



Lancashire Safeguarding Children Board

17th September 2014

Alston Hall, 9:30-12:30

MINUTES

Present	Agency
Jane Booth	Independent Chair
Kathryn Grindrod	LSCB Manager
Kate Culshaw (OBO Collette Dutton)	CAFCASS
Richard Matthews	LSCB Business Co-ordinator
Bob Stott	Lancashire County Council - Director of Permanence, Protection & Schools
Jane Carwardine	NHS East Lancashire – Designated Lead Nurse
Joanne Dann	Lancashire and Cumbria CRC
Janet Thomas (OBO Dee Roach)	Lancashire Care NHS Foundation Trust
Tony Morrissey	Lancashire County Council – Head of Safeguarding Inspection and Audit
Vanessa Hollings	East Lancashire Hospital Trust – Divisional General Manager of Family Care
Paul Hegarty	Lancashire County Council & Local Safeguarding Children Group Chair
Alice Marquis-Carr (OBO) Jennifer Aldridge	Fylde & Wyre Clinical Commissioning Group
Jean Rollinson	NHS Central Lancashire & Local Safeguarding Children Group Chair
Lorraine Norris	Preston City Council - Chief Executive
Abdul Haleem	Lay Member
Sasha Wells	University Hospitals Morecambe Bay NHS Trust – Director of Nursing
Amanda Forshaw	Caritas Care – Assistant Director - Children's Services
Mike Leaf	CDOP Chair
Hazel Gregory (OBO Marie Thompson)	Blackpool Teaching Hospitals NHS Foundation Trust - Director of Nursing
Apologies	Agency
Mike Tull	Schools Representative – Head Teacher
Sue Warburton	NHS England
Sue Reed	Lancashire Teaching Hospitals Trust
Cc Matthew Tomlinson	Lancashire County Councillor – Participant Observer
Debbie Fawcett	Hyndburn and Ribble Valley Outreach - Programme Manager
Tony Winder	Lay Member
Dr Diah Mahmood	Lancashire Teaching Hospital Trust – Designated Doctor for Safeguarding
Mike Banks	Adult Safeguarding Board
Sue Cawley	Lancashire Constabulary – Head of PPU
Louise Taylor	Lancashire County Council – Director of Children and Young People's Services
Marie Thompson	Blackpool Teaching Hospital Trust

No	Item	Action
1	<p>Welcome and Apologies JB welcomed all to the meeting and accepted apologies for absence. JD asked the Sonya Turner be added to the circulation list as she will now be representing the Probation Service</p>	RM
2	<p>Domestic Abuse Commissioning Strategy / NICE Domestic Abuse Guidance Mel Ormesher, LCC Community Safety Manager attended to present the commissioning strategy for discussion and endorsement. Key points to note as follows:</p> <ol style="list-style-type: none"> 1. The strategy has been developed in cognisance of the NICE guidance 2. The JSNA and service user consultation have informed the needs analysis upon which the strategy is based 3. Strategy is intended to address historical issue of inconsistent service access/delivery 4. £1.5 million pounds of funding available, allocated using a recognised formula based on demographics 5. Funding pooled from partners contributions, the LCC Early Support budget provides the biggest contribution 6. There have been some issues and challenges in the tendering process and awarding of contracts 7. Work ongoing to identify a provider for perpetrator services 8. Health agencies (including Public Health) have an action plan linked to this and the NICE guidance 9. Sustainability of the funding is a significant risk, current funding only runs until March 2016 <p>A discussion followed which concluded that:</p> <ul style="list-style-type: none"> • Governance and monitoring arrangements need to be established and it was felt this should be the new Chief Executives Group which will replace the Community Safety Strategy Group. JB will write to the Chair recommending this happens. • Sustainability of funding needs to be resolved, JB will also raise this in the letter above to the CEs Group. • Health funding has become unclear in the new Health economy, especially re CCGs and Public Health. ML to liaise with Mel regarding this. RM will forward Health members contact details to Mel for future reference. Mel also agreed to forward the funding formula to JC. • JB is keen to establish that supply is meeting demand especially with regard to children and families and the Board may want to look at this in future. • Recommendation 11 of the NICE guidance be discussed at the QA Sub-group re links to the QAF. <p>The Board endorsed the strategy</p>	<p>JB JB ML RM MO TM</p>
3	<p>Minutes of Previous Meeting Agreed for accuracy. BS advised that we will likely need another secondary schools rep as the current representative is likely to be away from work for some time. BS will pursue this through Head Teacher fora. KG will check the dates for the new Partnership Boards have been circulated to all. JB clarified that these are now run by the Trust and any queries (eg- membership) need to be directed to Richard Cooke. It was agreed the previous LSCG chairs should sit on the groups where possible. JB also agreed to write to all LSCG members to thank them for their contributions and commitment. It was agreed the Board will stay sighted on the</p>	<p>BS JB</p>

