Children and Young People's Overview and Scrutiny Committee

Date	**Tuesday 7 November 2017**
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 11 September and 28 September 2017 (Pages 3 - 18)
4. Declarations of Interest, if any
5. Any items from Co-opted Members or Interested Parties
6. Media Relations
7. School Funding Update (Pages 19 - 38)
    a) Report of Corporate Director of Resources
    b) Presentation by Paul Darby, Head of Financial and Transactional Services
8. Children and Adolescent Mental Health Services - Crisis, Liaison and Intensive Home Treatment Service (Pages 39 - 42)
    a) Report of Head of Service, CAMHS Durham and Darlington
    b) Presentation by Michelle Trainer, Project Manager TEWV Foundation Trust

9. Growing Healthy 0-19 in County Durham, Report of Director of Public Health (Pages 43 - 54)

10. Revision of Framework for the Prevention of Unintentional Injuries in Children and Young People (0-19 years) in County Durham 2017-2020 – Report of the Director of Public Health (Pages 55 - 98)

11. Such other business as, in the opinion of the Chairman of the meeting, is of sufficient urgency to warrant consideration

Helen Lynch
Head of Legal and Democratic Services

County Hall
Durham
30 October 2017

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

Councillor C Potts (Chairman)
Councillor H Smith (Vice-Chairman)

Councillors B Bainbridge, D Bell, J Blakey, P Brookes, J Charlton, J Considine, R Crute, S Durham, N Grayson, C Hampson, K Hopper, I Jewell, L Kennedy, L Mavin, A Patterson, A Reed, M Simmons, A Willis and M Wilson

Faith Communities Representatives:
Mrs A Swift and Mrs C Craig

Parent Governor Representatives:
Mr R Patel

Co-opted Members:
Miss K Ashcroft and Mr J Conlon

Contact: Jackie Graham/ Jo March Tel: 03000 269704/ 03000 269709

DURHAM COUNTY COUNCIL

At a Meeting of **Children and Young People's Overview and Scrutiny Committee** held in Station Road, Seaham SR7 0BH on **Monday 11 September 2017 at 10.00 am**

Present:

Councillor C Potts (Chairman)

Members of the Committee:
Councillors H Smith, J Blakey, J Considine, R Crute, C Hampson, I Jewell, L Kennedy, A Patterson, M Simmons and A Willis

Faith Community Representative:
Mrs A Swift

1 Welcome from the Chairman

The Chairman welcomed everyone to the meeting, and in particular the Year 9 pupils from Seaham High School.

The Corporate Scrutiny and Performance Manager went on to give a presentation about what Scrutiny is and how it works in Durham (for copy see file of Minutes).

2 Apologies for absence

Apologies of absence were received from Councillors Bainbridge, D Bell, Brookes, Charlton, Grayson, Reed, M Wilson, Miss Ashcroft, Mr Conlon and Mrs Craig

3 Substitute Members

There were no substitute members.

4 Minutes

The minutes of the meeting held on 4 July 2017 were agreed as a correct record and signed by the Chairman.

5 Declarations of Interest

There were no declarations of interest.

6 Elective Home Education

The Committee considered a report of the Joint Report of the Director of Transformation and Partnerships and the Corporate Director of Children & Young People's Services that provided an introduction to a presentation on Elective Home Education (EHE) (for copy see file of Minutes).

The Pupil Placement and Education Safeguarding Manager and Pupil Placement and Attendance Manager gave a detailed presentation that included the following:-

- Background to Elective Home Education – registers were kept to monitor and track the pupil and the LA must approve the Education being proposed at home
- Number of Pupils Education at Home – approximately 280 pupils currently being education at home with a 50/50 split between male and female pupils. 55 traveller children were included in this number.
- Local Authority Responsibilities, Safeguarding and Support – a Multi-Agency panel ensured the process was robust and satisfactory. A private members bill was being proposed whereby there was a duty on the local authority to monitor the child or young person, that parents were required to register their child and to assess each child annually.
- Destinations of Children and Young People
- Good Practice – a lot of interest had been expressed in the Durham model and training had been provided for neighbouring authorities.

Councillor Jewell asked what form would the monitoring of home education take and how effective this would be. The Pupil Placement and Education Safeguarding Manager said that it was difficult as parents did not have to follow the national curriculum but they had to provide a suitable education. Parents were contacted and meetings were offered at the early stages where their responsibilities were explained. Proposals and evidence samples of learning were sought from the family and the panel would determine if they were suitable. If parents refused to participate then legal action could be taken and cases could end up in the Magistrates Court.

A pupil asked that if bullying in a school had occurred and then the parent withdrew the child to home educate, would the school be questioned. The Pupil Placement and Safeguarding Manager explained that meetings with the parent and child would take place to discuss what had happened and would challenge the school to ask if they had put all of the support mechanisms in place. The service would offer support to the school and give suggestions to overcome any problems at the early stages of bullying issues.

The Chairman thanked officers for a very informative presentation.

Resolved:
That the report and presentation be noted.

7 Student Voice Survey

The Committee considered a report of the Director of Transformation and Partnerships that provided an introduction to a presentation on the results of the Student Voice Survey (for copy see file of Minutes).

The Corporate Scrutiny and Performance Manager gave a presentation that highlighted the following:-

- About the survey
- Participation

- Achievement
- Bullying
- Feeling safe
- Feeling safe online & social media use
- Careers education
- Healthy lifestyle
- Year 9 performance
- Next Steps

The Chairman thanked the Corporate Scrutiny and Performance Manager for his very informative presentation.

A pupil said that she had taken part in the survey but the questions were more specific to her own school. She referred to the behaviour of students and questioned how useful the survey would be in terms of actual behaviour problems.

Councillor Blakey said that it would be useful for members to receive a list of all schools that took part.

Councillor Jewell raised concerns about the validity and reliability of the survey in relation to social media questions and suggested if pupils were less aware of problems on social media then they would feel safer than those who used it more frequently. He asked how the results would be used and taken on board.

The Head of Education emphasised the important point about what we could do with the results from the survey. He referred to the survey carried out a couple of years ago which had raised awareness about certain issues but there was a commitment to ensure this survey was followed up and acted upon. He said that a lot of issues were about perception. Schools would be looking at their own individual reports and would need to dig deeper with any areas that surprised or concerned them. The County Council's resources would be looked into to see how best we could support the schools with this task.

Councillor Kennedy commented that most secondary school children have a mobile phone and therefore there was more chance that they would feel unsafe compared to a primary school pupil. She was aware of a lot of bullying that took place over social media. She was concerned about the consumption of energy drinks but said that a number of retailers sell them really cheaply so would appeal to pupils.

Referring to the reporting of bullying Councillor McKeon commented that of those children who did not feel comfortable with their tutor may have an impact on the figures as they might not report any problems.

Councillor Patterson confirmed that the issue of cybercrime would be looked at by the Safer and Stronger Overview and Scrutiny Committee as there was a concern on the effect of education. Further to the governments green paper about the contribution by CCGs she asked how this would then pan out with the white paper. The Head of Education confirmed that they had been involved in consultation about the green paper but had not been involved in any further research. He was aware of proposals for the County Council to become formally involved in Careers Education and guidance.

Resolved:
That the report and presentation be noted.

8 Management of School Exclusions

The Committee received a report of the Corporate Director of Children and Young People's Services that provided information on the extent of exclusions in County Durham in the academic year 2016-17 (for copy see file of Minutes).

The Chairman asked if Ofsted looked at exclusion records and was informed that they do and would focus on reported high levels.

Councillor Kennedy said that primary schools did not appear to have as much behavioural problems as the secondary schools, and some children who move up to secondary school were already experiencing problems. The Head of Education said that the working group would focus on that but that the statistics did not show that trend. He said that the management of behaviour often resulted in less exclusions.

Councillor Smith said that care should be taken not to generalise as a lot of staff were motivated to engage with children experiencing behavioural problems and suggested that a pro-active approach was taken.

Referring to Special Needs, Councillor Blakey asked if children who were awaiting to be statemented were included in these figures she was concerned that this would affect the numbers. The Head of Education confirmed that they would be included in the figures but a defined analysis would show that most children who were excluded would have an undiagnosed matter of SEND.

Mrs Swift asked why there wasn't as much success in secondary schools from the Early Intervention and Crisis Team as the Head of Education explained that this could be down to the service level agreement. He added that some primary schools may choose to buy in to that service whereas secondary schools often had their own teams. This was being reviewed in terms of success and how to role that out.

With regards to alternative provision Councillor Patterson asked who funded the bill and if that funding moved with the child. The Head of Education advised that each pupil has a block of funding and that would move with the pupil but that the Behaviour Panel also have money to fund alternative provision so could pick up on any shortfalls.

A pupil commented that primary schools tended to make verbal warnings for misbehaviour whereas secondary schools take more action by excluding rather than talking through any problems on a one to one basis.

A pupil added that some students think that if they receive a verbal warning then they can get away with misbehaving and showing off to their friends and therefore they agreed that there needs to be a system in place to exclude.

A pupil asked if information was shared from a primary in the transition to secondary school.

The Head of Education thanked the pupils for their questions. He would take all of their points on board. He commented that in primary school often teachers would know the child better and therefore might be able to manage behaviour better. However, new teachers in a new school would not necessarily know the student at secondary level. He confirmed that information should be shared from primary to secondary school about all pupils but appreciated the question about ensuring the transition was right.

Resolved:
That the report be noted.

9 Summary of 2016-17 Ofsted Inspection Results

The Committee received a report of Corporate Director of Children and Young People's Services that provided a summary of Ofsted inspection results over the previous academic year (for copy see file of Minutes).

The Head of Education reported that 92% of primary schools had achieved a good or better grade and this compared to a regional and national average of 91%. 65% of secondary schools had achieved a good or better grade which was the same regionally and compared to 71% nationally. He said that they were looking at what primary schools were doing better at than the secondary schools.

Referring to special schools the Head of Education said that the 3 schools in County Durham had received a requiring improvement grading and they were supporting those schools to make any necessary changes. He added that it had been recognised that the current Ofsted framework did not accurately reflect the quality of teaching and learning in special schools and that work to remove some inconsistencies in reporting and measuring outcomes needed to be undertaken.

The Chairman said that as a governor of one of these special schools she found the outcome unfair as students in these schools could not be matched to those in mainstream schools.

Resolved:
That the report be noted.

The Chairman everyone for their attendance and thanked the pupils for their comments and questions which had been really useful and would be taken on board.

This page is intentionally left blank

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 **Thursday 28 September 2017 at 9.30 am**

Present:

Councillor C Potts (Chairman)

Members of the Committee:
Councillors B Bainbridge, P Brookes, J Considine, S Durham, C Hampson, K Hopper, I Jewell, L Kennedy, A Patterson, M Simmons and A Willis

Faith Community Representative:
Mrs A Swift

Co-opted Members:
Miss K Ashcroft

Also Present:
Councillors J Atkinson, M Clarke, M Davinson and P Jopling

1 Apologies for absence

Apologies for absence were received from Councillors D Bell, J Blakey, J Clare, R Crute, N Grayson, P Howell, A Reed, H Smith, M Wilson, Mr J Conlon and Mrs C Craig.

2 Substitute Members

There were no substitute members.

3 Declarations of Interest

Following the presentation on Child Poverty, Councillor Hopper declared an interest as a member of the Credit Union and Durham Savers Scheme.

4 Any items from Co-opted Members or Interested Parties

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

5 Media Relations

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:-

- North East students praised for handling tougher exams – this headline was from Tyne Tees News and reported that schools in the North East had praised the GCSE results of the region's students in what had been one of the biggest shake ups in the UK's education history.

- New nursery in Sedgefield will meet high demand for places – this headline from the Northern Echo advised that Sedgefield primary school had opened its new nursery unit to help meet the high demand for places in the area and all 28 places had been filled.

- Children and Families Partnership had been honoured with a visit from the Children's Commissioner – On 8 September the Children's Commissioner visited County Durham, which included a visit to the Children and Families Partnership meeting. The Children and Families Partnership received the Commissioner's Gold Award for their work with the Take Over Challenge.

- 'Historic@schools funding change confirmed – the BBC report indicated that the Education Secretary had confirmed the new funding formula for schools would be introduced 2018/19 and 2019/20. Arrangements were being made for an item on school funding to come to a future Children and Young People's Overview and Scrutiny meeting.

Resolved:
That the presentation be noted.

6 Child Poverty

The Committee considered a report of the Corporate Director of Children and Young People's Services which presented progress of the Child Poverty Working Group and aims to develop and implement a single coherent and coordinated approach to addressing and mitigating child poverty across County Durham. The Interim Strategic Manager, One Point Service and Think Family provided members with a presentation which looked at how child poverty was being tackled in County Durham (for copy of report and slides, see file of minutes).

It was highlighted that child poverty was set to soar to 5.1 million children by 2022, which would be a 42% increase in ten years and many of the children come from working families.

Members were advised of the government's new measures for child poverty:-

- The proportion of children living in workless households as well as long-term worklessness households.
- The educational attainment of children and disadvantaged children in England at the end of KS4.

In County Durham in 2007, 14.6% of children under the age of 16 were living in workless households, this figure had risen to 19.3% in 2015. It was therefore estimated that there was approximately 18,000 children in County Durham living in a workless household.

Over half of children living in poverty have a working parent, however, this would not be reported in the new government measure of child poverty. It was identified that the highest levels of looked after children live in the most deprived wards.

The Child Poverty Working Group was formed in March 2017 by Durham County Council and partner organisations which was supported by Dr Deborah Harrison from the North East Child Poverty Commission. The Child Poverty Action Group had implemented a range of projects and approaches.

Members where shown a short video on Roots out of Poverty which focused on how agencies were working together to help families and included information on the Durham Savers scheme.

Councillor Brookes was extremely concerned that the statistics provided indicated a 42% rise in child poverty over 10 years which was a huge issue.

It was felt that in some cases there were issues of unfair generalisation and even low level support such as building confidence would help towards changing that trajectory.

In relation to the language and values associated with child poverty being a consideration of the Child Poverty Working Group, Councillor Kennedy agreed that care was needed with the language used to avoid stigma and asked about the referral procedure for families being referred onto the Stronger Families Programme. The Interim Strategic Manager advised of the criteria and added that a family would not be refused support, even if they had been on the programme previously. The same help and support would be available, however this would be from an alternative route as the programme was payment by results, the same family could not be counted twice. Work had taken place with Area Action Partnerships across the County to provide Holiday Hunger play schemes. Councillor Kennedy added that two national play days had taken place in her electoral division that had fed over 900 children.

Councillor Bainbridge asked what was considered as low income and how the local authority identified working families who where on low income. The Interim Strategic Manager advised that 60% below the national average was considered as low income and the average was £25,000 per annum which would be in the region of £15,000. She added that schools were the eyes and ears and they relied on schools considerably to notify of any families that may require help.

Councillor Davinson referred to the Durham Savers scheme and asked if they were predominantly concentrating on primary and secondary schools and if academies were also included. He was advised that this would be taken up and the information would be reported back to him. Councillor Davinson also asked how aspirations of children and young people could be raised. The Interim Strategic Manager advised that raising children's aspirations should start at the earliest opportunity and this was why early help in children's centres worked with young parents with short steps to build confidence. She advised that work had also taken place with Job Centre Plus to provide advice.

Councillor Durham pointed out that the statistics were a great concern and suggested that it would be easier to understand if they were provided year on year so that comparisons could be made and an understanding of what other factors were involved.

Councillor Hopper commented that there was a lot of good work done by Area Action Partnerships in helping people back into work and there was a multi-agency approach to making communities more resilient to the changing economy. The Interim Strategic Manager added that families were signposted to working with the voluntary sector to help build confidence and there was a more joined up approach.

In response to a query from Councillor Considine, the Interim Strategic Manager confirmed that the local authority works with all childcare providers and the child-minding network was a point of contact.

Miss Ashcroft asked when the next set of statistics would be available. She was informed that it was unknown when the next statistics would be released, however, the free school meals data was used as a measure.

The Chairman asked if the service was prepared for the roll out of Universal Credit and was advised that a number of training sessions had been arranged for Children's Services staff on universal credit and smarter budgeting.

The Chairman thanked the Interim Strategic Manager for her presentation and asked to keep the committee updated with the work of the Child Poverty Working Group.

Resolved:
That the report be noted and the committee receive a further progress update on the Child Poverty Working Group Action Plan.

7 Children's Services Update - Quality Improvement Board (QIB) One Year On

The Committee considered a report of the Corporate Director of Children and Young People's Services that provided an analysis of the progress to date against the improvement activity across Children and Young People's Services following the Ofsted inspection which took place between February and March 2016. The Head of Looked After Children and Care Leavers provided members with a presentation detailing the progress made on the action plan to address Ofsted's recommendations to the County Council following their inspection in March 2016 (for copy of report and slides, see file of minutes).

The Head of Looked After Children and Care Leavers advised members that the recommendations had been grouped into four key themes, Strengthening Management and Staffing Capacity, Strengthening Political and Management Oversight, Improving the Quality of Practice and Compliance with Regulations. While it had been demonstrated that there had been good overall progress across the four themes there were priorities and future work still to be done.

Councillor Bainbridge was delighted that support for looked after children 'staying put' was being amended. In relation to the results of the casefile audit information, Councillor Bainbridge was pleased to see 61% of case files being audited as good or better, however, was concerned at the 39% which required improvement or were inadequate and enquired if this was because of high vacancies. The Head of Looked After Children and Care Leavers indicated that most of the 39% were in the requires improvement category and a very small fraction were judged to be inadequate. Work still needed to be done,

however, a number of those that were classified as requires improvement just needed a little more to be in the good category. The Head of Service advised that staffing pressures were a major factor but not the only reason for those in the requires improvement and inadequate category. Staff training and development on management of casefiles was being arranged.

Councillor Kennedy asked if newly qualified social workers were buddied up with existing social workers to ensure trainees were familiar with the process. The Head of Looked After Children and Care Leavers agreed that this was a definite focus to ensure there was a good skill mix and a buddy up system would be in place for 12 to 18 months to support newly qualified social workers.

Councillor Brookes commented on the great progress that had been made on the political oversight theme and the positive changes to Corporate Parenting Panel which was now better joined up with Children and Young People's Overview and Scrutiny Committee.

Councillor Brookes asked why Liquid Logic was a better casefile management system than SIDD. The Head of Looked After Children and Care Leavers advised that SIDD was 20 years old and was an in-house system which was not fit for purpose anymore as it was in-efficient and extremely time consuming. From a social worker perspective, Liquid Logic was a quicker system as all the information could be input without reverting to paper files. With the SIDD system, children's records were in different places and records were scanned in but with Liquid Logic system, all children's records would be in one place. The implementation for the Liquid Logic system was September 2018.

Councillor Jewell mentioned that in the past Durham County Council social workers had taken up positions at other local authorities after being offered lucrative incentives and asked if this was the reason for the creation of new posts. The Head of Looked After Children and Care Leavers advised that there had been a number of new posts established, the senior leadership team had been strengthened and there had been the establishment of an 11th Families First Social Work Team in the Easington Area. Four social worker posts in Child Protection service and six additional social work posts in the Looked After Service and six team co-ordinator posts had been created to support the additional Families First team, Child Protection teams and Looked After teams. There was now increased capacity in legal services to manage the increased volume in care proceedings and there was also an additional independent reviewing officer. Additionally to the increased resource there was now a regional agreement in place to regulate the pay of agency worker staff.

Mrs Swift enquired about the wellbeing and health of social workers and was informed that staff welfare was very high on the service's agenda. A survey on quality of support and supervision was carried out annually and the analysis of results indicate that staff feel they receive good support and the general feedback for Durham County Council was also good.

Councillor Hopper commented that good news stories about social workers are never reported and it is only when things go wrong that it makes the headlines. The Head of Looked After Children and Care Leavers agreed and said that the service had decided to acknowledge the good work of social workers and hold an event to celebrate their work to raise their profile. The Head of Service informed the committee that the Portfolio Holder for Children and Young People's Services had received fantastic feedback.

The Chairman thanked the Head of Looked After Children and Care Leavers for her presentation.

Resolved:
That the report be noted

8 Durham Local Safeguarding Children Board Annual Report 2016/2017

The Committee considered a report of the Independent Chair of Local Safeguarding Children's Board that presented to Members the Durham Local Safeguarding Children Board Annual Report for 2016/17. The Business Manager for the Local Safeguarding Children's Board provided members with a presentation which highlighted their achievements and set out their strategic priorities for 2017 – 2020 (for copy of report and slides, see file of minutes).

The Business Manager for the Local Safeguarding Children's Board informed members that Durham LSCB held a development day in February 2017 to review progress on the priorities, consider key challenges, and to set the following strategic priorities:

- Child Sexual Exploitation
- Neglect
- Empowering Young People
- Working together.

Councillor Kennedy asked what had been done with schools to help address self-harm issues. The Business Manager for LSCB advised that this had been a priority for the LSCB last year and had been taken forward by the Health and Wellbeing Board. The Business Manager indicated that there was information available to schools at different levels such as universal package and a tiered package for safeguarding. It was also advised that Durham County Council's Educational Psychologists also provide a tool kit to help schools with self-harm issues. Councillor Kennedy went on to ask if there was information for schools to circulate to parents. The Business Manager for LSCB informed that there was information on the website and schools could provide the tool kit to parents. She added that work was being developed for a minded package of support for parents.

Councillor Kennedy then asked about the equipment used by social workers to access information. She was advised that Durham County Council provide equipment that was heavily firewalled. The LSCB involves multi agencies and it was up to individual agencies what types of equipment their staff use.

In response to a question about Matrix, the Business Manager advised that there was web based training, face to face training and e-learning and Board members were expected to disseminate information. Information was also available via the schools extranet and the Board worked with safeguarding leads within schools.

In relation to Empowering Young People, Councillor Bainbridge asked what was available in schools. She was advised that booklets were available and that the Board was developing a new programme which covers all aspects. The programme was due to be

launched within the next few weeks and schools would be encouraged to share the information.

Councillor Brookes enquired if there was a parallel process giving information such as serious case reviews. The Business Manager indicated that this information was included in the 60 page annual report and was available on the website. Councillor Brookes asked if the report could be forwarded to all members of the committee.

The Business Manager confirmed that the Board worked with primary schools on self-harm and child sexual exploitation following a question from Mrs Swift.

Councillor Jewell referred to taxi driver training and asked if the initial expectations had been met. The Business Manager advised that expectations had been met and initially it was a voluntary awareness session asking taxi drivers to report anything that seemed odd to the police. 1500 taxi drivers had participated in this voluntary training and now it was included as part of the licensing conditions for taxi drivers. The Board has issued fact sheets for taxi drivers, fast food restaurants, hotels and was now working with bus stations.

Resolved:
That the report be noted

9 Quarter One 2017/2018 Performance Management Report

The Committee considered the report of the Director of Transformation and Partnerships which presented progress against the council's corporate performance framework for the Altogether Better for Children and Young People priority theme for the first quarter of the 2017/18 financial year (for copy see file of minutes).

The Team Leader for Performance, Co-ordination and Development reported that more children aged 0-2 years in deprived areas (88%) were registered with a Children's Centre and are having contact compared to last year (86%). Children's Centres play a vital role in early intervention, reaching those whose needs might otherwise escalate into more serious problems. Significant progress was made on the processing rate for statutory referrals within one working day despite an increase in the number of children in need.

Councillor Brookes sought clarification in relation to the national figure for looked after children as it appeared to be static on the graph included in the report. The Team Leader for Performance advised that the national figure for looked after children was 60 per 10,000 population under 18, however in County Durham there had been a much more significant increase.

Councillor Kennedy commented that there could be a connection between domestic violence, the rise in child poverty and the increase in the number of Child Protection Plans.

Councillor Durham asked about the increase in the number of dental checks for looked after children. He was advised that work was ongoing which was looking at the accuracy of information recorded.

Councillor Patterson expressed concern in relation to health checks for looked after children and asked if this could be compared against other children as there were less health checks in school and parents may have difficulty attending appointments. The Team Leader advised that health visiting service information could be included, and added that the health visiting was good, however, as a child gets older contact is reduced.

Councillor Kennedy advised the committee that in her experience, dental practices had taken clients who were children off their books if they had missed a single appointment, resulting in them having to register elsewhere. The Chairman advised that this would be raised with Adults, Wellbeing and Health Scrutiny Committee and the Health and Welling Board.

Councillor Hopper advised that Dentists follow similar procedures to GP surgeries regarding appointments. She indicated that tooth decay was preventable and there should be promotion of dental health.

Councillor Jopling enquired about under performing schools and procedures for those schools who had been identified as inadequate and required improvement. The Team Leader advised that School Improvement officers work with schools to improve standards and some of those identified were making progress to come off the list.

Resolved:
That the report be noted

10 Quarter 4 Revenue and Capital Outturn 2016/2017

The Committee considered a report of the Head of Financial Services which provided the Committee with details of the 2016/17 revenue and capital outturn position for Children and Young People's Service grouping, highlighting major variances in comparison with the budget for the year (for copy see file of minutes).

Councillor Durham commented on the greater number of agency staff and the high number of looked after children and asked how this was impacting on the budget. He was advised that primarily the increased demand on placement provision has not kept pace with demand and when there is no capacity the service has had to go out.

Councillor Jopling sought clarification in relation to paragraph 16 of the report with regards to deficit budgets in schools. The Finance Manager advised that this was dealt with by a specific team as deficits in school budgets would impact on the schools ability to purchase.

Resolved:
That the report be noted.

11 Quarter 1 Forecast of Revenue and Capital Outturn 2017/2018

The Committee considered a report of the Head of Financial Services which provided the Committee with details of the forecast outturn budget position for the Children and Young People's service grouping, highlighting major variances in comparison with the budget for the year, based on the position to the end of June 2017 (for copy see file of minutes).

Councillor Kennedy raised an issue in connection with school transport costs, advising the committee that in her electoral division, local primary schools were oversubscribed and children were being transported to schools several miles away. She suggested that it would be more prudent if additional classrooms were added to the schools, as there were also a number of housing developments in the area.

The Chairman added that she had experienced similar and Section 106 monies had been used to provide additional classrooms. It was suggested that Councillor Kennedy take up the matter with the Planning Team to feed the information through to masterplans.

Councillor Durham asked for clarification in relation to employee costs increasing by 16% and asked which areas had increased. The Finance Manager advised that there had been extra investment, with an additional family's first team in the Easington area and a business support team had been brought into the service too.

Resolved:
That the report be noted

12 Summary of Minutes from the Children and Families Partnership

The Committee considered the minutes of the Children and Families Partnership on 16 June 2017 (for copy see file of minutes).

Resolved:
That the minutes be noted.

This page is intentionally left blank

Children and Young People's Overview and Scrutiny Committee

7 November 2017

National Funding Formula & Mainstream Primary and Secondary Schools Funding Formula 2018-19

Report of John Hewitt, Corporate Director Resources

Purpose

1 To describe the Council's approach to setting a funding formula for mainstream primary and secondary schools for 2018-19, taking into account the Governments announcements on the National Funding Formula for schools on 14 September 2017. This formula will apply to maintained schools from 1 April 2018 and academies from 1 September 2018.[1]

Background

2 The main source of funding for mainstream primary and secondary schools and academies is the local formula. Each local authority currently sets its own formula, within the restrictions imposed by the DfE, after consultation with schools and the Schools Forum. From 2020/21 the Government will determine funding to individual schools via the National Funding Formula.

3 This formula does not include funding for High Needs SEN pupils, early years, post-16 or the Pupil Premium.

4 Funding for the formula is provided through the Dedicated Schools Grant (DSG). In the current year, as in past years, DSG allocations are largely based on historic allocations dating back to the mid-2000s.

5 Since 2013/14, discretion over the local funding formulae has been significantly restricted, with local decision making limited to the application of a relatively small number of permissible formula factors, most of which are pupil-led, with the rest being either school-led or relating to specific premises related costs. There is significant variation between local authorities in terms of the proportions of funding allocated to different factors within the formula.

6 Final approval of the formula is normally a delegated decision taken by the Corporate Director Resources. In previous years, consultation with the Schools Forum usually started before or just after the summer holidays, with further consultation prior to the October meeting of the Forum when agreement would usually be reached on a draft formula, including the factors to be used,

[1] References in this report to schools should be read to include both maintained schools and academies.

lump sums per school and the proportions allocated to different pupil-led factors. Pupil-led £/pupil values would be determined once the final DSG allocation and pupil data was made available by the Education and Skills Funding Agency (ESFA) in December. The process has been delayed this year, because of the timing of government announcements about the NFF.

7 For the most part, the formula in Durham has not changed from year-to-year in respect of either the formula factors or the proportions allocated to each factor; in general there has been little appetite by either schools or the Council to make significant changes to the formula that would cause turbulence in funding from year-to-year. One exception, was in respect of the primary lump sum, which has been reduced over the past two years, with the funding released being used to increase the allocation of pupil-led funding for secondary schools. This was not supported by primary schools representatives on the Schools Forum, but was still implemented by the Council.

8 The process of setting the formula for 2018-19 will be different to previous years, because it is the first year to be affected by the National Funding Formula (NFF), which will affect the amount available and introduce a new consideration in respect of the implications for schools when the NFF replaces local formulas.

9 In 2018-19 each local authority's DSG allocation will be determined by the funding that its schools would have had through the NFF if there had been no local formulas; this will replace the method based on historic allocations. The Council estimates that this change will increase funding for schools in County Durham by £4.19 million in 2018/19. In addition, changes in pupil numbers and one-off adjustments add a further £3.55 million in funding, making the estimated year on year increase in funding available in 2018/19 £7.74 million.

10 It is important to note that although this will increase the funding allocated through the formula, costs are also increasing, through inflation, pay awards and having to make provision for additional pupils.

