

Durham County Council
Children and Young People's Services Commissioning Plan
2019-2021

Purpose

The purpose of this plan is to set out Durham County Council's key strategic commissioning priorities and activities for children and young people's services over the next two years (2019/2020 – 2020/2021). The plan also incorporates commissioning activity that is being undertaken jointly with Durham's Clinical Commissioning Group's (CCG's). Commissioning is the process that public bodies use to identify needs and secure services and support for children, young people and their families. The services that we 'out-source' from the independent and voluntary and community sectors complement the services that we directly provide or will be services that are best delivered independently of the local authority.

The plan builds upon the ambition set out in the County Durham Children and Young People's Strategy (2018/19 - 2020/21):

County Durham will be a great place for children and young people to grow up in and for Durham to be a place where all children are healthy, happy and achieving their potential¹

In addition, the plan incorporates commissioning priorities and activities developed through consultation within the following strategic plans:

- County Durham Children and Young People's Mental Health, Emotional Wellbeing and Resilience Transformational Plan 2015 - 2020
- County Durham Public Health Vision and Strategic Plan
- North East and Cumbria Transforming Care Model for people with Learning Disabilities and Autism
- County Durham Special Educational Needs and Disability (SEND) Strategy 2019 – 2022
- Sufficiency and Commissioning Strategy for Looked After Children and Care Leavers 2018-2021
- 'Think Autism' in County Durham - Autism Strategy for Children, Young People and Adults 2018/19 – 2020/21
- Durham Health and Wellbeing System Plan 2019 – 2020

Context

Many children across County Durham have a happy and healthy childhood where they grow and develop into independent adults, with support from their families, primary

¹ County Durham Children and Young People's Strategy 2019-2021

health care services, schools/colleges and their communities. However, inequalities, linked to children's wider circumstances persist for several key performance measurements and indicators.

[Durham Insight](#) provides an evolving analysis of the local needs and pressures faced by children, young people and families across County Durham². This shared intelligence, research and knowledge base for County Durham highlights that the proportion of children living in poverty continues to be greater than the England average and that this gap continues to widen.

The conditions and family circumstances into which children are born, grow, learn and develop can significantly affect their lives and can determine variations in health, wellbeing, attainment, social mobility and vulnerability. This can be further compounded for children with a disability, ill health or developmental difficulties – including mental ill health and SEND; children who are vulnerable or of concern by virtue of their identity or nationality or children who care for others. This does not mean that all children with potential vulnerabilities in Durham will have poor lives. For a good proportion of these children the support of their families, a good experience in school and their own resilience will be enough to ensure that they have happy and fulfilled childhoods; despite adversity. However, where services fail to identify and respond appropriately to children, young people and their families who are vulnerable and who need additional support, problems can become more serious, more damaging and more difficult and costlier to address.

The education, health and care system that supports children, young people and their families is complex and can be fragmented. Many different organisations and services are involved in the day to day delivery of services: identifying children's and young people's needs; helping them and their families to access additional services and support and providing specialist care and treatment where necessary.

There are local examples of good and outstanding practice that we should celebrate and learn from. However, recent inspections highlight that there is also variation in the quality of local support and care and that different parts of the system do not always work together in a 'joined-up' way. As a result, some children, young people and their families do not always experience the care and support we would want and some fall through the gaps between services and only appear to become visible at the point of crisis.

It is widely understood that the local education, health and care system is under increasing strain and this position is mirrored nationally. Whilst this can be attributed to sustained reductions in national funding or limited financial growth linked to national

² www.durhaminsight.info

austerity measures, work undertaken by the Association of Directors of Children’s Services (ADCS)³ highlights that the financial pressures felt by Local Authorities, CCG’s, Schools/Colleges and the Voluntary/Community Sector are compounded by a combination of the following additional challenges:

- Increasing levels of need
- Increasing complexity of need
- New national legislation and additional duties
- Increased expectations amongst families
- Increased expectations from national and local regulatory bodies

In response, there is a need to re-evaluate the capacity, strengths and limitations of local services and provider markets and identify the changes needed to respond to these growing pressures challenges and expectations across the education, health and care system. **Understanding what generates change, what makes a difference for children, young people and their families and how we will measure impact will be critical to understanding performance and informing funding and commissioning decisions going forward.**

The County Durham Children and Young People’s Strategy (2018/19 - 2020/21) provides focus and clarity on the priorities for improving services and life opportunities for children and young people through the development of four key aims:



A strategic commissioning approach will support the transformation that is required by determining what services are provided in the future and by whom. This will be informed by the development of service level impact and evidence statements that will support a greater understanding of how services are improving outcomes for children, young people and their families.

Strategic Commissioning

Strategic commissioning is the process of identifying and analysing the current and future needs and demands of the local population; working with relevant stakeholders to design and develop the most appropriate and cost-effective services to meet those needs and monitoring and evaluating those services to secure the desired outcomes and impact.

