

Pre-Decision Scrutiny Questions on Cabinet Report: Quarter 4 / Year-end Strategic Monitoring Performance Report

(Note: page numbers refer to the numbers in the full Cabinet agenda pack)

I welcome the improvements in educational attainment (p.135):

- 62% of TH children achieved the national curriculum standard at Key Stage 2 (compared to national average of 54%)
- Average point score of 50 out of 80 across the 8 core GCSE subjects, exceeding the target of 48.4.
- Progress from Key Stage 2 to GCSE exceeded expectations with on average 0.15 of a grade better across the 8 subjects than other students with similar attainment at KS2. **This shows the impact our schools are having.**

I also welcome the improvement in outcomes for looked after children, in particular that 34 children were adopted or received a special guardianship in 2016/17 exceeding the target of 29 and outperforming significantly on the previous year of 20 (p.135).

Question 1: What were the key factors driving this improvement and what is the learning that has been taken from this improved performance to ensure that it is sustained?

Our care proceedings have been taking place in a more timely way and we are intervening at an earlier age. Historically, our care population has been at the older end of the age range making permanency arrangements more challenging. There is closer monitoring of care planning, earlier allocation of family finding workers and the recruitment of a permanency manager, all of which contribute to the improvements in performance. It is also important to note that the number of children being brought into care has increased which will have an impact on the number of adoption and SGO's that we are able to achieve.

Delivery Plan (Appendix 2)

I am concerned at the number of areas in Children's Services where there has been delay, activities marked as completed whilst other information indicates it hasn't been completed as expected and that there has been in a number of cases limited evidence and understanding of the impact of changes.

Page 156. Ref 1.3a: Ensure adequate early help for the most vulnerable children and families, with a strong focus on safeguarding.

Question 2: Is the programme of universal family support that targets those identified in priority need still due to be operational by the end of September?

The Integrated Early Years' Service that is leading on this offer is working towards trialling the new 0-11year old service through Children's Centres from September 2017.

The service is currently embedding following a period of several years of re-structuring to develop a sustainable and efficient high quality offer. Financial benchmarking against other LAs shows a

very strong comparative investment by the Council and almost uniquely the retention of 12 Children's Centres plus an additional eight delivery sites, but there has inevitably been an impact generated by the necessary investment of resources in the change process and reduction in funding and posts over time, particularly the loss of Play and Learning Workers and Family Support Workers.

In order to target work where we believe it will make more of a difference, some of the more universal services will be reduced. It is of course important to ensure there is no duplication or overlap with existing services, and this scoping work is currently being undertaken. A key barrier to effective targeting of families soon after birth is the on-going lack of access of live birth data for Children's Centre staff. Having this data would enable targeting so that those families who live in the areas of disadvantaged could be encouraged to take up the offer at Children's Centres, helping the LA overall to reduce the gap in relation to outcomes for children, while increasing the number of children attending the two year old review.

Question 3: The work to ensure that the social care front door has a clear early help offer is marked as completed. Is the Cabinet content that there is a clearly defined early help offer in relation to the findings of the recent Ofsted report? The comments report that the Early Help Hub, whilst established is not fully embedded in practice and limited impact has been evidenced, which seems to suggest it hasn't been completed

A great deal of work is underway.

There has been reorganisation within the CSC teams and strengthened oversight within MASH

Regular morning briefings between the early help hub and MASH are strengthening the interface and the hub is becoming more established. However the hub is not fully embedded so there is more work to be done.

Question 4: The work to ensure alignment of Signs of Safety within the CAF process has been marked as completed. The comments claim that SoS are embedded in practice and marked complete for December 2016. Given the Ofsted findings are Cabinet confident that this is appropriately embedded in practice and being used appropriately by the social workers?

Signs of Safety is aligned with the Early Help Assessment. There are "Signs of Safety Champions" based within Children's Centre and Health settings which is supporting the referral process. Signs of Safety is the practice model that is used by Children's Social Care, this position has been reinforced post-Ofsted. The work to fully embed Signs of Safety continues and will be supported by the improvement journey and particularly the service redesign.

