

Lancashire Safeguarding Children Board 8 July 2016 – Chorley House, Leyland

MINUTES

Name	Agency	Present / Apols
Jane Booth	Independent Chair	Present
Louise Burton	Chorley and South Ribble, Greater Preston, and West Lancashire	Present
	CCG – Designated Lead Nurse for Safeguarding	
Hayley Clarke	LSCB/LSAB – Business Co-ordinator	Present
Sue Clarke	Lancashire Constabulary – Head of Crime	Present
Siobhan Collingwood	Primary Schools, Morecambe Bay School - Head teacher	Present
Janet Crossley	Safeguarding and Prevent Manager – Burnley BC	Present
Joanne Dann	Cumbria and Lancashire CRC	Present
Vicki Evans	Detective Inspector, PPU	Present
Victoria Gibson	LSCB / LSAB Manager	Present
Sarah Morris	CAFCASS	Present
Hazel Gregory	BFW Hospitals	Present
Julie Haywood	Programme Director, Transformation and Service Redesign,	Item 4
	Midlands and Lancashire Commissioning Support Unit	
Nathan Isom	Lancashire BME Network	Item 5
Sakthi Karunanithi	Lancashire County Council – Director of Public Health	Present
Graham Lowe	LSCB/LSAB – Online Safeguarding Adviser	Present
Alice Marquis-Carr	Fylde, Wyre & North Lancashire Clinical Commissioning Group	Present
Chris McConnachie	Lancashire Association of School Governors	Present
Danielle McMillan	LSCB/LSAB Business Co-ordinator	Present
Tony Morrissey	Lancashire County Council – Deputy Director Children's Services	Present
Susan Norbury	Head of Safeguarding, Southport and Ormskirk NHS Trust	Present
Laura Nuttall (Minutes)	LSCB/LSAB Business Co-ordinator	Present
Garry Payne	Chief Executive, Wyre Borough Council	Present
Julie Seed	Lancashire Teaching Hospitals Trust	Present
Stela Stansfield	Service Co-ordinator, The Children's Society	Present
Liz Thompson	Named Nurse Safeguarding Children, UHMB	Present
Marie Thompson	Director of Nursing & Quality, BTH NHS Foundation Trust	Apologies
CC Matthew Tomlinson	Lancashire County Councillor, Lead Member - Participant Observer	Present
Sonia Turner	National Probation Service	Present
Susan Warburton	Deputy Director of Nursing, Patient Experience & Safeguarding	Present
Bridgett Welch	Lancashire Care Foundation Trust – Associate Director	Present
Margaret Williams	Chief Nurse, Lancashire North Clinical Commissioning Group	Item 13
Vanessa Wilson	East Lancashire Hospital Trust – Divisional General Manager of	Present
	Family Care	
Linda Clegg	Lancashire County Council – Director of Children's Services	Apologies
Debbie Fawcett	HARV	Apologies
Chris Horrocks	Head Teacher, St Bede's Secondary School	Apologies
Joanna Hunt	Children's Society - Programme Manager	Apologies
Debbie Ross	East Lancashire CCG - Head of Safeguarding	Apologies
Sacha Wells	Director of Midwifery, Gynaecology and Obstetrics, UHMB	Apologies

eryone to the meeting. Introductions were given around the table and as above. EETING HELD 13 MAY 2016 e agreed as an accurate record. TION SHEET AND MATTERS ARISING FROM MEETING as reviewed and a number of updates reported. The log will be updated ates. The following key points were highlighted:	LN
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report regarding the Diagnostic is nearing completion and will be soon as possible. Service review/redesign is due to commence week 18 July. Board members are asked to provide single point of contacts to the process.	VE All
Pre-Mobile Babies – LSCB Board Managers will revisit the policy to y.	VG/AG/ PT
IGN	
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	ras in attendance to deliver an update regarding the CAMHS service resformation plan. A presentation was given, with the following key points is will be shared for information. d guidance was published last year regarding the national picture of y services for emotional health and wellbeing. This set out a for CCGs to develop a Transformation Plan. One plan has been re 8 of the CCGs in the Lancashire area based on a 0-25year age range. The accountability and Transformation Plan. One plan has been are 9 promoting Resilience; Improving Access; Care for the Most Vulnerable; recountability and Transparency; and Developing the Workforce. JH update on the progress of each, as detailed in the slides, and highlighted rables in 'Developing the Workforce' have yet to be started due to a cing a lead. mation Plan was agreed and assured by NHS England in January 2016, allocated for spend by March 2016. £2.2m was utilised through end on resilience and the commissioning of increased staff numbers and eare; pilots to test new models of care; and a collaboration across of invest in shared approaches to major service developments. By March in is to support 3,411 more children per year, and recruit 51 full time sists. 2016/17 were outlined in the presentation, including the following (not creased provision for peri-natal mental health; development of pannoe model and training plan; increased access to psychological therapies irs; CAMHS transition points to be reviewed and re-worked; ADHD recruited; work around places of safety; model for systems oversight; formance reporting; and training courses/community development. The provided with assurances that good progress is being made and the future ongoing delivery considers increase in the pool; consolidating commissioning, alignment with LA integration agenda; ongoing strategic th wider and related programmes; and the development of end state

A number of comments were made regarding the information presented.