11 The introduction of the NFF means that for 2018-19 the Council needs to carefully consider how its local formula differs from the NFF and the implications of these differences, specifically:

a. How will these differences affect schools when their funding changes from the local formula to the hard NFF in 2020-21?

b. How will the Council justify retaining differences in funding between the allocations in the NFF and the allocations in the local formula in 2018/19 and 2019/20?

12 In respect of the timing of decision-making, the final version of the formula must be submitted to the ESFA by mid-January. The relevant portfolio holders have been consulted informally and the Schools Forum has agreed to undertake consultation via a series of working groups in November, prior to the next meeting of the Forum on 5 December, where the "final" proposals will need to be considered. All members have been issued with a briefing note on the

impact of the NFF and the options being considered for 2018/19, with copies shared with all Chairs of Governors also. A report will be considered by Cabinet in December, where Cabinet will be asked to approve the final version of the formula, subject to adjustments when funding and pupil data is confirmed by the ESFA. In previous years the ESFA has provided information in the second week of December, but at present they will only confirm that it will be provided 'in December'.

Local schools formula 2018/19: Options for consideration

13 The options that have been consider to date are:

Minimal change

14 This retains the existing 2017-18 formula factors, updated for estimates of funding for 2018-19 and pupil numbers as at October 2017.

Move to the NFF unit values

15 This uses the lump sums from the NFF and for pupil-led funding uses the £/pupil values from the NFF, adjusted *pro rata*, so that the formula is affordable for 2018-19. We cannot match the NFF £/pupil values exactly, because:

a. The NFF is based on October 2016 School Census data, but the local formula will use October 2017 data, so the number of pupils and the numbers qualifying for each of the additional needs factors will be different;

b. The amounts needed for premises factors and PFI will not match the NFF allocations, which are based on 2017-18 allocations.

Transitional Model – Moving Towards the NFF

16 This compares the Minimal Change and NFF versions of the formula and seeks to move the local formula towards the NFF position, (to smooth in the changes that will happen in 2020/21). It does this by adjusting values by one-third from the Minimal Change version towards the NFF version and would be altered again in 2019-20 to make if closer to the NFF by a further one-third.

17 Modelling work has been undertaken to estimate the impact of different options in 2018-19 and the formula factors and allocations of funding across these factors under each option are summarised in Appendix 2. The notes below refer to significant differences between the allocations to factors under each of these formula options:

Free School Meals entitlement

18 In the local formula this is currently used as a proxy measure for deprivation for secondary schools, (pupils suffering deprivation are more likely to need additional support to achieve the same level of attainment as other pupils). In the NFF it is used across both phases, but instead of being a proxy measure, it

is used to allocate an amount to recognise that schools need to provide free meals for eligible pupils and the rate is set on the basis of a cost of £2.30 per meal.

FSM6

19 This is also a proxy measure for deprivation, (more than one proxy measure is used in the formula to recognise that all have drawbacks and using a number of proxies increases the likelihood that schools will receive funding proportionate to the needs of their pupils). This allocates funding where pupils have been recorded as being eligible for a free school meal on any schools census in the past six years. This measure is not used in the local formula currently.

IDACI

20 This is another proxy measure; the Income Deprivation Affecting Children Index (IDACI) is a subset of the Index of Multiple Deprivation and identifies the probability that a child will suffer income deprivation based on the area in which they live. Scores are allocated to bands, with Band A for the areas most likely to suffer deprivation.

English as an Additional Language

21 This is for pupils recorded with English as an Additional Language in the last three years; it is not currently used in the local formula.

Low Prior Attainment

22 This is for pupils who have not reached a satisfactory standard of attainment in their previous phase of education. It is another proxy measure for pupils who are more likely to need additional support to achieve the same level of attainment as other pupils.

Lump sum

23 Most of the formula is pupil-led; government policy is that funding should follow pupils and that unpopular schools should not be propped-up through local formulas. However, the lump sum recognises that all schools have some fixed costs, in respect of needing a headteacher, buildings and administrative support and that smaller schools may not have sufficient pupil-led funding to allow for these costs in addition to the direct costs of educating pupils.

Sparsity

24 This is intended to support small schools serving sparsely populated rural areas where there is not an alternative school within an acceptable travelling distance. The eligibility criteria restricts the number of schools that are eligible and the schools that qualify in Durham are all in the Dales.

Premises factors

25 These will be funded through the DSG on the basis of historic allocations. The figures shown in the Appendix are our estimates for next year.

Comparison of options under consideration

26 Table 1 below shows the proportions of funding allocated through the different versions of the formula under consideration:

Table 1
Allocations of funding in formula options

	Minimal change	NFF unit values	Transitional (Y1)	Transitional (Y2)
Basic funding per pupil	70.2%	71.4%	70.6%	71.1%
Deprivation	12.3%	11.5%	12.1%	11.8%
English as an Additional Language	-	0.2%	0.1%	0.1%
Low Prior Attainment	1.9%	5.5%	3.1%	4.3%
Total for pupil-led factors	84.4%	88.6%	85.8%	87.3%
Lump sum	13.4%	9.1%	11.9%	10.4%
Sparsity	-	0.1%	0.0%	0.1%
Total for school-led factors	13.4%	9.2%	12.0%	10.5%
Total for premises factors	2.2%	2.2%	2.2%	2.2%
Total for other factors	-	-	-	-
Total funding	**100.0%**	**100.0%**	**100.0%**	**100.0%**

27 Compared to the Minimal Change option, the NFF based option reduces the allocations to deprivation and the lump sum and increases funding for low prior attainment. Other factors in the NFF allocation are for growth funding and mobility which are not included in the local formula.

28 Details of the impact of the options for individual schools are shown in Appendix 3, which notes changes in pupil numbers and compares funding for the different options to 2017-18 funding. Funding modelled here is formula funding net of adjustments in respect of the Minimum Funding Guarantee and de-delegation.

Summary of impact

29 Based on modelling what schools would receive in 2018/19 if the formula remained unchanged compared to the NFF and also to the transitional model, the following table provides a summary of the impacts:

Table 2 SUMMARY OF IMPACT ACROSS PRIMARY/SECONDARY SCHOOLS IN 2018/19										
		Minimal change			NFF			Transitional		
		Number and (%) impacted		Average change in funding £	Number and (%) impacted		Average change in funding £	Number and (%) impacted		Average change in funding £
Primary Schools	Increased Funding	143	67%	30,000	124	58%	33,000	136	63%	30,000
	Reduced Funding	72	33%	-21,000	91	42%	-21,000	79	37%	-20,000
	No change	-	-	-	-	-	-	-	-	-
Secondary Schools	Increased Funding	24	77%	256,000	25	81%	273,000	25	81%	256,000
	Reduced Funding	7	23%	-89,000	6	19%	-103,000	6	19%	-98,000
	No change	-	-	-	-	-	-	-	-	-
All Schools	Increased Funding	167	68%	63,000	149	61%	73,000	161	65%	65,000
	Reduced Funding	79	32%	-27,000	97	39%	-26,000	85	35%	-26,000
	No change	-	-	-	-	-	-	-	-	-

Minimum Funding Guarantee

30 For 2018-19 Councils can also opt to increase the protection provided by the Minimum Funding Guarantee (MFG). The MFG provides a minimum level of funding per pupil compared to the previous year, (note that this does not protect schools from the impact of falling rolls or changes to the lump sum). Increases in protection would have to be paid for by capping increases in funding for other schools and at present no reason has been identified to justify increasing protection at the expense of other schools.

Summary

31 This report outlines options for the mainstream primary and secondary school funding formula for 2018-19. Setting this formula is a local authority responsibility and this will be the first year for which the Council will need to consider setting a formula in the context of revised funding allocations and the National Funding Formula (NFF) requirements; the Government has announced that the latter will replace local formulas with effect from 2020-21.

32 The formula must be submitted to the ESFA by mid-January and consultation with Cabinet, to be followed by consultation with schools and the Schools Forum, is required in advance.

33 The options that are outlined in this report are:

a. A minimal change from the 2017-18 local formula, updated for changes in pupil numbers and funding;

b. A new formula based on the NFF;

c. A transitional version based on the mid-points between the NFF and the existing 2017-18 local formula.

34 In addition this report also notes the discretion to increase the level of protection in the Minimum Funding Guarantee, but does not recommend this.

35 The impact on individual schools from the options modelled is included within the Appendix 3 to this report, with a summary provided in Table 2 at para 29.

Recommendations

36 It is recommended that members of Children and Young People's Overview and Scrutiny Committee:

a. Note the information contained within this report and the consultation currently underway via the Schools Forum and with all Primary and Secondary Schools across the county.

b. Continue to monitor progress towards implementation of the NFF in 2020-21.

Contact:	**Paul Darby**	**Tel:**	**03000 261930**
	David Shirer	**Tel:**	**03000 268554**

Appendix 1 - Implications

Finance
The Dedicated Schools Grant (DSG) is a specific earmarked grant provided by the Government which provides the major source of funding for schools and the provision of support to them. It is notionally split into three 'blocks': Early Years, High Needs and Schools.

Local authorities are currently able to transfer funding between blocks and have some limited flexibility in how this funding is allocated to individual schools. All DSG funding must be spent on schools or support to them.

The Government has announced proposals for the National Funding Formulas (NFF) for mainstream primary and secondary schools, Special Educational Needs & Disabilities and Central School Services. These will be used to determine allocations to local authorities with effect from the 2018-19 financial year and to individual schools themselves from 2020/21.

Local authorities will still be required to set a local formula for mainstream primary and secondary schools for the 2018-19 and 2019-20 financial years. Early indications are that funding allocations will increase, but there is likely to be more scrutiny of the local formula by schools, because they will be able to compare their allocations to what they would have had through the NFF.

The NFF puts more funding into pupil-led factors than school-led factors, which could create longer-term challenges for smaller schools, because the increase in pupil-led funding will be of less benefit to schools with smaller numbers of pupils. The NFF will include minimum funding levels which may reduce the amount that can be allocated through factors such as deprivation.

Staffing
There are likely to be consequential restructuring and potential redundancies in schools where funding is reduced.

Risk
Small schools will potentially become financially unviable, particularly in rural areas, with potential additional transport costs and adverse effects on local communities.

Strategic decisions required on any move towards the NFF requirements in 2018/19 (and again in 2019/20) during the transition year.

Equality and Diversity / Public Sector Equality Duty
None

Accommodation
None

Crime and Disorder
None

Human Rights
None

Consultation
The Council responded to both stages of the DfE consultation prior to this announcement on 14 September, 2017. Elected members, including the Children and Young People's Overview and Scrutiny Committee, and the Schools Forum have received several briefings on the DfE consultation proposals.

Further consultation will take place with elected members, schools and the Schools Forum on the DfE's published NFF final proposals. The final version of the formula must be submitted to the DfE in mid-January.

Procurement
None

Disability Issues
None

Legal Implications
Schools are largely funded through the Dedicated Schools Grant (DSG). Allocations of funding are largely based presently on historic allocations dating back to the mid-2000s.

Since 2013/14, local discretion over funding formulae has been significantly restricted, with local decision making limited to the application of a relatively small number of formula factors, most of which are pupil-led, with the rest being either school-led or relating to specific premises related costs.

The funding framework governing schools finance, which replaced Local Management of Schools, is based on the legislative provisions in sections 45-53 of the School Standards and Framework Act 1998. Under this legislation, the council is required to publish a Scheme of Financing for Schools.

The scheme sets out the financial relationship between the authority and the maintained schools that it funds, including the respective roles and responsibilities of the authority and schools. Under the scheme, deficits of expenditure against budget share (formula funding and other income due to the school) in any financial year are charged against the school and deducted from the following year's budget share to establish the funding available to the school for the coming year.

This page is intentionally left blank

		Pupils / eligible pupils	Minimal change		NFF unit values		Transitional version		NFF
			Unit values £	Allocation £	Unit values £	Allocation £	Unit values £	Allocation £	Unit values £
Basic funding per pupil	Primary	38,947	2,776	108,100,000	2,829	110,197,000	2,793	108,765,000	2,747
	KS3	15,191	3,610	54,840,000	3,979	60,443,000	3,732	56,693,000	3,863
	KS4	9,362	4,953	46,373,000	4,518	42,293,000	4,813	45,058,000	4,386
Deprivation	Free School Meals Entitlement (Primary)	8,003	-	-	440	3,522,000	148	1,185,000	440
	Free School Meals Entitlement (Secondary)	4,230	2,926	12,379,000	440	1,861,000	2,115	8,948,000	440
	FSM6 (Primary)	12,433	-	-	556	6,915,000	182	2,260,000	540
	FSM6 (Secondary)	8,585	-	-	809	6,942,000	264	2,269,000	785
	IDACI Band F (Primary)	5,125	433	2,220,000	206	1,056,000	359	1,839,000	200
	IDACI Band E (Primary)	5,693	529	3,014,000	247	1,407,000	437	2,488,000	240
	IDACI Band D (Primary)	4,458	626	2,789,000	371	1,653,000	542	2,417,000	360
	IDACI Band C (Primary)	3,062	722	2,210,000	402	1,230,000	617	1,889,000	390
	IDACI Band B (Primary)	3,119	866	2,702,000	433	1,349,000	724	2,260,000	420
	IDACI Band A (Primary)	2,168	1,444	3,129,000	592	1,284,000	1,165	2,526,000	575
	IDACI Band F (Secondary)	3,121	374	1,168,000	299	932,000	351	1,094,000	290
	IDACI Band E (Secondary)	3,537	457	1,618,000	402	1,421,000	440	1,558,000	390
	IDACI Band D (Secondary)	2,635	541	1,425,000	530	1,398,000	539	1,420,000	515
	IDACI Band C (Secondary)	1,840	624	1,148,000	577	1,061,000	610	1,123,000	560
	IDACI Band B (Secondary)	1,858	749	1,390,000	618	1,148,000	708	1,315,000	600
	IDACI Band A (Secondary)	1,248	1,248	1,557,000	834	1,041,000	1,116	1,392,000	810
EAL	Primary	681	-	-	530	361,000	173	118,000	515
	Secondary	108	-	-	1,427	154,000	466	50,000	1,385
LPA	Primary	8,353	490	4,090,000	1,081	9,034,000	683	5,705,000	1,050
	Secondary	4,682	345	1,617,000	1,596	7,475,000	754	3,532,000	1,550
Total for pupil-led factors			**-**	**251,769,000**	**-**	**264,177,000**	**-**	**255,904,000**	**-**
Lump sum	Primary	215	160,000	34,400,000	110,000	23,650,000	143,333	30,817,000	110,000
	Secondary	31	175,000	5,425,000	110,000	3,410,000	153,333	4,753,000	110,000
Sparsity	Primary		-	-	25,000	296,000	8,333	99,000	25,000
	Secondary		-	-	65,000	61,000	21,667	20,000	65,000
Total for school-led factors				**39,825,000**		**27,417,000**		**35,689,000**	
Rates	Rates - Primary			2,501,000		2,501,000		2,501,000	
	Rates - Secondary			2,231,000		2,231,000		2,231,000	
Split-site	Split-site - Primary			205,000		205,000		205,000	
	Split-site - Secondary			186,000		186,000		186,000	
PFI	PFI - Primary			79,000		79,000		79,000	
	PFI - Secondary			1,367,000		1,367,000		1,367,000	
Exceptional	Joint-use Leisure			60,000		60,000		60,000	
Total for premises factors				**6,629,000**		**6,629,000**		**6,629,000**	
Total funding				**298,223,000**		**298,223,000**		**298,223,000**	
Less delegation				**-528,000**		**-528,000**		**-528,000**	
Formula funding net of de-delegation				**297,695,000**		**297,695,000**		**297,695,000**	
Amount allocated through Minimum Funding Guarantee				**224,000**		**1,612,000**		**366,000**	
Cap in increases in funding per pupil				**4.87%**		**3.68%**		**3.91%**	

Corporate Management Team, 4 October 2017, Mainstream primary and secondary funding formula 2018-19 Appendix 3

				Numbers funded in 17-18 (October 2016 School Census)	Estimated numbers to be funded in 18-19	Increase in numbers	17-18 funding	Change from 17-18 funding if no change in funding levels or formula	Additional funding in 18-19 because of increased funding level	Overall change in funding from 17-18 with new funding level, but no change to formula (i.e. minimal change)		Overall change in funding from 17-18 with new funding level, using NFF unit values in local formula 2018/19		Overall change in funding from 17-18 with new funding level, using transitional unit values (33% of difference between current and NFF) in local formula 2018/19	
							£	£	£	£		£		£	
2000	Seaham Ropery Walk	Primary	Maintained	262	267	1.9%	1,070,000	29,000	3,000	32,000	3.0%	61,000	5.7%	45,000	4.2%
2001	Middlestone Moor	Primary	Maintained	251	260	3.6%	987,000	41,000	4,000	45,000	4.6%	55,000	5.6%	48,000	4.9%
2002	Chilton	Primary	Maintained	267	269	0.7%	1,040,000	9,000	3,000	12,000	1.1%	41,000	3.9%	30,000	2.9%
2003	North Park	Primary	Maintained	204	189	-7.4%	873,000	-39,000	3,000	-36,000	-4.2%	-27,000	-3.0%	-25,000	-2.9%
2004	Seascape	Primary	Maintained	242	261	7.9%	1,185,000	82,000	31,000	113,000	9.5%	111,000	9.4%	110,000	9.2%
2005	Pelton	Primary	Maintained	283	270	-4.6%	1,136,000	-29,000	4,000	-25,000	-2.2%	-10,000	-0.8%	-10,000	-0.9%
2008	Acre Rigg Academy	Primary	Academy	249	250	0.4%	1,039,000	16,000	20,000	36,000	3.5%	38,000	3.7%	39,000	3.7%
2009	Victoria Lane Academy	Primary	Academy	143	149	4.2%	686,000	14,000	-	14,000	2.0%	22,000	3.2%	14,000	2.1%
2010	Stephenson Way Academy	Primary	Academy	306	300	-2.0%	1,235,000	-6,000	5,000	-1,000	-0.1%	19,000	1.5%	20,000	1.7%
2015	Browney Academy	Primary	Academy	76	92	21.1%	393,000	53,000	3,000	56,000	14.1%	54,000	13.8%	48,000	12.2%
2016	Rosa Street	Primary	Academy	225	199	-11.6%	897,000	-75,000	3,000	-72,000	-8.1%	-65,000	-7.3%	-66,000	-7.4%
2017	Shield Row	Primary	Academy	179	179	-	769,000	9,000	3,000	12,000	1.6%	-	-0.0%	8,000	1.0%
2018	Dene House	Primary	Academy	282	270	-4.3%	1,175,000	-29,000	24,000	-5,000	-0.5%	-33,000	-2.8%	-14,000	-1.2%
2019	South Hetton	Primary	Academy	205	209	2.0%	857,000	24,000	3,000	27,000	3.1%	27,000	3.2%	27,000	3.1%
2021	The Sacriston	Primary	Academy	261	217	-16.9%	1,007,000	-143,000	3,000	-140,000	-13.9%	-134,000	-13.3%	-128,000	-12.7%
2023	New Seaham Academy	Primary	Academy	266	262	-1.5%	977,000	-1,000	4,000	3,000	0.3%	4,000	0.4%	3,000	0.3%
2043	Seaham Westlea	Primary	Maintained	229	233	1.7%	962,000	26,000	4,000	30,000	3.0%	46,000	4.8%	37,000	3.8%
2105	Edmondsley	Primary	Maintained	169	174	3.0%	676,000	23,000	3,000	26,000	3.8%	8,000	1.2%	18,000	2.7%
2107	Lumley Juniors	Primary	Maintained	159	161	1.3%	642,000	13,000	3,000	16,000	2.4%	-1,000	-0.2%	10,000	1.5%
2108	Lumley Infant	Primary	Maintained	134	129	-3.7%	574,000	-13,000	1,000	-12,000	-2.1%	-23,000	-4.1%	-21,000	-3.6%
2114	West Pelton	Primary	Maintained	66	68	3.0%	386,000	8,000	1,000	9,000	2.4%	4,000	1.1%	4,000	0.9%
2116	Nettlesworth	Primary	Maintained	88	91	3.4%	440,000	14,000	6,000	20,000	4.5%	6,000	1.4%	10,000	2.2%
2125	Chester-le-Street Red Rose	Primary	Maintained	265	271	2.3%	944,000	29,000	4,000	33,000	3.5%	27,000	2.8%	31,000	3.2%
2126	Fence Houses Woodlea	Primary	Maintained	211	207	-1.9%	806,000	-3,000	21,000	18,000	2.3%	5,000	0.6%	13,000	1.6%
2133	Chester-le-Street Cestria	Primary	Maintained	413	416	0.7%	1,410,000	27,000	12,000	39,000	2.8%	57,000	4.1%	46,000	3.3%
2136	Ouston	Primary	Maintained	274	269	-1.8%	1,000,000	-33,000	-	-33,000	-3.3%	-34,000	-3.4%	-33,000	-3.3%
2146	Bournmoor	Primary	Maintained	121	120	-0.8%	550,000	-	1,000	1,000	0.2%	-10,000	-1.8%	-6,000	-1.1%
2185	Cotherstone	Primary	Maintained	52	52	-	313,000	-2,000	1,000	-1,000	-0.4%	-3,000	-0.8%	-2,000	-0.7%
2205	Beamish	Primary	Maintained	72	73	1.4%	410,000	1,000	1,000	2,000	0.5%	-	-0.1%	-	-0.1%
2208	Collierley	Primary	Maintained	149	148	-0.7%	645,000	4,000	2,000	6,000	0.9%	-9,000	-1.5%	1,000	0.1%
2210	Catchgate	Primary	Maintained	245	240	-2.0%	1,057,000	-5,000	4,000	-1,000	-0.1%	15,000	1.4%	5,000	0.5%
2212	Annfield Plain Juniors	Primary	Maintained	136	130	-4.4%	590,000	-13,000	14,000	1,000	0.2%	-4,000	-0.7%	-3,000	-0.5%
2213	Annfield Plain Infants	Primary	Maintained	105	112	6.7%	519,000	29,000	5,000	34,000	6.6%	21,000	4.0%	27,000	5.2%

				Numbers funded in 17-18 (October 2016 School Census)	Estimated numbers to be funded in 18-19	Increase in numbers	17-18 funding	Change from 17-18 funding if no change in funding levels or formula	Additional funding in 18-19 because of increased funding level	Overall change in funding from 17-18 with new funding level, but no change to formula (i.e. minimal change)		Overall change in funding from 17-18 with new funding level, using NFF unit values in local formula 2018/19		Overall change in funding from 17-18 with new funding level, using transitional unit values (33% of difference between current and NFF) in local formula 2018/19	
							£	£	£	£		£		£	
2217	East Stanley	Primary	Maintained	227	226	-0.4%	932,000	8,000	12,000	20,000	2.2%	4,000	0.5%	15,000	1.6%
2225	South Stanley Infants	Primary	Academy	135	123	-8.9%	647,000	-47,000	2,000	-45,000	-7.0%	-54,000	-8.3%	-48,000	-7.5%
2226	South Stanley Juniors	Primary	Maintained	159	168	5.7%	744,000	35,000	3,000	38,000	5.0%	53,000	7.1%	49,000	6.5%
2232	Stanley Burnside	Primary	Maintained	195	201	3.1%	868,000	32,000	3,000	35,000	4.1%	52,000	5.9%	46,000	5.3%
2233	Bloemfontein	Primary	Maintained	142	155	9.2%	667,000	53,000	2,000	55,000	8.3%	48,000	7.2%	53,000	7.9%
2234	Burnopfield	Primary	Maintained	359	361	0.6%	1,230,000	22,000	36,000	58,000	4.7%	47,000	3.9%	48,000	3.9%
2257	Shotley Bridge	Primary	Maintained	359	382	6.4%	1,244,000	89,000	35,000	124,000	9.9%	119,000	9.6%	119,000	9.5%
2259	Leadgate	Primary	Maintained	182	181	-0.5%	796,000	6,000	21,000	27,000	3.4%	21,000	2.7%	22,000	2.7%
2261	Burnhope	Primary	Maintained	68	72	5.9%	399,000	14,000	1,000	15,000	3.7%	12,000	3.1%	11,000	2.7%
2266	Castleside	Primary	Maintained	127	129	1.6%	553,000	12,000	1,000	13,000	2.4%	-	0.1%	7,000	1.2%
2269	Consett The Grove	Primary	Maintained	158	163	3.2%	693,000	15,000	2,000	17,000	2.4%	28,000	4.1%	20,000	2.9%
2272	Delves Lane	Primary	Maintained	307	317	3.3%	1,159,000	17,000	-	17,000	1.5%	73,000	6.3%	47,000	4.0%
2276	Consett Moorside	Primary	Maintained	104	105	1.0%	543,000	-6,000	1,000	-5,000	-0.8%	-1,000	-0.2%	-3,000	-0.6%
2277	Consett Juniors	Primary	Maintained	181	186	2.8%	713,000	23,000	4,000	27,000	3.8%	39,000	5.5%	37,000	5.2%
2278	Consett Infant	Primary	Maintained	162	150	-7.4%	643,000	-29,000	2,000	-27,000	-4.1%	-27,000	-4.2%	-27,000	-4.2%
2301	Hamsterley	Primary	Maintained	42	45	7.1%	271,000	9,000	4,000	13,000	4.8%	7,000	2.6%	13,000	4.8%
2302	Hunwick	Primary	Maintained	170	157	-7.6%	684,000	-32,000	3,000	-29,000	-4.3%	-51,000	-7.4%	-37,000	-5.5%
2307	Tow Law Millennium	Primary	Maintained	89	84	-5.6%	486,000	-14,000	1,000	-13,000	-2.6%	-22,000	-4.5%	-19,000	-4.0%
2308	Crook	Primary	Maintained	387	377	-2.6%	1,492,000	-15,000	27,000	12,000	0.8%	14,000	0.9%	17,000	1.1%
2310	Crook Hartside	Primary	Maintained	207	212	2.4%	869,000	26,000	4,000	30,000	3.4%	34,000	3.9%	31,000	3.6%
2311	Peases West	Primary	Maintained	91	94	3.3%	471,000	13,000	1,000	14,000	2.9%	6,000	1.3%	8,000	1.8%
2313	Stanley (Crook)	Primary	Maintained	124	134	8.1%	570,000	38,000	2,000	40,000	7.0%	29,000	5.1%	31,000	5.4%
2316	Sunnybrow	Primary	Maintained	76	79	3.9%	453,000	16,000	10,000	26,000	5.8%	8,000	1.8%	18,000	3.9%
2318	Howden-le-Wear	Primary	Maintained	111	120	8.1%	513,000	34,000	9,000	43,000	8.4%	28,000	5.4%	38,000	7.4%
2319	Frosterley	Primary	Maintained	41	39	-4.9%	281,000	-7,000	-	-7,000	-2.2%	-9,000	-3.2%	-8,000	-2.8%
2321	Rookhope	Primary	Maintained	10	12	20.0%	199,000	7,000	-	7,000	3.5%	11,000	5.7%	8,000	4.2%
2322	St. John's Chapel	Primary	Maintained	23	20	-13.0%	232,000	-10,000	-	-10,000	-4.3%	-14,000	-5.9%	-11,000	-4.8%
2324	Wearhead	Primary	Maintained	32	27	-15.6%	247,000	-12,000	2,000	-10,000	-4.0%	-19,000	-7.6%	-14,000	-5.7%
2326	Willington	Primary	Maintained	198	203	2.5%	893,000	29,000	25,000	54,000	6.0%	48,000	5.4%	48,000	5.4%
2328	Witton-le-Wear	Primary	Maintained	92	86	-6.5%	442,000	-15,000	1,000	-14,000	-3.2%	-26,000	-5.8%	-23,000	-5.2%
2329	Wolsingham	Primary	Maintained	196	193	-1.5%	743,000	-	3,000	3,000	0.3%	-12,000	-1.6%	-3,000	-0.3%
2330	Oakley Cross	Primary	Maintained	135	143	5.9%	641,000	37,000	2,000	39,000	6.0%	29,000	4.5%	35,000	5.5%
2351	Byers Green	Primary	Maintained	100	93	-7.0%	481,000	-18,000	1,000	-17,000	-3.6%	-29,000	-6.1%	-24,000	-5.1%
2357	Bluebell Meadow	Primary	Maintained	291	306	5.2%	1,421,000	-188,000	4,000	-184,000	-12.9%	-157,000	-11.1%	-172,000	-12.1%
2361	Kirk Merrington	Primary	Maintained	121	127	5.0%	540,000	23,000	8,000	31,000	5.8%	14,000	2.6%	24,000	4.4%

Corporate Management Team, 4 October 2017, Mainstream primary and secondary funding formula 2018-19 Appendix 3

