





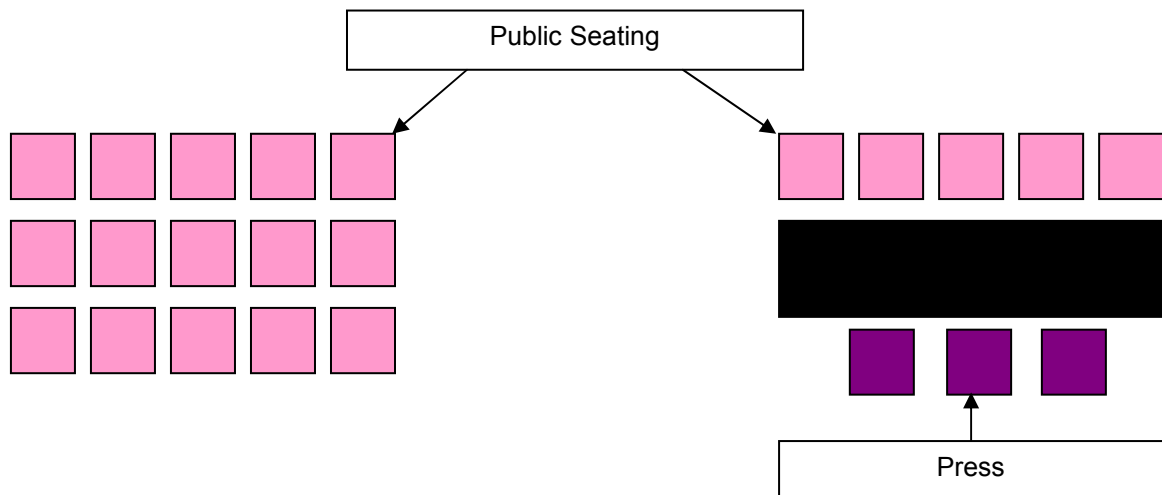
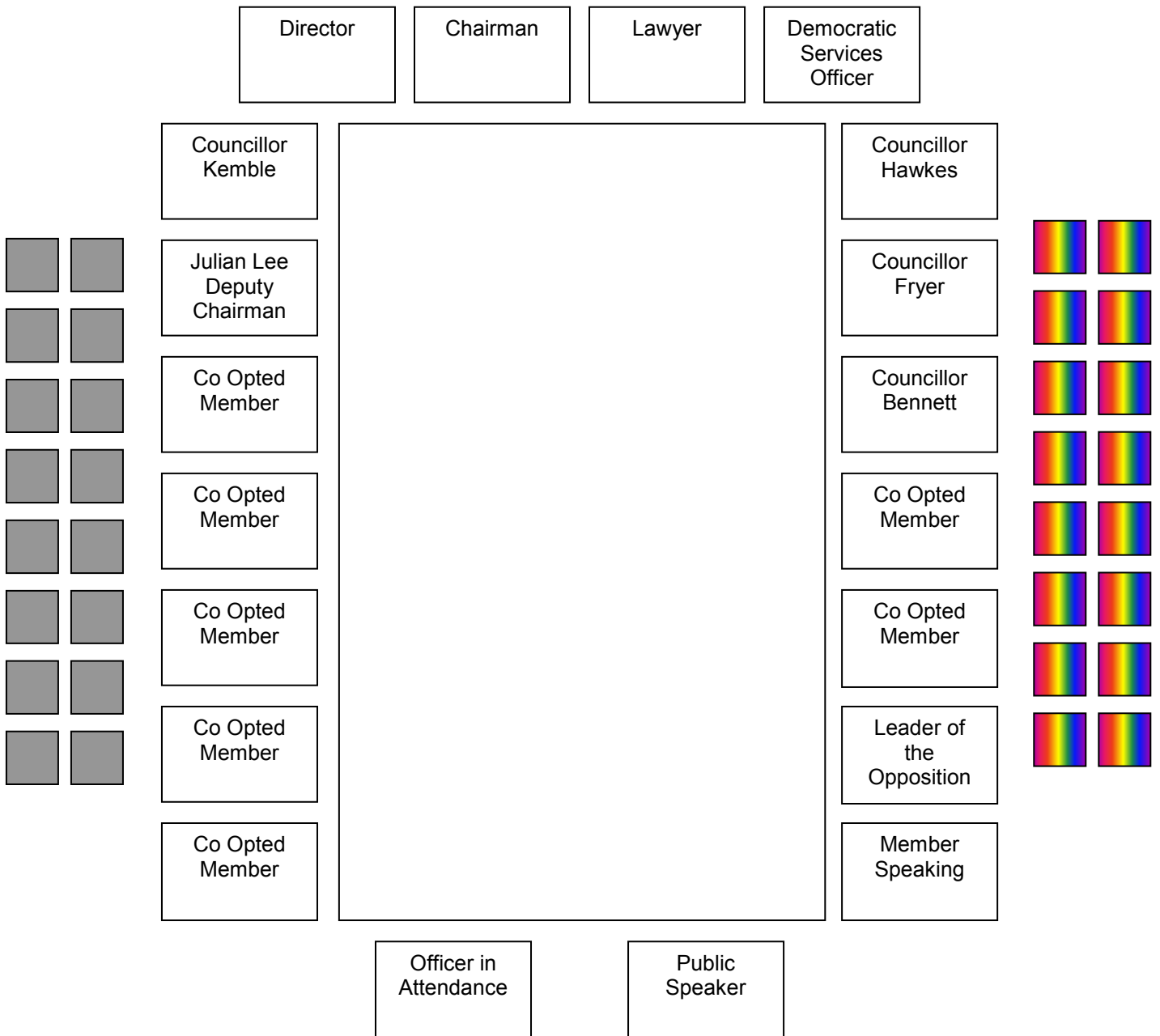
**Brighton & Hove
City Council**

Children & Young People's Trust Board

Title:	Children & Young People's Trust Board
Date:	20 July 2009
Time:	5.00pm
Venue	Council Chamber, Hove Town Hall
Contact:	Nara Miranda Democratic Services Officer 01273 291004 (voicemail only) nara.miranda@brighton-hove.gov.uk

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Democratic Services: Meeting Layout



CHILDREN & YOUNG PEOPLE'S TRUST BOARD

The Following are requested to attend the meeting:

Councillors: Mrs Brown, Bennett, Fryer, Hawkes (Opposition Spokesperson) and Kemble

Brighton & Hove Primary Care Trust: Julian Lee (Deputy Chairman), Darren Grayson and Dr Louise Hulton

South Downs Health: Simon Turpitt, Mo Marsh and Andy Paiton

Non-Voting Co-optees:

Lynette Gwyn Jones	Brighton & Sussex University Hospitals NHS Trust
David Standing	Community & Voluntary Sector Forum
Gail Gray	Community & Voluntary Sector Forum
Andrew Jeffrey	Parent Forum
Eleanor Davies	Parent Forum
Carole Shaves	Sussex Police Authority
Professor Imogen Taylor	Universities of Brighton & Sussex
Priya Rogers	Youth Council
Rose Suman	Youth Council
Vacancy	Surrey & Sussex Strategic Health Authority

AGENDA

10. PROCEDURAL BUSINESS

- (a) Declaration of Substitutes - Where Councillors are unable to attend a meeting, a substitute Member from the same Political Group may attend, speak and vote in their place for that meeting.
- (b) Declarations of Interest by all Members present of any personal interests in matters on the agenda, the nature of any interest and whether the Members regard the interest as prejudicial under the terms of the Code of Conduct.
- (c) Exclusion of Press and Public - To consider whether, in view of the nature of the business to be transacted, or the nature of the proceedings, the press and public should be excluded from the meeting when any of the following items are under consideration.

NOTE: Any item appearing in Part 2 of the Agenda states in its heading either that it is confidential or the category under which the information disclosed in the report is exempt from disclosure and therefore not available to the public.

A list and description of the categories of exempt information is available for public inspection at Brighton and Hove Town Halls.

11. MINUTES OF THE PREVIOUS MEETING

1 - 6

Minutes of the meeting held on 8 June 2009 (copy attached).

12. CHAIRMAN'S COMMUNICATIONS

13. 2008/09 FINAL OUTTURN AND BUDGET 2009/10

7 - 26

Report of the Director of Children's Services (copy attached).

Contact Officer: Louise Hoten Tel: 29-3440
Ward Affected: All Wards;

14. PARENT'S FORUM ANNUAL REPORT AND PRESENTATION

27 - 30

Report of the Director of Children's Services (copy attached).

Contact Officer: Tasha Barefield Tel: 29-4391
Ward Affected: All Wards;

15. PERFORMANCE IMPROVEMENT REPORT

31 - 66

Report of the Director of Children's Services (copy attached).

Contact Officer: Paul Brewer Tel: 29-1269
Ward Affected: All Wards;

CHILDREN & YOUNG PEOPLE'S TRUST BOARD

16. THE YOUNG OFFENDERS' EMPLOYMENT PROJECT

Presentation by the Brighton & Hove Youth Offending Team.

Contact Officer: Mary Hinton *Tel:* 29-6792

17. COMMISSIONING

67 - 100

Report of the Director of Children's Services (copy attached).

Contact Officer: Steve Barton *Tel:* 29-6105

Ward Affected: All Wards;

18. CODE OF PRACTICE FOR INFORMATION SHARING - BRIGHTON & HOVE CHILDREN AND YOUNG PEOPLE'S TRUST

**101 -
150**

Report of the Director of Children's Services (copy attached).

Contact Officer: Steve Barton *Tel:* 29-6105

Ward Affected: All Wards;

The City Council actively welcomes members of the public and the press to attend its meetings and holds as many of its meetings as possible in public. Provision is also made on the agendas for public questions to committees and details of how questions can be raised can be found on the website and/or on agendas for the meetings.

The closing date for receipt of public questions and deputations for the next Cabinet Member Meeting is 12 noon on the fifth working day before the meeting.

Agendas and minutes are published on the council's website www.brighton-hove.gov.uk. Agendas are available to view five working days prior to the meeting date.

Meeting papers can be provided, on request, in large print, in Braille, on audio tape or on disc, or translated into any other language as requested.

For further details and general enquiries about this meeting contact Nara Miranda, (01273 291004 (voicemail only), email nara.miranda@brighton-hove.gov.uk) or email democratic.services@brighton-hove.gov.uk

Date of Publication - Friday, 10 July 2009

BRIGHTON & HOVE CITY COUNCIL

CHILDREN & YOUNG PEOPLE'S TRUST BOARD

5.00pm, 8 JUNE 2009

COUNCIL CHAMBER, HOVE TOWN HALL

MINUTES

Present:

Councillors: Mrs Brown (Chairman), Fryer and Hawkes (Opposition Spokesperson)

Brighton & Hove Primary Care Trust:

Julian Lee (Deputy Chairman), Darren Grayson and Dr Louise Hulton

South Downs Health:

Simon Turpitt, Mo Marsh and Andy Paiton

Non-Voting Co-optees:

David Standing, Community & Voluntary Sector Forum

Andrew Jeffrey, Parent Forum

Eleanor Davies, Parent Forum

Professor Imogen Taylor, Universities of Brighton & Sussex

Priya Rogers, Youth Council

Rose Suman, Youth Council

Vacancy, Surrey & Sussex Strategic Health Authority

Apologies:

Councillor Kemble

Carole Shaves, Sussex Police Authority

PART ONE

1. CONFIRMATION OF CHAIRMAN AND DEPUTY-CHAIRMAN

- 1.1 The Director of Children's Services explained that, as part of the Commission Support Programme, officers were reviewing the works of the Board and commissioning arrangements with support from the Department of Health and the Department for Children, Schools and Families. She explained that Brighton & Hove Children's Trust was one of the first to be formally established and those arrangements are being reviewed to ensure these are fit for purpose. She further indicated that officers were taking into consideration the new Brighton & Hove City Council Constitution and the section 75 agreement and reviewing the membership in light of new Children's Trust Guide.

1.2 The Director indicated that, in view of the above and for continuity, the B&H Primary Care Trust and the Children's Trust had agreed that the Chairman arrangements in place in 2008/09 would remain the same for 2009/10 until further notice.

1.3 **RESOLVED** - That it be noted that Councillor Brown will be the Chairman and Julian Lee the Deputy Chairman of the Children & Young People's Trust Board for the municipal year 2009/10.

2. PROCEDURAL BUSINESS

2a Declaration of Substitutes

2.1 There were none.

2b Declaration of Interest

2.2 Mo Marsh, South Downs Health Trust, declared a personal but non-prejudicial interest in Items 6 and 7 in that she was the Ward Councillor in some of the areas being considered.

2c Exclusion of press and Public

2.3 **RESOLVED** – That the Press and the Public be excluded from the meeting during consideration of Item 9 in Part Two of the agenda.

3. MINUTES OF THE PREVIOUS MEETING

3.1 **RESOLVED** – That the minutes of the previous meeting be approved and signed by the Chairman as a correct record.

4. CHAIRMAN'S COMMUNICATIONS

4.1 The Chairman welcomed Andy Paiton, the new Chief Executive of the South Downs Health Trust.

5. READING STRATEGY

5.1 The Board considered a report of the Director of Children's Services concerning the Reading Strategy, a consultation document designed to engage more people in the development of an action plan to improve reading across the city (for copy see minute book).

5.2 The Secondary Schools' Adviser stated that the strategy had been well received at the launch in May 2009 and indicated that the emphasis of the strategy was on helping children to enjoy reading.

5.3 The Board welcomed the report and engaged in discussions about the proposed strategy.

- 5.4 In answer to questions, officers clarified that *Bookstart*, a reference made in the report, was a Government funded scheme which made books available to children at different stages of their development (at baby stage, toddler stage and at later stages).
- 5.5 Councillor Fryer indicated that she had some concerns about promoting reading at early ages in that this approach could bring pressure on children at that stage to read and perform well. She requested whether there was scope to include the importance of reading for enjoyment.
- 5.6 The Secondary School's Adviser noted Councillor Fryer's suggestion. He explained, however, that monitoring reading for pleasure was not a straightforward process and would be difficult to carry out.
- 5.7 Members enquired about the provision for children with particular needs and whether the Government *Bookstart* initiative took account of such children and gave them the same access to the services offered.
- 5.8 The Secondary Schools' Adviser explained that the Reading Strategy listed some of the arrangements in place to address children with particular needs, such as those with learning disabilities and children and parents whose first language was not English.
- 5.9 The Director of Children Services noted the difficulties that existed in including all the details in such strategy. She reassured Members, however, that such provision existed, for instance the use of sign and audio-books for children with learning disabilities.
- 5.10 Members indicated that they would welcome an action plan detailing the information available to support those children with particular needs.
- 5.11 Members referred to the adult literacy and the estimated 12,000 people lacking in basic literacy skills. Members enquired about the reasons behind such high figure in the lack of literacy skills in the adult population.
- 5.12 The Secondary Schools' Adviser indicated that a great number of those adults had not been educated in Brighton & Hove and that they also included a particular section of the population, such as asylum seekers and refugees. The Director of Children's Services also noted that, although the focus of the CYPT was on children and young people, the Trust also supported and had been involved with adult learners. She had recently participated in an awards ceremony celebrating the achievement of adult learners in Brighton & Hove.
- 5.13 Members also identified the need to take account of the travellers section of the population, an area which they thought had not been covered so far, and recognised that, within the travellers' culture, there was little opportunity for children and adults to learn to read.
- 5.14 Members reiterated their approval of the strategy, whilst also recognising the important role that parents played in helping and supporting their children with reading not only at young age, but also at later stages of their development.

5.15 **RESOLVED** – That, having considered the information and the reasons set out in the report, the Board accepted the following recommendations:

- (1) The Reading Strategy and its approach to improving reading across the city be agreed.

6. CHILDREN'S CENTRES PERFORMANCE 2008

6.1 The Board considered a report of the Director of Children's Services concerning Children's Centres Performance 2008, which provided information on the performance of the city's Sure Start Children's Centres in 2008 and the priorities for the future (for copy see minute book).

6.2 The Head of Service, City Early Years and Childcare, gave a presentation to Members on this item, which summarised the report's main points; identified both the successes achieved and the challenges the city still faced (see Appendix 1 to the minutes).

6.3 Members welcomed the report. Members recognised the improvements achieved in some of the areas since they were first opened; they noted those areas which still required further intervention in order to achieve the required level of achievement. They further welcomed the community participation work with volunteering parents.

6.4 Members enquired whether the city monitored its level of immunisation.

6.5 Officers explained that immunisation was monitored by GPs and it was also the core function of health visitors. Officers also indicated that this matter had been actively supported by the CYPT immunisation team.

6.6 Members referred to the partnership work currently in place where Children's Centres were concerned and enquired whether it needed improving.

6.7 Officers explained that the partnership work included the different local schools, Job Centres, and a wide range of agencies and organisations which work with children. It was noted, however, that Job Centres had not been as involved as previously with the support they used to offer.

6.8 Members suggested that officers could utilise more the volunteering opportunities available to support the lack of service in other areas. Officers confirmed they had been working with that stream as well.

6.9 The Head of Service further indicated that officers also took account of national information in relation to what proved to work well in order to improve what goes on locally. She indicated that having a good mix of users, where parents use different centres, was of benefit; having mid-wives and the availability of maternity services in Children's Centres had also worked well across the city; and health visiting was also of great support. She noted that there was continuity in the work that the Centres provided because users continued to return to make use of the services offered.

6.10 **RESOLVED** – That, having considered the information and the reasons set out in the report, the Board accepted the following recommendations:

- (1) That the citywide summary (at appendix 2 of the report) be noted.
- (2) That the priorities for 2009 be agreed.
- (3) That it be noted that annual reports were being published for each of the eight main children's centre areas.

7. BUILDING SCHOOLS FOR THE FUTURE - READINESS TO DELIVER SUBMISSION

- 7.1 The Board considered a report of the Director of the Children's Services concerning Building Schools for the Future – Readiness to Deliver Submission (for copy see minute book).
- 7.2 The Director of Children Services explained that the aim of the report was to make all partners aware of the Building Schools for the Future and to inform Members of what the progress was at this stage.
- 7.3 The Schools Futures Project Director stated that the programme could attract a funding of up to £150 million for the city. He informed Members that the city had submitted an expression of interest in November 2008, which had been accepted. He explained that the next step of the process was to produce a document evidencing that the city was ready and prepared to deliver as soon as funding was available. The Director indicated that he was working closely with schools and their communities in this process.
- 7.4 The Director further explained that the city would submit its 'Readiness to Deliver' document in September 2009. He indicated that, if the funding was agreed for Brighton & Hove, the building could start in 2012/13.
- 7.5 **RESOLVED** - That the progress with the BSF programme and the preparation of its Readiness to Deliver submission be noted.

8. SAFEGUARDING PRACTICE- UPDATE

- 8.1 The Board considered a report of the Director of Children's Services, which updated Members on the safeguarding practice and summarised the implications for safeguarding practice in Brighton & Hove of the Government's response to Lord Laming's report (for copy see minute book).
- 8.2 Members welcomed the report and its update information.
- 8.3 **RESOLVED** – That, having considered the information and the reasons set out in the report, the Board accepted the following recommendations:
 - (1) That the implications outlined in the report of government's response to Lord Laming's report 'The Protection of Children in England', and the action taken in response by the CYPT and the LSCB, be noted.

- (2) That the request be made to the Director of Children's Services to consider the resource implications of the Government's response to Lord Laming's report for the CYPT and partner agencies including the LSCB.
- (3) That an invitation be made to the Chair of the LSCB to attend a future meeting of the Board to take forward the issues outlined in this report.

