



Children and Young People's Overview and Scrutiny Committee

Date **Thursday 25 June 2015**
Time **9.30 am**
Venue **Committee Room 1A, County Hall, Durham**

Business

Part A

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

1. Apologies for Absence
2. Substitute Members
3. Minutes of the Meeting held on 2 April 2015 and of the Joint Meeting with Adults, Wellbeing and Health Overview and Scrutiny Committee held on 21 April 2015 (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. Overview Presentation - Young People Not in Education, Employment or Training Update
 - a) Report of Director of Children and Adult Services (Pages 9 - 14)
 - b) Presentation by Policy, Planning and Partnerships Officer, Progression and Learning, CAS
8. Performance Management Report Quarter 4 2014/15 - Report of Corporate Management Team (Pages 15 - 32)
9. Local Safeguarding Children's Board Annual Report 2013/2014 - Report of Corporate Management Team (Pages 33 - 90)
10. Draft Alcohol Harm Reduction Strategy - Report of Director of Public Health (Pages 91 - 138)

11. Refresh of the Work Programme - Report of Assistant Chief Executive (Pages 139 - 146)
12. Summary of Minutes from Children and Families Partnership (Pages 147 - 150)
13. 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
17 June 2015

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

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

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

CHILDREN AND YOUNG PEOPLE'S OVERVIEW AND SCRUTINY COMMITTEE

At a Meeting of **Children and Young People's Overview and Scrutiny Committee** held in Committee Room 2, County Hall, Durham on **Thursday 2 April 2015 at 9.30 am**

Present:

Councillor J Blakey (Chairman)

Members of the Committee:

Councillors J Armstrong, D Bell, C Hampson, K Hopper, J Measor, S Morrison, C Potts, L Pounder, M Simmons, H Smith and M Stanton

1 Apologies for Absence

Apologies for absence were received by Councillors Dearden, Hart, Hicks, Stradling and Mr Gilfillan and Mr Kinch.

2 Substitute Members

There were no substitute Members in attendance.

3 Minutes

The minutes of the meetings held on 12 January and 24 February 2015 were agreed as a correct record and signed by the Chairman.

4 Declarations of Interest, if any

There were no declarations of interest.

5 Any items from Co-opted Members or Interested Parties

6 Innovations Programme:

The Committee received a report of the Assistant Chief Executive which introduced a presentation on the governments Innovation Programme (for copy see file of minutes).

The Head of Children's Services gave a presentation which detailed the Councils Innovations in Children's Services, which was to be undertaken in 2015 following Durham County Councils successful bids of £0.5m and £3.36m from the governments Innovation Programme (for copy see file of minutes).

The first successful bid was for £0.5m and was to fund a therapeutic programme developed in conjunction with Barnardos. The programme provided welfare beds for

children who had been exposed to Child Sexual Exploitation and were traumatised by abuse.

Following the successful bid, another was put forward for £3.26m and as Durham had already been working towards an innovative programme since 2007, this would continue with a third phase of work. The plan was to permanently change the way Social Services operated and therefore in future there would be no need to access grants to fund the programme as the existing budget would be utilised in a different way.

In response to a query from Councillor Armstrong regarding the timescale for the programme and the possibility of an additional £12m of savings to be made, the Head of Children's Services confirmed that the programme would reduce the number of Looked after Children and this would be a considerable saving. It would also continue to save money in future by the nature of a new, permanent process which focused on early intervention.

The Chairman queried whether the Youth Service and Housing Providers were involved in the referral process as many troubled families would be known to these services. The Strategic Manager Think Family Services confirmed that there would be an event in the Summer which would involve housing providers, who were very keen to be involved in the programme and the Youth Service was part of One Point which had regular contact.

RESOLVED:

That the presentation be noted and a further update provided in six months.

7 Performance Management Report Quarter 3

The Committee received a report of the Corporate Management Team which presented progress against the council's corporate basket of performance indicators for the Altogether Better for Children and Young People theme and report other significant issues for the third quarter of 2014/15 covering October to December 2014 (for copy see file of minutes).

In response to a comment from Councillor Armstrong regarding working group findings with regards to child obesity and the Head of Children's Services referred to obesity becoming a problem at a late age, however work was being done in schools to educate children on healthy eating and exercise, ensuring that they were aware of what a healthy diet consisted of. The issue was not that children did not know how to eat healthily, but was with getting children to eat healthy food and favour activity, rather than computer games or television. County Durham's figures were more positive than the national average and work in schools would continue in order to change children's habits and further improve the figures.

The Chairman referred to an event at a Primary School which she had attended with regards to children making their own recipes and praised the work that was being done by schools in an attempt to combat obesity in children.

Councillor Smith referred to the success within the EYFS and as the rationale behind the closure of Children's Centres was due to its ineffectiveness, queried whether the

improvement in these figures would have impact on the decision made. The Head of Children's Services confirmed that although the figure had improved for children who received free school meals, there was still a significant issue with the attainment of vulnerable children, which would be addressed within the Review of Children's Centres.

In response to a comment by the Chairman, the Strategic Manager, Performance and Information confirmed that the data for underage conceptions was outdated, but this was due to the process that it went through before being published.

8 Update on Stronger Families Programme

The Committee received a report of the Corporate Director, Children and Adult Services, which provided Members with an update on the Stronger Families Programme and in addition, (for copy see file of minutes).

The Committee received a presentation on the Councils Troubled Families Programme, from the Strategic Manager Think Family Services (for copy see file of minutes) and in addition, watched a short film of service users' stories and the positive impact it had on their lives.

In response to a query from Councillor Armstrong, the Head of Children's Services confirmed that the project was funded until 2020, however in terms of value for money, it would avoid the intervention of police and health services and therefore overall savings would be made. In addition, the programme would be incorporated into existing procedures and become standard practice.

Councillor Stanton commended the programme and the Committee were advised by the Strategic Manager, Think Family Services, that the women in the film had been invited to an event which they had been confident enough to attend and were unrecognisable from the film, their confidence had grown so much due to the service. In addition, she reported that two of them were now volunteers in Children's Centres.

9 Budget Outturn Report Quarter 3

The Committee received a report of the Head of Finance, (Financial Services), which provided the Committee with details of the forecast outturn budget position for Children and Adult Services, highlighting major variances in comparison with the budget for the year, based on the position to the end of December 2014 (for copy see file of minutes).

RESOLVED

That the report be noted.

10 Draft Scrutiny Review Report: Self-Harm by Young People

The Committee received a report of the Assistant Chief Executive, which provided Members with the findings of the Children and Young People's Overview and Scrutiny Committee Working Group Review Report on Self-Harm by Young People (for copy see file of minutes).

The Head of Children's Services queried recommendation E. There were two separate issues being dealt with however she confirmed that her interpretation for a single point of contact would be one person. Councillor Armstrong confirmed that the single point of contact was not with regards to one person, but to one section to advise and direct service users to the correct pathway. The Head of Children's Services confirmed that there was an existing single assessment process which directed service users to the correct pathway, however the second point which involved keeping a register of incidents.

With regards to recommendation F, the Head of Children's Services queried the inclusion of health visitors as they were for pre-school children of under 5 years old and would therefore not present themselves in schools.

RESOLVED

- That the Head of Children's Services would liaise with the Overview and Scrutiny Officer in rewording recommendation E.
- That recommendation F be amended to remove the reference to health visitors.

That the recommendations outlined in the report, subject to the amendments outlined above, be agreed.

11 Refresh of the Work Programme

The Committee received a report of the Assistant Chief Executive, which provided Members with information contained within the Council Plan 2015-2018, relevant to Children and Young People's Services. This would allow members to refresh the Committee Work Programme to reflect the 3 objectives and subsequent outcomes identified within the Council Plan or Altogether Better for Children and Young People (for copy see file of minutes).

Councillor Armstrong referred Members of the Committee to the report and invited them to give consideration to what priorities they wanted in the forthcoming Work Programme to be discussed at the next meeting.

DURHAM COUNTY COUNCIL

At a Special Joint Meeting of **Adults, Wellbeing and Health Overview and Scrutiny Committee and Children and Young People's Overview and Scrutiny Committee** held in Council Chamber, County Hall, Durham on **Tuesday 21 April 2015 at 11.00 am**

Present:

Councillor R Todd (Chairman)

Members of the Committees:

Councillors J Armstrong, P Brookes, J Chaplow, P Crathorne, M Davinson, S Forster, K Hopper, P Lawton, J Blakey, K Corrigan, C Hampson, D Hicks, C Potts and H Smith

Co-opted Members:

Mrs R Hassoon and Mr D Kinch

Also Present:

Councillor L Hovvells

1 Apologies

Apologies for absence were received from Councillors D Bell, A Bonner, J Charlton, K Dearden, J Hart, E Huntington, H Liddle, J Measor, O Milburn, S Morrison, T Pemberton, L Pounder, A Savory, M Stanton, W Stelling and P Stradling, and co-opted members B Carr, K Gilfillan, G Harrison, G Moran, R Patel and P Taylor.

2 Substitute Members

There were no substitute Members in attendance.

3 Declarations of Interest, if any

There were no declarations of interest.

The Chairman welcomed the Director of Public Health to the meeting to present her Annual Report. He highlighted the importance of the issues raised in the Report in terms of Children and Young People and Adults, Wellbeing and Health. He referred to the reviews carried out and the key reports and presentations considered by the Scrutiny Committees.

4 Annual Report of the Director of Public Health

The Committee received a report and presentation of the Director of Public Health County Durham which presented the 2014 annual report (for copy see file of Minutes). The Director of Public Health informed the Committee that a full copy of the report was available.

Members were informed that most of the data and information on the health status of communities in County Durham was detailed in the Joint Strategic Needs Assessment, and that information on public health programmes could be found within the Joint Health and Wellbeing Strategy. It was a statutory requirement to produce the report and a duty to publish the report under the Health and Social Care Act 2012.

The Director of Public Health County Durham stated that the annual report focused on tackling social isolation and the actions that needed taking by a range of organisations to reduce the impact on the health and wellbeing of communities. The key messages in the report were highlighted together with the recommendations.

The Chairman said that there were huge challenges across communities within the County.

Councillor Brookes referred to social media, and said that although it can have a negative impact in terms of cyber bullying, it could be used as a force for good. He said that mainstream media often advertise local clubs that could help to encourage people to become part of a local group. He then went on to ask how social media was being used. The Director of Public Health said that we could use it more to our advantage, and that there could be an opportunity to explore this issue fully. She agreed that in some circumstances social media could be used to help with social isolation. Councillor Brookes informed the Committee about a new service for families and friends to communicate with each other, called WhatsApp. The Director of Public Health said that there could be the potential for applying for European funding for health related issues and IT solutions. She said that the Council promotes and advertises a lot of information on their website but recognised that not all people have access. She also said that if people don't leave their homes they are not likely to see anything advertised in their local communities.

Mrs R Hassoon said that the waiting time to access treatment for depression within the Community Home Treatment Team was three to four months, and that she had asked for the pathway to be reviewed. She asked if it was possible for the Community Home Team workers to advise clients as to what voluntary groups were available in an area that may alleviate some immediate problems. The Director of Public Health said that this should be being carried out by the team. She could not comment on the waiting times as this was CCG led. She did refer to a recommendation in her report about professionals being aware and considering social isolation. She informed the Committee that the report was circulated to a wide audience to ensure that messages were received.

Mr Paul Newton, Director of Operations, Tees, Esk and Wear Valley NHS Foundation Trust, informed Members that the number of referrals in adult mental health had increased from 500 to 1000 over the last four years. He advised that the target for a first appointment was four weeks but at present was taking seven weeks. He said that there was an issue around capacity and demand. On a wider point, he said that all professionals should be aware of what services were available. He agreed that social media was a good way to communicate but that as the changes in the health and wellbeing service were so rapid, it was hard to keep knowledge up-to-date. He said that it would be beneficial to find a way to make technology help us to communicate.

The Director of Public Health agreed that it was difficult to keep up-to-date and her service had a dedicated resource to keep online information current.

In terms of what Scrutiny could do in relation to policies that come forward from Cabinet, Councillor J Armstrong confirmed that the Equal Impact Assessment would be used as a standard item when considering social isolation. He suggested that a joint AAP conference to consider developing a joined up strategy would be beneficial for the whole County. He said that the Housing Associations could help to identify early signs of social isolation and that the AAPs were good drivers for change. He confirmed that the Equal Impact Assessment would be included in the work of Scrutiny going forward.

The Director of Public Health advised that an all day event was taking place today involving all 31 housing providers to talk about social isolation. She referred to the Community Wellbeing Partnership that involved a whole range of organisations, including the County Council, voluntary sector, housing sector, CCGs, Fire & Rescue and said that they were pulling together an action plan. She went on to advise that from 1 October 2015 the responsibility for commissioning public health services for children aged 0-5 will transfer from NHS England to local authorities. She added that although there were national specifications we could add to them to best meet the needs of families in County Durham. She said that services were being pulled together and was positive in the outcomes moving forward.

Referring to consultation, Mr D Kinch advised that the Town and Parish Councils should also be used as a method of communication as played an important role, especially in rural areas.

Councillor S Forster informed the Committee that she had set up a group for older people twenty years ago, called Friends that was still going and helped people to feel part of something. She suggested introducing a scheme along the lines of adopt a 'Granny' to help people with problems of belonging. The Director of Public Health said that this could be an interesting approach and something that AAPs could apply for funding for.

With regards to communication and sharing information, Councillor Crathorne suggested that information from Care Link be shared with appropriate organisations when isolation was identified. This was an area that she had shared with the Durham Police and Crime Commissioner. The Director of Public Health said that she would take this back and make enquiries.

Councillor J Blakey referred to social media in terms of children and young people as it had been found to be difficult to control at times. She highlighted the importance that the youth workers had in terms of communication, as they were, at times, the main contact with children and young people. The Director of Public Health agreed that youth workers were key in supporting young people together with the Child and Adolescent Mental Health Services (CAMHS) service.

Mr Newton informed the Committee that the waiting times for CAMHS were larger than for adults requiring mental health provision, and that this service was also under considerable pressure. He said that the Children and Young People's Improving Access to Psychological Therapies programme (CYP IAPT) was an integral part of working in the

community and making sure people were equipped with the necessary skills for everyday life.

Mrs Hassoon expressed concerns about the lack of duty and care from private landlords and the unsafe discharge for homeless people from institutions. She believed that this situation would improve if private landlords were registered.

The Chairman thanked the Director of Public Health County Durham for her presentation which had highlighted the social isolation issues within County Durham. He added that the responsibility and how to tackle this issue in the future lay with many organisations and within the community itself.

Resolved:-

- (i) That the report be received, and key messages and recommendations be noted.
- (ii) That the report be used to inform commissioning plans, service developments and assessment of need to support a range of funding bids, particularly by third sector organisations, be noted.

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

25 June 2015



**Young People Not in Education,
Employment or Training**

**Report of Rachael Shimmin, Corporate Director of Children &
Adult Services**

Purpose of the Report

1. The purpose of this report is to provide members of the Children and Young People's Overview and Scrutiny Committee with an introduction to a presentation regarding young people who are not in education, employment or training (NEET). The presentation will be delivered by Stephen Crass, Policy, Planning and Partnerships Officer, Improving Progression of Young People Team, Children and Adult Services (on behalf of Linda Bailey, Strategic Manager – Progression and Learning, Children and Adults Services).

Background

2. The Local Authority has a number of statutory responsibilities to encourage, enable and assist young people to participate in education or training. As part of these responsibilities, the Local Authority is required to track young people's participation in education, employment or training. To do this effectively, the Local Authority has arrangements in place in order to collect information about all young people so that those who are NEET can be identified and given support to help them to re-engage.
3. The Department for Education monitors performance in terms of the proportion of 16-18 year olds who are NEET; the proportion of 16-18 year olds whose destination is not known; and the proportion of 16-18 year olds who are participating in learning. Local Authorities with high rates of young people who are NEET or whose destination is not known receive increased scrutiny from Government.
4. Members of the Children and Young People's Overview and Scrutiny Committee receive quarterly performance data which includes information on the proportion of 16-18 year olds in County Durham who are NEET.
5. Historically, County Durham and the North East region as a whole have had higher rates of young people who are NEET compared to the average for England. This has resulted in a number of reviews at different times in order to explore options to reduce the number of young people in County Durham who are NEET. For example, in 2008 a Joint Scrutiny Working Group conducted a scrutiny review into young people who are NEET. In 2012, the Local Authority participated in a Peer Review with Wakefield Local Authority.

6. The consequences of being NEET for a sustained period of time can be devastating for young people. Research suggests that future employment prospects and income levels can be permanently impaired, as well as an increased risk of poor physical and mental health for individuals.

Statutory Responsibilities

7. The Local Authority's statutory responsibilities are set out in the following duties:
 - Secure sufficient suitable education and training provision for all young people aged 16 to 19 and for those up to age 25 with a Learning Difficulty Assessment (LDA) or Education, Health and Care (EHC) plan in their area¹.
 - Make available to all young people aged 13-19 and to those up to age 25 with an LDA or EHC plan, support that will encourage, enable or assist them to participate in education or training².

In addition, the Education and Skills Act (ESA) 2008 placed two duties relating to the Raising of the Participation Age (RPA) on Local Authorities:

- Local Authorities must promote the effective participation in education and training of 16 and 17 year olds in their area with a view to ensuring that those persons fulfil the duty to participate in education or training³.
 - Local Authorities must make arrangements to identify 16 and 17 year olds who are not participating in education or training⁴.
8. In order to meet its statutory duties, the Local Authority has developed a plan: 'Believe, Achieve and Succeed: Increasing the Participation of Young People in Learning 2013-2016.' It sets out a number of strategic priorities to increase the participation of young people in education or training and to reduce the number of young people who are NEET. A number of actions have been implemented, including the sharing of enhanced information about young people who are NEET with partners so that resources are deployed effectively; introduction of a RONI (Risk of NEET Indicators) process across schools, so that measures can be put in place to support young people at key transition points; as well as introducing new more cost effective approaches to track and engage young people.

Programmes to support young people

9. There are a number of programmes that have supported / continue to support young people who are NEET (in addition to opportunities such as Apprenticeships, and 16-19 Study Programmes). These include the ESF LA7 Youth Participation Project; the Youth Contract for 16 and 17 year olds; Generation North East; Talent Match; and a Jobcentre Plus pilot for 16 and 17 year olds.

1 Sections 15ZA and 18A of the Education Act 1996 (as inserted by the Apprenticeships, Skills and Children and Learning Act 2009) and from 1st September 2014, Part 3 of the Children and Families Act 2014.

2 Section 68 Education and Skills Act 2008 as updated by Section 20 in Part 3 of the Children and Families Act 2014

3 Section 10 Education and Skills Act 2008.

4 Section 12 Education and Skills Act 2008

10. County Durham has been identified as eligible for the Youth Employment Initiative. This is European funding that will be directed at 16-24 year olds who are NEET. The total amount available is £17.87m and it is expected that delivery will commence in autumn 2015 and continue until summer 2018.

Performance Data

11. The table below shows performance in County Durham, the North East and England in relation to the proportion of 16-18 year olds who are NEET, the proportion of 16-18 year olds whose destination is not known, and the proportion of 16-18 year olds who are in learning. Data covering the period November to January (average) is used for year on year comparisons because this is considered to be the period in the calendar year when the 16-18 year old cohort is at its most stable.

	County Durham			North East			England		
	2012/13	2013/14	2014/15	2012/13	2013/14	2014/15	2012/13	2013/14	2014/15
16-18 year olds not in education, employment or training ¹	10.4%	7.1%	6.7%	8.3%	7.6%	7.0%	5.8%	5.3%	4.7%
16-18 year olds whose destination is not known ¹	9.6%	7.5%	4.6%	9.6%	6.4%	5.0%	10.8%	9.2%	9.0%
16-18 year olds in learning ¹	76.6%	81.1%	83.6%	79.5%	82.4%	84.4%	78.7%	80.8%	81.8%

¹November to January average, Local Authority CCIS, Department for Education

12. The latest monthly data that has been verified by the Department for Education is for April 2015. It shows that the proportion of 16-18 year olds who are NEET in County Durham was 6.4%, compared to 7.0% in the North East and 4.8% in England; the proportion of 16-18 year olds whose destination is not known in County Durham was 2.5%, compared to 3.5% in the North East and 6.7% in England; and the proportion of 16-18 year olds in learning in County Durham was 84.9%, compared to 85.1% in the North East and 83.2% in England.
13. The presentation will focus on the following areas:
- The Local Authority's statutory responsibilities in relation to the participation of young people in education or training.
 - Current performance in relation to 16-18 year olds who are NEET and whose destination is not known.
 - Current and future programmes to support 16-18 year olds who are NEET.

Recommendations

14. Members of the Children and Young People's Overview and Scrutiny Committee are requested to receive the presentation and comment accordingly.

Contact: Linda Bailey, Strategic Manager, Progression and Learning
Tel: 01325 375940 email: linda.bailey@durham.gov.uk
Stephen Crass, Policy, Planning and Partnerships Officer, Tel: 01325 375944,
stephen.crass@durham.gov.uk

Appendix 1: Implications

Finance – None

Staffing – None

Risk – None

Equality and Diversity / Public Sector Equality Duty –None

Accommodation – None

Crime and Disorder - None

Human Rights - None

Consultation – None

Procurement - None

Disability Issues – None

Legal Implications – None

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Children and Young People's Overview and Scrutiny Committee

25 June 2015



Quarter 4 2014/15 Performance Management Report

Report of Corporate Management Team Lorraine O'Donnell, Assistant Chief Executive Councillor Simon Henig, Leader

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 2014/15 financial year.

Overall Council Performance

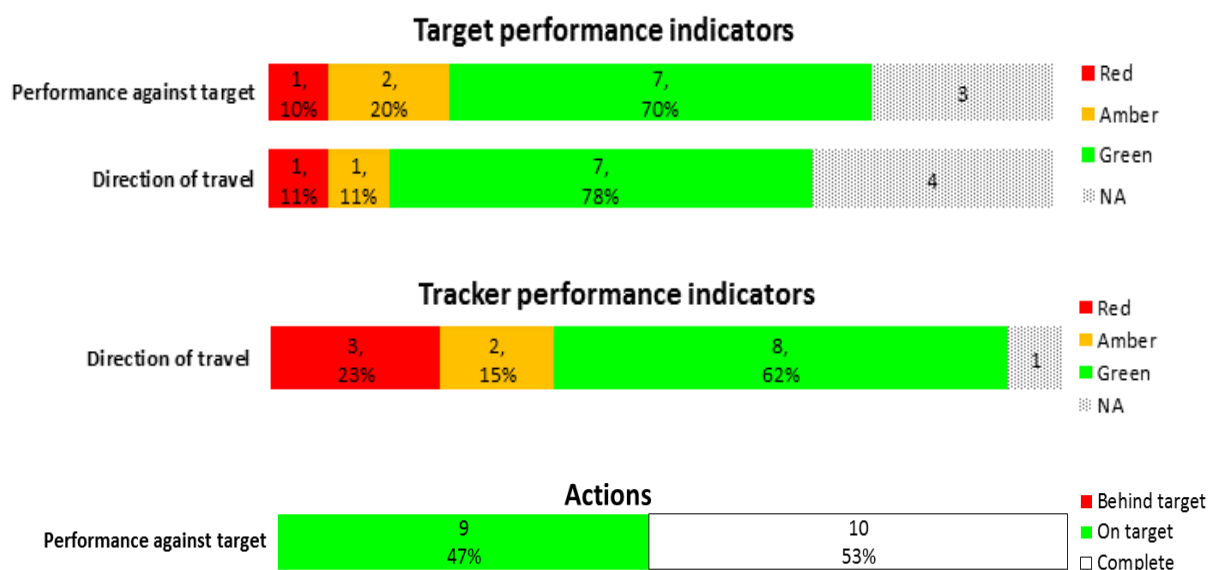
2. Since 2010, the council has made significant financial savings following reductions in government grants and have delivered just under £137 million savings to date and have plans in place to make a further £16 million of reductions in 2015/16.
3. Demand over the year has increased for some of our key services such as children in need referrals, looked after children cases, people requiring rehousing, and freedom of information requests received. However, it is encouraging to note that there have been some notable reductions in demand placed on some of our services in line with council strategy. The number of incidents of fly-tipping being reported is starting to come down after a concerted effort to tackle the perpetrators. All contact through our customer services team whether through face-to-face, telephone or via electronic means is generally reducing in line with our customer first strategy, which aims to answer queries at first point of contact and reduce the need to contact the council again. There has been a large spike in terms of telephone calls received in the last quarter of the year which is predominantly as a result of the introduction of the new garden waste service which has generated a number of additional calls around the time of implementation, some of which have been new customers wanting to join the scheme.
4. Against this backdrop of reducing resources and increasing demand it is critical that the council continues to actively manage performance and ensures that the impact on the public of the difficult decisions we have had to make is minimised.

Altogether Theme Performance

5. The report sets out an overview of performance and progress for the Altogether Better for Children and Young People 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).
6. 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 set of performance indicators are presented in Appendix 4.
 7. 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.
 8. Work has been carried out by officers and members on developing the proposed indicator set and targets for 2015/16 (see Appendix 5) to ensure that our performance management efforts continue to stay focused on the right areas.

Altogether Better for Children and Young People: Overview



Council Performance

9. Key achievements this quarter include:

- a. Provisional data for 2014/15 indicate that there were 193 first time entrants (FTE) to the Youth Justice System aged 10 – 17. This equates to 440 per 100,000 population of 10-17 year olds. This is well within the target of 310 FTEs (707 per 100,000) and is an improvement from 210 FTEs during the same period of the previous year (479 per 100,000).
- b. The percentage of mothers smoking at time of delivery between October and December 2014 was 18.3%, which is a slight improvement on the corresponding period of the previous year (18.7%) and is achieving target (20.5%). Durham's year-to-date performance of 18.7% is worse than both the North East (18.1%) and national average (11.5%).
- c. Provisional data for 2014/15 show that 22.8% (1,312 of 5,764) of children in need referrals occurred within 12 months of the previous referral. This has achieved the target of 28% and is an improvement from the previous year (27.4%). Durham's rate is better than the 2013/14 national average of 23.4% and in line with the North East rate of 22.9%.
- d. The Stronger Families Programme aims to assist individuals in a family to achieve reductions in crime/anti-social behaviour, improved school attendance or moving back into employment as set out in the Department for Communities and Local Government's Troubled Families Programme Financial Framework (March 2012). As of February 2015, 1,185 families have had a successful intervention, which equates to 89.8% of County Durham's overall target of 1,320 families by May 2015. Comparative data (as of February 2015) indicate that County Durham is slightly better than the national average of 89.7% but worse than the North East average of 92.1% and statistical neighbours average of 91.8%.

e. Tracker indicators show:

- i. Data for November 2014 to January 2015 (national measuring period) indicate that 6.7% of 16 to 18 year olds were not in education, employment or training (NEET), which relates to approximately 1,111 young people. This is an improvement when compared to the same three month period last year (7.1%) and is better than the regional (7%) average but worse than the national figure of 4.7% and statistical neighbours of 6.6%.

The percentage of 16 to 18 year olds whose status in relation to education, employment or training (EET) is not known was 4.6% during the national measuring period. This is an improvement on last year (7.5%) and is better than the November 2014 to January 2015 averages for England (9%) and the North East (5%) but worse than the statistical neighbours average (3.6%).

- ii. Provisional data at 31 March 2015 indicate that there were 377 children subject to a child protection plan, which equates to a rate of 37.6 per 10,000 population. This is a reduction from 45.5 in March 2014 and is better than the March 2014 England (42.1), North East (59.3) and statistical neighbour averages (54.8).

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

- a. Provisional data for 2014/15 show that 94.5% (240 of 254) of child protection cases were reviewed within the required timescale, which is a decrease from the previous year (96.8%). Performance is in line with the 2013/14 national average (94.6%) but is worse than the North East (96.8%). During the most recent quarter (January to March 2015) there were two reviews that were not held within timescale, which related to eight children. All reviews have been completed. Each individual case that is not reviewed within timescale is considered by the service and any proposals to cancel reviews need to be agreed by the Strategic Managers for Quality Assurance and Safeguarding Children.

b. Tracker indicators show:

- i. Annual figures relating to 2013 now show an under 18 conception rate of 33.8 per 1,000 population (293 conceptions), which is similar to 2012 (33.7; 291 conceptions). Durham's rate is worse than the North East (30.6) and national (24.3) averages.

Data for under 16 conceptions for 2013 show a rate of 7.9 per 1,000 population (65 conceptions), which is an improvement from 2012 (8.9 per 1,000 population; 76 conceptions). Durham's rate is worse than the national (4.8) and North East (7.4) averages. Actions to reduce teenage conceptions include:

- The Teenage Pregnancy and Sexual Health Steering Group is undertaking a health needs assessment, to review under 18 conceptions. This is due to be completed by June 2015 and will lead to agreed priorities and resource allocation to ensure services are delivered based on need.

- A detailed report on the Social Norms project will be presented to both the Teenage Pregnancy and Sexual Health Steering Group and the Alcohol Harm Reduction Group in May 2015 which will include a summary of the findings along with recommendations for future commissioning.
- ii. Latest data show 194 of the 474 young people in the July 2012 to June 2013 cohort re-offended within 12 months of inclusion in the cohort, which equals 40.9%. This is an increase in re-offending when compared against the same period in the previous year (37.5%). This is higher than the national rate of 36.6%. The 194 young people who re-offended committed a total of 611 offences, which equates to 1.29 re-offences per young person in the cohort. This rate is higher than the same period of the previous year (1.15) and the national average (1.11). The increase in re-offending is in context of a 20.3% reduction in the number of young people in the cohort (from 595 young people in the previous year to 474 for the period July 2012 to June 2013); 13% reduction in the number of young people re-offending (from 223 to 194); and a 10.5% reduction in the number of re-offences committed (from 683 to 611).
 - iii. Provisional data indicate that at 31 March 2015 there were 622 looked after children, which equates to a rate of 62.1 per 10,000 population. This is lower than the 2011/12 peak of 65.2 and better than the March 2014 averages for the North East (81) and statistical neighbours (81). It is slightly above the national rate (60) and is a slight increase from 60 at March 2014.
 - iv. Latest data for November 2014 show that 22.7% of children in County Durham are living in poverty (20,060 children). This is slight improvement from 23.5% the previous year (20,840 children). The County Durham rate is worse than the England rate (16.8%), although slightly better than the North East rate (23.3%).
- c. There are no Council Plan actions which have not achieved target in this theme.