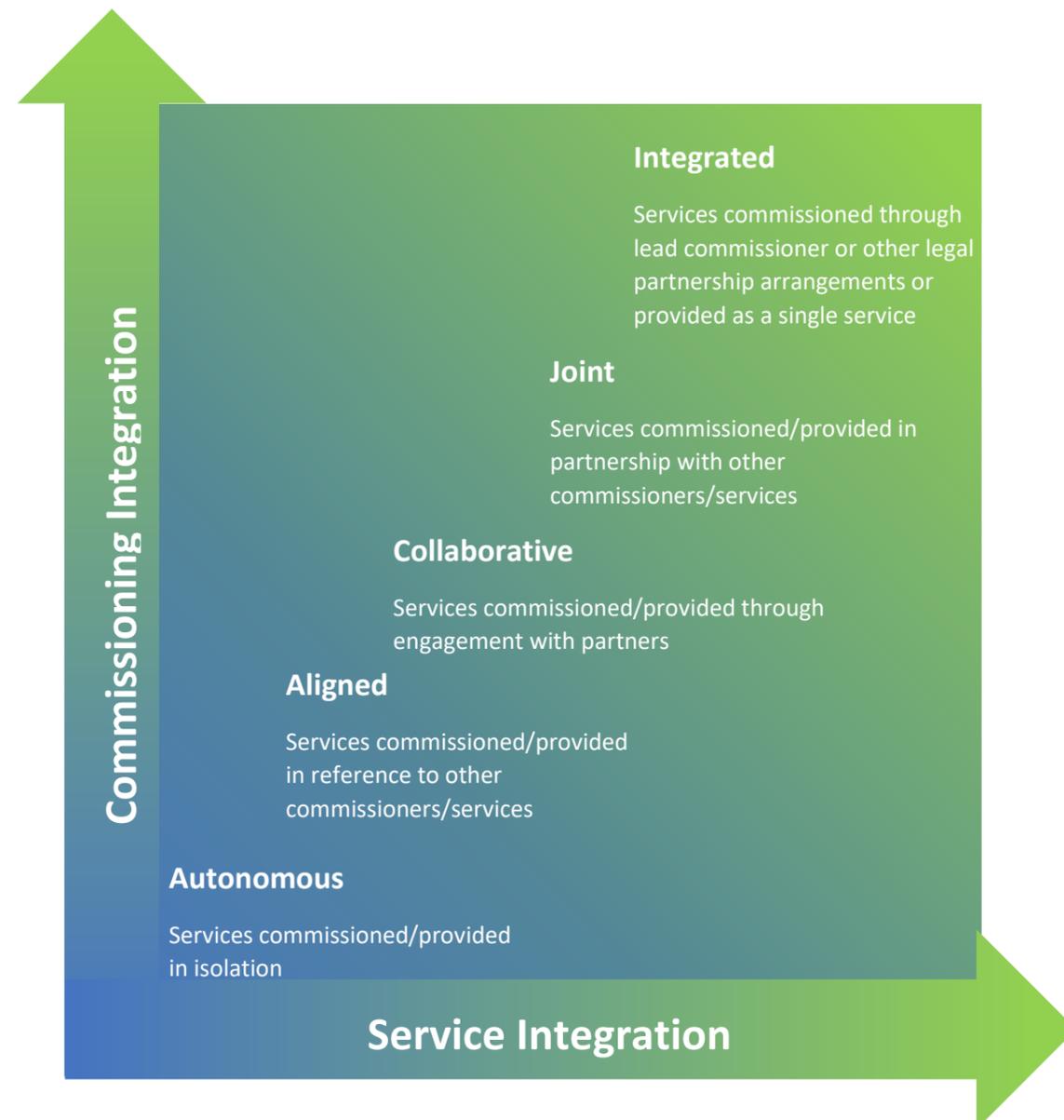
This activity forms the basis of the commissioning cycle:



³ ADCS Position Paper: A Country that Works for all Children October 2017

Commissioning Developments

The national agenda for public service reform and the integration of health and social care emphasises the growing requirement for localised responses to the demands and challenges facing health and social care in particular, and the public sector more generally. Conventional responses to the complex needs of children, their families and communities have continued to struggle to reduce inequalities and prevent problems leading to mixed outcomes. Local authorities and clinical commissioning groups (CCGs) must now make joint commissioning arrangements for education, health and care provision for children and young people with special educational needs and/or disabilities and there is a growing appetite to build upon these requirements to join up planning cycles and joint commissioning arrangements that will benefit children, young people and their families across the county and secure future outcomes. Joint commissioning arrangements can be understood across the following continuum:



Going forward, local commissioning activity will build upon the strong foundation of collaborative and joint commissioning arrangements already established within County Durham via the development of an all age Integrated Strategic Commissioning function and an emphasis upon place-based commissioning.

Integrated Commissioning Function

Since April 2018 a new Integrated Governance Framework has been implemented, with all groups now established and key meetings chaired by Chief Officers. The local Integrated Care Board has also expanded its membership to include Primary Care. It is important to note that the new governance arrangements include an Integrated Commissioning Group and an Integrated Steering Group for Children.

As part of the new governance arrangements the Integrated Commissioning Group has been developing the options for an Integrated Strategic Commissioning function. It is anticipated that the benefits of an integrated approach to commissioning across County Durham will include:

- Faster improvements in education, health care and social care;
- Improved education, health and care outcomes across whole populations;
- An improved approach to prevention with a focus on joined up solutions;
- Less duplication across the system, making it easier to navigate for the public and staff;
- Maximising the impact of the Durham pound by using collective resources more efficiently;
- Connecting and supporting people more effectively in their own communities.

Place Based Commissioning

There is an emerging consensus that place based approaches provide the environment to develop joined-up local systems that are more flexible and responsive to the range of different and sometimes complex needs experienced by children, families and communities. The opportunities for integration, targeted joined up funding and cross sector collaboration that place based commissioning facilitates can result in improved access to services and a speedier, more coordinated response, better information and communication, increased involvement of service users and more supportive communities leading to improved outcomes and greater resilience across communities.

Where we are now

Children and young people in County Durham

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

49.7 per 10,000 children. **Higher** in County Durham than England but lower than the North East.



20.9%. This is **statistically significantly higher** than England, but **lower** than the North East. Unequally distributed within County Durham.



Almost **500** children subject of a child protection plan

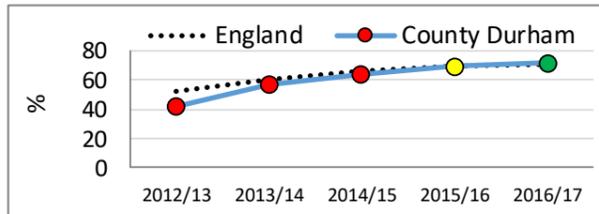
Around **21,000** children living in poverty

Around **3,500** children in need

408.5 per 10,000 children. **Statistically significantly higher** than England (330/10,000) but lower than the North East (451.6/10,000).