9. PART TWO MINUTES - EXEMPT CATEGORY 3

9.1 RESOLVED –

- (1) That the non-public minutes of the meeting held on 20 April 2009 be approved and signed by the Chairman as a correct record.
- (2) That Item 9 and the decision thereon remain exempt from disclosure from the press and public.

The meeting concluded at 6.25pm

Signed

Chairman

Dated this

day of

2009

Subject: 2008/09 Final Outturn and Budget 2009/10
Date of Meeting: 20 July 2009
Report of: Director of Children's Services
Contact Officer: Name: Louise Hoten Tel: 293440
E-mail: Louise.Hoten@brighton-hove.gov.uk
Wards Affected: All

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

- 1.1 This report details the final outturn figures for the CYPT, subject to audit. The table below shows an analysis of the main areas which show a final under spend to 31st March 2009 on the pooled budget of £1,308k.
- 1.2 The underspend of £1,308k relates to Brighton & Hove City Council services. Community Health and Primary Care Services showed a nil variance to 31st March 2009. Much of the underspend relates to reductions in numbers and costs relating to Independent Foster Agency and Residential Agency Placements . These are historically volatile budgets where significant progress has been made in ensuring better value placements. Increased activity towards the end of the financial year 2008/09 would seem to indicate these budgets will be under pressure in 2009/10.

The non-pooled underspend of £1,417k relates to City Council services funded by the Dedicated Schools Grant. This grant is payable by the DCFS under section 14 of the Education Act 2002 to fund the schools budget. The guidance issued by the DCFS states that this underspend must be carried forward to support the schools budget in future years.

1.3 CYPT budget analysis (net of Government grants):

2008/09	Budget £'000	Outturn £'000	Variance £'000
Non- Pooled (DSG)	0	(1,417)	(1,417)
Non- Pooled (Other)*	(1,204)	(1,204)	0
Section 75 Pooled Budgets	59,824	58,516	(1,308)
Section 75 Restricted Budgets (support service charges)	6,865	6,865	0
Total	65,485	62,760	(2,725)

*Non-Pooled (other) consists of technical accounting adjustments relating to FRS 17 pension contributions and carry forward of schools balances.

The table below shows the sources of funding:

Budget 2008/09	BHCC	Community Health Services	Primary Care Services	Total
	£'000	£'000	£'000	£'000
Non- Pooled (DSG)	0	0	0	0
Non- Pooled (Other)	(1,204)	0	0	(1,204)
Section 75 Pooled Budgets	50,502*	7,335	1,987	59,824
Section 75 Restricted Budgets (support service charges)	5,352	1,513	0	6,865
Total	54,650	8,848	1,987	65,485

***The figures in the table above are net of Government Grant income.**

Since Month 6 the overall budget for the Trust has decreased by £3.022m to £59.824m The reasons for this are set out in the table below.

	BHCC	Community Health Services	Primary Care Services	Total
	£'000	£'000	£'000	£'000
Budget at Month 6	54,278	7,073	1,495	62,846
Standards Fund & other budgets carried forward to 2009/10	(3,453)			(3,453)
Contributions to capital expenditure	(237)			(237)
Other budget adjustments	(86)	(10)		(96)
Additional in year contributions (Child Death Review, Aiming High)			119	119
Additional contribution re children's substance misuse			192	192
Identified cost pressures (including orthotics, feeding sets)		120		120
Vacancy factors and managerial savings		(211)		(211)

Increase in contribution from PCT to meet identified cost pressures		363	181	544
Budget at Outturn	50,502	7,335	1,987	59,824

2. RECOMMENDATIONS:

- 2.1 To note the total CYPT underspend of £2,725k including an underspend of £1,308k on pooled budgets and an underspend of £1.417k on Dedicated Schools Grant (DSG) items. The BHCC element of this overspend totals £1,308k (see table in paragraph 3.1).
- 2.2 To note the movements in budget since Month 6, including the additional contributions from NHS Brighton and Hove. (See table in paragraph 1.3).
- 2.3 To note the budget for 2009/10 (See table in paragraph 3.4).

3. RELEVANT BACKGROUND INFORMATION

- 3.1 The table below shows the final underspend position in 2008/09

Details	Total Variances	Non Sec 75 Variances	Total Pooled Variances
	Final Outturn	(DSG)	Final Outturn
	£000	£000	£000
	(a)	(b)	(a-b)
<u>Corporate Critical Budgets</u>			
Independent Foster Agency Payments	-184	0	-184
Residential Agency Placements	-853	0	-853
Disability Agency Placements/Palmeira	65	0	65
Secure Accommodation	-9	0	-9
In-House Foster Care	-456	0	-456
Leaving Care Payments	254	0	254
Educational Agency Placements	-871	-871	0
Total Corporate Critical	-2,054	-871	-1,183
<u>Departmental Critical Budgets</u>			
Home to School Transport	-32	0	-32
Area Social Work Teams	-336	0	-336
Legal Fees	-174	0	-174
Total Departmental Critical	-542	0	-542
<u>Other Departmental Budgets</u>			
Directors Budget	17	0	17

East Area, Early Years & NHS Commissioning	-108	-176	68
Central Area & Schools Support	686	20	666
Learning & Schools	-76	-114	38
West Area & Youth Support	-115	-34	-81
Specialist Services	-266	-96	-170
Quality & Performance	-124	-3	-121
Vacancy Management Target	0	0	0
Total Other	14	-403	417
Other DSG Budgets			
DSG Carry Forward (2007/2008 funding)	-143	-143	0
Total DSG	-143	-143	0
Net Social Care and Education Position to Report	-2,725	-1,417	-1,308
Community Health Services	0	0	0
Primary Care Services	181	0	181
PCT - Non recurrent budget contribution	-181	0	-181
Total Net Primary Care Services	0	0	0
Total CYPT	-2,725	-1,417	-1,308

3.2 The table below shows the net variance by service area:

	Budget	Forecast	Final Outturn Variance -Under/Over	Variance %
	£000	£000	£000	%
DIRECTOR	1,087	1,104	17	1.56
EAST, EARLY YEARS & NHS COMM SERVICES	10,438	10,652	214	2.05
CENTRAL AREA & SCHOOL SUPPORT	8,614	9,176	562	6.52
Dedicated Schools Grant	-123,514	-123,514	0	0.00
DSG Internal Recharges	1,697	1,697	0	0.00
Individual Schools Budgets	106,140	106,140	0	0.00

LEARNING & SCHOOLS	5,854	5,892	38	0.65
WEST AREA & YOUTH SUPPORT	8,778	8,541	-237	-2.70
SPECIALIST SERVICES	30,252	28,471	-1,781	-5.89
QUALITY & PERFORMANCE	1,156	1,035	-121	-10.47
VACANCY MANAGEMENT TARGET	0	0	0	0.00
SOCIAL CARE & EDUCATION TOTAL	50,502	49,194	-1,308	-2.59
Community Health Services				
COMMUNITY HEALTH SERVICES	7,335	7,335	0	0.00
PRIMARY CARE SERVICES	1,806	1,987	181	10.02
PCT - Non recurrent budget contribution	181	0	-181	n/a
Total Net Primary Care Services	1,987	1,987	0	0.00
Total	59,824	58,516	-1,308	-2.19

3.3 Explanation of key variances

3.3.1 Corporate Critical Budgets

The year-end position on the CYPT corporate critical budgets shows an underspend of £2,054k. The breakdown is shown below:

Corporate Critical Budgets (non DSG)			Variance
			£000
Independent Placements	Foster	Agency	-184
Residential Placements			-853
Disability Agency Placements			65
Secure Accommodation			-9
In-House Placements			-456
Leaving Care			254
Educational Agency Placements			-871
Total			-2,054

The 2008/09 budget for Child Agency and In House Placements and Services for care leavers is £17.150m. During 2008/09 expenditure for these areas amounted to £15.968m which represents an underspend of -£1.182m. An analysis of this is shown in the table below.

Type of Placement	2008/2009 Budgeted FTE	2008/2009 Base Budget (£)	Current Number of Placements	2008/2009 Actual FTE Placements	2008/2009 Actual Spend (£)	Variance (£)
Foster Care (IFA)	89.00	4,350,600	109.00	91.12	4,166,700	-183,900
Residential School Placement	27.50	4,641,100	24.00	23.45	3,808,300	-832,800
Family Assessment	11.50	404,600	8.00	8.25	340,500	-64,100
Disability Placements	2.00	100,000	1.00	1.11	143,800	43,800
Disability Respite	8.00	757,900	8.00	8.63	887,800	129,900
Secure Accommodation	n/a	138,000	n/a	n/a	73,500	-64,500
	1.50	402,000	2.00	1.89	392,800	-9,200
AGENCY TOTAL:	139.50	10,794,200	152.00	134.44	9,813,400	-980,800
<u>In-House Placements</u>						
Fostering Placed with Relatives Residence Orders	171.00	3,658,000	160.00	154.93	3,379,100	-278,900
Special Guardianship	33.00	366,100	28.00	21.40	256,100	-110,000
	150.00	1,294,800	152.00	149.19	1,322,700	27,900
	17.00	265,900	22.00	20.50	171,100	-94,800
IN-HOUSE TOTAL:	371.00	5,584,800	362.00	346.02	5,129,000	-455,800
<u>Care Leavers</u>						
Leaving Care	25.00	661,900	41.00	42.05	837,800	175,900
Ex Asylum Seekers	n/a	108,800	26.00	28.84	187,300	78,500
CARE LEAVERS TOTAL:	25.00	770,700	67.00	70.89	1,025,100	254,400
GRAND TOTAL:	535.50	17,149,700	581.00	551.35	15,967,500	1,182,200

Educational Agency Placements

The final position showed an underspend of -£871k due mainly to a reduction in numbers from when the budget was initially set. At the start of the financial year it was estimated that there would be 130 placements whereas final placements totalled 109 a reduction of 21 cases.

As this budget area forms part of the DSG, the underspend of-£871k will be carried forward at the year-end.

3.3.2 Departmental Critical Budgets

Home to School Transport

Overall the Home to School Transport budget underspent by -£32k.

The underspend was partially helped by a £53k grant for Extended Rights for Free Travel.

A breakdown of the underspend is shown in the table below:

Detail	Budget	Variance
	£000	£000
Escort Fees	31	-1
Hillside Recharge	1321	10
Lot Contracts	2,734	-130
Public Transport	7	-4
Bus Passes/Contracted Buses (net of grant)	214	173
Equipment	1	-1
LAC Recoupment	150	-50
Recoupment Income	-17	24
Grant		-53
Total	3,241	-32

Area Social Care Teams

The overall underspend on the Social Care Area teams was -£336k. An analysis of this variance is shown below:

Detail	Variance
	£000
Permanent Staff – Additional hours/vacancies	-506
Agency/ Sessional Staff	101
Staff Advertising	49
Relocation/Miscellaneous Recruitment & Retention costs	-28
Premises Costs	10
Transport Costs	64
Supplies & Services	6
Transfer/Third party payments	-19
Income	-13
Total	-336
Service Area	Variance
	£000
East	-108
Central	-72
West	-156
Total	-336

Legal Fees

Given the extremely volatile nature of the spending patterns relating to the cost of care proceedings the figures for 2008/09 should not be regarded as indicators of any trend relating to this budget. The costs of running care proceedings are significant. Costs

include not just the costs of Counsel to represent the authority where needed in addition to the in house legal team, but a significant element relates to the cost of independent expert reports commissioned by the court. These can include residential assessments of the parents with their children where the total cost over months can be in excess of £100,000, with the potential for a single case therefore to distort the budget.

In 2008/9 in keeping with national trends the numbers of care proceedings issued was significantly lower than previous years in the first six months of the financial year. The reasons for this are complex. In part they relate to an effort to manage cases for as long as possible within the community (per the Every Child Matters agenda), and in part because in April 2008 the court system for care proceedings changed so as to require the assessments of the parents and extended family to be front loaded and conducted almost to the point of completion prior to the commencement of proceedings, unless in an emergency. This always meant that there was the potential for a “bottleneck” of cases to arise in the first year of operation of the new system. Towards the end of 2008 the numbers of cases being taken to court started to increase significantly compared with earlier in the year, and by the last quarter of the financial year the rates of issue were significantly higher than during the same period in 2008. This is entirely in line with national trends following the death of Baby Peter. Indeed other authorities have seen their numbers of care proceedings increase by as much as 80%.

The current trend in court proceedings both locally and nationally means there is almost no prospect of this underspend being replicated in the current financial year, more likely this budget and all those relating to looked after children will come under severe pressure as a result of an ongoing increase in the numbers of looked after children both in and out of court proceedings.

3.3.3 Dedicated Schools Grant

The total forecast outturn for DSG was an underspend of £1,417k. Details as follows:

	Variance
	£000
Educational Agency	-871
SEN Prevention Work	-70
Early Years 3 & 4 year Olds	-112
Unallocated DSG Carry Forward 2007/2008	-143
Recoupment	-58
Other	-163
Total Movement	-1,417

DMT have already agreed to fund £598k of 2009/10 pressures from the 2008/09 carry forward. These are mainly Area Panels funding of £150k and the Equal pay top slice of £416k. In addition £11k will be required to fund the unspent balance of the 2008/09 combined services contribution, £10k towards an adoption support worker and £11k as a contribution to the Head of safeguarding

3.3.4 Community Health Services

Community Health budgets, provided by South Downs Health NHS Trust, within the CYPT pooled budget were £363,000 overspent at the end of 2008/09. This reflects historical funding issues, which are a specific focus on budget-setting for 2009/2010.

The PCT made an additional non-recurrent contribution to the pooled budget to make up this shortfall in 2008/09, passing this funding through to the Community Health provider.

3.3.5 Primary Care Trust Budgets

The PCT initial direct contribution to the CYPT pooled budget was £1.495m, which was supplemented by additional contributions of £0.119m. A number of high cost placements arose during the year, giving rise to a net overspend of £181,000 and the PCT made an additional contribution to the budget to match these costs. The PCT also included funding for children’s substance misuse services of £192,000 within the pool at the year end.

For 2009/2010, the PCT has reached agreement - via the CYPT Commissioner - with Sussex Partnership Trust for an element of the budget to be directly managed by SPT, as part of a wider package of investment by the PCT in Children’s Mental Health services. SPT have agreed a risk-share approach to this budget, which it is anticipated will reduce the risk of overspends in future years.

3.4 2009/10 Budgets

The table below shows the CYPT budget analysis (gross of grants) for 2009/10.

Budget 2009/10	BHCC	Community Health Services	Primary Care Services	Total
	£'000	£'000	£'000	£'000
DSG	0	0	0	0
Section 75 Pooled Budgets	84,232*	7,791	1,524	93,547
Section 75 Restricted Budgets (support service charges)	5,323	1,513	0	6,836
Total	89,555	9,304	1,524	100,383

* This figure excludes Government grant income of £35.525m. The BHCC contribution net of grant income is therefore £48.707m.

The PCT contribution is being finalised, but reflects agreement between the PCT finance staff and the CYPT commissioning and finance team. The overall budget has increased by 2%, but within this increase, new commissioning arrangements for Specialist Childrens Placements and CAMHS, mean that the overall risk of overspend for 2009/2010 has been reduced, alongside a significant additional package of investment in the arrangements for the provision of CAMHS. This is being delivered in partnership with SPT, who have agreed on lead responsibility for the management of specialist placements, with an associated risk share agreement. The PCT and CYPT are now also contributing towards the funding costs of the Chalkhill service.

For Community Health Service, provided under contract by South Downs Health Trust, the budget arrangements are more complex, but progress has been made on implementing a solution to the underlying financial issues. For 2009/2010, strengthened

support will be made available to budget-holders and financial pressures will be resolved jointly between the CYPT and South Downs Health Trust. This can be seen in the table below, which sets out the challenges and savings plans assumptions contained within the budget.

	£000
Historical financial Issues	363
SDH contribution to in year pressures	154
CYPT contribution to in year pressures	202
Total Pressures	719

SDH are making a contribution of £154K, based on improved efficiency in back office functions (the service support charges), while the CYPT are planning a contribution of £202K through restructuring the direct service budget lines. This leaves an ‘historical’ pressure of £363K, which is to be addressed in the medium term, as the back office and direct service budget lines are brought more clearly within the pool and managed in totality. For 2009/2010, this pressure is being managed jointly by the PCT, CYPT and SDH in working to deliver increased efficiencies across the whole service. The PCT has indicated that it will ensure that neither SDH or the CYPT suffers adverse financial consequences from this historical pressure, if the progress maintained towards securing a sustainable medium term solution continues. Delivery of the agreed savings represents a challenge for each of the provider and commissioner elements of the CYPT, and will be carefully monitored across the financial year.

The detailed Section 75 schedules are shown in Appendix 1.

4. CONSULTATION

4.1 No specific consultation has been undertaken in relation to this report.

5. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

5.1 Included within the body of the report.

Legal Implications:

5.2 The underspend is being managed in accordance with the Section 75 pooled budget arrangements. A consideration of some of the unusual factors which may account for the underspend is found in the body of the report relating to the legal budget.

