



Children and Young People's Overview and Scrutiny Committee

Date Thursday 28 February 2019
Time 9.30 am
Venue Durham Leadership Centre, Spennymoor, DL16 6YP

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 January 2019 and Special Meeting on 11 February 2019 (Pages 3 - 14)
4. Declarations of Interest, if any
5. Any items from Co-opted Members or Interested Parties
6. Media Relations
7. The 0-19 Healthy Child Programme in County Durham
 - a) Report of the Director of Public Health (Pages 15 - 36)
 - b) Presentation by Michelle Baldwin, Strategic Manager Public Health and Amanda Smith Harrogate District Foundation Trust (Pages 37 - 58)
8. SEND - Inclusion and Exclusion
 - a) Report of the Corporate Director of Children and Young People's Services (Pages 59 - 76)
 - b) Presentation by Paul Shadforth, Strategic Manager SEND (Pages 77 - 90)
9. Educational Attainment and Standards 2018- Report of the Corporate Director of Children and Young People's Services (Pages 91 - 100)
10. Verbal Update on Joint Review of Children's Residential Care Homes
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
20 February 2019

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 C Craig and Mrs C Johnston

Parent Governor Representatives:

Mrs J Norman and Mr R Patel

Co-opted Members:

Ms R Evans and Mrs P Parkins

DURHAM COUNTY COUNCIL

CHILDREN AND YOUNG PEOPLE'S OVERVIEW AND SCRUTINY COMMITTEE

At a Meeting of **Children and Young People's Overview and Scrutiny Committee** held in Committee Room 2 - County Hall, Durham on **Friday 11 January 2019 at 9.30 am**

Present:

Councillor C Potts (Chairman)

Members of the Committee:

Councillors H Smith, B Bainbridge, J Charlton, R Crute, S Durham, K Hopper, I Jewell, A Patterson, A Reed, M Simmons, A Willis and M Wilson

Parent Governor Representative:

Mrs J Norman

Also Present:

Councillors M McKeon

1 Apologies for absence

Apologies for absence were received from Councillors D Bell, J Blakey, P Brookes, J Considine, N Grayson, L Kennedy and Mrs R Evans.

2 Substitute Members

There were no substitute Members in attendance.

3 Minutes

Minutes of the special meeting held on 10 September 2018 and the meeting of the 7 November 2018 were agreed and signed as a correct record.

4 Declarations of Interest, if any

There were no declarations of interest.

5 Any items from Co-opted Members or Interested Parties

There were no items from co-opted members or interested parties.

6 Media Relations

The Overview and Scrutiny Officer presented Members with recent press articles relating to the remit of Children and Young People's Overview and Scrutiny Committee;

- Missing Special Needs Support a national scandal
- Report claims millions of children suffering from the rising tide of UK poverty
- County Durham outperforms National average in performance tables
- Children exceed sugar limit at age 10

Resolved:

That the presentation be noted.

7 Update on the Work of the Healthy Weight Alliance

The Committee considered a report of the Director of Public Health, which provided an update of work carried out and planned by County Durham Healthy Weight Alliance (HWA) (for copy see file of minutes).

Members received a presentation from the PH Advanced Practitioner (VC,YP&F), which outlined the context of healthy weight in County Durham, key national and local drivers, work to date and planned, and shared goals for the future (for copy see file of minutes).

Councillor Charlton confirmed that she had been contacted by two different Mothers who had been in tears following the National Child Measurement Programme (NCMP) and notification that their children were classified as obese. Councillor Charlton confirmed that both children ate healthy balanced meals and exercised regularly.

The Advanced Practitioner in Public Health confirmed that the NCMP was a national programme and the local authority had no control over the measurements taken and they were based on Body Mass Index (BMI). She advised that circumstances such as where the child takes part in activities they could develop muscle mass that weighs heavy or where a child has a growth spurt were not a consideration. Using the healthy weight pathway, it was important that where children were overweight, conversations took place early. Councillor Charlton suggested that this information should be communicated clearly to parents.

In response to a question from Mrs Norman, the Advanced Practitioner in Public Health confirmed that the FISCH (Family Initiative Supporting Children's Health) Programme was still in operation and the HWA were looking to improve the response rate. She added that it was important to engage with parents and have conversations about children's weight at an earlier stage in order for the measurements to become a normal milestone. In response to a further question from Mrs Norman, the Advanced Practitioner in Public Health confirmed that the FISCH Programme was conducted by the National Child Measurement Programme (NCMP) and targeted towards whole year groups in order to reduce stigma and encourage healthy eating and increased activity. Mrs Norman suggested that a letter could be sent prior to the NCMP which explained the programme and the outcomes to parents. The Advanced Practitioner advised that she would not wish to jeopardise the excellent take up and support of the NCMP in County Durham, as it was unique in comparison to other areas of the country.

In response to a question from Councillor Durham with regards to whether cooking courses were available on the adult learning programme, the Advanced Practitioner in

Public Health confirmed that there were broad courses on offer, but this was something being discussed with Adult Services.

Councillor Jewell remarked on the way in which poverty had changed over the last 30 years, observing that years ago children were prone to being undernourished, but were now often overweight. He suggested that diet and exercise should be addressed, but the onus should not always be on schools to pick it up, it should be something that was established within the home environment. Environmental factors such as the use of motor vehicles also had an impact on activity.

The Advanced Practitioner in Public Health advised that deprived areas usually had the largest number of takeaways and there was no restriction on those that were already established, but through the Councils own policies, they could restrict new applications. There was a lot of work to do with food choices within vulnerable communities. She advised of other work carried out in the Public Health Team such as Safer Streets, Bikeability and 20s, hopefully giving people more inclination to walk or cycle. Area Action Partnerships were driving work forward in relation to active communities.

Councillor Reed was delighted that all children were screened by the NCMP as previously it was only foster children and queried whether children with diagnosed health issues were taken into consideration. The Advanced Practitioner in Public Health advised that external colleagues were usually involved if children had health issues or were from complex families.

Councillor Smith advised that as a retired Paediatrician, she had experience of many parents having a false perception of their child's weight. The Advanced Practitioner in Public Health advised that some parents also tended to use other children as a benchmark, as did adults: 60-70% of adults were clinically obese and therefore it was considered normal. She reiterated that having early conversations about weight could assist in addressing these challenges.

Councillor McKeon queried the system of engagement with young people and confirmed that if conversations about weight were not done in the correct way, it could have a long term detrimental impact on mental health. The Advanced Practitioner advised that a key element of work was the mental health and wellbeing of young people and some factfinding workshops had been facilitated to consider the perceptions of children and their families.

Councillor Bainbridge suggested that County Durham News was used to promote family activities or events. The Advanced Practitioner in Public Health advised that the focus was on activities, healthy diet and fun, and the aim was to make activities routine for communities.

The Chair thanked the Advanced Practitioner in Public Health for the presentation and advised that she had previously been an advocate for the daily mile and was delighted to see the popularity of the Active 30 initiatives. The Advanced Practitioner advised that by replacing the Daily Mile with Active 10, 20 and 30 we had maintained a good level of participation as some schools that were struggling to find the time for the Daily Mile may have been lost if it had been pursued, whereas they were able to participate in Active 10 or 20.

Councillor Wilson advised that her local primary school was taking part in Active 10 and the whole school took part, including teachers, helpers and all children regardless of ability – the same could not be said for the daily mile as children with physical impairments were not always able to participate. She advised that the school may not have taken part in the daily mile but were happy to participate in active 10.

Resolved:

- a) That the report and presentation be noted.
- b) That a further update be provided to the Committee during the next work programme.

8 Quarter 2: Forecast of Revenue and Capital Outturn 2018/19

The Committee considered a report of the Corporate Director of Resources, which provided details of the forecast outturn budget for Children and Young People's Service and highlighted major variances in comparison with the budget, based on the position to the end of quarter two 2018/19 (for copy see file of minutes).

Councillor Patterson referred to major financial pressures on schools and children's services and the importance of monitoring their budgets. She referred to school funding and those forecasted to suffer a deficit and queried recovery plans and, those that had a deficit for more than three years their viability.

The Finance Manager CYPS advised that the School Funding Team worked alongside the Corporate Director of Resources education services to address those schools in deficit and recovery plans may include a change in provision or to academise a school which would write off the deficit, at a cost to the Council. The Finance Manager advised that schools needed exclusive permission from the 151 Officer (Corporate Director of Resources) should they set a deficit budget and a pointed message was sent to consider whether the school was financially viable.

Councillor Patterson asked if an update could be given on schools in deficit and The Finance Manager advised that he could not confirm a timescale, but would report back to Committee with further information.

The Finance Manager advised that he would provide a response to Councillor Durham following the meeting, with regards to a further breakdown of information regarding the overspend for looked after children.

With regards to the transportation of children in care, Councillor Jewell asked whether the service had considered revising the current operation to ensure best value for services. The Finance Manager confirmed that consideration was always given to alternative provision and this would continue, but advised that sometimes taxis were less costly than volunteer drivers. With regards to supervised contact, assistance for public transport was given to parents to actively minimise the cost, but contact issued by the court was not at the discretion of the team and the requirements had to be met.

Resolved:

That the report be noted.

9 Quarter 2: Performance Management Report 2018/19

The Committee considered a report of the Director of Transformation and Partnerships, which presented progress towards achieving the key outcomes of the council's corporate performance framework for the Altogether Better for Children and Young People priority theme (for copy see file of minutes).

In response to a question from Councillor Bainbridge The Strategy and Equalities Manager advised that there was not sufficient data for looked after children (LAC) and care leavers up to the age of 25, however this would be available for future reporting.

Councillor Durham queried whether there was a connection between the rise in enquiries and the rise in LAC. The Strategy and Equalities Manager confirmed that the number of enquiries had not increased since 2017 and although there had been a significant increase in LAC, it had risen steadily over a number of years. With regards to the case file audits which were given a scaling score of 6 and above, Councillor Durham queried whether there was a number of cases audited for a representative sample. The Strategy and Equalities Manager confirmed that there were approximately 3500 case files and the focus was on the quality of the information rather than the quantity of files audited. He explained that the new case file audit system was collaborative and included a meeting between a social worker and an auditor and each individual audit took a couple of hours to complete. In response to a further question from Councillor Durham, the Strategy and Equalities Manager confirmed that these audits related to the quality of working practices and a different process was in place for determining whether a child should be looked after.

Councillor Patterson referred to the social worker caseloads for the Families First Team and sought clarification on the information contained in the report as this was not legible in the report. The Strategy and Equalities Manager confirmed that overall the number of cases was reducing and advised that;

- 18% had 30+ cases
- 34% had 25-29 cases
- 15% had 20-24 cases
- 33% had under 20 cases

Councillor Patterson queried the quality of caseload files compared to the last quarter and the Strategy and Equalities Manager confirmed that there was no comparable data as there was a new system in place, however he confirmed that 60% was higher than the proportion of cases in the previous quarter which were good.

The Head of Early Help Inclusion and Vulnerable Children suggested it would be helpful to include an explanation of the quality assurance framework in the next report along with more detail to members to explain the information on audit activity of case files.

Resolved:

That the report be noted.

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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 **Monday 11 February 2019 at 9.30 am**

Present:

Councillor H Smith (Chairman)

Members of the Committee:

Councillors B Bainbridge, P Brookes, J Charlton, J Considine, R Crute, C Hampson, K Hopper, I Jewell, A Patterson, M Simmons, A Willis and M Wilson

Co-opted Members:

Ms R Evans and Mrs P Parkins

Also Present:

Councillors A Bainbridge, L Maddison, J Turnbull and Mr D Balls.

1 Apologies

Apologies for absence were received from Councillor C Potts, D Bell, J Blakey, N Grayson, L Kennedy and A Reed.

2 Substitute Members

Councillor L Maddison substituted for Councillor N Grayson.

3 Declarations of Interest, if any

There were no declarations of interest.

4 Any items from Co-opted Members or Interested Parties

There were no declarations of interest from co-opted members or interested parties.

5 Update on Joint Targeted Area Inspection Action Plan

The Committee received a report of the Corporate Director of Children and Young People's Services which presented Members with progress on the Joint Targeted Area Inspection (JTAI) Action Plan, and a presentation from the Independent Chair of the Local Safeguarding Children's Board with regards to progress against the improvement actions contained within the plan (for copies see file of minutes).

The Independent Chair of the Local Safeguarding Children's Board (LSCB) advised that the action plan was a live document. It was driven by three partnership working groups that had an ability to challenge and monitor day to day progress.

Members were reminded of the number of actions that had already been achieved and that the timescale was self-imposed.

In relation to strategy meetings the Independent Chair of the LSCB advised that there were tele conference facilities that was of particular benefit to partners who found it difficult to attend meetings that could be called at short notice.

Members were advised of the progress to date in the five themes identified within the JTAI Action Plan including the use of assessment tools to identify risks of abuse; that the LSCB had revised its training programme to include cumulative risk assessment in relation to coercive control.

The Independent Chair advised that there had been an audit of the improvement actions in December 2018 and a further six audits were planned. It was important that all actions were effective and could be evidenced.

In relation to the Voice of the Child section of the action plan members were informed that it was a fundamental theme included within all of the actions and of the renewed focus to ensure this was the case in all single and multi-agency training programmes. Members were advised that in relation to the use of the National Youth Advocacy Service (NYAS) for children with a child protection plan County Durham was leading the way regionally.

Members were advised of the key themes from Ofsted focussed visit in January 2019.

Councillor Brookes referred to Voice of the Child as being most important, but also being the least successful with 8 out of 10 actions had not been completed in the agreed timescales. The Independent Chair of the Local Safeguarding Children's Board confirmed that 6 out of the 8 actions related to pre-birth procedures, but a task and finish group would commence at the end of February to ensure all agencies were aware of procedures however he admitted that the timescales set may have been slightly ambitious.

Councillor Brookes then referred to strategy meetings, of which some were required to meet within a 24 hour timescale, putting services under a lot of pressure. He queried the number of meetings and how they were managed. He also asked for comments on the issue of staff to attending meetings who did not have the relevant authority to make decisions.

The Strategic Manager, Families First North, confirmed that 600 strategy meetings with partners had been held across 14 teams during quarter two, which was a significant amount of work. Some referrals were held within four hours, it depended on the level of concern regarding the child. Meetings may be delayed based on the availability of staff, but only if their contribution was crucial. Some of the logistical problems had been alleviated; conference calling had been introduced which meant that staff did not have to physically meet in person anymore, and formerly where GPs were unavailable due to clinics, they were now able to contribute written information due to a new pilot which had been introduced.

Finally, in response to Councillor Brookes, the Strategic Manager, Families First North confirmed that there was a mechanism through the LSCB to challenge partners should any consistently not engage, however there was an excellent working relationship with partners and reassured the Councillor that there had been a significant piece of work that had involved all agencies.

Councillor Jewell acknowledged the challenges from multi-agency working and queried whether the improvements which had been made were proving positive. The Independent Chair of the Local Safeguarding Children's Board reminded Members that the inspection was in July and although there had been improvements, some of them would take time to filter through. He advised that audits would continue and there would be self-examination and third-party assurance from Health partners. The Independent Chair acknowledged that it was early days but there were good working relationships at all levels and if the process was not working, a task a sub group would review and imbed learning.

Mrs Evans commented on liaising with the Health Service, saying that to her knowledge it could be a difficult challenge. She suggested that the Voice of the Child was not included within all themes as had been previously alluded to and she commented on there being a reliance on NYAS, when there were other services such as Youth Offending, which had done some good work with young people. Finally, she confirmed that she was still unsure after been presented with all of the information, what constituted a good outcome.

The Independent Chair of the Local Safeguarding Children's Board confirmed that there was no difficulty with regards to interface with the Health Service, there was an executive group which met regularly with contribution from the Director of Nursing for North Durham CCG. The Senior Safeguarding Nurse confirmed that there were sub-groups of the executive group which were also attended by colleagues in the other Foundation Trusts, Harrogate and Tees, Esk and Wear Valley. The Health Service was a complex organisation, there were 70 independent GP's in County Durham, however practices had changed in order to scrutinise and improve the service. There had been changes in the way in which partners were engaged.

With regards to the Voice of the Child, the Independent Chair of the Local Safeguarding Children's Board confirmed that the voice of the child was included throughout all of the themes included in the action plan and Investing in Children had been consulted as a first response and there were plans to create a new apprentice post for a Young Peoples Commissioner. He acknowledged that this had been omitted from the papers.

The LSCB Business Manager advised that a shadow board made up of young people would meet with practitioners and families and would look at what the partnership is doing. If this information was appropriate to include in the action plan it would be done.

Councillor Patterson confirmed that it was important to remember that the views of IIC were perceived and children did not always agree with them. In response to a question from Councillor Patterson with regards to Liquid Logic, the Strategic Manager, Children's Services Reform, confirmed that it had been fully implemented during the previous week and had transitioned smoothly, aside from a few small glitches. The system would not change working practice, but it had intuitive steps built in which would not allow a case to

be progressed until the completion of essential tasks. This would alleviate management oversight, which was a concern of one of the JTAI Inspectors.

Strategic Manager, Families First North, confirmed that it also simplified the extraction of data, which would ultimately assist with performance and best work practice.

Mr Balls sought reassurance for those areas which did not require improvement were still being monitored and whether the LSCB were continuing to meet through the transitional period to the new partnership and whether planned work would still continue. The Independent Chair of the Local Safeguarding Children's Board confirmed that the final meeting would be attended by Chairs to ensure nothing was omitted from the work plan.

The Detective Superintendent advised that some children could not speak out as they were experiencing abuse and there was a need to change the culture and develop a language to ensure all children were listened to.

The Independent Chair of the Local Safeguarding Children's Board agreed to return in 6-12 months for a further progress update.

Resolved:

That the report be noted.

6 The Child Protection Offer

The Committee received a report of the Strategic Manager, Families First North, which provided Members with an overview of the work Child Social Care staff undertook when managing safeguarding concerns in Child Protection (for copies see file of minutes).

Councillor Charlton queried the capacity for staff over 14 teams with the referral rate. The Strategic Manager, Families First North, confirmed that following a restructure in 2017, the teams were established according to locality teams which varied in size and were aligned to local networks such as police and health. Areas where there was high demand would have more in the team than in areas where there was lower demand. Teams range between six to seven social workers where demand is low to medium and nine to ten social workers where demand is high. The skill mix of teams was also considered to ensure combinations are right. The teams had also been allocated on the skills of staff, ensuring that all had experienced members of the team as well as NQSW.

In response to a question from Councillor Brookes regarding staff pressures and the potential link to sickness absence, the Strategic Manager, Families First North, confirmed that there was a reliance on Managers to have the skills to allocate work and monitor and review through one to one supervision. In addition there was an opportunity for reflective practice sessions, where cases were presented and discussed for development. A task and finish group had been set up to configure additional needs for the service but the emotive nature of the work and pressures with regards to workflow, did have an impact on practitioners.

Councillor Hopper advised that she had visited the MASH at Newton Aycliffe and it was interesting to see how partners based there worked together. The Strategic Manger, Families First North, confirmed that the invitation for Members to visit was open.

Resolved:

That the report be noted.

