Lancashire County Council

Children's Services Scrutiny Committee

Minutes of the Meeting held on Wednesday, 1st March, 2017 at 4.30 pm in Cabinet Room 'C' - The Duke of Lancaster Room, County Hall, Preston

Present:

County Councillor Gina Dowding (Chair)

County Councillors

L Beavers	A Jones
A Cheetham	M Otter
C Dereli	S Prynn
J Gibson	D T Smith
C Henig	

Co-opted members

Alison Taylor, Fylde and Wyre CCG Debra Wilson, Chorley, South Ribble and West Lancs Children's Partnership Board

County Councillor Tony Jones replaced County Councillor Susie Charles for this meeting,

1. Apologies

Apologies were received from County Councillors Munsif Dad, Graham Gooch and Dorothy Lord; Elaine Shinks, Children's Partnership Board - Hyndburn, Rossendale and Ribble Valley; and Catherine Swift, Children's Partnership Board - Burnley and Pendle.

2. Disclosure of Pecuniary and Non-Pecuniary Interests

None were disclosed.

3. Minutes from the meeting held on 18 January 2017

Resolved: The minutes from the meeting held on the 18 January 2017 were confirmed as an accurate record and signed by the chair.

4. Preventing Childhood Obesity

The Chair welcomed Sakhti Karunanithi, the Director of Public Health and Wellbeing to the meeting. The Committee was provided with a presentation regarding childhood obesity.

The definition of child excess weight and obesity. Children with a body mass index (BMI) greater than or equal to the 95th centile of the British 1990 growth reference BMI distribution had been classified as obese. Children with a BMI greater than or equal to the 85th centile of the British 1990 growth reference BMI distribution had been classified as overweight including obese (excess weight).

The situation in Lancashire was that the National Child Measurement Programme data (2014/15) showed in Lancashire that in the under 12s Age Group the prevalence in reception age children was 9% and 18% in year 6 (England figures 9% and 19% respectively).

In 2008/09 the obesity prevalence in Lancashire for reception age children was 9.0%. This cohort was now the year 6 population (2014/15) with an obesity prevalence that had doubled to 18%.

Hyndburn (11%) and Lancaster (11%) both had significantly higher rates of obesity in reception age children, compared to England.

Burnley (22%) had a significantly higher rate of obesity in year 6 children compared to England, while Chorley (17%), South Ribble (15%), Ribble Valley (14%) and Fylde (13%) were significantly lower.

The population based childhood obesity prevention strategy had been set up within Government. It included population wide policies and initiatives to do with food, environment, and, physical activity.

There were also community based interventions such as:

- Engagement
- Governance
- Early Years
- Schools
- Other child care settings

A plan of action had been set up. There was a soft drinks levy payable on drinks with added sugar. The amount of tax payable depended on the volume and overall sugar content of soft drinks which companies either produced or imported. There was a lot of focus put on hidden sugar in food and drink and there was commitment to take out sugar in products. There was an incentive to promote businesses to be healthier and also make school food healthier. The Health and Wellbeing Strategy had been developed by Lancashire's Health and Wellbeing Board and its vision was that every citizen in Lancashire would enjoy a long and healthy life. Part of the Sustainability and Transformation Plan (STP) was to create healthy environments in health and care settings to improve diets and support action to reverse trends in childhood obesity. A Unicef baby friendly mark had been achieved by Lancashire's children centres and health settings. There was now a Healthy Weight and Active Lifestyles service available in Lancashire. There were also various community initiatives around childhood obesity and there were campaigns as well such as Be Food Smart which was about making people aware of how much sugar and fat was in our food.

LCC welcomed opportunities to work with early years and schools on childhood obesity, and also work with businesses and dentists. Another opportunity on tackling childhood obesity was through 'Health as a Social Movement'. This was a programme worked to support development and spread of social movements in health and care. There was continued advocacy from LCC for a comprehensive obesity strategy.

Questions and comments by the Committee in relation to the report were as follows:

- Regarding resources some of the key resources were engagement with head teachers. Health visitors were also a key resource. In terms of LCC's own staff there were really only two people involved with Public Health function linked with supporting schools and they were at a strategic level in terms of commissioning and creating partnerships. There were various groups involved with kick-starting community initiatives and healthy eating campaigns such as mums' networks and some were members grants related initiatives.
- Members were informed there were national campaigns around healthy eating. LCC tended to choose its local campaigns to be in alignment with the national campaigns. A recent campaign was 'Be Food Smart'. LCC was encouraging people to volunteer in supporting these campaigns and looking at social marketing.
- Confidence in the measuring of obesity such as the BMI was queried by Members. They were informed that BMI was one of the most robust tools to measure obesity.
- The Committee stated that many parents thought they were giving their children healthy food and were totally unaware of the hidden sugar content. There was a campaign called 'Be Food Smart' which people could choose to engage in. The Government had a role to raise awareness about what was in the food and what was a healthy food. There was an initiative to increase the access to dentists for children to receive regular, routine checks.

