



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

**Date** Monday 12 January 2015  
**Time** 9.30 am  
**Venue** Committee Room 2, County Hall, Durham

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### **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 from the Meeting held on 3 November 2014 (Pages 1 - 8)
4. Declarations of Interest, if any
5. Any items from Co-opted Members or Interested Parties
6. Media Relations - Update on Press Coverage
7. Wellbeing for Life (Pages 9 - 14)
  - a) Joint Report of Assistant Chief Executive and Corporate Director of Children and Adult Services
  - b) Presentation by Gill O'Neill, Consultant in Public Health, CAS
8. Refresh of JSNA and Joint Health and Wellbeing Strategy (Pages 15 - 18)
  - a) Report of Corporate Director Children and Adult Services
  - b) Presentation by Andrea Petty, Strategic Manager CAS
9. Safeguarding Framework - Report of Corporate Director Children and Adult Services (Pages 19 - 46)

10. Children, Young People and Families Plan (Pages 47 - 50)
  - a) Report of Corporate Director Children and Adult Services
  - b) Presentation by Andrea Petty, Strategic Manager CAS
11. Quarter 2 2014/15 Budget Outturn Forecast Report of the Head of Finance (Financial Services) (Pages 51 - 60)
12. Quarter 2 2014/15 Performance Management Report of Corporate Management Team (Pages 61 - 74)
13. Review of the Council Plan and Service Plans - Report of Assistant Chief Executive (Pages 75 - 82)
14. Verbal Update on Review of Self Harm by Young People
15. Such other business as, in the opinion of the Chairman of the meeting, is of sufficient urgency to warrant consideration

**Colette Longbottom**  
Head of Legal and Democratic Services

County Hall  
Durham  
2 January 2015

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

Councillor J Blakey (Chairman)  
Councillor C Potts (Vice-Chairman)

Councillors J Armstrong, D Bell, K Corrigan, K Dearden, I Geldard, C Hampson, J Hart, D Hicks, K Hopper, H Little, J Measor, S Morrison, P Oliver, T Pemberton, L Pounder, M Simmons, H Smith, M Stanton and P Stradling

**Faith Communities Representatives:**

Mrs G Harrison and Mr G Moran

**Parent Governor Representatives:**

Mr R Patel

**Co-opted Members:**

Mr K Gilfillan and Mr D Kinch

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**Contact: Kirsty Gray**

**Tel: 03000 269705**

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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 3 November 2014 at 9.30 am**

**Present:**

**Councillor J Blakey (Chairman)**

**Members of the Committee:**

Councillors J Armstrong, D Bell, K Corrigan, I Geldard, C Hampson, J Hart, K Hopper, J Measor, C Potts, L Pounder, M Stanton and P Stradling

**Co-opted Members:**

Mr D Kinch

**1 Apologies for Absence**

Apologies for absence were received from Councillors K Dearden, D Hicks, H Liddle, M Simmons and R Patel.

**2 Substitute Members**

There were no substitute Members.

**3 Minutes**

The minutes of the meeting held on 25 September 2014 were confirmed as a correct record and signed by the Chairman.

The notes of the site visit held on 30 September 2014 were received for information.

**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 - Update on Press Coverage**

The Committee received a presentation by the Overview and Scrutiny Officer on recent press articles relating to the remit of the Children and Young People's.

The first article related to Durham youngsters from St. Anne's primary Bishop Auckland and Sedgfield Primary School who have been awarded with free breakfasts if they cycle to school as part of the Sustrans 'Bike It' campaign. This campaign came following a national survey which revealed that only 2% of children cycle to school.

The second article related to funding which had been secured to offer vital cycle training to 1000 children in County Durham. It was reported that £20,000 had been awarded by the Department of Transport to deliver Bikeability sessions to primary children in year 3.

In conclusion the Overview and Scrutiny Officer then played a short video following the committee's visit to the Multi-Sensory Room at Spennymoor for Members information.

## **7 Impact of Smoking on Children and Young People**

The Committee received a joint report and presentation of the Assistant Chief Executive and Corporate Director Children and Adults Services which provided information in relation to the effect of smoking on children and young people (for copy of report and slides of presentation see file of minutes).

Members were advised on smoking prevalence amongst young people, exposure to secondhand smoke and smoking in pregnancy. The presentation further went on to outline County Durham Tobacco Control Alliance Action Plan and its ambition to reduce the smoking population to 5% by 2030.

In order to implement those actions identified the council would seek to:

- Reduce exposure to secondhand smoke
- Provide stop smoking services
- Encourage media, social marketing and education
- Reducing the availability – including licit and illicit tobacco
- Reduce the tobacco promotion
- Tobacco regulation.

Further information was presented with regard to the impact of 'babyClear' and the smokefree families initiative.

Details were presented in respect of e-cigarettes and usage amongst adults smokers in Britain. Information was provided that e-cigarettes had proved successful in assisting regular smokers to quit, however the data was not as robust as for licensed stop smoking medications such as nicotine patches. In addition it was interesting to note that e-cigarette use was low amongst young people and was very rarely used by non-smokers.

Further details were provided regarding e-cigarettes, the chemicals they contained, secondhand vapour and their regulation. It was noted at this present time the sale of e-cigarettes was not licensed however work was underway to regulate the product and its sale.

In conclusion it was reported that use of e-cigarettes by children and young people was very low and users of were almost entirely currently or ex-smokers.

Data was presented on local smoking prevalence and young people from the CYP survey, however discussion then took place regarding the quality of data and it was recognised that the quality of data wasn't that good at this current time and out of 150 schools questioned only 65 had responded. It was agreed that the data could be presented in a clearer way.

In response to a question regarding the Fresh initiative, the Public Health Portfolio Lead advised that 30p per head of the population in the region was given in order to fund the regional office who lead on the Fresh campaign. This was also backed up locally with work such as having street teams out in October in conjunction with Stoptober.

Councillor Hart asked what impact Fresh was having in the region. In response the Public Health Portfolio Lead advised that reports are available and could be reported to members at a future meeting on its impact and success.

Councillor Stanton asked whether e-cigarettes were recommended through stop-smoking services. It was advised that until these products are licensed through the Medicines Health Regulatory Authority they can not be offered via stop-smoking services. In addition the offer of these products will have cost implications to the council .

Councillor Stradling commented that if cigarettes were eliminated from sale, the government would simply raise the duty elsewhere. The Public Health Portfolio Lead went on to advise that the cost to the NHS of treating smoking related conditions exceeds the tax revenues from tobacco duty . 87,000 people die in the UK every year from smoking related illness and 1 in 2 smokers die prematurely. The cost of treating smoking related illnesses in County Durham is £21million a year. She further pointed out that 17,000 children present with respiratory problems due to breathing second hand smoke.

This question relates to information in the second paragraph E Seed, Investing in Children queried how the survey had been pitched to young people. She commented that surveying schools may not produce the best results and it may be worth considering talking to children away from the school environment and also allowing them the opportunity to assist in the design of questions. In addition she further queried whether there was any statistics on the number of young people who smoked.

In response the Public Health Portfolio Lead advised that the national survey data is only currently only available at regional level .

Councillor Hart then asked if there was a trend emerging from the statistics that were available since the introduction of smokefree legislation. It was reported that there was a downward trend however this was now levelling off and there were stubborn areas, particularly in deprived communities which means that the inequality gap between deprived and affluent areas is widening.

Councillor Armstrong queried whether there was any gender data on the number of smokers. It was noted that data suggested that there were higher number of female smokers in the population.

Councillor Blakey asked whether a voucher scheme was in place for those trying to stop smoking. The Public Health Portfolio Lead advised that a voucher scheme was in

operation and for one prescription fee the patient would receive one month's supply of either gum, patches etc.

In conclusion the Public Health Portfolio Lead advised that further work was also being undertaken by the team to tackle the sale of illicit tobacco and successful operations had taken place in Chilton and Shildon.

**Resolved:**

That the content of the report and presentation be noted.

## **8 Update on School Funding**

The Committee received a joint report of the Assistant Chief Executive and Corporate Director Resources which provided members with an update on the School Funding reforms and the impact on School Funding Formula, used to allocate Government funding to individual schools (for copy of report and slides of presentation see file of minutes).

The Head of Finance (Financial Services) advised that the way in which schools received their funding was complex with funding coming from a variety of sources. The main element of funding was however the Schools Funding Formula, which was, in the main, pupil driven.

The Government introduced reforms to School funding in April 2013 which had a significant impact on the formula factors allowable and were the first step towards greater central control and restrictions over funding allocations to individual schools. Within the formula transitional protection is provided via a Minimum Funding Guarantee which protects schools from the loss of funding in relation to formula changes but not in respect of changes in pupil numbers.

The Head of Finance (Financial Services) informed the committee that a standard national funding formula was the overall aim of the Government. Changes being introduced from April 2015 sought to simplify and equalise the funding allocations per local authority area and an additional £350m had been made available nationally to finance this.

The Head of Finance (Financial Services) advised that it was a statutory requirement to have in place a Schools Forum and this it was a requirement to consult with it on primary and secondary funding formula factors, though ultimately the decisions were for the Council to take. The Forum did however have decision making powers with regards to de-delegation of funding, central retention of Dedicated Schools Grant (DSG) and application of Growth Funds.

Further details were presented regarding what was included in the centrally retained expenditure and the restrictions on what could be centrally retained. It was highlighted that from 2015/16 the Council was required to delegate funding currently retained for centrally managed capital repairs and maintenance expenditure and that amendments were being made to the Scheme of Financing for Schools to ensure schools were aware of the additional responsibilities with regards to asset management that would go with this funding.



The Head of Finance (Financial Services) then gave an overview of the primary and secondary formula factors in the formula and the cost pressures within schools next year. He advised that it was easier to predict secondary school numbers than primary school numbers and that most schools would benefit from the additional funding available next year but that the impact on individual schools sensitive to changes in pupil numbers and also to their historic funding levels and the amount of transitional protection via the Minimum Funding Guarantee.

The presentation further provided detail on Special Educational Needs (SEN) funding and how this was allocated to Special Schools and to Primary and Secondary Schools via top-up funding. It was noted that SEN had been subject to significant changes resulting from the Children and Families Act 2014.

Details were also provided on the allocation of Early Years – Pre School funding and an overview was given on the level school balances retained by maintained schools in the County, whereby schools are recommended to carry a balance as a contingency sum.

It was highlighted that there were no commitments from government regarding further funding reforms after 2015-16 and it was unsure whether continued protection from austerity would be in place. It was highlighted that Durham was an outlier in terms of the level of the lump sum provided within its formula and that any reduction in this would make it problematic for smaller schools

In respect of the pupil premium the committee was advised that this funding is received directly from the Department for Education. Members were also informed that universal infant free school meals had commenced from September 2014.

Councillor Armstrong asked whether these changes would result in a net gain or deficit to schools. In response the Head of Finance (Financial Services) advised that there would ultimately be winners and losers, with larger schools coming out a lot better. He advised that it may mean that smaller schools may in the future need to federate and share services and staff, particularly if the current “protection” afforded by having a higher lump sum provision was reduced..

In response to a question from Councillor Gun in relation to concern for nursery schools and small schools and governor training on the changes to the way in which funding was delivered. The Head of Finance (Financial Services) advised that reports and presentations were being given to School Forums and through Finance Committees of the schools to advise of the changes and that his team worked closely with the governor support service to help support Governors in understanding these changes.

Councillor Armstrong added that he was very happy with the work of the team regarding school funding and thanked the Head of Finance (Financial Services) for his comprehensive presentation.

**Resolved:**

That the content of the report and presentation be noted.

## **9 Health and Wellbeing Annual Report 2013-2014**

The Committee received a joint report of the Corporate Director of Children and Adults Services and Director of Public Health County Durham which presented the first Health and Wellbeing Board annual report and the Boards' achievements in the first year of its operation, in addition to its future work programme (for copy see file of minutes).

### **Resolved:**

That the content of the report be noted.

## **10 Update on Recommendations on Support for Children and Young People with Mental Health Issues Review**

The Committee received a joint report of the Assistant Chief Executive and Corporate Director of Children and Adults Services which provided an update on the progress made against the recommendations from the review of Support for Children and Young People with Mental Health Issues (for copy see file of minutes).

It was reported that work against those actions listed within the report was ongoing and a further update would be provided in 6 month's.

### **Resolved:**

That the content of the report be noted.

## **11 Verbal update on Self-Harm by Young People review**

The Overview and Scrutiny Officer advised that two meetings of the group had taken place and the key messages coming out of those sessions related to:

- Coping with stress and emotions
- Most of those self-harming do not seek medical attention
- Looked after children – have good access to support
- Childline and the NHS offered some of the best advice online
- Samaritans telephone number charges for calls made from mobile phones
- Young people prefer to talk to people who have had first-hand experience of self-harm or a greater understanding of the issue.

The Overview and Scrutiny Officer advised that a further meeting would be taking place the following day and a further evidence gathering exercise was planned for 6.00 p.m. the same day. Limited spaces for this meeting were available.

Councillor Stradling commented that that it was important to ensure that the working group pursued outcomes that the council were able to influence.

### **Resolved:**

That the content of the report be noted.

## **12 Summary of the Children and Families Partnership Minutes**

The summary of the minutes of the meeting of the Children and Families Partnership held 3 March 2014 were received by the Committee for information.

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

12 January 2015



### Wellbeing for Life

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## Joint Report of Lorraine O'Donnell, Assistant Chief Executive, and Rachael Shimmin, Corporate Director of Children & Adult Services

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### Purpose of Report

1. To provide members of the Children and Young People's Overview and Scrutiny Committee with an update on the children and families element of the Wellbeing for Life approach. The presentation will be given by Gill O'Neill Acting Consultant Public Health.

### Background: Wellbeing for Life Approach

2. The public health team have been reviewing contracts and commissioned services since the transfer to the Council in 2013. A range of new commissions have been progressed including the wellbeing for life service. This service has a specific element that focuses on children and young people. The evidence behind the approach to wellbeing is robust and this has been used to guide the development of the new wellbeing for life service model.
3. The wellbeing approach provides support to people to live well, by helping to address the factors which influence their health and build their capacity to be independent, resilient and maintain good health for themselves and those around them. This is a 'strength based' model utilising community assets rather than creating dependency on public services.
4. The wellbeing approach goes beyond looking at single-issue healthy lifestyle services and a focus on illness, and instead aims to take a whole-person and community approach to improving health.
5. The Marmot Review emphasised the importance of creating the best start in life for children. One area of work Marmot suggests is to focus on building resilient children, young people and families who are able to deal with adversity and take control of their lives. Marmot recommended a policy objective which states "schools, families and communities work in partnership to reduce the gradient in health, well-being and resilience of children and young people". This can be achieved through better use of our universal health services and more specifically through parenting programmes and whole school approach initiatives.

6. We have developed a new 'Wellbeing for Life' approach to build on the findings of Marmot. In particular, our Wellbeing for Life model is supporting action towards four the six Marmot priorities:
  - Give every child the best start in life
  - Enable all children, young people and adults to maximise their capabilities and have control over their lives
  - Create and develop healthy and sustainable places and communities
  - Strengthen the role and impact of ill health prevention.
  
7. As well as supporting Marmot, our wellbeing for life approach supports the County Durham Joint Health and Wellbeing Strategy 2014 – 17. The strategy has six overarching strategic objectives based on data collated from the joint strategic needs assessment. The 'Wellbeing for Life' approach works towards achieving four of these six objectives:
  - Children and young people make healthy choices and have the best start in life
  - Reduce health inequalities and early deaths,
  - Improve quality of life, independence and care and support for people with long term conditions and
  - Improve the mental and physical wellbeing of the population.
  
8. It is from this background that our Wellbeing for life model has been developed. We have created a model that takes a life course approach, incorporating an adult's element alongside a children's and family element.

### **Children and Families element of wellbeing for life**

9. There are four component parts to the children and families wellbeing model.

### **Community Parenting Programme**

10. The 'Community Parenting Programme' (CPP) is an evidence based intervention which will train and quality assure community volunteers to support identified families from pre-birth through to a child's 5<sup>th</sup> birthday. The community parenting volunteers add value to the universal health visiting service as well as one point and early years teams.
  
