldwin	September 2016		

2 Key Theme: Prevention, including resilience, SRE and universal services

Primary Aim:

Ensure the commissioning and provision of quality assured services. Use a life course approach for young people including a pathway of age appropriate sex and relationship education and a range of services to help build resilience to protect against engagement in risky health behaviours.

No	Objective	Action	Outcome	Service / Organisation	Lead Officer	Timescale	Update	RAG
2.1	To upskill the CYP workforce to be confident in addressing SRE issues confidently and signpost to relevant services.	Undertake a SRE and Sexual health training needs analysis for professionals working with CYP including: <ul style="list-style-type: none"> • Lifeline • Schools • School nurses • YOS • VCS orgs • DCC Children's services • CCGs / GPs 	Development of an SRE and sexual health training plan that is informed by workforce need.	Teenage pregnancy partnership board Task and finish group	Michelle Baldwin	March 2017		
2.2		SRE workforce development to include 'delay training' for professionals working with young people including LAC / care leavers, mainstream and alternative education providers	Staff are more confident to discuss SRE and signpost to appropriate services	DCC Education	Liz Kippax	March 2017		

2.3		Undertake scoping exercise to identify potential to integrate core elements of universal delivery for risk taking behaviours (RTB) for SRE, alcohol, drugs	Core elements of RTB are integrated into delivery programmes including the impact of alcohol / drugs on decision making and unprotected sex	Public Health	Michelle Baldwin / Jane Sunter	December 2016		
2.4	Improve and sustain the quality of SRE provision for children and young people in schools.	Deliver the two year (2015 – 2017) commissioned SRE project to improve the quality of SRE in secondary schools To work in schools in locations with persistently high teenage conception rates.	Increased understanding of SRE within schools by staff.	DCC Education	Liz Kippax / Michael Lamb	Quarterly update		
2.5			Staff are more confident to discuss SRE and signpost to appropriate services to reduce U18 conceptions					
2.6			Schools have a robust SRE policy in place that reflects the needs of the student population					
2.7			Each identified school has a planned programme of SRE in place					
2.8		Support schools in identifying and quality assuring external support and resources for SRE and its use in schools.	Schools are made aware of 'good practice guidance' to manage risk taking behaviours	DCC Education	Alison Young	September 2016		

2.9			Promote the sex education forum quality standards for SRE through PSHE forum and DCC extranet.	DCC Education	Alison Young	September 2016		
2.10			Schools are supported to achieve the D of E PSHE quality Mark when it is established	DCC Education	Alison Young	September 2017		
2.11		Explore DurhamWorks as a vehicle to raise awareness of SRE and SH services for young people	Provider services are more confident to discuss SRE and signpost to appropriate services	DCC / Adult Learning and Skills Service	Karen Hudson	September 2016		
2.12	To increase the resilience of CYP to help protect them against engagement in risky health behaviours.	Roll out Young Minds resilience programme to schools	Evaluation on the process and impact of the Young Minds programme to inform future service delivery	Public health / Brighton University	Michelle Baldwin	December 2016		
2.13		One Point Wellbeing for Life workers to include SRE messages in their group and 1:1 work with young people and parents.	Increase opportunities to deliver SRE information to young people and parents. Increase young people and parents knowledge and skills in SRE	DCC One Point	Karen Davison			
2.14	Young people , parents and carers have access to age appropriate SRE information and service provision	Active promotion of the services offered by the school nursing service.	Increased uptake of school nurse services for advice on alcohol / sexual health / smoking / drugs.	0-19 service HDFT	Jane Birtley	September 2016 / 2017 / 2018		

2.15			School nurses issue secondary school pupils with 'welcome postcards' with identifies links to services.	0-19 service HDFT	Jane Birtley	September 2016 / 2017 / 2018		
2.16		Scope the potential for online service access / you tube / text messaging services / social media / Interactive lessons and toolkits	Undertake a feasibility study to inform future service improvement to improve information access	TP partnership board	Michelle Baldwin	March 2017		
2.17	Support schools to develop and implement suitable targeted campaigns relating to SRE	Scope and promote the development of a social norms marketing programme with secondary school year 8 pupils relating to SRE / risk taking behaviour.	Business plan developed to undertake social norms marketing campaign	Public Health	Michelle Baldwin	September 2016		
2.18			Schools implement social norms marketing campaign	Public Health	Michelle Baldwin	March 2017		
2.19			Reduction of teenage conceptions in persistent hotspot areas	Public Health / education / HDFT	Michelle Baldwin	December 2018		
2.20	School children receive age appropriate school based SRE and health and life skills through a progressive curriculum	Specific topic areas offered will include: Relationships & Sexual health: puberty, contraception, STIs, accessing services with confidence	Increased knowledge and understanding of SRE and sexual health identified through pre and post survey	0-19 service HDFT	Jane Birtley	September 2016 / 2017 / 2018		

2.21		Specific sessions to support life skills including decision making, managing peer pressure and risk taking behaviours such as alcohol, drugs and smoking will be covered through resilience building work	Young people feel more confident in managing risk taking behaviours	0-19 service HDFT	Jane Birtley	September 2016 / 2017 / 2018		
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3 Key Theme: Supporting pregnant teenagers and teenage parents

Primary Aim:

To establish a multi-agency core offer for pregnant teenagers and young parents based on assessed need, including health, housing, finance and education / training and employment opportunities and ensure connection to vulnerable parent pathway

No	Objective	Action	Outcome	Service / Organisation	Lead Officer	Timescale	Update	RAG
3.1	Ensure all pregnant teenagers receive positive and appropriate holistic support.	Continue to engage with CDDFT midwifery team to support pregnant teenagers on the teen mother pathway	Pregnant teenagers receive additional support during pregnancy.	CDDFT / HDFT	Alison Metters	September 2016		
3.2			Robust pathways between midwifery care and health visitor are developed.	CDDFT / HDFT	Alison Metters Pauline Coglán	June 2017		
3.3		Antenatal assessment by HV to identify level of support required.	Teenage parents feel supported with health, social and educational needs.	0-19 service HDFT	Pauline Coglán	March 2017		
3.4			All teenage parents identified as meeting the vulnerable parent pathway criteria, receive additional support	0-19 service HDFT	Pauline Coglán	Quarterly reporting		

3.5			Audit of outcomes for teenage parents engaged on the vulnerable parent pathway.	0-19 service HDFT	Pauline Coglan	June 2017		
3.6		A stronger families nomination is completed where necessary	Increased teenage parent nominations into Stronger families programme for improved holistic support	0-19 service HDFT / DCC	Pauline Coglan / Karen Davison	Quarterly update		
3.7	Teenage mothers and fathers are supported within their communities	Community teenage parent support programme is delivered in 5 localities across County Durham	Improved Social and Emotional capabilities (SEC) outcomes for teen parents	DCC One Point	Chris Peverall	September 2016 and post programme delivery thereafter		
3.8			Improved parenting skills reported by young parents	DCC One Point	Chris Peverall	September 2016 and post programme delivery		
3.9			Progression pathways identified for all parents engaged in young parent support programmes	DCC One Point	Chris Peverall	September 2016 and post programme delivery		
3.10			Steering groups are established in five localities to promote service integration	Terms of reference are established and lessons learned shared	DCC One Point	Chris Peverall	June 2016	

3.11		One point centres and Children's centres to provide targeted support programmes and promote active engagement opportunities for young parents	Programmes promoted in local areas	DCC One Point	Chris Peverall	March 2017 / 2018		
3.12	A multi-agency core offer is developed to inform professionals what support is available for pregnant teenagers and teenage parents.	Information is collated to provide easy access to information on: <ul style="list-style-type: none"> • Housing • Education • Employment • Finance • Health (physical and mental health) 	Standardised and consistent universal offer for County Durham is produced.	DCC Family Information Service	Karen Stewart / Karen Davison	December 2016		
3.13	Teenage mothers and fathers are supported into education, employment or training	Engagement activities are created within DurhamWorks to support teenage mothers and fathers to progress towards employment, education or training	Increased levels of engagement in positive progression activities	DCC/Adult Learning and Skills Service	Helen Radcliffe/ Karen Hudson	July 2016		
3.14		All young mothers and fathers are offered support from a One Point personal advisor	Reduction in teenage mothers identified as not in education, employment or training (recording period Nov – Jan)	One Point	Chris Peverall	February 2016		

4. Key Theme: Targeted support

Primary Aim:

To ensure targeted interventions are provided for young people at greatest risk of under-18 conceptions to reduce unplanned conceptions

No	Objective	Action	Outcome	Service / Organisation	Lead Officer	Timescale	Update	RAG
4.1	Commission targeted support to improve education and employment opportunities for both teenage mothers and fathers	Identify gaps in targeted support and progression opportunities which could be filled through the DurhamWorks programme	Increase in the number of support and progression opportunities delivered within DurhamWorks where gaps have been identified.	DCC/Adult Learning and Skills Service	Helen Radcliffe / Mel Horner	December 2016		
4.2		Teen Parent support programme to be expanded under DurhamWorks	Increase in the number of teen parents engaged in DurhamWorks	DCC/Adult Learning and Skills Service	Helen Radcliffe / Karen Hudson	March 2017		
4.3	Work in partnership to ensure Looked after children (LAC) and Care leavers (CL) receive appropriate SRE that meets their needs	Undertake consultations with young people who are LAC and CL to identify SRE needs	Gap analysis of SRE needs	DCC - LAC	Gill Palin	December 2016		
4.4		Ensure all LAC and CL receive suitable SRE information and support	Downward trend of LAC / carer leavers teenage conceptions	DCC education / DCC LAC	Gill Palin / Alison Young	March 2017		

4.5		Scope the potential of developing a peer support programme for CL	Peer support programme pilot commenced if agreed	DCC education / DCC LAC	Gill Palin / Alison Young	December 2016		
4.6	Increase the capacity within the school system to support young people who are at increased risk of teenage pregnancy	Embed primary mental health nurses into the school systems via the 0-19 service	Young people are more confident to access service	0-19 service HDFT	Jane Birtley	September 2016		
4.7	Young fathers are offered targeted supported	Undertake consultations to identify the specific needs of young fathers	Young fathers are offered support based on identified needs within their community	Public health VCS	Michelle Baldwin	September 2017		
4.8	Young people post 16, have access to information and services to reduce the risks of unplanned conceptions	Ensure colleges and 6 th form education establishments have accurate and appropriate information to signpost student to quality services including SRE / sexual health	Increased trend in access to CaSH services and C-card registrations	0-19 service HDFT	Jane Birtley	Minimum annual September 2016 / 2017 / 2018		

5. Key Theme: Sexual health and contraception services

Primary Aim:

Contraceptive and sexual health services continue to use a collaborative approach between the NHS and Local Authorities. This will form an effective sexual health system to provide young people with access to contraception when they need it.

No	Objective	Action	Outcome	Service / Organisation	Lead Officer	Timescale	Update	RAG
5.1	Maintain a collaborative approach to ensure an effective sexual health system which meets the needs of young people	Undertake a Health Equity Audit of sexual health services in County Durham to ensure fair and equitable access to sexual health services	Review services to ensure identified gaps in service access are addressed	Public health Sexual Health Service / CDDFT	Tammy Ross Ruth Robson	March 2017		
5.2		Actively promote C-Card registration and CaSH services	Maintain trend in registration and access to CaSH and C-Card services	Public health Sexual Health Service / CDDFT	Tammy Ross Ruth Robson	September 2016 / annual		
5.3		Work collaboratively with GPs / practice nurses to promote CaSH / C-card services in primary care	Promote access to contraception services within primary care	Public Health	Tammy Ross	September 2016 / annual		
5.3	To understand EOHC use and LARC uptake within County Durham and correlation to localities with consistently high under 18 conception rates.	Undertake a review of EOHC use for U18 and U16 to identify any correlation with LARC uptake and under 18 conceptions	Improved planning of targeted service delivery to reduce under 18 conceptions in areas of high conception and EHOc use	Public Health	Tammy Ross	December 2016		

6. Key Theme: Data and information

Primary Aim:

To collect accurate and timely data and information about vulnerable young people including (although not exclusively) teenage parents including young fathers, pregnant teenagers, care leavers and young carers to improve service planning

No	Objective	Action	Outcome	Service / Organisation	Lead Officer	Timescale	Update	RAG
6.1	Appropriate services are aware of all teenage mothers in statutory education	Review the communications policy(s) for CDDFT / HDFT / DCC to identify current barriers	Data sharing agreement and pathways are established between midwifery services, school nurse service and the education health needs team	HDFT / CDDFT (midwifery)	Pauline Coglan / Alison Metters	September 2017		
6.2			Appropriate holistic package of support is available to all parents in schools	HDFT / CDDFT (midwifery)	Pauline Coglan	September 2016		

**Children & Young People's Overview
and Scrutiny Committee**

29 September 2016



Update on School Funding Reforms

Joint Report of Lorraine O'Donnell, Director Transformation and Partnerships, Paul Darby, Interim Corporate Director Resources, and Margaret Whellans, Interim Corporate Director Children and Young Peoples Services

Purpose of Report

- 1 The purpose of this report is to provide supporting information to members in advance of a presentation to the Committee on School Funding Reforms. The presentation will be given by Graham Stephenson, Finance Manager – Education Services.

Background

- 2 The Children and Young People's Overview and Scrutiny Committee has received regular updates on school funding reforms in October 2013 and November 2014.
- 3 From April 2013 the Government reformed the statutory guidelines under which the local authority allocates funding to individual schools. This "simplified system" places more emphasis on pupil driven factors and restrictions on the formula funding factors that can be applied by the local authority and represented a significant change in County Durham, where a set of bespoke specific formula factors had been established over a number of years.
- 4 From April 2015 the Government amended the way in which funding is provided to local authorities. The changes involved the re-allocation of funding between areas on the basis of pupil numbers, pupil need, sparsity and numbers of schools in each local authority area.
- 5 In order to ensure that no authority was worse-off as a result of this re-allocation, £350m of additional funding was made available in 2015/16 to increase national allocations.
- 6 In terms of allocations to individual schools, the Minimum Funding Guarantee (MFG) ensures that, in most cases, schools will not lose more than 1.5% of their funding per pupil from year to year. This is financed by restricting the increases in other schools across the county. The Minimum Funding Guarantee does not protect against falling rolls.

- 7 In March 2016 a consultation was announced on further school funding reform. This proposed a national school funding formula to allocate funding to local authorities based on a basic per-pupil amount and aspects reflecting pupil characteristics, school and area costs. The precise composition of the formula and weighting given to different factors will be subject to further consultation. In addition, further proposals were consulted on for High Needs Special Education Need funding to be allocated on a national formula basis based on the needs and characteristics of pupils rather than based on historic spend when the current system was introduced in 2006.
- 8 In August 2016 a consultation was announced on an Early Years National Funding Formula to replace the current historical based system.
- 9 Following the previous presentation members requested that an update on school funding come back to Children and young People's Overview and Scrutiny Committee the following year to provide members with the latest information.
- 10 The Finance Manager – Education Services will present to members information on proposed school funding reforms being consulted on by the Department for Education which will cover the following broad areas:
 - National Funding Formula for mainstream primary and secondary schools
 - National Formula for Early Years
 - National Formula for Special Education Needs and Disabilities

Recommendations

- 11 Members of the Children and Young People's Overview and Scrutiny Committee are requested to note the content of the presentation and to determine if further information is required.

Background Papers – None

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Email: graham.stephenson@durham.gov

Ann Whitton Scrutiny Officer
Email: ann.whitton@durham.gov

Tel: 03000 268143

Appendix 1: Implications

Finance

The presentation that accompanies this report will provide an overview of the School Funding reforms being proposed for primary and secondary school funding , High Needs and Early Years and their potential impact on the allocation of funding between schools.

Staffing

None

Risk

The major risk to individual schools arises from falling rolls. A National Formula may adversely affect Durham Schools although allocations are largely protected through the Minimum Funding Guarantee, which restricts increases and decreases in pupil driven formula funding year on year. The major risk would be if Government removed or altered the criteria significantly as this would result in increased turbulence in the funding allocated to individual schools.

Equality and diversity/Public Sector Equality Duty

None

Accommodation

None

Crime and disorder

None

Human rights

None

Consultation

None

Procurement

None.

Disability Issues

None

Legal Implications

None.

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Children & Young People's Overview & Scrutiny Committee

29 September 2016



**Children and Young People's Services
Ofsted Single Inspection Framework**

**Report of Margaret Whellans, Interim Corporate Director of
Children & Young People's Services**

Purpose of the Report

- 1 The purpose of this report is to present the final improvement plan for submission to Office for Standards in Education, Children's Services and Skills (Ofsted) following the Ofsted inspection of Children's Services in February 2016.

Background

- 2 A Children's Services update report was last presented to Cabinet on 13 July 2016 in which details on the work associated with the outcomes from The SIF carried out between 22 February 2016 and 16 March 2016 were included.