One Point report an additional **2,500** children & young people who do not meet the statutory threshold

Now **statistically significantly better** than England

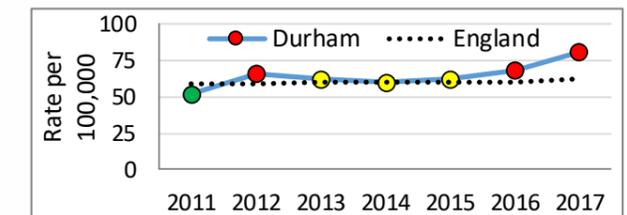


72% of children achieving a good level of development at the end of reception

100,500 children aged 0-17

Around **800** children looked after

81 per 10,000. This rate is rising, showing an increase of over 50% since 2011, and is **statistically significantly higher** than England but **statistically significantly lower** than the North East.



That's around **10,000** children in County Durham.

10% of children have a diagnosable mental health disorder

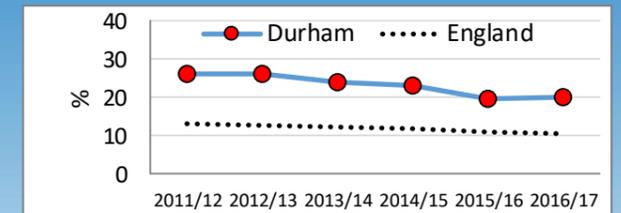
Around **10,400** young people with SEN at school (state funded)

14.5% of all school pupils. This is **not statistically significantly different from England or the North East**.

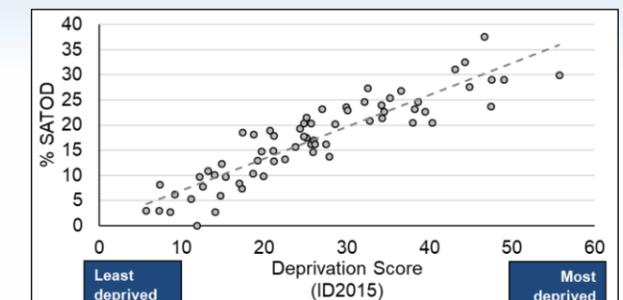


Pre and post birth

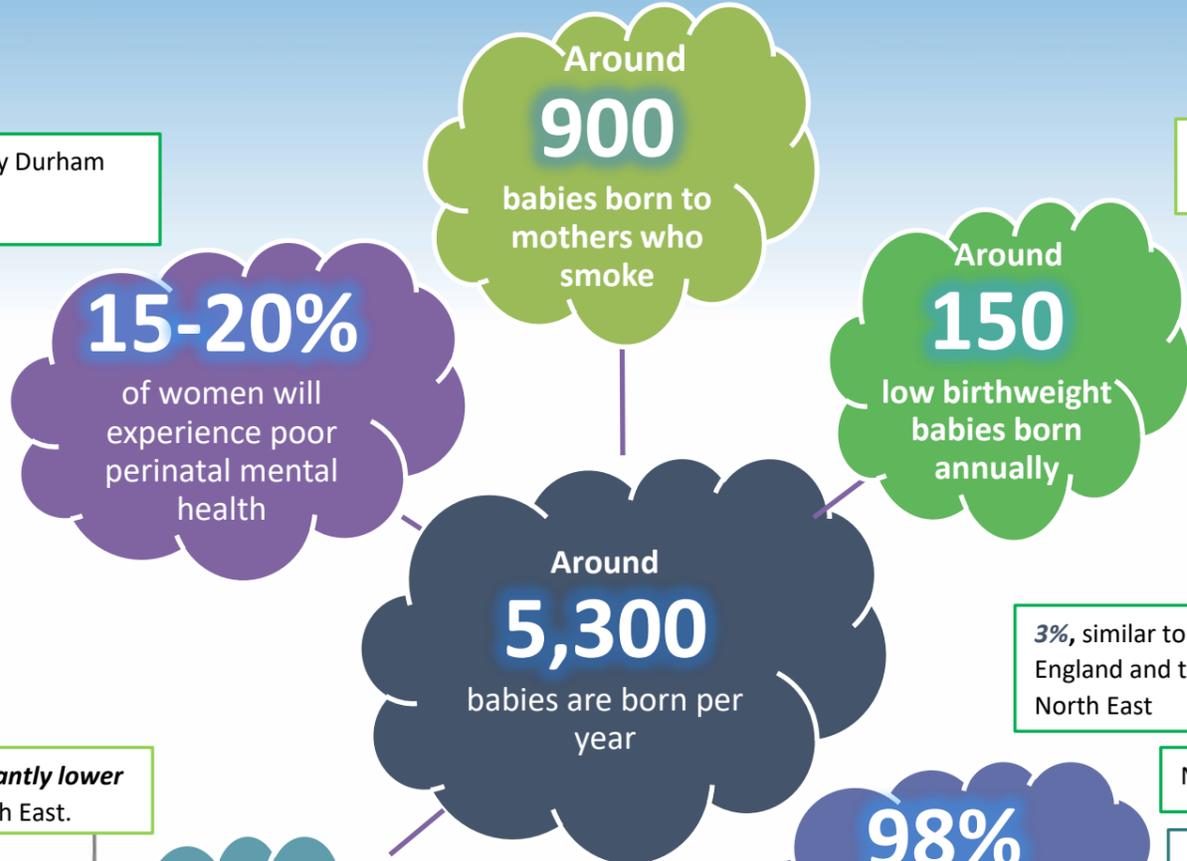
●	Statistically significantly better than England
●	Not significantly different to England
●	Statistically significantly worse than England



The distribution of SATOD across County Durham (by MSOA) is unequal. It is **higher in the more deprived areas**.



