

**Performance  
Improvement Report:  
Quarter 4 2008/9**

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# Introduction

This report provides Board members with key information to review performance and management in the Children and Young People's Trust. During the year the Board received the following performance reports

- Performance Improvement Report – 2007/8 (June 08)
- Standards in early years foundation stage and key stages 1-5 (January 09)
- Annual Performance Assessment (January 09)
- Performance Improvement Report – Quarters 2 and 3 (March 09)

Whilst not re-presenting all of the detail contained in the above, this section of the Performance Improvement Report provides a brief summary of achievements in the year.

The report also provides a briefing on new arrangements for the inspection of children's services under Comprehensive Area Assessment from April 2009.

## Achievements in 2008/9

The Annual Performance Assessment of services for children and young people was published in December 2008 and the *overall effectiveness of children's services* was found to be **good**. Each of the following judgement areas received a grade of 3 (good): being healthy, staying safe, enjoying and achieving, making a positive contribution, achieving economic well-being and capacity to improve (including the management of services).

The summary below draws on this assessment as well as local and more recent information to highlight the progress made during the year in key priority areas.

We achieved:

- improved support for young people to be healthy, with the remaining 15 schools achieving Healthy Schools Status in the year, reaching 100%
- an increase in pupils getting a good level at foundation stage (reception year), above south east and England averages
- good primary school achievement with 74% of pupils achieving Level 4+ at key stage 2 compared with 73% in England in 2008
- Significant improvement in the recording of breastfeeding status at 6 weeks during the year, confirming that city rates are the third highest in England.
- good progress in tackling persistent absence in schools, at a faster rate than the south east and England
- good levels of achievement (Levels 2 and 3) at age 19
- all child protection plans reviewed on time despite a very significant increase in numbers
- improvement in the number of looked after children reviews done on time, again despite a significant increase in numbers

## **Children and Young People's Plan 2009-2012**

The Children and Young People's Plan (CYPP) will come before the Board for approval on 7th September 2009. It is the defining statement of strategic planning and priorities for children, young people and families and sets the strategic commissioning framework through which we will improve outcomes for children and young people and families in Brighton and Hove. Strategic commissioning plans, such as for obesity and teenage pregnancy, along with detailed service business plans are the means by which we will plan, deliver and monitor service delivery.

The CYPP is positioned within the overall vision for the *area*, provided in the Sustainable Community Strategy, and is part of the wider strategic planning framework overseen by the Local Strategic Partnership. The CYPP will deliver against the priorities identified in the Local Area Agreement 2008-11, which is the delivery plan for the Sustainable Community Strategy. It will also support delivery of the priorities identified in NHS Brighton and Hove's Strategic Commissioning Plan.

The CYPP will have a focus on tackling inequalities and narrowing gaps in outcomes between vulnerable or deprived groups and the rest.

## **Comprehensive Area Assessment and judgement of children's services**

The new Comprehensive Area Assessment (CAA) framework came into effect in April 2009, replacing Comprehensive Performance Assessment (CPA). CAA represents a fundamental change in the way the local authority and its partners are assessed, moving away from solely focusing on the past performance of the council towards a forward looking assessment of prospects for future success against objectives. It comprises of two main elements; the Area Assessment and the Organisational Assessment.

- *area assessment*: looking at how well local public services are delivering better outcomes for local people and how likely they are to improve in the future
- *Organisational assessment*: looking at the overall effectiveness of individual public bodies, such as councils, in managing performance and using resources.

Children's services commissioned or provided by the CYPT will be assessed by Ofsted as part of the organisational assessment of the council. Ofsted will use a new inspection framework developed to be an integral part of the CAA process and also designed to meet the requirements of the Government's response to Lord Laming's Report Protecting Children (2009).

A key aspect of the new inspection framework is the new Performance Profile. Updated on a quarterly basis the profile will compare local performance to statistical neighbours and national trends. Evidence in the profile is arranged into three main blocks:

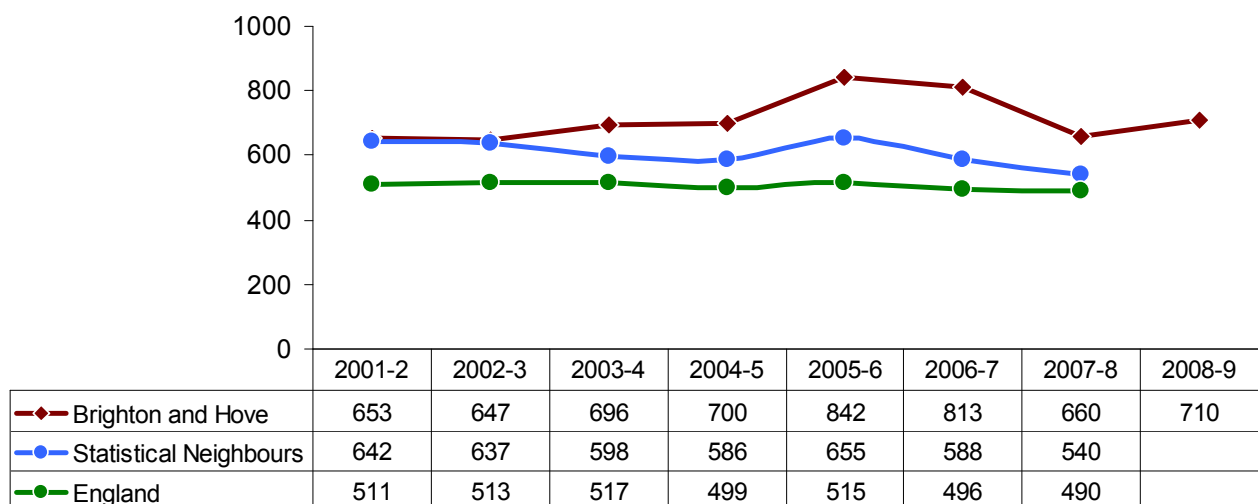
- the findings from regular and ongoing inspection and regulation of services, settings and institutions (the proportion of institutions judged good or better)

- findings from safeguarding and looked after children inspections; unannounced inspections of contact, assessment and referral arrangements for children in need and children who may be in need of protection; evaluations of serious case reviews; safeguarding and looked after children findings from recent joint area review inspections; and findings from triggered inspections
- performance against Every Child Matters indicators from the National Indicator Set, including those prioritised in the Local Area Agreement plus additional indicators drawn from other statutory returns

The CYPT is also working closely with the local health economy to ensure compliance with the requirements of the Care Quality Commission inspection regime for children's health services.

# Early Intervention and Prevention

## Referrals of children per 10,000 population aged under 18



—◆— Brighton and Hove —●— Statistical Neighbours —●— England

Data source: CPR3 return May 2009 and Annual Performance Assessment Dec 2008

### Summary:

The number of referrals to the CYPT's safeguarding teams has been used as one of three proxy measures to assess the impact of service integration on early identification and support for children in need. In November 2006 it was anticipated that the number of referrals would stabilise or reduce as services worked together more effectively and the Common Assessment Framework and Team Around the Child arrangements were introduced.

The initial downward trend in referrals reported since June 2006 has reversed with a total of 3,301 referrals between April 1<sup>st</sup> 2008 and March 31<sup>st</sup> 2009 compared to 3,301 for the previous year - an overall increase of 250.