11. The community parent volunteers will be trained by DCC adult learning and skills team to achieve accredited training which will not only enhance the volunteer's educational attainment record but will also provide them with progression from training into a dedicated volunteer role. Evidence from previous community parenting programmes demonstrates that many volunteers go on to acquire further academic qualifications and careers.
  
12. The mothers/families supported by the community parent volunteers will have specific advice and guidance focusing on the six early years high priority areas as identified by PHE:

- a. Transition to parenthood
- b. Breastfeeding
- c. Nutrition and physical activity
- d. Maternal mental health
- e. Accidents and minor illness
- f. Development at 2 – 2.5 years

13. Public health have commissioned DCC One Point and County Durham and Darlington Foundation Trust (CDDFT) to deliver this intervention to ensure it is embedded into existing infrastructures. This intervention is due to go live in April 2015.

### **Resilience building parenting programme**

14. Positive mental health is central to all other health related choices and is a fundamental component of the children’s wellbeing model. Strengthening the resilience of children, young people and families will be a significant feature of the service. Building upon already established evidence based programmes such as the ‘strengthening families’ model, as well as validated whole school initiatives to build resilience, the wellbeing service will promote and deliver prevention and early intervention programmes to reduce the need for acute services.

15. Resilience theory focuses on understanding healthy development despite risk and on strengths rather than weakness<sup>1</sup>. “Resilience is defined as the process of effectively negotiating, adapting to, or managing significant sources of stress or trauma. Assets and resources within the individual, their life and environment facilitate this capacity for adaptation and ‘bouncing back’ in the face of adversity”<sup>2</sup>. A resilient child is more likely to have good emotional wellbeing which in turn impacts upon their physical health.

16. Resilient children need resilient families and communities<sup>3</sup>. These are known as external resiliency factors. Resilience, both of individuals and communities, is enhanced or reduced by the circumstances in which people live. People with greater wealth, education, stronger communities, more favourable environments, better working conditions and so on are both more protected from adversity and are more likely to have access and exposure to more of the services, information, and community supports which facilitate resilience. Reducing social determinant inequalities are integral to strengthening resilience.

17. Since a family or community (parents, schools and peers) must be resilient if a child is to become resilient, it makes sense to look to those parents and communities to define for themselves what they determine to be signs of healthy development.

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<sup>1</sup> Fergus, S. & Zimmerman, M. (2005) adolescent Resilience: A framework for understanding healthy development in the face of risk. **Annual Review Public Health** 26:399-419

<sup>2</sup> Windle, G. (2011) What is resilience? A review and concept analysis. **Reviews in Gerontology**, 21:152-169

<sup>3</sup> Ungar, M. (2008) Resilience across cultures. **British Journal of Social Work**, 38:218-235

This is seen as an asset based approach. “Asset based working puts a positive value on social relationships and networks, on self-confidence and efficacy and the ability to take control of your life circumstances. It highlights the impact of such assets on peoples wellbeing and resilience and thus on their capacity to cope with adversity.

18. Resilience is part of an interconnected cluster of social and emotional capabilities. Communication skills, confidence, planning, problem solving, relationships, leadership, creativity and determination are all core elements integral to resilience<sup>4</sup>. Evidence demonstrates that approaches that focus on building social and emotional capabilities can have greater long term impact than ones that build solely on directly seeking to reduce the ‘symptoms’ of poor outcomes for young people. However, by reducing negative outcomes with an equal or stronger focus on commissioning for positive and sustained social development young people can develop resilience.
19. The Strengthening Families Programme (SFP) is a family skills training program designed to increase resilience and reduce risk factors for behavioural, emotional, academic and social problems. SFP builds on protective factors by improving family relationships, parenting skills, and improving the youth’s social and life skills.
20. The target group for the programme will be families with children aged 5 to 13 years of age, who are assessed as having level two needs on the staircase of need. This is a current gap in delivery and will support the early help philosophy to prevent the escalation of need when families reach crisis point.
21. Wellbeing resilience building officers will be appointed through DCC One Point service together with a coordinator. They will deliver the strengthening families programme across County Durham. The staff will also be dual trained as accredited health trainers so additional one to one family support can be offered as required.

### **Whole school approach to resilience**

22. There is clearly a role for schools to contribute to building resilience in children and young people. There is evidence to strongly associate resilient children and young people with improved educational attainment<sup>5</sup>. There is also emerging evidence linking wellbeing with educational attainment<sup>6</sup>
23. Working in partnership with DCC education, public health is co-creating a bespoke package for Durham schools based on the Young Minds academic resilience programme. This whole school universal offer is designed to engage the senior leadership teams within schools to understand the fundamental link between resilience and attainment.

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<sup>4</sup> McNeil, B., Reeder, N., Rich, J. (2011) **A framework of outcomes for young people**. The Young Foundation

<sup>5</sup> UCL Institute of Health Equity (2014) Local action on health inequalities: Building children and young people’s resilience in schools PHE

<sup>6</sup> PHE (2014) Link between pupil health and wellbeing and attainment



24. Whilst the intention is to create a universally delivered resilience ethos within schools there is also a need to have progressively targeted interventions for more vulnerable cohorts of children and young people. The whole school approach to resilience will provide an overarching menu of evidence based and quality assured mental health interventions for schools to consider based on the needs of their population. This adheres to the principles that Professor Marmot refers to as proportionate universalism.
25. DCC education will roll out the offer to schools to receive training and advice in resilience building and how to adapt their ethos to be a one of developing resilient young people. It is appreciated that many schools already do this whilst others would benefit from advice and guidance and learning from good practice.
26. This programme of work is to be evaluated by the University of Brighton over a two to three year period to assess process and impact. The programme is commencing with a pilot of twenty schools during 2015 before being reviewed and adapted ahead of wider roll out.

### **Family Initiative Supporting Child Health (FISCH) childhood obesity programme**

27. Childhood obesity will continue to be prioritised through the established Family Initiative Supporting Child Health (FISCH). This is delivered in primary schools. This is due to the continued high proportion of children aged 10/11 years who are classified as obese (21%) across County Durham. Tackling obesity is complex and requires a multi component approach. Children are, for the most part, dependent upon family circumstances and are therefore not always able to control the food they eat or the activities they undertake. Family health trainers will add value to the existing FISCH infrastructure to increase the scale of delivery and enable greater consideration of the social determinants impacting upon achieving a healthy weight.
28. The family health trainers are to be part of the school nursing team and are due to commence their roles in February 2015.

### **Recommendation**

29. Members of the Children and Young People's Overview and Scrutiny Committee are recommended to receive the report and presentation, note its content and to consider whether a further update is required.

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**Contact: Gill O'Neill, Acting Consultant Public Health Tel: 03000 267696**

**Email: [Gill.O'Neill@durham.gov.uk](mailto:Gill.O'Neill@durham.gov.uk)**

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## **Appendix 1: Implications**

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**Finance** – No direct implications.

**Staffing** - No direct implications.

**Risk** - No direct implications.

**Equality and Diversity / Public Sector Equality Duty** - No direct implications.

**Accommodation** - No direct implications.

**Crime and Disorder** – No direct implications.

**Human Rights** - No direct implications.

**Consultation** – No direct implications.

**Procurement** - No direct implications.

**Disability Issues** – No direct implications.

**Legal Implications** – No direct implications.

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

**12 January 2015**



**Refresh of the Joint Strategic Needs  
Assessment 2014 and the Joint Health  
& Wellbeing Strategy 2015-2018**

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**Report of Rachael Shimmin, Corporate Director of Children and  
Adults Services**

**Anna Lynch, Director of Public Health County Durham**

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**Purpose of Report**

1. The purpose of this report is to provide Children and Young People's Overview and Scrutiny Committee with an update on the refresh of the Joint Strategic Needs Assessment 2014 and the Joint Health and Wellbeing Strategy 2015-18.
2. A presentation will be provided at Children and Young People's Overview and Scrutiny Committee on 12<sup>th</sup> January 2015.

**Background**

3. The Health and Social Care Act 2012 places clear duties on local authorities and Clinical Commissioning Groups (CCGs) to prepare a Joint Strategic Needs Assessment (JSNA) and Joint Health & Wellbeing Strategy (JHWS) through Health and Wellbeing Boards.
4. The development of the JSNA 2014 is a refresh exercise. Where new data has become available since the last JSNA document, it has been included in the refreshed JSNA 2014; the high-level JSNA Summary Document has also been refreshed accordingly.
5. Consultation relating to health and wellbeing has taken place with over 240 people from various groups including voluntary organisations, patient reference groups, Area Action Partnerships, members of Children and Young People's Overview and Scrutiny Committee, service users and carers attending the Health and Wellbeing Board's Big Tent engagement event in October 2014.
6. A number of engagement events were also undertaken by Investing in Children to gather views of young people in relation to health, and an engagement event with people with learning disabilities took place in November 2014. Consultation also took place on Durham County Council's website.
7. The refresh of the JHWS 2015-18 includes updates on policy information, consultation and evidence from the JSNA and Annual Report of the Director of Public Health County Durham.

8. In order to inform discussions at the Children and Young People's Overview and Scrutiny meeting on 12<sup>th</sup> January 2015, a briefing note was circulated to members of the Committee in December 2014, which included a copy of the initial JSNA 2014 key messages and the strategic actions in the JHWS 2015-18.

### **Consultation Questions**

9. Children and Young People's Overview and Scrutiny Committee will be asked the following questions as part of the consultation process:
  - Are these still the right strategic actions in the JHWS 2015-18?
  - Are there any gaps in the strategic actions?
  - Are these still the correct outcomes on which the JHWS framework is built upon or do you think there are any changes required?

### **Next Steps**

10. The key messages from the JSNA 2014 and the initial refresh of the JHWS 2015-18 will be presented to the Health and Wellbeing Board at its meeting in January 2015, for comment.
11. Final versions of the JSNA 2014 and JHWS 2015-18 will be presented for agreement at the Health and Wellbeing Board's meeting in March 2015.

### **Recommendations**

12. Children and Young People's Overview and Scrutiny Committee is requested to:
  - Provide comments to Andrea Petty, Strategic Manager, Policy, Planning and Partnerships by **20<sup>th</sup> January 2015** on the JHWS.

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#### **Contact:**

**Peter Appleton, Head of Planning and Service Strategy, Children and Adults Service**  
**Tel: 03000 267 388**

**Andrea Petty, Strategic Manager, Policy, Planning and Partnerships**  
**Tel: 03000 267 312**

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## Appendix 1: Implications

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**Finance** - The demographic profile of the County in terms of both an ageing and projected increase in population will present future budget pressures to the County Council and NHS partners for the commissioning of health and social care services.

**Staffing** - No direct implications.

**Risk** - No direct implications.

**Equality and Diversity / Public Sector Equality Duty** - Equality Impact Assessments have been completed for both the JSNA and JHWS. Both impact assessments are available on Durham County Council's website.

**Accommodation** - No direct implications.

**Crime and Disorder** - The JSNA provides information relating to crime and disorder.

**Human Rights** - No direct implications.

**Consultation** - Consultations have taken place with over 400 key partners and organisations including service users, carers and patients as part of the refresh, to ensure the strategy continues to meet the needs of people in the local area and remains fit for purpose for 2015-18.

**Procurement** - The Health and Social Care Act 2012 outlines that commissioners should take regard of the JSNA and JHWS when exercising their functions in relation to the commissioning of health and social care services.

**Disability Issues** – Issues in relation to disability have been considered throughout the development of the JSNA and the JHWS.

**Legal Implications** - The Health and Social Care Act 2012 places clear duties on local authorities and Clinical Commissioning Groups (CCGs) to prepare a JSNA and JHWS. The local authority must publish the JHWS. The Health and Wellbeing Board lead the development of the JSNA and JHWS.

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

12<sup>th</sup> January 2015



### Safeguarding Framework

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## Report of Racheal Shimmin, Corporate Director, Children and Adults Services

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### Purpose of the Report

1. The purpose of this report is to present the Overview and Scrutiny Committee with information on the Safeguarding Framework which outlines the joint working arrangements between the Local Safeguarding Children's Board (LSCB) and Safeguarding Adults Board (SAB) with the Health and Wellbeing Board, Children and Families Partnership and the Safe Durham Partnership. The Safeguarding Framework is attached at Appendix 2.

### Background

2. A Safeguarding Framework was developed initially in 2012 to provide assurance during a period of transition in the NHS. It set out the transitional arrangements with the Shadow Health and Wellbeing Board, Local Safeguarding Children's Board and Safeguarding Adults Board. It was agreed at the Shadow Health and Wellbeing Board on 8<sup>th</sup> November 2012.
3. Following the Health and Wellbeing Board becoming a committee of Durham County Council and the establishment of Clinical Commissioning Groups in April 2013, a review of the Safeguarding Framework was undertaken to ensure that, post-transition, robust arrangements are in place across the partnership boards who have a priority to protect children and adults from abuse and harm. It is important that the Safeguarding Framework sets out the shared agenda to ensure all partners have a joined up approach which adopts a "Think Family" approach.

### Safeguarding Framework

4. The Safeguarding Framework outlines the statutory responsibilities of the LSCB and SAB, and how their work interfaces and complements the work of the Partnership Boards and has been updated to reflect recent legislation and guidance including the Health and Social Care Act 2012 and the Care Act 2014.
5. The Care Act 2014 places the Safeguarding Adults Boards on the same statutory footing as the Local Safeguarding Children's Board. This will

give the SAB a clear basis in law for the first time and will strengthen the existing arrangements that are in place.

6. In addition to the statutory requirements, the Safeguarding Framework details the functions of the safeguarding boards and outlines the governance, chairing and membership arrangements.
7. The Safeguarding Framework demonstrates that there are close working arrangements in place and documents the commitments from the partnership boards and the LSCB and SAB to work together in protecting vulnerable children and adults from harm.

### **Next Steps**

8. The Safeguarding Framework has been presented to the following partnership boards and has been agreed:
  - Safeguarding Adults Board 24th July 2014
  - Local Safeguarding Children Board 21st August 2014
  - Health and Wellbeing Board 3rd September 2014
  - Children and Families Partnership 22<sup>nd</sup> September 2014
  - Safe Durham Partnership 30<sup>th</sup> September 2014
9. The Safeguarding Framework has been shared with relevant staff and organisations, to ensure there is an awareness and understanding of the joint working arrangements between the Partnership Boards and the LSCB and SAB.

### **Recommendations**

10. The Children and Young People's Overview and Scrutiny Committee are recommended to:
  - Note the content of this report and the partnership arrangements in place which are outlined in the Safeguarding Framework.

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**Contact: Andrea Petty; Strategic Manager; Policy, Planning and Partnerships. Tel 03000 267312**

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## **Appendix 1: Implications**

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**Finance** – No direct implications.

**Staffing** - No direct implications.

**Risk** - No direct implications.

**Equality and Diversity / Public Sector Equality Duty** - No direct implications.

**Accommodation** - No direct implications.

**Crime and Disorder** – No direct implications.

**Human Rights** - No direct implications.

**Consultation** – The Safeguarding Framework has been completed in consultation with LSCB and SAB partners. It was shared with partnership boards for agreement prior to circulation.

**Procurement** - No direct implications.

**Disability Issues** – No direct implications.

**Legal Implications** – Legal implications are considered in the Safeguarding Framework

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# SAFEGUARDING FRAMEWORK

## July 2014



County Durham Health  
and Wellbeing Board



County Durham Children  
and Families Partnership



Safe Durham Partnership



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## **Introduction**

A Safeguarding Framework was initially agreed at the Shadow Health and Wellbeing Board meeting on 8<sup>th</sup> November 2012. The document set out the transitional arrangements with the Shadow Board and Local Safeguarding Children's Board and Safeguarding Adults Board.

Protecting vulnerable children and adults is a key priority of the Health and Wellbeing Board, Children and Families Partnership, and Safe Durham Partnership; and it is important that there are close links with these Partnership Boards and the statutory Local Safeguarding Children's Board and Safeguarding Adults Board.

This revised Safeguarding Framework clarifies the joint working arrangements between the Boards. This document should be read in conjunction with the [Collaborative working and information sharing protocol between professionals to protect vulnerable children and adults](#)

## Local Safeguarding Children Board (LSCB)

### **Statutory responsibilities**

Section 13 of the Children Act 2004 requires each Local Authority (LA) that is a Children's Services Authority to establish a LSCB for their area and specifies the organisations and individuals that should be represented on LSCBs.

