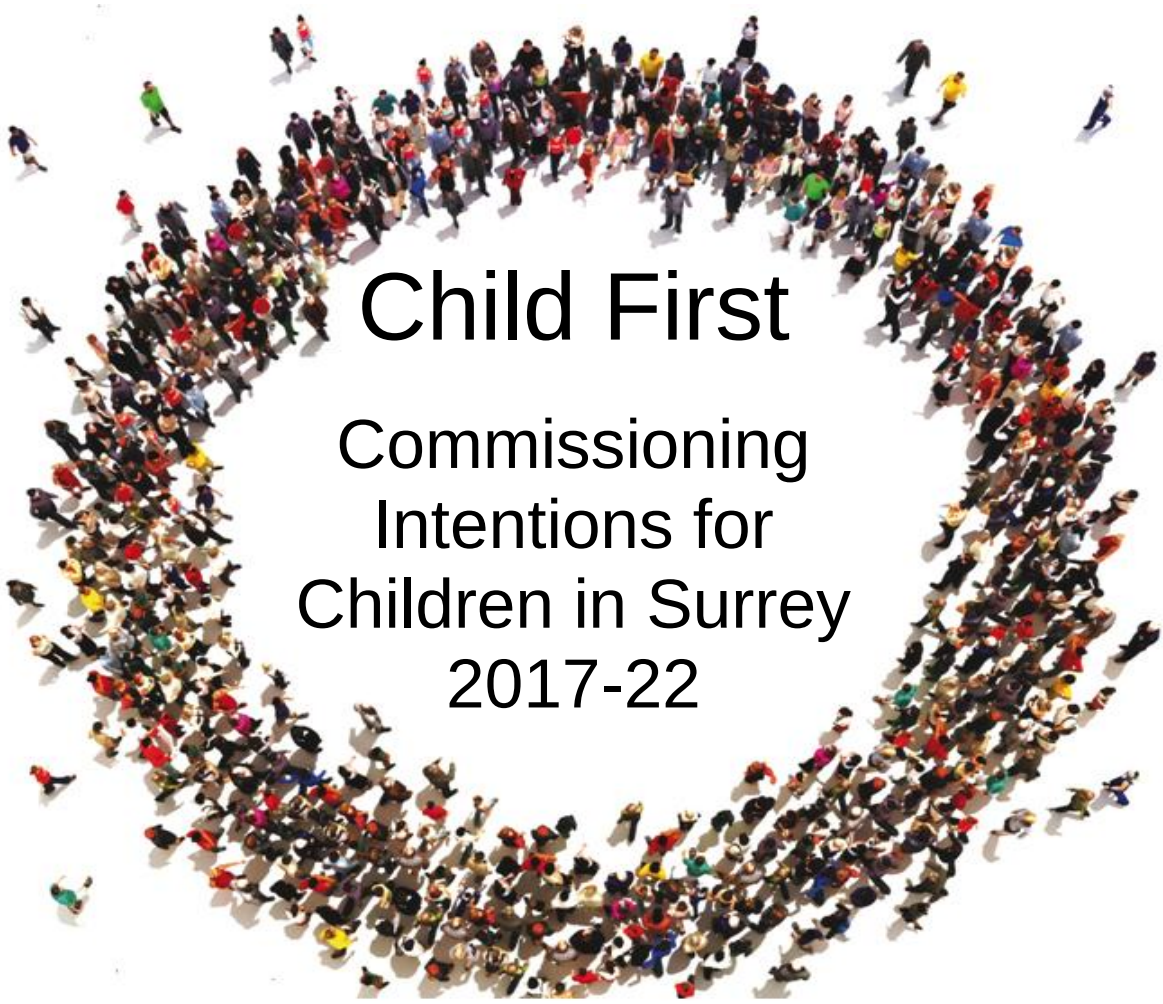


Child First

Commissioning Intentions for Children in Surrey 2017-22

Children are Seen, Safe and Heard

SURREY

1. Vision and purpose

We are committed to ensuring children in Surrey get the right help, care and protection at the right time so they can thrive. We will also tackle inequalities early so no child has a worse chance in life than other children.

This commitment supports our partnership vision for all children and young people in Surrey to be happy, healthy, safe and confident in their future.

In Surrey we face three significant challenges to achieving this vision.

Firstly, whilst the majority of children and young people in Surrey achieve outcomes above the national average, there are vulnerable groups who need extra help and support in order to close the gap in outcomes they experience compared to the Surrey average.

Secondly, demand and complexity of need continues to increase significantly. This is driven both by the ongoing effects of demographic increase, which creates demand for all services and an increasing complexity driving demand particularly in social care and SEND.

Thirdly, Surrey County Council continues to face unprecedented financial challenges. The Council has achieved savings of £450m over the last six years and is planning to save a further £244m over the next three years. The Children's directorate expects to save £54m to 2020 (including savings from the DSG).

These challenges require a strategic response and our partnership approach is set out in the Surrey Children & Young People's Partnership Joint Commissioning Strategy 2017-22. This document sets out our commissioning intentions to inform all our commissioning for 2017-22.

At the core of this response is a focus on prevention, early intervention and Early Help with an emphasis on whole family support across the life course. This will help us to achieve our vision and to address the needs of children and young people earlier in their lives so we can improve outcomes, reduce demand and associated costs of the service.

The CSF Plan also links through to key programmes of development in the Council in the following areas.

- Early Help
- Education in Partnership
- Information Management
- Safeguarding
- SEND
- Sustainable Transformation Partnerships

This document sets out the high level priorities and intentions. The detail behind these is set out in thematic commissioning plans for each area below.

- Early Help
- Early Years
- Education and Skills
- Health
- SEND
- Social Care and Well-Being

The CSF Plan also links through to cross-Directorate work on Safer Surrey, our key focus on strengths based approaches, and the CSF Improvement Plan, which sets out the key actions required to address areas highlighted by Ofsted.

We will continue to put the child first and essential to this is understanding what difference we are making to children and their families' lives. This is key to focusing our commissioning where we can have the most impact.

The commissioning intentions set our direction and are supported by the 'Sustainable Future' development which is developing more robust future demand modelling. This is linked to financial planning, future market development (internal and external offer) and service practice in key areas such as decision making on placements.

2. Outcomes

2.1 Outcomes for all children and young people

To achieve our vision, we have three over-arching outcomes for all children in Surrey.

Children and young people have good health and wellbeing

Children and young people are safe from harm and danger

Children and young people achieve their potential

2.2 A commissioning approach

In developing these commissioning intentions, we followed a commissioning approach. We analysed the need, level of demand and expenditure (a full version of this can be found in the supporting evidence file, with further supporting information in the Joint Strategic Needs Assessment (JSNA) and Medium Term Financial Plan (MTFP)). This has led to the high level outcomes we want to achieve for all children, young people and families in Surrey and the ten commissioning intentions set out in this plan. We set out each of these commissioning intentions, the justification for them and how they will be achieved, with links through to key supporting plans and programmes.

We need to ensure that we address the root causes that drives demand. This can include poverty, poor family functioning, educational disengagement, and poor physical and mental health.

Our three core commitments to children are key to all our commissioning:

- Children are seen
- Children are safe
- Children are heard.

2.3 CSF Commissioning Intentions

These commissioning intentions will inform our future commissioning for 2017-22.

1. Prevent problems escalating by identifying issues early and ensuring children, young people and families needing extra help receive timely, preventative support
2. Develop a positive experience of SEND services and support for children, young people and families
3. Secure the right early support to promote good emotional wellbeing, physical and mental health
4. Prevent and reduce the impact of abuse (including domestic abuse) and neglect
5. Secure placements or accommodation for looked after children and care leavers, including unaccompanied asylum seeking children that are appropriate, local and value for money
6. Reduce the impact to children of hidden crimes – child sexual exploitation (CSE), Children who go missing from home and care and radicalisation.
7. Champion the educational achievement, progress, health outcomes and engagement of vulnerable children and young people throughout their life course (looked after children, children in need, free school meals, SEND, 'vulnerable groups')
8. Develop educational opportunities for children and young people with SEND in local schools or colleges that offer the best value for money
9. Secure increased participation in education, training and employment post 16 for children and young people in our 'vulnerable groups'
10. Secure increased school readiness and reduce the health development and attainment gap for disadvantaged groups in early years.

3. What are the needs of children, young people and families in Surrey?

3.1 Introduction

This section highlights the key themes that have led to the identification of the commissioning intentions above. Further

detail is set out in an overarching needs analysis and the supporting Joint Strategic Needs Assessments, as agreed at the Health and Well-Being Board.