At the same time there has been a dramatic increase in the level of serious child protection activity in respect of those referrals with, for example, the number of children and young people subject to a child protection plan increasing from 184 for the period April 1<sup>st</sup> 2007 to March 31<sup>st</sup> 2008 to 291 for the period April 1<sup>st</sup> 2008 to March 31<sup>st</sup> 2009.

Comparative data just published in Ofsted's new Performance Profile indicates a comparatively higher increase in child protection activity in Brighton and Hove:

Children subject of a child protection plan per 10,000 population aged under

18:			
	2006	2007	2008
Brighton and Hove:	26.6	31.8	39.8
Statistical Neighbours:	26.7	30.1	31.8
England	25.4	26.7	28.5
Children who became the subject of a child protection plan per 10,000 population aged under 18:			
	2006	2007	2008
Brighton and Hove:	29.6	37.7	46.9
Statistical Neighbours:	31.4	36.1	38.4
England	30.1	31.8	33.5

### Issues

The Board is very aware of the shift in national policy since events in the London Borough of Haringey. That includes a rigorous re-appraisal of the relationship between the wider safeguarding agenda and child protection services.

In respect of early intervention and prevention an analysis of referral data collected during the 4<sup>th</sup> quarter 2008/9 noted the comments of one manager that: 'the referral rate may not vary too much if systems are working well and the lack of a steep rise may be a reflection on the well developed understanding referring agencies have about what is 'social care business'.

### Performance improvement activity

- The CYPT has commissioned external consultants 'Outcomes UK' to undertake a comprehensive inspection of the Trust's safeguarding and child protection referral and duty system which will have implications for early intervention and prevention as well as the management of child protection services
- The CYPT's Senior Management Team is reviewing area based integrated services as part of the restructuring of leadership and management arrangements.
- The Board has been asked to agree to the inclusion of an additional exception report in respect of the number of children subject to a child

protection in order to monitor the sharp increase in child protection activity.

- Further improvement activity is reported in respect of the Common Assessment Framework and the Parenting Strategy

## Early Intervention and Prevention

### Common Assessment Framework (CAF)

	Up to Dec 08		Jan-Mar 09	
	Number/ total	%	Number/ total	%
CAFs initiated that were completed on time	128/202	63%	22/29	76%
CAFs initiated that were completed late	7/202	4%	1/29	3%
CAFs initiated and not yet completed	67/202	33%	6/29	21%
Completed CAFs with an action plan	To date:		103/158	65%
Of those with an action plan, % with a review date	To date:		72/103	70%
Review date has passed (1/5/09) and no review received	To date:		57/72	80%

#### **Summary:**

The data shows a reduction in activity from around 18 CAFs initiated per month during 2008 to around 10 per month so far in 2009. We are developing further improvements to monitoring to show how CAF is being implemented in different types of setting.

School specific guidance was launched on April 20<sup>th</sup> 2009 and there has been an increase in emails and telephone calls from school staff requesting help and guidance with CAF. Five CAFs were completed by schools between April 20<sup>th</sup> to June 9<sup>th</sup>.

#### **Issues:**



There have been issues with implementing CAF for some time, an experience mirrored in other local authorities. At present there is less use of the framework than in 2008.

Completion of CAF action plans is happening at a relatively low rate and there is a lack of evidence that reviews are taking place when scheduled.

### ***Performance Improvement Activity:***

In response to the difficulties in implementing the CAF we have:

- as part of the phase two organisational restructure, proposed that responsibility for CAF is integrated within the integrated/area teams rather than the responsibility being held centrally
- improved performance management through the provision of team level data to enable managers to track activity and chase completions, action plans and reviews
- made CAF a mandatory requirement for entry to the CAMHS service for non-emergency referrals from Sept 1<sup>st</sup> 2009
- held a dedicated session at the third tier managers meeting, led by the Director, to underline commitment to the process
- created bespoke guidance for schools with the support of the Head teacher's Steering Group, followed by a letter and set of FAQs from the Director of Children's Services
- produced clear guidance on information sharing (see the separate report to the Board) to promote and support good practice in information sharing, essential to building confidence around the use of the common assessment framework

National developments, flagged in the Government's response to Lord Laming's report includes the phased implementation of Contact Point in 2009 which will help practitioners identify who else is working with the child and make those contacts more easily. Also, the Children's Workforce Development Council will shortly be issuing updated guidance on CAF and have developed web-based material to support implementation in local authorities.

# Early Intervention and Prevention

## Parenting Programme

### *Summary:*

The Parent Support Strategy is a three year strategy lasting from 2008-11. Outcomes and outputs from the strategy are very good. A total of 544 parents received a Triple P intervention in 2008-9, double the number targeted. 452 parents (83%) made improvement as a result of the intervention, meeting the challenging target of 82% for the year. Parental satisfaction with the service is high.

There is good evidence that the open access Triple P service offered through schools and children's centres is working with considerable numbers of families in the targeted range. For example about 50% of parents accessing open access groups score in the clinical range in the assessment questionnaires and 88% of parents in the clinical range make an improvement following the intervention.

### *Performance improvement activity:*

- A series of additional specialist targeted groups have been commissioned from voluntary and community organisations to work with traveller families, substance misusing parents, parents of young people at risk of homelessness, young fathers.
- Work with families of prisoners has begun with provision of both 'family days' and parenting work
- There is now a rolling programme of targeted groups running at the Alternative Centre for Education (ACE) for parents and carers with high need
- The Supporting Father's Network has been launched and a co-ordinator of Fathers Work appointed. There is also now a rolling programme of 'Triple P for Dads' and a father's fun day 'Men Behaving Dadly' was held in June, and provided family activities such as circus skills, creative writing, drumming and story-time
- Development work includes: targeting Triple P for families where there are children in need or at risk; supporting trained staff to work within the Integrated Youth Support Service; increasing the capacity of the Teenage Pregnancy team to deliver Triple P. prevention modules; joint work with the Think Family Project Group to increase provision by Adult Services; and building links with the Community Safety and Anti Social Behaviour teams