Since 2006 the LSCB has been the statutory body for agreeing how the relevant organisations will co-operate to safeguard and promote the welfare of children in County Durham.

The LSCB encapsulates the guidance contained in [Working together to safeguard children \(March 2013\)](#)

### **Statutory objectives and functions of LSCBs**

Section 14 of the Children Act 2004 sets out the objectives of LSCBs, which are:

- (a) to coordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area; and
- (b) to ensure the effectiveness of what is done by each such person or body for those purposes.

Regulation 5 of the Local Safeguarding Children Boards Regulations 2006 sets out that the functions of the LSCB, in relation to the above objectives under section 14 of the Children Act 2004, are as follows:

1(a) developing policies and procedures for safeguarding and promoting the welfare of children in the area of the authority, including policies and procedures in relation to:

- (i) The action to be taken where there are concerns about a child's safety or welfare, including thresholds for intervention;
  - (ii) Training of persons who work with children or in services affecting the safety and welfare of children;
  - (iii) Recruitment and supervision of persons who work with children;
  - (iv) Investigation of allegations concerning persons who work with children;
  - (v) Safety and welfare of children who are privately fostered;
  - (vi) Cooperation with neighbouring children's services authorities and their Board partners;
- (b) Communicating to persons and bodies in the area of the authority the need to safeguard and promote the welfare of children, raising their awareness of how this can best be done and encouraging them to do so

- (c) Monitoring and evaluating the effectiveness of what is done by the authority and their Board partners individually and collectively to safeguard and promote the welfare of children and advising them on ways to improve;
- (d) Participating in the planning of services for children in the area of the authority; and
- (e) Undertaking reviews of serious cases and advising the authority and their Board partners on lessons to be learned.

Regulation 5 (2) which relates to the LSCB Serious Case Reviews function and regulation 6 which relates to the LSCB Child Death functions are covered in this framework.

Regulation 5 (3) provides that an LSCB may also engage in any other activity that facilitates, or is conducive to, the achievement of its objectives.

#### *Annual report*

- Working Together 2013 requires each LSCB to produce and publish an annual report evaluating the effectiveness of safeguarding in the local area. The annual report should be submitted to the Chief Executive, Leader of the Council, Local Police and Crime Commissioner and the Chair of the Health and Wellbeing Board. The Durham LSCB annual report is also shared with LSCB partner agency senior management teams and the Children and Families Partnership.

#### **Governance arrangements**

The Local Authority and Corporate Director of Children and Adults Services in Durham hold a key responsibility in ensuring the LSCB is established and effective. Durham LSCB has a robust Governance and Memorandum of Understanding in place that forms the formal agreement between the board and all partner agencies.

The LSCB's role is to scrutinise local arrangements and it should therefore have a separate identity and an independent voice. It should not be subordinate to, nor subsumed within, other local structures in a way that might compromise it.

#### *Chairing and Membership Arrangements*

From April 2011 all LSCBs were required to appoint an independent chair of the Board and up to two lay members. The board continues to be chaired by an independent person and has one lay member and is actively looking to appoint a further lay member, recognising the valuable contribution they make to the wider work of the board in ensuring the public has a voice on the LSCB.

The LSCB has a broad membership from County Council Services, including Children and Adults Services, NHS Health Trusts, Probation, Police, Voluntary and Community sector, Schools and Colleges, Clinical Commissioning Groups and NHS England. The Lead Member for Children and Young People Services attends the Board as an observer.

All partner agencies are required to identify a representative at a sufficiently senior level who can fully represent their agency in Board decision making without the need to refer back to their organisation. They should be people with a strategic role in relation to safeguarding and promoting the welfare of children within their organisation and be able to:

- speak for their organisation with authority;
- commit their organisation on policy and practice matters; and
- hold their organisation to account.

The LSCB has a number of standing sub groups which have clear terms of reference and are commissioned to undertake detailed work specific areas of board business, reporting back to the LSCB on results and outcomes. These are:

- Policy and Procedures Sub Group
- Quality and Performance Sub Group
- Strategic Training Sub group
- Serious Case Review Monitoring Group
- Missing and Exploited Sub Group
- Child Death Overview Panel

Other Board business priorities can be managed through the operation of time limited task and finish group work. Such work can only be effectively completed if all agencies contribute the resources to each of these groups, ensuring appropriate representation.

The Board also has strong links with the Multi-Agency Public Protection Panel (MAPPA: Multi Agency Public Protection Arrangements) which focuses on the management of adults who pose a serious risk to vulnerable people and children.

#### *The voice of Children and Young People*

- The LSCB has established a link with *Investing in Children* to strengthen the voice and influence of children and young people in helping the Board to set its priorities and focus on issues that affect young people's safety and wellbeing. A young people's reference group is in place and they meet regularly with representatives of the Board.

#### **Relationship with Children and Families Partnership**

The LSCB's role is to ensure the effectiveness of the arrangements made by the partnership and individual agencies to safeguard and promote the welfare of children. Whilst the work of the LSCB contributes to the wider goals of improving the wellbeing of children, it has a narrower focus on safeguarding and protecting children. This fits with the vision of the CFP to ensure that 'All children, young people and families believe, achieve and succeed'

- The LSCB is not subordinate to nor subsumed within the Children and Families Partnership arrangements.
- The LSCB has a separate identity and an independent voice.



- The LSCB is able to challenge and scrutinise effectively the work of the Children and Families Partnership and partners.
- The LSCB forms a view of the quality of local safeguarding activity.
- The LSCB challenges organisations with an independent voice.
- The Children and Families Partnership is chaired by the Corporate Director of Children and Adult Services who is also a statutory member of the County Durham Health and Wellbeing Board.
- The Vice Chair of the LSCB is a member of the Children and Families Partnership, contributing to the Children, Young People and Families Plan (CYFPF) and undertaking actions within the plan.
- The LSCB have a working relationship to the Children and Families Partnership which is included in the governance structure.
- The LSCB annual report is presented to the Children and Families Partnership for information and the LSCB is involved and contributes to the development of the Children, Young People and Families Plan and has certain actions carried out by the LSCB.

Under Strategic Objective 3 in the CYFPF ‘A think family approach is embedded in our support of families’, the following actions will be led, or jointly led by the LSCB:

- Implement the Early Help Strategy to better support families who have additional needs.
- Implement the revised Working Together to Safeguard Children guidance with partners to ensure the most vulnerable children receive early help and support.
- Implement the sexual violence action plan which includes joint agency response to child sexual exploitation / sexual violence and children who go missing from home and care.
- Carry out Section 11 audits on an annual basis to ensure all services and functions have regard to the need to safeguard and promote the wellbeing of children and young people.
- Agree an inter-agency protocol for collaborative working and information sharing between agencies working with vulnerable children and adults

The LSCB interface arrangements are illustrated on page 22.

### **Relationship with the Health and Wellbeing Board**

The Health and Social Care Act 2012, gives Health and Wellbeing Boards the overall strategic responsibility for assessing local health and wellbeing needs in the Joint Strategic Needs Assessment (JSNA) including safeguarding, and agreeing the Joint Health and Wellbeing Strategy.

Statutory organisations working with children and young people have a responsibility to ensure that they are safeguarded from harm. The Health and Wellbeing Board are sighted on the work of the Local Safeguarding Children’s Board to ensure an awareness of forthcoming priorities to ensure an effective working relationship is maintained between both Boards.

This fits with the vision of the Health and Wellbeing Board to ‘Improve the health and wellbeing of the people of County Durham and reduce health inequalities’

Under strategic objective 5 in the Joint Health and Wellbeing Strategy ‘protect vulnerable people from harm’ the following action will be led by the LSCB:

- Work in partnership to support vulnerable adults and children at risk of harm and work to stop abuse taking place.

The LSCB will need to link effectively with the Health and Wellbeing Board, including the Corporate Director of Children and Adults Services and the Director of Public Health County Durham, in order to inform and draw from the Joint Strategic Needs Assessment (JSNA) and the annual report of the Director of Public Health County Durham.

The Health and Wellbeing Board will ensure that the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy recognise and take account of children’s’ safeguarding issues.

The Health and Wellbeing Board has an interest in the work of the LSCB to ensure it remains sighted on its effectiveness and interfaces, in order to provide assurance for its work, however, there is no legal responsibility to hold the LSCB to account.

The LSCB should not be subordinate to or subsumed within local structures that might compromise its separate identity and voice. There needs to be a clear distinction between the roles and responsibilities of the LSCB and the Health and Wellbeing Board, to ensure the maximum effectiveness of both.

The annual report of the Local Safeguarding Children Board is shared with the Health and Wellbeing Board to ensure priorities are shared and understood.

### **Relationship with the Safe Durham Partnership Board**

The Safe Durham Partnership Board is chaired by the Corporate Director of Children and Adult Services who is also a statutory member of the County Durham Health and Wellbeing Board.

A member of the Local Safeguarding Children Board sits on the Safe Durham Partnership Board.

Protecting Vulnerable People from Harm is a priority of the Safe Durham Partnership. The vision of the Safe Durham Partnership Plan is that ‘every adult, child and place in County Durham will be, and will feel, safe’.

The Safe Durham Partnership will receive a copy of the annual report of the Local Safeguarding Children Board to ensure priorities are shared and understood.

### **Regulatory bodies**

The Local Safeguarding Children Board is not accountable to or monitored by a Regulatory Body.

## **Inspection Arrangements**

The Ofsted Single Inspection Framework (SIF), published on 7th November 2013, brings together an inspection framework for child protection, services for looked after children and care leavers, and local authority fostering and adoption services. It replaces the previous inspection frameworks and includes the Local Safeguarding Children Board.

Each judgement will be graded as: outstanding, good, requires improvement or inadequate, as will overall effectiveness. The overall effectiveness of the Local Safeguarding Children Board will be judged on the same four-point scale.

## **Serious Case/Child Death Review /Incident Reviews**

The LSCB is responsible for undertaking Serious Case Reviews (SCR) of children's cases where abuse is a factor and Child Death Reviews of all deaths of children in accordance with statutory guidance

The increased leadership from CCGs has led to an increased focus on serious case reviews and domestic homicide reviews in health. Serious Case Reviews (SCR) must be carried out when a child dies and abuse is known or suspected to be a factor in the death. The LSCB must also consider holding a SCR when a child sustains a potentially life-threatening injury or serious and permanent impairment through abuse or neglect. Such consideration must also be given in cases where a child has been seriously harmed as a result of sexual abuse and in cases of parental domestic homicide

The LSCB undertake reviews of serious cases and advise the local authority and Board partners on lessons to be learnt. The LSCB also has a well-established programme of seminars to disseminate findings and outcomes to managers and practitioners. The outcome of a serious case Review is published on the LSCB website.

The findings of a SCR are taken into consideration by Ofsted as part of their inspection of local safeguarding arrangements.

The LSCB also carry out multi-agency Learning Lesson Reviews where the criteria for a SCR are not met but it is considered there are lessons to be learned. These reviews involve single agency 'Round Table' reflective discussions with those involved with the case and a multi-agency workshop to take forward the action planning and learning.

### *Child Death Reviews*

From 1 April 2008, the LSCB acquired compulsory functions regarding all child deaths. Durham and Darlington have joined together into a single Child Death Review Panel to carry out this function which includes collecting and analysing information about the deaths of all children normally resident in County Durham and Darlington with a view to:

- Identifying any matters of concern including any case giving rise to the need for a SCR.
- Identifying any general public health or safety concerns arising from the deaths of children.

This panel is presently chaired by an independent chair who is a Consultant in Public Health Medicine.

**Distinction between commissioning roles, directly delivered services and purchased/externally commissioned services**

The LSCB do not commission or deliver services other than the delivery of Safeguarding Training and the commissioning of independent persons to write Serious Case Review overview reports.

## Safeguarding Adults Board (SAB)

### Statutory responsibilities

Safeguarding Adults is a shared responsibility and a high priority for all agencies working in County Durham. The Government's 'No Secrets' guidance (2000) required Local Authorities to set up an inter-agency framework between statutory agencies to facilitate joint working to safeguard adults. The Safeguarding Adults Framework of Standards (ADASS 2005) later endorsed this guidance by setting out good practice standards to be followed by Safeguarding Adults Boards (SAB). Following the review findings of 'No Secrets' in 2009, the Law Commission recommended Safeguarding Adults Boards should be placed on a Statutory footing. The Care Act, due to be implemented in 2015/16 has placed SABs on a statutory footing. This will give the board a clear basis in law for the first time and will strengthen the existing arrangements that are in place.

The SAB in County Durham is chaired by the Head of Adult Care. It is supported by three thematic sub groups, focussing on Performance and Quality; Policy and Practice; Communication, Engagement and Training

The main aims of the SAB are:

- To safeguard and promote the welfare of adults at risk in County Durham through inter-agency collaboration
  - The SAB safeguards and promotes the welfare of adults at risk in County Durham through inter-agency collaboration and co-ordinates the safeguarding activity undertaken by each organisation represented on the SAB. The SAB also gives strategic direction to partner agencies and organisations across County Durham in relation to safeguarding activity.
- To coordinate the safeguarding activity undertaken by each organisation represented on the board
- To ensure the effectiveness of what is delivered by each organisation for that purpose
  - The SAB ensures the effectiveness of what is done by each organisation in relation to Safeguarding Adults activity.
- To promote public confidence in safeguarding systems and ensure human rights are balanced with protecting the public from harm
  - It promotes public confidence in safeguarding systems within County Durham and ensures human rights are balanced with protecting the public from harm.
- To understand the nature of adult abuse and foster strategies that reduce incident and effect
- To give strategic direction to partner agencies and organisations across County Durham in relation to safeguarding activity

### Functions

### *Thresholds, policies and procedures*

The Policy and Practice Sub Group of the SAB is responsible for developing and implementing inter-agency Safeguarding Adults policies and procedures across County Durham, and establishing thresholds for intervention.

Currently, the threshold for safeguarding adults is met when a person is suffering harm or exploitation and is likely to have eligible social care needs, and where abuse cannot be ruled out.

### *Training*

The SAB has agreed to ensure that the safeguarding adults policy and accompanying procedural guidance are available to, and understood by, the widest possible audience.

- The Board therefore oversees a Communications, Engagement & Training sub group, which addresses all multi-agency safeguarding adults related workforce development and training issues, as well as communications and raising awareness. The remit of this group is to build and oversee the implementation of a safeguarding adults workforce development strategy that is jointly and appropriately resourced;
- Ensures that multi-agency training meets relevant national occupational standards for each of the target groups (e.g. National Qualifications Framework/Learning Disabilities Awards Framework, Post Qualifying Social Work Award, NHS Knowledge and Skills Framework).
- Encourages all partner agencies to engage in inter-agency training that is designed and delivered on behalf of the SAB to ensure required standards are fulfilled.
- Oversees communications with the public and organisations in County Durham. Its role is to highlight the need to safeguard adults at risk and raise awareness of how this can be achieved.
- Is responsible for overseeing communications with the public and organisations in County Durham. Its role is to highlight the need to safeguard adults at risk and raise awareness of how this can be achieved.

### *Quality Assurance, Monitoring and Evaluation*

The Performance and Quality Sub Group is responsible for monitoring and evaluating safeguarding activity across partner agencies and is essential to improving practice.

### *Safe recruitment, management and supervision of people who work with adults at risk:*

The SAB is committed to working towards ensuring that staff and volunteers within each of the statutory partner agencies along with the wider social care and health community meet jointly agreed safeguarding competency requirements - based on national occupational standards - appropriate to their individual roles.

The Care Quality Commission has representation at the SAB. The Commission is involved in safeguarding adults activity where there is concern that an adult who uses a regulated service is or may be suffering from abuse.

### *Investigation of allegations concerning people working with adults at risk:*

It is now a criminal offence for anyone who has been barred by the Disclosure and Barring Service (The CRB and ISA merged to become the DBS) to work or apply to work with vulnerable adults in a variety of regulated and controlled activities.

### *Participating in planning and commissioning*

The Safeguarding Adults Board and its sub groups will be required to participate in the local planning and commissioning of services for Adults at risk ensuring they take safeguarding adults into account.

