

CYPT

Performance Improvement Report

CYPT Board
1st February 2010



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Introduction

Summary of Performance

Indicator/Theme	Comments
Referrals of children to social services	In the 12 month period to November 2009, there was a 12% increase in referrals compared to the previous 12 months
Common Assessment Framework	Numbers have fallen back a little
Parenting Programme	Good numbers going through Triple P and groups reaching a number of vulnerable family categories. Improvement rates to individuals completing a group are good
Number of children with a child protection plan	Numbers have fallen back a little from a peak in August of 328 and now stand at 303. There has been a 74% increase over the last two years
Number of Looked After children	468 looked after children in Dec 09, a 27% rise in a year
Breastfeeding	The coverage rate (% where we have a status recorded) is now above target and this confirms our high city breastfeeding rate
Obesity	Previously reported provisional data is now final and shows relatively good performance compared to national figures
Persistent Absence in secondary school	Previously reported provisional data is now final and national data has been released . PA rates at primary are lower than England and secondary rates are 'in line'
Young People not in education, training or employment (NEET)	NEET rates have risen from 8% in Nov 08 to 8.9% in Nov 2009 and relate to reductions in the numbers in employment.
Teenage conceptions	Overall, the latest figures show a 21% rate reduction from the 1998 baseline most likely driven by the 29% reduction in the rate of conceptions leading to maternity
Risk Management	No new risks were identified this quarter. All risk assessment are currently being reviewed and updated
Value for Money	A VfM Project Group has now been established and leads identified for the three key work areas: Targeting of prevention, Care Planning and Processes and Procurement and Commissioning.
Workforce	A comprehensive action plan is in place. Much progress has been made although some developments are dependent on the outcome of the area integrated working re-structure

Indicator/Theme	Comments
Equalities	It has not been possible to keep to schedule with the completion of Equalities Impact Assessments due to re-structuring of key teams. Plan to be back on track by March 2010.
Health and Safety	Significantly fewer days lost due to incidents at work

Future Performance Reporting Arrangements for the CYPT Board

High level proposals for the content of future quarterly performance reports are set out below in light of the new duty placed upon the Board to monitor the local Children and Young People's Plan 2009-12, as set out in the Apprenticeships, Skills, Children and Learning Act 2009. The CYPP outlines the performance management arrangements which include:

- An annual CYPP performance report
- A six month CYPP performance report
- Quarterly performance improvement exception reports

It is proposed that these reports will contain the following key elements:

Annual/six monthly CYPP performance report

- Summary of Performance from the Director of Children's Services
- 4 priority report cards, containing a review of progress with the delivery plan and a summary of the performance indicators used to measure progress, providing detailed analysis of why certain outcomes remain a challenge
- Revised delivery plans for the following year (annual report only)
- A full table of National Indicator Set results, highlighting CYPP and LAA priority indicators

The CYPP was approved in November 2009 and priority leadership arrangements are now being finalised, including the formation of multi-agency monitoring groups where needed. Work is also underway to refresh the Local Area Agreement delivery plan for 2010/11 in light of the CYPP. It is proposed that the first new-style report is tabled on March 22nd 2010 to cover the period Apr-Dec 2009. The full annual report would be tabled in Autumn 2010.

Quarterly performance improvement report

Two performance improvement reports will be produced in addition to the above, to include

- Performance exceptions with detailed data analysis
- A full update on the relevant strategic action plan
- A full table of National Indicator Set results, highlighting CYPP and LAA priority indicators

The first of these would be to cover the period Apr-Jun 2010.

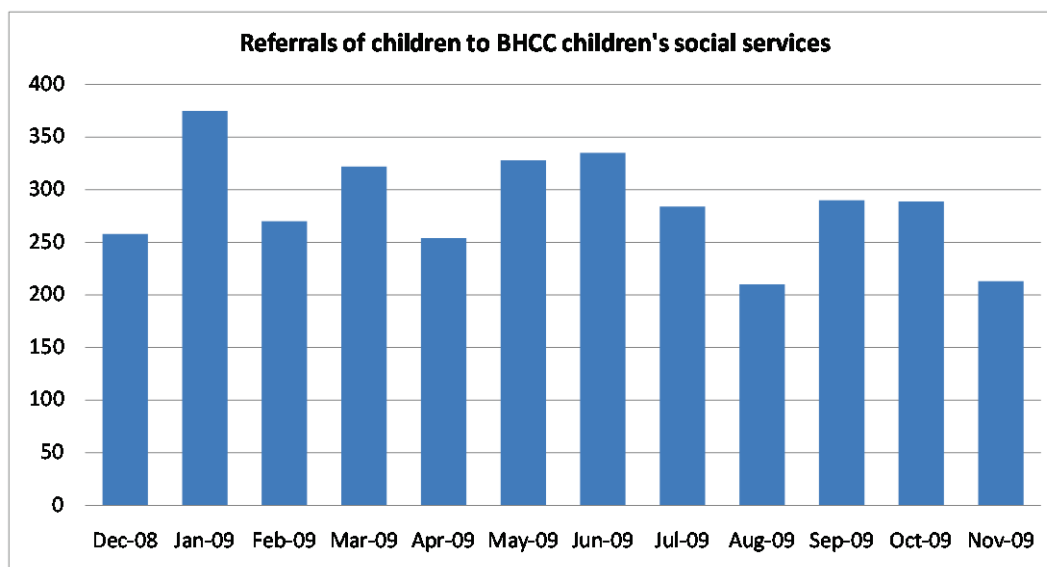
Organisational Performance Management Improvements

A number of improvements have been made to performance management processes in recent months. These include,

- The design of a new Performance Board, chaired by the Director, to provide support and challenge to lead officers. A prioritised work programme is being designed and sessions will be informed by detailed analysis of data from the performance team
- In-depth, targeted monthly performance sessions at Directorate Management Team meetings, integrated with finance and risk management.
- The deployment of the corporate planning and performance system, Interplan. The performance team are currently working to implement the monitoring of key strategic plans that underpin the CYPP through the system, providing a “count once, use numerous times” approach to information gathering across the partnership via the web.
- Development of data quality assurance processes across the CYPT through the establishment of a data quality group that shares best practice in terms of database management, data quality assessment and high quality user training.

Early Intervention and Prevention

Referrals per 10,000 population aged under 18



Data source: Monthly Monitoring November 2009

The chart above shows referrals to social services month by month for the last 12 months. The number of referrals initiated has been variable over the last 12 months with a high of 375 in January and a low of 210 in August with the latest figure being 213 for November. The 12 month average¹ was 285 per month compared to an average of 254 per month in the previous 12 months (representing a 12% increase).