3.2 Cross cutting needs and demand in Surrey

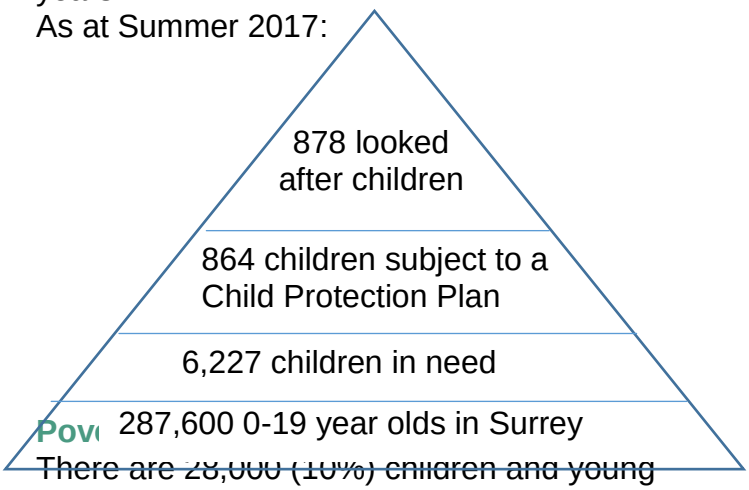
Demographic growth

There are 287,600 children and young people aged 0-19 living in Surrey.

Whilst birth rates are levelling off, the effects of substantial growth are still being experienced as children grow older, such as a forecast growth of 10,000 (14%) 10 to 14 year olds by 2022, compared to 2017. The proportion of high risk and complex pregnancies continues to grow due to an increase in maternal age, raised body mass index and a number of long term conditions.

The number of contacts to Children's Social Care has risen from 60,915 in 2011/12 to 77,811 in 2016/17 and the numbers of children and young people with needs requiring a statutory plan for SEND has risen by 30% since 2009. Demand is forecast to rise further, with numbers of children in need forecast to rise by 20% over the next three years.

As at Summer 2017:



Pov

There are 28,000 (10%) children and young people living in poverty in Surrey. Although this is significantly lower than the national percentage at 30%, children living in poverty have relatively poorer outcomes. Deprived communities in Surrey experience lower than average outcomes across education, health and social care. 67% of children and young people living in households that are dependent on out of work benefits are under 11 years old, this is below the national average of 74%. Children eligible for Free School Meals (FSM) start falling behind their peers academically from a young age and do not catch up. Poverty is also linked to social isolation and poor integration, in particular in more affluent areas.

Schools and learning

Education policy has been highly changeable and unpredictable over the last five years. The market for school support and school improvement services is changing, with academies and multi-academy trusts increasingly commissioning services and offering a range of services to schools. The joint venture with Babcock is scheduled to end in March 2019 and this will bring change to the local market. Surrey County Council is currently working in partnership with schools to shape the local authority's future offer.

Approximately 20% of Surrey children are in independent (non-maintained) schools. Whilst not a direct impact on the council's finance, there are implications for safeguarding practice and how children within these settings access services including school nursing, mental health and broad PSHE curriculum.

Health

There is a strong correlation between educational attainment, life expectancy and self-reported health. Child obesity is a major public health issue. The prevalence across Surrey of children aged 5 – 6 years who are either overweight or obese is 16.6%. This indicates a downward trend from 17.9% in 2014/15 and 18.1% in 2013/14 and remains below regional comparisons such as Kent at 23%.

If a child or young person does not receive appropriate support for their emotional wellbeing and mental health (EWMH) and intervention this can lead to higher school absence rates, increased risk of poor physical health, poor educational outcomes and mental health issues that can escalate.

In Surrey, unintentional injuries account for approximately 13% of all emergency admissions and 4.5% of all hospital admissions.

Surrey currently falls short of the European region of the World Health Organisation target of a 95% uptake rate for childhood immunisations. For example, in 2015/16, average uptake of the Measles, Mumps and Rubella vaccination in Surrey was 82.5% for the first dose and 73.8% for the second dose, compared with an average of 91.7% and 88% in England.

4. What do we know about how well services are meeting the needs of customers?

What is the quality of services?

The percentage of outstanding education providers, as assessed by Ofsted, is above average compared to national and regional performance across each phase of statutory school age and further education and skills.

However, the quality and suitability of current provision is not meeting the full range of children and young people's needs. In June 2015, Ofsted judged Surrey County Council's arrangements to safeguard children from harm as 'inadequate'. In December 2016, Ofsted judged there to be significant areas of weakness in the local area's practice for children and young people with SEND. The inspection highlighted that children and families' experience on their SEND journey needs improvement. This is evidenced by high appeal and tribunal rates, long time period to complete assessments and high levels of out of county provision. An improvement plan is addressing these issues.

Recent monitoring visits have been balanced and Ofsted has highlighted improvements in some areas, which has provided a good foundation for the future.

Health providers in Surrey have received mixed CQC ratings for delivery of children's health services. Surrey has one of the highest performing substance misuse services for young people in the country.

What do children, young people and families say about our services?

The majority of children and families have told us that staff are motivated, perform effectively and that they (children and families) feel more confident since accessing services in Surrey.

As part of our Children's Improvement Plan which sets out the work we will do to improve services for children following the 2015 Ofsted review, we asked children what is most important to them

The key feedback voiced by children is summarised below.

- I need help now
- I want to talk to someone I trust
- I only want to tell my story once
- I want to belong
- I want to be happy and safe
- I want to be with family and friends
- I want to some fun

In response, we have made a commitment to children:

- Children are seen
- Children are safe
- Children are heard
- They receive the right services at the right time
- Care plans drive better outcomes through supervision and management oversight.

These commissioning intentions will work to deliver these commitments.

5. Our commissioning intentions

In this section we set out each of our ten commissioning intentions and the supporting evidence that sits behind them.

1. Prevent problems escalating by identifying issues early and ensuring children, young people and families needing extra help receive timely, preventative support

What is the need?

Universal services including education and health are facing increasing pressures to support children and families with increased levels of need at a time of an increasing population. Universal services need to be able to prevent issues from arising through good population level services and robust early identification and referral for those children and families that require more help. In June 2017, Surrey had a higher referral rate to social care per 10,000 of the 0-17 population at 694.2 compared with the national average of 532.0, and statistical neighbour average of 431.0.

An initial analysis of Surrey's looked after children in January 2016 found that 43% had siblings who were also in care. Of this cohort of 147 families, 76% (111) had children who were placed into care at the same time, but 24% (36) had children who were placed into care at different times, suggesting there may have been opportunities for preventative approaches to reduce repeat cases.

Our Child in Need (CiN) re-referral rate in Surrey (24.1%) is higher than the national average (22.3%) but has reduced by 9 percentage points, which may suggest Surrey has become more effective in supporting families so that problems do not reoccur later. Almost a third of all CiN referrals (including re-referrals) are concentrated in only 10% of the county.

In July 2017, 125 children received an Early Help Assessment. There was a total of 1,992 Early Help referrals from October 2016 to June 2017, with 40% for children and young people in the age range of 12-17.

What have we heard about our service?

Feedback from adoptive parents and special guardians (2015) includes the need for Early Intervention - the right professionals need to be involved from the beginning, and then work with the parents over time to reduce support as appropriate. There may then be instances in future where the professional needs to re-engage with the family.

What is the demand?

Contacts to Children's Social care are increasing; there were 77,811 contacts made in 2016/17, compared to 60,915 in 2011/12. The proportion of contacts where no further action is required is continuing to fall as cases are increasingly routed through our developing early help offer and getting the early support they need. The proportion of contacts progressing to referral to Children's Social Care (15.4% in 2016/17) is lower than the 2015/16 percentage (20%) which may be in part due to an increase in referrals to Early Help. A key element of managing the number of contacts to social care is through effective prioritisation in our Multi Agency Safeguarding Hub (MASH).

Current projections suggest that the number of Children in Need (CiN) could rise by almost 20% over the next 3 years, based on modelling conducted in 2016/17. Given the current projections for children in need, this may cost Surrey up to £5.9m by 2020/21, unless measures are taken to address this need through Early Help.

Market analysis and value for money

Early help services cover early years, youth and family services based in the community as well as wider provision through health and education that support Team Around the

Family approaches. Indicative benchmarking of costs per person suggest our early help offer is adequately funded, but there are reductions planned as Early Help services are better integrated and focused. There are also financial challenges in other sectors of provision, such as the Public Health budget in Surrey which is 20% below the target level of funding due to reductions in central Government spending compared to what is required to deliver optimum services. This will impact our universal services which are essential in proving a preventative response.