Lawyer consulted: Natasha Watson

Date: 22/06/2009

SUPPORTING DOCUMENTATION

Appendices:

1. 2009/10 Section 75 Schedules

Documents In Members’ Rooms

1. None

BHCC CYPT Pooled Budget Contribution 2009/10

Cost centre		BHCC Pooled Budget 2009/10 £'000
Director CYPT		
EJE015	PFI Costs	146
ENM017	Director - Children Families & Schools	815
ENM024	Central Administration (re S52)	146
FAX012	Unallocated Childrens	(433)
FAX040	Safeguarding Costs	35
Total Director CYPT		709
Area Integrated Working		
EAE010	Brightstart Nursery	100
EAE021	Sure Start Early Yrs Management & Admin	118
EAE027	Sufficiency	173
EAE028	Family Information Service	250
EAE029	Surestart Out Of School Development	40
EAE030	Surestart Childminding Development	87
EAE031	Surestart Early Years Development	148
EAE032	Surestart Inclusion & Narrowing the gap	257
EAE034	Graduate Leader Fund	380
EAE042	Hollingdean Childrens Centre	596
EAE046	Surestart Workforce Development	392
EAE049	At Home Childcare Service	70
EAE221	Moulsecoomb Children's Centre	343
EAE222	Roundabout Children`s Centre	353
EAE223	North Portslade Children's Centre	252
EAE224	Acorn Nursery	132
EAE225	Turner Children's Centre	584
EAE227	Roundabout Nursery	217
EAE230	Knoll/Stanford Gateway Centre Goldstone	13
EAE231	West Hove Gateway Centre	16
EAE232	East Hove Childrens Centre	214
EAE233	South Portslade Gateway Centre	12
EAE234	Hangleton Gateway Centre	221
EAE235	Hollingbury & Patcham Children`s Centre	31
EAE237	Cornerstone Community & Children`s Centr	13
EAE238	The Deans Gateway Centre	15
EAE239	Bevendean Gateway Centre	15
EAE240	Children`s Centres Mang Dev East	123
EAE241	Childrens Centres Mang Dev West	79
EAE242	Coldean Gateway Centre	25
EAE243	City View Gateway Centre	12
EAE244	Childrens Centres Citywide Man Costs	603
EAE245	Jumpstart Nursery	238
EAE246	Children`s Centre Management Costs Centr	46
ELL022	Extended Schools - Start Up	798
EMG021	Educational Welfare Service - Central	108
EMG022	Educational Welfare Service - East	113
EMG023	Educational Welfare Service - West	118
EMG030	Educational Psychology Service - East	99
EMG031	Educational Psychology Service - West	165
EMG032	Educational Psychology Service - Central	110
ENA002	Portslade Community College - Adult	317
ENA203	Portslade Sports Centre	126
ENF011	Play Service	41
ENF015	Big Lottery Fund Children`s Play	156
ENM012	Hove Park Mansions Running Costs	73
ENM018	AD Community & Family Services	50

BHCC CYPT Pooled Budget Contribution 2009/10

	Cost centre	BHCC Pooled Budget 2009/10 £'000
ENM022	East Area Commissioning Manager	79
ENY011	Youth Service - North Area	240
ENY012	Portslade Community College - Youth	80
ENY013	General - Youth	393
ENY015	Youth Projects	152
ENY016	Youth Service - Duke of Edinburgh	39
ENY018	Youth Service - Hangleton Youth Wing	101
ENY026	Connexions - Intensive Personal Advisers	7
ENY037	Positive Activities for Young People	192
ENY039	Outdoor Activities H&S Training (Youth)	43
ENY042	Youth Service - Arts/Projects	34
ENY047	Connexions- Central	2,190
ENY049	Youth Opportunity Fund	141
ENY050	YSS Detached Youth Work Project	146
ENY051	Youth Service City Wide Training	11
FAL010	16 Plus Support Team	669
FAL011	Leaving Care Ex Asylum Seekers	112
FAL012	Leaving Care - Post 16 Fostering	398
FAL013	Leaving Care - Accomodation & Other	917
FAX031	Targeted Mental Health in Schools	241
FAY002	Unaccompanied Minors Asylum Seekers	449
FCW005	Social Work Team - Hospital	371
FCW012	West Area Social Care Team	2,070
FCW013	Central Area Social Care Team	1,767
FCW014	East Area Social Care Team	2,649
FFF002	Hillview Family Centre	20
FFF003	Whitehawk Family Centre	25
FFX017	Childrens Fund - Central	798
FFX028	Preventive Payments - Hospital	3
FFX032	Parenting Pathfinder Grant	150
FFX034	Respect Area Parenting	50
FFX035	Family Pathfinders	300
FFX042	West Area Preventive Payments	93
FFX043	Central Area Preventive Payments	309
FFX044	East Area Preventive Payments	125
MGT025	Legal Fees	960
Total Area Integrated Working		24,758

Learning, Schools & Skills

EAE025	Foundation Stage Training	107
EHE014	PRC/Redundancy Costs (Prim)	103
EHH000	General Primary ISB	76
EJE008	PRC/Redundancy Costs (Sec)	105
EJE017	General Costs (Sec)	4,559
EKE026	PRC/Redundancy Costs (Spec)	25
EKE051	EMAS	187
EKK000	General Special ISB	705
ELA001	Home to School Transport Budget	3,291
ELA022	Castledean	17
ELA023	Downs Park	13
ELA108	LP - 14-19 Post	1
ELA111	LP - Pupil Voice	7
ELA117	School Workforce Advisers Grant	119
ELA118	Healthy Schools Partnership Grant	56
ELA126	LP - PSHE Post	14
ELA129	LP - Support for Parent Governor Reps	1
ELA135	LP - Leadership Support Programme	1
ELA145	LP - Assessment	16

BHCC CYPT Pooled Budget Contribution 2009/10

Cost centre	BHCC Pooled Budget 2009/10 £'000	
ELA147	LP - Sch.Improvement Training	1
ELA149	LP - School Councillors	1
ELA160	NCSL - Tomorrow`s Leaders Today	23
ELL001	LAA ex SF SDG	40
ELL002	SDG Study Support	45
ELL003	SDG Support Staff Training	58
ELL004	SDG SEN ASD	93
ELL005	SDG SEN Speech & Language	87
ELL006	SDG SEN & Inclusion	60
ELL007	SDG LAC	70
ELL010	SDG Inclusion	349
ELL011	Prim Cent Strat Salaries & ISP	267
ELL012	Sec Cent Strat Salaries	274
ELL013	Sec Cent Strat English	3
ELL014	Sec Cent Strat Maths	3
ELL015	Sec Cent Strat Science	3
ELL016	Sec Cent Strat ICT	3
ELL017	Sec Cent Strat TFL	3
ELL018	Sec Cent Strat Admin	3
ELL019	Sec Cent Behaviour Salaries	58
ELL020	Sec Cent Behaviour B& H	10
ELL021	Ex SF ABG Grants -LEA	150
ELL023	School Improvement Partners - Secondary	31
ELL024	School Improvement Partners - Primary	46
ELL025	SDG Behaviour and Attendance	165
ELL026	SDG Education Welfare Assistants (EWAS)	104
ELL027	Flexible 14-19 Partnership	59
ELL028	ABG - School Intervention	49
ELL029	ABG - Choice Advisors	30
EMG010	Governor Support	36
EMG012	HLTA	33
EMG015	Social Inclusion Projects	77
EMG016	Learning & Schools	58
EMG020	Education Welfare Service	110
EMG040	Brighton & Hove Music Service	286
EMG060	Learning Development Centre	95
EMG072	HLTA - Maths and Science	9
EMG073	SWIS (support within schools)	17
EMG080	Advisory Primary Team	135
EMG081	Advisory Secondary Team	98
ENA017	Family Literacy & Numeracy -LSC	109
ENA018	Family Learning -LSC	60
ENA021	Family Learning & Literacy - LEA	29
ENA024	Community Learning Fund	71
ENA034	FLIF	111
ENA035	ESF Stepping Stone To Employment	180
ENA110	Admin - Lifelong Learning	16
ENA205	Surrenden Pool	29
ENE008	Admin - Student Support	65
ENE011	Support for Students	94
ENE017	Transport Partnership	70
ENF306	General - Milk	22
ENF425	Anti Bullying (Ex VCG)	13
ENM021	Schools Training & Development	103
ENM023	Admin - Admissions and Transport	8
ENM025	Admin - SACRE	8
ENM029	Dance Development	15
ENN250	Schools Budget Standards Fund	887

BHCC CYPT Pooled Budget Contribution 2009/10

	Cost centre	BHCC Pooled Budget 2009/10 £'000
ENN275	Standards Fund 2008/09	1,134
ENN276	School Lunch Grant 08/09	120
ENN277	Extended Schools 08/09	261
ENN278	Prim Strat 08/09 Core Subjects	39
ENN279	Prim Strat 08/09 AFL	96
ENN280	Prim Strat 08/09 Targeted Schools	137
ENN281	Prim Strat 08/09 ISP	36
ENN282	Prim Strat 08/09 Foundation Stage	23
ENN284	Prim Strat 08/09 MFL	103
ENN285	Sec Strat 08/09 Core Subjects	31
ENN286	Sec Strat 08/09 AFL	44
ENN287	Sec Strat 08/09 Targeted Schools	312
ENN289	KS4 Engagement Programme	236
ENN290	Harnessing Technology Grant	257
ENN291	Computers for Pupils	30
ENN292	Home Access for Targeted Groups	78
ENN293	National Challenge	331
ENN294	Prim 1-2-1 KS2 Tuition and Participation	14
ENN300	Standards Fund 2009/10	7,517
ENN301	School Lunch Grant 09/10	310
ENN302	Making Good Progress 09/10	506
ENN303	Extended Schools 09/10	523
ENN304	Prim Strat 08/09 Core Subjects	151
ENN305	Prim Strat 09/10 Targeted Schools	123
ENN306	Prim Strat 09/10 AFL	108
ENN307	Prim Strat 09/10 CLLD	65
ENN308	Prim Strat 09/10 ISP	47
ENN309	Prim Strat 09/10 Foundation Stage	16
ENN310	Prim Strat 09/10 Behaviour & Attendance	42
ENN311	Prim Strat 09/10 MFL	157
ENN312	Sec Strat 09/10 Core Subjects	314
ENN313	Sec Strat 09/10 Targeted Schools	36
ENN314	Sec Strat 09/10 AFL	72
ENN315	Early Years Flexibility 09/10	333
ENN316	Harnessing Technology Grant 09/10	745
ENN900	Standards Fund - DSG recharge	776
FFX090	Family Support-SEN Hearing Impaired	16
Total Learning, Schools & Skills		29,469

Citywide Services

EKE001	Agency Placements - Education	566
EKE043	Admin - S.E.N.	444
ENY022	Youth Offending Team	26
FAA011	Adoption & Permanence Panel	83
FAA012	Inter-Agency Adoptions	96
FAA013	Adoptions	782
FAX003	Development Officers	67
FAX019	Care Matters	246
FAX050	General Items	18
FCW001	Disability Social Work Team	685
FCW015	Emergency Duty Service	146
FFA001	Children`s Disability Svcs - Adaptations	75
FFD001	Direct Payments	78
FFX006	Cherish	27
FFX007	Outreach Service	199
FFX008	Aiming High for Disabled Children	859
FFX030	Preventive Payments-Learning Disabilitie	56
FLA001	Secure Accomodation	426

BHCC CYPT Pooled Budget Contribution 2009/10

	Cost centre	BHCC Pooled Budget 2009/10 £'000
FLF001	Link Plus	318
FLF002	Permanency Team	673
FLF003	Short Term Fostering Team	558
FLF004	Foster Care Admin	224
FLF005	Concurrency Team	204
FLF006	Family & Friends	217
FLF009	Intensive Placement Team	374
FLF010	Emergency Fostering	13
FLF011	Fostering & Adoption Payments-North	21
FLF012	Fostering & Adoption Payments - East	26
FLF013	Fostering & Adoption Payments - West	33
FLF014	Fostering & Adoption Payments - Hospital	8
FLF017	Foster Panel	15
FLF020	Agency Placements - Fostering	4,861
FLF025	In House Placements	5,224
FLR001	Agency Placements - Residential	5,123
FLR002	Tudor House	485
FLR003	Drove Road	1,067
FLR005	Agency Placements - Disabilities	1,046
FLX003	Portage Contract	16
FLX004	Transition Plan and Exclusions Co-ordin	8
FLX005	Disability Admin	114
FYX001	Restorative Justice	59
FYX002	YOT - Education Training & Employment	5
FYX004	YOT - Prevention	44
FYX006	YOT - Substance Misuse	36
FYX007	YOT - Volunteers	3
FYX008	Mentoring	10
FYY001	Youth Offending Team	866
MGT024	AD Specialist Services	304
Total Citywide Services		26,830
Commissioning & Governance		
FAX005	Youth Advocacy & Participation	325
FAX007	Teenage Pregnancy (LIF)	151
FAX008	Area Child Protection	128
FAX009	Child Death Review Process	34
FAX015	Quality Protects	127
FAX017	Young People Substance Misuse Partnerspt	101
FAX018	Common Assessment Framework	172
FAX021	CAMHS Modernisation	443
FAX024	ContactPoint	156
FAX051	Budget Holding Lead Professionals Grant	(1)
FCW008	Clermont CPU	355
FCW009	The Reviewing Team	475
Total Commissioning & Governance		2,465
Total BHCC contribution		84,232

SDH CYPT Pooled Budget Contribution 2009/10

Cost centre		SDH Pooled Budget 2009/10 £'000
Central		
321002	Preston Park HV	159
321006	Patcham HV	97
321007	City View HV	181
321008	Hollingdean HV	125
321009	Safeguarding Costs	262
321016	HV Central Mgmt	144
321102	School Nursing - Central	257
321302	SLT Children - Central	288
Total Central		1,513
East		
321005	Moulsecoombe HV	256
321011	Whitehawk HV	245
321012	Deans HV	166
321017	HV East Mgmt	144
321103	School Nursing - East	213
321303	SLT Children - East	163
Total East		1,187
West		
321013	Hove HV	330
321014	Hangleton HV	218
321015	Portslade HV	198
321018	HV West Mgmt	117
321104	School Nursing - West	223
321304	SLT Children - West	166
Total West		1,252
Citywide Services		
321201	Audiology	104
321202	Child Dev & Dis Adm & Mgt	324
321207	Child Dev & Disab OT	265
321208	Child Dev & Disab Nursing	224
n/a	Seaside View Physiotherapy	137
321305	SLT Child Complex Needs	355
321203	Mid Sussex Comm Paeds	376
321205	B&H Community Paeds	824
321401	Looked After Children	95
321402	Social Child Health	223
321204	School Health	59
321206	Child Records	160
321406	CYPT General Admin	83
321003	City Wide HV Services	161
321019	Breast Feeding	93
321101	School Nursing - General	124
321105	HPV Vaccination Programme	46
321301	SLT Children - Admin	0
321404	CYPT Healthcare Mgmt	309
321407	CYPT unallocated cost improvement	(123)
Total Citywide Services		3,839
Total SDH contribution		7,791

PCT CYPT Pooled Budget Contribution 2009/10

Cost centre		PCT Pooled Budget 2009/10 £'000
311680	Children's Services	1,477
311681	Children's Continuing Care	47
Total PCT Contribution		1,524

Subject:	Parents' Forum Annual Report and Presentation		
Date of Meeting:	20 July 2009		
Report of:	Director of Children's Services		
Contact Officer:	Name:	Tasha Barefield	Tel: 29-4391
	E-mail:	Tasha.barefield@brighton-hove.gov.uk	
Key Decision:	No	Forward Plan No. N/A	
Wards Affected:	All	All	

FOR GENERAL RELEASE/ EXEMPTIONS

1. SUMMARY AND POLICY CONTEXT:

- 1.1 The Brighton & Hove Parents' Forum has been working with parents and the Children & Young People's Trust since October 2005. It has produced a report detailing some of its activities, achievements and challenges over the last three years to inform parents and children's services professionals.
- 1.2 Priority 18 of the CYPP 2006-9 is: 'To involve parents & carers in decision-making and provide the whole family with high quality information to promote positive choices.' The development of a citywide Parents' Forum is one of the strategic actions to support this aim.
- 1.3 The Brighton & Hove Parent Support Strategy 2008-11 states in its aims to: 'Ensure that parents are and continue to be at the heart of design, delivery and review of services, providing parents with opportunities for a range of levels of involvement.' The Parents' Forum Annual Report provides some information about how it is attempting to achieve this aim.

2. RECOMMENDATIONS:

- 2.1 That the Parents' Forum Annual Report 06-08 (The story so far) and presentation from the Chair of the Parents' Forum be noted.

3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:

- 3.1 Report to the Board on 17 October 2005 agreeing the creation of a citywide Parents' Forum. The Parents' Forum has its own budget to manage and a part-time development co-ordinator to support the work of the Core Strategic Group (parent management committee) of the forum.
- 3.2 The Core Strategic Group of the Parents' Forum decided to publish an annual report documenting what they have achieved so far since the forum started. Their aim was to help parents and other professionals to find out more about the work of the Parents' Forum, as well as to try and encourage more future involvement

from these groups to ensure the success and sustainability of the forum. The Core Strategic Group are now working on their business plan for the next two years and will be reviewing their Terms of Reference as a result of the consultation stated below.

4. CONSULTATION

- 4.1 The Parents' Forum is currently undertaking an online (web based) consultation which will finish on 19 June 2009, inviting feedback from parents and professionals about the work of the forum. Some of the information gathered will be available in the Chair's presentation.
- 4.2 The Parents' Forum would welcome any feedback from the Board as a result of this report and presentation.

5. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

- 5.1 There are no financial implications directly arising from this report.

Finance Officer Consulted: David Ellis

Date: 17/06/2009

Legal Implications:

- 5.2 There are no legal implications arising from this report.

Layer Consulted: Sally Booth

Date: 07/07/2009

Equalities Implications:

- 5.3 This is an essential area to the work of the Parents' Forum and it is continuously looking at ways to ensure that it's reaching the diversity of families in the city.

Sustainability Implications:

- 5.4 The Parents' Forum is aware of the importance of its own sustainability and being effective in engaging with parents across the city.

Crime & Disorder Implications:

- 5.5 There are no crime and disorder implications.

Risk and Opportunity Management Implications:

- 5.6 There are no risk and opportunity implications.

Corporate / Citywide Implications:

- 5.7 To ensure future support of the Parents' Forum from the Children and Young People's Trust, which will allow the forum to continue its work.

6. EVALUATION OF ANY ALTERNATIVE OPTION(S):

- 6.1 No alternative applicable.

7. REASONS FOR REPORT RECOMMENDATIONS

- 7.1 To ensure that the Children and Young People's Trust Board is kept fully informed about the developments of the Parents' Forum and its accountability.

SUPPORTING DOCUMENTATION

Appendices:

1. The Parents' Forum Annual Report 06-08 (The story so far – printed document).

Documents In Members' Rooms

1. The Parents' Forum Annual Report 06-08 (The story so far).

Background Documents

1. Brighton & Hove Children and Young People's Plan 2006-09.
2. Brighton & Hove Parent Support Strategy 2008-11.

Subject:	Performance Improvement Report		
Date of Meeting:	20 July 2009		
Report of:	Director of Children's Services		
Contact Officer:	Name:	Paul Brewer	Tel: 29-4223
	E-mail:	Paul.brewer@brighton-hove.gov.uk	
Key Decision:	No	Forward Plan No. N/A	
Wards Affected:	All		

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

- 1.1 This report presents Performance Improvement Report (PIR) for the final quarter 2008/9.

2. RECOMMENDATIONS:

That the Board:

- 2.1 Notes the data and analysis in the PIR and agrees to the action being taken to improve performance.
- 2.2 Agrees to the inclusion of an additional indicator in future reports, 'The number of children with a child protection plan', in order to monitor the sharp increase in child protection activity.
- 2.3 Agrees that the indicator First Time Entrants to the Youth Justice System be removed as and exception report as performance was well above target during 2008/9.

3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:

- 3.1 The CYPT Board has previously agreed to receive a quarterly PIR. The purpose and content of the report is set out in an introductory section to the document (Appendix 1).
- 3.2 The information in the PIR flows from, and/or informs a range of other documents including the Local Area Agreement, the council's Corporate Plan, the Strategic Commissioning Plan for NHS Brighton and Hove and the Children and Young People's Plan.

4. CONSULTATION

- 4.1 The PIR has been produced in consultation with the lead officers responsible for those areas of service.

5. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

- 5.1 There are no additional financial implications arising from the recommendations in this report.

Finance Officer Consulted: Jeff Coates

Date: 07/07/2009

Legal Implications:

- 5.2 The report summarises performance improvement activity over the last financial year and asks the Board to note areas of concern. The proposed actions will enable the Trust to more effectively meet its statutory duties to children and young people.

Layer Consulted: Natasha Watson

Date: 07/07/2009

Equalities Implications:

- 5.3 This report addresses equalities issues reflecting the principles set out in the Children and Young People's Plan (CYPP) that determine the delivery and commissioning of services to improve outcomes for children and young people from diverse communities and groups, and for those who live in deprived geographical communities.

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 includes a report on First Time Entrants into the Youth Justice System and young people who are not in employment, education and training which includes young people supervised by the Youth Offending team

Risk and Opportunity Management Implications:

- 5.6 This report directly addresses issues of risk management.

Corporate / Citywide Implications:

- 5.7 Performance Improvement Reports are the basis for performance reporting to the council's TMT, to the PCT and for monitoring the Local Area Agreement and Sustainable Community Strategy. This report also informs performance report to the Local Safeguarding Children.

6. EVALUATION OF ANY ALTERNATIVE OPTION(S):

- 6.1 The alternative option would be not to review the performance of the CYPT Partnership at a strategic level. This is not recommended, as it would undermine the effectiveness of the CYPT's governance and partnership arrangements.