Ofsted Single Inspection Framework (SIF)

- 3 Ofsted introduced a Single Inspection Framework (SIF) for Children's Services, which covers children in need of help and protection, services for looked after children and care leavers, and the Local Safeguarding Children Board (LSCB) in late 2013.
- 4 During the period 22 February to 16 March 2016, Ofsted carried out an inspection of the Council's Children's Services (now Children and Young People's Services) and LSCB under SIF. Separate ratings for 'overall effectiveness' were given for Children and Young People's Services and the LSCB.
- 5 The inspection judgement for Children and Young People's Services (CYPS) was 'requires improvement' and for LSCB was 'good'.
- 6 In respect of CYPS, Ofsted identified 14 recommendations for the Service to consider and respond to. (Appendix 2).

Work to date

- 7 The Service has undertaken a number of actions to make the improvements necessary to raise the standards of practice.

8 These include:

- Development of a quality improvement framework including standards for assessment and planning, management oversight and sign off and revised case file audit process.
- Undertaking a rolling recruitment of social workers.
- The creation of an Assisted Year in Employment (ASYE) Academy to support the recruitment, retention and development of 12 high calibre Newly Qualified Social Workers (NQSWs).
- Supporting and developing staff, managers and aspiring managers within the service through a range of strategic and innovative programmes.
- Introduction of the new role of 'social work consultant' to ensure high quality supervision and reflective practice is embedded within social work teams.
- Undertaking a workflow modelling project to identify bottlenecks and blockages in the current structure.
- Redesigning the Families First and Child Protection teams in order to improve resilience and workflow.
- Investment in the creation of a new team in the East of the County to reduce caseload.

9 A first draft of an improvement plan was circulated to Corporate Management Team in July 2016 and a copy made available in the Members' library. The Lead Inspector for the Ofsted inspection was also provided a copy and has provided feedback on the plan.

10 The draft improvement plan has been grouped into the following 4 themes covering the 14 recommendations:

- Strengthening management and staffing capacity
- Strengthening political and management oversight
- Improving the quality of practice
- Compliance with regulations

11 Following further consultation and feedback on the draft plan, work has been undertaken to refocus the improvement plan. It is proposed that it will be presented to Ofsted as a programme overview with clear links to strategic and transformation aims of the Council and the Service. (Appendix 3).

12 The Quality Improvement Board (QIB) within the Service is chaired by the Interim Director of Children and Young People's Services and meets monthly to provide strategic oversight and lead improvements in quality. The Board will oversee the implementation of the Ofsted improvement action plan.

13 Corporate Management Team and Children and Young People's Overview and Scrutiny Committee will be provided with regular updates on the performance against the tasks within the improvement plan to ensure the robustness of the management of the plan.

14 Upon approval, the final improvement plan will be submitted to Ofsted by the end of September 2016 as required within the inspection processes. The LSCB action plan was approved by the Board and has been submitted to Ofsted on 2 August 2016. (Appendix 4).

Recommendations

15 Children and Young People's Overview and Scrutiny is recommended to:

- Note the contents of this report.
- Agree to attached Children and Young People's improvement plan as the final document for submission to Ofsted.
- Note the LSCB Ofsted Action Plan

Contact: Carole Payne, Head of Children Services Tel: 03000 268657

Appendix 1: Implications

Finance – A number of tasks associated with the plan have resource implications and Children and Young People’s Service Management Team will ensure that these tasks are managed within existing resources or seek new resources where required. Investment has already been made into the Service to support the development of a new team.

Staffing – Workforce development will benefit staff and will help to challenge thinking and introduce new ways of working into practice. Roles and responsibilities are being amended in line with revised requirements. Embedding culture change is dependent on staff working effectively and understanding service aims, supported by managers. A series of programmes of activity and work associated with the resourcing, recruitment and retention of the workforce are being undertaken

Risk – Changes need to be carefully managed to ensure that the protection of children remains robust and the system is not de-stabilised during transition.

Equality and Diversity / Public Sector Equality Duty – The needs of vulnerable children and families will be better met through implementation of the improvement plan

Accommodation –relocation and co-location of staff teams across the county, which will be managed within existing resources or new resources where required.

Crime and Disorder – None

Human Rights - None

Consultation – Any changes to workforce will be subject to consultation with affected staff. Members and Senior members of Corporate Management Team have been consulted and engaged in the development of the improvement plan.

Procurement – to be managed within existing working arrangements

Disability Issues – None at this stage

Legal Implications – All changes will be compliant with legal requirements

Appendix 2: Children and Young People's Services Ofsted SIF recommendations

Recommendations	
1	Continue with existing plans to ensure that there is sufficient capacity and stability in social work teams so that caseloads are manageable and workers are able to fully support children and young people.
2	Review existing arrangements to ensure that political and senior leaders have access to improved quantitative and qualitative performance information that enables them to have an accurate picture of the current practice delivered to children, so that they can develop strategies to maintain and improve the quality of frontline practice.
3	Continue with the plan to review existing recording systems to ensure that children's case records are organised in such a way that they present a coherent, accurate and easily accessible picture of child's journey.
4	Improve the quality of social work assessments for all children, young people and care leavers by ensuring that they consistently contain comprehensive and rigorous analysis of all relevant information.
5	Improve the quality of planning for all children, young people and care leavers so that plans are clear about intended outcomes and timescales, and about who is responsible for actions. Ensure that families receive a copy of their plan. Ensure that key agencies participate in strategy discussions and meetings, or provide information to them, to comply with statutory guidance.
6	Ensure that consent is sought from parents when enquiries are undertaken for all cases of children and young people in need.
7	Improve private fostering arrangements to comply with statutory guidance through effective awareness raising, visits to children and completion of assessments.
8	Improve case file auditing to ensure robust and independent evaluation of the quality of practice to promote learning and improvement.
9	Improve the oversight of casework where children are in voluntary care arrangements, including those under the PLO process, so that plans for these children progress without delay and within timescales.
10	For children moving to live with parents under care orders, review practice in respect of reports prepared under 'The Care Planning, Placement and Case Review (England) Regulations 2010' to make sure that these cover all relevant information and are signed off at a suitably senior level.
11	Review of use of, and eligibility criteria for, the independent visitor scheme so that the full range of children who would benefit from the scheme are able to do so.
12	Ensure that all care leavers in foster care are aware, of the opportunity to 'stay put' in their placements after the age of 18 years, should they wish to do so.
13	Ensure that adoption recruitment strategy is based on the analysis of data, so that there is a targeted approach to ensure that sufficient carers are recruited to meet the needs of children in Durham
14	Improve how information from return home interviews is used to support risk assessments for children who go missing and/or are at risk of child sexual exploitation.

Appendix 3: Children and Young People's Services Ofsted Improvement Plan – programme overview



Altogether better

Ofsted Improvement Plan

Programme overview

8 September 2016

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1. Context

Durham County Council welcomes the opportunity to respond to the Ofsted Inspection Report published on 16 May 2016 regarding its 'Inspection of Services for Children in Need of Help and Protection, Children Looked After and Care Leavers'.

As an ambitious and high achieving Council which has prioritised children and young people services, aspects of the Ofsted findings were not in line with our aspirations, therefore we have taken seriously the recommendations made and have immediately revised the Corporate Management Structure by splitting Adult and Children's Services into separate and distinct Directorates. This enables focus, capacity and progress to be driven by the Director of Children's and Young People's Services. In addition, whilst recruiting, we have engaged an Interim Director of Children's and Young People's Services to ensure that there is no time delay to achieving our improvement plan.

The Council has set out its plan for improvement incorporating the recommendations from Ofsted, for its Children's and Young People's Services by using four key strategic themes. These themes acknowledge the broader context of the work that the Council wishes to deliver particularly in relation to systems improvement and will link to the wider transformation work of the Council as a whole.

These themes are firstly focussing on the attraction and retention of staff, and workforce development that the Council needs to adopt in the highly competitive world of excellent social work practice and delivery.

Our second strategic theme is the strengthening of political and senior management support and oversight across the whole system of children's social care. This theme focuses and embraces the Council theme of Altogether Better and ensures that Leadership directs and drives improvement to deliver excellent services.

The third theme confirms the Council's commitment to improving quality and practice of social work and social care for children which directly affects outcomes for children and the Council's ambition to strive towards excellence in all that we do for our children and their families.

The fourth theme supports all our work in ensuring that all regulations and good practice guidance are delivered to an appropriate standard

This focus on transformation of Children's and Young People's Services in Durham will be driven by senior management ensuring the engagement and support from all stakeholders including children and families and the social workers of the service.

2. Programme introduction

The Service has agreed to apply a programme management approach to ensure effective and close monitoring of the improvement actions to be implemented from the findings in the inspection report.

The recommendations from Ofsted (Appendix 1) have been aligned to the 4 key themes and set into 4 programmes of work.

A Quality Improvement Board (QIB) has been agreed, which will meet on a monthly basis and provide updates to Corporate Management Team and Overview and Scrutiny. Membership has been agreed but this will be complimented by lead officers as and when required, determined by the business on the agenda.

Supporting the Board will be named leads responsible for each of the 4 programmes.

Service Quality and Development will support the effective management of the QIB to ensure the detailed programmes are completed to the required timescales.

3. Link to the Council's Transformation Programme

The Council's transformation programme recognises the significant challenges that the council faces and aims to redesign services to reduce cost, prioritise resource on the front-line, manage demand by helping individuals, families and communities to become more resilient, make best use of partners and empower staff.

The Children's and Young People's Services transformation programme is an intrinsic part of the Council's transformation programme, informing the prioritisation of council-wide transformation activity and being shaped by organisation-wide work.

For example, the council-wide work on cultural change to a more empowered and engaged workforce will be a supportive climate in which to develop the social care workforce. Similarly, the Council has a programme in place to adopt smarter working practices, become more agile and make better use of technology. The views, ideas and needs of social workers will be at the heart of this work.

The Council has commissioned a 'deep dive' study of the organisation that will look at cost, quality and maturity of the service provision across the Council, including Children's and Young People's Services. This will inform our strategy for using digital technologies, identify opportunities for efficiencies and bring ideas and expertise from good practice across the country.

4. Document control

This is a working document and, as such, is subject to regular updates and additions and will be managed through effective document control processes.

5. Programme scope and outcomes

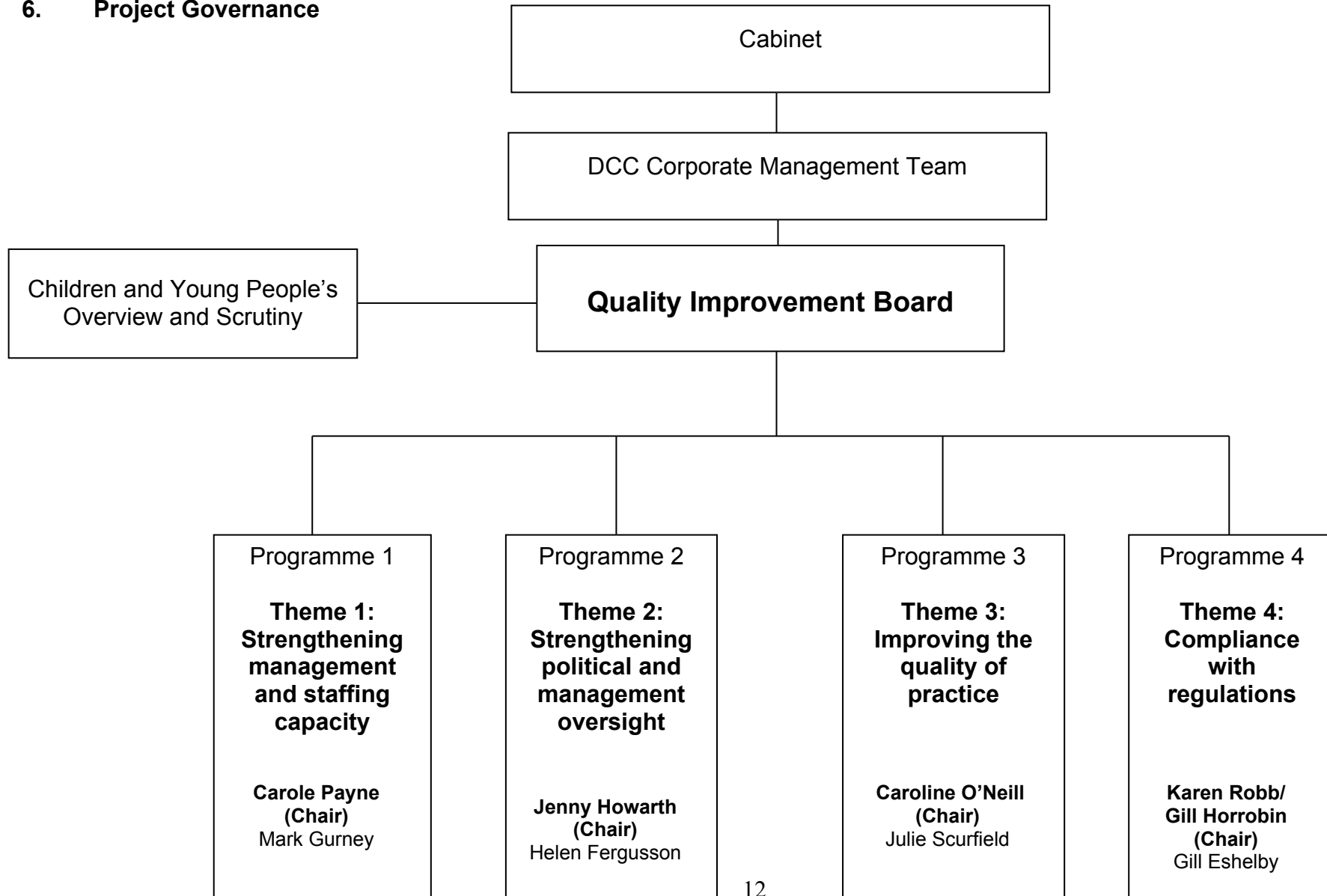
The Quality Improvement Board will agree and implement a programme approach with key milestones to ensure that:

- The Ofsted improvement action plan will be implemented.
- All relevant actions are completed within the necessary timescales.
- The vision of '*All children, young people and families believe, achieve and succeed*' is the focus for front line service delivery.
- Service transformation and good quality practice are an integral part of the 'culture' of Children's Services.
- Front line social workers have effective management oversight and support; and are capable and confident in the delivery of their work.

Outcomes

- That children are protected through confident and competent practice that meets our high standards of quality
- Staffing structures will be developed to meet the demand across the County with sufficient capacity to assure quality.
- Effective systems for safe and effective frontline social work delivery and a case file system that is fit for purpose showing the child's journey.
- Good senior management and political leader oversight on the quality of service delivery.
- Regulatory requirements are fully met.

6. Project Governance



Quality Improvement Board membership

Name	Post Held
Lorraine O'Donnell	Director of Transformation and Partnerships
Jenny Howarth (deputy)	Head of Planning and Performance
Peter Appleton	Head of Planning and Service Strategy
Margaret Whellans	Interim Corporate Director of Children and Young People's Services
Carole Payne	Head of Children's Services
Mark Gurney	Strategic Manager, Child Protection and Disability
Julie Scurfield	Children's Reform Manager
Helen Fergusson	Strategic Manager, First Contact and Early Intervention
Karen Robb	Strategic Manager, Looked After and Permanence
Gill Horrobin	Acting Strategic Manager, Looked After and Permanence
Gill Eshelby	Strategic Manager Youth Offending Service
Caroline O'Neill	Head of Education Services
Cllr Ossie Johnson	Portfolio Holder for Children and Young People
Ann Baxter	LGA Local Government Improvement Advisor
Claire McLaren	Strategic Manager, Service Quality and Development
Lesley Martin (deputy)	Quality Assurance Manager

QIB membership to be supported by lead officers as and when required, determined by the business on the agenda. These will be:

- HR Representative;
- Finance Representative;
- Legal representative;
- Contracts/Commissioning Representative

Programme 1 – Theme 1: Strengthening management and staffing capacity

Name	Membership
Carole Payne	Chair
Mark Gurney	Strategic Manager, Child Protection and Disability (Principal Social Worker)

Programme 2 – Theme 2: Strengthening political and management oversight

Name	Membership
Lorraine O'Donnell/Jenny Howarth	Chair
Helen Fergusson	Strategic Manager, First Contact and Early Intervention

Programme 3 – Theme 3: Improving quality of practice

Name	Membership
Caroline O'Neill	Chair
Julie Scurfield	Children's Reform Manager

Programme 4 – Theme 4: Compliance with regulations

Name	Membership
Karen Robb/Gill Horrobin	Chair
Gill Eshelby	Strategic Manager Youth Offending Service

Quality Improvement Board role and responsibilities

- Consider items of strategic importance on an individual basis only moving on to another item when the issue has been fully explored and action to improve agreed.
- Be more in line with a 'workshop' style rather than a formal meeting.
- Be cited on progress of the Ofsted Improvement Plan and discussion by exception only.

