



**Brighton & Hove
City Council**

**CHILDREN & YOUNG PEOPLE'S
TRUST BOARD
ADDENDUM**

5.00PM, MONDAY, 30 JANUARY 2012

COUNCIL CHAMBER, HOVE TOWN HALL

ADDENDUM

The following agenda item(s) although provided for on the agenda front sheet were not available at the time of despatch. The Chairman has agreed to accept these reports as a matter of urgency for the reasons set out in the report.

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Subject:	Children's and Young Persons Trust Board – Future Arrangements		
Date of Meeting:	30th January 2012		
Report of:	Strategic Director, People as Director of Children's Services		
Contact Officer:	Name:	Terry Parkin	Tel: 29-0446
	Email:	Terry.Parkin@brighton-hove.gov.uk	
Key Decision:	Yes	Forward Plan No: GOV 25717	
Ward(s) affected:	All		

FOR GENERAL RELEASE

Note: The special circumstances for non-compliance with Council Procedure Rule 3, Access to Information Procedure Rule 5 and Section 100B(4) of the Local Government Act 1972 (items not considered unless the agenda is open to inspection at least five days in advance of the meeting) were that: the proposals in relation to the new decision making arrangements are still at a formative stage and the first meeting of the cross party Members Group took place on 19th January 2012. The Governance Committee took place on 10th January 2012 and the outcome of these meetings needed to be taken into account in drafting this report.

1. SUMMARY AND POLICY CONTEXT

- 1.1 On 15th December 2011 the Council agreed to change its decision making arrangements from a cabinet system to a committee system. The change will take effect immediately following the Council's AGM in May 2012.
- 1.2 In addition to the move to a committee system, further changes in the Council's governance arrangements will be required by the Health and Social Care Bill. The Bill, as currently drafted, requires local authorities to establish a Health and Wellbeing Board (HWB) by April 2013. The HWB will be a formal committee of the Council.
- 1.3 This paper considers the implications for the Children's and Young Persons Trust Board (CYPTB) arising from the changes in governance arrangements outlined above. The changes significantly alter the landscape for decisions in relation to children and young people.

2. RECOMMENDATIONS:

- 2.1 That the CYPTB recommends to Governance Committee and full Council that the role of the CYPTB be incorporated into the remit of the new council committee responsible for children and young people from May 2012;
- 2.2 That the CYPTB recommends to Governance Committee and full Council to co-opt a range of non voting members to the committee responsible for children and young people, and that the co-optees should represent the bodies outlined at Appendix One.

3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS

The change from a Cabinet system of decision making

- 3.1 From May 2012 the Council will no longer operate a cabinet system of decision making. This means that council functions requiring Member decisions will be covered by formal committees that will be cross party and politically balanced to reflect the political representation of elected Members on the Council.
- 3.2 One of the committees that will be established is likely to be a committee with responsibility for children and young people. This committee would exercise the council's functions relating to the education, social care and health of children and young people in the city.
- 3.3 A further committee that has been proposed is a Corporate Parenting Committee, working at the highest level to ensure that the Council meets its collective responsibility to children and young people in care and those who have left the care of the Local Authority.
- 3.4 The Council is also proposing to retain a scrutiny function which is likely to have a remit which will extend to cover all council functions, including children and young people and will further include arrangements for Health Overview and Scrutiny.
- 3.5 One issue that the Council is seeking to address in designing the new system is to ensure that there is absolute clarity and transparency in relation to where decisions are taken and who is responsible for them. This is of course particularly important in relation to children's services, where the Lead Member and Director of Children's Services have a statutory duty to ensure a clear and unambiguous line of local accountability.
- 3.6 A further design principle in relation to the new system is that it should be streamlined and that there should not be a proliferation of committees and meetings. This is in order to ensure that the system is efficient, sustainable and affordable.
- 3.7 Taking the above principles into account, it has been necessary to review the work and focus of all of the Council's existing decision making bodies. The requirement for the CYPTB to prepare and publish a detailed Children and Young People's Plan has been revoked, leaving the CYPTB without the key statutory function it was established to carry out. The Government has indicated that as soon as a suitable legislative vehicle is available, it will also revoke the requirement to establish a Children's Trust Board.
- 3.8 In view of the need to establish a politically proportionate committee with the role of exercising all of the Council's functions in relation to children and young people, it is proposed that this committee could also be the Children's Trust Board whilst this requirement (set out in the Children Act 2004) is still in place. To have a separate body - without a clear or distinct role - would be likely to lead to confusion as to the roles of the respective committee and CYPTB and would not

meet the principles the Council has set itself in terms of a transparent, sustainable and efficient decision making system.

- 3.9 One issue that it will be important to address, if the new committee is to take over the role of the CYPTB, will be the representation of relevant interests on the committee, in addition to the elected Members. This can be achieved by ensuring that there are co-optees on the new committee. A proposal in relation to co-optees is attached at Appendix One.

The Health and Wellbeing Board

- 3.10 In addition to the changes set out above, the Council has made arrangements to establish a Shadow Health and Wellbeing Board from April 2012. The Terms of Reference for the Shadow Board were agreed at Governance Committee on 10th January 2012 and are attached at Appendix Two for information. These arrangements are due to be considered by full council for approval on in January 2012.
- 3.11 The Membership of the Health and Wellbeing Board will include seven elected Members and a range of other members as required by the Health and Social Care Bill.

Next Steps

- 3.12 There is a wide recognition of the much good work undertaken by the CYPTB, and that due to the partnership nature of that work, partners from across the city have made a significant contribution to the development of services to children and young people. However, with such a crowded landscape, there seems little room for the continuation of the CYPTB, and more so now that the requirement for a children's plan has been removed by central government.
- 3.13 Although the need for a formal plan has been removed by central government there is still considerable partnership work which needs formal oversight and therefore the presence of partners on the new committee to advise elected members will be important. This includes health partners, including the newly formed Clinical Commissioning Group which will replace Brighton and Hove PCT, joint working with the police and other aspects of the youth justice system and of course work with schools.
- 3.14 The Governance Committee will be considering the proposed new decision making arrangements for approval and recommendation on to full Council on 20th March 2012. The final decision will be made at full Council on 26th April 2012. Governance Committee will wish to take into account the views of the members of the CYPTB when considering the proposals for the new arrangements and the minutes and decision record of this CYPTB meeting will be made available for this purpose.

4. CONSULTATION

The views of the members of the CYPTB are being sought through this paper in relation to the recommendations in this report.

The following people were provided with the opportunity to comment and input into the establishment of the Shadow HWB:

- Members of the staff forums of the city council and clinical commissioning group
- Members of the Overview & Scrutiny Commission
- Political groups
- Individual Cabinet Members
- Corporate Management Team
- Strategic Leadership Board
- The LINK
- NHS Brighton and Hove
- Brighton and Hove Clinical Commissioning Group

5. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

- 5.1 Any costs relating to the move to a committee system and meeting the new governance requirements will be met from within existing resources.

Finance officer consulted: *Louise Hoten*

Date: 24/01/12

Legal Implications:

- 5.2 Legal implications are addressed in the body of the report.

Lawyer Consulted: Elizabeth Culbert

Date: 24/01/12

Equalities Implications:

- 5.3 The council's Equality and Inclusion Policy guides the council's approach to equality, diversity and inclusion. It explains the council's responsibilities and duties, and sets out how the council will meet them. This is a key informant policy of the joint strategic needs assessment of the city which will in turn inform the health and wellbeing strategy adopted by the health and wellbeing board. This policy will also inform the decisions of the new committee responsible for exercising the council's functions in relation to children and young people.

Sustainability Implications:

- 5.4 The need to have a sustainable and affordable system of decision making has been addressed in the body of this report. Sustainability implications for both council operations and city outcomes are also incorporated directly into the joint strategic needs assessment of the city and inform the State of the City report.

Crime & Disorder Implications:

- 5.5 There are no crime and disorder implications arising from the proposals contained in this report. The relevant partners will continue to be represented at the new committee in order to ensure that crime and disorder issues are considered appropriately. Crime and Disorder implications are also incorporated directly into joint strategic needs assessment and formed a key component of the State of the City report.

Risk and Opportunity Management Implications:

- 5.6 Risks and opportunities for the Council and the city have been considered during the development of this paper and a formal risk assessment was undertaken as part of the work programme of the cross Party Members Working Group.

Corporate / Citywide Implications:

- 5.7 The committee responsible for children and young people will have responsibility for exercising all of the council's functions in relation education, social and health for children and young people. The health and wellbeing board will steer the overarching health and wellbeing priorities for the city and stimulate service level outcomes and business plans, to improve the population's health and wellbeing.

SUPPORTING DOCUMENTATION

Documents In Members' Rooms

None

Background Documents

None

Proposed non-voting co-optees for new council committee responsible for children and young people

Clinical Commissioning Group	Two representatives (clinical and executive)
SouthDowns Community Trust	One representative
CVSF	One representative
Parent Forum	One representative
Police	One representative
Youth Council	One representative
Chair of the Learning Partnership	One representative
Chair of LSCB	One representative
CAMHS	One representative
Youth Justice Board	One representative

Brighton & Hove City Council Shadow Health & Wellbeing Board**April 2012-March 2013****Draft Terms of Reference****1. Introduction**

The Shadow Health and Wellbeing Board (SHWB) will act as an advisory body to the Council, the Sussex PCT (SPCT) Board and the emerging Clinical Commissioning Group (CCG).

The SHWB will continue to act in shadow form until the formal constitution of the Health and Wellbeing Board (HWB). It is expected that the Health and Social Care Bill will be enacted to enable the new Board to be established in April 2013, when it will become a committee of the Council.

References in this document to the 'Board' are references to the SHWB. These terms of reference will be reviewed prior to the establishment of the Statutory Board.

2. Purpose

The SHWB will lead and advise on work to improve the health and wellbeing of the population of Brighton & Hove, through the development of improved and integrated health and social care services.

In support of this aim the Board will advise the Council, the SPCT Board and the CCG in relation to the following matters:-

1. Providing city-wide strategic leadership to public health, health and adults and children's social care commissioning, acting as a focal point for determining and agreeing health and wellbeing outcomes and resolving any related conflicts;
2. In its shadow year, the SHWB will have regard to the Joint Strategic Needs Assessment (JSNA) for the City. [The HWB will be responsible for preparing and publishing the JSNA once it is a formally established committee under the Health and Social Care Act];
3. Preparing and publishing a Joint Health & Wellbeing Strategy (JHWS) – a high level strategic plan that identifies, from the JSNA and the national outcomes frameworks, needs and priority outcomes across the local population;
4. Receiving the annual CCG commissioning plan for comment. [Once the HWB is a formally established committee under the Health and Social Care Act, it will have the authority to refer the CCG commissioning plan up to the NHS Commissioning Board];
5. Supporting joint commissioning and pooled budget arrangements where it is agreed by the Board that this is appropriate;
6. Promoting integration and joint working in health and social care across the locality;

7. Involving users and the public, including to communicate and explain the JHWS to local organisations and city residents;
8. Monitoring the outcomes goals set out in the JHWS and use its authority to ensure that the public health, health and adults and children's commissioning and delivery plans of member organisations accurately reflect the Strategy and are integrated across the city;
9. Establishing and maintaining a dialogue with the City Council's Local Strategic Partnership Board, including consulting on its proposed strategies and reporting on outcomes in line with the City's Performance and Risk Management Framework.
10. Ensuring robust arrangements are in place for a smooth transition into the Statutory Board by April 2013.

3. Membership

Voting Membership:

- Elected Member from the Largest Political Group (as Chair*)
- Six additional elected Members which, taken together with the Elected Member as Chair set out above, will be allocated to the different groups in proportion to the number of seats they have at Council
- The Director of Children's Services
- The Director of Public Health
- The Director of Adult Social Care
- One lead clinical and one non clinical member from the local Clinical Commissioning Group
- A representative of Healthwatch
- A member from the Youth Council

* The Chair is a fully participating and voting member of the SHWB.

An NHS Commissioning Board (NHSCB) representative will attend, as required, when the NHSCB is established.

A range of partners will be invited to attend the SHWB. This will include the respective chairs of the children's and adults safeguarding boards.

Membership will be reviewed by the SHWB as part of its development of the Statutory Board.

4. Conduct of meetings

1. Meetings of the Board will be in public.
2. The Access to Information Procedure Rules and the Standing Orders of Brighton & Hove City Council will apply with any necessary modifications, including the following:-
 - The Chair will be an elected member of the Largest Political Group;

- The quorum for a meeting shall be a quarter of the voting membership, including at least one elected member from the Council and one representative of the CCG;
- The aim of the Board is to achieve decision making by consensus. Where this is not possible, decisions shall be made on the basis of a show of hands of a majority of voting members present. If there is an equal number of votes, the Chair will have a second or casting vote;
- The Board shall meet four times within a financial year;
- A Special Meeting will be called when the Chair considers this necessary and/or in the circumstances where the Chair receives a request in writing by 50% of the membership of the Board.

5. Communication and Engagement

The SHWB will communicate and engage with local people in how they can achieve the best possible quality of life and be supported to exercise choice and control over their personal health and wellbeing. In support of this, the Board will:-

- Develop and implement a Communications and Engagement strategy for the work of the Board, including how the work of the Board will be influenced by stakeholders and the public, including seldom heard groups;
- Represent Brighton & Hove in relation to health and wellbeing issues at a local, sub-regional, regional, national and international level, influencing and negotiating on behalf of the members of the Board and working closely with the LINKs/local HealthWatch;
- .

Subject:	Children and Young People's Plan 2009-12: Summary Update		
Date of Meeting:	Monday 30th January 2012		
Report of:	Terry Parkin , Strategic Director, People		
Contact Officer:	Name:	Steve Barton, Lead Commissioner Children	Tel: 29-6105
	E-mail:	steve.barton@brighton-hove.gov.uk	
Key Decision:	No		
Wards Affected:	All		

FOR GENERAL RELEASE

Note: The special circumstances for non-compliance with Council Procedure Rule 3, Access to Information Procedure Rule 5 and Section 100B(4) of the Local Government Act 1972 (items not considered unless the agenda is open to inspection at least five days in advance of the meeting) were that: there was insufficient capacity within the council's services for children, young people and families to provide all of the information necessary to complete this report within the usual timescales.