				Numbers funded in 17-18 (October 2016 School Census)	Estimated numbers to be funded in 18-19	Increase in numbers	17-18 funding	Change from 17-18 funding if no change in funding levels or formula	Additional funding in 18-19 because of increased funding level	Overall change in funding from 17-18 with new funding level, but no change to formula (i.e. minimal change)		Overall change in funding from 17-18 with new funding level, using NFF unit values in local formula 2018/19		Overall change in funding from 17-18 with new funding level, using transitional unit values (33% of difference between current and NFF) in local formula 2018/19	
							£	£	£	£		£		£	
2362	Cassop	Primary	Maintained	130	144	10.8%	583,000	51,000	2,000	53,000	9.2%	42,000	7.3%	44,000	7.5%
2368	Ferryhill Station	Primary	Maintained	85	83	-2.4%	460,000	-8,000	1,000	-7,000	-1.5%	-11,000	-2.3%	-8,000	-1.8%
2370	West Cornforth	Primary	Maintained	162	180	11.1%	793,000	75,000	2,000	77,000	9.8%	66,000	8.3%	73,000	9.3%
2372	Coxhoe	Primary	Maintained	284	298	4.9%	1,032,000	59,000	5,000	64,000	6.1%	75,000	7.3%	67,000	6.5%
2374	Kelloe	Primary	Maintained	89	82	-7.9%	479,000	-21,000	1,000	-20,000	-4.3%	-32,000	-6.8%	-27,000	-5.6%
2379	Tudhoe Colliery	Primary	Academy	199	202	1.5%	785,000	19,000	22,000	41,000	5.1%	35,000	4.5%	35,000	4.5%
2385	Dean Bank	Primary	Maintained	162	169	4.3%	765,000	35,000	16,000	51,000	6.6%	37,000	4.8%	46,000	6.0%
2388	Bowburn Juniors	Primary	Maintained	169	171	1.2%	720,000	15,000	8,000	23,000	3.2%	30,000	4.1%	29,000	4.1%
2389	Bowburn Infant	Primary	Maintained	150	140	-6.7%	652,000	-25,000	2,000	-23,000	-3.5%	-34,000	-5.3%	-27,000	-4.2%
2394	Spennymoor Ox Close	Primary	Maintained	273	281	2.9%	1,035,000	52,000	4,000	56,000	5.4%	45,000	4.4%	52,000	5.0%
2397	Cleves Cross	Primary	Academy	206	203	-1.5%	842,000	-	3,000	3,000	0.4%	-19,000	-2.3%	-4,000	-0.5%
2399	Fishburn	Primary	Maintained	158	155	-1.9%	647,000	-15,000	-	-15,000	-2.4%	-	0.0%	-14,000	-2.1%
2400	Broom Cottages	Primary	Maintained	271	270	-0.4%	1,111,000	9,000	5,000	14,000	1.3%	32,000	2.9%	25,000	2.3%
2401	Bp Auckland Etherley Lane	Primary	Maintained	296	312	5.4%	1,143,000	67,000	5,000	72,000	6.3%	91,000	8.0%	78,000	6.8%
2409	Ramshaw	Primary	Maintained	66	71	7.6%	356,000	17,000	7,000	24,000	6.9%	14,000	4.0%	20,000	5.5%
2410	Forest-of-Teesdale	Primary	Maintained	14	10	-28.6%	212,000	-15,000	-	-15,000	-7.1%	-22,000	-10.6%	-17,000	-8.2%
2411	Aycliffe Village	Primary	Maintained	150	156	4.0%	623,000	25,000	15,000	40,000	6.5%	12,000	2.0%	28,000	4.4%
2413	Butterknowle	Primary	Maintained	37	32	-13.5%	281,000	-18,000	-	-18,000	-6.4%	-25,000	-9.0%	-20,000	-7.2%
2417	Escomb	Primary	Maintained	205	208	1.5%	826,000	19,000	4,000	23,000	2.8%	-	-0.0%	10,000	1.3%
2419	St. Helens Auckland	Primary	Maintained	153	152	-0.7%	719,000	-11,000	-	-11,000	-1.6%	-12,000	-1.7%	-12,000	-1.6%
2423	Thornhill	Primary	Maintained	203	208	2.5%	849,000	27,000	24,000	51,000	6.0%	23,000	2.7%	45,000	5.3%
2426	Toft Hill	Primary	Maintained	182	187	2.7%	712,000	23,000	3,000	26,000	3.7%	26,000	3.6%	26,000	3.6%
2428	Woodland	Primary	Maintained	42	38	-9.5%	285,000	-14,000	-	-14,000	-4.8%	-17,000	-5.8%	-15,000	-5.2%
2430	Middleton-in -Teesdale	Primary	Maintained	118	120	1.7%	500,000	10,000	1,000	11,000	2.2%	1,000	0.1%	7,000	1.4%
2433	Cockton Hill Juniors	Primary	Maintained	216	210	-2.8%	897,000	-10,000	24,000	14,000	1.6%	6,000	0.7%	8,000	0.9%
2434	Cockton Hill Infants	Primary	Maintained	164	157	-4.3%	737,000	-16,000	2,000	-14,000	-1.9%	-35,000	-4.8%	-24,000	-3.2%
2438	Timothy Hackworth	Primary	Maintained	375	391	4.3%	1,451,000	74,000	45,000	119,000	8.2%	107,000	7.4%	108,000	7.4%
2440	Cockfield	Primary	Maintained	102	107	4.9%	505,000	20,000	1,000	21,000	4.2%	13,000	2.6%	16,000	3.3%
2442	Barnard Castle Montalbo	Primary	Maintained	129	132	2.3%	546,000	11,000	1,000	12,000	2.3%	3,000	0.6%	7,000	1.3%
2453	New Brancepeth	Primary	Maintained	100	98	-2.0%	471,000	-10,000	-	-10,000	-2.2%	-12,000	-2.6%	-11,000	-2.3%
2455	Langley Moor	Primary	Maintained	217	207	-4.6%	808,000	-20,000	3,000	-17,000	-2.1%	-12,000	-1.5%	-16,000	-2.0%
2462	Witton Gilbert	Primary	Maintained	186	192	3.2%	725,000	26,000	20,000	46,000	6.4%	43,000	5.9%	42,000	5.8%
2470	Pittington	Primary	Maintained	198	190	-4.0%	750,000	-15,000	3,000	-12,000	-1.7%	-34,000	-4.6%	-22,000	-2.9%
2472	Ludworth	Primary	Maintained	83	80	-3.6%	449,000	-11,000	1,000	-10,000	-2.2%	-17,000	-3.7%	-15,000	-3.3%
2473	Sherburn	Primary	Maintained	182	176	-3.3%	742,000	-11,000	19,000	8,000	1.1%	2,000	0.3%	3,000	0.4%

				Numbers funded in 17-18 (October 2016 School Census)	Estimated numbers to be funded in 18-19	Increase in numbers	17-18 funding	Change from 17-18 funding if no change in funding levels or formula	Additional funding in 18-19 because of increased funding level	Overall change in funding from 17-18 with new funding level, but no change to formula (i.e. minimal change)		Overall change in funding from 17-18 with new funding level, using NFF unit values in local formula 2018/19		Overall change in funding from 17-18 with new funding level, using transitional unit values (33% of difference between current and NFF) in local formula 2018/19	
							£	£	£	£		£		£	
2475	West Rainton	Primary	Maintained	126	121	-4.0%	602,000	-11,000	2,000	-9,000	-1.5%	-26,000	-4.3%	-17,000	-2.8%
2477	Bearpark	Primary	Maintained	93	107	15.1%	485,000	46,000	1,000	47,000	9.7%	49,000	10.1%	45,000	9.2%
2481	Neville's Cross	Primary	Maintained	278	271	-2.5%	979,000	-9,000	4,000	-5,000	-0.5%	-	-0.0%	-4,000	-0.4%
2488	Newton Hall Infants	Primary	Maintained	178	167	-6.2%	668,000	-24,000	2,000	-22,000	-3.2%	-42,000	-6.2%	-30,000	-4.5%
2497	Esh Winning	Primary	Maintained	207	200	-3.4%	889,000	-13,000	3,000	-10,000	-1.1%	1,000	0.1%	-4,000	-0.5%
2498	Belmont Cheveley Park	Primary	Maintained	177	200	13.0%	704,000	61,000	2,000	63,000	8.8%	73,000	10.4%	65,000	9.3%
2499	Laurel Avenue Community	Primary	Maintained	81	82	1.2%	473,000	-2,000	1,000	-1,000	-0.1%	-4,000	-0.8%	-4,000	-0.8%
2509	Hesleden	Primary	Maintained	115	113	-1.7%	525,000	-11,000	-	-11,000	-2.1%	-13,000	-2.4%	-12,000	-2.2%
2516	Deaf Hill	Primary	Maintained	151	137	-9.3%	683,000	-44,000	2,000	-42,000	-6.2%	-43,000	-6.4%	-43,000	-6.3%
2523	Thornley	Primary	Maintained	176	181	2.8%	779,000	17,000	2,000	19,000	2.4%	17,000	2.2%	18,000	2.3%
2526	Wheatley Hill Community	Primary	Maintained	147	167	13.6%	729,000	66,000	-	66,000	9.1%	72,000	9.9%	68,000	9.4%
2528	Wingate Juniors	Primary	Maintained	186	183	-1.6%	751,000	-1,000	3,000	2,000	0.2%	-4,000	-0.6%	-	-0.1%
2531	Wingate Infants	Primary	Maintained	148	167	12.8%	635,000	67,000	3,000	70,000	11.0%	57,000	9.0%	62,000	9.8%
2532	Horden Cotsford Juniors	Primary	Maintained	115	106	-7.8%	607,000	-36,000	13,000	-23,000	-3.8%	-52,000	-8.6%	-33,000	-5.5%
2534	Horden Cotsford Infants	Primary	Maintained	62	67	8.1%	397,000	22,000	5,000	27,000	6.8%	18,000	4.6%	16,000	4.0%
2536	Shotton	Primary	Maintained	335	322	-3.9%	1,307,000	-28,000	5,000	-23,000	-1.8%	-4,000	-0.3%	-1,000	-0.1%
2540	Acre Rigg Infants	Primary	Maintained	203	199	-2.0%	894,000	-4,000	3,000	-1,000	-0.1%	-27,000	-3.0%	-10,000	-1.1%
2563	Sedgefield	Primary	Maintained	190	192	1.1%	703,000	14,000	3,000	17,000	2.3%	3,000	0.4%	12,000	1.6%
2593	Sedgefield Hardwick	Primary	Maintained	211	215	1.9%	763,000	20,000	3,000	23,000	3.1%	33,000	4.4%	26,000	3.4%
2704	Copeland Road	Primary	Maintained	147	152	3.4%	666,000	22,000	2,000	24,000	3.6%	10,000	1.5%	14,000	2.1%
2705	St. Andrew's	Primary	Maintained	97	98	1.0%	509,000	4,000	1,000	5,000	1.1%	-2,000	-0.3%	2,000	0.4%
2706	Byerley Park	Primary	Maintained	215	214	-0.5%	823,000	7,000	5,000	12,000	1.4%	-13,000	-1.6%	3,000	0.3%
2708	Horndale Infants	Primary	Maintained	105	93	-11.4%	523,000	-36,000	1,000	-35,000	-6.7%	-51,000	-9.7%	-41,000	-7.8%
2729	Langley Park	Primary	Maintained	171	162	-5.3%	692,000	-20,000	2,000	-18,000	-2.6%	-10,000	-1.4%	-15,000	-2.2%
2733	Yohden	Primary	Maintained	168	170	1.2%	781,000	16,000	14,000	30,000	3.9%	-2,000	-0.2%	17,000	2.1%
2734	Howletch Lane	Primary	Maintained	373	379	1.6%	1,451,000	39,000	6,000	45,000	3.0%	48,000	3.3%	45,000	3.1%
2737	Blackhall	Primary	Maintained	216	222	2.8%	898,000	27,000	3,000	30,000	3.3%	51,000	5.7%	44,000	4.9%
2742	Vane Road	Primary	Maintained	388	375	-3.4%	1,383,000	-23,000	6,000	-17,000	-1.3%	3,000	0.2%	-	-0.0%
2743	Sugar Hill	Primary	Maintained	389	396	1.8%	1,418,000	41,000	7,000	48,000	3.4%	72,000	5.1%	72,000	5.1%
2744	Pelton Roseberry	Primary	Maintained	150	172	14.7%	666,000	81,000	2,000	83,000	12.5%	96,000	14.4%	87,000	13.1%
2745	Bullion Lane	Primary	Maintained	259	256	-1.2%	1,164,000	-4,000	3,000	-1,000	-0.1%	17,000	1.5%	5,000	0.4%
2746	Easington Colliery	Primary	Maintained	501	521	4.0%	1,961,000	84,000	8,000	92,000	4.7%	128,000	6.5%	119,000	6.1%
2747	Durham Gilesgate	Primary	Maintained	174	173	-0.6%	777,000	5,000	2,000	7,000	1.0%	20,000	2.6%	18,000	2.3%
2748	Finchale	Primary	Maintained	204	214	4.9%	752,000	37,000	3,000	40,000	5.4%	42,000	5.6%	41,000	5.4%
2749	Benfieldside	Primary	Maintained	237	233	-1.7%	931,000	-1,000	4,000	3,000	0.3%	16,000	1.7%	17,000	1.8%

Corporate Management Team, 4 October 2017, Mainstream primary and secondary funding formula 2018-19 Appendix 3

				Numbers funded in 17-18 (October 2016 School Census)	Estimated numbers to be funded in 18-19	Increase in numbers	17-18 funding	Change from 17-18 funding if no change in funding levels or formula	Additional funding in 18-19 because of increased funding level	Overall change in funding from 17-18 with new funding level, but no change to formula (i.e. minimal change)		Overall change in funding from 17-18 with new funding level, using NFF unit values in local formula 2018/19		Overall change in funding from 17-18 with new funding level, using transitional unit values (33% of difference between current and NFF) in local formula 2018/19	
							£	£	£	£		£		£	
2750	King Street	Primary	Maintained	217	211	-2.8%	896,000	-10,000	3,000	-7,000	-0.7%	3,000	0.3%	-4,000	-0.4%
2751	Framwellgate Moor	Primary	Maintained	208	211	1.4%	767,000	17,000	3,000	20,000	2.7%	33,000	4.4%	33,000	4.3%
2943	Chester-le-Street Newker	Primary	Maintained	415	400	-3.6%	1,452,000	-27,000	6,000	-21,000	-1.5%	-	-0.0%	-9,000	-0.6%
3031	Chester-le-Street CE	Primary	Maintained	347	311	-10.4%	1,252,000	-98,000	22,000	-76,000	-6.1%	-79,000	-6.3%	-75,000	-6.0%
3063	Ebchester CE	Primary	Maintained	84	79	-6.0%	424,000	-13,000	1,000	-12,000	-2.9%	-22,000	-5.2%	-20,000	-4.7%
3085	St. Stephen's CE	Primary	Maintained	204	203	-0.5%	856,000	5,000	24,000	29,000	3.3%	5,000	0.6%	22,000	2.6%
3087	Stanhope Barrington CE	Primary	Maintained	115	118	2.6%	491,000	13,000	1,000	14,000	2.8%	4,000	0.9%	10,000	2.1%
3121	Green Lane CE	Primary	Maintained	232	222	-4.3%	837,000	-19,000	3,000	-16,000	-1.9%	-12,000	-1.5%	-15,000	-1.8%
3123	St. Anne's CE	Primary	Maintained	215	212	-1.4%	846,000	-	3,000	3,000	0.4%	-21,000	-2.4%	-10,000	-1.1%
3130	Evenwood CE	Primary	Maintained	81	78	-3.7%	446,000	-16,000	-	-16,000	-3.4%	-18,000	-4.1%	-17,000	-3.7%
3131	Gainford CE	Primary	Maintained	73	73	-	373,000	3,000	1,000	4,000	0.9%	-3,000	-0.7%	1,000	0.4%
3134	Ingleton CE	Primary	Maintained	70	68	-2.9%	366,000	-6,000	1,000	-5,000	-1.4%	-10,000	-2.7%	-8,000	-2.3%
3141	Staindrop CE	Primary	Maintained	169	173	2.4%	649,000	19,000	3,000	22,000	3.3%	18,000	2.8%	20,000	3.1%
3161	Belmont CE	Primary	Maintained	256	258	0.8%	924,000	17,000	4,000	21,000	2.3%	21,000	2.3%	20,000	2.2%
3165	St. Oswald's CE	Primary	Maintained	121	123	1.7%	515,000	11,000	1,000	12,000	2.4%	1,000	0.1%	4,000	0.9%
3167	Shincliffe CE	Primary	Maintained	211	211	-	783,000	9,000	3,000	12,000	1.6%	-7,000	-0.9%	6,000	0.7%
3168	St. Margaret's CE	Primary	Maintained	421	424	0.7%	1,340,000	26,000	6,000	32,000	2.4%	50,000	3.7%	37,000	2.8%
3182	Easington CE	Primary	Maintained	108	115	6.5%	489,000	26,000	2,000	28,000	5.7%	18,000	3.7%	17,000	3.4%
3183	Hutton Henry CE	Primary	Maintained	54	66	22.2%	334,000	35,000	-	35,000	10.5%	45,000	13.6%	39,000	11.5%
3213	Lanchester EP	Primary	Maintained	323	321	-0.6%	1,168,000	8,000	5,000	13,000	1.1%	8,000	0.7%	11,000	1.0%
3300	St. Cuthbert's RC New Seaham	Primary	Maintained	204	204	-	790,000	9,000	3,000	12,000	1.6%	-10,000	-1.3%	5,000	0.6%
3301	St. Mary Magdalen RC	Primary	Maintained	272	286	5.1%	996,000	56,000	3,000	59,000	5.9%	62,000	6.2%	59,000	6.0%
3303	Bowes Hutchinson CE	Primary	Maintained	61	48	-21.3%	343,000	-41,000	-	-41,000	-12.0%	-47,000	-13.6%	-43,000	-12.5%
3343	St. Cuthbert's RC Ch-le-St	Primary	Maintained	204	207	1.5%	761,000	16,000	2,000	18,000	2.4%	3,000	0.4%	13,000	1.7%
3344	St. Bede's RC, Sacriston	Primary	Maintained	96	95	-1.0%	451,000	-2,000	1,000	-1,000	-0.2%	-8,000	-1.9%	-8,000	-1.7%
3346	St. Benet's RC	Primary	Maintained	216	208	-3.7%	796,000	-14,000	3,000	-11,000	-1.4%	-35,000	-4.4%	-22,000	-2.7%
3381	St. Joseph's RC, Stanley	Primary	Maintained	209	209	-	854,000	10,000	3,000	13,000	1.6%	-11,000	-1.3%	-4,000	-0.4%
3382	St. Patrick's RC, Dipton	Primary	Maintained	166	167	0.6%	702,000	11,000	4,000	15,000	2.2%	-5,000	-0.7%	2,000	0.3%
3384	St. Mary's RC, South Moor	Primary	Maintained	133	138	3.8%	635,000	25,000	2,000	27,000	4.3%	17,000	2.7%	24,000	3.7%
3401	St. Mary's RC, Blackhill	Primary	Maintained	199	204	2.5%	758,000	24,000	3,000	27,000	3.6%	25,000	3.3%	26,000	3.4%
3403	St. Pius X RC	Primary	Maintained	99	100	1.0%	471,000	8,000	1,000	9,000	1.9%	-2,000	-0.4%	-1,000	-0.1%
3404	St. Patrick's RC, Consett	Primary	Maintained	391	379	-3.1%	1,311,000	-19,000	6,000	-13,000	-1.0%	6,000	0.5%	2,000	0.1%
3406	Esh CE	Primary	Maintained	94	95	1.1%	440,000	6,000	1,000	7,000	1.6%	-1,000	-0.3%	-1,000	-0.3%
3407	St. Michael's RC, Esh Laude	Primary	Maintained	175	179	2.3%	690,000	20,000	3,000	23,000	3.4%	5,000	0.7%	12,000	1.8%
3409	Our Lady & St. Joseph's RC	Primary	Maintained	122	118	-3.3%	555,000	-7,000	2,000	-5,000	-1.0%	-21,000	-3.8%	-12,000	-2.1%

				Numbers funded in 17-18 (October 2016 School Census)	Estimated numbers to be funded in 18-19	Increase in numbers	17-18 funding	Change from 17-18 funding if no change in funding levels or formula	Additional funding in 18-19 because of increased funding level	Overall change in funding from 17-18 with new funding level, but no change to formula (i.e. minimal change)		Overall change in funding from 17-18 with new funding level, using NFF unit values in local formula 2018/19		Overall change in funding from 17-18 with new funding level, using transitional unit values (33% of difference between current and NFF) in local formula 2018/19	
							£	£	£	£		£		£	
3411	Bishop Ian Ramsey CE	Primary	Maintained	204	207	1.5%	764,000	18,000	3,000	21,000	2.7%	14,000	1.8%	18,000	2.4%
3413	All Saints' RC	Primary	Maintained	175	177	1.1%	666,000	13,000	18,000	31,000	4.6%	16,000	2.4%	27,000	4.0%
3421	St. Cuthbert's RC, Crook	Primary	Maintained	191	189	-1.0%	793,000	3,000	7,000	10,000	1.2%	-3,000	-0.4%	5,000	0.6%
3425	Our Lady & St. Thomas RC	Primary	Maintained	116	111	-4.3%	531,000	-11,000	2,000	-9,000	-1.7%	-24,000	-4.5%	-18,000	-3.5%
3441	St. Michael's CE B'p Middle'm	Primary	Maintained	109	116	6.4%	475,000	25,000	2,000	27,000	5.6%	18,000	3.7%	20,000	4.3%
3442	St. Williams RC, Trimdon	Primary	Maintained	122	125	2.5%	527,000	15,000	2,000	17,000	3.1%	4,000	0.7%	4,000	0.8%
3444	St. Charles' RC, Tudhoe	Primary	Maintained	207	209	1.0%	826,000	16,000	3,000	19,000	2.4%	-4,000	-0.5%	8,000	1.0%
3461	St. Mary's RC Barnard Castle	Primary	Maintained	96	98	2.1%	439,000	7,000	1,000	8,000	1.9%	2,000	0.4%	2,000	0.4%
3462	St. Wilfrid's RC	Primary	Maintained	195	191	-2.1%	874,000	-4,000	3,000	-1,000	-0.1%	-25,000	-2.8%	-9,000	-1.0%
3465	St. Chad's RC	Primary	Maintained	88	91	3.4%	437,000	14,000	1,000	15,000	3.4%	6,000	1.4%	5,000	1.3%
3469	St. Joseph's RC, Coundon	Primary	Maintained	120	111	-7.5%	580,000	-28,000	1,000	-27,000	-4.6%	-41,000	-7.1%	-36,000	-6.1%
3470	St. Mary's RC, N/A	Primary	Maintained	194	199	2.6%	757,000	24,000	3,000	27,000	3.6%	41,000	5.4%	32,000	4.2%
3471	St. Joseph's RC, N/A	Primary	Maintained	131	121	-7.6%	598,000	-27,000	7,000	-20,000	-3.4%	-36,000	-6.0%	-26,000	-4.3%
3472	St. Francis CE Juniors	Primary	Maintained	118	134	13.6%	555,000	60,000	2,000	62,000	11.1%	58,000	10.4%	60,000	10.9%
3481	St. Patrick's RC Langley Moor	Primary	Maintained	96	98	2.1%	446,000	7,000	1,000	8,000	1.8%	2,000	0.4%	2,000	0.4%
3483	Our Lady Queen of Martyrs' RC	Primary	Maintained	93	94	1.1%	449,000	5,000	1,000	6,000	1.2%	-1,000	-0.3%	-1,000	-0.3%
3485	St. Hild's College CE	Primary	Maintained	179	181	1.1%	763,000	15,000	2,000	17,000	2.2%	32,000	4.2%	22,000	2.8%
3486	St. Godric's RC, Durham	Primary	Maintained	212	211	-0.5%	758,000	6,000	3,000	9,000	1.2%	-4,000	-0.5%	4,000	0.6%
3488	St. Joseph's RC Ushaw Moor	Primary	Maintained	98	98	-	481,000	3,000	1,000	4,000	0.9%	-5,000	-1.1%	-3,000	-0.6%
3489	St. Joseph's RC, Durham	Primary	Maintained	141	139	-1.4%	621,000	-2,000	2,000	-	-0.1%	-1,000	-0.1%	-1,000	-0.1%
3491	Blue Coat CE Juniors	Primary	Maintained	229	242	5.7%	800,000	46,000	4,000	50,000	6.2%	49,000	6.1%	49,000	6.1%
3492	St. Thomas More RC	Primary	Maintained	101	94	-6.9%	449,000	-16,000	1,000	-15,000	-3.3%	-28,000	-6.3%	-25,000	-5.6%
3501	St. Joseph's RC, Murton	Primary	Maintained	127	140	10.2%	557,000	47,000	2,000	49,000	8.8%	38,000	6.9%	39,000	7.1%
3502	St. Godric's RC, Thornley	Primary	Maintained	110	104	-5.5%	539,000	-23,000	1,000	-22,000	-4.1%	-29,000	-5.4%	-27,000	-5.0%
3504	Our Lady of Lourdes RC	Primary	Maintained	150	151	0.7%	642,000	9,000	2,000	11,000	1.7%	-4,000	-0.7%	1,000	0.2%
3505	St. Mary's RC, Wingate	Primary	Maintained	52	47	-9.6%	333,000	-17,000	1,000	-16,000	-4.9%	-24,000	-7.3%	-21,000	-6.2%
3506	St. Joseph's RC, Blackhall	Primary	Maintained	71	68	-4.2%	387,000	-10,000	1,000	-9,000	-2.5%	-16,000	-4.0%	-14,000	-3.5%
3507	Our Lady Star of the Sea RC	Primary	Maintained	97	103	6.2%	519,000	28,000	2,000	30,000	5.7%	19,000	3.6%	17,000	3.3%
3510	Our Lady of the Rosary RC	Primary	Maintained	264	279	5.7%	1,060,000	65,000	9,000	74,000	7.0%	79,000	7.5%	75,000	7.1%
3511	Blessed John Duckett RC	Primary	Maintained	67	63	-6.0%	395,000	-16,000	1,000	-15,000	-3.9%	-21,000	-5.3%	-18,000	-4.6%
3513	St. John's CE Shildon	Primary	Maintained	202	208	3.0%	910,000	33,000	26,000	59,000	6.6%	40,000	4.4%	54,000	5.9%
3516	Prince Bishops School	Primary	Maintained	186	187	0.5%	916,000	12,000	3,000	15,000	1.6%	-7,000	-0.8%	1,000	0.1%
3517	Ribbon Academy	Primary	Academy	499	484	-3.0%	1,845,000	-28,000	6,000	-22,000	-1.2%	10,000	0.5%	13,000	0.7%
3518	Woodham Burn School	Primary	Maintained	220	228	3.6%	905,000	35,000	8,000	43,000	4.7%	55,000	6.1%	52,000	5.8%
3519	Silver Tree School	Primary	Maintained	176	177	0.6%	779,000	13,000	3,000	16,000	2.0%	28,000	3.6%	26,000	3.3%

Corporate Management Team, 4 October 2017, Mainstream primary and secondary funding formula 2018-19 Appendix 3