Programme roles and responsibilities

- Support the implementation of Ofsted Improvement Plan for their programme of work
- Provide solutions to problems arising from the progress of the tasks within the plan
- Report to the QIB any key issues and exceptions which may impact on the effective delivery of the plan

Project coordination and support role and responsibilities

- Track the development and implementation of the programmes
- Coordinate the programme Risk Register
- Coordinate the Issues Log
- Identify when decisions need to be made by the QIB
- Coordination and support of associated reports
- Coordination of progress against the milestones
- Administrative support to the Quality Improvement Board

Reporting

Reports will be provided, as required, for Corporate Management Team, Children and Young People's Services Overview and Scrutiny and Cabinet.

The Director of Transformation and Partnership will ensure that updates are provided to the corporate Transformation Board.

7. Programme 1 - Theme 1: Strengthening management and staffing capacity

Ref	Milestone (M) / Tasks (T)	Lead	Start	Finish	
M1	Resources required identified and financial management processes applied to meet demand.				
T1	Assess requirement for additional resources and produce a report to secure agreement if required	Head of Children's Services	May 16	June 16	
T2	Obtain interim resources to secure additional social work staffing pending the full assessment		May 16	Sept 16	
T3	Analysis of good practice outside of Durham in recruitment, retention and development of social work staff.		May 16	Sept 16	
M2	Recruitment process reviewed and monitored through key performance data.				
T1	Improve recruitment and retention arrangements to support effective caseload management	Strategic Children's Reform	Manager, Services	May 16	March 17
M3	Evaluation of social work development programmes completed.				
T1	Development programmes put in place (including training, coaching, and supported workplace experience) to improve practice for senior managers, team managers and social workers	Strategic Children's Reform	Manager, Services	June 2016	Sept 17
T2	All social workers to be offered access to reflective practice sessions for all areas to drive improved social work practice.	Strategic Manager, First Contact and Intervention Service		Started	Mar 17

M4	Social Worker Health Check completed.			
T1	Repeat Social Worker Health Check to gauge staff morale and issues affecting retention.	Strategic Manager, Child Protection and Disability	Started	Nov 16

Ref	Milestone (M) / Tasks (T)	Lead	Start	Finish
M5	Structure designed and implemented.			
T1	Engage external consultant to complete review of workflow to inform the structural needs of social work teams	Head of Children's Services	April 16	Oct 17

Programme 2- Theme 2: Strengthening political and management oversight

Ref	Milestone (M) / Tasks (T)	Lead	Start	Finish
M1	Political and senior management reporting programmes set.			
T1	Review of good practice in political/management oversight outside of Durham, including quantitative and qualitative information reported, and approach to analysis and challenge.	Strategic Manager, Service Quality and Development	May 16	Oct 16
T2	Review the content, frequency and timeliness of existing reports to political and senior leaders to ensure they facilitate line of sight on performance and quality and risk		May 16	Oct 16
M2	Opportunities to discuss success and issues are generated across the Council.			
T1	Put in place a new performance system based on improved analysis and engagement to ensure: <ul style="list-style-type: none"> • That the children and young people's services position is understood by the Children's Services Management Team, Corporate Management Team, Cabinet and the Council • That senior managers and politicians have an accurate picture of current performance 	Head of Children's Services	Aug 16	Dec 16

Ref	Milestone (M) / Tasks (T)	Lead	Start	Finish
M3	Updated electronic record management system procured and implemented.			
T1	Develop a 'work around' on the current electronic case file system (SSID) across Children's Services to provide an interim process that ensures case file recording can evidence the child's journey is clear and safe and risk is clearly managed	Head of Planning and Service Strategy	Sept 16	Nov 2016
T2	Implement 'work around' electronic case file system	Head of Planning and Service Strategy	Nov 2016	Mar 2017
T3	Development and approval of business case to replace Social Services Information Database (SSID) and commission a system that supports practitioners	Head of Planning and Service Strategy Head of ICT	Sept 2016	Jan 2017
T4	Procure electronic case file system across Children and Young People's Services	Head of Planning and Service Strategy/ Head of Children's Services	Mar 2017	July 2017
T5	Implement new electronic case file system	Head of Planning and Service Strategy	2 nd quarter 2017	TBC
M4	Review existing working practices and undertake audits to determine effectiveness in key areas of service delivery.			
T1	Improve management oversight of practice in relation to social work planning	Head of Children's Services	Started	Nov 17

Programme 3 - Theme 3: Improving the quality of practice

Ref	Milestone (M) / Tasks (T)	Lead	Start	Finish
M1	Review existing working practices in relation to assessment and undertake internal and external audits to determine effectiveness.			
T1	Review quality of assessment standards to ensure staff competence in service delivery	Head of Children's Services	May 16	July 17
M2	Practice standards for care planning are agreed and implemented			
T1	Develop practice standards for care planning and ensure that implementation is consistent across the workforce	Strategic Manager, Think Family Services	Nov 16	Jan 17
M3	Introduce family friendly care plan documentation.			
T1	Family friendly care plan are in use across the Service.	Strategic Manager, Think Family Services	Nov 16	Jan 17
M4	LSCB strategy meetings attendance monitored and comprehensive IRO report on quality of planning to CYPST.			
T1	Encourage challenge from the LSCB and IRO services to drive service improvement and embed a performance culture	Head of Children's Services	Started	Dec 17
M5	Family outcomes framework developed and evaluated to determine service improvement.			
T1	Introduce the family outcomes framework to demonstrate improved outcomes from implementation of plans.	Strategic Manager, Think Family Services	Nov 16	July 17

Ref	Milestone (M) / Tasks (T)	Lead	Start	Finish	
M6	Culture of quality instilled with the workforce.				
T1	Review and implement the quality improvement framework	Strategic Children's Reform	Manager, Services	June 16	April 17
T2	Analysis of good practice in quality improvement elsewhere, to inform the Durham approach.			June 16	April 17
T3	Develop a social work engagement programme with a focus on quality			June 16	April 17
T4	Review the impact of the work in practice and set new milestones			June 16	April 17
M7	Comprehensive programme of internal and external audits undertaken and areas of concern acted upon.				
T2	Introduce peer audit of social work case files and audit moderation and produce analysis and an evaluation of practice to be presented annually to Cabinet	Strategic Children's Reform	Manager, Services	June 16	Jan 17
T3	Introduce a programme of internal thematic audits to assess the quality of work in relation to: <ul style="list-style-type: none"> • Assessment • Outcomes Focussed Care Plans • Casework Recording • sexual abuse • Working with families with chronic neglect • Multi –agency risk assessment conference (MARAC) cases for domestic abuse • Children placed with friends and family under Section 20 • Mothers with multiple removals • Child sexual exploitation (CSE) • Use of research in practice 	Strategic Children's Reform	Manager, Services	June 16	Dec 17

	This will enable continuous improvement in social work practice				
T4	Introduce bi-annual external independent case file validation audit and complete audit in: <ul style="list-style-type: none"> • Audit 1 – January 17 • Audit 2 – July 17 	Strategic Children's Reform	Manager, Services	Sept 16	July 17

Programme 4 - Theme 4: Compliance with regulations

Ref	Milestone (M) / Tasks (T)	Lead	Start	Finish
M1	Improve practice in key areas of regulatory requirements, develop new lean ways of working where required, monitor compliance through audit, ensure stakeholders are communicated with and understand any changed processes.			
T1	Systematically record consent in First Contact for early help cases.	Strategic Manager, Looked After and Permanence	June 16	Mar 17
T2	Promote an understanding of private fostering placements to ensure placements are notified to the Local Authority and ensure that cases are monitored in line with statutory requirements.		June 16	Mar 17
T3	Revise use of placement with parents' regulations and ensure that assessments are signed off by Senior managers.		June 16	Mar 17
T4	Offer all relevant young people an Independent Visitors (IV) and support increased uptake to the scheme.		June 16	Mar 17
T5	Promote staying put to all care leavers to increase staying put rates.		June 16	Mar 17

Appendix 1 – Ofsted Recommendations

Themes		Recommendations
Strengthening management and staffing capacity		1
Strengthening political and management oversight		2, 3 and 9
Improving the quality of practice		3, 4, 5 and 8
Compliance with regulations		6, 10, 11, 12, 13 and 14
Recommendations		
1	Continue with existing plans to ensure that there is sufficient capacity and stability in social work teams so that caseloads are manageable and workers are able to fully support children and young people.	
2	Review existing arrangements to ensure that political and senior leaders have access to improved quantitative and qualitative performance information that enables them to have an accurate picture of the current practice delivered to children, so that they can develop strategies to maintain and improve the quality of frontline practice.	
3	Continue with the plan to review existing recording systems to ensure that children’s case records are organised in such a way that they present a coherent, accurate and easily accessible picture of child’s journey.	
4	Improve the quality of social work assessments for all children, young people and care leavers by ensuring that they consistently contain comprehensive and rigorous analysis of all relevant information.	
5	Improve the quality of planning for all children, young people and care leavers so that plans are clear about intended outcomes and timescales, and about who is responsible for actions. Ensure that families receive a copy of their plan. Ensure that key agencies participate in strategy discussions and meetings, or provide information to them, to comply with statutory guidance.	
6	Ensure that consent is sought from parents when enquiries are undertaken for all cases of children and young people in need.	
7	Improve private fostering arrangements to comply with statutory guidance through effective awareness raising, visits to children and completion of assessments.	
8	Improve case file auditing to ensure robust and independent evaluation of the quality of practice to promote learning and improvement.	
9	Improve the oversight of casework where children are in voluntary care arrangements, including those under the PLO process, so that plans for these children progress without delay and within timescales.	
10	For children moving to live with parents under care orders, review practice in respect of reports prepared under ‘The Care Planning, Placement and Case Review (England) Regulations 2010’ to make sure that these cover all relevant information and are signed off at a suitably senior level.	
11	Review of use of, and eligibility criteria for, the independent visitor scheme so that the full range of children who would benefit	

	from the scheme are able to do so.
12	Ensure that all care leavers in foster care are aware, of the opportunity to 'stay put' in their placements after the age of 18 years, should they wish to do so.
13	Ensure that adoption recruitment strategy is based on the analysis of data, so that there is a targeted approach to ensure that sufficient carers are recruited to meet the needs of children in Durham
14	Improve how information from return home interviews is used to support risk assessments for children who go missing and/or are at risk of child sexual exploitation.

Appendix 2 – Risk Management

The table below provides an overview of the project risks, which will be updated, as appropriate, as the project plan is implemented. The full risk register is available on request from the Project Manager.

	<u>IDENTIFIED RISK</u>	<u>LOW</u>	<u>MEDIUM</u>	<u>HIGH</u>	<u>MITIGATION</u>
1	MTFP savings for CYPS	✓			<u>Tolerate</u> MTFP plans in place Regular reporting through Big Board 1and MTFP Project Boards for CYPS Incorporated into the corporate risk register
2	Human resources issues not resolved	✓			<u>Tolerate</u> Programme 1 delivered to agreed timescales
3	Quality improvement programme not impacting on front line practice	✓			<u>Tolerate</u> Programme 3 delivered to agreed timescales Issues escalated to the Quality Improvement Board Appropriate reporting arrangements in place to ensure good management oversight
4	Service user safety	✓			<u>Tolerate</u> Regular updating to Quality Improvement Board. Escalation input to CMT. New performance framework to be developed for Children and Young Peoples Services. Interim measures to be implemented November 2016 for improved electronic case file management system. New ICT development progressing for new records management system for case files
5	Timescales not achieved	✓			<u>Tolerate</u> Delivery of the programmes within agreed timescales Issues escalated to the Quality Improvement Board Appropriate reporting arrangements in place

Appendix 4: LSCB Action Plan resulting from Ofsted Inspection 2016

	Actions Arising from Ofsted Recommendations	Lead	Timescale
1	Provide more local narrative in the Child Death Overview Panel (CDOP) Annual Report.	Child Death Overview Panel	June 2016
2	Ensure the LSCB Annual Report provides a rigorous assessment of the performance and effectiveness of local services.	LSCB Business Unit	October 2016
3	Improve the voice of children, young people and families within the Child Protection Process to support ongoing service improvement.	LSCB Lay Members	December 2016
4	Record and report single agency audits to the LSCB.	Quality and Performance Sub-Group	December 2016
5	Update the Child Protection Procedures.	LSCB Business Unit	January 2017
6	Understand the impact of training on practice by enhancing the impact analysis of LSCB training.	Training, Development and Communications Sub-Group	February 2017
7	Further develop quality assurance processes and undertake multi-agency audits to ensure that partners are fulfilling their statutory obligations including auditing of Early Help.	Quality and Performance Sub-Group	March 2017
8	Refine and embed the Performance Management Framework / Scorecard including performance reporting of the Early Help outcomes framework.	Quality and Performance Sub-Group	March 2017
9	Evidence the impact within Serious Case Review learning.	Learning and Improvement Sub-Group	March 2017

**Children & Young People's
Overview and Scrutiny Committee**



29 September 2016

**Draft Oral Health Strategy For County
Durham**

Report of Gill O'Neill, Interim Director of Public Health, County Durham

Purpose of the Report

- 1 The purpose of this report is to present the Children and Young People's Service Overview and Scrutiny Committee with the draft Oral Health Strategy for County Durham for consultation. The draft strategy is attached as Appendix 2.

Background

- 2 The National Institute for Health and Care Excellence (NICE) Public Health 55 Guidance makes 21 recommendations to improve the oral health of our communities. The first recommendation is the development of a stakeholder group that in turn will assist in the development of a strategy to deliver the majority of the other recommendations. The oral health strategy group has been established and has developed an oral health strategy.

Oral health strategy development

- 3 There are 21 recommendations within the NICE guidance. These recommendations have been mapped at a high level by the oral health strategy group to consider whether they are being met across County Durham.
- 4 The development of this strategy has been led by a multi-disciplinary steering group consisting of members of the local dental network, paediatrician, dental anaesthetist, Durham County Council children's services, health visiting services, Durham County Council commissioning for adult services, public health and Public Health England.
- 5 It is essential at a time of austerity that a new strategy and action plan is designed which is deliverable within existing resources and includes thinking differently and working more smartly by pooling resources.
- 6 The 21 recommendations can be applied to a 'settings based' approach. The strategy sets out the intentions for how the oral health strategy and action plan will be pragmatically applied by working with existing partners and stakeholders to embed oral health over the next three years.

- 7 Whilst the oral health strategy is developed and implemented, work is ongoing in partnership with Public Health England (PHE) to explore the possibility of water fluoridation. At this point in time PHE is awaiting feedback from Northumbrian Water around the water quality zones (the geographic measure used by the water industry) and the potential locations for water fluoridation plants.

Consultation

- 8 The consultation process will seek the views of the public and key stakeholders across County Durham.

Next steps

- 9 The strategy will seek the views of key partnership groups and Overview and Scrutiny Committees. A consultation timeline is included as Appendix 3.

Recommendations

- 10 The Children and Young People's Overview and Scrutiny Committee are requested to provide comment on the Draft Oral Health Strategy attached at appendix three.

Contact: Chris Woodcock, Public Health Portfolio Lead
Tel: 03000 267682

Appendix 1: Implications

Finance: Identified from Public Health reserves. Fluoridation study may also include contributions from NHS England.

Staffing: None

Risk: Timeline for fluoridation and stakeholder opinion surrounding the activity.

Equality and Diversity / Public Sector Equality Duty: None

Accommodation: N/A

Crime and Disorder: N/A

Human Rights : N/A

Consultation: Oral Health Strategy will be consulted upon. Consultation not required for feasibility study.

Procurement: DCC to commission targeted interventions.

Disability Issues: None

Legal Implications: Linked to procurement. Linked to the legislative process surrounding fluoridation.



Oral Health Strategy
County Durham
2016-2019
DRAFT

Aim of Oral Health Strategy

1. To reduce the population prevalence of dental disease – and specifically levels of dental decay in young children and vulnerable groups.
2. To reduce the inequalities in dental disease.
3. To ensure that oral health promotion programmes are evidence informed and delivered according to identified need.

Background

Oral health is important for general health and wellbeing. Poor oral health can affect someone's ability to eat, speak, smile and socialise normally, for example due to pain or social embarrassment¹. Oral health problems include gum (periodontal) disease, tooth decay, tooth loss and oral cancers. Many risk factors – diet, oral hygiene, smoking, alcohol, stress and trauma are the same as for many chronic conditions, such as cancer, diabetes and heart disease.

Tooth decay is the most common oral disease affecting children and young people in England, yet it is largely preventable. While children's oral health has improved over the last twenty years, almost a third (27.9%) of five year olds still had tooth decay in 2012². Children who have toothache or who need treatment may have to be absent from school. Tooth decay was the most common reason for hospital admissions in children aged five to nine years old in 2012 – 13. Dental treatment under general anaesthesia presents a small but real risk of life threatening complications for children³.