1. SUMMARY AND POLICY CONTEXT:

- 1.1 Brighton and Hove's Children and Young People's Plan ([CYPP](#)) was published in 2009 and concludes in April 2012. This brief overview provides the context for Board members discussion of progress on key service areas and identification of key priorities for future partnership and planning arrangements in respect of services to children, young people and families.
- 1.2 The statutory requirement to produce a Children and Young People's Plan has been removed. Local partnerships are free to publish their own strategic plan as they see fit. Relevant partners are not under any formal duty to 'have regard' to any voluntary plan.
- 1.3 Feedback from the CYPTB will be incorporated into the Joint Strategic Needs Assessment and Joint Health and Well Being Strategy event on February 22nd 2012. The resulting draft Health and Well Being Strategy will inform future work programmes for the council's new governance and scrutiny arrangements for services to children, young people and families.

2. RECOMMENDATIONS:

- 2.1 That the Board note the information provided in this report.

3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:

- 3.1 Appendix I sets out the four CYPP strategic improvement priorities and the initiatives to address them. The priorities are:
- Strengthen safeguarding and child protection, early intervention and prevention
 - Reduce child poverty and health inequality
 - Promote health and well-being, inclusion and achievement
 - Develop the CYPT partnership and drive integration and value for money
- 3.2 The slides in Appendix 2 summarise the current position in respect of the indicators used to track the progress. In summary:

Green:

- Obesity
- Bullying
- Narrowing the gap at Foundation Stage
- Young people sentenced to custody
- Care leavers in education, employment or training

Amber:

- Timeliness of social care initial assessments
- Children requiring a child protection plan for a second or subsequent time
- Achievement at Key Stage 2
- Narrowing the gap at Key Stage 2 (children with special educational needs)
- Narrowing the gap at Key Stage 4 (children with special educational needs)
- Narrowing the gap at Key Stage 4 (children entitled to free school meals)
- Level 2 achievement
- Under 18 conception rate
- Young people not in education, employment or training

Red:

- Emergency hospital admissions caused by unintentional deliberate injuries
- Narrowing the gap at Key Stage 2 (children entitled to free school meals)
- Achievement of 5 or more A*-C grades at GCSE

Services for children, young people and families are also monitored through: the City Performance Plan; the Section 75 Agreements between the council and the local health economy; the Safe in the City Partnership; the Local Children's Safeguarding Board.

- 3.3 Strategic Improvement Priorities:

Strengthen safeguarding and child protection, early intervention and prevention

Ofsted inspected the city's safeguarding and child protection services three times since publication of the CYPP: in July 2010, March 2011 and in November 2011 when the local authority helped pilot a new inspection framework for child protection services.

The Chair of the Local Children's Safeguarding Board (LSCB) presented Annual Reports to the CYPT Board in March and October 2011 and a Statement of Agreement between the CYPTB and the LSCB was put in place on March 2011.

A robust and confident child protection pathway:

Partners have sustained a strategic approach to workforce development including delivery of a tiered multi-agency training programme, clarification of NHS designated functions and a Social Work Transformation Programme to drive forward new arrangements for the delivery of council social work services and embed principles set out in the Munro Review of Child Protection.

There has been an increase in the capacity of the council's safeguarding unit to deliver quality assurance functions and the Head of Safeguarding now reports directly to the statutory Director of Children's Services.

Service thresholds have been revised and published as 'Supporting Families in Brighton and Hove'. Child Protection and safeguarding procedures have been regularly reviewed and are now available on line.

Increased targeted support and preventive services:

Providing early assessment and help to vulnerable families has remained a priority, especially where substance misuse, domestic violence or mental health issues affects the quality of parenting.

The council's children's services have created a new Early Permanence Assessment Team to improve the quality and timely completion of pre-birth assessments. And, as part of the council's new approach to 'intelligent commissioning' a city-wide commissioning review will address the needs of families in multiple disadvantage.

Improving outcomes for vulnerable teenagers has also remained a priority for this and other partnerships such as the Safe in the City Partnership. The local authority has agreed a Joint Commissioning Strategy for Services to Young People developed with partners and young people themselves.

A safe and supportive city:

A new LSCB Executive Group was established in January 2011 bringing together chief executives and senior level managers from each of the member organisations.

The LSCB website was launched in September 2010 and includes separate sections for parents/carers and children and young people. Community and voluntary sector organisations are represented on the LSCB and the Community and Voluntary Sector Forum has a dedicated safeguarding sub group.

The Family Information Service (FIS) fulfils the council's statutory duty to provide information to parents/carers to ensure that they can access the full range of information they may need to support their children through to their 20th birthday.

FIS developed and now maintains the Family Services Directory, where users can search for local services and childcare online. 16,763 hits were reported for October-December 2011, a 61% increase from the 10,217 hits reported during the same period in 2010.

Mainstreaming the Common Assessment Framework and Team around the Child arrangements has continued. In December 2011 the LSCB included a major item aimed at enhancing the use of the CAF. The restructure of the council's social work service has established new advice and consultation and

children in need teams and a new pathway is in place to track and identify families who may need a CAF to prevent referral or re-referral for social work assessment and intervention.

In 2011 Ofsted reported 'there is a good level of transparency in the arrangements for reporting on performance and effective challenge across the partnership. Staff have good access to good quality training and effective supervision is embedded across agencies'.

Between 2006 and 2010 there has been a 9% decrease in the number of secondary and primary pupils reporting they had been bullied that term. (Annual Safe and Well School Survey). In July 2011, Brighton & Hove was placed 2nd in Stonewall's Education Equality Index in recognition of the work done in schools and supported by the local authority to prevent and challenge homophobia.

Between 2009 and 2011 74% of schools inspected achieved good or outstanding on the 'effectiveness with which the school promotes equality of opportunity and tackles discrimination' Ofsted judgement. A review and development programme for teaching about domestic violence prevention is planned from January 2012 and in secondary schools will be supported by interventions that focus on gender equality and challenging sexist and sexual bullying

Reduce child poverty and health inequality:

Changes to public sector services since publication of the CYPP, most recently response to proposals in the 2011 Health and Social Care Bill, have significantly altered the context for the following initiatives.

Joint Strategic Action:

A Child Poverty Needs Assessment was completed June 2011. The assessment and public consultation on the findings informs the local Child Poverty Strategy which will be agreed at Council Cabinet and the Local Strategic Partnership by end of February 2012. The Strategy details strategic outcomes and actions to mitigate the effects of child poverty and reduce it over the short, medium and long term.

The health needs of children and young people are now integrated in the overall Brighton and Hove JSNA Summary updated annually from the portfolio of individual needs assessments. The JSNA will inform the Health and Well-being Strategy ensuring the inclusion of children's and young people's health and well-being needs.

Narrow the gap for families and communities:

Local 'cluster arrangements' established in 2009 have been incorporated into a new phase of collaborative work between schools led by a new Learning Partnership.

All children under 5 are known to the children's centre team through delivery of the Healthy Child Programme. All families with additional health and/or social needs receive an enhanced targeted service or Intensive CAF depending on need. A menu of interventions is being developed to use with families to ensure that all activity is evidence based and outcome focussed.

The fifteen designated Children's Centres in Brighton and Hove are subject to inspection by Ofsted. Five inspections have been completed: three were graded outstanding (Turner, Hollingdean and Conway Court) and two good (North Portslade and Hollingbury and Patcham).

A Childcare Sufficiency Assessment, published March 2011, concluded that childcare in Brighton & Hove is of high quality compared with England as a whole, with 82 per cent of settings on the early years register judged good or outstanding by Ofsted, compared with 69 per cent nationally. The cost of full day care in Brighton & Hove is higher than that in England as a whole, but lower than the south east average and childcare affordability is a significant issue for parents.

A Children's Disability Commissioning Strategy was co-produced with parents and community and voluntary sector organisations. Agreed by the council's Cabinet Member for Children in November 2010 it sets a medium term transformation programme overseen by a stakeholder Partnership Board.

In 2009-10 100% of schools achieved Healthy School Status, and in 2011 20% of schools were working on the new Healthy Schools model. As a result of change in national policy a Brighton & Hove Healthy Settings Programme has been launched with a focus on schools identifying and working towards health related outcomes.

Narrow the gap for vulnerable groups:

Narrowing the gap in achievement for all stages from Foundation stage to Key Stage 4, including attainment for children who have special educational needs or who are looked after, is dealt with throughout this summary and in Appendix 2.

Established in 2010 the Corporate Parenting Panel is chaired by the Cabinet Member for Children and Young People and includes the Leader of the Council, elected members from the opposition groups, children and young people and foster carer representatives, Children & Families officers and officers from Health, Housing, Environment, Culture & Leisure. It acts as the challenge, advisory and consultation body to the council to enable the effective discharge of the duty of corporate parent.

The November 2010 meeting of the CYPT Board agreed a Corporate Parenting Strategy for the city. Proposals to implement the council's decision to change to a committee system include a Corporate Parenting Committee to work at the highest level to ensure meets its collective responsibility to children and young people in care and care leavers

Promote health and well-being, inclusion and achievement

The scope of this priority predates the proposal in the 2011 Health and Social Care Bill to transfer responsibility for Public Health to Local Authorities and the requirement for local areas to Health and Well Being Boards.

Maximising life chances:

The Healthy Child Programme underpins the integrated children's services jointly commissioned by the Clinical Commissioning group and the council. Improving the Healthy Child outcomes underpins two key initiatives: responding to the national Health Visitor Implementation Plan and the whole

systems review of acute, community (health and social care) and primary health services for children.

A specialist Immunisation Nurse and Team has been established (see Appendix 2). All Brighton & Hove schools have a PSHE curriculum in place and the Healthy Schools Team continues to provide support to improve the quality of teaching and learning in PSHE with a particular focus on sex and relationship and drug and alcohol education in Years 9 & 10.

Activity and outcome data relating to the Teenage Pregnancy Plan and the Promoting Healthy Weight and Healthy Lives for children and young people are also included in Appendix 2.

Accessibility of referral systems and pathways for child and adolescent mental health services have improved through the S75 Agreements which enable community based child and adolescent mental health services (CAMHS Tiers 1&2) to be delivered as part of the integrated children's service. Partners have sustained a collaborative approach across Sussex in respect of specialist/in-patient treatment services (CAMHS Tiers 3 &4).

The S75 Agreements also provide the framework for improvements to specialist substance misuse services for young people.

Access to Education:

Termly Governance, Strategy and Partnership (GSP) meetings for all governors (including those from academies and FE Colleges) focus on national and local priorities for education and children's services. The meetings enable senior officers and elected members to communicate directly with governors from across the city.

Partnership working remains a critical priority for governing bodies and includes the secondary governors' project, strategic group of chairs and the federation of the special schools.

The Learning Partnership Board has been re-launched, with representatives from all sectors of the education service, including governors, as the key strategic forum for the education service in Brighton & Hove.

The national Primary Capital Programme (PCP) was cancelled after just one year and Brighton & Hove did not get onto the Building Schools for the Future (BSF) programme before that too was cancelled.

The PCP funding did make significant improvements to Davigdor Infant School and Somerhill Junior School, Westdene Primary, Goldstone Primary, Queens Park Primary and Balfour Junior School (now part of Balfour Primary School).

The current Primary Strategy for Change focuses on the provision of additional school places in parts of the city that had experienced exceptional growth in pupil numbers.

Preparatory work undertaken for ensured that the Council received grant funding under the new 'fast track' academy programme resulting in refurbishment, remodelling and extension of Portslade Community College (now Portslade Aldridge Community Academy) that will allow for an additional form of entry and for the sixth form to be located on the same site as the rest of the school from September 2013.

The number of fixed term exclusions reduced between 2008/09 and 2010/11, but is still above statistical neighbour and national averages; the number of permanent exclusions has increased from 3 in 2008/09 (well below national average) to 15 in 2010/11 (just below national average).

A Behaviour and Attendance Partnership has been established, with support from all schools. A 'Connected Hub' has been developed, providing personalised education for Y11 students who for various reasons are disengaged from learning.

Attendance has improved year on year in primary and secondary sectors, and is now above the national average in primary and slightly below in secondary; 'persistent absence' is now below national average.

Brighton & Hove was granted £5.3 million towards the Whitehawk Hub project (total cost £7.4million) which brings together social care, housing, youth services, adult education and a library onto the site of Whitehawk Primary School. Already on the same site were a nursery, children's centre, and doctors' surgery and pharmacy. In addition 6 secondary schools have health drop-ins providing condoms, Chlamydia and pregnancy testing and general health and wellbeing advice.

Pathways to success:

Attainment on the key 5+ A* - C including English and Maths measure has improved from 44.5% in 2009 to 49.1% in 2010 and 52.6% in 2011 – however, B&H is ranked 7/11 amongst statistical neighbours, and is still significantly behind the national average figure of 58.3% in 2011.

The Secondary Schools Partnership, consisting of all nine secondary schools and academies in the city, has been established with a clear remit to secure improvement in secondary schools attainment – the Partnership has agreed a vision which declares collective responsibility for the progress and well being of all the city's secondary age students, and is implementing a Raising Achievement Plan, with ambitious targets for 2014.

The 'City Curriculum 2015' (CC15) project and 16 – 19 Strategic Overview statements have identified the key development issues relating to the breadth and levels of the curriculum required city wide to implement the Raising Participation Age (RPA) policy.

Working with partners in schools, colleges and the third sector, the authority has helped to develop alternative education provision to meet the needs of learners who are at risk of becoming or have become disengaged from learning – examples include the Key Stage 4 Engagement Programme and the 'On2' suite of flexible Foundation Learning programmes and the Nisai Virtual Learning project for GCSE subjects and boosters.

All three of the city's colleges, attended by almost 80% of the city's 16 – 18 year old young people, are high achieving and recognised as 'good with outstanding features' by Ofsted; two secondary schools are graded 'outstanding' by Ofsted, and the Raising Achievement Plan has a target that all schools should be good or outstanding by 2014.

The Education Business Partnership attained the Award for Education Business Excellence with National IEBE (Institute for Education Business Excellence) in April 2010, and continues to broker new and existing business links to support general and vocational curriculum delivery, teacher continued professional development, and work experience.