- LCC had been regularly working with food banks for a number of years. It was a partnership agenda with district councils, the voluntary community faith sector, and, church groups. The partnership was working towards access to free breakfasts in deprived areas of Lancashire.
- It was pointed out to the Committee the label 'obese' was not used anymore, instead the term 'excess weight' was used.
- Children faced stress at school and bullying, and, it was noted that stress and obesity were definitely linked.
- Members felt that school meals had changed for the better and enquired what the status was in schools regarding milk. Children's Universal Services were pushing milk and water in schools. Water and milk were the recommended drinks for children.
- Regarding the STP the Committee enquired where it was up to with local delivery plans such as 'Our Health Our Care' and 'Transforming Lives'. Prevention strategy at local delivery plan level should be flagged up within the STP. Committee was informed it was very early days for the STP. It was stated that nationally there had to be a radical upgrade in prevention. The Children and Young People agenda was a priority in the STP.
- There were no plans at the moment to reduce support for the Baby Friendly Initiative (BFI). All children centres and Lancashire Health Care Visitors were accredited at level 3 nationally..
- Members felt it was important to advocate cooking lessons in schools for all children. Schools should encourage healthier lifestyles. Deprived areas had the greatest problems with healthy lifestyles. Schools were enthusiastic about health and wellbeing.
- It was noted that fresh meat and vegetables were a lot more expensive than pre-packed food. Education on healthier living was fine as long as people had the means. Families had a lot of pressures around money.
- LCC was working with individuals and families in promoting a healthy diet and encouraging them to be more active. It also had good initiatives at a community level for healthy living. There was also a national policy on healthy lifestyle.
- The Committee requested the Government actedon the Sugar Tax and greater pressure put on the voluntary agreement the Government was working towards.
- As a committee concerned with children's health, Members wanted to ensure positive attitudes to healthy eating were promoted.

- There were concerns about the marketing of food by supermarkets and the affordability of healthy foods.
- It was noted that there was less childhood obesity with breastfed babies. There was greater scope for success with this. There was 69% of babies breastfed at birth but this dropped to 30% after 6 – 8 weeks.

Resolved:

- 1) The Committee note the report
- 2) The Committee ask the Government for action on the Sugar Tax. It was agreed that Sakthi would draft a letter on behalf of the Committee

5. SEND DoLS Sub-Group Update

The Chair welcomed Brendan Lee, Head of Service Special Educational Needs and Disability, to the meeting.

The Committee was informed that the Mental Capacity Act (MCA) 2005 directly impacted on work undertaken within the Special Educational Needs and Disability (SEND) service and subsequently officers had to have due regard for the remits of this legislation. The MCA had far reaching implications for the SEND service in relation to decisions that young people using their service were making with regard to their education and care. The MCA interacted with other key pieces of legislation such as the Children Act 1989 and SEND Code of Practice: 0 to 25 years.

Within SEND, good progress had been made in a number of areas of the Work Plan (September 2016). Pathways had been developed in relation to how the Children with Disabilities Team (CwD) and Integrated Assessment and Monitoring Team (IA&M) work with children and young people to undertake capacity assessments and, where appropriate, consider what was in their best interests. These were currently being consulted on by a number of practitioners with various areas of expertise. The cohort of young people to whom the MCA was applicable had been identified and the procedure for prioritising these young people was being developed and would be implemented in due course. Training was being commissioned from April 2017. Learning from case law and casework within Lancashire was ongoing and would inform the development of procedures and practice guidance. In the last 12 months the CwD Team had made seven applications to the Court of Protection under the MCA with no criticism received from the work undertaken in these cases. The SEND Service had successfully built good links with Lancashire's Mental Capacity Act MCA Co-Ordinator in the Deprivation of Liberty Safeguards Team who was providing advice and guidance where requested and had strengthened links with Legal Services to offer ongoing support. In addition the MCA Working Group incorporated professionals with a range of backgrounds and knowledge.

Questions and comments in relation to the report were as follows:

- The SEND team had to consider if the children had the mental capacity to make their own decisions and understand the consequences of their actions before the team looked at deprivation of liberty.
- Regarding the Mental Capacity Act 2005 (MCA), concerns were expressed over deprivation of liberty for children. The primary goal of the SEND team was to protect the children. The MCA was about protecting liberty. It was very challenging for foster services and care services. There was a huge piece of legislation in regards to the MCA and deprivation of liberty with many complexities attached to it.
- Members felt there was scope for a briefing on the MCA and deprivation of liberty for all County Councillors. The SEND DoLs Sub-Group had felt that that this was a difficult and complex area of work and asked how far LCC could go as a local authority ensuring all the procedures were in place and children were protected

Resolved:

- 1. The Committee noted the progress made so far in relation to the implementation of the MCA within SEND and the development of policy, procedures and processes being developed to support compliant practice and positive outcomes for young people.
- 2. The Committee requested an update report in six months.

6. Work Plan

The Committee was presented with the work plan which included current subgroup reviews.

In consultation with the Chair it was agreed that the next meeting of the Committee on 12th April be cancelled. The next meeting of the Committee would be on 14thJune at 2:00pm.

The Chair would send an email to Members of the Committee inviting them to respond and give feedback on specific issues, specifically around working groups, training and membership of the Committee.

Resolved: The Committee noted and commented on the report.

7. Urgent Business

There were no items of urgent business declared.

8. Date of the Next Meeting

Next meeting of the Committee to take place on the 14 June 2017 at 2:00pm, Cabinet Room C, County Hall, Preston.

I Young Director of Governance, Finance and Public Services

County Hall Preston