Family support in Surrey costs 15% less than national average (£77 vs. £90). Surrey's Family Service operates a different model from many areas, including providing social work for Children in Need within its model. In Surrey the spend per capita on supporting young people is approximately double the national average (£87 vs. £45).

What do we need to commission?

We need to improve our level of support for children aged 5-11 (approximately 8,800) in terms of effective parenting support and family support for children with SEND. These gaps are contributing indirectly to the rising demand for more acute social care and SEND provision. We need to develop a more integrated offer and achieve cost reductions in line with the Medium Term Financial Plan. Public Health will continue to commission services which can prevent and identify at an early stage families requiring additional support as well as specialist targeted services and these need to be part of future early help design.

We will strengthen our Early Help offer through an integrated Early Help Transformation Programme to deliver more coherent and timely service with a key focus on Local Family Partnerships. This will be achieved through our commissioning thematic plans Early Help, Early Years, Health and the Early Help Programme.

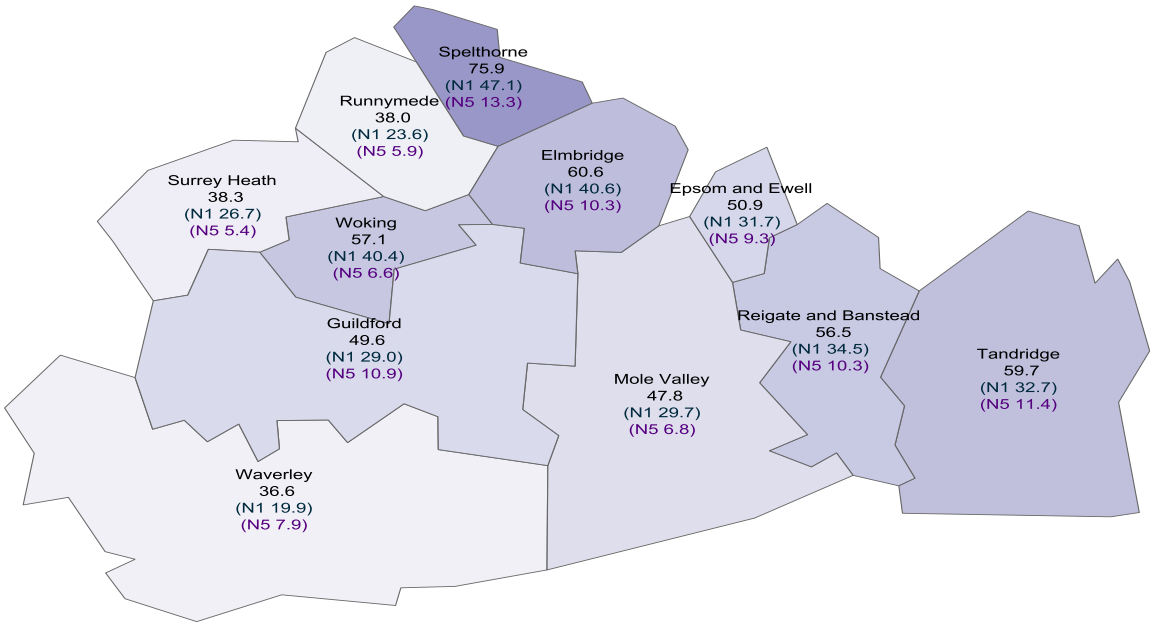


Figure 1: Map of CiN rates per 1,000 population across the 11 districts and boroughs, 2016

2. Develop a positive experience of SEND services and support for children, young people and families

What is the need?

In January 2017, there were 188,012 children in Surrey schools of which 27,718 children with some form of SEND, including 5,955 with a statutory plan. As a result of legislative changes and increasing demand, by June 2017 there were 6,843 children with statutory plans maintained by Surrey. Surrey has a slightly higher prevalence of children and young people with statutory plans: 3.5% of children and young people compared to 3.3% nationally.

In 2016/17 28% of children and young people with plans are in Local Authority maintained special schools, 21.1% in maintained mainstream schools and 15.6% in non-maintained special schools, independent special schools and other independent provision. This compares to the national view of children with statutory plan in mainstream school at 44.8% and 42.5% in special schools and 6.9% in NMIs.

In Surrey maintained primary schools in January 2017, 8.3% of the pupils with an additional need had Autistic Spectrum Disorder (ASD). In state funded secondary schools it was 10.4%. For special schools, it was 31% which is above the England percentage of 26.9%.

Nationally, Surrey has a high number of tribunal appeals registered per 10,000 of school population and has consistently remained above both the National and South East figures. However, Surrey's ranking has improved (and has moved down the rankings) from 13th to 19th of 152 authorities.

What have we heard about our service?

The Personal Outcomes Evaluation Tool (POET) Survey in February 2016 showed that 42% of parents in Surrey said that the support their child receives had made things better or a lot better, compared to 58% nationally.

Furthermore, we have heard that service provision is not always widely accessible. In some areas, parents feel confident that their children's needs are being met locally without having to travel long distances but this is not the same across the county.

Demand and projected costs

The number of children and young people with statutory plans who have been identified as having Autistic Spectrum Disorder (ASD) has increased by around 50% since 2009. Overall, ASD in Surrey schools has increased by 89% from 1,258 pupils in 2008 to 2,378 pupils in 2016, not limited to statutory plans (this is likely to be in part due to changes in diagnosis). This is something that has been reflected nationally and globally with a 25 fold increase in autism diagnosis in the last 30 years.

Maintained special schools for children and young people with ASD are at capacity, which partly explains why there is a high use of NMIs. There are vacancies within mainstream schools, but not always at the point of access. Maintained provision near to other local authority borders often goes to children in these areas due to the geographical distance from their homes, which results in some Surrey children being placed in NMIs.

We are developing more robust forecasting in order to better model changing needs in future. We are also in the process of improving and clarifying our data recording that will enable us to have more accurate data. Legislative changes, such as the extension of the age for EHCPs up to 25 means there will now continue to be plans when they otherwise would have ceased to exist once the child turned 19.

Market analysis and value for money

The 2017/18 budget for children and young people, aged 0-25 years with SEND was

£232m. The changes to the High Needs National School Funding Formula could result in significant funding gaps for Surrey.

The non-maintained and independent sector (NMI) represents a significant element of SEND expenditure, standing at £38.6m in 2016/17. The total cost of agency placements in 2016/17 to Surrey County Council (including the cost to Adult Social Care) was £43.2m and £43.6m including the health costs.

The net cost per 0-19 person in Surrey for top up funding to independent providers in Surrey is £136 in 2015/16 compared to the national average of £70.

What do we need to commission?

We need to work with health to ensure joined up pathways of service delivery for children with SEND. This includes ensuring early identification and support within the early years. Currently there is a lack of appealing local and maintained education provision to meets the needs of children with SEND which is contributing to rising demand for expensive non-maintained independent schools and residential placements. We expect to see a high rise in the number of children with statutory plans in the next 8 years. We need to shape the local market in order to improve and develop local provision for children and young people with SEND.

By 2017/18 we will have:

- A consistent process applied to inflation increase requests
- Robust data for NMIs and Specialist Post-16 Institutions (SPIs) that demonstrates the extent to which their provision is high quality, outcome focussed and value for money
- Robust data for NMIs and SPIs to demonstrate the extent to which they are working towards a Surrey-wide outcomes framework
- Contract management arrangements in place for NMIs and SPIs
- Child-centred funding arrangements established for school places
- Accurate forecasting tools for specialist setting places established

This will be achieved by our SEND thematic plan and programme.

3. Secure the right early support to promote good emotional wellbeing, physical and mental health

What is the need?

Physical and mental health are often viewed in isolation, however each can directly impact upon the other.

Preventing poor physical and mental wellbeing through robust whole population and targeted approaches is key to maintaining good outcomes in Surrey whilst helping to close the gap and reduce inequalities.

Children who develop poor lifestyle habits at an early age or who experience stressful and poor quality childhoods are more likely to adopt health-harming behaviours during adolescence. Poor adult health can also lead to wider exploitation, economic and housing insecurity, and social stigma. Children living in these environments can therefore be at heightened risk of neglect, abuse and domestic violence.

Variation in outcomes are often affected by maternal behaviours. In Surrey around 54% of mothers under 20 years old breastfeed compared with 84% of all mothers; 37% were smoking at delivery compared to 7% across all ages.

Whilst Surrey's stillbirth and perinatal death rates are favourable compared to national, there is still a focus on reducing these. Perinatal mental health remains a concern as the leading cause of death for women during pregnancy and in the year after birth.