SK stressed the need for focus around strengthening collaboration. There are immediate pressures on resources levels due to the amount of funding being removed from many services. SK fed back that the CYP Trust Board have highlighted issues regarding workforce around the Early Help agenda, and suggested that links could be made with this programme to address similar workforce issues.

It was noted that many different reviews are taking place with regard to workforce and it is important to map this out to identify and gaps/losses that are being made. JH will make links around this.

JH

SC highlighted that schools will see an impact from September onwards, with the introduction of ADHD Nurses, however some challenges will arise to manage the backlog of ADHD referrals.

VW stressed the equal importance of each of the workstreams and the need to ensure that funding isn't used up on those already in progress – it is important that the funding addresses the total system.

A number of Board members expressed concerns around the number of transitions that are taking place at the same time, therefore widening gaps and potentially putting children and young people at risk. It was stressed that the creation of silos need to be avoided.

A discussion took place regarding recent issues around 'Place of Safety' and a number of partners raised strong concerns around this. SW reported that the pilot around the 'Shared Care Protocol' was delayed and currently awaiting advice from CQC regarding the placement of children on wards. Once advice is received, the pilot will be rolled out. SW will update on progress at the next meeting.

SW

In order for the Board to support the Transformation Plan, JH suggested that regular updates are presented at future LSCB meetings with specific information around individual workstreams, providing the opportunity for constructive challenge and to set out any assistance the Board may be able to provide in order to move forward. This was agreed and an update will be provided in November

JH

It was also agreed that the Chair write to the relevant agencies expressing the Boards concern about CAMHS issues and the importance of taking the opportunity to look at whole system change.

JB

5. BME PROJECT FINDINGS

Nathan Isom was in attendance to deliver the item.

Burnley and Pendle Children's Partnership Board carried out a CSE needs assessment in 2015. Low rates of engagement were evident from BME communities and therefore the Lancs BME Network were commissioned to conduct a targeted needs assessment with BME communities.

BME Network carried out a number of workshops and focus groups with members of BME communities and key findings were noted around lack of knowledge regarding CSE; misconceptions regarding victims, gender, age, background, and culture; denial of CSE within BME communities; lack of trust towards existing referral and support services deters reporting; and issues are more likely to be dealt with as a community rather than reported as a crime. The initial findings of the needs assessment are available in report form, and will be shared with the group. Board members are asked to consider the findings with caution as they will not be mirrored across Lancashire due to differences in demographics. This was also the case within the Burnley/Pendle area as some areas expressed more 'traditional' views than others.

NI/LN

A number of recommendations were made to the CPB, who have now selected three as a main area of focus moving forward:

 Engagement work with BME communities to increase empathy for victims and reduce contempt towards perceptions of victims who dress or act provocatively;

Awareness raising sessions delivered in communicates around signs and symptoms of CSE and the referral pathways available: A positive messages campaign to provide communities with more understanding of the wide-ranging background of perpetrators and victims. Lancs BME Network will now lead the next phase of the project, supported by partner agencies, focussing on the recommendations above. Workshops will be delivered to engage the BME communities and increase awareness of the issues surrounding CSE. Groups of young people will participate in the project by writing and delivering a theatrical showpiece to give their views around the signs of CSE, this will be performed for various groups and a DVD will be produced. JB suggested that the methodology of this project could now be usefully duplicated across the county, and also used to gain a picture of other complex issues, not just CSE. Comments were made regarding possible implications project findings may have on changes to referral pathways. NI will attend the LSCB meeting in November to present findings from the second phase. NI **LSCB ANNUAL REPORT 2015-16** 6. JB presented the draft LSCB Annual Report for 2015/16. The draft report will be presented to Cabinet on 14 July. It was noted that a few additions/amendments are yet to be made, with a view to making the final report available during the summer holiday period. Board members are asked to review content and make any comments regarding the draft ΑII report as soon as possible. SK suggested that a caveat is included with any data to stress that the Lancashire picture is variable when considering local data. The report will be amended to reflect this HC suggestion. 7. **UPDATE REPORTS FROM SUB GROUPS** a) CDOP The content of the report was noted and no further comments made. b) Children's Partnership Boards The content of the report was noted and no further comments made. c) eSafeguarding The content of the report was noted and the following points raised: eSafeguarding will be referred to as 'Online Safety' moving forward; "Keeping Children Safe in Education" guidance has been revised and holds big implications for Schools around online safety. SC reported that it would be useful for schools to have training around the new guidance, and information should be shared through Headteacher forums. JC echoed this for Colleges/FE TM reported that Andrea Glynn has been appointed to the role of Schools' Safeguarding Officer and will take up post from 15 August: JB reported that following the development of the Joint Business Unit, the LSAB are keen to utilise Graham's expertise around online safety. d) Learning and Development The content of the report was noted and the following points raised: The sub-group have agreed to hold a large conference and would welcome views from LSCB with regard to the subject matter; A discussion is to take place regarding charges for courses for attendees who are not a contributing partner; SC queried progress around supervision training for schools. AMC will pick this up **AMC** with Ane Freed-Kernis.