People living in deprived communities consistently have poorer oral health. However, it is noted that deprived areas with fluoridated water have better oral health than comparator communities without fluoridated water.

Vulnerable groups in society are also more likely to suffer from poor oral health. NICE guidance⁴ identifies a list of vulnerable groups who require specific support to improve their oral health. These include those who are:

- Socially isolated
- Older and frail
- Physical or mental disabilities
- From lower socio economic groups
- Live in disadvantaged areas

¹ NICE 2014 Oral health: approaches for local authorities and their partners to improve the oral health of their communities PH55 NICE

² PHE 2014 commissioning better oral health for children

³ PHE 2014 commissioning better oral health for children

⁴ NICE 2014 Oral health: approaches for local authorities and their partners to improve the oral health of their communities PH55 NICE

- Smoke or misuse substances (including alcohol)
- Have a poor diet
- Some Black, Asian and minority ethnic groups
- Who are, or who have been in care

Diseases affecting the oral cavity

The mouth is affected by diseases such as dental caries and periodontal disease and other conditions, such as trauma, mouth cancer and developmental abnormalities, all of which can have an adverse effect on an individual's wellbeing.

Dental caries (tooth decay)

Dental caries is the most common disease of the dental tissues and affects the majority of the population. It is caused by bacteria in the mouth utilising sugars in the diet as a source of food and producing acids as a by-product. The acids dissolve away the tooth substance leading to dental decay, abscess formation and eventually tooth loss.

There is substantial evidence to show that people from socially deprived backgrounds experience considerably more dental disease than other members of the population due to lack of opportunities that would enable them to improve their oral health. The main issues are poor diet and limited access to fluorides and dental care.

Periodontal disease

Periodontal disease affects the structures which support the teeth; these are the tissues and ligaments which secure the teeth to the jaw bones. This disease is caused by a build-up of plaque around the teeth leading to the development of inflammation. The gums become swollen and bleed spontaneously. In susceptible individuals the disease progresses by destroying the supporting structures of the teeth, the teeth become loose and if unchecked the disease results in tooth loss.

Trauma

Teeth may be traumatised as a result of accidents and participation in contact sports. The upper incisor teeth are at greatest risk and experience most damage.

The most recent data for England was published in March 2015⁵ using a survey of 15 year olds which found the proportion of 15 year olds affected is very similar across the three countries (England, Wales, Northern Ireland), at around 4% of the

⁵ Children's dental health survey 2013, Health and social care information centre, March 2015

population and there are no significant differences related to sex, free school meals, brushing or school attendance.

Mouth cancer

Mouth cancer is the major fatal condition which affects the oral tissues. There is a high risk of developing mouth cancer in people who smoke and those who consume excessive amounts of alcohol.

Developmental abnormalities of the oro-facial tissues

Although not the result of disease processes, defects in the development of oral tissues and facial skeleton may result in teeth being displaced sufficiently that the malocclusion produced impacts on oral health. Significantly adverse alignment of children’s teeth makes them more susceptible to physical disease, trauma and also impacts on personal appearance, leading to potentially low self-esteem. There are a large number of rare genetic conditions which affect the teeth and facial skeleton. The most common are clefts of the lip and/or palate.

Roles and responsibilities for oral health

With the fragmentation of the NHS in April 2013 the responsibility for dental services and oral health dispersed across various organisations. The table below briefly highlights which local organisations have responsibility for which parts of the system.

Table 1: Local organisations roles and responsibilities

Organisation	Key responsibility
NHS England (Area Teams)	Commissioning all NHS dental services – both primary and secondary care Direct and specialised commissioning
Public Health England (centres)	Provide dental public health support to NHS England and Local authorities Contribute to JSNAs, strategy development, oral health needs assessment Supporting local authorities to understand their role in water fluoridation
Local authorities (Public Health)	Jointly statutorily responsible for JSNA Conducting and/or commissioning oral health surveys to monitor oral health needs to an extent that they consider appropriate in their areas Planning, commissioning and evaluating oral health improvement programmes Leading scrutiny of delivery of NHS dental services

Local dental networks	Providing local professional leadership and clinical engagement
Provider services	County Durham and Darlington Foundation Trust hold a block contract for dental services which includes the oral health promotion team

National recommendations

Within the latest public health NICE guidance 'Oral health: approaches for local authorities and their partners to improve the oral health of their communities', there are 21 recommendations for health and wellbeing boards to consider. Table 2 below provides a list of the recommendations

Table 2: NICE recommendations

Recommendations
<ol style="list-style-type: none"> 1. Ensure oral health is a key health and wellbeing priority 2. Carry out an oral health needs assessment 3. Use a range of data sources to inform the oral health needs assessment 4. Develop an oral health strategy 5. Ensure public service environments promote oral health (e.g. plain drinking water available, healthy vending options, promoting breastfeeding etc.) 6. Include information and advice on oral health in all local health and wellbeing policies 7. Ensure front line health and social care staff can give advice on the importance of oral health 8. Incorporate oral health promotion in existing services for all children, young people and adults at high risk of poor oral health 9. Commission training for health and social care staff working with children, young people and adults at high risk of poor oral health 10. Promote oral health in the workplace 11. Commission tailored oral health promotion services for adults at high risk of poor oral health 12. Include oral health promotion in specifications in all early years services 13. Ensure all early years services provide oral health information and advice 14. Ensure early years services provide additional tailored information and advice for groups at high risk of poor oral health 15. Consider supervised tooth brushing schemes for nurseries in areas where children are at high risk of poor oral health 16. Consider fluoride varnish programmes for nurseries in areas where children are at high risk of poor oral health 17. Raise awareness of the importance of oral health as part of 'whole school' approach in all primary schools 18. Introduce specific schemes to improve and protect oral health in primary

- schools in areas where children are at high risk of poor oral health
19. Consider supervised tooth brushing schemes in primary schools in areas where children are at high risk of poor oral health
 20. Consider fluoride varnish programmes for primary schools in areas where children are at high risk of poor oral health
 21. Promote a whole school approach to oral health in all secondary schools

Fluoridation

Fluoride has made an enormous contribution to the decline in dental caries over the past 60 years since research in the United States discovered that people living in an area of naturally fluoridated water had much better dental health than those who did not and, furthermore, water fluoridated at a concentration of 1 part per million did not cause significant mottling of the teeth (dental fluorosis) nor any other health related adverse effects. Fluoride produces an effect on the teeth in a number of ways that combine to slow and help prevent the decay process.

There is compelling evidence that fluoride is effective in reducing decay and that water fluoridation is the most effective way of using fluoride to reduce decay. Other fluoride interventions, such as fluoride toothpaste and fluoride varnish, are also important, effective ways of reducing tooth decay and there is an even greater reduction in decay levels when, for example, fluoride toothpaste is used together with water fluoridation. Consequently this oral health strategy for County Durham includes due consideration of water fluoridation as part of a series of oral health promotion initiatives – including other fluoride based interventions and initiatives aimed at improving diet and nutrition.

Fluoride tooth brushing schemes

The use of fluoride toothpaste has been shown to reduce levels of dental decay by 37% and the increased use of fluoride toothpaste has been largely responsible for the reductions in dental decay that have been observed over the last 20-30 years.

Published research has indicated that supervised tooth brushing schemes are effective in reducing levels of dental decay and that there remains a significant reduction in decay levels between children in test and control groups at 30 months after the programme ended.

Evidence also shows that the introduction and uptake of a tooth brushing program contributed positively to the dental health of children and reduced dental health inequalities.

Tooth brushing schemes are to be established in targeted early year's day care facilities in County Durham whilst promoting dental registration with families through universal health visitor services.

Fluoride varnish

Fluoride varnish is one of the best options for increasing the availability of topical fluoride, regardless of the levels of fluoride in the water supply. High quality evidence of the caries-preventive effectiveness of fluoride varnish in both permanent and primary dentitions is available and has been updated recently. A number of systematic reviews conclude that applications two or more times a year produce a mean reduction in caries increment of 37% in the primary dentition and 43% in the permanent. Schemes will be explored during the implementation of this strategy.

County Durham: oral health current picture

Access to dental services

A study on access to dental services carried out in 2010/11 (most recent data available) showed significant variations across the wards in the county with populations living in the poorest wards having the lowest uptake.

Perceptions surveys have been undertaken to understand why adults do not register with dentists. Two of the most significant barriers include complexity of the forms to fill in and dentist phobias.

NHS England are leading a review of the national general dental contract. Part of the consultation is regarding how primary dental health services can deliver more on oral health promotion activities and reduce oral health inequalities. The outcomes of the consultation are awaited.

Oral health status

Children: Data from the last large scale dental survey (2012) of five year old children's oral health in County Durham shows wide variations in dental disease experience between different wards, from 61% of children having had decay experience in Woodhouse Close (Bishop Auckland) to just 6% in Chester-Le-Street South. This highlights a need to narrow the gap in oral health inequalities. Oral health of five year olds is part of the children's public health outcomes framework.

Adults: There are no regular local surveys undertaken of adult dental health at a local authority level. The best data available is from the last national adult health survey which took place in 2009. The smallest geography available is at a North East level. The survey showed that 92% of the North East population had some teeth. 82% had 21 or more teeth which is the limit allowed by dentists to

demonstrate functionality. 65% of North East residents participating in the survey reported regular dental attendance above the England average of 61%.

Elderly population: With an aging population, the increase in dementia and older people retaining their teeth, there is a need to consider how the oral health of this growing vulnerable population will be managed. The challenge this group presents is the support required to maintain their oral health and how health and social care provide supportive environments to maximise their oral health and avoid unnecessary and expensive dental treatment. A recent local evaluation completed within County Durham care homes⁶ has identified the complex oral health care needs of those living in residential care. The system must come together to support this vulnerable group and reduce escalating costs which are preventable.

Partnerships and governance

The development of this strategy has been led by a multi-disciplinary steering group consisting of members of the local dental network, paediatrician, dental anaesthetist, Durham County Council children's services, health visiting services, Durham County Council commissioning for adult services, public health and Public Health England.

There has also been a consultation process to ensure the views of stakeholders have been taken into consideration.

The Oral Health Steering Group is accountable to the Children and Families Partnership and the Health and Wellbeing Board.

Outcome measures for strategy

Percentage improvement: child population averages for decayed, missing and filled teeth, proportion of children with no decay experience.

Challenges going forward

The gap in oral health inequalities between children living in deprived communities and those in less deprived communities needs to reduce. Targeted work must also continue with vulnerable groups such as those with poor physical and mental health and the frail elderly population.

Due to the overlap with other health promotion messages for many other preventable conditions, such as diabetes, there is benefit in combining approaches and making sure oral health is embedded into other health promotion work rather than a stand-alone topic.

⁶ Ahmad, B., 2015 oral health care provision for the elderly in residential care homes in County Durham: An evaluation of need and strategy document

The strong and newly emerging evidence⁷ regarding the impact on sugar on the obesity epidemic is an opportune time to combine efforts on tackling obesity and oral health inequalities.

The 21 NICE recommendations can be applied to a ‘settings based’ approach. The remainder of this strategy sets out the intentions for how the oral health strategy will be delivered practically by working with existing partners and stakeholders to embed oral health over the next three years while we remain committed to progress the feasibility of fluoridation.

The first four NICE recommendations refer actions already underway such as the development of a strategy and reviewing the available epidemiological data.

Action Plan

Early years settings ACTION	Lead	Timeline	NICE Recommendations
1. Increase breast feeding initiation by 5% 2. Increase breastfeeding at 6 – 8 weeks by 5% 3. Breastfeeding friendly venues – UNICEF accreditation maintain status 4. Increase dental registration in families in 30% most deprived MSOAs 5. Plain drinking water in public sector venues is main drink available 6. Provide a choice of sugar free foods – including vending machines 7. Oral health part of early years strategy			5. Ensure all public service environments promote oral health 6. Include information on oral health in local health and wellbeing policies 7. Ensure frontline health and social care staff can give advice on the importance of oral health 8. Incorporate oral health promotion in existing services for all children, young people and adults at high risk of poor oral health 12. Include oral health promotion in specifications for all early years services 13. Ensure all early years

⁷ Public Health England, 2015. Sugar Reduction ‘The evidence for action’

<p>8. Training on oral health promotion given to front line practitioners</p> <p>9. Targeted oral health promotion work for vulnerable groups: SEND and vulnerable parent pathway</p> <p>10. Align dental practices to children centre cluster areas</p> <p>11. Deliver and evaluate a three year tooth brushing scheme in targeted nurseries, working with local dental network</p>			<p>services provide oral health information and advice</p> <p>14. Ensure early years services provide additional tailored information and advice for groups at high risk of poor oral health</p> <p>15. Consider supervised tooth brushing schemes for nurseries in areas where children are at high risk of poor oral health</p>
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Primary school setting (age 5 – 11 years) ACTIONS	Lead	Timeline	NICE Recommendation
<p>1. Increase number of schools following national school food plan: ensure plain drinking water available and sugar free snacks</p> <p>2. Encourage schools to include oral health as part of the curriculum – PSHE resources easily available</p> <p>3. School Nurses to promote dental registration at parent sessions</p> <p>4. Local dental network (LDN) to establish ‘pop up’ dental clinics’ within schools</p>			<p>17. Raise awareness of the importance of oral health, as part of a ‘whole school’ approach in all primary schools</p> <p>18. Introduce specific schemes to improve and protect oral health in primary schools in areas where children are at risk of poor oral health</p> <p>19. Consider supervised tooth brushing schemes for primary schools in areas where children are at high risk of poor oral health</p>

<p>to increase dental check-ups and dental registrations</p> <p>5. Oral health promotion team to work with special schools through the academic year</p> <p>6. Training sessions delivered to special school support staff on oral hygiene and health promotion</p> <p>7. Deliver and evaluate a three year targeted tooth brushing scheme working with the local dental network to deliver intervention</p>			<p>20. Consider fluoride varnish programmes for primary schools in areas where children are at high risk of poor oral health</p>
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Workplace and community setting ACTIONS	Lead	Timeline	NICE Recommendations
<p>1. Make plain drinking water available in community venues</p> <p>2. Provide a choice of sugar free food, drinks and snacks, including from vending machines</p> <p>3. Encourage and support breastfeeding</p> <p>4. Healthy living pharmacy – SMILE campaign delivered annually</p> <p>5. Oral health in Health at Work campaigns</p>			<p>5. Ensure public services promote oral health</p> <p>6. Ensure front line health and social care staff can give advice on the importance of oral health</p> <p>10. Promote oral health in the workplace</p>

Vulnerable group (children and adults at high risk of poor oral health) ACTIONS	Lead	Timeline	NICE Recommendations
<p>1. Oral health promotion team to work specifically with special schools and those educated outside of mainstream</p> <p>2. Explore feasibility of minimum set of standards for oral health within care home contracts e.g. oral health assessment on admission to care home, oral health care plan established and regularly reviewed – quality metrics</p> <p>3. Include training and support in residential care homes on importance of oral hygiene and dual training on dementia care as part of contract</p> <p>4. Label dentures to reduce loss and cost of replacement</p> <p>5. Align dental practices to each residential care home to ensure a general dentist is available for advice/guidance</p>			<p>7 Ensure front line health and social care staff can give advice on importance of oral health</p> <p>8 Incorporate oral health promotion in existing services for all children, young people and adults at high risk of poor oral health</p> <p>9 Commission training for health and social care staff working with children, young people and adults at high risk of poor oral health</p> <p>12. Commission tailored oral health promotion services for adults at high risk of poor oral health</p>

Appendix 3: Draft Consultation Timeline For Oral Health Strategy

Meeting	Date	Purpose
Health and Wellbeing Board	26 th July 2016	Agree draft for wider consultation
Six week public consultation: <ul style="list-style-type: none"> • Including targeted consultation with Foundation Trusts 	1 st August – 12 th September 2016	Consultation
Children and Families Partnership	13 th September 2016	Consultation
CYP Overview and Scrutiny committee	29 th September 2016	Consultation
AWH Overview and Scrutiny committee	4 th October 2016	Consultation
Health and Wellbeing Board	17 th November 2016	Agreement of strategy

**Children and Young People’s Overview
and Scrutiny Committee**

29 September 2016

**CAS –Revenue and Capital Outturn
2015/16**



Report of Jeff Garfoot, Head of Finance (Financial Services)

Purpose of the Report

1. To provide the committee with details of the actual outturn budget position for the CAS service grouping, highlighting major variances in comparison with the (revised) budget for the year, based on the final position at the year end (31st March 2016) as reported to Cabinet in July 2016. The report focuses on the Children and Young People’s services included in CAS.