# Performance Exception Reports

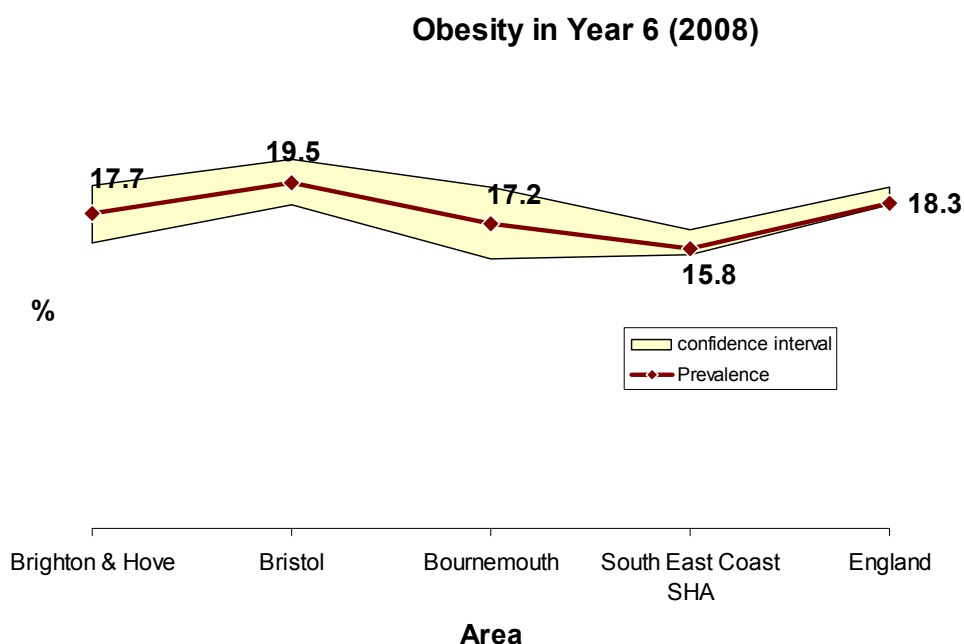
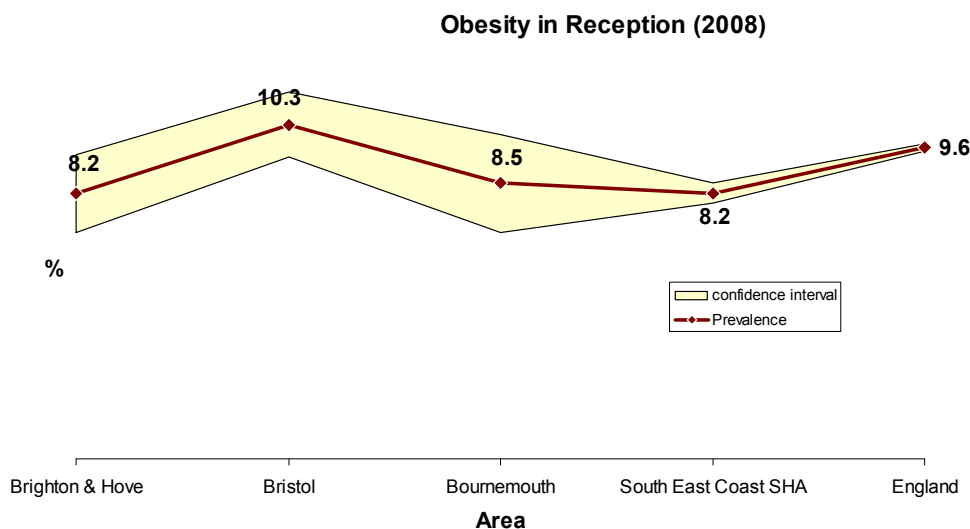
## Obesity

NI 55 Obesity among primary school age children in Reception Year

NI 56 Obesity among primary school age children in Year 6 (LAA indicator)

The charts below show obesity rates for several areas; Brighton and Hove, Bristol and Bournemouth (closest statistical neighbours), the South East Coast and England.

**What is the shaded area?** Using Brighton and Hove as an example, the reported result is 8.2%. However, this result should be seen as uncertain, principally because not all children were measured. The yellow band illustrates the range the actual value could be. For example our rates could be the same or even higher than Bristol's, even though the reported results are very different.



### **Summary:**

Established in 2005, the National Child Measurement Programme (NCMP) weighs and measures children in Reception (4 -5 years) and Year 6 (aged 10 – 11 years) to assess overweight and obese levels.

The NCMP participation rate in Brighton and Hove was 92%, significantly better than the national average of 88%. This is important as analysis shows that lower participation rates can lead to an under-estimation of obesity prevalence, particularly at Year 6.

Because some children are not measured, confidence intervals are used to show the expected range containing the result if the whole population *were* measured. For example, although the Brighton and Hove calculated result was 8.2% at Reception, with a confidence interval of  $\pm 1.2\%$ , the actual result could be anywhere between 7.0% and 9.4%.

National data indicates that black and minority ethnic children are more likely to be obese, excluding Chinese children, who are the least likely to be obese of all groups. Black or black British children have the highest rates of obesity, with around a quarter of all Black or black British 11 year olds being obese.

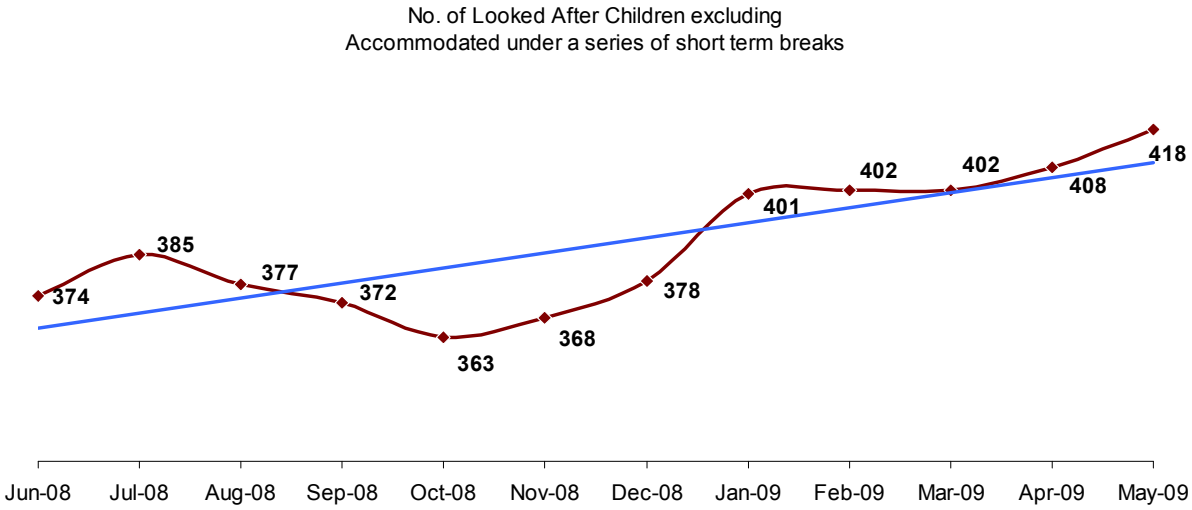
### **Performance Improvement Activity:**

The *Promoting healthy weight and healthy lives* strategy (2008-2011) is delivered jointly by NHS Brighton and Hove and the Children and Young People Trust (CYPT) through the Childhood Obesity Action Plan. The Action Plan outlines a combination of healthy food and physical activity initiatives delivered in a range of settings.

Initiatives include:

- Free swimming for all children and young people under 16, for which uptake has been very good, with 2768 sessions taken by registered users in April alone
- The Healthy Choice Award scheme, recognising food outlets which provide healthy food options, with 20 outlets achieving the status by the end of the year, including several childcare nurseries
- Healthy eating programmes at children's centres, for example Mini-Mend at Roundabout (Whitehawk), a ten week programme for 2-4 year olds and their families providing advice on diet and exercise, cookery classes and opportunities for physical activity. This complements the already established Mend programme for the 7-13 age group.
- A healthy weight evaluation tool is being piloted in two provider organisations which allows for better monitoring of impact including assessing sustained behaviour change and value for money. If effective, application of this tool will be required of all commissioned providers

# Number of Looked After Children



**Summary:**

Although the steep increase in the number of looked after children (LAC) in Quarter 3 levelled out during the first part of Quarter 4 March saw a further increase which has continued throughout the first Quarter of 2009/10.