DCC's Children and Adults Commissioning Service work very closely with Safeguarding Practice Officers to ensure providers and services are safe and compliant with agreed standards and contracts. Safeguarding Practice Officers form a small integrated team consisting of personnel from social work and occupational therapy professions. They work closely with dedicated safeguarding personnel employed by the two CCGs in County Durham.

Commissioning staff also have a responsive approach to contributing to Executive Strategy Meetings.

### *Annual Report*

The SAB produces and publishes an annual report on the effectiveness of safeguarding and promoting the welfare of adults at risk in the local area.

The Care Act 2014 states that every SAB must send a copy of its annual report to:

- The Chief Executive and leader of the local authority;
- The local policing body;
- The Local Healthwatch;
- The Chair of the Health and Wellbeing Board

### **Governance arrangements**

The SAB was formed to improve the inter-agency activity associated with protecting 'adults at risk'. The accountabilities, responsibilities and authorities of the 'parent' organisations remain unaltered in terms of their legal, statutory and public accountabilities and responsibilities. Delegating responsibility for these actions to the Safeguarding Adults Board does not negate individual agency authority.

The Safeguarding Adults Board has a role in co-ordinating and ensuring the effectiveness of local individuals and organisations work to safeguard Adults at risk, it is not accountable for their operational work.

Each member of the Board retains their own existing lines of accountability for safeguarding and promoting the welfare of Adults at risk by their services. The SAB does not have a power to direct other organisations. However it has a clear role in terms of leadership and is able to question partners in relation to seeking assurance of their ability to deliver a robust safeguarding framework.

### **Chairing and Membership Arrangements**

Schedule 2 of the Care Act specifies that members of an SAB must include at least the local authority that established it, the NHS clinical commissioning group and the chief officer of police. Core SAB members can decide who else should be a member, such as housing authorities or provider organisations. SABs will be required to produce a safeguarding plan, progress on which they must report annually.

The Board is currently chaired by the Head of Adult Care and is resourced by allocated staff within the Safeguarding Adults Unit in Children and Adults Services, Durham County Council. The SAB has recruited an independent chair jointly with the LSCB, who will assume chairing responsibilities from February 2015.

NHS England and Clinical Commissioning Groups are key board partners on the SAB. The NHS England Area Team do not have direct attendance at SAB, however CCG board nurses represent the interests of the area team.

Members of the SAB should be people with a strategic role in relation to safeguarding and promoting the welfare of adults within their organisation. They should be able to:

- speak for their organisation with authority;
- commit their organisation on policy and practice matters; and
- hold their organisation to account.

Board members will have the delegated responsibility and authority from their agencies to make decisions in the following areas:

- Safeguarding Adults Board policy;
- Safeguarding Adults Procedures;
- Commitment of agencies' staff and time;
- Commitment to Serious Case Reviews;
- Deployment of the current Safeguarding Adults Board budget;
- Identification of additional staff to be nominated to sub groups.

The SAB has a broad membership including County Council Services, CCGs (who represent the NHS England Area Team), NHS Health Trusts, Children and Adults Services, Probation, Police, Voluntary Services, Prison Service, Department of Works & Pensions, Care Quality Commission, and Victim Support.



Strong links are maintained between the SAB and the LSCB through a reciprocal membership agreement whereby the Head of Adult Care and the Head of Children's Services attend both Boards.

### **Relationship with Children and Families Partnership**

The Children and Families Partnership and the SAB will ensure that any issues which overlap between the two through the Think Family approach will be shared accordingly and appropriately.

### **Relationship with Health and Wellbeing Board**

The Health and Social Care Act 2012, gives Health and Wellbeing Boards the overall strategic responsibility for assessing local health and wellbeing needs in the Joint Strategic Needs Assessment (JSNA) including safeguarding, and agreeing the Joint Health and Wellbeing Strategy.

The Health and Wellbeing Board has an interest in the work of the SAB to ensure it remains sighted on its effectiveness and interfaces, in order to provide assurance for its work, however, there is no legal responsibility to hold the SAB to account.

The Health and Wellbeing Board receive information on the priorities and performance of the SAB to ensure effective working relationships are maintained and that vulnerable people are safeguarded from harm.

Under Strategic Objective 5 in the Joint Health and Wellbeing Strategy 'protect vulnerable people from harm' the following actions will be led by SAB.

- Provide protection and support to improve outcomes for victims of domestic abuse and their children
- Safeguarding children and adults whose circumstances make them vulnerable and protect them from avoidable harm

The SAB should not be subordinate to or subsumed within local structures that might compromise its separate identity and voice. There needs to be a clear distinction between the roles and responsibilities of the SAB and the Health and Wellbeing Board, to ensure the maximum effectiveness of both.

The SAB will need to link effectively with the Health and Wellbeing Board, including the Director of Public Health. In doing that, the SAB should both inform and draw on the Joint Strategic Needs Assessment.

The Care Act 2014 states that the annual report of the SAB is shared with the chair of the Health and Wellbeing Board to ensure priorities are shared and understood.

### **Relationship with Safe Durham Partnership Board (SDPB)**

The Safe Durham Partnership Plan includes a strategic objective "Protecting vulnerable people from harm". Actions include:

- Prevent abuse from happening by challenging the attitudes and behaviours which foster it and intervening early to prevent it

- Take action to reduce the risk to people who are victims of these crimes and ensure that perpetrators are brought to justice
- Provide adequate support where abuse does occur and work in partnership to obtain the best outcome for victims and their families

The SAB interface arrangements are illustrated on page 23.

### **Regulatory bodies**

The SAB is not subject to a Regulatory Body however, the Association of Directors of Adult Social Services places a duty on Local Authorities to create and maintain safeguarding adults boards with local oversight from the Corporate Director of Children and Adults Services. In Durham, SAB has some accountability to the Overview and Scrutiny Committee.

### **Inspection Arrangements**

The Safeguarding Adults Board is accountable for its work to the public and partner agencies. Agreement from partner agencies is required for all work that has implications for policy, planning and the allocation of resources.

Under the Care Act, from April 2015 The Safeguarding Adults Board will have a statutory requirement to produce a strategic plan. The SAB currently produces an Annual Report in October each year. A business plan and training strategy are also agreed in April of each year.

The arrangements for inspection of the activity of the SAB are via peer-led inspections across local councils. The North East ADASS Safeguarding Adults Network has supported and enabled peer review and feedback.

Standards and probes for adult safeguarding peer reviews have been developed as part of a sector-led response in which Local Government and partners take responsibility for improvement. This process aims to use the skills and expertise of professionals, managers, people who use services, councillors and partners within the sector.

These standards have been developed in partnership by the:

- Local Government Group (LG)
- Association of Directors of Adult Social Services (ADASS)
- NHS Confederation
- Social Care Institute for Excellence (SCIE).

Locally, the findings from these peer-led inspections are then fed into the Council's Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy, and prioritised as a corporate priority jointly by the Council and by the NHS.

### **Serious Case/Incident Reviews**

As defined by the multi-agency policy, the SAB will take lead responsibility for conducting a SCR in respect of adults at risk who have been involved in a serious incident when serious abuse or harm has occurred; the process results in advice on lessons to be learned.

In addition, there are internal management reviews or investigations that may be undertaken by various organisations following a serious incident or high impact event. Where such an incident/ event involves a patient/ service user who may be considered to be an 'Adult at Risk' as defined by the Safeguarding Adult Procedures, a senior manager from Children and Adults Services should be invited to the management review or investigation. This includes:

- Incident Co-ordination Group
- Serious Untoward Incident
- Any other Co-ordination Group
- The Constabulary's Gold Group process - the first meeting determines who is invited.

This will ensure compliance with the Safeguarding Adults Inter-Agency Procedural Framework as full consideration will be given as to whether an Executive Strategy meeting or Serious Case Review should be commissioned.

### **Domestic Homicide Reviews**

Although not a statutory requirement under the safeguarding adults agenda, there is a requirement under the Domestic Violence, Crime and Victims Act (2004) for Local Authorities, Police, Strategic Health Authorities, Probation and NHS Trusts to participate in Domestic Homicide Reviews (DHRs). Local arrangements in County Durham exist in terms of commissioning these reviews and this is the responsibility of the Safe Durham Partnership Board.

### **Distinction between Commissioning roles, directly delivered services and Purchased/externally commissioned services**

The SAB does not commission or deliver services other than the delivery of adult safeguarding training – both to commissioners and providers of services.

The CAS Commissioning Service within DCC has strong links within the Safeguarding Adults Team and jointly addresses poor practice issues and contractual compliance issues.

### **Current government policies and drivers**

There are three current pieces of legislation particularly relevant to safeguarding adults activity.

The Community Care Act (1990) is the primary legislation within adult care and sets out the primary duties of the local authority. This will be replaced by the Care Act in April 2015.

The Mental Capacity Act (2005) contains the core principles that: adults should be assumed to have mental capacity to make their own decisions unless it is proved otherwise; people should be supported to make their own decision before anyone concludes that they cannot make their own decisions; people have the right to make unwise or eccentric decisions; anything done for or on behalf of a person who lacks capacity must be done in their best interests; and that anything done for or on behalf of a person who lacks capacity must be the least restrictive of their basic rights and freedoms.

The Mental Capacity Act 2005 Deprivation of Liberty Safeguards (DoLS) came into force in April 2009 as an amendment to the Mental Capacity Act, 2005. They were introduced to protect the human rights of people who lack capacity and authorise their care in a registered care home or hospital. Deprivation of Liberty Safeguards may only be sanctioned when it is in the best interests of the vulnerable person. DoLS is an important and developing safeguard of the right to liberty of some of the most vulnerable people in our community.

In April 2013, the responsibility for acting as supervisory bodies i.e. completing DoLS assessments and authorising or refusing DoLS applications in hospitals transferred from the Primary Care Trusts to local authorities. While Local Authorities already held this responsibility for care homes the addition of hospitals meant that they assumed sole responsibility for the administration of DoLS in all settings where it applies.

There are a number of recent policy developments, which are important within the safeguarding arena and will impact on service delivery in the future.

Between 2010/13 some major national policy developments took place which contribute to changes in adult care, these include:

- A vision for adult social care: Capable communities and active citizens
- Think Local, Act Personal
- Adult Social Care Law Reform - Law Commission
- Health and Social Care Act 2012
- The Care Act 2014

The Care Act will implement statutory Safeguarding Adults guidance that will identify the duties and responsibilities of the Local Authority and its statutory partners in undertaking safeguarding investigations. It will also lay out the role of Safeguarding Adults Boards, and in doing so will place them on a statutory footing.

### **CCGs responsibilities in relation to safeguarding children and adults:**

- Have clear lines of accountability, robust governance and leadership for safeguarding within the CCG, including regular board reports.
- Take an active membership role of the Safeguarding Adults Board (SAB) and the Local Safeguarding Childrens Board (LSCB) including resources to support these groups. Directors of Nursing for both North Durham and Durham Dales, Easington and

Sedgefield CCG attend SAB and LSCB. Designated Professionals for both adults and children also attend the respective boards and associated sub groups.

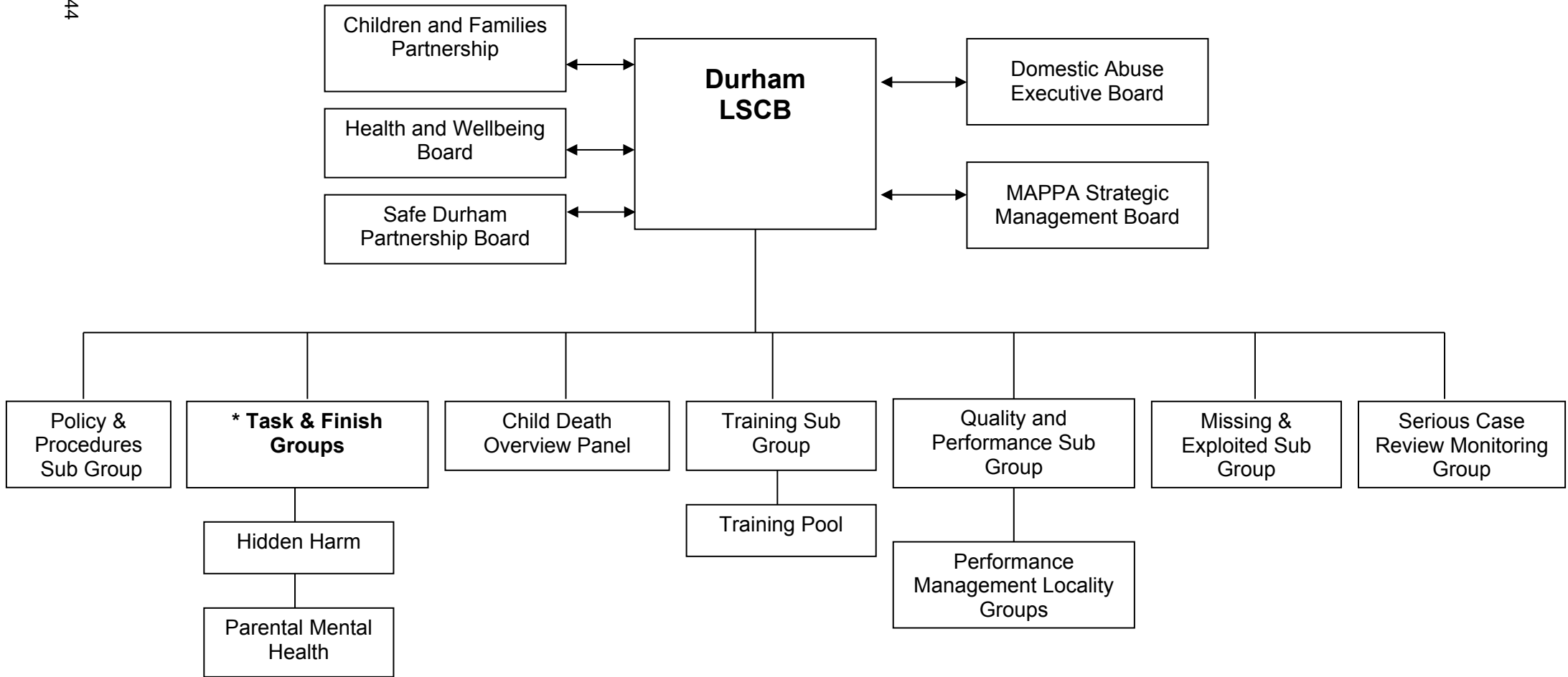
- Provide assurance that commissioned health services have appropriate arrangements in place to safeguard children and adults (i.e. policies, governance, leadership, training, partnership working, senior membership of safeguarding boards and safe recruitment processes). Contractual clinical quality review mechanisms, commissioning assurance visits, CCG safeguarding adult and children policies and multiagency policies are in place.
- Ensure information is shared with partner agencies (e.g. social care, police) to safeguard children and vulnerable adults. This will be achieved from commissioning support clinical quality, designated professionals and CCG leads.
- Ensure commissioned health services participate in Local Authority led case reviews should a safeguarding incident occur, disseminate learning and monitor implementation of improvement actions. This will be delivered through designated safeguarding children leads and safeguarding adult team
- Lead a local NHS investigation process if a safeguarding incident falls outside the remit of either of the safeguarding boards, but there is potential learning for health services. This will be delivered through designated safeguarding children leads and the safeguarding adult team
- In partnership with the Local Authority, provide assurance that health funded commissioned packages of care, both in and out of area, comply with the standards of the NHS contract. This is overseen by the CCG Director of Nursing and undertaken through the contracting of individual packages of care, supported by the clinical quality, continuing healthcare and safeguarding teams.
- The two Clinical Commissioning Groups in Durham have developed a 'hosting' arrangement for Safeguarding, representation on LSCB and SAB groups and designated named professional's representation. North Durham CCG hosts the safeguarding adult and children teams. A memorandum of Understanding has been signed by all parties.
- Support an effective multi-disciplinary response to failing services, especially those investigated under Executive Strategy processes as part of the Safeguarding Adults procedures. This includes support from the Medicines Management service in the undertaking of investigations. This is delivered through the designated professionals within the Safeguarding Adult Team under the direction of the lead CCG Director of Nursing.
- Provide representation at regular information sharing meetings held between Safeguarding Adults, DCC Commissioning Service and CQC to ensure continuity in the sharing of information. This is delivered through the designated professionals within the Safeguarding Adults Team under the direction of the lead CCG Director of Nursing.
- Provide full and active participation of health professionals in safeguarding children and adults' investigations as appropriate. This will be coordinated by the designated professionals and safeguarding adults leads under the supervision of the lead CCG Director of Nursing.
- Are members of the Quality Surveillance Group and safeguarding forums chaired by NHS England Area Team.
- CCG colleagues are statutory members of the Safe Durham Partnership and the Health and Wellbeing Board and are represented on the Children and Families Partnership.