Background

2. County Council approved the Revenue and Capital budgets for 2015/16 at its meeting on 25 February 2015. These budgets have subsequently been revised to take account of transfers to and from reserves, grant additions/reductions, budget transfers between service groupings and budget reprofiling between years. This report covers the financial position for:
 - CAS Revenue Budget - £251.770 million (original £251.450 million)
 - CAS Capital Programme – £40.682 million (original £45.453 million)
3. The original CAS revenue budget has been revised to incorporate a number of budget adjustments as summarised in the table below:

Reason For Adjustment	£ million
Original Budget	251.45
Transfers to other services (Financial Services / Assessments to Resources)	(1.456)
Energy Efficiency Reduction	(0.147)
Transfer From Contingency - Soulsbury Pay award	0.157
Transfer From Contingency - Cost Associated with Closed School Buildings	0.138
Transfer From Contingency - Reversal Of Car Mileage Deduction	0.076
Transfer to Capital (Aycliffe Secure Services/ DACT Estate)	(0.668)
Use of (+) / (contribution) to CAS reserves	(0.994)
Use of (+) / (contribution) to Corporate Reserves (ERVR Costs)	3.214
Revised Budget	251.77

4. The in-year in service (use of) / contribution to CAS reserves utilised in determining the year end revenue budget of £251.770 million consisted of:

Reserve	£'000
Social Care Reserve	(916)
Cash Limit	1,971
Innovations and YEI Redundancy Reserve	(1,000)
Secure Services Capital Reserve	868
Tackling Troubled Families Reserve	188
Transformation Reserve	(1,264)
Accumulated fund CPD Reserve	134
Durham Learning Resources Reserve	(8)
EBP Reserve	81
Emotional Wellbeing Reserve	(33)
Mental Health Counselling Reserve	7
Movement Difficulties Service Reserve	(13)
Re-Profiling Activity Reserve	(175)
SEND reform Grant Reserve	15
School Condition Survey Reserve	(450)
Swimming Reserve	(67)
Public Health Reserves	(330)
Total In service use by CAS	(994)

5. The summary financial statements contained in this report cover the financial year 2015/16 and show: -
- The approved annual budget;
 - The actual income and expenditure as recorded in the Council's financial management system;
 - The variance between the annual budget and the actual outturn;
 - For the CAS revenue budget, adjustments for items outside of the cash limit to take into account such items as redundancies met from the strategic reserve, capital charges not controlled by services and use of / or contributions to earmarked reserves.

Revenue Outturn – 2015/16

6. The CAS service outturn was a cash limit under budget of £10.690 million against a revised budget of £251.770 million, which represents a 4.2% under budget. This compares with a previously reported underspend position of £10.364 million at quarter 3.
7. The tables below show the revised annual budget, actual expenditure and variance to 31 March 2016. The first table is analysed by Subjective Analysis (i.e. type of expense) and shows the combined position for CAS, and the second is by Head of Service.

Subjective Analysis (Type of Expenditure)

	Revised Annual Budget	YTD Actual	Variance	Items Outside Cash Limit	Contribution To From Reserves	Cash Limit Variance		MEMO – Variance at QTR3
	£000	£000	£000	£000	£000	£000		£000
Employees	116,577	109,978	(6,599)	493	856	(5,250)		(5,098)
Premises	7,146	7,262	116	(448)	48	(284)		(219)
Transport	17,399	17,885	486	-	19	505		559
Supplies & Services	18,950	15,115	(3,835)	753	1,035	(2,047)		(1,732)
Third Party Payments	238,806	229,358	(9,448)	-	163	(9,285)		(10,001)
Transfer Payments	13,069	12,574	(495)	-	-	(495)		158
Central Support & Capital	63,235	88,690	25,455	(23,419)	(420)	1,616		2,260
Income	(223,412)	(230,412)	(7,000)	11,286	264	4,550		3,709
Total	251,770	250,450	(1,320)	(11,335)	1,965	(10,690)		(10,364)

Analysis by Head of Service Area

	Revised Annual Budget	YTD Actual	Variance	Items Outside Cash Limit	Contribution To From Reserves	Cash Limit Variance		MEMO – Variance at QTR3
	£000	£000	£000	£000	£000	£000		£000
Head of Adults	124,841	118,762	(6,079)	(453)	1,483	(5,049)		(6,024)
Central/Other	8,935	10,327	1,392	(1,780)	203	(185)		(258)
Commissioning	7,858	4,641	(3,217)	-	(918)	(4,135)		(4,004)
Planning & Service Strategy	11,622	10,952	(670)	(14)	(375)	(1,059)		(906)
Central Charges (CYPS)	4,074	(2,494)	(6,568)	5,879	714	25		-
Childrens Services	53,767	56,758	2,991	(2,653)	(138)	200		870
Education	40,002	50,988	10,986	(11,991)	518	(487)		(42)
Public Health	671	516	(155)	(323)	478	-		-
Total	251,770	250,450	(1,320)	(11,335)	1,965	(10,690)		(10,364)

8. The table below provides a brief commentary of the cash limit variances against the revised budget, analysed by Head of Service for those areas which relate to the Children's area of the service, which is of specific interest to the Children's Overview and Scrutiny Committee. The table identifies variances in the core budget only and excludes items outside of the cash limit (e.g. central repairs and maintenance) and technical accounting adjustments (e.g. capital charges):

Service Area	Description	Cash limit Variance £000
Central Charges (CYPS)		
Other Services	Relates to a combination of employee related costs and provision for bad debts.	25
		25
Childrens Services		
Aycliffe Conference Centre & Site Wide Costs	Savings on premises and supplies and services (£23K) on the Aycliffe site following the relocation of teams off the site and the closure of 2 children's homes and the Conference Centre. A shortfall in income of £32K from lower than anticipated rechargeable usage of the Conference Centre between April and November and the closure of this facility in December.	9
Child Protection & Disability Services	Employees are over budget by a total of £468K mainly in the Child Protection Teams including expenditure of £545K on agency staff employed to cover vacancies and increased workloads. Costs associated with children placed under Special Guardianship Orders are over budget by £670K, the budget for SGOs is to be revised in 2016-17, a new financial monitoring system has been introduced and regular reports on expenditure on non LAC placements will be presented to CSSMT. The forecast overspend is being offset by savings on joint funded residential school placements (£213K) and legal expenses (£133K).	752
Childrens Services Reform	Over budget on the cost of a support post that Childrens Services agreed to fund from the cash limit in 2015-16.	25
External Agency Placements Central Recharges & SLAs	Primarily related to the costs of volunteer drivers which was under budget by (£98K) combined with savings of (£83k) following a reduction in the number of remand beds nights in 2015-16. The balance of the savings were mainly from employees and premises.	(231)
First Contact & Intervention	Expenditure on agency staff covering vacancies and maternity leave etc. was £926K over budget partially offset by savings on vacant posts of (£634K). The original budget included £111K from earmarked reserves to fund the anticipated shortfall in the Supervised Contact saving in 2015-16, at the end of the year the shortfall was £59K and £52K has therefore been credited back to the Reserve.	399
Head of Service	Planned reduction in Investing in Children SLA was under budget by (£50k).	(44)
Looked After & Permanence	Total savings on employees of (£800K) including (£713K) from the early closure of 5 Brough and 12 Brough Close on the Aycliffe site.	325

Service Area	Description	Cash limit Variance £000
	<p>The increase in the number of LAC placements in IFA's and in house fostering lead to an overspend of £290K and £815K respectively. The time limited Adoption Invest to Save Project costed £85K more than budgeted in 2015-16.</p> <p>Accommodation costs for young people leaving care were also over budget by £135K.</p> <p>The new Adoption Support Fund generated (£130K) of surplus income for the Full Circle Team in 2015-16.</p>	
One Point Service	<p>Income from County Durham and Darlington Foundation Trust in relation to occupancy of council buildings exceeded the budget by (£221K) in 2015/16. All outstanding invoices have now been raised on CDDFT.</p> <p>Additional one off unbudgeted income related to the recharge to Public Health (£628K) re Wider Determinants of Health.</p>	(919)
Secure Services	<p>2015/16 budgeted welfare bed occupancy figure was 7.2 beds per night which had an associated income budget of £2.071 million. In 2015-16 the Secure Centre achieved an average sale of 6.92 welfare beds per night, following the increase in price from £788 to £855 during 2015-16 the Centre achieved £2.042 million leading to a shortfall in income from the sale of welfare beds of £29,233.</p> <p>It should also be noted that Secure Services used £400K from the Earmarked Reserve in 2015-16 excluding the cost of the capital doors project. The Reserve was used to fund the shortfall in income and the net overspend on employees of £232K including the cost of agency staff (£481K) covering vacancies etc., the balance was used to fund additional costs of repairs and maintenance, equipment, furniture and additional security costs in 2015-16.</p>	-
Think Family Service	Additional activity related to Stronger Families plans was funded from earmarked reserves in 2015-16	-
Youth Offending Service	Expenditure against employees, transport and supplies budgets were below budget by (173K) partially offset a shortfall in income of £92K including an in-year reduction in the YJB grant of £80k.	(62)
Youth Service	Under budget on grants to voluntary organisations (£21K) and minor building improvements for youth centres (£16K).	(54)
		200
Commissioning		
Commissioning Management / Other	<p>Under budget mainly in respect of future MTFP savings, particularly agency and contracted services budgets held.</p> <p>A review of short term monies added to an increased under spend during the year.</p> <p>£1.1 million of short term funds have been carried forward to support future preventative projects.</p>	(4,134)
		(4,134)

Service Area	Description	Cash limit Variance £000
Education		
Progression and Learning	<p>Durham Education Business Partnership has generated income over and above costs, which will result in a sum of £16k being contributed to earmarked reserves.</p> <p>The Adult Learning service is funded from grant that is allocated on an academic year basis and funds not used by the end of March 2016 are rolled forward into 2016/17.</p> <p>Improving Progression for Young People team is in line with budget, including use of funding of £37k from the Special Projects reserve for the YE1 Development Manager post</p>	2
School Places and Admissions	<p>Home to School Transport reports an over budget position of £820k, identified as £580k relating to SEN transport, £200k on mainstream contracts and £40k on Post-16.</p> <p>There is an under budget of £150k in relation to pension liabilities.</p> <p>In the School Places and Admissions team there is an under budget of £81k on staffing in due to vacancies held in advance of delivering 16/17 MTFP savings</p>	589
SEN and Disability and Inclusion	<p>The outturn position is an under budget of £422k, which relates mainly to additional SLA and other income in Education Psychology of £280k and vacancies in the same area creating an under budget of £162k.</p> <p>There are also vacancies in the SEN Placement Team resulting in an under budget of £86k.</p>	(508)
Support and Development	<p>Curriculum and Professional Development The CPD area has generated income over and above costs, which will result in a sum of £167k being contributed to earmarked reserves.</p> <p>Education Development Service An under budget of £95k reflects savings from vacant posts and additional income of generated from course and room hire charges at Durham Learning Centre.</p> <p>Early Years Team Staffing vacancies in the team have resulted in an under budget of £153k, including a vacant Operational Lead post held for MTFP savings in 2016/17.</p> <p>The budget for Sustainability funding for Early Years providers and Two Year Old expenditure is under budget by £141k.</p> <p>There is an under budget on DCC Childcare provision of £89k in 2015/16.</p> <p>Music Service The under budget position of £25k is a combination of reduced staffing costs and increased income levels.</p> <p>School and Governor Support Service The under budget position of £51k relates mainly to a pension augmentation budget for which the final year of costs was 2014/15. This budget is earmarked for MTFP savings in 16/17</p>	(570)
		(487)

Service Area	Description	Cash limit Variance £000
Planning & Service Strategy		
Performance & Information Mgmt	£124,000 under budget on employees re future MTFP savings. £52,000 under budget on supplies and services budgets re future MTFP savings. £5,000 under achievement of income.	(171)
Policy Planning & Partnerships / Mgt	£118,000 under budget on employees re future MTFP savings. £89,000 under budget on transport/supplies and services/other budgets. £89,000 under achievement of income.	(118)
Service Quality & Development	Future MTFP savings linked in the main to employees (£145,000) and supplies and services (£184,000). £113,000 under budget on other areas.	(442)
Service Support	£200,000 under budget on employees re future MTFP savings. £128,000 under budget on transport/supplies and services/other budgets.	(328)
		(1,059)

9. In summary, the service maintained spending within its cash limit. The outturn position incorporates the MTFP savings built into the 2015/16 budgets, which for CAS in total amount to £8.590 million.

Schools

10. The Dedicated Schools Grant (DSG) allocation for 2015/16 was £356.636 million, however due to schools converting to academies and reduction in high needs DSG allocations for payments made direct by the Education Funding Agency the budget was reduced by £74.623 million in year to £282.013 million. A further £0.193 million was received in relation to an Early Years adjustment for the previous financial year resulting in a final DSG allocation of £282.206 million. This includes both the delegated schools budget and the centrally retained DSG budget.
11. The total revised delegated budget for maintained schools (including early years' providers) was £259.314 million.
12. Where schools spend more or less than their delegated budgets, the difference either reduces or increases their accumulated balance. Schools-related balances were £24.083 million at 31 March 2016, a reduction of £0.163 million compared to last year. The changes in balances were:

	31 March 2015 £	Movement £	31 March 2016 £
Schools	(24,098,055)	218,291	(23,879,764)
Communities of Learning	(525,355)	131,530	(393,825)
Loans to schools	377,772	(186,894)	190,878
Total	(24,245,638)	162,927	(24,082,710)

13. The Quarter 3 forecast of school balances was £17.562 million, £6.318 million less than the actual balances at 31 March 2016. Most schools ended the year with a higher balance than their Q3 forecasts, despite these forecasts being challenged by the relevant Finance Officers.
14. There are 244 maintained schools, of which 179 ended the year with a higher balance than the Q3 forecast, increasing their balances by a total of £7.685 million. There were 65 schools where the balance was less than the Q3 forecast; the total amount by which they increased spending compared to the forecast was £1.367 million; four of these schools are now in deficit.
15. At 31 March 2016 there were 10 schools with a deficit balance, with a total deficit of £2.736 million. Three of these schools are secondary schools, with combined deficits of £2.586 million; there are concerns about the long-term financial viability of these schools and officers from CAS and Financial Services are in discussion with the schools about ways to improve their financial position for the long term. All three schools had a deficit balance at 31 March 2015, and set a deficit budget for 2015-16, but during the year were able to reduce net expenditure by £0.412 million compared to their original budgets. The other 6 schools have deficits totalling £0.150 million and officers are working with these schools to ensure that they recover these deficits in 2016-17.
16. A significant number of schools are facing shortfalls in funding for 2016-17 and are planning staff reductions to balance their budgets. The increase in balances compared to the Q3 forecasts is in part a reflection of caution on the part of schools in going ahead with spending in advance of confirmation of 2016-17 funding and the uncertainties about the future of school funding.
17. The pressure areas for the centrally controlled element of the DSG in 2015/16 were High Needs provision (top-up) and capitalised repairs and maintenance. This has been offset by under spends in the Education Service teams dealing SEND children and school improvement.
18. The overall outturn position for the centrally retained element of the DSG shows an under spend of £1.821million. The earmarked reserve relating to centrally retained DSG carried forward at 31 March 2016 is £12.18 million, of which £1.502 million is earmarked for Schools relating to the Growth Fund, School Improvement and unallocated formula funding; £2.152 million has been used to set schools budgets in 2016/17; £2.94 million relates to Early Years provision, £0.422 million for outstanding commitments for the capital programme and the balance will support continuing High Needs pressures in 2016/17

Capital Programme

19. The CAS capital programme was revised earlier in the year to take into account budget reprofiled from 2014/15 following the final accounts for that year. This increased the 2015/16 original budget.
20. Further reports to MOWG in May, July, October, November, December, January have detailed further revisions to the CAS capital programme, adjusting the base

for grant additions/ reductions, budget transfers and budget reprofiling into later years with the revised capital budget currently totalling **£40.682 million**. Actual capital expenditure in 2015-16 totalled £34.867 million leading to an underspend of **£5.815 million**.

21. Following MOWG approval on 24th May 2016 the £5.815 million underspend has been reprofiled into future years to meet future commitments and investment leading to a revised capital Programme for the years 2016/17 to 2017-18 of **£35.051 million**.

22. Summary financial performance to 31st March 2016 is shown below together with a summary of the 2016/17 and 2017/18 budgets.

CAS	Actual Spend to 31/03/2016	Current 2015-16 Budget	2015-16 variance	Revised 2016-17 Budget	Revised 2017-18 Budget	Total Revised Capital Prog.
	£000	£000	£000	£000	£000	£000
LD Provider Services	(1)	60	61	62	-	62
Support For Childs Homes	11	54	43	43	-	43
CAS AAP Scheme	2	4	2	-	-	-
PCT Co-Location	2	-	(2)	-	-	-
Increased Provision for Two Year Olds	279	408	129	129	-	129
Free School Meals Support	214	214	-	75	-	75
Secure Services	1,115	799	(316)	35	-	35
Planning & Service Strategy	74	132	58	159	315	474
Drug & Alcohol Premises Upgrade	317	200	(117)	459	-	459
Drugs Commissioning DACT	36	36	-	72	-	72
Public Health	-	-	-	284	-	284
School Devolved Capital	2,787	4,532	1,745	4,227	1,378	5,605
Childrens Access/Safeguarding	(2)	-	2	-	-	-
DFE School Capital Inc Basic Need	18,158	19,704	1,546	19,965	2,230	22,195
DSG Structural Maintenance	350	432	82	2	238	240
Prior Year Projects	(334)	-	334	-	-	-
PSBP - Additional Works Not Covered by EFA	-	200	200	200	-	200
School Modernisation	20	607	587	347	-	347
BSF	11,671	13,240	1,569	4,831	-	4,831
PFI	168	60	(108)	-	-	-
TOTAL	34,867	40,682	5,815	30,890	4,161	35,051

Recommendations:

23. It is recommended that Children and Young People's Overview and Scrutiny Members note the revenue and capital outturn included in the report, which are summarised in the outturn report to Cabinet in July.