In addition the CYPT issued a significant number of Care Proceedings during the 4<sup>th</sup> Quarter 2008/9 – and that has also continued into 2009/10. There are currently more cases in the pipeline expected to go to care proceedings. This will, inevitably increase the number of LAC in the care system.

**Issues**

The causes of the substantial increase in the numbers of LAC, after a period of reduction and stability, have been rehearsed in reports to the Board summarising the CYPT’s stock take of safeguarding activity following events in the London Borough of Haringey and include the impact of the new Public Law Outline on the process and pattern of issuing care proceedings by local authorities and the impact of the Baby P case on public and professional perceptions of risk and thresholds for intervention.

The increase in the number of looked after children has significant implications for the CYPT’s budget strategy, workforce development plans – especially the recruitment and retention of social care staff – and on the management of risk with safeguarding now included on the Trust’s risk register.

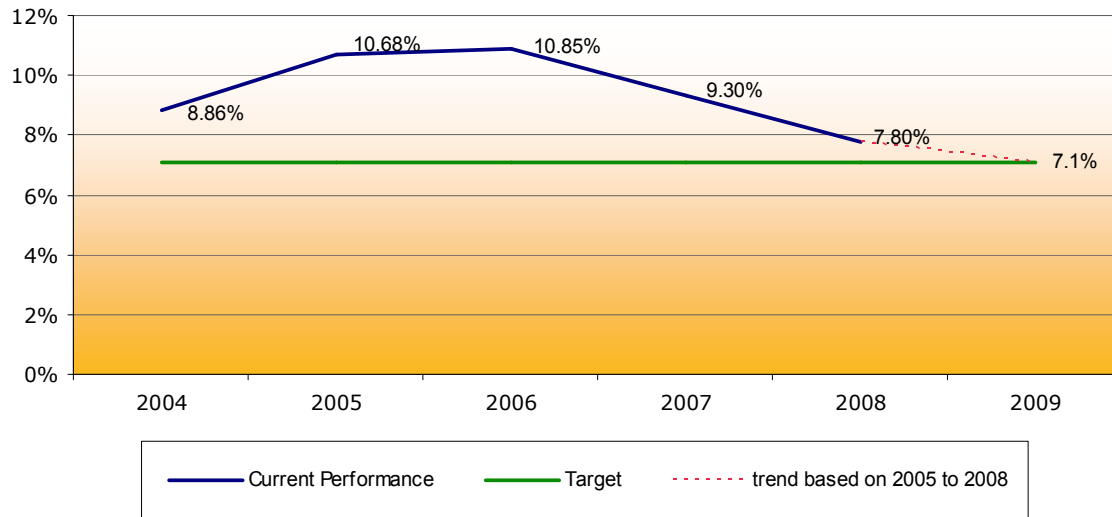
**Performance Improvement Activity**

Managing the level of safeguarding and child protection activity is a critical priority for the CYPT’s Senior Management Team. Actions include:

- increasing capacity in front line social care services and quality assurance processes
- establishing a new Area and City Wide Social Care Managers Group to ensure coordination of activity across the safeguarding and child protection pathway
- acting on the recommendations of the review of Area Panels (responsible for oversight of care planning for high risk cases, especially where children are on the cusp of coming into care) instigated as part of the CYPT's Stock take of safeguarding services

## Young people not in education, employment or training

### NI 117 16 to 18 year olds who are not in education, training or employment (NEET) (LAA indicator)



#### **Summary:**

Progress against the NEET target is measured annually as an average for November, December and January. Compared to the 2007 figure of 9.3%, there was a significant change in 2008 with the figure reduced to 7.8%, against a target of 7.6%.

More recent data shows that there has been a reduction in the NEET cohort with the rate down to 7.0% in March 09 (the 09/10 target is 7.1%). Analysis shows that more young people are entering education than employment in the current recession conditions. Data quality is very good with just 4.5% of young people 16-18 with unknown status. This is a further example of good information management in the city.

#### **Issues:**

- There were approx 200 fewer young people in employment and 200 more in education comparing Nov 2007 to Nov 2008. The 14-19 Board have applied for funding for an additional 100 places but it is expected there will be very significant pressure on places in September.
- Within the NEET cohort, there are certain targeted groups which continue to present significant challenges e.g. 47% are recorded as having learning difficulty or disability (LDD) and 11.7% are teenage parents or are pregnant.
- Department of Work and Pensions data shows that the jobseekers allowance claimant count for 18-24 year olds rose by 69% between April 08 and April 09, from 1085 to 1835. The March 09 figure was 1915 so it is possible that this



figure has peaked.

- Integrated Youth Support Service (IYSS) area teams are now in place. The new casework process to engage young people is not yet fully established and further change management support is being provided to teams.

***Performance Improvement Activity:***

- Production of a 'pathway' document outlining education, employment and training options and available support and benefits along with an 'engagement script' for improved targeted support work with teenage parents
- Following a multi-agency Outcome Based Accountability workshop. new actions to tackle the numbers of young offenders who are NEET have been added to the Reduction Action Plan,
- Enhanced area based reporting will enable close analysis of all areas of IYSS front line work and related management information to identify improvement actions.
- The September Guarantee initiative has been extended to 17 year olds in 2009 which means all 2008 and 2009 cohort will be entitled for an offer of learning by the end of September 09.

## **Persistent Absence in Secondary School**

### **NI 87 Secondary school persistent absence rate**

***Summary:***

The most recent data for the persistent absence rate in secondary schools is 6% (2008) which is line with local targets i.e.

2008/9	6%
2009/10	5.5%
2010/11	5%

Although verified data for persistent absence 2008/9 will not be available until August, early indicators suggest a continued downward trend.

Secondary persistent absence (PA) in Brighton and Hove schools improved at the fastest rate in the South East between 2006/7 and 2007/8, falling from 8.3% to 6%. This drop of 2.3% compares with 0.8% in the South East and 1.1% in England. A review of national data shows there were only 10 local authorities (of 152) in England that improved at a faster rate.

The overall secondary attendance rate in Brighton and Hove 2007/8 was 92.4%, lower than England (92.7%) and the South East (92.6%). However, when compared with statistical neighbours, Brighton and Hove's rate is better than Bristol (91.3%),

Bournemouth (91.5%), Portsmouth (91.0%) and Southampton (90.8%), with Reading being the only authority of Brighton and Hove's nearest 6 neighbours with better performance (93.6%).

### ***Issues:***

Brighton and Hove is currently an authority targeted by the DCSF as the persistence absence rate was 0.1% above the 7% threshold at the last assessment point. There are currently five targeted secondary schools; Longhill, Falmer, Patcham High School, Portslade Community College and Hove Park. All have made significant reductions and the forecast is for Longhill, Falmer and Portslade to fall below the expected 6% threshold to be set for this year. In particular, Falmer has reduced its number of pupils recorded as persistently absent by almost 50% since 2006/7.

Our reduction in persistent absences across the whole academic year in 2007/08 was highlighted in a letter from the DCSF to the Director of Children's Services in April 2009, and the National Strategies have drawn attention to the progress in Brighton and Hove.