That's between around 760 and 1020 women in County Durham (based on around 5,100 women giving birth annually)

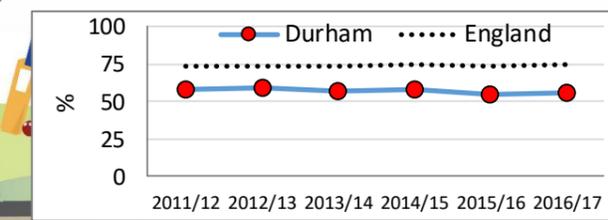


16.7%, **statistically significantly higher** than England, and similar than the North East.

3%, similar to England and the North East

No change over time

Statistically significantly higher than England, and similar than the North East.



This is **statistically significantly lower** than England and the North East.

The distribution of breastfeeding prevalence across County Durham is not equal. It is **lower in the most deprived areas**

This is **statistically significantly lower** than England and the North East. Little change locally since 2011

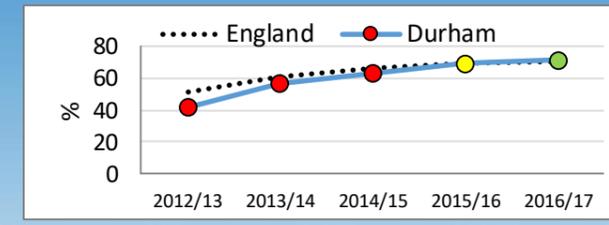


The distribution of breastfeeding initiation across County Durham is not equal. It is **lower in the most deprived areas**.

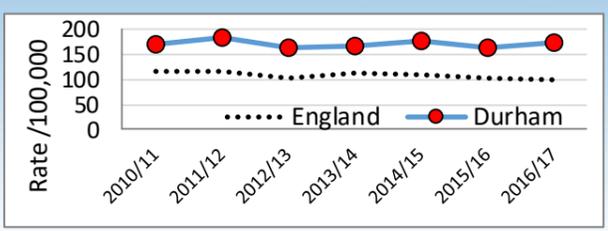
Early Years and Primary School

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

This has been rising over time, now **statistically significantly higher** than England.



Higher than England (54%) and the North East (57%)

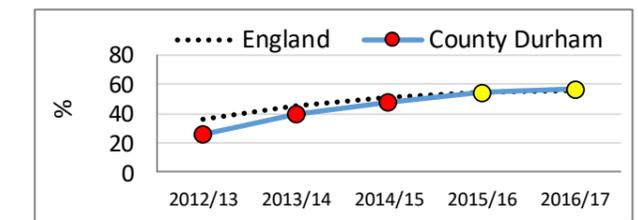


59%
KS2 students meeting expected standards in reading, writing and maths

72%
achieve a good level of development at end of Reception

57%
FSM status achieving good level of development at the end of Reception

Not statistically significantly different to England or the North East. Locally the proportion has more than doubled over time, faster than the national improvement.



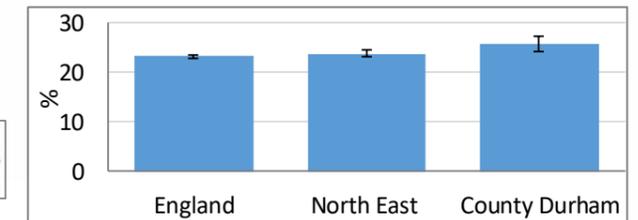
171.3/100,000. Statistically significantly higher than England. Little change over time locally, compared to a slow reduction seen nationally.

Nearly **1,500** hospital admissions caused by injuries in children (0-14 years)

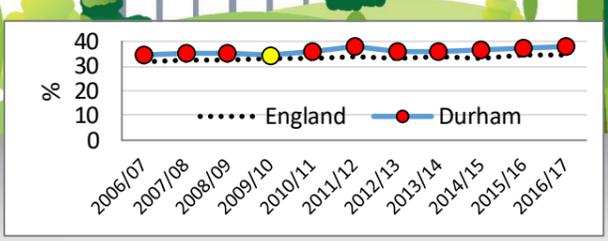
33,447 aged 0-5
35,394 aged 6-11

26% of 5 year olds have decayed, filled or missing teeth (DMFT)

The distribution of DMFT across County Durham is not equal. It is **higher in the more deprived areas**



That's over **2,000** year 6 children in County Durham. This has been rising over time, now **statistically significantly higher** than England.



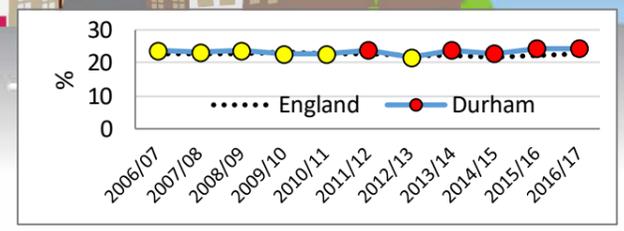
38% of children aged 10-11 are overweight

Around **1,400** children aged 4-5 overweight or obese

24.1%. This has been rising over time, now **statistically significantly higher** than England.



The distribution of excess weight and obesity across County Durham is not equal. It is **higher in the more deprived areas**



Secondary School and Transitions

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

This has been rising over time, **not statistically significantly different** to England or the North East.