A questionnaire of school aged-pupils in Surrey found that 38% of primary and 26% secondary school pupils responded that they feel afraid of going to school because of bullying at least 'sometimes'. In response to the same survey 26% of pupils responded that they have experienced negative behaviours in a relationship with a past or current boyfriend/girlfriend.

Children entering the care system, Gypsy Roma Travellers and Young Carers often have a poorer level of health than peers. As a result, they are more likely to experience a variety of problems.

What have we heard about our service?

The main health concern for young people surveyed in Surrey is depression and poor mental health, however they feel that education and health services are not doing enough in these areas.

We have also heard from children and young people who have accessed mental health services that transitions to adult services can be challenging and scary, clinic hours and locations can affect how easily young people can engage with services. They also raised concerns regarding access to out of hours mental health support for young people.

Community health services are generally well thought of, however, we need to improve accessibility to advice and information, within health visiting and school nurse services, as well as address waiting times in key therapy services. 45% of pupils stated that they know who their School Nurse is and 59% knew how to access the service. Families expect prevention to start at school with a robust Personal, Social and Health Education (PSHE) offer that supports good health and wellbeing.

Engagement work has identified that young people want better access to sexual health services, including more flexible opening times such as evenings and weekends.

Demand and projected costs

With an increasing 0-19 population, universal services will see increased demand for routine checks that provide an opportunity for prevention and early intervention. In addition there will be an increasing demand from children with more complex SEND or social care needs for services such as therapies and specialist nursing as well as direct support for families. This is against a

backdrop of reducing health (including public health) budgets.
A projected increase in demand for more specialist CAMHS services will put pressure on future budgets. It is estimated that the annual short term health, social care and education costs of mental health problems per child is £2,220, with the long term societal costs per child a further £3,310.

Market analysis and value for money

Joint commissioning is established and Surrey County Council and the six Clinical Commissioning Groups in Surrey jointly fund and commission Child and Adolescent Mental Health Services (CAMHS) and Children's Community Health Services.

It has also maintained the commissioning of Family Nurse Partnership. This service supports children with more complex needs and need to be seen as part of a package of care that can deliver better outcomes.

There are likely to be more opportunities for aligning and commissioning jointly in the future.

What do we need to commission?

We have a range of opportunities to commission services for emotional and physical health.

We will maximise opportunities through the strategic change programmes in Surrey (STPs, Early Help, SEND, Local Maternity System) and within our Community Health providers to integrated commissioning and service delivery, where this makes sense across health, public health and social care.

We will use this opportunity to further embed prevention in service delivery. This will include using the principles of Making Every Contact Count alongside the universal child developmental reviews to deliver key messages on mental wellbeing, breastfeeding, immunisations, healthy weight, smoking, substance misuse and oral health.

A key element for our emotional, wellbeing and mental health services is to ensure they:

- Are co-designed collaboratively with children, young people and their families
- focus on building resilience
- improve the communication of our local emotional, wellbeing and mental health offer with other agencies
- identify support for specialist workers for LGBT.

We also need to ensure clear and robust pathways are in place for pregnant women to ensure access to perinatal mental health services. In addition we need to improve the transition of children and young people from CAMHS to adult mental health services.

We will test a model of social prescribing within Local Family Partnerships to ensure access to preventative, early help services.

Whilst the Family Nurse Partnership service works with a high proportion of new young parents in Surrey, there are gaps in provision for those young parents not eligible for the service but who still have significant risk factors for poorer outcomes, including healthy relationships and timely access to contraception.

Childhood obesity prevention remains a priority for the Health and Wellbeing Board and we will develop a Healthy Weight Strategy and action plan to continue to reduce levels, outlined at the start of this document, across the county.

With the development of a local, family focused early help service there is an opportunity to ensure that there is an equitable level of physical and emotional and wellbeing mental health services across the county that are aligned with SEND services and with other agencies. In addition there is the opportunity to develop a clearly defined pathway between CAMHS to Adult Services.

This will be achieved through our Early Help programme, Early Help, Social Care and Wellbeing, and Health thematic commissioning plans.

4. Prevent and reduce the impact of abuse (including domestic abuse) and neglect

What is the need?

An audit of abuse and neglect cases by the Surrey Safeguarding Children's Board highlighted that the main contributory factors were parental mental ill-health, parental substance abuse, domestic abuse, homelessness, poverty, criminality and parental disability. There were 6,227 children in need as at 31 March 2016, of which 58.1% had 'abuse and neglect' as their primary need at assessment, this compares to a national average of 51% for 'abuse and neglect'.

Despite young people representing only 9% of the population in Surrey, they are disproportionally (21%) represented as the victims of domestic abuse reported to the police.

In the year ending 31 January 2016, 1,570 children and young people became subject to a child protection plan. In around a third (570) of cases domestic abuse was identified as a factor at the end of a Section 47 Investigation. In August 2017, Surrey's rate of child protection per 10,000 of the 0-17 population was 36.4 which is lower than the national (43) and south east region (42) rates.

In the year ending 31 March 2016, 490 children started to be looked after; 55.1% (270) were looked after due to 'abuse and neglect'; 11.2% (55) due to 'family dysfunction', compared to national averages of 54% for 'abuse and neglect' and 9% for 'family dysfunction'.

Between April 2015 and March 2016, of the total number of incidents of domestic abuse reported to Surrey Police, 45.1% involved children:

- in 3.1% (448) children witnessed the abuse
- in 2.3% (335) children perpetrated the abuse
- in 2.8% (414) children were the victims of the abuse
- in 36.8% (5,336) of incidents children were involved in some other way

What have we heard about our service?

Practitioners and families consistently report a gap in universal parenting support specifically for those aged 6-11 years and for teenagers as well as targeted parenting support for children with complex needs (including ASD and ADHD), mental health issues and undiagnosed or difficult behaviours; as well as adult-to-adult support service – including domestic abuse outreach.

The Big Survey asks Looked After Children about their experience in being in care of the council. Most children (66.7%) see their social worker as much as they'd like to.

Demand and projected costs

We are currently working to improve our demand modelling as part of our 'Future Sustainability Programme' which is aligned to future financial planning.

We do know that there has been a marked increase in the proportion of CiN due to 'abuse and neglect', and a decrease in the proportion of families in 'acute stress' over the past 5 years.

Market analysis and value for money

There are several commissioned services for domestic abuse, including outreach services, a telephone helpline and specialist support centres for rape and sexual abuse.

In Surrey, the current spend of domestic abuse services for children and young people is £100,000, rising to £299,000 if including partners. This money is delivered through five main providers: SDAS consortia, East Surrey Domestic Abuse Service, YourSanctuary, Chapter 1, North Surrey Domestic Abuse Service and Reigate and Banstead Women's Aid.

8

What do we need to commission?

Modelled on the effective elements of existing support, a Community response to domestic abuse is being developed as part of our Early Help Commissioning plan. This approach is built on victims and their families being at the heart of the system, early identification by all professionals and public services, and targeted support for children. Furthermore, there needs to be an effort made to reduce barriers faced by vulnerable and repeat victims.

The Early Help thematic commissioning plan will help to achieve this, alongside our Safeguarding programme and the Social Care and Wellbeing thematic commissioning plan.

5. Secure provision of placements or accommodation for looked after children, care leavers, and unaccompanied asylum seeking children that are appropriate, local and value for money

What is the need?

There were 878 looked after children as of August 2017. This is 35 per 10000 of 0-17 population compared to 31 per 10,000 in 2012. This has been and remains much lower than the national (60 in 2016) and South East (53 in 2017) figures. It is also lower than our statistical neighbours at 43.0.

As of August 2017, 25.9% of Looked After Children in Surrey were placed out of county and more than 20 miles away from where they used to live. This compares to the national average of 14%, the statistical neighbour average of 24.8% and the South East region average of 15%.

In August 2017, 6.95% of looked after children had 3 or more placements compared with the national average of 10%, statistical neighbours of 11% and South East Region of 10%. There is a real focus for Surrey on ensuring looked after children are able to 'stay put' and not moved around in their placements, if it is the right placement choice.

What have we heard about our service?

Two-thirds of children and young people in care of the council said they were happy in their placement and most young people had received the advice and support needed to move from care onto independent living.

Two out of every three children experienced a change in placement and half of those who moved felt that their opinions and views were taken into consideration when moving.

Market analysis and value for money

The market for placements for looked after children is becoming more developed, however the volume of local provision alone does not meet current or forecast demand. This has generated a dependence on out of county provision, in particular for fostering and residential care. Rising demand and high cost of placements for children looked after is unsustainable. Our average yearly cost for a child looked after in 2014/15 was £63,800, around £10,000 more than the national average. This is in part driven by the high use of costly external placements such as residential places and the use of independent fostering agency placements. Work is underway on a regional basis to improve volume and choice of placements driving better value for money.