### ***Performance Improvement Activity***

A new CYPT Attendance Strategy, developed in close partnership with Head Teachers sets 5 key priorities:

- To build on the improvement in reducing the number of absences in all schools across the city
- To develop strategies to reduce the number of Persistent Absences across the city
- To implement, where necessary, a range of legislative sanctions to enforce regular school attendance and to offer rewards to children who improve attendance
- To monitor all children are receiving their educational entitlement
- To work in collaboration and partnership to achieve our vision of improving attendance across the city

## **Breastfeeding**

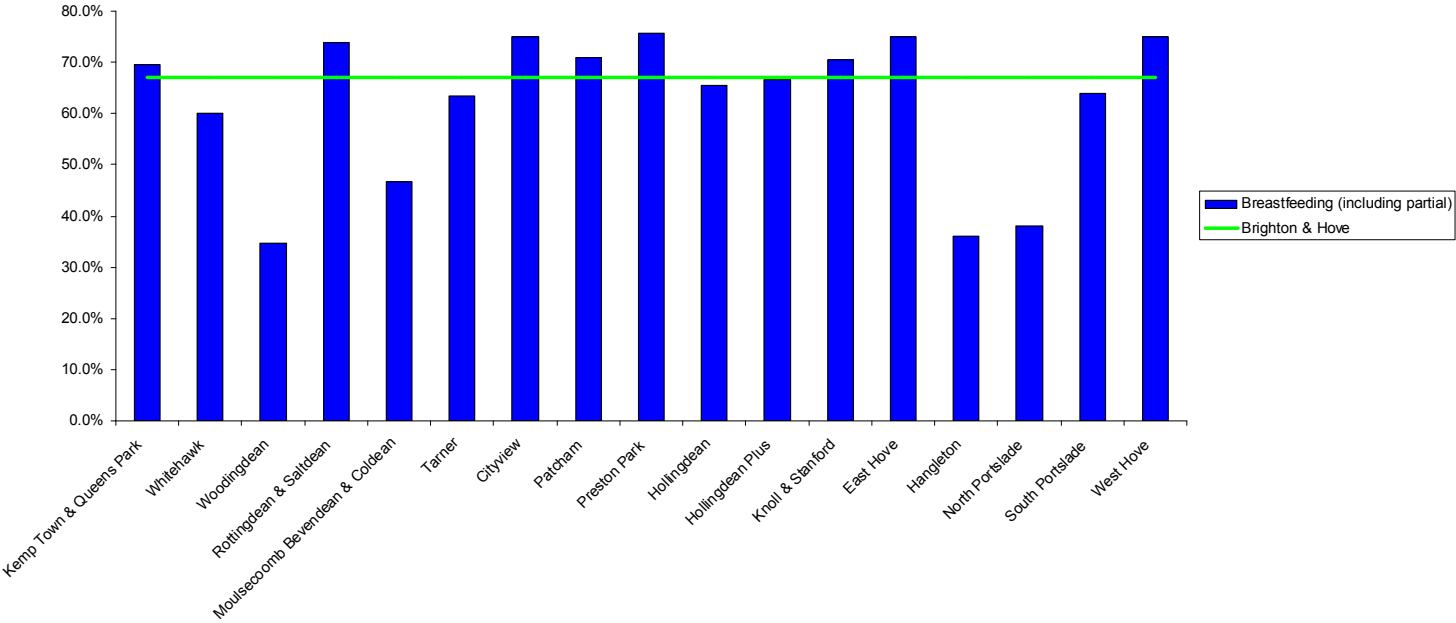
### **NI 53 The percentage of infants who are recorded as being breastfed at their 6-8 week health check**

#### ***Summary:***

The recording of infant feeding status at 6-8 weeks is a national priority but many PCT areas struggle to capture accurate information with only a third of PCTs currently achieving the 85% coverage required for statistical validity. The Brighton and Hove CYP (2006-9) required performance management against this coverage target and as a result the coverage rate is now above 95% which puts the city in the top 10% in the country and allows the production of robust results.

The data shows that Brighton and Hove has the third highest rate of breastfeeding amongst the 52 PCTs meeting the 85% coverage requirement, behind Kensington & Chelsea and Kingston. This applies to both total and partial breastfeeding. No regional or national data is currently available because of the coverage problem.

Brighton and Hove has two "very close" statistical neighbours for children's services, Bristol and Bournemouth. Bristol does not meet the coverage target but Bournemouth has a confirmed breastfeeding rate of 47% (total and partial) compared to the Brighton Hove figure of 67%.



**Issues:**

As with many indicators, there is a gap between rates in deprived parts of the city and the rest. The chart above shows the variation in rates in the children's centre areas.

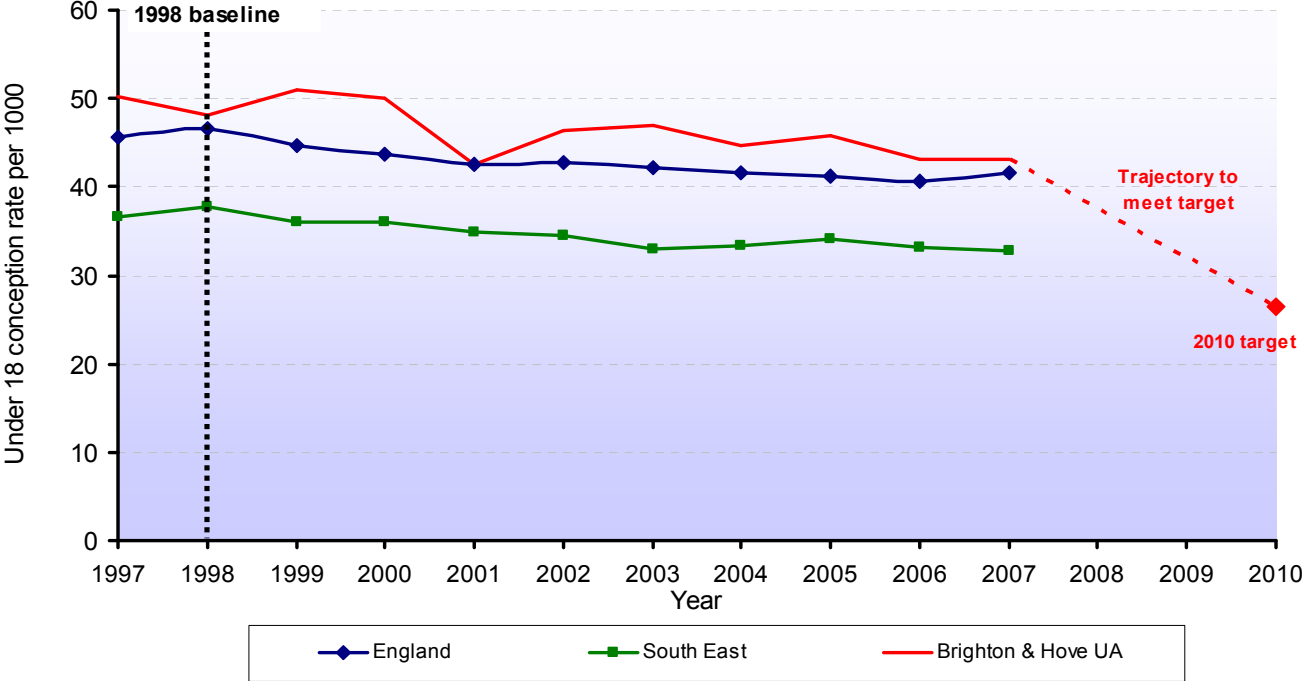
**Performance Improvement activity:**

Additional funding from NHS Brighton and Hove is being used to enhance our breastfeeding support team. Additional support will be targeted on areas where breastfeeding rates are low and includes:

- A Community Team Service Manager Lead for breastfeeding
- Recruiting a job share partner for existing breastfeeding co-ordinator post
- Recruiting two specialists Early Years Visitors to provide direct support to pregnant and postnatal women.
- Additional training on breastfeeding for Children Centre staff across the city
- Specialist training for lactation consultants in areas of highest need.