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

Recommendation and Reasons

12. 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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Appendix 1: Implications

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

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

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

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

Accommodation - Not applicable

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

Human Rights - Not applicable

Consultation - Not applicable

Procurement - Not applicable

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

Legal Implications - Not applicable

Appendix 2: Key to symbols used within the report

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

Performance Indicators:

Direction of travel

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

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Table 1: Key Target Indicators

Ref	PI ref	Description	Latest data	Period covered	Period target	Current performance to target	Data 12 months earlier	Performance compared to 12 months earlier	National figure	*North East figure **Nearest statistical neighbour figure	Period covered
Altogether Better for Children and Young People											
17	CASCYP 15	Percentage of children in the early years foundation stage achieving a good level of development	57	2013/14 ac yr	48	NA	42	GREEN	60	56**	2013/14 ac yr
									RED	GREEN	
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)	15.9	2013/14 ac yr	20.5	GREEN	21.0	GREEN	16.0		2013/14 ac yr
									GREEN		
19	CASCYP4	Percentage of pupils achieving five or more A*-C grades at GCSE or equivalent including English and maths	57.6	2013/14 ac yr	NA	NA [1]	Definition change	NA [1]	56.6	54.6*	2013/14 ac yr
									GREEN	GREEN	
20	CASCYP7	Achievement gap between Durham pupils eligible for pupil premium and Durham pupils not eligible for pupil premium funding achieving five A*-C GCSE's including English and maths at key stage 4 (percentage points)	29.2	2013/14 ac yr	29.5	GREEN	30.0	GREEN			

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	98.5	GREEN	98.9	AMBER	98	98.4*	2013/14 ac yr
									GREEN	GREEN	
22	CASCYP2	Percentage of looked after children achieving five A*-C GCSEs (or equivalent) at key stage 4 (including English and maths)	4.7	2013/14 ac yr	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) (Also in Altogether Safer)	440	2014/15	707	GREEN	479	GREEN			
24	CASCYP8	Percentage of mothers smoking at time of delivery	18.3	Oct - Dec 2014	20.5	GREEN	18.7	GREEN	11.5	18.1*	Apr - Dec 2014
									RED	RED	
25	CASCYP 12	Percentage of child protection cases which were reviewed within required timescales	94.5	2014/15 (provisional)	100.0	RED	96.8	RED	94.6	96.8*	2013/14
									RED	RED	
26	CASCYP9	Percentage of children in need referrals occurring within 12 months of previous referral	22.8	2014/15 (provisional)	28.0	GREEN	27.4	GREEN	23.4	22.9*	2013/14
									GREEN	GREEN	
27	CASCYP 13	Parent/carer satisfaction with the help they received from Children's Services	92.3	Dec 2014 - Mar 2015	72.0	AMBER	66.7	Not comparable [2]			

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
28	CASCYP 14	Percentage of successful interventions via the Stronger Families Programme	89.8	Apr 2012 - Feb 2015	65.0	GREEN	30.8	Not comparable [3]	89.7 GREEN	92.1* RED	As at Feb 2015
29	CASCYP 11	Percentage of looked after children cases which were reviewed within required timescales	96.7	2014/15 (provisional)	97.8	AMBER	95.7	GREEN			

[1] Due to changes to the definition data is not comparable

[2] Not comparable due to change in survey design

[3] Data cumulative year on year so comparisons are not applicable

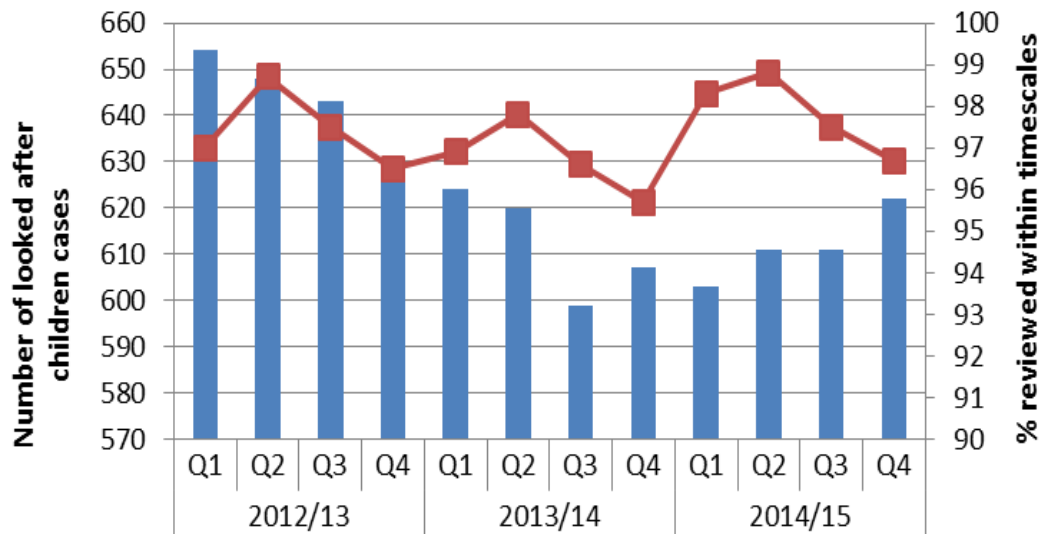
Table 2: Key Tracker Indicators

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
Altogether Better for Children and Young People											
128	CASCYP 16	Percentage of 16 to 18 year olds who are not in education, employment or training (NEET)	6.7	Nov 2014 - Jan 2015	6.5	RED	7.1	GREEN	4.7	7*	Nov 2014 - Jan 2015
129	ACE016	Percentage of children in poverty (quarterly proxy measure) (Also in Altogether Better Council)	22.7	As at Nov 2014	23.0	AMBER	23.5	GREEN	16.8	23.3*	As at Nov 2014
130	ACE017	Percentage of children in poverty (national annual measure) (Also in Altogether Better Council)	22.7	2012	23.0	GREEN	23.0	GREEN	18.9	23.4*	2012
131	CASCYP 29	Proven re-offending by young people (who offend) in a 12 month period	40.9	Jul 2012 – Jun 2013	38.7	RED	37.5	RED	36.6		Jul 2012 – Jun 2013
132	CASCYP 18	Percentage of children aged 4-5 years classified as overweight or obese (Also in Altogether Healthier)	23.8	2013/14 ac yr	21.9	RED	21.9	RED	22.5	24.4*	2013/14 ac yr
133	CASCYP 19	Percentage of children aged 10-11 years classified as overweight or obese (Also in Altogether Healthier)	36.1	2013/14 ac yr	35.9	AMBER	35.9	AMBER	33.5	36.1*	2013/14 ac yr
Page 1 of 25	CASCYP 20	Under 18 conception rate per 1,000 girls aged 15-17	33.8	2013	33.7	AMBER	33.7	AMBER	24.3	30.6*	2013

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
135	CASCYP 21	Under 16 conception rate per 1,000 girls aged 13 - 15	7.9	2013	8.9	GREEN	8.9	GREEN	4.8 RED	7.4* RED	2013
136	CASCYP 23	Emotional and behavioural health of looked after children	15.2	2014/15	15.5	GREEN	15.5	GREEN	13.9 RED	13.5** RED	2013/14
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 RED	532.2* GREEN	2010/11 - 2012/13
138	CASCYP 27	Number of new referrals to Child and Adolescent Mental Health Services (CAMHS)	2,797	2014/15	1,952	NA	2,667	NA			
139	CASCYP 28	Rate of children with a child protection plan per 10,000 population	37.6	As at 31 Mar 2015	35.9	RED	45.5	GREEN	42.1 GREEN	59.3* GREEN	As at Mar 2014
140	CASCYP 24	Rate of looked after children per 10,000 population	62.1	As at 31 March 2015	60.9	RED	60.0	RED	60.0 RED	81* GREEN	As at Mar 2014
141	CASCYP 25	Prevalence of breastfeeding at 6-8 weeks from birth	28.8	Jan - Mar 2015	27.7	GREEN	28.5	GREEN	47.2 RED	28.1* GREEN	2012/13 (Eng) Jul - Sep 2014 (NE - Durham Darlington and Tees area team)

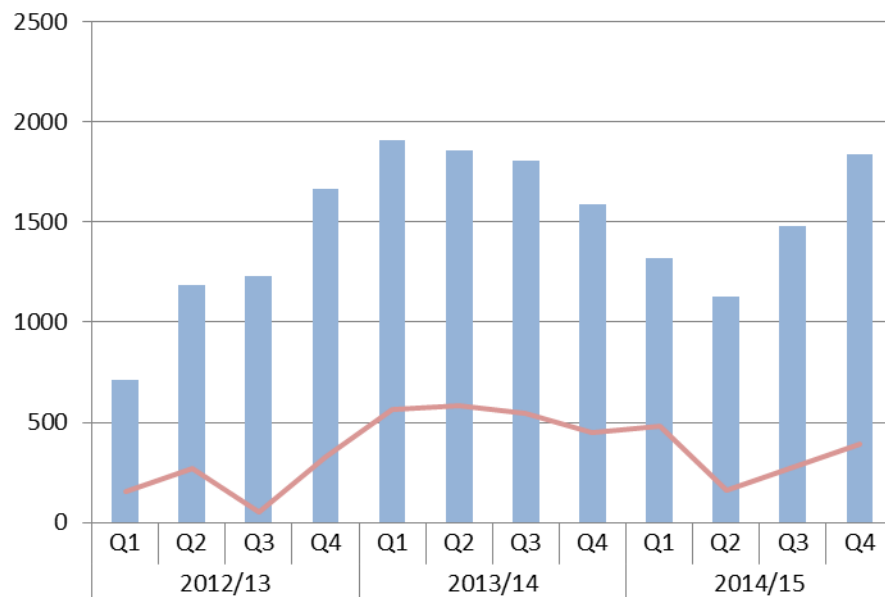
Appendix 4: Volume Measures Chart numbers

Chart 1 - Number of looked after children cases



Number of looked after children cases	654	648	643	626	624	620	599	607	603	611	611	622
% reviewed within timescales	97.0	98.7	97.5	96.5	96.9	97.8	96.6	95.7	98.3	98.8	97.5	96.7

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	1481	1835
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	279	390

Appendix 5: Proposed 2015/16 Corporate Indicator set and 3 year targets

Indicator Type	PI ref	PI Description	Service Grouping	Frequency	Performance		2014/15 Target	Proposed targets			National Comparison
					2013/14	2014/15 Q3		2015/16	2016/17	2017/18	
Children & Young People											
Target	CAS CYP15	Percentage of children in the early years foundation stage (EYFS) achieving a good level of development	CAS	Annual (Q2 provisional, Q3 validated)	41.9 (12/13 Ac yr)	56.7 (13/14 Ac yr)	48% (13/14 Ac Yr)	60 (14/15 Ac Yr)	62 (14/15 Ac Yr)	Not set	60
Target	CAS CYP4	Percentage of pupils achieving 5 or more A*-C grades at GCSE or equivalent including English and maths	CAS	Annual (Q2 provisional, Q3 validated)		57.6 (13/14 Ac yr)	Not set	58.8 (14/15 Ac Yr)	59.5 (15/16 Ac Yr)	Not set	56.6
Target	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	CAS	Annual (Q2 provisional, Q3 validated)	30 (12/13 Ac yr)	29.2 (13/14 Ac yr)	29.5 (13/14 Ac yr)	28 (14/15 Ac Yr)	26.5 (14/15 Ac Yr)	Not set	
Target	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	CAS	Annual (Q2 provisional, Q3 validated)	21 (12/13 Ac yr)	15.9 (13/14 Ac yr)	20.5 (13/14 Ac yr)	13 (14/15 Ac Yr)	Not set	Not set	16
Target	CAS CYP5	Percentage of pupils on level 3 programmes in community secondary schools achieving 2 A levels at grade A*-E or equivalent	CAS	Annual (Q2 provisional, Q3 validated)	98.9 (12/13 Ac yr)	98.7 (13/14 Ac yr)	98.5 (13/14 Ac yr)	98.9 (14/15 Ac Yr)	99.1 (15/16 Ac Yr)	99.3 (16/17 Ac Yr)	98

Indicator Type	PI ref	PI Description	Service Grouping	Frequency	Performance		2014/15 Target	Proposed targets			National Comparison
					2013/14	2014/15 Q3		2015/16	2016/17	2017/18	
Tracker	CAS CYP16	Percentage of 16 to 18 year olds who are not in education, employment or training (NEET) (Also in Altogether Wealthier)	CAS	National measure (Nov-Jan average) reported Qtr 4. Quarterly averages reported Qtr 1 to Qtr 3.	7.1	6.5					
Tracker	ACE016	Percentage of children in poverty (quarterly proxy measure) (Also in Altogether Better Council)	ACE	Quarterly	23.6	23.3 (May 14)					17.6
Tracker	ACE017	Percentage of children in poverty (national annual measure) (Also in Altogether Better Council)	ACE	Annual Q2	23 (2011)	22.7 (2012)					18.9
Tracker	CAS CYP18	Percentage of children aged 4-5 classified as overweight or obese (Also in Altogether Healthier)	CAS	Annual Q3	21.9 (12/13 Ac yr)	23.8 (13/14 Ac yr)					22.5
Tracker	CAS CYP20	Under 18 conception rate per 1,000 girls aged 15-17	CAS	Annual Q4	33.7 (2012)	22 (Jul-Sep 13)					22.2
Tracker	CAS CYP21	Under 16 conception rate per 1,000 girls aged 13 - 15	CAS	Annual Q4	7.7 (2011)	8.9 (2012)					5.6
Target	CAS AS5	First time entrants to the Youth Justice System aged 10 - 17 (per 100,000 population of 10-17 year olds) (Also in Altogether Safer)	CAS	Quarterly	479	358 (438 @ Q4)	681 (310 FTEs)	638 (280 FTEs)	638 (280 FTEs)	Not set	

Indicator Type	PI ref	PI Description	Service Grouping	Frequency	Performance		2014/15 Target	Proposed targets			National Comparison
					2013/14	2014/15 Q3		2015/16	2016/17	2017/18	
Tracker Page 30	CAS CYP29	Proven re-offending by young people (who offend) in a 12 month period (Also in Altogether Safer)	CAS	Quarterly	37.9 (11/12)	36.9 (Jan-Dec 12)					35.6
Tracker	CAS CYP23	Emotional and behavioural health of Looked After Children	CAS	Annual Q4	16.1 (12/13)	15.5 (13/14)					14 (12/13)
Tracker	CAS CYP30	Percentage of CAMHS patients who have attended a first appointment within 9 weeks of their external referral date	CAS	Quarterly	DDES CCG: 96.9% N.Durham CCG: 94.7%	DDES CCG: 87.0% N.Durham CCG: 73.1% (Apr-Dec 2014)					
Tracker	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)	CAS	Annual Q4	561.8 (09/10-11/12)	504.8 (10/11-12/13)					352.3
Target	CAS CYP9	Percentage of children in need referrals occurring within 12 months of previous referral	CAS	Quarterly	27.4	23.5	28	21	Not set	Not set	23.4 (13/14)
Tracker	CAS CYP28	Rate of Children with a Child Protection Plan per 10,000 population	CAS	Quarterly	45.5	35.9					42.1 (Q4 2013)
Target	CAS CYP14	Percentage of successful interventions (families 'turned around') via the Stronger Families Programme (Also in Altogether Safer)	CAS	Quarterly	51.2	70.6 (Oct 14)	70	12**	35**	65**	72.3
								**Stage 2 of the Programme	**Stage 2 of the Programme	**Stage 2 of the Programme	

Indicator Type	PI ref	PI Description	Service Grouping	Frequency	Performance		2014/15 Target	Proposed targets			National Comparison
					2013/14	2014/15 Q3		2015/16	2016/17	2017/18	
Tracker	CAS CYP24	Rate of Looked After Children per 10,000 population	CAS	Quarterly	60.0	61					60 (Q4 2013)
Tracker	CAS CYP19	Percentage of children aged 10-11 classified as overweight or obese (Also in Altogether Healthier)	CAS	Annual Q3	35.9 (12/13 Ac yr)	36.1 (13/14 Ac yr)					33.5
Tracker	CAS CYP25	Prevalence of breastfeeding at 6-8 weeks from birth (Also in Altogether Healthier)	CAS	Quarterly	26.2	27.7					47.2 (2012/13)
Target	CAS CYP8	Percentage of mothers smoking at time of delivery (Also in Altogether Healthier)	CAS	Reported as discrete quarters through the year then annually at year-end	19.9	19.9 (Sep 14)	20.5	18.2	17.2	16.6	11.5

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Children and Young People's Overview and Scrutiny Committee

25 June 2015



Local Safeguarding Children Board Annual Report

Report of Corporate Management Team

Rachael Shimmin, Corporate Director Children and Adult Services

Cllr Ossie Johnson, Portfolio Holder for Children and Adult Services

Purpose of the Report

1. The purpose of this report is to provide Children and Young People's Overview and Scrutiny Committee with information in respect of the Annual Report of the County Durham Local Safeguarding Children Board which sets out the work of multi-agency partners to ensure effective arrangements are in place to safeguard and protect vulnerable children and young people from abuse and neglect. The report sets out achievements in 2013/14 and priorities and challenges for 2015/6.

Background

2. Durham Safeguarding Children Board (LSCB) is a statutory body established under the Children Act 2004. It is independently chaired (as required by statute) and consists of senior representatives of all the principle stakeholders working together to safeguard children and young people in Durham.
3. Its statutory objectives are to:
 - Coordinate local work to safeguard and promote the welfare of children
 - Ensure the effectiveness of its work

Safeguarding means to: undertake any activity which prevents a child's health, welfare or development being impaired, and includes activity to protect from abuse and other risks such as neglect.

4. The Board is independent of any of the partners, funded by them all and hosted and supported by Durham County Council. The LSCB Chair works closely with all LSCB partners and particularly with the Corporate Director of Children and Adult Services (under Section 18 of the Children Act 2004). The Director of Children's Services has the responsibility within the local authority for improving outcomes for children, local authority children's social care functions and local cooperation arrangements for children's services in Durham the Corporate Director of Children and Adults services fulfils this function.

5. Statutory Partner Agencies (which includes both all the health commissioning bodies and provider bodies, the police, probation and the council, are under a duty to co-operate with the Board and those accountabilities are defined in Working Together to Safeguard Children 2013 and the NHS Accountability Framework.
6. The Board has no service delivery functions but is required to inform (through its co-ordination and effectiveness responsibilities) the commissioning intentions of partner agencies, It is also required to monitor, quality assure and evaluate the quality and effectiveness of the services commissioned and delivered in the local area.
7. Working Together (2013) requires each Local Safeguarding Children Board to produce and publish an Annual Report evaluating the effectiveness of safeguarding in the local area. The report should be submitted to the Chief Executive, Leader of the Council, the local Police and Crime Commissioner and the Chair of the Health and Wellbeing Board. The Durham LSCB report is also shared with LSCB partner agency senior management teams. The report is attached at Appendix A.
8. The report which is attached at Appendix 2 sets out the achievements and progress made during 2013/14 and identifies the challenges facing the Board in 2015/16. The report summarises how effective the LSCB is in discharging its which are to;
 - assess the effectiveness of the help being provided to children and families, including early help;
 - assess whether LSCB partners are fulfilling their statutory obligations set out in chapter 2 of Working Together to Safeguard Children 2013;
 - quality assure practice, including through joint audits of case files involving practitioners and identifying lessons to be learned; and
 - Monitor and evaluate the effectiveness of training, including multi-agency training, to safeguard and promote the welfare of children.

Local background and context

9. The report is drawn from a wide range of sources from across the Children and Families Partnership and reflects the County's ongoing 'improvement journey' following the Ofsted Inspection in early 2012 that rated services as 'outstanding'. Embedding and sustaining best practice at the frontline 24/7 and 365 days each year, across the agencies, presents considerable ongoing challenge and commitment, particularly, in the current financial and organisational context. This requires a high degree of multi-agency collaboration at every level.
10. The report recognises the significant service restructuring that has and is taking place within different agencies. All partners are aware of the need to promote more effective ways of using finite resources to work with children, young people and their families. Particular changes include the

introduction of Clinical Commissioning Groups, restructure of the councils Children's Services and the planned changes to the Probation service

11. This year's report also builds on learning from national research including guidance on what makes a 'powerful' annual report and the 'Facets of an Effective LSCB.' (See Section 7 of the report). It is intended to address three fundamental questions:
 - What did we do?
 - How well did we do it?
 - What difference did we make to improve outcomes for children, young people and families?
12. During the year 2013/14, as in previous years, the majority of children who became subject to a child protection plan were aged under four and unborn, reflecting the national picture, the vulnerability of very young children and the need for early intervention services in the community to be targeted at this age group.
13. Domestic abuse continues as the main parental risk factor for the need for a child protection conference, followed by Alcohol misuse, parental mental health and substance misuse. In 2011/12 domestic abuse was identified as a priority for the LSCB and is now embedded into the Board's day to day activities. Specialist training continues to be provided for multi-agency practitioners and includes awareness raising sessions as well as more in-depth specialist sessions presented by specialist workers.
14. As in other local authority areas, in Durham neglect remains the main category of abuse identified as affecting around 60% of children and therefore has been a priority for the LSCB in previous years. A well-established training programme is in place and policies. Procedures and practice guidance is available to practitioners to help them undertake good risk assessments and develop packages of support for children and families. A greater emphasis will be put on tackling neglect in 2015/16. The one day neglect course will also be increased to a two day more in-depth course which focusses on the long term impact of neglect on children's health and development and is designed to better equip practitioners with identifying risks earlier.
15. The numbers of children looked after continues to reduce is on a downward trajectory. Agencies are aware that that by understanding the reasons children become looked after enables them to target better their early help and family support services.

Involving Young People

16. The LSCB has continued to actively to seek the views of children and young people on wider safeguarding issues. During 2012/13 the LSCB previously worked collaboratively with 'Investing in Children' to set up a Young People's Reference Group for the LSCB. The views of young

people s were taken into account in the LSCB work plan and priorities setting for 2014/15. For example this included continuing specialist training for practitioners in respect of parental mental ill health and child sexual exploitation. The Board has committed to meeting more regularly with the reference group in 2015/16.

Monitoring Agency Performance

17. A comprehensive review of performance, quality assurance and audit findings is summarised in the annual report and outlines the breadth and depth of work being undertaken to safeguard and promote the wellbeing of children and young people in County Durham.
18. Particular efforts have been made to increase the number of children who go missing and who have an interview within 72 hours of returning home. Good progress continues to be made Durham to establish local processes for this vulnerable group of children ahead of recent national guidance
19. Case audits have taken place in areas identified by the Board as requiring further examination. This has included audits of children subject to more than one child protection plan, review of No further action decisions and audits missing children return interviews.

Multi-Agency Training

20. Durham LSCB has a range of courses that offer practitioners from partner agencies more specialist knowledge on issues such as domestic abuse, mental ill health and working with highly resistant families and other topics. The LSCB's training strategy ensures that LSCB courses reflect national and local guidance around the importance of early help, the need for adult and children staff to collaborate and coordinate their actions and to "think family". 'Working Together 2013' identifies the need to have a well trained workforce with an appropriate knowledge base.
21. Addressing Child Sexual Exploitation continues as a high priority for the board as has learning lessons from serious case reviews. A series of multi-agency events were held across the county with over 1,000 staff trained on these issues.

LSCB Priorities 2014/15

22. The LSCB has in place a well-established number of standing sub-groups which have clear terms of reference for taking forward the priorities of the Board. The Board meets every two months and each sub-group provides regular progress reports to the Board. The LSCB continues to work on a range of issues as part of its ongoing work but has agreed to focus additional work in 2014/15 on the following priorities;
 - **Information sharing** - as this remained a critical issue from Serious Case Reviews both national and local. It is recognized that agencies

cannot be complacent and that further work was required to ensure that practitioners across all agencies are aware of their responsibilities to share information where appropriate. In addition a focus needed to be maintained to ensure lessons were being learnt and agreed procedures are being followed.

- **Early Help** - the Board recognized early help as the key priority area for making significant impact on outcomes for children. Working Together identifies this as an area where LSCBs need to bring more challenge to partners to demonstrate that families are receiving help at an earlier stage before matters escalate

Peer Review and Improvement Planning

23. Peer Review and Improvement Planning

In October 2004 the LSCB commissioned the Local government Association (LGA) to undertake a Peer Review of the LSCB to support the Board in making continuous improvement based on its self-assessment in early 2014. This. The review was undertaken using the newly devised methodology for reviewing LSCBs. Durham was part of a national pilot to test out how the diagnostic tool worked.

The review was conducted over three days.

24. The main findings were:

Strengths

-
- The LSCB partnership was self-aware and there was a willingness to move forward. It was evident that the appointment of a new Chair was an opportunity to review the Board and was welcomed by all.
- There has been a prompt response to some high priority areas that require rapid action e.g. Child Sexual Exploitation which partners have valued.
- Some innovative work was found and was supported by the LSCB including:
 - 'Never do Nothing' run by CAVOS which promotes safeguarding standards in the voluntary and community sector and
 - work with 'Investing in Children' resulting in the formation of a Children and Young People's Reference Group

Areas for further development:

- More work to be done to review the board priorities so that these are fully owned across the Board and to achieve partner's full engagement.
- Developing ways in which to raise the profile and influence of the LSCB so that it is seen as less Local Authority-led and more of a partnership.
- Ensuring the completion of the Annual Report covering achievements from 2014 – 15. In addition making sure LSCB policies and procedures on the website and the business plan are updated on the website.

- A review of the LSCB subgroups and chairing arrangements
 - Improve engagement with schools with the Board
25. Following the Peer review a number of actions have taken place so that to date almost all the above areas for development have been addressed. Specific work is ongoing to raise the profile of the board through a number of activities and in different forums. The LSCB has conducted a number of development sessions for partner agencies which has led to the strengthening of the membership and governance arrangements, a revised set of priorities, new work streams and subgroups to take forward the very ambitious work plan.

Recommendations

27. It is recommended that Children and Young People's Overview and Scrutiny committee note the range of work that is taking place to safeguard children in county Durham, and the continued challenges, developments and achievements in this critical area of work.

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Background papers: LSCB Annual Report 2013/14, Working Together 2013

Appendix 1: Implications

Finance – Continued pressures on the public sector and all partners who support the Board financially may have an impact on the level of funding to the Safeguarding Children Board to enable it to continue the level of work it has achieved to date

Staffing – Arrangements are in place to recruit two lay members to the Board. The position of Training coordinator is vacant, interviews are planned to recruit to this

Risk – ongoing funding contributions are required from multi-agency partners to ensure safeguarding arrangements continue to be effective

Equality and Diversity / Public Sector Equality Duty – Children’s safeguarding is intrinsically linked and is covered in the LSCB Governance and Memorandum of Understanding

Accommodation – No pertinent issues

Crime and Disorder - none

Human Rights - None

Consultation – the report is available for all partner agencies and members of the public and will be published on the LSCB website
www.durham-lscb.gov.org.uk

Procurement - no pertinent issues

Disability Issues – The needs of disabled children are reflected in all aspects of safeguarding and the work of the Board including policies and procedures

Legal Implications – The LSCB is a key statutory mechanism for agreeing how relevant organisations in County Durham will cooperate to safeguard and promote the welfare of children in the area. This is set out in Section 13 of the Children Act 2004 and Regulation 5 of the Local Safeguarding Children Board Regulations 2006

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Durham

Local Safeguarding Children Board



Annual Report 2013/14

Safeguarding our Children in County Durham

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This report is available on the
LSCB website
www.durham-lscb.org.uk

Section 1: Foreword by Independent Chair

Welcome to Durham LSCB's 2013/14 Annual Report. This is intended to give local people and staff an account of the Board's work over the past year and that of the partner agencies, to improve the safety and wellbeing of children and young people across County Durham.

The LSCB now includes more than 25 members from 17 different agencies; nine of whom contribute to funding the Board and the LSCB team. This helps deliver shared priorities and support new and ongoing work to safeguard children in many different settings.

Our vision continues to be that every child and young person in County Durham grows up safe from maltreatment, neglect and crime. We aim to sustain a strong safeguarding culture and arrangements where the focus is firmly on the experience of the child or young person and their journey to getting early help and support.

At the heart of our plan is a strong integrated approach to early intervention and prevention underpinned by the Children & Families Partnership's 'Think Family' Strategy. This is set in the context of the need to target resources in the most effective and efficient way. The Board has set the direction and commitment by agency partners to this vision which is evidenced in the breadth of work outlined in this report - closer links between adult and children's services, improved performance in some key areas and sustained funding, despite the financial and demand pressures on all partners.

In 2013/14 the LSCB has responded to major changes in Public Health, NHS, Durham Constabulary, Probation Service and Local Authority. Time has been made to learn more about each other's priorities and challenges and to further strengthen partnership working, which is central to our approach. This is reflected also by a balance between directive activity and strategic influencing of partner agencies. So this report reflects both the activity of the Board and its Sub-Groups as well as some of the major changes and improvements in the delivery of services which have been made in a way which is consistent with the Board's overall strategies.

The Board itself has focused attention on families where there is domestic abuse, parents who have mental health needs, alcohol or drug issues. Another key priority has been on building awareness and systems to tackle child sexual exploitation, in its many forms.

Durham LSCB has also embraced the Government's emphasis on alternative methods of investigating serious incidents. The emphasis has been on sharing and embedding learning through the LSCB's well developed multi and single-agency training programme.

In this, my final report before standing down as Chair, I would like to thank the LSCB team for their very effective working and sustained commitment through recent changes. We also say goodbye to Bill Worth, our Lay Member, who sadly had to retire, but who has made an important contribution to the work of the Board.

PI99394 I would also like to thank and recognise the contributions of the LSCB Sub-Group Chairs and members who play a huge role in delivering the Board's priorities and in supporting and challenging agency practice.

Fran Gosling-Thomas
Independent Chair



Section 2: Executive Summary

The purpose of this annual report is to evaluate and report on the effectiveness of safeguarding arrangements for children and young people in County Durham and the contribution made by Durham LSCB, partner agencies and services in the County to improve the quality of services for vulnerable children.

The report also recognises the achievements and the progress that has been made in the last year as well as providing a realistic assessment of the challenges that still remain. It sets out how the Board's work is being developed and strengthened in 2014/15 and beyond to address these challenges.

