

# **MINUTES OF THE MEETING OF THE CHILDREN AND YOUNG PEOPLE'S SCRUTINY PANEL HELD ON WEDNESDAY, 19TH OCTOBER, 2016**

## **PRESENT:**

**Councillors: Kirsten Hearn (Chair), Mark Blake, Liz Morris and Reg Rice**

**Co-opted Members: Luci Davin (Parent Governor representative) and Uzma Naseer (Parent Governor representative)**

### **1. FILMING AT MEETINGS**

The Chair referred Members present to agenda Item 1 as shown on the agenda in respect of filming at this meeting, and Members noted the information contained therein.

### **2. APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor Toni Mallett and Yvonne Denny (Church representative).

### **3. ITEMS OF URGENT BUSINESS**

None.

### **4. DECLARATIONS OF INTEREST**

None.

### **5. DEPUTATIONS/PETITIONS/PRESENTATIONS/QUESTIONS**

None.

### **6. MINUTES**

#### **AGREED:**

That the minutes of the meeting of 5 July 2016 be approved.

### **7. CHILD OBESITY; 2016 UPDATE**

Deborah Millward, Healthy Public Policy Officer from Public Health, reported that the government had recently published "Child Obesity: A plan of Action", which outlined their plan to reduce England's rate of childhood obesity within the next ten years. Haringey had adopted a "whole systems" approach to the issue and established the

Haringey Obesity Alliance, which was currently chaired by Councillor Arthur, the Cabinet Member for Finance and Health. A strategic role was followed, which focussed principally on sugar reduction and physical activity. A range of initiatives were taking place including work to encourage schools to increase the length of PE lessons to two hours and the “Daily Mile” programme. In addition, Councillor Arthur had pledged to review the food that was provided within Council properties that children attended. A Play Streets weekend was also planned to take place in the spring. Work was also taking place between Regeneration and Public Health regarding the key elements on design.

In answer to a question, it was acknowledged that it would be a challenge to increase PE lessons in schools to two hours. PE had been squeezed by the demands of other school subjects and the local authority could only offer encouragement and not compel schools. The Daily Mile would supplement this approach. Good practice in schools, such as active classrooms, would also be promoted.

There were sensitivities around children from different cultural backgrounds. There were a range of community and voluntary organisations involved in the Obesity Alliance and work would be undertaken with them to reach the communities that they covered. Best practice from boroughs similar to Haringey would also be incorporated.

The Panel noted that a proposal by the Council to implement a 400 metre exclusion zone of hot fast food takeaways around schools had been rejected by the external planning officer. Public Health England was assisting the Council’s case by providing the latest data in order to challenge the Planning Inspectorate regarding this. It was possible that provisions within the London Plan would supersede local provisions.

Ms Millward reported that a Healthy Catering Commitment had been introduced within the borough and 86 establishments had now signed up to it. In order to gain certification, businesses had to achieve at least a significant number of 22 criteria. The scheme was entirely voluntary and work was being undertaken with the Council’s Communications Team to increase awareness of it.

A lot of work was being undertaken to promote play and unorganised physical activity and Homes for Haringey had been involved in this. Attention was being given to the needs of young girls as their activity levels tended to be lower, especially after adolescence. Efforts were also being made to incorporate provision for physical activity within the built environment. There were 6 key elements within this and details were passed to developers, who were asked to specify how they would address them. This work was at its early stages. It was not intended to impose standards on developers but hoped instead to encourage innovation and creativity on their part.

The Panel noted that data on child obesity was derived from measurements of children that were taken by schools. Work was undertaken with other boroughs and this enabled examples of good practice, such as the measures that had been successful in Lambeth, to be taken on board.

## **8. CHILD OBESITY; 2016 UPDATE**

David Tully, the Interim Head of Finance (Adults and Children), reported that in Period 3 there was a projected overspend of £6 million. This had come from a number of sources, including;

- Children's placements - £2.2 million;
- Social care costs - £2.6 million; and
- Special educational needs - £0.5 million.

The overspend would have been £3 million more had Cabinet not previously agreed to provide additional funding. There had been particular difficulties arising from the delivery of projected savings and an increase in demand for social care. Of the £16.7 million of savings that that have been aimed for, £6.5 million had so far been delivered.

Jon Abbey, the Director of Children's Services reported that the projected savings of £5.1 million in placements had proven to be undeliverable. In addition, the increase in the number of foster carers had not materialised. The scaling back of the work force had also been affected by an increase in the number of looked after children. The Panel noted that the number of Looked After Children (LAC) had stood at 600 LAC two years ago. Although the figures had gone down to 406 in April this year, they had now gone up to 430.

Neelam Bhardwaja, Assistant Director for Safeguarding and Social Care, reported that there were a number of reasons for children coming into care that were beyond the control of the Council. For example, if young people were remanded in custody, the Council had no say about their placement but nevertheless were required to pay for it. It was not possible to predict accurately the number of young people requiring secure accommodation and the costs of such placements could be up to £5,000 per week. The Council was also responsible for assisting unaccompanied asylum seekers.

In answer to a question regarding payments to people with no recourse to public funds, Ms Bhardwaja stated that the Home Officer could take several years to determine individual cases. If people found that they needed help to provide adequately for their children, the Council was obliged to provide assistance. Failure to do so could lead to legal challenge. However, robust checks were made to ensure that claims were valid. Mr Abbey commented that the amount spent on people with no recourse to public funds had gone down from £1.5 in the last two years but the threat of judicial review had increased.