# Teenage Conception Rate

NI 112 The change in the rate of under-18 conceptions per 1000 girls aged 15-17 compared with the 1998 baseline rate (LAA indicator)



## Summary:

The target for Brighton & Hove’s under 18 conceptions is to achieve a 45% reduction from the 1998 baseline rate by 2010 (this equates to a target of 26.4 per 1000 women aged 15-17). The graph shows that by 2007, rates had reduced by 10.1% in Brighton & Hove, 13.3% in the South East and 10.7% in England. In Brighton & Hove the 2007 conception rate was 43.2 per 1000 which was a slight increase from the 2006 rate of 43.1 per 1000. This change can be attributed to the increase in the proportion of conceptions leading to terminations which was 58% in 2006 and 63% in 2007; locally, the birth rate has reduced by 29.2% since 1998. Overall, the slow progress means we are off trajectory and meeting the 2010 target is extremely challenging.

## Issues:

- Young people exhibiting risky behaviour which may lead to unplanned pregnancy need to be identified early and their views and behaviour challenged more effectively
- Working practices need improvement through integrated planning and review; effective case management monitoring and more training, tools and guidance for staff
- Engagement with the most at risk groups can prove very difficult. Barriers to engagement can come from parents and family as well as from the individual

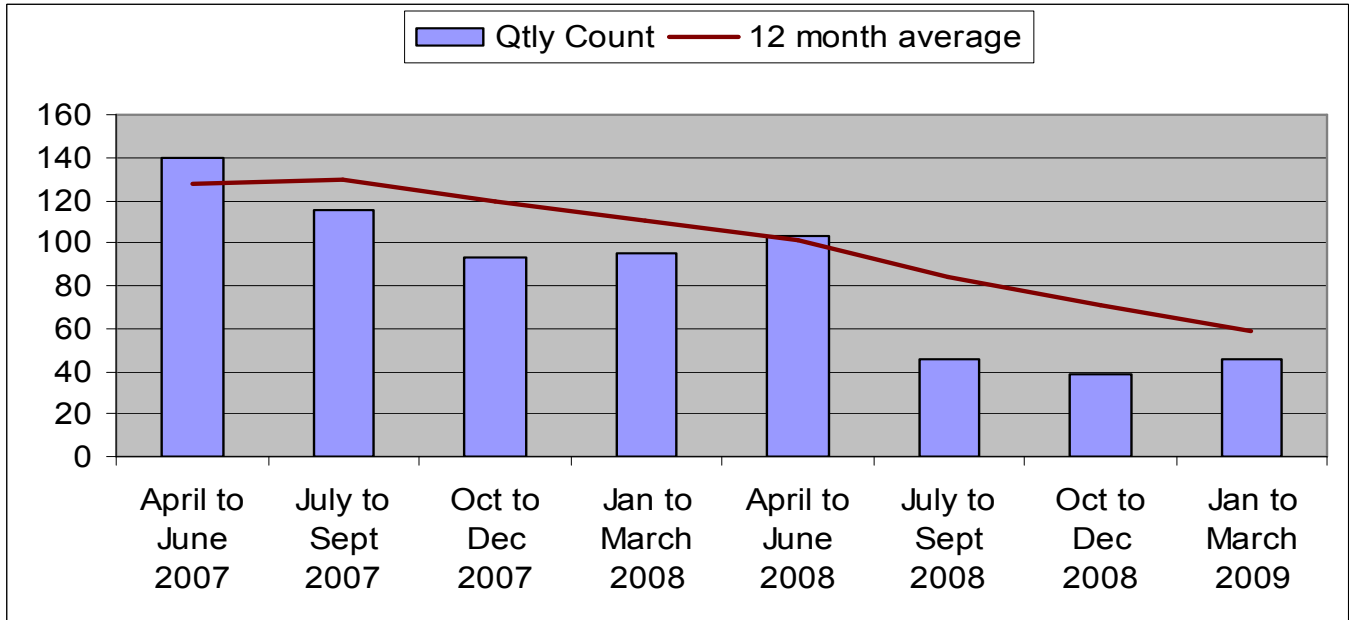
- Issues around recruitment of staff and cover for leave has caused periods of reduced Contraception and Sexual Health (CASH) services
- Numbers of young people accessing outreach CASH services declined while numbers accessing in-house services increased
- Official statistics on teenage conception rates are not timely; they will always be delayed by around two years.

***Performance improvement activity:***

- Two local conferences were held in July , one for elected Members, non-Executive members and senior managers and one for operational managers and staff to demonstrating the priority given by all partners to the teenage pregnancy agenda.
- Training for frontline staff to promote proactive early identification and the use of targeted interventions to achieve behaviour change.
- Development of a screening tool to work alongside the CAF to ensure that staff assess the sexual health and relationship issues of all young people who have multiple risk factors.
- Production of a menu of behaviour change initiatives, based on sound evidence of what works, for staff to use as part of their targeted interventions.
- Improved quality assurance work through systematic review of case records on the Aspire database
- Commissioning a social marketing project to improve health behaviour so that young people will see alternatives to early conception.
- Addressing second conceptions by increasing the delivery of the Health Visiting service for young parents and improving post-termination support.
- Conducting a review of young people's use of CASH services and producing an options papers

## First time entrants into the Youth Justice System

NI 111 The number of young people (aged 10-17) who receive their first substantive outcome from the youth justice system (relating to a reprimand, a final warning, or a court disposal for those who go directly to court) (LAA indicator)



### Summary:

The table showing performance by quarter illustrates a significant reduction for the performance year. Figures for April to March 2008/9 show a 47% reduction when compared to the previous year. The Local Area Agreement target is for a 10% reduction in the period 2008/11 based on the 2006 baseline and a 6% reduction in 2008/9 and a 2% reduction for the following two years.

### Issues:

- The recently appointed Youth Strategy and Justice Manager resigned after 3 months in post. The AD for specialist services will assume responsibility for the YOT.
- The YOT will be moving to new premises (West St) in August 2009 with the official opening on 11<sup>th</sup> September 2009
- November 2009 will see a significant change in the delivery of youth justice with the introduction of the new Youth Rehabilitation Order (replacing the majority of current Youth Orders) and the Scaled Approach, a case management system based on the assessment of risk. This will have a significant effect on the way young people are managed on Court Orders.