6.2 The content and presentation of the PIR is kept under constant review. Performance reports are presented by exception only. An alternative option would be to reduce the length of the PIR.

7. REASONS FOR REPORT RECOMMENDATIONS

7.1 The Children's Trust and the CYPTB have a responsibility to continuously look at ways to improve well being for children, young people and their families and rigorous, flexible performance review is part of that process.

SUPPORTING DOCUMENTATION

Appendices:

1. Performance Improvement Report 2008/9

Documents In Members' Rooms

1. None

Background Documents

1. None

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

Contents

Introduction

Achievements in 2008/9
Children and Young People's Plan 2009-2012
Comprehensive Area Assessment and judgement of children's services

Early Intervention and Prevention

Referrals of children per 10,000 population aged under 18
Common Assessment Framework
Parenting Programme

Performance Exception Reports

Obesity
Number of looked after children
Young people not in education, employment or training
Persistent Absence in Secondary School
Breastfeeding
Teenage Conceptions
First Time Entrants to the Youth Justice System

Service Management

Risk Management
Value for Money
Workforce
Equalities
Health and Safety

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:

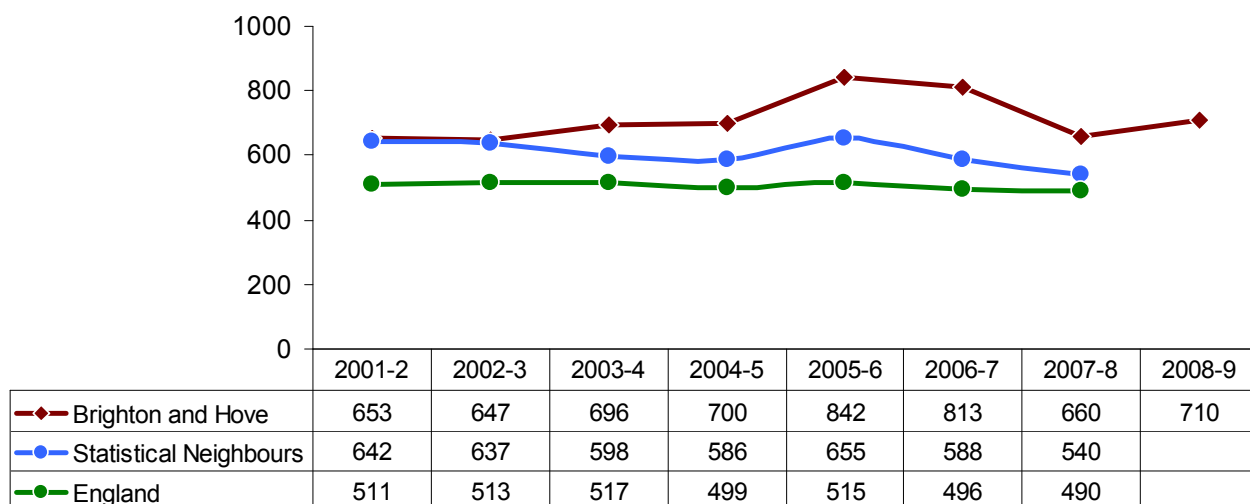
- the findings from regular and ongoing inspection and regulation of services, settings and institutions (the proportion of institutions judged good or better)

- 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 1st 2008 and March 31st 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 1st 2007 to March 31st 2008 to 291 for the period April 1st 2008 to March 31st 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 4th 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 20th 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 20th to June 9th.

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 1st 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

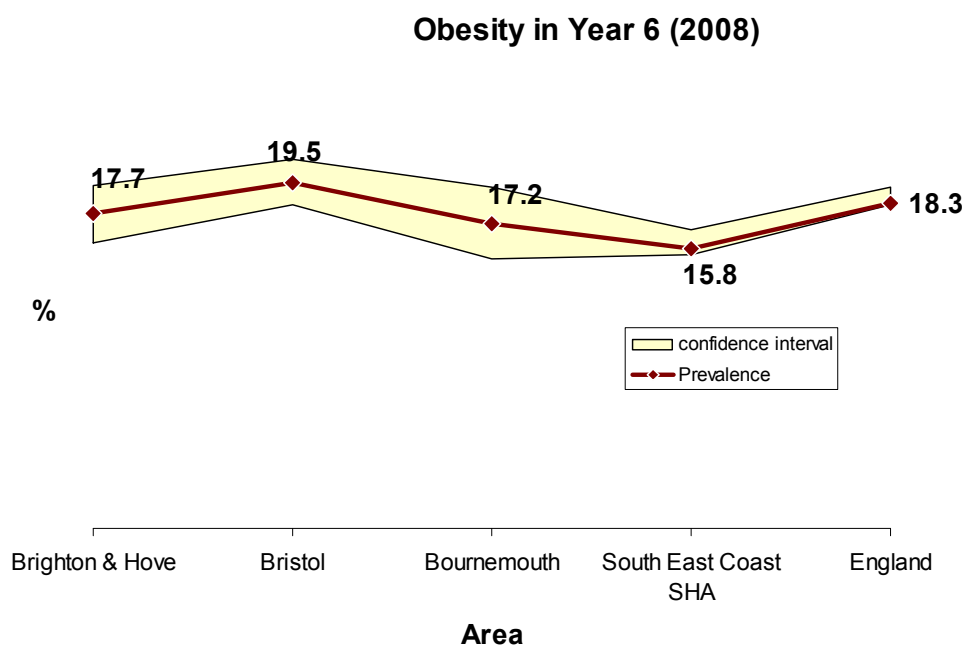
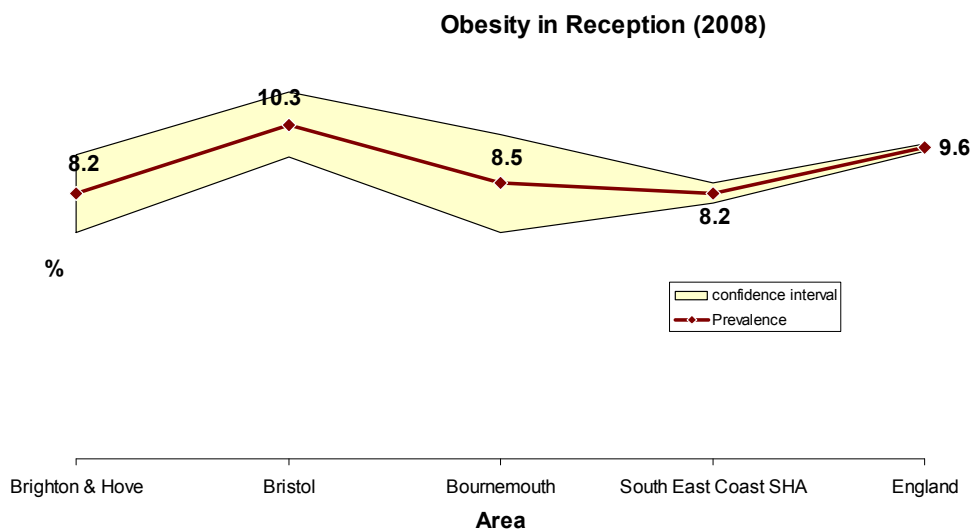
Obesity

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.

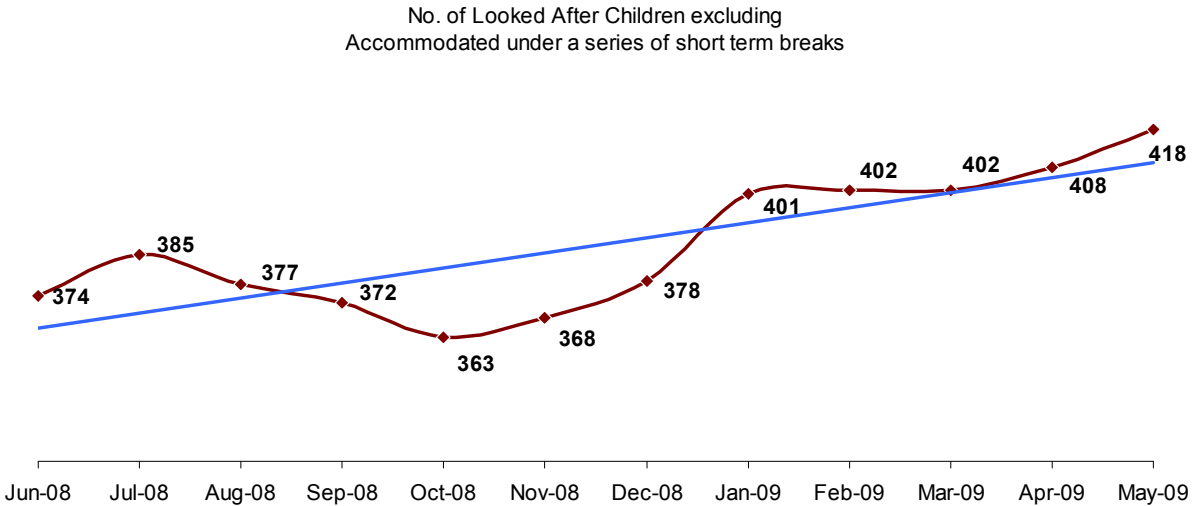
Performance Improvement Activity:

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 4th 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.

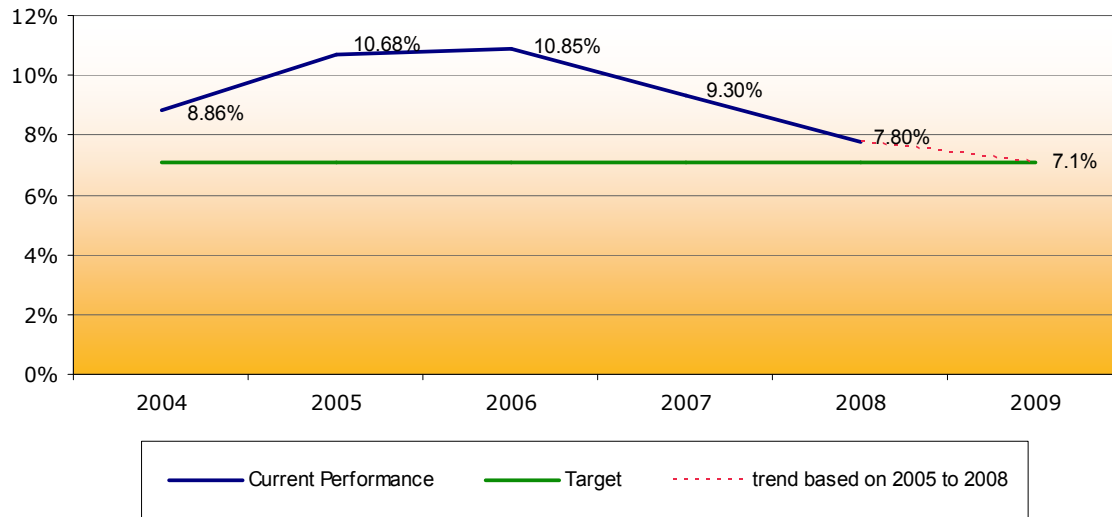
Performance Improvement Activity

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

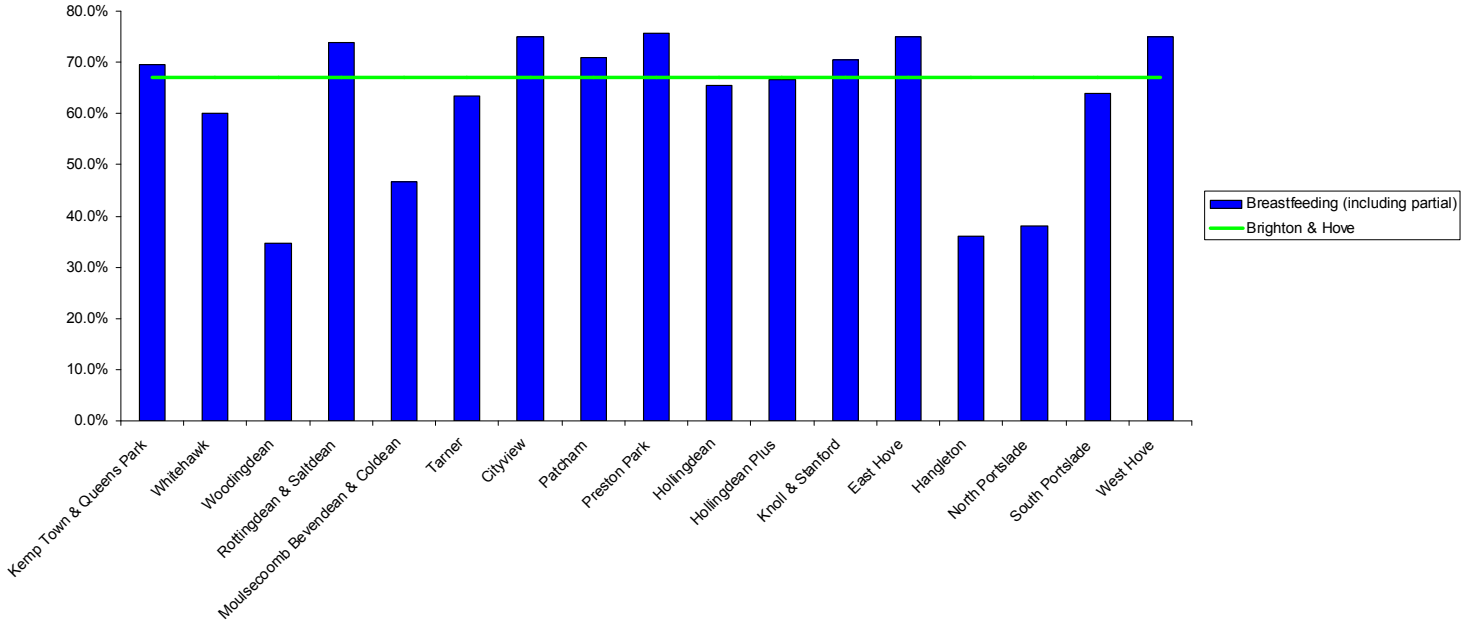
NI 53 The percentage of infants who are recorded as being breastfed at their 6-8 week health check

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.

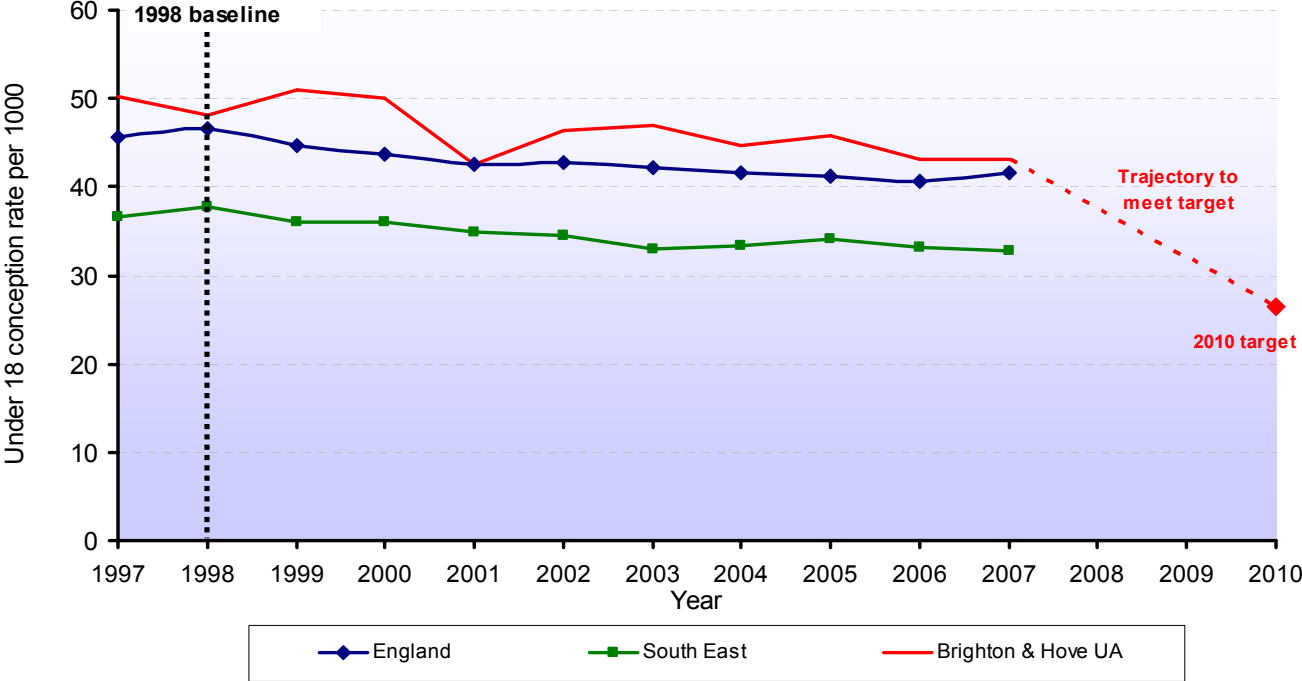
Performance Improvement activity:

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

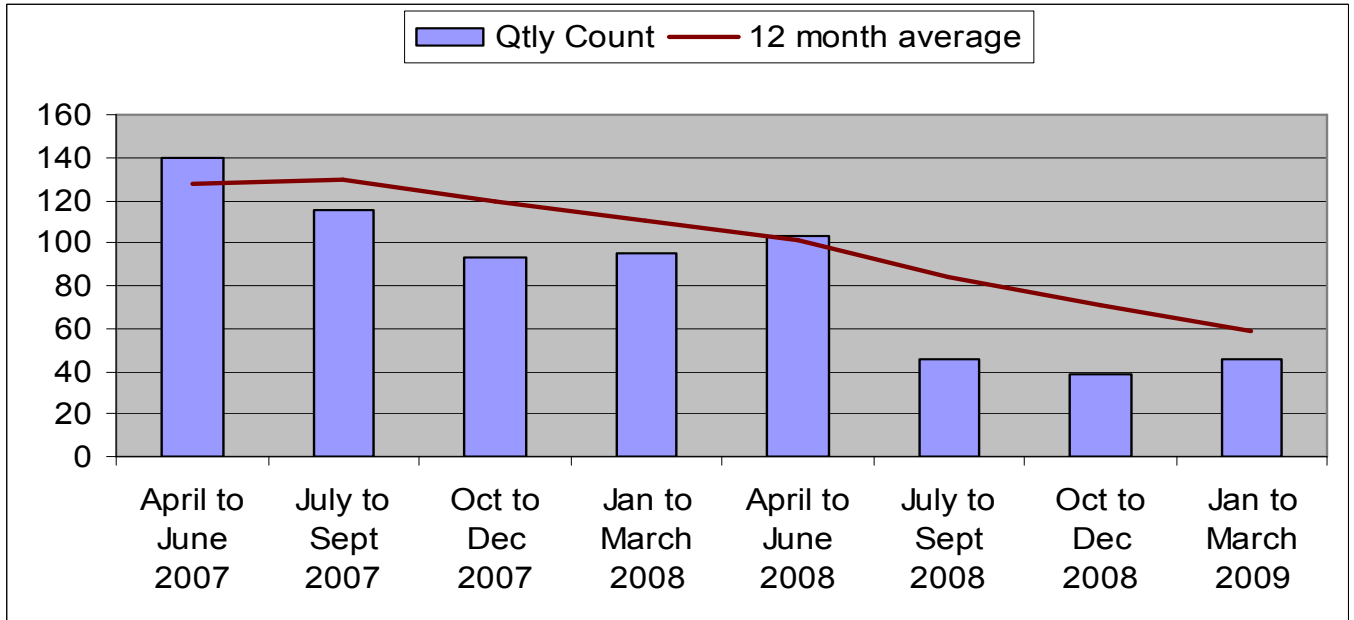
- Issues around recruitment of staff and cover for leave has caused periods of reduced Contraception and Sexual Health (CASH) services
- Numbers of young people accessing outreach CASH services declined while numbers accessing in-house services increased
- Official statistics on teenage conception rates 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 11th 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