				Numbers funded in 17-18 (October 2016 School Census)	Estimated numbers to be funded in 18-19	Increase in numbers	17-18 funding	Change from 17-18 funding if no change in funding levels or formula	Additional funding in 18-19 because of increased funding level	Overall change in funding from 17-18 with new funding level, but no change to formula (i.e. minimal change)		Overall change in funding from 17-18 with new funding level, using NFF unit values in local formula 2018/19		Overall change in funding from 17-18 with new funding level, using transitional unit values (33% of difference between current and NFF) in local formula 2018/19	
							£	£	£	£		£		£	
3520	Seaview School, Deneside	Primary	Maintained	265	281	6.0%	1,257,000	46,000	-	46,000	3.7%	48,000	3.8%	47,000	3.7%
3522	Tanfield Lea School	Primary	Maintained	290	299	3.1%	1,110,000	43,000	4,000	47,000	4.3%	66,000	5.9%	53,000	4.8%
3523	Woodhouse School	Primary	Maintained	189	200	5.8%	964,000	34,000	-	34,000	3.5%	36,000	3.7%	34,000	3.6%
3524	Seaham Trinity School	Primary	Maintained	390	388	-0.5%	1,528,000	8,000	5,000	13,000	0.9%	44,000	2.9%	38,000	2.5%
3525	Brandon School	Primary	Maintained	279	266	-4.7%	1,108,000	-34,000	3,000	-31,000	-2.8%	-16,000	-1.4%	-14,000	-1.2%
3526	Greenland School	Primary	Academy	304	330	8.6%	1,247,000	107,000	4,000	111,000	8.9%	142,000	11.4%	137,000	11.0%
3527	Shotton Hall School	Primary	Maintained	354	348	-1.7%	1,404,000	-2,000	40,000	38,000	2.7%	25,000	1.8%	27,000	1.9%
4000	North Durham Academy	Secondary	Academy	922	883	-4.2%	5,263,000	-248,000	149,000	-99,000	-1.9%	-79,000	-1.5%	-90,000	-1.7%
4001	Consett Academy	Secondary	Academy	1,118	1,151	3.0%	5,696,000	78,000	75,000	153,000	2.7%	308,000	5.4%	206,000	3.6%
4003	Apollo Studio Academy	Secondary	Academy	64	-	-100.0%	603,000	-603,000	-	-603,000	-100.0%	-603,000	-100.0%	-603,000	-100.0%
4006	UTC South Durham	Secondary	Academy	154	234	52.1%	1,060,000	455,000	37,000	492,000	46.4%	487,000	46.0%	466,000	43.9%
4007	Teesdale School	Secondary	Academy	488	494	1.2%	2,334,000	-6,000	31,000	25,000	1.1%	109,000	4.6%	54,000	2.3%
4008	Staindrop School	Secondary	Academy	525	516	-1.7%	2,695,000	-29,000	78,000	49,000	1.8%	16,000	0.6%	39,000	1.4%
4019	Seaham High School	Secondary	Maintained	888	958	7.9%	4,969,000	549,000	94,000	643,000	13.0%	553,000	11.1%	617,000	12.4%
4047	Park View School	Secondary	Academy	1,094	1,123	2.7%	5,446,000	59,000	119,000	178,000	3.3%	266,000	4.9%	209,000	3.8%
4052	Fyndoune Community College	Secondary	Maintained	335	325	-3.0%	2,033,000	-80,000	-	-80,000	-3.9%	-82,000	-4.1%	-80,000	-4.0%
4054	The Hermitage Academy	Secondary	Academy	941	996	5.8%	4,623,000	238,000	146,000	384,000	8.3%	428,000	9.3%	400,000	8.7%
4099	Tanfield School	Secondary	Maintained	518	609	17.6%	2,862,000	414,000	59,000	473,000	16.5%	504,000	17.6%	485,000	16.9%
4128	Parkside Sports College	Secondary	Academy	742	783	5.5%	4,115,000	200,000	129,000	329,000	8.0%	235,000	5.7%	301,000	7.3%
4139	Wolsingham School	Secondary	Maintained	479	507	5.8%	2,592,000	99,000	36,000	135,000	5.2%	179,000	6.9%	150,000	5.8%
4150	Ferryhill Bus. & Ent. Coll.	Secondary	Maintained	587	659	12.3%	3,362,000	290,000	80,000	370,000	11.0%	325,000	9.7%	357,000	10.6%
4154	Whitworth Park School	Secondary	Maintained	872	840	-3.7%	4,494,000	-180,000	129,000	-51,000	-1.1%	-4,000	-0.1%	-19,000	-0.4%
4162	Bishop Barrington School	Secondary	Maintained	724	735	1.5%	4,094,000	1,000	101,000	102,000	2.5%	48,000	1.2%	87,000	2.1%
4175	Woodham Academy	Secondary	Academy	742	727	-2.0%	3,893,000	-129,000	110,000	-19,000	-0.5%	36,000	0.9%	1,000	0.0%
4176	Greenfield Community Coll.	Secondary	Maintained	979	947	-3.3%	5,506,000	-250,000	136,000	-114,000	-2.1%	-99,000	-1.8%	-106,000	-1.9%
4178	King James 1 Academy	Secondary	Academy	590	649	10.0%	3,469,000	273,000	108,000	381,000	11.0%	278,000	8.0%	347,000	10.0%
4185	Belmont Community School	Secondary	Maintained	757	744	-1.7%	4,000,000	-103,000	115,000	12,000	0.3%	11,000	0.3%	13,000	0.3%
4190	Framwellgate School Durham	Secondary	Academy	863	895	3.7%	4,089,000	84,000	69,000	153,000	3.7%	235,000	5.7%	181,000	4.4%
4192	Durham Comm. Business Coll.	Secondary	Maintained	339	312	-8.0%	2,063,000	-177,000	37,000	-140,000	-6.7%	-167,000	-8.1%	-148,000	-7.2%
4200	Durham Johnston	Secondary	Maintained	1,246	1,275	2.3%	6,045,000	50,000	143,000	193,000	3.2%	341,000	5.6%	244,000	4.0%
4214	Dene Community School	Secondary	Maintained	587	612	4.3%	3,674,000	96,000	111,000	207,000	5.6%	95,000	2.6%	167,000	4.5%
4215	The Academy at Shotton Hall	Secondary	Academy	1,211	1,245	2.8%	6,843,000	212,000	193,000	405,000	5.9%	442,000	6.5%	435,000	6.4%
4218	Wellfield School	Secondary	Maintained	567	637	12.3%	3,294,000	319,000	-	319,000	9.7%	428,000	13.0%	351,000	10.7%
4231	Sedgefield Community College	Secondary	Maintained	940	984	4.7%	5,338,000	307,000	143,000	450,000	8.4%	433,000	8.1%	442,000	8.3%
4280	Easington Academy	Secondary	Academy	731	750	2.6%	3,970,000	40,000	116,000	156,000	3.9%	206,000	5.2%	175,000	4.4%

				Numbers funded in 17-18 (October 2016 School Census)	Estimated numbers to be funded in 18-19	Increase in numbers	17-18 funding	Change from 17-18 funding if no change in funding levels or formula	Additional funding in 18-19 because of increased funding level	Overall change in funding from 17-18 with new funding level, but no change to formula (i.e. minimal change)		Overall change in funding from 17-18 with new funding level, using NFF unit values in local formula 2018/19		Overall change in funding from 17-18 with new funding level, using transitional unit values (33% of difference between current and NFF) in local formula 2018/19	
							£	£	£	£		£		£	
4681	St John's School & 6th Form	Secondary	Academy	1,137	1,158	1.8%	5,632,000	19,000	151,000	170,000	3.0%	245,000	4.3%	197,000	3.5%
4691	St. Leonard's Catholic School	Secondary	Academy	1,121	1,143	2.0%	5,219,000	22,000	136,000	158,000	3.0%	291,000	5.6%	214,000	4.1%
4693	St. Bede's RC Peterlee	Secondary	Maintained	539	493	-8.5%	2,909,000	-204,000	78,000	-126,000	-4.3%	-184,000	-6.3%	-144,000	-4.9%
4694	St Bede's RC & Sixth Form	Secondary	Academy	1,138	1,169	2.7%	5,553,000	64,000	155,000	219,000	3.9%	331,000	6.0%	258,000	4.6%
			Totals	**62,729**	**63,500**		**289,962,000**	**3,549,000**	**4,190,000**	**7,739,000**		**7,739,000**		**7,739,000**	

This page is intentionally left blank

ITEM NO. 8

FOR GENERAL RELEASE/~~CONFIDENTIAL~~

DATE:	**7th November 2017**
TITLE:	**Durham & Darlington Children & Adolescent Mental Health Services: Update on Crisis, Liasion and Intensive Home Treatment Services**
REPORT OF:	**Donna Sweet, Head of Service CAMHS Durham and Darlington**
REPORT FOR:	**Durham County Council, Children & Young People's Overview and Scrutiny Committee**

This report supports the achievement of the following Strategic Goals:	✓
To provide excellent services working with the individual users of our services and their families to promote recovery and wellbeing	✓
To continuously improve the quality and value of our work	✓
To recruit, develop and retain a skilled, compassionate and motivated workforce	
To have effective partnerships with local, national and international organisations for the benefit of the communities we serve	✓
To be recognised as an excellent and well governed Foundation Trust that makes best use of its resources for the benefit of the communities we serve.	✓

Executive Summary:

In February 2016 Durham and Darlington CAMHS were invited to the Overview and Scrutiny Committee to provide an overview of the C&YP Mental Health crisis, liaison and intensive Home Treatment Services. The service was invited to provide an update on service developments. This paper provides an updpate on current provision and future devlopments.

Recommendations:

The committee is asked to receive this paper and give comment as appropriate.

1. INTRODUCTION & PURPOSE:

1.1 This paper provides an update on Durham and Darlington C&YP Mental Health Crisis, liaison and Intensive Home Treatment Services.

2. BACKGROUND INFORMATION AND CONTEXT:

2.1 The CAMHS Crisis and Laison service commenced in May 2014. This was evaluated in December 2016 and subsequenly funded recurrently.

2.2 As part of the crisis care concordat the service applied for non-recurrent fuding in October 2016 to include the offer of Intensive Home Treatment (IHT).

2.4 The IHT service is currently being evaluated by NHS England, we are expecting the fidnings to be publilshed in October 2017.

3. Key Issues

3.1 The crisis/lision team moved to 24/7 in July 2017.

3.2 The service continues to impact positively on the use of acute services such as A&E and paediatric beds. (see appendix 1)

3.3 Future recurrent funding for IHT

3.4 The need for non-medical place of safety. Between police, LA and Health to support the needs of young people in a crisis (both socially and having an impact on their mental health)

6. CONCLUSIONS:

6.1 The CAMHS Crisis, Liaison and IHT service is continuing to develop services from the feedback from young people, families and carers, NHSE evaluations and staff and stakeholders.

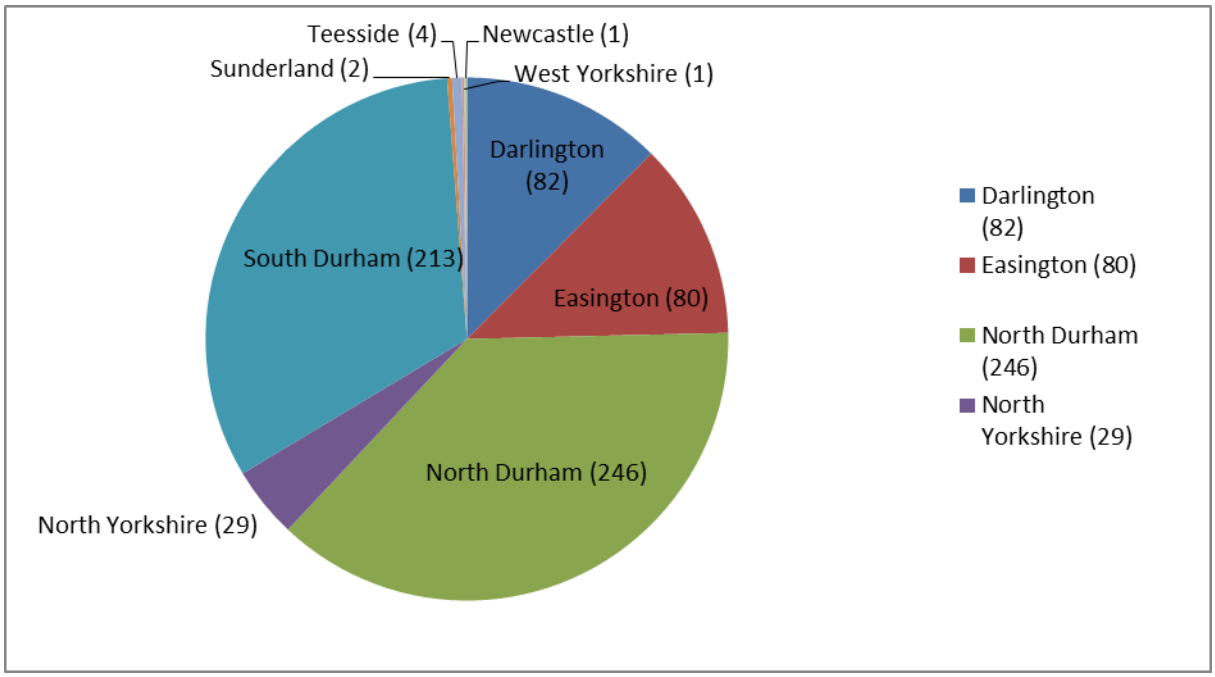
7. RECOMMENDATIONS:

7.1 The service needs to evaluate the impact of delivery on police, ambulance and the wider social care resources. We believe that the service has reduced the use of these, however further evaluation is needed to collaborate this.

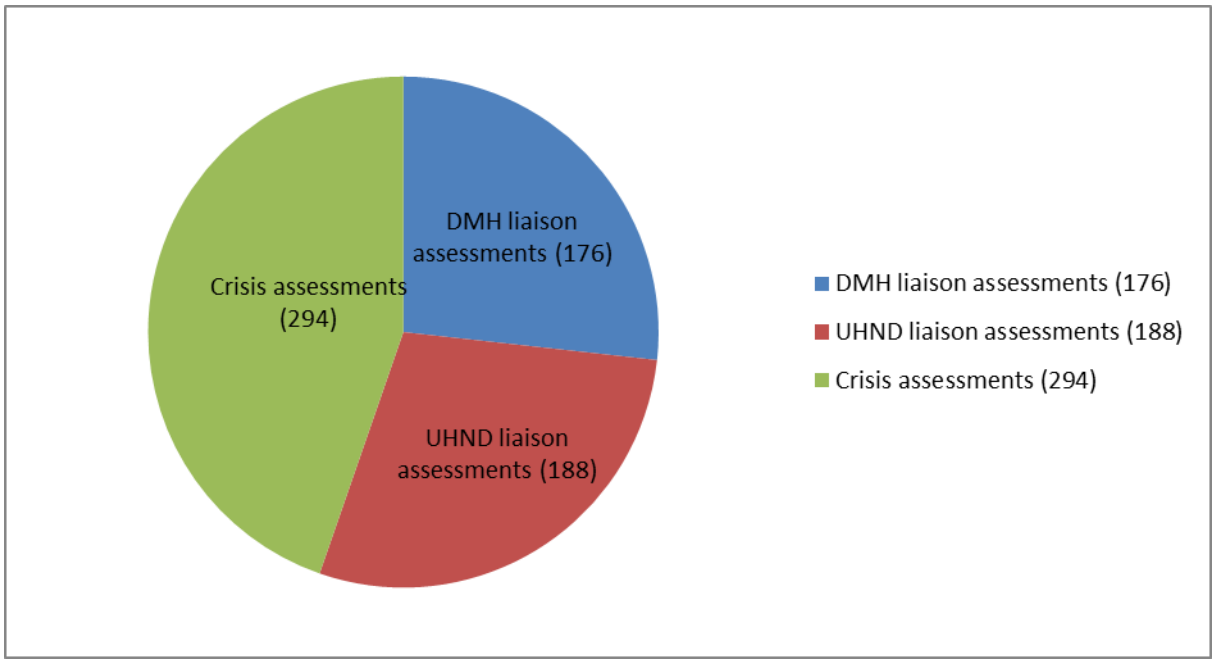
Appendix 1

Information for Overview & Scrutiny Committee

Referrals to Crisis & Liaison Team 1st Sept 2016 to 1st Sept 2017 by CCG area



Total referrals split by Crisis (Community assessments) and Liaison (Assessments within ED & Paediatric ward)

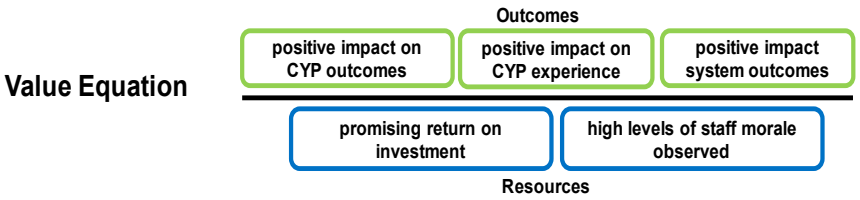


CYP Population for D&D 126,632

Key points of Phase one evaluation of CAMHS Crisis & Liaison Model

- **Much improved prompt and accessible highly valued service with continuity of response** provided by a dedicated CYPMH nurse-led open access crisis and liaison team.
- **New service reversed an increasing trend of admission rates** through A&E and mental health inpatient beds.
- **Highly effective teams -** achieving **77%** completed responses within **4 hours**. (this has increased with clear data recording and commencement of 24/7)
- **Integrated working** with generic specialist community CYPMHS is essential.
- **Flexible response** and **multi-agency partnership working** is key to success.
- **Children Young People and their Families are strong drivers for developing and sustaining a vision and ongoing service delivery.**
- **Feedback demonstrated very positive service user experience** compared to typically poor experiences reported following traditional treatment as usual, (A&E presentation, on-call rota, overnight admission etc).
- **CYP crisis presentation rates remain** stable over time period 2014 - date
- **Semi-rural Co Durham team** shows slightly slower 4 hour response times – despite high activity rates. Travel must be taken into consideration.
- **Significant cost reductions** in immediate paediatric bed, A&E and community mental health services identified.
- Indicative **net return on investment of 53% of team costs**
    - **Impact on mental health beds** not yet accounted for.
- Major proportion of cost reduction to date attributable to acute (non-MH) sector.
- **Further activity and cost reduction improvements** associated with **CYP MH in-patient care beds** to be elucidated in Phase 2 of the evaluation.

The Value Equation suggests good, **much improved outcomes and experience** for **service users and families** and a **promising return on investment**.



Overview and Scrutiny Children and Young People

7th November 2017

0 -19 Growing Healthy Service Update

Report of Amanda Healey Director of Public Health

Purpose of the Report

1 The purpose of this report is to provide an update to the Children and Young people's overview and scrutiny committee on the 0-19 Growing Healthy service (0 – 5 Health visitor and 5 – 19 school nursing).

Background

2 Local authorities are responsible for the commissioning of the 0-19 Healthy Child Programme (HCP).

3 In April 2016 County Durham 0-19 contracts (which includes the Health Visiting and school nursing services) transferred to HDFT from the incumbent provider. The Trust has worked with DCC Public Health commissioners to ensure the delivery the Healthy Child Programme in a way that ensures equality of access, taking in to consideration:

(a) The geographical spread and diverse population of the area and the very different needs of each locality.
(b) The requirements of the service specifications.
(c) Proactive communication and engagement to ensure that families, children and young people have the ability and desire to proactively engage with the 0-19 services including those who experience physical, language and/or cultural barriers.
(d) The need to expand availability of the service throughout the year and in terms of daily access, including expanded hours and weekend working when this meets the needs of communities.

Service Developments

4 Over the last 12 months HDFT have strengthened the training of the 0-19 workforce to ensure they remain skilled, competent practitioners who deliver an evidence based service to the population. This has included:

(a) The Institute of Health Visiting training on perinatal mental health and infant mental health.
(b) The Institute of Health Visiting training on Infant Feeding, diet and nutrition.
(c) Training on Infant attachment and Baby Brain Development through Solihull and Braselton training.

(d) Worked with other agencies to provide training to staff on brief interventions on alcohol and substance misuse. Our 5-19 workforce will be trained in mental health first aid in 2017-18.

5 The 0-19 workforce has been co-located with Local Authority colleagues to ensure to maximise resources to meet the needs of families.

Performance

6 The 0-19 Growing Healthy service is supported through robust performance framework. Quarterly contract and performance meetings ensure both quantitative data and qualitative information is provided via a comprehensive performance dashboard. HDFT have developed a robust monthly performance management process including a consistent data validation, a regular record keeping audit and the submission of case studies and patient stories. Performance management also includes patient experience, complaints and compliments ensuring that the patient voice is heard. The impact and outcomes of the service is key with a proactive continual service and quality improvement.

7 The 5 key visits from the Health Visitor are mandated, and all families can expect these under the universal level of service. Comparative performance with latest data is shown below:

5 key Visits	Target	Latest Performance Q1 2017/18	Comparative Performance Q1 2016/17
Antenatal	95%	93.8%	82.5%
New baby	95%	95.2%	89.1%
6 – 8 weeks	95%	93.5%	87.5%
9 – 12 months	95%	94.9%	89.3%
2 – 2 ½ years	95%	94.5%	85.9%

The percentage of children with the ages and stages questionnaire (ASQ3) completed as part of the 2-2.5 year review improved from 86.7% in quarter 1 of 2016/17 to 98.3% in the same period of 2017/18.

8 The service is also in the process of reviewing case load weighting and county wide prioritisation models to ensure a standardised approach and performance improvement.

Growing Healthy School Nursing Service (5-19)

9 As public health nurses their specialism is in understanding the population health needs of children aged 5 – 19 years. There is national guidance on

maximising the role of the public health school nurse[1] which demonstrates the importance of universal prevention and health promotion through to targeted work to protect and safeguard children. There is a clear evidence base that providing universal primary prevention and earlier intervention will reduce the escalation of high need cases. The healthy child programme encompasses health development reviews, screening and health promotion interventions such as advice and guidance for young people on sex and relationships, drugs, alcohol and smoking as well as low level support around emotional health. The school nurse provides a leadership and coordination function within the school setting, working with schools to develop a health profile of their pupils and to be able to proactively manage their health needs.

Core offer to Schools

10 All schools across County Durham can expect a core offer. The 5-19 Growing Healthy service works to geographical communities of learning clusters (CoLs), of which there are 15 in County Durham.

11 The school nurse meets on a termly basis with schools and cluster stakeholders to assess health needs of young people in that locality. On an annual basis they will develop a school health profile to proactively plan for the health needs of the population. Training and support will be offered to schools and CoLs including additional bespoke sessions for individual schools.

12 County Durham has ten special schools to meet the specific needs of children with special educational needs (SEND); six focusing on emotional, behavioural and social issues and four with a remit for more complex physical health care needs. There are also over 300 children educated outside of mainstream schools supported through DCC education teams. It is acknowledged that vulnerable children require additional support. In addition to everything listed in the core offer, special schools across the county can expect a more intensive public health school nurse service.

Specific delivery includes:

13 Health improvement school based delivery will be offered to groups and will be part of a planned and progressive curriculum. Specific topic areas offered will include:

[1] DH (2014) Maximising the school nursing team contribution to the public health of school aged children

(a) Relationships & Sexual health: puberty, contraception, STIs, accessing services with confidence.
(b) Mental health: emotional literacy, relationships and coping skills. The well evaluated and evidence based Youth Awareness Mental Health (YAM) course will be delivered to year 9 pupils as part of a universal core programme.
(c) 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.
(d) Preparing for more independent living. Year 10 pupils need to understand how to access health services with confidence.

14 Parent sessions at transition points are critical to increase communication and engagement. As a minimum there will be community and school based events held at specific times including:
Nursery to school – hello / goodbye between health visitor and school nurse service.

(a) Primary to secondary parent engagement events.
(b) Secondary to college/university parent engagement events.

15 One to one support for young people available not only within the school setting but also at community venues appropriate for young people. Staff are trained to deliver on all topics including low level mental health issues (including self harm), stop smoking advice, contraception and alcohol brief interventions.

16 Primary mental health care nurses provide training, advice and supervision to the workforce to ensure school nurses are equipped to manage low level mental health issues.

17 Text messaging and social media will be available in addition to face to face contact for young people.

Improving Patient Experience

18 HDFT Growing Healthy staff in County Durham took part in the Young People Takeover Challenge. Young people joined the service teams to look at some key priorities and develop solutions together. Breast feeding health promotion in schools has also been adapted in line with the discussions with young people. This take over challenge will be repeating this in November 2017. These young people are now included on interview panels for the recruitment of staff in the 0-19 service.

19 County Durham has achieved Young Carers Charter accreditation. The key question regarding young carers is included in all our family health needs assessments and support promoted through the 0-19 teams for this group of children and young people.

20 The service has developed a robust Patient Experience Tool which includes the use of comments cards, a questionnaire via a telephone contact and the Friends and Family Test.

Exploring Innovative Practice

21 The Growing Healthy Brand was developed in consultation with children, young people and families. The brand has been promoted through the "Growing Healthy Bus" in County Durham. The bus visited schools, colleges and community venues from September 2016 until July 2017 and has been successful in reaching out to over 20,000 young people with health promotion messages whilst promoting the role of the school nurse. This included a presence at Beamish museum and the 'BikeWise' event.

22 The 0-19 Growing Healthy service has worked with HDFT colleagues in the communications team to develop the use of social media with teams having their own Facebook pages, Twitter accounts and lately, Instagram. The Growing Healthy Bus now has 300 followers and this format is used to promote health messages and to engage with our service users as we never have before. The teams have also developed a text messaging service, not only to engage clients with health promotion messages but to reduce the number of ineffective visits.

23 The implementation of agile working solution which provides all 0-19 practitioners with access to mobile working solutions which will create further efficiency the 0-19 teams.

Developing Clinical Practice

24 The 0-19 Growing Healthy service has worked with Tees, Esk and Wear Valley Mental Health Trust (TEWV) to employ five Emotional Resilience Nurses in line with the 5-19 School nursing service specification. These nurses work alongside the school nursing team to address emotional health issues with students in secondary schools and work within a locality base. A significant part of their role is to support schools through:

(a) Developing strategies to ensure the emotional and wellbeing needs of the whole school population are identified and prioritised through resilience programmes
(b) Ensuring effective collaboration between all relevant agencies to identify and implement the best approach to meet the mental health and emotional needs of children and young people
(c) Facilitating links and referral pathways across services including referral to specialist CAMHS (tier 2 and 3 services)
(d) The teams also have been responsible for the delivery of the Youth Awareness in Mental Health programme to Year 9 students.

This innovation in School Nursing was presented at the Biennial School Nurses International Conference in San Francisco in July 2017 by a member of the HDFT 0-19 service team.

25 The Department of Education (DoE) recently met with DCC commissioners, HDFT service providers and academics from the University of Teesside to discuss lessons learned and experiences from the County Durham YAM pilot to help inform the rolling out the DoE national YAM pilot.

26 HDFT have worked with colleagues from Public Health England to develop a leadership training course specifically for 0-19 staff. This leadership training has been delivered to 50 Health Visitors who will roll out the training to colleagues. This programme aims to develop leadership skills, supporting staff to take on leadership roles in the community.

27 Universal school health profiling has been implemented to identify local need and ensure effective targeting of school nurse resources. A school health profile is undertaken by the school nurse in collaboration with the school (where possible) and an agreed action plan agreed for the school that meets the needs of the children and young people. For 2017-18 the quarterly scorecard will vary for each locality dependant on the needs of each locality area to provide assurance that the service is providing appropriate support based on the needs of service users.

28 Developed a process for improving the early identification of children with special educational needs through the HV 2-2 ½ year check with a clear integrated pathway to meet the needs of children and families. This will be supported by the introduction of a revised staffing structure for children with SEND to improve the range of support provided.

29 The integrated vulnerable parent pathway was implemented by the 0-19 team in February 2017. This was developed in response to the decommissioning of the Family Nurse Partnership (FNP), and lessons learned from recent serious case reviews which have highlighted to identify and intervene at an earlier stage and more proactively. The VPP has been developed as a core element of the 0-19 health visiting and school nursing service to support those families with greater needs. Those families that are identified as requiring greater support would access the pathway in the antenatal period and would remain on the pathway until the child reaches two and a half years old. The pathway will be continually monitored in relation to referrals and activity. An audit of impact and outcomes will be undertaken after 2½ years when the first cohort has completed the pathway

30 HDFT have launched a Multi-Agency Screening Team. The multi-agency team are screening referrals to the health and social care children's services to ensure that referrals are signposted to the correct agency. This was the winner of the Local Government Chronicle Awards Partnership of the Year Award 2017.

31 The home environment checklist has been implemented into routine practice The Home Environment Assessment Tool is designed to help practitioners identify those families where there may be early signs of neglect so that swift action can be taken to address and support families to improve home conditions for their children. It is one of the tools that sits within the Single Assessment Framework and is not intended to be used in isolation of the Single Assessment process and procedure, and should form part of the overall assessments carried out.

32 In June 2017 the 0-19 team were reaccredited at full Unicef Baby Friendly accreditation. Alongside our maternity colleagues in CDDFT. The team will be applying for the Gold Award in 2018.

33 Clinical champions have been established

HDFT Summary

34 From April 2016 HDFT significantly increased their provision of Community Children's Service to include County Durham, Darlington and Middlesbrough. This is in addition to the services historically managed in North Yorkshire. The expansion of services has enabled the best practice and develop innovation across a large geographical area.

35 In particular HDFT have worked with partner agencies to develop high quality services for children, young people and their families. This has included development of a Multi-Agency Screening Team for referrals (winner of the Local Government Chronicle Awards Partnership of the Year Award 2017), delivery of Phase 1 of Youth Awareness in Mental Health training to School Nurses (which we are presenting at the Biennial School Nurses International Conference in July) and collaboration action plans with local children's social care providers.

36 In 2017-18 dedicated 0-19 growing healthy staff will continue to provide services that focus on the needs of children and young people making use of technology and using feedback from service users and partner agencies to develop a culture of continuous improvement in the services we provide.

Recommendations

37 The children and young people's overview and scrutiny committee is asked to note the contents of the report.

Contact: Michelle Baldwin Public Health Portfolio Lead.
Michelle.baldwin3@durham.gov.uk Tel: 03000 267663

Appendix 1: Implications

Finance
None

Staffing
None

Risk
None

Equality and Diversity / Public Sector Equality Duty
None

Accommodation
None

Crime and Disorder
Not applicable

Human Rights
Not applicable

Consultation
Completed

Procurement
Completed

Disability Issues
EIA has been completed

Legal Implications
Not applicable

Appendix 2: Vulnerable Parent Pathway - Contacts

Pathway

- Antenatal Risk Assessment Received from Midwifery Team If vulnerabilities are identified Initiate Vulnerable Parent Pathway:
- Offer of a referral to specialist services dependent on vulnerability identified for example, Domestic Abuse – Harbour, Lifeline
- Patient Experience Tool to be completed when child reaches 12 months and 2 ½ years
- Chronology to be commenced in the ante natal period and built upon throughout the pathway.

VPP Care Plan (Contacts)

- Antenatal Risk Assessment Received from Midwifery Team If vulnerabilities are identified Initiate Vulnerable Parent Pathway:
- Offer of a referral to specialist services dependent on vulnerability identified for example, Domestic Abuse – Harbour, Lifeline
- Patient Experience Tool to be completed when child reaches 12 months and again at 2 ½ years
- Chronology to be commenced in the ante natal period and built upon throughout the pathway.
- Joint home visit with Midwife and HV
- Arrange TAF meeting if required

- **Antenatal Contact 1** (28-32 weeks gestation) Home Visit (Antenatal Template):
    - FHNA to be completed
    - If following assessment, finances are an issue, undertake a brief financial assessment in relation to family finances.
    - Enrol onto Stronger Family programme, contact/signpost family Employment Advisor for employment/benefit advice to support accessing the Stronger Family Fund.
    - Fire Safety discussed – appropriate referrals
    - Groups and relationships to be documented – all significant family members and professionals working with the family.
    - Introduce HV service – discuss role and pathway content
    - Signpost to family/children/parenting focused groups within the area
    - Baby Buddy App
    - Provide Solihull Info
    - Refer to HV resource pack for information to be shared/given to parents

- Parents to be to be offered Antenatal Solihull Programme by Midwifery Team/HV Team.