## Glossary of Terms

ADASS	Association of Directors of Adult Social Services
BASW	British Association of Social Workers
CCA	Community Care Act
CCG	Clinical Commissioning Group
CDDFT	County Durham & Darlington NHS Foundation Trust
CDOP	Child Death Overview Panel
CDRP	Child Death Review Panel
CIN	Child in Need
CP	Child Protection
CQC	Care Quality Commission
CQRG	Clinical Quality Review Groups
CRB	Criminal Records Bureau (Merged with ISA to become DBS)
DBS	Disclosure & Barring Service (ISA and CRB merged to create DBS)
DDES	Durham Dales, Easington, Sedgefield
DfE	Department for Education
DHR	Domestic Homicide Review
DoLS	Deprivation of Liberty Safeguards
ESM	Executive Strategy Meeting
ISA	Independent Safeguarding Authority (Merged with CRB to become DBS)
JSNA	Joint Strategic Needs Assessment
KPI	Key Performance Indicator
LA	Local Authority
LAC	Looked After Children
LADO	Local Authority Designated Officer
LAT	Local Area Team
LSCB	Local Safeguarding Children Board
MAPPA	Multi-Agency Public Protection Arrangements
MCA	Mental Capacity Act
NECS	North East Commissioning Support
NHSCDD	NHS County Durham & Darlington
OSC	Overview & Scrutiny Committee
PCT	Primary Care Trust
NHS	National Health Service

NSPCC	National Society for the Prevention of Cruelty to Children
SAB	Safeguarding Adults Board
SAFS	Safeguarding Adults Framework of Standards
SIF	Single Assessment Framework
SCIE	Social Care Institute for Excellence
SCR	Serious Case Review
SDPB	Safe Durham Partnership Board
SHA	Strategic Health Authority
SPO	Safeguarding Practice Officer

### LSCB Interface Arrangements

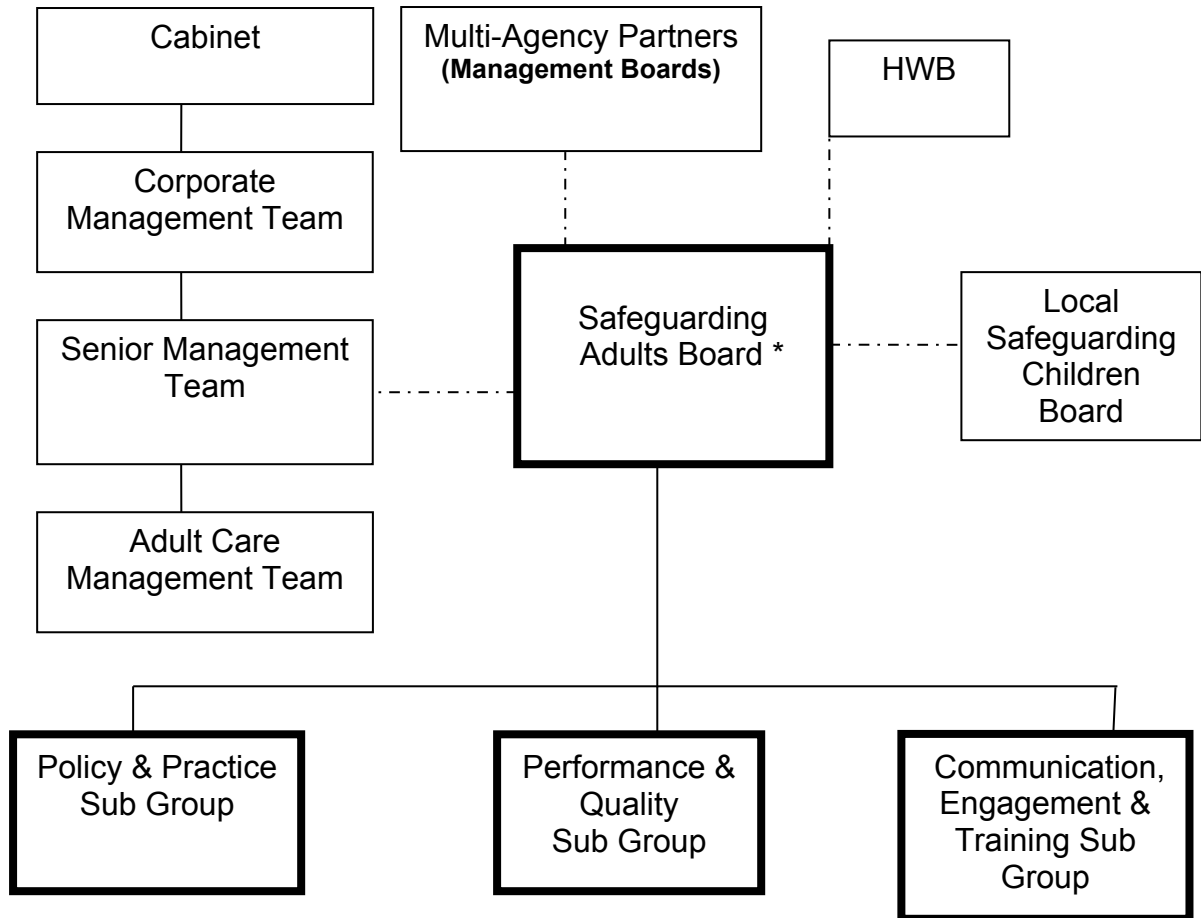


\*The task and finish groups are not standing groups, but are implemented when there is specific purpose.



## SAB Interface Arrangements

----- Denotes linkage between chair/s members of respective groups.



\* Safeguarding Adults Board undertakes actions within the Safe Durham Partnership Plan in relation to safeguarding adults.

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



**12 January 2015**

**Refresh of the Children, Young People  
and Families Plan 2015-18**

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**Report of Rachael Shimmin, Corporate Director of Children and  
Adults Services**

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**Purpose of Report**

1. The purpose of this report is to provide Children and Young People's Overview and Scrutiny Committee with an update on the refresh of the Children, Young People and Families Plan (CYPFP) 2015-18.
2. A presentation will be provided at Children and Young People's Overview and Scrutiny Committee on 12th January 2015.

**Background**

3. A new CYPFP was developed in 2014, following a review of membership, governance arrangements and priorities for the Children and Families Partnership.
4. The CYPFP is being refreshed for 2015-18 to ensure it is fit for purpose and continues to meet the needs of children and young people.
5. The refresh of the CYPFP 2015-18 includes updates on policy information, consultation and evidence from the Joint Strategic Needs Assessment and Community Safety Strategic Assessment.
6. The CYPFP is also aligned to the Joint Health and Wellbeing Strategy and both plans have a shared objective. There are a number of cross cutting issues such as self-harm, teenage conceptions and alcohol misuse by young people which will be dealt with jointly by the Children and Families Partnership and the Health and Wellbeing Board.
7. Consultation has taken place with key partners and organisations to inform the refresh of the CYPFP for 2015-18.
8. Consultation has also taken place with young people through Investing in Children reference groups and with young carers through The Bridge Young Carers Service.
9. The Health and Wellbeing Board hosted an engagement event in October 2014, which was attended by over 240 people. This included a workshop to look at health issues relating to children and young people. In preparation for this workshop young people produced a DVD which identified the following issues:

- Delivery of sex education in schools
- Risk taking behaviour including smoking, drinking, drugs and unprotected sex
- Places to go and things to do; access, availability, transport and costs
- Prevalence of self-harm in young people
- Emotional health and wellbeing/stress of young people

10. Feedback from this event has been taken into account in the refresh of the CYPFP for 2015-18.

### **Consultation**

11. Children and Young People's Overview and Scrutiny Committee will be asked the following questions as part of the consultation process:

- Are these the right strategic actions in the CYPFP?
- Are there any gaps in the strategic actions?
- Are these still the correct outcomes on which the CYPFP is built upon or do you think there are any changes required?

### **Next Steps**

12. Following consultation responses, the refresh of the CYPFP 2015-18 will be presented to the Children and Families Partnership at its meeting in March 2015 for agreement.

### **Recommendations**

13. Children and Young People's Overview and Scrutiny Committee is requested to:

- Provide comments on the CYPFP to Andrea Petty, Strategic Manager, Policy, Planning and Partnerships by **30<sup>th</sup> January 2015**.

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#### **Contact:**

**Peter Appleton, Head of Planning and Service Strategy, Children and Adults Service**

**Tel: 03000 267 388**

**Andrea Petty, Strategic Manager, Policy, Planning and Partnerships**

**Tel: 03000 267 312**

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## Appendix 1: Implications

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**Finance** - There are no financial implications.

**Staffing** - There are no staffing implications.

**Risk** – There are no risk implications

**Equality and Diversity / Public Sector Equality Duty** - The CYPFP has engaged with and consulted with children, young people and families across all backgrounds, ages and equality strands. The CYPFP has ensured that the voice of all children and young people is heard, shared and reflected within the plan.

**Accommodation** - There are no accommodation implications.

**Crime and Disorder** – The CYPFP is aligned with and contributes to the current priorities within the Youth Justice Plan and Safe Durham Partnership Plan.

**Human Rights** – Human rights have been considered in the production of this plan. Children and young people have been central to the development of this strategic plan and the plan has ensured that their voices are heard.

**Consultation** – Extensive consultation has been carried out in the development and approval of this plan. Partners, parents, families, children and young people have all been provided an opportunity to shape the direction and the content of this plan at each stage.

**Procurement** - There are no procurement implications.

**Disability Issues** – The views and needs of families of and children with disabilities have been considered and reflected in the plan and the needs of children with disabilities remains paramount to the work of the Children and Families Partnership.

**Legal Implications** – There are no legal implications.

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

12 January 2015



### Quarter 2: Forecast of Revenue and Capital Outturn 2014/15 – Children and Adult Services

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#### Report of Paul Darby, Head of Finance (Financial Services)

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#### Purpose of the Report

1. To provide the committee with details of the forecast outturn budget position for Children and Adult Services (CAS), highlighting major variances in comparison with the budget for the year, based on the position to the end of September 2014. The report focuses on the Children and Young People's services included in CAS.

#### Background

2. County Council approved the Revenue and Capital budgets for 2014/15 at its meeting on 26 February 2014. These budgets have subsequently been revised to take account of transfers to and from reserves, grant additions/reductions, budget transfers between service groupings and budget reprofiling between years. This report covers the financial position for:
  - CAS Revenue Budget - £268.779 (original £275.232m)
  - CAS Capital Programme – £73.805m (original £74.322m)
3. The original CAS revenue budget has been revised to incorporate a number of budget adjustments as summarised in the table below:

Reason For Adjustment	£'000
Original Budget	275,232
Transfers to other services	(903)
Purchase of annual leave reduction	(103)
Car mileage reduction	(89)
Use of (+)/contribution to Corporate reserves (-)	(6,915)
Use of (+)/contribution to reserves (-)	1,557
<b>Revised Budget</b>	<b>268,779</b>

4. The use of / (contribution) to reserves consists of:

<b>Reserve</b>	<b>£'000</b>
Corporate Demographics Reserve	(7,000)
Corporate other	85
Social Care Reserve	866
CPD Reserve	436
Special Reserve	23
Education Reserve	35
Public Health GRT Reserve	88
Public Health Redundancy Reserve	15
Secure Services Trading Reserve	205
Tackling Troubled Families Reserve	(111)
<b>Total</b>	<b>(5,358)</b>

5. The summary financial statements contained in the report cover the financial year 2014/15 and show: -

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

### **Revenue Outturn**

6. The CAS service reported a cash limit underspend of **£3.249m** against a revised budget of £268.779m at the end of Quarter 2, which represented a 1.2%-underspend. The cash limit outturn is net of a £7m in year contribution to the Demographics / Hyper Inflation Reserve to offset and delay MTFP pressures in future years.
7. The tables below show the revised annual budget, actual expenditure to 30 September 2014 and the updated forecast of outturn to the year end, including the variance forecast at year end. The first table is analysed by Subjective Analysis (i.e. type of expense) and shows the combined position for CAS, and the second is by Head of Service.



### Subjective Analysis (Type of Expenditure)

	Revised Annual Budget £000	YTD Actual £000	Forecast Outturn £000	Variance £000	Items Outside Cash Limit £000	Cash Limit Variance £000
Employees	111,822	56,340	108,953	(2,869)	-	(2,869)
Premises	8,272	2,492	8,193	(79)	-	(79)
Transport	18,302	6,064	17,695	(607)	-	(607)
Supplies & Services	20,725	13,395	18,976	(1,749)	-	(1,749)
Third Party Payments	198,771	82,237	187,712	(11,059)	-	(11,059)
Transfer Payments	12,055	4,978	11,189	(866)	-	(866)
Central Support & Capital	55,211	16,194	69,626	14,415	-	14,415
Income	(156,379)	(72,500)	(156,814)	(435)	-	(435)
<b>Total</b>	<b>268,779</b>	<b>109,200</b>	<b>265,530</b>	<b>(3,249)</b>	<b>-</b>	<b>(3,249)</b>

### Analysis by Head of Service Area

	Revised Annual Budget £000	YTD Actual £000	Forecast Outturn £000	Variance £000	Items Outside Cash Limit £000	Cash Limit Variance £000
Adults Care	136,592	61,583	131,111	(5,481)	-	(5,481)
Central Charges	3,962	179	10,643	6,681	-	6,681
Central Charges (CYPS)	6,329	(1,423)	6,329	-	-	-
Childrens Services	62,773	27,830	60,498	(2,275)	-	(2,275)
Commissioning	8,425	10,000	7,098	(1,327)	-	(1,327)
Education	39,061	6,680	38,538	(523)	-	(523)
Planning and Service Strategy	11,179	4,682	10,855	(324)	-	(324)
Public Health	458	(364)	458	-	-	-
Redundant Cost Centres	-	33	-	-	-	-
	<b>268,779</b>	<b>109,200</b>	<b>265,530</b>	<b>(3,249)</b>	<b>-</b>	<b>(3,249)</b>

8. The table below provides a brief commentary of the forecast cash limit variances against the revised budget, analysed by Head of Service for those areas which relate to the Children's area of the service, which is of specific interest to the Children's Overview and Scrutiny Committee. The table identifies variances in the core budget only and excludes

items outside of the cash limit (e.g. central repairs and maintenance) and technical accounting adjustments (e.g. capital charges):

Service Area	Description	Cash Limit Variance £000
<b>Children's Services</b>		
Aycliffe Conference Centre & Site Wide Costs	This relates to projected shortfall on income at the Conference Centre on the Aycliffe site. Discussions are ongoing between Children's Services and the Quality & Development Team around the future operation of the Conference Centre.	10
Child Protection & Disability Services	Under the budgeted expenditure results from a reduction in expenditure on court fees and legal expenses for children in care.	(288)
Children's Services Reform & LSCB	Relates to employee costs of the new recently appointed Strategic Manager for Children's Services Reform and Local Safeguarding Children's Board.	29
External Agency Placements Central Recharges & SLAs	Projected savings of £1.125m relate to Independent Foster Agencies (IFAs) payments. The balance is mainly from a reduction in transportation costs of children and young people following a review of journeys by volunteer drivers and taxis.	(1,660)
First Contact & Intervention	Minor savings on supplies and services are forecast to be achieved in this area.	(8)
Looked After & Permanence	The projected over budget position is related to fees and allowances paid to in house foster carers. Expenditure in excess of the budget is offset by savings on placements with IFAs(External Agency Placements Central Recharges & SLAs above) .The cost of a placement with an in house foster carer is approximately half of the cost of a child placed with an IFA.	203
One Point Service	<p>A forecast under budget in staffing of £210k relates to vacancies held whilst restructures are carried out to deliver MTFP savings in 2015/16.</p> <p>An MTFP saving in relation to the Children's Centre review is not anticipated to be achieved and therefore an over budget of £70k is anticipated against premises budgets.</p> <p>Expenditure against activity areas is forecast to be under budget by £186k and there is also forecast to be income of £100k generated over and above budget levels.</p>	(439)
Think Family Service	<p>Vacancies across Family Pathfinder teams are forecast to deliver savings of £45k against staffing budgets.</p> <p>Tackling Troubled Families expenditure and income is managed through an earmarked reserve and does not therefore impact on the cash limit position</p>	(45)
Youth Offending Service	<p>Staffing expenditure is anticipated to be lower than budget by £95k due to vacancies. There is also forecast to be additional income above budget of £22k.</p> <p>These two areas help to offset a forecast overspend on remand costs of £40k.</p>	(77)