Mr Abbey reported that the Council's Corporate Delivery Unity was currently looking at demand for children's social care in order to try and understand the dynamics and improve prediction of costs. The level of demand was such that it was difficult to reduce expenditure at the moment. However, the Early Help service had only been in place since October and could have the potential to reduce demand. Appointing permanent social care staff was still a challenge but the position had improved.

Gill Gibson, Assistant Director for Early Help and Prevention, stated that a targeted response was provided by the Early Help service with the aim of working with specific cohorts and intervening at an earlier stage.

In answer to a question, Mr Abbey reported that the Priority 1 budget had gone down from £80 million to £43.5 million within the last five years. Although considerable savings had been made, they had not been made as quickly as necessary to meet targets. Spending was broadly in line with that of statistical neighbours. If it went much below this level, there was a danger that OFSTED would deem it to be unsafe. The assumptions on which the budget had been set were correct but the methodology may have been flawed.

Councillor Weston, the Cabinet Member for Children, commented that it was important that budget levels were not set at unsafe levels. The Council was still facing huge budgetary pressures and looking at all options. If less came out of the funding for Children and Young People's services, the difference would need to be made good from elsewhere. Mr Abbey stated that, although there was an overspend, the service had a grip on spending and there was now greater stability. The right structure was in place but it would take time for improvements to be achieved. The service wanted to be good and resources needed to be used effectively.

Panel Members were of the view that the budget had not been set at the appropriate level at the start of the current MTFs and would not expect an unrealistic budget proposal to be set as part of the next budget strategy.

The Panel noted that the biggest reason for referral of children for social care was domestic abuse. There had been a large increase in these and the Police were the source of most. A large proportion of referrals resulted in no further action. This was very similar to the experience of other boroughs. This had been raised with the new Borough Commander but she had stated that she was restricted by Police regulations which meant that the Police were duty bound to make referrals. However, she recognised that the issue needed to be addressed but this would take time and not be easy as it was a Metropolitan Police wide issue. The issue had also been raised with the Chair of the Local Safeguarding Children Board (LSCB) and the Chief Executive.

Ms Bhardwaja reported that the Council was represented on the London Safeguarding Board, who were currently reviewing how Multi Agency Safeguarding Hubs (MASH) operated, and this would provide an opportunity to influence future policy.

## **9. HARINGEY CHILDREN'S CENTRES - THE IMPACT OF CLOSURES**

Ngozi Anuforo, the Early Years Commissioning Manager, reported that that the number of Children's Centres had gone down from 16 to 9. The number of children registered had increased slightly though. Specific work had taken place with Whittington Health and each centre was now aligned with a health visiting team. The changes had not been in place for long though. Engagement was taking place with service users and there were now strong and representative parent's forums at the centres. It had been acknowledged that more developmental work was required and the service had been proactive in engaging with parents, particularly those groups who normally did not engage such as fathers and young parents.

In answer to a question, she stated that there had been a slight decrease in children with disabilities registering and the reasons for this were being looked at and, in particular, whether there were any barriers. Some parents could lack confidence in the

ability of practitioners to address the needs of their child and the service was considering what training could be provided to address this. It was also possible that there were a number of children who did not have a diagnosis.

The benchmark for children registered had been set at 65% of those eligible and this had been met. Current levels were close to 90%. Centres were well embedded in local communities and the reconfiguration of health visiting had been crucial to this. Partnership working had grown in strength and that was particularly true of the relationship with Whittington Health.

Partners worked together with parents to determine the most effective means of communicating with the local community. Feedback indicated that a greater use of images would be welcome. A significant number of parents had English as a second language and their input had been particularly helpful. Outreach was an important part of the new offer. There were less staff than previously but more were assisting with outreach.

Centres worked with a network of local services and providers and would not necessarily expect all registered children to come to the Centre. This enabled centres who had experienced specific increases in registrations to absorb additional numbers. It was acknowledged that numbers attending popular stay and play facilities needed to be closely monitored. Collaborative work between centres would assist in accommodating additional numbers.

The bulk of children attending centres came from nearby wards. Although some families were travelling to access services, they were not in the numbers expected and services needed to be aware of children who may be missing out. All relevant children and families were contacted to let them know how they could continue to access services after the changes were implemented.

## **10. FREE EARLY EDUCATION ENTITLEMENT UPDATE**

Ms Anuforo reported that 50% of eligible children were taking advantage of the 2 year old offer. The DfE no longer had a specific target for involvement but still wished to be appraised on progress. In developing the three year old offer, action was being taken to ensure that it did not impact adversely on the 2 year old offer. There was a shortfall in the number of places of 300 but take up was a bigger issue than place creation. Support continued to be provided for providers. There was anecdotal evidence that some parents were not taking up available provision as they felt their child was too young. The offer also needed to fit in with the needs of parents. If a flexible approach was adopted, places could be filled. There was now a wider range of providers and more schools, playgroups and childminders involved.

In answer to a question, she stated that assistance was provided to parents so that they were best able to choose suitable provision for their children. Training and support was also provided to providers in order to fill gaps in provision. However, a better understanding of blocks was still required and work with parent champions would be undertaken to achieve this.

Providers were currently receiving a higher rate of funding than that which was provided by the Department for Education. It was prudent for the Council to work with the sector to manage down the level of payment to the funded amount. The intention was to use a slow taper but it was acknowledged that there was a risk of losing providers. The service would start to engage with providers regarding this.

**11. SCRUTINY REVIEW ON CHILD FRIENDLY HARINGEY - INTRODUCTION, SCOPE AND TERMS OF REFERENCE**

**AGREED:**

That the scope and terms of reference for the review be approved.

**12. WORK PROGRAMME UPDATE**

**AGREED:**

That the work plan be approved.

CHAIR: Councillor Kirsten Hearn

Signed by Chair .....

Date .....