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

28 February 2019

**The 0-19 Healthy Child Programme in
County Durham**

Ordinary Decision



Report of Corporate Management Team

Amanda Healy, Director of Public Health

**Councillor Lucy Hovvels, Cabinet Portfolio Holder for Adult and
Health Services**

Electoral division(s) affected:

Countywide

Purpose of the Report

- 1 To inform and update Members on:
 - The current 0-19 Healthy Child Programme (HCP) delivery
 - The proposed additional 0-19 contract activity from April 2019
 - The 0-19 Health Visiting and School Nursing Service Transformation

Executive summary

- 2 This report highlights the work that has been completed over the last 12 months within HDFT's 0 – 19 service and the areas for improvement priority for the remaining duration of the contract.

Recommendation(s)

- 3 Children and Young Peoples overview and scrutiny are requested to:
 - (a) Note the progress made over the last 12 months of the contract
 - (b) Comment on the areas highlighted for improvement during the remaining length of the contract

Background

- 4 The child health profile for County Durham can be found in appendix two of this report and demonstrates the areas where there are still significant inequalities such as breastfeeding rates and unintentional injuries in under 4 year olds. The main contract for public health to address the inequalities challenges across County Durham is the 0 – 19 contract. This is not to say the 0 – 19 service is solely responsible for child health outcomes. The whole system who engage with children and families are all accountable for the health outcomes and partnership working through integrated delivery is essential.
- 5 The 0-19 Healthy Child Programme in County Durham is delivered by the 0-19 Growing Healthy Team, Harrogate and District NHS Foundation Trust (HDFT). This is delivered by a skill mixed workforce led by Specialist Community Public Health Nurses, enhanced by clinical champions and thematic lead roles.
- 6 HDFT's vision is for every child to have the best start in life, and be happy and healthy, through working in partnership with families in County Durham. 0-19 Health Visiting and School Nursing teams are uniquely placed to engage and empower families, break down barriers and build trusting relationships, a key element in meeting the NHS Five Year Forward View.
- 7 The 0-19 Healthy Child Programme provides a strong evidence based universal offer of core contacts, mandated by the Department of Health, leading to early identification of needs and provision of early intervention, enhanced offer and early help through both single agency and wider multi-agency interventions.
- 8 The 0-19 Growing Healthy workforce is co-located within the Local Authority Family Centres and Hubs to ensure maximum collaboration opportunities and shared resources to meet the needs of families.

0-19 Service Contract

- 9 Following a competitive procurement exercise in April 2016 HDFT were successful in securing Durham County Council's (DCC) 0-19 health visiting and school nursing contract.
- 10 The contract was awarded for a two year period from 1 April 2016 to 31 March 2018 with an option to extend the contract for a further year to 31 March 2019 which was actioned.

- 11 Additional funding was available in the first year of the contract (2016/17), ring fenced for the promotion and rebranding of the 5-19 service and to upskill school nurses in mental health first aid and Youth Awareness Mental Health (YAM).
- 12 Ongoing service improvement is driven by a thematic lead management model, with a strong focus on performance management to ensure efficiency and quality.
- 13 Additional elements have been included in the contract with HDFT including:
 - The provision of a Children's Specialist Public Health Nurse based in the County Durham Youth Offending Service (CDYOS). This took effect from July 17 and will follow the remaining 0-19 contract term.
 - The provision of a Public Health Nurse based in the Public Health Team at County Hall to focus on joint areas of work leading the best start in life (BSIL) practitioners across health, early years and family centres.
 - The provision of a Band 7 (1.5wte) and Band 3 (1.4wte) in the Multi Agency Safeguarding Hub (MASH). These posts have been commissioned by DCC on behalf of the CCG's.
- 14 The 0-19 contract is performance managed on a quarterly basis with meetings chaired by the Strategic Commissioning Manager for Children and Public Health. There is also attendance from the Public health Strategic Manager for Starting Well and Social Determinants. HDFT provide a quarterly performance report which is scrutinised at these meetings.
- 15 In March 2018 the Corporate Director Adult and Health Services agreed a delegated decision to extend the 0-19 contract with HDFT to 31 August 2020.
- 16 The 0-19 service will be reviewed in 2019 in order to develop the future service requirement with a full procurement exercise to be undertaken and a new contract awarded from 1 September 2020.

Current 0-19 Healthy Child Programme Delivery

- 17 Through the life course conception to adulthood, the 0-19 universal service works in partnership with parents, carers, children, young people and families from the antenatal period through to children reaching independence and adulthood, using the 4-5-6- approach for Health Visiting and School Nursing (Appendix 3). Work continues up to the age of 25 for care leavers and children with SEND.

18 Health Visiting teams are consistently delivering high coverage of universal mandated core contacts in 0-5 (Health Visiting Teams). These include:

- Antenatal visit (at home 28 weeks onwards)
- Primary visit (by 14 days old)
- 6-8 week review
- 3-4 month contact
- 6-12 month review
- 2-2.5 year integrated review (nursery or childcare setting)
- 3.5 year pre-school review

Best Start in Life (Including Breastfeeding and School Readiness)

19 Speech and language skills are high on the national agenda due to the significant inequalities in outcomes for children in communication poor households. Through the BSIL delivery group speech and language is a multi-disciplinary priority working across early years teams, family centres and HDFT 0–5 teams. Durham County Council has been successful in an expression of interest for Public Health England funded speech, language and communication needs training for Health Visitors. This train the trainer programme is planned for February/ March 2019, and this model of training will extend to key partners to support the school readiness priority. The aim of this programme is to implement a consistent speech, language and communication assessment tool alongside the 2 to 2 ½ year integrated review, ensuring that the appropriate referrals are submitted to the speech and language services, improving outcomes for children. This innovation will be monitored during the roll out of training and implementation during 2019.

20 Breastfeeding has an important role to play in reducing health inequalities and especially if sustained for the first six months of life, can make a major contribution to an infant's health and development and is also associated with better health outcomes for the mother.

- Breast feeding rates remain below national average, and challenging for County Durham. At the end of Quarter 1 2018 to 2019, County Durham rates for total and partial breastfeeding at 6 to 8 weeks were 29.2% compared to England rates of 44.4%.
- The 0-19 service continues to work with colleagues in midwifery services and Durham County Council children's services to continue to promote the breast feeding agenda and support cultural shift around infant feeding. A skill mixed model has been

introduced into the team in 2017-18 including a training post and a specialist infant feeding practitioner post being developed to address the wider social and cultural issues which affect women's decision to breast feed.

- The Breastfeeding Friendly scheme has been reviewed and extended with new and refresher training with revised marketing materials being rolled out. Approximately 150 businesses are currently registered and trained. The service are in the process of working with Dalton Park to make all venues there 'breastfeeding friendly'.
- The 0-19 Growing Healthy County Durham service was awarded full UNICEF accreditation in June 2017 for breast feeding friendly services. UNICEF Gold Award has now also been achieved in July 2018 with only six other Health Visiting services across the UK who have been successful in achieving this award.

Perinatal Mental Health

- 21 Following the regional local maternity system (LMS) roll out of train the trainer for perinatal and infant mental health, HDFT have a team of Perinatal Mental Health Trainers now enhanced by a member of staff trained in Infant Mental Health. This ensures a rolling programme of training within 0-19 service, standardised assessment of perinatal mental health, access to an enhanced offer from health visiting with referrals for specialist assessment and support where needed.
- 22 Although nationally the 3-4 month contact is not mandated, it is now embedded within the County Durham service delivery as it is a key contact for perinatal mental health. During 2019 the quality and range of data will be improved to demonstrate the proportion of women identified early and given appropriate support to remain mentally well during pregnancy and in the first year after birth.

Vulnerable Parent Pathway

- 23 The Vulnerable Parent Pathway (VPP) was developed in February 2017 with the One Point Service contacts commencing in September 2017. The purpose of the VPP is to ensure that vulnerable families are identified early following a holistic Family Health Needs Assessment to ensure they receive additional enhanced support to address health and social inequalities and offer the child the best start in life. Over the past 12 months, 218 families have been referred onto the VPP, with slightly higher numbers of referrals in the Peterlee and Stanley areas. On average across the 12 months, 50% of fathers/ co-parents are actively engaged with our service, a priority area of work due to the "hidden

male” agenda, however we have more work to do to improve engagement.

- 24 A key outcome measure is at the universal mandated 2 to 2 1/2 year integrated review whether the child reaches their appropriate developmental stage and the family return to universal pathway, or if an enhanced offer is still required. Outcomes will be reported from February 2019 onwards following those children who commenced on the pathway in February 2017 having their 2 to 2 ½ year integrated review. The VPP is linked in directly with County Durham’s Stronger Families Programme, the Early Help Strategy, and the new Pre Birth pathway at strategic and operational level.
- 25 Members of the 0-19 team jointly delivered the Routes out of Poverty events across the county during 2018, and have established a HDFT process for grants funding that will work outside of the Stronger Families Programme if families need additional grants that the programme cannot support.

Home Environment Assessment Tool

- 26 The County Durham Home Environment Assessment Tool (HEAT) is now embedded into 0-19 practice. Health Visitors use the assessment tool with all families universally, and School Nurses with all families they are working with on active caseload. Home safety is addressed, and planning with families to address home conditions that impact negatively on children and families, this aligns with the signs of safety approach. Over the past 12 months, 66% of these assessments undertaken at the 6-8 week review have led to advice and action planning, with 2 cases being referred into First Contact due to the level of concern.

Unintentional Injuries

- 27 Prevention of Unintentional Injuries County Durham Strategy: HDFT have an increased focus on the home setting as falls are the leading cause for Accident and Emergency admissions. 0-19 Growing Healthy service has developed a home safety session and worked with key partners including the Fire Service to deliver the Safety Carousel during the Autumn 2017 and Spring 2018 terms. 5700 children from Year 5 and Year 6 across County Durham and Darlington Primary Schools accessed the carousel. HDFT are engaged in the carousel again, having just completed the first half in Autumn 2018, achieving valuable contact with 3249 children so far. Evaluation of the 2017 to 2018 carousel demonstrated increased learning through the carousel.

- 28 The 0-19 service linked with key partners to deliver child safety at the County Durham Bikewise Event in July 2018, following successful promotion of the 0-19 Growing Healthy Service at this event in July 2017. This included staying safe online and accident prevention. Our service also delivered resuscitation skills to approximately 60 parents at the event.

Special Educational Needs Disability (SEND)

- 29 Over the past eighteen months, the SEND School Nursing team has gone through a structural review, and now has a dedicated Clinical Lead ensuring robust governance and a more skill mixed delivery structure, which has supported an enhanced offer to special schools. In addition to the core offer, special schools across the county have started to receive a more intensive public health delivery, through streamlined line management and caseload allocation and supervision. The core contact time has been in school or with pupils through the introduction of dedicated drop in's for pupils, school staff and parents. The team have engaged in school coffee mornings for parents and taken the opportunity to deliver key public health messages linked to the identified school profile needs. These have included dental health, emotional resilience, smoking cessation, and transition contacts at schools entry and primary to secondary school.
- 30 An area of innovation this year has been the development of school community based smoking cessation, this initiative is co delivered by the SEND community staff nurse, Solutions4Health and staff from within the school. The SEND Staff nurse has not only engaged young people in Quit management but is facilitating sessions to support parents and teaching staff to quit.
- 31 HDFT are fully engaged in the County Durham Written Statement of Action for SEND following the Ofsted inspection in November 2017 improving service pathway for provision of information to support the Education and Health Care Plan (EHCP) process, adding in a quality assurance step undertaken by our Clinical Lead for SEND.

5-19 (School Nursing)

- 32 In September 2017 HDFT implemented a new pathway for vision screening to improve access for children and families following referral after vision screen. Over the academic year 2017 to 2018 the service has worked with North of England Commissioning Support and the Primary Eyecare North East to implement the pathway which gives families the choice to make an appointment at a local optician signed up to the pathway at a time and day convenient to them, rather than receiving an allocated appointment at a community orthoptic clinic. The

first year evaluation has yet to be complete, however the pathway has been positively received by the screening team. Of 5587 children screened, 184 (3.3%) were referred to Hospital Orthoptist, 748 (13.4%) were referred to optician. HDFT are waiting for the attendance at optician figures to evaluate the impact of the new pathway.

- 33 The school profiling tool is to be further developed as part of the Quality Framework for Schools work within Durham Local Authority. Consultation with Head Teachers a crucial element in making this a profile for multi- agency use to address the needs of the children and young people within our schools and communities. Review of the profiles for the academic year 2017 to 2018 identified that the top five school priorities across our communities of learning were emotional health, personal safety (including medicines and internet) and hygiene and puberty, transitions and healthy weight. Health promotion activities delivered by School Nursing teams have been planned with the schools using these priorities.

Emotional Health and Resilience

- 34 Seven County Durham schools received the Youth Awareness Mental Health Programme (YAM) during the academic year 2017 to 2018, approximately 1100 Year Nine students. HDFT 0-19 staff co-deliver this programme with the County Durham Educational Psychology Service, Strengthening Families, and staff from Tees Esk and Wear Valley (TEWV). During the academic year 2018 to 2019, four schools have received YAM up to December 2018, the remaining twenty six schools have all been offered YAM between January and July 2019, however some schools will need to be excluded as they have agreed to be part of the Anna Freud Randomised Controlled Trial.

YAM is not licenced for delivery in SEND schools, therefore support is through targeted work delivered by the Emotional Resilience Nurses.

- 35 HDFT have raised their profile and the work in County Durham around emotional health and resilience, including the specific Emotional Health and Resilience Nurse role which has had excellent feedback from schools, on a National and International stage (San Francisco International July 2017, SAPHNA School Nurse Conference Manchester June 2018).

Healthy Weight

- 36 The proactive calls process following the National Child Measurement Programme (NCMP) in reception has been embedded into practice. In the academic year 2017 to 2018, of 818 reception children identified as overweight and very overweight, with proactive calls to 435 parents/

carers of these children. 406 calls had positive responses, with brief intervention. 29 were received negatively. 44 went on to have full assessment and a programme of care to address healthy weight. This is only one source of referral in for FISCH (the child healthy weight pathway intervention) support. In total there were 5124 referrals into FISCH (including the schools programme) with 1197 having a full assessment and package of care delivered.

Safeguarding

- 37 As part of the transformation of 5-19 services, a review of the School Nurse contribution to safeguarding proceedings was undertaken, including audit of activity, and if there was a clear role for the School Nurse with the child and family. The findings were that in 52% of cases, following Initial Child Protection Conference (ICPC) there was no role or actions for the School Nurse to undertake as part of the Child Protection Plan. At the point of first Review Child Protection Conference (RCPC) there was no active role for the School Nurse identified in 60% of cases. Therefore in agreement with the Local Safeguarding Children's Board there is now a formal process in order to withdraw from the process, following holistic assessment, if there is no role identified. In a child and family centred approach, there is also ongoing work to promote Health Visitors continuing to work with primary school aged children and families that they have relationships with, to provide stability and continuity, particularly when they are already working with pre-school children in the household.
- 38 Following the County Durham Joint Targeted Area Inspection into Domestic Abuse in July 2018, our Safeguarding Nurses and 0-19 management teams have developed a programme of training, audit and additional supervision to increase risk management, challenge and escalation skills in the 0-19 service, following feedback from the inspection. This includes secondments into our safeguarding team which have been received positively and strengthen our integrated safeguarding offer.
- 39 The Multi Agency Public Protection Arrangements (MAPPA) process has been reviewed following discussions with County Durham and Darlington Foundation Trust (CDDFT) and changes in requirements from October 2018 for representation following the discussions. In order to increase safeguarding capacity, the 0-19 management team are contributing to the MAPPA process alongside the Safeguarding team. There is an interim process of a Locality Manager covering the review MAPPA meetings two days a week, with Safeguarding Nurses attending the initial and Level 3 MAPPA meetings. An overall review of safeguarding work and capacity within the safeguarding team is being undertaken by HDFT at present, including the amount of time MAPPA

work is requiring, and an options appraisal will be available in January 2019.

Looked After Children

- 40 The review health assessments for looked after children are currently included in the 0-19 contract, with training and quality assurance of health assessments being delivered by County Durham and Darlington NHS Foundation Trust (CDDFT). HDFT are reviewing timeliness and quality in relation to potential benefits of a dedicated resource within 5-19 to focus on looked after and care leaver support.

Service User Feedback

- 41 HDFT robustly collect service user feedback and have a Locality Manager with a thematic lead for Patient Experience. Alongside feedback cards, of which HDFT received 4300 2017 to 2018 across the service, HDFT have engaged for the last two years in the Children's Commissioner Takeover Challenge, and are undertaking a challenge with children with SEND in the near future. HDFT have involved both parents and young people in recruitment interviews for Health Visiting and School Nursing staff over the past 12 months.

The proposed additional 0-19 contract activity from April 2019

Additional 0-5 Contact at 14 months

- 42 The focus of this contact is to prioritise speech and language assessment and early intervention, and HDFT are currently undertaking a pilot in the Consett Health Visiting Team area to prepare for full rollout from April 2019. The pilot will provide initial qualitative information on the value of the contact, how it is received by families, the band of staff undertaking the contact, and data on how many of the contacts lead to an intervention for speech and language, or any other referrals. At the end of Quarter two 2019 to 2020 we intend to evaluate through the 2 to 2 ½ year integrated review what impact this additional contact has on speech and language skills and overall development and readiness to learn.

Healthy Weight

- 43 Public Health have undertaken a review of healthy weight services across County Durham, including the Family Initiative Supporting Children's Health (FISCH) service within 0-19 Growing Healthy. The pathway developed from this review will direct our 0-19 universal and targeted delivery from April 2019.

SEND

- 44 Many children and young people with SEND are educated in mainstream schools, and although HDFT have a dedicated team of SEND nurses the service are keen to upskill the overall 5-19 workforce to fully support the SEND agenda. HDFT are in the process of establishing rotational Staff Nurse posts into SEND to build up skills and confidence in supporting children with SEND in mainstream schools.

Emotional Health

- 45 A key priority is to build a mentally healthy workforce to deliver on the emotional health agenda alongside the overall 0-19 offer, building on what HDFT already offer as a trust. HDFT Emotional Health Lead will develop the activity plan to support this work.
- 46 HDFT are currently piloting 0-19 Staff Nurses co-delivering with the skilled Emotional Resilience Nurses in the Derwentside Locality to develop their skills, and inform a more skill mixed model proposal for the contract extension, developing overall capacity within 5-19 to deliver on the emotional health agenda.

Digital offer

- 47 There is ongoing work across HDFT 0-19 Growing Healthy Service in County Durham, and the trust, to develop the digital offer. HDFT currently have 0-19 Facebook pages in four of our five localities, which have standard formats with the localised information, for example Baby Clinics or Breastfeeding Cafes. The fifth area is being finalised January 2019. HDFT have clear governance processes around the Facebook pages. The planned content (some of which is already in place) is:
- 0-19 staff roles and contacts
 - What the core contacts are and what they entail
 - Health Promotion
 - Minor Illness
 - Safety messages
 - Domestic Violence
 - A day in the life of ...
 - Venues/ buildings information (closing times etc.)
 - Voluntary and Community Sector information and events
 - Short videos
 - Links to key partners
- 48 There are further developments planned with a 0-19 micro website that covers the HDFT footprint, and Instagram with teenagers a focus. The

digital offer will complement national and local campaigns, for example Anti-Bullying.

