

# 2007

Jul-07

## Children And Young People's Trust

Performance Improvement Plan

# Performance Improvement Report

## Contents

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Introduction	2
Activity Levels	5
Key Performance Indicators	8
Service Management	15
Development Priorities	16

# Performance Improvement Report

**Introduction:**

There are 4 sections to the report:

- Activity Levels: to monitor work flow across the CYPT Partnership ‘whole system’ and particularly the impact of preventive and early intervention strategies
- Key Performance Indicators: marking a shift to exception reporting linked to performance improvement activity
- Service Management: high level organisational information to included budgets, human resources and clinical governance
- Development Priorities: a summary of key projects identified in the CYPP

Appendix 1 summarises the 2007 Review of the CYPP and is the baseline for performance activity in 2007/8. It sets out progress, development priorities and the success criteria currently showing as red for each of the 5 outcome areas and introduces a new Service management section which reflects the APA Inspection Framework.

**Background:**

The full CYPP review was submitted to Ofsted on 14th June as part of the 2007 Annual Performance Assessment, which will conclude on October 4th with a site visit, and publication of our final grades at the end of the month.

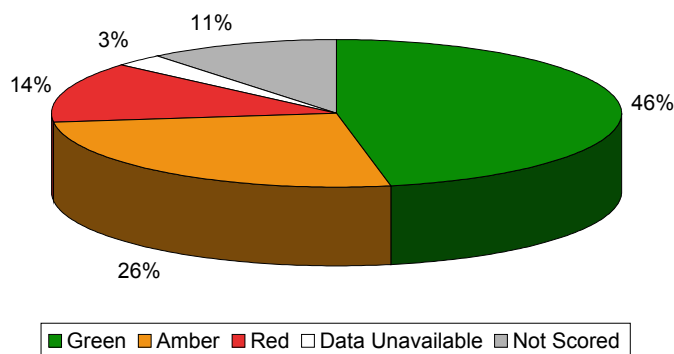
The CYPT submitted the following Self-Evaluation Grades (4 is outstanding, 3 is good, 2 is adequate and 1 inadequate):

- Being Healthy; Staying Safe; Enjoy & Achieve and Achieving Economic Well Being: grade 3
- Positive Contribution: grade 4
- Council Services 3 (technically the APA is concerned with council services and is linked to the Comprehensive Performance Assessment regime) Capacity to Improve: grade 4

The proposed grades reflect strong performance during the first year of the CYPP, despite the radical change and transformation programme. We believe performance for Staying Safe has improved from the grade 2 awarded by the JAR, and the report from the regional advisor about the Youth Offending Team supports a self-assessment grade 4 for Positive Contribution.

**Summary of overall performance:**

73% (81) of the 113 success criteria identified to monitor progress on the CYPP are RAG rated as green or amber. 13.5% (15) criteria have persistently flagged as red during the year and are the focus for the CYPP’s performance improvement programme. 13.5% (15) are not scored because 2007 is the baseline for new indicators or data is not available.



Red/Amber/Green (RAG) Summary

This chart shows the breakdown of the 113 measures using colour coding to illustrate whether the measure is on target (Green), off target (amber) or significantly off target (red). Performance against some measures cannot be scored as in some cases targets have not been set or there are concerns over data quality.

# Performance Improvement Report

## CYPT Performance Reports:

The new structure of performance reporting ensures that the Board and Senior Managers will receive a more manageable report that focuses on improvement and accountability for the CYPT whole systems approach i.e.



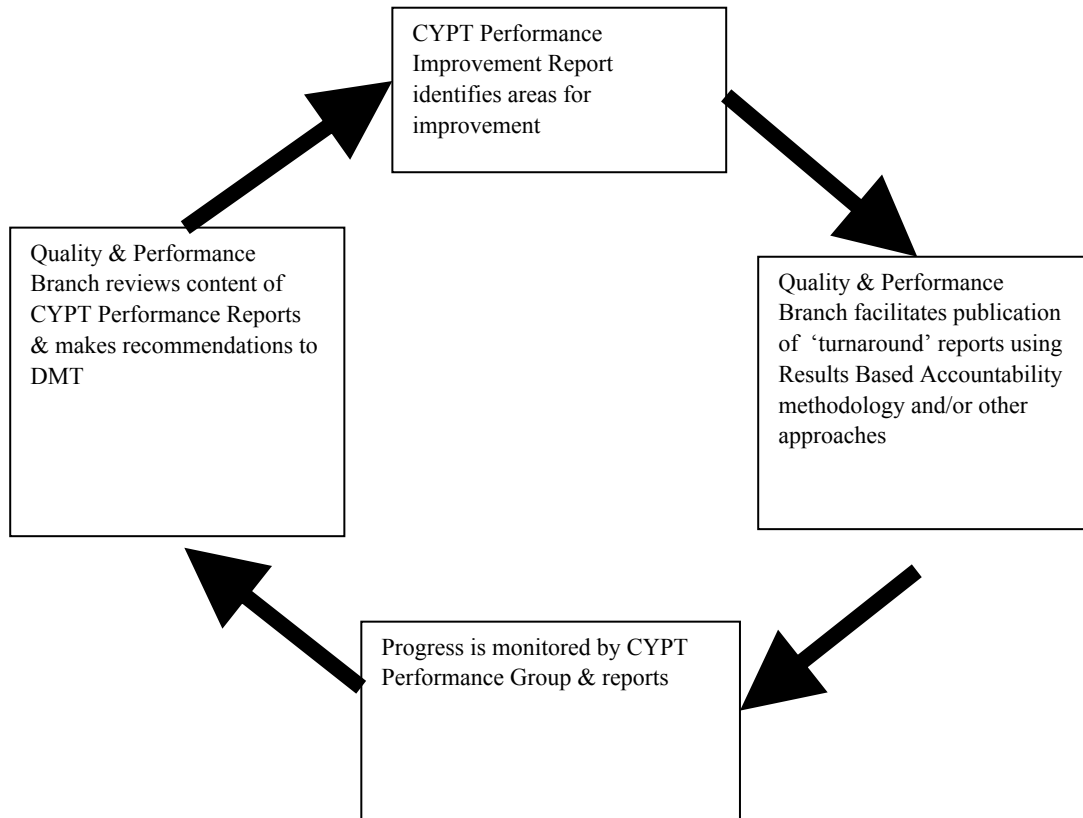
This structure will continue to evolve during 2007/8 to take account of:

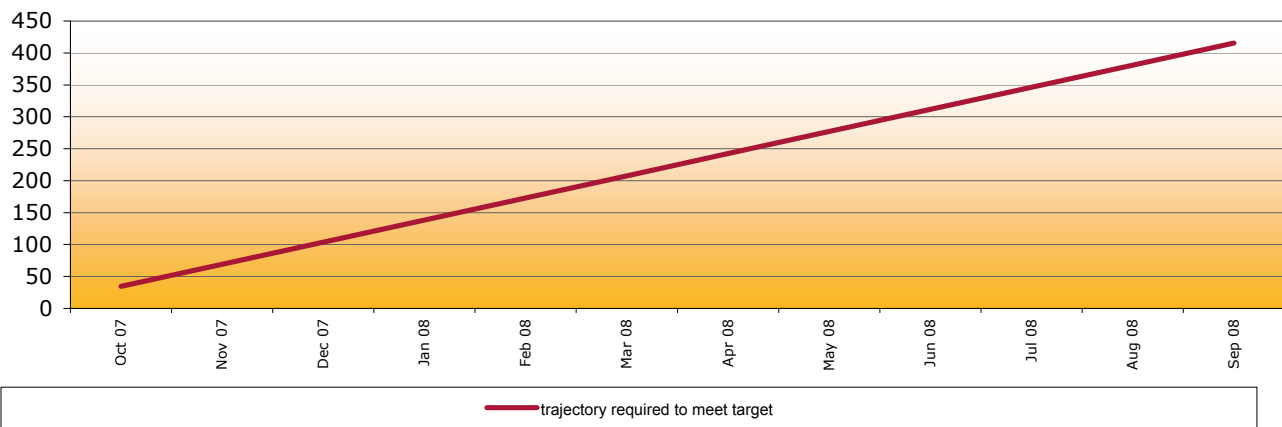
- a new performance regime for regional and local government including a revised national data set and changes to Local Area Agreements
- Development of local commissioning arrangements for acute and community children's health services including the new Health & Well Being Commissioning Framework
- Implementation of the Health Inequalities Strategy, and work by the Public Services Board on inequalities generally
- Improvements to the CYPP performance framework identified during the 2007 review

# Performance Improvement Report

## Performance Improvement:

Effective performance improvement requires a 'golden thread' between early reporting of poor performance, remedial action and monitoring. This can be represented as a simple performance improvement cycle:





### Summary:

The purpose of this report is to monitor development of the CYPT's prevention and early intervention approach. Implementation of the Common Assessment Framework tool is a key part of the Every Child Matters national change programme and a key development priority for the CYPT in 2007/8. Additional funding has been identified locally and the CAF Implementation Board has a project plan in place.