Service Area	Description	Cash Limit Variance £000
<b>Commissioning</b>		
Adult Care - Other	<p>£4k over budget on employees            £106k under budget on car mileage and transport for service users            £33k under budget on supplies and services / other            £1,254k under budget on agency and contracted services, mainly in respect of under spends on non-assessed services            £192k under achievement on income mainly offset a reduction in associated expenditure above</p>	(1,197)
Financial Services	<p>£82k under budget on employees due to vacant posts            £27k under budget on transport, mainly in respect of a new assessment process            £24k over budget on supplies and services            £45k additional income mainly in respect of financial protection</p>	(130)
<b>Education</b>		
Progression and Learning	<p>Durham Education Business Partnership is forecast to be over budget by £108k as income levels are anticipated to fall below budget, however this will be funded from an earmarked reserve.</p> <p>The Adult Learning service is funded from grant that is allocated on an academic year basis. Any funds not used by the end of March 2014 will be rolled forward to support expenditure in the Summer Term of the 2014/15 academic year and therefore the forecast outturn is in line with budget.</p> <p>At present the Improving Progression for Young People team are forecasting to be over budget by £23k, however this relates to the appointment of a YEI Development Manager and these costs will be funded from the Special Projects reserve.</p>	-
School Places and Admissions	<p>There is an under budget forecast in the School Places and Admissions Team relating to vacancies created by the early release of staff in connection with MTFP savings for 2015/16.</p> <p>A review of Home to School transport provision in the Summer Term has forecast that expenditure will be in line with budget. Further work will be undertaken in this area at Quarter 3 when expenditure from the Autumn Term can be reviewed.</p>	(118)
SEN and Disability and Inclusion	<p>An under budget of £123k is projected against employee budgets due to vacancies held in advance of required MTFP savings and restructure in the SEN Placement and Provision team.</p>	(123)
Support and Development	<p><u>Curriculum and Professional Development (CPD)</u>            Planned use of £585k of CPD reserves in 2014/15 has been included in the outturn forecast, alongside savings from staff vacancies and a transfer of £100k from EDS.</p> <p><u>Education Development Service (EDS)</u>            There is forecast to be under budget related mainly to staffing vacancies of £67k.</p> <p><u>Early Years Team</u>            Vacancies created by the early release of staff in relation to 2015/16 and 2016/17 MTFP savings are anticipated to result in an under budget of £125k.</p>	(282)

Service Area	Description	Cash Limit Variance £000
	<p>Costs of £108k associated with the early release of pension are shown here, however this is funded from a corporate reserve.</p> <p><u>School and Governor Support Service</u> Income is anticipated to be in excess of budget as action has been taken to increase prices in advance of achieving MTFP savings of £100k for 2015/16.</p> <p><u>Durham Learning Resources</u> Income levels are anticipated to fall short of target by £43k, however expenditure on supplies and staffing has been reduced and the net over budget position is forecast to be £10k.</p>	
<b>Planning and Service Strategy</b>		
Performance & Information Mgt	£50k under budget on employees due mainly to early achievement of MTFP savings £4k over budget on transport £15k under budget on supplies and services £21k under achievement of income	(40)
Policy Planning & Partnerships	£33k under budget on employees due mainly to early achievement of MTFP savings	(33)
Service Quality & Development	£153k under budget on employees mainly re early achievement of MTFP savings £10k under budget on supplies and services £2k over achievement of income	(165)
Service Support	£115k under budget on employees mainly re early achievement of MTFP savings £29k over budget on supplies and services/other budgets	(86)

9. In summary, the service is on track to maintain spending within its cash limit. The outturn position incorporates the MTFP savings built into the 2014/15 budgets, which for CAS in total amount to £12.430m.

### Schools

10. The total delegated budget for maintained schools (including early years' providers) in 2014/15 is £249.045m. In addition, schools will receive around £19.690m in Pupil Premium income and £10.733m in other income, primarily grants and fees and charges linked to schools meals, breakfast and after school club income.
11. Where schools spend more than their delegated budgets, the over spend reduces their accumulated balance. At 31 March 2014, 6 schools had a deficit balance totalling £0.960m, 12 schools were holding a balance of less than 2.5% of their overall funding and 240 schools had balances of more than 2.5% of their overall funding. In

the period 1 April to 30 September 2014, three schools have closed and one has converted to an academy.

12. School reserves brought forward from 2013/14 were £24.684m. This balance is net of loans to schools and other balances not related to maintained schools. Maintained schools balances amounted to £25.280m, which has reduced to £25.022 following the closures and conversions. Based on updated budget plans approved by Governing bodies and updated forecasts, schools are currently planning to use £5.205m of these balances in 2014/15, compared to £5.446m at quarter one. The forecast balances at 31 March 2015 are £19.817m (£19.834m at quarter one) and a summary of this forecast position is provided below:

<b>Schools forecasting a surplus above 2.5% of funding</b>						
	<b>Nursery</b>	<b>PRU</b>	<b>Primary</b>	<b>Secondary</b>	<b>Special</b>	<b>Total</b>
Number	12	-	202	9	9	232
Forecast	(£792,451)	-	(£16,804,203)	(£1,936,743)	(£1,498,991)	(£21,032,388)
<b>Schools forecasting a surplus of less than 2.5% of funding</b>						
	<b>Nursery</b>	<b>PRU</b>	<b>Primary</b>	<b>Secondary</b>	<b>Special</b>	<b>Total</b>
Number	-	-	12	5	-	17
Forecast	-	-	(£198,003)	(£359,485)	-	(£557,488)
<b>Schools forecasting a deficit</b>						
	<b>Nursery</b>	<b>PRU</b>	<b>Primary</b>	<b>Secondary</b>	<b>Special</b>	<b>Total</b>
Number	-	1	1	3	-	5
Forecast	-	£182,319	£4,626	£1,585,312	-	£1,772,257
<b>Total</b>						
	<b>Nursery</b>	<b>PRU</b>	<b>Primary</b>	<b>Secondary</b>	<b>Special</b>	<b>Total</b>
Number	12	1	215	17	9	254
<b>Forecast</b>	<b>(£792,451)</b>	<b>£182,319</b>	<b>(£16,997,580)</b>	<b>(£710,916)</b>	<b>(£1,498,991)</b>	<b>(£19,817,619)</b>

13. The main cause for concern remains with the secondary schools forecasting deficit balances at the end of the year. Officers from CAS and Resources (Financial Services) are working with two of the schools to establish budget plans to clear their deficits. The third school is in this position because of a temporary reduction in pupil numbers and is expected to be in deficit for the next two financial years. One special school was forecasting a deficit, but is now forecasting a surplus.
14. Figures for the second quarter exclude one primary school, which became an academy on 1 September 2014.

## Capital Programme

15. The CAS capital programme was revised earlier in the year to take into account budget reprofiled from 2013/14 following the final accounts for that year. This increased the 2014/15 original budget. Further reports to MOWG in May, June, July, September and October have detailed further revisions to the CAS capital programme, adjusting the base for grant additions/ reductions, budget transfers and budget reprofiling into later years. The revised capital budget currently totals **£73.805m**.
16. Summary financial performance to the end of September is shown below.

CAS -Service Area	2014-15 Total Budget	Actual Expenditure (30-9-14) £000	Remaining Budget
	£000	£000	£000
CAS - Adult Care	5,903	0	5,903
CAS - Commissioning	101	25	76
Planning & Service Strategy	40	13	27
CAS - Social Inclusion	18	-	18
SCP - LEP	31,390	10,102	21,288
Childrens Care	71	1	70
Early Intervention and Involvement	-	(11)	11
Early Years	692	174	518
Public Health	425	1	424
School Devolved Capital	4,539	1,288	3,251
School Related	29,417	5,872	23,545
Free School Meals Support	1,209	889	320
<b>Total</b>	<b>73,805</b>	<b>18,354</b>	<b>55,451</b>
<b>% Annual Budget Expended to 30 September</b>		<b>24.9%</b>	

17. **Appendix 2** provides a more detailed breakdown of spend across the major projects contained within the CAS Children's capital programme.

### Recommendations:

18. It is recommended that Children and Young People's Overview and Scrutiny Members note the financial forecasts included in the report, which are summarised in the Quarter 2 forecast of outturn report to Cabinet in November.

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

**Tel: 03000 268 583**  
**Tel: 03000 263 490**

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## **Appendix 1: Implications**

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### **Finance**

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

### **Staffing**

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

### **Risk**

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

### **Equality and Diversity / Public Sector Equality Duty**

There are no implications associated with this report.

### **Accommodation**

There are no implications associated with this report.

### **Crime and Disorder**

There are no implications associated with this report.

### **Human Rights**

There are no implications associated with this report.

### **Consultation**

There are no implications associated with this report.

### **Procurement**

There are no implications associated with this report.

### **Disability Issues**

There are no implications associated with this report.

### **Legal Implications**

There are no implications associated with this report.

## Appendix 2: CAS 2014-15 Capital Programme

<b>CAS -Service Area</b>	<b>2014-15 Total Budget £</b>	<b>Actual Expenditure (30-9-14) £</b>	<b>Remaining Budget £</b>
PFI	24,722,134	8,198,971	16,523,163
BSF	6,667,487	1,903,497	4,763,990
<b>SCP - LEP</b>	<b>31,389,621</b>	<b>10,102,468</b>	<b>21,287,153</b>
Support For Childs Homes	67,142	-	67,142
CAS AAP Scheme	3,623	609	3,014
<b>Children's Care</b>	<b>70,765</b>	<b>609</b>	<b>70,156</b>
PCT Co-Location	348	(10,623)	10,971
<b>Early Intervention and Involvement</b>	<b>348</b>	<b>(10,623)</b>	<b>10,971</b>
Increased Provision for Two Year Olds	691,846	174,383	517,464
<b>Early Years</b>	<b>691,846</b>	<b>174,383</b>	<b>517,464</b>
School Devolved Capital	4,539,182	1,287,585	3,251,597
<b>School Devolved Capital</b>	<b>4,539,182</b>	<b>1,287,585</b>	<b>3,251,597</b>
DFE School Capital Inc Basic Need	13,810,279	3,199,363	10,610,917
DSG Structural Maintenance	14,991,235	2,846,999	12,144,235
School Modernisation	244,676	25,630	219,045
Children's Access/Safeguarding	370,352	27,208	343,143
Prior Year Projects	-	(227,094)	227,094
<b>School Related</b>	<b>29,416,542</b>	<b>5,872,106</b>	<b>23,544,434</b>
Free School Meals Support	1,208,862	888,840	320,022
<b>Free School Meals Support</b>	<b>1,208,862</b>	<b>888,840</b>	<b>320,022</b>
<b>TOTAL</b>	<b>67,317,166</b>	<b>18,315,368</b>	<b>49,001,797</b>



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

12 January 2015

Quarter 2 2014/15

Performance Management Report



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### Report of Corporate Management Team

Lorraine O'Donnell, Assistant Chief Executive

Councillor Simon Henig, Leader

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#### Purpose of the Report

1. To present progress against the council's corporate basket of performance indicators for the Altogether Better for Children and Young People theme and report other significant performance issues for the second quarter of 2014/15 covering the period July to October 2014.

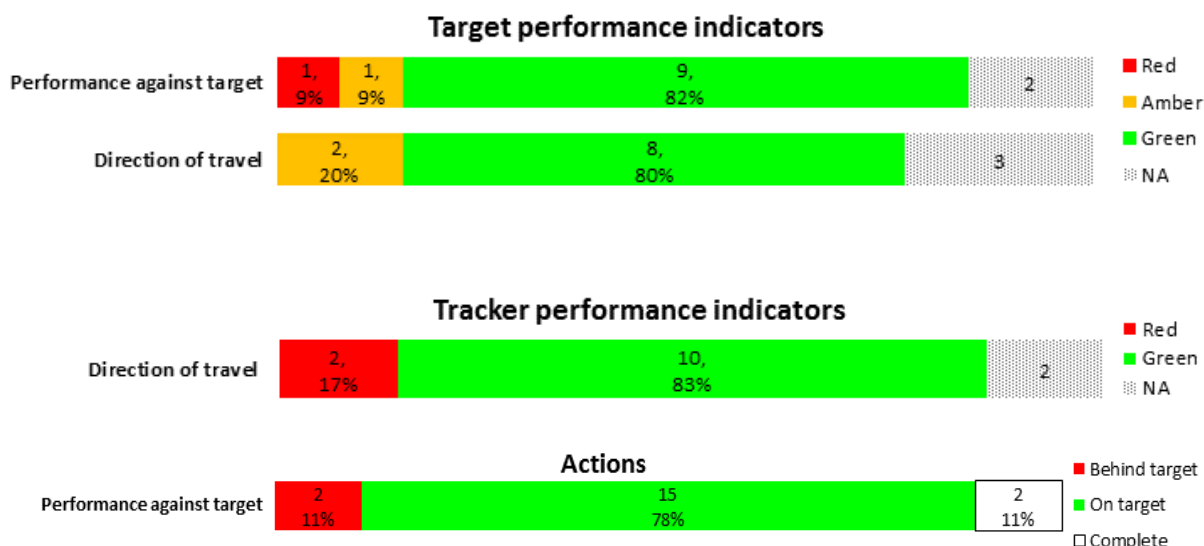
#### Background

2. The report sets out an overview of performance and progress for the Altogether Better for Children and Young People priority theme. Key performance indicator progress is reported against two indicator types which comprise of:
  - a. Key target indicators – targets are set for indicators where improvements can be measured regularly and where improvement can be actively influenced by the council and its partners (see Appendix 3, table 1); and
  - b. Key tracker indicators – performance will be tracked but no targets are set for indicators which are long-term and/or which the council and its partners only partially influence (see Appendix 3, table 2).
3. The report continues to incorporate a stronger focus on volume measures in our performance framework. This allows us to better quantify productivity and to monitor the effects of reductions in resources and changes in volume of activity. Charts detailing some of the key volume measures which form part of the council's corporate basket of performance indicators are presented in Appendix 4.

#### Developments since Last Quarter

4. A corporate performance indicator guide has been produced which provides full details of indicator definitions and data sources. This is available to view from the intranet or can be requested from the Corporate Planning and Performance Team at [performance@durham.gov.uk](mailto:performance@durham.gov.uk).

## Altogether Better for Children and Young People: Overview



### Council Performance

5. Key achievements this quarter include:
  - a. Continuing high levels of educational achievement. Provisional data for the 2013/14 academic year show that 57.1% of pupils achieved five or more A\*-C GCSEs or equivalent including English and maths. Durham's performance is better than the provisional national (55.9%) and North East (54%) averages. There has been a change in GCSEs from September 2013 in that a pupil's first entry in a particular subject will count towards performance figures when before their best result counted, as many pupils sat exams more than once. In 2014 a significant number of qualifications which had previously counted towards the attainment of five or more A\*-C GCSEs are no longer eligible. This means that past data is not comparable. In terms of A levels, provisional data for the 2013/14 academic year indicate that 98.7% of pupils achieved two A levels at grade A\*-E (level 3) or equivalent. This is achieving the target of 98.5% and is better than the 2012/13 academic year national (97.9%) and regional (98.2%) averages. Performance is similar to 98.9% in the previous year.
  - b. The achievement gap between pupils eligible for pupil premium and pupils not eligible is narrowing. Provisional data for the 2013/14 academic year show that 84.7% of Durham pupils not eligible for pupil premium funding achieved level 4 in reading, writing and maths at key stage 2 compared to 68.9% of pupils eligible for pupil premium funding, which resulted in an achievement gap of 15.8 percentage points (ppts). The gap has narrowed from 21ppts in the previous year and is better than the 2012/13 academic year national performance of 18ppts. 66.9% of Durham pupils not eligible for pupil premium funding achieved five A\*-C GCSE's including English and maths at key stage 4 compared to 38.1% of pupils eligible for pupil premium funding, which resulted in an achievement gap of 28.8 ppts. This gap has narrowed from 30 ppts in the previous year.
  - c. Provisional data for the 2013/14 academic year indicate that 57% of pupils in the early years foundation stage achieved a good level of development, which is a significant improvement from 42% in the previous year.