- 49 To enhance quality of care, accessibility for service users, flexibility to meet children and families' needs, and promote a good work life balance for the workforce, a key priority in our digital transformation is investment in Virtual Private Networks (VPN) to allow remote access to trust and patient information systems securely. The programme of implementation will roll out from April 2019, to enhance our agile working across County Durham.

Main Implications

The 0-19 Health Visiting and School Nursing Service Transformation

- 50 Through the Harrogate and District NHS Foundation Trust Learning and Best Practice Group, key work streams have been established to drive service development and quality. These align with the current priorities for service delivery, and with the agreed County Durham 0-19 contract extension modifications April 2019 to August 2020, with scope for additional work streams as required.

The work streams and underpinning elements which are integral to all of the work streams are demonstrated through our Transformational Route Map (Appendix 4).

- 51 The work streams started in July 2018, and are responsive to national and local priorities, NICE guidance, Public Health England and government policy, service reviews and service user feedback. They also contribute to trust and local policy development.
- 52 Workforce planning, training, development and sustainability to deliver and future proof the 0-19 service will be guided by the eight work streams in the Transformational Route Map.
- 53 There are significant changes planned for post registration nurse education which will affect the Specialist Community Public Health Nursing (SCPHN) training for Health Visitors and School Nurses from September 2020. Health Education England funding will not be available for this degree programme. Discussions are taking place with Teesside University to plan for these changes and future proof the 0-19 workforce. Options are being considered including apprenticeship models and increasing the current Staff Nurse development programme, which has over the past two years provided a good foundation for the SCPHN training.

Conclusion

- 54 This report has highlighted the work that has progressed within the HDFT 0 – 19 service and describes the development and improvement programme in place for the remaining contract duration.

Contact:	Michelle Baldwin	Tel: 03000 267663
	Amanda Smith (Service Manager HDFT)	Tel: 03000 261524

Appendix 1: Implications

Legal Implications

The mandated functions of the 0 – 19 service are a requirement of the 2012 health and social care act.

Finance

This contract is paid from within the public health ring fenced grant

Consultation

There is ongoing service user feedback and engagement within the HDFT 0 – 19 service delivery

Equality and Diversity / Public Sector Equality Duty

The HDFT 0 – 19 service aims to tackle inequalities and provide an equitable service meeting the universal and more targeted needs of families across County Durham.

Human Rights

Applied as appropriate within contract delivery

Crime and Disorder

Not applicable

Staffing

HDFT manage all staffing requirements

Accommodation

Not applicable to this report

Risk

Contract is delivering well with no risks identified within this report

Procurement

New contract to be in place by September 2020



County Durham

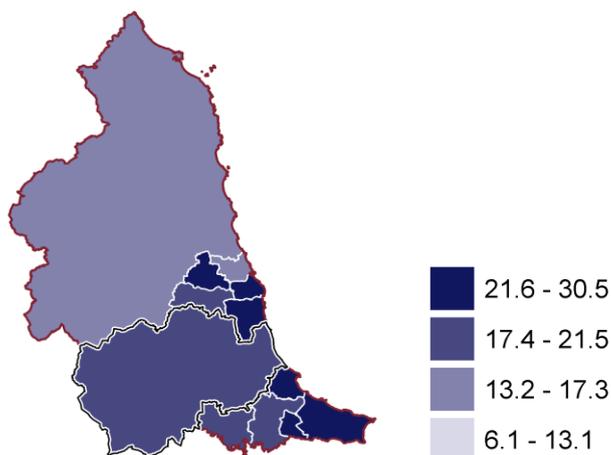
This profile provides a snapshot of child health in this area. It is designed to help local government and health services improve the health and wellbeing of children and tackle health inequalities.

The child population in this area

	Local	Region	England
Live births (2016)	5,304	28,574	663,157
Children aged 0 to 4 years (2016)	27,900 5.4%	148,400 5.6%	3,429,000 6.2%
Children aged 0 to 19 years (2016)	113,900 21.8%	592,200 22.5%	13,107,000 23.7%
Children aged 0 to 19 years in 2026 (projected)	120,500 22.2%	611,400 22.5%	14,065,900 23.8%
School children from minority ethnic groups (2017)	2,937 4.8%	34,058 10.6%	2,132,802 31.0%
School pupils with social, emotional and mental health needs (2017)	1,860 2.6%	10,364 2.7%	186,793 2.3%
Children living in poverty aged under 16 years (2015)	21.4%	22.0%	16.8%
Life expectancy at birth (2014-2016)	Boys 78.0 Girls 81.3	77.8 81.5	79.5 83.1

Children living in poverty

Map of the North East, with County Durham outlined, showing the relative levels of children living in poverty.



Map contains Ordnance Survey data.

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Key findings

Overall, comparing local indicators with England averages, the health and wellbeing of children in County Durham is worse than England.

The infant mortality rate is similar to England with an average of 24 infants dying before age 1 each year. Recently there have been 12 child deaths (1-17 year olds) each year on average.

Public health interventions can improve child health at a local level. In this area:

- The teenage pregnancy rate is similar to England, with 173 girls becoming pregnant in a year.
- 16.7% of women smoke while pregnant which is worse than England.
- Breastfeeding rates in this area are worse than England. 56.0% of mothers initiate breastfeeding. By 6 to 8 weeks after birth, 27.9% of mothers are still breastfeeding.
- The MMR immunisation level meets recommended coverage (95%). By age two, 97.0% of children have had one dose.
- Dental health is worse than England. 25.8% of 5 year olds have one or more decayed, filled or missing teeth.
- 10.3% of children in Reception (similar to England) and 22.6% of children in Year 6 (worse than England) are obese.
- The rate of child inpatient admissions for mental health conditions at 94.7 per 100,000 is similar to England. The rate for self-harm at 400.8 per 100,000 is similar to England.

By age two, 98.6% of children have had Dtap / IPV / Hib immunisation, meeting minimum recommended coverage (95%). 84.8% of children in care are up to date with their immunisations, which is similar to England.

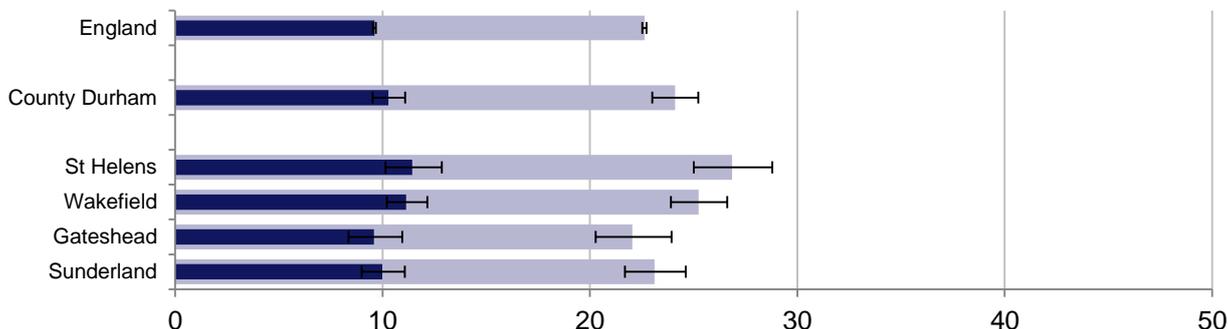
71.9% of children have achieved a good level of development at the end of Reception (better than England).

Childhood obesity

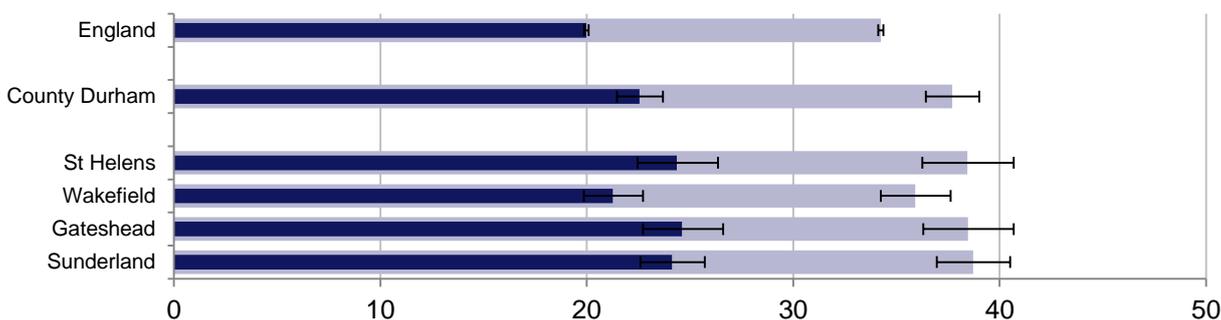
These charts show the percentage of children who have excess weight (obese or overweight) in Reception (aged 4-5 years) and Year 6 (aged 10-11 years). They compare County Durham with its statistical neighbours, and the England average. Compared with the England average, this area has a worse percentage of children in Reception (24.1%) and a worse percentage in Year 6 (37.7%) who have excess weight.

■ Obese ■ All children with excess weight, some of whom are obese

Children aged 4-5 years who have excess weight, 2016/17 (percentage)



Children aged 10-11 years who have excess weight, 2016/17 (percentage)



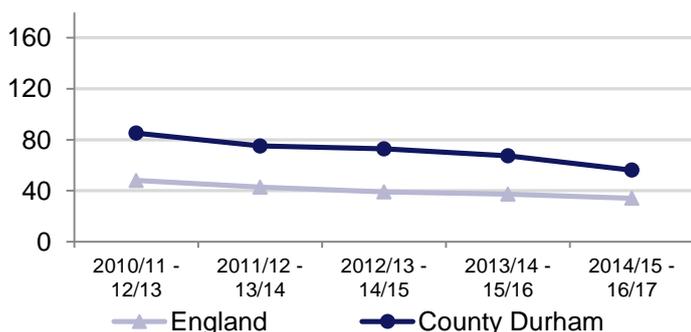
Note: This analysis uses the 85th and 95th centiles of the British 1990 growth reference (UK90) for BMI to classify children as overweight and obese.

I indicates 95% confidence interval.

Young people and alcohol

Nationally, the rate of hospital admissions of children and young people for conditions wholly related to alcohol is decreasing, and this is also the case in County Durham. The admission rate in the latest period is worse than the England average.

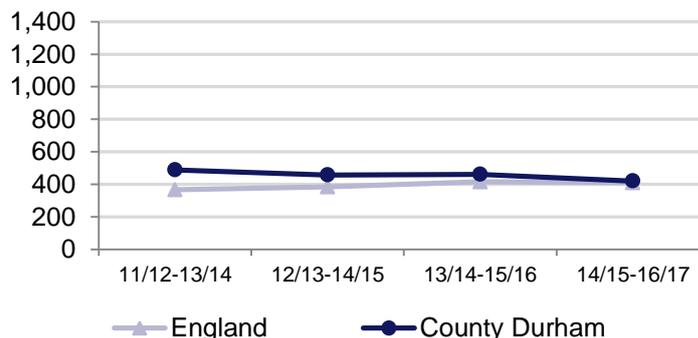
Hospital admissions of children and young people for conditions wholly related to alcohol (rate per 100,000 population aged 0-17 years)



Young people's mental health

Nationally, the rate of young people being admitted to hospital as a result of self-harm is increasing. This is not the case in County Durham where the trend is decreasing. The admission rate in the latest pooled period is similar to the England average*. Nationally, levels of self-harm are higher among young women than young men.

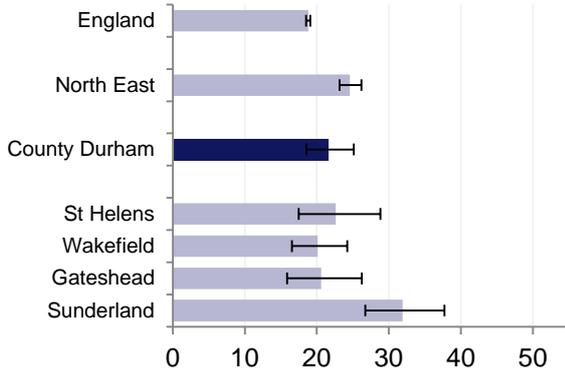
Young people aged 10 to 24 years admitted to hospital as a result of self-harm (rate per 100,000 population aged 10-24 years)



*Information about admissions in the single year 2016/17 can be found on page 4

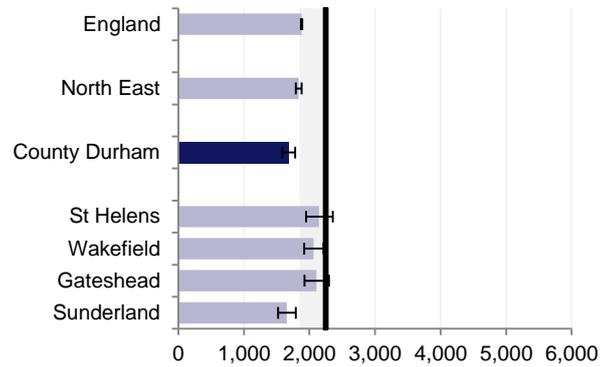
These charts compare County Durham with its statistical neighbours, and the England and regional averages.

Teenage conceptions in girls aged under 18 years, 2016 (rate per 1,000 female population aged 15-17 years)



In 2016, approximately 22 girls aged under 18 conceived for every 1,000 girls aged 15-17 years in this area. This is similar to the regional average (approximately 25 per 1,000). The area has a similar teenage conception rate compared with the England average (approximately 19 per 1,000).

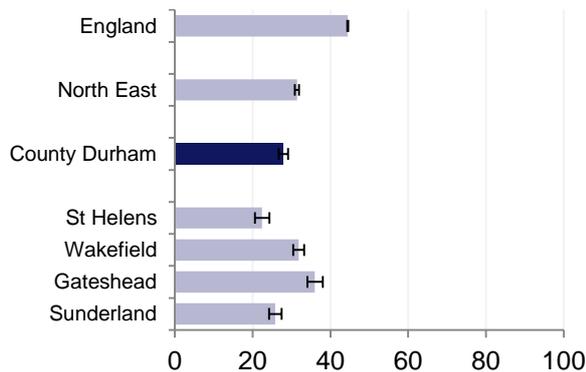
Chlamydia detection, 2016 (rate per 100,000 young people aged 15-24 years)



Chlamydia screening is recommended for all sexually active 15-24 year olds. Increasing detection rates indicates better targeting of screening activity; it is not a measure of prevalence. Areas should work towards a detection rate of at least 2,300 per 100,000 population. In 2016, the detection rate in this area was 1,681 which is lower than the minimum recommended rate.

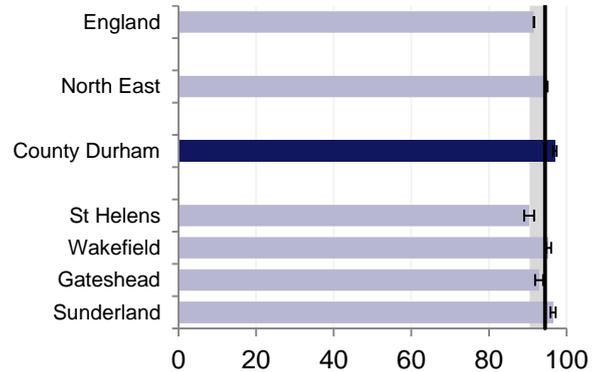
The shaded area from 1,900 shows the range of values approaching the minimum recommended rate of 2,300 (the black line).

Breastfeeding at 6 to 8 weeks, 2016/17 (percentage of infants due 6 to 8 week checks)



Breastfeeding rates in this area are worse than England. 56.0% of mothers initiate breastfeeding. By 6 to 8 weeks after birth, 27.9% of mothers are still breastfeeding.

Measles, mumps and rubella (MMR) vaccination coverage by age 2 years, 2016/17 (percentage of eligible children)



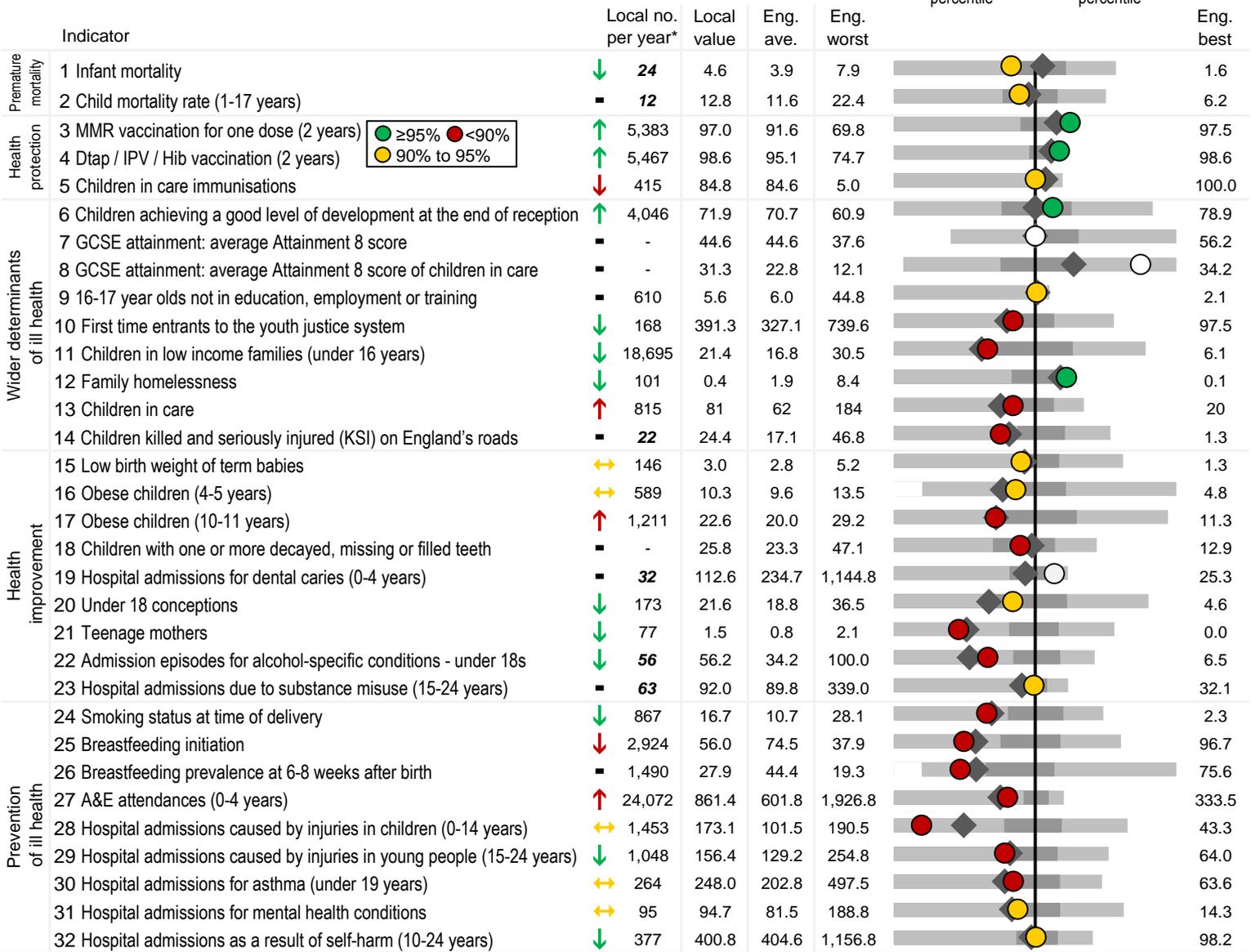
More than 95% (the minimum recommended coverage level) of children have received their first dose of immunisation by the age of two in this area (97.0%). By the age of five, 95.8% of children have received their second dose of MMR immunisation.