Question 5: The integrated review of 2 year olds suggests a low take up of this service. Has the council explored improving access to this service, for example at weekends as other neighbouring boroughs have done?

The integrated review of 2 year olds is carried out by the health visiting service with support from the IEYS. The rollout is through children's centres and MPVI early year's settings. Two Clinical Leads from the Health Visiting Service lead the process with senior managers from the IEYS. We

understand that there are pressures on the Health Visiting Service, which is located in Public Health, in relation to recruitment and retention of health visiting staff. We are told by the regulatory body that LBTH health visitors are also unable to return their integrated review documents electronically to the NHS.

Summary of Two Year Old Integrated Review Data 2016-17

Total number of MPVI early years setting with 2 year olds	74			
	Return 1	Return 2	Return 3	Return 4
Number/Percentage of MPVI Settings submitting data	93%	91%	69%	N/A
Of those returned - % holding 2 Year Integrated Reviews	30%	31%	25%	N/A
Total number of Integrated review held	102	81	53	N/A

Total Number of Children's Centres for 2 Year Old Integrated Reviews	12			
	Return 1	Return 2	Return 3	Return 4
Number/Percentage of Children's Centres submitting data	100% (12)	100% (12)	100% (12)	Data not returned
Of those returned - % holding 2 Year Integrated Reviews	100% (12)	100% (12)	92% (11)	Data not returned
Total number of Integrated review held	465	325	273	Data not returned

Early learning for two year olds places.

Based on the DWP data on April, there are 1988 eligible children who are eligible for EL 2 placement. Out of that total, 871 children are at present in placement which is 44% of total eligible children.

24/07/2017

Target	In Placements	Vacancies
1988	871	200
	44%	54%

1974 children accessed an EL2 place over the preceding year (July 2016-July 2017). This is an increase of 19 places compared to the same period last year. Of these children, approximately 30% became no longer eligible. They continue to occupy the places created, but as three year olds eligible for the three year old offer. Colleagues in the Family Information Service (PET not IEYS) ask parents why they no longer wish to take up an EL2 place. No parents have requested weekend placements. The remaining parents say that, having tried childcare, they prefer to care for their two year old themselves as they are "too young" to attend childcare on their own. These parents are directed to children's centres if not already attending. Note that as the children attend with their parents, their attendance cannot be counted.

The 200 vacancies are available for parents to take up at any point if they wish to do so.

Question 6: It is concerning that the work with young people had been so delayed. It states that a partnership response has been slow 'because of a lack of robust understanding of the level of risk and vulnerability for a small cohort of children in the borough. This was cited in the Troubled Lives, Tragic Consequences review. It claims to have been rectified. What assurances can be provided that the level of risk is now understood and a co-ordinated response is now in place given the issues raised in the Troubled Lives, Tragic Consequences report?

The Troubled Lives Tragic Consequences review was fundamentally influential in identifying the critical changes that needed to happen to improve the partnership response to young people who are at risk from others and to others, both within their family of origin and in the community. This includes young people involved in crime as victims and perpetrators, at risk of Child Sexual Exploitation, caught in County Lines activity, Gang involvement and often known to, or in the care of the Local Authority.

Any professional and community response to these vulnerable children needs to be well co-ordinated and to maintain a balance of support and enforcement. This demands close working across the council and with key partners such as the police, community safety, health and the voluntary sector.

Changes have happened on three levels;

Individual case level – some work is underway with an affected family to support them through their loss.

Operationally - work is in the final stages to develop a risk matrix tool that social work teams can use to identify the range of risks that vulnerable young people face. This will be embedded in the assessment process in both the targeted and statutory services in order to assist early identification of children with a complex risk profile.

Strategically - work is underway to create a multiagency response to the serious youth violence in the borough alongside similar work to respond to levels of family violence that were evident in the Thematic review, Partner engagement is assured and immediate action has been taken regards youth activities and diversion work across the summer holidays, such as the Summer Arts programme. The multi-agency COGYV (Co-Offending Groups Youth Violence) considers the risks to children every month who are identified by the police gang's team and other professionals. A package of support and enforcement is agreed upon during each meeting and review regularly."