Our first task is to establish reliable baseline data for the number of pre-CAF assessments and full CAF assessments. Initial targets have now been set:

- 90% of possible pre-CAF assessments completed by 31.12.2007 (based on the expected 750 births for a 3 month period)
- 50 completed full CAF assessments (based on the % of targeted health visitor cases, which are those most likely to require an assessment, and the capacity of newly trained staff to complete the task during the first phase of implementation (estimated at 66%))

It is proposed that Health Visitors use the CAF for 'targeted' new born children, and for 'targeted' children on their existing caseload at each review point. This would equate to 4-6 common assessments being completed per month per fte Health Visitor. The above graph displays the expectation that all 'targeted' children will become the subject of a CAF in the 12 month period October 2007 - September 2008. Once the CAF is being used more widely by CYPT staff the graph will be developed to reflect the number of CAF's per 10,000 population.

### Key Issues:

Implementation of the CAF has been problematic across the UK. Lack of a viable e-CAF solution nationally has undermined local implementation plans, especially arrangements to monitor performance and impact.

We have therefore decided to complete pre-CAF assessments for all new births from October 1st 2007, using the existing information systems for community health services. The pre-CAF assessment will record whether a child is targeted or not (Health Visiting Service). It will also record the type of need identified and whether this need is assessed as high, medium or low.

A revised training programme for community health and sure start staff, focussing on the completion of 'paper-CAF's' will be delivered in the autumn and this has enabled us to set early targets.

Implementation of the CAF system is part of a wider and complex change programme including completion and evaluation of the Budget Holding Lead Professional pilot, consolidation of care-pathways and access thresholds across the locality teams, introduction of ContactPoint and completion of information sharing protocols.

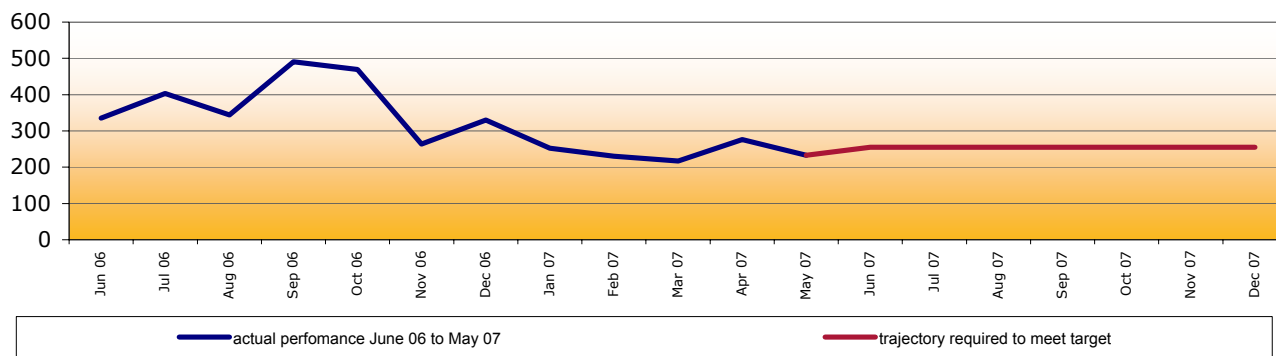
### Performance Improvement Activity:

Future reports will evaluate progress and the quality of baseline data and set targets for future performance. Initially we expect a steady increase in the number of pre-CAF and full CAF assessments. Measuring and reporting on the impact of this activity requires further discussion and analysis.

# Activity Levels

## CYPT Activity Levels

Date Source: Carefirst data download



### Summary:

Throughout the JAR we asserted that reorganisation of front line services into 3 integrated area teams would reduce pressure on social care/safeguarding the purpose of this report is to monitor that reduction. We anticipated delivery of a more timely service to children in need, sustained improvement against key statutory indicators (e.g. completion of initial and core assessments) and a tighter focus on complex high risk cases where children were on the cusp of entering the care system. Consequently the number of referrals into the new safeguarding pathway is a critical early indicator that the CYPT operational arrangements are having the desired effect.

After a period of relative stability the pattern of referrals from April 2006 has been more volatile, with a significant dip between January and March 2007. This is most likely to have been due to problems with data quality than the impact of new operational arrangements. Unverified data from April to June 2007 indicates a return to a more stable position forecasting a steady downward trend.

The red trajectory line relates to a target of 650 referrals per 10,000 population, and shows the number of referrals to maintain per month to achieve this target, which would reflect the anticipated impact of the CYPT.

### Key Issues:

Sudden reduction or volatile performance is a concern; a certain level of safeguarding and child protection activity indicates that appropriate preventive, early intervention and risk management processes are in place. Maintaining data quality remains an issue and is exacerbated by the introduction of complex new information systems as part of a national programme, bedding down of new operational arrangements and development of local initiatives such as the CAF and Budget Holding lead Professional arrangements. Significantly, over the past 6 months, the Safeguarding Teams have managed the implementation of phase 1 of the Integrated Children's System and there has been an unavoidable impact on data quality as practitioners adjust to changes in practice. The performance improvement plans detailed below are designed to address such issues as recording referrals on already open cases, and disrupting work flow processes through inaccurate date recording.

### Performance Improvement:

Variable data quality clouds the analysis of referral patterns and obscures the meaning of variations or identification of trends. A range of mechanisms is in place to monitor and improve quality:

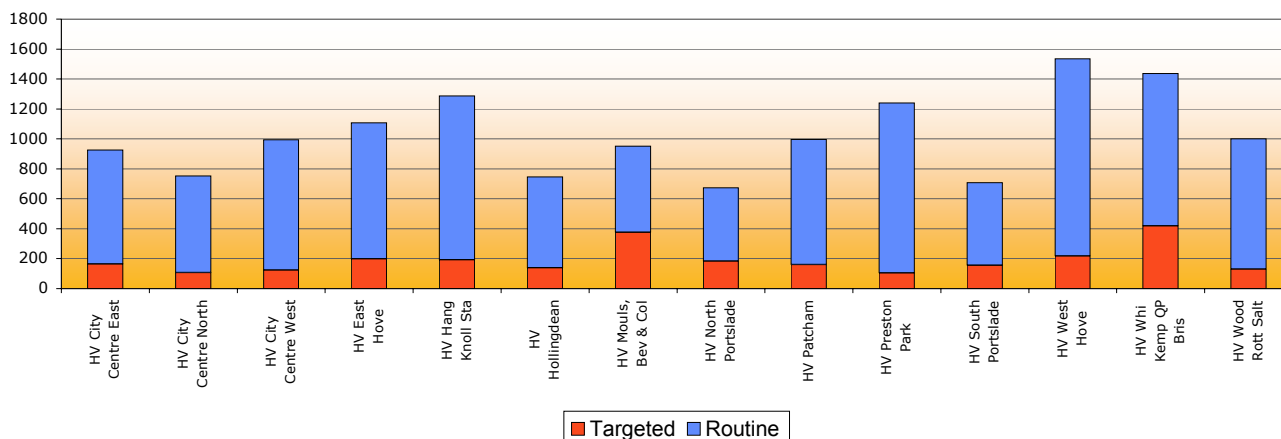
- A multi-agency/cross council Information Needs Programme Board which is concerned with the strategic development and integration of information systems
- A CYPT Performance Group which brings together performance staff from across the trust, the council, the health economy and other partners including the Learning and Skills Council
- A CYPT data quality group which focuses on social care/safeguarding data and brings together information officers and performance managers from the CYPT and the corporate Carefirst team concerned with front line practice issues
- Regular meetings with operational managers and delivery of training/capacity building

# Activity Levels

## Targeted health visiting

Date Source: PIMS

Targeted health visiting case loads for children under 1 and for children under 5 as a percentage of total health visiting caseloads.