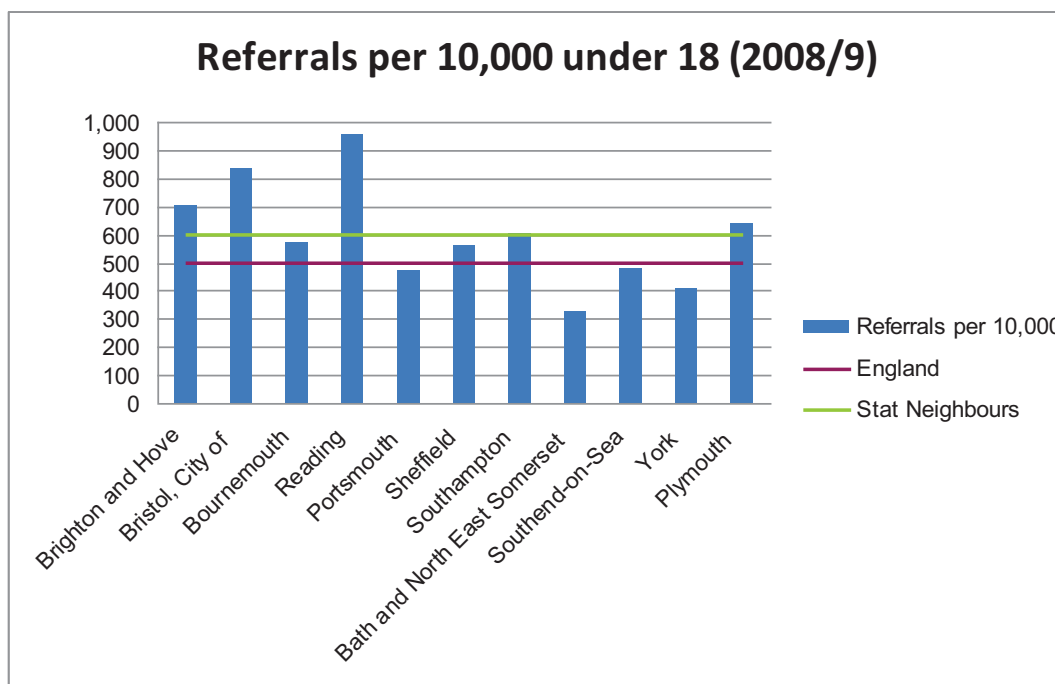


Figure 2: Data source: DCSF Summary Tables CPR3 2008/9

National data was released in October 2009 and shows that Brighton and Hove had a comparatively high rate of referrals in 2008/9 (706 per 10,000) when

¹ December to November

compared with statistical neighbours (596) and England (497) as shown the chart above.

In 2007/8 the rate was 660 per 10,000 compared to a much higher rate of 813 per 10,000 in 2006/7.

The re-referral rate², is on the low side with 17% of referrals being re-referrals within 12 months. The statistical neighbour average is 23% and the England average is also 23% (2008/9 CPR3 data).

Assessments completed using the Common Assessment Framework

Indicator	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
CAFs initiated	12	13	19	39	55	84	65	57
CAFs initiated that were completed on time	8	9	11	31	44	60	50	36
% CAFs completed on time	67%	69%	58%	79%	80%	71%	77%	63%
CAFs initiated that were completed late	2	3	3	5	6	3	2	1
% CAFs completed late	17%	23%	16%	13%	11%	4%	3%	2%
CAFs initiated and overdue	2	1	5	3	5	21	13	20
% CAFs overdue	17%	8%	26%	8%	9%	25%	20%	35%

² 'Re-referral percentages help to indicate the extent to which initial assessments at first referral are assessing needs appropriately' (Ofsted guidance, 2008).

Summary:

Numbers of CAFs have gone down from the July September quarter, but seem to be stabilizing at about 50 per month. Numbers of CAFs instigated remain considerably higher than the April to June quarter and there has also been an increase in the number of assessments completed on time which is positive.

Work is taking place to provide reports about types of workers using CAF. This will be finalised following the final clarification on the CYPT area structure. This will enable training needs to be more accurately identified and enable managers to pinpoint where further support or intervention is needed. It will also enable good practice in teams to be highlighted. It is hoped this information will be available for the next PIR report.

Performance Improvement Activity:

CAF Training

The CAF eLearning package is now up and running. 91 enquires have been received and 51 individuals have registered as learners. The training consortium will be supporting the promotion of the CAF eLearning tool as providing the core baseline training in the use of CAF. They will also produce a flyer promoting all training relevant to CAF including existing modules within the Core skills programme. Next quarter we would hope to be in a position to provide more details on the CAF eLearning including a breakdown of types of learners.

Staff conferences

The staff conferences in November included a workshop session on the Lead Professional role and Team around the Family meetings. Over 400 staff attended these sessions which were very well received. Feed back identified that staff would like further information about each others roles and services available and further opportunities to meet together.

Family Pathfinder and the development of CAF+

Joint work is taking place between the CAF team and the Family Pathfinder team to promote and develop the use of CAF+. This is an holistic assessment based on CAF that identifies the needs of the whole family. CAF+ is appropriate for families where there are more than 2 risk factors and where there are significant issues for the adults in the family requiring support or intervention from services other than the CYPT, such as adult social care, mental health or drug and alcohol services. Families register with the Family Pathfinder team who can provide support and training to practitioners interested in using this approach.

Parenting

Summary:

To date this year there have been 56 practitioners trained. 48 parenting groups have been delivered to 354 parents and just over three quarters have been assessed as having made improvement as a result.

The Parenting Support Strategy Action Plan 2008-11 is monitored quarterly by the Parenting Strategy Board and an update is given below.

Performance Improvement Activity:

Priority	Progress
Increase parental involvement in the planning, commissioning, design and review and delivery of services Improve consultation with children, young people and parents around service provision	We are planning an event in 2010 to get the views of teenage parents on current services. Other work seeks parent views on effective work where a family member is/has been imprisoned. We are also seeking views on the experience of Parenting Orders. Daycare and 80% of childminders were rated good or outstanding. A Parent Carer council is now in place. Parents are supported to attend Children's Centre Advisory groups by Parent Involvement workers attached to children's centres in each area.
Ensure all parent support services work within the strategy	The Parenting team co-ordinate individual parenting support interventions, alongside co-ordinating the training of other agencies to undertake parenting work.
Co-ordinate and develop rigorous monitoring and evaluation systems, identifying gaps in provision	Client progress is measured using standardised before/after questionnaires as well as satisfaction questionnaires. This data is used to evaluate effectiveness and identify gaps in provision.
Improve skills amongst the workforce in working with parents	As part of the Common Core Skills programme, and on inset days in schools, training is offered to all staff on engaging parents and an introduction to Triple P and use of level 2 Tip Sheets.
Ensure a programme of evidence based interventions meet the needs of the different groups of parents in the city (e.g. teenage parents, fathers and parents of children with complex needs)	Two recent new groups have been developed: Level 4 & 5 group for parents with complex social care needs. Level 5 group for parents with ongoing issues and needs after completing the level 4 intervention. There is also a Supporting Father's Network now in place.
Provide effective information, signposting and access to parent support services Provide effective information, signposting and	The Parenting team has a webpage with details of all courses and seminars, information linked to the Family Information Service. Leaflets and