Performance is better than the 2013/14 academic year averages for the North East and statistical neighbours, both of which are 56%. National performance is 60% and the gap between Durham and the national rate has narrowed from 10 pts to 3 pts.

- d. Between April and June 2014, 17.9% of mothers were smoking at the time of delivery, which is an improvement from the corresponding period of the previous year (21.6%). Performance is achieving target (20.5%) and is better than the Durham, Darlington and Tees Area Team rate of 20.1% but worse than the England average of 11.5%.
  - e. As of August 2014, 835 families have had a successful intervention via the Stronger Families Programme. This equates to 63.3% of County Durham's overall target of 1,320 families by May 2015. Based upon the latest available comparator data (as of May 2014), Durham is ranked 46 out of 152 local authorities nationally in terms of the percentage of families achieving the results criteria against target (51.2%) and is above the national (44.8%), regional (49.8%) and statistical neighbour averages (50.4%).
  - f. Provisional data for April to September 2014 indicate that there were 111 first time entrants (FTEs) to the youth justice system (249 per 100,000 population). This is well within the locally agreed quarterly target of 155 FTEs (340 per 100,000) and is an improvement from 118 FTEs during the same period of the previous year.
  - g. Data for looked after children case reviews undertaken between April and September 2014 show that 586 out of 593 cases were reviewed within timescale, which equals 98.8%. Performance has achieved the target of 97.8% and is an improvement from 97.8% during the same period of the previous year. During quarter 2 there were four reviews that were not held within timescale, which related to seven children, however, all reviews have now been completed.
  - h. Tracker indicators show:
    - i. At 30 September 2014 there were 611 looked after children, which equates to a rate of 61 per 10,000 population. This is a slight reduction from 61.9 at the same point in the previous year. Durham's rate is better than the March 2014 averages for the North East and statistical neighbours (both 81) but slightly higher than the England rate (60) (see Appendix 4, chart 1).
    - ii. At 30 September 2014 there were 385 children subject to a child protection plan, which equates to a rate of 38.4 per 10,000 population and is a reduction from 42.4 at the same point in the previous year. Durham's rate is better than the March 2013 North East (51.1) and statistical neighbours (42.2) averages but slightly higher than the England average (37.9). The reduction is being investigated to provide assurance that all children who require protection receive it.
6. The key performance improvement issues for this theme are:
- a. The percentage of children in need referrals from April to September 2014 which occurred within 12 months of a previous referral is 26.3%. Although this is achieving target (28%) and is a reduction from the same period last year (30.6%) and from the figure reported in quarter 1 (36.6%), Durham's

rate is higher than 2012/13 averages nationally (24.9%) and regionally (22.5%) (Appendix 4, chart 2). The reduction in re-referrals can be attributed to the introduction of the First Contact Service, which has provided a single point of access to Children's Services, bringing together statutory services with those provided by One Point. This work is underpinned by ensuring thresholds are robustly managed and monitored in First Contact, to ensure cases are not unnecessarily escalated into statutory services. In addition, the development of the Durham Early Help Strategy enables all services working with children to actively focus on early support to children and families. This enables referrers and families to access early help services quickly, avoiding unnecessary referrals to Children's Services.

- b. Data for child protection case reviews undertaken between April and September 2014 show that 268 out of 280 cases were reviewed within timescale, which equals 95.7%. Performance has improved slightly from the same period of the previous year (95.5%) and is better than the 2012/13 statistical neighbours' average of 94.8% but worse than both the England average of 96.2% and the regional average of 96.6%. During the most recent quarter (July to September 2014) there were three reviews that were not within timescale, which related to nine children. All reviews have now been completed. Each individual case that is not reviewed within timescale is looked at within the service and systems have been put in place to ensure that reviews are rearranged within timescales.
- c. The tracker indicator for under 18 conception rate shows an increase in teenage conceptions. The latest provisional quarterly data for April to June 2013 show the County Durham rate was 38.9 per 1,000 population (84 conceptions), which is an increase from 34.4 during the same period of 2012. This is higher than both the North East (32.1) and England rates (25.2). Quarterly data for under 18 conceptions can be variable and should be viewed with caution, as the rate can fluctuate. The long term trend for under 18 conceptions shows that the rate per 1,000 population in County Durham improved from 54.4 in 1998 to 33.7 in 2012, a reduction of 38.1%. Over the same period, the national rate decreased by 40.8% and the North East by 37.2%. A social norms project took place in secondary schools across County Durham, which aimed to correct identified misperceptions of young people about sex and relationships to help change behaviour.
- d. A key Council Plan action concerning the development of the council's Fixed Play Policy was due to be completed by October 2014 but there have been further delays of the project.

7. There are no key risks in delivering the objectives of this theme.

### **Recommendation and Reasons**

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

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

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## **Appendix 1: Implications**

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

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

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

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

**Accommodation** - Not applicable

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

**Human Rights** - Not applicable

**Consultation** - Not applicable

**Procurement** - Not applicable

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

**Legal Implications** - Not applicable

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## Appendix 2: Key to symbols used within the report

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

### Performance Indicators:

#### Direction of travel

#### Performance against target

Latest reported data have improved from comparable period

**GREEN**

Performance better than target

Latest reported data remain in line with comparable period

**AMBER**

Getting there - performance approaching target (within 2%)

Latest reported data have deteriorated from comparable period

**RED**

Performance >2% behind target

### Actions:

**WHITE**

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

**GREEN**

Action on track to be achieved by the deadline

**RED**

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

### Benchmarking:

**GREEN**

Performance better than other authorities based on latest benchmarking information available

**AMBER**

Performance in line with other authorities based on latest benchmarking information available

**RED**

Performance worse than other authorities based on latest benchmarking information available

## Appendix 3: Summary of Key Performance Indicators

Page 66  
**Table 1: Key Target Indicators**

Ref	PI ref	Description	Latest data	Period covered	Period target	Current performance to target	Data 12 months earlier	Performance compared to 12 months earlier	National figure	*North East figure **Nearest statistical neighbour figure	Period covered
<b>Altogether Better for Children and Young People</b>											
17	CASCYP 15	Percentage of children in the early years foundation stage achieving a good level of development	57	2013/14 ac yr (provisional)	48	<b>GREEN</b>	42	<b>GREEN</b>	60	56**	2013/14 ac yr
18	CASCYP6	Achievement gap between Durham pupils eligible for pupil premium and Durham pupils not eligible for pupil premium funding achieving level 4 in reading, writing and maths at key stage 2 (percentage points)	15.8	2013/14 ac yr (provisional)	20.5	<b>GREEN</b>	21.0	<b>GREEN</b>	18.0		2012/13 ac year
19	CASCYP4	Percentage of pupils achieving 5 or more A*-C grades at GCSE or equivalent including English and maths	57.1	2013/14 ac yr (provisional)	NA	<a href="#">NA [1]</a>	Definition change	<a href="#">NA [1]</a>	55.9	54*	2013/14 ac yr (provisional)
20	CASCYP7	Achievement gap between Durham pupils eligible for pupil premium and Durham pupils not eligible for pupil premium funding achieving 5 A*-C GCSE's including English and maths at key stage 4 (percentage points)	28.8	2013/14 ac yr (provisional)	29.5	<b>GREEN</b>	30.0	<b>GREEN</b>			



Ref	PI ref	Description	Latest data	Period covered	Period target	Current performance to target	Data 12 months earlier	Performance compared to 12 months earlier	National figure	*North East figure **Nearest statistical neighbour figure	Period covered
21	CASCYP5	Percentage of pupils on level 3 programmes in community secondary schools achieving two A levels at grade A*-E or equivalent	98.7	2013/14 ac yr (provisional)	98.5	GREEN	98.9	AMBER	97.9 GREEN	98.2* GREEN	2012/13 ac yr
22	CASCYP2	Percentage of looked after children achieving five A*-C GCSEs (or equivalent) at key stage 4 (including English and maths)	11.6	2013/14 ac yr (provisional)	NA	NA [1]	Definition change	NA [1]			
23	CASAS5	First time entrants to the youth justice system aged 10 - 17 (per 100,000 population of 10-17 year olds) <b>(Also in Altogether Safer)</b>	249	Apr - Sep 2014	340	GREEN	259	GREEN			
24	CASCYP8	Percentage of mothers smoking at time of delivery	17.9	Apr - Jun 2014	20.5	GREEN	21.6	GREEN	11.5 RED	19.7* GREEN	England - Apr-Jun 2014 North East 2012/13
25	CASCYP12	Percentage of child protection cases which were reviewed within required timescales	95.7	Apr - Sep 2014	100.0	RED	95.5	GREEN	96.2 RED	96.6* RED	2012/13
26	CASCYP9	Percentage of children in need referrals occurring within 12 months of previous referral	26.3	Apr - Sep 2014	28.0	GREEN	30.6	GREEN	24.9 RED	22.5* RED	2012/13

Ref	PI ref	Description	Latest data	Period covered	Period target	Current performance to target	Data 12 months earlier	Performance compared to 12 months earlier	National figure	*North East figure **Nearest statistical neighbour figure	Period covered
27	CASCYP 13	Parent/carer satisfaction with the help they received from Children's Services	66.7	Apr - Dec 2013	72.0	AMBER	67.9	AMBER			
28	CASCYP 14	Percentage of successful interventions via the Stronger Families Programme	63.3	Apr 2012 - Aug 2014	60.0	GREEN	19.5	<a href="#">Not comparable</a> <a href="#">[2]</a>	44.8 GREEN	49.8* GREEN	May 2014
29	CASCYP 11	Percentage of looked after children cases which were reviewed within required timescales	98.8	Apr - Sep 2014	97.8	GREEN	97.8	GREEN	90.5 GREEN	93.7** GREEN	2009/10

[\[1\] Due to changes to the definition data is not comparable](#)

[\[2\] Data cumulative year on year so comparisons are not applicable](#)

**Table 2: Key Tracker Indicators**

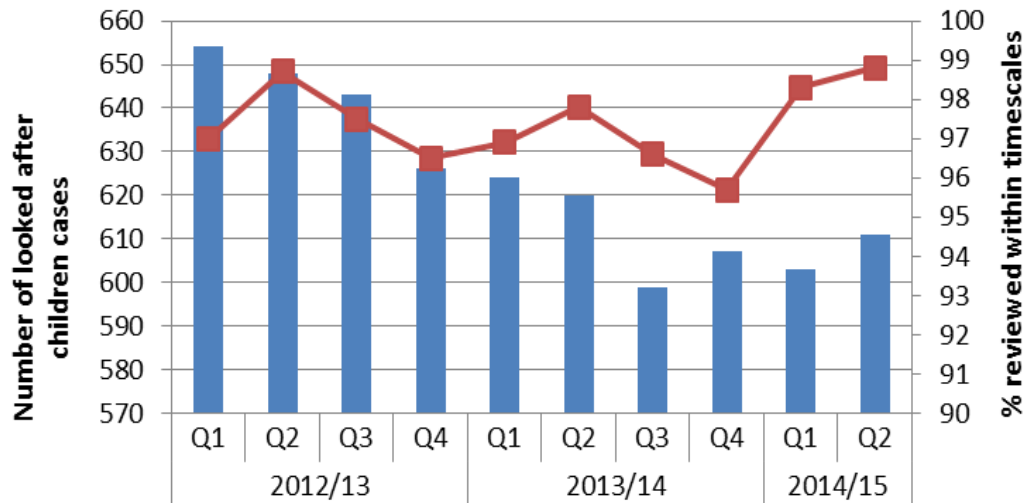
Ref	PI ref	Description	Latest data	Period covered	Previous period data	Performance compared to previous period	Data 12 months earlier	Performance compared to 12 months earlier	National figure	*North East figure **Nearest statistical neighbour figure	Period covered
<b>Altogether Better for Children and Young People</b>											
128	CASCYP 16	Percentage of 16 to 18 year olds who are not in education, employment or training (NEET)	14.2	Jul - Sep 2014	6.8	Not comparable [3]	14.9	GREEN	5.3	6.6**	Nov 2013 - Jan 2014
									Not comparable	Not comparable	
129	ACE016	Percentage of children in poverty (quarterly proxy measure) <b>(Also in Altogether Better Council)</b>	23.3	As at May 2014	23.6	AMBER	24.4	GREEN	17.6	24*	As at May 2014
									RED	GREEN	
130	ACE017	Percentage of children in poverty (national annual measure) <b>(Also in Altogether Better Council)</b>	22.7	2012	23.0	GREEN	23.0	GREEN	18.9	23.4*	2012
									RED	GREEN	
131	CASCYP 29	Rate of proven re-offending by young offenders	37.1	Oct 2011 - Sep 2012	37.5	GREEN	43.0	GREEN	35.4		Oct 2011 - Sep 2012
									RED		
132	CASCYP 18	Percentage of children aged 4-5 years classified as overweight or obese <b>(Also in Altogether Healthier)</b>	21.9	2012/13 ac yr	23.6	GREEN	23.6	GREEN	22.2	22.8**	2012/13 ac yr
									GREEN	GREEN	
133	CASCYP 19	Percentage of children aged 10-11 years classified as overweight or obese <b>(Also in Altogether Healthier)</b>	35.9	2012/13 ac yr	38.4	GREEN	38.4	GREEN	33.3	34.7**	2012/13 ac yr
									RED	RED	
134	CASCYP 20	Under 18 conception rate per 1,000 girls aged 15-17	38.9	Apr - Jun 2013 (provisional)	40.8	GREEN	34.4	RED	25.2	32.1*	Apr - Jun 2013
									RED	RED	
135	CASCYP 21	Under 16 conception rate per 1,000 girls aged 13 - 15	8.9	Jan - Dec 2012	7.7	RED	7.7	RED	5.6	8.3**	Jan - Dec 2012
									RED	RED	

Page 72	PI ref	Description	Latest data	Period covered	Previous period data	Performance compared to previous period	Data 12 months earlier	Performance compared to 12 months earlier	National figure	*North East figure **Nearest statistical neighbour figure	Period covered
136	CASCYP 23	Emotional and behavioural health of looked after children	15.5	2013/14	16.1	GREEN	16.1	GREEN	14.0	13.5**	2012/13
137	CASCYP 26	Young people aged 10-24 years admitted to hospital as a result of self-harm (rate per 100,000 population aged 10-24 years)	504.8	2010/11 - 2012/13	561.8	GREEN	561.8	GREEN	352.3	532.2*	2010/11 - 2012/13
138	CASCYP 27	Number of new referrals to Child and Adolescent Mental Health Services (CAMHS)	996	Apr - Aug 2014	598	NA	1,209	NA			
139	CASCYP 28	Rate of children with a child protection plan per 10,000 population	38.4	As at Sep 2014	44.5	GREEN	42.4	GREEN	37.9	42.2**	As at Mar 2013
140	CASCYP 24	Rate of looked after children per 10,000 population	61.0	As at Sep 2014	60.2	RED	61.9	GREEN	60.0	81*	As at Mar 2014
141	CASCYP 25	Prevalence of breastfeeding at 6-8 weeks from birth	28.9	Apr - Jun 2014	26.2	GREEN	28.5	GREEN	47.2	31.2*	2012/13

[\[3\] Data not comparable due to the high number of school leavers whose status is 'not known' which impacts significantly on this indicator](#)

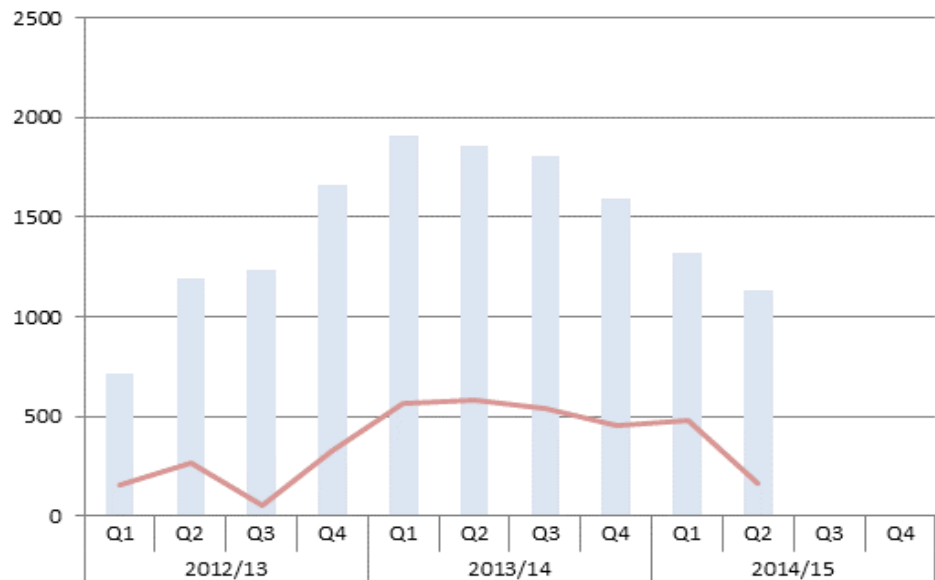
## Appendix 4: Volume Measures Chart numbers

### Chart 1 - Number of looked after children cases



■ Number of looked after children cases	654	648	643	626	624	620	599	607	603	611
■ % reviewed within timescales	97.0	98.7	97.5	96.5	96.9	97.8	96.6	95.7	98.3	98.8

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



■ Number of children in need referrals (quarterly)	710	1187	1232	1663	1911	1855	1807	1,590	1318	1130		
■ Number of Children in Need (CIN) referrals occurring within 12 months of previous referral (quarterly)	155	269	55	326	567	585	543	450	482	161		

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



12 January 2015

### Review of the Council Plan and Service Plans

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#### Report of Lorraine O'Donnell, Assistant Chief Executive

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#### Purpose of the Report

1. To update Scrutiny with progress on the development of the Altogether Better for Children and Young People section of the Council Plan 2015-2018 including the draft aims and objectives contained within the Plan and the proposed performance indicator set to measure our success.