The Services to Young people joint Commissioning Strategy is presented separately to the 30th January Board meeting. The Safe in the City Partnership will shortly publish an updated strategy that includes issues for children and young people. The city's Youth Justice Plan is currently out for consultation.

Develop the CYPT partnership and drive integration and value for money

The key issues set out in this section have largely been dealt with elsewhere in this summary or in other reports to the Board.

4. CONSULTATION

- 4.1 Information on progress and performance has been summarised from information provided by strategic leads for each improvement priority and/or initiative.

5. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

- 5.1 There are no financial implications as a direct result of the recommendations of this report. Any new initiatives will have to be costed, a business case agreed within the value for money context and funding identified to ensure best value services for the Council.

Finance Officer Consulted: David Ellis

Date: 23/01/12

Legal Implications:

- 5.2 There are no specific or direct legal or Human Rights Act 1998 arising from this report which is for noting and updating purposes only. However, the key performance indicators do provide the Board with valuable information in relation to the Trust's exercise of its statutory duties and powers

Lawyer Consulted: Elizabeth Culbert

Date: 23/01/12

Equalities Implications:

- 5.3 An equalities impact assessment was undertaken for the Children and Young People's Plan. There is a strategic priority to reduce child poverty and health inequality and several priority indicators are aimed at driving reduced inequalities, such as reducing the attainment gap for pupils receiving free school meals and those who have special educational needs.

Sustainability Implications:

- 5.4 This report does not directly address sustainability issues but it underpins the CYPP which supports the council's sustainability strategy including, concern for quality of life and well being, health improvement and healthy schools, enjoyment and participation in cultural & leisure activities, achievement of economic well being and effective clinical governance and health.

Crime & Disorder Implications:

- 5.5 This report covers young people not in education, training and employment and outcomes for young people supervised by the Youth Offending team.

Risk and Opportunity Management Implications:

- 5.6 There are no recommendations in this report that require risk assessment. There is a clear risk that reduced funding levels may impact the Trust's ability to maintain and improve the outcomes for children and young people.

Corporate / Citywide Implications:

- 5.7 CYPP indicators feed into corporate performance reports which are used to track and analyse performance issues, identifying areas where the wider partnership can contribute to improved outcomes for children and young people. CYPT performance information is used to inform progress against the Sustainable Community Strategy.

SUPPORTING DOCUMENTATION

Appendices:

1. CYPP Strategic Improvement Priorities
2. Summary of Key Performance Indicators

Appendix 1: CYPP Strategic Priorities

1: Strengthen safeguarding and child protection, early intervention and prevention:

The CYPT and the Local Safeguarding Children Board will rigorously monitor and improve safeguarding strategies, policies and procedures to protect children and young people from harm, neglect or abuse. We will ensure that the whole children's workforce, including schools and colleges, the local health economy and all partner agencies understand and use local arrangements to work with parents to identify children who need additional help or who cannot live safely in their families and to intervene early to support and protect them.

Initiative 1a: Maintain a robust and confident child protection pathway:

We will:

- Implement the CYPT Workforce Development Strategy to sustain and develop the specialist skills we need to protect children.
- Deliver with the LSCB a tiered training programme to ensure effective and confident communication, good understanding and strong relationships across the child protection pathway.
- Establish the CYPT Safeguarding Unit to support and challenge child protection professionals and audit the child protection pathway.
- Publish early identification, referral and assessment pathways, to include domestic violence routine enquiries, building on the CYPT's 2009 Safeguarding stock take.
- Continuously review and update with the LSCB and our partners in East and West Sussex the Pan-Sussex Child Protection and Safeguarding Procedures and related policies and operational procedures in light of changes to statutory guidance.
- Review annually with the LSCB and the Safe in the City Partnership child protection and safeguarding activity including response to domestic violence, across the city and maintain an open dialogue with the Government Office, Ofsted and the Care Quality Commission.

Initiative 1b: Increase targeted support and preventive services:

Learning from transformation activities, such as the Family Pathfinder Project, the Multi-Agency Risk Assessment Conference (MARAC) and other specialist domestic violence services, we will commission targeted services to protect the most vulnerable groups of children and young people at risk of harm, abuse or neglect including:

- Babies at risk – to sustain early permanence planning, assessment, support and intervention.
- Vulnerable families – to improve services for families where the quality of parenting is affected by adult substance or alcohol misuse, domestic violence or mental health or learning disability issues.
- Children and young people who are vulnerable or at risk– to improve services for vulnerable groups and/or those involved in or at risk of substance or alcohol misuse, self-harm, sexual exploitation or teenage pregnancy.

Initiative 1c: A safe and supportive city:

The CYPT and the LSCB will:

- Raise the profile and public understanding of the LSCB and promote the role of local communities in the city's safeguarding arrangements.

<ul style="list-style-type: none"> • Provide information, advice and guidance to support parents to bring up their children so that they are safe and thrive.
<ul style="list-style-type: none"> • Mainstream the Common Assessment Framework and Team Around The Child arrangements to enable the whole workforce to become confident lead professionals working with parents to ensure early identification, intervention and preventative support.
<ul style="list-style-type: none"> • Review child protection training and supervision arrangements to ensure that all staff receive the guidance and support they need including the opportunity regularly to reflect on their work, role and responsibilities.
<ul style="list-style-type: none"> • Actively promote the development of healthy relationships and anti-bullying activity across all services commissioned or provided by the CYPT including educating young people so that they are able to choose not to engage in abusive, discriminatory behaviour or bullying.
<ul style="list-style-type: none"> • Provide play and leisure facilities that enable all children to have new experiences and enjoy their childhood and teenage years.
<p>2: Reduce child poverty and health inequality:</p> <p>We will work with our partners across the city, through the Local Area Agreement and the joint Public Health and CYPT Action Plan to reduce inequality in outcomes between children and young people and their peers and to support vulnerable adults who are parents. We will address the impact of child poverty, and ensure the services we commission or provide are inclusive and nurture the potential of every child.</p>
<p>Initiative 2a. Joint Strategic Action:</p> <p>We will:</p>
<ul style="list-style-type: none"> • Work with the Public Service Board and, as part of the city’s Joint Strategic Needs Analysis programme, complete a Child Poverty Needs Assessment and Action Plan to inform the Local Area Agreement and comply with anticipated statutory guidance.
<ul style="list-style-type: none"> • Work with NHS Brighton & Hove to tackle barriers which prevent the choice of a healthier lifestyle by families implementing the joint Public Health & CYPT Action Plan [191kb] and maintaining an up-to-date Joint Strategic Needs Assessment for children and young people.
<p>Initiative 2b: Narrow the gap for families and communities:</p> <p>The CYPT will commission services which target the neediest communities and support their most vulnerable families to improve outcomes for their children and young people. We will:</p>
<ul style="list-style-type: none"> • Continue to develop our local clusters to promote partnership, the integration of front-line services and a joint responsibility with local communities for improving outcomes.
<ul style="list-style-type: none"> • Provide children’s centre services according to need, including more targeted home visiting and access to universal programmes for children with lower levels of need.
<ul style="list-style-type: none"> • Ensure parents on low incomes have access to good quality childcare to allow them to work or train.
<ul style="list-style-type: none"> • Provide support to families of children with disabilities or complex health needs, through universal and specialist services and by delivering on the commitments made by the city council and NHS Brighton and Hove by signing the Every Disabled Child Matters Charter.
<ul style="list-style-type: none"> • Take forward the learning from transformation projects, such as our Parenting Strategy and Family Pathfinder to improve targeted support to the most vulnerable parents and families.

<ul style="list-style-type: none"> • Support all schools to deliver the core Extended Schools [62kb] offer, deliver the Disadvantage Subsidy and implement the new Healthy Schools model.
<p>Initiative 2c: Narrow the gap for vulnerable groups:</p> <p>The CYPT will commission or provide services which narrow the gap in outcomes between the most vulnerable children and their peers. We will:</p>
<ul style="list-style-type: none"> • Narrow the gap in achievement for all stages from Foundation to key stage 4 including the attainment for children who have social educational needs or who are looked after.
<ul style="list-style-type: none"> • Narrow the gap in achievement for all stages from Foundation to key stage 4 including the attainment for children who have social educational needs or who are looked after.
<ul style="list-style-type: none"> • Ensure that children with disabilities and complex health needs receive high quality health care, which is delivered in community settings wherever possible.
<ul style="list-style-type: none"> • Deliver on the Pledge for children and young people in care.
<ul style="list-style-type: none"> • Ensure that children with disabilities and complex health needs receive high quality health care, which is delivered in community settings wherever possible.
<ul style="list-style-type: none"> • Deliver on the Pledge for children and young people in care.
<ul style="list-style-type: none"> • Deliver the Healthy Child Programme.
<ul style="list-style-type: none"> • Work with community and voluntary sector organisations to ensure the CYPT's commissioning strategies address the needs of the vulnerable groups described in Section 1 of this plan.
<p>3: Promote health and wellbeing, inclusion and achievement</p> <p>The CYPT will support parents to bring up their children, commissioning services that improve the health, wellbeing and achievement of all children and young people, wherever possible ensuring mainstream services include those who are vulnerable or have additional needs. We will support young people on the pathway to success, targeting and challenging those at risk of making negative choices about their lifestyles.</p>
<p>Initiative 3a. Maximizing life chances:</p> <p>We will work with NHS Brighton and Hove to maximize life chances for children and families by commissioning and providing high quality children's health care and delivering the joint CYPT and Public Health action plan to:</p>
<ul style="list-style-type: none"> • Implement the Healthy Child Programme and increase the uptake of immunisations.
<ul style="list-style-type: none"> • Develop effective health education in schools.
<ul style="list-style-type: none"> • Implement the Teenage Pregnancy Plan to reduce teenage conceptions and the number of teenage parents.
<ul style="list-style-type: none"> • Implement the joint strategy Promoting the Healthy Weight and Healthy Lives of Children and Young People in Brighton and Hove [796kb].
<ul style="list-style-type: none"> • Implement the Aiming Higher agenda for children and young people with a disability, special education needs or complex health needs.
<ul style="list-style-type: none"> • Sustain the transformation of Child and Adolescent Mental Health Services (CAMHS) through improved access to Tiers 2 & 3 and a new integrated care pathway.
<ul style="list-style-type: none"> • Review and commission services to reduce levels of smoking and alcohol and drug abuse among children and young people.
<p>Initiative 3b. Access to education:</p> <p>We will work with our schools and colleges so that every child and young person has the opportunity to access excellent and inclusive education so that they are ready for work, further education and adult life. We will:</p>
<ul style="list-style-type: none"> • Develop our governance arrangements so that schools and colleges operate at the

<p>centre of the CYPT as well as the centre of the communities they serve.</p>
<ul style="list-style-type: none"> • Implement our School Improvement Plan [848kb], and maximize funding opportunities such as Building Schools for the Future [1.36mb] and the Primary Capital Fund [561kb] to transform the curriculum and learning environments across the city.
<ul style="list-style-type: none"> • Work with schools, families and communities to implement our Behaviour and Attendance Strategies [988kb] to create positive and inclusive learning in every school.
<ul style="list-style-type: none"> • Develop co-located integrated services on school sites as the next step in developing our cluster model for commissioning and providing extended services.
<ul style="list-style-type: none"> • Implement the Special Educational Needs Strategy [950kb] to ensure all children and young people have access to educational and social opportunities within the mainstream system alongside high quality appropriate specialist provision.
<p>Initiative 3c. Pathways to success:</p> <p>We will work with the 14-19 Partnership, 6th form colleges, NHS Brighton & Hove, the Integrated Youth Support Service and Sussex Police to deliver quality information, advice and guidance to all young people and additional support for those at risk. We will:</p>
<ul style="list-style-type: none"> • Deliver a broad 14-19 curriculum and develop our partnership with local employers so that our young people are given the opportunity to achieve in ways suited to them and secure sustainable employment.
<ul style="list-style-type: none"> • Commission and provide integrated youth support services that are accessible and relevant to all young people and which are also designed to deliver targeted and specialist interventions to young people at risk because of low attainment, family, relationship or emotional difficulties, alcohol or substance misuse, criminal behaviour or teenage pregnancy and parenthood.
<ul style="list-style-type: none"> • Work with our partners to ensure local youth provision, including opportunities to volunteer and participate in community activities, sport and leisure activities are accessible to all children and young people.
<ul style="list-style-type: none"> • Implement the Youth Justice Plan as part of Brighton & Hove's Safe in the City Strategy, developing successful joint initiatives to tackle anti-social behaviour and prevent and deter young people from criminal activity.
<p>4: Develop the CYPT partnership and drive integration and value for money</p> <p>The CYPT will strengthen inter-agency governance arrangements; take forward our integrated strategy for the planning, commissioning and provision of services; improve professional understanding between services; and deliver integrated front-line services organised around users, not professional or institutional boundaries. During the life of this plan there will be a sharp focus on providing services based on evidence of improving outcomes which are accessible, streamlined, high quality and value for money.</p>
<ul style="list-style-type: none"> • Work towards achieving the You're Welcome quality mark for all services by 2020.
<p>Initiative 4a. Governance:</p> <p>The arrangements set out in Section 1 put the CYPT in a strong position to respond to anticipated legislative changes including the expectation to produce a new CYPP in 2011. We will:</p>
<ul style="list-style-type: none"> • Make arrangements to bring our schools, including 6th form and Further Education colleges and Falmer Academy, and Job Centre Plus onto the CYPT Board in advance of any legislative changes.
<ul style="list-style-type: none"> • Conclude the formal review of the Section 75 Agreement that underpins the CYPT and take forward changes agreed by the partners.