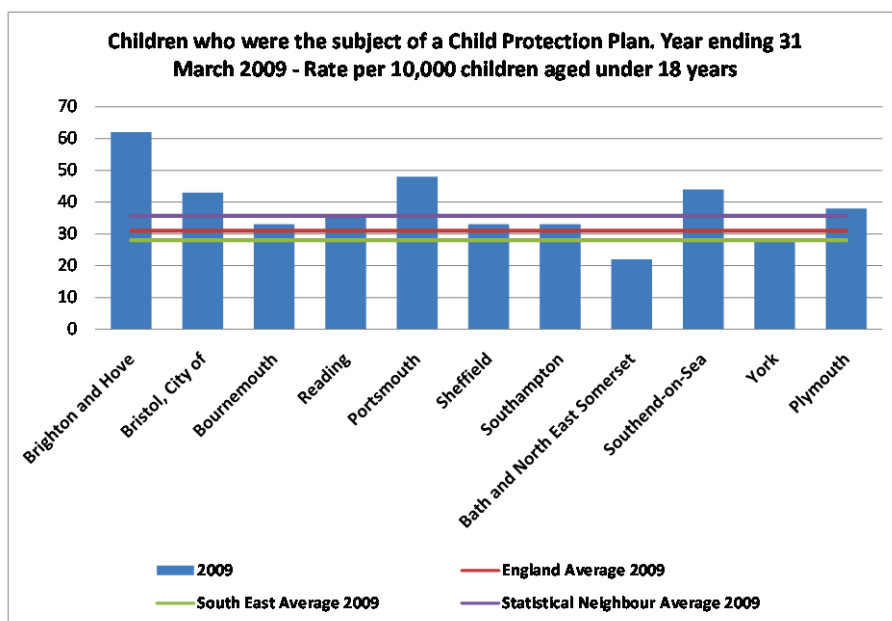
Priority	Progress
access to parent support services	publicity are distributed in schools, community organisations and Children Centres. There is a link person in all Children's Centres and in 44 of the city's schools. Outreach strategy developed to promote access by hard to reach groups.
Align the Parenting Support Strategy to other key strategies: Behaviour Strategy, Youth Homelessness, CAMHS, Targeted Youth Support and Teenage Pregnancy	Triple P groups are run for parents of school children linked to attendance, behaviour and mental health issues. There is a parenting lead for teenage parents and two FTE early years visitors. Links are being made with the B and H Albion for a Young fathers parenting group.
Develop Parent Contract/Order policy and principles	A schedule of visits to different agencies/teams has begun to ensure the policy is embedded in practice across the city.
Support family and adult learning	We are working with some Adult Education providers (e.g. Bridge) and this is an area that we are developing. Family learning courses are run across the city especially in areas of disadvantage 65 courses delivered in targeted areas in 08-09
Training and employment through joint work with Working Links and Jobcentre Plus	A Triple P group has been run at Brighton Unemployed Centre.
Support improvements to inclusive play and childcare	The FAST programme, to be piloted at Fairlight School, promotes play within families and the play bus is involved in the project. Play activities have been taken into Lewes Prison to give prisoners and their families opportunities to engage through play. The Play bus is running regular city-wide after school play sessions.
Improve joint working with adult services where vulnerable adults are parents	Triple P training has taken place with families with domestic Violence, drug misuse and housing issues. There is a plan to look at training for adult mental health teams and learning disability teams.
Improve joint working with health services where families present with parenting support needs	There is a trained Triple P parenting team in each of the Children's Centre areas and they deliver one-one level 4 interventions to families.
Better support the transition into parenthood and from childhood into adulthood	We work with learning and schools officers to ensure that young people are able to access support and training needed to ensure they achieve in academic or life skills that will prepare them for adulthood.

Performance Exceptions

Number of children with a child protection plan

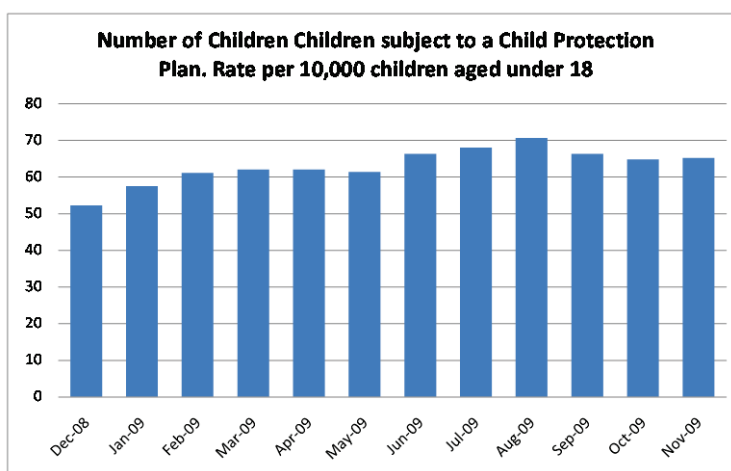
The number of children with a child protection plan was 303 in November 09, down from a peak of 328 in August but representing an increase of 27% on November 08 when the number was 238. The most significant rise can be seen over a two year period, when numbers went up from 174 (November 07), a 74% increase, as illustrated in the previous PIR.

The chart below shows the high relative position of Brighton & Hove using the latest comparator data



Data source: DCSF Summary Tables CPR3 2008/9

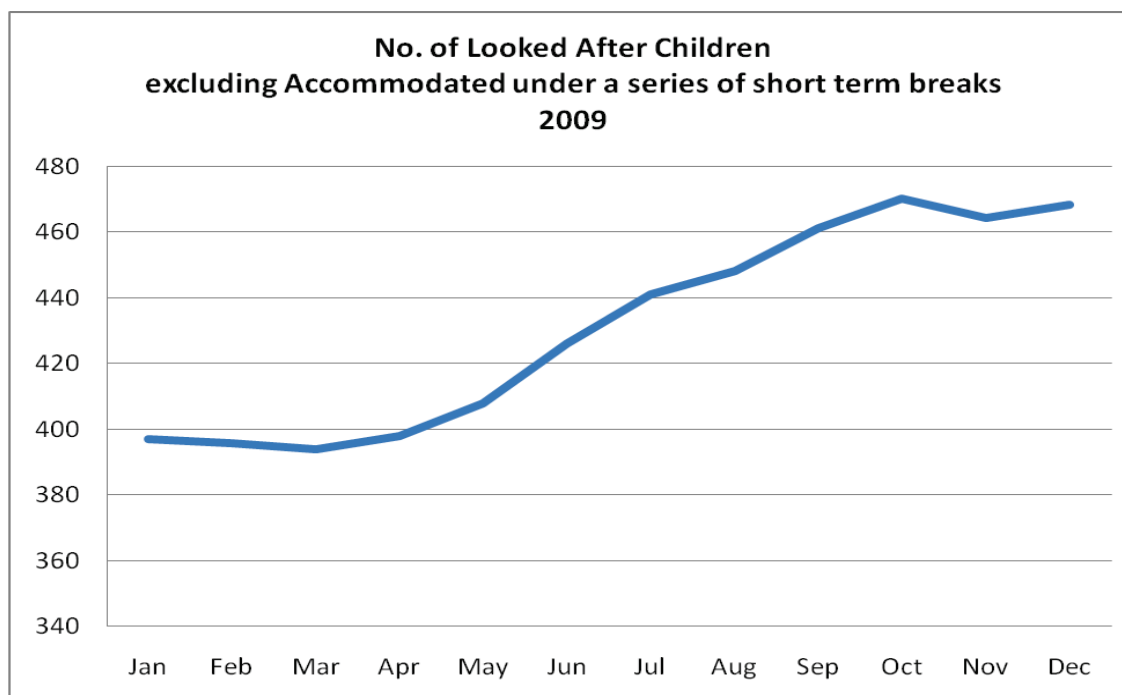
The numbers of children in Brighton and Hove who were the subject of a child protection plan at the end of March 09 were already significantly higher (at 61 per 10,000) than those of statistical neighbours (36) and the national average (31). The current rate is 65 children per 10,000 (same rate as last quarter) which is very high.



Data source: Monthly Monitoring November 2009

Number of Looked After Children

The number of looked after children (excluding those accommodated under a series of short term breaks) was 468 in December 09 which represents a 27% increase in 12 months.



National data was released in October 2009 and shows that Brighton and Hove has a comparatively high rate of children looked after (86 per 10,000) when compared with statistical neighbours (65) and England (55). It should be noted that there appear to be some statistical neighbour authorities that exclude family and friend placements from their LAC cohort, thereby under-counting.