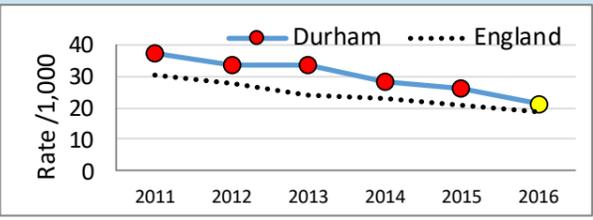


58%
young people
gain 5 good
GCSEs

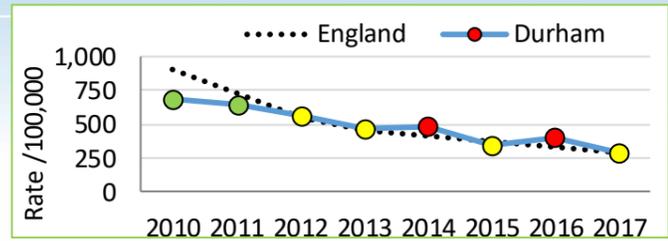
Around
130
first time entrants
to the Youth
Justice system

294 per 100,000. This is **not statistically significantly different** to England or the North East and has been reducing over time.

22 per 1,000 teenage conceptions in 2016, the lowest since the 1998 benchmark. A decreasing trend locally and nationally. The rate is now **not statistically significantly different to England**

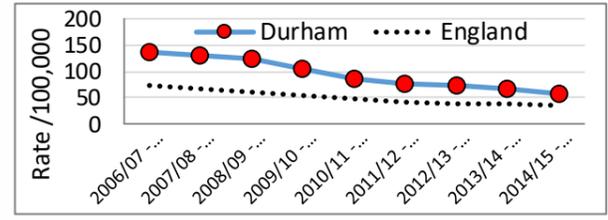


173
teenage conceptions
(2016)



26,231
aged 12-16
11,561
aged 17-18

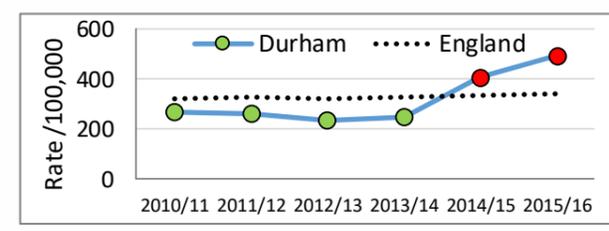
56.2 per 100,000. Decreasing trend locally and nationally. **Statistically significantly higher** in County Durham than England



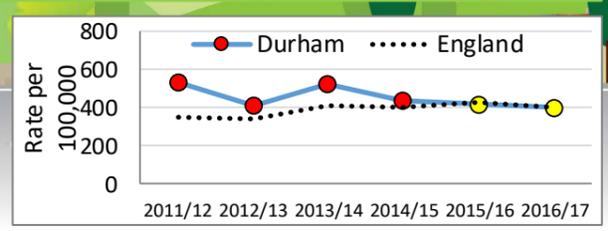
196
under 18s admitted
to hospital for
alcohol specific
conditions

Over
8,400
A&E
attendances
(15-17 years)

495 per 100,000. Now **statistically significantly higher** than England and the North East.



401 per 100,000. Decreasing trend locally and the rate is now **not statistically significantly different** to England