	<p>development of the groups over the coming months.</p> <p>Item 7 – ML clarified the second point – Health Visiting <i>and</i> Family Nursing will transfer to LCC.</p> <p>Members Compact – All to return to RM if not done so already – within 2 weeks. RM will send a list of non-responders after this deadline.</p>	All
4	<p>Action Sheet</p> <p>RM presented the action sheet and drew attention to actions not completed or progressing as planned as follows:</p> <p>Action 1 – VCSF representation on L&D Sub-group. AF assured that this should be resolved at a meeting today which will also agree the new Board member as AF is stepping down. DF to advise at next meeting.</p> <p>Action 6 – CDOP database – ML suggested this moved to amber as a spec is now being agreed though there some issues to resolve re costs.</p> <p>Actions 22-25 are now completed or being taken forward, KK will send the link to the CAFCASS webpage as described.</p>	DF KC
5	<p>Sub-group Updates</p> <p>Update reports were presented by sub-group chairs and the following actions / decisions agreed.</p> <p>5.1 <u>Learning and Development</u></p> <p>Assurance was provided from TM that the eLearning will still be available in the event of ICT changes.</p> <p>BS agreed to look into the feasibility of provision of training data for schools.</p> <p>The training audit will be appended to future section 11 audits to be completed as part of the training section.</p> <p>Request for more admin capacity refused due to budget constraints. It was agreed the new online booking system should be evaluated once it goes live to see how much capacity it frees up - KG will take this forward with Ane.</p> <p>5.1 <u>CDOP</u></p> <p>Updated provided and accepted. It was agreed an update on the e-Learning numbers would be provided in March 2015, it was also agreed that A&E staff are they key audience.</p> <p>5.2 <u>East LSCG</u></p> <p>Update provided and accepted. The group are keen for developments to continue through the new Partnership Boards especially in relation to early support for CSE victims and local issues around health and wellbeing.</p> <p>5.3 <u>Central LSCG</u></p> <p>Update provided and accepted. As above the group are keen for developments to continue through the new groups and have identified these in the work programme which has been shared with the Children's Trust Manager.</p> <p>Language line issues being resolved by LCC commissioners.</p> <p>5.4 <u>LFW LSCG</u></p> <p>Meeting cancelled due to number of apologies.</p> <p>5.5 <u>ESafeguarding</u></p>	BS KG

5.6	<p>Update provided and accepted. Funding agreed for the Esafety Live Conferences in January as requested. Action plan developed and progressing.</p> <p><u>QA Sub-group</u></p> <p>Update provided and accepted. Work plan progressing as planned. Regional QA/PM event on 19th may present some opportunities for future developments. Ongoing discussions re planned MASPI in October – challenges around capacity for administration and coordination of information and activities.</p> <p>It was clarified that the CWD audit report will be presented to the next meeting.</p>	TM
5.7	<p><u>SCR Sub-group</u></p> <p>Update provided and accepted. It was agreed JB will write to the CSP Chair for Bolton-le-Sands, David Smith, with regard to the delay in submitting an action plan for the joint SCR / DHR as this is delaying publication.</p> <p>Cross boundary issues to be discussed further in light of a referral from Devon.</p>	JB
6	<p>CDOP Annual Report</p> <p>ML presented along with a summary of key points. The recommendations have been refined in light of some recent comments. A discussion followed which concluded:</p> <ul style="list-style-type: none"> • Discussions are ongoing within Public Health as to where the Safer Sleep campaign could / should sit in future. It was agreed it should stay with CDOP if no other suitable group / service is identified. ML is taking this forward • Clarity is required from the HWB re its role in oversight of CAMHS, JB has written to the Chair to request this but has not received a response to date • Concerns were expressed about oversight of the Emotional Health and Well Being recommendations, again clarity is required as to whether this is the HWB or Children's Trust Board • ML will provide a more detailed report with regard to smoking cessation and substance misuse which could be monitored through the performance scorecard <p>JB thanked the CDOP Coordinator (Danielle) for all her work producing the report.</p>	ML ML ML
7	<p>Child R SCR</p> <p>KG advised that this is now due for publication next Thursday, all agencies have been alerted and a comms plan is in place. An action plan and draft response from the Board has been submitted to DfE and circulated to all. If anyone has any further comments or amendments please forward to KG before the 18th Sept. It was agreed the action plan should be published in summary format for the public eye.</p> <p>KG also advised with regard to a current SCR from Tameside which Lancashire agencies have been involved in. The coroner has postponed the inquest awaiting sight of the draft report and action plan and KG is anxious that all agency Chief Officers have seen the report before this occurs. It was agreed that JB would write to all agency Chief Officers with regard to this and that Tameside LSCB be asked to share the most recent version of the report with their SCR panel members.</p>	All KG JB KG
8	<p>CLA Health Assessments</p> <p>BS presented an update report from the Head of CSC. Issues with the new ICT system has hampered reporting and exacerbated the notification issues. A fuller report in conjunction with the CCG lead will be provided in due course.</p> <p>JB expressed frustration that such an operational issue is at the Board and still not resolved. Following discussion it was agreed the current group looking at this be expanded to include Health partners so a joint resolution can be agreed. BS will circulate a fuller update in October. The Board will monitor performance in future via the</p>	BS