- **Antenatal Contact 2** (32+ weeks gestation) Home Visit:
    - Joint home visit with Midwife
    - Refer family to Community Parenting Volunteer Service.
    - Refer family to Wellbeing for Life Service if required
    - Discuss use of the Home Environment Assessment Tool
    - Genogram to be evident in SystmOne and completed
    - Family/professional led visit

- **Primary Visit** Template (10-14 days) Home Visit:
    - Baby Cues
    - FHNA to be built upon using the My World Triangle
    - Provide Solihull Information
    - Genogram to be reviewed
    - Refer to HV resource pack for information to be shared/given to parents

- **4 week Home Visit:**
    - Provide Solihull Information
    - FHNA to be built upon using the My World Triangle.
    - NBO – Refer for NBAS. Link to Baby Brain Development
    - Baby Cues
    - Home Safety
    - Self Esteem
    - Adjustment to parenthood discussed
    - Realistic Parenting Expectations discussed
    - Future aspirations of the family – signpost/refer as required
    - Review Stronger Family Nomination. Apply for the aspects of the programme that the family require.
    - Genogram to be reviewed
    - Refer to HV resource pack for information to be shared/given to parents

- **6 week Home Visit**:
    - CASH advice – leaflet to be given to underpin services within the local area.
    - Home Environment Assessment Tool to be completed. Practice Guidance
    - Genogram to be reviewed
    - FHNA to be built upon using the My World Triangle
    - ASQ-3 Tool.
    - ASQ-3 SE Tool.

- Refer to HV resource pack for information to be shared/given to parents

- **8 week – GP contact** (Child - developmental review and Immunisations) (Mother – Emotional Health and Contraception). HV to review PCHR and scan carbon copy onto SystmOne.

- **10 week Home Visit**:
  - NBAS to be completed (Bonding and Attachment) by NBAS lead for the locality

- **12 week – GP contact** (Child – Immunisations). HV to review PCHR and ensure that information is on SystmOne.

- **12-16 week** assessment Template
  - Provide Solihull Info
  - ASQ-3 Tool.
  - ASQ-SE Tool
  - Home safety
  - Genogram to be reviewed
  - FHNA to be built upon using the My World Triangle
  - Refer to HV resource pack for information to be shared/given to parents

- **16 week – GP contact** (Child – Immunisations). HV to review PCHR and ensure that information is on SystmOne.

- **20-24 week Home Visit** HV or Early Years Practitioner (EYP)
  - Provide Solihull Info
  - Home safety
  - Family Diet/What constitutes a healthy lifestyle discussed.
  - Discuss child development and promotion of this in depth, for example, Talking, Play, and Reading. ASQ-3/ASQ-SE Intervention sheets to underpin discussions.
  - Refer to HV resource pack for information to be shared/given to parents

- **28 weeks Home Visit**:
  - Discuss common childhood illnesses, management of these and when to attend OOH/A&E provision alongside contact details
  - Genogram to be reviewed
  - FHNA to be built upon using the My World Triangle
  - Home safety

- **9-12 month assessment Template** (11 months):
    - Maternal Mental Health
    - Provide Solihull Info
    - ASQ-3 Tool.
    - ASQ-SE Tool.
    - Home safety
    - Genogram to be reviewed
    - FHNA to be built upon using the My World Triangle
    - Refer to HV resource pack for information to be shared/given to parents

- **12 months Home Visit**:
    - Parent Led Discussion
    - Genogram to be reviewed
    - FHNA to be built upon using the My World Triangle
    - Discussion in relation to next steps re VPP/Support

- **13 month – GP contact** (Child – Immunisations). HV to review PCHR and ensure that information is on SystmOne.

- **HV contact to be bi monthly until the 2-2.5 year contact** – parent/professional led discussion dependent on family need. Genogram to be reviewed at all contacts. FHNA to be built upon using the My World Triangle at all contacts.

- **2-2.5 year assessment** Template (This will be an Integrated Review):
    - Provide Solihull Information
    - Two year Nursery placement
    - ASQ-3 Tool.
    - ASQ-SE Tool.
    - Home safety
    - Genogram to be reviewed
    - FHNA to be built upon using the My World Triangle.
    - Refer to HV resource pack for information to be shared/given to parents

Children and Young People Overview and Scrutiny Committee

7 November 2017

Revision of Framework for the prevention of unintentional injuries in children and young people (0-19 years) in County Durham 2017-2020

Report of Amanda Healy, Director of Public Health County Durham

Purpose of the Report

1 This report presents the Children and Young People Overview and Scrutiny Committee with a revised delivery framework for the prevention of unintentional injuries in children and young people (0-19 years) in County Durham 2014-2017, which now requires further consultation and approval.

Background

2 Unintentional injuries among children and young people continues to be a significant public health issue, especially with regard to health inequalities among children from different social and economic contexts. County Durham has a markedly higher than average rate of admissions to hospital due to unintentional injuries for children and young people.

3 A Strategy for the Prevention of Unintentional Injuries in Children and Young People 0-19 was developed for County Durham in 2014, led by the public health team. The responsibility for overseeing delivery of the Strategy was with the Director of Public Health, reporting into the Children and Families Partnership with links to the Local Safeguarding Children's Board.

4 The strategy is a multiagency plan, which covers all aspects of unintentional injuries relevant to the population of 0-19's County Durham. It has clear aims and objectives and is linked to the indicators in Domains 1 and 2 of the national Public Health outcomes framework. It is based on National Institute for Health and Care Excellence (NICE) guidance, and is built as far as possible on data from various sources to present a local picture. The strategy was based on NICE guidance PH29 which was published in 2010. This guidance (along with related areas) has subsequently been reviewed by NICE in 2014, with the conclusion that no update was required, as the evidence was still current.

5 A workshop to assess progress in implementing the strategy was held in November 2016, which was attended by partners representing different sectors involved in delivering the plan. The workshop allowed for an

assessment of gaps in delivery. Subsequently a steering group has met to refine the forward plan.

6 In the context of Durham County Council's current planning context, the refreshed strategy has been developed as a delivery framework, reflecting the various delivery strands, along with a summary plan on a page to represent the key actions and outcomes to be addressed during 2017 to 2020.

7 A key focus of the delivery plan will be on preventing accidents in the home for 0-5 year old children, and the better use of data to target prevention efforts, across different settings. Falls prevention programmes associated with older people are outside the scope of this framework and are covered by guidance such as NICE clinical guidelines CG161 ''falls in older people: assessing risk and prevention''.

8 This strategy will impact upon the Public Health Outcomes Framework (PHOF) 2.07i - iii - Hospital admissions caused by unintentional and deliberate injuries in children and young people.

9 Governance and accountability arrangements are set out in the delivery framework with specific actions assigned to various partnership groups and service areas. It is proposed that the Children and Families Partnership Board will have overall accountability for co-ordinating and monitoring the plan, with annual reporting to the Health and Wellbeing Board and the Safe Durham Partnership. A copy of the Integrated Need Assessment Factsheet on Childhood Injuries is appended to this report at Appendix 4, which also includes the County Durham Childhood injuries infographic

10 The steering group will continue to meet on a six monthly basis to ensure effective coordination of the delivery of the plan. An annual partnership event will be scheduled in autumn each year to make sure there is a broad base of engagement in delivering the plan and outcomes are on target.

Key issues

11 A timeline for furthering consultation and sign off of the plan is attached at Appendix 2.

12 Strong partnership working is necessary to effectively deliver the plan in order to reduce unintentional injuries. Commitment is needed across all the partnership groups and services identified in the action plan. This includes the Safer Durham Partnership and its subgroups, and also the individual services which will support delivery. All key partners will be involved in the consultation, as set out in the attached timeline.

13 Further work will be required to refine the data and intelligence relating to this field, especially with regard to identifying "hot spot areas" where additional preventive effort can be targeted. A priority focus will be on preventing childhood injuries in the home setting for 0-5 year olds, particularly linked to

vulnerability and disadvantage factors. Close working relationships are essential with the housing sector as well as wider community involvement.

14 The Area Action Partnerships, as part of operational community delivery, would significantly add value to the delivery of the plan. Local data and intelligence will help to identify areas where additional preventive efforts could be prioritised.

Recommendations

15 The Children and Young People Overview and Scrutiny Committee is recommended to:

- Provide comments on the Unintentional Injuries Delivery Framework for wider consultation as set out in the timeline attached at Appendix 2.

Contact*:* Michelle Baldwin, Public Health Portfolio Lead
Tel: 03000 267663

Appendix 1: Implications

Finance - the actions identified in the delivery framework will be delivered within existing resources.

Staffing - project support and administration support for the key planning and governance arrangement are from public health team

Risk - nil

Equality and Diversity / Public Sector Equality Duty - refresh of strategy and action plan considers equality and diversity issues, especially with regard to communities with high rates of unintentional injuries and also focusing on this issue as a risk area within the vulnerable parent pathway.

Accommodation - nil

Crime and Disorder - nil

Human Rights - no issues

Consultation - the workshop was a form of consultation with key stakeholders. See schedule of consultation attached – appendix 2.

Procurement - no implications

Disability Issues - no specific issues

Legal Implications - will fulfil statutory duties in relation to safety.

Appendix 2 Timeline County Durham Framework for the Prevention of Unintentional Injuries Children 0 – 19

Meeting	Date	Purpose
Prevention Unintentional Injury strategy for children 0-19 Steering group	27th April 2017	For comment
Durham County Council Corporate Management Team	31st May 2017	For comment
Health and Wellbeing Board	22nd June 2017	Agree consultation draft for wider consultation
Safe Durham Partnership	September 2017	Consultation
Children and Families Partnership	September 2017	Consultation
Local Safeguarding Children Board	September 2017	Consultation
Children and Young People's Overview and Scrutiny	7th November 2017	Consultation
Health and Wellbeing Board	27th November 2017	Formal agreement
Cabinet	17th January 2018	For information

Appendix 3 – Draft Delivery Framework for the Prevention of Unintentional Injuries in Children and Young People 0-19 Years

County Durham Delivery Framework for the Prevention of Unintentional Injuries in Children and Young People 0-19 years

2017-2020

Aims

- To reduce the level of preventable unintentional injuries among children and young people in County Durham.
- To reduce inequalities which exist within the county in relation to unintentional injuries among children 0-19.
- To ensure that unintentional injury prevention programmes are informed by evidence and delivered according to need.

Context

A strategy to prevent unintentional injuries among children 0-19 years of age for County Durham was developed in 2014 and endorsed by the Health and Wellbeing Board for delivery over 2014-2017. This document aims to update and build on the foundation of the original strategy and sets out a framework of action and governance arrangements for the next three year period 2017-2020.

NICE guidance is available to provide evidence based recommendations for preventing unintentional injuries, as well as guidance from Public Health England (PHE) and these have been used in devising this strategy.

NICE guidance was reviewed in 2015, with very few changes to the original guidance. The guidance highlights that robust partnership arrangements need to be in place to co-ordinate the delivery of a local Children and Young People Unintentional Injury strategy. This local strategy, and its delivery framework, will be based on a collaborative partnership approach, along with strengthening engagement and empowerment of local communities. Falls prevention programmes associated with older people are outside the scope of this framework and is covered by guidance such as NICE clinical guidelines CG161 ‘’falls in older people: assessing risk and prevention’’.

The refresh of the strategy has been supported by a review workshop in November 2016 and subsequent collaborative working under a task and finish steering group. Going forward the programme of activities to deliver the strategic aims are set out as a delivery framework, which is appropriate because a number of strands of activities are delivered by different partnership groups. It is the culmination of these separate,

and sometimes interconnecting activities, which impact on the overall outcome of reducing the level of unintentional injuries among children and young people in County Durham.

Definitions

The strategy adopts the NICE guidance term “unintentional injuries” rather than “accidents” as most injuries and their precipitating events are predictable and preventable. The term “accident” is avoided, as it implies an unpredictable and therefore unavoidable event.

Background

The starting point for this strategy is the recognition that most injuries and precipitating events are predictable and preventable.

Unintentional injuries in and around the home are a leading cause of preventable death for children under five years and are a major cause of ill health and serious disability.

Analysis of the most recently available five years of national data shows that each year approximately 60 children and young people died, 450,000 attended accident and emergency (A&E) and 40,000 were admitted to hospital as an emergency.

Unintentional injury can affect a child or young person's social and emotional wellbeing. For example, those who survive a serious unintentional injury can experience severe pain and may need lengthy treatment (including numerous stays in hospital). They could also be permanently disabled or disfigured.

There are also high financial costs. The short-term average healthcare cost of an individual injury (all types) is £2,494 and the wider costs of a serious home accident for a child aged 0 to 4 years has been estimated at £33,200.

Minor unintentional injuries are part of growing up and help children and young people to learn their boundaries and manage risks for themselves. The need to balance encouraging them to explore and develop, and managing the risks to prevent serious injury, is recognised by local partners.

A key aspect of this strategy is to build on what Durham County Council and its partners are already doing to keep children safer and healthier.

Local profile

Hospital admissions in County Durham caused by unintentional and deliberate injuries in children have many classifications as determined by the formal International Statistical Classification of Diseases and Related Health Problems 10. The cause code is a supplementary code that indicates the nature of any external cause of injury, poisoning or other adverse effects.

Figure 1 County Durham – rate of admissions for 0-14 years by cause groupings (source: Hospital Episode Statistics (HES), PHE Knowledge and Intelligence Team (Northern and Yorkshire)

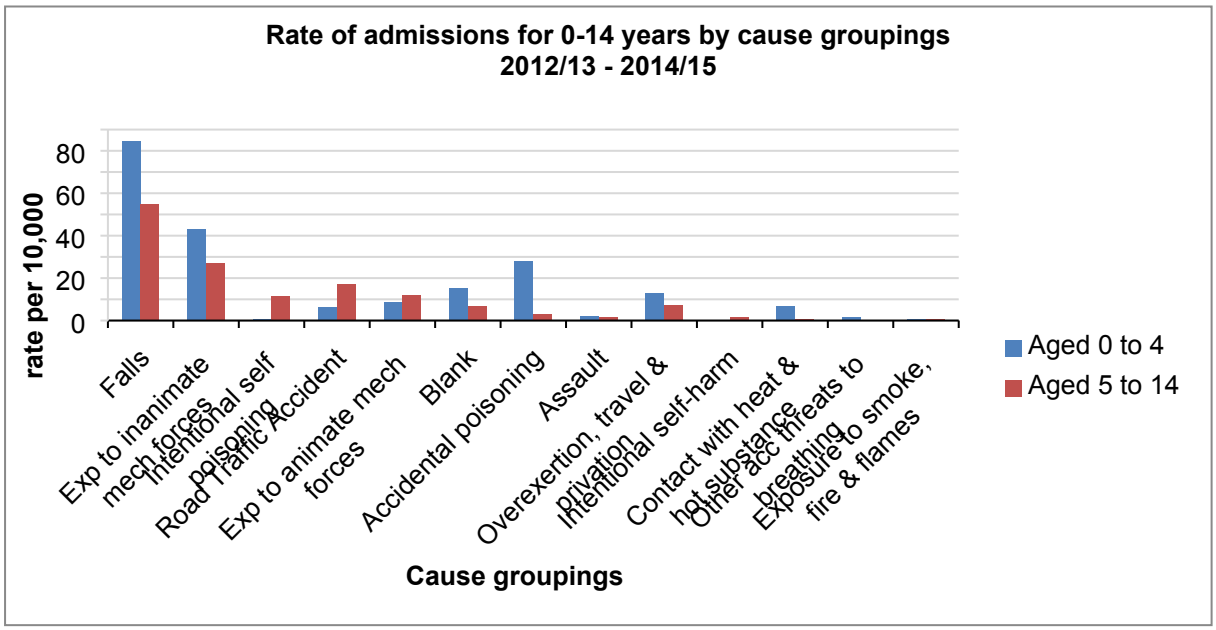
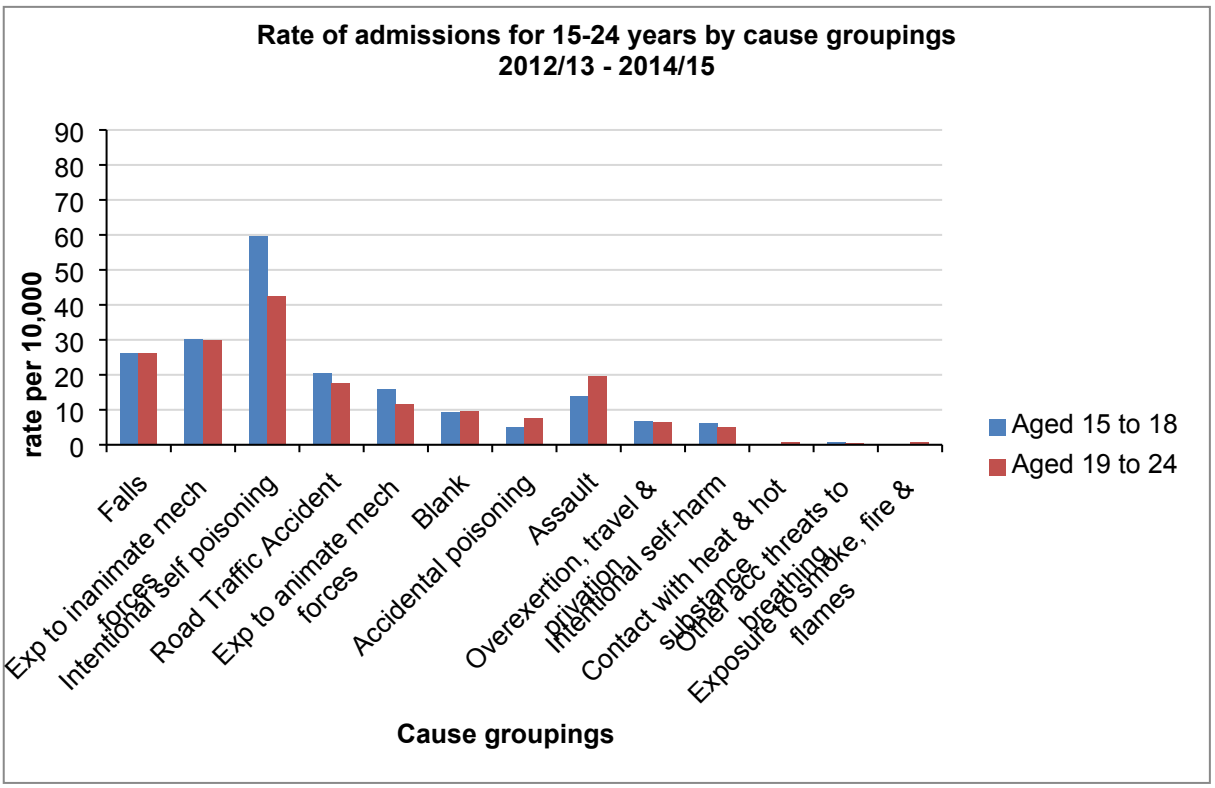


Figure 2 County Durham – rate of admissions for 15-24 years by cause groupings (source: Hospital Episode Statistics (HES), PHE Knowledge and Intelligence Team (Northern and Yorkshire)



Age ranges – top three categories for admissions in County Durham

The most dominant categories based on rates per 10,000 are displayed below to provide an overview of the types of admissions. It should be noted that this is not intended to indicate the significance or severity of these categories.

0-4 year olds

- Falls are the leading cause of unintentional and deliberate injuries which aligns to national trends.
- Exposure to inanimate mechanical forces (this includes sharp objects such as knives or foreign objects being inserted)
- Accidental poisoning (e.g. chemicals, pesticides etc.)

5-14 year olds

- Falls are the leading cause of unintentional and deliberate injuries, which aligns to national trends
- Exposure to inanimate mechanical forces
- Road traffic accidents

15-18 year olds

- Intentional self-poisoning (e.g. chemicals, pesticides)
- Exposure to inanimate mechanical forces
- Falls

19-24 year old

- Intentional self-poisoning, though at a lesser rate than the earlier age group
- Exposure to inanimate mechanical forces
- Falls

Inequalities

Children and young people from lower socioeconomic groups are more likely to be affected by unintentional injuries.

PHE analysis shows that the emergency hospital admission rate for unintentional injuries among the under-fives is 45% higher for children from the most deprived areas compared with children from the least deprived, and previous research indicates that for some injury types this inequality may be much larger. There is a persistent social gradient for unintentional injuries and inequalities have widened. For example, children living in the most disadvantaged areas have a 50% higher risk of being burned, scalded or poisoned resulting in primary or secondary care attendance than those in the most advantaged areas.

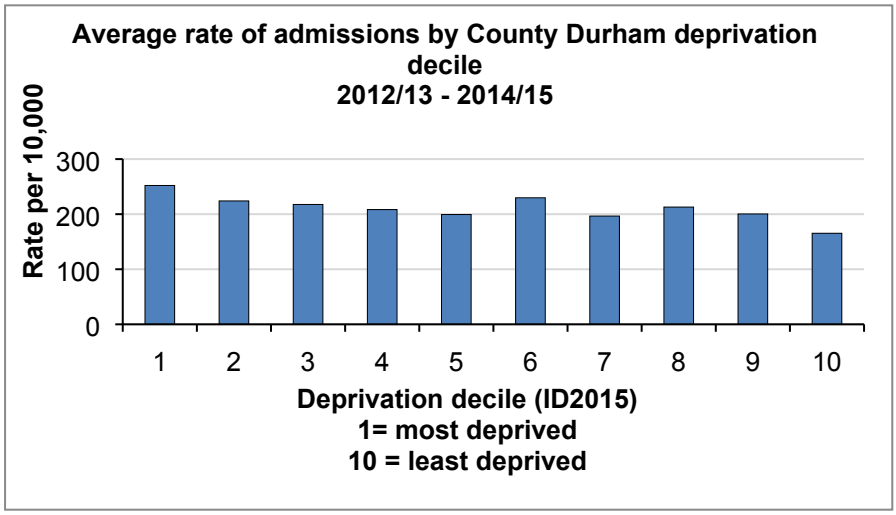
Children whose parents have never worked (or are long-term unemployed) are 13 times more likely to die from an unintentional injury compared to children whose parents are in higher managerial or professional occupations. The social gradient is particularly steep in relation to deaths caused by household fires, cycling and walking.

A range of other factors also influence the likelihood of an unintentional injury. These include: personal attributes (such as age, physical ability and medical conditions), behaviour (such as risk-taking), and the environment (for example, living in a house that opens onto a road or living in poor quality housing). While combinations of these factors create the conditions in which unintentional injuries occur, many are preventable.

Inequalities exists within County Durham, but when comparing within the county the social gradient may not be as steep as is seen nationally. Further analysis at a local level will provide more detail on specific areas of need and will allow for the appropriate targeting of activities for frontline professionals or our communities.

Socioeconomic status

Figure 3: Average rate of admissions by County Durham deprivation decile (source: Hospital Episode Statistics (HES), PHE Knowledge and Intelligence Team (Northern and Yorkshire)



Roads

Children and young people have the right to safe roads. National analysis of data from 2008 to 2012 shows that over that period there were more than 320,000 road casualties and 2,300 road deaths among children and young people under the age of 25 years in England. The most obvious result of effective road safety initiatives is fewer injuries, but there can be wider public health benefits. Active travel such as walking and cycling has a wide range of benefits to physical and mental health, but the fear of injury can put people off using these modes. Creating safer roads can therefore encourage active travel and active play. There can be further public health benefits such as improving community cohesion or reducing noise and air pollution.

Road safety and socioeconomic status

There are social inequalities in how traffic injuries are distributed through society and these are very significant among school age child pedestrians. Among pedestrians in the 5 to 9 years age group, the rate of fatal and serious injuries to children living in the 20% most deprived areas is nine times higher than to children in the 20% least deprived (24 killed or seriously injured (KSI) per 100,000 and 2.6 per 100,000 respectively). Among 10 to 14 year old pedestrians, there was a 3.7 time greater rate, with respectively 37 KSI per 100,000 compared with 10 KSI per 100,000. There are also inequalities among school age cyclists. Among those aged 10 to 14 years there were 4 fatal or serious injuries per 100,000 people in the least deprived 20% of areas, compared with 10 KSI per 100,000 in the 20% most deprived.

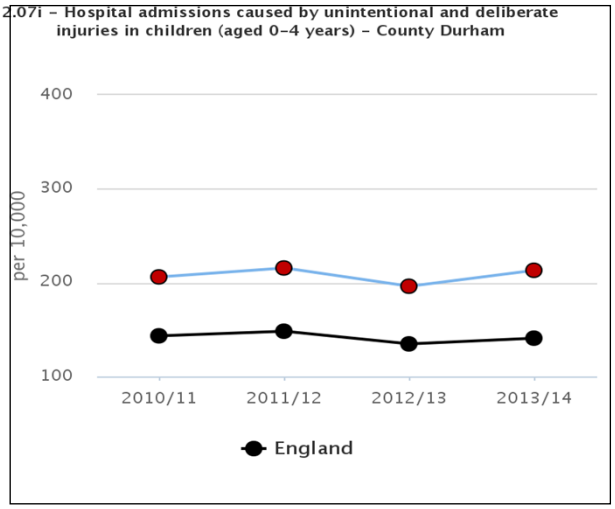
Mobilising existing services prevents injuries

Preventing unintentional injuries does not require major new investment; much can be achieved by mobilising existing services, building on strengths and developing capacity. Broader partnership working across the public, private and voluntary and community (VCS) sectors is essential, bringing together a very wide range of services from diverse settings including health, education, social care, housing and homelessness and fire and rescue. Good co-ordination adds value and enables more to be achieved than organisations working in isolation.

Prioritising

The Public Health Outcomes Framework (PHOF) indicator (2.7) covers reducing hospital admissions from unintentional injuries for children and young people. Because nationally children under five years account for a disproportionately high number of deaths and a large number of hospital admissions, this group is as a priority for action within wider unintentional injury prevention strategies. In County Durham admissions in this age group remain high and worthy of focussed efforts.

Figure 4: Hospital admissions caused by unintentional injuries (0-4 years – County Durham) (source: Hospital Episode Statistics (HES), PHE Knowledge and Intelligence Team (Northern and Yorkshire)



Preventing accidents is part of PHE's priority to give children and young people the best start in life, and is also a high impact area for early years and health visiting professionals.

Unintentional injuries for the under-fives tend to happen in and around the home. They are linked to a number of factors including:

- child development
- the physical environment in the home
- the knowledge and behaviour of parents and other carers (including literacy)
- overcrowding or homelessness
- the availability of safety equipment
- new consumer products in the home

These criteria can be all exacerbated by the effect of deprivation and as such a targeted approach to the strategy will be applied. As mentioned previously the prevalence of injuries shows a steep social gradient and efforts should be prioritised in respect of this.

To support this work local analysis highlights the nature of injuries young children experience and which injuries cause most hospital admissions to allow for targeted prevention efforts. This age range present opportunities to local authorities and their partners as they have a variety of settings, services or programmes that have contact with this age range.

Defining the areas of focus for the delivery framework

The delivery framework for this strategy has been set out in relation to key settings, each of which relates to specific objectives and provides a context and focus for the delivery of key actions. These are:

- Home settings (0-4 years)
- Education Settings (including Early Years)
- Community Settings
- Road Safety
- Water Safety

The attached action plan and plan on a page sets out the specific areas of delivery in more detail. Appendix 1 provides more detail on each priority setting.

Roles and responsibilities

Each priority area/setting will likely have a workforce that already interacts with the target audience. For instance, all staff who work with children in early years settings are ideally placed to help reduce childhood accidents. Through their contact with parents, they can equip them with a better understanding about child development and can help them to anticipate risks. The action plan will highlight those leading each aspect of the strategy.

Governance/Partnerships

A key aspect of this framework is to build on what the local authority and its partners are already doing to keep children safer and healthier.

The Safe Durham Partnership contributes to the vision of an ‘Altogether Better Durham’. The Safe Durham Partnership is an integral part of this wider vision and is responsible for delivering an ‘Altogether Safer’ Durham. High level objectives and outcomes are around implementing measures to promote a safe environment and protecting vulnerable people from harm, clearly are also part of the injury reduction agenda. Key strategic groups such as the Road Safety Partnership, the Safer City Centre Partnership the Alcohol Harm Reduction Board and the Water Safety Partnership are integral to the delivery of these cross cutting objectives.

The County Durham Health and Wellbeing Board promotes integrated working between commissioners of health services, public health and social care services, for the purposes of advancing the health and wellbeing of the people in its area. The strategic objectives of the Health and Wellbeing Board include; children and young people make healthy choices and have the best start in life and the reduction of health inequalities and early deaths which aligns to the key priorities of this strategy.

This aligns to NICE PH 29 recommendation 1 in incorporating unintentional injury prevention within local plans and strategies for children and young people's health and wellbeing.

This framework sets out to align the quality partnership activity that is already underway, provide assurance on unintentional injury prevention whilst also exploring new areas for innovation and development in order to impact upon injury statistics in County Durham.

This delivery framework will require the support of all key partnerships. Area Action Partnerships (AAPs) cover all areas of the county. AAPs have been set up to give people in County Durham a greater choice and voice in local affairs. By working in partnership they help ensure that the services of a range of organisations are directed to meet the needs of local communities. The Area Action Partnerships will be invaluable in developing and delivering key elements of the unintentional injury agenda, most notably:

- Engagement: working with communities to build a dialogue with communities and encourage local people to be involved in planning local services.
- Empowerment: giving people the power to work in partnership with organisations and help them combine their efforts to improve local services.
- Local action: where possible and practical, exploring an action plan for the AAP, and resolving issues by using the resources of the partnership.

It is proposed that the overall accountability for co-ordinating and monitoring of the progress in implementing this plan, including monitoring the reduction in childhood unintentional injuries (as measured by the local hospital admissions rate) is allocated to the Health and Wellbeing Board. The overall co-ordination will be led by a nominated officer in the public health team, supported by a steering group which will meet as required.

There will be an annual partnership meeting to refresh the plan, to be held in October each year, with an annual report submitted to the Health and Wellbeing Board and Safer Durham Partnership in December/January each year.