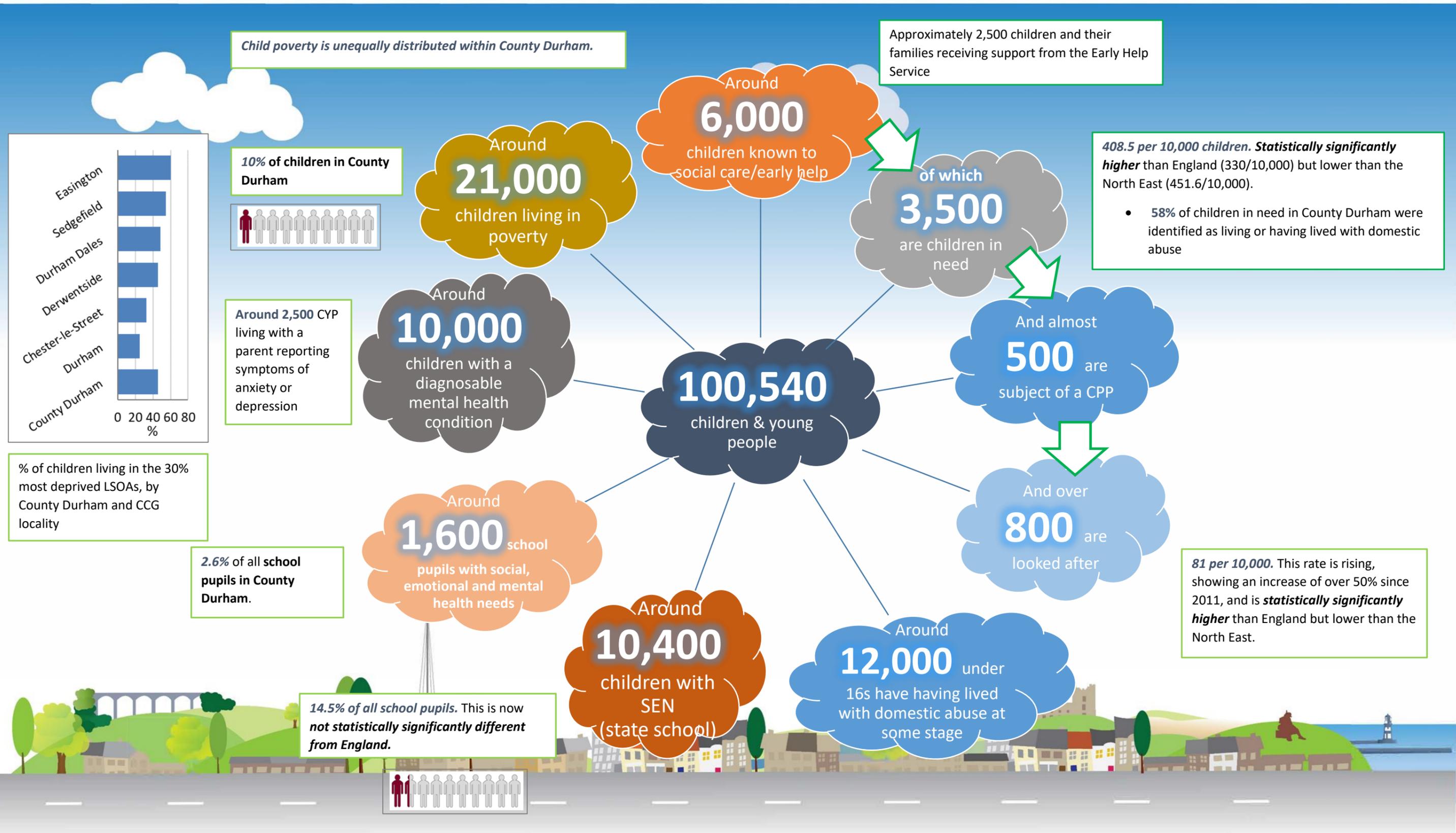


216
hospital admissions
a year as a result
of self-harm

Around **6%**
16-17 year olds
not in education,
employment or
training

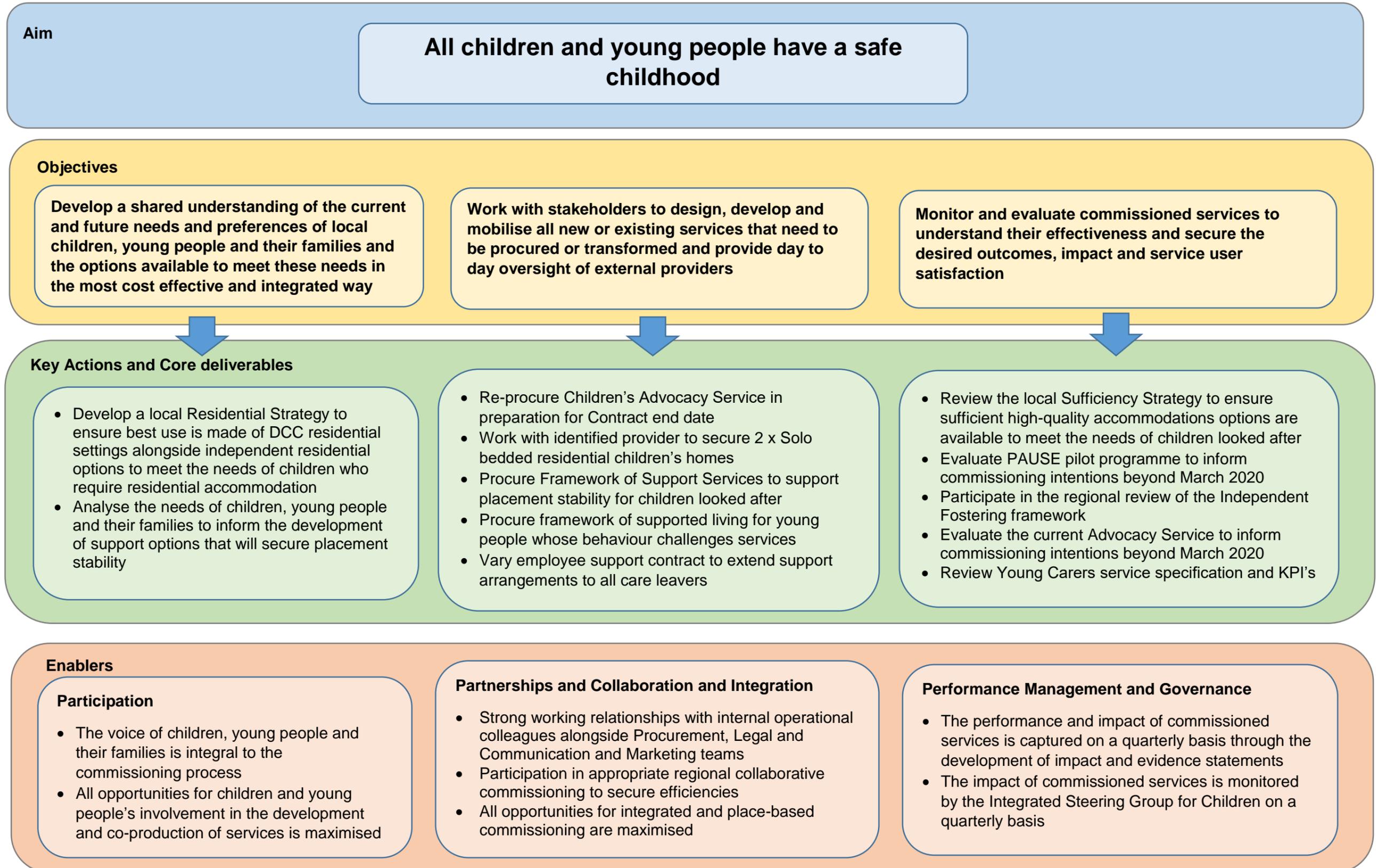
That's around **600 young people aged 16-17**. **Not statistically significantly different** to England or the North East.