This year's report also builds on learning from national research¹ including guidance on what makes a 'powerful' annual report and the 'Facets of an Effective LSCB'. It is intended to address three fundamental questions:

1. What did we do?
2. How well did we do it?
3. What difference did we make to improve outcomes for children, young people and families?

It is drawn from a wide range of sources from across the Children and Families Partnership and reflects the County's ongoing 'improvement journey' following the Ofsted Inspection in early 2012 that rated services as 'outstanding'. Embedding and sustaining best practice at the frontline 24/7 and 365 days each year, across the agencies, presents considerable ongoing challenge and commitment, particularly, in the current financial and organisational context. This requires a high degree of multi-agency collaboration at every level.

The report demonstrates the extent to which the functions of the LSCB as set out in 'Working Together' are being effectively discharged. In particular we focus on the priorities we agreed as a board:

Child Sexual Exploitation - our report describes a comprehensive strategy to address this highly charged and distressing issue. This includes the provision of a series of multi-agency events across the county training over 500 staff on the issues and new procedures. The LSCB has taken a lead role in relation to work on sexual exploitation and child trafficking and feedback from frontline staff across statutory and voluntary sector partners has confirmed the importance of this work.

Information Sharing - we highlight developments in our protocols compliance with which will ensure that agencies work together in the best interests of children.

¹ National Association of Independent LSCB Chairs

Early Help and Think Family – we describe major changes in the strategy and delivery of services in this county which take the recommendations of the Munro report and subsequent versions of Working Together to their logical conclusion. We expect that in time, these changes will lead to reductions in the number of children who are Looked After and an increase in the number of children and families whose needs are met through early help.

Parental Mental Health and Hidden Harm (primarily substances, but also recognising the effects of alcohol and links with domestic abuse) - we describe how we now have embedded these themes into all aspects of training and planning.

Policy Review - changes include introducing a Single Assessment process and the Assessment Intervention and Moving On (AIM) tool which relate to children and young people who sexually harm other young people. The impact of these developments are reported to the LSCB and will be outlined in our 2014-15 Annual Report.

Training - training remains a high priority and there is now a closer focus on the ‘impact’ of training for both children and for partner agencies. We describe the scope and reach of our training programme and the way that it supports our priorities and forms a coherent whole with that provided by partner agencies.

Performance and Audit - testing the quality of frontline services has had a high profile over the last year with an expansion of the Quality and Performance Framework to ensure a more coherent approach to quality. A number of thematic audits have taken place in areas identified by the Board as requiring further examination. This has included quality audits of children subject to more than one Child Protection Plan and scrutiny of compliance with Child Sexual Exploitation processes. Single-agency practice audits have also been completed to ensure the Board is informed of the learning

from these and issues requiring further attention; for example an audit of cases deemed as requiring ‘No Further Action’ at the point of referral to children’s services; GP’s response to referrals of injuries to pre-mobile children; and the conduct of Core Groups following the outcome of an Initial Child Protection Conference.

We describe how we monitor the safety of children in a number of settings including secure establishments and plans to monitor the use of restraining techniques with young people by the Police.

Performance is a focus for us in terms of key performance indicators. One that we closely watch is the timeliness and robustness of Child Protection Plan reviews. In 2013/14 we saw a significant improvement in timescales from 92.4% last year to 95.6% of reviews being completed within target.

Another indicator which we focus on is the number of children being relisted onto a Child Protection Plan for a second or more time. During 2013-14, despite the number on Child Protection Plans increasing there has been a 2% reduction in second time on a plan.

Child Death Reviews – we summarise the scale of the problem and identify the difficulties encountered in conducting these in a timely way. However we also highlight learning points which we hope may help reduce the number of modifiable factors in the future.

Stronger Families and Youth Justice – we highlight the excellent performance on these themes which is consistent with our strategy and complimentary to the work of the wider partnership.

Ways of working

Engagement of GPs in Child Protection Conferences has improved significantly and in some localities practitioners were able to achieve very good levels of attendance. Almost all agencies improved their performance in providing reports to Review Child Protection Conferences.

Engaging children and young people about safeguarding matters and their own care has remained a key priority during the year. This has included specific meetings between Board members and groups of children and young people supported by Investing In Children. Significant improvements continue to be made in obtaining the views of young people as part of the assessment and review conference process. There is scope for further work to be done in this area in the next year.

Wider Community - the LSCB has also supported the raising of awareness and promotion of safeguarding standards in the voluntary, community and faith sectors through sponsorship of the local 'Never Say Nothing' campaign jointly with Community and Voluntary Organisations Service (CAVOS) and VCCS.

The Future - embedding service change on Early Help, closer working with adult services and recruiting a new Chair are all priorities for the year ahead.

As the Durham Children and Families Partnership strategy states

“In an era of decreasing resource services must be offered first to those who need them, when they need them. To an extent universal services have already started to target needy populations, and children’s centres are increasingly required to target individuals more than they have in previous years.”

The focus in Durham has been on battling with the symptoms of high need and risk rather than tackling cause at an earlier stage. In an era of decreasing resources we need to ensure that we target what we have at the families who need it most in the most effective and efficient ways.”

3.2 Our Local Challenges

Services in County Durham face similar challenges to those elsewhere in the UK, but a significant key feature, is the scale of the challenge relating to alcohol and rate of teenage conceptions. An estimated 5% of the population in County Durham are believed to be dependent on alcohol, with a further 20% drinking at increasing risk levels:

- Alcohol specific admission rates for under 18's are higher than the regional rate with County Durham ranked 12th worst out of 326 Local Authorities.
- In 2012/13 alcohol was seized from 785 children across County Durham.

Teenage conception rates are 43.2 per 1,000 population of 15-17 year olds, which is higher than the national average (Source: Joint Strategic Needs Assessment 2012 and Public Health performance data). Updated needs checking with JNSA team

The main parental risk factor leading to a child being made subject to a child protection plan is domestic abuse (see below). In County Durham the Levels of domestic abuse related incidents reported to the police have seen a continuous but small increase over recent years, with 10,425 in 2010/11, 10,865 in 2011/12, 11,084 in 2012/13 and 11,550 in 2013/14. In 2012, the Victims' Services Advocate was commissioned by the Victims' Commissioner to look at which services are available and what victims need from local services. The report found that within County Durham, victims of domestic abuse felt that they were not always taken seriously, especially if there were no signs of physical abuse. The first response was also considered to be the most important in terms of influencing outcomes relating to engagement with criminal justice processes, referrals for holistic needs assessment and subsequent development of appropriate pathways of support including support for children and young people.

The LSCB takes these factors into account in its work to support the needs for services to support children, young people and their families. For example in its delivery of the annual training programme which focuses not just on awareness raising but improving understanding of the impact of risk factors, equipping practitioners with knowledge and skills to undertake effective risk assessments; leading development work to ensure practitioners and managers are clear about referral pathways and key points of contact; and the development of new and existing procedures.

3.3 Our Children

Our approach is to ensure that each child is considered as the unique individual that they are, and no child is therefore reduced to a statistic. However, in planning, resourcing, designing and managing our work there are some key facts that are of importance to us:

- **The number of cases classified as Children in Need**

3,038 - this is a significant reduction from 3,970 last year

- **Children being cared for in the Looked After system**

611 – a continued and significant reduction since April 2012

The numbers of children Looked After has been reducing over recent years and continues on a downward trajectory. When children become Looked After there are significant challenges in providing them with placement stability and improved outcomes and in equipping for life beyond care. We know that by understanding the reasons children become Looked After enables agencies to target better their early help and family support services. Reduction in the number of children Looked After is a good indicator of the impact of our early help strategy.

- **Children on a Child Protection plan**

455 – a significant increase from 409 last year (this represented a rate of 45 per 10,000 children and young people).

Although higher than the national rate of 42, it was significantly lower rate than that for the North East which was 59 and its statistical neighbours, which was 54.8.

- **Reasons for Child Protection Plans**

1. The most frequent reason for children being placed on a child protection plan was **Neglect** (63.1%)
2. The second most significant reason for child protection plans was for **Physical Abuse** (20.1%)

In response, the LSCB developed a comprehensive strategy to respond to the issues of neglect and its impact on children and young people’s wellbeing and outcomes. This has resulted in the provision of specialist training, assessment tools and new procedures for multi-agency practitioners to enable them to better support children identified as at risk or subject to neglect by their parent/carers. Specialist training continues to form a significant part of the LSCB’s training programme. In 2014-15 this will be further developed so that the training offered focusses more on child development and the long term impact on children of neglect, learning from recent research, improved national guidance and lessons from Serious Case Reviews. As a Board we also recognise the need to better understand the links between the impact of our training on children’s outcomes.

- **Parental Risk Factors**

Domestic abuse is the main parental risk factor leading to children becoming subject of a Child Protection Plan - for 45% of child protection conferences. Second to this is problems linked to parental mental health and alcohol misuse, accounting for 25% and 24% respectively. Substance misuse accounts for 19%. In 2011/12, domestic abuse was identified as a priority for the LSCB and is now embedded into the Board's core activities. This year's domestic abuse figure represents a significant reduction on the previous year which was 59%. Specialist training continues to be provided for multi-agency practitioners and includes awareness raising sessions as well as more in-depth specialist sessions presented by specialist workers.

- **How old are these children?**

2013-14

Age	Total	%
Unborn	16	3.5
< 1	57	12.5
1 to 4	132	29.0
5 to 9	125	27.5
10 to 15	119	26.2
16 to 17	6	1.3
TOTAL	455	100.0

As shown in the table above 45 % of children who were made subject of a Child Protection Plan were under five years old, indicating how vulnerable this age group is and indicating the importance of the Early Help strategy in engaging with families as early as possible before things escalate.

The LSCB has for a number of years supported the voluntary and community sector through the provision of targeted safeguarding training to Early Year's providers which has led to better identification of vulnerable families and children at risk. We have also incorporated into our training the learning from serious Case and Learning Lessons Reviews so that practitioners and managers can improve their understanding and assessment skills.

Section 4: What is an LSCB and how does it work in County Durham?

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Each local area is required by Law to have an LSCB. The LSCB is a statutory body established in legislation (Section 13 of the Children Act 2004) and works according to national guidance, the most significant being the latest version of “Working Together” .

Our primary responsibility is to provide a way for the local organisations that have a responsibility in respect of child welfare, to agree how they will work together to safeguard and promote the welfare of children in the locality, and to ensure that they will do so effectively.

The functions of the LSCB are:

- **To develop policies and procedures** for safeguarding and promoting the welfare of children in the area. These could include:
 - the action to be taken where there are concerns about a child’s safety or welfare, including thresholds for intervention;
 - training of persons who work with children or in services affecting the safety and welfare of children;
 - the recruitment and supervision of persons who work with children;
 - the investigation of allegations concerning persons who work with children;
 - the safety and welfare of children who are privately fostered;
 - having clear strategy in place for tackling Child Sexual Exploitation;
 - co-operating with neighbouring children’s services authorities and their Board partners.
- **To raise awareness of both the need to safeguard and promote the welfare of children and action to so do.**
- **To monitor and evaluate the effectiveness** of what is done by the local authority and their Board partners individually and collectively to safeguard and promote the welfare of children **and advise them on ways to improve.**
- **To participate in the planning of services for children in the area of the authority.**
- **To undertake reviews of serious cases and advising the authority and their Board partners on lessons to be learned.**

The LSCBs does not commission or deliver direct frontline services and does not have the power to direct other organisations, which retain their own existing lines of accountability for safeguarding. However, the LSCB does have a role in making it clear where improvement is needed and in providing challenge.

To discharge this role, the LSCB uses data to:

- Assess the effectiveness of the help being provided to children and families, including early help;
- Quality assure practice, including through joint audits of case files involving practitioners and identifying lessons to be learned;
- Monitor and evaluate the effectiveness of training, including multi-agency training.

4.1 Membership and governance

The LCSB is a partnership of local agencies and in Durham there is a longstanding and high commitment amongst them to share responsibility and accountability for the arrangements to protect and safeguard children from harm. A list of members is attached at Appendix 2.

Durham LSCB has a robust Governance and Memorandum of Understanding in place that is reflective of the new NHS landscape. It forms the formal agreement between the Board and all partner agencies. It outlines the accountability arrangements; key purposes; functions and tasks of the LSCB; membership; and agreed standards and expectations of LSCB services. The document sets out the arrangements for the LSCB to link with key strategic groups; such as the Children & Families Partnership and the Health & Wellbeing Board. This document is kept under review.

In line with national requirements, the Board continues to be chaired by an independent person, an arrangement that has been in place since 2011. The Chair has a crucial role in making certain that the Board operates independently and secures an independent voice for the LSCB. The postholder is due to stand down in August 2014 and a replacement will be secured in September. The Vice Chair has operated in the role of chair until the new chair commenced in post.

4.2 Ways of working

Agreeing priorities

The LSCB held its annual development day on 21st June 2013. Whilst the role of the Board as set out above is prescribed in statute, the development day was an opportunity for this Board to consider how best to conduct itself in the context of local issues and concerns. It is also the process for which our primary objectives are agreed for the year ahead in the context of the local issues. These are set out in Section 3. In addition, the Board takes into account a range of performance and quality assurance activity; including analysis of child protection statistics, audits, case reviews, national development and guidance and taking into account the views of children and young people to inform the business development.

Meetings

The main Board is made up of the strategic leaders of the local agencies. This is where priorities are agreed and agencies hold each other to account. Durham LSCB meets every two months. Attendance is monitored and reported annually to the Board as part of the Board's review of the governance and effectiveness arrangements. Throughout 2013/14 the Board has been well supported by partner agencies despite budget cuts which place pressure on capacity.

Research

Durham LSCB is also kept up to date with national research and guidance through regular reports which summarise national and regional implications. The local implications for the LSCB are considered and progressed through business planning and the work of sub-groups for example the work undertaken by the Missing and Exploited (MEG) sub-group to strengthen local policies and processes in relation to Child Sexual Exploitation; the adjustments made to the content of training in relation to neglect by the Training sub-group; and work undertaken by the Serious Case Review Monitoring group to consider the relevance of findings from Serious Case Reviews published nationally and regionally.

4.2.1 Sub and Other Groups

LSCB has in place a well-established number of standing sub-groups, each of which have clear terms of reference for taking forward the priorities of the Board. The current groups can be seen in the diagram in Appendix1, and are listed below:

Policies and Procedures - reviews and develops the local multi-agency safeguarding procedures to ensure they are current, up to date and address issues that have been identified through Serious Case Reviews, Learning Lessons Reviews and complaints as well as national and regional guidance.

Training - delivery of multi-agency training and monitoring of quality and consistency of that provided by agencies.

Performance Management - oversees the quality and standards of safeguarding practice across the partnership to ensure that the LSCB fulfils its statutory function under Regulation 5 of The Local Safeguarding Children Boards Regulations (2006).

Routinely, the Durham Performance Management Group receives reports which provide information and analysis of the effectiveness of the multi-agency child protection procedures relating to the operation of child protection conference and review arrangements. Agencies are challenged to improve performance through a number of recommendations which are monitored at each meeting and where necessary further scrutiny is provided through the LSCB audit programme which is detailed in the LSCB Quality and Performance Framework.

Three Performance Management Locality Groups - each locality group has membership across the LSCB partnership and has a shared work plan, overseen by the main Performance group to deliver the Board's priorities and to address practice and standards issues identified at a locality/practitioner level. The areas covered are: Durham City and north of the county; East of the County and South and west of County.

Missing and Exploited Sub-Group (MEG) – focusses on monitoring activity and improving services to tackle child sexual exploitation and missing children and is supported by an Operational Group to manage cases.

Serious Case Review Monitoring Sub-Group – considers serious incidents, commissions reviews, oversees and monitors progress on agreed actions for specific local cases. Also monitors issues arising from cases across the country with a view to improving practice in the County. Meets as the Serious Case Review Sub-Committee to consider whether cases meet the criteria for a Serious Case Review or other form of review.

Child Death Overview Panel (CDOP) - is a sub-committee of both Durham and Darlington LSCBs. It is responsible for reviewing the available information on all child deaths and is accountable to the LSCB Chair.

Each sub-group provides regular progress reports to the Board and is required to produce an annual report setting out progress on agreed actions. From time to time, time-limited task groups are set up to take forward specific pieces of development work, for example parental mental health and child sexual exploitation.

Activities and achievements of the Board and its constituent groups are covered in Section 6.

4.3 Linkages across other partnerships and services

The LCSB aims to ensure that safeguarding and the welfare of children is central to all aspects of public and voluntary sector activity. The County Durham Partnership has a number of sub-groups: The Children and Families Partnership, the Health and Wellbeing Board, the Economic Partnership, the Safe Durham Partnership and the Environment Partnership. A number of subgroups also have work in common with the LSCB, such as the Domestic Abuse Forum Executive Group, Multi-Agency Risk Assessment Conferences and Multi-Agency Public Protection Arrangements and the Sexual Violence Group.

Through their membership of these partnerships, LSCB members have the opportunity to ensure that safeguarding issues are represented in the most efficient way across the broad agenda; they cascade learning to their respective agencies; and bring experience and evidence to the sub-groups to ensure the Board is aware of key challenges and achievements in keeping children safe.

The LSCB is also represented at practitioner groups such as the Think Family Operational Group and Alcohol Harm Reduction and Intelligence Groups so that the work of the Board informs and influences the work of these groups and that the Board in turn also take account of what these groups are also working on.

The key linkage between adult and children’s services are strong strategically and operationally – through the Think Family approach. The Board intends to strengthen this further, when it recruits its next Chair. This will be done in tandem with the recruitment for the Chair the Local Safeguarding Adults Board. It is the intention that a single individual will hold both posts.

4.4 Equality and Diversity

The LSCB strives to promote equal access to safeguarding services, particularly for those children who are unable to communicate with those who are able to protect them, arising from their age, disability or first language. Durham’s population is primarily white ethnic with just over 1% in 2011 being from a non-white background. All policies and procedures of the LSCB are subject to an equality impact assessment to ensure that new policies and procedures do not discriminate on any basis. The implications for equality and diversity are routinely discussed at Board and Sub-Group meetings.

Specifically in relation to sexual exploitation, the LSCB is proactive in the audit of sexual exploitation cases and domestic abuse cases to ensure that there is no evidence of discrimination given the under-representation of male victims.

Equality and diversity, challenging discrimination and values underpins the delivery of all LSCB training. LSCB training considers a broad range of issues such as parental mental illness, parental learning disability, substance misuse and children who are deaf or disabled. It also recognises the impact of social disadvantage such as poverty, poor housing and worklessness.

Durham LSCB also strives to ensure that its courses are open and accessible to all and create an environment where participants feel able to challenge and be challenged in a safe and constructive way.

The LSCB has a complaints review system in place, which has recently been revised and designed to ensure that where there is concern raised by parents and carers and young people, they will be treated with respect, are not discriminated against, are listened to and their views taken into account..

4.5 Involving Young People

The LSCB has continued to actively better engage with and seek the views of children and young people on wider safeguarding issues. During the year the LSCB worked collaboratively with 'Investing in Children' to set up a Young People's Reference Group for the LSCB. The group has met with members of the LSCB on a number of occasions. Their views have been taken into account in the LSCB work plan to deliver priorities which include parental mental health and child sexual exploitation.

4.6 Working with other LSCBs

Durham LSCB works collaboratively with other LSCBs in the North East so as to share learning and agree safeguarding policies and procedures which impact on children and families; for example cross border issues, child deaths and Serious Case Reviews. The LSCB Business Manager led on one of the regional priorities during the year which led to the very successful conference on Early Help, attended by over 100 delegates. The conference was supported by the regional Association of Directors of Children's Services Improvement Grant from the DfE. Delegates had the opportunity to hear about innovative practice and developments in the region and used the occasion to network with others working on similar projects. There is invaluable work across the region to share good practice and developments in relation to training, policies and procedures and to share the learning from Serious Case Reviews. Over 2014-15 regional priorities will focus on key issues of child sexual exploitation and neglect.

4.7 Board Improvement and Development

The Board recognises that it is on a constant journey of change and that to be effective it needs to continuously learn from its own experiences and that of others. As part of that journey it has used development tools such as “Facets of an effective LSCB” which supported the Board in identifying which areas it needed to work on to improve effectiveness. The outcome of the self-assessment was included in last year’s annual report. These included:

- Revision of the LSCB Top 10 performance indicators and the implementation of a new dataset to better reflect priorities;
- Appointment of at least two lay members;
- Strengthening the scrutiny/challenge role and developing a framework for evidencing impact and difference;
- Strengthening of the engagement and participation of children and young people in the work of the Board;
- Clarifying the Board’s relationship with other partnership forums;
- Visibility and influence of the Board;
- Strengthening the engagement and participation of frontline staff including involvement in audit work;
- Readiness for regulatory inspection/review.

The majority of these issues have been incorporated into the Board’s Business Plan for 2014-15.

It is anticipated that the Board will undertake a range of further steps to develop its practice and values in order to be the most effective it can be. Board development days are planned for 2014/15 which will address:

1. Clarity of our business objectives going forward
2. Greater alignment of LSCB operations and business against our objectives
3. Expected impact of the LSCB to safeguard our most vulnerable - keeping the child’s journey at the forefront of what we do and better evidencing difference and impact.

Section 5: Priorities and Measures of Success

The priorities are driven by an overall strategic approach which has been outlined in the Chair's introduction to this report. This is that County Durham has three distinct policy drivers (a) reducing harm at the earliest possible point – early help, (b) considering the child's needs from the basis of those of the whole family - "Think Family", and (c) focusing scarce resources on those at greatest risk. There are potential tensions between these drivers, particularly when resources are limited, but the Board aims to address these through an intelligent, pragmatic and collaborative approach to its work.

5.1 The Priorities of the LSCB

In July 2013 the Board agreed that there were two main strategic priorities:

1. Early help, think family approach - taking into account and implementing the Child Centred system – Munro recommendations
2. Information sharing

The Board also agreed to continue its core day to day activities in driving forward action on other key areas drawn from previous years' agreed priorities such as:

- Sexual Exploitation
- Mental Health – impact on parenting
- Hidden Harm – primarily substances but also recognising the effects of alcohol and links with domestic abuse

These priorities have driven both specific activities and have underpinned the way that roles such as policy review and training have been delivered. These priorities correspond to and are consistent with those of individual agencies and other strategic partnerships in Durham. For example one of the priorities for the Health and Wellbeing Board (HWBB) is to "Protect Vulnerable People from Harm". This relates to adults and children and ensures the HWBB is sighted on safeguarding issues and is strategically linked to the LSCB. Additionally the restructuring and redesign of the children's services and high performing Stronger Families programme and Youth Offending Services ensures a stronger focus on early help. These have direct and indirect implications for the safeguarding and welfare of children and young people.

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A summary of achievements in these priority areas is included in the next section.

5.2 Performance Framework and Monitoring

The LSCB receives regular reports of performance on all aspects of its business. They cover a wider range of issues including the functioning of the LSCB, the effectiveness of governance arrangements, challenge and improvement/self-evaluation, the well-established Section 11 audit, learning from thematic reviews including Serious Case Reviews and other performance monitoring activity linked to the LSCB priorities. The framework the Board uses has been updated and refined on a regular basis and is now subject to a major review. It will continue to have a focus on themed audits but a stronger emphasis on multi-agency case audits. A number of themed audits have been undertaken in 2013/14 and outlined earlier in the section above and later in this report.

Section 6: What we achieved in 2013/14

6.1 Achievements on our priority themes

Priority 1: Information sharing

The LSCB worked with a range of partners to develop an information sharing protocol called “Collaborative working and information sharing between professionals to protect vulnerable adults and children” which has been approved by both the LSCB and the Safeguarding Adults Board and endorsed through single agency governance arrangements.

The protocol captures the existing guidance on information sharing and signposts professionals that their safeguarding responsibilities carry with it an expectation that information sharing is the norm. It has been recently reviewed and revised in order to ensure that it is compliant with the latest version of “Working Together”. The main emphasis is to ensure information is shared to enable children to be better safeguarded and families offered help early enough. In 2013/14 the government updated and re-issued the 2008 information sharing guidance emphasising that;

“Practitioners recognise the importance of information sharing and there is already much good practice. However, in some situations they feel constrained from sharing information by uncertainty about when they can do so lawfully, especially in early intervention and preventative work where information sharing decisions may be less clear than in safeguarding or child protection situations”.

(Information Sharing Guidance for practitioners and managers DFE 2008)

The Durham protocol is supported by a guidance document for professionals, which is made available as part of LSCB training.

Plans are in place during 2015 to audit the impact of the work on information sharing.

Priority 2: Early Help /Think Family and the Child Centred System

“Preventative Services can do more to reduce abuse and neglect than reactive services.”

Munro 2011

The LSCB’s Early Help action plan was developed in response to Munro to enable the LSCB to challenge partners as to what changes they are making to the way they deliver services to children and families to make them more child centred, more responsive and available at a much earlier point to prevent problems escalating.

Partners have responded to the challenge to develop strategies and shape and deliver services in a number of new ways. These include: (i) The Children and Families Partnership has developed an Early Help Strategy, endorsed by the LSCB (ii) a strong continuum of needs framework and (iii) the local authority re-design of children’s services.

(i) Early Help Strategy

Durham’s three ambitions for Early Help are to ensure that;

1. Early Help is everyone’s business
2. Support will be seamless for families
3. Help will be offered that is known to work.

Within the strategy there is acknowledgement that there has been a longstanding commitment to the Think Family concept within County Durham and this clearly continues to underpin the Early Help Strategy’s ambitions. Durham has made significant progress over recent years to build the foundations for providing early help to families through the development of the One Point Service, the Family Pathfinder Service, the continued investment in the Family Intervention Project, initiatives within Children’s Care services including Family Group Conferencing and the Pre-Birth Intervention Service. More recently the ambitions of the Think Family Programme and the Stronger Families programme has aimed to transform a range of services to think more holistically about the needs of families at the earliest opportunity.

(ii) The Durham Continuum of Needs Model

The Early Help strategy is underpinned by the local continuum of need framework which sets out clearly the agreed local understanding of levels of need.

It is an integrated services pathway model designed to reflect the fact that children and young people’s needs and those of their families exist along a continuum. The model recognises that needs may change over time and is based on the principle that children and young people’s welfare and safety is a shared responsibility and should be a seamless

positive journey. Regardless of which ‘step’ children, young people and families are identified on they will be supported at the earliest opportunity and continue to be supported by the relevant services as they move up and down the staircase. (see Figure A below):

The strategy covers three years. If implementation is successful improved outcomes are anticipated for children and families. In terms of safeguarding arrangements these include:

- More families to have received help at an earlier point and be empowered to take control of their own lives, avoiding the need for statutory intervention.
- Reduction in the number of Children In Need and children subject to a Child Protection Plan
- Reduction in the number of children Looked After by the Local Authority
- Reduction in the percentage of children becoming the subject of a Child Protection Plan for a second or subsequent time.
- Increase in the number of assessments completed by a range of partners at levels 2 and 3
- Increase in numbers of assessments at the point of referral to Children’s Care

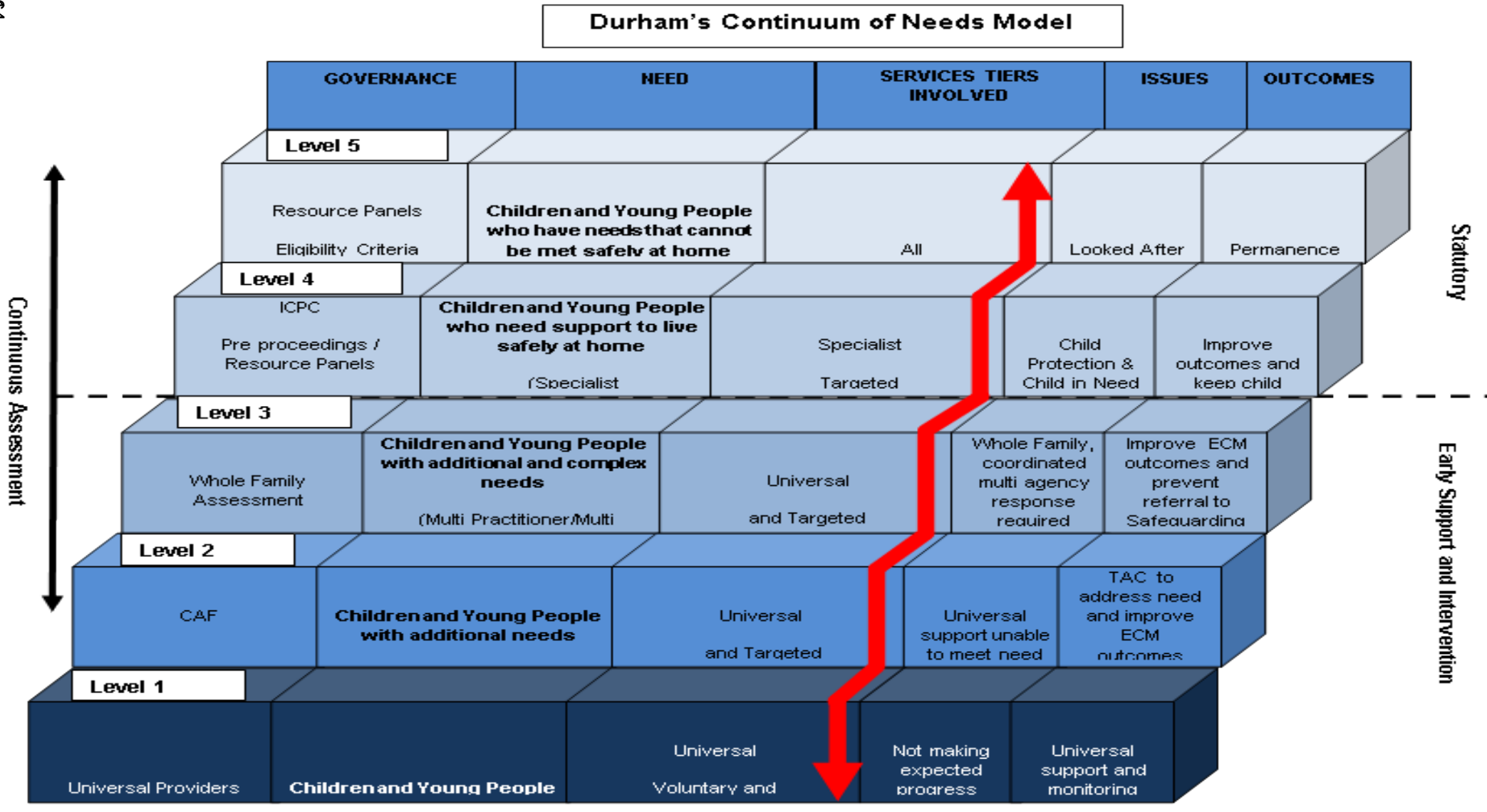
(iii) Service redesign

Delivery of early help and “Think family” rests firmly on recent radical redesign and restructure of Children’s Services. There is now one Head of Service responsible for the whole spectrum of Children’s Services – early help and intervention through to child protection and adoption. The objectives are to ensure a seamless approach to addressing the needs of children: targeting services at the most vulnerable children and families through early help, ensuring the Think Family approach is embedded and

maximising the opportunity for teams around the family to work collectively at whatever level of need is presented.