### Summary:

The purpose of this report is to monitor the expected increase in the targeted health visiting activity. In the city there are just under 50 whole time equivalent Health Visitors in post (75 persons) who visit all the children under 5 that reside within the city. The number of births in Brighton and Hove remains at about 3000 per year, and all of these are visited and assessed by a Health Visitor (HV) in the weeks following birth, and all are then offered the universal core service at certain key ages until they reach 5 years. Those children who have additional needs receive a targeted service, with the care plan and subsequent service offered tailored to meet the child’s individual needs. The targeted children are seen regularly by the HV and the team members. The criteria for being targeted is:

- Children in Need as defined by the 1989 Children Act (i.e. Child Protection register, Children in Care, the child is disabled)
- Vulnerable children (those who require a HV service significantly beyond the universal core service)

### Key Issues:

Formation of the CYPT transformed the Health Visiting service from a number of small teams linked to specific GP practices to 8 larger geographical area teams working with corporate caseloads. This had a large impact on the service, as the caseloads changed dramatically, and the HVs had to familiarise themselves with the needs and care plans of children who had previously been seen by their colleagues. At this time 40 Early Years Visitors (previously part of the Playlink service) joined the HVs to create integrated under 5s teams. The HVs now have the added responsibility of managing the EYVs, and developing and supporting them in their new roles.

The CYPT commissioning strategy and the Children’s Centres delivery plan prioritises support to the most vulnerable and in need children. The range of work has become more complex as HVs now co-ordinate aspects of family support that was previously delivered by others.

### Performance Improvement Activity

The HV service underwent a major change in autumn 2006 with the formation of the new geographical teams, and some staff had to change base (which caused some IT issues). All this change affected performance reporting and data quality has suffered. Additionally new data recording requirements have been introduced to enable the Sure Start Self Assessment to be completed relating to Children’s Centre activity. A more performance and outcome focused culture has taken time to embed within the teams.

The focus on prevention and early intervention means that the HVs and their team members will need to work more intensively with those families in need, and therefore the number of contacts the targeted children have with the service should increase over time. We have also started to record all the children who attend groups and sessions at the Children’s Centres, so we will have a clearer picture of who is accessing the support offered, and will be able to focus attention on those targeted children who are most hard to reach.

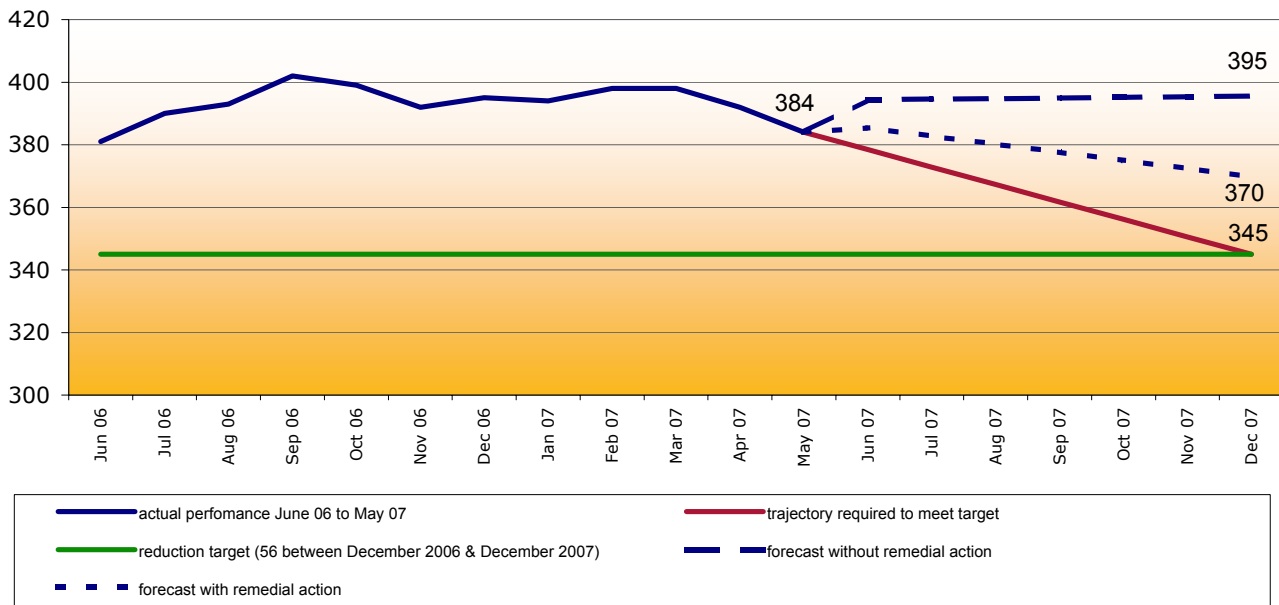


# Key Performance Indicators

## Number of Children in Care

Date Source: Carefirst data download

CYPP404 - Number of CiC excluding those accommodated under a series of short term breaks.



### Summary:

There were 383 children in care in May 2007. There are 3 projection curves. Progress can be summarised as the gap between top and middle curves. The performance challenge is the gap between the middle and bottom curve.

### Key issues:

- The CiC population is not homogeneous, the sub groups causing most pressure in terms of both numbers and costs are:
- Pre-birth assessment work and the expected high number of babies being born to families causing concern, resulting in court ordered parent and baby placements
- Unaccompanied Asylum Seeking Young People
- Teenagers entering the care system via Sec 20 accommodation and often in an unplanned way
- Young people post-16 who are already in care placements
- Residential agency placements for any of these subgroups
- Independent Fostering Agency placements for any of these subgroups

### Performance Improvement Activity:

The CYPT is taking an overlapping twin track approach:

#### 1. Operational measures:

- Introduction of Area panels, chaired by Assistant Directors, to oversee decision making in complex high risk cases where children are on the cusp of entering care
- A programme of Family Group Conferences designed to enable children to remain within their family network
- Management of agency placements to accelerate return to local in-house or family placements, to improve quality of provision and to reduce unit costs

#### 2. Development of a Children in Care commissioning strategy to:

- Divert children who are clearly on the trajectory into care
- Reduce the time that children spend in care
- Move young people out of expensive care placements into more appropriate support services
- Procure placements that represent best value for money

# Key Performance Indicators

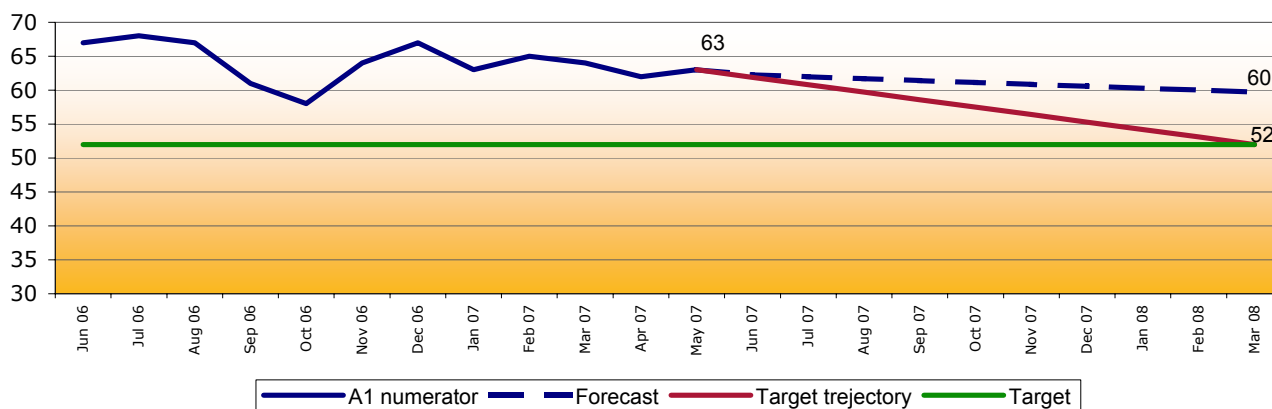
## Placement Stability

Date Source: Carefirst data download

BV49: % of LAC with 3 or more placements during the year.