	e) Quality Assurance Sub Group		
	The content of the report was noted and the following points raised:		
	The Risk Register has been reviewed and will be presented to the next LSCB for		
	 agreement; Training for the Virtual Audit Team is due to take place over the coming weeks. 	VW	
	f) Serious Case Review		
		DM	
	DM provided a verbal update around SCRs and the following points were shared. A written update will be circulated for information.		
	 There are currently 8 active SCRs, with two (LA and LB) moving into action planning and publication stages; 		
	 3 cases will be presented to the Board meeting in September; 2 new cases have just started the process (LH and LG); 		
	 Terms of Reference for the sub group have been re-written; membership and quorate 		
	has been agreed; and the SCR process reviewed. All will be circulated with the	LN	
0	minutes from this meeting for agreement.		
8.	SUMMARY FROM EXECUTIVE GROUP HELD ON 3 MAY 2016		
	A summary report from the last meeting of the Exec Group was shared and noted. The following key points were raised:		
	 The full SCR report for child KG will not be shared due to detrimental impacts on the child, however key learning will be shared. JB and Jane Carwardine will meet with the child's grandparents to share details of the report. 		
	• Lay Members are due to commence their membership in September, the request for volunteers to act as mentors was reiterated to members of the Board.		
	 The new Business Support Officer (BSO) for Training is due to take up post in the 		
	Joint Business Unit with effect from 1 August. The vacant Grade 5 BSO is currently being advertised.		
9.	QUALITY AND PERFORMANCE		
	HC presented the quarter four performance headline report based on the six key areas by the QA Subgroup for further analysis. The following key points were raised.		
	Indicator 302: Increase in the number of CSE referrals recorded as high risk:		
	Some queries have been raised regarding the data here and are being considered by colleagues at the Constabulary		
	Blackpool and Blackburn with Darwen account for 26% of the pan-Lancs figures.		
	 The three areas to pilot CSE Nurses have recorded an increase in referrals. The funding for this pilot is now being removed therefore there is a need to identify how 		
	the gap in provision will be addressed/maintained. It was reported that central area		
	CCGs are currently looking at funding regarding this.		
	Indicator 304 – Number of DV notifications where a child is recorded at the address:		
	 Feedback has been received from Police colleagues regarding challenges in analysing data to provide the full 'picture'. HC is currently in discussions with the Commissioning Team to address this issue in order to fully understand the data. 		
	Indicator 343 – Increase in the number of children missing from education		
	 Some concerns raised regarding data validity. HC is currently looking into the issues to gain clarity. TM will also raise the issue with Bob Stott and provide an update to HC. 	НС	
	Indicator 503 – reduction in repeat referrals to children's social care		
	Significant work has taken place to reduce repeat referrals – with successful		
	outcomes. TM noted that although this is positive, the number of referrals is increasing, therefore meaning that there are a number of new referrals coming into the system.		