Outcome measure for this strategy

This strategy will impact upon the Public Health Outcomes Framework (PHOF):

- 2.07i - Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-4 years)
- 2.07i - Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years)
- 2.07ii - Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15-24)

It is important to note this indicator relates to hospital admissions. PHOF provides an indicator for one element of the health and social care system and not a level of prevalence of injury within a population.

It is also important to note that hospital admission data is not perfect. Nationally it is acknowledged by Public Health England (2010) that there are weaknesses in the available data, with the cause of hospital admissions unknown for nearly 9% for the under 5 age group.

Within the action plan there are a number of evidence based initiatives that will impact upon injuries. These actions will be measureable and will have a defined output which evidence suggests will impact upon the overall indicator.

Guidance and references

- NICE. Strategies to prevent unintentional injuries among children and young people aged under 15. NICE public health guidance 29.
- NICE. Preventing unintentional injuries in the home among children and young people aged under 15: NICE public health guidance 30
- NICE. Unintentional injuries on the road: interventions for under 15s. NICE public health guidance 30
- Public Health England. Public Health Outcomes Framework: http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000049
- Public Health England. Public Health Profiles. Injuries. http://fingertips.phe.org.uk/search/injuries
- Public Health England, Royal Society for the Prevention of Accidents and Child Accident Prevention Trust of Accidents: Reducing unintentional injuries among children and young people
- Public Health England, Royal Society for the Prevention of Accidents and Child Accident Prevention Trust of Accidents Public Health England: Reducing unintentional injuries on the roads among children and young people under 25 years
- Public Health England, Royal Society for the Prevention of Accidents and Child Accident Prevention Trust of Accidents Preventing unintentional injuries: a guide for all staff working with children under 5 years

Draft Framework Action Plan for 2017/2018 (to be refreshed in December 2017 for the 2018/19)

Early years settings ACTION	**Lead**	**Timeline**	**NICE Recommendations**
Incorporate activity into the Healthy Child Programme – home environment check	HDFT		NICE PH 30 recommendation 2- Working in partnership and recommendation 3- Coordinated delivery
Support frontline staff/education package – utilise PHE toolkit -	DCC public health		NICE PH 30 recommendation 1 -Prioritising households at greatest risk and recommendation 4 -Follow-up on home safety assessments and interventions
Parent minor injuries training using new technologies	HDFT/DCC public health		NICE PH 30 recommendation 4 -Follow-up on home safety assessments and interventions
Targeted activity on priority areas and families through the vulnerable parent pathway	HDFT/DCC public health		NICE PH 30 recommendation 1 -Prioritising households at greatest risk and recommendation 5 Integrating home safety into other home visits
The development and assessment of a safer home environment	DCC- Strategic housing		NICE PH 30 recommendation 2 -Working in partnership and recommendation 5 -Integrating home safety into other home visits

EARLY YEARS/ EDUCATION SETTINGS ACTION	**Lead**	**Timeline**	**NICE Recommendations**
Audit and feedback to providers on priorities	DCC – public health		NICE PH 29 recommendation 6 - Providing the wider childcare workforce with access to injury prevention training
Deliver the Safety Carousel using a multi-agency approach to provide safety messages to all Year 6 children in Durham	Fire and Rescue		NICE PH 29 recommendation 2 - Coordinating unintentional injury prevention activities

Deliver education in schools, colleges, children's centres and nurseries	DCC – Road Safety		NICE PH 31 recommendation 1 - Incorporating unintentional injury prevention within local and national plans and strategies for children and young people's health and wellbeing and recommendation 3 - Identifying and responding to attendances at emergency departments and minor injuries units
Deliver a Practical Child Pedestrian Training Scheme to Year 3 pupils	DCC – Road Safety		NICE PH 31 recommendation 1 -Incorporating unintentional injury prevention within local and national plans and strategies for children and young people's health and wellbeing and recommendation 3 -Identifying and responding to attendances at emergency departments and minor injuries units
Deliver Bikeability Level 1, 2 & 3 cyclist training to school children.	DCC – Road Safety		NICE PH 31 recommendation - Incorporating unintentional injury prevention within local and national plans and strategies for children and young people's health and wellbeing and recommendation 3 - Identifying and responding to attendances at emergency departments and minor injuries units
First Aid training and response			NICE PH 29 recommendation 4 - Developing professional standards for injury prevention
Explore opportunities for a dedicated session on preventing accidental injuries in the home	Fire and rescue		NICE PH 31 recommendation 3 -Identifying and responding to attendances at emergency departments and minor injuries units

Community Settings **ACTION**	**Lead**	**Timeline**	**NICE Recommendations**
Design of open public space and play areas	DCC culture and sport		NICE PH 29 recommendation 12 - Developing policies for public outdoor play and leisure
Safety checks and maintenance of play areas	DCC culture and sport		NICE PH 29 recommendation 12- Developing policies for public outdoor play and leisure
Fire safety - explore admissions related to 'fireworks' and develop appropriate response	Fire and rescue		NICE PH 29 recommendation 16 - Conducting local firework safety campaigns

Road Safety **ACTION**	**Lead**	**Timeline**	**NICE Recommendations**
Improve education and raise awareness of road safety – deliver EXCELerate ,SAGE and BIKEsafe driver programmes	DCC road safety		NICE PH 31 recommendation 1 - Health advocacy and engagement
Improve health and wellbeing of communities through road casualty reduction campaigns such as Brake Road Safety Week	DCC road safety, Fire and Rescue		NICE PH 31 recommendation 1 – Health advocacy and engagement and NICE PH 29 recommendation 19 **-** Aligning local child road safety policies
Develop a safer road environment – deliver community speed watch, 20mph programmes	DCC road safety		NICE PH 31 recommendation 3 -Measure to reduce speed and NICE PH 29 recommendation 20 -Promoting and enforcing speed reduction recommendation

Water Safety **ACTION**	**Lead**	**Timeline**	**NICE Recommendations**
Safety carousels as above	Fire and rescue		NICE PH 29 Recommendation 13 - Providing education and advice on water safety
Multi agency programmes for specific 'at risk' groups	Fire and rescue and DCC		NICE PH 29 Recommendation 14 - Water safety advice for leisure providers

Analysis **ACTION**	**Lead**	**Timeline**	**NICE Recommendations**
Explore the development of a CCG injury report	Fire and rescue		NICE PH 29 Recommendation 8 - Gathering high quality injury data from emergency departments

Draft Framework Appendix 1

Home Settings

This setting is particularly important for reducing injuries among children 0-4 years old, as this is the context where the most injuries occur for this age group.

The evidence from NICE and other relevant reports points to a number of areas that relate to prevention of unintentional injuries in this setting:

- Home risk assessments, safety checks and escape plans(leading to injury
- reduction);
- Prevention of poisoning - child resistant packaging (leading to injury
- reduction);
- General safety devices (leading to injury reduction);
- Window bars (leading to injury reduction);
- Parent education on hazard reduction (leading to behaviour change) and
- Targeting deprived groups, particularly children in privately rented and
- Temporary accommodation and households in which people smoke.

Unintentional Injuries

Prevention is recognised as one of the six high impact areas for early years in national Public Health policy for improving outcomes in the early years, and are established as an intervention focus within the delivery of the Healthy Child Programme through the County Durham 0-19 Service (health visitors and school nurses). Opportunities to strengthen the focus on accident prevention will be progressed through the home environment risk assessment at the universal level and also more targeted work with higher risk families within the Vulnerable Parent Pathway.

Education Settings

- Risk and safety education in schools is delivered by Fire and Rescue through a safety carousel.

Community Settings

- Smoke and carbon monoxide detector programmes (leading to injury reduction and behaviour
- change);
- To maximize safety for outdoor play there is evidence for:
- Increasing the number of children undertaking training and wearing cycle
- helmets;
- Producing guidelines for safety in children’s sports and outdoor activities.

Road Safety

On the road there is good evidence for:

- 20mph zones (leading to injury reduction and behaviour change);
- Cycle helmet education campaigns (leading to behaviour change);
- Child restraint legislation (leading to behaviour change and injury
- Reduction);
- Area wide urban safety measures (leading to injury reduction);
- Education aimed at parents about pedestrian injuries (leading to behaviour change);
- Cycle training (leading to behaviour change);
- Cycle Helmet legislation (leading to injury reduction);
- Child restraint education campaigns (leading to behaviour change) and
- Seat belt education campaigns (leading to behaviour change)
- Significant fatalities and injuries occur in or near the home. These may occur through suffocation and ingestion of foreign bodies, fire and flames, drowning and submersion, falls or poisoning.

Draft Framework
Appendix 2

County Durham Strategy for the Prevention of Unintentional Injuries Children 0-19 2017-2020 –Partnership Delivery Framework

Issues

- Leading cause of morbidity and death among children
- County Durham hospital admission higher than regional and national averages
- 0-4 years old – injuries in the home
- 5-19 years – School and Community Setting
- Health inequalities (children from poor backgrounds are five times more likely to die or suffer from unintentional injuries
- Falls are greatest cause of injuries in non transport causes

Vision

- To reduce the level of preventable unintentional injuries among children and young people in County Durham in terms of the gap between County Durham and England and by reducing inequalities which exist within the county. Using an approach based on creating partnership working, along with strengthening engagement and empowerment of local communities, and families. Strategy informed by NICE Guidance.
- Key outcome measure is reducing the unintentional and deliberate injury hospital admissions 0-19 in County Durham

Local Policy Context

- County Durham Health & Wellbeing Strategy
- County Durham Community Safety Strategy
- County Durham Children Young People and Families Plan
- NHS/CCG Plans – Avoidable hospital admissions

Key Objectives

Intelligence
- To provide a profile of injuries among children 0-19 in county Durham that supports the targeting of preventive programmes and monitoring overall improvement
- To explore and enhance data reporting so that it enables the targeting of high incidence "hotspots"
- To explore and enhance data reporting for specific agencies i.e. CCG

Home settings (0-4 years)
Target preventive activity in areas of County Durham with high prevalence of injuries in home settings:

- Improve identification of children at higher risk in home settings via Healthy Child Programme assessments and the Home Environment checklist
- Develop awareness and education packs for parents on a universal level and intensive support for families identified as vulnerable
- Improve awareness and skills of parents
- Improve awareness and safety in social housing and private rented accommodation
- Develop local solutions to home safety environment and equipment via community development activities
- Families on Vulnerable Parent Pathway to have access to home safety equipment

Schools
- Continue routine reporting of accidents in schools settings, and feedback action on high incidence areas
- Continue cycling proficiency, pedestrian and road safety schemes
- Develop First Aid training for teachers and pupils

Community Settings
- Ensure play areas and public space is designed and maintained in order to minimise risk to children and young people
- Improve awareness of fire risk and promotion of fire prevention measures

Road Safety
- To ensure traffic and road design minimises risk to pedestrians, cyclists and car users
- Improve level of knowledge and skills with regard to safe use of roads

Water safety
- To reduce fatal/non fatal water related incidents
- To improve education and awareness amongst young people and parents/carers of young people of water related risks – inland and coastal areas
- To improve swimming ability of young people

Overall governance and co-ordination
- To provide a mechanism for governance of the overall plan to reduce unintentional injuries among children 0-19
- To provide a mechanism for co-ordinating action across agencies
- Core strategic aim: Reduce unintentional and deliberate injury secondary care (hospital) admissions for 0 – 19 year olds.

Focus Delivery Area

Intelligence and surveillance of injuries
- Develop fact sheet for Integrated Needs Assesment, with aim of identifying high prevalence areas on which to focus attention (Public Health)
- Potential to develop locality focussed public Health profiles for localities http://fingertips.phe.org.uk/
- Establish a monitoring framework; to include a set of indicators and baselines linked to above to track if trends are improving
- Scope potential to use of data from other sources eg NEAS data, A and E, Police/road safety data to target communities of higher prevalence or specific injury trends. (Noting potential limitations of retrieving meaningful data from A and E attendances)
- Ensure that NHS Right Care – Commissioning for Value (CfV) data packs for North Durham CCG and DDES CCG, identify outliers of which unintentional injuries, particularly for 0-5 year olds are highlighted - https://www.england.nhs.uk/rightcare/intel/cfv/data-packs/north/
- Local Authority intelligence re complaints re play areas / litigation cases

Home settings (0-4 years)
- Incorporate into Healthy Child Programme assessments and home environment check (0-19 service)
- Parent Education Package (via community parent programme and 0-19 service)
- Promote awareness and promotion opportunities via One Point/Children's Services
- 0-5 safety initiatives e.g. home safety equipment schemes for targeted families on Vulnerable Parent Pathway
- Parent minor injuries training . Use of baby buddy app to promote management of minor injuries
- Home design/fixtures and fittings, risk assessment and education -role to be explored Housing Associations–
- Safe and wellbeing visits – Private Landlords- options to be investigated

Education settings, including Schools (preschool, private nursery/voluntary sector)
- Health and Safety audit and feedback to schools on high risk areas
- Cycling proficiency training
- Pedestrian and road safety schemes
- First Aid training and response
- School Safety Carousel (Fire, water, electricity, road)

Community Settings
- Design of open public space and play areas
- Safety checks and maintenance of play equipment
- Fire Safety programmes

Road safety
- Develop safer road environment
- Schools –see above
- Education and awareness of road safety
- New Drivers –targeted programmes for young drivers in "hot spot" areas
- Roll out of 20 MPH zones-intelligence led.

Water Safety
- Local programmes aimed at Schools and other Education Settings
- Safety Carousels which incorporate water safety messages available for all primary schools throughout County Durham
- Multi agency campaigns and awareness for schools and specific 'at risk' age groups

Overall governance and co-ordination
- Health and Wellbeing Board - via Health Child Programme Board -overall sign off of plan.
- Co-ordination to ensure partnerships and groups responsible for delivering plan are engaged and accountable for the relevant delivery areas.

Governance

Overall governance of the delivery framework is with the Health and Wellbeing Board

Specific reporting to CCG's – to be agreed

Delivery via: *Healthy Child Programme Board*; Durham County Council Open Water Safety Group/City Safety Group. Safe Durham Partnership. Key service areas (to be mapped in separate action plan)

Countywide steering and co-ordination group meets 1-2 times per year to review and co-ordinate delivery across the framework

This page is intentionally left blank

Injuries in children and young people (unintentional and deliberate)

Appendix 4

Why is it important?

Injuries are a leading source of hospitalisation, morbidity and long-term health issues, including mental health related to experience(s). Unintentional injury can affect a child or young person's social and emotional wellbeing. For example, those who survive a serious injury can experience severe pain and may need lengthy treatment (including numerous stays in hospital). They could also be permanently disabled or disfigured. Reducing and preventing injuries has obvious benefits to children and their families and there are also financial costs; the short-term average healthcare cost of an individual injury (all types) is £2,494 and the wider costs of a serious home accident for a child aged 0 to 4 years has been estimated at £33,200 (PHE, 2014). Minor unintentional injuries are part of growing up and help children and young people to learn their boundaries and manage risks for themselves (NICE 2010, PH29). There is a need to balance encouraging them to explore and develop, and managing the risks to prevent serious injury.

The Pyramid of Injury (Figure 1) illustrates that deaths from injuries represent the tip of the iceberg and that for every person who dies many more are admitted to hospital, attend Accident and Emergency (A&E) departments, GPs or are treated at home and/or not reported.

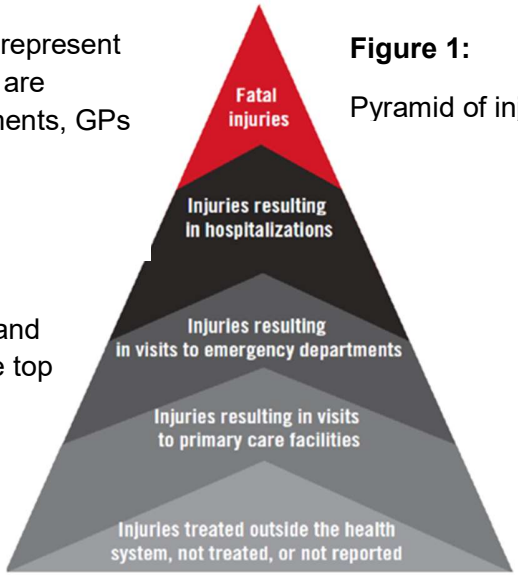


Figure 1:

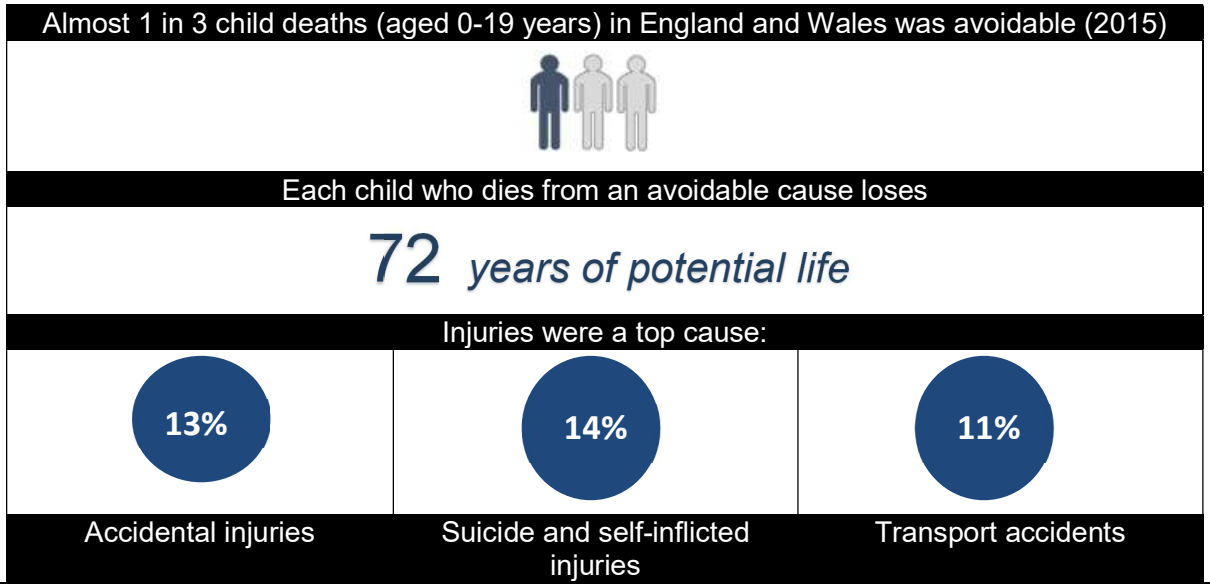
Pyramid of injury

Each tier of the pyramid is discussed in more detail below.

Fatal Injuries

Injuries do represent a major cause of avoidable death for children and young people in England and Wales (Figure 2). Three out of the five top causes of avoidable deaths were related to unintentional and deliberate injuries. The other two causes are complications of the perinatal period and congenital malformations of the heart.

Figure 2: Avoidable Mortality in England and Wales 2015, Office of National Statistics (ONS), 2017.



Hospitalisation
There were almost 200,000 hospital admissions caused by unintentional and deliberate injuries in children aged 0 to 24 years in England in 2015/16 (PHOF, 2017). The decision a parent or carer takes to attend hospital in the first instance, may not solely be determined by the actual injury, but may well be impacted by their own understanding of health, the type of injury, the age of the child (an infant unable to articulate their level of pain may be taken to hospital by a concerned parent, as supposed to young child who can explain their symptoms and maybe more content to visit a GP), access to transport or even their proximity to a health care setting. Caution should therefore be exercised when exploring the hospital admission data as this reflects a measure of one element of the health and social care system and not the total prevalence of injury within a population.

Accident and Emergency attendance
In 2014/15 there were 19.6 million accident and emergency (A&E) attendances in England. A&E attendances are recorded at A&E departments, walk-in centres and minor injury units. More than one-quarter (25.9%) of attendances were made by children and young people. A&E attendance rates are strongly linked with deprivation in England, amongst 0-19 years olds the 50% (2014/15) most deprived areas had statistically significantly higher A&E attendance rates than the England average (Fingertips, PHE). The Keogh review (2013) expressed concerns about public confusion and uncertainty about urgent and emergency care and the GP patient survey (2015) found that less than two-thirds (56%) knew who to contact out of hours.

GP and home
Injuries that are not presented at hospital, such as at a GP surgery, walk in clinic, school nurse, are not collated at a national level. Also, it is not possible to collect data around injuries that are not presented to primary or secondary care, many of which will be treated at home.

Definitions
There are three indicators on childhood injury included in Public Health England's (PHE) Public Health Outcomes Framework (PHOF). They are the rate of hospital admissions caused by unintentional and deliberate injuries in children and young people across three age categories; 0-4, 0-14 and 15-24 years.

The term 'unintentional and deliberate injuries' is used rather than 'accidents', since most injuries and their precipitating events are predictable and preventable. On the other hand, the term 'accident' implies an unpredictable and therefore, unavoidable event. The use of the terms '**unintentional** injuries and **deliberate** injuries' also acknowledges that children and young people experience a range of risks as they age and develop:

- **Unintentional** injuries are identified as external causes of harm, such as, road traffic collisions, sports injury, falls, accidental contact with machinery, burns and drowning etc.
- **Deliberate** injuries include different types of assaults and deliberate self-harm.

Specifically, the PHOF indicators relate to emergency admissions to hospital which include one or more codes for injuries in the diagnosis fields of the hospital electronic record. The data is sourced from Hospital Episode Statistics (HES).The codes are contained within the International Classification of Disease 10 (ICD-10) and are:

- S00-T79 (injuries, poisoning and burns)
- V01-V99 (road traffic accident)
- W00-X59 (other causes of accidental injury)
- X60-X84 (intentional self-harm)
- X85-Y09 (assault)
- Y10-Y34 (events of undetermined intent)
- Y35-Y36 (legal interventions and operations of war)

Data warnings
The majority of the data used in this factsheet relates to hospital admissions and does not reflect the entire scale and scope of injuries within the population as explained by Figure 1 above. The data does not relate to individuals, but to the number of admissions; an individual could present more than once and all admissions will be counted.

HES inpatient data and ONS population statistics are generally considered to be complete and robust. However, there may be a question regarding:

- The quality of coding and record keeping
- Differences in admission thresholds between hospital Trusts.
- Variation between Trusts in the way hospital admissions are coded.
- Variation in data recording completeness.

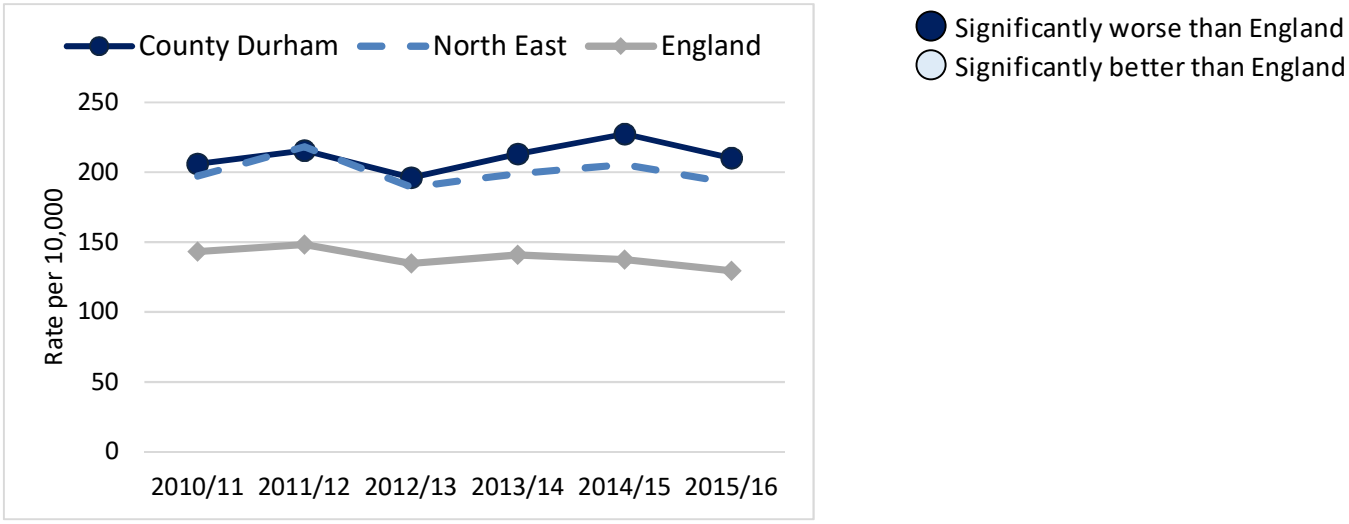
Preventing accidents is one of the six 'high impact areas' for health visiting as part of the Health Child Programme. and part of Public Health England's (PHE) priority area Giving Children and Young People the Best Start in Life

Durham data – the local picture and how we compare

Injury profile for ages 0-4 years

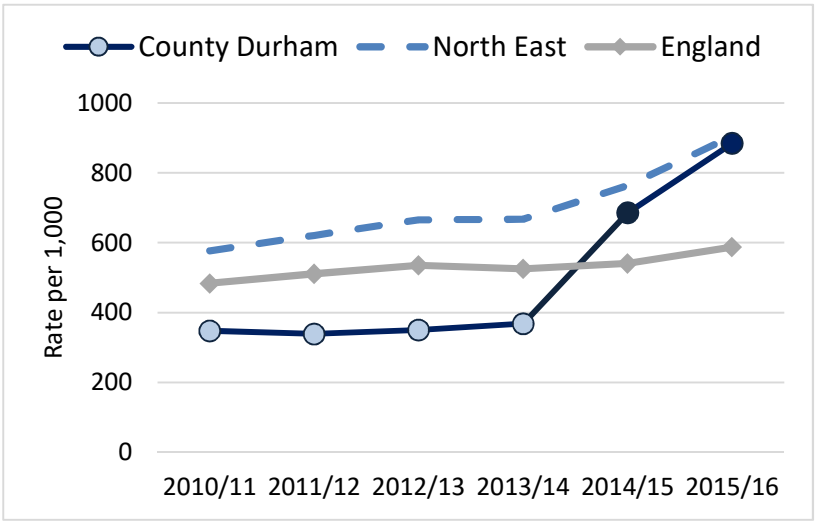
The rate of emergency hospital admissions for 0-4 year olds, caused by unintentional and deliberate injuries is consistently, significantly higher than England (Figure 3). The rate for County Durham, 210.2 per 10,000 is over 1.5 times higher than England, 129.6 per 10,000. There are around 600 hospital admissions for children in this age category in County Durham each year; this is more than the number of admissions cause by gastroenteristis (sickness and diarrhea).

Figure 3: Hospital admissions for unintentional and deliberate injuries in children (aged 0-4 years), County Durham, North East and England, 2010/11 to 2015/16. Source: Fingertips, PHE.



A&E attendance data captures injuries and but also management of minor illnesses and medical conditions. It is not currently possible to separate out injuries however it is useful to look at the rate of attendances for 0-4 year olds to get an insight into the volume of attendance in the system, some of which will be for deliberate and unintentional injuries and preventable. There has been a sharp increase in the rate of A&E attendances in County Durham since 2014/15. The rate is was significantly higher than England in 2014/15 and 2015/16 (Figure 4). The rate in County Durham, 884.5 per 1,000 is 1.5 times higher than the rate for England, 587.9 per 1,000; this is equivalent to 69 attendances per day.

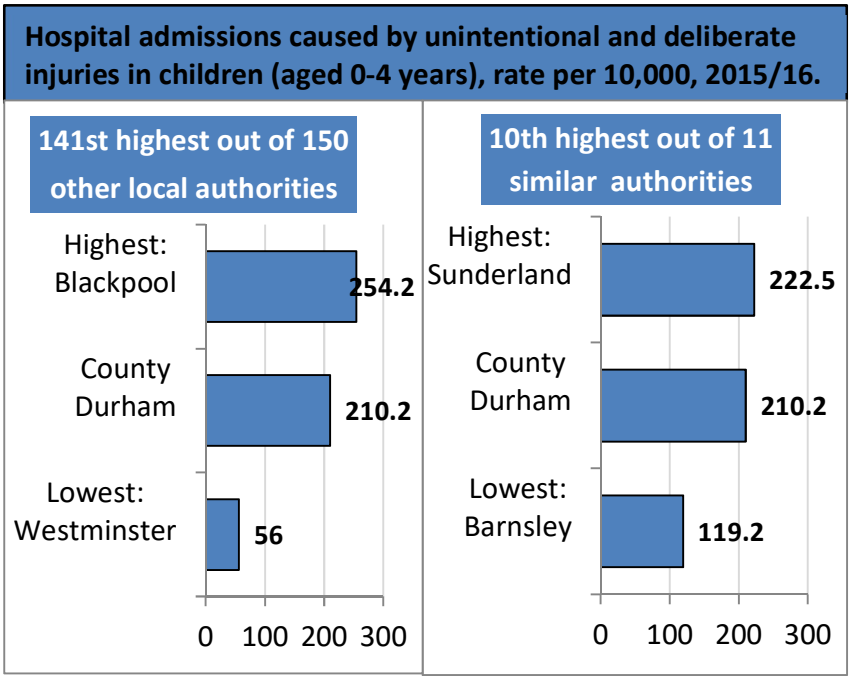
Figure 4: A&E attendances in children aged 0-4 years, County Durham, North East and England, 2010-11 to 2015/16. Source: Fingertips, PHE.