(this relates directly to 2 other indicators. CFD78 LAC under 16 living in the same placement for at least 2 years or placed for adoption – currently at Amber. And CYPP404 number of looked after children – which is dealt with above).

**Projected target for number of children with three or more placement moves given the proposed reduction of LAC numbers**



**Summary:**

This is an important measure of the stability a child receives and the capacity of the CYPT to discharge its corporate parenting responsibilities. Stability in childhood is generally associated with better outcomes in adult life, and good placement choice is part of an effective child care system.

Performance is volatile, and to an extent is contingent upon the size and stability of the cohort of children in care (see CYPP404). Despite some variation, performance since December 2006 indicates a steady downward trend, and this is reflected in the forecast line. The gap between that line and the target trajectory line is the performance challenge. Further volatile performance would disrupt the sustained reduction which is needed.

**Issues:**

Management of the child care placement market is complex. The CYPT continues to make every effort to respond to demand through in-house provision.

The challenge is likely to increase if the reduction target for numbers of children in care is met because the proportion of children with three or more placements then increases. Whilst a decrease in the Children in Care population will result in an increase in the number of vacant places (improving placement choice and therefore stability) the benefits resulting from this could take 12-18 months to be reflected in our data.

**Performance Improvement:**

There are 2 main drivers for change. The Children in Care Commissioning Strategy described above also seeks to improve placement choice and stability.

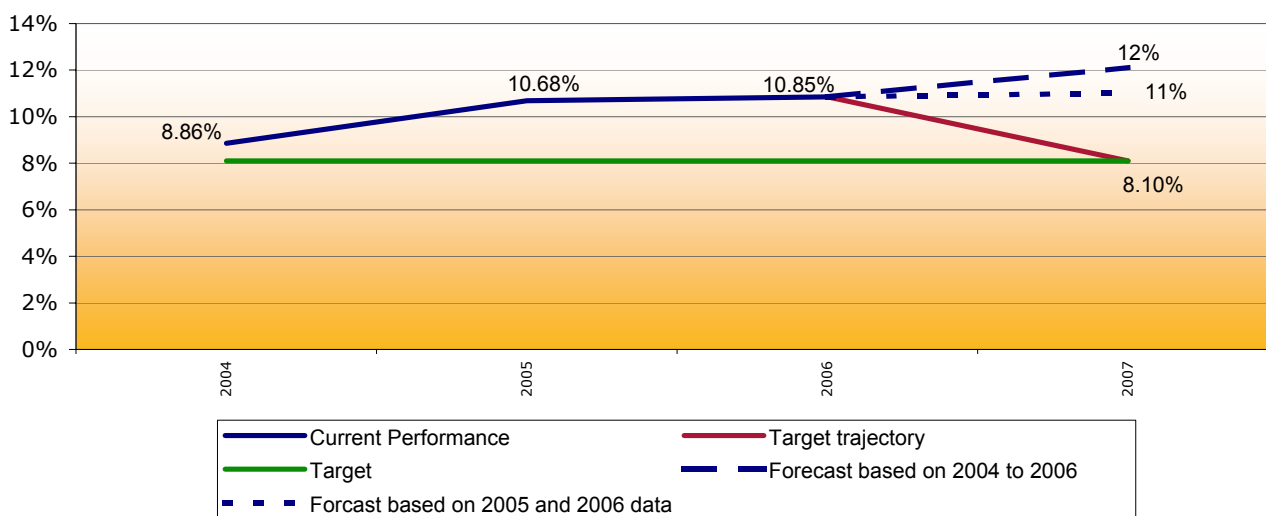
The Business Plan for the CYPT Fostering and Adoption Service is set out in the Annual Report of the Adoption and Fostering Agency, including the recruitment targets for in house fostering and adoption carers. That business plan will go to the CYPT DMT for discussion and then to the Board.

# Key Performance Indicators

## Young people not in education, employment or training (NEET)

Date Source: Connexions (snapshot: average of Nov/Dec/Jan)

Age range : 16 to 18



### Summary:

There is a significant gap between current/projected performance and the end of year target for 2007. There are 3 projection curves:

- 12%: uses data from 2004 to 2006 to predict the outturn figure
- 11%: only uses data from 2005 to 2006 because 2004 was skewed by the high level of 'unknowns' i.e. those young people where we were unable to confirm their current situation, many of whom were later found to be NEET. Reducing 'unknowns' has itself been an important achievement - 2004 = 8.1%, 2005 = 6.1%, 2006 = 5.2%
- Target trajectory: The performance challenge is the gap between this curve and the middle 11% curve. June 2007 data is showing improvement, at 9.8% NEETS and continuing good performance for the level of unknowns at 4.5%. But this data is too early to declare a significant shift in the predicted trend because of statistical reasons.

### Key Issues:

- The CYPT has created a new integrated Youth and Connexions Service. Governance arrangements and a joint commissioning strategy are in place
- Real progress has been made in identifying the causes for the high level of young people who are NEET, improving data collection and implementing targeted prevention and reduction programmes as well as delivery of mainstream services through schools, youth services and area teams
- Nevertheless the percentage of young people who are NEET remains high and recommendations from the 2006 JAR continue to present a significant challenge

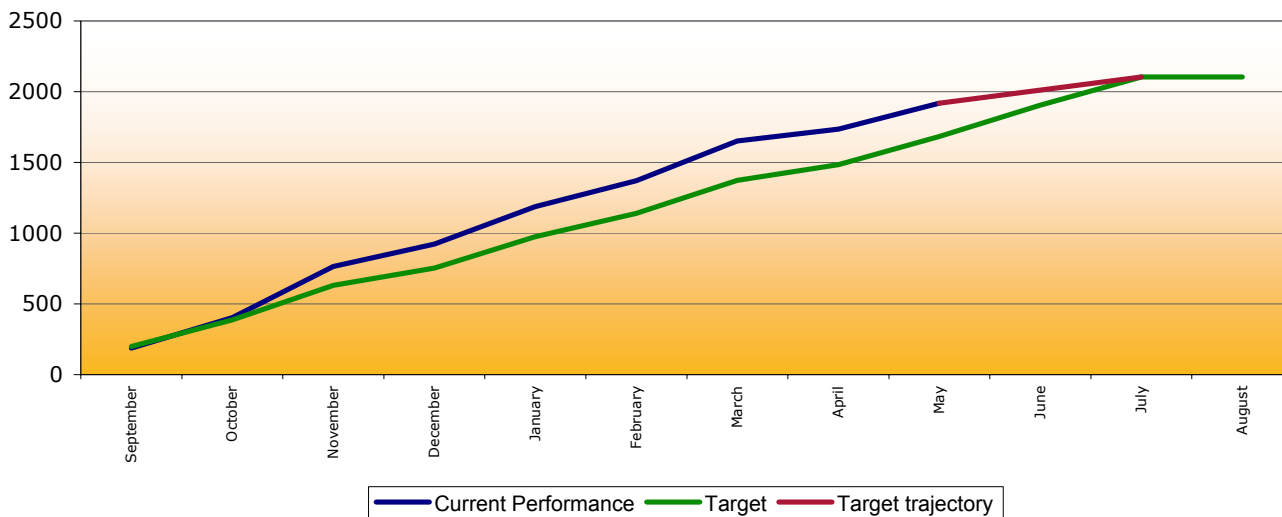
### Performance Activity:

- Reduction of numbers of young people who are NEET was declared one of the CYPT's overriding priorities in October 2006
- The issue has been taken to the regular meeting between the Director and 2nd and 3rd tier managers and was presented to the Public Service Board on July 10th.
- The Targets & Performance Sub Group of the Youth and Connexions Board is drawing up a NEET Reduction Action Plan to address 4 objectives:
  - o Collating and using management information & all other information to inform the NEET Reduction Action Plan
  - o Provision of appropriate education/employment/training opportunities for young people linked to the 14-19 strategy
  - o Creating capacity for front line staff to free up more time for direct work with young people
  - o Provide high quality support to prepare young people particularly vulnerable young people for transition into EET

# Key Performance Indicators

## Fixed Term Exclusion from School

Date Source:



**Summary:**

Fixed term exclusions increased from 2264 in the 2004/05 to 2580 in 2005/06 (academic years) and continue to show an increase in 2006/7 compared with the same period in 2005/06.

This includes in the academic year 2005/06 142 incidents of fixed term exclusion for children and young people in care (not all to Brighton and Hove).

**Issues:**

Exclusion from school can place often vulnerable children at greater risk of anti social behaviour or criminal activity in the community.

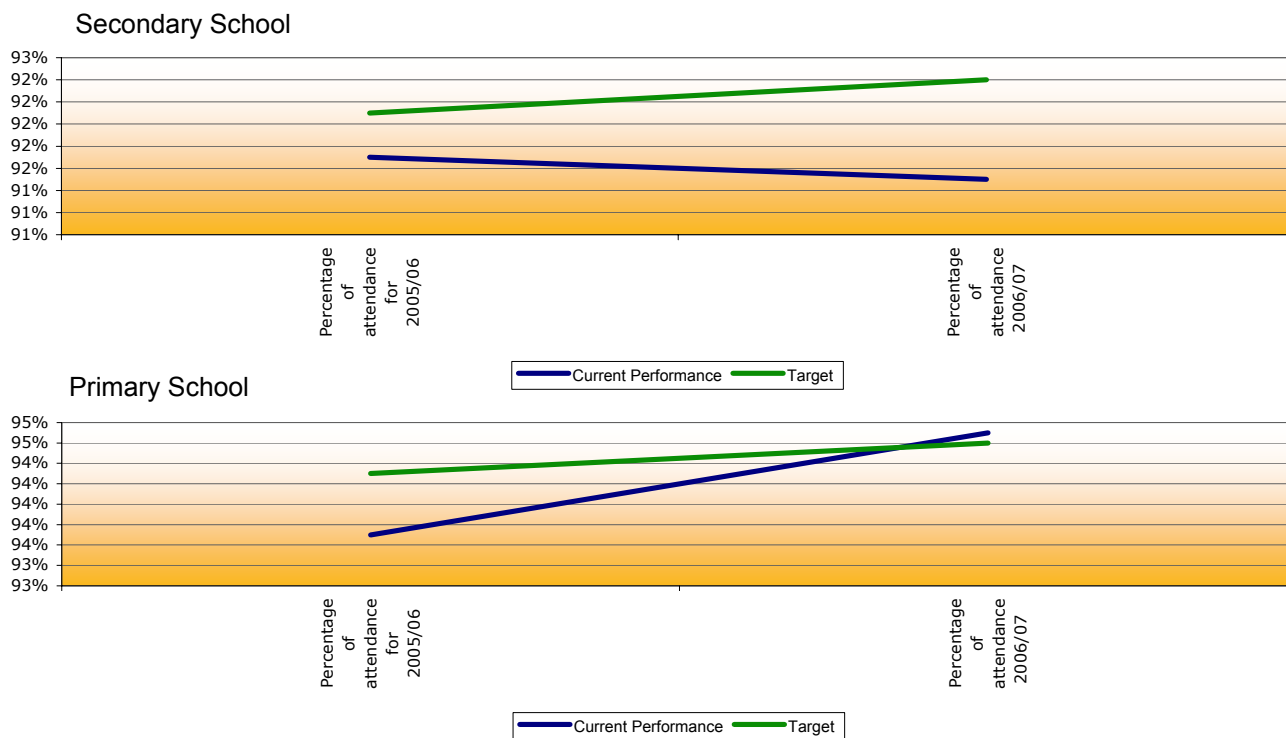
**Performance Improvement Activity:**

A multi agency behaviour strategy group chaired by an AD is in place to provide challenge and support to deliver on this performance indicator. We have launched a new city wide strategy for behaviour with clear and agreed vision for inclusion. This strategy and its actions have already led to a significant reduction in permanent exclusion from 42 in 2005/06 to 18 in 2006/7. The new ways of integrated working to prevent exclusion and look at alternative approaches to behaviour management should now begin to impact on fixed term exclusion figures. ACE, our provision for young people with behavioural, emotional and social difficulties is working closely with other CYPT support services to provide early support. ACE have recently received a positive OFSTED report and have been judged as good with outstanding features.

# Key Performance Indicators

## School Absence: Primary and Secondary

Date Source: Connexions (snapshot: average of Nov/Dec/Jan)



BV 45: % of half days missed due to total absence in secondary schools maintained by the local authority

BV46: % of half days missed due to total absence in primary schools maintained by the local authority

**Summary:**

Figures for primary attendance achieved the local target and are above the national average. Attendance for secondary schools remains off target.

However, combined performance over the year is unlikely to be sufficient to gain the full rewardable element of the LPSA2 grant. This will be exacerbated next year in light of the issues noted below.

**Issues:**

New national absence codes came into effect in September 2006. These are likely to have a significant impact on attendance figures, which will affect performance reports and potentially receipt of the LPSA2 rewardable grant. For example, when year 11 pupils take study leave this will now be recorded as an authorised absence rather than as a present mark. Nor can the schools record a pupil as educated off site and therefore present unless the pupil is actually receiving alternative provision.

Amendments to Pupil Registration Regulations will have a similar impact. The most significant change is recording the child on the first day of expected attendance, not as previously when they attended one session

**Performance Improvement Activity:**

New procedures have been introduced to improve attendance by supporting parents, pupils and schools including:

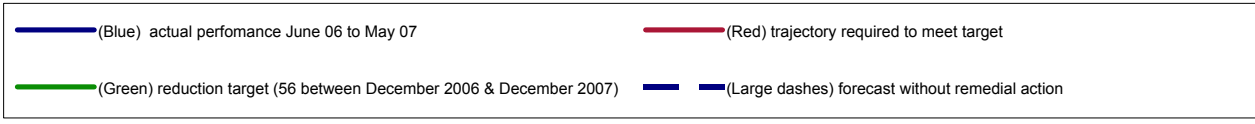
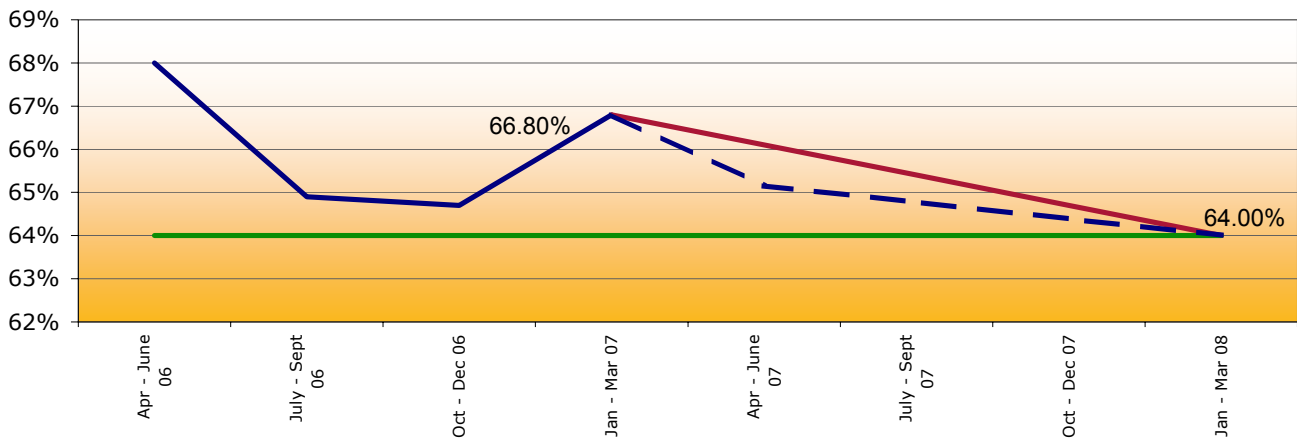
- Attendance Support Meetings, held in school with a view to completing a Parenting Contract.
- Attendance Action Plans have been completed between each school and Educational Welfare Officers
- Training Programme for school staff responsible for attendance
- Implementation of the Fast Track Attendance Model which sets a 3 month intensive programme after which legal action is taken if the parent fails to cooperate and attendance remains an issue

# Key Performance Indicators

## Breastfeeding

Date Source: Carefirst data download

Breastfeeding at 10 days



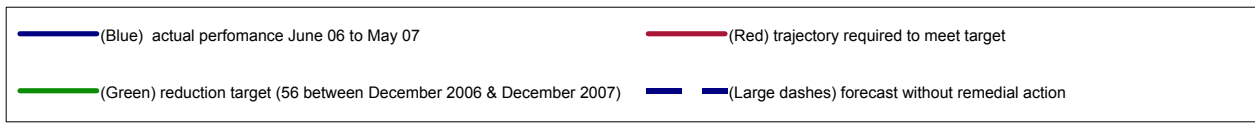
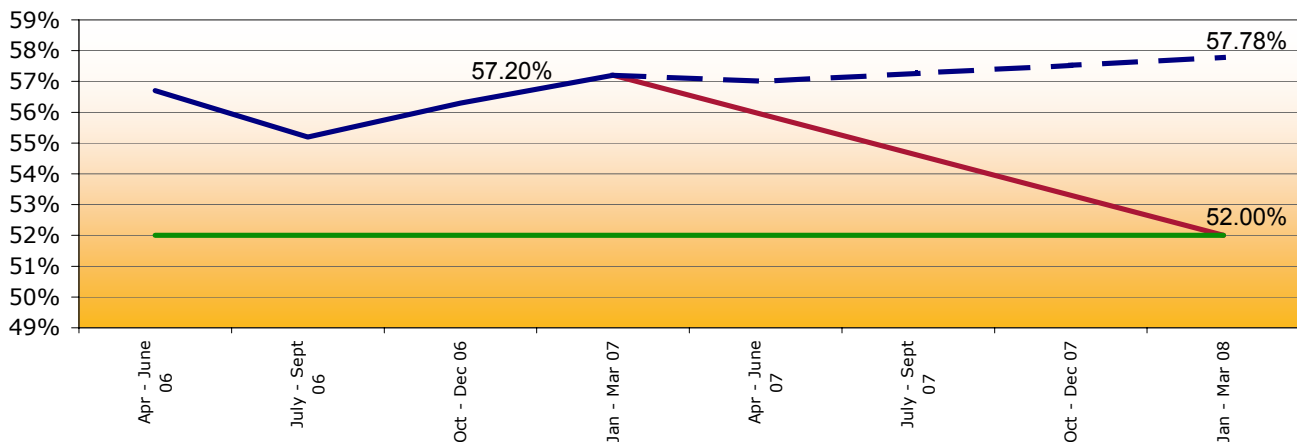
**Summary:**

Following concern that the CYPT targets for breastfeeding in Brighton and Hove were set too high and therefore lacked meaning and did not reflect national data, a meeting was held to review the local target. Reference was made to the Infant Feeding Survey 2005 (published May 2007), and the new local targets of 64% at 10 days, and 52% at 6 weeks reflect the national data.

**Performance Improvement Activity:**

Following the recent review of the CYPT targets for breastfeeding the target no longer displays as red, and the data reported for Brighton and Hove remains above the national figures. Therefore no specific activity has been identified.

Breastfeeding at 6 weeks

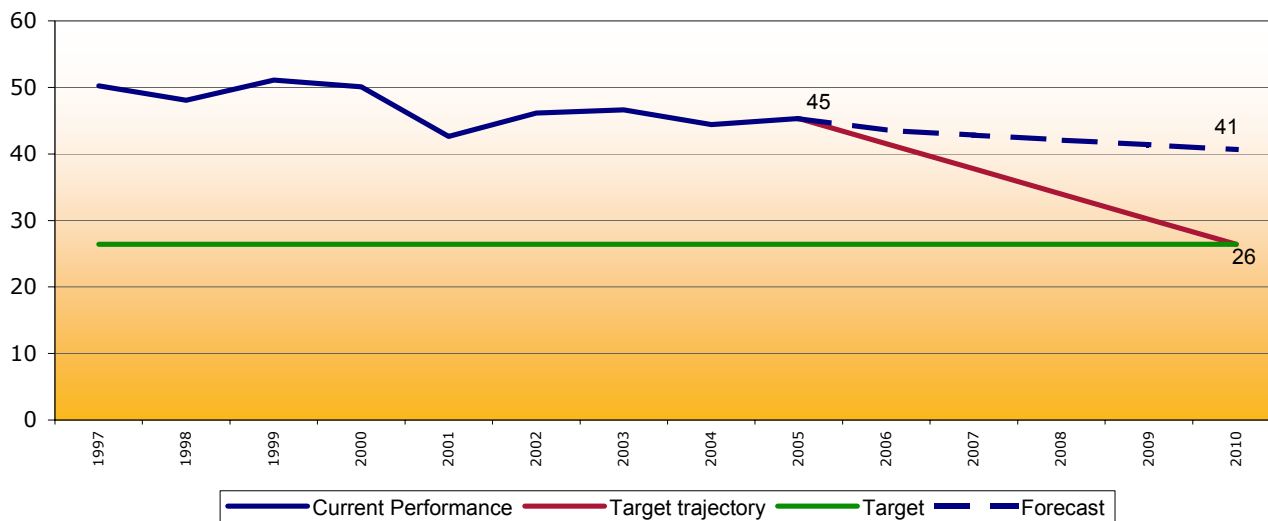


# Key Performance Indicators

## Teenage Pregnancy

Date Source:

BV197: the number of conceptions to females aged under 18 resident in the area, per thousand females aged 15-17 resident in the area, compared to the baseline year of 1998



### Summary:

There is a substantial gap between projected performance and the trajectory required to meet the national Public Sector Agreement reduction target by 2010. The conception rate for 2005 showed an overall decline of 6% locally against a national reduction of 12%. To meet the PSA target Brighton and Hove would need to show a reduction of 20%.

### Key Issues:

The teenage pregnancy rate is increasingly recognized as an indicator of social inclusion, as reductions in the conception rates have been related to changes in attainment, aspirations as well as emotional health and well being issues. The amount of Sex and Relationship Education (SRE) within local schools and community education is increasing but this has not yet resulted in young people changing their behaviour. It is also thought that some of the targeted interventions have not always succeeded in reaching the appropriate vulnerable groups of young people with the right intervention to effect change in their risk taking behaviour.

Both access to and accurate information about the correct use of contraception and condoms remain a concern. Young people get their information from peers and family many of whom are ill equipped with the information, facts and mechanisms to support young people effectively in relationships. In addition, interventions with young parents have failed to enable them to deal with life changes and break the cyclical patterns of early parenthood.