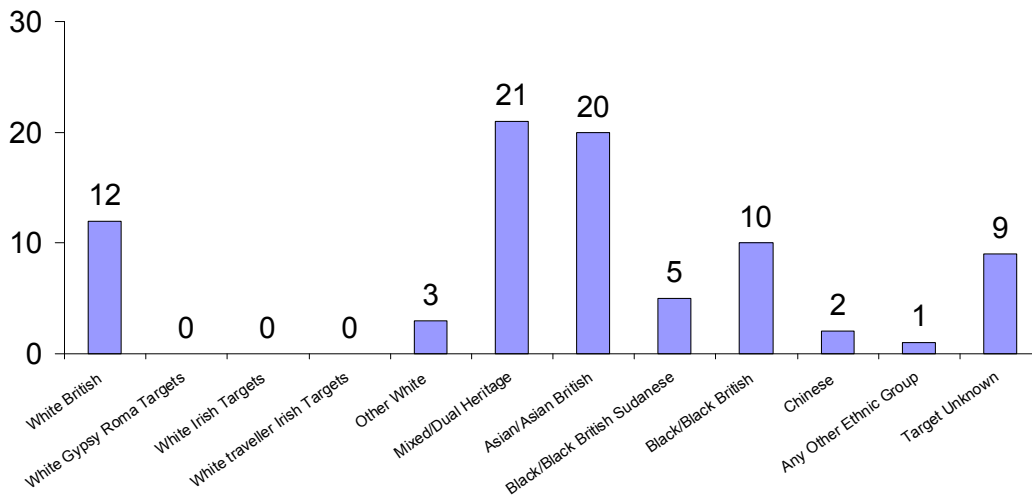
Staffing

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%	79%	55%	63%	67%

Primary:

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

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%	22%

Primary - been bullied this term:

2005	2006	2007	2008
33%	28%	27%	22%

Performance Improvement Activity:

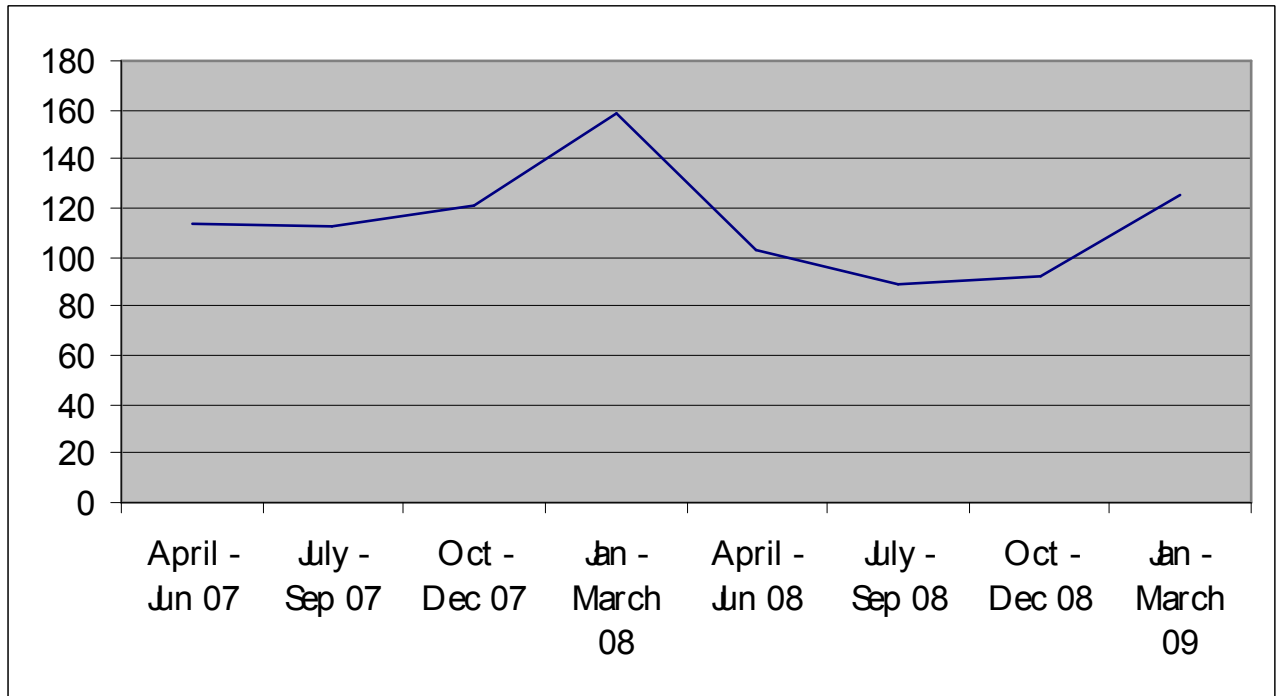
The 2008 results are very encouraging and show that focussed anti-bullying work and schools' broader implementation of the SEAL programme are having a continued positive impact on experiences of bullying. Measures to continue to prevent and address bullying over 2009-10 include:

- 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 3rd 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.

Subject:	Commissioning		
Date of Meeting:	20 July 2009		
Report of:	Director of Children's Services		
Contact Officer:	Name:	Steve Barton	Tel: 29-6105
	E-mail:	Steve.barton@brighton-hove.gov.uk	
Key Decision:	No	Forward Plan No. N/A	
Wards Affected:	All		

FOR GENERAL RELEASE/ EXEMPTIONS

1. SUMMARY AND POLICY CONTEXT:

- 1.1 This report summarises work by the Children and Young People's Trust (CYPT) and NHS Brighton and Hove to strengthen arrangements for commissioning services for children and young people and their families in Brighton and Hove.
- 1.2 The report outlines work with the new national Commissioning Support Programme sponsored jointly by the Department of Children, Schools and Families (DCSF) and Department of Health (DH) and asks the Board to participate in a short self-analysis exercise as part of initiating a wider change management programme.

2. RECOMMENDATIONS:

The Board is asked:

- 2.1 To endorse the change management programme outlined in this report.
- 2.2 To complete a self-analysis exercise as part of that change management programme (paragraph 3.6).

3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:

- 3.1 Arrangements for commissioning children's services vary widely across the country and the government has identified this as a priority for improvement in a number of recent policy documents including:
 - National Children Plan Review: 2008
 - Children's Trusts: statutory guidance on interagency cooperation: 2008
 - Healthy Lives Brighter Futures – a strategy for children and young people's health: 2009
 - Children and Young People's Plans Guidance: 2009

- 3.2 The Apprenticeships, Skills and Children's Bill currently before Parliament seeks to address fundamental questions about the nature and governance of Children's Trusts and is likely to affect future commissioning arrangements. More immediately the DCSF and DH have jointly sponsored a national Commissioning Support Programme (CSP) to provide a 'universal' package of support and training to all children's services and a 'bespoke' package tailored to the needs of each local area including 20 days no cost consultancy.
- 3.3 The Director of Children's Services and the Deputy Chief Executive of NHS Brighton and Hove have agreed 5 priority work streams for our bespoke change programme:
- Finance and the Section 75 agreement
 - Commissioning arrangements
 - Governance arrangements
 - Performance, impact and efficiencies
 - Safeguarding
- 3.4 A number of development activities have taken place in the first quarter of 2009/10 including scoping meetings in respect of finance and the section 75 agreement and a Commissioning Study Day when managers from the Children and Young People's Trust and NHS Brighton and Hove completed the Self Analysis Tool and began work on a Commissioning Framework for children's services.
- 3.5 The change programme has also informed the restructuring of the CYPT's leadership and management arrangements which includes creation of a new Strategic Commissioning and Governance Branch. A consultation paper to CYPT staff about the next stage of the re-organisation proposed a new Head of Commissioning post to lead a Strategic Commissioning Unit responsible for delivering a joint commissioning model developed by the CYPT and NHS Brighton and Hove i.e.
- *Strategic commissioning*: led by the Strategic Commissioning Unit including whole service commissioning across the CYPT, system level transformation through an improved commissioning framework including new procurement, governance and capacity building arrangements
 - *Operational or local commissioning*: will continue in the CYPT for services affecting specific groups and/or communities including early years, education and training and locality/school clusters
 - *Individual commissioning*: by lead professionals to deliver packages of support for individual children, young people or families
- 3.6 The change programme recognises the Board has a key role to play in shaping arrangements for commissioning services for children and young people. The Board is therefore asked to complete the Self-Analysis Tool (Appendix 2) and return it to Nara Miranda by Monday 3rd August. The results will be analysed alongside the same exercise completed by managers and a further report will be brought back to the next Board identifying key issues and priorities.

4. CONSULTATION

- 4.1 The issues addressed in this report have been subject to consultation with key partners and with managers within the CYPT

5. FINANCIAL & OTHER IMPLICATIONS: TO FOLLOW

Financial Implications:

- 5.1 There are no immediate financial implications of this report.

Finance Officer Consulted: Jeff Coates

Date: 03/07/2009

Legal Implications:

- 5.2 There are no immediate legal implications of this report.

Layer Consulted: Natasha Watson

Date: 07/07/2009

Equalities Implications:

- 5.3 The recommendations in the report are consistent with and support the equalities policies of partners' agencies.

Sustainability Implications:

- 5.4 There are no immediate sustainability implications of this report.

Crime & Disorder Implications:

- 5.5 There are no immediate crime and disorder implications of this report.

Risk and Opportunity Management Implications:

- 5.6 Strengthening arrangements for commissioning services for children and young people and their families demonstrates effective risk and opportunity management.

Corporate / Citywide Implications:

- 5.7 The recommendations in this report are consistent with similar work across the council's Adult Social Care Services and NHS Brighton and Hove.

6. EVALUATION OF ANY ALTERNATIVE OPTION(S):

- 6.1 Paragraphs 3.1 and 3.2 outline the reasons why there are no alternative options at this stage.

7. REASONS FOR REPORT RECOMMENDATIONS

- 7.1 The recommendations are a necessary next step in the development of the CYPT.

SUPPORTING DOCUMENTATION

Appendices:

Appendix 1- Commissioning Self-Analysis Tool – Guidance

Brighton and Hove has worked with the national Commissioning Support Programme since its inception and we are using the same draft self-analysis tool used by CYPT managers in April, rather than the final finished version, so that we collect and can analyse consistent local information. Electronic copies of the documents will be sent to you.

You are asked to complete the Self-Analysis Template (Appendix 2) – either electronically or on a hard copy and to return it to Nara Miranda (Nara.Miranda@Brighton-Hove.Gov.uk) by **Monday August 3rd**.

The template sets out 13 standards for commissioning services for children and young people. The standards are divided into 3 sections:

- Section A: Commissioning Governance and Framework
- Section B: Commissioning Activity
- Section C: Commissioning Capacity and Competence

Board Members are asked to:

- Score each of the 13 standards on a scale of 1-5 (see below)
- Add written comments in the 'summary of progress' section

Scoring:

- Score 1: We have no clear agreement about what is needed to move forward
- Score 2: We do agree what is needed, and have begun to move forward
- Score 3: We are making progress towards meeting the standard
- Score 4: We are making very good progress towards meeting the standard
- Score 5: The standard is fully achieved across the Children's Trust

Appendix 3 describes the standards in more detail by providing illustrations of the evidence you might see for each score and by asking a number of questions or prompts.

Appendix 2- Self Analysis Template: for completion

Appendix 3 - Self Analysis Tool: prompts and guidance for completion

Commissioning Support Programme

Children's Trust Commissioning Self-Analysis Tool

Pilot and Consultation Draft

February 2009

Section 1: Self Analysis Template

Standard	Score 1 - 5	Summary of progress, variations across the Children's Trust, and implications for strategic change
Section A. Commissioning Governance and Framework		
1. We are clear and agreed about the outcome priorities we need to deliver for children, young people and their families in our area.		
2. We have robust, up to date commissioning arrangements which deliver the priority outcomes we are trying to achieve for children and young people.		
3. We have the right governance and partnership arrangements to deliver our priority outcomes through commissioning.		
4. We have clear, agreed and effective arrangements which support joint commissioning.		

Standard	Score 1 - 5	Summary of progress, variations across the Children's Trust, and implications for strategic change
5. Partners and stakeholders, including service users, trust the approach we take to commissioning.		
Section B. Commissioning Activity		
6. We really understand the needs of children, young people and their families in our area.		
7. We influence the market effectively to improve outcomes for children, young people and their families.		
8. We successfully monitor the impact and manage the performance of services.		
9. Our commissioners work effectively together to secure improved services and outcomes.		

Standard	Score 1 - 5	Summary of progress, variations across the Children's Trust, and implications for strategic change
10. We successfully secure major service reconfiguration and change through commissioning.		
Section C. Commissioning Capacity and Competence		
11. Our leaders understand commissioning and work together to embed best commissioning practice across the Children's Trust.		
12. We have the right people with the right skills, knowledge and expertise to commission effectively.		
13. We have a culture of continuous learning and improvement involving all commissioners, providers and stakeholders.		

Section 2: Prompts and Guidelines for Completion

The sections below suggest some of the characteristics which you might consider when making your judgement about the extent to which you have fully achieved each of the 13 standards in the self-analysis. They are by no means definitive, and are offered only as a guide to how you might make your judgement, and what questions you might wish to consider when preparing your change plan.

Standard	Score 1 - We have no clear agreement about what is needed to move forward Score 2 - We do agree what is needed, and have begun to move forward	Score 3 - We are making progress towards meeting the standard Score 4 - We are making very good progress towards meeting the standard	Score 5 - The standard is fully achieved across the Children's Trust	Specific questions to consider further
Section A. Commissioning Governance and Framework				
1. We are clear and agreed about the outcome priorities we need to deliver for children, young people and their families in our area.	There is little or no agreement between partners across the Children's Trust about the outcome priorities for children, young people and families, or about the areas that it particularly needs to	There is agreement about the outcomes the Children's Trust particularly needs to focus on, but more work is needed to secure the evidence behind them, or to translate them into effective commissioning	The outcome priorities identified by the Children's Trust are based on good evidence. Outcome priorities and improvements are clearly defined, agreed by all members.	Does the Children's Trust need to be clearer or more rigorous in the Children and Young People's Plan (CYPP) about the outcomes that it is trying to achieve? Are there particular population groups (e.g. Looked After Children (LAC), 5-11 year

Standard	<p>Score 1 - We have no clear agreement about what is needed to move forward</p> <p>Score 2 - We do agree what is needed, and have begun to move forward</p>	<p>Score 3 - We are making progress towards meeting the standard</p> <p>Score 4 - We are making very good progress towards meeting the standard</p>	<p>Score 5 - The standard is fully achieved across the Children's Trust</p>	<p>Specific questions to consider further</p>
<p>1. We are clear and agreed about the outcome priorities we need to deliver for children, young people and their families in our area.</p>	<p>focus on.</p> <p>The Children and Young People's Plan has little influence over the planning priorities of partners.</p> <p>Partners have agreed that they need to improve practice in this area.</p>	<p>plans.</p> <p>The Children's Trust Board is clear about outcomes needed for some parts of the population, but not clear about others.</p> <p>There are only a limited number of plans for service improvement and redesign.</p>	<p>These priorities consistently drive commissioning and service development agendas for all partners.</p>	<p>olds, or a particular locality) which The Children's Trust needs to focus on in more detail? Can you show how commissioning has improved outcomes for these groups or localities?</p> <p>Is the CYPP compliant with recent national guidance?</p>

Standard	<p>Score 1 - We have no clear agreement about what is needed to move forward</p> <p>Score 2 - We do agree what is needed, and have begun to move forward</p>	<p>Score 3 - We are making progress towards meeting the standard</p> <p>Score 4 - We are making very good progress towards meeting the standard</p>	<p>Score 5 - The standard is fully achieved across the Children's Trust</p>	<p>Specific questions to consider further</p>
<p>2. We have robust, up to date commissioning arrangements which deliver the priority outcomes we are trying to achieve for children and young people.</p>	<p>There is no agreed framework across the Children's Trust describing how outcome priorities in the CYPP are translated into commissioning plans. The CYPP does not show how services are going to be commissioned to improve outcomes. Commissioning plans do not focus on the Children's Trust's outcome priorities or bring together the activities of a range of partners or stakeholders.</p>	<p>Work has been done to agree a framework, but more is required to ensure that all partners implement the framework in practice. There are a range of commissioning plans in place which address its' outcome priorities, but more work is needed to ensure that these plans are co-ordinated and effectively managed.</p>	<p>The Children's Trust has agreed a commissioning framework supported by all partners that clearly identifies how outcome priorities in the CYPP are translated into commissioning plans. Commissioning arrangements are rigorous and effective at individual, community, locality and regional levels. Commissioning plans are clear and rigorous, and consistently secure changes in services which enable he</p>	<p>Does the Children's Trust need to agree its approach in a framework which covers, for example, common definitions, principles, governance arrangements, management systems, timetables and templates for commissioning?</p> <p>Does the Children's Trust need to develop a new or revised commissioning framework which meets DH and DCSF requirements and is clear about the commissioning arrangements at different levels?</p> <p>Does the Children's Trust need to be clearer about what it expects to see in any</p>

Standard	<p>Score 1 - We have no clear agreement about what is needed to move forward</p> <p>Score 2 - We do agree what is needed, and have begun to move forward</p>	<p>Score 3 - We are making progress towards meeting the standard</p> <p>Score 4 - We are making very good progress towards meeting the standard</p>	<p>Score 5 - The standard is fully achieved across the Children's Trust</p>	<p>Specific questions to consider further</p>
<p>2. We have robust, up to date commissioning arrangements which deliver the priority outcomes we are trying to achieve for children and young people.</p>	<p>Partners have agreed that they need to improve practice in this area.</p>		<p>Children's Trust to deliver its outcome priorities.</p>	<p>commissioning plan for a particular group of children – for example needs and resource analysis, change and service reconfiguration priorities and implementation plans?</p> <p>Are there particular areas where commissioning plans need to be developed or strengthened to deliver effective change in services (e.g. schools, health services, housing)?</p> <p>Do commissioning plans need to be improved to focus more on delivering evidence-based outcomes?</p> <p>Do commissioners need to target resources more effectively on areas of need,</p>

Standard	<p>Score 1 - We have no clear agreement about what is needed to move forward</p> <p>Score 2 - We do agree what is needed, and have begun to move forward</p>	<p>Score 3 - We are making progress towards meeting the standard</p> <p>Score 4 - We are making very good progress towards meeting the standard</p>	<p>Score 5 - The standard is fully achieved across the Children's Trust</p>	<p>Specific questions to consider further</p>
<p>2. We have robust, up to date commissioning arrangements which deliver the priority outcomes we are trying to achieve for children and young people.</p>				<p>better early intervention, prevention or care pathways? Does the Children's Trust need to improve locality or community commissioning arrangements and involve schools and primary health services more effectively?</p>

Standard	Score 1 - We have no clear agreement about what is needed to move forward Score 2 - We do agree what is needed, and have begun to move forward	Score 3 - We are making progress towards meeting the standard Score 4 - We are making very good progress towards meeting the standard	Score 5 - The standard is fully achieved across the Children's Trust	Specific questions to consider further
<p>3. We have the right governance and partnership arrangements to deliver our priority outcomes through commissioning.</p>	<p>There are no governance or partnership arrangements in place that define the role and accountabilities of partners on the Children's Trust Board and establish the Children's Trust as part of a clear reporting structure to the Local Strategic Partnership (LSP).</p> <p>Partners are not clear about their governance responsibilities.</p> <p>The Children's Trust has identified that work</p>	<p>There are clear and legal governance arrangements in place but these are not understood or supported by all stakeholders.</p> <p>There are clear governance arrangements in some areas but not in others.</p> <p>Governance arrangements are in place, but they do not ensure good integration with other relevant services or themes in the LSP (e.g. transition to adult services, housing, economic</p>	<p>There are clear and legal governance arrangements in place that are supported by all stakeholders.</p> <p>The arrangements form part of a clearly understood reporting structure to the Local Strategic Partnership.</p> <p>The arrangements promote a culture of evidence-based commissioning which consistently delivers effective service improvement and change.</p>	<p>Has the Children's Trust used the Audit Commission framework to inform the development of its governance arrangements, especially in relation to commissioning?</p> <p>Are there particular groups of stakeholders, such as schools or primary health providers who need to understand or support the governance arrangements better?</p> <p>Does the Children's Trust need to have clearer systems of delegation?</p> <p>Does the LSP need to consider how to strengthen links between the Children's</p>

Standard	Score 1 - We have no clear agreement about what is needed to move forward Score 2 - We do agree what is needed, and have begun to move forward	Score 3 - We are making progress towards meeting the standard Score 4 - We are making very good progress towards meeting the standard	Score 5 - The standard is fully achieved across the Children's Trust	Specific questions to consider further
3. We have the right governance and partnership arrangements to deliver our priority outcomes through commissioning.	needs to be done in this area but has yet to secure change.	regeneration, crime and disorder).		Trust and other bodies in the area? Do decisions need to be more focused on outcomes?