The table below gives more detail on these costs based on figures from 2014/15.

	Placement costs* £'000	Social Work Cost* £'000	Total Cost* £'000	Average Number
Children with in house foster carers (FC)	22.8	17.3	40.1	490
Children with external FC	50.6	17.3	67.9	128
Children in in-house residential homes (RH)	122.3	17.3	139.6	34
Children in external RH	184.0	17.3	201.3	34

*2014/15

The annual cost of external fostering placements have remained stable due to the framework arrangements that are in place.

The above numbers has also increased with 184 children currently placed in external fostering and 65 children placed in external residential homes.

Demand and projected costs

8

The number of Unaccompanied Asylum Seeking Children (UASC) in Surrey has risen sharply over the last 5 years, a 131% increase (60 in 2011/12 to 139 in 2016/17) and projections suggest this will continue. This compares to the situation in Hampshire of a 20% increase and a national increase of 72%. This is in part related to Surrey's geographical position and the M25. The 1% projected rise in non-UASC looked after children will result in a cost pressure for the council of £2.06m.

The number of care leavers in Surrey has remained fairly stable since 2013. However this is predicted to increase by 31% over the next three years. This is in accordance with the rising numbers of 16 and 17 year olds in care, which is partly due to the increase in the number of looked after UASC within Surrey. The cost of each person leaving care in Surrey is £15,940 per year.

What do we need to commission?

We have already made progress in this area through the regional outcomes-based Independent Sector Fostering Agencies (IFAs).

We need to identify more families within Surrey's borders who are confident to foster or adopt looked after children and UASC meaning looked after children can more often be placed within the county. There is a high level of complexity of presenting needs which often limits alternative options.

We also need to ensure that where we have residential placements, they are the right ones for the individual child, making the most of the opportunities within homes, schools and secure residential placements. This will link to the Surrey Placement Strategy for Looked after Children 2016-2019.

There is also a lack of suitable placements for care leavers. While almost 20% of our care leavers are living in supported accommodation, many are living in 'spot purchased' rather than 'block purchased' placements which generally cost more. It can be particularly difficult to place UASC care leavers in 'block purchased' supported accommodation placements due to the 'moving on' requirement, whereby placements are prioritised for those who have a local connection for future housing.

This will be achieved by the social care and wellbeing thematic commissioning plan and the safeguarding programme.

6. Reduce the impact to children of hidden crimes – child sexual exploitation (CSE), Children who go missing from home and care and radicalisation.

What is the need?

The inability to form healthy, positive relationships can place a child or young person at risk of exploitation and going missing. In 2016/17, 196 children were missing from care at some point during the year and there were 972 episodes of a looked after child going missing. This is 12% of the Surrey looked after children population which is below other comparable areas such as Kent (15%) but above the south east average (10%) and national average (9%).

During 2016-17, 346 children were deemed to be at risk of CSE in Surrey. Local data indicates that most identified CSE victims in Surrey (86%) are females and 50% are between the ages of 12-15.

In the 12 months to 30th November 2016 Surrey Police recorded 14,319 domestic abuse (DA) crimes and incidents, involving 8,415 young people. In 2015-16, 650 children on child protection plans and 2,625 children in need had domestic abuse as an identified factor. DA is also recognized as a driver for other risks such as CSE and children missing from home and education.

What have we heard about our service?

90% of looked after children who responded to the BIG survey know what to do if they are feeling threatened or uncomfortable. 13% of respondents said that they have found themselves in these types of situations.

We also receive feedback from children who go missing from care through return home interviews.

Demand and projected costs

As mentioned in previous sections, the demand on our services is likely to rise and this will include children that will experience CSE, go missing from care and radicalisation.

Market analysis and value for money

Children who are already known to social care are more likely to be at risk of sexual exploitation and repeat missing episodes are a risk indicator.

There is a joint list between children's services and police of children at risk and it may be discussed at monthly Missing and Exploited Children's Conference (MAECC) meetings which also extends to oversight groups and triage panels. However, in January 2017, Ofsted noted that we need to improve assessment of risk and safety planning.

There is a need for further support and therapeutic services for boys, children with a learning disability, children from a black and minority ethnic background and children under 13 years.

What do we need to commission?

The Multi-Agency Safeguarding Hub was set up over a year ago as the first point of contact if someone is worried about a child. This is an opportunity we are building on to strengthen our arrangements around children who are at risk of CSE.

We will also ensure that we continue to drive the work we are doing with schools around relationships through the 'healthy schools' agenda.

We will specifically:

- Ensure Social Workers in Surrey are accessing specialist training and modules facilitated by the Surrey Safeguarding Children's Board, particularly in relation to female genital mutilation, child sexual exploitation, child trafficking and radicalisation to

ensure that all workers are able to recognise the signs.

- Further develop our Safer Surrey approach and embedding this into our practice.

We will achieve this commissioning intention through the social care and wellbeing thematic commissioning plan and the safeguarding programme.

7. Champion the educational achievement, progress and engagement of vulnerable children and young people throughout their life course (looked after children, children in need, free school meals, SEND, 'vulnerable groups')

What is the need?

Specific groups that experience poorer outcomes include: children with Special Educational Needs and Disabilities (SEND); looked after children and care leavers; Children in Need (CiN); children living in poverty; young carers; teenage parents and their children; Gypsy, Roma and Travellers (GRT); children affected by domestic abuse, and; the children of prisoners.

Outcomes for these children tend to be poor when compared to the Surrey average and, in some instances, when compared with the national average. In fact some groups of disadvantaged children in Surrey do less well than children from similar backgrounds in other local authority areas. Where children experience multiple disadvantages, the differences in outcomes for some groups are even greater.

Children on free school meals in Surrey do less well than their peers by the end of reception year; 62% children have a good level of development, lower than the 73% Surrey average.

Children Missing Education (CME) and Pupils Missing Out On Education (PMOOE) make up around 1% of the school population of Surrey and on average there is a 60/40 split between boys and girls. Pupils with SEND and Gypsy, Roma and Traveller (GRT) pupils tend to be over represented. In 2016, Surrey had a lower proportion of looked after children with at least one fixed period of exclusion from education than the national average (9.81% vs 10.42%), but a higher proportion of looked after children who were persistently absent than the national average (10.6% vs 9.1%). The proportion of children with special educational needs with at least one fixed period of exclusion from education in Surrey is slightly higher than the national average.

Vulnerable care leavers with challenging behaviours, who have moved foster placements several times and have lived in residential children's homes, are more at risk of not being in education, employment or training (NEET).

Good health and wellbeing and educational achievement are linked. The National Institute for Health and Care Excellence (NICE) advises that primary schools and secondary schools should be supported to adopt a comprehensive, 'whole school' approach to promoting the social and emotional wellbeing of children and young people. Such an approach moves beyond learning and teaching to pervade all aspects of the life of a school, and has been found to be effective in bringing about and sustaining health benefits. Improved access to services and approaches that support good health and wellbeing will help to reduce the attainment gap in Surrey.

What have we heard about our service?

94% of schools in Surrey are judged to be good or outstanding and overall performance is in the top 20% of Local Authorities across all Key Stages.

Some families elect to home educate their children due to dissatisfaction with the traditional school curriculum or settings, personal choice, or remove them from school following incidents of bullying.

Children experiencing multiple risk factors are impacted much more significantly and their attainment at KS2 and KS4 considerably reduced compared to their peers.

Demand and projected costs

We are currently working to improve our demand modelling and will understand more about the impact of this in the near future.

Current estimates suggest however that 11,000 more school places will be required by 2021, particularly within the secondary phase and 3,990 additional post-16 places by 2026.

In line with national policy, most Surrey secondary schools have converted to academies and become autonomous, which has altered the Local Authority role. Funding for schools is changing with a National Funding Formula (NFF) to be introduced in April 2018. While overall Surrey is expected to gain from the NFF, around 20% of the county's schools – predominantly those with high levels of deprivation – would lose funding under the current proposals. New school improvement funding streams will come online from September 2017, with the bulk going directly to schools via the 'Strategic School Improvement Fund'.

Low take-up of the Pupil Premium in Surrey also reduces significantly the resources available to improve the achievement of disadvantaged children. For Pupil Premium, the total funding claimed equates to £25m. However, the Department for Education statistics suggest that 29% of eligible children in Surrey are not being claimed for, which is the fifth highest rate nationally.
A focus of the SEND inspection was the uptake of the 2-2.5 year developmental reviews. Around 85% of children receive this review. It can provide early identification of children requiring additional support and often forms the start of pathways into wider services that promote and aid a child's school readiness.