Benchmarking

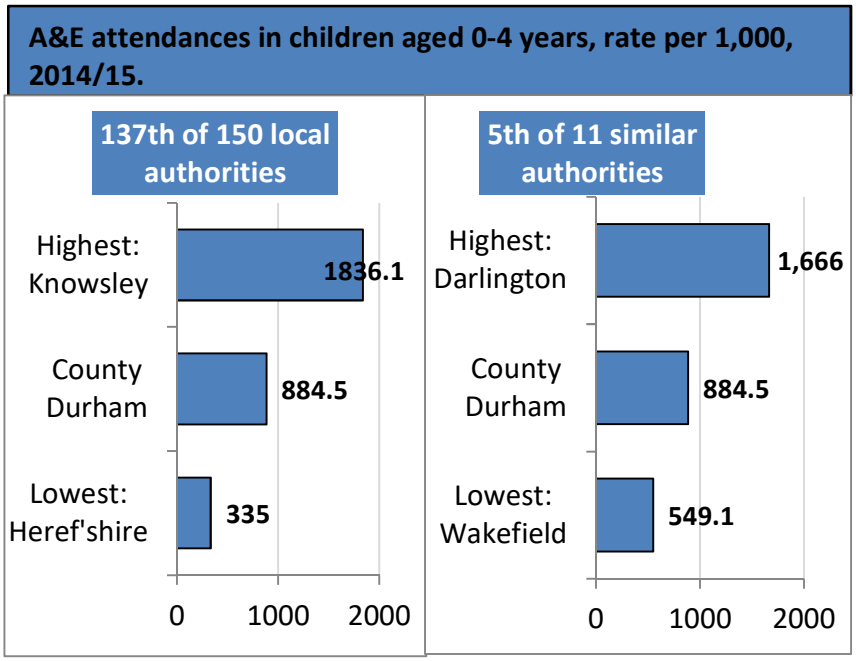
Comparing County Durham against England, as in Figures 3 and 4 above, is a natural comparison however it can be misleading as it does not consider the social or economic nature of each individual area. Benchmarking County Durham against similar local authorities gives local context enabling a more detailed look at whether local people's health is better, worse or similar to like authorities. The benchmarking group used here is the Children's Services Statistical neighbours (2014) model, created by the National Foundation for Educational Research (NFER) which seeks to measure similarity between Local Authorities. Durham is in a group with 11 other councils with the most similar statistical characteristics in terms of social and economic features.

Figure 5: Benchmarking County Durham against all and similar local authorities, hospital admissions for unintentional and deliberate injuries, 0-4 years. Source: Fingertips, PHE.



- When County Durham is ranked amongst all local authorities in England (with published data) it is in the worst decile (10%).
- When County Durham is ranked amongst statistical neighbours, it is also in the worst decile (10%).

Figure 6: Benchmarking County Durham against all and similar local authorities, hospital admissions for unintentional and deliberate injuries and A&E attendances, 0-4 years. Source: Fingertips, PHE.



- When County Durham is ranked amongst all local authorities in England (with published data) it is in the worst decile (10%) (Figure 3).
- When ranked amongst statistical neighbours it is ranked in the middle of the group.

In February 2017, the high level PHOF indicators on hospital admissions were supplemented by a Child Health, Unintentional Injuries profile. The profile includes several indicators which provides detail on the nature of the injuries that contribute towards the overall indicator. These indicators are presented in Figure 7 below and are based on the external cause of the injury. The data has been pooled over a 5 year time period due to low numbers.

Figure 6: Nationally published indicators on causes for emergency hospital admissions by children aged 0-4 years, 2011/12-2015/16, County Durham, North East and England. Source: Fingertips, PHE.

			County Durham		North East	England
	Measure	Period	Count	Value	Value	Value
Emergency hospital admissions due to inhalation of food or vomit (aged 0-4 years)	R/100,000	2011/12 – 15/16	18	**12.5**	**14.2**	**11.1**
Emergency hospital admissions due to falls from furniture (aged 0-4 years)	R/100,000	2011/12 – 15/16	270	**188.0**	**178.3**	**143.7**
Emergency hospital admissions due to hot tap water scalds (aged 0-4 years)	R/100,000	2011/12 – 15/16	12	**8.4**	**10.9**	**5.9**
Emergency hospital admissions due to hot water burns (aged 0-4 years)	R/100,000	2011/12 – 15/16	47	**32.7**	**39.5**	**41.5**
Emergency hospital admissions due to poisoning from medicines (aged 0-4 years)	R/100,000	2011/12 – 15/16	252	**175.5**	**152.8**	**104.2**

	Statistically significantly worse than England
	Not statistically significantly different to England
	Statistically significantly better than England

- Emergency admissions to hospital from falls from furniture and poisoning from medicine are statistically significantly higher than England.
- Around 50 under 5 year olds are admitted to hospital each year due to falls from furniture and poisoning from medicine

- For both indicators (falls from furniture and poisoning from medicine) County Durham has been statistically significantly higher than England for all of the 5 year time periods presented in the profile (Figure 7).
- There is no statistical difference between County Durham and England for the rate of hospital admissions caused by inhalation of food or vomit, hot tap water scalds and hot water burns.

Figure 7: Hospital admissions for unintentional and deliberate injuries in children (aged 0-4 years), County Durham, North East and England, 2008/09-2012/13 to 2011/12-2015/16. Source: Fingertips, PHE.

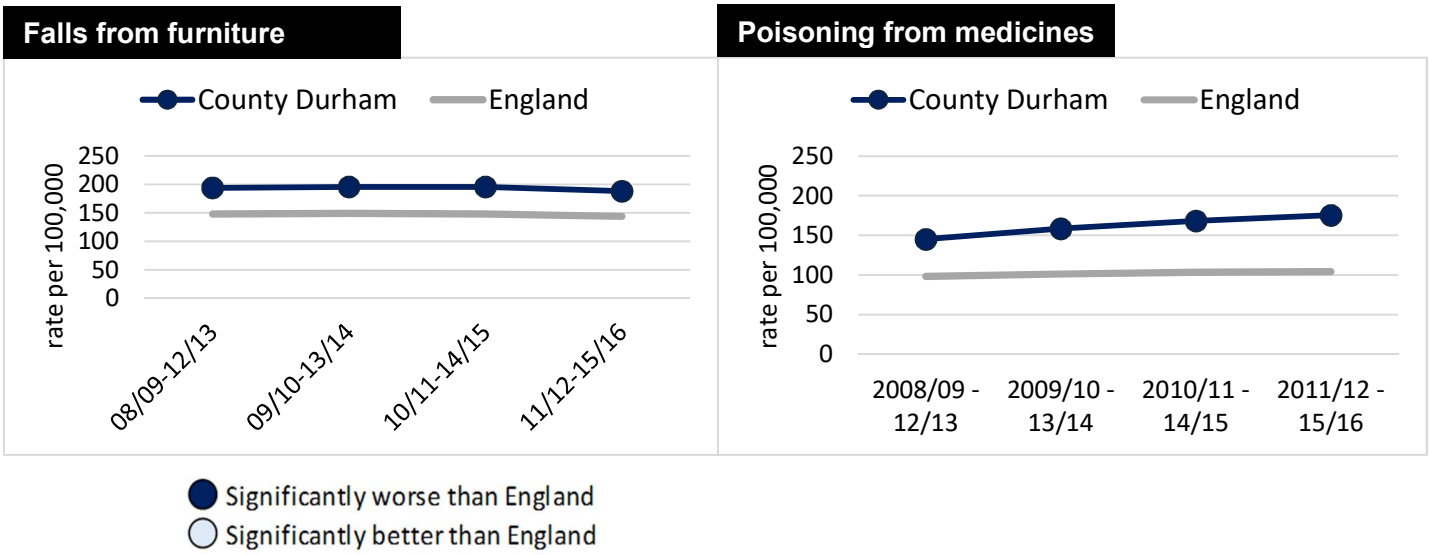
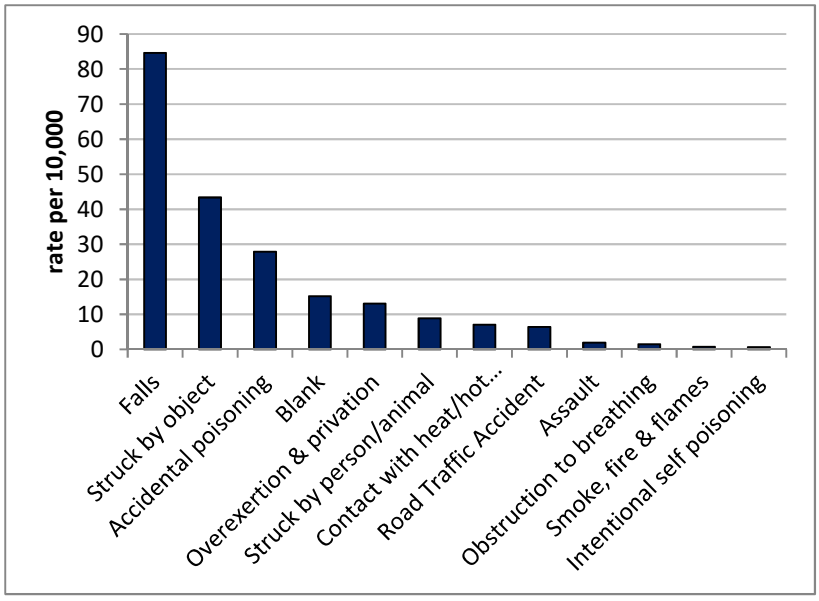


Figure 8: Hospital admissions for unintentional and deliberate injuries in children (aged 0-4 years) by cause grouping (broad), County Durham, 2012/13 – 2014/15. Source: Local Knowledge and Intelligence Service – North East (LKIS-NE), PHE and DCC PHI team.



The nationally produced information presented above is confirmed by local intelligence. Data analysis was conducted on a data extract of emergency hospital admissions data.

For the 0-4 age category, the broad categories of falls* and accidental poisoning were the dominant reasons for admissions in the 0-4 age category, along with injuries caused by being struck by an object (Figure 8).

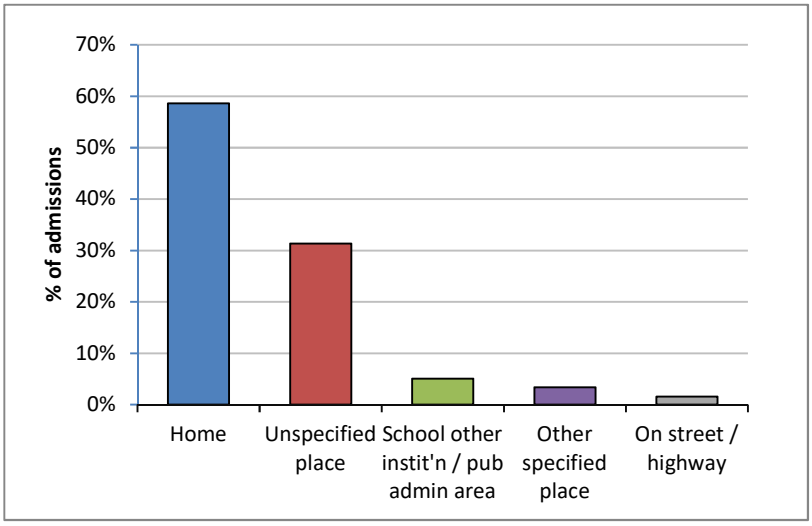
***The falls category in Figure 8 relates to all falls which is different to Figures 6 and 7 which refers to only falls from furniture.**

A ranking of the top three causes of admission by gender (Figure 9) shows similarity between males and females aged 0-4 years.

Figure 9: Top 3 causes of admission by cause code (specific) and gender, County Durham, 0-4 years, 2012/13 – 2014/15. Source: Local Knowledge and Intelligence Service – North East (LKIS-NE), PHE and DCC PHI team.

Rank	Males	Females
1	Unspecified fall	Unspecified fall
2	Struck by object	Struck by object
3	Slipping or tripping fall (on same level)	Effects of foreign body

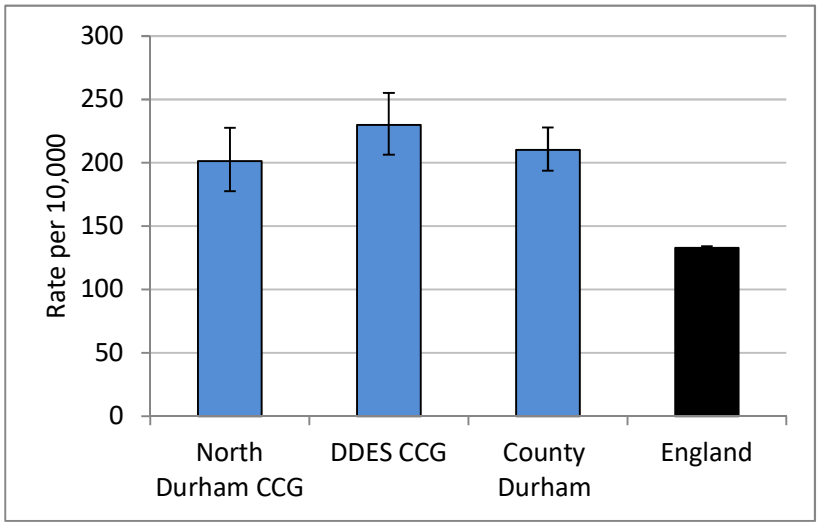
Figure 10: Proportion of hospital admissions for unintentional and deliberate injuries in children (aged 0-4 years) by location of injury, County Durham, 2012/13 – 2014/15. Source: PHE and DCC PHI team.



- The home is the most dominant location (59%) for injury for the under-fives which is where they will be likely spending the majority of their time (Figure 9).
- An unspecified place is the second most common category. It is not known whether it is unspecified because it has not been recorded, has not been requested or because the carer does not know.

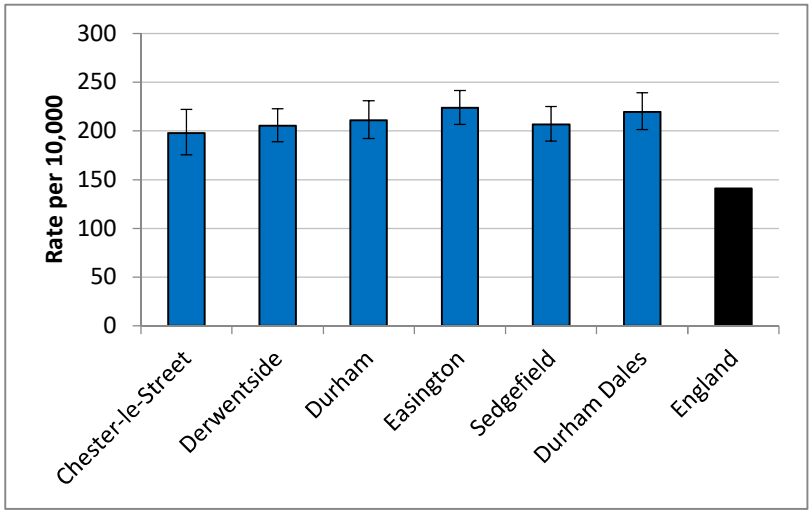
Variation within County Durham (Under 5s)

Figure 11: Rate of hospital admissions for unintentional and deliberate injuries in children (aged 0-4 years) by County Durham, North Durham CCG and Durham Dales, Easington and Sedgefield (DDES) CCG, 2015/16. Source: Fingertips, PHE.



- Both Clinical commissioning Groups (CCGs) in County Durham have statistically significantly higher rates of hospital admissions for under 5s than England.
- DDES (229.7 per 10,000) has a higher rate than North Durham (201.3 per 10,000) but it is not statistically significantly different.

Figure 12: Rate of hospital admissions for unintentional and deliberate injuries in children (aged 0-4 years) by former district, County Durham, 2012/13 – 2014/15. Source: Local Health, PHE and DCC PHI team.



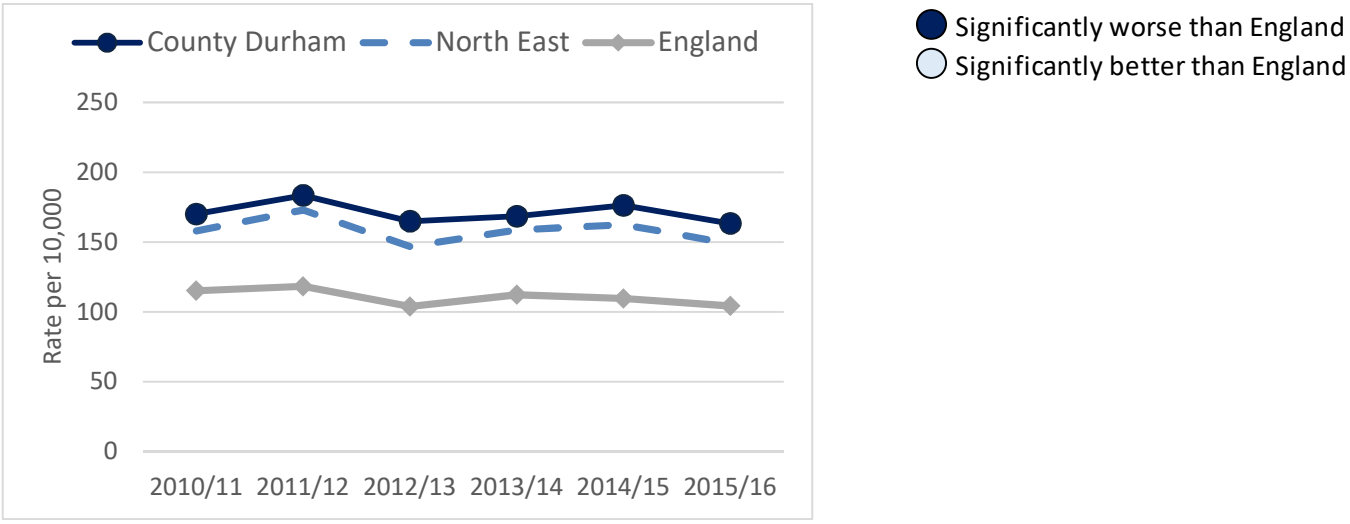
- All former districts in County Durham have statistically significantly higher rates of hospital admissions for under 5s than England (140.8 per 10,000).

- There is variation within County Durham. Easington has the highest rate (223.6 per 10,000) and Chester-le-Street has the lowest (197.7 per 10,000) but they are not statistically significantly different from each other.

Injury profile for ages 0 to 14 years

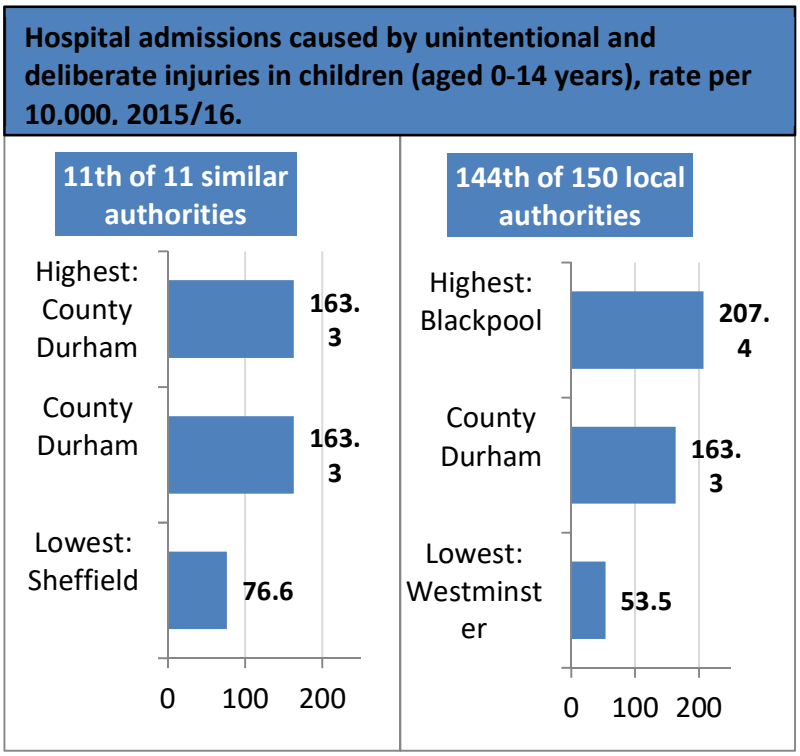
As children get older the cause, location and variation of childhood injuries within County Durham changes. The PHOF indicator which includes children up to the age of 14 years (0-14 years) shows that, similar to the youngest age category, the rate for County Durham is consistently and significantly higher than England. The rate for County Durham (163.3 per 10,000) is over 1.5 times higher than the England rate (104.2 per 10,000). Unintentional and deliberate injuries cause around 1,400 admissions to hospital in County Durham's 0-14 year olds each year. This means that there are roughly 800 admission amongst 5 to 14 year olds.

Figure 13: Hospital admissions for unintentional and deliberate injuries in children (aged 0-14 years), County Durham, North East and England, 2010/11 to 2015/16. Source: Fingertips, PHE.



Benchmarking County Durham against all and similar Local Authorities reveals that County Durham is ranked low. (Figure 14).

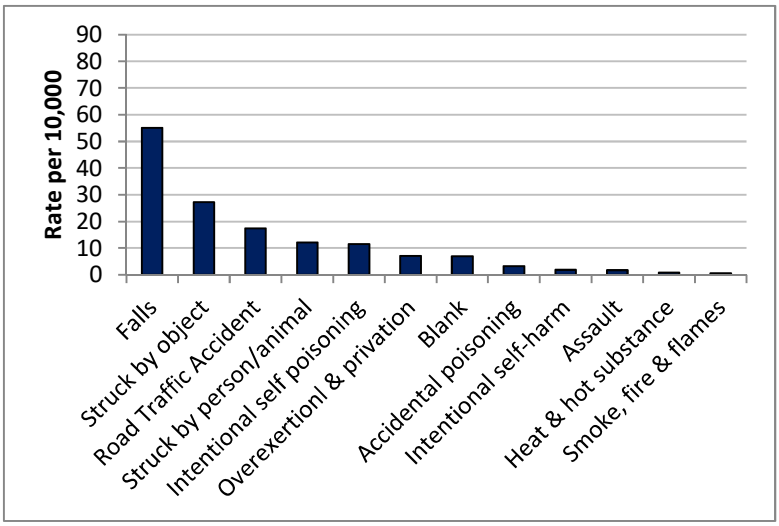
Figure 14: Benchmarking County Durham against all and similar local authorities, Hospital admissions for unintentional and deliberate injuries in children (aged 0-14 years) Source: Fingertips, PHE.



- When County Durham is ranked amongst all local authorities in England (with published data) it is in the worst decile (10%) (Figure 13)
- County Durham has the highest rate of emergency hospital admissions for 0-14 year olds amongst the group of 11 statistical neighbours.

Whilst the nationally produced data on injury admissions covers children aged 0-14, it is possible to look at the 5-14 year age category separately for cause. Local analysis revealed that the injury profile is slightly different when infants are excluded (0-4 years) (Figure 15).

Figure 15: Hospital admissions for unintentional and deliberate injuries in children (aged 5-14 years) by cause grouping (broad), County Durham, 2012/13 – 2014/15. Source: Local Knowledge and Intelligence Service – North East (LKIS-NE), DCC PHI team.



- Falls (55 per 10,000) and being struck (27 per 10,000) are the most common causes for admission but both rates are lower than that of the 0-4 age category (Figure 4)
- The rate of admissions caused by road traffic accidents is higher in the age group (17 per 10,000 compared to 6 per 10,000 in the infant group.)

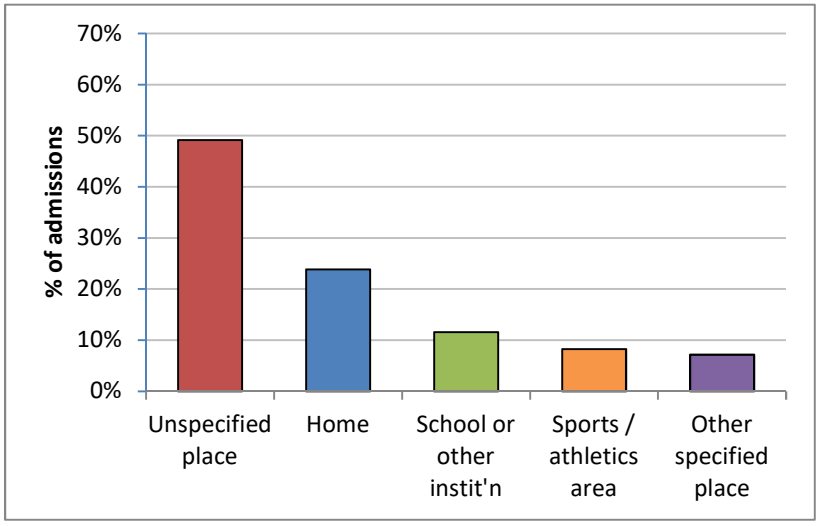
A ranking of the top three causes of admission by gender (Figure 16) shows some differences between males and females aged 5-14 years

Figure 16: Top 3 causes of admission by gender by cause code (specific), County Durham, 5-14 years, 2012/13 – 2014/15. Source: Local Knowledge and Intelligence Service – North East (LKIS-NE), PHE and DCC PHI team.

Rank	Males	Females
1	Unspecified fall	Intentional self-poisoning
2	Fall involving playground equipment	Unspecified fall
3	Pedal cyclist (non-collision)	Fall involving playground equipment

- Self-poisoning ranks highest for females; this doesn't feature in the top 10 ranked causes for males
- Injuries caused by falls and cycling are the highest ranking specific admissions for males.

Figure 17: Proportion of hospital admissions for unintentional and deliberate injuries in children (aged 5-14 years) by location of injury, County Durham, 2012/13 – 2014/15. Source: KIT (NY), PHE and DCC PHI team.

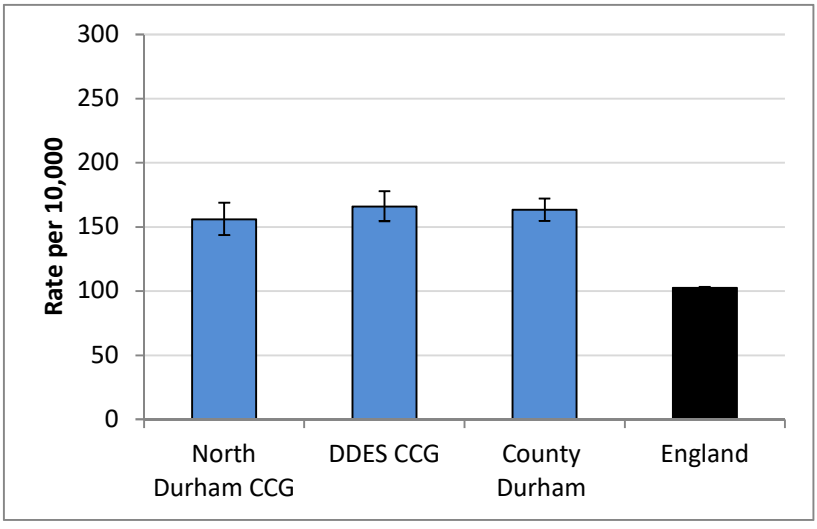


- The analysis revealed that the home is the most dominant known location (24%) for injury for the 5-14 year olds (Figure 17).

- However 49% of injuries that result in an admission to hospital are recorded as occurring in an unspecified place. It can be speculated that as children get older and have more independence the parent or carer may not know the exact location on the injury, and depending on the injury and age of the child, they may be unable to provide that detail.

Variation within County Durham (Under 15s)

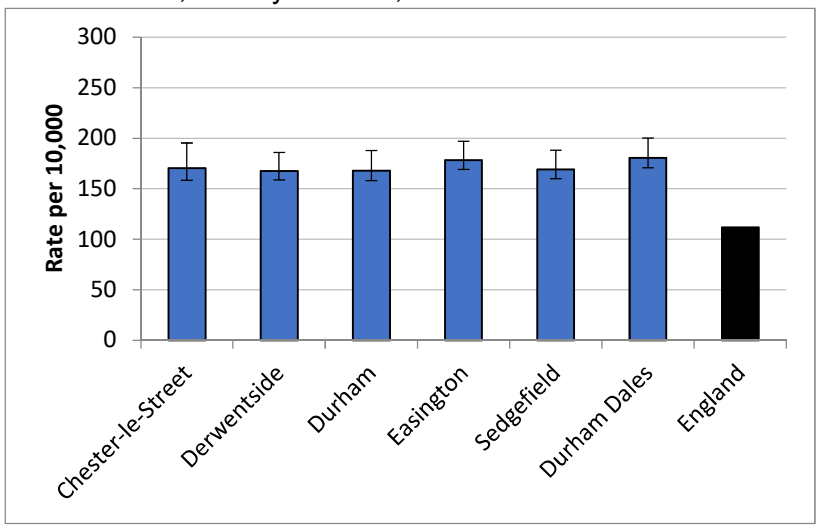
Figure 18: Rate of hospital admissions for unintentional and deliberate injuries in children (aged 0-14 years) by County Durham, North Durham CCG and Durham Dales, Easington and Sedgefield (DDES) CCG, 2015/16. Source: Fingertips, PHE.



- Both Clinical commissioning Groups (CCGs) in County Durham have statistically significantly higher rates of hospital admissions for 0-14s than England.

- DDES (165.9 per 10,000) has a higher rate than North Durham (155.8 per 10,000) but it is not statistically significantly different.

Figure 19: Rate of hospital admissions for unintentional and deliberate injuries in children (aged 5-14 years) by former district, County Durham, 2012/13 – 2014/15. Source: Local Health, PHE and DCC PHI team.