I welcome the work that has been undertaken in relation to:

- Reviewing support for children's emotional wellbeing and using this to inform commissioning
- Increasing CAMHS interventions and offer for foster carers and children and young people
- Promotion of 'UN Rights Respecting Schools' and using this work to promote community cohesion

There appears to be a lack of information on the delay for the activity to tackle obesity amongst primary aged school children (p.169, ref 1.5c).

Question 7: Given the lack of progress noted in Appendix 1 (p.150) which shows there has been no change to the level of obesity. What further actions will be undertaken and implemented in a timely manner to address this.

Background

The prevalence of childhood obesity has been increasing in the UK and other developed countries for the past 20 years and is linked to social and environmental changes described as 'the obesogenic environment'

Tackling child obesity is a public health priority because obesity increases the risk of a range of major health problems including diabetes, cardiovascular disease, some cancers and muscular-skeletal problems and can impact significantly on a child's emotional wellbeing.

The National Child Measurement Programme (NCMP) measures the height and weight of children in reception class (aged 4 to 5 years) to assess overweight and obesity levels in children within primary schools. Children's heights and weights are measured and used to calculate a Body Mass Index (BMI) centile.

The headline indicator is "excess weight in children", which comprises obesity + overweight categories (Public Health Outcomes Framework indicators 2.06i - Child excess weight in 4-5 year olds)

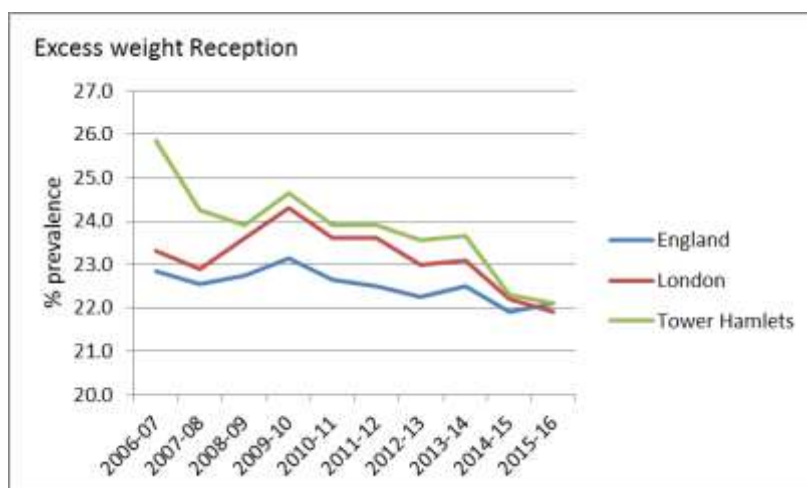
What the latest data shows

The most recent data relates to the 2015-16 school year (and was released in November 2016). Below table and graph representing the NCMP data from 2006/7-2015/16

Table 1: Excess weight trend Reception, 2006/7-2015/16

	England (%)	London (%)	Tower Hamlets (%)
2006-07	22.9	23.3	25.9
2007-08	22.6	22.9	24.3
2008-09	22.8	23.6	23.9
2009-10	23.2	24.3	24.7
2010-11	22.7	23.6	23.9
2011-12	22.5	23.6	23.9
2012-13	22.3	23	23.6
2013-14	22.5	23.1	23.7
2014-15	21.9	22.2	22.3
2015-16	22.1	21.9	22.1

Figure 1: Excess weight trend Reception, 2006/7 – 2015/16



Summary of data for reception (aged 4-5 years)

- *Current year data has brought convergence of excess weight prevalence with London and England (Table 1 and figure 1).*
- *Long term downward trend in ‘excess weight’ (i.e. obesity and overweight combined). The rate of decrease has been significantly greater than that of London and England, the decrease between 2013/14 and the current year (2015/16) has brought about convergence of excess weight prevalence in Tower Hamlets similar to that of London and England (figure 1).*

What are we doing currently?