Missed opportunities to meet the needs of vulnerable children and young people, and prevent their needs from escalating, is driving up demand for high cost statutory services. The greater focus on Early Help and targeted support will enable earlier intervention to reduce cost and improve outcomes.

Market analysis and value for money

Historically, Surrey was spending more on school improvement per capita than the national average (£44 vs £31 nationally), this has now reduced to £35 vs £44 nationally, however there remains a gap between Children in Need pupils achieving 5 GCSEs at A*-C including Maths and English and their peers in Surrey at 38.5% points.

What do we need to commission?

The current contract with Babcock for our Joint Venture, Four S, is scheduled to end in March 2019. Aside from ongoing school organisation and place planning work to address changing levels of demand, which is a statutory duty, SEND and educational inclusion will be our primary focus for future commissioning work.

We will specifically:

- Increase the attainment of vulnerable groups in Surrey so that the gap in outcomes is reduced.

This will be achieved through our SEND, Early Help, Early Years, and health education and skills thematic commissioning plans and the education in partnership, early help and SEND programmes.

8. Develop educational opportunities for children and young people with SEND in local schools or colleges that offer the best value for money

What is the need?

As at January 2017 there were 6,843 children and young people in Surrey schools subject to high need services via a statutory plan.

Surrey has a slightly higher prevalence of children and young people with statutory plans: 3.5% of children and young people compared to 3.3% nationally.

The number of children with SEND in non-maintained institutions (NMIs) has jumped by more than a third over the last five years – to around 15% in 2016. This is more than double the national average (6.9%) and considerably above the statistical neighbour average (8.5%). The high use of non-maintained independent schools cost £38.6m in 2016/17.

What have we heard about our service?

The journey to and from school can be a worry for children, young people and families affected by SEND. There is a lack of SEND support within mainstream schools which is limiting the opportunities for children and young people with SEND to attend schools alongside their peers.

Demand and projected costs

The number of children and young people with statutory plans has increased by 30.6% since 2009 and this is forecast to increase further.

SEND needs have been changing over the past six years. As mentioned, the number of children and young people with ASD in Surrey schools has increased by 89% from 1,258 pupils in 2010, to 2,378 pupils in 2016. Numbers of pupils with MLD have fallen from 1,101 in 2009 to 857 in 2016. Further growth in demand for SEND Transport is projected, linked to the projected growth in the population of Surrey with SEND and with EHCPs.

We are aware of the increases to date in the number of children with a statutory plan but are in the process of developing more robust forecasting. We are also in the process of improving and clarifying our data recording that will enable us to have more accurate forecasting. Legislative changes, such as the extension of the age up to 25 which means there will continue to be plans when they otherwise would have ceased to exist will also affect our forecasting as this has not been seen before.

Market analysis and value for money

The average placement cost in Surrey for non-maintained independent schools is £38,000 per year for a day placement and £96,000 per year for a residential placement. Surrey has the highest average annual spend on independent and non-maintained special schools nationally. Surrey spent £24m on SEND transport in 2015/16, almost double the spend in Hampshire (a comparable county area) for almost exactly the same number of children and young people. In 2017/18 the SEND transport forecast has risen to £27m.

What do we need to commission?

Surrey's audit of SEN needs suggest that children are often placed in out of county provision because of a lack of places in Surrey maintained special schools and units. Some NMI and out of county placements are considerably more expensive than alternative provision, and may not always deliver the best outcomes for the individual. The current approach to transport provision for children and young people is financially unsustainable. We are taking steps to mitigate the pressure here by working with partners to put in bids for free schools and revising our practice.

8

In 2017/18 we will

1. Increase the number of negotiated discounts with the non-maintained and Independent Sector (NMI) and Specialist Post-16 Institutions (SPIs), for example, through block contract arrangements
2. Reduce the number of out of county NMI and SPI placements
3. Establish accurate forecasting tools for specialist setting places
4. Review and update the Social, Emotional and Mental Health (SEMH) offer
5. Increase the number of work opportunities that young people with SEND can access
6. Increase the number of personalised learning programmes for young people, for example through dual roll programmes
7. Increase promotion of maintained provision to reduce service user preferences for non- maintained independent educational settings
8. Commission Independent Travel Training through developing a Social Impact Bond (SIB).

This will be built on in 2018/19 and 2019/20.

This will be achieved through our SEND thematic commissioning plan and SEND programme.

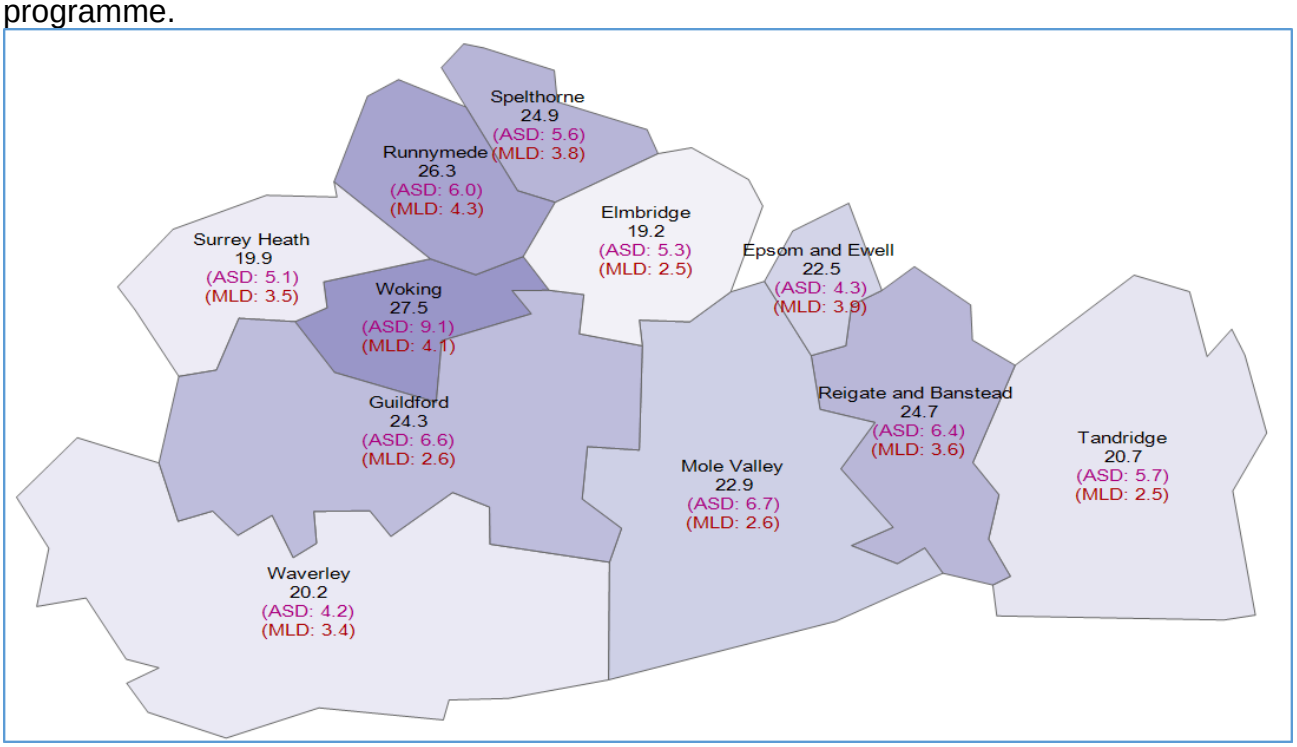


Figure 2: Rates of pupils with a statutory plan per 1,000 population by district and borough, 2016

9. Secure increased participation in education, training and employment post 16 for children and young people in our 'vulnerable groups'

What is the need?

Although Surrey's overall participation amongst 16 and 17 year-olds has remained above the national and regional averages for the last four years, there are certain groups performing less well and types of destinations that are not as widely taken up.

Between 2014 and 2015, the proportion of young people with SEND continuing in education and training increased significantly, from below the national average (80.8% compared to 86.1%), by 13.11 percentage points; bringing the total to 93.9% and subsequently exceeding the national average of 87.3% for 2015. This increase demonstrates the positive steps made to improve outcomes for this cohort. However, attainment and progress continues to be an area for improvement.

In Surrey there is a larger gap between young people with SEND and those without who are qualified to Level 3 by the age of 19 than nationally, regionally and amongst Surrey's statistical neighbours.