<ul style="list-style-type: none"> • Develop our internal governance arrangements, continuing to consolidate the interface between local authority and NHS systems, and, through the CYPT's Integrated Care Governance Committee and the structures and policies that support it, provide professional leadership, clinical and practice assurance.
<ul style="list-style-type: none"> • Ensure the CYPT complies with Brighton & Hove's Community Engagement Framework and consolidates the role of the Youth Council and Looked After Children Council, the Parents' Forum and the Community and Voluntary Sector Forum in order to capture and amplify the voice of service users.
<p>Initiative 4b. Organisational Development:</p> <p>The Director of Children's Services and the Senior Management Team will ensure the CYPT's planning, commissioning and provider arrangements are understood by service users, partners and staff and are fit for purpose in a challenging financial environment. We will:</p>
<ul style="list-style-type: none"> • Continue the phased re-structuring of the CYPT's leadership and management arrangements.
<ul style="list-style-type: none"> • Develop and publish an integrated care pathway for all children's services with clear service criteria which allow children to move through services according to needs and with realistic expectations.
<ul style="list-style-type: none"> • Develop and publish a children and young people's commissioning framework and put in place clear governance arrangements aligned with World Class Commissioning competencies and strategic commissioning across the city.
<ul style="list-style-type: none"> • Ensure the CYPT is fully engaged in the city council's Value for Money programme and NHS Brighton and Hove's review of its Strategic Commissioning Plan to drive innovation and productivity.
<ul style="list-style-type: none"> • Improve the efficiency and effectiveness of the CYPT's business planning and operational systems ensuring they are consistent with local authority and NHS requirements.
<ul style="list-style-type: none"> • Strengthen our performance management arrangements, implement the CYPT's Information Strategy and participate in the city's programme of integrated Joint Strategic Needs Analyses.
<p>Initiative 4c. Workforce Development:</p> <p>We have developed a nationally recognised workforce development programme, including conferences and forums for our staff and partners, to support integrated working and learning between all those who work and volunteer with children and young people. The Workforce Development Partnership Group will lead the CYPT's People Development Strategy so that:</p>
<ul style="list-style-type: none"> • Support all schools to deliver the core Extended Schools [62kb] offer, deliver the Disadvantage Subsidy and implement the new Healthy Schools model.
<ul style="list-style-type: none"> • Everyone who works or volunteers with children and young people in Brighton & Hove has a shared vision, understands our local priorities and is able to work together with common purpose and values to achieve better outcomes for children and young people.
<ul style="list-style-type: none"> • Everyone who works or volunteers with children and young people will share a set of core knowledge, skills and behaviours that informs their specialist role and skills.
<ul style="list-style-type: none"> • Everyone who works or volunteers with children and young people will have the knowledge, skills and working practices that ensure all children and young people are protected from harm and neglect.
<ul style="list-style-type: none"> • Everyone who works or volunteers with children and young people will know about and use effective integrated working practices (including Information Sharing, the Common Assessment Framework and the Lead Professional role), which will result in a team

around the child/young person working together to provide targeted or specialist services.

- The CYPT as an employing/commissioning organisation will ensure all those in specific professions and roles have the specialist training, development and qualifications they require in their role.
- The CYPT as an employing/commissioning organisation will ensure it has the right people with the right skills and practices to deliver an excellent service. This will include ensuring appropriate recruitment, retention and workforce planning arrangements are in place alongside developing the culture and systems which support and develop people in their roles.

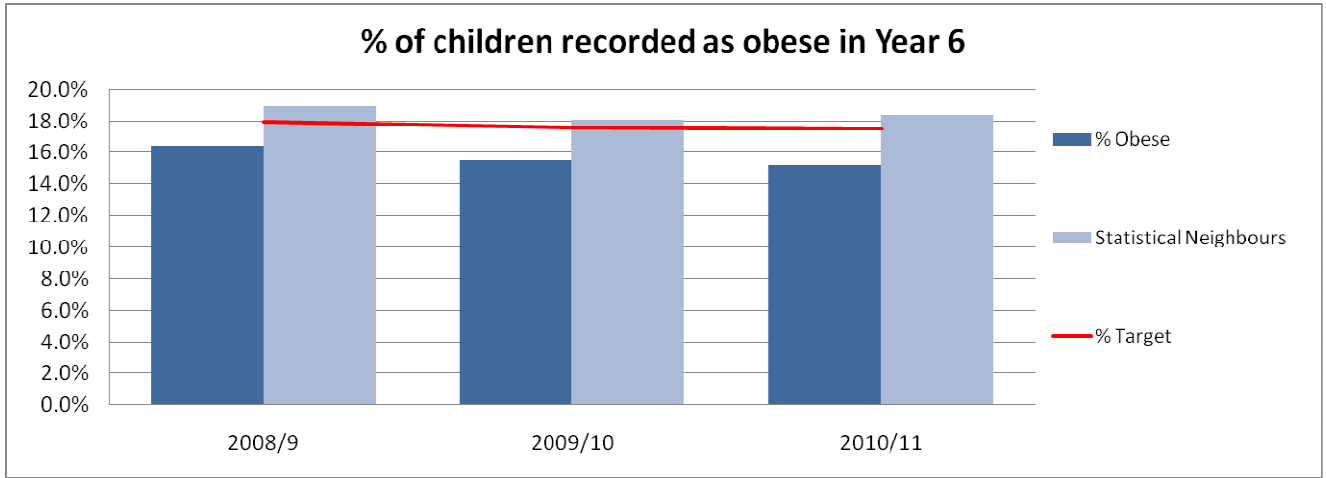
Appendix 2: Summary of Key Performance Indicators

Children and Young People's Plan 2009-2012

Summary of Key Performance Indicators

30 January 2012

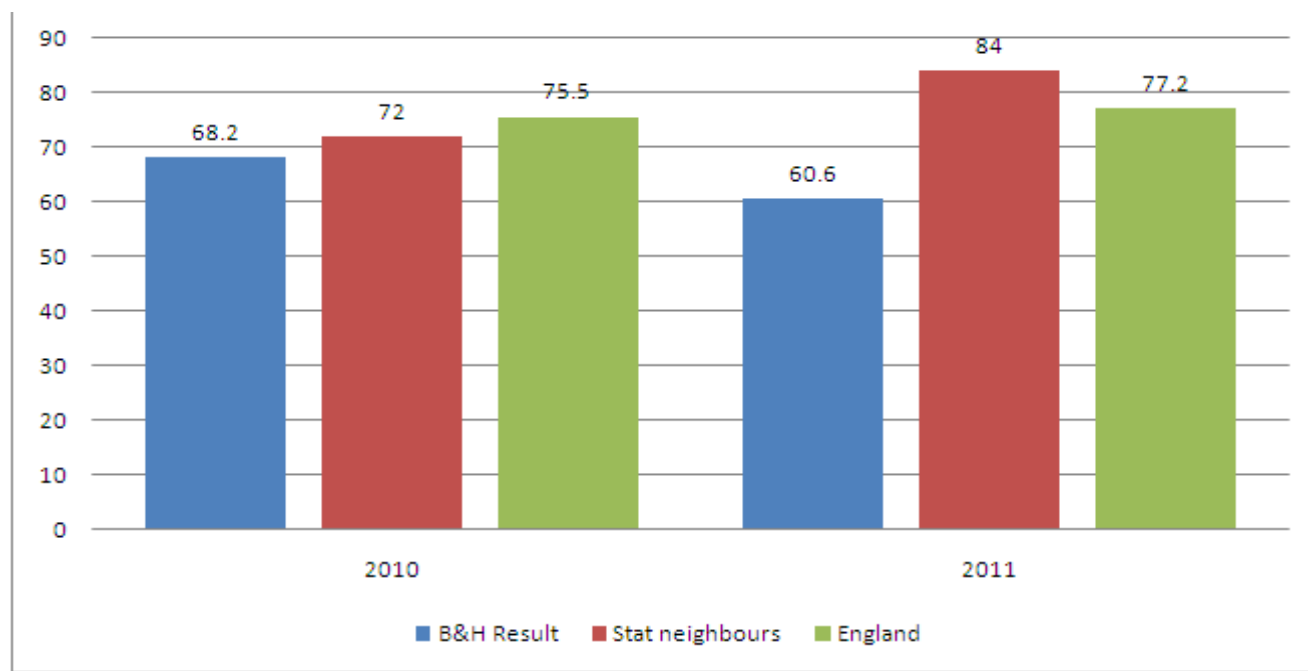
Obesity among 11 year olds



The local result in 2010/11 was 15.2% against a national figure of 19.0% and statistical neighbour rate of 18.4%



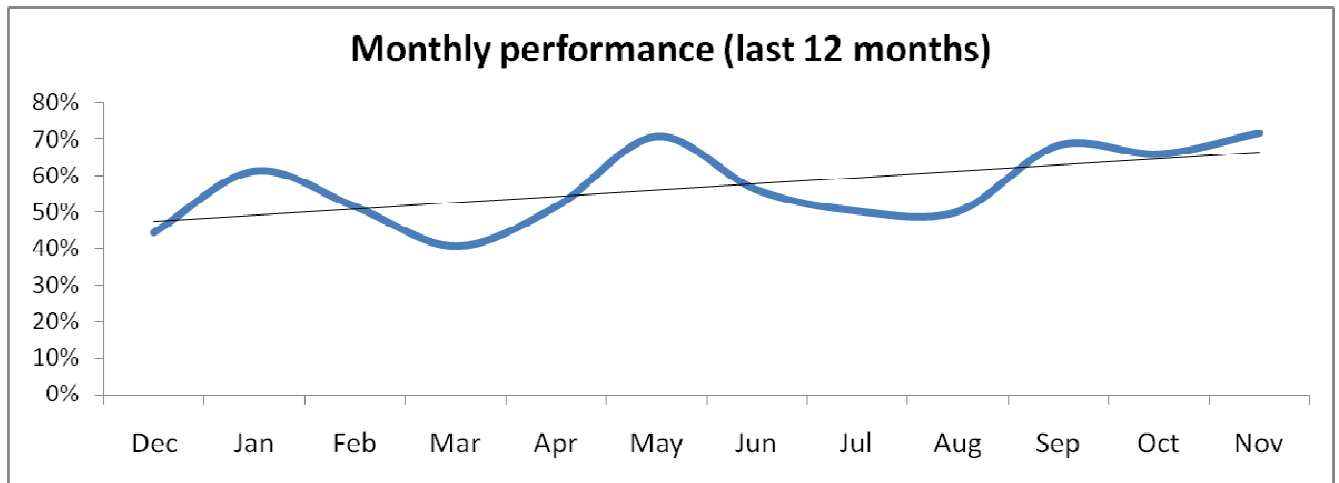
Initial assessment for children's social care carried out within 10 working days



Significant work to improve the performance monitoring system took place from 2009, including a change to how initial assessments were counted locally and the national change from 7 to 10 days. The November 2011 figure is 72%, and progressing well.



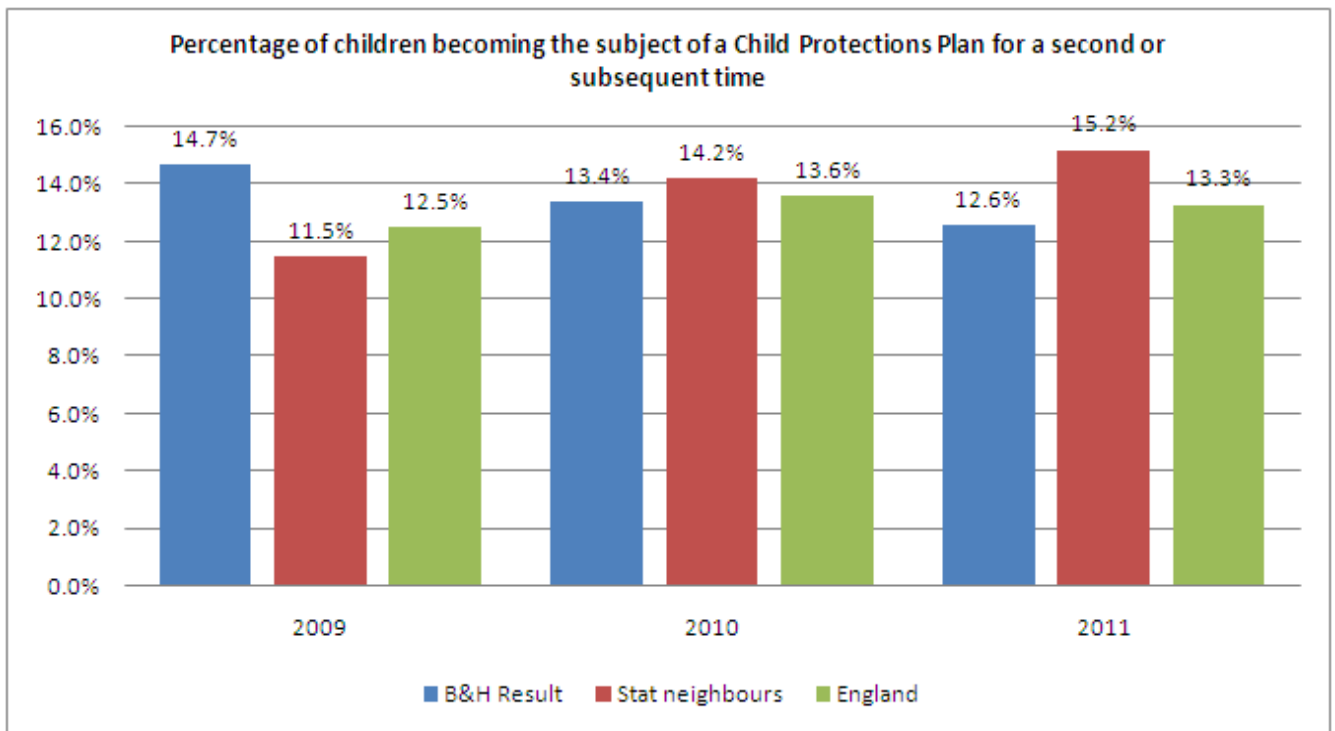
Initial assessment for children's social care carried out within 10 working days



It is likely this will be monitored in time bands to provide more professional discretion from May 2012.