### Performance Improvement Activity:

It is important that the TP strategy sits clearly alongside the wider CYPT approach to improve the wider determinants of social exclusion whilst prioritising:

- Key partner in the development and implementation of the targeted youth support provision in place by 2008. The risk factors used to identify the young people to be targeted will include those that put them at risk of unplanned pregnancy. The existing interventions will be reviewed to ensure that they are in line with the behavioural change approach.
- Review and recommission effective sexual health services based upon a review of the NICE guidance: sexual health and teen pregnancy
- To work in partnership with the Children and Young People's Trust in implementing the "Triple P" Positive Parenting Programme recommended by the Department for Education and Skills based on evidence from Australia (Sanders 1994). The programme will train practitioners and parents of teenagers to deliver parenting programmes to be able to communicate more effectively with them about sexual health.

**Finance****Human resources****Clinical governance/risk**

**This section of the Performance Improvement Report has not been completed. Further work is required with the Head of Finance to determine whether financial data would serve a purpose within this report as well as the quarterly TBM Reports which the Board now receives. The council's new Assistant Director for Human Resources has initiated a review of all 'people data', and proposals will be out for consultation shortly enabling data to be built into this report. Lead responsibility for clinical governance, risk management and health & safety systems within the CYPT have recently transferred to the Quality & Performance branch and data will be available for the next Performance Improvement Report.**



# Performance Improvement Report

## Action Plan for Development Priorities 2007

<b>Be Healthy</b>	
Consolidate relationship between CYPP and Public Health and the interface between CYPP priorities, Health Inequalities Strategy, the Health Commissioning Strategy and strategic audit, the Local Development Plan and the Local Area Agreement including any new indicators as required e.g. dental health	On Track
Ensure that the mental and emotional well being of young carers is addressed	On Track
Recommissioning of CAHMS services including new Service Specification	On Track
<b>Stay Safe</b>	
Implementation of access thresholds to enhanced services, consolidation of the CAF, mainstreaming of the Budget Holding Lead Professional pilot and introduction of ContactPoint	On Track
Implementation of the commissioning strategy to improve effectiveness of preventive services in reducing the number of children and young people in care and extending placement choice for those who do need to be looked after	On Track
Implementation of Safer Recruitment policies including arrangements for vetting / barring of staff	On Track
<b>Enjoy and Achieve</b>	
Implementation & performance management of the SEN and Behaviour Strategies	On Track
Completion of the School Organisation Plan and review of school admissions	On Track
Implementation of the Extended Services and healthy Schools Strategy	On Track
Implementation of the Extended Services and healthy Schools Strategy	On Track
<b>Making a Positive Contribution</b>	
Review the Safe at School Survey to consider what other issues could be addressed as part of improving how the CYPT listens to feedback from children and young people	On Track
Completion and implementation of the Parenting Strategy and monitor the impact of the Triple P parenting programme	On Track
Completion and implementation of the CYPT's Preventive Strategy, especially improved coordination with the local Respect agenda	On Track
Implementation of targeted youth support programme	On Track
<b>Achieving Economic Well Being</b>	
Completion and implementation of the NEET reduction Action Plan	On Track
Implementation of the 14-19 Strategy and Action Plan	On Track
<b>Service Management</b>	
Monitor progress on 3 overriding priorities and 2 strategic challenges	On Track
Monitoring of the School Forum's strategy to manage the level and distribution of school balances	On Track
Implementation of the Workforce Development Strategy	On Track

**CYP Review 2007**

<b>Be Healthy</b>		
<b>Progress 2006/7</b>	<b>Development Priorities 2007/8</b>	<b>CYPP success criteria currently showing red</b>
<p>Integrated disability service relocated to new premises on the Brighton General site as part of the wider capital programme to open the new children's hospital</p> <p>Increased investment and support across the local health economy, so that the core and targeted programme delivered by Sure Start Community Teams and the Schools and Community Teams meets National Service Framework Standards for universal screening and parental access to advice on healthy life styles</p> <p>Location of the Public Health Team in the city council, including a lead officer for joint work with the CYPT</p> <p>Implementation of the joint Commissioning Strategy for CAMHS including specification of services commissioned from Sussex Partnership Trust, integration of tier 2 services into area teams and improvement of services for children and young people with learning disability and mental health problems</p> <p>Sexual health and contraception services for young people are good, partnership working across primary health and schools is effective and support is targeted at most vulnerable groups including children in care, young offenders and young people not in education, employment or training</p> <p>The Healthy Schools &amp; Services in and around Schools Strategy has coordinated a range of positive activities to promote healthy life styles including diet, physical activity, sport and travel to school, and the number of schools achieving healthy schools status has increased</p> <p>The Drug and Alcohol Action Team's Young People's Plan has made significant progress, targeted outreach services for young people at risk have been increased and the Parents of Children at Risk Project (POCAR) has been launched</p>	<p>Consolidate relationship between CYPP and Public Health and the interface between CYPP priorities, Health Inequalities Strategy, the Health Commissioning Strategy and strategic audit, the Local Development Plan and the Local Area Agreement including any new indicators as required e.g. dental health</p> <p>Ensure that the mental and emotional well being of young carers is addressed</p> <p>Monitor the impact of the new joint board and work programme for teenage pregnancy and substance misuse</p> <p>Recommissioning of CAMHS services including new Service Specification</p>	<p>CYPP 02 - % mothers initiating breastfeeding at delivery</p> <p>CYPP04 - % mothers breastfeeding at 6 weeks</p> <p>BV197 – number of conceptions to females aged under 18 resident in the area, per thousand females ages 15 – 17 resident in the area, compared with the baseline year of 1998</p>

**CYP Review 2007**

<b>Stay Safe</b>		
<b>Progress 2006/7</b>	<b>Development Priorities 2007/8</b>	<b>CYPP success criteria currently showing red</b>
<p>Child protection is coordinated and effective, the LSCB provides strong strategic leadership, policies, procedures and standards are well established and children and young people most at risk are well protected</p> <p>A wide range of accessible information promoting child safety is available to young people and their carers, services to vulnerable groups have improved, including children who are victims of domestic abuse and those in care or who are privately fostered</p> <p>The CYPT has focused upon developing a preventive strategy and improving front line services for children and young people at risk of entering the care system, and improving safeguarding arrangements for vulnerable groups through its joint commissioning strategies.</p> <p>Support to parents and carers is now provided through integrated front line services linked through cluster arrangements to a range of early years provision, extended services in and around schools, community and voluntary sector organisations and GP practices</p>	<p>Implementation of access thresholds to enhanced services, consolidation of the CAF, mainstreaming of the Budget Holding Lead Professional pilot and introduction of ContactPoint</p> <p>Implementation of the commissioning strategy to improve effectiveness of preventive services in reducing the number of children and young people in care and extending placement choice for those who do need to be looked after</p> <p>Implementation of Safer Recruitment policies including arrangements for vetting / barring of staff</p>	<p>CYPP402 - number of children (aged under 16 years) killed or seriously injured in road traffic collisions</p> <p>BV49 - % of LAC with 3 or more placements during the year</p> <p>CFD78 – LAC under 16 living in same placement for at least two years or placed for adoption</p> <p>CYPP404 – Number of LAC excluding Accommodated under a series of short term breaks</p>