A vital part of this new structure is the creation of a single point of contact (First Contact) for all concerns about a child, co-located with the Police Central Referral Unit. New Single Assessment Procedures and Practice Guidance will be launched in April 2014. These multi-agency procedures combined the former CAF and Initial/Core Assessment process into a single, flexible assessment that is designed to address early help interventions and where these are unsuccessful, be capable of being developed into a detailed social work assessment for children in need and in need of protection. The aims of this transformation are to ensure more effective screening of cases referred into children's social care and One Point and; to ensure that services are delivered in a planned, case managed way via teams around the family across the spectrum of need.

Figure A



Child Sexual Exploitation (CSE)

This major priority is the focus of the work the Missing and Exploited Sub-Group (MEG). The scale of the issue and the work undertaken is set out below:

What is the extent of the problem in County Durham?

Multi-agency analysis undertaken by Durham Constabulary has confirmed that CSE is linked to children risk taking behaviours such as going missing, use of alcohol, use of social media and inappropriate relationships. The offender profile tended to be one of “street grooming” and use of social media to exploit children.

Prior to June 2012 there was limited opportunity to monitor the incidence of CSE. LSCB Child Protection Procedures now measure referrals of the potential risk to children of CSE rather than actual exploitation.

Between April 2013 and March 2014, 162 children presented with risk indicators. This is monitored by the Missing and Exploited Group (MEG) During 2013/14 there were 532 missing children reports; going missing is a significant vulnerability factor for CSE. Performance is monitored by the Missing and Exploited Group.

What have we done about it?

- Ongoing analysis of CSE vulnerability factors through police analysis and the Missing and Exploited Group Performance Framework to identify emerging risks
- Recruitment of a Barnardos outreach worker for CSE
- Missing and Exploited Group use of a self-assessment tool to examine the Durham position following Ofsted and national publications around CSE and missing children

- Production of tactical toolkit and criminality notices for use in tackling suspected offenders in CSE and missing incidents
- Refresh of the CSE risk assessment matrix to capture emerging risks from local and national research
- Audit of cases to examine practice through the LSCB Child Protection Procedures – regular dip sampling and one off major exercises.
- Refresh of the CSE procedures recognising CSE audit findings and practice around cross border and local partnership engagement
- Developed IT process for CSE coding on Police and Children’s Care systems to aid identification and analysis
- Durham LSCB representation on the National CSE Strategic Co-ordinators Group (NWA)
- Marketing of work in Durham through use of the ERASE brand and production of leaflets/posters added to websites
- LSCB guidance on conditions to be attached to alcohol licences
- Delivered LSCB and single-agency training on CSE
- Provided bespoke training to NHS, One Point staff and education staff linked to behaviour and school exclusion
- CSE resources for use in schools added to Durham County Council’s Schools Extranet for delivery in SRE curriculum
- Progress local work on CSE in line with the ACPO police national action plan recommendations
- Strengthened the emphasis on the role that schools and Education Welfare Officers have to play in identifying early, children who are missing from education and setting out clearly the central role the police play in taking responsibility for coordinating information about children who are missing
- Development of a CSE disruption toolkit

What difference have we made?

- Improved training of professionals about CSE and expected practice
- Audit of practice and procedural compliance has led to improvements and in particular increase in number of return interviews with missing children and young people
- Regular analysis of CSE profile in County Durham has identified trends/emerging risks which has been used to inform training and practice
- Analysis of national findings to inform local practice
- Reduced the risks to young people by monitoring their circumstances closely

What are the next steps?

- Development of a new CSE strategy
- Further LSCB audits for both CSE and missing children incidents to assess child protection practice and improve outcomes for children who go missing
- Audit of responses for named suspects
- Development of a CSE toolkit of consistent resources to be used by schools and youth settings across the County
- Further develop prevention and awareness advice on CSE to children, parents and carers
- Developing regional collaboration opportunities
- Develop a CSE marketing strategy

Mental Health- impact on parenting

The LSCB has undertaken extensive process design in recent years to ensure that this key risk factor is addressed in the work of the Board and across the partnership. The work is now fully embedded in the ways of working and partner service delivery. Parental mental health has

consistently featured highly in Child Protection Plans. For the period April 2013 to March 2014 parental mental health featured in 28.3% of all Child Protection Plans with parents exhibiting these risks, often also experiencing drug, alcohol and domestic abuse problems. Within the LSCB core training programme mental health is a key theme for training and development of staff. Last year specific work was undertaken to strengthen practitioner's awareness of services to support adults suffering from mental health issues and key points of contact identified and shared with them. The LSCB also monitors the contribution mental health services makes to the Child Protection Conference process which has led to greater involvement in child protection planning processes.

Hidden Harm

Substance misuse, alcohol (and domestic abuse) are known as the '**Toxic Three**'. They have a huge impact on the welfare of our children.

The LSCB aims to ensure that practitioners are aware of warning signs and understand behaviours and the impact on parenting capacity. This is secured through the training programme.

The LSCB aims to ensure that the expertise of specialist services is brought into the child protection conference and review process. It has therefore stepped up its monitoring of the engagement of specialist services. This includes monitoring whether or not specialist services were invited where they were known to be involved, whether or not they provided a report and attended meetings.

Specific work planned by the LSCB particularly around audits to evidence effectiveness of arrangements have been included in the LSCB Performance Framework for 2013-15 and the LSCB Think Family Action Plan and will be cross-referenced in the Think Family Operational Group

Think Family Action Plan. The LSCB audit will focus on assessing whether cases with a hidden harm component are offered effective early help within early intervention and safeguarding services.

6.2 Further Achievements in our core delivery functions

Policy and procedures

Over the year, the LSCB has been rigorous and proactive in the review of policies and procedures. Some improvements are covered within other headings, such as CSE, others include:

- Clarification of the role and contribution of students attending child protection conferences
- Updated the main LSCB procedures in the light of working together and published the new Single Assessment Framework and Thresholds document to support new ways of working and focussing on early help
- Amended and revised the criteria for convening an Initial Child Protection Conference by revising the threshold to take account of situations where a person with 'At Risk to Children status' is seeking to return to a household where there are children
- As a direct result of lessons from a local Learning Lessons Review, developed a new and comprehensive guide for practitioners and managers in conducting multi-agency meetings and working direct with uncooperative and hostile families. This focuses on identifying how and why families might be hostile and uncooperative including issues such as 'disguised compliance,' keeping children safe, undertaking clear and accurate assessments and managing risks
- Revision to the domestic abuse procedures to take account of national guidance regarding the inclusion of younger victims

- Strengthening procedures for social workers undertaking statutory visits to children and young people
- Updated the safeguarding children from sexual exploitation procedures to reflect the wider list of risk indicators

Single and Multi-Agency Training Provision

All agencies working with children either directly or indirectly are required to provide single agency training in order to carry out their own roles and responsibilities. This includes being able to recognise and raise concerns about children's safety and welfare.

The current LSCB training work plan includes a requirement to monitor single-agency training, undertake a training needs analysis and evaluate the impact of both single-agency and multi-agency training. This work is ongoing and due to be piloted in 2014.

Training Programme

For the training programme 2013/14 it was agreed to have a greater emphasis on early help and multi-agency working. The programme included three core courses that provide an essential foundation for working with children and families. The courses were designed to give staff and volunteers an understanding of the processes to safeguard children (including national and local policy context), the skills and confidence to engage with families and improve their knowledge and understanding of how to effectively assess, plan and implement effective help.

The courses were supported by the Think Family - Working Together events which were held four times during the year. This gave an overview of Think Family principles and practice followed by a multi-

Inter-agency information sharing event which gave an opportunity for partner agencies to provide information on their services including criteria for accessing services and referral pathways. It also gave an opportunity to improve working relationships, networking and helped to promote a common purpose and language in working with families.

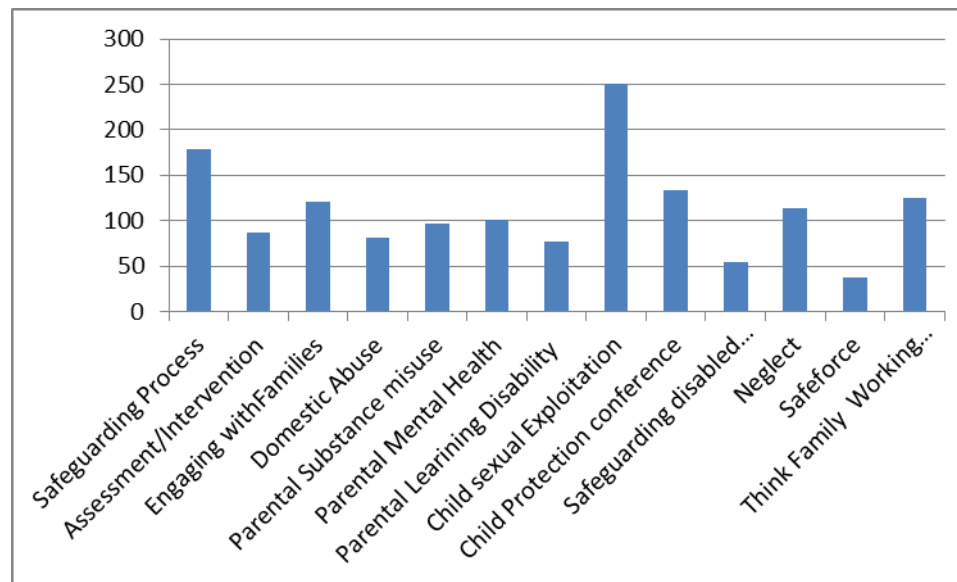
The training programme also included courses to raise awareness and understanding of parental risks factors including parental drug and alcohol misuse, domestic abuse, mental illness and parental learning disability and difficulty; each course included information about the range of services available in order to provide help and support to children and families in these circumstances.

The programme also included more specialist training covering; Child Sexual Exploitation, Safer Workforce, Safeguarding Disabled Children, The Child Protection Conference Process and Child Neglect.

During the year the LSCB training programme was provided through increased collaboration with a range of organisations in the planning, design and delivery of training. This strengthened and enhanced quality, avoided duplication and mirrored the importance of inter-agency working. Valuable partnerships included those with the Children and Adult Services Learning and Development Team, County Durham & Darlington Foundation Trust Safeguarding Children Training Team and the County Durham Think Family Team. There is scope to further develop this in the forthcoming year.

2013/14 Courses delivered

During the year the courses delivered and total number of participants attending included:



The total number of courses delivered throughout the year January 2013 to March 2014 was 84 which were attended by 1,457 staff and volunteers.

A number of courses in Jan 2014-March 2014 were cancelled to enable the delivery of training associated with the introduction of new Single Assessment processes and the transformation programme for children's services. The time was used to develop the training for key managers and practitioners around the new procedures. Some specialised courses still went ahead. These were - Child Sexual Exploitation, Parental Learning Disability and Safeguarding Disabled Children.

The new LSCB Training Co-ordinator who took up post in March 2014 was involved in designing the new courses that will be made available to partner agencies from April 2014. These are focussed on the new Single Assessment Procedures. The courses are as follows:

- Single Assessment Processes
- A New Practice Framework for Assessment and Intervention
- Engaging with Families

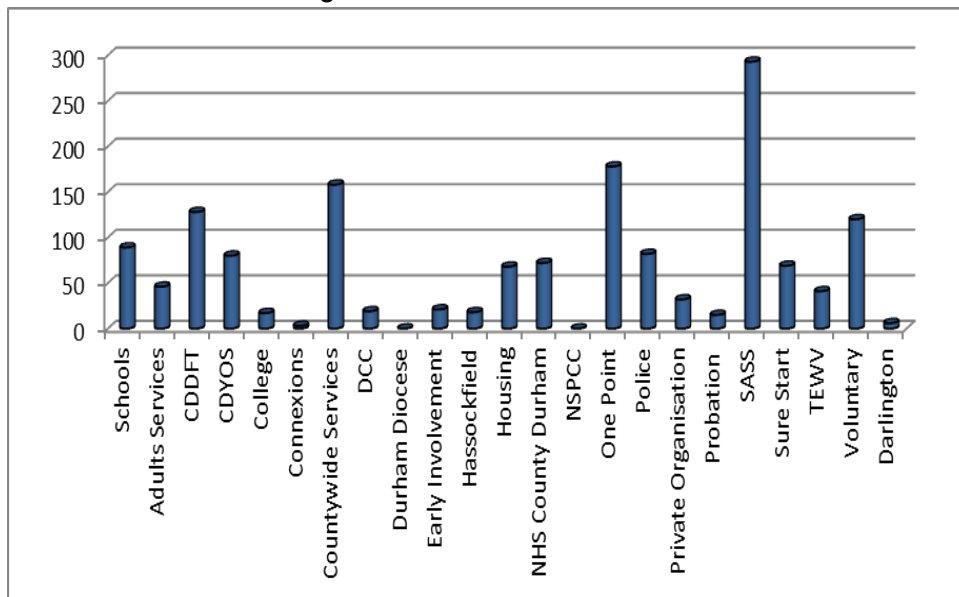
Evaluation of our courses

93% of courses received a good or excellent evaluation and the training programme continues to be held in high regard by the majority of practitioners.

The LSCB has in place plans from 2014-15 to audit and evidence what shift in practice has occurred as a result of attendance on training.

Attendance

Attendance at training was extensive across over 20 agencies as illustrated in the following chart.



Performance Monitoring, Quality & Effectiveness of local arrangements and practice

The LSCB is proactive in assessing the effectiveness of processes that is key to ensure that every child is safe. Some of these are covered in other headings such as CSE. Others include:

- An audit of cases deemed to need 'No Further Action' following referral to the Initial Response Team (IRT). Evidence from this audit showed that honesty and transparency led to a tightening up of recording within IRT, the completion of more thorough assessments as well as ensuring that the outcome of referrals are shared with the referring agency/person where appropriate.
- An audit undertaken by the PCT/Clinical Commissioning Group to assess the impact of training for GPs on responding to bruising to immobile babies and children. This followed the outcome of a Serious Case Review and Learning Lessons Review which concluded that procedures were not being followed and referrals were not being made when an immobile baby who had injuries. Following the audit further training and follow up activity is planned to ensure compliance with agreed standards. In addition further guidance, including leaflets for parents and professionals have also been developed in conjunction with Darlington LSCB.
- A thematic review by Children's Care of cases of children subject to a Child Protection Plan for a second subsequent time was undertaken so as to better understand the reasons, scrutinise decisions and assess impact of interventions on outcomes for children. The audit evidenced that children became subject to a subsequent plan usually for different reasons and in some cases domestic abuse re-occurring. As a result challenges have been made to the decision making process at child protection conferences and the conduct of Core Groups in monitoring and implementing of Child Protection Plans.

- An audit of multi-agency chronologies to check out the evidence that there is very good compliance with procedures. This led to ongoing challenges across the partnership to ensure partner contribution to the production multi-agency chronologies. There is continued monitoring of this issue to ensure improvements are maintained.
- An audit of Core Groups. As a result of this new guidance has been developed for the conduct of Core Groups and developing of Child Protection Plans.

In terms of key performance indicators, one that we most closely watch is the timeliness and robustness of Child Protection Plan reviews. In 2013/14 we saw a significant improvement in timescales from 92.4% last year to 95.6% of reviews completed within target. In Appendix 4 we have reproduced a number of our indicators to illustrate the level of local activity in respect of some groups of vulnerable children.

6.3 Safeguarding Privately Fostered Children

The Board monitors the local arrangements for safeguarding children who are privately fostered. The Board includes specific data in its 'Top Ten' performance indicator list and on an annual basis is provided with a full report setting out the Local Authority's strategy and specific arrangements to raise awareness in the community, monitor and support children and young people who are in such placements.

6.4 The Use of Restraint – Safeguarding Young People in Secure Settings

County Durham is among a small number of Councils who have secure services within its boundaries. The LSCB also monitors the use of restraint in two secure settings for children, many of whom are placed by

Councils outside the area and by the criminal courts. Since 2011 an annual report outlining the use of restraint in the two secure settings in relation to young people who have been placed by the criminal courts has been submitted by the LSCB to the national Youth Justice Board (YJB).

Hassockfield Secure Training Centre

Monitoring arrangements including a six monthly update is submitted to the Board outlining any trends and issues identified in relation to the use of restraint and injuries following restraint. The LSCB Quality and Performance Manager/Business Manager regularly attends local meetings and is able to raise issues of concern regarding the use of restraint or any wider issues that might be brought to the notice of the LSCB. Hassockfield staff have access to the LSCB multi-agency training programme and regularly makes use of it.

In the period, April 2013-March 2014 there were 648 incidents of restraint – mainly due to assaults/attempted assaults on staff and young people and young people causing damage. **This is an increase of 76 incidents or 28% from the previous year. A number of actions have been taken in an attempt to reduce the overall figure.** These include a number of changes in the admission process, including allocation of beds on enhanced and cadets unit and bringing young people in on highest league status.

Despite this increase injuries to young people following restraint have remained virtually the same (69 as compared to 70 the previous year). However, the number of young people involved in restraint leading to some injury has increased from 28, for the period April 2012 to March 2013, compared to 39 for April 2013 to March 2014.

Aycliffe Secure Children's Home

The LSCB monitors the use of restraint across the whole population and receives regular updates with regard the whole population. It is particularly focused on increases in the use of restraint and ensures that the centre has appropriate steps in place to minimise its use.

In this reporting period (April 2013 – March 2014) there were 457 incidents of restraint. This is a reduction of 10 restraints compared to the corresponding period for 2013-2014 (467). The annual reduction in restraints continues, although only a slight reduction for this period. The total of 457 for this period compares favorably to the 508 incidents recorded for the period April 2011 to March 2012.

During this reporting period there were 62 incidents of restraint which coincided with some injury to young people. These injury incidents (62) involved a total of 23 young people over a 12 month period.

The number of young people involved in restraint leading to some injury has increased by 8, from 15 young people for the period April 2012 to March 2013, compared to 23 for this period.

The total number of injury incidents has also seen a significant increase of 40 from 22, for the period April 2012 to March 2013, to 62 incidents for this reporting period. These have been mainly due to assaults on staff and damage to property.

6.5 LSCB monitoring the use of restraint in other settings

The LSCB has considered the implications of the Winterbourne View report and the use of restraint. Whilst this had implications for adult safeguarding settings, the LSCB considered the implications of the report

for children. As a consequence, in addition to monitoring restraint in secure settings the LSCB has also sought to identify where restraint of young people is also used and to identify how this is reported and monitored.

This has resulted in work with Durham Constabulary to examine how the LSCB can obtain more information and oversight of the use of police restraint. One development has been the completion of a "use of force" report by all police officers when restraint is used on a child or equipment such as handcuffs or incapacitant spray. The report is submitted irrespective of whether there is an injury. The report is submitted initially through the officer's supervisor and then on to the Professional Standards Department of Durham Constabulary, where a manager monitors trends and also assesses the actions of the subject officer to ensure the actions are justifiable.

The Professional Standards Department now produce a six-monthly report to the LSCB.

Over the next year there will further work to better understand the arrangements in relation to education settings

6.6 Serious Case Review Function

There have been no Serious Case Reviews or Learning Lessons Reviews in the 2013/14 period. Recommendations from local Serious Case Reviews and Learning Lessons Reviews both in County Durham and nationally are robustly monitored on a quarterly basis by the Serious Case Review Monitoring Group and an escalation process is in place if progress on the actions is not being achieved in a timely manner.

6.7 Child Death Review function

There are two interrelated processes for reviewing child deaths:

1. Rapid Response by a group of key professionals who come together for the purpose of enquiring into and evaluating each unexpected death; *and*
2. An overview of all deaths up to the age of 18 years (excluding both those babies that are stillborn and planned terminations of pregnancy carried out within the law) in Durham and Darlington areas, undertaken by a panel.

Child Death Review Notifications

29 children living in Durham and 6 children in Darlington died between 1 April 2013 and 31 March 2014.

Of the 35 child deaths there were:

- 19 Rapid Responses.
- 19 deaths that have been or will be considered at a Local Case Discussion meeting.
- 33 deaths reviewed at Panels during 2013/14
- 30 child deaths that remain outstanding and will be brought forward to 2014/15.

Child Death Overview Panel (CDOP)

Between April 2013 and March 2014 there were five Child Death Overview Panels in which 33 cases were reviewed. At each Child Death Overview Panel, the Designated Doctor for Child Deaths presents the circumstances of each death to the multi-agency panel. The case is reviewed in detail and recommendations/actions logged for monitoring purposes.

The CDOP were of the view that there were 11 deaths in which modifiable factors may have contributed to the death. These factors are defined as those which, by means of locally or nationally achievable interventions, could be modified to reduce the risk of future child deaths.

Out of the 33 Child Death Reviews completed, 12 Local Case Discussions and two Serious Case Review reports were presented at the Child Death Overview Panel.

The delays in completing the reviews detailed above were due to several factors:

- The long delay for final results of post-mortems to be available, this is still the major cause of delay in review.
- The complexity of the police investigation, it takes many months after road traffic accidents for the final police report to be completed.
- Previously, there have been long delays in receiving requested information from Newcastle upon Tyne Hospitals NHS Foundation Trust but new arrangements are in place which has substantially improved and facilitated communication.
- Cross boundary issues have occasionally led to delay in determining which Child Death Overview Panel is leading the process but measures have been put in place to improve communication. One of which is inviting all CDOP coordinators to be part of the Paediatric Professionals group.
- One case is ongoing in which a child died in another geographical area. Numerous requests have been made for information from that area but as yet this has gone unanswered.
- Two case discussions from 2010-11 were subject to Serious Case Reviews and were published in 2013.

Timescale for Child Death Review Completion

Out of 33 completed reviews, only 9% were completed in less than six months. This is a significant decrease particularly on the figure of 50% in 2010/11. However these figures also reflect the far higher percentage of older cases which were considered in 13/14 meaning that there are far fewer outstanding older cases. The vast majority of 'carried forward' deaths took place during 2013/14.

We will continue to work together to complete reviews in a more timely way.

Key Learning from child deaths 2013-14

From the Child Death Reviews held in 2013-14 some of the learning points included:

- **Coroner Issues**

The coroner issued a Section 28 letter to a visitor centre after the death of a child in an accident to improve child safety.

- **Care Plans:**

Where a child who is looked after is known to have life limiting conditions the care plan should include details of how birth parents will be contacted in case of an emergency.

- **Regional Issues:**

CDOP wrote to Durham County Council to ask them to put up a warning sign, life belt beside the riverbank on the Wear explicitly stating that the river is deep with dangerous currents and that swimming is prohibited, or alternative fill in the hole.

- **Communication & Recording:**

Communication to be improved to ensure Rapid Response nurse is notified promptly of any RTA deaths.

- **Police**

The Police to consider whether it should be a legal requirement to declare any modifications to a motor vehicle at the time of sale.

- **Education**

Raise awareness regarding swimming in rivers via schools. Drowning prevention week is taking place from 21st to 29th June, this is organised by Royal Lifesaving Society and Sunderland CDOP are carrying out an awareness raising campaign using their resources.

Two Durham cases considered were subject to Serious Case Review. These have been published on the LSCB website.

A copy of the Child Death Review Annual Report 2013-14 can be accessed at www.durham-lscb.org.uk

6.8 Further Achievements in the wider partnership

Stronger families

Another aspect of work which is consistent with the aims of the LCSB is the way that it is implementing the Stronger Families programme:

- As at the end of 2013/14 (year 2 of the 3 year programme), County Durham Stronger Families Programme claimed results for a total of 676 families 'turned around'. This represents 51.2% (676 out of 1,320) of the total number of families to 'turn around' by March 2015.
- County Durham was ranked 16th highest nationally based upon the total number of 'turned around' families (as at end of 2013/14).

- County Durham's performance (51.2%) was higher than the national average (44.8%), the region (49.8%) and (50.4%) across statistical neighbours (as at end of 2013/14).

Youth Justice

Effective action to reduce offending by young people has both direct and indirect links to welfare and safeguarding. Key achievements in Youth Justice in 2013/14 include:

- improving performance in two of the three national outcome measures (First Time Entrants and Re-offending) and maintaining the previous year's good performance in the third (Use of Custody)
- Reducing re-offending by 13.1% (binary rate) and 15.6% (frequency rate). (Source: PNC data; MoJ, March 2014). This improvement is better than the North East and England performance
- implementing our Reducing Re-offending by Young People Strategy to further reduce re-offending
- Achieving our lowest ever number of first time entrants (FTEs): 210. A 16.3% reduction compared to 2012/13 (251 FTEs) and a 81.4% reduction since 2007/08 (1129 FTEs)
- having only 25 custodial sentences (same as 2012/13)
- Winning The Youth Justice Award, Children and Young People Now Awards 2013 with our Intensive Employability Programme - the third time in four years that the service has won this national award. (The PRD won in 2010; Fully Integrated Pre Court System won in 2012)

Clinical Commissioning Groups (CCGs)

The two CCGs have become fully integrated into the work of the LSCB and the impact of this close working is beginning to deliver results. For instance, ongoing practice and professional development, supported by

the CCGs, has enabled 100% of GP practices to have an identified practice safeguarding lead. The safeguarding leads have been supported in their role by the named GPs and designated professionals through a programme of quarterly development sessions.

In the last year a total 72 safeguarding leads have attended these sessions.

North Durham CCG has led the development of the Child Safe Trigger Tool which provides a systematic way of ensuring all correspondence regarding trauma in children is looked at by GP Practices from a safeguarding perspective. The information then forms part of the whole picture of the child's life and experience. The tool was launched in October 2013 locally to all practices and is being considered for inclusion in the national Royal College of GPs Safeguarding Children Toolkit. An audit is planned to assess the effectiveness of the trigger tool in terms of improving outcomes for children.

Durham Constabulary

The Police and Crime Commissioner (PCC) and Durham Constabulary work closely with a range of other agencies to improve outcomes for young people. In December 2013 the PCC launched a regional Violence Against Women and Girls Strategy. Since its launch work has been ongoing to implement the priorities, such as working more closely with schools and engaging with the wider community like employers to tackle domestic abuse.

In particular work alongside schools to educate children around risks online has ensured over 60 Police Constables and Support Officers are trained to deliver CEOP accredited online safety in schools. The Police have improved internal relationships between partnerships and

safeguarding teams ensuring the accurate education of children and their parents/carers around safeguarding issues is included in Junior Neighbourhood Watch, Jet and Ben lessons, School Carousels and by Neighbourhood Teams who engage with young people.

The Police continue, in partnership with the LSCB, to monitor and improve practice when tackling CSE. In particular, providing feedback to frontline staff to encourage the use of innovation to assist victims and tackle perpetrators which has resulted in a number of children being protected and perpetrators identified and prosecuted.

The impact that domestic abuse has on children who reside in the homes affected is profound. Durham Police secured partnership funding to employ a Diversionary Officer who contacts victims who have declined additional support from specialist workers like Harbour. Following calls from the Diversionary Officer there has been an increase in take-up of services, almost a third of victims made contact then took up the support offered by Harbour. Evidence nationally suggests a victim is more likely to live a life free from abuse when supported by services like this.

County Durham & Darlington NHS Foundation Trust

On 1 October 2012 the Safeguarding Nursing Team transferred from the Commissioning PCT to County Durham and Darlington Foundation Trust (CDDFT), Care Closer to Home Care Group, the team are managerially accountable to the Head of Child Health. The team includes:

- Named Nurses Safeguarding Children
- Safeguarding Children Training Team
- Looked After Children Nurses
- Domestic Abuse Co-ordinator
- Specialist Midwife Safeguarding Children
- Senior Nurse Safeguarding Children for Acute Services.

CDDFT have developed a Safeguarding Children Training Strategy which reflects the Intercollegiate Document and have made significant progress in training compliance. Lessons learned from Serious Case Reviews and Domestic Homicide Reviews are included in training programmes, as well as including topics relating to LSCB priorities. This will ensure our staff have the knowledge and skills to identify and address safeguarding issues and to protect children and young people from harm.

CDDFT have developed an audit for the KPI's in community children's services to determine compliance with safeguarding children policies and procedures. This will enable us to identify gaps and facilitate continuous improvement in practice.

CDDFT continue to undertake both single and multi-agency audits in relation to safeguarding children to improve practice and achieve positive outcomes for children and their families. Training audits have provided evidence to suggest where changes need to be made to ensure the training is effective, has a positive impact on practice and is fit for purpose. An audit into safeguarding supervision has identified areas to improve the effectiveness of the supervision to equip staff with the necessary skills to better manage complex cases in the future.

Work is ongoing with Contraception and Sexual Health (CASH) services and partners to develop robust information sharing to identify those children most vulnerable to Child Sexual Exploitation (CSE).

Multi-agency paediatric liaison meetings are held weekly on the paediatric wards to discuss individual cases and identify any concerns. This has improved information sharing across agencies and helped to identify children, young people and families who need support at an earlier stage.

As part of the Clinical Quality Improvement Framework (CQIF) children, young people and their families are invited to feedback on services provided. Services use the feedback to facilitate continuous improvements and display using a "You said, we did" approach.

0219991
CDDFT provides universal services to children, young people and their families and follows a healthy child pathway which enables health professionals to target those families in need, provide early help and targeted individual support.

CDDFT continues to be committed to safeguarding children and young people, providing support to those in need. However, working with limited resources due to the economic climate has had a particular impact on training figures as staffing levels make it difficult to release staff to attend training. CDDFT has developed innovative solutions to mitigate against the risk such as, the development of a workbook for level 2 training, pre-course learning to reduce session time and e-learning programmes.