Indicator 603 – Increase in the rate of S47 enquiries The rate per 10,000 has increased and now far exceeds the North West and National average. Contributing factors include the audit of all CIN cases post Ofsted, and an increase in cases that have child protection concerns for example high risk Police referrals of high risk CSE cases. Indicator 606 – Increase in the number of children subject to child protection plans An increase has been recorded with a contributing factor being the audit of all CIN cases post Ofsted. The rise has been significant across all districts, with the rate plateauing by March 2016. Regional figures were requested to allow for comparison – HC will source regional HC picture from the RIG. 10. **REVIEW OF LSCBs** A report was circulated with the agenda to summarise the key points of the recently published Wood Review into the role and function of LSCBs; SCRs and CDOP. JB asked Board members to be aware of the proposals. Further information is expected later in the year and will be shared once available. Local discussions/decisions will need to be taken once guidance has been released. The Local Authority, Health and Police will be the key accountable partners for the LSCB. 11. **CQC INSPECTION FEEDBACK** AMC provided a verbal update regarding the recent CQC Inspection in Lancashire. The formal inspection report and findings have not yet been published and are expected in July/August. Once published, services have five days to respond to findings. The inspection involved the six CCGs and all health providers across Lancashire. Early feedback highlighted the following as areas of good practice: Engagement with children in need and child protection; Clear examples of outcomes for children and young people: Evidence of proactive responses; Appropriate standards of referrals; Clear identification of risk. The following are areas needing improving: Commissioning arrangements for transitional processes: Capacity issues around CAMHS transitions Routine enquiry re: Domestic Abuse, FGM, CSE and use of risk assessment tools. HG reported that the inspectors did not consider Blackpool Teaching Hospital's acute services, despite residents of Fylde and Wyre accessing these services. The formal feedback report will be presented at a future meeting. **AMC** PAN LANCASHIRE DOMESTIC ABUSE STRATEGY 12. SC reported that pan-Lancs agreement has been given around the Strategy, and now work needs to be completed to develop a work programme and commissioning arrangements/resources in order to move forward. SK reported that mainstream resources are in place but there are issues around specialist services such as IDVAs. Joint commissioning arrangements currently in place a due to end in March 2017, and no agreement has yet been made with partners with regard to future funding.

It was reported that the Office of the Police and Crime Commissioner is looking at the reprocurement of victim support services and needs commitment from partners around this. 13. HEALTH LANDSCAPE – NORTH LANCASHIRE Margaret Williams was in attendance to provide information relating to changes afoot in Health arrangements in North Lancashire. Changes in arrangements for Fylde and Wyre, and Lancashire North CCGs Shared arrangements have been in place historically around Safeguarding. In March 2016, 6 months' notice was given to bring this arrangement to an end due to changes in boundaries. Lancashire North have recruited a Designated Lead Nurse for CLA, and Adult Lead and further recruitment is due to take place in response to the coming changes. Changes will come into effect from September. Boundary changes – Lancashire North, and Cumbria CCGs Proposed changes consider closer working between Lancashire North and South Cumbria CCGs as part of the Better Care Together initiative. Due to complexities and variation in boundaries in the two areas, co-commissioning is being considered, along with the establishment of a Joint Commissioning Committee. NHS England have proposed changes to boundaries and have requested that Lancashire North consult with stakeholders regarding encompassing South Cumbria GP Services. Feedback on the consultation is due back at the end of July. No legal framework will be needed around the proposed change. There are still uncertainties around implications for financial/commissioning elements. Stakeholders are reporting positively regarding the proposed changes, which are due to be in place from April, with transitional period commencing in September. CCG colleagues reported that they feel the changes are beneficial for the North footprint. SK commented on the importance of mapping out how new boundaries will feed into existing partnerships, for example Health and Wellbeing Partnerships. HG reported that BTH's Looked After Children team has been nominated for a national award.			1
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<u> </u>		JB requested that the QA sub group are made aware of the above inspections.	HC

15.	ITEMS FOR INFORMATION	
	The following items were shared for information:	
	a) Lancashire YOT self-assessment audit	
	A report was shared with the agenda. JB raised recommendations set out in the report and noted the following:	
	"LSCB ensure their child protection procedure require that all incidents of strip-searching in custodial establishments are investigated by the local authority under Section 47 if the Children Act 1989, and they monitor compliance with such policy." JB requested that a discussion regarding procedures takes place pan-Lancs and asks that Business Managers of the three Boards take this forward for consideration.	VG/PT/ AG
	"LSCBs champion the rights of children in custody locally and nationally". This recommendation will be discussed at the next meeting, with a position statement agreed by the LSCB.	VG
	b) Improvement Board updates	
	Summaries from each Improvement Board meeting are now available at the following website, along with further information regarding Improvement Board developments - http://www.lancashire.gov.uk/council/performance-inspections-reviews/children-education-and-families/childrens-services-improvement-board.aspx	
17.	Date of Next Meeting	
	*Friday 9 September 2016 – 9:30am – 4.00pm, Chorley House, Leyland	
	**Tuesday 11 October 2016 – 1.00pm – 4.00pm, Chorley House, Leyland	
	*Friday 11 November 2016 – 9.30am – 2.00pm, Chorley House, Leyland * Extended meeting to consider SCRs ** additional meeting to consider SCRs	