A gap in attainment by age 19 is also seen amongst those in Surrey claiming Free School Meals, compared to their peers. At both Level 2 and Level 3, the attainment gap is greater than that seen nationally.

Progression to higher education (HE) with an average of only 22% of Surrey young people who claimed Free School Meals entering HE, compared to 44% of those who did not. This inequality gap is greater compared to national performance levels. This is a gap of 22 percentage points which is 2 percentage points below the south east average.

Only 17.2% of looked after children achieved five or more GCSEs at grades A*-C (including English and Maths), compared to 93.9% across Surrey as a whole. This lack of progress at GCSE for the majority of looked after children greatly reduces the likelihood that they will achieve a Level 3 qualification by the age of 19.

Improvements can be seen in the proportion of care leavers who were NEET, decreasing from 40% to 37% within Surrey between 2014 and 2015, compared to an increase from 38% to 39% nationally. A deep dive of care leavers 'Staying Put' with their former foster carers found that 86% were participating in education, training or employment (PETE). This compares with 55% of care leavers in supported accommodation and 66% of care leavers in independent living being in participation. Only 5% of care leavers in Surrey entered HE in 2016 (1% less than in 2015) compared to 7% nationally (1% more than in 2015).

Some specific vulnerable groups within Surrey are known to perform less well than their peers. 16.8% of Surrey young people with an Education Health and Care plan or Statement of Special Educational Needs are qualified to Level 2 (GCSE equivalent) (including maths and English) and 15.8% to Level 3 (A level equivalent), compared to 86.1% and 72.1% respectively for those without SEND. This is a difference of 69.3% at Level 2 and 56.3% at Level 3, both of which are above the national average.

Market analysis and value for money

In 2012, Surrey County Council commissioned a preventative service known as Year 11-12 Transition. The initiative provides mentoring support to young people identified by using a set of Risk Of NEET Indicators (RONI) criteria. Mentors provide a range of one-to-one support, advice and guidance from the January of Year 11 to the February of Year 12; aimed at enabling young people to successfully transition to and sustain appropriate education, training or employment destinations. For those young

people who do not make a successful transition or subsequently withdraw from provision before the age of 18, Surrey's Family Service offers case-management to support them back into education, employment or training.

Demand and projected costs

Future demand is growing as more school age pupils are being identified as at risk of becoming NEET. The current healthy employment markets provides a good range of opportunities but any downturn in youth employment would have a detrimental impact.

We are currently working on developing our modelling abilities and will have further information in the near future.

What have we heard about our service?

Young people have told us that they feel education for GCSE level is too focused on getting them through their GCSEs rather than teaching them life skills.
They have also said that education services do not realise that some apprenticeships require qualifications and are not preparing well for such routes.

In general, children in care have told us that they have received the advice and support needed to move from care onto independent living.

What do we need to commission?

- Greater availability of flexible further education (FE) provision and training opportunities, particularly those which meet the needs of NEET young people, needs to be further developed.
- The quality and impartiality of careers education, information, advice and guidance (CEIAG) accessed by young people across Surrey varies widely and requires improvement.
- Transport costs can be a barrier to participation, particularly for vulnerable groups of learners undertaking an apprenticeship.
- There is a need to increase the delivery of apprenticeships and other work-focused programmes to meet the needs of Surrey businesses and address the challenges employers face in recruiting and retaining high quality staff.

This will be achieved by our education and skills thematic plan, SEND thematic commissioning plan and programme, education in partnership programme.

10. Secure increased school readiness and reduce the health development and attainment gap for disadvantaged groups in early years.

What is the need?

In Surrey we have made great improvements in increasing the take up of Free Early Education for Two-Year-Olds (FEET). About 78% of eligible two year olds use Free Early Education for Two year olds (FEET) each term. This has improved from 65% in past years.
Low take-up of pupil premium in Surrey significantly reduces the resources available to schools to improve the achievement of disadvantaged children. This is in part due to the difficulty of receiving data from parents to check eligibility of Free School Meal status.

A focus of the SEND inspection was the uptake of the 2-2.5 year developmental reviews. Around 85% of children receive this review. It can provide early identification of children requiring additional support and often forms the start of pathways into wider services that promote and aid a child's school readiness.

What have we heard about our service?

Cost is the main barrier to accessing childcare, particularly for those on lower incomes. But we have heard that where families do access it, they are very satisfied with the quality of formal childcare services.

Demand and projected costs

Future demand will be modelled drawing on data from partners. Currently the development of 30 hours provision is the most significant demand in the sector.

Market analysis and value for money

National benchmarking indicates that in Surrey the spend on Early Years per capita is in line with the national average. The market comprises of a large number of generally small providers, with a greater dependence on the Private, Voluntary and Independent (PVI) Sector in Surrey than is generally the case elsewhere in England.
The new requirement for 30 hours provision from September 2017 is challenging the market, particularly as it will limit opportunity to generate income, as well as requiring significant additional capacity.

What do we need to commission?

The new requirement for 30 hours provision from September 2017, requires significant growth in the market and is presenting providers with challenges as it reduces income potential. It will require new models of delivery and may limit opportunities for generating additional income. The market is being supported through DfE secured capital and targeted support for Sufficiency and Sustainability.

We will continue to work with health partners and providers to ensure access to early physical and emotional reviews is equitable across the population.

We will specifically:

- Develop new provision to meet the new 30 hour requirement
- Continue the collaborative model of working to deliver a speech and language model for early years children
- Extend the locations for the delivery of therapy sessions and ensure the model of therapy delivery dovetails into the Surrey County Council speech and language service for children in schools.
- Continue the integrated approach between Early Years and Health to carry out the 2 year checks
- Continue to fund publicity encouraging parents and carers to attend these

This will be achieved by our Early Years thematic commissioning plan.

8

Financial savings

6.1 What are the savings for CSF?

The table below sets out the planned savings for CSF, as at August 2017. These savings from a total budget of £454m are built into the service plans, programme plans and thematic commissioning plans.

The MTFP is currently being reviewed for 2018-2021 and work on forecasting demand is informing that plan. Additionally 'sustainable future is a programme of work which takes a longer term perspective on forecasting demand and changing the local market, internally and externally and service practice to ensure sustainable service for the future.

Market category	Key savings	17/18 (£m)	18/19 (£m)	19/20 (£m)	Total (£m)
SEND	Home to school transport (SEND)	1.5	1.5	1.5	4.5
	Supplier relationship management	0.3			0.3
	Review of special school funding	2.3	1.3		3.6
	Individual Statemented Pupil Support Budget	1.2			1.2
	Traded model for SEN Support Services	1.1	0.5		1.6
	Post-16 SEND	1.0			1.0
	Review provision of SEND support to Early Years Providers	1.0			1.0
	Further SEND savings on the high needs block	2.6	1.1	3.2	6.9
	Other	3.1			3.1
Early Help	Service reconfiguration	2.1	4.4	0.12	6.6
	Contract savings	0.3	0.2		0.5
	Early Help reduction in LAC demand	0.1	0.2	0.2	0.5
	Early Help reduction in CiN demand	0.3	0.6	0.6	1.5
Social Care and Wellbeing	Savings on external placements		0.5	0.3	0.8
	Reduced reliance on locums			0.5	0.5
Education and skills	Home to school transport (Mainstream)	0.6			0.6
	Reduction in school support	0.6			0.6
Cross cutting	Productivity Efficiencies	1.7	2.4	3.3	7.4
	Managing Market inflation	3.2	3.2	3.2	9.6
	Support Functions Review	0.4	0.3		0.7
	Income Generation	0.1			0.1
	Commissioning restructure	1.3			1.3
	TOTAL	**24.8**	**16.2**	**12.9**	**53.9**

Public Health

Local authorities receive an annual ring-fenced public health grant from the Department of Health. The core condition of this grant is that it should be used only for the purposes of the public health functions of local authorities as set out in the Health and Social Care Act 2012. They include the duty to improve public health through mandated and non-mandated functions. At the start of 2015/16, the Public Health grant for Surrey was £41.5 million (adjusting for the full year effect of the transfer of 0-5 services from the NHS to Local Authorities during this year). In 2015 the Government announced a series of reductions to the Public Health grant and these are demonstrated in the current published MTFP:

2016/17: £38.7m
2017/18: £37.9m
2018/19: £36.5m
2019/21: £35.5m

The impact of reductions includes a £2 million per year reduction to the value of the Integrated Sexual Health service and a 15% reduction in Public Health funding to the value of the school nursing and health visiting services within Surrey's community health service for children.