Section 7: Future priorities and challenges

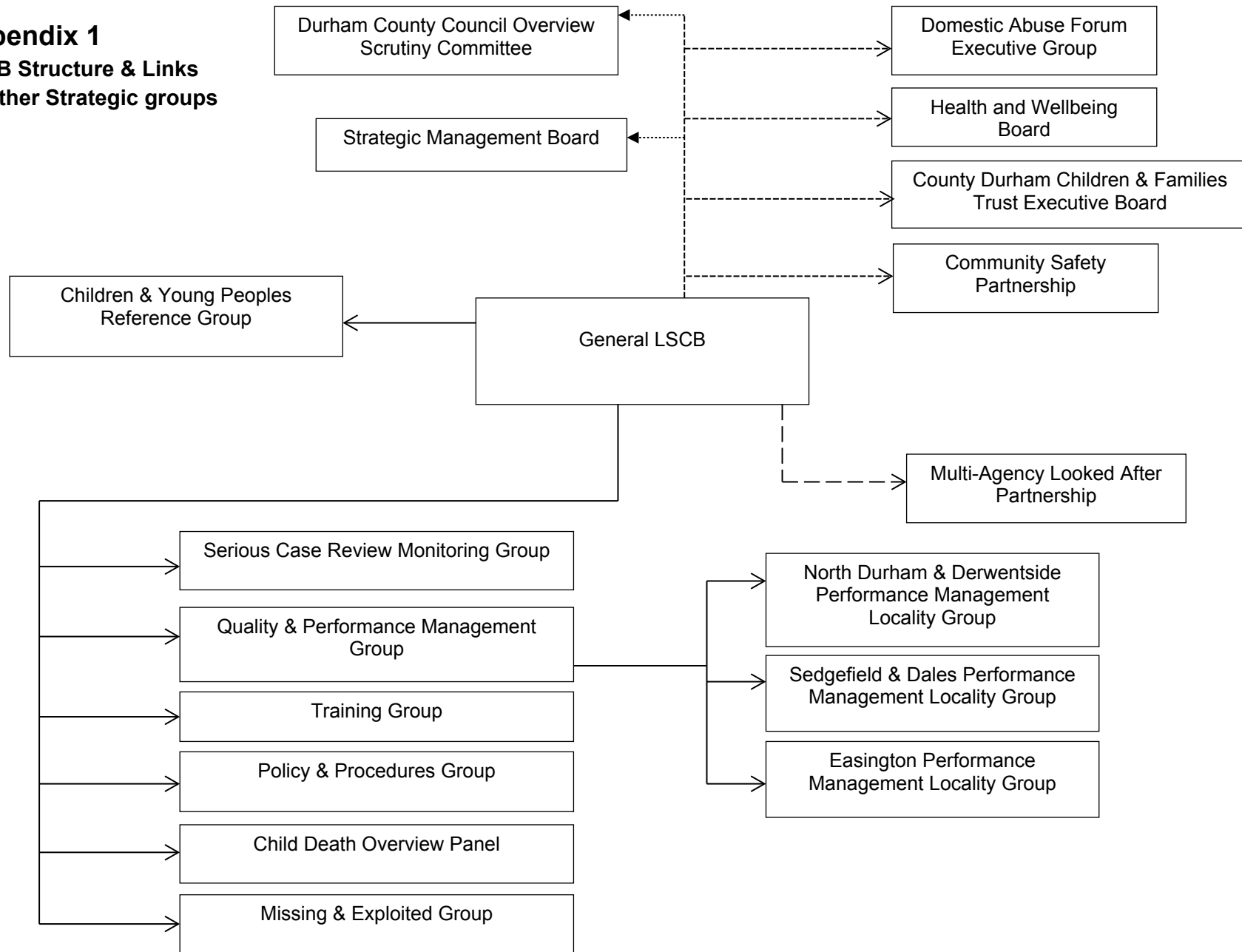
Over the next year and beyond, the LSCB and partners providing safeguarding services face a number of challenges including:

1. A continued focus on the impact of the theme of neglect on children.
2. Supporting and challenging the new arrangements for the delivery of children's services to that they deliver the benefits anticipated for safeguarding.
3. Embracing the new Single Assessment Process - ensuring that it is fully understood, embedded and effective.
4. Adopting a more coherent and robust approach to highlighting and managing risk.
5. Enriching the performance information collected so that it provides a clear line of sight to the management of risk and improvement in the Board's priorities.
6. Getting smarter about assessing the impact of what we do – for example the training programme.
7. Recruiting a new Chair of sufficient calibre who can take on the role as well as that of Chair of Safeguarding Adult Board.
8. Working with that Chair to further improve the capacity and competency of the Board.
9. Strengthening our engagement with children and young people.
10. Making sure we have more Lay Members on the Board.

Our Business Plan 2014-17 will identify clear proprieties for LSCB focus.

Appendix 1

LSCB Structure & Links To other Strategic groups



The LSCB has direct relationships with, but is not sub ordered to and members of the LSCB are represented on the strategic group. Multi-Agency groups which report direct to the LSCB

Appendix 2

Durham LSCB Membership

- The Board is chaired by an independent person commissioned by the Durham County Council Chief Executive
- Durham Tees Valley Probation Trust – Durham represented by a Director of Offender Services.
- NHS Commissioning Board – representation via the local Area Team
- North Durham Clinical Commissioning Group represented by
 - Board Nurse Lead
- Chair of County Durham & Darlington Child Death Overview Panel
- Durham, Dales, Easington & Sedgefield Clinical Commissioning Group
 - Board Nurse Lead
- Tees, Esk & Wear Valley NHS Foundation Trust represented by the Designated Doctor
- County Durham & Darlington NHS Foundation Trust represented by:
 - Associate Director of Nursing (Patient Experience & Safeguarding)
 - Head of Children & Families
- North Tees & Hartlepool NHS Foundation Trust will be represented by the Deputy Director of Nursing
- Cafcass (County Durham) will be represented the Service Manager – Early Intervention Team.
- Hassockfield Secure Training Centre will be represented by the Director.
- County Durham Children & Adults Service represented by:
 - Director, Children & Adults Service
 - Head of Children’s Care who will also act as Vice-Chair of Durham LSCB
 - Head of Adults Care
 - Head of Education

- Strategic Manager - Youth Offending Service
- Director of Public Health
- Durham Constabulary will be represented by the Force Lead for Safeguarding.
- The Voluntary & Community Sector - represented by the Lead Officer for Communities of Interest
- Housing - represented by the Housing Solutions Manager
- Schools represented by:
 - Durham Association of Secondary Heads
 - Durham Association of Primary Heads
- Further Education will be represented by the Principal and Chief Executive of New College Durham
- Lay Members – will be represented by two members of the community whose role is to support stronger public engagement in local child safety issues and to challenge the LSCB on the accessibility by the public and children and young people of its plans and procedures
- The Lead Member will receive the papers and minutes of the Board meetings.
- Faith Communities - represented by the Child Protection Advisor, Durham Diocese and will be co-opted on to the Board when required.

LSCB Advisors

The Board is advised by:

- A member of Durham County Council Corporate & Legal Services nominated as the Board's legal advisor.
- The Designated Nurse
- The Designated Paediatrician
- Local Authority Designated Officer

Appendix 3 - LSCB Staffing and Budget 2013/15

Staffing - The LSCB is supported by the following officers:

- LSCB Business Manager
- LSCB Admin Co-ordinator
- LSCB Training Co-ordinator - this is a temporary post funded by a time limited grant to July 2014
- LSCB Development Officer
- LSCB Quality & Performance Manager, incorporating LADO duties (deputises for Business Manager) - Vacant since October 2012, filled January 2014
- LSCB Administrator (does not attend Board meetings).

LSCB Budget

The level of investment from partner organisations determined by August of each calendar year for the forthcoming financial year on the basis of the responsibilities and tasks identified in the business plan. The financial year runs from 1 April to 31 March in each year. Budget management are direct responsibility of the Manager of the LSCB and a current financial report will be presented to Board meetings at 6 monthly intervals. The majority of the budget is used to fund staffing costs including the independent chair costs, training. Part of the budget is always set aside for any Serious Case Reviews that might be needed.

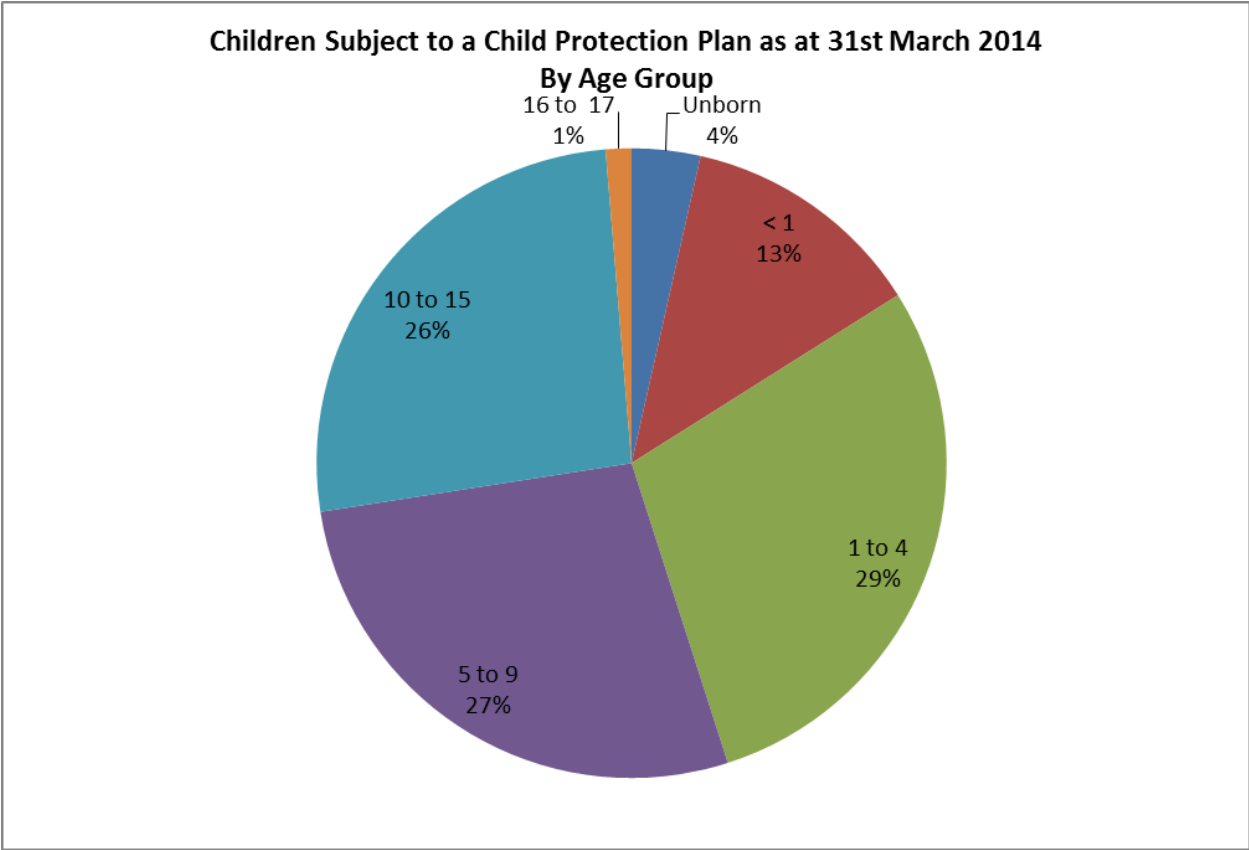
After an in year 5% reduction, the contributions from agencies during the year were as follows:

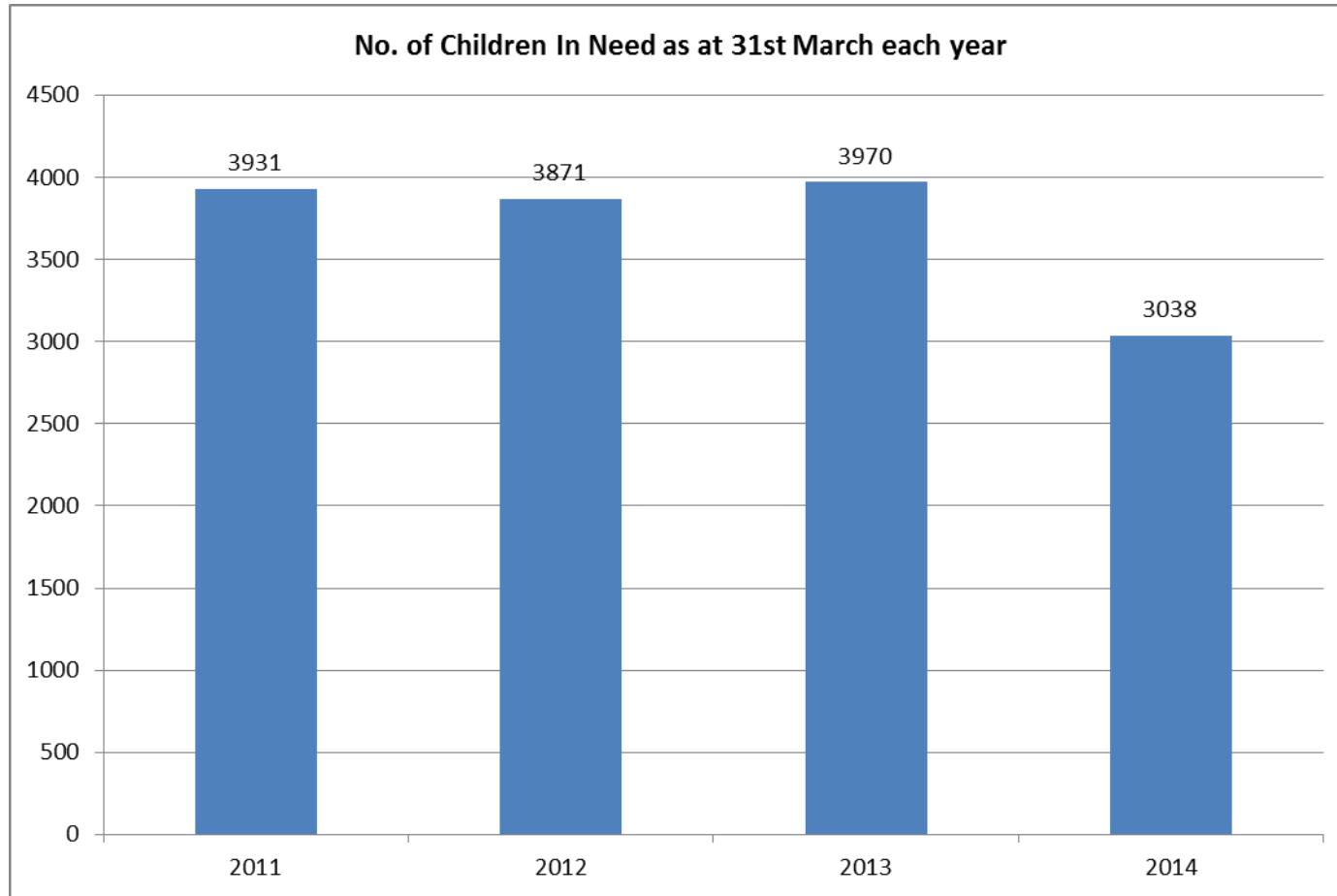
Partner agency	Financial contribution
Durham County Council	171,604
Clinical Commissioning Groups &	95,095
Tees, Esk NHS Foundation Trust	2,680
Durham Constabulary	29,285
Further Education Colleges	2,800
Haddockfield STC	2,680
Durham Tees Valley Probation Trust	2,680
County Durham & Darlington NHS Foundation Trust	2,680

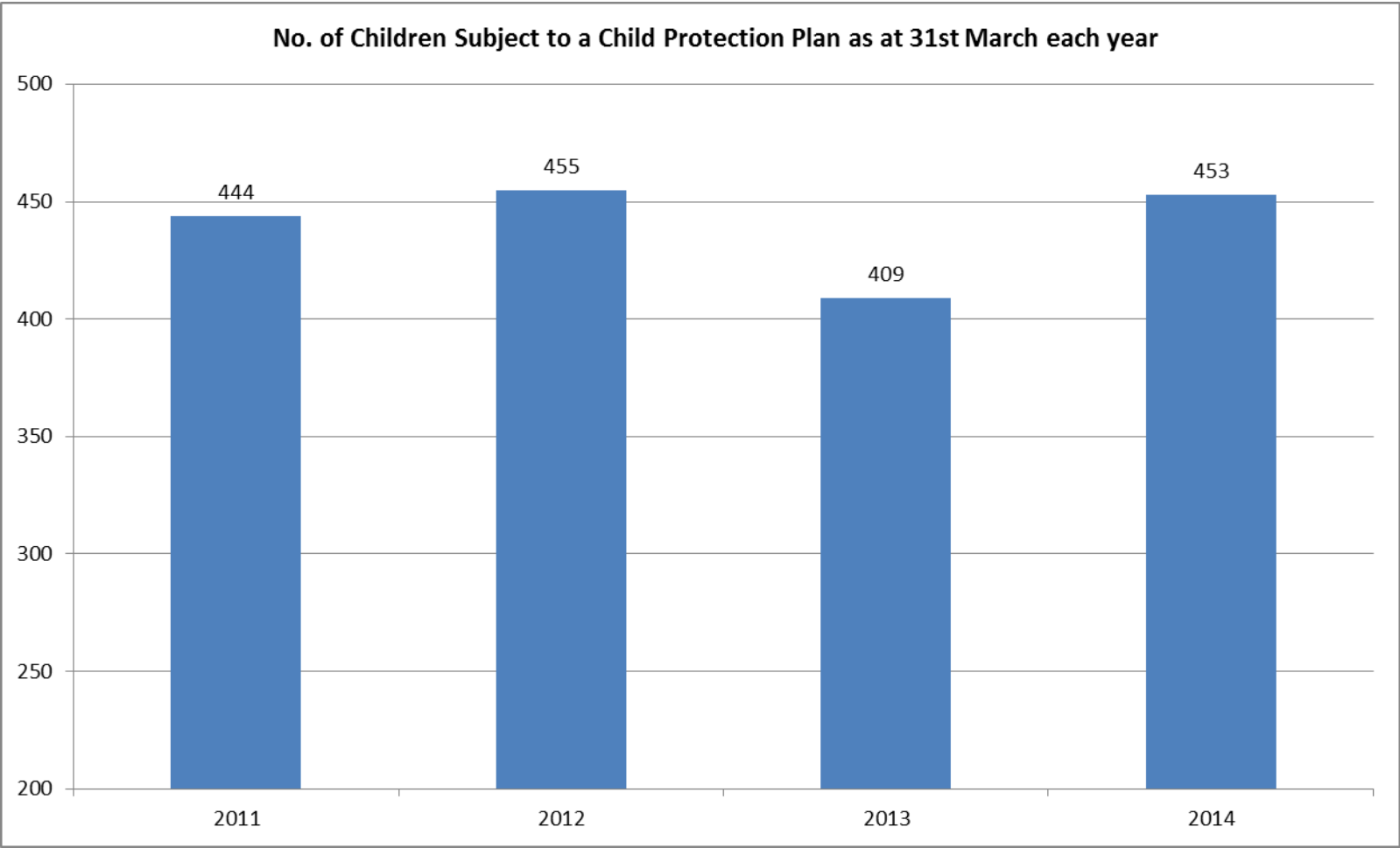
Partner agency	Financial contribution
North Tees & Hartlepool NHS Foundation Trust	2,680
Cafcass	550
Total	£ 310,000

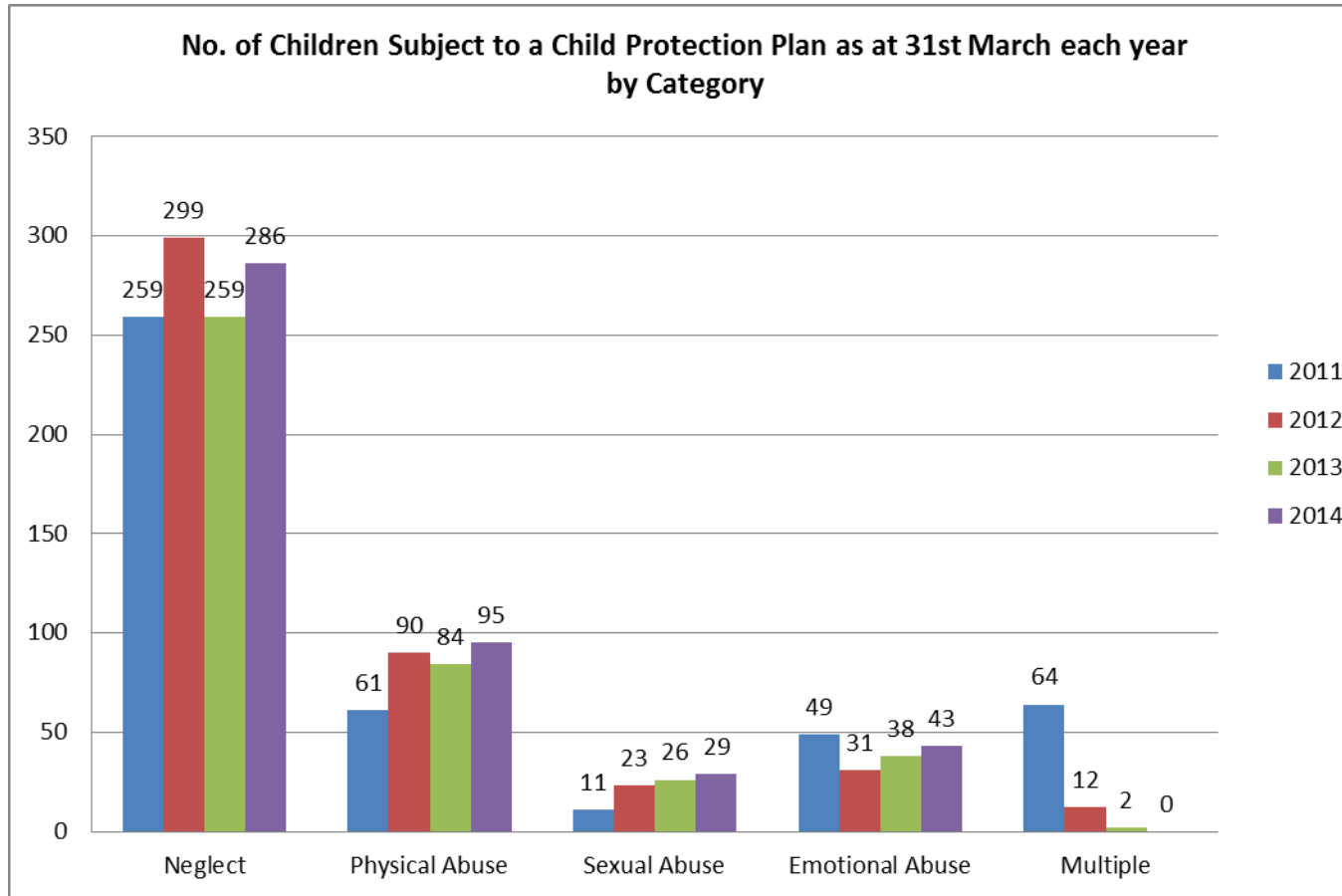
Going forward these contributions will remain the same for 2014-15

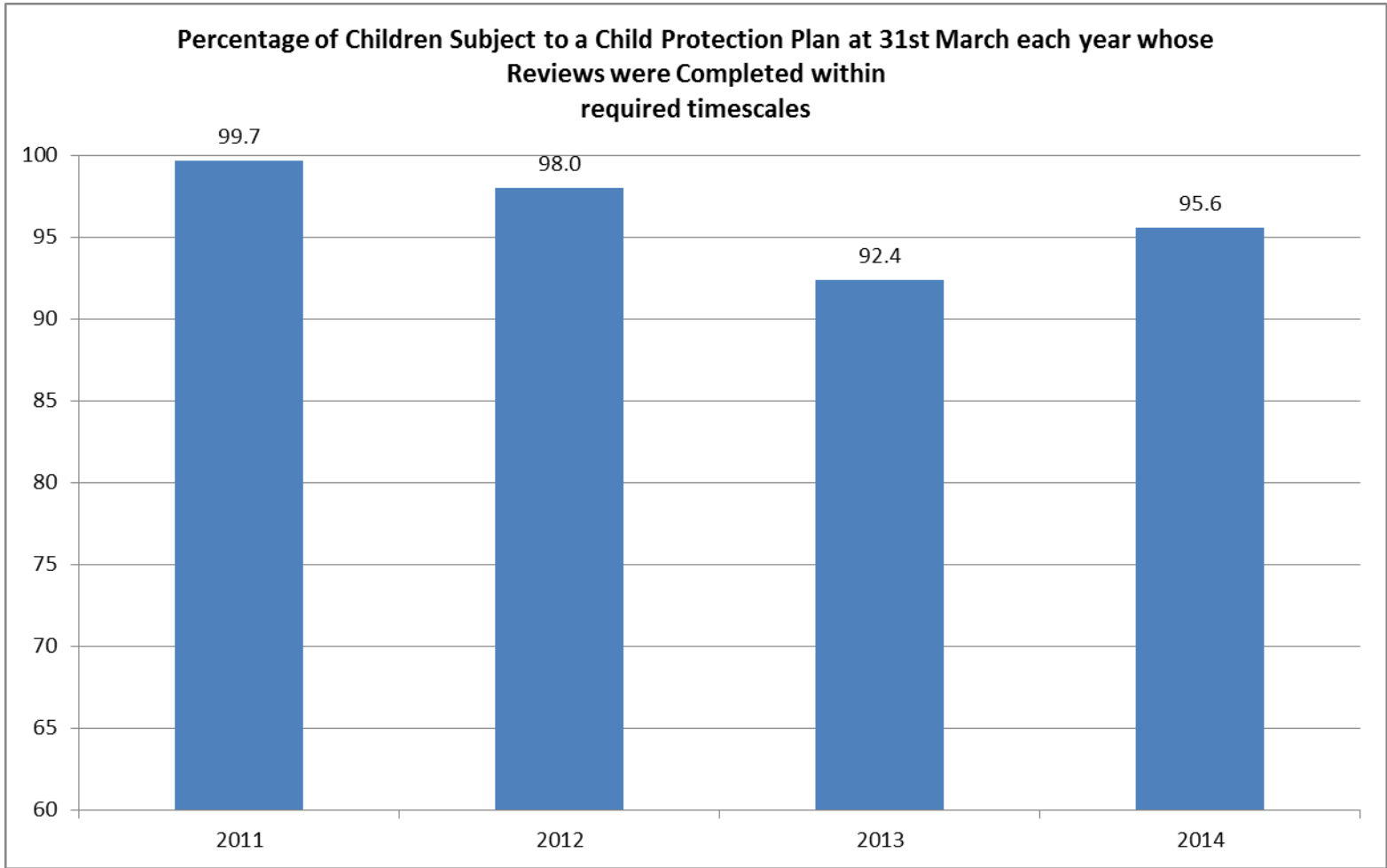
Appendix 4 Local Performance Data 2013-14



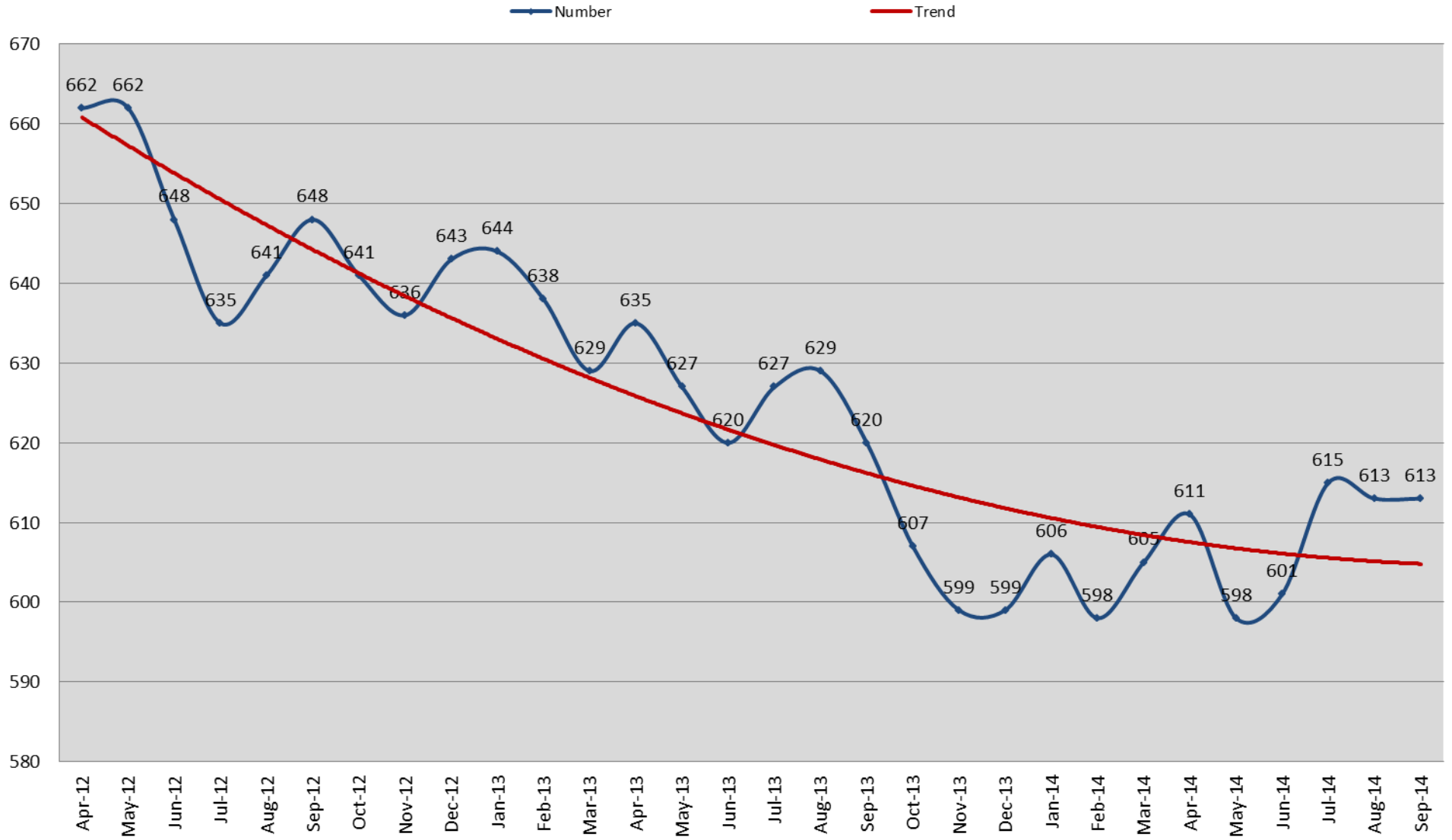








Children Looked After (Excl Respite Care)



The LSCB annual report for 2013/14 has been co-ordinated by the LSCB Business Unit

If you have any queries about the report please contact the LSCB Business Manager pixley.clarke@durham.gov.uk

A copy of this report is available on www.durham-lscb.org.uk

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Children and Young People's Overview and Scrutiny Committee

25th June 2015



Draft Alcohol Harm Reduction Strategy

Report of Anna Lynch, Director of Public Health

Purpose of the Report

1. This report is to inform the Children and Young People's Overview and Scrutiny Committee on draft proposals for the Alcohol Harm Reduction Strategy (AHRS) 2015-20 and to seek their feedback and comments on the draft document.