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Appendix 1: Implications

Finance

Financial implications are detailed throughout the report which provides an analysis of the revenue and capital actual outturn position.

Staffing

There are no implications associated with this report. Any over or under spending against the employee budgets are disclosed within the report.

Risk

The management of risk is intrinsic to good budgetary control. This report forms an important part of the governance arrangements within CAS. Through routine / regular monitoring of budgets and continual re-forecasting to year end the service grouping can ensure that it manages its finances within the cash envelope allocated to it.

Equality and Diversity / Public Sector Equality Duty

There are no implications associated with this report.

Accommodation

There are no implications associated with this report.

Crime and Disorder

There are no implications associated with this report.

Human Rights

There are no implications associated with this report.

Consultation

There are no implications associated with this report.

Procurement

There are no implications associated with this report.

Disability Issues

There are no implications associated with this report.

Legal Implications

There are no implications associated with this report.

Children and Young People's Overview and Scrutiny Committee

29 September 2016

CAS – Quarter 1: Forecast of Revenue and Capital Outturn 2016/17



Report of Jeff Garfoot, Head of Finance (Financial Services)

Purpose of the Report

1. To provide the committee with details of the forecast outturn budget position for the CAS service grouping, highlighting major variances in comparison with the budget for the year, based on the position to the end of June 2016 as reported to Cabinet in September 2016.

Background

2. County Council approved the Revenue and Capital budgets for 2016/17 at its meeting on 24 February 2016. These budgets have subsequently been revised to take account of transfers to and from reserves, grant additions/reductions, budget transfers between service groupings and budget reprofiling between years. This report covers the financial position for:
 - CAS Revenue Budget - £251.980 m (original £247,864m)
 - CAS Capital Programme – £31.351m (original £31.351m)
3. The original CAS revenue budget has been revised to incorporate a number of budget adjustments as summarised in the table below:

Reason For Adjustment	£'000
Original Budget	247,864
Transfer From Contingency - Closed School Premises Cost	16
Transfer From Contingency - Pay award	771
Transfers to other services	(45)
Use of (+)/contribution to CAS reserves (-)	2,497
Use of (+)/contribution to Corporate reserves (ERVR) (-)	879
Revised Budget	251,980

4. The use of / contribution to CAS reserves consists of:

Reserve	£'000
AWH- Social Care Reserve	1,674
EDU-EBP Reserve	100
EDU-Re-Profiling Activity Reserve	3
CHS-Secure Services Capital Reserve	88
CHS-Tackling Troubled Families Reserve	39
PHE-Domestic Abuse-Harbour Support Reserve	(11)
PHE-W4L expansion Reserve	13
AWH-Cash Limit	1,146
PHE-Grant Reduction Support Reserve	(414)
EDU-School Condition Survey	200
PHE - CDDFT-Fresh Smoke Free NE	30
CHS-NQSW Academy Reserve - 16&17 Academic year	(371)
Total	2,497

5. The summary financial statements contained in the report cover the financial year 2016/17 and show: -
- The approved annual budget;
 - The actual income and expenditure as recorded in the Council's financial management system;
 - The variance between the annual budget and the forecast outturn;
 - For the CAS revenue budget, adjustments for items outside of the cash limit to take into account such items as redundancies met from the strategic reserve, capital charges not controlled by services and use of / or contributions to earmarked reserves.

Revenue Outturn

6. The CAS service is reporting a cash limit underspend of £2.146 million against a revised budget of *£251.980 million* which represents a 0.85% underspend.
7. The tables below show the revised annual budget, actual expenditure to 30 June 2016 and the updated forecast of outturn to the year end, including the variance forecast at year end. The first table is analysed by Subjective Analysis (i.e. type of expense) and shows the combined position for CAS, and the second is by Head of Service.

Subjective Analysis (Type of Expenditure)

	Revised Annual Budget £000	YTD Actual £000	Forecast Outturn £000	Variance £000	Items Outside Cash Limit £000	Cash Limit Variance £000
Employees	114,501	32,918	111,788	(2,713)	-	(2,713)
Premises	6,775	580	6,632	(143)	-	(143)
Transport	17,774	3,035	17,615	(159)	-	(159)
Supplies & Services	17,838	3,080	17,400	(438)	-	(438)
Third Party Payments	238,365	49,151	240,020	1,655	-	1,655
Transfer Payments	13,161	2,102	12,773	(388)	-	(388)
Central Support & Capital	73,192	2,665	74,192	1,000	-	1,000
Income	(229,626)	(54,872)	(230,586)	(960)	-	(960)
Total	251,980	38,659	249,834	(2,146)	-	(2,146)

Analysis by Head of Service Area

	Revised Annual Budget £000	YTD Actual £000	Forecast Outturn £000	Variance £000	Items Outside Cash Limit £000	Cash Limit Variance £000
Head of Adults	126,108	25,601	123,499	(2,609)	-	(2,609)
Central/Other	9,598	3,913	9,538	(60)	-	(60)
Commissioning inc Supporting People	5,788	(2,043)	5,050	(738)	-	(738)
Planning & Service Strategy	10,929	1,932	10,426	(503)	-	(503)
Central Charges (CYPS)	3,198	2,127	3,198	-	-	-
Childrens Services	50,807	13,297	53,027	2,220	-	2,220
Education	42,475	(1,558)	42,019	(456)	-	(456)
Public Health	3,077	(4,609)	3,077	-	-	-
Total	251,980	38,660	249,834	(2,146)	-	(2,146)

8. The table below provides a brief commentary of the forecast cash limit variances against the revised budget, analysed by Head of Service for those areas which relate to the Children's area of the service, which is of specific interest to the Children's Overview and Scrutiny Committee. The table identifies variances in the core budget only and excludes items outside of the cash limit (e.g. central repairs and maintenance) and technical accounting adjustments (e.g. capital charges):

Service Area	Description	Cash limit Variance £000
Central Charges (CYPS)		
Other Services		-
		-
Childrens Services		
Aycliffe Conference Centre & Site Wide Costs	Forecast over budget of £9K relating to the boarding up and demolition costs of 1 Cedar Drive on the Aycliffe Young Peoples Centre site.	9
Child Protection & Disability Services	Employees are forecast to be over budget by a total of £362K in the Child Protection Teams as a result of agency staff employed to cover vacancies and increased workloads. £517K Expenditure placements costs looked after children with a disability (external residential and special schools) is forecast to be (£94K) under budget. Placement costs associated with children not looked i.e. in Child Arrangement or Special Guardianship arrangements is forecast to be over budget by £754K. Direct Payments are forecast to be under budget by (£191K). Income from the CCGs for the health element of the joint funded school placements is also forecast to be under budget by £86K.	893
Childrens Services Reform	Forecast (£29K) under budget as a result of vacancies and new arrangements for Business Support services.	(29)
First Contact & Intervention	Expenditure on agency staff mainly in the Families First teams covering vacancies and maternity leave etc. is forecast to be £665k over budget offset by savings on vacant posts and car allowances of (£297K). New arrangements for commissioning domestic violence services with Public Health are forecast to generate in year savings of (£107K).	279
Head of Service	A one off (£82K) contribution from Health to build additional capacity	(82)
Looked After & Permanence	The budget for all LAC placements within Looked After & Permanence is forecasting to be over budget by £1.730m. The outturn overspend forecast on LAC is partially offset by additional income including the CCGs for joint funded placements (£151K) , Adoption Support Fund (£160K) , Inter Agency Adoption Fee Grant (£27K) and Unaccompanied Asylum Seekers Grant (£151K) .	1,178
One Point Service	Employees are forecasting to be under budget by (£88K) as a result of savings from vacancies. Savings on premises costs	(142)
Secure Services	Secure Services operates as a Trading Account the net variance balances to zero. In the first quarter of 16-17 welfare bed average occupancy was 13.36 against a new budget of 12.6 beds. The surplus income for this period is £58K. At Quarter 1 welfare bed income is forecast to breakeven in 2016-17.	-

Service Area	Description	Cash limit Variance £000
Think Family Service	Stronger Families plans are funded from earmarked reserves and is currently forecast to be on Budget	-
Youth Offending Service	Expenditure on remand bed nights is forecast to be £145K over budget	145
Youth Service	Forecast in year saving of (£31K) as a result of early achievement of 17/18 MTFP savings	(31)
		2,220
Commissioning		
Commissioning	£287,000 under budget on employees in respect of early achievement of future MTFP savings. £452,000 under budget on non-staff costs in respect of early achievement of future MTFP savings.	(739)
		(739)
Education		
Progression and Learning	The Improving Progression of Young People service is expected to spend in line with budget.	-
School Places and Admissions	The Home to School Transport budget has been supported by additional temporary funding in 2016/17. There are changes to Post-16 and Exam Year Mover entitlement from September 2016 as well as additional work on Safe Walking routes, route optimisation, and re-tendering of a number of mainstream contracts, which are all expected to contribute towards MTFP savings targets. Further analysis will be carried out in advance of Q2 reporting to provide an estimated outturn position across each policy area. Expenditure on pension liabilities is expected to be below budget by £100k and this is in advance of an MFTP savings required in 2017/18.	(100)
SEN and Disability and Inclusion	In advance of 2017/18 MTFP savings there are two posts in the SEN Placement and Provision Team that are currently vacant and will generate an under budget of £91k in 2016/17. Within the Education Psychology Service additional SLA income above budget and savings from vacant posts will together generate an under budget of £100k. The SEN Reform grant is funding expenditure of £589k in 2016/17.	(191)
Support and Development	In the main Early Years Team a restructure to deliver 2017/18 MTFP savings has been implemented and will therefore deliver an under budget in 2016/17 of £164k.	(165)
		(456)
Service Area	Description	Cash limit Variance £000
Planning & Service Strategy		
Performance & Information Mgmt	£30,000 under budget on employees re effective vacancy management/early achievement of future savings.	(30)
Policy Planning & Partnerships	£47,000 under budget on employees, mainly re future MTFP savings. £2,000 under budget on transport/supplies and services/other budgets.	(43)

Service Area	Description	Cash limit Variance £000
	£6,000 under achievement of income.	
Service Quality & Development	Future MTFP savings linked in the main to employees.	(183)
Service Support	£79,000 under budget on employees, mainly re future MTFP savings. £168,000 under budget on transport/supplies and services/other budgets towards future MTFP savings.	(247)
		(503)

9. It should be noted that pressures within the Children's Services budget in relation to Looked after Children with respect to the level of caseloads and the additional cost of placements will need to be considered as part of the 2017/18 base budget build.
10. In summary, the service is on track to maintain spending within its cash limit. The outturn position incorporates the MTFP savings built into the 2016/17 budgets, which for CAS in total amount to £17.326m.

Schools

11. The total delegated budget for maintained schools (including early years' providers) in 2016-17 is £250.752 million. In addition, schools are estimated to receive around £20.11 million in Pupil Premium income and £29.134 million in other income. Other income consists of:

	£million
Grant Income	19.403
Contributions	0.135
Sales	5.704
Lettings	1.052
Income from local authority	1.086
Other	1.763
Total	29.143

12. Grant income includes funding for Universal Infant Free School Meals, PE and infant class sizes. Sales income is mainly from school meals and out-of-hours care (e.g. breakfast clubs). Income from the local authority is mainly funding for early years funding and funding from Communities of Learning budgets, (which are used to support provision for special educational needs).
13. All schools have delegated budgets and most have earmarked reserves / accumulated balances arising from underspending in previous years. Where schools spend more than their delegated budgets in any one year, the overspend reduces their accumulated balance carried forward to the following year. At 31 March 2016, 10 schools had a deficit balance, where their spending had exceeded their

accumulated balances, totalling £2.736 million, 13 schools were holding a balance of less than 2.5% of their overall annual funding and 221 schools had balances of more than 2.5% of their overall annual funding. The Council encourages schools to have a retained balance of at least 2.5% of their overall annual funding to provide a contingency sum against unforeseen budget pressures.

14. Cumulative school reserves brought forward from 2015-16 are £24.083 million. This balance is net of loans to schools and other balances not related to maintained schools. Maintained schools balances amounted to £23.880 million. Based on budget plans approved by Governing bodies and the latest updated forecasts, schools are currently planning to use £10.737 million of these balances in 2016-17. The forecast balances at 31 March 2017 are therefore £13.143 million and a summary of this forecast position is provided below:

	Nursery	PRU	Primary	Secondary	Special	Total
Schools forecasting a surplus balance above 2.5% of annual funding						
Number	12	-	163	6	9	190
Forecast Balances	(£617,995)	-	(£12,804,636)	(£1,779,063)	(£1,445,256)	(£16,646,950)
Schools forecasting a surplus balance of less than 2.5% of annual funding						
Number	-	1	34	5	-	40
Forecast Balances	-	-	(£377,064)	(£362,148)	-	(£739,212)
Schools forecasting a deficit balance						
Number	-	-	9	5	-	14
Forecast Balances	-	-	£259,656	£3,983,164	-	£4,242,820
Total						
Number	12	1	206	16	9	244
Forecast Net Balances	(£617,995)	-	(£12,922,044)	£1,841,953	(£1,445,256)	(£13,143,342)

15. The Council is working with the schools in deficit and has strengthened its financial monitoring of schools over the last few years. There is a more integrated approach in place now, with officers in the Education Service being supported by Finance and HR to determine appropriate action to support these schools in the context of their financial position and any wider education / performance concerns. Of the 14 schools with a deficit budget plan, 9 are working on restructuring proposals to eliminate the deficit and a further three will be subject to a further report to CMT. The Interim Corporate Director Resources will consider

whether to approve deficit budgets for the remaining two schools after receiving deficit recovery plans from these schools.

Capital Programme

16. The CAS capital programme has been revised earlier in the year to take into account budget reprofiled from 2015/16 following the final accounts for that year. This increased the 2016/17 original budget.
17. The CAS capital programme has been revised earlier in the year to take into account budget reprofiled from 2015/16 following the final accounts for that year. This increased the 2016/17 original budget.
18. Further reports to MOWG in May and July included revisions to the CAS capital programme. The revised capital budget currently totals £31.351m.
19. Summary financial performance to the end of June is shown below.

CAS	Actual Expenditure 30/06/2016 £000	Current 2016-17 Budget £000	Remaining 2016-17 Budget £000
LD Provider Services	41	62	21
Support For Childs Homes	-	43	43
Increased Provision for Two Year Olds	22	129	107
Free School Meals Support	1	75	74
Secure Services	-	210	210
Planning & Service Strategy	-	159	159
Drug & Alcohol Premises Upgrade	152	383	231
Drugs Commissioning DACT	-	72	72
Public Health	-	360	360
School Devolved Capital	445	4,348	3,903
Childrens Access/Safeguarding	-	-	-
DFE School Capital Inc Basic Need	4,842	20,188	15,346
DSG Structural Maintenance	-	2	2
PSBP - Additional Works Not Covered by EFA	-	182	182
School Modernisation	13	107	94
BSF	375	5,031	4,656
PFI	2	-	(2)
TOTAL	5,893	31,351	25,458

Recommendations:

20. It is recommended that Children and Young People's Overview and Scrutiny Members note the financial forecasts included in the report, which are summarised in the Quarter 1 forecast of outturn report to Cabinet in September 2016.

Contact: Graham Stephenson – Finance Manager
Andrew Baldwin – Finance Manager

Tel: 03000 268 583
Tel: 03000 263 490

Appendix 1: Implications

Finance

Financial implications are detailed throughout the report which provides an analysis of the revenue and capital projected outturn position.

Staffing

There are no implications associated with this report. Any over or under spending against the employee budgets are disclosed within the report.

Risk

The management of risk is intrinsic to good budgetary control. This report forms an important part of the governance arrangements within CAS. Through routine / regular monitoring of budgets and continual re-forecasting to year end the service grouping can ensure that it manages its finances within the cash envelope allocated to it.

Equality and Diversity / Public Sector Equality Duty

There are no implications associated with this report.

Accommodation

There are no implications associated with this report.

Crime and Disorder

There are no implications associated with this report.

Human Rights

There are no implications associated with this report.

Consultation

There are no implications associated with this report.

Procurement

There are no implications associated with this report.