The shaded area from 90% shows the range of values approaching the minimum recommended coverage of 95% (the black line).

Note: Where data is not available or figures have been suppressed, no bar will appear in the chart for that area.

The chart below shows how children's health and wellbeing in this area compares with the rest of England. The local result for each indicator is shown as a circle, against the range of results for England shown as a grey bar. The line at the centre of the chart shows the England average.

- ↔ No significant change
- ↕ Increasing / decreasing and getting better
- ↕ Increasing / decreasing and getting worse
- Trend cannot be calculated
- Not significantly different from the England average
- Significantly better than England average
- Significantly worse than England average
- Significance cannot be tested



*Numbers in italics are calculated by dividing the total number for the three year period by three to give an average figure

Notes and definitions

- Mortality rate per 1,000 live births (aged under 1 year), 2014-2016
- Directly standardised rate per 100,000 children aged 1-17 years, 2014-2016
- % children immunised against measles, mumps and rubella (first dose by age 2 years), 2016/17
- % children completing a course of immunisation against diphtheria, tetanus, polio, pertussis and Hib by age 2 years, 2016/17
- % children in care with up-to-date immunisations, 2017
- % children achieving a good level of development within Early Years Foundation Stage Profile, 2016/17
- GCSE attainment: average attainment 8 score, 2016/17
- GCSE attainment: average attainment 8 score of children looked after, 2016
- % not in education, employment or training (NEET) or whose activity is not known as a proportion of total 16-17 year olds known to local authority, 2016
- Rate per 100,000 of 10-17 year olds receiving their first reprimand, warning or conviction, 2016

Where data is not available or figures have been suppressed, this is indicated by a dash in the appropriate box

- % of children aged under 16 years living in families in receipt of out of work benefits or tax credits where their reported income is less than 60% median income, 2015
- Statutory homeless households with dependent children or pregnant women per 1,000 households, 2016/17
- Rate of children looked after at 31 March per 10,000 population aged under 18 years, 2017
- Crude rate of children aged 0-15 years who were killed or seriously injured in road traffic accidents per 100,000 population, 2014-2016
- Percentage of live-born babies, born at term, weighing less than 2,500 grams, 2016
- % school children in Reception year classified as obese, 2016/17
- % school children in Year 6 classified as obese, 2016/17
- children aged 5 years with one or more decayed, missing or filled teeth, 2016/17
- Crude rate per 100,000 (aged 0-4 years) for hospital admissions for dental caries, 2014/15-2016/17
- Under 18 conception rate per 1,000 females aged 15-17 years, 2016

- % of delivery episodes where the mother is aged less than 18 years, 2016/17
- Hospital admissions for alcohol-specific conditions – under 18 year olds, crude rate per 100,000 population, 2014/15-2016/17
- Directly standardised rate per 100,000 (aged 15-24 years) for hospital admissions for substance misuse, 2014/15-2016/17
- % of mothers smoking at time of delivery, 2016/17
- % of mothers initiating breastfeeding, 2016/17
- % of mothers breastfeeding at 6-8 weeks, 2016/17
- Crude rate per 1,000 (aged 0-4 years) of A&E attendances, 2016/17
- Crude rate per 10,000 (aged 0-14 years) for emergency hospital admissions following injury, 2016/17
- Crude rate per 10,000 (aged 15-24 years) for emergency hospital admissions following injury, 2016/17
- Crude rate per 100,000 (aged 0-18 years) for emergency hospital admissions for asthma, 2016/17
- Crude rate per 100,000 (aged 0-17 years) for hospital admissions for mental health, 2016/17
- Directly standardised rate per 100,000 (aged 10-24 years) for hospital admissions for self-harm, 2016/17



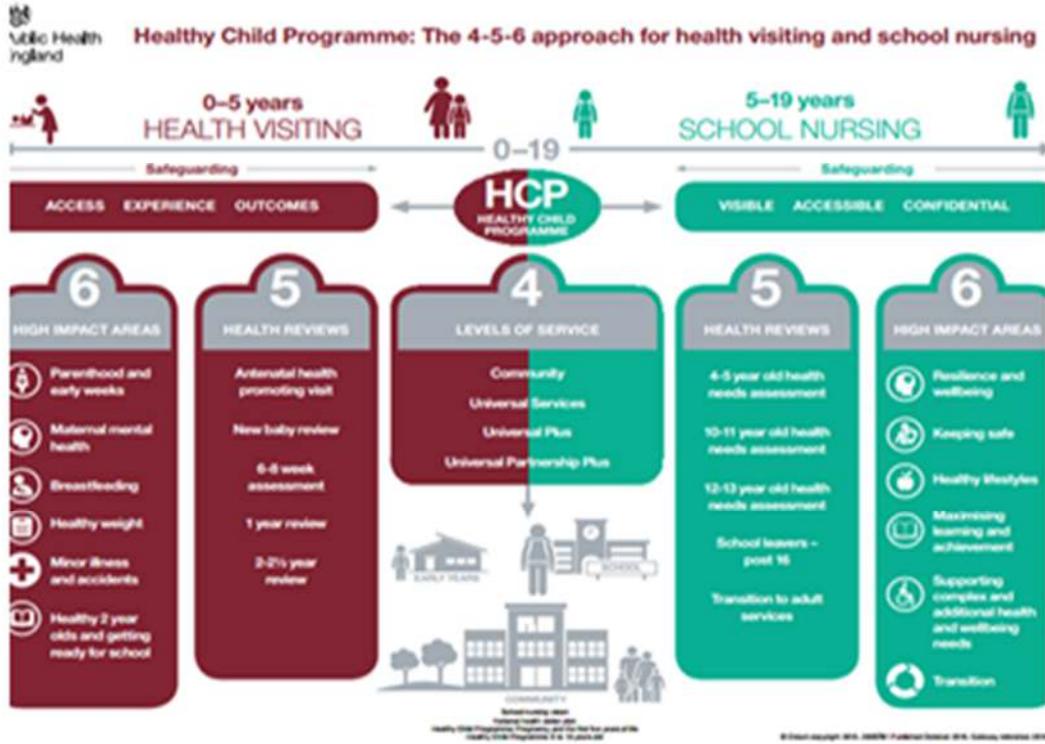
Amendment: changes to the 'Hospital admissions as a result of self-harm (10-24 years)' indicator for England

Since the publication of the profiles in June 2018, an error has been identified in the England value for the 'Hospital admissions as a result of self-harm (10-24 years)' indicator. The profile for this area has not been re-issued because the error has not resulted in a change in significance for this area for this indicator. The incorrect value for England for the 'Hospital admissions as a result of self-harm (10-24 years)' indicator remains in the profile. Correct information for the England value can be found on the interactive version of the profiles available on [PHE's Fingertips tool](#).

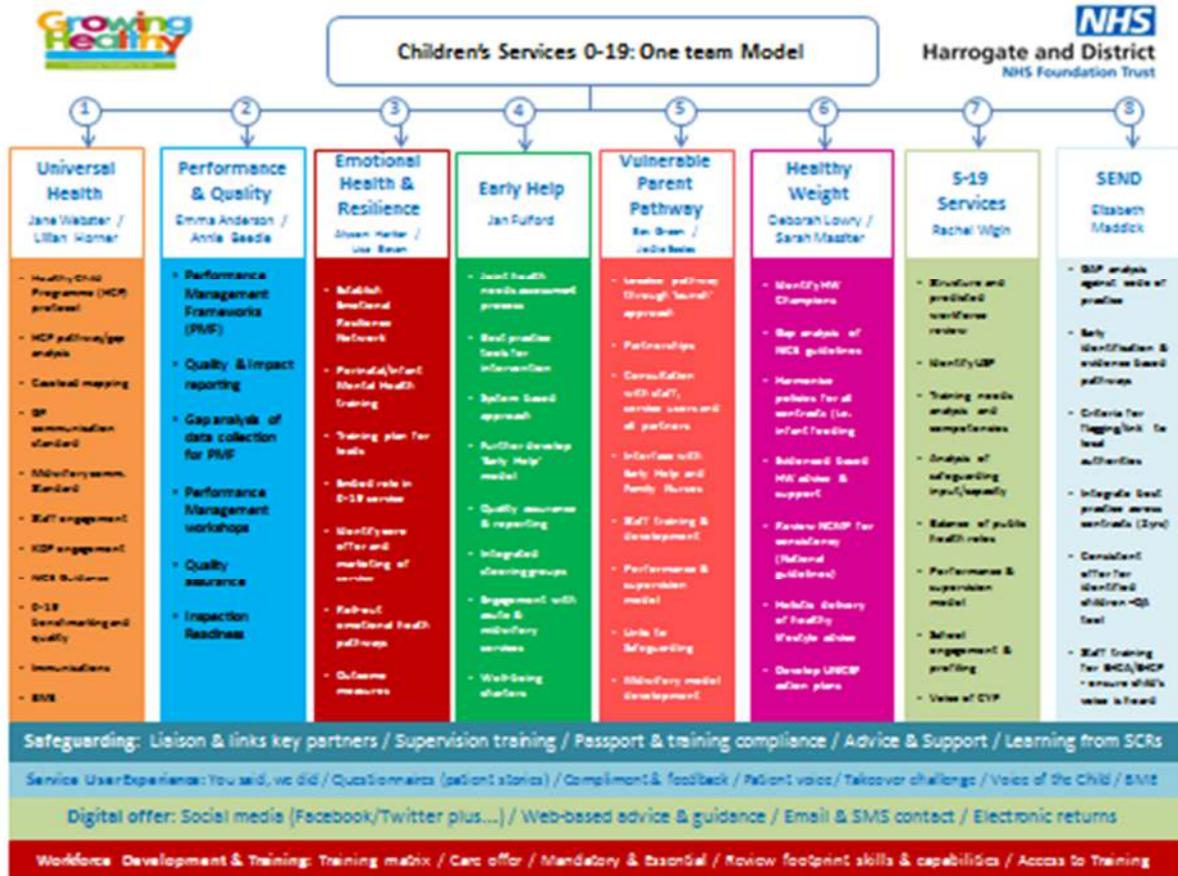
If you have any questions about this or would like advice on using this profile, please contact your local knowledge and intelligence service:

North East	LKISNorthEast@phe.gov.uk
North West	LKISNorthWest@phe.gov.uk
Yorkshire and the Humber	LKISYorkshireandHumber@phe.gov.uk
East Midlands	LKISEastMidlands@phe.gov.uk
East of England	LKISEast@phe.gov.uk
West Midlands	LKISWestMidlands@phe.gov.uk
London	LKISLondon@phe.gov.uk
South East	LKISSouthEast@phe.gov.uk
South West	LKISSouthWest@phe.gov.uk

Appendix 3: 0-19 Healthy Child Programme 4-5-6 Approach



Appendix 4: 0-19 HDFT Service Transformation Route Map



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HDFT

Growing Healthy County Durham 0 –19 Service

December 2018



0-19 Growing Healthy

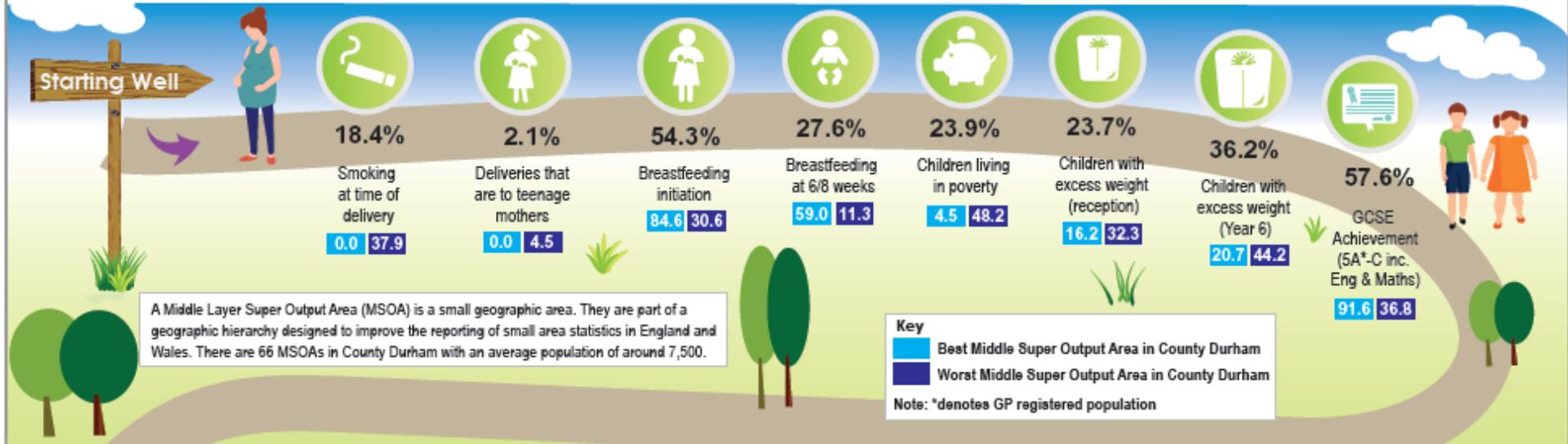


- Current service delivery
- Successes and areas for development and improvement
- Contract extension April 2019 to August 2020
- Ongoing Service Transformation
- Next steps

Starting well

A walk through the lifecourse in County Durham

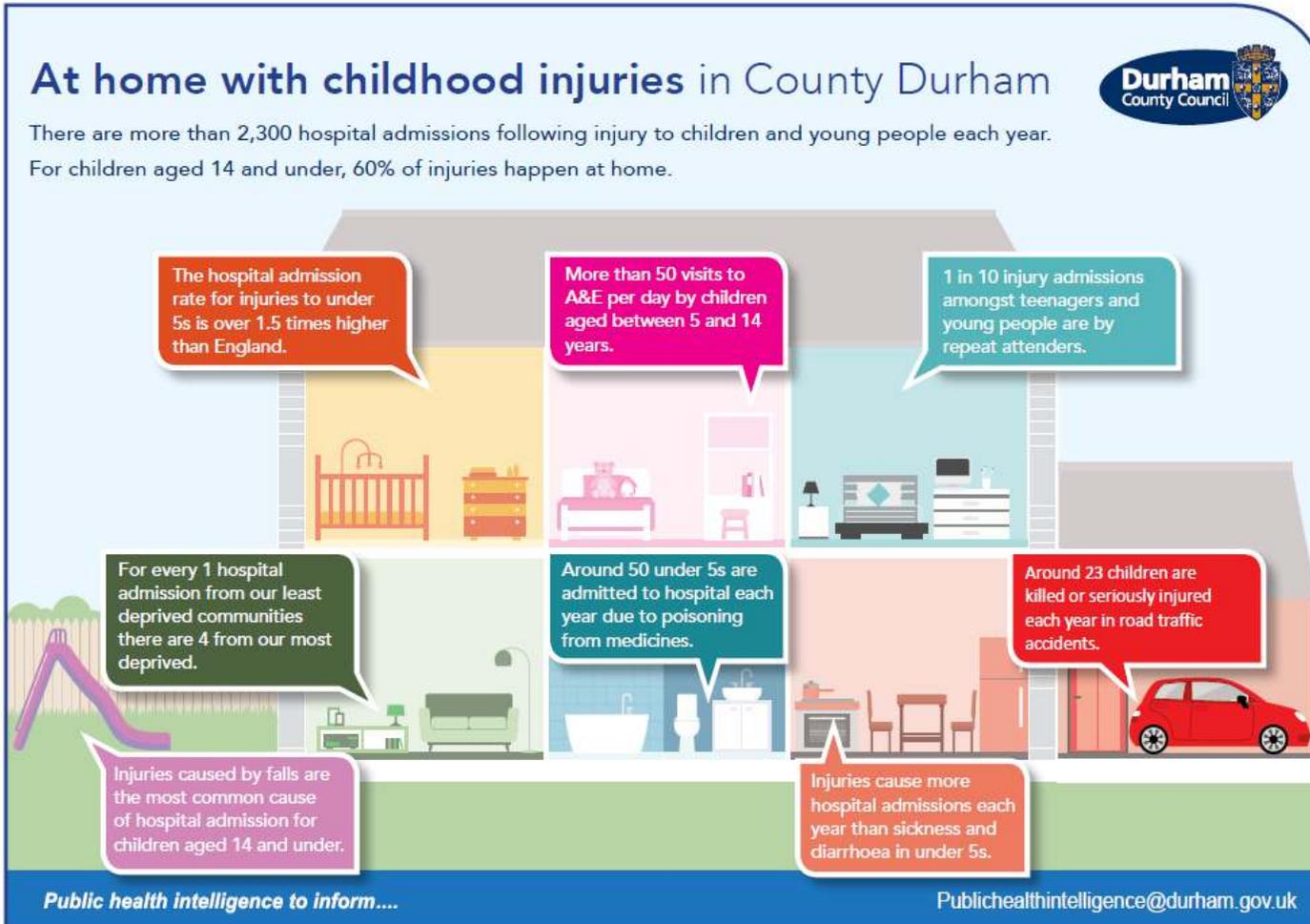
Some of the health issues are set out in the walk and how we compare across County Durham. Understanding these differences helps us to focus our attention to ensure our local people can 'start well, live well and age well'.



Public health intelligence to inform....

Publichealthintelligence@durham.gov.uk

Childhood injuries



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.

Durham County Council

- The hospital admission rate for injuries to under 5s is over 1.5 times higher than England.
- More than 50 visits to A&E per day by children aged between 5 and 14 years.
- 1 in 10 injury admissions amongst teenagers and young people are by repeat attenders.
- For every 1 hospital admission from our least deprived communities there are 4 from our most deprived.
- Around 50 under 5s are admitted to hospital each year due to poisoning from medicines.
- Around 23 children are killed or seriously injured each year in road traffic accidents.
- Injuries caused by falls are the most common cause of hospital admission for children aged 14 and under.
- Injuries cause more hospital admissions each year than sickness and diarrhoea in under 5s.

Public health intelligence to inform....

Publichealthintelligence@durham.gov.uk



Universal Health



- We consistently achieve our 0-5 Healthy Child Programme Department of Health Mandated Contacts through a robust performance management framework.