Background

2. The Safe Durham Partnership launched its initial three-year Alcohol Harm Reduction Strategy in July 2009 which was refreshed in 2012. This report introduces the third iteration of an Alcohol Harm Reduction Strategy for County Durham.
3. A multi-agency Alcohol Harm Reduction Group was established to drive forward the implementation of the strategy. The group is accountable to the Safe Durham Partnership, but also reports bi-annually to the Health and Wellbeing Board and Children and Families Partnership. The Alcohol Harm Reduction Strategy was underpinned by an action plan which has been reviewed annually.
4. In 2014 the County Durham Partnership identified alcohol as a cross cutting theme. The Alcohol Harm Reduction Strategy has been reconfigured around all five of the Altogether themes.
5. Management teams within the authority, and wider stakeholders have now had an opportunity to shape the document into its current form.
6. The draft vision of the Alcohol Harm Reduction Strategy remains unchanged:
"To change the drinking culture in County Durham to reduce the harm caused by alcohol to individuals, families and communities while ensuring that adults who choose to drink alcohol are able to enjoy it responsibly."
7. The draft vision is underpinned by six draft key objectives related to the five Altogether Themes:

Altogether Safer

Objective 1: To reduce the harm caused to communities by tackling alcohol related crime and disorder and vulnerability.

Altogether Healthier

Objective 2: To improve health inequalities and reduce early deaths in County Durham by reducing alcohol consumption across the population

Altogether Better for Children and Young People

Objective 3: To build resilience and develop a culture where children and young people choose not to drink alcohol; and to reduce the negative impact alcohol has on the lives of children, young people and their families through parental alcohol use.

Altogether Wealthier

Objective 4: To increase the number of competitive and successful people in the County Durham workforce by reducing the negative impact that alcohol has on work attendance and productivity, and,

Objective 5: To expand the night time economy offer through the promotion of responsible drinking practices and through the development and promotion of alcohol free alternatives.

Altogether Greener

Objective 6: To reduce the negative impact that alcohol has on the physical environment in County Durham.

8. There are three strategic actions which cut across each of the key objectives relating to minimum unit price for alcohol, restricting alcohol advertising and changing the licensing legislation.
9. There is a further period of consultation on the draft document until 12th July 2015. Durham County Council's Cabinet will formally endorse the document on 21st October 2015.
10. It is proposed that Task Groups will be established under each of the Altogether themes to drive forward the implementation of the strategy. A senior member of the Alcohol Harm Reduction Group will lead on each Altogether theme. Each Task Group will develop an action plan based on the high level actions included in the "to achieve our objectives we will" section of the strategy.

Recommendations

11. The Children and Young People's Overview and Scrutiny Committee is requested to:
 - Read and discuss the draft strategy; and
 - Provide comments, amendments or omissions in relation to the draft document to Kirsty Wilkinson (kg.wilkinson@durham.gov.uk) by 12th July 2015.

Contact:	Kirsty Wilkinson	Lynn Wilson
Tel:	03000 265 445	03000 267680
Email:	kg.wilkinson@durham.gov.uk	lynn.wilson2@durham.gov.uk

Appendix 1: Implications

Finance

Additional resources will be used to implement the strategy

Staffing

No adverse implications

Risk

No adverse implications

Equality and Diversity / Public Sector Equality Duty

A Full EIA has been complete.

Accommodation

No issues

Crime and Disorder

Implementation of the alcohol harm reduction strategy will have positive impacts on the reduction of alcohol related crime and disorder.

Human Rights

No adverse implications

Consultation

A full plan for consultation has been developed.

Procurement

No issues

Disability Issues

No issues

Legal Implications

No issues

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The Safe Durham Partnership

Altogether safer

DRAFT

Reframing Alcohol:
Alcohol Harm Reduction
Strategy
2015-2020

Version 8

Altogether
safer

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Forward

Councillors Lucy Hovvels, Portfolio Holder for Healthier Communities, Joy Allen, Portfolio Holder for Safer Communities and Anna Lynch, Director of Public Health

This is the third Alcohol Harm Reduction Strategy for County Durham and aims to build upon the success of previous strategies. We would like to commend the hard work and dedication of all of those involved in alcohol harm reduction in County Durham over the last few years as we begin to see the benefits of our collective efforts. We have begun to see some success in the reduction of alcohol related hospital admissions for both adults and young people and our alcohol related crime rates remain some of the lowest in the country, but there is more to do.

For the first time, alcohol harm reduction has been identified as a cross-cutting priority by County Durham Partnership. This signifies its importance, not only on health, crime and disorder and on children and families, but also on the County Durham workforce and their productivity as well as its impact on the local environment.

Although the general picture for alcohol consumption is one of decline; as a nation we are still drinking more than we did in the 1980's. Historic trends show that a decline in consumption correlates to recessions and times of austerity. We need to continue to work closely together to make sure that alcohol related harm does not increase when we return to economic prosperity.

Alcohol is more available in County Durham than ever before with the balance between on and off sales tipping in favour of off-sales. This, in turn influences home drinking where there are unlimited servings with unlimited measures. The problems with alcohol are becoming increasingly hidden and widely dispersed.

The affordability of alcohol is also something that is of concern with alcohol being available in the County for as little as 15p per unit in the Bishop Auckland area. We know that exposing children and young people to alcohol advertising is linked to early onset drinking and those who drink alcohol to drink more. Children and young people are influenced by the environment around them and what they see.

We recognise that the world around us has changed significantly in recent times. Public Health, who led so successfully on the strategies in the past, are now within the local authority following the abolition of the Primary Care Trusts in 2013. Clinical Commissioning Groups, NHS England and the Police and Crime Commissioner are new to the partnership landscape particularly around the commissioning of alcohol services in acute settings, primary care and in the criminal justice system. Probation Services have also been reshaped.

All public sector organisations within the North East continue to face a financial squeeze which means that prevention of alcohol related harm is now more important than ever, which is why, through the course of this strategy we will:

- Continue to use all of the powers currently available to us to restrict the expansion of alcohol availability and advertising, ensure that we enforce existing alcohol legislation and advocate changes to the licensing legislation to make them more useful for us to use effectively at a local level;
- In the absence of national legislation on a minimum unit price for alcohol we will work with regional partners, and those in the North West, to explore the feasibility of implementing a more local minimum unit price of at least 50p per unit.

Durham County Council, and its partners, during the course of this strategy will commit to a declaration on alcohol which includes:

- Influencing national government to take the most effective, evidence-based action to reduce alcohol harm, particularly via the introduction of greater regulations around the price, promotion and availability of alcohol;
- Influencing national government to rebalance the Licensing Act in favour of local authorities and communities, enabling local licensing authorities to control the number, density and availability of alcohol according to local requirements;
- Developing evidence-based strategies and commissioning plans with our local communities and partners including the local NHS Acute Trust, Clinical Commissioning Groups and the police;
- Ensuring that public health and community safety are accorded a high priority in all public policy-making about alcohol;
- Making best use of existing licensing powers to ensure effective management of the night-time economy;
- Raising awareness of the harm caused by alcohol to individuals and our communities, bringing it closer in public consciousness to other harmful products, such as tobacco; and
- Continuing to work with our partners to deliver the outcomes agreed in the County Durham Alcohol Harm Reduction Strategy.

This strategy sets out what all partner agencies within County Durham will do over the next five years to reduce alcohol related harm.

Executive Summary

Vision

The vision, agreed by all partner organisations is to:

To change the drinking culture in County Durham to reduce the harm caused by alcohol to individuals, families and communities while ensuring that adults who choose to drink alcohol are able to enjoy it responsibly.

Key objectives

To achieve the vision there are six key objectives:

1. To reduce the harm caused to communities by tackling alcohol related crime and disorder and vulnerability;
2. To improve health inequalities and reduce early deaths in County Durham by reducing alcohol consumption across the population;
3. To build resilience and develop a culture where children and young people choose not to drink alcohol; and to reduce the negative impact alcohol has on the lives of children, young people and their families through parental alcohol use.
4. To increase the number of competitive and successful people in the County Durham workforce by reducing the negative impact that alcohol has on work attendance and productivity;
5. To expand the night time economy offer through the promotion of responsible drinking practices and through the development and promotion of alcohol free alternatives.
6. To reduce the negative impact that alcohol has on the physical environment in County Durham.

Key performance indicators

- Alcohol related violent crime
- Percentage of children becoming the subject of an Initial Child Protection Conference (ICPC) as a result of parental alcohol misuse
- Alcohol related admissions to hospital per 100,000 (narrow measure/PHOF)
- Number of people in treatment where alcohol is identified as a primary substance
- Number of people in recovery services where alcohol was identified as their primary substance
- Alcohol related under 18 hospital admissions

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Introduction

The harm caused by alcohol impacts upon crime, health and social services and the workplace. Dealing with the consequences of excessive alcohol consumption costs the people of County Durham in the region of £212million each year (Balance, 2014). The total cost of alcohol related harm in County Durham accounts for almost a fifth of the cost across the North East region.

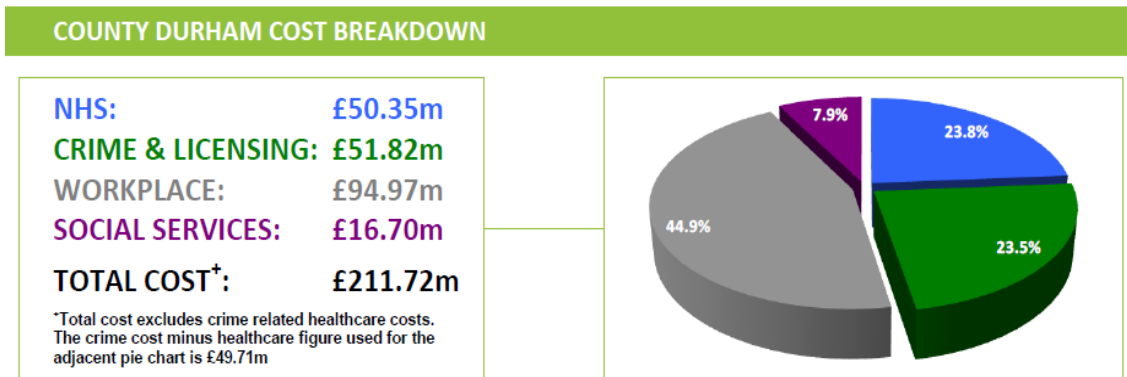


Figure 1: County Durham Cost Breakdown 2012/13

Alcohol is more available and accessible than ever before. As of January 2015 there were a total of 1706 licenced premises in County Durham. There were 354 on-licenced premises, 503 were off-licence premises and 849 were licenced for sales both on and off the premises.

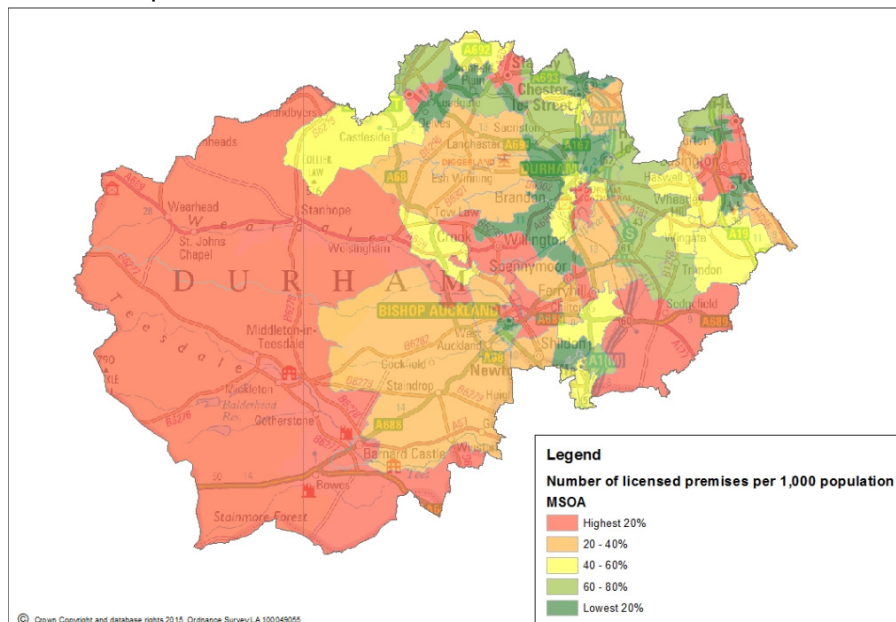


Figure 2: Number of licenced premises per 1000 population

Alcohol sales in the North East are noticeably higher than the average sales in Great Britain. Beer (4.6 litres of pure alcohol per adult per year) accounts for most sales in the north east followed by wine (2.5 litres of pure alcohol per adult per year), spirits (2.0 litres of pure alcohol per adult per year) and cider/perry (0.9 litres of pure alcohol per adult per year).

In County Durham alcohol is now consumed more in the home than in pubs and clubs. Many pubs and clubs are closing as they are unable to compete with the cheap price of alcohol from off-sales and supermarkets. Home drinking hides excessive consumption and is much more difficult to regulate. There are links to increased home consumption, domestic and sexual abuse and child neglect, as well as child sexual exploitation.

The North East Alcohol Behaviour and Perceptions Survey (2014) shows that 57% of people in County Durham drink more than once a week. Males and those over the age of 55 years reportedly drink more frequently. Almost 1 in 3 people (29%) under the age of 35 report binge drinking; drinking more than 10 units on a typical drinking day. Almost half of men (47%) are classed as increasing or high risk drinkers. People who are aged between 18 and 34 are most likely to go out after 9pm and to pre-load with alcohol before they leave the house.

Alcohol is the fifth biggest cause of disease, disability and death throughout the world (WHO, 2014). Harmful use of alcohol is the leading risk factor for death in men aged between 15 and 59 (Health First, 2013). Alcohol is a causal factor in over 200 diseases and injuries. It is not only the volume of alcohol that an individual drinks but also the pattern of drinking.

Alcohol fuels inequalities in County Durham with those people living in the more deprived wards experiencing the poorest outcomes from alcohol consumption despite consumption levels being lower than their more affluent counterparts.

The WHO states that areas “that take stronger action on alcohol will reap considerable gains in terms of better population health and well-being, enhanced employment and productivity, increased health and social welfare savings, greater health and economic equality, and greater social cohesion and inclusion.”

The scientific evidence base for the most cost effective solutions to reduce alcohol harm is strong and clear. These initiatives include:

- Control the availability of alcohol, such as by regulating the density of alcohol outlets and controlling the sales hours;
- Regulate the volume and content of alcohol advertisements;
- Introduce a legal minimum price of alcohol;
- Widespread implementation of early identification and brief advice programmes for individuals with hazardous and harmful alcohol consumption in primary care, social welfare settings and accident and emergency departments, and of offering programmes in the workplace and educational environments; and
- Reduce the legal blood alcohol content (BAC) limit for driving.

[Local Alcohol Profile for England 2015 is due to be published on 2nd June 2015 and will be incorporated in this section once released]

Achievements of the Alcohol Harm Reduction Strategy 2012/15

The Local Alcohol Profiles for England (LAPE) 2014 identified some improvements in County Durham in the rate of:

- alcohol specific hospital admissions for under 18s;
- alcohol specific hospital admissions for males and females;
- admission episodes for alcohol related conditions;
- alcohol related recorded crime; and
- alcohol related sexual violence.

Prevention

To use targeted approaches to raise public awareness in County Durham of the harm caused by alcohol by promoting consistent messages about drinking

The partnership has supported Balance, the regional alcohol office, with their alcohol and cancer marketing campaigns; Dry January; Choose Less Booze; The Drink Talking and Foetal Alcohol Spectrum Disorder days as well as undertaking local awareness days including What's the Price?; Pedestrian casualties #deadrunk campaign and Punched Out Cold campaign.

The partnership and individual partners who make up the partnership have continued to lobby nationally for a Minimum Unit Price (MUP) for alcohol and submitted a strong response to the Government's consultation on their Alcohol Strategy.

A parent and carers' information leaflet on alcohol has been developed by parents for parents with key facts and information on alcohol and the effect it has on a young person.

Work has begun with university students to develop a peer-led social norms marketing campaign linking with the Durham City Safe Group.

The partnership commissioned AgeUK to undertake some consultation with older adults around alcohol. As a result we have worked with AgeUK to identify and train alcohol champions to deliver peer-led messages and factual information on alcohol consumption. Work has begun with an Area Action Partnership who identified this area as a priority to magnify the work undertaken across the county.

Men aged between 25 to 44 years old were identified as a priority for prevention work. The partnership worked with "Explain" to establish motivations for drinking and barriers to changing for this particular targeted group.

Operation ARIES, a multi-agency initiative designed to reduce under-age drinking has been established which builds on the principles of Community Alcohol Partnerships: education, enforcement, public perception, diversionary activity and evaluation.

The partnership has also developed an Alcohol Diversion Scheme which provides alcohol awareness programmes where low levels of crime have been committed.

Provide specific targeted training and education to support individuals, professionals, communities and local businesses to address the harm caused by alcohol

The trainers based within County Durham Community Alcohol Service trained 1828 people in alcohol awareness and the AUDIT screening tool between April 2013 and March 2014. This included nursing staff from County Durham and Darlington Foundation Trust, midwives, health care assistants, mental health teams, GP staff, medical students, clinical staff from the cardiology department, health visitors, pharmacy staff, social workers, police officers, prison officers, probation and anti-social behaviour officers as well as health trainers, health promotion staff and volunteers.

This training has helped pharmacies and GPs across County Durham to implement Identification and Brief Advice (IBA) ensuring that people with alcohol issues are identified early and signposted or referred onto relevant support.

Engage with children and young people to develop age and gender specific activities, services and education to prevent alcohol related harm

Following a review by the Children and Young People's Overview and Scrutiny Committee in 2014, enhanced pathways were developed for referral to the children and young people's substance misuse service (4Real) from the accident and emergency department in the University Hospital of North Durham. This resulted in 45 referrals in 2014/15.

The partnership alcohol seizure procedure was a finalist in the Police Problem Orientated Partnerships (POP) Awards for its contribution to tackling child sexual exploitation. Young people who had alcohol seized from them whether as an individual or part of a group were referred into the 4Real service for early intervention and brief advice. The intervention also provided an opportunity for parents to receive advice and awareness around alcohol use by young people.

A social norms project relating to alcohol, smoking and sex and relationships was commissioned in 2012. Across County Durham 10,676 secondary school pupils in 33 schools completed an initial confidential survey. The key findings of these surveys were then used to develop individual school based social norms marketing campaign to correct misperceptions and to help influence behaviour. The key findings across County Durham relating to alcohol were:

- 87% of young people surveys reported they didn't drink alcohol regularly (most or every weekend);
- Of those who had tried alcohol, the majority of young people were at a family occasion where they were supervised;
- 77% of students reported that they would prefer to go to their parent or carer for information and support around alcohol issues.

In 2013/14 alcohol education has been delivered, in partnership between the police and 4Real, to 2,157 primary school children in 72 primary schools; 11,537 secondary school children in 33 secondary schools; 1,957 young people in higher education settings in 5 further education settings; and 1,154 in other settings. Alcohol education has also been delivered in 3 independent schools; 2 private residential schools; 3 special schools as well as post alternative education providers.

In summer 2012 County Durham received funding from the Department for Communities and Local Government for a Community Alcohol Project. The Wear Community Alcohol Project was established in June 2012 following the successful funding bid to the Department of Communities and Local Government through Baroness Newlove's Office. The project group was set up to oversee the implementation of action with 3 aims:

- a) To tackle alcohol related harm in rural communities and avoid the movement of ASB between the communities.
- b) To use the strengths of rural communities to address the issues and develop a model of cohesive inter-community working.
- c) To increase partnership working to improve the interface between local people and services.

Control

Increase the gathering, sharing and use of intelligence to reduce the number of alcohol related incidents and alcohol related offending impacting upon communities

In 2012 the Alcohol Harm Reduction Unit which sees police co-located with trading standards, environmental health and licensing enforcement was developed. This has led to better information sharing and joint working around the alcohol agenda. The work undertaken by the Alcohol Harm Reduction Unit on Organised Crime Group disruption has been incorporated in the in national toolkit.

Training has been undertaken with A&E doctors and nurses around violent crime data collection (Cardiff) in both County Durham and Darlington Foundation Trust hospital sites.

Staysafe Operations through Operation ARIES have continued to provide a wealth of intelligence on the drinking habits and locations of young people.

Engage with licensees and target licensed premises where necessary to ensure that licensed premises are managed responsibly

The partnership has continued to support Best Bar None in Durham City and Pubwatch across the County.

Community Alcohol Partnerships have been piloted in Stanley and Peterlee and used for the foundation of Operation ARIES which also includes test purchases and

compliance check operations, training of staff in licenced premises (particularly off-licence premises) and licensing inspections.

Reviews of licenced premises have continued to be undertaken and many more voluntary conditions have been added to premises licences.

Ensure a coordinated approach to policy development, planning and adoption of legislation

A significant number of partners, partnership and committees submitted consultation responses to the Government consultation on Minimum Unit Price for alcohol.

The Statement of Licensing Intent has been reviewed which provides a framework for partners and communities in the application of licensing legislation for applications, reviews and revocations of premises licences.

The use of new legislation such as Early Morning Restriction Orders and Late Night Levy's was explored with little evidence at this time of the need for their implementation in County Durham.

Recovery and treatment

Commission and deliver effective treatment and recovery services in line with national guidance and undertake work to identify the needs of particular groups where the data is limited i.e. pregnant women

Significant investment was made into the commissioning of a whole system approach to alcohol which was recognised nationally as best practice. The Community Alcohol Service within County Durham was commissioned together with a number of projects such as Whitehouse (older drinkers), You Turn (women only) Durham Recovery and Wellbeing (DRAW) Centre and the development of a number of self-support groups for those in recovery.

4Real, the Children and Young People's Substance Misuse Service, provided early support and intervention, education and training to young people and the young people's workforce and specialist treatment for young people with alcohol issues.

Involve and support young people, families and carers (including young carers) living with alcohol related issues in order to break the cycle of alcohol misuse.

Liberty from addiction, a charity who support parents and carers of people with addiction and Breaking the Cycle, a charity who support the families of those going through the criminal justice system were commissioned to support families and carers. Family support was commissioned for those people who had family in prison due to alcohol related crime; family and offender received same alcohol education and reduction strategies.

Family support was also embedded into the work undertaken by 4Real.

Policy drivers

International

World Health Organisation: Global strategy to reduce harmful use of alcohol and World Health Organisation: European action plan to reduce the harmful use of alcohol 2012–2020

The Global strategy and European action plan to reduce harmful use of alcohol identifies ten areas for action:

- leadership, awareness and commitment;
- health services' response;
- community action;
- drink-driving policies and countermeasures;
- availability of alcohol;
- marketing of alcoholic beverages;
- pricing policies;
- reducing the negative consequences of drinking and alcohol intoxication;
- reducing the public health impact of illicit alcohol and informally produced alcohol;
- monitoring and surveillance.

National

Prevention of drug and alcohol dependence Briefing by the Recovery Committee, 2015

A briefing by the recovery committee on the prevention of drug and alcohol dependence has highlighted:

- Targeted, drug-specific prevention interventions remain a valid approach to those individuals considered to be at a high risk of harm, although these groups also benefit from universal approaches;
- Environmental prevention activities such as pricing, taxation and marketing controls have shown evidence for success in reducing use and harms associated with alcohol and tobacco use;
- Strong evidence of prevention approaches that have consistently been shown to be ineffective at improving drug and alcohol use outcomes. These include information provision (standalone school-based curricula designed only to increase knowledge about illegal drugs and alcohol), fear arousal approaches (including 'scared straight' approaches), and stand-alone mass media campaigns;
- Prevention activities should be embedded in general strategies that support development across multiple life domains;
- Prevention projects should incorporate evaluation, and be developed from the findings of evaluation (ideally with economic evaluation);

- Prevention of adverse long-term health and poor social outcomes may be achieved even without drug abstinence, although for some target groups drug abstinence may be preferable.

All Party Parliamentary Group on Alcohol Misuse: Manifesto 2015

- Make reducing alcohol harms the responsibility of a single government minister with clear accountability;
- Introduce a minimum unit price for alcoholic drinks;
- Introduce public health as a fifth licensing objective, enabling local authorities to make licensing decisions based on local population health need and the density of existing outlets;
- Strengthen regulation of alcohol marketing to protect children and young people;
- Increase funding for treatment and raise access levels from 6% to 15% of problem drinkers;
- Commissioners should prioritise the delivery of Identification and Brief Advice. Identification and Brief Advice should be delivered in a wide range of different settings including health care, involving GPs routinely asking questions, and in-workplace programmes;
- Include a health warning on all alcohol labels and deliver a government-funded national public awareness campaign on alcohol-related health issues;
- For all social workers, midwives and healthcare professionals, introduce mandatory training on parental substance misuse, foetal alcohol syndrome disorder and alcohol-related domestic violence;
- Reduce the blood alcohol limit for driving in England and Wales to 50mg/100ml, starting with drivers under the age of 21;
- Introduce the widespread use of sobriety orders to break the cycle of alcohol and crime, antisocial behaviour and domestic violence.

Public Health England Alcohol care in England's hospitals: An opportunity not to be wasted 2014

This guidance recommended that:

- Every district general hospital should consider the best way to provide effective specialist alcohol care for its patients in light of the benefit to patient care and the available efficiency savings;
- Local partners should engage with the health and wellbeing board to ensure existing services for alcohol and other drugs are maintained and developed on the basis of local needs assessment;
- Hospital alcohol care teams should accelerate identification and brief advice (IBA) delivery throughout the hospital by supporting the training of colleagues in all clinical areas;
- Local partners should review the response to alcohol-related harm in all district general hospitals, using this document as a guide, and they should

- ensure that existing services are adequately integrated across primary and secondary care and that new services are implemented where there are none;
- Local partners should consider employing assertive out-reach or in-reach services for high impact service users in all major hospitals and existing services should be comprehensively evaluated to assess their impact on hospital and community services;
 - System planning should ensure that community services are accessible and available to ensure continuation of detoxification with psychosocial interventions outside of the hospital.

Public Health England Young people's hospital alcohol pathways: Support pack for A&E departments 2014

The support pack provides A&E clinicians, hospital managers, and substance misuse and young people's commissioners to develop alcohol pathways for young people attending A&E to ensure that young people attending A&E with alcohol-related conditions are receiving the appropriate care and follow-up support, as recommended by NICE. It covers:

- Understanding levels of unmet need;
- Initial screening and referral process;
- Information and data sharing;
- Safeguarding;
- Hospital-based interventions;
- Specialist substance misuse and CAMHS interventions;
- Other interventions for vulnerable young people.

NHS Five Year Forward Plan 2014

The NHS five year forward plan sets out the longer term changes required to make the NHS more sustainable. It includes:

- An upgrade in prevention and public health;
- New workplace incentives to promote employee health and cut sickness-related unemployment;
- Backing hard hitting national action on alcohol and other major health risks;
- Decisive steps to break down the barriers in how care is provided between family doctors and hospitals, between physical and mental health, between health and social care.

Public Health England: From evidence into action: opportunities to protect and improve the nation's health

In October 2014 Public Health England set out its five year plan for people of this country to live as well as possible, for as long as possible. The plan included reducing harmful drinking and alcohol-related hospital admissions.

Health First: An evidence based alcohol strategy for the UK 2013

Health First was produced by an independent group of experts with interests in promoting public health and community safety. The strategy made ten recommendations for action:

- A minimum price of at least 50p per unit of alcohol should be introduced;
- At least one third of every alcohol product label should be given over to an evidence-based health warning specified by an independent regulatory body;
- The sale of alcohol in shops should be restricted to specific times of the day and designated areas;
- The tax on every alcohol product should be proportionate to the volume of alcohol it contains;
- Licensing legislation should be comprehensively reviewed. Licensing authorities must be empowered to tackle alcohol-related harm by controlling the total availability of alcohol in their jurisdiction;
- All alcohol advertising and sponsorship should be prohibited;
- An independent body should be established to regulate alcohol promotion, including product and packaging design, in the interests of public health and community safety;
- The legal limit for blood alcohol concentration for drivers should be reduced to 50mg/100ml;
- All health and social care professionals should be trained to routinely provide early identification and brief alcohol advice to their clients;
- People who need support for alcohol problems should be routinely referred to specialist alcohol services for comprehensive assessment and appropriate treatment.

The Government's Alcohol Strategy 2012

The Government's Alcohol Strategy 2012 set out the Government's approach to reducing alcohol related harm through:

- Ending the availability of cheap alcohol and irresponsible promotions through the introduction of a minimum unit price and consulting on the introduction of a ban on multi-buy promotions in the off-trade;
- Providing local areas with stronger powers to control the density of licensed premises; restricting alcohol sales if late opening is causing problems through extended powers of Early Morning Restriction Orders; introducing a new late night levy so that those businesses that trade into the late night contribute towards the cost of policing; and piloting sobriety schemes for those people whose offending is linked to excessive alcohol consumption;
- Expanding the Responsibility Deal to drive greater industry responsibility and action to prevent alcohol misuse;
- Supporting individuals to make informed choices about healthier and responsible drinking.