Standard	Score 1 - We have no clear agreement about what is needed to move forward Score 2 - We do agree what is needed, and have begun to move forward	Score 3 - We are making progress towards meeting the standard Score 4 - We are making very good progress towards meeting the standard	Score 5 - The standard is fully achieved across the Children's Trust	Specific questions to consider further
<p>4. We have clear, agreed and effective arrangements which support joint commissioning.</p>	<p>The Children's Trust has not reviewed the way key partners in the Children's Trust might work better together and increase capacity to achieve improved outcomes through joint commissioning.</p> <p>Partners have agreed that they need to improve practice in this area but progress is yet to be made.</p>	<p>The Children's Trust has considered the way key partners might work together to achieve improved outcomes through joint commissioning, but more work is required to bring about improvement.</p> <p>Appropriate joint commissioning arrangements have been developed for some areas of children's services.</p>	<p>The Children's Trust has agreed the way key partners work together to achieve improved outcomes through joint commissioning.</p> <p>Commissioning arrangements and structures are in place to achieve this.</p> <p>There is evidence of consistently securing successful service improvement through effective joint commissioning.</p>	<p>Does the Children's Trust need to review its options for joint commissioning?</p> <p>Does the Children's Trust need to consider legal options to support pooling of resources?</p> <p>Do the terms of reference of other groups and bodies (e.g. local partnerships, LSCB, area boards or equivalent; service specific, age related or locality-based commissioning groups; service user groups) need to be revised to reflect the Children's Trust's approach to commissioning?</p>

Standard	<p>Score 1 - We have no clear agreement about what is needed to move forward</p> <p>Score 2 - We do agree what is needed, and have begun to move forward</p>	<p>Score 3 - We are making progress towards meeting the standard</p> <p>Score 4 - We are making very good progress towards meeting the standard</p>	<p>Score 5 - The standard is fully achieved across the Children's Trust</p>	<p>Specific questions to consider further</p>
<p>5. Partners and stakeholders, including service users, trust the approach we take to commissioning.</p>	<p>The Children's Trust's approach to commissioning is not sufficiently clear or robust to share with partners and stakeholders.</p> <p>Partners and stakeholders have had very little opportunity to understand the approach to commissioning taken by the Children's Trust and agencies within the Children's Trust (e.g. World Class Commissioning, and other bespoke</p>	<p>The Children's Trust's approach to commissioning has been described, but there is more to do to make it understandable to all partners and stakeholders.</p> <p>Some activities have been undertaken to explore the approach to commissioning with partners and stakeholders, but there is more to do to make this systematic and comprehensive.</p>	<p>The Children's Trust has a clear and understood approach to commissioning which has been shared with all partners and stakeholders.</p> <p>Partners and stakeholders are clear about the role that they play in supporting effective commissioning.</p> <p>There is evidence of consistent effective engagement by partners and stakeholders in commissioning.</p>	<p>Does the Children's Trust need to summarise its commissioning arrangements in a way that is accessible to all stakeholders?</p> <p>Has the Children's Trust agreed arrangements for engaging with stakeholders that apply to all service areas consistently?</p> <p>Does the Children's Trust need to provide more opportunities for different partners and stakeholders to engage with commissioning?</p>

Standard	<p>Score 1 - We have no clear agreement about what is needed to move forward</p> <p>Score 2 - We do agree what is needed, and have begun to move forward</p>	<p>Score 3 - We are making progress towards meeting the standard</p> <p>Score 4 - We are making very good progress towards meeting the standard</p>	<p>Score 5 - The standard is fully achieved across the Children's Trust</p>	<p>Specific questions to consider further</p>
<p>5. Partners and stakeholders, including service users, trust the approach we take to commissioning.</p>	<p>approaches) Partners have agreed that they need to improve practice in this area.</p>			

Standard	<p>Score 1 - We have no clear agreement about what is needed to move forward</p> <p>Score 2 - We do agree what is needed, and have begun to move forward</p>	<p>Score 3 - We are making progress towards meeting the standard</p> <p>Score 4 - We are making very good progress towards meeting the standard</p>	<p>Score 5 - The standard is fully achieved across the Children's Trust</p>	<p>Specific questions to consider further</p>
Section B. Commissioning Activity				
<p>6. We really understand the needs of children, young people and their families in our area.</p>	<p>Information about population need is collected and analysed on an ad hoc basis by different partners operating independently. Information about population need is not detailed enough or of good enough quality to inform commissioning decisions.</p> <p>Partners have agreed that they need to improve practice in this area.</p>	<p>Partners work together to collect and analyse information about population need, but more work is required to make this systematic.</p> <p>Information about population needs varies in detail and quality between different populations. For some key populations more work is required to improve information quality.</p>	<p>The Children's Trust has effective arrangements in place to analyse population needs to inform its planning and commissioning.</p> <p>The Children's Trust ensures that population needs information is regularly reviewed and used to support organisational learning and commissioning decisions.</p> <p>There is evidence that evidence-based needs analysis consistently</p>	<p>Does the Children's Trust need to improve the extent to which the Joint Strategic Needs Assessment informs children's commissioning plans?</p> <p>Does the Children's Trust need to improve the needs information generated by common assessment processes?</p> <p>Do staff from different agencies need to work more effectively in sharing and using information about needs?</p> <p>Do they need to improve the</p>

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<p>6. We really understand the needs of children, young people and their families in our area.</p>			<p>drives service redesign and change.</p>	<p>range of sources and methods (e.g. ONS population data, prevalence and incidence rates, local surveys, user feedback, the Common Assessment Framework (CAF), etc)</p> <p>Do they need to improve the ways that the views of children, young people and families are taken into account in defining needs? Are young people helping to decide what should be commissioned?</p> <p>Do partners need to have more effective data sharing agreements in place, and ensure that this data is turned into intelligence to help commissioning and other decisions in the system at a</p>

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<p>6. We really understand the needs of children, young people and their families in our area.</p>				<p>variety of levels, such as Children's Trust Board, strategic commissioning, operational commissioning, individual commissioning, providers, practitioners, children, young people, families and the community?</p>

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<p>7. We influence the market effectively to improve outcomes for children, young people and their families.</p>	<p>Information about local, regional and national service providers and resources is collected on an ad hoc basis by separate partners operating independently. Information about service providers is not detailed enough or of good enough quality to inform commissioning plans. Resource and budget allocations are not clear between partner agencies. There is no active shaping of the market.</p>	<p>Partners work together to collect and analyse information about markets and resources, but more work is required to make this systematic. Information about markets and resources varies in detail and quality between different populations. For some key populations more work is required. Some services are beginning to be redesigned or decommissioned.</p>	<p>The Children's Trust has effective systematic arrangements to enable it to collect and analyse information about markets and resources for all age groups, geographical areas and population groups. The Children's Trust ensures market and resources information is regularly reviewed and used to support commissioning decisions. There is evidence that service redesign and change is consistently</p>	<p>Are there information gaps which need to be addressed about markets and resources in the public, private or third sectors?</p> <p>Is the Children's Trust's market intelligence strong enough to inform commissioning decisions? Are the methods used effective?</p> <p>Does the Children's Trust know the cost and value of services being commissioned, including those provided in-house?</p> <p>Do relationships with providers and potential providers need to be managed more effectively and</p>

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<p>7. We influence the market effectively to improve outcomes for children, young people and their families.</p>	<p>Partners have agreed that they need to improve practice in this area.</p>		<p>informed by high quality market intelligence and resources information.</p>	<p>systematically especially to improve communications?</p> <p>Are procurement and contracting arrangements legal and effective enough in securing services to meet the needs of children, young people and their families?</p> <p>Do commissioners need to get better value from resources – are services configured effectively, are resources pooled and aligned where appropriate, is the workforce as efficient as possible for each service area, is the market efficient and sustainable?</p> <p>Is resource maximisation routinely addressed in commissioning plans?</p>

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<p>7. We influence the market effectively to improve outcomes for children, young people and their families.</p>				<p>Are improvements needed in the use of procurement to deliver service change, for example spot purchasing, framework agreements, e-auction, category management, grants, outcomes based contracts, competition, individual budgets, practice based commissioning, choice, co-production, relationships, etc.</p> <p>Do commissioners use a sufficiently wide range of procurement mechanisms to achieve outcomes in the most efficient, effective and sustainable way?</p>

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<p>8. We successfully monitor the impact and manage the performance of services.</p>	<p>Information about the performance and impact of services is collected on an ad hoc basis by separate partners operating independently. The information is not collated.</p> <p>Information about performance and impact of services is not detailed enough or of good enough quality to inform commissioning plans.</p> <p>Resources and budget allocations are not clear between partner agencies.</p>	<p>Partners work together to collect and analyse information about the performance and the impact of some services, but more work is required to make this systematic.</p> <p>Information about performance and impact varies in detail and quality between services and sectors. For some key services or sectors more work is required.</p> <p>Resource and budget allocations by partners are clear, but the Children's Trust does not agree the allocation</p>	<p>The Children's Trust has effective and systematic arrangements to analyse the performance and impact of all services.</p> <p>The Children's Trust ensures that information about the performance and impact of services is regularly reviewed and used to inform commissioning decisions.</p> <p>There is agreement across the Children's Trust about allocation of budgets between partner agencies, and spend and effectiveness is</p>	<p>Are there particular sectors (public, private or 3rd sector) or services or aspects of delivery (e.g. workforce and capacity) for which performance and impact information is most urgently needed?</p> <p>Are changes needed in information management to ensure that there are consistent arrangements for monitoring performance and impact across the Children's Trust?</p> <p>Are changes needed in procurement or internal service planning to ensure that services can be monitored for their impact on</p>

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<p>8. We successfully monitor the impact and manage the performance of services.</p>	<p>There is no agreed system of performance management for the Children's Trust as a whole.</p> <p>Partners have agreed that they need to improve practice in this area.</p>	<p>of these budgets or monitor their effectiveness.</p> <p>The Children's Trust has a performance management system, but this is incomplete or only partially effective.</p>	<p>monitored effectively.</p> <p>The Children's Trust systematically holds providers to account for the impact and effectiveness of services</p> <p>The Children's Trust can show evidence of consistent improvements in the impact and effectiveness of services.</p>	<p>outcomes for children, young people and their families?</p> <p>Are changes needed in the allocation and monitoring of all budgets and resources spent on children and young people's services in the area?</p> <p>Does the Children's Trust need to set targets for, and monitor improvements in value for money?</p> <p>Do service providers need to supply better reports of performance to commissioners which are focused on outcomes, service effectiveness, quality and efficiency?</p> <p>Do providers need to be better at taking corrective action, or changing practice when</p>

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<p>8. We successfully monitor the impact and manage the performance of services.</p>				<p>performance reports indicate that this is needed?</p>

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<p>9. Our commissioners work effectively together to secure improved services and outcomes.</p>	<p>There is no clear responsibility for managing commissioning and the Children's Trust cannot assure the quality of this work.</p> <p>There are not sufficient management resources to ensure that commissioning activities are effectively managed. Partners have agreed that they need to improve practice in this area.</p>	<p>Responsibility for managing commissioning activity has been clarified by the Children's Trust, but more work is needed to ensure that this is understood by all partners and stakeholders.</p> <p>Management resources and systems are in place, but need to be strengthened to ensure that commissioning activity is managed effectively.</p>	<p>There are good arrangements in place to manage commissioning activity between partners across the Children's Trust.</p> <p>Partners, stakeholders and officers at all levels understand and support the management arrangements and work to ensure that they are effective.</p> <p>Commissioners across the Children's Trust consistently work well together and secure improvements in services.</p>	<p>Does the Children's Trust need to publish an annual work plan for commissioning activities?</p> <p>Does the Children's Trust need to strengthen commissioning management arrangements? How should it ensure that commissioning meets all world class commissioning standards?</p> <p>Are the Director of Children's Services clear that they are the lead commissioner for the whole system?</p> <p>Does the Children's Trust need to appoint joint management posts to lead commissioning?</p>

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<p>9. Our commissioners work effectively together to secure improved services and outcomes.</p>				<p>Do commissioners need greater power to require changes to internal and external services where there is clear evidence that this will deliver better outcomes?</p> <p>Do commissioners need a better understanding of the whole children's services system?</p>

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<p>10. We successfully secure major service reconfiguration and change through commissioning.</p>	<p>There is no agreement in the Children's Trust about the need for major service reconfiguration or change or how to do it.</p> <p>Commissioning is not used by the Children's Trust to identify major change priorities or to drive service reconfiguration.</p> <p>Attempts to introduce major service reconfiguration (including behavioural change) through commissioning have had little or no impact.</p>	<p>The Children's Trust is clear and agreed about the major areas requiring service reconfiguration or change, but it has not yet had sufficient success in delivering that change.</p> <p>Commissioning-led approaches to driving service reconfiguration or change have been successful in some specific areas, but have not yet driven change in all priority areas for the Children's Trust.</p>	<p>The Children's Trust has adopted a commissioning-led approach to all major service reconfiguration and change issues.</p> <p>Partners and stakeholders understand that the Children's Trust has a commissioning-led approach to service reconfiguration and change, and are clear about how they can be engaged.</p> <p>The Children's Trust has a consistent track record of securing successful major changes in</p>	<p>Does the Children's Trust have sufficient capacity, skills or knowledge to ensure that major service reconfiguration and change can be scoped, specified and implemented?</p> <p>Does the Children's Trust have a clear and systematic approach to managing major change and service transformation?</p> <p>Does the Children's Trust have sufficient evidence of improvement in areas such as behavioural and cultural change, service integration and services redesigned around children, young people and families?</p>

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<p>10. We successfully secure major service reconfiguration and change through commissioning.</p>	<p>Partners have agreed that they need to improve practice in this area.</p>		<p>services through commissioning.</p>	<p>Does the Children's Trust need to help partners and stakeholders to better understand its approach to service reconfiguration and change?</p>

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Section C. Commissioning Capacity and Competence				
<p>11. Our leaders understand commissioning and work together to embed best commissioning practice across the Children's Trust.</p>	<p>Leaders in the Children's Trust have had very little opportunity to reach a common understanding of commissioning and how they can use it to drive major service change.</p> <p>Leaders in the Children's Trust disagree about how commissioning should be used to drive major service change.</p> <p>Leaders have agreed that they need to make improvements in this area.</p>	<p>Leaders in the Children's Trust have had the opportunity to develop a common understanding of commissioning but more work is needed to ensure they are confident about a common perspective.</p> <p>Leaders in the Children's Trust agree about how commissioning should be used to drive major service change, but have not communicated this to other partners and stakeholders.</p>	<p>Leaders in the Children's Trust have a common and agreed understanding of the role of commissioning in bringing about major service change.</p> <p>They systematically and effectively communicate this understanding to partners, stakeholders and new leaders.</p>	<p>Are there particular leaders (e.g. councillors, professionals, providers) who need an opportunity to explore the Children's Trust's approach to commissioning and its implications?</p> <p>Does the Director of Children's Services need to adjust their role to operate as the lead strategic commissioner across the Children's Trust?</p> <p>Does the Trust Board need to provide more effective leadership to the strategic commissioning process?</p>

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<p>12. We have the right people with the right skills, knowledge and expertise to commission effectively.</p>	<p>The Children's Trust is not clear about who undertakes commissioning activities, or what their skills, knowledge and expertise are.</p> <p>The Children's Trust is not clear about what skills, knowledge or expertise are required to commission effectively.</p> <p>Partners have agreed that they need to improve arrangements in this area.</p>	<p>The Children's Trust is clear about the skills, knowledge and expertise needed, and the current capacity, but more work is needed to address gaps.</p> <p>Skills, knowledge or expertise is needed to support some particular commissioning activities or populations.</p> <p>Skills, knowledge and expertise are not shared across partner agencies in the Children's Trust.</p>	<p>The Children's Trust understands the commissioning skills, knowledge and expertise it needs, what is currently available, and has a clear plan of how it will address gaps.</p> <p>Commissioning skills, knowledge and expertise are shared between partners across the Children's Trust.</p>	<p>Does the Children's Trust need to specify the skills required for commissioning with reference to, for example, national occupational standards?</p> <p>Does the Children's Trust need to arrange a commissioning skills, knowledge and expertise audit?</p> <p>Does the Children's Trust need to increase investment in commissioning skills and competencies?</p>

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<p>13. We have a culture of continuous learning and improvement involving all commissioners, providers and stakeholders.</p>	<p>Partners and stakeholders do not understand how commissioning will be used by the Trust to deliver improved outcomes through service change.</p> <p>Partners and stakeholders do not believe that commissioning will contribute to better outcomes for children and young people.</p> <p>Partners have agreed that they need to improve practice in this area.</p>	<p>Partners and stakeholders have had some opportunity to understand and explore commissioning, but more work needs to be done.</p> <p>There is an understanding of the potential of commissioning to help secure better outcomes for children, young people and their families.</p>	<p>The Children's Trust is systematic about ensuring that partners and stakeholders understand its approach to commissioning and are clear about how they can contribute.</p> <p>Partners and stakeholders support the Children's Trust's approach, and offer constructive feedback and propose improvements and learning.</p>	<p>Has the Children's Trust introduced a programme of induction and training for key partners and stakeholders on how they can work to develop an effective commissioning system to improve outcomes?</p>

Subject:	Code of Practice for Information Sharing – Brighton and Hove Children and Young People's Trust		
Date of Meeting:	20 July 2009		
Report of:	Director Of Children's Services		
Contact Officer:	Name:	Steve Barton	Tel: 296105
	E-mail:	steve.barton@brighton-hove.gov.uk	
Key Decision:	No	Forward Plan No. N/A	
Wards Affected:	All		

FOR GENERAL RELEASE/ EXEMPTIONS

1. SUMMARY AND POLICY CONTEXT:

- 1.1 Government and the Information Commissioner's Office require Children's Trusts to produce a Code of Practice outlining expectations and duties for staff and managers about Information Sharing practices.
- 1.2 The Comprehensive Area Assessment (CAA) will expect the Children and Young People's Trust (CYPT) to have a Code of Practice for Information Sharing.