***Performance Improvement Activity:***

- An early intervention programme is now being delivered to young people receiving reprimands who are assessed as being in need
- A Restorative Justice co-ordinator has been appointed and more young people are receiving restorative justice interventions
- YOT practitioners are to be based in the Hollingbury Custody Suite
- Reparation activities are being provided on Friday and Saturday evenings

# Service Management

## Risk Management

### **Summary:**

The CYPT Assurance Map and Risk Register are in place. Risks are held at 4 levels in the organisation:

i. Risks held on the city council Corporate Risk Register:

- Long Term Funding for Educational Premises

ii. Risks held by DMT on the CYPT assurance map:

- Effective governance
- Commissioning strategies
- Providing integrated services
- Partnership working
- Workforce development
- Capital strategy
- Financial balance
- Achieve all NHS targets

Risks held on the CYPT Risk Register

- BHCC IT virus
- NHS TPP One System to replace PiMS
- Safeguarding Children (response to Lord Laming's Report)
- CYPT Re-structuring
- Emergency Planning and Business Continuity

iii. Risks held by Assistant Directors at Branch level as part of their new Service Business Plans.

iv. Risks held by the Clinical Governance Board: including regular reports

- Inadequate storage space and transfer systems for health records
- Regular reports from the council's Standards and Complaints Manager.

### **Issues:**

The CYPT Assurance Framework, assurance map and risk management systems have been reviewed and updated. The CYPT's senior management team review the assurance map and risk register every 6 weeks. Work is underway to strengthen service level reporting in both operational and governance systems.



### ***Performance Improvement Activity:***

The Senior Management Team has ratified the CYPT's Assurance Framework.

A Standards for Better Health (S4BH) report for CYPT was provided to CYPT DMT at the end of March 2009. An assurance day to review CYPT evidence included the Clinical Director and representation from SDHT

## **Value for Money**

### ***Summary***

Achieving value for money (VFM) continues to be a central driver in the CYPT's budget strategy and for each of the Branch Service Business Plans overseen by the Senior Management Team.

The strategic focus for VFM activity remains on two of the CYPT's 'hot spots' – child agency placements for looked after children and out of authority placements for children and young people with special educational needs. The positive impact of this work is recorded in the 2008/9 Budget Outturn Report.

The recent announcement that Brighton and Hove has been awarded a substantial capital grant by the DCSF to co-locate children's services in Whitehawk has been a very positive outcome for the third strand of the CYPT's VFM programme which is to maximise the return from council buildings and the NHS estate.

### ***Issues***

The significant increase in the numbers of children and young people being looked after by authorities in the South East is having a significant impact on our joint work with West Sussex to manage and develop the agency placement market through a preferred providers list.

The development of a comprehensive accommodation strategy for children's services, to reinforce service integration and strengthen locality working as well as improving VFM, takes time especially where that involves engagement with national programmes such as Building Schools for the Future.

### ***Performance Improvement Activity***

- the CYPT is part of the council's Value for Money Programme Phase II (2009/10 to 2011/12) where the CYPT will focus on co-location of services
- as part of strengthening local arrangements for commissioning children's services the CYPT is drafting a local Commissioning Framework which will include VFM as one of the key principles set out in World Class Commissioning
- funding from the Care Matters Grant is being used to increase capacity in the CYPT's Agency Placement Team

## **Workforce**

### ***Summary:***

Our Integrated Core Skills programme (based on the *Children's Workforce Development Council* common core of skills and knowledge for the children's workforce - the first we are aware of in the country) has been revised following managers/participants feedback. Delivery of this programme from September 09 is currently being commissioned.

The impact of the CYPT/LSCB safeguarding training programme is currently being evaluated with participants and their managers to inform improvements to the 09/10 programme. This work will also be informed by the Lord Laming report and direction from the LSCB safeguarding training for school head teachers, governors and designated persons has been reviewed and expectations clarified. Attendance is now monitored and followed up if required.

The CYPT Workforce Development Partnership group has been refreshed and is leading the CYPT's 2009/11 workforce development strategy.

### ***Issues:***

- Recruitment and retention of social workers remains a priority. The CYPT is acting as a development site for the National Qualification in Social Work pilot with the Children's Workforce Development Council. This includes a range of activities such as a final year bursary scheme for students and local social worker courses.
- Effective integrated working across children's services in the city – especially working to bring schools to the centre of the CYPT remains a focus of our work

## **Equalities**

### ***Equality Impact Assessments***

The CYPT Equalities group meets regularly and contributes to the city council equalities agenda. Membership of the group has increased and will continue to be reviewed on a regular basis.

Equality Impact Assessments completed by April 2009 include:

- Integrated disability services
- School admissions
- Private fostering
- Early Years Services
- Healthy Schools Team

- Extended Services
- Youth Offending Team

Some adjustments have been made to the CYPT Equalities Impact Assessment timetable due to organizational changes. The Children and Young People’s Plan EIA has been delayed in line with the plan now being produced in the autumn

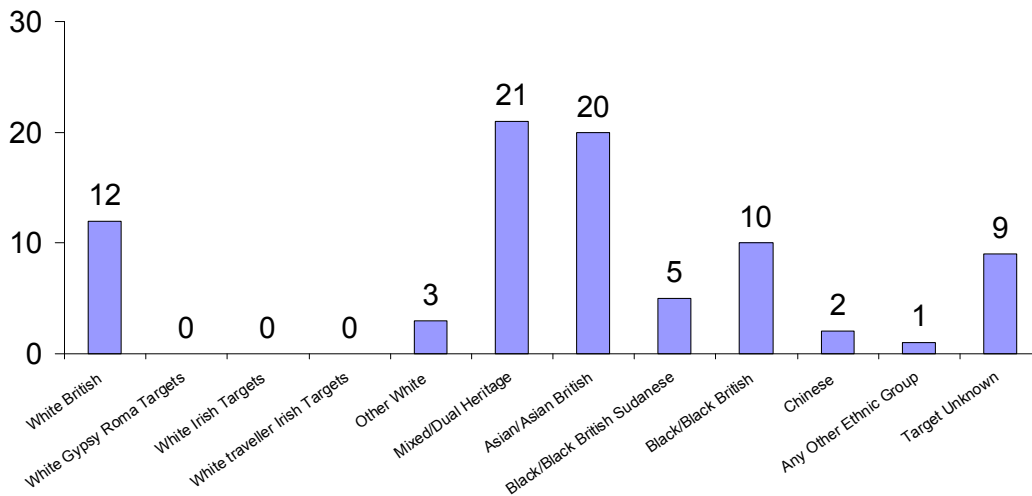
### **Staffing**

The Children and Young People’s Trust has 6.4% of staff from black and ethnic minority groups which exceeds the local authority target of 5%. The proportion of staff who are disabled is 3.7% against a target of 5%. Further analysis is being undertaken to examine disability in the workforce and this will be addressed in the next performance improvement report.

### **Racist Incidents in School**

The chart below, from the autumn term collection of racist incident data from schools, illustrates the ethnic group of the target

**Autumn 2008 Ethnic Group of Target**



The local authority has a statutory duty under the Race Relations Act 2000 to gather statistical data from schools outlining the pattern and frequency of any racist incidents.

To further improve the capturing of racist (and bullying) incidents a project is currently under-way to integrate reporting into the Schools Information Management System (SIMS) and move away from the need to record incidents using a separate process.

Inset training days and consultancy are provided to schools by the Healthy Schools Team and a Racist and Religiously Motivated Bullying Prevention Group has been established in partnership with the Racial Harassment Forum, the Partnership Community Safety Team and community sector organisations. Further performance Improvement Activity is presented after the ‘Bullying in School’ section below.

**Bullying in School**

**Summary:**

The Safe at School Survey (SAS) is a survey of pupils aged between 8 and 16 focused on their feelings of safety, their views on anti-bullying measures in their school and experiences of bullying. It has been carried out by schools in the city for the past 6 years and collated by the Healthy Schools Team, and provides a rich source of trend information about the impact of anti-bullying practice in the city’s schools.