	performance report.	
9	<p>Summary from Executive Group</p> <p>Update report presented and agreed. JB is keen that in future items are not considered at both groups and significant items come straight to the Board.</p> <p>It was agreed the list of recommendations from the Rotherham enquiry be referred to the CSE sub so local arrangements can be considered against these. This can be part of the current action plan review referred to above. JB added that she was interviewed by Radio Lancashire about CSE in Lancashire. BS added that school Ofsted inspectors have been looking at how schools address social issues including CSE recently.</p>	SC
10	<p>Annual Report</p> <p>A near final draft was presented for agreement. Any further amendments are to be sent to RM before Friday (19th) after this it was agreed the report be finalised and published. RM was thanked for all his hard work producing this.</p>	All, RM
11	<p>Drug Treatments / Safe Storage (ADFAM Report)</p> <p>SW has given apologies so could not present this item. JT advised that the report highlights the need for medications to be stored safely away from young children following a number of fatal incidents. Following discussion it was agreed SW be asked to clarify who takes responsibility for oversight of this issue and what assurance can be provided.</p>	SW
12	<p>Business Plan</p> <p>An update was provided against the actions in the Business plan which is largely on track. A couple of areas of exception were identified as follows:</p> <p>EHE Audit – PH will discuss progress with Lisa Dunkerley who is leading on this.</p> <p>Joint Management Support for SAB – ongoing discussions and funding from Health clarified. TM is leading on this development and will update on progress.</p>	PH
13	<p>Performance report, Q1</p> <p>Report presented and accepted. The following indicators were noted / discussed:</p> <p>Re-referrals to CSC – dip in performance being investigated internally and regionally as there is a lack of consistency as to how it is measured / defined. The new ICT system has caused some issues also.</p> <p>JR feels CP rates in Preston are still higher than would be expected, the QA group are aware of this and looking at how an audit can be implemented.</p> <p>A discussion took place about referrals and a need for more consistency across agencies re understanding of threshold and process. It is hoped MASH will improve this going forwards.</p> <p>TM added that data on national comparators will be available shortly and included in next report.</p>	TM
14	<p>On-line Child Abuse Investigation Team</p> <p>SC was scheduled to give a presentation about this but has not been able to attend the meeting. RM will ask for a briefing to be circulated to inform members about this development.</p>	RM, SC
15	<p>AOB</p> <p>Development Day – Agreed for 4th of November PM, all to consider what would be useful to discuss. RM will try and book a room at East Cliff.</p>	All RM

	<p>JB advised the Board response to the Ofsted framework consultation has been submitted and shared with all.</p> <p>JR advised the NSPCC will shortly be publishing their validated Graded Care Profile tool following completion of the pilot. All to promote its use once available.</p> <p>MFH Joint Protocol – Agreed this is now finalised and incorporates all agreed changes. It can now be launched, possibly at the forthcoming Children's Homes event. JB will discuss with SC for any further suggestions as to how it can be launched.</p>	All
--	---	-----