Contact	Q1 2017/ 18	Q2 2017/ 18	Q3 2017/ 18	Q4 2017/ 18	YTD 2017/ 18	Q1 2018/ 19	Q2 2018/ 19	YTD 2018/ 19	Target	Trend
Antenatal	93.8%	90.9%	94.9%	97.5%	95.5%	96.4%	96.5%	96.5%	95%	↑
New Birth	95.2%	96.2%	97.9%	96.8%	96.6%	96.8%	96.3%	96.5%	95%	↓
6-8 week	93.5%	95.3%	97.6%	96.5%	95.8%	97.8%	96.0%	96.9%	95%	↑
6-12 month	94.9%	97.9%	98.0%	97.9%	97.2%	95.6%	97.3%	96.6%	95%	↓
2-2.5 year	94.5%	96.7%	98.6%	97.9%	96.8%	97.9%	96.6%	97.3%	95%	↑



Best Start in Life



- Nationally and locally Speech, Language and Communication is a key priority due to the significant inequalities in outcomes for children in communication poor households.
- Our 0-19 service, in preparation for the contract extension are piloting a contact at 14 months old, with a focus on Speech and Language.
- Evaluation at end January 2019 to inform full implementation from April 2019.
- Alongside this County Durham have secured Public Health England funded Speech, Language and Communication Needs training for Health Visiting Teams in February 2019.

Breastfeeding in County Durham

- Awarded 10th July 2018 to County Durham 0-19 Team





Breastfeeding Call to Action



- Call to action across the system to work closely with children's services and to embed breastfeeding friendly communities
- Revised peer support programme to be more inclusive including more volunteer opportunities.
- Skill mixed Infant Feeding team now in place to address the wider social and cultural issues that influence decisions to breastfeed.
- Specialist Support at Freemans Quay and Tongue Tie Clinic at Bishop Auckland Hospital.
- Breastfeeding Champions across all Health Visiting Teams
- Training open to public, not just parents, as friends and family influence feeding choices
- Maintain Unicef Standards and Gold accreditation

Emotional Health & Resilience Service 2018/19

Jan 19 onwards

Yam – offer remaining schools
 Build capacity in 5-19 workforce – Bi monthly training schedule delivered by ERN
 Consider appropriate use of skill mix – pilot & roll out County
 MHFA for all remaining staff 5-19
 'MH Champions'
 Improve Mental Health within Workforce
 Standardise Resources
 Evaluate Derwentside pilot and consider roll out

Jan - March 2018

Oct - Dec 2018

Community Drop In
 School Nurse Drop In
 Targeted 1:1s CYP
 Targeted group work
 Advice & Guidance
 Universal Health Promotion
 Measure Impact & Outcomes
 ERN embedded in 5-19 service
 Offer Yam to all schools as appropriate
 27 out 30

April - June 18

July - Sept 2018

- Yam – 2 Schools (1)
- Emotional Resilience Pathway pilot (2)
- Training – MHFA for 5-19 workforce (3)
- March – YAM train the trainer (4)

- Emotional Resilience Template Pilot (5)
- Emotional Resilience Pathway Roll Out HDFT
- Yam Instructor course – 15 (6)
- Yam – 3 schools
- Presenting SAPHNA conf (7)
- Helper Training (8)

- Coordinated crisis response with partners (Aug 18) (9)
- Yam – 2 schools
- Emotional Resilience Work stream (HDFT) sharing best practice (10)

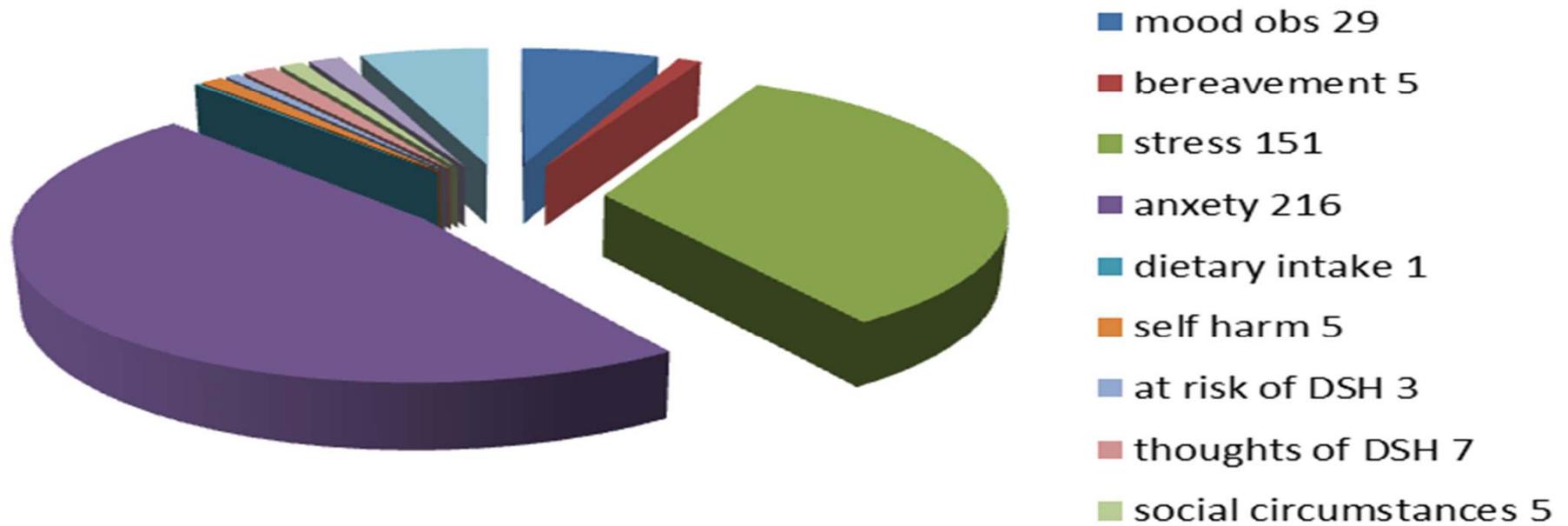
- Emotional resilience template roll out to capture impact & outcomes
- Yam – 2 Schools
- Case Study – PHE (12)
- Plan pilot capacity building in Derwentside (11)



Emotional Health 5-19



Reason for referral





Emotional Resilience Nurses.



Our Emotional Health and Resilience Nurses aim to raise awareness of mental health, reduce stigma associated with this and ensure that the right level of support for emotional and mental health issues are accessed in a timely manner.

3 Key Elements of their Work

1. Youth Awareness Mental Health (YAM) programme to Year 9 students
2. Secondary School Direct Offer- 2 hours a week, classroom based, targeted group work, 1-1 , professional advice, parents sessions
3. Community Advice and Guidance Clinics for young people, parents, carers, professionals.



Emotional Resilience Nurses



Feedback from Young People in Education Settings Across County Durham.

“I was unsure about the service at first but after just one visit knew it was the right decision to give it a chance.”

“I was hesitant to take part in group work initially, but it has been so worthwhile just to realise that other students have the same worries and anxieties that I do.”

“and useful support from a professional who is not my teacher and understands young people is great.”

“It’s great to have a young female role model I feel comfortable talking to.”

“It’s nothing like CAMHS and that’s a good thing.”

“The fact that the service is based in school means that I don’t have to worry about buses, missing college or going somewhere I am uncomfortable going.”

Feedback from Staff

“Without the Emotional Resilience Nurse, these students would not have been able to access mental health support due to a variety of barriers, and that is the most successful outcome of all.”



5-19

- Demands on the 5-19 service are high volume and there is ongoing work to achieve a balance of proactive public health work alongside safeguarding children.
- We are working hard to maintain excellent school entry screening coverage of 95% including NCMP. Following 2017 to 2018 screening, 10.1% of children were referred to audiology, 16.9% to optician and orthoptic services.
- School Profiling requires further development in consultation with schools and key partners to support Quality Framework for Schools in County Durham.



Unintentional Injuries



- The Home Environment Assessment Tool (HEAT) is embedded into Health Visiting and School Nursing practice.
- In the past 12 months, 66% of assessments undertaken at 6 to 8 week review have required advice and action planning, examples of actions are advice regarding hanging blind cord, position of cot too near to radiator.
- 2 assessments led to immediate referral to First Contact.
- In 5-19 during the academic year 2017 to 2018, 532 HEAT assessments were undertaken, 306 required an action plan (58%).
- During 2017 and 2018 0-19 HDFT have co-delivered the County Durham Safety Carousel-partnership working to contribute to the Unintentional Injuries Strategy through a home safety session, as falls in the home are a key cause of injuries in children.
- Valuable contact with 5700 Year 5 and Year 6 children- Making Every Contact Count (MECC).



Vulnerable Parent Pathway



- The Vulnerable Parent Pathway (VPP) is a Health Visitor led pathway in County Durham, which supports families through early identification of need and an enhanced offer of support delivered by the 0-19 service, One Point and key partners including the voluntary and community sector.
- The VPP commenced in February 2017, transitioning at that time from the teenage pregnancy pathway, with key outcome measures at the 2 to 2 ½ year integrated review. Reporting of outcome measures will start from February 2019.
- Over the past 12 months, 218 families have been referred onto the VPP, with slightly higher numbers from the Peterlee and Stanley areas.
- At present there are improvements needed in data collection as although there are VPP templates on System One which staff are completing, audit of all contacts and outcomes up to the 2 to 2 ½ year point is manual.



Safeguarding

- Review of 0-19 Safeguarding Model/ Best practice and capacity to deliver is being undertaken at present led by our HDFT Head of Safeguarding in preparation for the contract extension.
- 0-19 HDFT contribution to Multi Agency Public Protection Arrangements (MAPPA) process changed on 1st October 2018- interim process currently in place.
- 0-19 service action plan in place following the Joint Targeted Area Inspection (JTAI) July 2018- training, audit, additional supervision, secondments, aim to increase risk management, challenge and escalation skills.
- Review of School Nurse role within safeguarding to ensure best use of capacity- at first Review Child Protection Conferences in 60% of cases there was no active role for the School Nurse (audit March 2018). Formal process in place for withdrawal where appropriate.

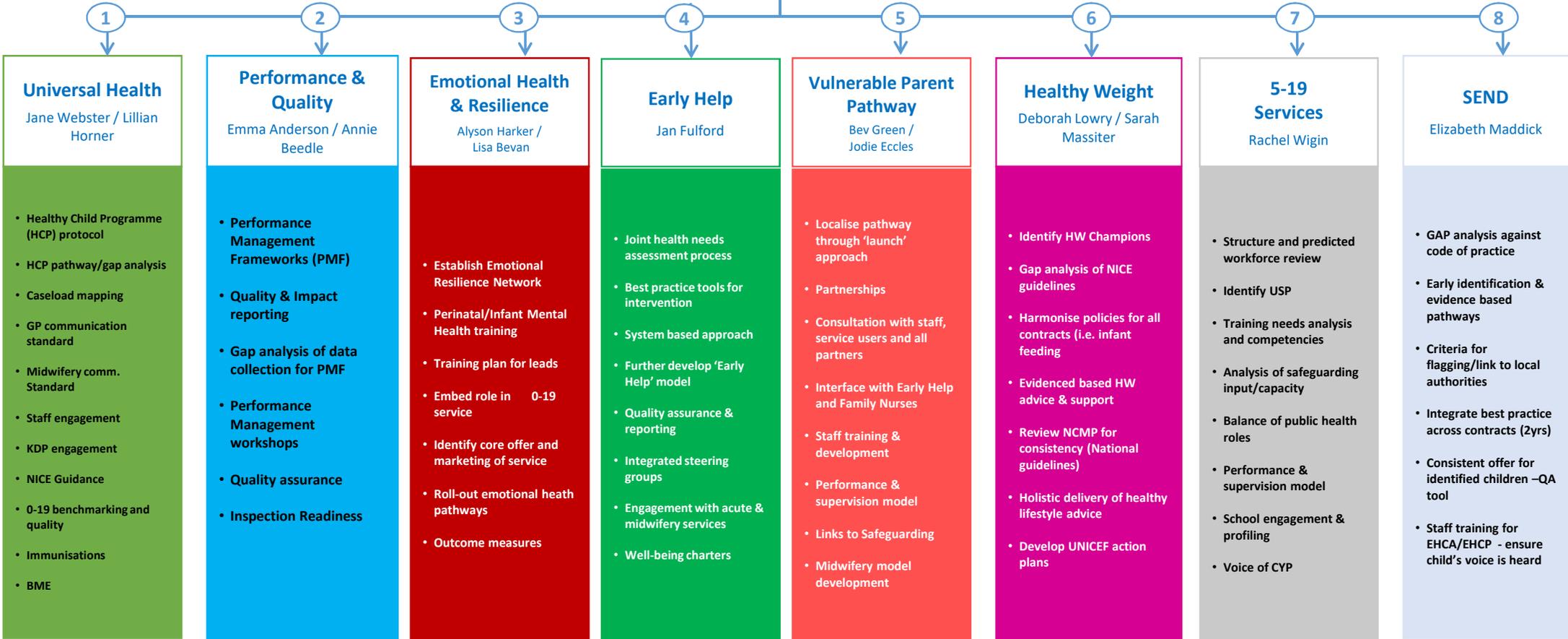


0-19 Contract Extension



- Identified local leads for each aspect of development
- Plan on a page model to form presentation
- Additional contact at 14 months
- Breastfeeding and Healthy Weight
- Vulnerable Groups including SEND, Looked After and Youth Offending
- Continence
- Quality Framework for Schools
- Emotional Health
- Digital Offer
- Minor Illness, Unintentional Injuries
- Safeguarding
- Workforce

Children's Services 0-19: One team Model



Safeguarding: Liaison & links key partners / Supervision training / Passport & training compliance / Advice & Support / Learning from SCRs

Service User Experience: You said, we did / Questionnaires (patient stories) / Compliment & feedback / Patient voice / Takeover challenge / Voice of the Child / BME

Digital offer: Social media (Facebook/Twitter plus....) / Web-based advice & guidance / Email & SMS contact / Electronic returns

Workforce Development & Training: Training matrix / Care offer / Mandatory & Essential / Review footprint skills & capabilities / Access to Training



Workforce Transformation



- 5-19 skill mix continues to increase capacity for Public Health work while safeguarding children
- Proposed dedicated resource in 5-19 for Looked After Children Health Reviews
- SEND team skill mixed, rotational Staff Nurse posts to be developed to enhance overall workforce skills across mainstream schools.
- Mentally healthy workforce , upskill to deliver on emotional health agenda.
- Future apprenticeships and development posts.



Next Steps

Next 3 months:

- Contract extension plan on a page presentation to Commissioners and 0-19 teams.
- Workforce Training Needs Analysis
- Safeguarding Business Case to Commissioners

Next 6 months:

- Rollout of Virtual Private Networks (VPN) in phase 2
- Vulnerable Parent Pathway 2 to 2 ½ year review outcomes reporting
- Mentally Healthy Workforce Development to deliver.

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**Children and Young People's
Overview and Scrutiny Committee
28 February 2019**



**SEND overview, local progress since
Inspection and inclusion / exclusion
children and young people with SEND**

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

Electoral division(s) affected:

Countywide.

Purpose of the Report

- 1 The purpose of this report is to provide members of the Children and Young People's Overview and Scrutiny Committee with an update on Special Education Needs and Disabilities (SEND) in County Durham. This includes current information available about children and young people with SEND, progress made locally since the inspection of SEND services in late 2017 and information about exclusions of children and young people from school who have SEND. The report provides a contextual overview of the presentation to be delivered at the meeting.

Executive summary

- 2 The Durham SEN population can be summarised as:
 - (a) 11,250 Children and young people in County Durham with SEN, regardless of where they attend school 1
 - (b) 8,256 Pupils having needs met through SEN Support²
 - (c) 2,994 Children and young people having needs met through Education Health and Care Plans (EHCP), regardless of where they attend (SEN2 return table 3).*
 - (d) 6,204 (59%) Of these were at Primary school (state schools) 2
 - (e) 2,829 (27%) were at Secondary school (state schools) 2
 - (f) 1,374 (13%) were at Special school (state schools) 2

Source: *Special Educational Needs in England, January 2018, Department for Education*

1 – SEN2 (Children and young people with a statement or EHC plan) plus School Census (pupils with SEN Support)

2 - School Census 2018

3 - SEN2 2018

* - Local data shows this number had risen to 3,210 (as of November 7th 2018 (Synergy, Durham County Council).

** - Includes independent schools

- 3 Between 27 November and 1 December 2017, Ofsted and the CQC conducted a joint inspection of the effectiveness of the area in implementing the disability and special educational needs reforms as set out in the Children and Families Act 2014.
- 4 In addition to a range of strengths and areas for development the Inspection Team determined that four specific areas required a written statement of action (WSoA) drawn up to improve local area provision. The WSoA was declared fit for purpose on 28 June 2018.
- 5 One year on the Local Area has made significant progress since the SEND Inspection took place this includes significant progress against each of the four areas of the Written Statement of Action (WSoA). The Local Area has identified further areas for development in 2019 as part of a SEND Strategy refresh.
- 6 It is typical that in England young people with SEND are more likely to be excluded than their peers. In Durham this is also the case though the rates in for exclusions in Durham are lower than the National Average for all children including those with SEND.

Recommendation

- 7 Children and Young People's Overview and Scrutiny Committee is recommended to:
 - a) receive this update report and presentation and comment accordingly;
 - b) continue to provide commitment and support across the work of the Local Area that supports Children and young people with SEND.

Durham – the local picture and how we compare

- 8 There are approximately 75,000 children and young people of school age in County Durham, and about 1 in 6 are identified as having SEND. There are 268 schools of which 30 are secondary (17/13 academy/maintained), 194 Primaries (18/176 academy/maintained), 10 infant and 10 junior schools, 10 Special Schools and 1 Pupil Referral Unit. It should be noted that not all pupils within the County attend schools in the area. Conversely, some pupils may travel from other

areas to schools in the County. This is a feature of the SEND Code of Practice.

- 9 SEND typically describes two main groups of young people, those receiving SEND Support and those with an Education, Health and Care Plan (EHCP).
- 10 SEN Support in County Durham - we expect every child who requires SEN support to have an individual SEN Support plan. This must work towards a clear set of expected outcomes and detail the 'additional to' or 'different from' provision they are receiving.
- 11 Education, Health and Care Plans (EHCP) – in some cases despite the school having taken relevant and purposeful action through SEN support, a pupil may not have made the expected progress. To understand the complexities around these cases an Education, Health Needs Assessment (EHNA) will take place. Through the EHNA it may be determined that needs would be best met through an EHCP, An EHCP is a legal document which describes a child or young person's special educational needs, the support they need, and the outcomes they would like to achieve. This covers children and young people up to the age of 25 since the SEN reforms.
- 12 It would be typical that the needs of young people with an EHCP are higher than the needs of young people with SEN Support.
- 13 How Durham compares - County Durham has a slightly lower proportion of school pupils with SEN (14.4%) than the North East (15.5%) and England (14.6%, figure 1, school census 2018).
- 14 Pupils with SEN support - County Durham has a slightly lower proportion of school pupils with SEN support (11.4%) than the North East (12.4%) and England (11.7%).
- 15 Pupils with statements or EHC plans - County Durham has a similar proportion of pupils with statements or EHC plans (2.9%) to the North East (3.1%) and England (2.9%).
- 16 Primary Needs - All pupils with SEN have an assessment of their primary need. The following charts show the breakdown of need in

County Durham by primary, secondary and special school, compared to the national averages and ranked by prevalence. We recognise that whilst primary need is a helpful indicator many young people have a range of needs due to the sometimes complex nature of SEN.