Vulnerability: The scale of the challenge



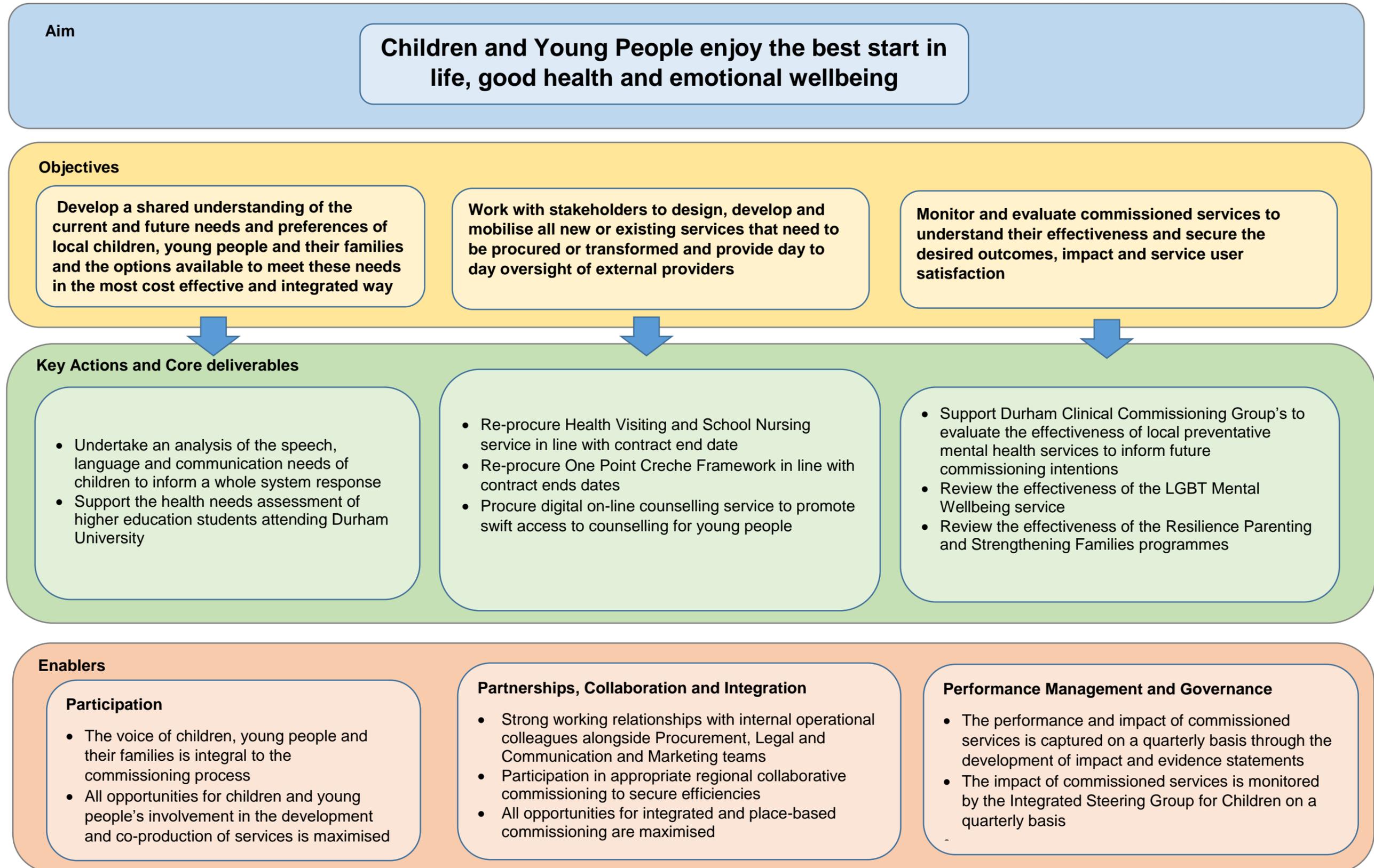
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Vision: County Durham will be a great place for children and young people to grow up in and for Durham to be a place where all children are healthy, happy, safe and achieving their potential.



