



REDCAR & CLEVELAND'S SAFEGUARDING CHILDREN BOARD

MINUTES OF LSCB MEETING HELD ON FRIDAY 06 March 2015, 10am – 12.30pm MAIN HALL, 25K YOUTH & COMMUNITY CENTRE, AYTON DRIVE, REDCAR

PRESENT:

Jan Van Wagtendonk	RCSCB Independent Chair
Chris Daniel	Assistant Director, Children & Families, Redcar & Cleveland Borough Council
Louise Walker	Service Manager Social Work & Safeguarding, Redcar & Cleveland B.C
John Anthony	Head of Education, Redcar & Cleveland Borough Council
Dr K Agrawal	Designated Consultant, Child Protection, STCCG's
Jean Freund	Executive Nurse, STCCG
Karen Agar	Associate Director - Tees Esk & Wear Valleys NHS Foundation
Alison Brown	Youth Offending Service Manager, South Tees Youth Offending Service
Helen Smithies	Head of Nursing (Safeguarding) South Tees Hospitals NHS Foundation Trust
Mark Adams	Asst. Director of Public Health – Redcar & Cleveland Borough Council
Neil Appleby	Redcar & Cleveland Education – Secondary Schools
Karen McGarrity	Community Information Officer, RCVDA
Kinga Puztai	Head Teacher, Redcar & Cleveland Education – Primary Schools
Alastair Simpson	DCI, Cleveland Police (representing Rob Donaghy)
Karen Blackburn	Cleveland National Probation Service (representing Julie Allan)
Dave Turton	Head of Fire Prevention, Cleveland Fire Brigade
Deanne Taylor	Business Manager - Redcar & Cleveland Safeguarding Children Board
Alison Hill	Administrator- Redcar & Cleveland Safeguarding Children Board (Minutes)

APOLOGIES:

Barbara Shaw	Director of People Services, Redcar & Cleveland Borough Council
Ronny Harris	Chief Executive – Coast and Country Housing
Barbara Gill	Head of Offender Services DTV Community Rehabilitation Company Ltd.
Anton Curtis Cooper	Lay Member
Rob Donaghy	DCI, Cleveland Police
Janice Deakin	Service Manager, CAF/CASS
Bev Walker	Dep. Director of Nursing, NHS England, Durham, Darlington & Tees Area Team

		ACTION
1.	Welcome/Introductions/Apologies	
1.1	Jan van Wagtendonk welcomed everyone to the meeting, apologies were noted and brief introductions undertaken.	
1.2	Jan informed members that Ronny Harris, Rob Donaghy and Janice Deakin have resigned their positions with the Board. Jan expressed his great thanks to all three and recognised the commitment and work they have done for the Board and wished them the best for the future.	
2.	Minutes of previous meeting and matters arising	
2.1	Amendments to previous minutes were highlighted as follows	