Health and Social Care Act 2012

The Health and Social Care Act 2012 had a significant impact on alcohol harm reduction:

- Local authorities now take a much stronger role in shaping services, and taking over responsibility for local population health improvement including the commissioning of community alcohol treatment and recovery services;
- Through the creation of health and wellbeing boards;
- The commissioning of NHS care being undertaken by clinical commissioning groups;
- The creation of Public Health England to protect and promote the health of the population.

National drivers from the previous strategy which are still relevant:

- Department of Health Information Sharing to Tackle Violence Guidance for Community Safety Partnerships on engaging with the NHS, September 2012
- Department for Education and Association of Chief Police Officers drug advice for schools 2012
- Advice for local authorities, head teachers, school staff and governing bodies
- Police Reform and Social Responsibility Act 2011
- Alcohol Concern: One on every corner: the relationship between off-licence density and alcohol harms in young people 2011
- National Institute for Health and Clinical Excellence (NICE) (CG115) Alcohol-use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence 2011
- National Institute for Health and Clinical Excellence (NICE) (CG120) Psychosis with coexisting substance misuse: Assessment and management in adults and young people 2011
- National Institute for Health and Clinical Excellence (NICE) (QS11) Alcohol dependence and harmful alcohol use quality standard 2011
- National Institute for Health and Clinical Excellence (NICE) (PH24) Alcohol-use disorders: preventing harmful drinking 2010
- The Government's Drug Strategy Reducing Demand, Restricting Supply 2010
- Working Together to Safeguard Children 2010
- Fair Society, Healthy Lives 2010
- National Institute for Health and Clinical Excellence (NICE) (PH4) Interventions to reduce substance misuse among vulnerable young people 2007
- National Institute for Health and Clinical Excellence (NICE) (PH7) School-based interventions on alcohol
- Licensing Act 2003

Regional

Children's recognition of alcohol marketing 2015

Children as young as 10 years old are highly familiar with alcohol brands and televised alcohol advertising. The study shows football clubs and tournaments are strongly associated with the beer brands that sponsor them, particularly by boys. Existing advertising codes for alcohol are designed to prevent targeting of under-18s, but children appear to be consuming high volumes of alcohol marketing nevertheless. The report made 4 recommendations:

- Alcohol advertising content should be restricted to promoting just factual information about the product such as origin, composition and means of production;
- Alcohol advertising on television should be allowed only after the 9pm watershed;
- Alcohol advertising at cinemas should be prohibited for all films without an 18 classification;
- Introduce a phased ban on alcohol sponsorship of professional sports, music and cultural events and branded merchandise.

Due North

The Due North Report into health inequalities identifies four key issues which need to be addressed to reduce health inequalities:

- Tackle poverty and economic inequality within the North and between the North and the rest of England;
- Promote healthy development in early childhood;
- Share power over resources and increase the influence that the public has on how resources are used to improve the determinants of health;
- Strengthen the role of the health sector in promoting health equity.

Local

Strategies, Policies and Plans that have an impact on alcohol harm reduction or that alcohol harm reduction impacts upon within County Durham are listed below:

- Sustainable Communities Strategy 2014-30
- Safe Durham Partnership Plan 2015-18
- Joint Strategic Needs Assessment 2014
- Joint Health and Wellbeing Strategy 2013-17
- Children, Young People and Families Plan 2014-17
- Police and Crime Plan 2013-17
- Child Sexual Exploitation Strategy 2014 – 2017
- Public Mental Health Strategy 2015-18
- Dual Needs Strategy 2015-17
- Drug Strategy 2014-17
- Statement of Licensing Policy 2014-19

- Children and Young Peoples Overview and Scrutiny Committee Alcohol and Substance Misuse by Young People Review 2014
- Teenage Pregnancy and Sexual Health Steering Group Statement of Intent 2014
- Think Family Operational Guidance 2014
- DDES Clinical Commissioning Group Commissioning Priorities 2014-16
- North Durham CCG Draft Commissioning Intentions 2015-2016

Altogether Safer

Objective 1:

To reduce the harm caused to communities by tackling alcohol related crime and disorder and vulnerability

Alcohol: Key Facts

Anti-Social Behaviour

In 2013/14 11.4% of all police incidents were recorded as being alcohol related which is a slight, but not significant, increase from 11% in 2012/13.

In 2013/14 15.3% of anti-social behaviour recorded by the police was alcohol related an increase from 14% in 2012/13. The increases are largely due to better recording of alcohol related incidents rather than a real terms increase in alcohol related anti-social behaviour.

Alcohol seizures

Police, Police Community Support Officers and Neighbourhood Wardens have the power to seize alcohol from anyone under the age of 18. In 2012/13 alcohol was seized from 1012 people, in 2013/14 this increased to 1619 people. Consett, Stanley and Crook Neighbourhood Policing areas consistently have higher numbers of seizures than other areas reflecting the proactivity and focus on alcohol in these areas. Over 2000 individuals were referred for early intervention with the children and young people's substance misuse service between April 2012 and March 2014.

Drunkenness

Police community surveys indicate that over a third (37%) of people in County Durham see drinking and causing a nuisance as a problem. Feedback from frontline staff, together with the Police perceptions survey undertaken by Balance indicate that excessive drinking continues to cause harm and demand for services. We do not have a full picture of the levels of drunkenness and associated vulnerabilities.

Incident data 2014 indicates 24% (3874) of concern for safety / collapse incidents are alcohol related: we also dealt with just over 400 alcohol related public order offences in 2014.

Violent crime

Nationally:

- 53% of violent incidents involving adults were alcohol-related
- Violence was more often alcohol-related in incidents involving male victims
- Alcohol-related violent incidents most commonly involved strangers, followed by acquaintances and incidents of domestic violence
- Violent incidents were more likely to involve alcohol at the weekend
- The proportions of violent incidents that were alcohol-related increased as the evening progressed
- People who pre-load are 2.5 times more likely to be involved as violence as a victim or an offender.

In County Durham:

- 34.8% of all violent crime in 2013/14 was alcohol related a slight increase from 32% in 2012/13
- Violence in the home is increasing rising from 26% in 2013 to 53% in 2014.

Domestic abuse

Alcohol consumption at increasing and high risk drinking levels is a major contributor to the occurrence of intimate partner violence Alcohol use increased the frequency and severity of domestic violence. Intimate partner violence is more severe and more likely to result in physical injury where the perpetrator has consumed alcohol (WHO Intimate Partner Violence Factsheet). Six out of seven domestic homicides in County Durham indicate that alcohol was a common factor with the perpetrator being intoxicated at the time of the murder and in some cases alcohol misuse was also present by the victim.

Excessive alcohol consumption does not **cause** domestic violence, nor is it an excuse for it. As with all violent crime, alcohol might escalate the risk of domestic violence *[as alcohol can act as a disinhibitor]*. (Women's Aid: Domestic Violence Risk Factors, Understanding the Early Assessment of Risk Indicators for Domestic Abuse, 2007)

Locally in 2013/14 38.6% of domestic abuse incidents were recorded as alcohol related (ranging from 26.4% to 43.5% of incidents across neighbourhood policing teams) a slight increase from 37% on 2012/13 (SDP Alcohol Harm Reduction Performance Framework 2013/14 Qtr 4). Alcohol was also cited as a factor in 86% of Domestic Homicide Review cases.

In the regional consultation on the impact of alcohol on frontline policing (Balance, April 2013) 91.6% (271) of Durham police who responded said that alcohol has a large impact upon domestic abuse.

Offending and re-offending

In 2013/14 there were a total of 461 people in Durham prisons (not Durham population) that identified alcohol as their primary drug of choice.

The table below shows the AUDIT scores on screening at reception in HMP Durham between April 2013 and March 2014. It shows that more than 1 in 5 of those entering Durham Prison were possibly alcohol dependent. The average AUDIT score was 11.3.

HMP Durham	No.	%
Abstinent (Score 0)	490	25%
Lower risk (1-7)	595	30%
Increasing risk (8-15)	379	19%
Higher risk (16-19)	81	4%
Possibly dependent (19+)	422	21%
Total	1967	

The table below shows the AUDIT scores on screening at reception in HMP Low Newton between April 2013 and March 2014. It shows that more than 1 in 4 of those

entering HMP Low Newton were possibly alcohol dependent. The average AUDIT score was 11.4.

HMP Low Newton	No.	%
Abstinent (Score 0)	127	33%
Lower Risk (1-7)	94	25%
Increasing Risk (8-15)	38	10%
Higher Risk (16-19)	20	5%
Possibly dependent (19+)	102	27%
Total	381	

Road Safety

There were 181 collisions involving at least one driver/rider who was judged to have been “impaired by alcohol”, or failed or refused to provide a breathalyser sample in County Durham between April 2011 and March 2013. Of these 9 were fatal (14% of all fatalities).

There were 279 casualties from collisions involving at least one driver/rider who was judged to have been “impaired by alcohol”, or failed or refused to provide a breathalyser sample in County Durham between April 2011 and March 2013.

Between 2011 and 2013 12% of pedestrians who were involved in road traffic collisions were judged to be impaired by alcohol. Males age 17 to 34 were those more frequently involved in these types of accidents. 54% of these accidents were in urban areas with 46% occurring on rural roads.

Counterfeit Alcohol/Alcohol Fraud

Counterfeit alcohol is alcohol that is illegally produced and often uses alternative versions of alcohol than ethanol. Counterfeit alcohol can have serious adverse effects on health in the short term. Although we do not believe that there is a significant problem with counterfeit alcohol in County Durham we do not know the extent of the problem.

Alcohol fraud involves the smuggling or diversion of alcoholic drinks into the UK in large commercial quantities, duty unpaid. Organised criminal gangs do this by systematically exploiting the EU-wide duty suspension arrangements which allow excise goods to move between authorised warehouses duty unpaid until released for consumption onto the home market.

Licensing Enforcement

In 2013 partners in County Durham undertook nine reviews of licenced premises of which five (56%) premises licences were revoked. This increased to eleven reviews in 2014 of which three (27%) premises licences were revoked. To date in 2015 there have been two reviews.

Fire Safety

“The rate of serious injuries is 4 times higher where drugs or alcohol was a contributory factor than where alcohol / drugs were not a factor.” (DCLG, 2012 p3)

Between January 2010 and January 2015 there were 1,359 accidental dwelling fires

in County Durham and Darlington. Of these, alcohol was suspected to have contributed to the fire occurring on 10% (135) of these occasions.

County Durham and Darlington Fire and Rescue Service fatal fire statistics indicate that between 2008 and 2014 67% of those who died in fires had consumed alcohol. Of these people 35% returned blood alcohol levels within the 80% saturation limit (on or under the drink driving limit). However 30% were dramatically over the driving limit.

Hate crime

In 2013/14 there were 39 hate crimes that were alcohol related.

To achieve our objective over the next three years we will:

- Continue to advocate for a national minimum unit price (MUP) for alcohol while exploring the feasibility of implementing MUP more locally.
- Lobby for changes in advertising of alcohol to protect our most vulnerable people whilst using existing legislation to place restrictions where we can.
- Encourage any new government to re-think the licensing legislation and give more power to local areas to determine the density of alcohol outlets and restrict availability.
- Continue to lobby for the Government to reduce the legal blood alcohol content level for drinking and driving and promote “no drinking and driving” as a cultural norm.
- Contribute to the evidence base in relation to Identification and Brief Advice (IBA) throughout the criminal justice system.
- Improve the sharing of alcohol related violent crime between the Emergency Departments of hospitals who treat County Durham residents.
- Develop an increased understanding of the nature and scale of the problem of drunkenness and its impact upon the safety of individuals and communities, and the associated demands placed upon partner services
- Design and implement evidence-based harm and demand minimisation strategies to reduce drunkenness.
- Use licensing legislation to ensure that appropriate conditions are in place at the application stage.
- Use licensing powers to confine the sale of alcohol in shops to specific times of day and designated areas.
- Continue to support and expand the use of volunteers to “help out” in the night-time economy.
- Support and build the capacity of local communities to take on a wider range of responsibilities to reduce the harmful use of alcohol including through licensing.
- Continuation of targeted and intelligence led roadside breath-testing.
- Estimate the size of the illegal market of counterfeit alcohol.
- Develop seamless pathways across the criminal justice system into community alcohol services, particularly those leaving prison.
- Ensure appropriate alcohol pathways link to Checkpoint.
- Embed alcohol pathways into the Domestic Abuse Perpetrator Programme and link with Independent Domestic Violence Advisors.
- Support the Domestic Homicide Review action plan to prevent further homicides.

- Raise awareness of the legislation around alcohol and capacity to consent.

Performance Measures

1. Percentage of alcohol related police incidents
2. Percentage of alcohol related violent crime
3. Percentage of alcohol related sexual violence offences
4. Percentage of alcohol related domestic violence incidents
5. Percentage of alcohol related anti-social behaviour
6. Percentage of offenders with a positive alcohol screen referred into treatment services
7. Percentage of alcohol related road traffic collisions
8. Numbers of alcohol related drink-driving fatalities
9. No. of Alcohol Treatment Requirements
10. No. of ASB interventions with alcohol as a condition
11. Perceptions of people drinking and causing a nuisance (we plan to supplement this with fieldwork)
12. Perceptions of underage drinking
13. Perceptions of drunkenness / rowdy behaviour
14. Number of alcohol related concern for safety/collapse incidents

Altogether Healthier

Objective 2:

To improve health inequalities and reduce early deaths in County Durham by reducing alcohol consumption across the population

Alcohol: Key Facts

Pregnancy and Sexual Health

When people are under the influence of alcohol they are less likely to use contraception. This can lead to poor sexual health and unwanted pregnancies.

Women who drink alcohol during pregnancy run the risk of their baby being born on the foetal alcohol disorder spectrum. It is estimated that 1% of the population have some form of foetal alcohol spectrum disorder. This equates to 57 babies born in 2012 in County Durham alone.

Ambulance callouts

In 2012-13 there were 2063 alcohol related ambulance callouts in County Durham reducing slightly to 2011 in 2013-14. Saturday and Sunday see consistently higher alcohol related ambulance callouts. Males generally have more alcohol related ambulance callouts than females. Over half (52%) of all alcohol related ambulance callouts were from people who were between the ages of 10 and 39. University Hospital of North Durham (UHND) received patients from 45% of the alcohol related ambulance callouts in County Durham. A high proportion of alcohol related ambulance callouts are from the 20% most deprived wards.

Hospital admissions

Alcohol specific admission rates in County Durham are significantly higher than England for men and women. Rates have been rising over time for men (4%) and women (14%) in County Durham.

Alcohol related admission rates (broad indicator) in County Durham are significantly higher than England for men and women. Rates have been rising over time for men (8%) and women (12%) in County Durham.

Alcohol related admission rates (narrow indicator) in County Durham are significantly higher than England for men and women. Rates have been rising over time for men (1%) and women (5%) in County Durham.

Alcohol related admission rates per 100,000 population (broad and narrow indicators) are significantly higher than England. Rates have been rising over time for men (13%) and women (5%).

Mortality

Months of life lost due to alcohol (<75 years) has increased by around 12% over time for men and women in County Durham.

Alcohol specific mortality rates in County Durham are significantly higher than England for men and women. Rates have been rising over time for men (13%) and women (7%).

Alcohol related mortality rates in County Durham are significantly higher than England for men and women. Rates have been falling over time for men (-2%) and women (-10%) in County Durham.

Dual diagnosis

Between 1st April 2012 and 31st March 2013 263 individuals (16.2% of those in treatment) who were accessing treatment for alcohol dependency also had mental health issues. Between the same period 841 individuals were identified by Durham Constabulary as being jointly affected by alcohol and mental health issues.

Alcohol misuse has been identified as a significant factor in some incidents of self-harm and increases the risk of suicide attempts and death by suicide. A suicide audit 2005-12 revealed that 30% of those people who committed suicide were alcohol dependant.

Treatment and Recovery

In 2012/13 in County Durham 1543 Individuals were referred to the Community Alcohol Service. Of these individuals 36% were female and 64% male. The mean age of referral was 42 years. Self-referral (43%) was the main route for accessing the service followed by hospital (30%) and GP (7%).

In 2012/13 1541 individuals received structured interventions for primary alcohol use, this was a 12.3% reduction compared to 2011/12 (1758). The rate in treatment per 1000 population (age standardised) was 3.6 (CI = 3.46 to 3.8) which was above the national rate of 2.55 (CI = 2.53 to 2.55). Almost half (46%) of individuals in treatment 2012/13 reported consuming between 200 and 600 units per month. Average length of time in treatment for structured alcohol interventions in 2012/13 is 6 to 12 months (66%). The Easington area had a higher rate per 1000 population in structured alcohol treatment than the County average and other localities.

In 2012/13 622 individuals successfully completed treatment with the community alcohol service. Of these individuals 42% were abstinent and 58% were occasional user/controlled drinkers.

In 2012/13 278 individuals received facilitated access to mutual aid which was 18% of the total number of those in treatment.

151 individuals in structured treatment for alcohol use reported secondary problematic drug use. 44 (28%) individuals reported no interaction with the Community Drug Service.

Targeted Groups

Men and young people (18-34 years) are more likely to be profiled as increasing/high risk drinkers (Balance, 2013). Consultation undertaken locally with men 25-44 concluded that this population are not concerned about their level of drinking (Explain, 2014).

Older Adults

An ageing population inevitably means an increase in the number of older people experiencing alcohol related problems. Older people today drink more than previous

generations. Alcohol problems in later life are a growing and hidden problem (Smith et al, 2012) and can impact on and intensify other health problems experienced by older people. Local consultation with older people identified that loneliness, boredom, depression, bereavement and pain/illness were triggers for increased drinking (Age UK, 2013).

Veterans

The issue of alcohol misuse is significantly associated with service in the Armed Forces and there is evidence that it is more common among combat veterans (*Fear NT et al. 2010*). The prevalence of alcohol misuse in the military stands at 13% and continues to be a bigger problem than probable Post Traumatic Stress Disorder (Greenberg, 2012).

Gypsy Roma Travellers

There are issues in relation to alcohol and people who are Gypsy, Roma or Travellers but these issues are often hidden or unrecognised. Men in GRT communities appear to drink more than their female counterparts in what is termed as recreational drinking. Recreational drinking is not as acceptable in women within these communities. Alcohol use is often associated with bereavement and depression and used as a coping mechanism.

Lesbian, Gay, Bisexual and Transgender

Part of the Picture (2012) identified significant problematic alcohol use among Lesbian, Gay, Bisexual (LGB) people. Binge drinking is high with 29% of females and 34% of males reporting to binge drink on at least a weekly basis. Gay and bisexual males as well as bisexual females scored as possibly dependent more often than other groups. Stonewall Charity highlight that LGB communities may not feel targeted by current preventative messages or feel able to disclose drinking habits.

University students

Excessive alcohol consumption in University students has particular social, academic and health consequences (Turner et al, 2008). Students studying in a North East city identified that although they are generally aware of the sensible drinking messages they feel that their time at university is limited, their drinking habits whilst at university will not last and will not cause long lasting damage to their health (O'Neill, 2012). There is, however, evidence that drinking patters formed in student years continue through to post-University life (Newbury-Birch et al, 2002).

There have been three fatalities of students from Durham University within the last 18 months who have died as a result of drowning in the River Wear in Durham City. Excessive alcohol consumption has been identified as a significant contributory factor in each of these deaths. A number of vulnerabilities/safeguarding issues have also been identified in relation to the safety of Durham University students following excessive alcohol consumption.

To achieve our objective we will:

- Continue to advocate for a national minimum unit price (MUP) for alcohol while exploring the feasibility of implementing MUP more locally.
- Lobby for changes in advertising of alcohol to protect our most vulnerable people whilst using existing legislation to place restrictions where we can.

- Encourage any new government to re-think the licensing legislation and give more power to local areas to determine the density of alcohol outlets and restrict availability.
- Make sure that all health and social care professionals are trained and implement Identification and Brief Advice (IBA) for alcohol.
- Promote, monitor and quality assure the take up of IBA amongst primary care, secondary care and social care.
- Raise awareness and continue to inform communities and targeted populations in County Durham about alcohol units, the benefits of responsible drinking and how to get help to reduce or stop drinking.
- Increase the promotion and understanding of units and strengths including shots as well as the usual wine/lager etc.
- Ensure people who need treatment and their families, are routinely referred and supported into recovery services from all sources.
- Encourage strategic planning within the local authority to take alcohol harm reduction into consideration in planning developments in relation to the number, density and opening hours of establishments and to take effective enforcement action for breaches.
- Encourage each hospital to deliver Identification and Brief Advice (IBA).
- Develop a joined up approach between acute and community services to tackling high intensity hospital users due to alcohol and to prevent re-admissions to hospital.
- Provide a bespoke referral pathway for Veteran referrals into alcohol recovery.
- Raise awareness of alcohol use in later life among older people's services and ensure identification, brief advice and pathways for recovery are enhanced.
- Continue to undertake research and evaluation into alcohol and commissioned services.
- Explore the feasibility of web-based information programmes, "audit-testing" and self-help guidance.
- Ensure commissioned services implement clinical guidelines for alcohol and use evidence-based behavioural and pharmacological treatments.
- Increase the awareness of Foetal Alcohol Spectrum Disorder (FASD) with people who are pregnant, their partners or those who are trying to conceive.
- Encourage midwifery and obstetric services to ensure that all pregnant women are offered information and, if appropriate, advice about drinking during pregnancy, and social welfare services should implement support to help.
- Protect family members other than the drinker and children from the harmful consequences of alcohol dependence and alcohol use disorders.
- Ensure that family-based programmes consider the reduction of alcohol related harm
- Undertake work to tackle home/out of sight drinking.
- Ensure that health trainers and health visitors in the GRT communities take into account alcohol within their work.
- Ensure that workers who work with LGBT communities consider alcohol harm reduction in their interventions.
- Work with the LGBT community to develop targeted alcohol harm reduction messages and campaigns.
- Further develop health information to inform licensing decisions
- Implement a recovery focussed treatment system
- Ensure integrated pathways and collaborative working arrangements are further

developed for those people who are dependent on alcohol

- Develop clear pathways between adult social services and community recovery services.

Performance indicators

1. Levels of binge drinking, increasing and high risk drinking levels
2. Alcohol related hospital admissions
3. Alcohol related mortality
4. Number of referrals to recovery services where alcohol is the primary substance
5. Knowledge, attitudes and opinions about alcohol
6. No's of IBA undertaken in primary care and community pharmacies
7. No's of referrals into specialist services from primary care and community pharmacies
8. No's of alcohol checks undertaken as part of health check programme
9. Successful completions
10. Quality of life improvement as measured by the Alcohol Outcomes Report (AOR)
11. Number going through recovery services gaining employment

Altogether Better for Children and Young People

Objective 3:

To build resilience and develop a culture where children and young people choose not to drink alcohol; and to reduce the negative impact alcohol has on the lives of children, young people and their families through parental alcohol use.

Alcohol: Key Facts

Consumption

Alcohol consumption by young people throughout the UK is reducing (HSCIC, 2014) and this is no different in County Durham.

Most young people in County Durham are choosing not to drink alcohol regularly but they think their peers are drinking regularly (Social Norms, 2014). Those young people who do drink alcohol are drinking more in volume and more frequently.

Evidence shows that the consumption of alcohol by young people is influenced by their 'social norms' around them and learnt behaviour from the adults surrounding them.

Under -18 Hospital Admissions

Young people are more likely to experience poor outcomes due to their own alcohol consumption than any other age group.

Under-18 alcohol specific admission rates are significantly higher in County Durham than England. The rates are the 18th worst in the Country (LAPE, 2014). Rates have been falling over time in County Durham, the North East and England. Proportionally this decrease has been greater in County Durham (37%) than the North East (35%) and England (34%).

Sexual health and teenage pregnancy

Evidence suggests that alcohol can contribute to misjudgements about sexual behaviour (Newbury-Birch, 2009). The evidence confirms that alcohol consumption in young people is associated with:

- Not using a condom during a young person's first sexual encounter;
- An increased likelihood of having sex and at a younger age;
- Unprotected sex;
- Teenage pregnancy; and
- The likelihood of contracting sexually transmitted infections.

Child Sexual Exploitation

Alcohol is a common vulnerability factor in incidence of child sexual exploitation, with possible victims' exposure to sexual assaults and exploitation increasing due to excessive alcohol consumption, impacting on their ability to consent. This can involve child victims and perpetrators exchanging sexual favours for alcohol. Young people often consume alcohol in private homes or on or off the street, such as wooded areas and parks. Often this alcohol is provided following purchases made by children themselves or through "proxy" sales.

Youth Offending

In 2013/14 alcohol related offences committed by young people reduced by 20% when compared to 2012/13. There were a total of 306 (23.8%) alcohol related offences in 2013/14, a rate of 6.6 per 1,000 10-17yrs population. The most frequent alcohol related offences committed by young people were public order and violence against the person.

The table below shows the AUDIT scores on screening at reception in HMP Deerbolt between August 2013 and March 2014. It shows that more than 1 in 4 of those entering HMP Deerbolt were possibly alcohol dependent. The average AUDIT score was 14.9.

HMP Deerbolt	No.	%
Abstinent (Score 0)	7	4%
Low risk (1-7)	33	21%
Increasing risk (8-15)	54	34%
Higher risk (16-19)	21	13%
Possibly dependent (19+)	45	28%
Total	160	

Parental alcohol misuse

Young people also experience poor outcomes due to other people's alcohol consumption. In 2013/14 almost a third (32%) of initial child protection conferences in County Durham were as a result of parental alcohol misuse.

Evidence also shows that young people who have a parent who is dependent on alcohol can have an impact on:

- Child protection & poor parenting
- Demand on the looked after system through care proceedings

Balance estimate that the number of children living with a parent(s) who drink at high risk levels in County Durham is 49,353:

Age	Number of children
0-4	13,608
5-9	12,965
10-14	15,122
15-17	7,657
Total	49,353

Treatment

In 2013/14 the children and young people's substance misuse service received 234 referrals. 47% of referrals were as a result primarily of problematic alcohol use. More females (54%) than males (46%) were referred for a service. In the same period 220 young people were in structured treatment with the service, 69% of these young people reported problematic alcohol use. In 2013/14 478 young people were referred for Brief Intervention.

To achieve our objective we will:

- Continue to advocate for a national minimum unit price (MUP) for alcohol while exploring the feasibility of implementing MUP more locally
- Lobby for changes in advertising of alcohol to protect our most vulnerable people whilst using existing legislation to place restrictions where we can.
- Encourage any new government to re-think the licensing legislation and give more power to local areas to determine the density of alcohol outlets and restrict availability.
- To continue to support schools and colleges and youth settings to provide effective education on alcohol to children and young people as part of the resilience framework.
- Work with retailers to restrict the products that appeal to children and young people and to restrict advertising of such products.
- Promote alcohol free schools, play areas and soft play areas to ensure that areas where our children and young people routinely go should be alcohol free.
- Improve intelligence in relation to the links between alcohol and child sexual exploitation.
- Develop support pathways for children and young people and for parents/carers who have alcohol problems.
- Monitor the uptake of support services for children and young people and parents/carers.
- Provide the children and families workforce with the tools to identify and provide early interventions among parents with alcohol problems and pathways of support.
- Continue test purchase operations and age verification compliance testing on both on and off-licence premises.
- Use the powers within our control to restrict alcohol advertising particularly near schools and colleges.
- Continue to lobby for restrictions on alcohol advertising and empower communities to challenge inappropriate advertising.
- To ensure that there is an emphasis on early intervention for those young people who are more likely to have difficulties with alcohol (i.e. YOS, CAMHS, NEETS, school exclusion, looked after children).
- To develop a performance monitoring system that captures and reports on delivery of early intervention.
- Provide target interventions and consistent messages to young people who already drink alcohol and around the hidden use of alcohol.
- Use education to inform young people how alcohol marketing manipulates them (similar to the smoking youth advocacy model) to allow them to make informed decisions about alcohol.
- Provide targeted outreach to young people who drink in public spaces/parks
- Continue to promote social norms.

Performance measures

1. Successful completion from specialist treatment
2. Under 18's admissions to hospital
3. No. of school exclusions where alcohol is a factor (only drugs/alcohol currently)

4. No. of children in Pupil Referral Units where alcohol is a factor
5. No. of NEETs where alcohol is a factor
6. No. of children in YOS where alcohol is a factor
7. No. of children in the secure estate where alcohol is a factor
8. No. of Initial Child Protection Conferences as a result of parental alcohol misuse
9. No. of Review Child Protection Conferences as a result of parental alcohol misuse
10. No. of children on the at risk register where parental alcohol misuse is a factor
11. No. of children in the looked after system where parental alcohol misuse is a factor

Altogether Wealthier

Objective 4:

To increase the number of competitive and successful people in the County Durham workforce by reducing the negative impact that alcohol has on work attendance and productivity.

Objective 5:

To expand the night time economy offer through the promotion of responsible drinking practices and through the development and promotion of alcohol free alternatives.

Alcohol: Key Facts

- There are over 1700 licenced premises for alcohol in County Durham.
- 4.34% of businesses in County Durham are pubs/restaurants/hotels
- 4,866 people are employed in pubs/restaurants/hotels across County Durham
- According to LAPE 2014 3% of people of working age are employed in bars and clubs across the County.
- Occupations with highest proportion of sub living wages are bar staff (90%), waiters (85%) and kitchen and catering assistants (80%) (KPMG 2014)
- 7% of visitor spend (£270m) is on food and drink in County Durham
- Durham City is 3rd in UK for places that have witnessed the greatest percentage growth in the total number of bars, wine bars, nightclubs, fast food, pubs, and takeaways in UK town centres over the last 10 years
- The Department for Work and Pensions reported that in 2013 2.2% of claimants of Incapacity Benefit had a primary disabling condition of alcohol misuse (DWP, 2014).
- Heavy drinkers concentrated in those of working age
- Up to 17 million working days are lost each year because of alcohol related sickness (UK)
- The cost to employers of sick days due to drink is estimated at £1.7bn (NICE 2010)
- Heavy drinking in personal leisure time can have an effect on work performance and business productivity
- Rough sleepers that can cause a number of issues within an area from anti-social behaviour and begging to using public spaces for personal hygiene. When assessed many of the rough sleepers have been known to have alcohol issues.

To achieve our objectives we will:

- Continue to advocate for a national minimum unit price (MUP) for alcohol while exploring the feasibility of implementing MUP more locally
- Lobby for changes in advertising of alcohol to protect our most vulnerable people whilst using existing legislation to place restrictions where we can.
- Encourage the Government to re-think the licensing legislation and give more power to local areas to determine the density of alcohol outlets and restrict availability.