Disability Issues

There are no implications associated with this report.

Legal Implications

There are no implications associated with this report.

**Children and Young People's
Overview and Scrutiny Committee****29 September 2016****Quarter One 2016/17
Performance Management Report**

Report of Corporate Management Team**Lorraine O'Donnell, Director of Transformation and Partnerships
Councillor Simon Henig, Leader**

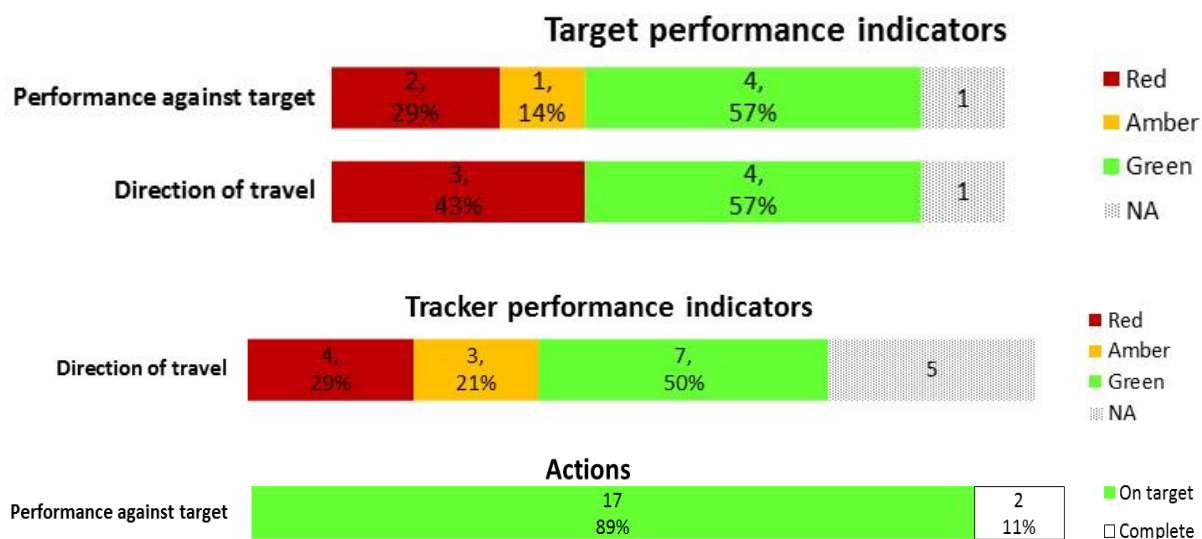
Purpose of the Report

1. To present progress against the council's corporate basket of performance indicators (PIs), Council Plan and service plan actions and report other performance issues for the first quarter of the 2016/17 financial year, covering the period April to June 2016.

Background

2. The report sets out an overview of performance and progress by Altogether priority theme. Key performance indicator progress is reported against two indicator types which comprise of:
 - a. Key target indicators – targets are set for indicators where improvements can be measured regularly and where improvement can be actively influenced by the council and its partners (see Appendix 3, table 1); and
 - b. Key tracker indicators – performance will be tracked but no targets are set for indicators which are long-term and/or which the council and its partners only partially influence (see Appendix 3, table 2).
3. Work has been undertaken by all services to develop a revised 2016/17 corporate set of indicators. This set of indicators is based around our Altogether priority themes and will be used to measure the performance of both the council and the County Durham Partnership
4. During the year a review will be undertaken to improve performance reporting, including streamlining reports and strengthening reporting of children's social care in line with OFSTED recommendations.
5. The corporate performance indicator guide has been updated to provide full details of indicator definitions and data sources for the 2016/17 corporate indicator set. This is available to view either internally from the intranet (at Councillors useful links) or can be requested from the Corporate Planning and Performance Team at performance@durham.gov.uk.

Altogether Better for Children and Young People: Overview



Council Performance

6. Key achievements this quarter include:

- a. Single assessments completed within 45 working days have improved from 80.9% between April and June 2015 to 86.8% in 2016. Performance is better than target (85%) and the latest national benchmarking (81.5%).
- b. A key tracker indicator for this theme shows that the under 18 conception rate in County Durham is at its lowest since reporting began in 1998 at 27.5 conceptions per 1,000 population, lower than the North East (29.5) although higher than nationally (22.3).
- c. The number of first time entrants to the youth justice system has achieved target. Please see Altogether Safer for more detail.
- d. Progress has been made with a number of Council Plan actions as follows:
 - i. Development of a Third Sector Alliance, as part of the Innovation Programme, to enhance the resources available to families in the county has been completed before the planned deadline of September 2016. Voluntary Community Sector and Families First Alliance networks are established in each locality to enhance knowledge and build effective working relationships between services to enhance support available to families.
 - ii. Action to promote the voice of young people in developing and changing services has been completed ahead of the September 2016 deadline. Children and young people are routinely involved in the development and review of services. Recent examples include the 0 to 19 years child health programme and the development of the Families First Service where service user voice has helped shape services.

7. The key performance improvement issues for this theme are:

- a. Provisional data for the April to June 2016 period, show that 313 of 1,263 children in need (CiN) referrals occurred within 12 months of the previous referral, which equates to 24.8%. Performance is above the target of 20.9% and is an increase on the same period last year (20.2%). Performance is in line with national benchmarking data. The overall number of CiN referrals has reduced significantly in this period to 1,263 compared to 1,566 in the same period last year (Appendix 4, chart 2), but the number of re-referrals has remained at a similar level which has led to the increase in the proportion of re-referrals. This increase is being monitored by Children's Services.
- b. Provisional data for the April to June 2016 period indicate that 66.4% of first contact enquiries (2,983 of 4,490) were processed within 24 hours. This is not achieving target (85%) and is a reduction when comparing to last year's equivalent period (81.8% / 3,368 of 4,115). Analysis of records has confirmed that 100% of urgent safeguarding referrals were processed within the 24 hour target time and are always prioritised. Significant staffing issues relating to turnover, vacancies and sickness affected the overall performance in April and May 2016. Agency staff were employed to cover social worker sickness and vacancies during this period. These issues have largely been addressed and resulted in improved performance in June 2016 (80.6%).
- c. Data for 2015/16 show that 18.1% of mothers (956 of 5,272) were smoking at the time of delivery (SATOD). Performance has achieved the annual target (18.2%) and is an improvement on 2014/15 figures (19%). SATOD ranges from 15.1% in North Durham Clinical Commissioning Group (CCG) to 20.7% in Durham Dales, Easington and Sedgfield (DDES) CCG. DDES CCG has the second highest SATOD rate in the North East and sixth-highest of all CCGs in England. SATOD in County Durham is significantly above the England average of 10.6% and the North East CCG average of 16.7%. Fresh, the regional tobacco control programme, commissioned the babyClear initiative to reduce exposure to smoke for unborn babies during pregnancy and to work with midwives and foundation trusts to ensure pregnant women who smoke get the best help to quit. Midwives in County Durham offer advice and support, including systematic carbon monoxide testing as part of routine tests all women receive at first booking appointment.
- d. Tracker indicators show:
 - i. Between April and June 2016, 93.8% of children subject to a child protection plan had all of their reviews completed within required timescales. This is a decrease when comparing to the same period in 2015, when performance was 100%. The latest national average is 94% as at 31 March 2015. There were five child protection reviews, relating to 14 children, held out of timescale. All of these reviews have now been held. Senior Managers within the Independent Reviewing Officer (IRO) Service and Children's Services meet regularly to discuss performance and ensure appropriate action is taken to address any areas of underperformance. Established processes, such as the IRO dispute resolution process, are used to consider and resolve any concerns.
 - ii. At 30 June 2016 there were 712 looked after children (LAC) in County Durham, which equates to a rate of 71 per 10,000 0 to 17 years

population. This is an increase from 641 (63.9) at the same point last year (Appendix 4, chart 1). Latest Department for Education (DfE) published benchmarking data, as at 31 March 2015, show that Durham's LAC rate is better than the North East average (82.0) and statistical neighbours (83.1) but worse than the national average of 60. Provisional data shared within the region, as at 31 March 2016, identify a provisional North East average of 83.8 per 10,000 population aged under 18. Looked after children continue to be monitored closely to ensure there is no drift and delay. Almost 70% of LAC in County Durham have a plan for permanence, meaning a plan is in place to achieve a permanent outcome which provides security and stability to the child throughout their childhood. As highlighted previously, the increase in County Durham reflects a national trend. Official statistics published by the DfE identified the population of children in care in England is at a 30-year high as at 31 March 2015.

8. A child sexual exploitation (CSE) referral is counted each time a CSE risk assessment is completed by a professional who is concerned for a vulnerable child or young person and identifies that they may be at risk of CSE. The multi-agency, Educate and Raise Awareness of Sexual Exploitation (ERASE) Team was established in September 2015. Their role includes engaging young people at risk and awareness-raising, which has been undertaken with other professionals and communities to increase understanding of the issues and encourage appropriate referrals to ensure children and their families receive timely intervention to meet their needs. Most referrals within County Durham relate to internet/social media and the ERASE Team is working with the education service in both primary and secondary schools to raise awareness regarding internet safety. Between July 2015 and June 2016 there were 201 CSE referrals. This is an increase of 2% on the previous rolling year period (July 2014 to June 2015) when there were 197 CSE referrals.
9. There are no Council Plan actions which have not achieved target in this theme.
10. The key risk to successfully delivering the objectives of this theme is failure to protect a child from death or serious harm (where service failure is a factor or issue). Management consider it possible that this risk could occur which, in addition to the severe impacts on children, will result in serious damage to the council's reputation and relationships with its safeguarding partners. To mitigate the risk, actions are taken forward from serious case reviews and reported to the Local Safeguarding Children Board. Lessons learned are fed into training for front line staff and regular staff supervision takes place. This risk is long term and procedures are reviewed regularly.

Recommendation and Reasons

11. That the Children and Young People's Overview and Scrutiny Committee receive the report and consider any performance issues arising there from.

Contact: Jenny Haworth, Head of Planning and Performance
Tel: 03000 268071 **E-Mail:** jenny.haworth@durham.gov.uk

Appendix 1: Implications

Appendix 2: Key to symbols used in the report

Appendix 3: Summary of key performance indicators

Appendix 4: Volume measures

Appendix 1: Implications

Finance - Latest performance information is being used to inform corporate, service and financial planning.

Staffing - Performance against a number of relevant corporate health Performance Indicators (PIs) has been included to monitor staffing issues.

Risk - Reporting of significant risks and their interaction with performance is integrated into the quarterly monitoring report.

Equality and Diversity / Public Sector Equality Duty - Corporate health PIs are monitored as part of the performance monitoring process.

Accommodation - Not applicable

Crime and Disorder - A number of PIs and key actions relating to crime and disorder are continually monitored in partnership with Durham Constabulary.

Human Rights - Not applicable

Consultation - Not applicable

Procurement - Not applicable

Disability Issues - Employees with a disability are monitored as part of the performance monitoring process.

Legal Implications - Not applicable

Appendix 2: Key to symbols used within the report

Where icons appear in this report, they have been applied to the most recently available information.

Performance Indicators:

Direction of travel/benchmarking

Same or better than comparable period/comparator group

GREEN

Worse than comparable period / comparator group (within 2% tolerance)

AMBER

Worse than comparable period / comparator group (greater than 2%)

RED

Performance against target

Meeting/Exceeding target

Getting there - performance approaching target (within 2%)

Performance >2% behind target

National Benchmarking

We compare our performance to all English authorities. The number of authorities varies according to the performance indicator and functions of councils, for example educational attainment is compared to county and unitary councils however waste disposal is compared to district and unitary councils.

North East Benchmarking

The North East figure is the average performance from the authorities within the North East region, i.e. County Durham, Darlington, Gateshead, Hartlepool, Middlesbrough, Newcastle upon Tyne, North Tyneside, Northumberland, Redcar and Cleveland, Stockton-on-Tees, South Tyneside, Sunderland. The number of authorities also varies according to the performance indicator and functions of councils.

Nearest Neighbour Benchmarking:

The nearest neighbour model was developed by the Chartered Institute of Public Finance and Accountancy (CIPFA), one of the professional accountancy bodies in the UK. CIPFA has produced a list of 15 local authorities which Durham is statistically close to when you look at a number of characteristics. The 15 authorities that are in the nearest statistical neighbours group for Durham using the CIPFA model are: Barnsley, Wakefield, Doncaster, Rotherham, Wigan, Kirklees, St Helens, Calderdale, Dudley, Northumberland, Tameside, Sheffield, Gateshead, Stockton-on-Tees and Stoke-on-Trent.

We also use other neighbour groups to compare our performance. More detail of these can be requested from the Corporate Planning and Performance Team at performance@durham.gov.uk.

Actions:

WHITE

Complete (action achieved by deadline/achieved ahead of deadline)

GREEN

Action on track to be achieved by the deadline

RED

Action not achieved by the deadline/unlikely to be achieved by the deadline

Appendix 3: Summary of Key Performance Indicators

Page 120
Table 1: Key Target Indicators

Ref	PI ref	Description	Latest data	Period covered	Period target	Current performance to target	Data 12 months earlier	Performance compared to 12 months earlier	National figure	*North East figure **Nearest statistical neighbour figure	Period covered
Altogether Better for Children and Young People											
17	CASCYP 15	Percentage of children in the early years foundation stage achieving a good level of development	63.6	2014/15 ac yr	60.0	GREEN	56.7	GREEN	66.0	63*	2014/15 ac yr
18	CASCYP 5	Percentage of pupils on level 3 programmes in community secondary schools achieving two A levels at grade A*-E or equivalent	98.8	2014/15 ac yr (state funded schools)	98.9	AMBER	98.7	GREEN	98.3	98.8*	2014/15 ac yr (state funded schools)
19	CASAS5	First time entrants to the youth justice system aged 10 to 17 (per 100,000 population of 10 to 17 year olds) (Also in Altogether Safer)	99	Apr - Jun 2016	145	GREEN	95	RED			Oct 2014 - Sep 2015
20	CASCYP 9	Percentage of children in need referrals occurring within 12 months of previous referral [1]	24.8	Apr - Jun 2016 (provisional)	20.9	RED	20.2	RED	24	22.3*	2014/15
21	CASCYP 31	Percentage of First Contact enquiries processed within 1 working day	66.4	Apr - Jun 2016 (provisional)	85	RED	81.8	RED			
22	CASCYP 32	Percentage of single assessments completed within 45 days	86.8	Apr - Jun 2016 (provisional)	85	GREEN	80.9	GREEN	81.5	84.9*	2014/15

Ref	PI ref	Description	Latest data	Period covered	Period target	Current performance to target	Data 12 months earlier	Performance compared to 12 months earlier	National figure	*North East figure **Nearest statistical neighbour figure	Period covered
23	CASCYP 14	Percentage of successful interventions (families turned around) via the Stronger Families Programme (Phase 2) (Also in Altogether Safer) [3]	6	Sep 2014 - Jun 2016	TBC	NA	NA	NA	NA		
24	CASCYP 8	Percentage of mothers smoking at time of delivery (Also in Altogether Healthier)	18.1	2015/16	18.2	GREEN	19.0	GREEN	10.6	16.7*	Oct - Dec 2015

[1] Reported as a % target PI again following 2015/16 when the numbers were reported as a tracker indicator

Table 2: Key Tracker Indicators

Page 12/21 Ref	PI ref	Description	Latest data	Period covered	Previous period data	Performance compared to previous period	Data 12 months earlier	Performance compared to 12 months earlier	National figure	*North East figure **Nearest statistical neighbour figure	Period covered
Altogether Better for Children and Young People											
114	CASCYP 33	Average attainment 8 score/score for LA (all pupils at the end of key stage 4 in state-funded mainstream and special schools and academies) TBC	New indicator	NA	NA	NA	NA	NA			
115	CASCYP 37	Primary school scaled scores TBC	New indicator	NA	NA	NA	NA	NA			
116	CASCYP 16	Percentage of 16 to 18 year olds who are not in education, employment or training (NEET) (Also in Altogether Wealthier)	6.1	Apr - Jun 2016	5.9	RED	6.3	GREEN			
117	CASCYP 34	Difference between average attainment 8 score/average progress 8 score of pupils eligible/not eligible for pupil premium	New indicator	NA	NA	NA	NA	NA			
118	CASCYP 35	Difference between percentage of pupils eligible/not eligible for pupil premium who achieve expected standard in Reading test, Writing test and Maths TA at the end of KS2	New indicator	NA	NA	NA	NA	NA			