		ACTION
	<ul style="list-style-type: none"> 7.3 CQC risk alert to be amended to internal risk alert 16 – Remove @ symbol from the title. 	
2.2	Jan noted that the minutes are agreed as an accurate record of the meeting.	
2.3	<p>Item 1.6</p> <ul style="list-style-type: none"> Jean confirmed that following a review across CCG's it has been decided that two designated nurses for safeguarding children are to be recruited. One of these will be a member of the Redcar and Cleveland and Middlesbrough LSCB's and the other will attend the Stockton and Hartlepool LSCB's. Jean advised that the job descriptions and adverts have been written and are about to be published and an appointment to these positions will be made as soon as possible. Jean advised that appointing a Named GP is an NHS England responsibility. Jean also reported that funding has been identified for a 0.4 FTE across Tees, and two practitioners have shown an interest. In relation to the Rapid Response Administration Support, Jean confirmed that she has advised Toks, Independent Chair, and CDOP to liaise with NECS colleagues regarding proceeding with this and has requested that Toks keep her updated on progress. 	
2.4	Item 2.2.3 - Deanne confirmed that the safer referral form has been circulated.	
2.5	Item 2.2.5 – Jan questioned the situation in relation to the audit in respect of decision making and deplaning, Chris advised she has not yet been briefed on the outcomes and agreed to update the Board accordingly.	CD
2.6	Item 14.2 - Karen advised that a further meeting is to be arranged between herself and Deanne to progress previous discussions held around Safe Network Safeguarding Standards. Karen advised there is potential funding available to extend RCVDA's contract for them to develop policy and procedures for community groups.	KM/DT
2.7	Item 18.1 - John Anthony advised that Annette Duff has been seconded for 3 months into the vacancy for the Safeguarding Officer for schools role and advised this job will be advertised soon.	
2.8	A discussion was held around the findings from the Saville Report and Jan advised he requires the final report to be presented at a future meeting. Helen advised that Sue Proctor, the author of the Leeds LG Report had presented findings to the STHFT and she had asked her to return to present again to a wider audience. Helen advised a provisional date of the 10 April 2015 has been suggested and she intends to invite the LSCB Chair's and Business Managers. Jan accepted this, whilst also requesting a future presentation to Board to from Bev Walker.	BW
3.	Items for any other business	
3.1	Jan advised he has the following items to raise under AOB: <ul style="list-style-type: none"> The Government's responses to tackling CSE – two letters have been received one from Government Departments and the other from the Chief SW for Children and Families. The recent Darlington Judgement Public Health Leaflet regarding School Nurses and CSE 	
3.2	Jan informed that Item 14 is to be withdrawn from today's Agenda. Alastair Simpson has attended today representing Rob Donaghy and he has not been fully briefed on this item.	
	DECISION ITEMS	
4.	Neglect Strategy v2	
4.1	Deanne presented the Neglect Strategy for ratification by the Board. Deanne	

		ACTION
	advised she has met with several partners to develop the first draft and presented the final draft which all organisations have contributed too.	
4.2	A discussion was held around the 'Responsibility of Health' Section on Page 9 and it was agreed that Deanne would amend the report to read 'Responsibility of Health Care Providers'.	DT
4.3	The Neglect Strategy was endorsed. Deanne agreed that she would disseminate the Strategy by circulating to all Board members it will also be published it on RCSCB's e-bulletin and highlighted in the LSCB Neglect Training.	DT
5.	Revised RCSCB's Interface with Adults and Children's Services	
5.1	Deanne advised members that this document was produced in Redcar and Cleveland approximately 2 years ago following a Serious Case Review and she has recently met with partners to review and update the document. The interface document was approved. This will be disseminated by email, on the e-bulletin and published on the LSCB Website.	DT
6.	LAC Multi Agency Audit Recommendations Framework and Overview Report (JG)	
6.1	Deanne presented the LAC overview multi-agency report. Deanne advised that the report and the LAC Recommendations Framework had been reviewed and approved by the Monitoring and Evaluation Sub Group. This overview report highlights the good practice in this case.	
6.2	Jan asked for clarification around the recommendation in relation to the selection criteria for auditing cases. Deanne advised that the selection criterion has been refined to consider young people that were taken into care with a time limitation of 2 years prior to the audit.	
6.3	Jan highlighted the gap in respect of the recommendation regarding the link between Primary Care and VEMT. Deanne advised that further discussions are required with NHS England. Jean advised the STCCG has raised this issue as the NHS commission GP's and CCG's are member organisation on behalf of GP's; discussions are ongoing.	
6.4	Jan requested updates regarding sharing information electronically. Alison advised that the Youth Offending Service is not yet able to access the Protocol system and work is progressing in respect of this. Alastair advised the position in Cleveland Police with regards to this is that it is continually being reviewed.	
6.5	Helen acknowledged that it is a challenge to ensure that Initial Health Assessments are being completed within timescales. Kailash advised of a historic audit which was undertaken which also identified a small proportion of Initial Health Assessment are completed within timescales. This issue has been discussed with the respective GP's and Nurses, however it was acknowledged that little progress has been made. Kailash advised a recommendation following this audit was to implement a secure electronic data sharing arrangement. Helen advised that the BAF placement form is not being used by all professionals to record consistent information. Deanne challenged this, as it was reported at a recent RCSCB LAC Audit that the BAF form is being used for all new cases.	
6.6	John Anthony advised that a Virtual Head within Education is responsible for progression of PEPs for LAC and John suggested a Virtual GP maybe beneficial within the NHS to ensure timely completion of Initial Health Assessments. Helen advised that responsibility for LAC is with the Designated Nurse for Safeguarding Children.	
6.7	Jean advised that the CCG commission health providers to complete the Initial Health Assessments. Jean reported that the CCG and the providers do systematically work together to look at problem areas to improve the current situation. Helen confirmed there is a joint database which informs Health when a child goes into care and where they are placed.	