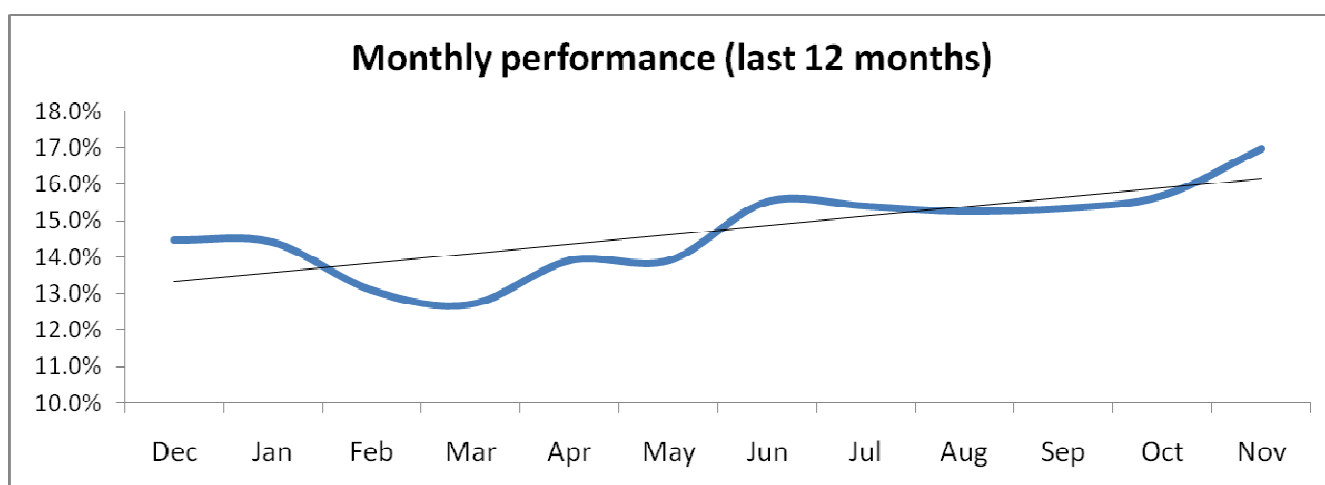
Repeat child protection episodes



The percentage of children becoming the subject of a child protection plan for a second or subsequent time was 12.6% in Brighton and Hove for 2010/11, below the national average of 13.3% and 15.2% for our statistical neighbours.



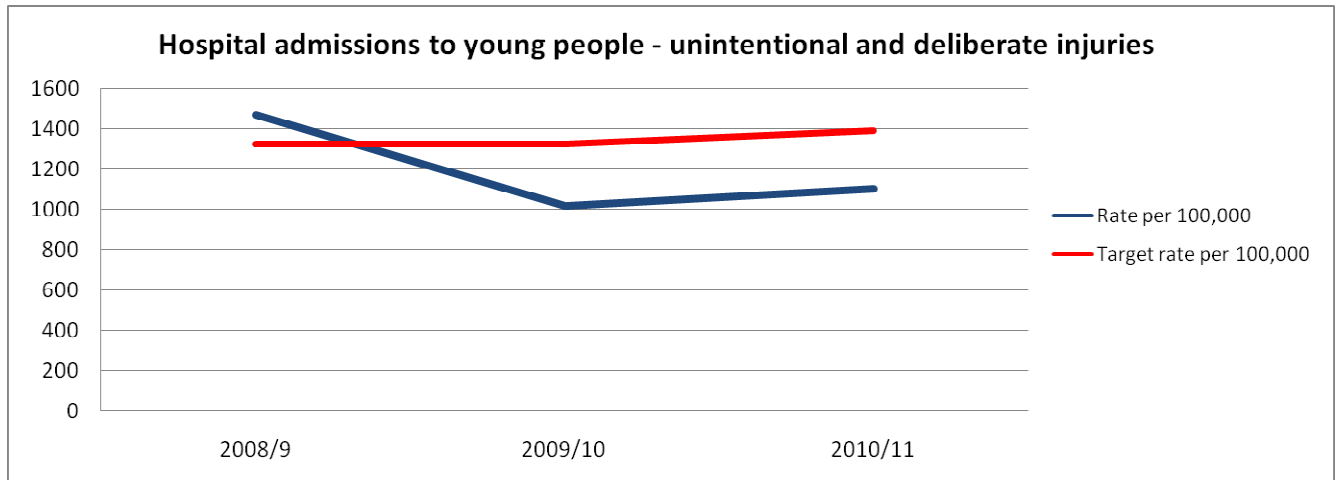
Repeat child protection episodes



Performance at the end of November is 17%, slightly above the 'good' banding (10 to 15%) under the old Performance Assessment Framework and the 2010/11 national average of 13.3%.

The calculation for this indicator has been revised and this has contributed to the increase compared to the previous calculation.

Hospital admissions – unintentional and deliberate injuries



The monthly numbers are higher this year than the last two years with an average of 58 admissions per month against an average of 42 in 2008/9. Whilst it is difficult to forecast, the result for the year could be at 2008/9 levels. Targets were designed and agreed by the Primary Care Trust based on a simple “improve on last year” formula.



Experience of bullying

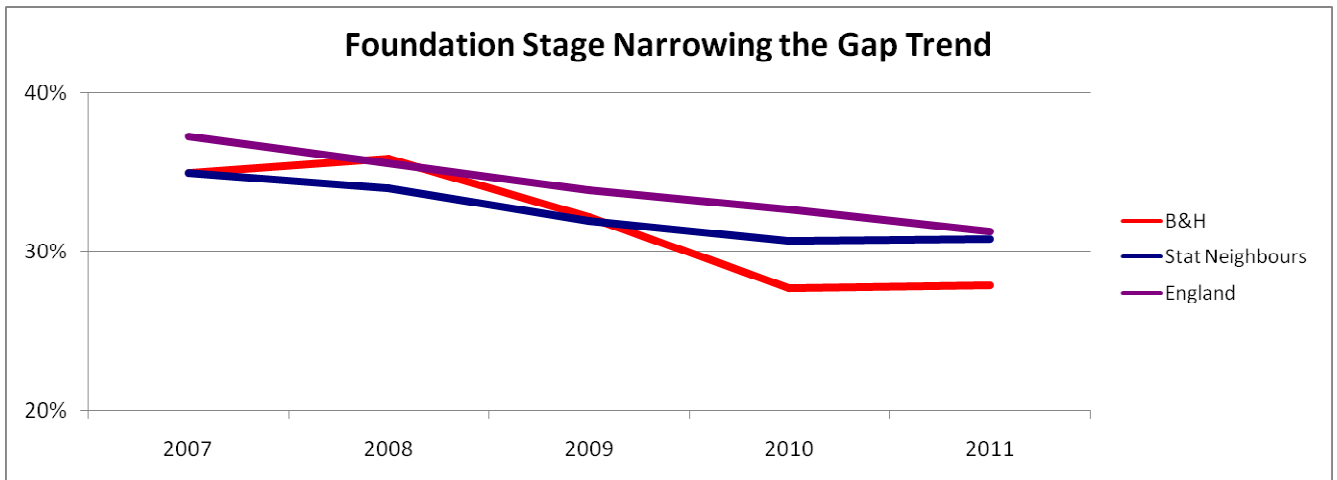
<i>Safe and well at school survey</i>	2004	2005	2006	2007	2008	2009	2010
% pupils who have seen bullying	82%	77%	74%	62%	57%	51%	41%
% pupils who have bullied others	24%	21%	21%	21%	15%	12%	11%
% pupils who have been bullied this term	29%	26%	25%	27%	22%	15%	17%

There isn't much bullying in my school	35%	42%	42%	53%	60%	62%	60%
My school is good at dealing with bullying	51%	54%	55%	63%	68%	69%	69%

Over 12,300 school pupils took part in the Safe and Well at School Survey in 2011 (results not yet available), from Year groups 4-11. All secondaries participated and 37 out of 49 primaries. Around 1,800 more secondary pupils took part this year compared to 2010.



Foundation Stage achievement gap

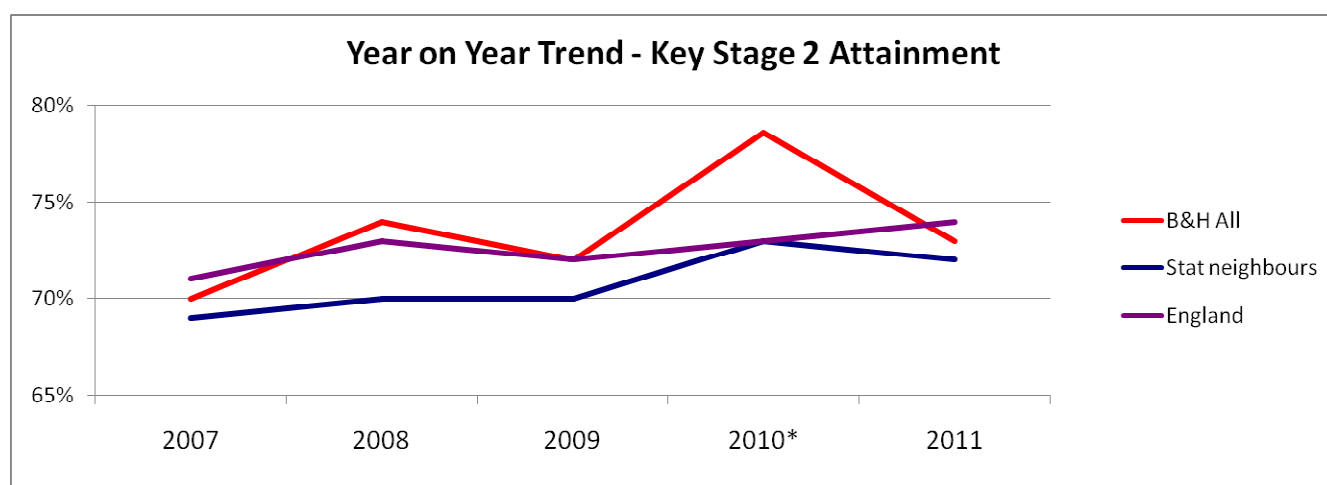


The overall % pupils achieving a “good” standard is shown below

Results	2007	2008	2009	2010	2011
B&H	50.8%	51.5%	55.5%	62.6%	64.0%



Key Stage 2 achieving Level 4+ Eng & Maths



***teacher assessment data is used for 2010 instead of test data due to the SATS boycott in that year. This gives a misleading picture of the trend in the city. 73% of city pupils achieved the standard in 2011 against 74% in England and 72% among statistical neighbours.**

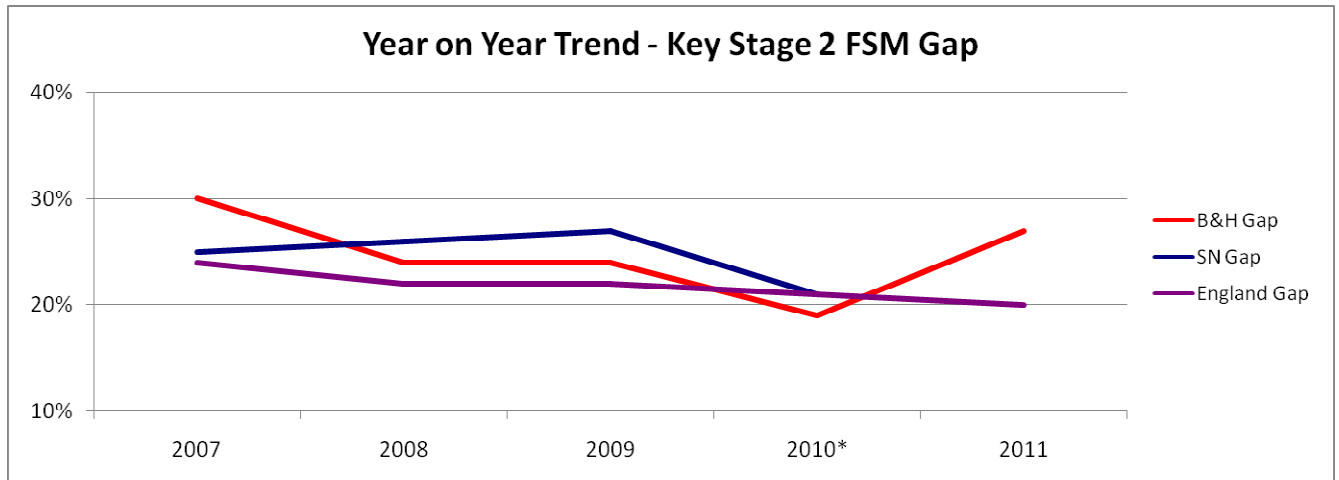
Explanation of Education Gap Indicators

The attainment gap indicators that follow measure the percentage point difference between the disadvantaged pupil group and those without the disadvantage

For example, here is the Key Stage 2 Level 4+ Eng & Maths Free School Meal gap for 2011 which is $78 - 51 = 27$

Results	2011
B&H FSM	51%
B&H Non FSM	78%
B&H Gap	27%

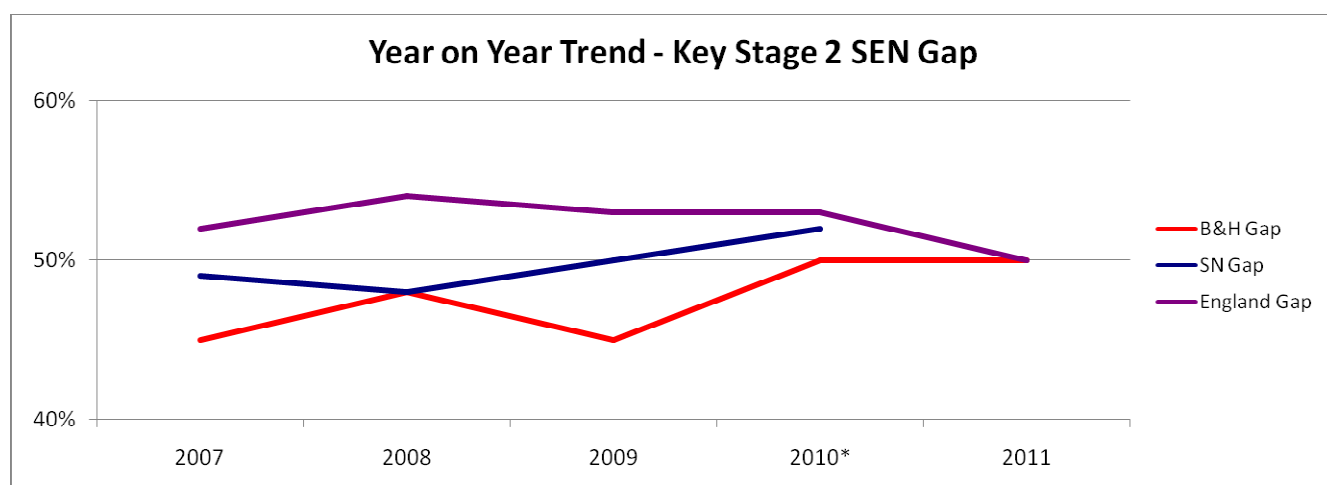
Key Stage 2 achievement gap (FSM)