- ***Tackling child obesity is a priority for Tower Hamlets Health and Wellbeing Strategy (Children's weight and nutrition – changes helping children to have healthy weight, encouraging eating and promoting physical activity). Plan to hold 'Health Summit' in autumn.***
- ***Public Health commissioned universal primary prevention programmes working with school aged children (Healthy Schools) are to support schools to adopt a 'whole school approach' to becoming health promoting settings. The service has prioritised work addressing child obesity, food and nutrition and physical activity, including providing small grants for pupil led projects (funded through the Public Health grant). NCMP data helps schools identify their priority areas for specific health/wellbeing projects in order to achieve gold Healthy Schools London accreditation.***
- ***Work underway controlling the availability of / exposure to 'obesogenic' food and drinks.***
- ***Increasing the walkability / cyclability of the built environment.***
- ***Local Government Declaration on Sugar Reduction and Healthier Food (provided a framework to support local authorities to make a public commitment to improve the availability of healthier food and drinks and to reduce the availability and promotion of unhealthy options). Tower Hamlets has signed up to this Declaration***

Appendix 4 – Strategic Measure Targets for 2017/18

p.215 – Targets on percentage of pupils at primary and secondary school who think they will go to University. This is a welcome measure to be included, especially since it gives a degree of child's voice in our monitoring.

Question 8: Given the level of progress and increased percentages in recent years, are the targets sufficiently ambitious?

This is a borough which is ambitious for its children and young people and education services will set challenging targets to raise aspirations and performance. The evidence of the changing attitudes and increased ambition to attend university is welcome and yes we can review the targets. At a strategic level we also need to ensure we are offering a range of pathways for individuals that lead to improve life chances and opportunities for financial and social fulfilment and that we reflect on the changes we need to make in the system to ensure that graduate unemployment in the borough is minimised.

p.216 – In relation to the percentage of children's social care contacts completed within 24 hours.

Question 9: Can this measure be further clarified in relation to the term 'completed'? Does it mean appropriate initial assessment and referral?

A contact is information received by Children's Social Care which needs to be considered and a decision made on whether a further response is needed. A contact is termed "completed" once the episode is closed. In order for this to happen a decision needs to be taken as to whether to close the contact or to progress for further assessment. The aim is for this decision to be taken within 24 hours of receiving the contact.

p.217 – In relation to percentage of child protection reviews completed in time.

Question 10: Can this measure be clarified to describe how 'in time' is defined/measured? What are the timescales?

The first review children protection conference has to take place within 3 months of the initial conference. This is measured as 91 days after the initial conference. The next review and all subsequent reviews must take place at 6 monthly intervals. These are measured at 182 days.

Other questions

p.185 – This action is marked as complete. However the published policy on the council's website states it is due to be reviewed in March 2017.

Question 11: Is this therefore the latest policy that the council has and was the review undertaken in March?

The Whistleblowing Policy procedure was last reviewed and agreed in September 2016 and a review of this is currently taking place. Alongside the recommendations from Clear up Projects a revised version will be submitted in September 2017 to General Purpose Committee.

p.186 – Digital Transformation Programme

Question 12: How does the work to develop and implement the council's Digital Transformation Programme (which is only 20% completed) relate to the separate proposals going to Cabinet for additional IT investment?

The proposal going to Cabinet on Tuesday seeks the release of £16.5m of the £25m IT reserve to address current IT issues and modernise our infrastructure, including moving from on-premise data centres to cloud services, upgrading the network to cope with additional traffic and providing staff with modern IT equipment to support modern ways of working. This both addresses historic under-investment in IT services and prepares the Council's for digital transformation through the Smarter Together Programmes.

The Smarter Together programmes are identifying their IT requirements, including a customer relationship management system to give the council a single view of residents and residents a single view of the council; a document management system to digitise paper records ahead of the Civic Centre and manage our records to underpin compliance with the General Data Protection Regulations; and software and services to create a reporting hub to enable us to make better use of our data for evidence based decision making.

All of the transformation initiatives rely on the early investment in reliable core IT services provided by the proposed £16.5m investment; and will draw on the remaining IT reserve to fund the work specific for each programme.