**CYP Review 2007**

<b>Achieving Economic Well Being</b>		
<b>Progress 2006/7</b>	<b>Development Priorities 2007/8</b>	<b>CYPP success criteria currently showing red</b>
<p>An effective 14-19 strategy is in place underpinned by excellent collaborative working through the 14-19 Partnership Board, the Youth and Connexions Board and an innovative joint-commissioning team created by the CYPT and the LSC</p> <p>There is very effective preparation for working life supported by strong links to employers through the Business Education Partnership, which results in good work placement opportunities and work-related learning. More flexible approaches to 16-19 provision have improved access, particularly for vulnerable groups and the majority of young people are able to participate in education or training of their choice</p> <p>Completion of the Youth Homelessness Strategy has been a major achievement demonstrating very effective partnership working across the city. Emphasis on a preventive approach means outcomes for young people are improving, with better access to affordable housing, and support to young tenants and to vulnerable families providing greater stability during the transition to adulthood</p> <p>Creating the Family Information Service from the Children's Information Service, and the launch of a new on-line directory will enable the CYPT fully to meet its statutory duty to provide information to parents. A range of successful initiatives have consolidated relationships between the children's centres, Job Centre Plus and area teams and reflects the CYPT's commitment to tackling childhood poverty</p>	<p>Completion and implementation of the NEET reduction Action Plan</p> <p>Implementation of the 14-19 Strategy and Action Plan</p>	<p>CYPP106 - % of children and young people not in education, employment or training (NEET)</p> <p>CYPP111 - % of young offenders in EET at end of intervention</p> <p>CYPP115 - % of teenage mothers in employment, education or training</p>

**CYP Review 2007**

<b>Enjoy and Achieve</b>		
<b>Progress 2006/7</b>	<b>Development Priorities 2007/8</b>	<b>CYPP success criteria currently showing red</b>
<p>Early years childcare and education provision across the city continues to be of a high standard, new Children’s Centres are opening on schedule, there is good information and advice and a wide and flexible choice for most parents. Additional support is targeted on the most vulnerable families. There has been a substantial decrease in permanent exclusions. Although the numbers of fixed term exclusions remains an issue there is good progress in this area</p> <p>Effective partnership working, including the publication of new strategies for special educational needs and behaviour is having a significant impact. Progress in improving primary attendance is above the national average, although slightly below for secondary. There has been a substantial decrease in permanent exclusions but fixed term exclusions continue to increase</p> <p>An extensive range of learning support services and joint initiatives are improving school standards and educational outcomes, especially for the most vulnerable children and young people. Key Stage 1 results for 2006 were better than the national average, and Key Stage 2 results were the highest they have ever been. However, performance at Key Stage 3 was less good with improvement strategies failing to have the expected impact. The proportion of 15 year olds achieving 5 GCSEs at A*-G has remained stable at 55%, although this is below the national average</p> <p>The School Admissions Review was completed on time and a process is in place to review the scheme in light of decisions from the Adjudicator. Plans to develop a deliverable scheme for an Academy at Falmer are progressing</p> <p>The extended services in and around schools programme is firmly embedded in schools, underpinning enrichment programmes, supporting a range of recreational and leisure activities and cementing relationships across the CYPT partnership and with local communities</p> <p>Additional support funded through the Local Public Service Agreement has improved educational outcomes for looked after children and young people</p>	<p>Implementation &amp; performance management of the SEN and Behaviour Strategies</p> <p>Completion of the School Organisation Plan and review of school admissions</p> <p>Implementation of the Extended Services and healthy Schools Strategy</p> <p>Implementation of the Speech and Language Review</p>	<p>BV 45 - % of half days missed due to total absence in secondary schools maintained by the local authority</p> <p>BV 46 - % of half days missed due to total absence in primary schools maintained by the local authority</p> <p>CYPP 69 – The total number of fixed term exclusions</p> <p>BV39 - % of 15 year old pupils in local authority schools achieving 5 GCSEs or equivalent at grades A* - G including English and Maths</p>

**CYP Review 2007**

<b>Making a Positive Contribution</b>		
<b>Progress 2006/7</b>	<b>Development Priorities 2007/8</b>	<b>CYPP success criteria currently showing red</b>
<p>Nearly 4,000 children and young people from 6 secondary schools elected 12 representatives to the city's first Youth Council in October 2006, with 18 other representatives drawn from Youth Area Forums and from groups identified as vulnerable or who are often marginalised. Targeted support for these groups ensures their participation in the development of services and in the design and delivery of individual packages of care and support</p> <p>Good partnership between schools, community and voluntary organisations and the CYPT provides a range of opportunities for children and young people to develop secure and positive relationships with adults and other children and to develop solutions to bullying and discrimination. Nearly 3,500 young people aged 11-15 participated in the 2005/06 Safe at School Survey and reported a gradual decrease in reports of bullying in line with local targets</p> <p>Parents and carers are increasingly involved in decision making, through community and voluntary sector organisations, the CYPT's Parents Forum and the development of governance arrangements in the area clusters and for Children's Centres. A range of projects provide good quality information to enable parents to make positive choices including the Children's Information Service, extended services in and around schools and intensive family support projects such as the Youth Inclusion Support Project</p> <p>A new Youth Justice Strategy Group is in place and the joint Youth and Connexions Service delivering services as part of the integrated locality teams. Positive relationships between these services and schools impacts positively on attendance and behaviour and there has been significant improvement in helping young offenders to obtain useful training and employment</p> <p>Joint working between the CYPT and local voluntary organisations has ensured young people have had the opportunity not only to participate and volunteer in their communities but also to help shape the activity programmes themselves</p>	<p>Review the Safe at School Survey to consider what other issues could be addressed as part of improving how the CYPT listens to feedback from children and young people</p> <p>Completion and implementation of the Parenting Strategy and monitor the impact of the Triple P parenting programme</p> <p>Completion and implementation of the CYPT's Preventive Strategy, especially improved coordination with the local Respect agenda</p> <p>Implementation of targeted youth support programme</p>	<p>CYPP 95 - % of parent / carer places taken on the 8 community cluster steering committees</p>

**CYP Review 2007**

<b>Service Management</b>		
<b>Progress 2006/7</b>	<b>Development Priorities 2007/8</b>	<b>Key Measures</b>
<p>Services for children and young people and their carers have been transformed during 2006/7. The CYPT partnership is now focused on the delivery of its vision through the new governance, operational management, commissioning and partnership arrangements which have been put in place</p> <p>The CYPT has identified 3 over-riding priorities and 2 key strategic challenges:</p> <ul style="list-style-type: none"> <li>▪ To reduce the number and cost of looked after children</li> <li>▪ To reduce the number of young people not in education, employment or training; and</li> <li>▪ To reduce the number of school exclusions; and</li> <li>▪ Improving family well-being, especially the impact of poverty and social exclusion</li> <li>▪ Increasing the confidence of the next generation</li> </ul> <p>Governance arrangements and decision-making processes for the CYPT and the wider partnership are set out in a comprehensive agreement between the council, the PCT and Southdowns NHS Health Trust under section 31 of the 1989 Health Act. Effectiveness of governance and decision making is monitored by three key groups the Local Safeguarding Children Board, the CYPT Clinical Governance Board and the Children and Young People's Overview and Scrutiny Committee</p> <p>The JAR 2006 found that services for children and young people represented good value for money, costs were relatively low and the quality of services was often good and sometimes excellent, and that work to bring critical budgets under control had met with some success</p> <p>Effective performance management arrangements are now in place including regular reports to the CYPT Board and to senior managers</p> <p>Workforce planning is strong. The DCS chairs the Workforce Development Partnership Group, which includes representatives from across the CYPT, the local health economy, further and higher education institutions and the community and voluntary sector. The group has successfully championed the workforce development and remodelling agenda, effectively coordinating a wide range of groups and partners to deliver the CYPT's priorities</p>	<p>Monitor progress on 3 overriding priorities and 2 strategic challenges</p> <p>Monitoring of the School Forum's strategy to manage the level and distribution of school balances</p> <p>Implementation of the Workforce Development Strategy</p>	<p>Corporate critical budgets 2005 -2007</p> <p>CFE44 – Gross expenditure on children in need but not looked after, as a % of gross expenditure on all children's services</p> <p>Workforce development: Number of training days by length of service</p> <p>Workforce development: post leavers by reason for leaving</p> <p>Clinical governance monitoring of incident reports to the Health and Safety Board and Clinical Governance Board (tbc)</p>