Issues:

The continuing rise in numbers of LAC have very serious budgetary implications.

The needs of children and young people becoming LAC in recent months are currently being met by relatively high cost agency placements and urgent work to review placement costs is underway as part of the corporate value for money transformation programme.

Performance Improvement Activity:

Work is underway to develop a Corporate Parenting Strategy and a Looked After Children Report Card will support the Trust's ability to fulfil its corporate parenting role. This will include a range of indicators, extending beyond the following initial list

NI 58 Emotional and behavioural health of children in care

NI 62 Stability of placements of looked after children: number of moves

NI 66 Looked after children cases reviewed within required timescales

NI 99 Children in care reaching level 4 in English at Key Stage 2

NI 101 Number achieving 5 A*-C GCSEs (or equiv) (inc Eng and Maths)

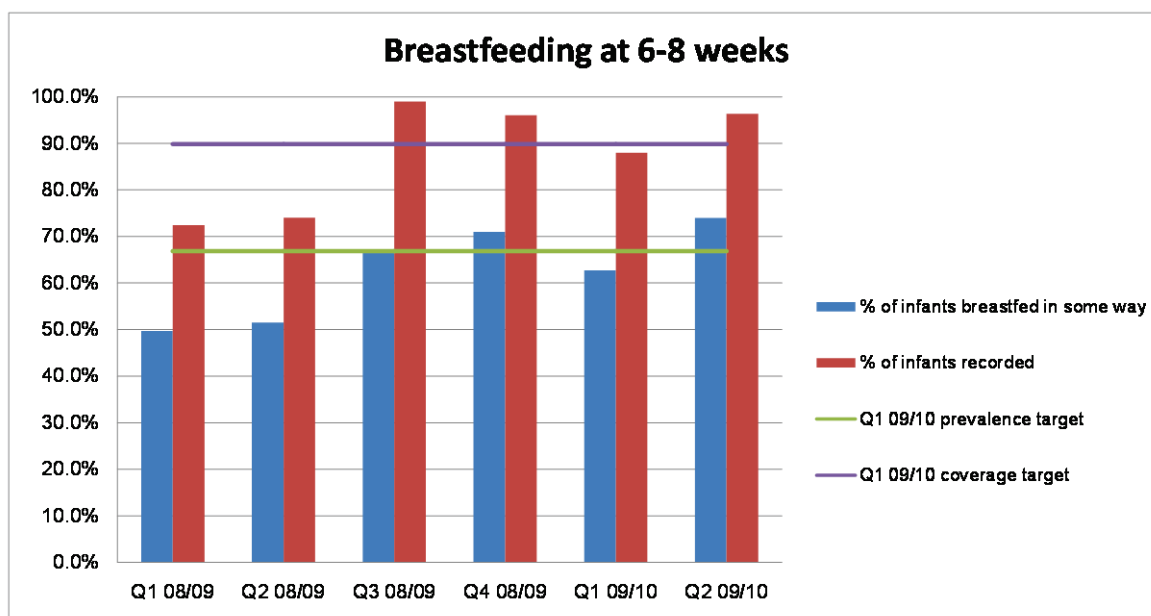
NI 147 Care leavers in suitable accommodation

NI 148 Care leavers in employment, education or training

This will be regularly monitored by the Director of Children's Services and updates will be provided on these outcomes to the Board via the CYPP performance report.

Breastfeeding at 6 weeks

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



Summary:

Breastfeeding is a key indicator in the new Children and Young People's Plan, the PCT's Vital Signs performance framework and within the Child health and well-being Public Service Agreement.

At present the national target is solely around coverage – the percentage of infants who have a feeding status recorded at the 6-8 week check. This target is 90% for 2009/10 and will increase to 95% in 2010/11. The current prevalence target is locally set to 68.4% breastfed in some way by Q4 2009/10.

In the last PIR we reported Q1 data which showed below target coverage results but this has now been brought back on track as the graph above shows. This indicator is calculated in such a way that the prevalence rate is linked to coverage – coverage must be high to get the most accurate picture of prevalence, which is again showing as very high and confirms that rates are amongst the very highest in the country.

Issues

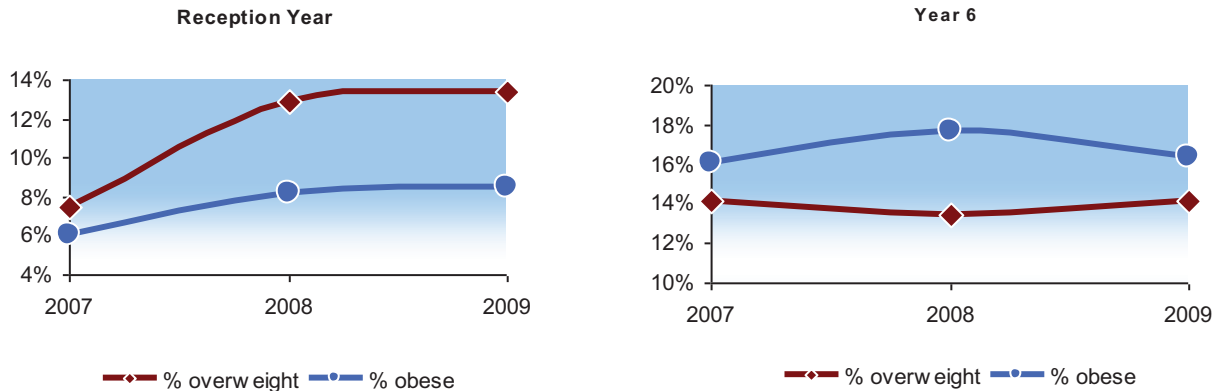
Whilst breastfeeding rates are amongst the highest in the country this masks the very low rates in some areas of the city and our action plan aims to reduce this health inequality.

Performance Improvement Activity

1. We are recruiting one breastfeeding support worker to work in identified areas in the city where breastfeeding is low, namely North Portslade and Woodingdean. The aim is to have staff in post by April 2010.
2. The breastfeeding team has now moved into a new office in Moulsecomb Children's Centre, all staff are now collocated and we have recruited to the jobsharer breastfeeding co-ordinator vacancy has been filled.
3. Additional administrative support to the breastfeeding team is being provided.
4. We are reviewing initiation rates across the city as part of targeting priority work areas.
5. We are re-focussing the work of the Peer Support co-ordinators to enable the Peer Supporters to work with women antenatally and postnatally on the maternity ward in BSUH immediately after birth.

Childhood Obesity

NI 55 Obesity in Reception Year NI 56 Obesity in Year 6 (LAA indicator)



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 national results for 2008/9 were released in December 2009 and show that the participation rate in 2009 in the reception year was fractionally below the target of 93% (12 children too few were measured). In Year 6 the rate was 91% which was above the target of 88%

Locally the year 6 obesity prevalence rate is 16.4% (CI³ 14.8 – 18.6), compared to 18.3% (CI 18.2-18.4) nationally. Year R prevalence is 8.9% (CI 7.7 – 10.1) compared to 9.6% (CI 9.5-9.7) nationally.

Performance Improvement Activity:

Update from the 'Promoting the Healthy Weight and Healthy Lives' action plan

Action	Progress
Under Fives	
Develop Breast-feeding strategy and action plan to promote the initiation and continuation of breast-feeding with an emphasis on areas of health inequalities through peer support delivered by three part-time co-ordinators.	Strategy and action plan developed. Peer support training delivered by 3 support co-ordinators for each CYPT locality

³ Confidence Intervals (CI) are statistical calculations that take account of the effects of small cohorts of cases potentially giving unusually low or high values in a particular year. The higher the number of cases in the sample, the narrower the confidence interval.