Ref	PI ref	Description	Latest data	Period covered	Previous period data	Performance compared to previous period	Data 12 months earlier	Performance compared to 12 months earlier	National figure	*North East figure **Nearest statistical neighbour figure	Period covered
119	ACE016	Percentage of children in poverty (quarterly proxy measure) (Also in Altogether Better Council) [2]	22.2	As at Feb 2016	22.0	AMBER	22.6	GREEN	15.6 RED	22.8* GREEN	As at Feb 2016
120	CASCYP 18	Percentage of children aged 4 to 5 years classified as overweight or obese (Also in Altogether Healthier)	23.0	2014/15 ac yr	23.8	GREEN	23.8	GREEN	21.9 RED	23.7* GREEN	2014/15 ac yr
121	CASCYP 19	Percentage of children aged 10 to 11 years classified as overweight or obese (Also in Altogether Healthier)	36.6	2014/15 ac yr	36.1	AMBER	36.1	AMBER	33.2 RED	35.9* AMBER	2014/15 ac yr
122	CASCYP 29	Proven re-offending by young people (who offend) in a 12 month period (%) (Also in Altogether Safer)	46.9	Oct 2013 - Sep 2014	46.3	AMBER	42.4	RED	37.8 RED	44.1* RED	Oct 2013 - Sep 2014
123	CASCYP 20	Under 18 conception rate per 1,000 girls aged 15 to 17	27.5	2014/15	28.5	GREEN	30.9	GREEN	22.3 RED	29.5* GREEN	2014/15
124	CASCYP 21	Under 16 conception rate per 1,000 girls aged 13 to 15	5.8	2014	7.9	GREEN	7.9	GREEN	4.4 RED	6.5* GREEN	2014
125	CASCYP 23	Emotional and behavioural health of children looked after continuously for 12 months or more (scored between 0 to 40)	14.9	2015/16 (provisional)	15.1	GREEN	15.1	GREEN	13.9 RED	13.9* RED	2013/14

Page 124	PI ref	Description	Latest data	Period covered	Previous period data	Performance compared to previous period	Data 12 months earlier	Performance compared to 12 months earlier	National figure	*North East figure **Nearest statistical neighbour figure	Period covered
126	CASCYP 30	Percentage of Child and Adolescent Mental Health Services (CAMHS) patients who have attended a first appointment within nine weeks of their external referral date	70.3	Apr - Jun 2016	77.3	RED	70.7	AMBER			
127	CASCYP 26	Young people aged 10 to 24 years admitted to hospital as a result of self-harm (rate per 100,000 population aged 10 to 24 years) (Also in Altogether Healthier)	489.4	2011/12 - 2013/14	504.8	GREEN	504.8	GREEN	367.3	532.2*	England 2011/12 - 2013/14 NE 2010/11 - 2012/13
128	CASCYP 28	Rate of children with a child protection plan per 10,000 population	35.7	As at Jun 2016	35.1	AMBER	35.1	AMBER	42.9	59.5*	As at Mar 2015
129	CASCYP 12	Percentage of children subject to a child protection plan who had all of their reviews completed within required timescales	93.8	Apr - Jun 2016 (provisional)	93.9	AMBER	100.0	RED	94	94.6*	2014/15
130	CASCYP 36	Number of chld sexual exploitation referrals	201	Jul 2015 - Jun 2016	218	NA	197	NA			
131	CASCYP 24	Rate of looked after children per 10,000 population aged under 18	71.0	As at Jun 2016	67.6	RED	63.9	RED	60.0	82*	As at Mar 2015

Ref	PI ref	Description	Latest data	Period covered	Previous period data	Performance compared to previous period	Data 12 months earlier	Performance compared to 12 months earlier	National figure	*North East figure **Nearest statistical neighbour figure	Period covered
132	CASCYP 11	Percentage of children looked after who had all of their reviews completed within required timescale	97.1	Apr - Jun 2016 (provisional)	94.1	GREEN	99.4	RED			

[\[2\] Data 12 months earlier amended \(final published data\)/refreshed](#)

Appendix 4: Volume Measures

Chart 1 - Number of looked after children cases

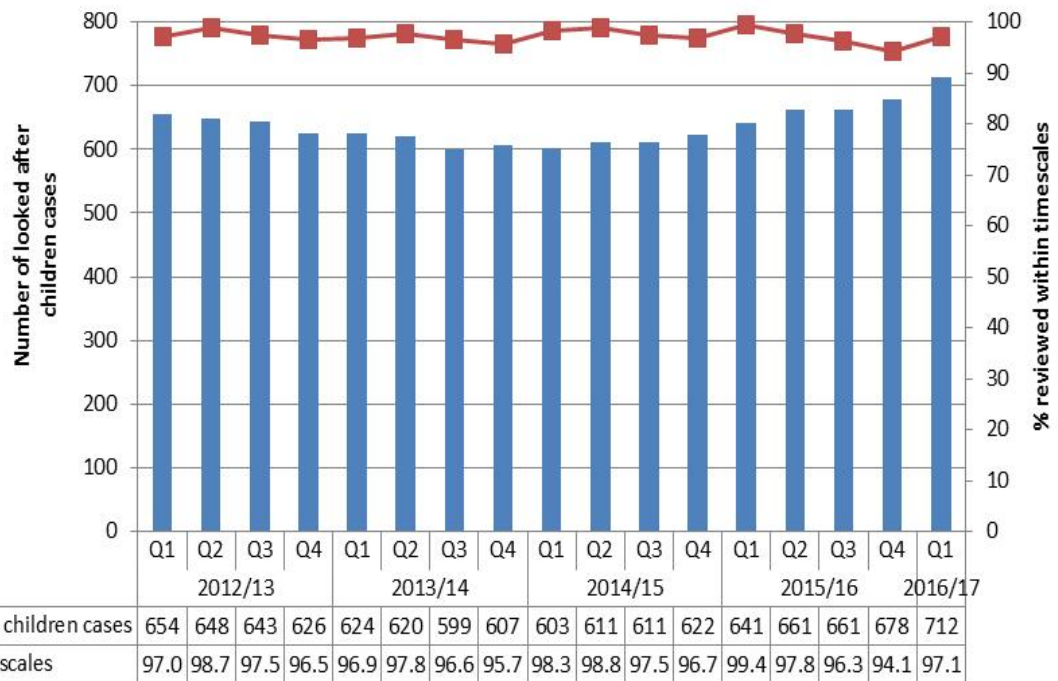
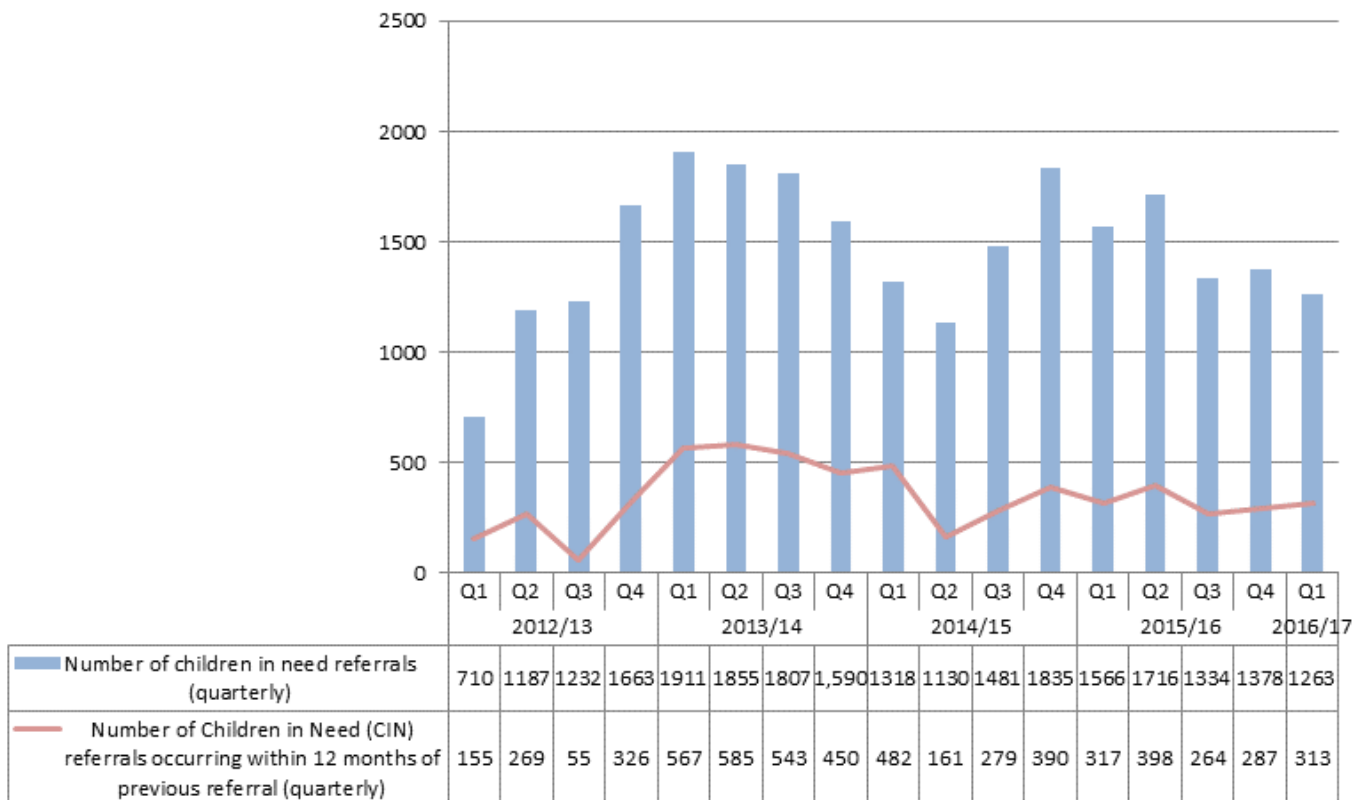


Chart 2 - Children in need referrals within 12 months of previous referral



**Children & Young People's
Overview and Scrutiny Committee**

29 September 2016

**Summary of Minutes from Children
and Families Partnership**

29 June 2016



**County Durham Children
and Families Partnership**

Youth Employment Initiative (YEI) Update

The Children and Families Partnership received an update on the YEI. In January 2016, approval was received for the Durham County Council led partnership bid to deliver the Youth Employment Initiative – DurhamWorks, which is a European funded programme targeting young people aged 16-24 who are unemployed and living in County Durham. The aim of the programme is to work with employers and young people to progress young people into employment.

Delivery of the programme is until July 2018, and links are being established to provide specialist support to young people with SEND and mental health difficulties.

There are three strands of the DurhamWorks journey:

- Strand 1 will focus on providing one to one support to each young person, and support for employers.
- Strand 2 will provide a wide range of targeted activities, programmes and projects to engage young people and support their progression into the labour market.
- Strand 3 will focus on employer engagement activities, identifying and creating jobs, apprenticeships and other work related opportunities for young people.

0-19 Child Health Programme

The Children and Families Partnership received an update on the 0-19 Healthy Child Pathway, following the contract for delivery of the service being awarded to Harrogate and District NHS Foundation Trust from April 2016.

Next steps for the programme include developing the Healthy Child Programme Board in County Durham, roll out of Youth Awareness mental health training in schools, the appointment of five Emotional Resilience Nurses, developing community drop in services for children and young people which will include school holidays, as well as continuing engagement with service users.

Teenage Pregnancy Action Plan

The Children and Families Partnership agreed the Teenage Pregnancy Action Plan, which is based on local and national information, as well as key findings from the Teenage Pregnancy and Teen Parent Health Needs Assessment (HNA), of which

there were 13 key recommendations for action. Children and young people have been consulted on the development of the Action Plan.

Key factors from the national strategy and HNA are embedded throughout the plan which include:

- A multi-agency plan that presents a holistic approach throughout, including public health, education, employment, health, adult learning, One Point, housing and youth offending services. This will ensure rounded support for all young people including looked after children / care leavers; young carers; and young offenders
- Is underpinned with a resilience building theme to help protect young people against engagement in risk taking behaviours
- Includes targeted service interventions to provide additionality to the universal SRE service to ensure those young people who are at most risk receive appropriate information, advice and support
- Identified support pathways for teenage parents to reduce the chance of subsequent unplanned conceptions
- Staff development and upskilling the children and young people's workforce infrastructure is a key element, which will promote sustainability across services who work with children and young people

There will be no additional funding to implement the HNA recommendations and action plan, therefore it is imperative that partners work together to make best use of resources available to improve outcomes for young people.

The Children and Families Partnership agreed forward progression of the Teenage Pregnancy Action Plan to the Health and Wellbeing Board, and Children and Young People's Overview and Scrutiny Committee.

Stronger Families Programme Update

Following the success of Phase 1, County Durham was invited to be one of 50 Local Authorities invited to be 'early starters' for Phase 2 of the Stronger Families Programme.

Durham has committed to attaching 2340 families by the end of March 2017, and by the end of May 2016 had already started work with 2064 families.

A Family Outcome Framework (FOF) is required in Phase 2, which sets out the programme outcomes and eligibility criteria across 6 themes. Durham's FOF was launched in May 2015, and updated in September 2015.

Partners noted the good progress of the Stronger Families programme.

Strategy for Children and Young People with SEND 0-25 2016/18

The Children and Families Partnership agreed the strategy for children and young people with SEND. The strategy has been co-developed between Durham County Council, Education, schools and colleges, Health, parents, carers as well as children and young people.

The strategy outlines:

- The support available in County Durham for children and young people with SEND
- The next steps of the SEND and Inclusion Team and wider Children's Services
- The response to the Children and Families Act 2014.

SEND Inspection Framework

The Children and Families Partnership received an overview of the SEND Inspection Framework, which is a joint inspection to hold Local Areas to account in their implementation of the reforms under the Children and Families Act 2014.

Director of Public Health County Durham Annual Report 2015

The Children and Families Partnership received The Director of Public Health County Durham Annual Report for information.

The Annual Report is a 'call to action' which focuses on tackling obesity at scale and the action that needs to be taken by a range of organisations to reduce the impact on the health and wellbeing of communities. The Annual Report includes recommendations for the following groups:

- Elected members
- Employers
- Workplace canteens
- Health professionals
- Takeaways, cafes and local shops
- Child Care settings
- Social care and carers
- Planning Teams
- Procurement
- Area Action Partnerships, parents and communities

The Annual Report is available on the website [DPH Annual Report](#)

Domestic Abuse and Sexual Violence Strategy

The Children and Families Partnership received the refreshed strategy for information.

The strategy has been refreshed by Public Health on behalf of the Safe Durham Partnership and has clear links with existing strategies including those relating to alcohol harm reduction, drug and substance misuse, mental health, and suicide.

The refreshed strategy brings together the previous County Durham Domestic Abuse Strategy and the County Durham aspect of the County Durham and Darlington Sexual Violence Strategy. It focuses on prevention and embedding cultural change within all agencies, organisations and the community.

Counter Terrorism and Security Act 2015

The Children and Families Partnership received an update on the progress of all specified authorities to new duties imposed by the Counter Terrorism and Security Act 2015, which places a general duty on them to, in the exercise of their functions, have due regard to the need to prevent people from being drawn into terrorism.

Specified Authorities are

- Local Authorities;
- Police, Prisons, Probation, Community Rehabilitation Companies;
- Schools, Further and Higher Education;
- NHS Trusts/Foundation Trusts.

Partners were encouraged to access the e-learning courses available on the LSCB website: www.durham-lscb.org.uk

The Partnership noted that a Community Cohesion Task and Finish Group has been established to support communities to be resilient and deal with emerging issues.

It is anticipated that questions seeking the views of those at risk of potential discrimination will be included in the 2017 Student Voice Survey.

The School Mile

The Children and Families Partnership received an overview of the School Mile, which is a measurable physical activity initiative for schools. The project is growing in Scotland and has recently been taken up nationally, it appears to have had significant impact upon the population of children within the schools involved in the initiative

Public Health are exploring the School Mile with Culture and Sport colleagues and the PE advisor for schools based in Durham County Council, and will produce guidance for school colleagues on implementation of this initiative.

Student Voice Survey

The Children and Families Partnership received an update on the preparatory work taking place in relation to undertaking the Student Voice Surveys of Primary and Secondary Schools in County Durham. It is anticipated the surveys will take place between January and March 2017 to fit in with school requirements and to avoid examination periods in 2017, however these timescales, the final survey design and content will be confirmed with schools by the end of 2016.

To take forward the development and design of the survey, a Task and Finish Group has been put in place to oversee the development of each of the respective surveys. The group will also consider the feasibility of extending the survey to Special Schools. The involvement of Children and Young People in the survey development will also be co-ordinated through this group.

School colleagues are being encouraged to take part in the survey to enable the views of children and young people to be collated and used to shape strategies and improve outcomes. The previous survey received the views of over 8,000 young people.

Young People's Issues

The Head of Education provided an overview of the Woodlands Pupil Referral Unit prior to a young person attending the meeting to show a DVD which she made to provide an overview of her experience of being educated within the Pupil Referral Unit.

The Young Person said it was hoped that partner's views and perceptions of the Pupil Referral Unit and those who are educated within it had been changed for the better as a result.

It was confirmed that they had, members were impressed by the standard and breadth of work in The Woodlands and praised the Young Person for the way she showcased the potential and skills that students from the Woodlands have to offer.

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