***teacher assessment data is used for 2010 instead of test data due to the SATS boycott in that year. This gives a misleading picture of the trend in the city. However, the gap in achievement between pupils receiving free school meals and the rest widened in 2011 (27%) compared to 2009 (24%). The England gap in 2011 was 20%. Statistical neighbour data not yet available.**

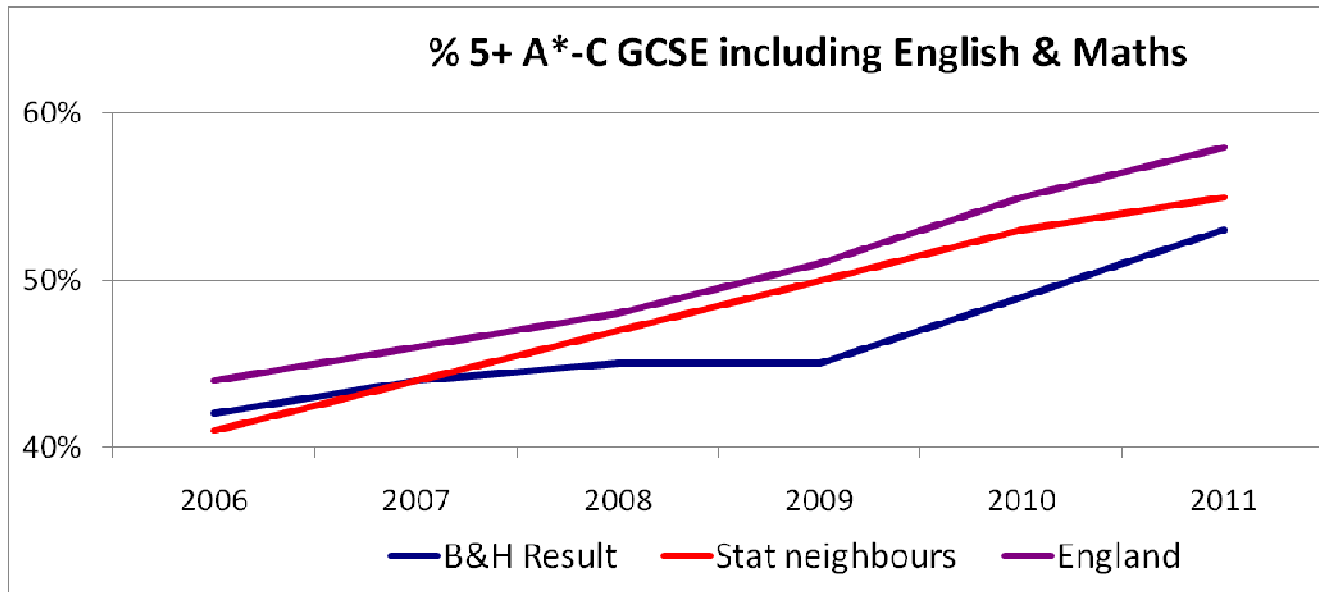


Key Stage 2 achievement gap (SEN)



***teacher assessment data is used for 2010 instead of test data due to the SATS boycott in that year. The gap in achievement between pupils with identified special educational needs (school action, school action plus or statements) and the rest has widened since 2009 but is still in line with the England average (50%). Statistical neighbour data not yet available.**

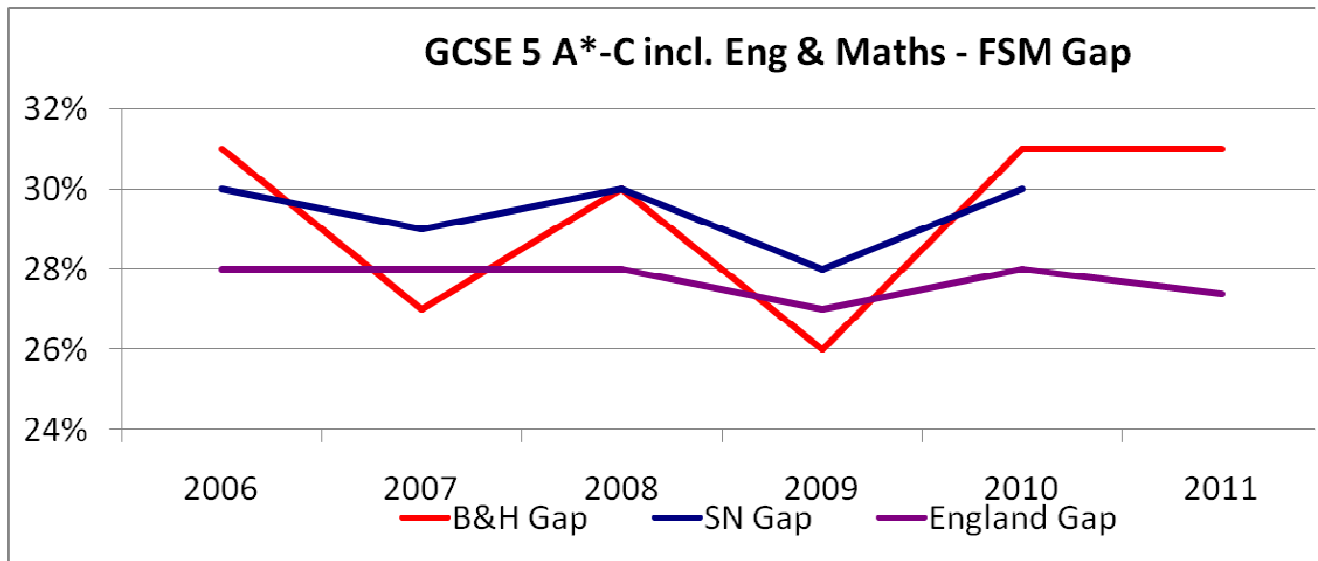
GCSE 5 A*-C incl. English and Maths



While results have continued to improve they remain below both statistical neighbour and England averages.



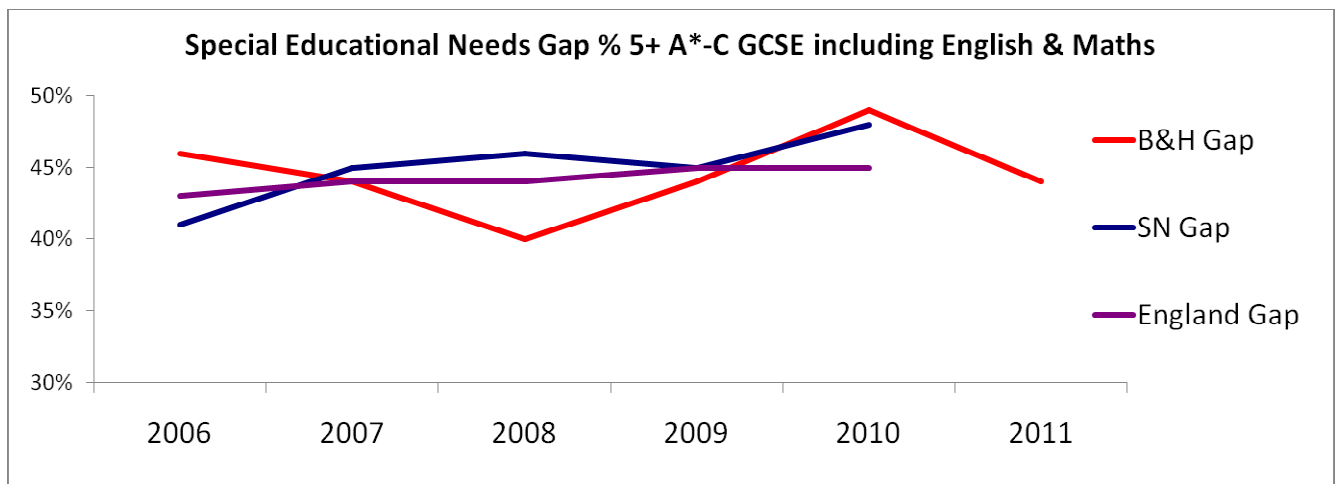
GCSE achievement gap (FSM)



Note the “zoomed-in” scaling on this graph. It is difficult to establish trend for this indicator, nevertheless the gap in 2011 was greater than the England average. Statistical neighbour data not yet available.

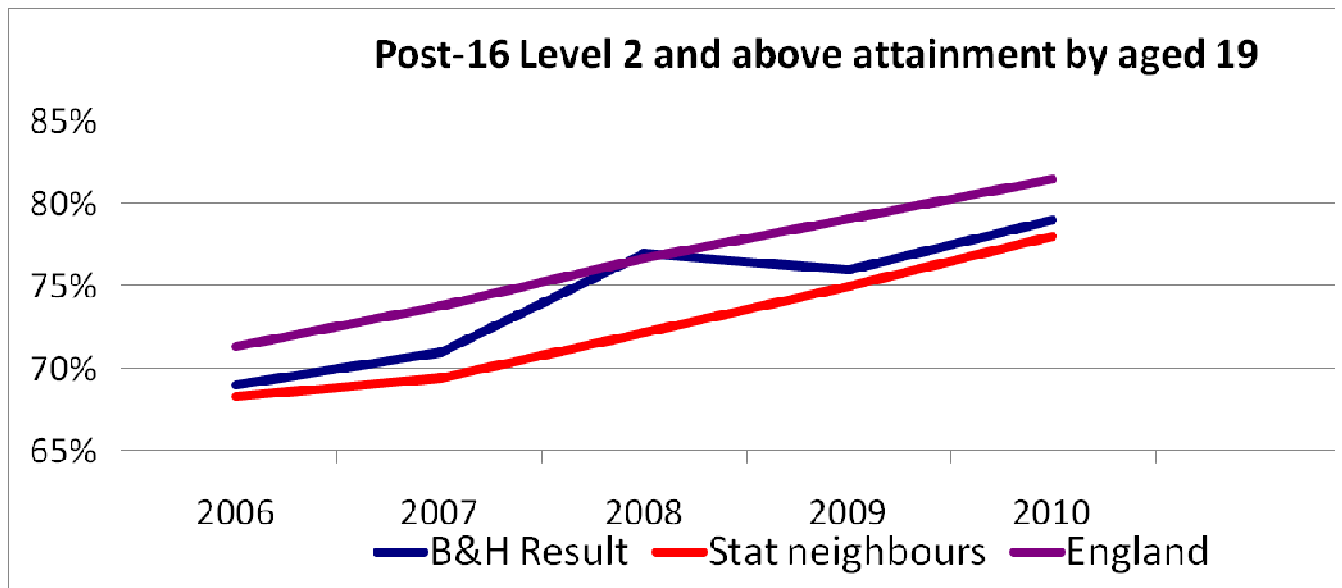


GCSE achievement gap (SEN)



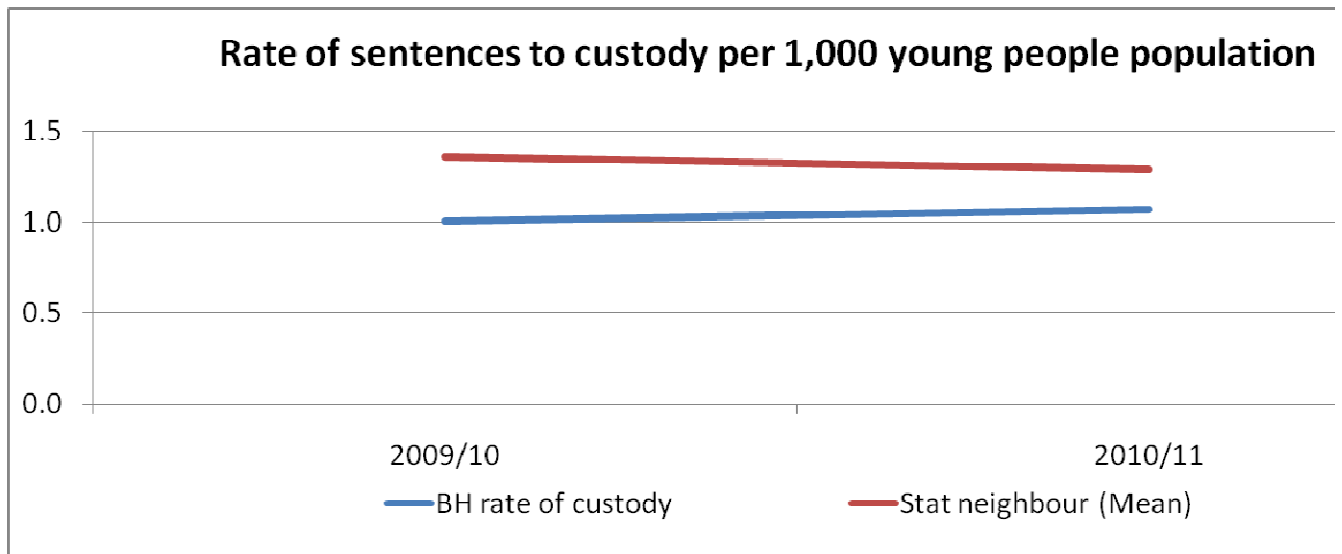
The gap increased in 2010 (to 49%) but then reduced to 44% in 2011. Comparator data for 2011 will not be available for this indicator until January 2012.

Achieving Level 2 by age 19



At 79%, the Brighton & Hove result for 2010 is above the average for statistical neighbours (78%) but below the England average (82%). 2011 data is not expected until March 2012.

Young People Sentenced to Custody



Results	2006/7	2007/8	2008/9	2009/10	2010/11
No. sentences to custody	23	30	40	14	14

Participation in Positive Activities

The Ofsted Tell us survey was de-commissioned in 2010 as was the local Health Related Behaviour Survey, last undertaken in 2007.