Action	Progress
Education and Youth	
Access to food growing, dietary advice, cookery training, play and physical activity opportunities to all children aged 2-11 targeting primary schools and children centres in areas of health inequalities (This includes Mini-Mend programme for children 2-4 years old).	Initiative being implemented in 7 primary schools and 1 children centre in East Brighton. It is intended to extend the scheme to 4 more schools and at least one more children centre by end 09.
Nutrition and physical activity courses delivered in schools for 5-7 and 13-18 year olds targeting areas of inequalities (for children not in Mini-Mend or Mend age range).	Scheme underway and sessions are being delivered in schools by a Sports teacher and dietician over 6/8 weeks.
Free swimming for all children 16 years and under in all Brighton & Hove swimming pools.	The initiative was launched in April 2009. The initiative is led and part funded locally by a partnership of NHS Brighton and Hove, Brighton and Hove City Council and DC Leisure. To date 9928 children and young people under 16 years old registered and the pools were used 2768 times by those who registered
School food Audit to provide overview of food provision and healthy eating.	Audit conducted. Report completed November 2009
Increase uptake of both free and paid school meals.	Work underway and led by CYPT School Meals Manager working with schools to improve children's' dining experience. Cashless system of payment on-line will be piloted in a small number of schools from November 2009 before it is rolled out. A cashless system would also ensure that free meals pupils are not identifiable to others through payment systems
Family Based programme	
Mend family-based programme for overweight and obese children aged between 7-13 years, including family involvement, practical education in nutrition, increasing physical activity and changing behaviour.	Programme comprises 18 sessions (1-2 hours) spread over nine weeks during school terms combining healthy eating, physical activity and behavioural change.
Primary and secondary care interventions	
Weight management clinics, multi-disciplinary teams assessments and one-to-one weight management in	The development of the clinics is underway, protocol agreed, recruitment of Consultant completed,

Action	Progress
community settings for children with a BMI > 98 th C with co-morbidity.	recruitment of nurse and dietician being finalised. It is expected that the clinics will be operational in January 2010.
Healthy Weight referral scheme: One-Stop-Shop offers an integrated weight management scheme for all ages across the city. Provides an easy-access system for GP's and other health professionals to the full range of community weight management services across the city.	The scheme provides easy access system for GPs' and other health professionals to the full range of community weight management services. It has increased awareness of the range of community nutrition services available. From January to June 2009 76 children were referred through the scheme.
Wider environment	
Healthy Choice Award: Develop standards and activities to encourage food outlets and youth settings, parks, sports and leisure facilities to offer healthy food choices.	Scheme underway, 20 food outlets, nurseries and after school clubs have been given the award. The work is being supported by a part-time dietician. It is intended to extend the scheme to a further 20 outlets by the end of the year.
Workforce Development	
Weight management training for health visitors, school nurses, youth workers and other community staff.	The content and format of the training programme is being finalised. The programme will be start in early Spring 2010 and will be rolled out to about 200 staff.
Develop & implement guidelines to enable health visitors to identify and provide targeted support to families/carers with children who are or at risk of becoming overweight or very overweight.	Guidelines have been developed, to be ratified shortly by the Under 5s Quality and Standards group.
Physical Activity	
Establish a physical activity strategic alliance to plan and co-ordinate all sports and physical activity work across the city.	A Brighton and Hove Sports and Physical Strategic Steering Group in place since January 2009.
Promoting physical activity and sports for post 16 education settings.	Three Further education sports educators employed by the School Sports Partnership are working with young people 16-19 years old in Varndean, BHASVIC and City College.

Action	Progress
Children with disabilities	
Identify the needs of children with disabilities and learning disabilities in terms of promoting physical activity and a healthy diet.	The CYPT Head of Integrated Child Development and Disability has recently been appointed and progress is being made
Social Marketing	
Local media campaign to promote the national Change4 Life campaign at a local level highlighting local initiatives including Healthy Schools programme and activities.	Campaign in the Argus for 6 weeks x 8 page supplements at the start of school autumn term 09 to raise awareness of the benefits of healthy lifestyles. 6 schools participated in the campaign.
National Child Measurement Programme	
National Child Measurement Programme for children in Reception and Year 6.	Measurement data analysed for academic year 08/09. Process and funding for reporting back results to parents in the term following the measurement of children agreed and in place for academic year 2009/2010.
Healthy Weight Evaluation Tool	
Develop a tool for use by local providers to enable evaluation of performance and outcome in terms of coverage and health outcomes.	Local training day for local providers on 4/12/09

Persistent Absence in Secondary School

NI 87 Secondary school persistent absence rate (LAA target)

	Overall absence 2007/08	Persistent absence 2007/08	Overall absence 2008/09 (autumn and spring terms) Brighton & Hove	Overall absence 2008/09 (autumn and spring terms) England	Persistent absence 2008/09 (autumn and spring terms) Brighton & Hove	Persistent absence 2008/09 (autumn and spring terms) England
Primary	5.27	1.0	5.43	5.46	1.7	2.2
Secondary	7.63	6.0	7.54	7.24	5.7	5.6
Combined Primary and Secondary	6.32	3.2	6.37	Not available	3.5	Not available

Summary:

Three of the five schools who were identified as PA schools in 2007/08, have recently been removed from that category. They are Portslade CC, Longhill and Falmer High School. Patcham High School and Hove Park School remain targeted PA schools and they have been joined by Varndean School.

Brighton & Hove were previously identified as a local authority requiring intensive support from National Strategies. In 2008/09 we achieved an overall secondary PA was 5.7%, well below the target of 6.7%. Due to the impressive reduction in PAs across the City, we have been removed from this category. The data shows that we are on track to meet the Government's target of 5% or below by 2011.

Brighton & Hove have been recognised by the National Strategies for the excellent work that has been undertaken in reducing persistent absence and the strategies we have used have been passed to other local authorities as examples of good practice.

Issues:

Three secondary schools remain above this year's 6.1% threshold, which are the key focus for this year, along with maintaining good progress in overall attendance levels.

School	2005/06 persistent absence	2006/07 persistent absence	2007/08 persistent absence	2008/09 persistent absence (autumn and spring terms) provisional
Varndean School	7.0	8.6	6.2	6.5
Hove Park School and Sixth Form Centre	13.6	12.2	10.2	8.6
Patcham High School	7.4	8.5	6.3	8.2

Schools have been provided with a number of good practice tools for addressing all matters relating to school attendance and will need to use this consistently and robustly to meet this challenging target.

Performance Improvement Activity:

A new Attendance Strategy has been circulated to schools and other CYPT staff and sets out five priorities. An Action Plan to support the Strategy has been drafted and will be circulated to schools and CYPT staff later this term. This action plan will be monitored through the PIR in the future.