2. RECOMMENDATIONS:

The Board is asked:

- 2.1 To agree to adopt the Code of Practice for the CYPT.
- 2.2 To ask the Director of Children's Services to ensure services produce more detailed guidance and develop systems to meet legal requirements (eg: provision of lockable storage), as required.

3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:

- 3.1 Brighton and Hove CYPT started work on Information Sharing Protocols shortly after its inception. Staff changes and the changing requirements of HM Government and the Information Commissioners Office delayed completion. It is a priority to complete this work.
- 3.2 The Agreement of the Code of Practice will form an essential part of the CYPT's governance and assurance systems.
- 3.3 Once approved by the Board, the Code of Practice, and an accompanying suite of public information leaflets, letters and guidance for staff and partners will be launched as part of an integrated communication and training programme.

4. CONSULTATION

- 4.1 The CYPT has consulted with the Information Commissioner's Office and the Department of Children Schools and Families who approved the approach we have taken in the Code.
- 4.2 Within the CYPT we have consulted with the members of the Common Assessment Framework Implementation Board, who represent all operational parts of the CYPT; with South Downs Health; with Brighton and Hove City Council Legal Services; with Paul O'Neill, the Brighton and Hove City Council ICT Partnership Manager.

5. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

- 5.1 There are no financial implications directly arising from this report.

Finance Officer Consulted: David Ellis

Date: 07/07/2009

Legal Implications:

- 5.2 The legal implications of this report are set out in the Code of Practice. The council's legal section has directly contributed to the Code of Practice.

Layer Consulted : Natasha Watson

Date: 07/07/2009

Equalities Implications:

- 5.3 A formal Equalities Impact Assessment has not been carried out. The Code of Practice and accompanying documents have been constructed specifically to ensure equality in the management of information by the Children and Young People's Trust. The accessibility of the content in the documents to those service users who are unable to comprehend written English is assured by following the established publication practices used by the Children and Young People's Trust and Brighton and Hove City Council

Sustainability Implications:

- 5.4 There are no sustainability implications.

Crime & Disorder Implications:

- 5.5 Ensuring proper management of personal information will reduce the potential for personal information to end up in the wrong hands.

Risk and Opportunity Management Implications:

- 5.6 For the Children and Young Peoples Trust to improve the quality and efficiency of services to children and families in Brighton and Hove, we need to be able to share personal information in a timely, respectful and efficient way, observing clinical and professional guidelines, and with full attention to the Data Protection Act. Adopting the Code of Practice will give a professional framework to enable this.

To meet the recommendations of Lord Laming's report, The Protection of Children in England, the Children and Young People's Trust needs to ensure that we have an efficient framework to promote the appropriate sharing of information and thus the protection of vulnerable children.

Corporate / Citywide Implications:

- 5.7 The Code of Practice will improve value for money by reducing the loss of service time to individual service package negotiations about what information can and cannot be shared by professionals. Observing the Code of Practice will also minimise potential for inappropriate sharing and therefore potentially costly litigation arising out of it.

6. EVALUATION OF ANY ALTERNATIVE OPTION(S):

- 6.1 There are no alternative options

7. REASONS FOR REPORT RECOMMENDATIONS

- 7.1 Adopting the Code of Practice will strengthen the foundations of the partnership between the Brighton and Hove City Council services and the South Downs Health services and enable more effective integrated working practices

SUPPORTING DOCUMENTATION

Appendices:

1. The Code of Practice for Information Sharing; Brighton and Hove Children and Young People's Trust
2. Copy for service user leaflet, "Information Sharing in Brighton and Hove Children and Young People's Trust: what you need to know"
3. Copy for staff leaflet, "Information Sharing: A good practice guide for CYPT employed staff and managers, school staff, and services commissioned to provide services for the CYPT"

Documents In Members' Rooms

1. None

Background Documents

1. None

CYPT Board

**Code of practice
for Information Sharing**

**Brighton and Hove
Children and Young People's
Trust**

DRAFT

"It is important for professionals to trust their feelings when they perceive children to be suffering, and not make assumptions that others have also perceived it and are better placed to act. It is simpler to lift the telephone than to live with the regret of not having done so."

*Serious Case Review: Baby Peter
Executive Summary
LSCB Haringey
February 2009
Paragraph 4.3.6*

Contents

Preface – Our commitment to good practice Information Sharing	5
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Introduction	7
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The Code

1	Deciding to share personal information	11
2	Fairness and transparency	17
3	Information standards	19
4	Retention of shared information	21
5	Security of shared information	23
6	Access to personal information	25
7	Freedom of Information	27
8	Review	29

Appendices

1	Information Sharing materials	31
2	Example of a simple Information Sharing Procedure	33
3	Guidance available from the Information Commissioner’s Office	35
4	Other Sources of Advice and Guidance	37
5	Guidance on exemption to subject access to records	39

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Preface

Our commitment to good practice Information Sharing

Brighton and Hove Children and Young People's Trust, hereafter referred to in this document as the CYPT, is a local strategic arrangement of service commissioners and providers working to a common purpose. Though united by that purpose, the trust is essentially comprised of different legal organisations, and exchange of personal information within those organisations and between those organisations needs to comply with the law.

This framework, which draws upon the guidance issued by the DCSF, NHS and the Information Commissioner's Office, will show practitioners and managers what needs to be in place, specify what is already in place, and help them understand when they may need to act, and what they may need to do.

This framework is written primarily to help workers of the CYPT and elected members understand our responsibility for legal and good practice information sharing. It is a public document and can be used to help professional partners who are not managed within the CYPT understand how their own practice can comply.

The Data Protection Act is not a barrier to sharing, rather a framework to ensure that personal information is shared appropriately and managed carefully. Brighton and Hove Children and Young People's Trust needs all staff to understand the delicate balance between preserving confidentiality and the imperative to share when this will help a child or young person achieve the five Every Child Matters outcomes. In the wake of Lord Laming's recent report, it is still true to say that no major enquiry has ever criticised staff for sharing information, rather highlighting how failures to share have contributed to childcare tragedies.

The text that follows makes explicit the CYPT code of practice. Whether practitioners or managers are employed by the council or the health trust, they can be sure that, in following the guidelines herein, they are meeting the requirements of their employing organisation,

their professional codes of conduct, the DCSF, the NHS and the Information Commissioner's Office.

To help practitioners and managers share information appropriately, the CYPT has a range of materials available. Some are national publications and others locally produced. All are listed in the Appendices. We have included a sample information sharing procedure that teams can use as a template to underpin their regular processes.

South Downs Health staff working for the CYPT are still required to adhere to the NHS Code Of Conduct for Confidentiality and the NHS Code of Practice for Records Management. Though the CYPT Code of Practice aims to be congruent with these documents there are within them specific requirements for health staff. Links to those documents are listed in Appendix 4.

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Introduction

This Code of Practice is a welcome addition to the documents and processes we are putting in place to make our Children and Young People's Trust an efficient and effective organisation that will improve the lives of our children, young people and families.

At the heart of it is the understanding that, in Brighton and Hove Children and Young People's Trust, we work as one team to meet the needs of our children. This means that information held by one member of staff employed by the CYPT about a child *can*, and *should*, be shared with colleagues in the interest of meeting the needs of that child. Of course, there will always be subtleties, complexities and exceptions. This code of practice has been produced to help us manage a best practice way through those challenges.

Di Smith
Director of Children's Services

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The Code of practice

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1. Deciding to share personal information

The law says: Any information sharing **must** be necessary. Any information shared must be **relevant** and **not excessive**.

The implications for organisations and individual practitioners are slightly different so they are dealt with separately below.

1 Organisations

Public sector organisations are bound by the European Convention on Human Rights. Any information sharing the CYPT carries out must be compatible with the convention, in particular the right to respect for private and family life.

The Information Commissioner's Office requires all public bodies to notify how they will process information. This means that the Brighton and Hove City Council and the South Downs Health Trust have to be explicit about the types of data processing they undertake in an annual notification to the ICO. Each organisation is required to submit its own notification and it applies to sharing information with each other as well as with outside organisations. Two examples of the types of information we may share in the CYPT are: bulk information that will inform performance management, resource deployment and service design; relevant personal information about individuals to enable effective service delivery by a limited group of practitioners working in close partnership with that individual.

Working to refine our use of data will be an ongoing process that will facilitate rather than impede the development of integrated working.

Guidelines for good practice by organisations

- 1 Before sharing information the organisation will need to decide the objective that it is meant to achieve, and document it. This will help resolve subsequent issues. ***It is never justified to share information that identifies people when anonymised or statistical information could be used as an alternative.*** For example, it may only be necessary to use general demographic information about people living in certain areas, rather than identifiable individuals' names, addresses and dates of birth.

- 2 The organisation will need to determine at the beginning of any project who will be responsible for dealing with the various compliance issues that will arise. Where more than one organisation is involved, all the organisations involved will have some responsibility. However, the organisation that originally collected the information has the primary responsibility for making sure it is handled properly. In particular, that organisation must make sure that sharing its information will not cause real unfairness or unwarranted detriment to individuals.
- 3 One way of assuring good practice is to carry out a 'privacy impact assessment'. This involves assessing any benefits that the information sharing might bring to society or individuals. It also involves assessing any negative effects, such as an erosion of personal privacy, or the likelihood of damage, distress or embarrassment being caused to individuals. It should help to avoid or minimise the risk of any detriment being caused.
- 4 The CYPT is comprised of different organisations that have individual governance and legal identities, and the partners the CYPT works with may have their own governance and legal identities. Though all are working to a common purpose, each may be required by their own governance to share certain sorts of information or expressly **prohibited** from sharing certain sorts of information. This document cannot address these individual differences. What is required in every instance is for each organisation to work to the common purpose, to act to promote the wellbeing of children and protect them from harm. In every instance where an individual organisation's process or governance seems to jeopardise this over-riding concept, legal and/or professional advice should be sought.

2 Individual practitioners

A decision by an individual practitioner to share sensitive, personal information about an individual service user with colleagues needs to be made in full awareness of the implications. This is because the unnecessary or inappropriate sharing of this sort of information is more likely to cause damage, distress or embarrassment to individuals. Some information is so sensitive, for example that which may be contained in a health record, that in normal circumstances a patient's explicit consent must be obtained to share or use it for a non-medical purpose.

Guidelines for good practice by individual practitioners

- 1 Individual practitioners must comply with the good practice guidelines outlined in this document and in the CYPT leaflet, *Information Sharing: A practice guide for CYPT Practitioners and Managers*. In doing so, they can be confident that they are operating within the law and will be fully supported by their employing organisation.
- 2 Data protection law can require that an individual knows only about the intention to share information about them. It is not always necessary to obtain consent. There are circumstances in which professional concerns about individual safety and the greater public interest will determine that the requirement for consent be waived. The leaflet for service users, *Information Sharing in Brighton and Hove Children and Young Peoples Trust: what you need to know*, and the leaflet for staff, *Information Sharing: A good practice guide for CYPT Practitioners and Managers*, will help practitioners manage these issues.
- 3 If you decide that you do need consent to legitimise your processing of information, this must be a specific, informed and freely given agreement. In this context, a failure to object is **not** consent. Most importantly, the individual must understand what is being consented to and the consequences of giving or withholding consent. If you are **relying** on consent to share information about a person, you **must** stop doing so if consent expires or is withdrawn.
- 4 It is not justified to share information that identifies people when anonymised information could be used as an alternative. Practitioners should be alert to the possibility of information about third parties not directly involved in the work (relatives, neighbours) finding its way onto records.

3 A broad principle that applies to Organisations and Individual practitioners

Any practitioner or manager using personal information, whether to help a specific family, or to inform wider service development, should regularly review processes to ensure that they are not sharing information that is **not** relevant to achieving the specified objective. ***This applies within organisations, within departments, within teams; not just between different organisations.*** If only certain

departments are involved in providing the service that the information sharing is intended to support, **only** those departments should have access to the information.

4 Child protection and sharing information

“The support and protection of children cannot be achieved by a single agency. Every service has to play its part. All staff must have placed upon them the clear expectation that their primary responsibility is to the child and his or her family”.

(Lord Laming in the Victoria Climbié Inquiry Report, January 2003).

To provide effective and efficient services, agencies and practitioners need to share personal information, particularly when it would help prevent an individual’s life or life chances being jeopardised. Across the agencies within the CYPT there is a legal duty to prioritise the protection of children and the promotion of their life chances. In some situations practitioners may still feel constrained from sharing personal information by uncertainty about when they can do so lawfully.

When there is evidence or reasonable cause to believe that a child is suffering, or is at risk of suffering, significant harm, or information relates to the prevention of significant harm to a child or serious harm to an adult (including through the prevention, detection and prosecution of serious crime), then sharing confidential information without consent will almost certainly be justified on the basis that it is in the public interest.

Of course it is not possible to give guidance to cover every circumstance in which sharing of confidential information without consent will be justified. You must make a professional judgement on the facts of the individual case. The decision should be taken in accordance with legal, ethical and professional obligations outlined in this document, informed by the practitioner’s own experience and expertise, and with the support of their line manager. **The CYPT has a commitment to information sharing and practitioners can have confidence in the continued support of their organisation where they have used their professional judgement and shared information professionally.**

It is hoped this guidance will be useful in supporting early intervention and preventative work where decisions about information sharing may be less clear than in safeguarding or child protection situations.

However where the information being considered relates to clear child protection concerns practitioners from all agencies should be in no doubt that there are no insurmountable legal barriers to sharing information appropriately, and a demonstrably proportionate sharing of information can be justified as being in the public interest . This principal applies across the agencies, and is line with all professional ethical codes.

There may be other cases where you will be justified in sharing limited confidential information in order to make decisions on sharing further information or taking action – the information shared should be necessary for the purpose and be proportionate. Remember that the piece of information you hold represents part of a jigsaw puzzle, the degree of its significance may be only be clear to a social worker with a much fuller picture of the background and concerns for this child.

You should record your decision and the reasons for it, whether or not you decide to share information. If the decision is to share, you should record what information was shared and with whom.

If you are in any doubt about whether to share information seek advice. Do not fail to share the information because you are concerned about the possibility of a complaint at a later date. Your organisation will support you if you can demonstrate your approach was reasonable in the circumstances. No review into inter agency working has ever criticised practitioners for sharing too much information regarding child protection concerns. The reverse is the case, often with potentially devastating consequences for the child, but also for the practitioner.

"Peter was seen with Ms A by his GP on 26th July 2007. The GP has said subsequently that he had considerable misgivings about Peter's appearance and demeanour at that appointment. He felt Peter was in "a sorry state". However, he did not take any action to alert others to his concern. He assumed that others would have similar concerns and would be in a better position to take action..."*

(*this is a week before his death, three days before legal advice concluded there were insufficient grounds for care proceedings at that time)

Executive Summary, Serious Case Review Baby Peter 2009

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2. Fairness and transparency

The law says: Personal information shall be processed fairly. The processing won't be fair unless the person has, is provided with, or has readily available:

- information about your identity and that of the organisation that will process the information
- information about the purpose the information will be processed for, and
- any other information necessary to enable the processing to be fair.

Guidelines for good practice

- 1 A Fair Processing notice is a blanket way of informing people how information will be shared and what it will be used for. Each school in Brighton and Hove, for example, has its own fair processing notice which informs parents about data which is shared with the CYPT and why. For the CYPT itself, while it is not labelled a fair processing notice, the leaflet for service users, "*Information Sharing in Brighton and Hove Children and Young Peoples Trust: what you need to know*", is intended to be given at first contact and performs this fair processing function. The CYPT does not yet have an on-line fair processing notice.
- 2 Fair processing is a **pro-active** function, not a retrospective response to a request. Fair processing notices must be accessible and targeted at a particular audience. While the leaflet referred to above is good enough for general application, the linguistic and cognitive ability of an individual service user may mean that they do not understand it and another way needs to be found to convey the message. In the same way, the manager of any specific project or initiative must check whether what they are doing requires their own fair processing notice.

Giving leaflets to individual service users is one way forward. It is also good practice to provide fair processing notices to people when, for example, you hold public meetings with them or you send out general letters about your service.

- 3 The CYPT will review its fair processing information regularly to make sure that it still provides an accurate description of the information sharing being carried out. Individual managers and

practitioners must also regularly review whether the information provided to service users is still an accurate representation of their local or individual practice and, if not, take appropriate steps to address the issue.

- 4 Service users will sometimes have questions about how information about them is being managed, or may object to information being shared. Practitioners should engage with such matters head on, always discuss them in supervision, seek guidance from their manager and, where it is appropriate, offer specific meetings to seek to resolve the issue. Where the issue becomes a formal complaint there are existing processes to follow. Managers of service units should ensure that a record of emerging significant themes around information sharing is kept and passed on up to inform wider CYPT learning about information sharing.
- 5 There are circumstances when it is legitimate to share information without a person's knowledge or consent. This might be the case where a failure to share information about a parent's lifestyle could put a child at risk. There are also other situations where information could be shared despite a lack of consent; for example, where the sharing is necessary to safeguard public safety in an emergency situation. In many criminal justice contexts it is not feasible to get consent, because doing so may prejudice a particular investigation. However, you should be prepared to be open with the public about the sorts of circumstances in which you may share information without their knowledge or consent. The leaflet for service users, "*Information Sharing in Brighton and Hove Children and Young Peoples Trust: what you need to know*", makes this clear.

3. Information standards

The law says: Information shall be adequate, relevant, not excessive, accurate and up to date.

Guidelines for good practice

- 1 Check the quality of information before it is shared to minimise the spreading of inaccuracies across information systems. In individual casework, a simple device would be to ask the subject to check the quality of information. This could form part of the consent process.
- 2 Where large amounts of information are being processed, such as in a project, it is usually not possible to check the accuracy of every record. In such circumstances a sample of records should be checked. If necessary, cautionary notices to advise about potential errors should be circulated to project staff and mechanisms agreed to resolve information quality problems.
- 3 Be alert to variations in data recording practice. For example, a person's date of birth, or even name, can be recorded in various formats. This can lead to records being mismatched, duplicated or corrupted. Before sharing information you must make sure that the organisations and partners involved have a common way of recording key information.
- 4 Having a clearly defined objective will help us determine what information is necessary to achieve that objective. We will thus be able to justify seeking and sharing that information. We must **never** share information if it is not necessary to do so. It is good practice for both practitioners and managers to check every now and then that all the information being shared still meets the criteria. Experience and professional judgement are key determining factors and, if there is any doubt, practice concerns should always be raised in supervision or with a manager.
- 5 The spreading of inaccurate information across a network can cause significant problems for individuals. If you believe that you have shared inaccurate information, you should first take steps to determine what is accurate. Once content that the information you have is now accurate, you should ensure that it is corrected by others holding it. In cases of continuing disagreement between

organisations about the accuracy of a record, the matter should be taken to the appropriate senior manager.

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4. Retention of shared information

The law says: Personal information shall not be kept for longer than is necessary.