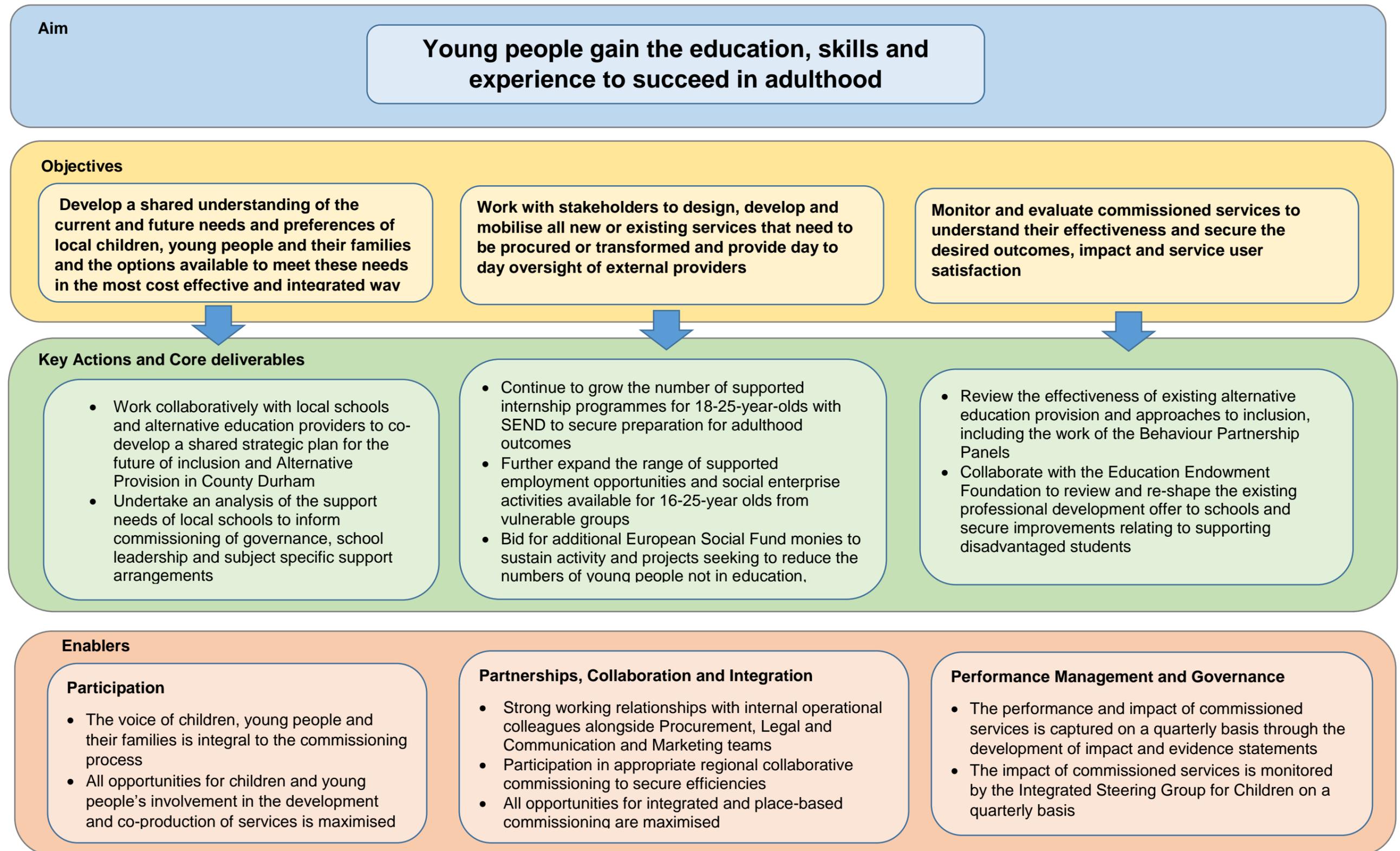
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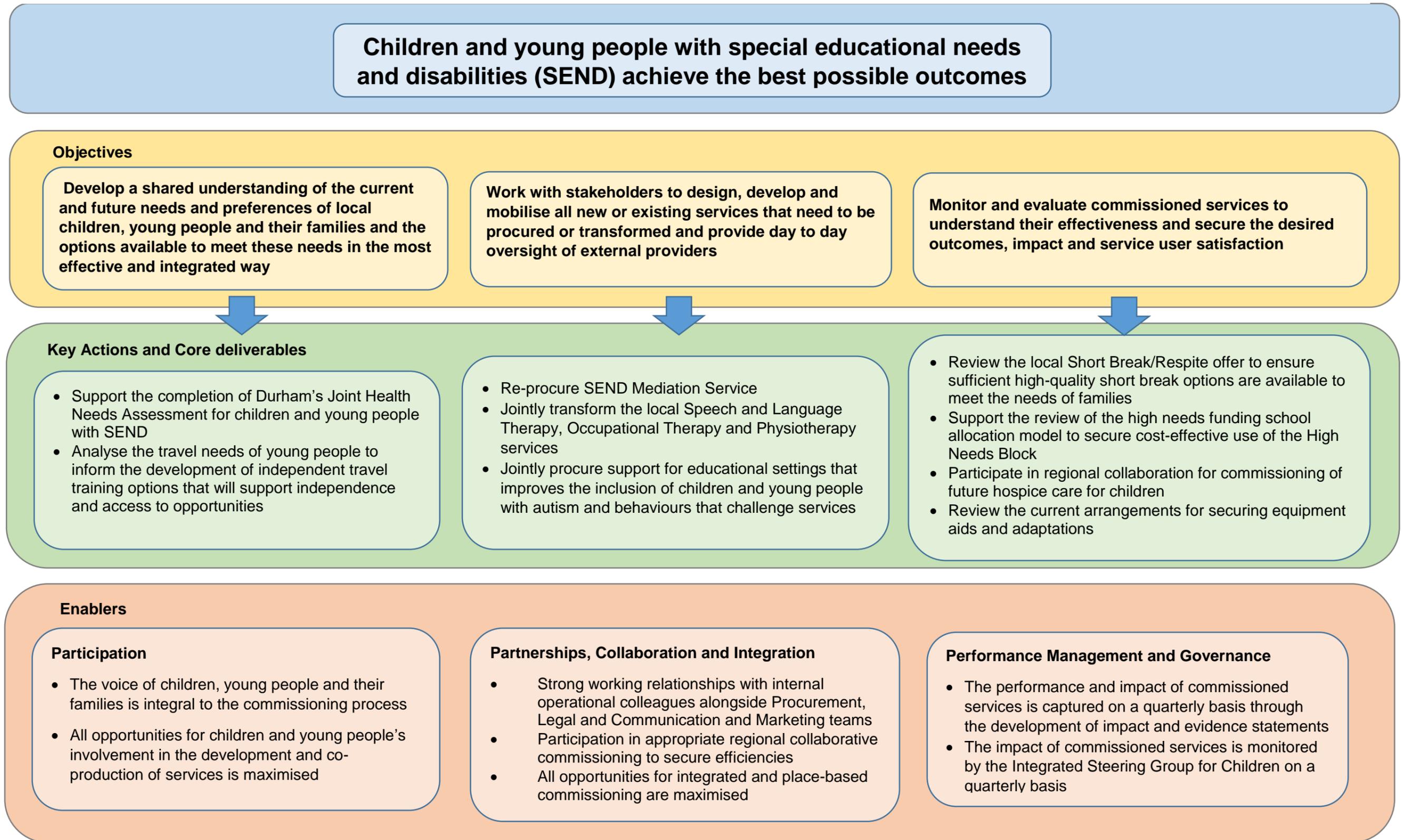
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Monitoring and Review

The commissioning actions, activities and core deliverables are captured within an operational planning tool that sets out responsibilities, timelines and anticipated impact. Overall progress against each of the key actions is scheduled to be monitored via the Durham Joint Commissioning Group and Integrated Steering Group for Children.

Reports regarding the progress of specific commissions will be provided to the following groups:

- Children's Services Senior Management Team
- Education Senior Management Team
- Early Help, Inclusion and Vulnerable Children Management Team
- Public Health Senior Management Team
- Commissioning Management Group
- SEND Strategy and Accountability Group
- Children & Young People's Mental Health, Emotional Wellbeing and Resilience Group
- Durham, Dales, Easington and Sedgefield Clinical Commissioning Group and North Durham Clinical Commissioning Group Joint Executive