However the Safe at School Survey was re-designed to incorporate well-being questions from 2010, and is now called the Safe and Well at School Survey (SAWAS). As mentioned previously, take up by schools is very good. Data here is limited to “physical activity” and only for years 10 and 11.

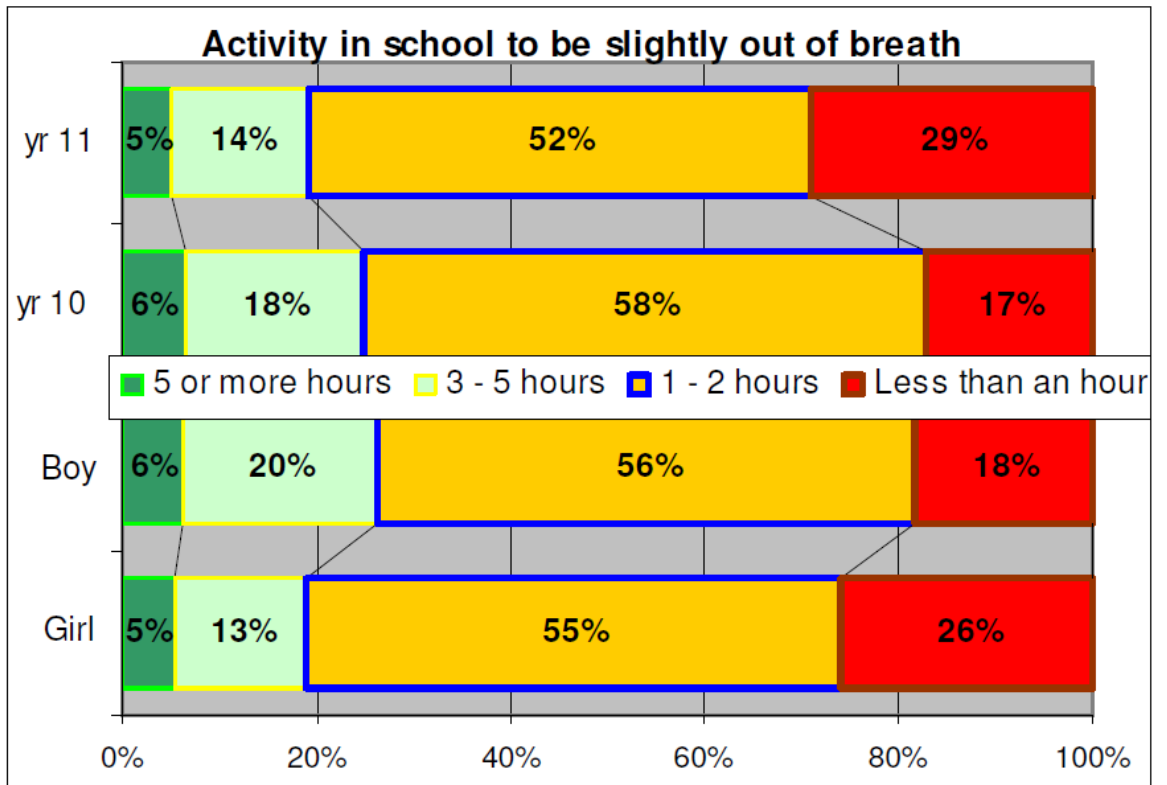
Key findings:

Year 11 respondents show a large drop-off in physical activity at school with 29% saying they do less than an hour compared with only 17% in year 10.

Boys both in and out of school are more likely to partake in more than three hours a week of activity (26% in school, 56% out of school) than girls (18% in school, 36% out of school).

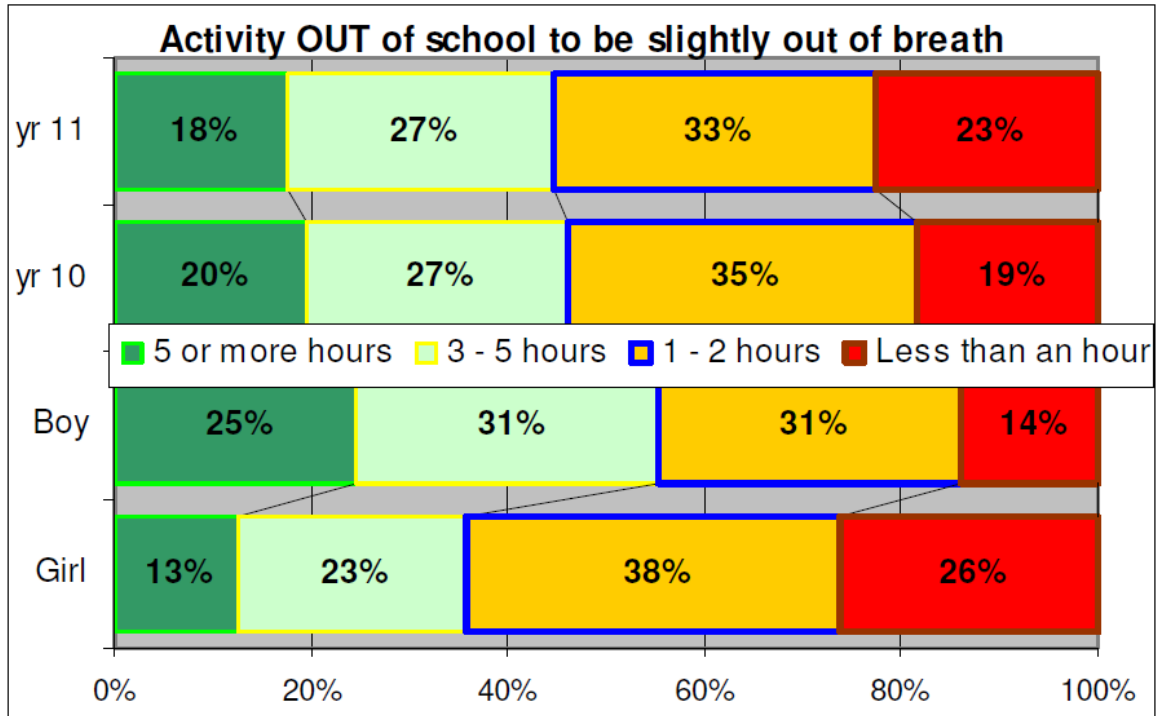
Participation in Positive Activities

Graph 1



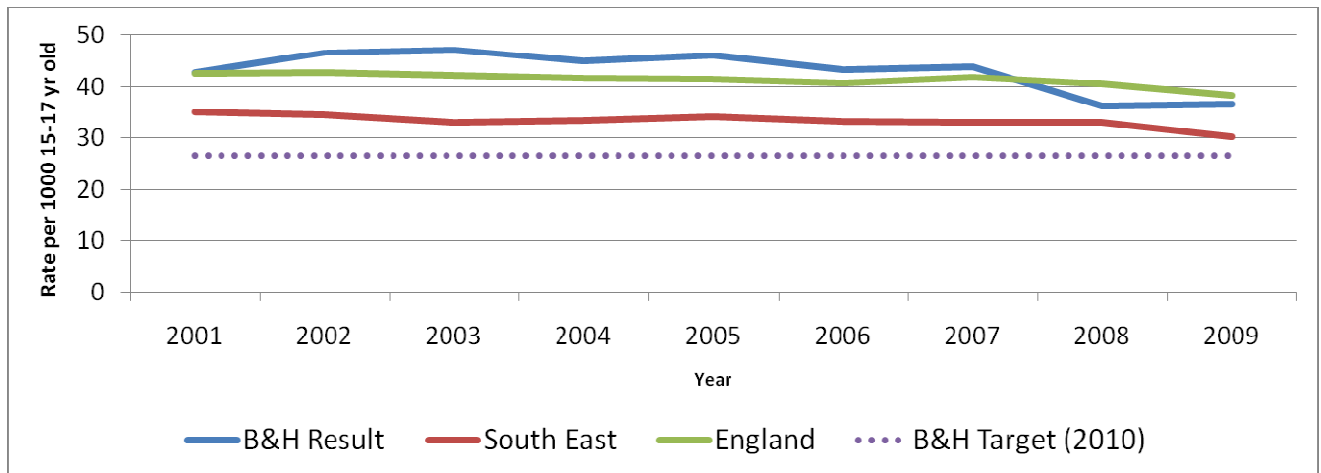
Participation in Positive Activities

Graph 2





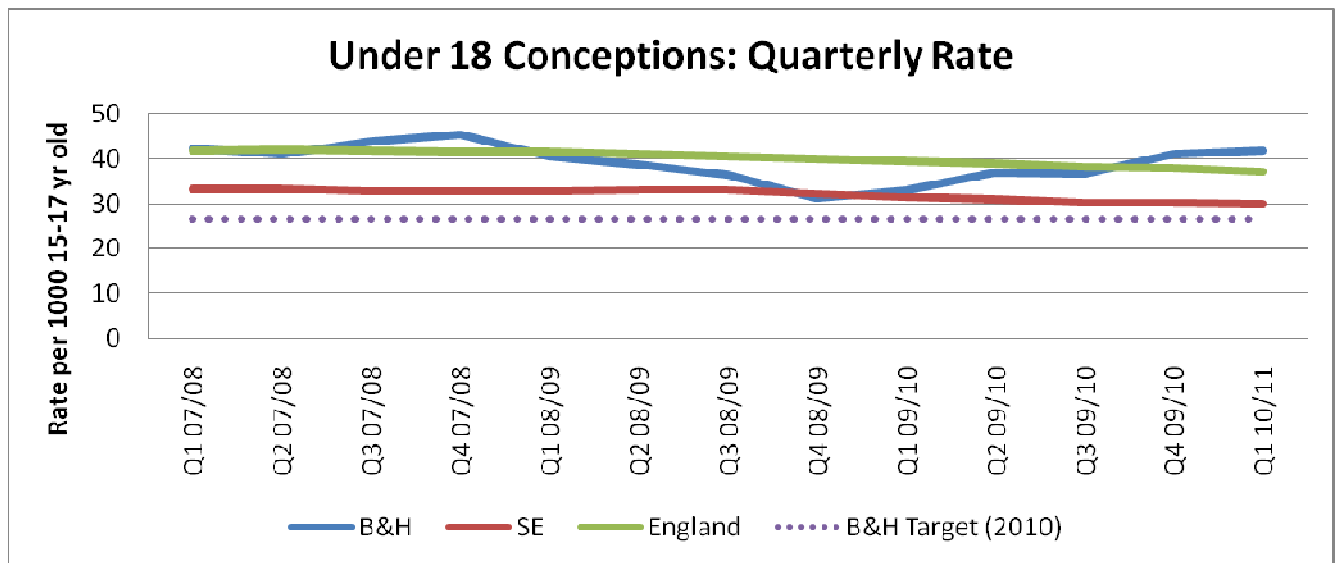
Under 18 conception rate



Results	2001	2002	2003	2004	2005	2006	2007	2008	2009
B&H Result	42.6	46.5	47.1	44.8	45.9	43.3	43.7	36.2	36.5
South East	35	34	33	33	34	33.2	32.9	33	30.1
England	42.5	42.7	42.2	41.6	41.3	40.6	41.7	40.4	38.2
B&H Target (2010)	26.5	26.5	26.5	26.5	26.5	26.5	26.5	26.5	26.5