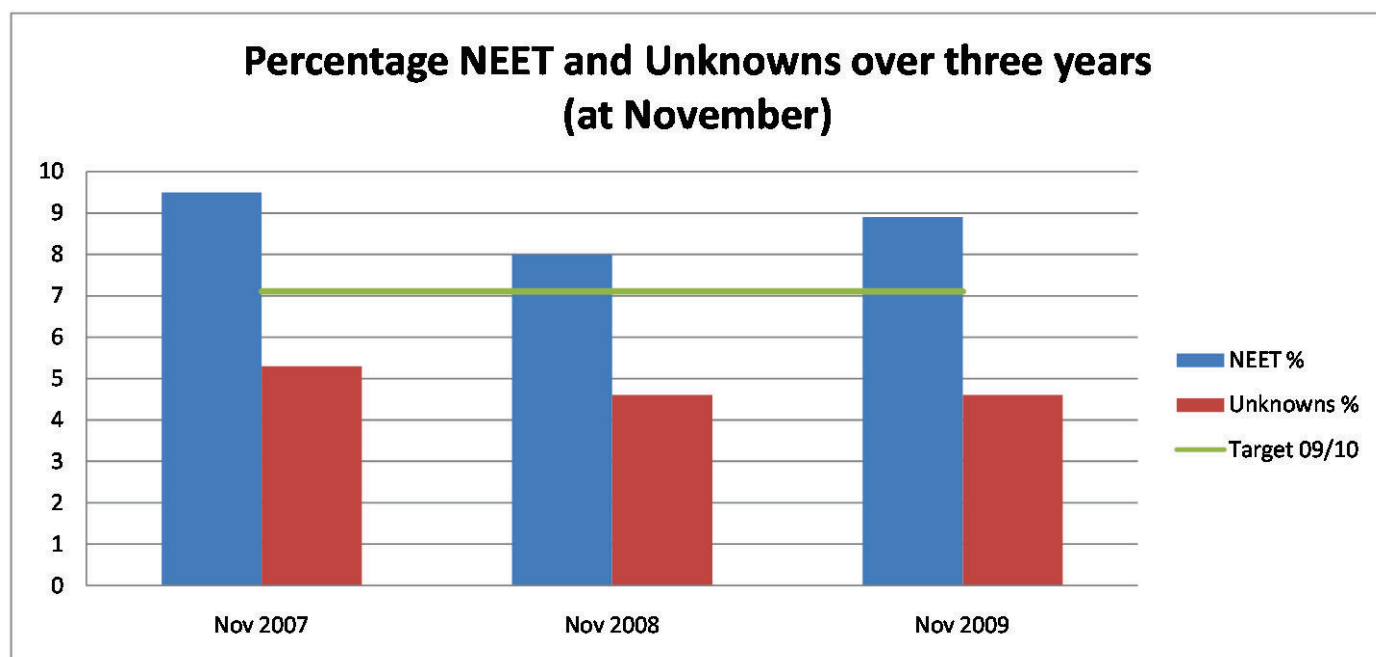
A data workshop was recently held to explore how detailed analysis of data can support targeted work. New analytical reports will be made available to staff, looking closely at reasons for absence and absences patterns.

School staff who have responsibility for attendance have been provided with training sessions to help them in all matters relating to attendance. These training sessions continue to be available for new staff.

We continue to work with Sussex Police arranging truancy sweeps under the Crime and Disorder Act and plan to meet with them this term to review previous operations and agree how best to use our joint resources.

The Education Welfare Service undertook a project called “Just 54” for all our secondary aged children. This project focussed on the 54 days during the second half of the spring term and the first half of the summer term. Any pupil that achieved 100% during that time received a certificate from the EWS and had their name placed in a prize draw. The event culminated in an awards ceremony at Hove Town Hall in June when the lucky prize winners were invited along with their parents to receive their prize. The evening also provided schools with the opportunity to showcase some of their pupil’s performances which were outstanding. The event was a huge success and has not doubt helped our reduction in persistent absence.

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



Data Source: Aspire database

Summary:

The 16 – 18 NEET rate in November 2009 was 8.9% (623 young people), up from 8% in November 2008 (587 young people). The represents an 11.3% increase in the NEET rate over the last twelve months, which is just above average for the south east regional group. Portsmouth saw a 15% rise and West Sussex 20%, while the East Sussex rise was 6% and Southampton, 9%.

The England NEET rate is 6.5% and the statistical neighbour average is 7.2%.

The percentage of young people whose status is unknown has been maintained below the target 5%, ensuring the validity of the result.

While we have seen an increase in NEET numbers, we have also seen a decrease in the cohort size which has amplified the percentage change. When young people are in education or training out of city, they are counted in the host authority figures and analysis suggests some resident young people have found places elsewhere.

In November 2008 there were 1,520 18-24 year olds claiming Jobseekers Allowance and this rose to 2,095 in November 2009, an increase of 27%.

Issues

The current economic situation nationally has had an impact on the numbers of vacancies available to young people within the city. The numbers of post-16 courses at level 2 and below has increased and our September Guarantee performance for 16 and 17 year olds has been encouraging, with only 0.9% of 16 year olds and 0.7% of 17 year olds not receiving an appropriate offer of further learning. Although these figures are slightly higher than the southeast average, our figures for accuracy of recording are better.

We are currently implementing the DCSF January Guarantee programme, which entitles 16 and 17 year olds who are NEET in December/January to an offer of an e2e place. Extra government funding has been provided for this.

As the local authority assumes responsibility for post 16 provision from the LSC, work has begun to look at how we can improve the commissioning of provision for the vulnerable groups of young people who are over-represented in the NEET group. This includes young people with LDD, young offenders, teenage parents and care leavers.

Integrated Youth Support Services, which includes Connexions, are currently undergoing a review as part of the restructure of area working across the CYPT. This involves a complete review of how we offer support to young people, including locations and opening times as well as a review of the current referral system and how that links to CAF. This will improve access to Personal Adviser support for young people and allow better access to the additional provision described above.

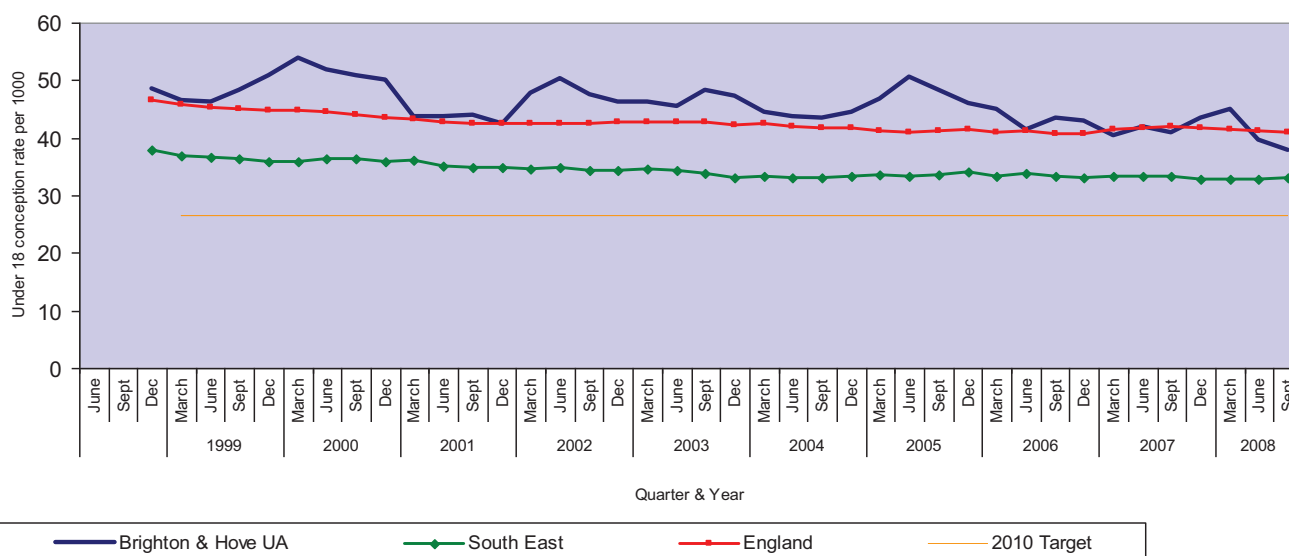
Performance Improvement Activity:

Action	Progress
Implement the September Guarantee (SG) initiative to ensure all young people have opportunities to engage in learning for at least two further years when they leave compulsory education	The 'No offer made – no appropriate provision' figures are Year 11, 0.9% and Year 12, 0.7%

Action	Progress
All young people in the SG cohort have appropriate SG status recorded.	Year 11 = 1%. This is better than the South East (2.1%) and England (1.8%) averages. Year 12 = 1.4%. This is better than the South East (4.3%) and England (3.6%) averages.
Key Stage 4 (KS4) Engagement Programme to support young people identified by schools as at risk of disengaging	In 2010/11, Key Stage 4 Engagement Programme provision will be subsumed in the city's Foundation Learning offer. Foundation Learning will provide destination-led personalised learning programmes for young people and adults at Entry level and level 1 with a defined progression pathway into work and/or training.
Diploma courses available and publicised on Area Prospectus	1 Diploma began in 2008/9 with a further 5 currently being advertised for Sept 10 start. The 10/11 Diploma offer has been uploaded to the 14-19 Area Prospectus.

Teenage Pregnancy

Quarterly under-18 conception rates, 1998-Q3 2008



Note: Rate per 1000 females aged 15-17
Source: Teenage Pregnancy Unit, October 2009

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 the quarterly under-18 conception rates from 1998 up to the third quarter of 2008. Data for the last quarter is provisional and indicates a rolling average rate of 38.0 per 1000. The rate has fallen by 7.4% compared to the same quarter in 2007 (40.8 per 1000). The latest local quarterly rate is 7% lower than for England (41.0 per 1000) and 15% higher than for the South East (33.0 per 1000). Overall, the latest figures show a 21% rate reduction from the 1998 baseline most likely driven by the 29% reduction in the rate of conceptions leading to maternity. This is an indication that the teenage pregnancy strategy and targeted work is starting to have an impact on the conception rates, in particular the births, and that this work should be sustained.

However, around 63% of conceptions lead to a termination and the latest (quarter 2 2009) rate of under-18 terminations is 5 per 1000 which is an increase of 1 per 1000 when compared to quarter 2 2008. This implies that there is still more work to do to increase protective sexual practice.

Issues:

National research has proven that young people benefit greatly from adequate access to CASH services and effective use of contraception. A local CASH service review has shown that provision improvements are needed to further reduce the rates of under 18 conceptions and sexually transmitted diseases in Brighton & Hove.

The numbers of young people taking up Long Acting Reversible Contraception (LARC) is low. Recent estimates for August-September 2009 showed that among the under-19s accessing CASH services for contraception, only 5.3% was for LARC. This is well below the 16% target. There is also a lack of information around the follow-up support for young people fitted with LARC and the cancellation of follow-up appointments.

The rising under 16 conception rates continue to be an issue with 65.1% (2005-2007) of conceptions leading to a termination. This evidence supports the need to improve early identification of vulnerability and risky behaviour and early intervention.

Performance improvement activity:

Funding has been secured to increase CASH services for young people within community settings to improve provision. This includes: increasing opening times and open access; introducing a single brand across all CASH services which will be developed by the Brighton & Hove County Council corporate marketing team in line with "Brighton - The Place",

A review of the existing sexual health drop-ins within Primary Care and Emergency Hormonal Contraception (EHC) schemes in pharmacies is currently being completed.

Access to LARC has been improved across the city: it is now available within the termination provider services; the number of CASH drop-ins has been increased; and the new specialist termination support will provide advice.

Recruitment has been completed for three new posts for targeted teenage pregnancy prevention, specialist termination support and training.

Evaluations of the efficacy of teenage pregnancy & sexual health training will be carried out in terms of staff experience, service improvements and the impact on the outcomes for young people.

The “You and Sex” risk assessment, intervention and referral framework toolkit has been successfully piloted and developed. It supports the engagement of young women identified at potential risk of early conception into a series of activities that supports behaviour change and builds resilience. A training schedule is in place for social care, IYSS, housing and hostel staff.

The specialist health visitors and midwife have started regularly collating information on second conceptions and siblings of teenage parents to facilitate early identification of young people at risk of teenage pregnancy for referral to targeted prevention work.

A winter sexual health and substance misuse media campaign was launched in December to prepare young people for the Christmas party season by focusing on issues around alcohol use and healthy sexual relationships. The campaign was designed to target the most vulnerable young people across the city with follow-ups in January. An evaluation of the campaign will be disseminated in February.

Three out of nine Secondary Schools are now implementing health drop-ins provided by the school nurse and Integrated Youth Support Service (IYSS). A further five schools are in consultation with the intention of delivering the service by the end of the spring term. Three colleges and one of the local training providers are now providing CASH services.

The final results of the social marketing project have been presented and recommendations for a comprehensive programme of behavioural interventions and communications have been made. The different options will now be reviewed in terms of operation costs and available budget.

Risk Management:

Summary:

The CYPT Assurance Map and Risk Register are reviewed regularly by CYPT DMT. The underpinning risk assessments are reviewed with the Assistant Director or senior manager who is identified as the author within an agreed timescale.

The Assurance Map continues to provide an overview of key risks and opportunities for the CYPT, including:

- The Capital Strategy (BHCC Objective)
- CYPT as a provider of Integrated services (CYPT Objective)

- Alignment of commissioning strategies (CYPT Objective)
- Performance management (CYPT Objective)
- Partnership working (CYPT Objective) with a focus on the Section 75 review
- Governance (CYPT Objective)
- Workforce (BHCC Objective)
- Financial Balance (BHCC, SDHT and PCT objective)
- Achieving all NHS targets (CYPT Objective)

The Risk Register provides details of the immediate risks and opportunities being managed by CYPT DMT. Currently those risks and opportunities include:

- SDHT IT network procurement of new patient information system
- Laming Report 2009 – child protection and safeguarding requirements
- CYPT restructuring – 2nd stage
- Emergency planning and Business continuity planning with a focus on Pandemic Flu issues
- Workforce and staff – with a focus on Speech and language and Social Work

Issues:

No new risks were identified this quarter. All risk assessment are currently being reviewed and updated.

Performance Improvement Activity:

Two monthly review and update of Assurance Map and Risk Register by Head of Nursing & Governance established.

Value for Money:

Summary:

The council has initiated the second phase of its value for money programme. The programme is made up of 6 transformational projects:

- Adult Services: focussing on the introduction of personal budgets for all service users in line with the Government's Personalisation agenda, and the promotion of re-ablement – helping people to live more independently and flexibly after an accident or other life changing event such as a stroke.
- Children and Young People's Services: see below
- ICT: improving technological support to enable staff to work effectively in different environments
- Work styles: linked to the ICT project the programme will create working environments to support a more flexible workforce
- Procurement: transforming how the council buys goods and services, introducing new management approaches and building skills and capacity
- Sustainable transport: a range of initiatives including the review of council subsidies, vehicle procurement and fleet management

Issues:

The Senior Management Team has developed a 3 part programme to secure a complex transformational approach to service improvement and efficiency. The programme will run for three years. Three main opportunity areas for improved efficiencies have been identified

Targeting of prevention:

- Improved targeting of preventative service provision focussing on further development of the Team Around the Family (TAF)/Team Around the Child (TAC) and learning from the Family Pathfinder/Family Intervention Project to improve family support packages in the community, particularly for families at risk from substance and/or alcohol misuse and domestic violence.
- Analysis of pre-birth assessments over last 12/18 months will be used to identify more cost effective interventions including a reduction in the number of high cost mother and baby placements.