Additionally, given demand pressures, there will be a need to focus on containing spend within current budgets. Again, Early Help is key in addressing these demand pressures and ensuring future provision is sustainable.

How will we achieve these outcomes?

Overview

To achieve our vision, outcomes and commissioning intentions we will transform the way we do things. We will use evidence-based tools and approaches to re-imagine services over the coming years, commissioning for outcomes and collectively building a new offer that supports our vision.

Early Help

We will take a preventative approach, identifying negative events that occur in a child's life that often need an acute and frequently costly intervention. Being explicit about prevention will help us re-purpose our services, recommission our contracts, redeploy our staff and reform our practice with partners to support demand reduction.

We will develop an early help offer that reduces the requirement for statutory social work interventions by providing the right help at the right time. Prevention will also be central to our SEND offer, as we reform the education, health and care pathway for children and for all ages.

Safer Surrey

Reforming our practice and embedding restorative, family centred models in our work with children through the Safer Surrey approach is fundamental. Our practice needs increasingly to be more sensitive to the context of families, compassionate and respectful of children and families' lived experience. Practice will be underpinned by a firm knowledge of child development, attachment theory and social pedagogy that supports professionals working with families to coproduce child wellbeing.

A systematic programme of change

Our outcomes will be delivered through a number of key change programmes and through thematic commissioning plans. The key transformation programmes are:

- Early Help
- Education in Partnership
- Information Management
- Safeguarding
- SEND

The Children's Improvement Plan pulls together key actions from across the council's and partners' change programmes. This is overseen by the Improvement Board which monitors the delivery and supports a coordinated, child-first approach to change across the partnership.

We have adopted an evidence-based improvement framework, informed by research and best practice to help ensure we have the infrastructure required to achieve long-term sustainable improvement across our services for children and families.

Our improvement work will focus on seven areas of our organisation and practice that are essential to achieving and sustaining service improvement and development and are dependent upon each other for its success – these are:

- Robust leadership, management and governance
- Practice improvement
- Collaborative learning culture
- Engagement with children, families, workforce and partners
- Strong core systems and processes
- Efficient and effective use of resources
- Quality assurance and performance management

The Sustainable Transformation Partnerships provide opportunities to build pathways and services across organisational boundaries and to further joint commissioning opportunities.

Our thematic commissioning plans set out further market analysis and planned commissioning actions in each of the following areas:

- Early Help
- Early Years
- Education and Skills
- Health
- SEND
- Social Care and Well-Being

The Annexe sets out the links between the commissioning intentions, change programmes and thematic commissioning plans.

In order to oversee and join up across our change programmes and the thematic plans we have created the CSF Programme Management Office (PMO). The PMO is responsible for managing interdependencies across this portfolio in order for all elements to work together to achieve our outcomes.

Reviewing our progress

Progress will be reviewed through Programme Boards (for Change Programmes), The Improvement Board and the Commissioning Overview Group with Service Management Teams (for thematic commissioning plans), with oversight by CSF Leadership Team and the Public Health Leadership Team.

SCC outcomes for children and young people in Surrey.	**Children and young people have good health and wellbeing** Children and young are empowered and supported to have good social, emotional and physical wellbeing	**Children and young people are safe from harm and danger** Children and young people are empowered to keep safe and professionals work together to identify and address safeguarding concerns at the earliest point possible.	**Children and young people achieve their potential** Children and young people are empowered and support to reach their potential in everything they do.
CSF Commissioning Intentions	➢ Prevent problems escalating by ensuring children, young people and families needing extra help receive timely, preventative support ➢ Develop a positive experience of SEND services and support for children, young people and families ➢ Secure the right early support to promote good emotional wellbeing, physical and mental health	➢ Prevent and reduce the impact of abuse (including domestic abuse) and neglect ➢ Secure provision of placements or accommodation for looked after children, care leavers, unaccompanied asylum seeking children that are appropriate, local and value for money ➢ Reduce the impact to children of hidden crimes – child sexual exploitation (CSE), Children who go missing from home and care and radicalisation.	➢ Champion the educational achievement, progress and engagement of vulnerable children and young people throughout their life course (looked after children, children in need, free school meals, SEND, 'vulnerable groups') ➢ Develop educational opportunities for children and young people with SEND in local schools or colleges that offer the best value for money ➢ Secure increased participation in education, training and employment post 16 for children and young people in our 'vulnerable groups' ➢ Secure increased school readiness and reduce the health development and attainment gap for disadvantaged groups in early years.
PH Commissioning Strategic Actions	➢ Reduce inequalities in lifestyle related long term conditions across the life-course (early years, CYP, adults, older people) ➢ Emotional wellbeing, resilience and mental health is protected and improved for Children and Adults in Surrey	➢ Risk taking behaviours decrease in Surrey residents across the life-course (early years, CYP, adults, older people) and amongst priority groups. ➢ Children and adults whose circumstances make them vulnerable will be safeguarded and protected from avoidable harm.	➢ Residents of Surrey have the opportunity to access preventative support and self-care to improve health and wellbeing
ASC Commissioning Strategic Actions	➢ Individuals have the right support that enables them to stay well and receive the right care and treatment they need	➢ Individuals supported in both Surrey and out of county will experience quality services that are responsive to individuals' needs keeping them safe delivering value for money	➢ Individuals have a great start to life and are supported to live and age well having opportunities to contribute to their local community

Commissioning intentions and performance measures

The principal performance measures are set out below. These have been selected as the main measures that give an indication of progress - other measures are reviewed as part of wider performance management across CSF.

CSF Commissioning intention	Principal performance measure
1. Prevent problems escalating by ensuring children, young people and families needing extra help receive timely, preventative support	Increase in percentage of children whose needs are met through Early Help Interventions
2. Develop a positive experience of SEND services and support for children, young people and families	Increase in satisfaction as measured by national POET survey
3. Secure the right early support to promote good emotional wellbeing, physical and mental health	Reduction in CAMHS waiting times for all children Reduction in CAMHS waiting times for vulnerable groups **Obesity** - Levels of overweight and obesity in school children in reception and year 6 and in adults. **Sexual Health** – Access to sexual health services **Substance misuse** - % successfully completed their treatment course and did not represent within six months
4. Prevent and reduce the impact of abuse (including domestic abuse) and neglect	Reduction in repeat Child Protection Plans within 2 years where referral reason is abuse and neglect
5. Secure provision of placements or accommodation for looked after children, care leavers, unaccompanied asylum seeking children that are appropriate, local and value for money	Increase in percentage of placements within 20 miles
6. Reduce the impact to children of hidden crimes – child sexual exploitation (CSE), Children who go missing from home and care and radicalisation.	Increase our awareness of CSE with consequent increase in numbers recorded as at risk Increase in proportion of boys recorded as at risk
7. Champion the educational achievement, progress and engagement of vulnerable children and young people throughout their life course (looked after children, children in need, free school meals, SEND, 'vulnerable groups')	Increase in percentage of vulnerable children achieving 5A* - C (9-6) GCSEs at Key Stage 4 Increase in percentage of Looked After Children achieving 5A* - C (9-6) GCSEs at Key Stage 4
8. Develop educational opportunities for children and young people with SEND in local schools or colleges that offer the best value for money	Increase in percentage of placements within 15 miles of home address
9. Secure increased participation in education, training and employment post 16 for children and young people in our 'vulnerable groups'	Increase in percentage of vulnerable young people in participation in education, training or employment Increase in percentage for Looked After Children and Care Leavers
10. Secure increased school readiness and reduce the health development and attainment gap for disadvantaged groups in early years.	Increase in percentage of children receiving their 2-2 ½ year review

Annexe 1

		Programmes					Thematic Commissioning Plans					
		Early Help	Education in Partnership	Information Management	Safeguarding	SEND	Early Help	Early Years	Education and Skills	Health	SEND	Social Care and wellbeing
Commissioning intentions	1. Prevent problems escalating	x		x			x	x		x		
	2. Provide positive experience of SEND			x		x					x	
	3. Provide early support for good emotional well-being, physical and mental health	x		x			x			x		
	4. Prevent and reduce impact of abuse and neglect			x	x							x
	5. Local placements for Looked After Children, Care Leavers and Unaccompanied Asylum Seekers			x	x							x
	6. Prevent and reduce impact of CSE and children who go missing			x	x							x
	7. Chanpion educational achievement of vulnerable groups	x	x	x			x	x	x	x		
	8. Local educational opportunities for children and young people with SEND			x		x					x	
	9. Increase participation in education, training and employment for vulnerable groups.		x	x					x			
	10. 10. Increase school readiness and reduce the health development and attainment gap for disadvantaged groups in early years.			x				x		x		