Guidelines for good practice

- 1 Constituent organisations within the CYPT have their own guidelines governing the retention of information, depending on the purpose and the nature of the work engaged in. For example, the rules for the retention of information by social services specify one period of time for children who have a child protection plan, another for children who have been looked after, and yet another for children who are adopted. There are rules which determine when such records containing that information are archived, when and by whom they can then be accessed, and when they should be destroyed. Each other constituent part of the CYPT has its own agreed timescales and processes.

South Downs Health staff working for the CYPT have access to Part 2 of Records Management: NHS Code of Practice. This contains a complete list of retention periods for NHS records. There is a link to this document in Appendix 4.

The default position will always be to retain information according to individual organisations' policy – in the full knowledge that this may mean that the professional partners working with a family or on a wider project will retain information for different durations. Care should be taken that the consent process or the fair processing process leaves the service user clear about the length of time their records will be kept by different organisations.

Where there are no specified rules about information retention, professional judgement will need to be exercised.

Considerations for judging retention periods include

- the current and future value of the information for the purpose for which it is held;
- the costs, risks and liabilities associated with retaining the information; and
- the ease or difficulty of making sure the information remains accurate and up to date.

- 2 Retention policies should be reviewed annually as part of the organisation's governance process. If, for example, it is clear that retained records are not being subsequently used, this would call into question the need to retain them. The rigour of this review should be subject to the annual Quality and Performance Audit.

In individual cases staff must rely on experience and professional expertise to come to a balanced decision about whether to retain or delete the information. If this is at variance with the existing unit policy, it must be discussed in supervision or managerial guidance sought.

- 3 There is a significant difference between permanently, irreversibly deleting a record and merely archiving it. If you merely archive a record or store it 'off-line' it must still be necessary to hold it and you must be prepared to give subject access to it and comply with the data protection principles. If it is appropriate to delete a record from your live system you should also delete it from any back-up of the information you keep.
- 4 Outside individual casework, organisations sharing bulk information, irrespective of whether this is within or without the CYPT, should have an agreement about what should happen once the need to share the information has passed. In some cases the best course of action might be to return the shared information to the organisation that supplied it without retaining a copy. In other cases it may be appropriate for all the organisations involved in a project to delete their copies of the information.

In some situations where there is a reluctance to lose valuable data, it may be worth considering whether anonymising the information may meet the need.

5. Security of shared information

The law says: Personal information shall be protected by appropriate technical and organisational measures.

Guidelines for good practice

- 1 Access to personal information should be on a strict need-to-know basis. Only staff who **need** access to personal identifiable information should have access to it, and they should **only** have access to the information items that they need to see. Though most offices of the CYPT have a security presence, members of the public or outside contractors can and do come into our offices. Outside normal working hours cleaning and maintenance staff have free access to unsupervised office areas. The following rules apply to all staff:
 - Personal files must **never** be left unattended or unsupervised. This means that, outside normal working hours, they **must** be locked away in cabinets.
 - Codes for accessing computers must **never** be noted in such a way that others can see and use them
 - The conveying of information needs to be achieved in a secure way. The Post Office offers some security in the registered post service; the council's courier system can be regarded as secure, providing items are sealed and appropriately marked; the council e-mail system is currently awaiting approval to link to the Government Connect network which will guarantee secure links across all local authorities, NHS, Police, Criminal Justice and Central Government Agencies. Until this system is agreed and a list of secure connections is published, staff cannot assume that anything other than intranet connections or connections to South Downs Health sites are secure enough, and e-mail should not be the medium of choice.
 - The council's effective intranet system means that information can be easily received or delivered by a large number of employees. But it can just as easily be misdirected. Before pressing the "Send" button, staff should ensure that the list of addressees is correct. It is very common for the system to default to staff with same first or second names and for the wrong recipient to get the information.

- 2 The CYPT and external partners can have different standards of security and different working cultures. We are still in the process of establishing a common security standard. Until that is achieved, practitioners and managers should always address any security issues and seek a common way forward before sharing any personal information.

Primary responsibility for ensuring that shared information will continue to be protected by adequate security once other organisations have access to it sits with the organisation holding the information initially. There should be clear agreement about who is allowed to access and who is allowed to alter a record.

- 3 The CYPT Training Consortium is developing an Information Sharing module which will be part of the Core Skills and Knowledge and Induction programmes.

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6. Access to personal information

The law says: Individuals have a right of access to information about them.

Guidelines for good practice

- 1 Whether engaging with groups of service users or working with an individual, it is good practice to identify a single point of contact for people to go to when they want to access their information, and to make people aware of this facility as a part of Fair Processing or the consent process.
- 2 The CYPT is required by law to enable people to access information held about them. The CYPT and SDHT have different processes and policies and staff will need to follow the appropriate one. Best practice would be to show service users their records at the point of engagement.
- 3 Though the CYPT is one service delivery organisation, it is comprised of different parts, each of which may hold its own records about the same individual. Good records management practice will need to be developed in which each organisation keeps a brief record of where other information is held. This will make it easier for the CYPT to locate all the information held about a person when an access request is received.

When the CYPT receives a request for personal information, it is required by law to explain why the information is held, and to whom it has been supplied. It is also required to provide the individual with any details we have about the provenance of the information. Care should be taken that, when information has been supplied to us in confidence, that this confidence is not broken.

- 4 In rare instances, practitioners may feel that it is not in the public interest for a service user to access some information held about them. The rough yardstick for gauging this is to think about the effect that releasing the information would have on the individual or a vulnerable other. Appendix 5, *Guidance on exemption to subject access to records*, gives more detail. In every instance where the right way forward is unclear, further help should be sought in supervision or from a manager and, where appropriate, a legal advisor

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7. Freedom of Information

The law says: The Freedom of Information Act 2000 and the Freedom of Information (Scotland) Act 2002 give everyone the right to ask for information held by a public authority, to be told whether the information is held, and, unless exempt, to have a copy of the information.

Guidelines for good practice

- 1 Service users or citizens may sometimes make requests for information that is partially personal and partially non-personal. For example, a person may request information about them that is being shared between various agencies, and ask for information about those agencies' policies for sharing information. CYPT Staff should be aware that, while they will be required to deal with the personal information, in the question of policies they need to refer to their employing organisation's Freedom of Information publication scheme.
- 2 Brighton and Hove City Council's scheme is managed by:

The Freedom of Information Team
Hove Town Hall
Hove East Sussex
BN3 4AH
email: freedomofinformation@brighton-hove.gov.uk

South Downs Health Trust's scheme is managed by:

The Information Governance Coordinator
South Downs Health
Brighton General Hospital
Elm Grove
Brighton BN2 3EW
Email: enquiry@southdowns.nhs.uk

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8. Review

The law says: Nothing specific about reviewing information sharing processes.

Guidelines for good practice

- 1 Integrated working will not be effective unless information is shared appropriately across professional partners. It therefore make sense to regularly review whether our sharing of information is having the desired effect. Managers should ensure that, in their reviews of their team's performance, they consider:
- 2 Whether the sharing of information practices are making a positive difference for the service users.
- 3 Whether any fair processing notices still provide an accurate explanation of the information sharing activity.
- 4 Whether the procedures for ensuring the quality of information are working in practice.
- 5 Whether the other organisations they are sharing information with are also meeting agreed quality standards.
- 6 Whether record retention periods are being adhered to and continue to reflect business need.
- 7 Whether security arrangements are adequate and, if not, whether any security breaches have been investigated and acted upon.
- 8 Whether individuals are being given access to all the information they are entitled to, and that they are appropriately supported to exercise their rights.
- 9 When assessing your information sharing it is also important to consider any complaints or questions that you have received from members of the public.

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Appendix 1

Key Information Sharing materials

For service users:

- CYPT LEAFLET - *Information Sharing in Brighton and Hove Children and Young People's Trust: what you need to know*

For every practitioner and manager:

- CYPT LEAFLET - *Information Sharing: A practice guide for CYPT Practitioners and Managers*
- DCSF BOOKLET – *Information Sharing: Pocket Guide*
- CYPT HANDOUT – *Seven Golden Rules for Information Sharing*
- CYPT HANDOUT – *Flowchart of key questions for Information Sharing*

For every office:

- CYPT POSTER - *Seven Golden Rules for Information Sharing*
- CYPT POSTER - *Flowchart of key questions for Information Sharing*
- DCSF PUBLICATION – *Information Sharing: Guidance for Practitioners and Managers*
- CYPT BOOKLET - *The Code of practice for Information Sharing in Brighton and Hove Children and Young People's Trust*

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Appendix 2

Example of a simple information sharing procedure

Procedure for sharing information between Newtown Constabulary, Reporter to the children's panel and social work departments.

1 Contact details

Named individuals in Council Social Work departments and Area Children's Reporters.

2 Types of information

2.1 Child Protection Initial Report Form NM/59/2 to be sent to appropriate Social Work Department and Children's Reporter. These will be marked CONFIDENTIAL.

2.2 Memoranda as required. These will always be marked CONFIDENTIAL.

2.3 Crime reports may also be disclosed.

2.4 Verbal information will be shared at case conferences. This information will be either RESTRICTED or CONFIDENTIAL. Minutes should be classified according to the value of information in them.

3 How to handle the information

3.1 Transmission

3.1.1 RESTRICTED information can be transmitted over the telephone or sent by fax. CONFIDENTIAL information must be sent in a double envelope with the protective marking shown on the inner one.

3.2 Storage

3.2.1 All information must be kept under lock and key when not in the personal custody of an authorised person. The "need-to-know" principle will be strictly enforced. CONFIDENTIAL information needs to be protected by two barriers, for example, a locked container in a locked room.

3.3 Release to third parties

3.3.1 No information provided by partners to these procedures will be released to any third party without the permission of the owning partner.

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Appendix 3

Guidance available from the Information Commissioner at www.ico.gov.uk

- Sharing personal information: Our approach. (A general position paper on information sharing.)
- Data sharing between different local authority departments.
- The use and disclosure of information about business people.
- The Crime and Disorder Act 1998: data protection implications for information sharing.
- Sharing information about you. (Advice to the public about information sharing.)

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Appendix 4

Other sources of advice and guidance

Audit Commission: www.audit-commission.gov.uk

Cabinet Office: www.cabinetoffice.gov.uk

Chief Information Officer Council: www.cio.gov.uk

Communities and Local Government: www.communities.gov.uk

Department for Children, Schools and Families: www.dfes.gov.uk

Department of Health : www.dh.gov.uk

Essex Trust Charter: www.essexinformationsharing.gov.uk

Improvement Service: www.improvementservice.org.uk

London Connects: www.londonconnects.gov.uk

Ministry of Justice: www.justice.gov.uk

National Archives: www.nationalarchives.gov.uk

Public Record Office of Northern Ireland: www.proni.gov.uk

Records Management Society: www.rms-gb.org.uk

Society of Archivists: www.archives.org.uk

The Scottish Government: www.scotland.gov.uk

Confidentiality: NHS Code of Conduct
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4069253

Records Management: NHS Code of Practice
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4131747

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Appendix 5

Guidance on exemption to subject access to records

Health Order

The Data Protection (Subject Access Modification) (Health) Order 2000, known as “the Health Order”, allows for an exemption to the right to subject access. NHS patients can be denied access to all or part of their health records if one of the following conditions applies:

- if, in the opinion of the *appropriate health professional*, giving access would disclose information likely to cause serious harm to the physical or mental health or condition of the patient or to any other person (for example, a child in a child protection case)
- if giving access would disclose information which could identify a third party (unless the individual concerned has given their consent).

A health professional means a registered practitioner from a medical or allied profession, including medical practitioners, dentists, opticians, pharmacists, nurses, midwives, health visitors, osteopaths, chiropractors, chiropodists, clinical psychologists, child psychotherapists, speech therapists, occupational therapists, physiotherapists, etc.

The appropriate health professional means one of the following:

- the health professional who is currently (or was most recently) responsible for the clinical care of the data subject in matters relating to the subject access request
- where there is more than one such health professional, the one who is the most suitable to advise on matters relating to the subject access request
- failing that, a health professional who has the necessary experience and qualifications to advise on matters relating to the subject access request.

Education Order

The Data Protection (Subject Access Modification) (Education) Order 2000, known as “the Education Order”, allows an education authority

to deny access to all or part of an education record if one of the following conditions applies:

- if giving access would disclose information likely to cause serious harm to the physical or mental health or condition of the data subject or to any other person
- if giving access would reveal that the data subject may be at risk of child abuse.

Social Work Order

The Data Protection (Subject Access Modification) (Education) Order 2000, known as "the Social Work Order", allows a local authority or NHS Trust to deny access to all or part of a social care record if the following condition applies:

- if giving access would be likely to prejudice the ability to carry out social work because disclosure would be likely to cause serious harm to the physical or mental health or condition of the data subject or to any other person.

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Information Sharing in Brighton and Hove Children and Young People's Trust: what you need to know

Why do we need to share information?

Services for children and young people in Brighton and Hove are managed by a number of organisations. You may be in touch with the Children and Young People's Trust (CYPT) through a number of services, including the following:

- Social services
- Early Years (nurseries; children's centres and playgroups)
- Integrated Youth Support Services (including Connexions PLUS)
- Schools, colleges and education support services (including educational welfare and educational psychology services)
- Health Visitors or school nurses
- Youth Offending Team (YOT)

Or you may be working with one of their partner organisations:

- Other health services including midwives or mental health services for children and young people
- Police
- Housing
- Community safety
- Voluntary organisations

All the people working in these agencies want to provide you with the best possible service. Once you start to work with them they will begin to keep personal information about you and from time to time they will need to share that information with other agencies to ensure you get the right help to meet your child or family's needs.

Since the introduction of the CYPT many professionals share offices and work together in teams. This is called integrated working and we believe it is the best way to provide services to children, young people and their families.

Sharing information between authorities and agencies is covered by the Data Protection Act 1998 and other government legislation. The professionals that come into contact with you will be skilled in managing information and keeping you and your family's personal data safe and confidential. They will only keep information relevant to your needs, and will only share it when they judge it to be in your child's interest to do so.

In order to provide you with the best advice and support we need to ask for your consent to share personal information with other professionals as and when necessary. You should be reassured this will be on a 'need to know basis' and only for the purposes of meeting you or your child's needs or sometimes for planning services for the future. Sharing relevant information may save you time having to repeat your personal details to someone else. Personal information will include basic details about you and where you live and work. It may also include more sensitive data relevant to the help you are receiving. If you are unhappy about certain information being shared you need to talk to us about your concerns.

Informed consent

"Informed" consent means that, when you give your consent, you do so in the fullest understanding of what personal information will be kept, and what will be done with it. This could mean, for example; where it will be kept, who will see it, or how long it is kept for.

Because we want to work in partnership with you, we will try to keep you informed of the work we do on your behalf and where possible, we will tell you who we are sharing information with and why.

We will understand if you do not wish to give your consent to sharing information with other agencies but it may limit the amount of help we can give you.

There are a few occasions when we do not need to ask for your consent. Specifically, these are times when we believe a child or adult is at risk of harm or where we believe a crime may have been committed.

Can you see the records we keep about you?

Yes, you can ask to see both your paper or computer (electronic) records if you wish. You will need to put your request in writing and you will need to allow 28 days so that the records can be prepared. For further information see the leaflet "Access to your records".

Copies of this and other leaflets are available in Braille; audio tape, large print and can be translated into your own language. Please contacton 01273or email.....

Information Sharing:

A good practice guide for CYPT employed staff and managers, school staff, and services commissioned to provide services for the CYPT

De-mystifying Data Protection - and clarifying why we need to share

The Data Protection Act is not a barrier to sharing, rather a framework to ensure that personal information is managed and shared appropriately. Brighton and Hove Children and Young People's Trust needs all staff to understand the delicate balance between preserving confidentiality and the imperative to share when this will help a child or young person achieve the five Every Child Matters outcomes. Post Lord Laming's recent report, it is still true to say that no major enquiry has ever criticised staff for sharing information, rather highlighted how failures to share have contributed to childcare tragedies.

The guidelines that follow are drawn from two sources:

- The HM Government publication: *Information Sharing: Guidance for practitioners and managers*, and
- The Information Commissioner's Office publication: *Framework code of practice for sharing personal information*.

Though both these documents are a useful optional reference for staff wanting to understand the issues in greater depth, it should be clearly understood by all practitioners and managers who are part of the CYPT that the guidelines below **must** be followed. Staff practice that follows these guidelines is good practice and will be fully supported by the CYPT

Guidelines for staff

1. Whether seeking information or responding to a request from another professional to share information, the desired objective the work is intended to achieve should have been clearly identified and documented. This is what will justify the need for sharing.
2. Always offer the service user the leaflet, *Information Sharing in Brighton and Hove Children and Young People's Trust: what you need to know*. Satisfy yourself that the service user understands the content or not. Providing the leaflet alone is not enough. Cognitive ability, ethnic origin, literacy or mental or emotional wellbeing can all play a part. Record this.
3. Consent to share personally identifiable information should **always** be sought from the subject of that information unless to do so presents an unacceptable risk to a child or young person. Be aware that information to be shared should not **unnecessarily** identify any other individuals. If reference to a third party is necessary for the progression of the work, consider whether anonymising the relevant part will do the job.

4. Defining what constitutes “personal” or “confidential” information is a complex area. Information that is in the public domain or is available from a publicly accessible source is not personal or confidential. Everything else may be. ***If in any doubt, seek further advice from your manager.***
5. Consent must be “informed consent”. This means that the service user must understand what will happen to the information they have given. The service users leaflet, *Information Sharing in Brighton and Hove Children and Young People’s Trust: what you need to know*, clarifies that CYPT managed services will interpret “consent” as consent to share, on a “need to know” basis, with other CYPT services and our partner organisations. Staff should always give a service user a copy of this leaflet, establish that the meaning is understood, seek consent, and document this process. The question of the mental capacity of the individual to give consent should also be addressed. This may be a question of age or maturity, mental well being or language. There may be occasions when a young person’s wish may conflict with that of their parent. Deciding what to do in these circumstances will always be a question of professional judgement and, in any case of doubt or uncertainty, the advice of a manager should be sought and this process, too, documented.
6. There will be circumstances where consent to share is not given. The practitioner then needs to consider whether there is sufficient public interest to share the information against the express request not to. Examples of such circumstances are:
 - When there is evidence or reasonable cause to believe that a child (or an adult) is suffering, or is at risk of suffering, significant harm; or
 - To prevent significant harm to a child or adult, including through the prevention, detection and prosecution of serious crime.

Always seek managerial guidance if you think you need to over-ride the wishes of the person who gave the information. Record the guidance given and the decision made.

7. It is important to share information in a *proper* and *timely* way. This means:
 - only sharing ***what*** is necessary
 - sharing it ***only*** with the person who needs to know
 - distinguishing ***clearly*** what is fact and what is opinion
 - checking that the facts are ***accurate*** and up to date
 - when information is shared, ensuring the identity of the recipient and using secure communication methods
 - understand the limits of any consent given, and ensure that this is understood by the person you are sharing with
 - let the person who gave you the information know how it has been used
 - be careful not to include any personal information relating to another
8. A decision to share should record:

- the decision itself, including any managerial direction given
- the information shared
- the identity of practitioners with whom it has been shared.

Decisions to **not** share or decisions to share against the express wish of the person who gave the information need to be recorded in the same clear way.

"It is important for professionals to trust their feelings when they perceive children to be suffering, and not make assumptions that others have also perceived it and are better placed to act. It is simpler to lift the telephone than to live with the regret of not having done so."

Executive Summary of the Serious Case Review into the death of Baby Peter

DRAFT