Care Planning and Processes:

- Including an audit of residential and fostering placements for Looked After Children; and
- The review and improvement of decision making processes including provision of integrated care packages.

Procurement and Commissioning:

- Including targeted recruitment of in-house foster carers; and
- The review of all contracted services and commissioning and procurement arrangements

Performance Improvement Activity:

A project Group chaired by the Assistant Director for Strategic Commissioning and Governance has been established and will report to the Senior Management Team and to the council's VFM Board.

Project leads for each activity area have been identified and initial meetings for each work group will have taken place by the end of January.

Workforce development

There is a comprehensive action plan in place which is regularly monitored. This is shown in full here on this occasion to demonstrate the work being done.

Objective	Update on Actions
Objective 1.1: We have a shared vision and values when working with children and young people in Brighton & Hove	The November staff conferences promoted the new Children and Young People's Plan and its vision to staff. The development of integrated working processes and training is dependent on the area team restructure, currently in the consultation phase.
Objective 1.2: Core knowledge, skills and behaviours for everyone working with children and young people in Brighton & Hove	The Core Skills and Knowledge Programme was launched in Sept 09 which identified mandatory and recommended training for key roles/staff groups. Monitoring of Community and Voluntary sector worker participation in the CYPT e-introduction, e-safeguarding and other training will inform further actions to increase uptake. The induction process is closely monitored to ensure standards are met.
Objective 1.3: Safeguarding children and young people	A review of the comprehensive multi-agency safeguarding children training programme is underway in line with Local Safeguarding Children's Board requirements and responding to Lord Laming report 2009 and local CVS Sector report 2009. Head of Safeguarding and Local Safeguarding Children Board Business Manager posts have now been recruited to along with the Designated Nurse post, increasing the capacity to provide advice and guidance to organisations and sectors
Objective 1.4: Integrated working practices are in place and effective	Actions in this section relate particularly to the promotion of CAF (team around the child/family) and information sharing processes and capacity will be provided following the re-structure of area team integrated working. Proposals are out for consultation until Jan 8 th 2010.

Objective	Update on Actions
Objective 2.1: Social Workers are directly employed by the CYPT	<p>Additional support to 18 newly qualified social workers and their supervisors is being provided this year through the Induction Year pilot, funded by the Children's Workforce Development Council. This is also the first year of the Early Professional Development pilot, and we have 10 staff on this programme in 2009/10.</p> <p>The increased workload in social work teams has compromised their ability to provide student placements, although we are still on target to provide a 15% increase in placements.</p> <p>There has been a huge increase in the numbers accessing post qualifying award modules (a total of 70 staff in 2009/10).</p> <p>A review is required on the approach to the recruitment and retention of social workers.</p>
Objective 2.2: Early Years Workers in the private and 3rd sector and the CYPT organisation	<p>We are currently funding 16 Early Years Foundation Degrees, 11 x NVQ4, 63 x level 3. New qualifications offered, including Certificate in Early Years Foundation Stage Practice and Level 5 Leadership and Management.</p> <p>20 Early Years Professionals currently being financially supported in their childcare setting 23 childcare settings currently being funded to train graduate leaders.</p> <p>A comprehensive programme is scheduled for 09/10 academic year providing greater clarity for practitioners working with specific age-ranges. Jointly delivered courses between CEYC and Early Years Consultants.</p>
Objective 2.3: School based staff - Head teachers, governors, teachers and support staff	<p>A range of activities are ongoing, including a review of the Succession Strategy for school leadership, deployment of children's workforce standards in schools and providing high quality training and development for governors and clerks</p>
Objective 2.4: Integrated Youth Support Services – private and 3rd sector and those employed and commissioned by the CYPT	<p>An audit of current staff roles and training needs has been completed. The new IYSS training manager has planned staff development conferences in 2010.</p>

Objective	Update on Actions
organisation	Work is taking place with Brighton University developing the links and understanding the youth professional status NVQ
Objective 2.5: National Health Service / South Downs Health staff	No information available
Objective 2.6: Foster Carers	The foster carer training programme is linked to national minimum standards. The programme for 2010/11 is being planned. 5 foster carers started on NVQ Health and Social Care level 3 in Sept. 2009
Objective 3.1: CYPT organisation workforce planning, recruitment and retention	<p>New HR/Payroll system project underway which will provide cleansed data and establishment info which will assist in workforce planning processes. Implementation date – April 2010 with self service for managers from Sept 2010</p> <p>Targeted work has taken place to address issues with social work recruitment. A group hosted by South Downs Health is undertaking work to address Health Visitors and Speech & Language Therapy shortages</p>
Objective 3.2: Compulsory and specialist development; qualifications and career progression	<p>Section 75 Agreement Review will seek to address issue of differing supervision policies within CYPT.</p> <p>Changes to Learning Skills Council (LSC) core and Train to Gain funding streams is likely to impact on NVQ qualification costs for 2010/11. Planning for 2010/11 is underway which will try to mitigate impact whilst also ensuring a VFM approach for 2010/11.</p>
Objective 3.3: CYPT Leadership and management	A review is underway of supervision and performance management arrangements and guidance for all CYPT roles, including business planning processes

Equalities

Summary:

All reporting of equalities activities is linked in to the city council's Equalities team. The CYPT Equalities RAG status is currently green.

The CYPT Equalities group maintains an overview of the CYPT Equalities Impact Assessments (EIAs) timetable and progress made. During 2008 all assessments were completed except one which was completed in 2009. During 2009 some adjustments to timescales have been made to allow for CYPT restructure and this has meant an increase in the number of assessments to be completed in the next quarter.

Governance processes have been established to ensure the quality of assessments.

Issues

Delay in EIA timetable due to CYPT re-structure

Performance Improvement Activity

Reduced EIA activity, should be back on track by March 2010.

Health and Safety

Summary

There were **117** incidents reported during this quarter (1st October to 31st December 2009,) compared with 86 in the previous quarter. There is a repeating pattern in incident reporting in the previous three years where there is an initial decrease in the first to second quarter, followed by a steady increase. The last quarter reflects this ongoing trend.

The three highest 'causes of incidents' reported for the quarter were:

- 'Challenging Behaviour' with **37** representing **31%** of all incidents
- 'Slip, trips and falls' with **21** representing **18%** of all incidents
- 'Recreation/ Sport' with **14** representing **12%** of all incidents

The number of days lost due to employee absence following a work-related incident was **38** days (which is a significant decrease from the 226 days during the previous quarter).

There were **20** incidents reported to the Health and Safety Executive under RIDDOR for this quarter which was a slight increase from 13 in the previous quarter.

Issues

'Challenging behaviour' is the highest cause of incidents in the Directorate. These reports relate to young people in special settings where due to a medical condition their behaviour may be inappropriate or aggressive. Special settings have generic and individual risk assessments in place and individual behaviour management plans. Staff have ongoing support including access to a staff counselling service.

Performance Improvement Activity

A new Safety Management System is being developed by the Health, Safety and Wellbeing Team to support Managers/ Head teachers in managing their responsibilities under health and safety legislation. The system will be developed to meet the requirements of Schools as well as non-school CYPT Teams.