Key

ASD (ASC): Autistic Spectrum Disorders (Autistic Spectrum Condition)	SLCN: Speech, Language and Communication Needs
MLD: Moderate Learning Difficulties	SEMH: Social, Emotional and Mental Health
SPLD: Specific Learning Difficulties (e.g. Dyslexia, Dyscalculia and Dyspraxia)	SLD: Severe Learning Difficulties
PD: Physical Disabilities	PMLD: Profound & multiple learning difficulty
HI: Hearing Impairment	VI: Visual Impairment
MSI: Multi-sensory impairment	NSA: SEN support but no specialist assessment of type of need
OTH: Other difficulty/disability	

17 In terms of primary need, according to the 2018 School Census, in County Durham schools:

2,800 3.7% of all school aged children have MLD
 1,200 1.6% of all school aged children have SLCN
 1,900 2.5% of all school aged children have SEMH
 1,050 1.4% of all school aged children have ASC

The full range of primary needs can be seen in figure 1.

Figure 2 shows the percentage of **primary** school pupils with special education needs by type of primary need, County Durham, North East and England, 2018. Source. School Census, Department for Education

Figure 3 shows the percentage of **secondary** school pupils with special education needs by type of primary need, County Durham, North East and England, 2018. Source. School Census, Department for Education

Figure 4 shows the percentage of **special** school pupils with special education needs by type of primary need, County Durham, North East and England, 2018. Source. School Census, Department for Education.

Figure 1. Number of school pupils with special education needs by type of primary need, County Durham, 2018. Source. School Census, Department for Education

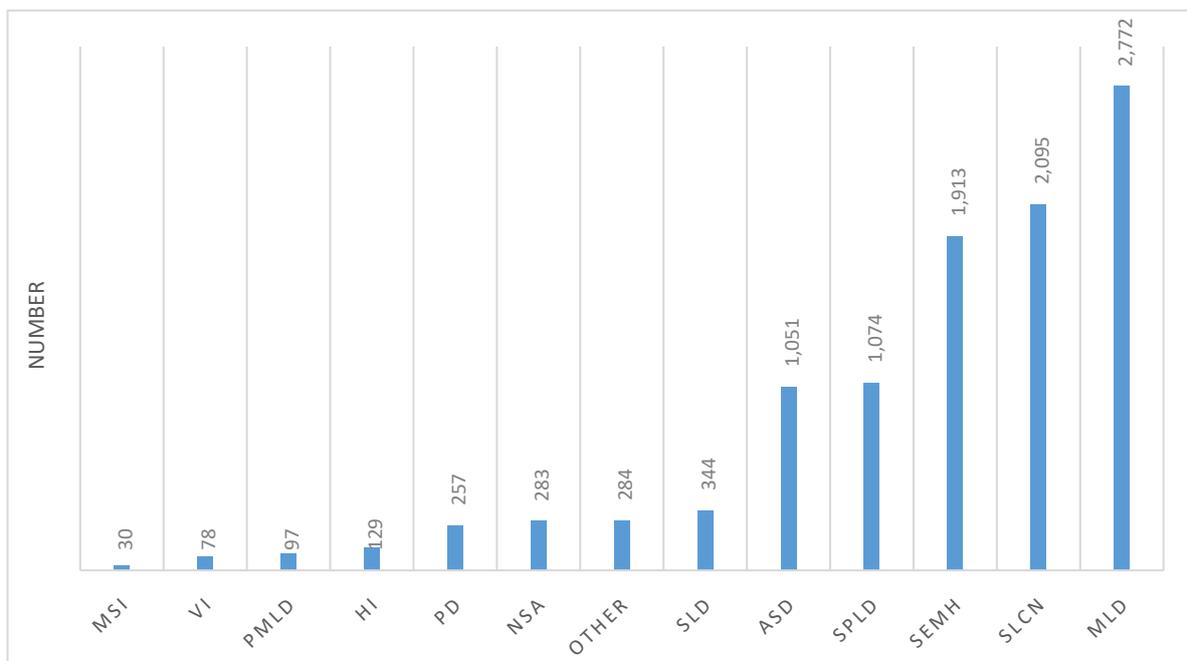


Figure 2. Percentage of **primary** school pupils with special education needs by type of primary need.

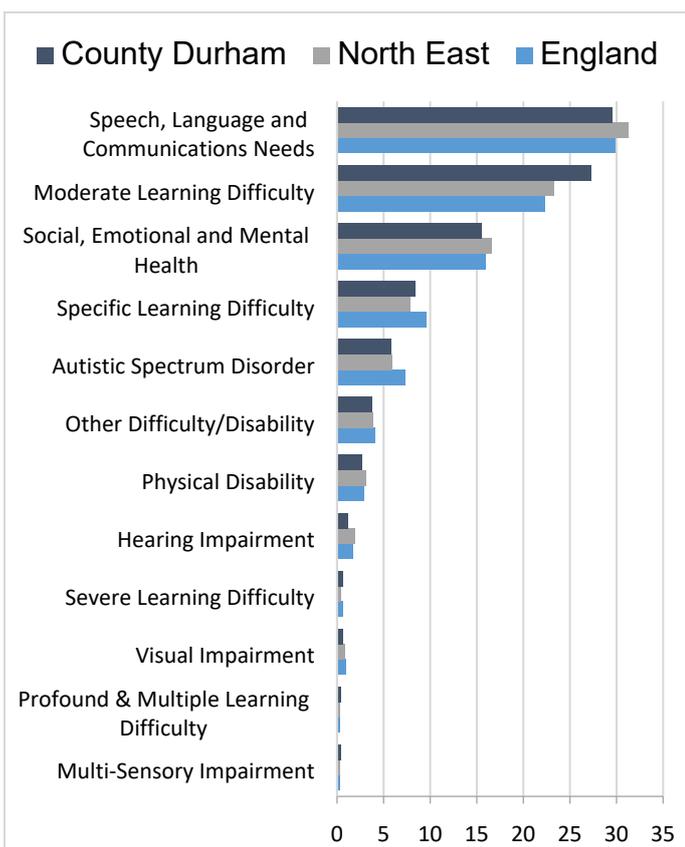


Figure 3. Percentage of **secondary** school pupils with special education needs by type of primary need.

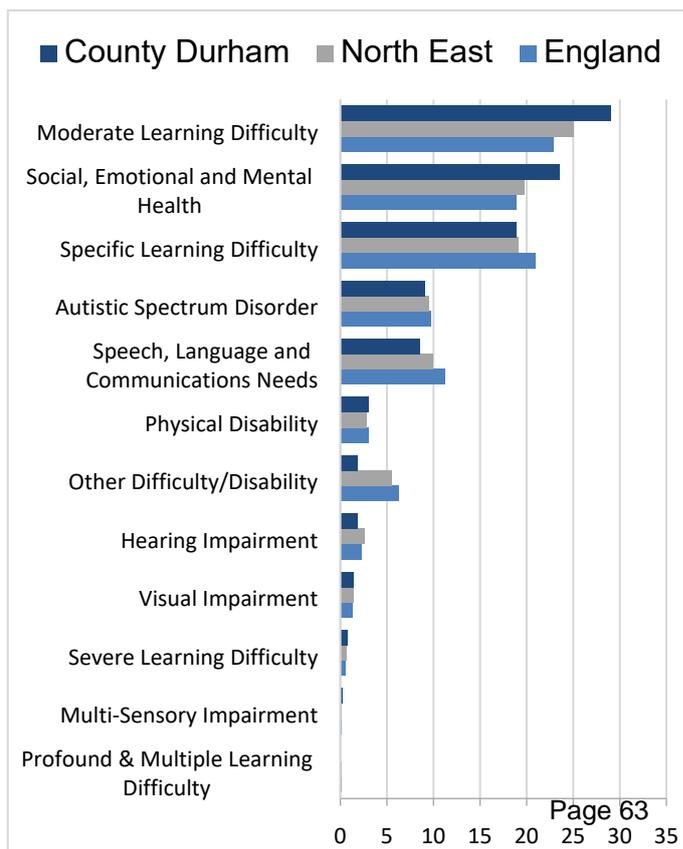
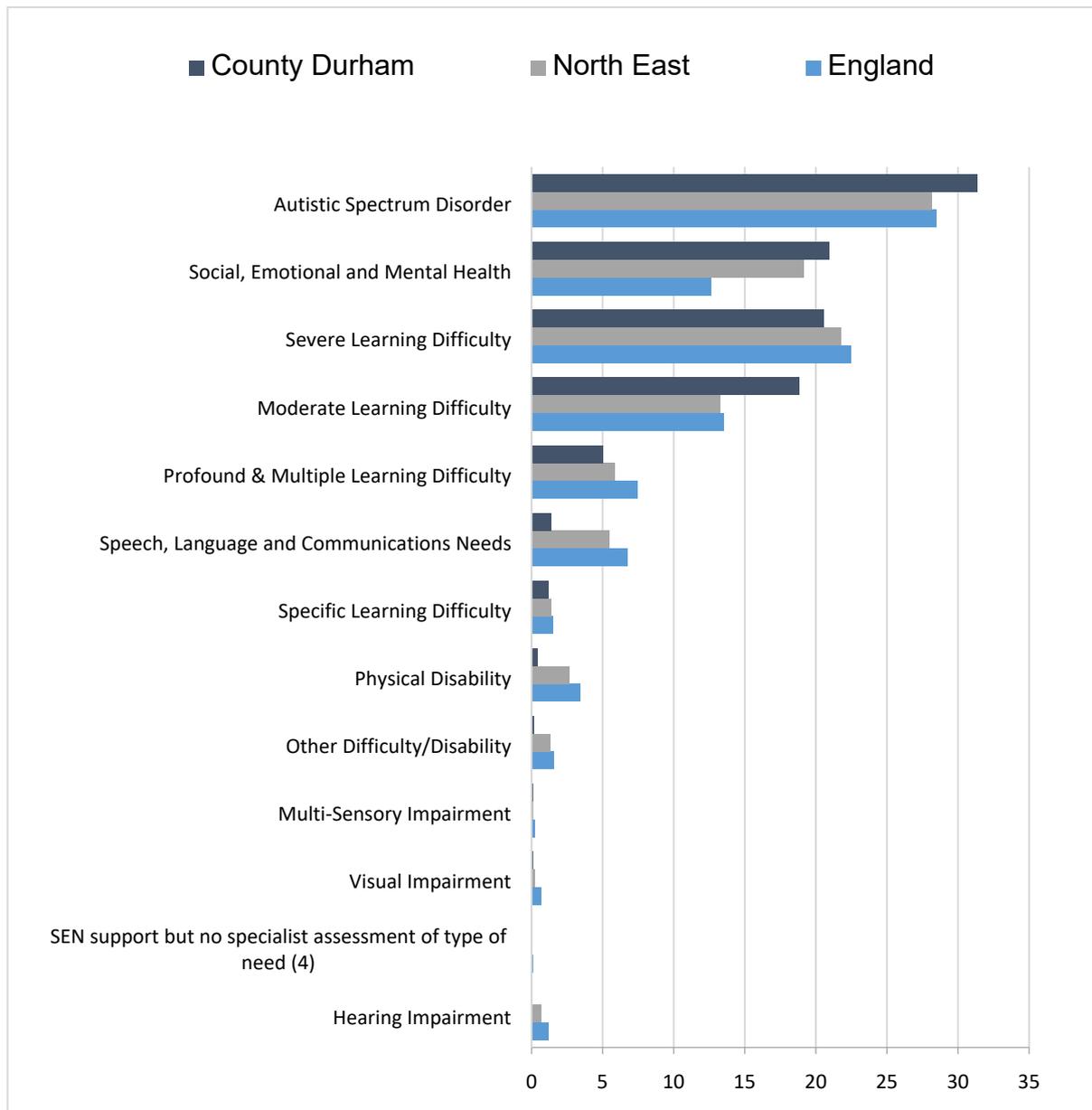


Figure 4 percentage of special school pupils with special education needs by type of primary need.



- 18 In primary schools, Speech, Language and Communications Need (SLCN) is the most prevalent type of primary need nationally, regionally and locally at around 30% (figure 2).
- 19 In secondary schools Moderate Learning Difficulty (MLD) is the most common primary type of need nationally, regionally and locally (figure 11). In County Durham 29% of secondary school children with SEN have MLD, compared to 25.1% in the North East and 22.9% in England (figure 3).

- 20 In special schools Autistic Spectrum Disorder (ASD) is the most common primary type of need nationally, regionally and locally (figure 4). In County Durham 31% of special school children with SEN have ASD, compared to 28.2% in the North East and 28.5% in England.
- 21 The relatively large numbers of children identified with MLD may be explained by the ambiguous nature of the term; effective identification of this primary need can be challenging.

Progress since the Local Area Inspection

- 22 Between 27 November and 1 December 2017, Ofsted and the CQC conducted a joint inspection of the effectiveness of the area in implementing the disability and special educational needs reforms as set out in the Children and Families Act 2014.
- 23 In addition to a range of strengths and areas for development the Inspection Team determined that four specific areas required a written statement of action (WSOA) drawn up to improve local area provision. The WSOA was declared fit for purpose on 28 June 2018.
- 24 The Local Area has received three monitoring and support visits from the DfE Regional SEN and Disability Professional Adviser and the NHS England Deputy Director of Quality Assurance. The most recent monitoring visit took place on 8 November 2018. We have since been advised that periodic monitoring and support visits will continue in all areas with a written statement of action until a SEND Inspection re-visit by Ofsted and CQC has taken place. For County Durham, this is expected by December 2019.
- 25 Strategic oversight and linkage with other partnership activity has been transformed by establishing a new leadership, governance and accountability framework for all local area provision for children and young people with SEND. These arrangements have been implemented as part of the introduction of strengthened partnership arrangements through the Integrated Steering Group for Children (ISGC), which is jointly chaired by Durham County Council's Corporate Director of Children and Young People's Services and Director of Nursing, for the Durham Dales, Easington and Sedgefield Clinical Commissioning Group (CCG) and North Durham CCG. The ISGC reports into the Integrated Care Board. This is the key decision making authority for the new strategic model of health and social care in County Durham. The ICB reports to Durham's statutory Health and Wellbeing Board.

- 26 The Integrated Steering Group for Children requested that a one year on report be completed to summarise the progress of the Local Area post the Local Area SEND Inspection. This in turn was shared with DfE and NHS England and has also been to the Health and Wellbeing Board and Corporate Management Team.
- 27 A brief summary of key areas of progress over the last year is included in the following four sections of this report. The report is included as appendix 1. In addition a detailed evidence log is maintained which goes alongside the report and is being added to on a regular basis.
- 28 **Section 1 - Strategic Leadership and Governance of SEND Reforms**
- (a) A new leadership, governance and accountability framework implemented including regular corporate performance clinics and Corporate Management Team oversight
 - (b) Senior management restructure of children and young people's services in Durham County Council establishing a Head of Early Help, Inclusion and Vulnerable Children with responsibility for SEND
 - (c) Quality Improvement Manager post established to develop, agree and implement service transformation and practice improvement to further support children and young people with SEND
 - (d) Clinical Commissioning Group (CCG) response with a revised job description for Designated Clinical Officer.
 - (e) Integration of the Quality Improvement Manager and Designated Clinical Officer through their co-location and integrated work programme
 - (f) Strengthening of political oversight of SEND issues including monthly meetings with portfolio holder, reports to Scrutiny
 - (g) Regular reporting to Clinical Commissioning Group (CCG) governing bodies
 - (h) Patient congress session held to improve awareness of SEND
 - (i) Refresh of Local Area SEND Strategy coproduced with parent carer forum; priority area in new CYPS strategy approved February 2019
 - (j) Children and Young People's Promise developed by children and young people themselves

- (k) Participation Strategy developed by parent carer form
- (l) Participation Strategy cited as best practice by Local Government Association
- (m) System wide audit of SEND reforms conducted by local health service providers improving service interface for Children and Young People.
- (n) Health needs assessment of young people with SEND commissioned by Public Health providing a deeper insight into needs for 2019

29 Section 2 - Performance management and quality assurance

- (a) Key performance data for priority areas agreed and reporting rationalised into one document
- (b) Clear escalation process for performance challenges established
- (c) Provision/Local Offer
 - (i) Schools support delivered through Special Educational Needs Coordinators. Attendance at network meetings improved from 126 to 145 schools
 - (ii) 16 new SENCOs completed the National Award for SEN Coordination
 - (iii) 49 autism training and development sessions ran for school staff attended by 900 people
 - (iv) A two day event ran in June 2018 on autism attended by Emily Reuben
 - (v) Three new enhanced mainstream provisions identified for secondary school age phase
 - (vi) An eight bed 52 week residential and learning setting for young people aged 14+ jointly commissioned
- (d) Assessment
 - (i) Education, Health and Care Plan (EHCP) completions within 20 weeks improved from 85% to 91% (Sept 2018)
 - (ii) New procedures introduced for Education, Health and Social Care Managers to monitor EHCP completion rates and implement learning

- (iii) Steps taken to improve feedback response quality and rate from parent carers
- (iv) Exclusion
 - a. Behaviour Partnership Panels established to develop strategies to support young people under threat of exclusion
 - b. Exclusion trends monitored by Local Area with challenge and support provided to schools with high rates
- (e) Health
 - (i) Waiting times for Speech and Language Therapy (SALT) continue to improve, currently 72% of routine referrals are being seen and assessed within 6 weeks - this was under 40% throughout much of 2016
 - (ii) Over 90% of those referrals receive treatments within 12 weeks of assessment
 - (iii) Funding increased to implement a single provider Social Communication Assessment Team (SCAT) diagnostic service
 - (iv) Waiting times for patients on SCAT waiting list has halved
 - (v) Learning from EHCP panels shared at three half-day health focused training sessions
 - (vi) Greater scrutiny of health service provider performance
- (f) Social Care
 - (i) 481 Social Care Staff, 71% of the workforce, undertaken SEND awareness training
 - (ii) Revised short breaks offer introduced increasing the number of families that can access this service
- (g) Improving progression
 - (i) Supported Internship Forum established resulting in 27 new internships
 - (ii) Tri-Work Young Persons' Supported Work Experience for Schools Pilot introduced resulting in 125 young people gaining work experience

- (iii) Children and young people carried out their own review of good practice in relation to support for young people during transition from schools to post-16 providers
- (iv) Pilot programme introduced to increase the number of young people with SEND travelling independently
- (v) 991 young people with SEND participated in employment, education or training, 438 progressed to employment
- (vi) Reduction in young people with SEND who are not in education, employment or training reduced from 20.2% to 16.1%

30 Section 3 - Strategic planning and joint commissioning arrangements

- (a) More integrated governance and planning arrangements introduced for commissioning. Including a balanced provider scorecard introduced to monitor performance
- (b) Jointly funded assistive technology pilot improved the lives of six children and young people
- (c) Service user engagement exercise for children's therapy services carried out
- (d) Co-creation and commissioning of Durham Resilience Project to improve independence and resilience of young people with 20 schools taking part
- (e) Five emotional health and resilience nurses commissioned
- (f) CCGs introducing a coordinator for personal health budgets for children, 10 children and young people now have personal health budgets
- (g) Jointly funded post for commissioning services for children with autism introduced

31 Section 4 - Approach to strategic co-production with parents and children

- (a) Coproduction of a Participation Strategy which is cited as best practice by Local Government Association. Leaders and frontline staff to be trained in the new strategy by the parent carer forum and Special Educational Needs and Disabilities Information and Advice Service (SENDIAS) early in 2019

- (b) Parent Carer Form delivered two conferences attended by over 150 parents
- (c) SEND Toolkit developed in coproduction with parents for parents with six parent led training sessions on the toolkit delivered in 2018
- (d) Young People's Future Event planned by young people delivered in October aimed at children and young people aged 13-25
- (e) Children and young people supported the CCG in the children's therapies review
- (f) 30 secondary schools and post-16 providers engaged by SENDIASS Young People's Development Worker to develop SEND practices
- (g) 994 people attended Fulfilling Lives event resulting in 25 new enrolments of young people into higher education

Inclusion / Exclusion for children and young people with SEND

- 32 We recognise that every child, deserves an excellent education and the opportunity to fulfil their potential.
- 33 In the large majority children and young people are included in an education system that supports them to thrive. In some instances young people are excluded from school either for fixed term periods or on a permanent basis.
- 34 Exclusions are used as a sanction to improve a child or young person's behaviour, the aim of an exclusion should always be to draw attention to the behaviour and try and prevent it from happening again. When considering the effectiveness of exclusions in this regard we monitor the use of repeat Fixed Term Exclusions (3 or more) as a sign of where exclusion is not having the desired impact. Permanent exclusion is the most serious sanction a school can give. Permanent exclusions are given when a young person does something against the school's behaviour policy that the school and it's governing body consider so serious that the child or young person is no longer allowed to attend the school. Permanent exclusion should only be used as a last resort.