#### Background

2. The Council Plan is Durham County Council's primary corporate planning document. It sets out our objectives that we want to achieve over the medium-term, details our contribution towards achieving the vision and ambitions that we share with other partner agencies articulated in the Sustainable Community Strategy (SCS) and also provides a framework for the delivery of our services.
3. The Council Plan is refreshed annually and is currently being revised to cover the 2015-2018 three year period. The format of the Plan is being amended with the aim of introducing a more concise narrative and streamlined performance monitoring arrangements.
4. The priorities set out in the current Council Plan reflect the results of an extensive consultation exercise carried out in 2013/14 on spending priorities and include an ongoing focus on protecting frontline services.

#### Draft Objectives and Outcomes

5. Overall it is proposed that the five key altogether better themes remain unchanged in line with the review of the Altogether Better Durham vision by the County Durham Partnership. It is also proposed that the altogether better council theme is retained giving six key themes.
  - I. Altogether Wealthier
  - II. Altogether better for children and young people
  - III. Altogether healthier
  - IV. Altogether safer
  - V. Altogether greener
  - VI. Altogether better council

6. Sitting beneath each of these six themes are a series of objectives setting out the key goal(s) being pursued over the medium-term. The objectives layer is shared across the SCS and Council Plan. These were agreed by Council last year and are proposed to be retained as unchanged. The Altogether Better for Children and Young People objectives are shown below:
  - I. Children and young people realise and maximise their potential
  - II. Children and young people make healthy choices and have the best start in life
  - III. A Think Family approach is embedded in our support for families
7. Whilst the SCS is a long-term plan, the Council Plan having a medium-term time horizon of three years is more detailed in nature. The Council Plan therefore contains an additional layer which is the council's outcomes. These are defined as the impacts on, or consequences for the community of the activities of the council. Outcomes reflect the intended results from our actions and provide the rationale for our interventions. These are subject to more frequent change than objectives.
8. The draft objectives and outcomes for the 2015-2018 Council Plan for the Altogether Better for Children and Young People theme are set out in full in **Appendix 2**.
9. Services are currently reviewing the performance indicator set which is used to measure progress against the Plan, performance manage our services and report to Members quarterly. The council also has responsibility for performance managing the County Durham Partnership so the indicator set serves the dual purpose of being used to monitor the council and the partnership. An early draft of the corporate indicator set for the Altogether Better for Children and Young People theme is contained in **Appendix 3**, for detailed consideration by Children and Young People's Overview and Scrutiny Committee.
10. There are six indicators proposed for removal from the Altogether Better for Children and Young People basket of indicators. These are shown below:
  - I. Percentage of looked after children achieving 5 A\*-C GCSEs (or equivalent) at KS 4 (with English and Maths)
  - II. Parent/carer satisfaction with the help they received from Children's Services
  - III. Percentage of looked after children cases which were reviewed within required timescales
  - IV. Percentage of children aged 4-5 classified as overweight or obese
  - V. Under 16 conception rate per 1,000 girls aged 13 – 15
  - VI. Number of new referrals to Child and Adolescent Mental Health Services (CAMHS)
11. The target setting process for the proposed indicator set will begin at the end of the year once performance data is available for the full year. Targets for the current year and forthcoming two years are presented to Members in **Appendix 3** for comment. Baseline performance data will need to be established for the proposed new indicators before targets can be set.



## Next steps

12. Next steps in the corporate timetable for production of the Council Plan and service plans are:

Corporate Issues OSC considers Cabinet MTFP and Council Plan report	23 January 2015	Director of Resources and Assistant Chief Executive
Cabinet considers Council Plan and service plans for 2015/16 – 2017/18	18 March 2015	Assistant Chief Executive
OSMB and Corporate Issues OSC consider Cabinet report on Council Plan	20 March 2015	Assistant Chief Executive
Council approves Council Plan 2015-16 – 2017/18	1 April 2015	Assistant Chief Executive

## Recommendations and reasons

13. Children and Young People's Overview and Scrutiny Committee is asked to:

- I. Note the updated position on the development of the Council Plan and the corporate performance indicator set.
- II. Note the draft objectives and outcomes framework set out in **Appendix 2**.
- III. Comment on the draft performance indicators proposed for 2015/16 for the Altogether Better for Children and Young People priority theme contained within **Appendix 3**.
- IV. Comment on the current targets in **Appendix 3** and provide input into target setting for 2015/16 onwards.

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**Contact: Jenny Haworth, Head of Planning and Performance, 03000 268071**

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## **Appendix 1: Implications**

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### **Finance**

The Council Plan sets out the corporate priorities of the Council for the next 3 years. The Medium Term Financial Plan aligns revenue and capital investment to priorities within the Council Plan.

### **Staffing**

The Council's strategies are aligned to achievement of the corporate priorities contained within the Council Plan.

### **Risk**

Consideration of risk is a key element in the corporate and service planning framework with the Council Plan containing a section on risk.

### **Equality and diversity/Public Sector Equality Duty**

Individual equality impact assessments are prepared for all savings proposals within the Council Plan. The cumulative impact of all savings proposals will be presented to Council and will be updated as savings proposals are further developed. In addition a full impact assessment has previously been undertaken for the Council Plan. One of the outcomes within the proposed framework is that people are treated fairly and differences are respected. Actions contained within the Council Plan include specific issues relating to equality.

### **Accommodation**

The Council's Corporate Asset Management Plan is aligned to the corporate priorities contained within the Council Plan.

### **Crime and disorder**

The Altogether Safer section of the SCS and Council Plan sets out the Council's and partner's contributions to tackling crime and disorder.

### **Human rights**

None

### **Consultation**

Council priorities are influenced by our resource base and have been developed following extensive consultation on the council's budget. Results have been taken into account in developing our spending decisions.

### **Procurement**

None

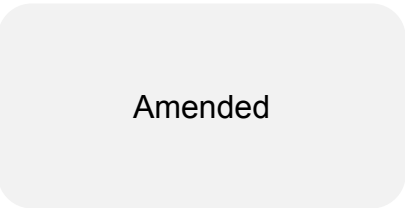
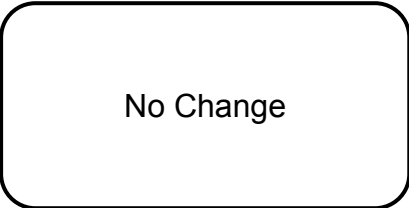
### **Disability Issues**

None

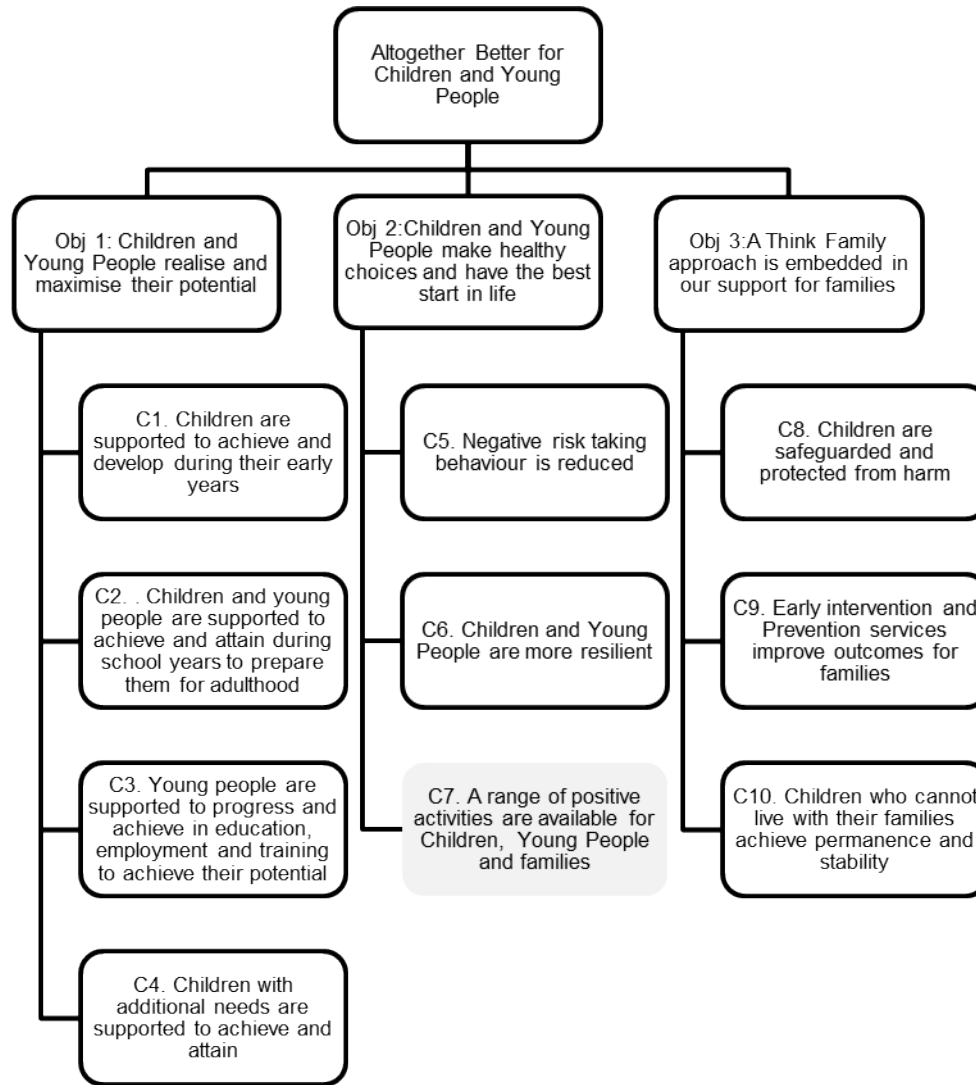
### **Legal Implications**

None

# KEY



## Appendix 2: Partnership and Council Draft Objectives and Outcomes Framework



### Appendix 3: Proposed Corporate Performance Indicator Set 2015/16

Indicator	Description	Current targets		
		2014/15	2015/16	2016/17
<b>Altogether Better for Children &amp; Young People</b>				
CAS CYP4	Achievement of 5 or more A*-C grades at GCSE or equivalent including English and maths	NA <sup>1</sup>	NA <sup>1</sup>	Not set
CAS CYP5	Percentage of pupils on Level 3 programmes in community secondary schools achieving 2 A levels at Grade A*-E or equivalent	98.5% (2013/14 Ac Yr)	98.9% (2014/15 Ac Yr)	99.0% (2015/16 Ac Yr)
CAS CYP6	Achievement gap between Durham pupils eligible for Pupil Premium and Durham pupils not eligible for Pupil Premium funding achieving Level 4 in reading, writing and maths at Key Stage 2	20.5ppts (2013/14 ac yr)	20.0ppts (2014/15 ac yr)	19.5ppts (2015/16 ac yr)
CAS CYP7	Achievement gap between Durham pupils eligible for Pupil Premium and Durham pupils not eligible for Pupil Premium funding achieving 5 A*-C GCSE's including English and maths at Key Stage 4	29.5ppts (2013/14 ac yr)	28.0ppts (2014/15 ac yr)	26.5ppts (2015/16 ac yr)
CAS CYP8	Percentage of mothers smoking at time of delivery	20.5%	20.4%	20.3%
CAS CYP9	Percentage of Children In Need (CIN) referrals occurring within 12 months of previous referral	28%	26%	24%
CAS CYP12	Percentage of child protection cases which were reviewed within required timescales	100%	100%	100%
CAS CYP14	Percentage of successful interventions (families 'turned around') via the Stronger Families Programme	70%	Not set	Not set
CAS CYP15	Percentage of children in the Early Years Foundation Stage (EYFS) achieving a good level of development	48% (2013/14 ac yr)	52% (2014/15 ac yr)	56% (2015/16 ac yr)
CAS CYP16	16 to 18 year olds who are not in education, employment or training (NEET)	Tracker indicator		
CAS CYP19	Percentage of children aged 10-11 classified as overweight or obese	Tracker indicator		
CAS CYP20	Under 18 (aged 15-17) conception rate	Tracker indicator		
CAS CYP23	Emotional and behavioural health of looked after children	Tracker indicator		
CAS CYP24	Rate of looked after children per 10,000 population	Tracker indicator		
CAS CYP25	Prevalence of breastfeeding at 6-8 weeks from birth	Tracker indicator		
CAS CYP26	Young people aged 10-24 years admitted to hospital as a result of self-harm (rate per 100,000 population aged 10-24 years)	Tracker indicator		
CAS CYP28	Rate of children with a Child Protection Plan per 10,000 population	Tracker indicator		

<sup>1</sup> Due to changes in the definition of this indicator the previously set targets are not applicable

### Appendix 3: Proposed Corporate Performance Indicator Set 2015/16

Indicator	Description	Current targets		
		2014/15	2015/16	2016/17
CAS CYP29	Rate of proven re-offending by young offenders	Tracker indicator		
CAS AS5	First time entrants to the Youth Justice System aged 10 - 17 (per 100,000 population of 10-17 year olds)	681 (310 FTEs)	681 (310 FTEs)	681 (310 FTEs)
ACE016	Percentage of children in poverty (quarterly proxy measure)	Tracker indicator		
ACE017	Percentage of children in poverty (national annual measure)	Tracker indicator		

### Indicators proposed for Removal (6)

Indicator	Description
<b>Altogether Better for Children &amp; Young People</b>	
CAS CYP2	Percentage of looked after children achieving 5 A*-C GCSEs (or equivalent) at KS 4 (with English and Maths)
CAS CYP11	Percentage of looked after children cases which were reviewed within required timescales
CAS CYP13	Parent/carer satisfaction with the help they received from Children's Services
CAS CYP18	Percentage of children aged 4-5 classified as overweight or obese
CAS CYP21	Under 16 conception rate per 1,000 girls aged 13 - 15
CAS CYP27	Number of new referrals to Child and Adolescent Mental Health Services (CAMHS)