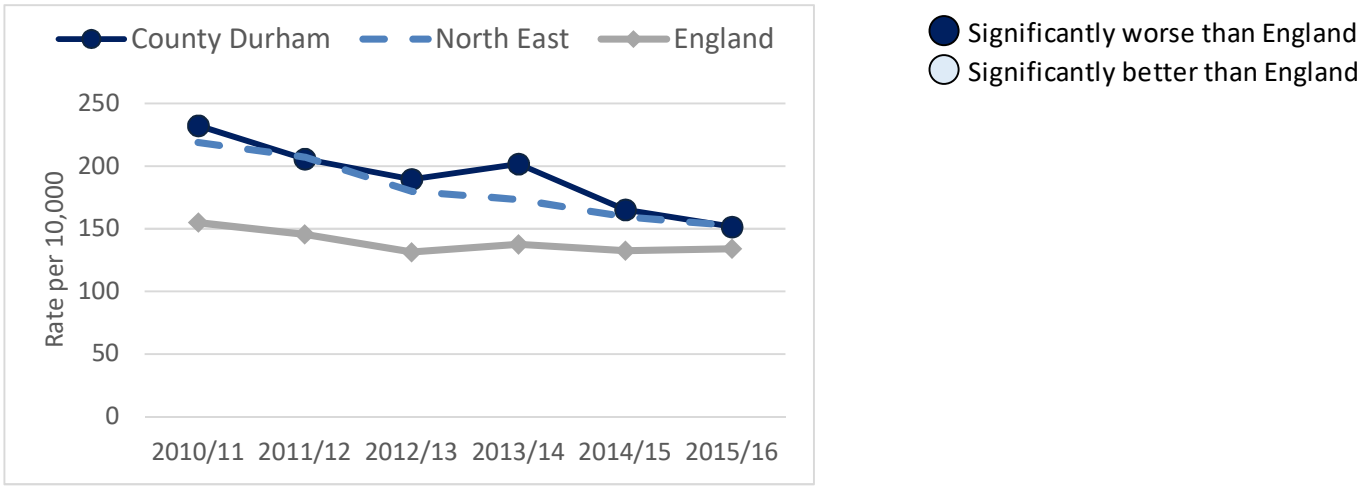
- All former districts in County Durham have statistically significantly higher rates of hospital admissions for 0-14s than England (111.7 per 10,000).

- There is variation within County Durham. Durham Dales has the highest rate (180.5 per 10,000) and Derwentside has the lowest (167.6 per 10,000) but they are not statistically significantly different from each other.

Injury profile for ages 15 to 24 years

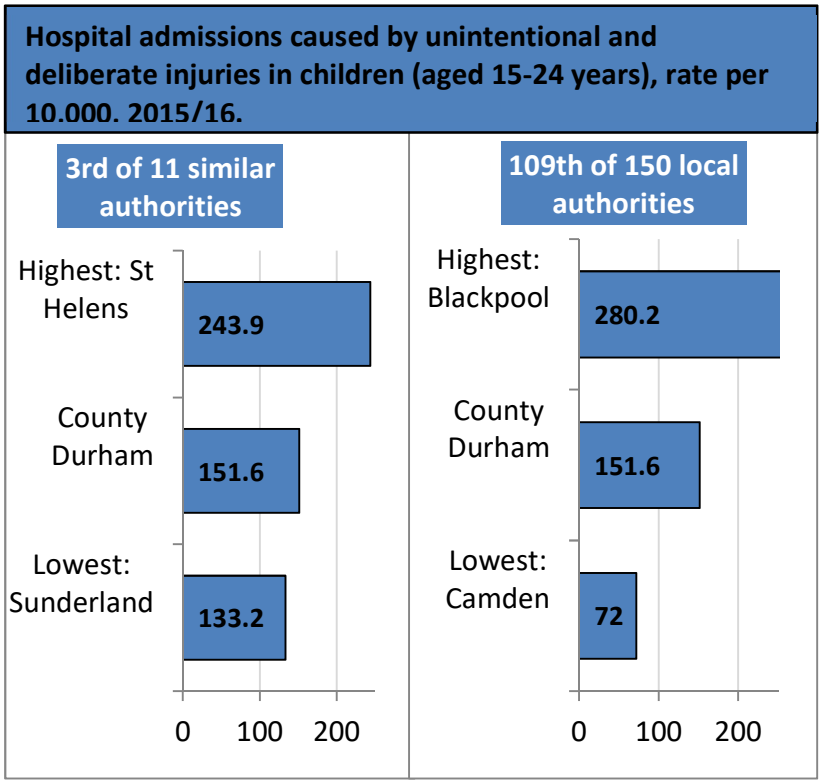
The PHOF indicator for hospital admissions for young people between the ages of 15 to 24 years for unintentional injuries shows a decline over the last six years of 35%. The rate for County Durham (151.6 per 10,000) remains statistically significantly higher than England (134.1 per 10,000). The declining rate has meant a reduction from approximately 1,500 to 1,000 admissions a year amongst 15-24 year olds in County Durham.

Figure 20: Hospital admissions for unintentional and deliberate injuries in children (aged 15-24 years), County Durham, North East and England, 2010/11 to 2015/16. Source: Fingertips, PHE.



Benchmarking County Durham against all and similar Local Authorities for the 15-24 years age category reveals that County Durham ranks better than the younger age categories (Figure 21).

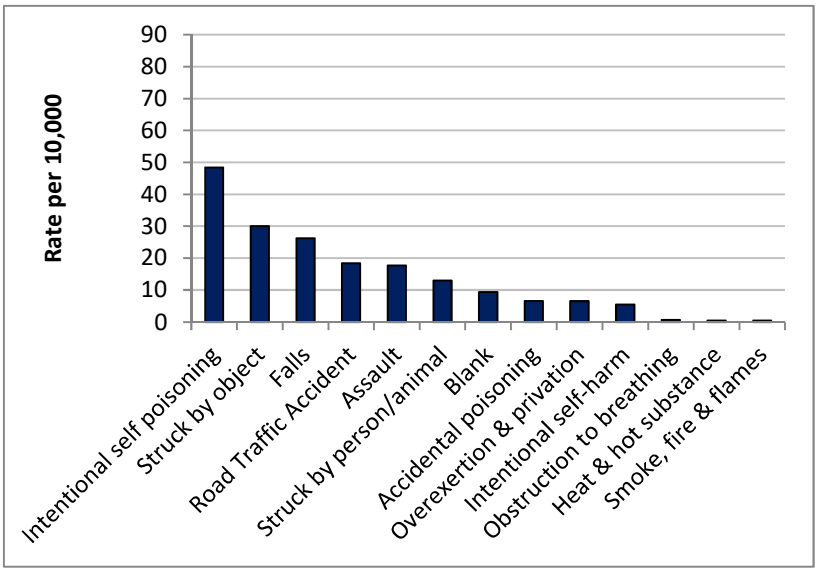
Figure 21: Benchmarking County Durham against all and similar local authorities, Hospital admissions for unintentional and deliberate injuries in children (aged 15-24 years). Source: Fingertips, PHE.



- When County Durham is ranked amongst all local authorities in England (with published data) it is not in the worst decile (10%) (Figure 20)
- County Durham has the third lowest rate of emergency hospital admissions for 15-24 year olds amongst the group of 11 statistical neighbours.

It is possible to look within the 15-24 year age category for cause using locally produced data analysis. The injury profile is different for young people compared to children and infants (Figure 22).

Figure 22: Hospital admissions for unintentional and deliberate injuries in young people (aged 15-24 years) by cause grouping (broad), County Durham, 2012/13 – 2014/15. Source: Local Knowledge and Intelligence Service – North East (LKIS-NE), PHE and DCC PHI team.



- Intentional self-poisoning (48 per 10,000) is by far the most common cause for admission for this age category. The rate is four times higher than the 5 to 14 age category.
- Being struck by an object (30 per 10,000) and falls (26 per 10,000) are the second and third most common causes for admission.

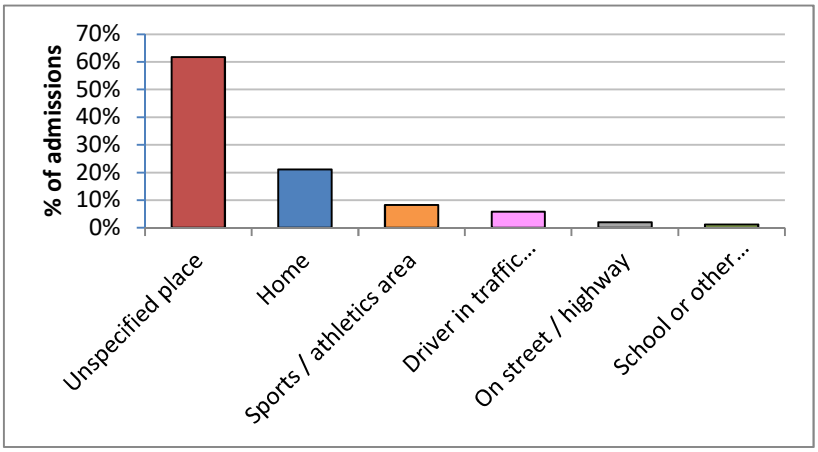
A ranking of the top three causes of admission by gender (Figure 23) shows marked differences between males and females aged 15-18 and 19-24 years.

Figure 23: Top 3 causes of admission by gender, County Durham, 15-18 and 19-24 years, 2012/13 – 2014/15. Source: Local Knowledge and Intelligence Service – North East (LKIS-NE), PHE and DCC PHI team.

Rank	Males		Rank	Females	
	15-18 years	19-24 years		15-18 years	19-24 years
1	Assault		1	Intentional self-poisoning (painkillers)	
2	Intentional self-poisoning (painkillers)		2	Intentional self-poisoning (sedatives)	
3	Struck by another person	Intentional self-poisoning (sedatives)	3	Intentional self-poisoning (illegal drugs)	Unspecified fall

- Self-poisoning ranks highest for females and also high for males
- Injuries caused by assault rank highest for males aged 15-24

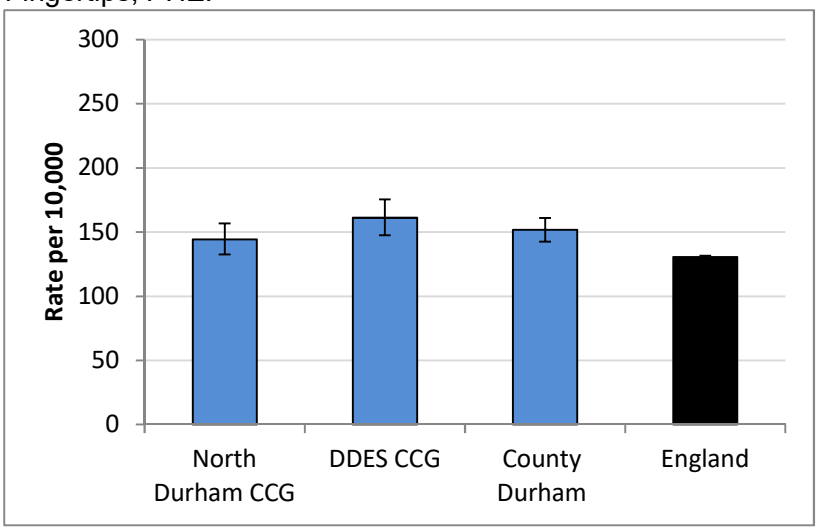
Figure 24: Proportion of hospital admissions for unintentional and deliberate injuries in young people (aged 15-24 years) by location of injury, County Durham, 2012/13 – 2014/15. Source: Local Knowledge and Intelligence Service – North East (LKIS-NE), PHE and DCC PHI team.



- The analysis revealed that the home is the most dominant known location (21%) for injury for the 15-24 year olds.
- 62% of injuries that result in an admission to hospital are recorded as occurring in an unspecified place. It can be speculated that depending on the cause of the injury, young people may refuse to or be unable to provide this information.
- It is also the case than 1 in 10 injury admissions amongst teenagers and young people are by repeat attenders.

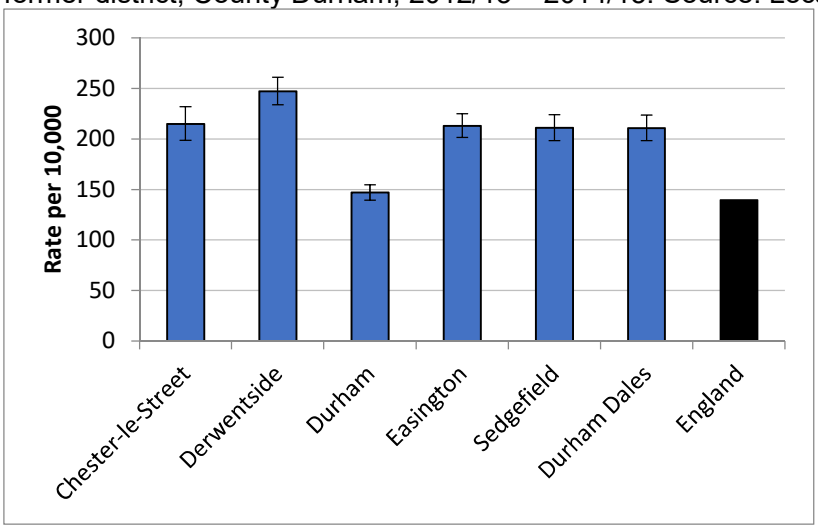
Variation within County Durham (15 to 24 year olds)

Figure 25: Rate of hospital admissions for unintentional and deliberate injuries in children (aged 15-24 years) by County Durham, North Durham CCG and Durham Dales, Easington and Sedgefield (DDES) CCG, 2015/16. Source: Fingertips, PHE.



- Both Clinical commissioning Groups (CCGs) in County Durham have statistically significantly higher rates of hospital admissions for 15-24 year olds than England.
- DDES (161.1 per 10,000) has a higher rate than North Durham (144.4 per 10,000) but it is not statistically significantly different.

Figure 26: Rate of hospital admissions for unintentional and deliberate injuries in children (aged 15-24 years) by former district, County Durham, 2012/13 – 2014/15. Source: Local Health, PHE and DCC PHI team.



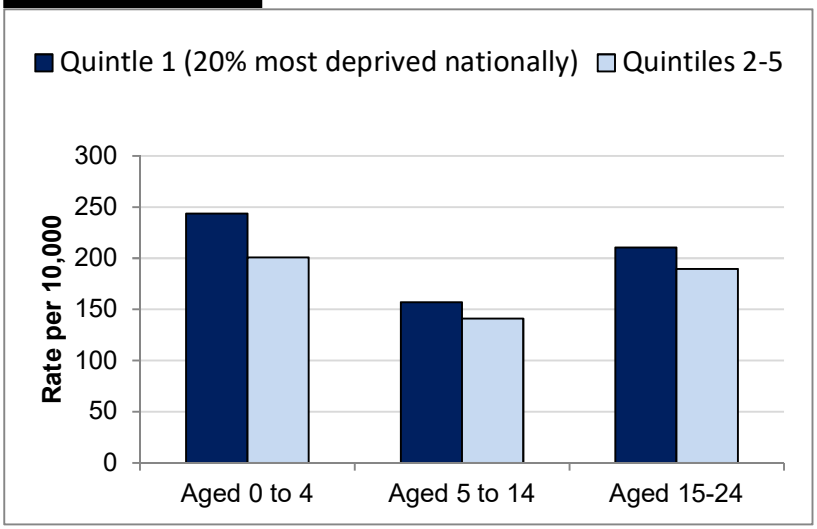
- All former districts in County Durham, except Durham, have statistically significantly higher rates of hospital admissions for 15-24s than England (139.5 per 10,000).
- There is variation within County Durham. Derwentside has the highest rate (247.2 per 10,000) is statistically significantly higher than all other areas.
- Durham has the lowest rate (146.9 per 10,000) and is statistically significantly lower than all other areas.

Deprivation

Public Health England has identified unintentional injuries as a major health inequality. There is a persistent social gradient for unintentional injuries and inequalities have widened. There is a strong link between unintentional injury and social deprivation, with children from the most disadvantaged families far more likely to be killed or seriously injured. Death rates for injury and poisoning have fallen for all social groups except for the poorest in society: where the children from these families are 13 times more likely to die (PHE). This social gradient is apparent in County Durham, although there is variation between the two CCGs and by age category, and clearly indicates where targeted interventions should be delivered.

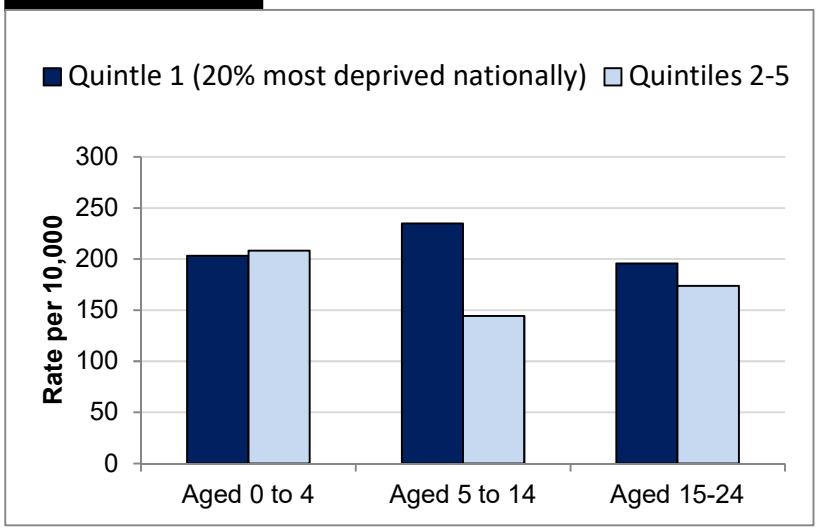
Figure 27: Rate of hospital admissions for unintentional and deliberate injuries in children and young people, comparing deprivation quintile 1 to the other 4 quintiles, DDES and North Durham CCGs, 2012/13 – 2014/15. Source: KIT (NY), PHE and DCC PHI team.

DDES



- In DDES CCG, the rate of hospital admissions caused by unintentional and deliberate injuries is higher in the most deprived areas across all three age categories.
- The largest gap is in the 0-4 age category however confidence intervals are not available to say whether this difference is statistically significant.

North Durham

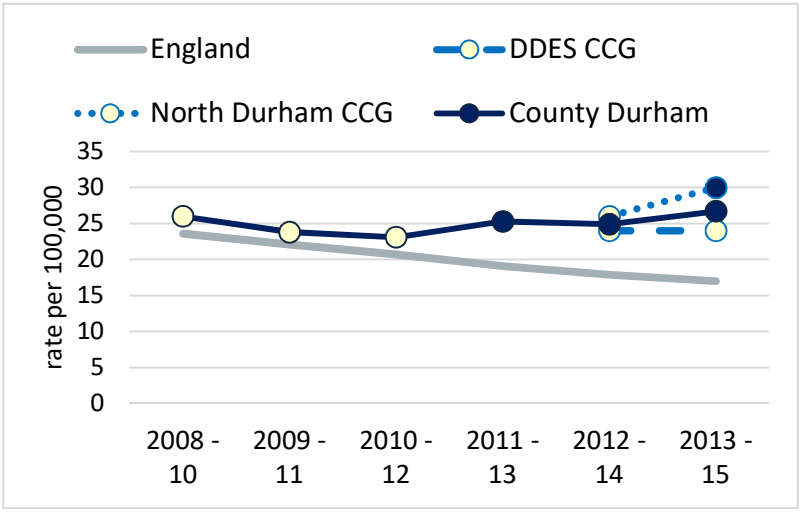


- In North Durham there is little difference in the rate of hospital admissions for unintentional and deliberate injuries in under 5s between the most deprived areas and the rest of the County.
- The rate of admissions for 5 to 24 year olds is higher in the most deprived areas with the largest gap in the 5-14s.

Road traffic

Road traffic collisions are a major cause of deaths in children (Figure 2), and comprise higher proportions of accidental deaths as children get older. Around 23 children under the age of 16 are killed or seriously injured in road traffic collisions each year in County Durham. Parents cite vehicle speed and volume as reasons why they do not allow their children to walk or cycle, thereby reducing opportunities for physical activity (PHE, Fingertips). Figures produced by the Department for Transport (DfT) suggest that if the collisions that caused child causalities had been prevented, this could theoretically have saved County Durham's economy an average of £7.6 million per year.

Figure 28: Rate of children (0-15 years) killed and seriously injured in road traffic accidents, County Durham, DDES CCG and North Durham CCG, 2008/10 to 2013/15. Source: Fingertips, PHE.



- The rate of accidents involving children under 16 years has experienced a rise since 2011-13. The County Durham rate (26.7 per 100,000) is statistically, significantly higher than England (17 per 100,000).
- Since CCG data has been reported in 2012-14, there has been a rise is the rate of collisions in North Durham CCG compared to a fall in DDES CCG.

The Analysis of Child Causalities in County Durham 2008-2012 produced by the North East Regional Road Safety Resource (NERRSR) on 0 to 15 year olds, showed:

- The highest number of child causalities (KSI and slight) are in March; the lowest numbers are occur between October and December.
- Many more child casualties occur during the weekdays compared to the weekend with accidents clustering around school opening and closing times.

- Child causalities tend to mainly occur in the main urbanised areas of County Durham, particularly around Peterlee and Bishop Auckland.
- The vast majority, 81%, of casualties were pedestrians and car occupants.
- Most children were injured within 1.2 kilometres of their home; for pedestrians half were injured within 370 meters of home and for pedal cyclists half were injured within 310 meters of home.

The Unintentional Injuries, Road traffic accidents profile, breaks down the killed and seriously injured statistics into road user type for the 24 years and under age categories (Figure 29). The rates for County Durham are similar to England for pedestrians (0-24 years) and car occupants (15-24 years) and significantly better than England for pedal cyclists (0-24 years) and motorcyclists (15-24 years).

Figure 29: Rate of children killed or seriously injured in road traffic accidents by road user type, County Durham, North East and England, 2001-2015. Source: Fingertips, PHE.

			County Durham		North East	England
	Measure	Period	Count	Value	Value	Value
Pedestrians killed or seriously injured in road traffic accidents (aged 0-24 years)	R/100,000	2011-15	109	**14.4**	**14.2**	**12.0**
Pedal cyclists killed or seriously injured in road traffic accidents (aged 0-24 years)	R/100,000	2011-15	21	**2.8**	**3.8**	**4.4**
Motorcyclists killed or seriously injured in road traffic accidents (aged 15-24 years)	R/100,000	2011-15	60	**17.5**	**14.7**	**22.9**
Car occupants killed or seriously injured in road traffic accidents (aged 15-24 years)	R/100,000	2011-15	98	**28.7**	**21.7**	**28.5**

	Statistically significantly worse than England
	Not statistically significantly different to England
	Statistically significantly better than England

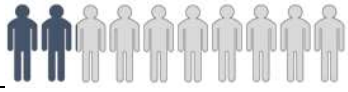
Whilst the rates of children killed and seriously injured by road user in County Durham are similar or better than England, this is not the same for the rates of emergency hospital admissions. The rates of emergency admissions to hospital for all types of road users under the age of 25, are statistically significantly higher than for England (Figure 29). The rate of emergency admission has been significantly higher than England over all of the four, 5-year pooled time period reported, for all four types of road user (car occupant, motorcyclist, pedal cyclist and pedestrian).

Figure 30: Rate of emergency hospital admissions by road user type, County Durham, North East and England, 2011/12 to 2015/16. Source: Fingertips, PHE.

			County Durham		North East	England
	Measure	Period	Count	Value	Value	Value
Emergency admissions for car occupants (aged 0-24 years)	R/100,000	2011/12 – 15/16	226	**29.9**	**19.0**	**17.4**
Emergency admissions for motorcyclists (aged 0-24 years)	R/100,000	2011/12 – 15/16	125	**16.5**	**11.9**	**12.3**
Emergency admissions for pedal cyclists (aged 0-24 years)	R/100,000	2011/12 – 15/16	12	**8.4**	**10.9**	**5.9**
Emergency admissions for pedestrians (aged 0-24 years)	R/100,000	2011/12 – 15/16	168	**22.2**	**22.1**	**17.0**

	Statistically significantly worse than England
	Not statistically significantly different to England
	Statistically significantly better than England

Figure 31: Percentage of road users killed or seriously injured in road traffic accidents taking place on a 30mph road (aged 0-24) by road user type, County Durham, North East and England, 2011-15, Source: Fingertips, PHE.

Road user type:	County Durham		North East	England
% of pedestrians		**82.6%**	80.7%	84.5%
% of pedal cyclists		**71.4%**	81.6%	80.7%
% of motor cyclists		**50%**	69.8%	64.6%
% of car occupants		**21.1%**	33.1%	33.5%

N.B Significance is not calculated for these indicators

- In County Durham a smaller proportion of road users are killed or seriously injured in accidents taking place on a 30mph road than the England average
- A greater number of pedestrians are killed or seriously injured on 30mph roads compared to the North East region

Groups most at risk

The National Institute for Health and Clinical Excellence (NICE) state some children and young people are 'vulnerable' as they may be at a greater than average risk of an unintentional injury. This could be due to one or more of the following examples. Children and young people who:

- are under the age of 5 years (more vulnerable to unintentional injury in the home)
- are over the age of 11 (more vulnerable to unintentional injuries on the road)
- have a disability or impairment
- are from some minority ethnic groups (there is mixed evidence regarding the association of injuries with ethnicity. There is evidence of an association of injuries with being of black descent)
- live with a family on a low income
- live in accommodation which potentially puts them more at risk (this could include multiple-occupied housing and social and privately rented housing).

How does this topic link to our strategies and plans?

The County Durham Strategy for the Prevention of Unintentional Injuries on Children and Young People (0-19 years), ran from 2014 to 2017. It will be replaced by a delivery framework, developed and delivered by a multi-agency steering group and overseen by the Healthy Child Programme Board.

Reducing childhood injuries is referenced in the following strategies and plans for County Durham:

- Children, Young People and Families Plan 2016-2019 (Outcome 9: Children are safeguarded and protected from harm).
- County Durham Joint Health and Wellbeing Strategy 2016-2019 (Objective 1: Children and young people make healthy choices and have the best start in life).

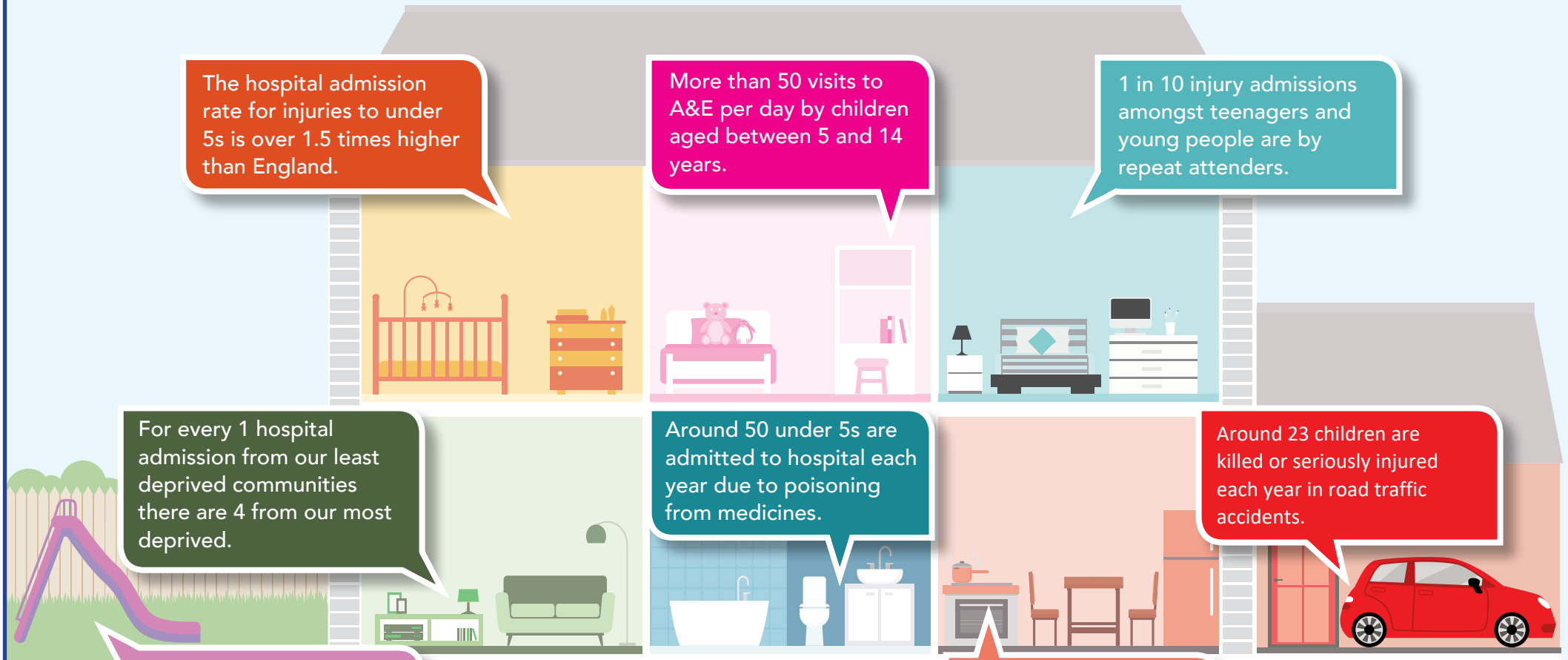
Author:	**Approver:**
Public Health Intelligence	Public Health SMT
Published:	

Review: **August 2018**
Data sources: Office of National Statistics (ONS) Public Health Outcomes Framework (PHOF), Public Health England (PHE) Fingertips, PHE Local Knowledge and Intelligence Service – NE (LKIS-NE), PHE Local Health, PHE North East Regional Road Safety Resource (NERRSR)

At home with childhood injuries in County Durham

There are more than 2,300 hospital admissions following injury to children and young people each year.

For children aged 14 and under, 60% of injuries happen at home.



Public health intelligence to inform....

Publichealthintelligence@durham.gov.uk

This page is intentionally left blank