Exclusion Trends for all Pupils in Durham

- 35 Department for Education census figures for primary aged exclusions rates* in England: 2016 to 2017 (table 1) show that Durham is below national and regional comparisons for permanent exclusions with 0 exclusions across the county. This is not the case for fixed term exclusions where Durham has a higher rate of 0.18 over national and is in line with the region. In addition repeat fixed term exclusion in primary school is higher than national rates by 0.06 and significantly higher than the region rate by 0.3.
- 36 Department for Education census figures for secondary aged exclusions rates* in England: 2016 to 2017 show that Durham is above national rates by 0.05 and in line with the region. This is not the case for fixed term exclusions where Durham has a significantly lower rate -5.56 below national and below the regional rate by -16.74.

*rates = the total population divided by the number of exclusions.

Table 1 - Exclusion Trends all Pupils Durham Vs Regional and National

	State-funded primary schools			State-funded secondary schools		
	Permanent exclusion rate	Fixed period exclusion rate	One or more fixed period exclusion rate	Permanent exclusion rate	Fixed period exclusion rate	One or more fixed period exclusion rate
ENG	0.03	1.37	0.62	0.20	9.40	4.62
NE	0.01	0.86	0.38	0.25	12.90	4.89
Dur	0.00	1.55	0.68	0.25	7.34	3.67

- 37 Table 2 shows that in Durham schools 2.6% of pupils with SEND receive fixed term exclusions 0.6% less than the national figures for fixed term exclusions of young people with SEND.
- 38 Table 2 also shows 9.7% young people with SEND in secondary schools receive fixed term exclusions lower than the national rate of 11.4%.

- 39 As with the national picture young people with SEND in County Durham are significantly more likely to be excluded in secondary school than in primary school.

Table 2 - Exclusion Trends of SEN Pupils in Durham Vs National

2017-2018 academic year	Durham Number of Pupils	Durham	National
Primary Fixed Term Exclusion	160	2.6%	3.2%
Secondary Fixed Term Exclusion	271	9.7%	11.4%

- 40 In considering the repeat use of fixed term exclusions 60 primary aged children and 83 secondary aged young people with SEND received 3 or more fixed term exclusions. There is no reliable comparison data available.

Table 3 - Repeat Fixed Term Exclusions

2017-2018 academic year	Durham Number of Pupils	Durham	National
Primary Repeat Fixed Term Exclusion (3 or more)	60	1%	NA
Secondary Repeat Fixed Term Exclusion (3 or more)	82	2.9%	NA

- 41 There are no permanent exclusions for primary aged pupils in County Durham. This is also the case for young people with an EHCP, however 21 pupils with a recognised SEN support plan received a permanent exclusion in the 2017-2018 academic year.

- 42 Promoting Inclusion and Preventing Permanent Exclusion –

Durham Primary and Secondary Schools including Academies and the LA have agreed protocols to support pupils at risk of exclusion. This is reflected in the shared commitment to promote education and social inclusion and to minimise the use of exclusion (fixed term and permanent) by focusing efforts on early intervention and support for young people experiencing difficulties. These protocols include:

- **Fair Access Protocol** - The Fair Access Protocol has been developed between the Local Authority and Durham Schools and is reviewed annually. The protocol consolidates agreed procedures for in year admissions, pupils with challenging behaviour and managed moves. The Protocol is governed by the Durham Association of Secondary Heads and Durham Association of Primary Heads. The Local Authority provides Pupil Casework support through this protocol ensuring that any child move is coordinated.
- **Communities of Learning** - Communities of Learning support schools to be inclusive communities where all children and young people, including those who need additional and adaptations, are included. Whilst their primary focus relates to supporting the inclusion of children with SEND there are intrinsic links to other children/young people who benefit from the Col.
- **Behaviour Partnership Panels** – provide operational coordination of early intervention, support and guidance to schools and alternatives to exclusion. This is implemented through four geographical Secondary Behaviour Partnership Panels (North, Central, East and South West) and one Primary Behaviour Partnership Panel. The Behaviour Partnership Panels link schools, the Pupil Referral Unit and Local Authority Education, Early Help Inclusion and Vulnerable Children Services.
- **Early Help, Inclusion and Vulnerable Children Service** - offers an Educational Psychology led 'Inclusion Support' Service Level Agreement providing a range of options to support the panels to identify and meet the needs of pupils with challenging behaviour. Full details can be seen in the service [brochure](#)

43 **The impact of the agreed protocols has been a 13% reduction in Fixed Term Exclusions and a 5% reduction in permanent exclusions in County Durham between 16/17 and 17/18.**

Next Steps

- 44 The one year on report recognises significant areas of progress since the SEND Inspection took place and also identifies some further areas for development in 2019. These include:
- (a) Continue with and further refine our partnership governance arrangements and oversight by political leaders to ensure we monitor progress, quality improvements and evidence impact for children and young people

- (b) Work with leaders across all learning settings to transform high needs provision ensuring the local offer is further improved
 - (c) Working specifically to improve health and reduce inequalities for children and young people who have SEND
- 45 The SEND WSOA Action Plan is currently being revised and re-ordered to better reflect key remaining actions, progress made and governance.
- 46 The updated Children and Young People's Strategy 2019-22 has a key aim about better outcomes for children and young people with SEND. This wider strategy for children and young people links directly across to the refreshed SEND strategy which is referenced in the progress report.

Contact: Paul Shadforth, SEND and Inclusion Strategic Manager

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Appendix 1: Implications

Legal Implications - General, as defined in the Children and Families Act.

Finance - The report reports on joint commissioning opportunities across the Local Area.

Consultation - None

Equality and Diversity / Public Sector Equality Duty - The Local Authority under Equalities Legislation and the Children's Act have a duty to provide access to services for Children and Young People with SEND.

Human Rights - None

Crime and Disorder - None

Staffing - None

Accommodation - None

Risk - None

Procurement - None

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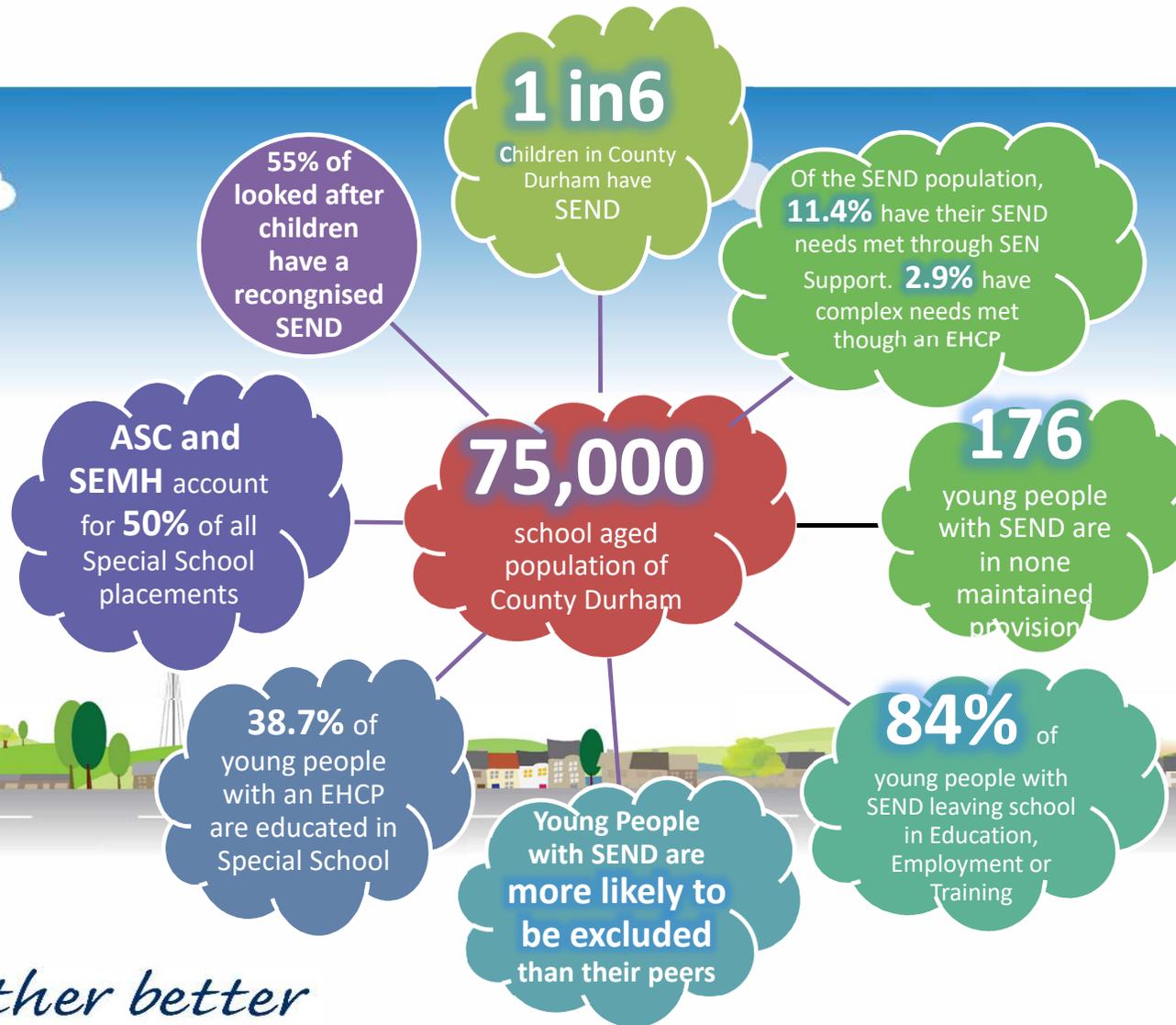
CYPS Overview and Scrutiny Committee
Thursday 28th February 2019

SEND Update

Paul Shadforth
Strategic Manager – SEND and Inclusion

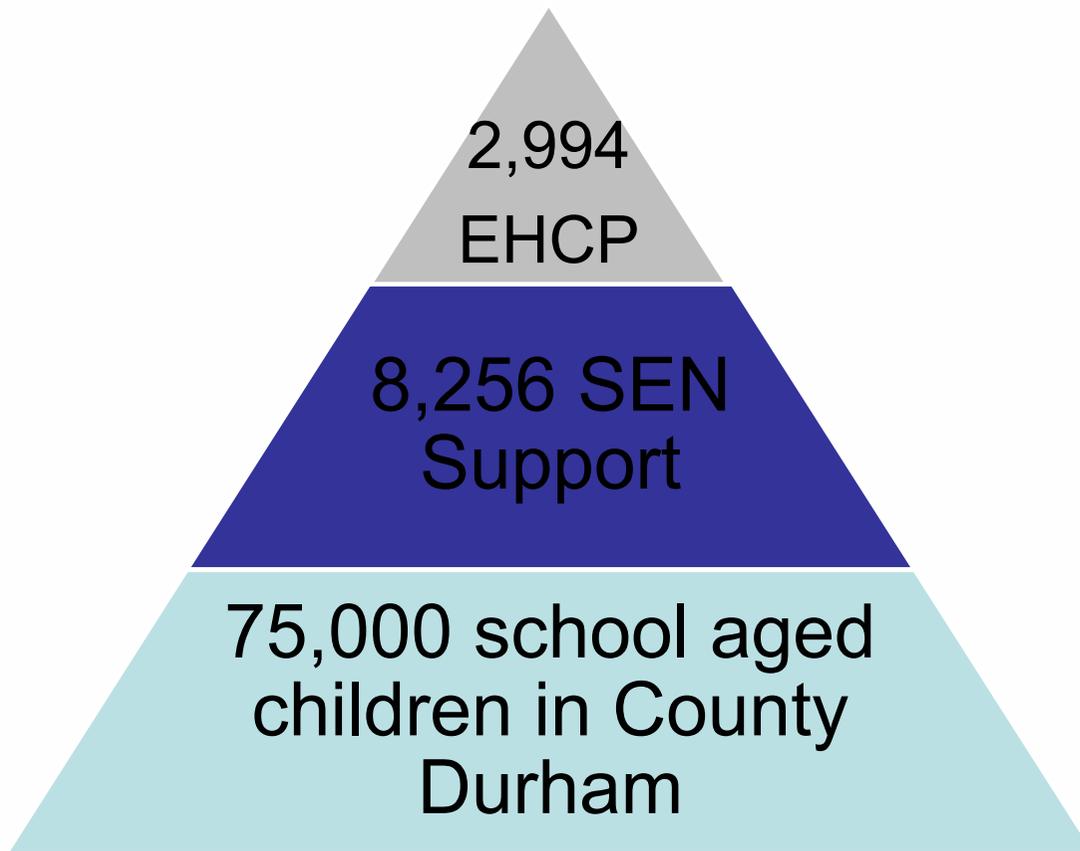
Altogether better





Altogether better

SEND Population Overview



Altogether better



■ Mainstream Primary ■ Mainstream Secondary ■ Special School



Primary Needs All Children and Young People

2,800 (3.7%)

- Children with MLD

1,200 (1.6%)

- Children with SLCN

1,900 (2.5%)

- Children with SEMH

1,100 (1.5%)

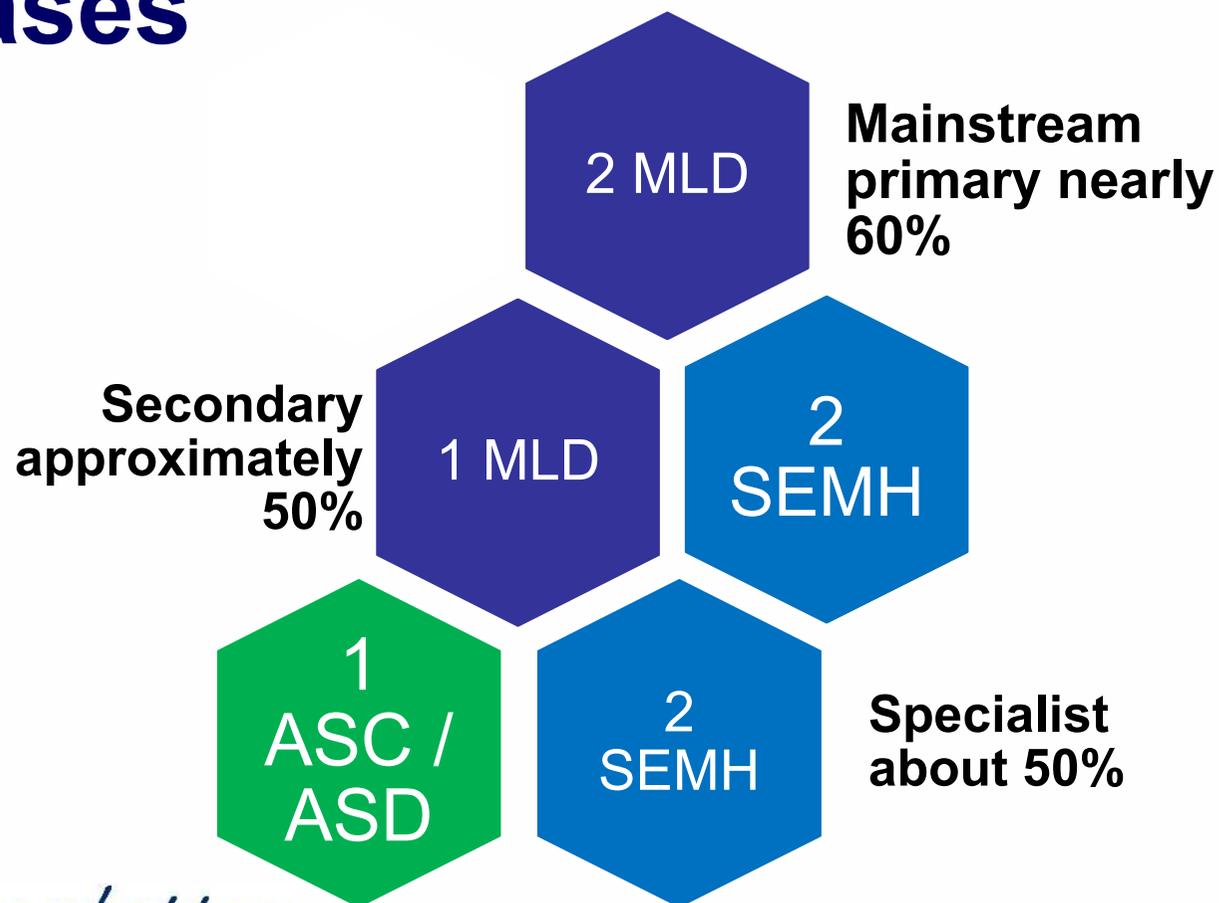
- Children with SLD

1,050 (1.4%)

- Children with ASD

Altogether better

Top 2 Primary Needs Through the School Age Phases



Altogether better

Local Area Progress 1 Year on from Ofsted and CQC Local Area Inspection Strengths

- identifying children's needs;
- providing high-quality services for vulnerable young people;
- preparing care leavers for adulthood;
- and making sure children feel safe and well cared for.