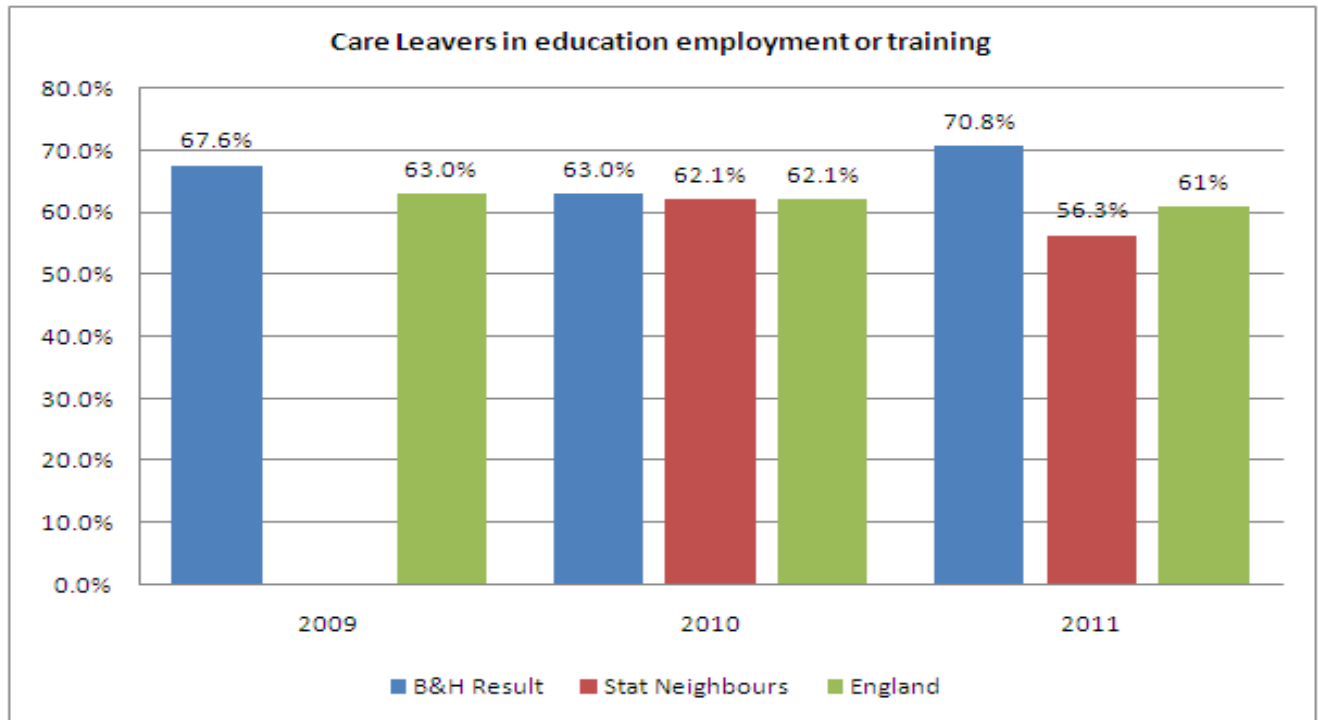


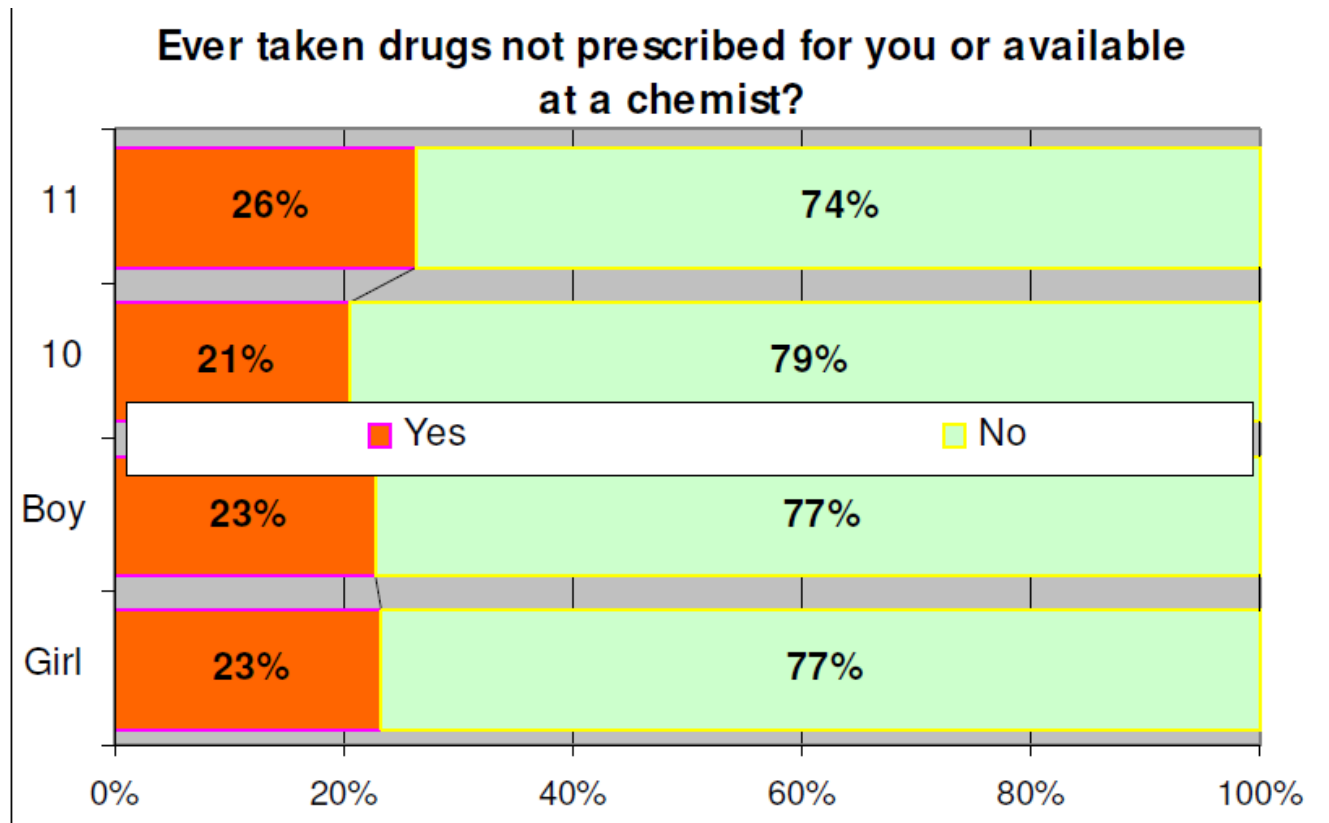
Under 18 conception rate



The graph shows that the Q1 2010/11 conception rate is 41.8 per 1000, indicating a reduction of 14% from the baseline which is way off the 45% target. The local rate is higher than for the South East (29.9 per 1000 a 21% reduction) and the national average (37.2 per 1000 a 20% reduction). However, the local rate is below the average for the statistical neighbours (45.35 per 1000).

Care leavers in education, training or employment

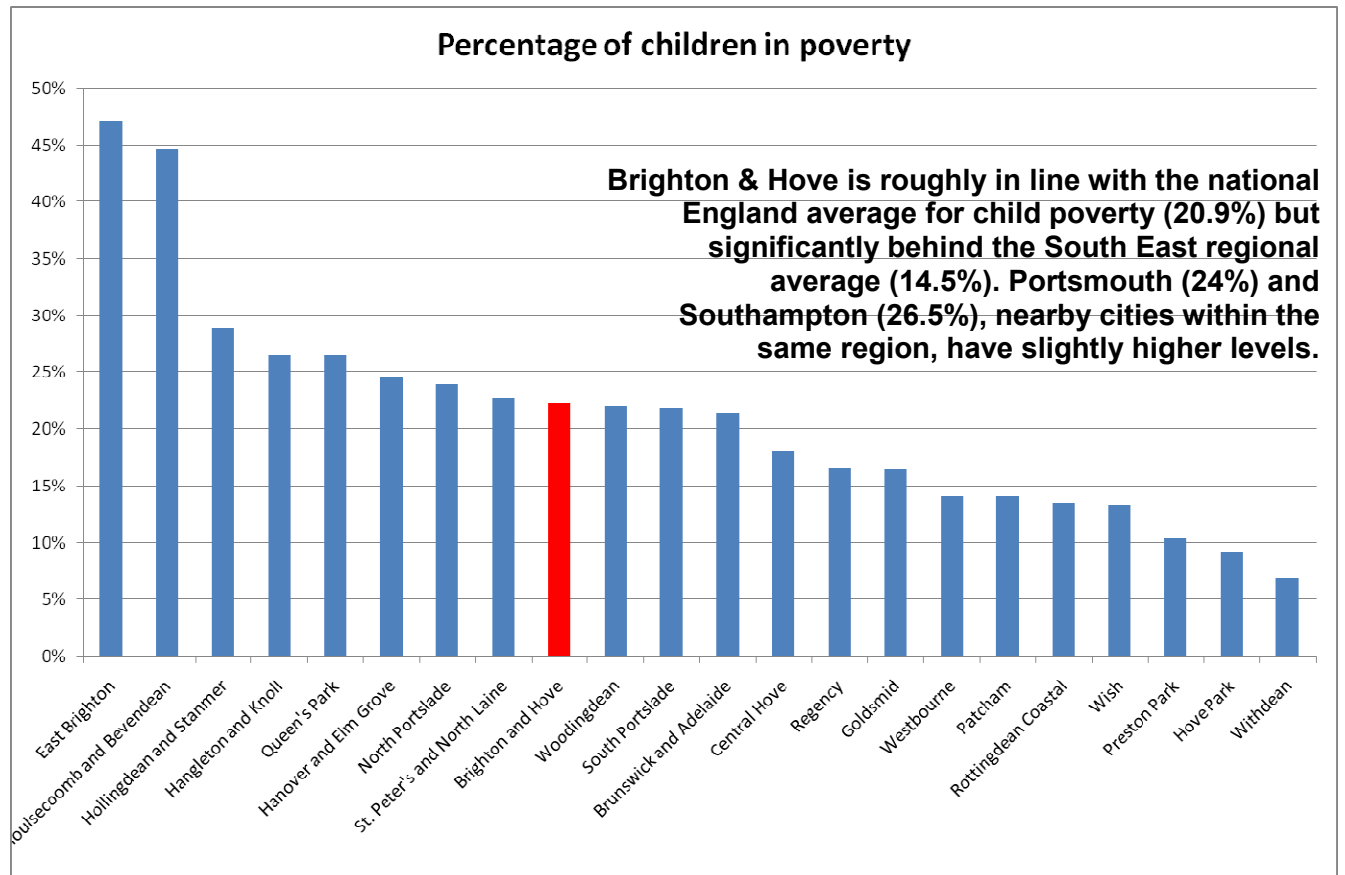




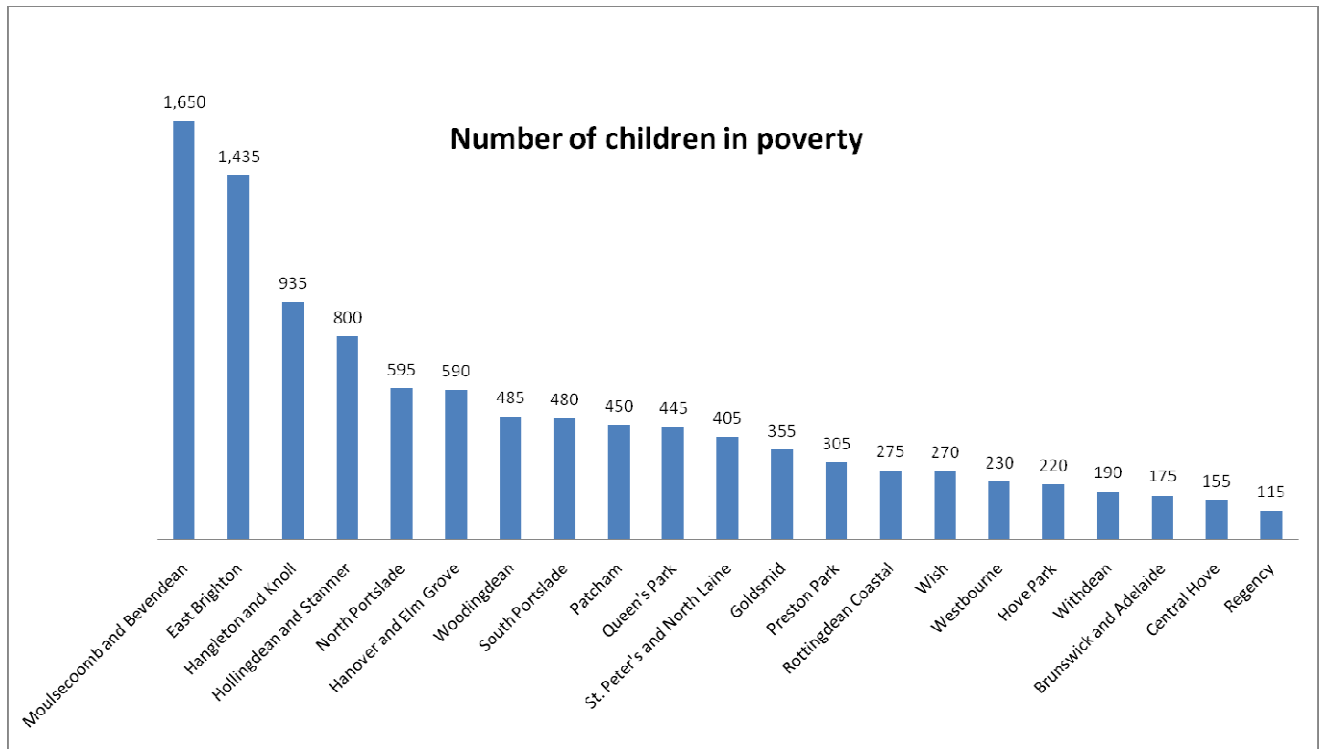
22.9% of year 10 & 11 pupils said they had ever taken drugs not prescribed for them or available at the chemist. This result will be treated as a baseline and new data will be available for 2011 soon.

Child Poverty

Children who live in families in receipt of out of work benefits or in receipt of in-work tax credits where their reported income is less than 60 per cent of median income (2009 data)

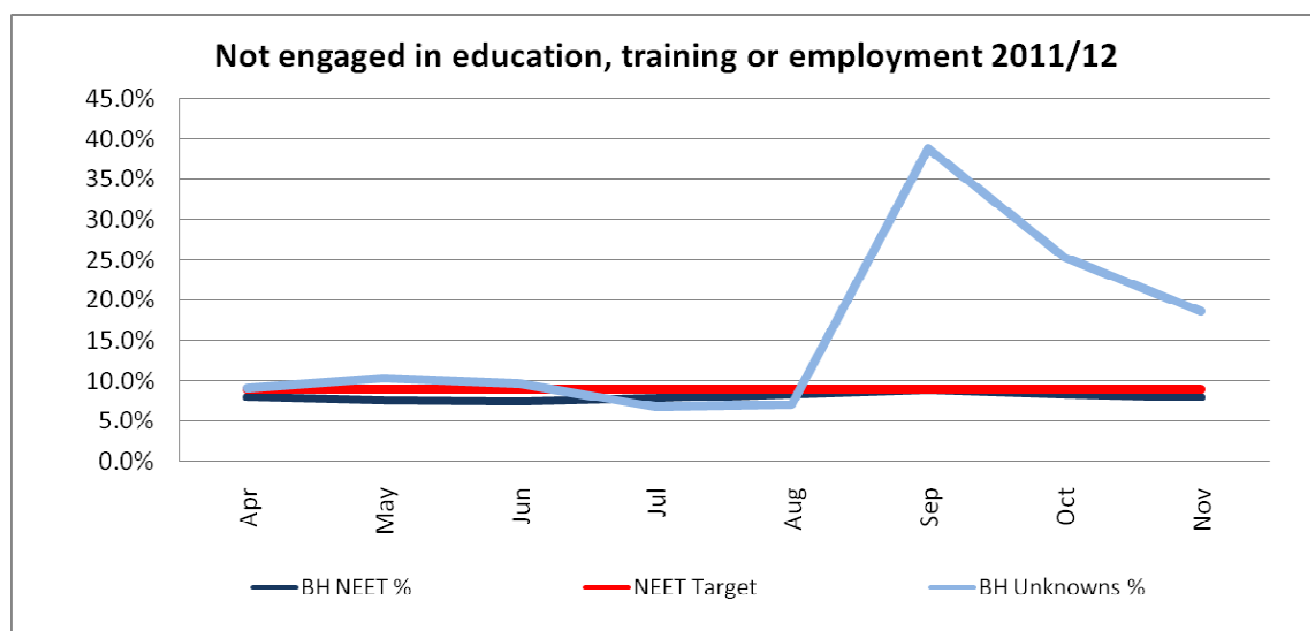


Child Poverty





Not in education, employment or training (NEET)



NEET rate is currently 8% although % unknowns is too high. This is a consequence of a change to the definition to “school year” age groups, bringing in more 19 year olds who are more difficult to track. As unknowns reduces, expect NEET % to rise.