More children and young people took part than ever before: a total sample of 9,873 from 50 schools. Bullying is an issue that all school communities feel strongly about and take measures to prevent if possible and address if bullying is reported. Brighton & Hove is still one of only a few local authorities in the country that has the agreement of its schools to organise such an effective survey and no direct comparison with other parts of England is possible. The survey provides school leaders with information to highlight successes and continuing challenges and will be valuable to inform self-evaluation on well-being in the new OFSTED framework from September 2009.

Research recognises that the amount of self-reported bullying reflects the level of conflict in relationships among the school community. It is therefore encouraging to find that an increasing number of pupils enjoy going to school and are confident in their school’s response to bullying:

**Secondary:**

I enjoy going to school			My school is good at dealing with bullying		
2006	2007	2008	2006	2007	2008
71%	74%	<b>79%</b>	55%	63%	<b>67%</b>

## Primary:

I enjoy going to school			My school is good at dealing with bullying		
2006	2007	2008	2006	2007	2008
85%	87%	<b>88%</b>	79%	84%	<b>86%</b>

The level of bullying reported by pupils continues to decrease in primary schools, and there has been a marked reduction in the numbers experiencing bullying at secondary schools. It is anticipated that the implementation of the Social and Emotional Aspects of Learning (SEAL) programme by secondary schools across the city will continue to reduce levels of bullying:

## Secondary - been bullied this term:

2005	2006	2007	2008
26%	25%	26%	<b>22%</b>

## Primary - been bullied this term:

2005	2006	2007	2008
33%	28%	27%	<b>22%</b>

## ***Performance Improvement Activity:***

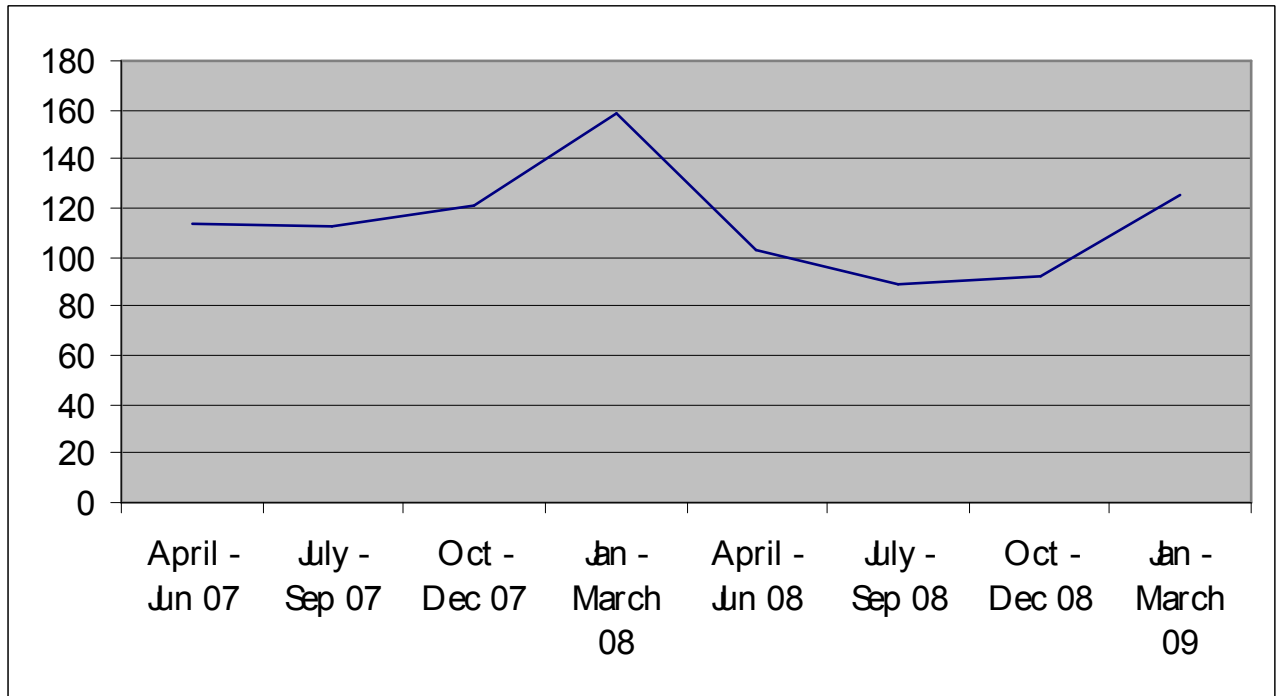
The 2008 results are very encouraging and show that focussed anti-bullying work and schools' broader implementation of the SEAL programme are having a continued positive impact on experiences of bullying. Measures to continue to prevent and address bullying over 2009-10 include:

- support for primary schools with PSHE/SEAL
- the active support for initial implementation of SEAL by secondary and special schools
- the provision and development of peer support in secondary schools
- working with communities of interest to address homophobic and racist bullying
- development with Sussex Police of restorative justice approaches to resolving entrenched conflicts
- continued support from the CYPT for schools to update e-safety policies and practice to prevent cyberbullying

## Health and Safety

### Summary:

The total number of incidents reported for the CYPT for each quarter for the last 2 years is shown below



There was a gradual decline in the number of incidents reported until the fourth quarter where there was an increase of 36%. There was an 18% reduction in the total number of incidents reported compared to the previous financial year (2007-2008.)

Category	2007/8	2008/9
Total Incidents	506	413
RIDDOR Reported Incidents:	48	49
Total Incidents to Staff:	223	230
Near Misses:	11	14
Total Incidents to non Staff:	283	166
Total Days Lost:	472	503
Total Incidents to Buildings:	5	3

The two highest 'causes of incidents' reported through the year were:

- Slips/trips/falls on the level at **87**, representing **21%** of all incidents.
- Challenging Behaviour **83**, representing **20%** of all incidents.

**Issues:**

Slips, trips and falls were the highest level of reported incidents during this financial year. This reflects the Whole Council's levels of incident reporting where Slip/trip and falls incidents accounted for 18% of all incidents reported. Challenging Behaviour was the second highest level of reporting and these incidents can be attributed to the nature of the Service Users and services provided by CYPT. All incident reports are assessed by the Health, Safety & Wellbeing Team to ensure appropriate follow up action is taken, including support to those affected.

**Performance Improvement Activity:**

- As Slips, trips and falls continues to be one of the highest cause of incidents, an intervention audit tool was developed and piloted during the 3<sup>rd</sup> quarter, in CYPT. Common management issues, local initiatives and good practice were identified and shared within the CYPT. Findings from the pilot have been used to inform a new Workplace Inspection Checklist that is being developed for use across the Council.
- To address issues relating to the reporting of Challenging Behaviour, a tiered approach to reporting was trialled at a Special school with all incidents reported locally and only 'high level' incidents reported through to the HSW team. This approach will be assessed in the new financial year and shared across the Council if deemed successful.
- The support provided to CYPT through the Health, Safety and Wellbeing Team was expanded during the financial year with the addition of a Health and Safety Business Partner - CYPT Fire; CYPT Health and Safety Advisor and Health and Safety Business Partner – Asbestos.