Altogether better



Ofsted and CQC Local Area Inspection WSoA

1. The Local Area strategic leadership response to the SEND reforms has been too slow
2. There is an inaccurate view of the local areas effectiveness. Improvement in the use of data and a sufficiently robust quality assurance and monitoring is required
3. The above has led to unacceptably long waiting lists to access services, receive treatment and a variability in experience
4. The Local Area must embed an approach to strategic co production to secure necessary improvements

Altogether better



Local Area Progress

- A new leadership, governance and accountability framework implemented including regular Corporate Management Team oversight
- Strengthened political oversight
- Building strength through restructure and integration opportunities
- System wide audit of SEND reforms conducted by local health service providers improving service interface for Children and Young People.
- Health needs assessment of young people with SEND commissioned by Public Health providing a deeper insight into needs for 2019

Altogether better



Progress Continued

- Key performance data for priority areas agreed and reporting rationalised into one document, performance to date includes
- Education, Health and Care Plan (EHCP) completions within 20 weeks improved from 85% to 91%
- Reduction in the exclusion of young people with SEND
- Improved access to services with reduced waiting times for assessment and treatment
- Wider practice impact and understanding through workforce development of Local Area Workforce
- Increased supported internships, work experience and further reduction in SEND NEET figures

Altogether better



Progress Continued

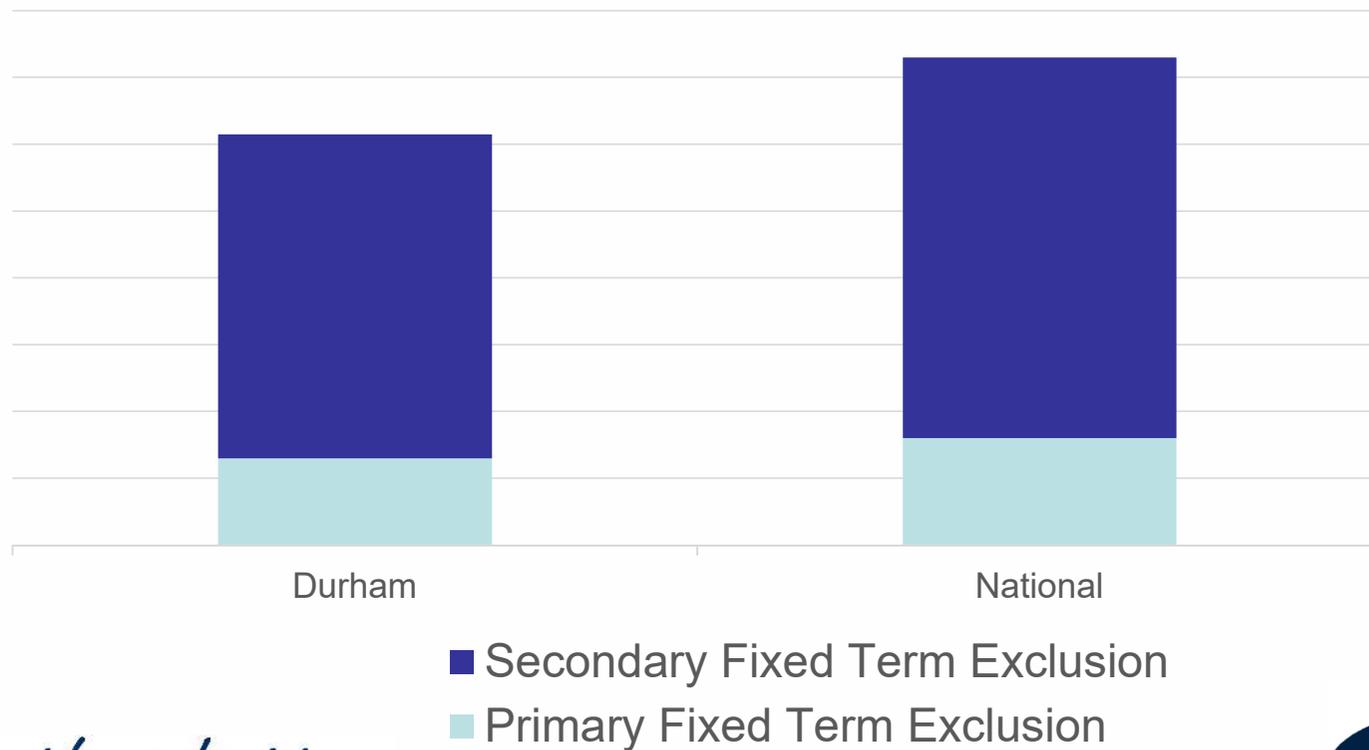
- Coproduction of a Participation Strategy which is cited as best practice by Local Government Association. Parent Carer Form delivered two conferences attended by over 150 parents
- Children and Young People's Promise developed by children and young people themselves making an impact in changing services
- SEND Toolkit developed in coproduction with parents for parents with six parent led training sessions on the toolkit delivered in 2018
- Young People's Future Event planned by young people delivered in October aimed at children and young people aged 13-25

Altogether better



Inclusion / Exclusion and Focus on SEND

SEND Exclusions Durham Compared Against National



Altogether better



Inclusion / Exclusion - Key Facts

- There have been no permanent exclusions in primary schools for several years.
- There has never been a permanent exclusion of a young person with an EHCP
- 142 young people with SEND received 3 or more Fixed Term Exclusions. 60 in Primary and 82 in Secondary
- The impact joint working to improve inclusion has seen a **13%** reduction in Fixed Term Exclusions and a **5%** reduction in permanent exclusions in County Durham between 16/17 and 17/18.

Altogether better



Information about SEND



For more information about SEND you can search the [Durham Local Offer](#)

For information about the [SEND and Inclusion Service](#)



[Durham SENDIASS](#) providing independent support to families with SEND

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

28 February 2019



Education Attainment and Standards 2018

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

Electoral division(s) affected:

Countywide

Purpose of the Report

- 1 The purpose of this annual report is to provide a full summary of educational outcomes in County Durham, 2018, and related updates on the focus and provision of education services.

Executive summary

- 2 Educational outcomes for Durham pupils continue to be positive with a small number of exceptions.
 - a. Early Years key outcomes for all children remain above national averages, but disadvantaged children are performing less well this year than their peers, despite a marked closing of the gender gap.
 - b. At Key Stage 1, Durham's children perform well against the key national indicators of 'at least expected standards' (EXS+) in Reading, Writing and mathematics, but at 'Greater Depth' they are marginally behind the national average in Reading.
 - c. At Key Stage 2, the national averages in all key indicators are convincingly exceeded (age-related expectations: AS+), although not the High Scores (HD) average in mathematics, where work remains to be done by schools and those supporting them.
 - d. At Key Stage 4, work to improve the performance of maintained secondary schools (and academies) is having a distinct impact, with the maintained schools 'Attainment 8' score in 2018 in line with state funded schools in England and above national for all schools in England. Other positive indicators do not disguise the fact that further improvement is necessary, as described in the

main report, and work is in hand between schools and the local authority to secure this.

- e. Key Stage 5 results continue to be above national averages for state funded schools, with an increased number of students achieving the higher grades in both academic and applied general qualifications.

Recommendations

- 3 That Children and Young People’s Overview and Scrutiny is requested to note the information contained in the report.

Background

- 4 Improving educational outcomes for children and young people in Durham is a key priority of the County Council, and support to schools and settings in order that this is achieved remains a prime focus of the support and improvement team within the Education department.
- 5 The results from tests and examinations at the Early Years Foundation Stage, Key Stage 2 and Key Stage 4/5 for 2018 provide the key outcome measures for early years, primary and secondary education respectively, and these compared with regional and national outcomes provide an indication of the performance of schools and settings.

Early Years outcomes

- 6 Early Years outcomes are measured by the percentage of children reaching a good level of development (GLD) according to national Early Years Profile criteria. At the end of the Early Years Foundation Stage, children are assessed by the percentage reaching a good level of development in relation to the Early Learning Goals. Assessments are made against pre-set levels, with internal and external moderation.
- 7 Early Years Foundation Stage outcomes are as follows:

Early Years % GLD								
	2015		2016		2017		2018	
	Durham LA	National	Durham LA	National	Durham LA	National	Durham LA	National
All	64	66	69	69	72	70.7	72.8	71.5
Boys	56	59	62.3	62.1	65.0	64.0	66.6	65
Girls	72	74	76.2	76.8	79.6	77.7	79.4	78.4

- 8 As the table above indicates, Durham’s outcomes continue to improve and remain above national; Durham’s year-on-year improvement has been constant since 2014. With high levels of deprivation in parts of the County and the fact that Early Years outcomes were historically significantly below national outcomes prior to 2014, these outcomes are significantly positive and reflect the hard work of all Early Years settings, effectively supported by the local authority Early Years team.
- 9 The attainment gender gap has been narrowed this year and now stands at 12.8%, much improved on 2017 (14.5%). In comparison against national figures Durham is now lower than the national average by 0.7%, which is a significant achievement.
- 10 However, the gap between disadvantaged children and all children, nationally and in Durham, has widened again. A gap of 19.5ppt, which was 2.3ppt wider than the national average in 2017, has increased to 21.9ppt which is now 4.0ppt wider than the national gap in 2018. This is a priority for the Early Years improvement team and targeted work is being undertaken with schools and settings in order to close the vulnerable groups’ attainment gap as soon as possible.
- 11 Other Early Years outcomes that are worth noting include the improved training offer for Early Years leads/managers that has been available for the previous year, resulting in stronger leadership outcomes recorded in Ofsted inspections, including in the private and voluntary sector.
- 12 The free Early Years entitlement for two-year olds has reached 89% (compared with the national average figure of 73%).

Key Stage 1 outcomes

- 13 In all key measures at Key Stage 1, Durham’s outcomes are ahead of national, as the table below indicates:

	National	Durham
Phonics	82.5%	84.1%
KS1 Expected standards (EXS+)		
Reading	75.5%	76.5%
Writing	69.9%	72.7%
Maths	76.1%	77.9%

- 14 In terms of ‘GD’, which indicates pupils working at greater depth within expected standards, Durham children at KS1 ranked higher than

national averages in Writing, and Maths, but were marginally below in Reading. This is a priority area for support within the local authority.

GD	National	Durham
Reading	25.6%	25.2%
Writing	15.9%	16.5%
Maths	21.8%	22.0%

15 Key Stage 1 outcomes have been a priority for the local authority in recent years. 2016 was the first year when KS1 outcomes exceeded national averages and, while this improvement was sustained in 2017, this remains an area of performance in the County where ongoing attention is required and scrutiny invited. Targeted support to schools where outcomes were below expectations continues, particularly with regard to Reading.

Key Stage 2:

16 At the end of the primary stage of education (age 11) formal national assessments of pupils' attainment in mathematics and English take place through externally set and marked tests. Writing is judged by teacher assessments, moderated by the local authority against set national criteria. Assessments are made against "those meeting at least age-related expectations" (AS+) for this age group.

17 The table below sets out the percentage of pupils in Durham and nationally achieving KS2 AS+ in English (reading), English (writing), mathematics, grammar/punctuation/spelling (GPS) and RWM combined in 2018.

KS2 (AS+)	National	Durham
Reading (test)	75%	77.3%
Writing (teacher assessment)	78%	80.3%
Mathematics (test)	76%	78.4%
G/P/S	78%	79.5%
RWM combined	64%	67.3%

18 The table below sets out the percentage of pupils in Durham and nationally achieving KS2 High Scores (HS) in English (reading), English (writing), mathematics, grammar/punctuation/spelling (GPS) and RWM combined in 2018.

KS2 (HS)	National	Durham
Reading (test)	28.1%	28.8%
Writing (teacher assessment)	19.9%	22.3%
Mathematics (test)	23.6%	23.2%
G/P/S	34.4%	34.4%
RWM combined	9.9%	10.4%

19 Attainment levels across the local authority continue to be very strong against national levels and the significant trend of improvement in Durham continues year on year. Where levels are below national averages (eg: High Score maths), the gap is marginal; however, the local authority Education support team is not complacent about this and targeted improvement work continues.

20 Another countywide priority at KS1 and KS2 is to reduce attainment gaps between local authority disadvantaged pupils and other pupils nationally.

21 At KS1 'Greater Depth (GD) gaps have diminished, reflecting the overall increase in proportions of pupils reaching the higher standard in Durham schools. This will at least in part be a reflection of work undertaken between local authority support teams and schools aimed at raising aspirations for the most able pupils.

22 At KS2, gaps reduced between disadvantaged pupils in Durham and other pupils nationally. The gap between the proportion of Durham pupils reaching the expected standard in reading, writing and maths combined (RWM) reduced by 0.84% in comparison to non-disadvantaged pupils nationally.

23 Outcomes for Free School Meal pupils (FSM) indicate that Durham's schools support our disadvantaged pupils well. The table below shows data for pupils who have been in receipt of FSM at any point during the previous 6 years (known as FSM ever-6 or FSME6).

24 Whilst gaps with others nationally are reducing and comparisons with similar pupils nationally are positive, further steps to improve the attainment of disadvantaged pupils in Durham will continue to be taken in future work planned between the school improvement team and schools.

KS2 (FSME6)	National 2018	Durham 2018

Reading	69.9%	70.2%
Writing	68.1%	68.9%
Mathematics	68.6%	71.2%
RWM combined	59.7%	61.3%

Key Stage 4:

25 Assessment at Key Stage 4 continues to be through externally set and marked GCSE and GCSE equivalent examinations across a wide range of subjects and courses. Outcomes are graded by a numerical system involving points scores which has been applied comprehensively since 2017 (partially in 2016).

26 The DfE continues to advise that Progress 8, which is a relative measure, should not be compared year-on-year because the same score in different years could result from markedly different situations. As Progress 8 is cohort-driven, it does not serve as an effectiveness measure over time for schools or local authorities.

27 Work to improve the performance of maintained secondary schools and academies within the new accountability framework is having a distinct impact. Our maintained school Attainment 8 score in 2018 was 46.2 (46.9 for our academies). This figure is in line with state funded schools in England and above national for all schools in England.

28 Outcomes for the Local Authority in key headline KS4 measures show significant improvement in 2018. The proportion of pupils achieving levels 4-9 in English and maths moved from 57.5% in 2017 to 61.5% in 2018. Similarly at levels 5-9 they improved from 34.5 % in 2017 to 38.5% in 2018.

29 Our maintained school progress (-0.11) has improved and is higher than the comparison of maintained secondary schools in the north east (-0.18). Our Academy progress (-0.16) is in line other comparative academies in the north east (-0.17).

30 In respect of Alternative Provision (the education provision made for those children who are not able to follow an educational pathway in a regular maintained school or academy), the attainment 8 scores of this growing group of children is below average and affects the overall performance across all pupils in County Durham. Significant

proportions of disadvantaged pupils with enrolments within alternative provision and special schools have had an impact upon attempts to diminish attainment gaps with other pupils nationally.

- 31 The Education Development Service is currently engaged with secondary head teachers in developing strategies that can jointly be used to raise standards of achievement within our alternative provision schools including the support for Durham's Pupil Referral Unit, The Woodlands. This includes targeted support for contracted institutions but also a review of the inclusion and provision options which will encourage further academic success for this cohort.
- 32 In terms of the gender gap, girls in County Durham are slightly behind their national peers on the average attainment 8 outcome, with a score of 47.9 compared to the national result of 49.3. Boys in County Durham schools average 42.2 compared to 43.8 for all boys nationally. There continues to be large variations in Attainment 8 scores for different groups of pupils with white British boys underperforming nationally.
- 33 Disadvantaged pupils who attend County Durham schools achieve close to the national average for similar pupils nationally, scoring 35 on average. The national result for this group of pupils is 36.7 and has fallen whilst increasing for other pupils. However, the Department for Education (DfE) prefers disadvantaged pupils to be compared with non-disadvantaged children nationally and this shows a gap of 14.3 (non-disadvantaged children nationally average 50.1). Durham's non-disadvantaged pupils achieved average 49.3.
- 34 Entry rates to the EBacc continue to fall locally but have remained static nationally. Only 33.8% of Durham pupils entered qualifications in all the relevant EBacc subjects, down from 35% in 2017 and 42% in 2016. The national average in 2018 was 38.4%. The largest fall in terms of entry for qualifications by Durham pupils in 2018 was in Languages; this is similar to the national picture.
- 35 In relation to EBacc, the DfE's preferred key measure of attainment at KS4 is the percentage of pupils achieving 5+ in English and Maths along with C+ in other subjects. By this definition of EBacc, the local authority's result is 13.2%, and the national is 16.7%. At 4+ in English and Maths and EBacc, the local authority outcomes are 20.9% compared with the national of 24.1%.

36 Members of CYP Overview and Scrutiny are asked to note that the DFE continues to advise caution in comparing 2017 and 2018 data due to the significant changes in GCSE courses in the majority of subjects during that time which make year-on-year comparisons unreliable.

Key Stage 5 results

37 AS levels, A levels and vocational qualifications have gone through major reforms in the last few years and, as expected, there is variability in results this year.

38 The content of new A level and AS level courses have been changed, and courses are no longer divided into modules or contain coursework except where it is required to assess specific skills.

39 Applied General Qualifications have also undergone significant change and there is now a much higher proportion of examination assessment, which has impacted on some candidates. The significant drop in APS (average points score) for this qualification, both nationally and in Durham, can be at least partially explained by this (see table below, paragraph 43).

40 Achievement at AS level no longer contributes to an A Level qualification in most subjects.

41 Nationally the proportion of A* and A grades at A-level increased by 0.1% in 2018. The overall A*-E pass rate fell for the second time in four years, by 0.3%.

42 Despite this, the results for County Durham students have remained broadly in line with those of previous years. Our academic and applied general attainment continues to be above national figures for state funded schools with an increased number of students achieving the higher grades in both types of course. A-levels remain the dominant qualification taken in school sixth forms.

43 Progress at A level is average or above average in 13 out of 15 schools, and average, above average or well above average for Applied General qualifications in the 12 schools where these qualifications are taken by students. The highest progress at A-level is at Framwellgate School, Durham Johnston School and Durham Sixth Form Centre. In Applied General Qualifications highest progress is at St Bede's Catholic Comprehensive (& Byron College), Peterlee. The two schools with

below average progress at A-level for the last two years are Teesdale School and Wolsingham School. A-level progress and Applied General Qualifications progress at the UTC South Durham was well below average.

44 Although the full national attainment and progress statistics are not yet validated, the overall picture remains positive and is broadly in line with last year.

Key Stage 5	2017 Durham	2017 National	2018 Durham	2018 National
APS per A Level entry	31.92	31.13	32.96	32.12
APS per Applied General entry	39.55	35.69	30.92	28.43
AAB or higher in 2 Facilitating subjects	17.1%	14.3%	15%	13.7%

Background papers

-

Contact: Phil Hodgson, Strategic Manager School Improvement

Tel: 03000 265842

Appendix 1: Implications

Legal Implications

Not applicable report for information only.

Finance

Not applicable

Consultation

Not applicable

Equality and Diversity / Public Sector Equality Duty

Not applicable

Human Rights

Not applicable

Crime and Disorder

Not applicable

Staffing

Not applicable

Accommodation

Not applicable

Risk

Not applicable

Procurement

Not applicable