- Promote alcohol-free alternatives as part of the night-time economy offer in our towns and city across County Durham.
- Build consideration of the impact of alcohol related harm into decision making around planning developments in relation to the number, density and opening hours of establishments as well as limiting the creation of new vertical drinking establishments.
- Look at feasibility of implementing a Cumulative Impact/Saturation Policy within the County.
- Improve management standards of on and off-licenced premises in all town and city centres.
- Implement workplace health initiatives across employers in County Durham by supporting alcohol programmes in workplaces and promoting alcohol-free workplaces.
- Implement “family zones/alcohol free zones” where alcohol is not permitted at events, such as the Miners’ Gala.
- Support the national Recovery Walk which will be hosted in Durham City in September 2015 by encouraging bars in the City to go dry or extend their dry offer.
- Expand and promote the family offer in towns and city centres
- Inclusive and accessible employability support for people in alcohol recovery through housing providers and partners triage process.
- Review Best Bar None to ensure that quality assurance of the scheme is built into the operation.
- Develop and promote organisational alcohol policies including the university population.
- To address rough sleeping in the City Of Durham, Housing Solutions Homeless and Prevention team will work closely with all partners including the National Street Link Service, Police and local business to identify rough sleepers and their whereabouts.
- Continue with the outreach point for rough sleepers to provide assistance and guidance and the bi-annual leaflet drop to provide information on advice and guidance in relation to rough sleepers.

Performance measures

1. Number of outlets licenced for alcohol activity
2. Days and hours of sale of alcohol in each locality
3. No. of employees in bars
4. Increase in the availability of alcohol free alternatives in towns and city centres.
5. No. of premises signed up to be alcohol free for the Recovery Walk
6. Number of workplaces and employing bodies that implement “alcohol in the workplace” policies and programmes
7. No. of planning applications where the impact on alcohol availability is considered.
8. Statutory homeless – alcohol related homeless acceptances
9. Statutory homeless –households in temp accommodation due to alcohol
10. % Durham University colleges adopting the University alcohol harm reduction policy.

Altogether Greener

Objective 6:

To reduce the negative impact that alcohol has on the physical environment in County Durham.

Alcohol: Key Facts

The environment in which people live and work heavily affects their attitudes and behaviour around drinking.

Environmental influences on alcohol use include: acceptance of alcohol use by society; availability (including price, number of outlets, and server practices); advertising and marketing both nationally and locally; and public policies regarding alcohol and enforcement of those policies.

The visual impact of alcohol affects our abilities to encourage a cleaner, more attractive County Durham.



Alcohol fuels signal crime which impacts upon feelings of wellbeing across the population.

The recycling of alcohol related cans/bottles contribute to targets in relation to recycling. Increases in alcohol related recycling are noticed during key times of the year, including big football matches. Anecdotal evidence suggests some people may not recycle all alcohol related litter or utilise more traditional recycling methods due to the embarrassment around the number of cans/bottles in bins outside of their properties.

Excessive alcohol consumption could impact upon the natural heritage sight in Durham City as some residents of County Durham call for physical barriers, lighting and CCTV around the river following the death of three students within the last 18 months.



In 2013/14 383 (6.8%) of all crimes of criminal damage were alcohol related.

To achieve our objective we will:

- Continue to advocate for a national minimum unit price (MUP) for alcohol while exploring the feasibility of implementing MUP more locally
- Lobby for changes in advertising of alcohol to protect our most vulnerable people whilst using existing legislation to place restrictions where we can.
- Encourage the Government to re-think the licensing legislation and give more power to local areas to determine the density of alcohol outlets and restrict availability.
- Develop activities in the natural environment as an alternative to drinking in the home.
- Encourage people (particularly young people and those in recovery) to volunteer in environmental projects/programmes to develop an appreciation of the natural environment
- Make effective use of fixed penalty notices for alcohol related incidents relating to the environment
- Develop ways to sharing information between partners to improve the intelligence picture of where problem areas lie.
- Raise awareness of the impact of alcohol on the environment.
- Develop and promote alcohol harm reduction messages through strategic waste management talks.
- Increase trade waste checks on licenced premises and utilise information in licensing reviews.
- Utilise bin wagons and recycling mechanisms as a vehicle for helping to deliver responsible drinking messages to the population of County Durham.
- Make better links with the Community Action Teams (CAT)
- Establish the impact alcohol has on houses of multiple occupation and use appropriate prevention and control mechanisms to reduce the negative impact.
- Utilise tenancies within private landlord schemes to develop appropriate prevention and control mechanisms to reduce the impact alcohol has on wider communities

Performance indicators

1. The rate of complaint about noise
2. Number of FPNs issued for alcohol related litter
3. Number of young people volunteering in environmental projects
4. Number of people in recovery volunteering in environmental projects
5. Number of environmental activities at times to be an alternative to drinking alcohol
6. Number of trade waste checks and resulting prosecutions and licence reviews
7. Number of strategic waste management talks where alcohol features

Partners

Area Action Partnerships
Balance North East
County Durham and Darlington Fire and Rescue Service
County Durham and Darlington Foundation Trust
Durham County Council Children and Adult Services
Durham County Council Neighbourhood Services
Durham County Council Regeneration and Economic Development
Durham County Council Assistance Chief Executives
Durham Tees Valley Community Rehabilitation Company – ARC
Durham Dales, Easington and Sedgefield Clinical Commissioning Group
Durham Constabulary
North Durham Clinical Commissioning Group
North East Ambulance Service
National Probation Services
Police and Crime Commissioner's Office
Public Health England – North East
Durham Local Safeguarding Children Board

Glossary of Terms

A&E or ED	Accident and Emergency Department or Emergency Department of a hospital
AHNA	Alcohol Health Needs Assessment is a document collating alcohol related health information which helps to support and inform strategy and policy development and the commissioning of services.
Alcohol dependency	Feeling unable to function without alcohol
Alcohol misuse	Drinking at increasing or higher risk levels which contribute to a wide range of health, crime and economic harms
Alcohol mortality	Cause of death wholly attributable to alcohol consumption
Anti-social behaviour	Behaviour which causes or is likely to cause harassment, alarm or distress to one or more people not of the same household.
Anti-Social Behaviour Escalation Procedure	This is a tiered approach to implementing interventions to deal with the perpetrators of 'confirmed incidents of ASB'
Alcohol attributable conditions	Health conditions where there is a proven causal link with the consumption of alcohol in some cases
Alcohol specific conditions	Health conditions that are 100% attributable to the consumption of alcohol
ABV	Alcohol By Volume. The percentage of alcohol in a drink
Balance	The alcohol office for the North East
Big Drink Debate	A high profile campaign - supported by television and poster advertising and public relations (PR) – to get people in the North East talking about alcohol and its place in the community. As part of the debate, North East residents were invited to have their say on a range of topics linked to alcohol by taking part in a short survey.
Binge drinking	Drinking at least twice the daily recommended amount of alcohol in a single drinking session (8 or more units for men and 6 or more units for women). Binge drinking usually refers to people drinking a lot of alcohol in a short space of time or drinking to get drunk.
CAS	Community Alcohol Service up to 31 st March 2015
Clinical Commissioning Groups (CCGs)	Groups of GP practices, including other health professionals who will commission the great majority of NHS services for their patients
Cumulative Impact Policy	Cumulative Impact Policies were introduced as a tool for licensing authorities to limit the growth of licensed premises in a problem area. This is set out in the statutory guidance issued under section 182 of the Licensing Act 2003.
DCC	Durham County Council the local authority for the County Durham area
Designated Premises Supervisor	A designated premises supervisor (DPS) is the person who has day-to-day responsibility for the running of the business.
Domestic abuse/violence	Any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults, aged 18 or over, who are or have been intimate partners or family members, regardless of gender and sexuality
Domestic Homicide	Domestic homicide review means a review of the

Review	circumstances in which the death of a person aged 16 or over has, or appears to have, resulted from violence, abuse or neglect by— (a) a person to whom he was related or with whom he was or had been in an intimate personal relationship, or (b) a member of the same household as himself, held with a view to identifying the lessons to be learnt from the death.
Dual diagnosis	People who have mental illness as well as substance misuse problems
GP	General practitioner also known as family doctors who provide primary care
Health and Social Care Information Centre	The national provider of information, data and IT systems for commissioners, analysts and clinicians in health and social care.
Higher risk drinking	Drinkers who have a high risk of alcohol related illness
Hospital Episode Statistics	HES is a data warehouse containing details of all admissions to NHS hospitals in England
Illicit alcohol	Illicit alcohol is either smuggled, bootlegged or counterfeit alcohol. Smuggled alcohol is generally legitimately manufactured alcohol which has evaded payment of tax by being illegally transported, distributed and sold. Bootlegged: refers to alcohol which is purchased in a country with a low level of taxation and illegally brought into the UK, evading payment of tax. Counterfeit refers to illegally manufactured alcohol which is often made abroad, but sometimes in the UK. It is sold cheaply and tax free and vast profits are made throughout the supply chain.
Initial Child Protection Conference (ICPC)	An initial child protection conference must be convened when it is believed that a child may be suffering or likely to suffer significant harm. It brings together family members (and the child where appropriate), supporters/advocates and those professionals most involved with the child and family
Increasing risk drinking	Drinkers who are at an increased risk of alcohol related illness (would also include binge drinking)
Joint Health and Wellbeing Strategy (JHWS)	The Health and Social Care Act 2012 places a duty on local authorities and CCGs to develop a Joint Health & Wellbeing Strategy to meet the needs identified in the local Joint Strategic Needs Assessment (JSNA)
Joint Strategic Needs Assessment (JSNA)	Health and Social Care Act 2012 states the purpose of the JSNA is to improve the health and wellbeing of the local community and reduce inequalities for all ages
Local Alcohol Profiles for England (LAPE)	A report produced by the North West Public Health Observatory (NWPHO) on an annual basis which includes 25 alcohol-related indicators for every Local Authority in England. The indicators measure the impact of alcohol on local communities
LGBT	Lesbian, Gay, Bisexual, Trans
Licensing Authority	Licensing authorities can issue premises licences, club premises certificates, temporary event notices in their area, as well as personal licences for residents and renewals of personal licences for those who had previously applied for a

	personal licence while resident in the licensing authority's area.
Lower risk drinking	Men drinking no more than 3-4 units per day on a regular basis and women drinking no more than 2-3 units of a regular basis
Minimum Unit Price (MUP)	A definitive price, determined by the number of units in an alcoholic drink, under which alcohol could not be sold.
NHS	National Health Service
Penalty Notice for Disorder (PND)	A penalty notice/fine can be issued by the Police where they have reason to believe that a person has committed one of the offences in the schedule
Persistent Possession of Alcohol	Where a person who is under 18 years of age is caught in possession of alcohol on 3 or more occasions within a period of 12 consecutive months
PCT	Primary Care Trust
Police Alcohol Seizure	Confiscation of alcohol from someone under the age of 18 or over the age of 18 where there are concerns it will be passed on to under-18s
Premises license	Granted under the Licensing Act 2003 a premises license authorises a premises for the sale of alcohol by retail, this may be for consumption on the premises, off the premises or both
Regularly drinking	Drinking every day or most days of the week
Responsible Authority	Responsible authorities for the purpose of licensing are: police, fire and rescue, primary care trust (PCT) or local health board (LHB), the relevant licensing authority, local enforcement agency for the Health and Safety at Work etc Act 1974, environmental health authority, planning authority, body responsible for the protection of children from harm, local trading standards , any other licensing authority in whose area part of the premises is situated
Safe Durham Partnership	The Community Safety Partnership for County Durham
Sexual Exploitation	Exploitative situations, contexts and relationships where young people (or a third person or persons) receive "something" (e.g. food, accommodation, drugs, alcohol, cigarettes, affection , gifts , money) as a result of them performing, and/or another or others performing on them, sexual activities.
STIs	Sexually Transmitted Infections
SAF	Single Assessment Framework – a framework to make sure that different services work together to support children and young people
Substance Misuse Death Review	Substance Misuse Death review means a review of the circumstances in which the death of a person has, or appears to have, resulted from alcohol or other substances.
Trans	Transgender. An umbrella term for people whose gender identity, expression or behaviour is different from those typically associated with their assigned sex at birth, including but not limited to transsexuals, cross-dressers, androgynous people, genderqueers, and gender non-conforming people

Unit of alcohol	Units are a simple way of expressing the quantity of pure alcohol in a drink. One unit equals 10ml or 8g of pure alcohol, which is around the amount of alcohol the average adult can process in an hour.
Veteran	A person who has served in the military services
Violent crime	Robbery, sexual offences, and a group of violence against the person offences ranging from assault without injury, through wounding, to homicide.
World Health Organisation (WHO)	Leads on policy development in health on behalf of the United Nations.
4Real	Children and Young People's Substance Misuse Service in County Durham up to 31 st March 2015

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Children & Young People's Overview and Scrutiny Committee



25 June 2015

Refresh of the Committee's Work Programme 2015 - 2016

Report of Lorraine O'Donnell, Assistant Chief Executive

Purpose of the Report

- 1 To provide for Members consideration an updated work programme for the Children and Young People's Overview and Scrutiny Committee for 2015-16.

Background

- 2 At its meeting on 2nd April 2015, the Children and Young People's Overview and Scrutiny Committee considered the actions identified within the Council Plan 2015 – 2016 for the Altogether Better for Children and Young People priority theme and agreed to refresh its work programme to include a number of these actions. In addition, topics have also been identified that are in line with the Sustainable Community Strategy, Cabinet Notice of key decisions, Partnership plans and strategies, performance and budget control data and government legislation

Detail

- 3 In accordance with this decision, a work programme for 2015 – 2016 has been prepared and is attached at appendix 2. The work programme is very comprehensive drawing on topical areas across the remit of the committee and it should be noted that it is also flexible in respect that topics can be added throughout the year.
- 4 Members are encouraged to identify areas of scrutiny investigation (in depth and light touch reviews) from the work programme.

Recommendation

- 5 Members of the Children and Young People's Overview and Scrutiny Committee are asked to:
 - Discuss and agree the new work programme attached at appendix 2.
 - Identify an area of scrutiny investigation.

Background Papers

Council Plan 2015 – 2018

Report to Children & Young People's Overview and Scrutiny Committee – 2nd April 2015

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Appendix 1: Implications (The following implications are taken directly from the report to Cabinet on 18th March 2015)

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 being 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 both the Council Plan and Service Plans containing sections on risk.

Equality and Diversity / Public Sector Equality Duty - Individual equality impact assessments have been prepared for each savings proposal within the Council Plan.

The cumulative impact of all savings proposals in total has also been 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. The actions in the Council Plan include specific issues relating to equality and aim to improve the equality of life for those with protected characteristics. The Plan has been influenced by consultation and monitoring to include equality issues. There is no evidence of negative impact for particular groups.

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 Council Plan sets out the Council's contributions to tackling crime and disorder

Human Rights – None

Consultation - Council and partnership priorities have been developed following an analysis of available consultation data including an extensive consultation programme carried out as part of the development of the interim Sustainable Community Strategy and this has been reaffirmed by subsequent consultation on the budget. Results have been taken into account in developing our resourcing decisions.

Procurement – None

Disability Issues – None

Legal Implications – None

<p>OVERVIEW AND SCRUTINY WORK PROGRAMME 2015 TO 2016</p> <p>Children and Young People’s OSC</p> <p>Lead Officer: Tom Gorman</p> <p>Overview and Scrutiny Officer: Ann Whitton</p> <p>IPG contact: Carole Payne</p>	<p>Note:</p> <p>O/S Review - A systematic 6 monthly review of progress against recommendations/Action Plan</p> <p>Scrutiny/Working Group – In depth Review</p> <p>Overview/progress – information on an issue; opportunity to comment, shape, influence, progress with a scrutiny review</p> <p>Performance – ongoing monitoring (quarterly) performance reports/budgets</p>
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	When	Who	Outcome	Comment
<i>O/S Review Updates</i>				
Self-Harm by Young People	2 November 2015	Catherine Richardson	Members will have a clear understanding of what has been achieved in relation to their recommendations.	To advise members of the progress made against the recommendations made in the Self Harm by Young People
<i>Scrutiny/Working Group</i> In depth review				
<i>Overview/Progress</i>				
Draft Alcohol Harm Reduction Strategy	25 June 2015	Kirsty Wilkinson	Members of CYP OSC will take part in the consultation	To advise members of the draft Alcohol Harm Reduction Strategy – and for members to

Consultation			process and comment on the strategy	input into it.
School Governor Support Services	25 February 2016	Barry Piercy	Members will receive an overview of the work of the school governor support service	Members will have an understanding of the role of the support service.
NEETS	25 June 2015	Linda Bailey	To provide members with information and figures on young people who are not in education, employment or training (NEET) in County Durham.	Members will be aware of what has been done to reduce the number of young people who are classified as NEET.
Local Safeguarding Children's Board Annual Report 2013/14	25 Jun 2015	Jacqui Doherty	Members will receive a presentation on the LSCB Annual report.	A presentation will be given to members on the achievements over the last 12 months of the LSCB and their priorities for the coming year.
Multi Agency Safeguarding Hub	11 January 2016	Helen Fergusson	Members will receive an overview on how the MASH is working in County Durham including its achievements and challenges since its start.	
One Point Service (Integrated Services)	25 February, 2015	Rachel Hirst Dean	Members requested a further update on the service.	Members will receive an update on information of the service.
Sustainable Schools Framework update		Phil Hodgson	To provide members with an update on the Sustainable Schools Programme.	Following the overview presentation members will have an understanding of the programme by way of progress made.
Community Delivery Model - Children's Centres Update	2 November 2015	Carole Payne	To provide Members with information in relation to the implementation of the community delivery model of	Members will have an understanding of how the implementation of the Community Delivery Model is going.

			providing children's centre services.	
Impact of Smoking Update (to include under 18s, smoking in pregnancy and children passive smoking)	5 October 2015	Dianne Woodall	To provide members with information in relation to what is in place to reduce smoking in: U 18s; pregnant women and children passive smoking.	Members will have an understanding of how the Council is addressing this issue and the work being done.
Stronger Families Programme update	1 April 2016	Rachel Hirst Dean	A further update from last year on the numbers of families helped and supported.	To provide members with an update on the numbers of families identified as needing support, those who are currently going through the programme and those who have successfully completed the programme.
School Funding – Implications of Academies update	25 February 2016	Paul Darby/Graham Stephenson	Members were first provided with information in October 2013.	An update will inform members of any changes in funding criteria and how this will impact on pupils and schools.
HWB Annual Report	5 October 2015	Andrea Petty	Members will receive the JHWB annual report.	Information contained in the report will include health issues affecting children and young people.
Innovation Programme Update	1 April 2016	Julie Scurfield	Members requested an update on the programme to come back to CYP OSC.	Members will gain an understanding of how the programme is progressing.
Wellbeing for Life update	2 November 2015	Gill O'Neill	To provide members with information on initiatives and projects that form the foundations for a healthy life	This will include breastfeeding, healthy eating, being active, and immunisation.
Overview of Support for Young Carers	December 2015	Gill Palin	To provide members with an overview of the support to young carers	Members will have an understanding of all support available and how to access it.
Overview of Support for Care Leavers	December 2015	Karen Robb	To provide members with an overview of what support is	Members will have an understanding of all support available and how to access it

			available to young people leaving the care system	
JSNA & JHWB refresh	11 January 2016	Andrea Petty	Members will be advised of the JSNA & JHWB refresh and asked to comment accordingly.	Members' comments will be fed into the refresh of the document.
Special Education Needs and Disabilities (SEND) (Update) including Autism Awareness	2 November 2015	Jane Le-Sage	To provide members with an update in relation to the implementation of the reforms to SEND	The SEND reforms are due to be implemented September 2014. An update 6mths after the launch will allow members to receive information in relation to their impact.
Children and Families Plan Consultation	11 January 2016	Andrea Petty	Members of the committee will be asked to provide comments on the children and families plan	Members comments will fed into the consultation
Local Safeguarding Children's Board Annual Report 2014/15	1 April 2016	Jacqui Doherty	Members will receive a presentation on the LSCB Annual report.	A presentation will be given to members on the achievements over the last 12 months of the LSCB and their priorities for the coming year.
Elective Home Education	25 February 2016	Jane Le Sage	A working group had been set up by the Partnership to review procedures; monitor arrangements for children with SEN statements; review support and guidance provision for parents and gather information about the reasons to home educate.	Members of the committee will receive the working groups' findings for information.
Early Help Strategy	2015	TBC	To provide members with information on the Early Help Strategy.	Members will receive information as to how what the strategy hopes to achieve, how it will be monitored.

Single Front Door/Single Assessment	2 Apr 2015	TBC	An overview presentation to provide members with information on the initiative.	Members will gain awareness of the initiative.
Annual Report of the Director of Public Health	April 2016	Anna Lynch	To present to members the DPH Annual report. The report focuses on reducing health inequalities.	Information in the report relates to issues affecting children and young people and links into many items on the work programme.
Children's Health Services	TBA	TBC	This is a cross cutting issue with AWH OSC. To provide members with information on children's health services.	Information provided on children's health services will be provided as and when required. This is a cross cutting issue with Adults, Wellbeing and Health.
Fixed Play Strategy	TBA	Stephen Howell/Nigel Dodds	Members will receive information relating to the new fixed play strategy following recent consultation exercises.	Members will receive information on the new fixed play strategy and its implications. The initial consultation and key categories ended January 2013. During February to April 2013 sites will be determined which will be informed by the initial consultation process. A further consultation process will take place across the County during September – December 2013. A review of the consultation will be reported to Cabinet in June 2013.
Performance Q 4 Q 1 Q 2 Q 3	June 2015 Oct 2015 Jan 2016 Apr 2016	Keith Foster		Ongoing – to provide members with information on performance of the service grouping and highlight areas of prominence (those going well, and those giving cause for concern).
Budget Outturn Report Q 4 (2-13/14) &1 Q 2	Oct 2015 Jan 2016	Graham Stephenson		Ongoing – highlight areas of concern. Committee to receive updates on the affects and implications of MTFP on service groupings

Q 3 Q4	Apr 2016			
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Children & Young People's Overview and Scrutiny Committee

25th June 2015

Summary of Minutes from Children and Families Partnership

25th March 2015



County Durham Children
and Families Partnership

Business Education Board

The Children and Families Partnership received a presentation from the Head of Strategic Programmes and Performance; Regeneration and Economic Development, and the chair of the Business Education Board. It provided an update on the joint working activity with the County Durham Economic Partnership and the Business Education Board with schools and businesses to raise young people's aspirations and the opportunities available to young people and businesses.

The Children and Families Partnership showed support for their 'Get the Buzz' week, which will take place in July 2015 and will focus on career aspirations with a series of events and coordinated promotion, branding and sponsorship.

Area Action Partnership (AAP) overview report

The Children and Families Partnership received a six-month update on the work of AAP's. The AAP Coordinator, who is aligned to the Children and Families Partnership, provided an update on how the AAPs are progressing priorities related to children, young people and families.

The AAPs have allocated over £1 million, with matched investment of £1.15 million, to projects which support children, young people and families in 14/15.

AAP supported projects, which address the objectives in the Children Young People and Families Plan and Joint Health and Wellbeing Strategy were discussed at the meeting, and included:

- Early Year's Family Learning projects, which will offer a range of interventions to support early years children, parents and professionals in five of the Three Town's AAP area schools. The projects will address the issues some children face when starting nursery and school, including a lack of gross motor skills, delayed speech and language and poor social/emotional development.
- Proposals to deliver a 'Start to Play' programme to children in all nursery and reception classes in the Three Towns area. It will primarily work on the child's physical development, but has been developed to aid the development of Physical and Social Education (PSE), Communication, Language and Literacy, Problem Solving, Reasoning and Numeracy, Creative development and knowledge and understanding of the world. The programme has been designed and written by the Youth Sport Trust to complement and support the Early Years Foundation Stage (EYFS). A coach will deliver the sessions for 12 weeks and mentor the teachers to enable them to continue with the sessions when the coach leaves.
- The Sunderland Foundation of Light is delivering 12 week Personal Development courses to young people of secondary school age at Consett Academy. The

programme focuses on a variety of issues young people face, including sexual health, mental health, substance misuse and confidence building

A variety of methods were used by AAPs to engage with children and young people, gathering their views on the priorities and future work of their AAP, and in the latter part of 2014 all 14 AAPs identified children and young people as a priority for the 2015/16 period.

AAPs are changing the way they monitor performance with 'what's the difference' forms being completed for all AAP funded projects which will demonstrate to the Children and Families Partnership some big headline messages on outcomes of projects.

The next six-month update will be presented to the Children and Families Partnership in September 2015.

Counter Terrorism and Security Act 2015

The Children and Families Partnership received an update outlining details and implications of the Counter Terrorism and Security Act 2015.

The Counter Terrorism and Security Act places a general duty on each specified authority who must, in the exercise of its functions, have due regard to the need to prevent people from being drawn into terrorism. Specified authorities are; Local Authorities; Police; Prisons; Probation; Education (Further Education & Higher Education); NHS Trusts/Foundation Trusts; Clinical Commissioning Groups and schools which will commence in law on 1st July 2015.

It will be important to deliver a level of awareness-raising, across schools and colleges, that is proportionate to the risks faced across County Durham. Head Teachers have been briefed on the Act through the head teacher briefing sessions, and it is proposed that the model for awareness raising, will be drawn up by Children and Adults Services and shared with The Children and Families Partnership school representatives.

An e-learning package has been developed which will be made available on the Safeguarding Adults Board, Local Safeguarding Children Board and Durham County Council websites.

Durham County Council will develop a plan for the implementation of the proposals, in order to meet the requirements of the Act and its associated statutory guidance.

Work will take place to ensure Voluntary and Community Sector activities are also aware of the new Act and the resources available.

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

The final version of the Children, Young People and Families Plan 2015-18 was agreed by the Children and Families Partnership.

The plan has been informed by changes in government policy, the Joint Strategic Needs Assessment 2014 and the Annual Report of the Director of Public Health County Durham.

The views of children, young people and their families have played a key role in developing the refresh of the plan, with children and young people saying the following areas are important to them:

- 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
- Self-harm
- Emotional health and wellbeing/stress

New actions have been incorporated to address some important issues that have been identified, including bullying (and ensuring young people stay safe on line), reducing teenage pregnancies and identifying and supporting young carers.

The Children, Young People and Families Plan 2015-18 Delivery Plan will be developed to take forward the objectives and outcomes in the Children, Young People and Families plan, and will be presented to the partnership in June 2015.

Local Safeguarding Children Board (LSCB) annual report

The Independent Chair of the LSCB presented the annual report to the Children and Families Partnership for information. Members were asked to note the content of the annual report to ensure they remain sighted on the LSCB's effectiveness and interfaces, and to note the range of work that is taking place to safeguard children in County Durham, as well as the continued challenges, developments and achievements in this area of work.

Review of Children's Centres in County Durham

The Head of Children's Services update the Children and Families Partnership on the outcome of the review of Children's Centres. On 18 March 2015, Durham County Council's Cabinet agreed to recommendations on the future of Children's Centre services in County Durham, which was informed by a review of the Children's Centres and a 12 week public consultation.

The changes are designed to make sure outcomes for children during their early years are improved and to ensure families most in need of support receive it. A community delivery model will be used which means services will be delivered closer to where children and families live, from community buildings that families already go to, rather than families having to travel to designated buildings.

Children's Social Care Innovation Fund

The Head of Children's Services informed the Children and Families Partnership that Durham was successful in two bids to the Children's Social Care Innovation Fund.

The first is for £496,000 for a therapeutic support programme at Aycliffe secure centre for children that have been sexually exploited, offering targeted support in helping them deal with trauma and in making the transition from the secure setting into more independent living.

The second is for £3.26 million to deliver on a large scale a new approach to social work and to work with families, building on the learning from past initiatives in Durham and elsewhere. The intention is to identify and meet the needs of children sooner, address the root causes of the problems and so reduce the numbers of families who are re-referred for support.

Early Help Strategy

The Children and Families Partnership endorsed the Early Help Strategy in June 2014. The Head of Children's Services presented an update report highlighting the work that has taken place since then to embed the strategy and the future work needed to fully implement it. Significant progress has been made with early help being recognised as crucial to achieving positive outcomes, and being written into many policies, plans and strategies

Early help is an approach which takes into account the individual needs of the whole family, and shares the vision of the Children and Families Partnership that 'all children, young people and families believe, achieve and succeed'. The following three ambitions underpin the vision:

- We will work collaboratively – Early help will be everyone's business
- Children, young people and families will get the right help at the right time
- We will provide help that we know works

By achieving the ambitions, the following outcomes can be expected:

1. Fewer looked after children
2. Fewer children subject to a child protection plan
3. Fewer re-referrals in to statutory services and services at level 4 and 5 on the continuum of need
4. More children, young people and their families achieving positive outcomes
5. A greater number of families identified early and receiving help through universal, preventative and early help services
6. A greater number of children being ready for school.

Oral Health

The Consultant in Public Health presented a report updating the Children and Families Partnership on national recommendations regarding improving the oral health of the local population; County Durham's current oral health status; what is currently being delivered to improve oral health and consideration of future developments.

Tooth decay is on a sliding scale linked to deprivation, and the percentage difference of children having decay between wards in County Durham was highlighted: 61% in Woodhouse Close, Bishop Auckland compared to 6% in Chester-le-Street South.

The responsibility for dental services and oral health are dispersed across various organisations, with local organisations having responsibility for different parts of the system. The actions required will be progressed through the development of the County Durham multi-agency oral health strategy which will look at the inequalities and how to address the imbalance.

Evidence shows that fluoridated water areas have better oral health, and the Director of Public Health County Durham will further explore this with neighbouring local authorities.

Young People's Issues

The Children and Families Partnership received a presentation from Investing in Children detailing the successful partnership work they have been doing on The Voice Project, which involves work with East Durham Rural Corridor Area Action Partnership.

The young people have established a youth forum, with over 40 members from across the AAP area, and have been constituted so they are able to bid for their own funding.

The AAP has top sliced funding from its budget for Investing in Children youth forum, to enable engagement with young people at any time.

The young people have been heavily involved in the grant scheme, and were given the £40,000 to prioritise funding and allocate the money to bids which met the criteria set by them. This involved grant applications containing a supporting statement from young people.

The Children and Families Partnership agreed it was important to share this good practice.