		ACTION
6.8	Jan requested reassurance that the issue of Initial Health Assessments is being progressed. Helen confirmed she is working alongside the STCCG and Redcar and Cleveland Council, Children's Services to progress this. Jan requested that Helen present a brief report to the next Board.	HS
6.9	Jan expressed concern around the low numbers of PEPs which have been completed in timescale. John suggested the Virtual Head come attend a future Board meeting to update. Deanne advised the issue around PEP's was raised at the recent LAC Audit and has been addressed in the Audit Overview Report which is being presented to a future Board.	DT
7.	Tees Strategic VEMT Quality Assurance and Performance Framework	
7.1	Alastair advised members that the VEMT Quality Assurance and Performance Framework document was developed by the Strategic VEMT Sub Group. Alastair advised Susan Jackson had provided a valued input. Alastair felt that the document was a good starting point and would like to progress it further over the next year.	
7.2	Members highlighted that Primary Care and Public Health need to be included in Performance Framework Document. Alastair noted these comments and agreed to report this to the next Strategic VEMT Sub Group.	AS
8.	CDOP progress update and letter for consideration	
8.1	Kalaish expressed the concern regarding the increasing number of parents co-sleeping with their babies, with additional associated risk factors i.e. drugs and alcohol, which have resulted in babies deaths due to overlay. Kailash advised the CDOP Chair, Toks Sangowawa has recently written to the Tees LSCB's Independent Chairs to ask for their support in developing a Tees Campaign to address this issue.	
8.2	It was suggested that health professionals continually inform parents of the dangers of co-sleeping, however the message does not appear to be getting through to parents. Kailash reported the major concern is parents co-sleeping combined with alcohol or substance misuse and that Tees CDOP would appreciate if each of the Tees LSCB's would nominate a member to work alongside himself and Toks to raise public awareness of this issue.	
8.3	Jan advised the Board would fully support this campaign. Deanne agreed that as she has the responsibility for Tees CDOP she is happy to be the nominated member from RCSCB. Deanne informed members that Stockton LSCB has nominated their Director of Public Health and Social Care representative has been nominated from Hartlepool LSCB. Kailash advised the representative from Middlesbrough LSCB will be confirmed next week, following their board meeting.	
8.4	Jean advised the last series of co-sleeping related deaths occurred during a summer over a hot bank holiday weekend. This resulted in emergency work being undertaken with the Directors of Public Health and all Midwives, Health Visitors and other relevant professionals who were briefed accordingly, however further deaths have since occurred.	
8.5	Karen Agar advised that it should also be noted that prescribed medication especially for depression can also have adverse effects when co-sleeping.	
DISCUSSION ITEMS		
9.	Child Protection Statistics Quarter 2	
9.1	Chris presented the Child Protection Statistics Report for Quarter 2 2014, for information. Chris advised Joanne Stoddart would usually present this report, however Joanne has recently taken up a new role with North Tyneside Council. Chris advised Wendy Rudd has since been appointed to this role and Chris reported that this is an opportunity to revise how the IRO Team present data to the Board.	
9.2	Jan noted that Joanne has provided excellent service to the Board and the data quality presented to the Board has greatly improved over recent years.	

		ACTION
9.3	In relation to the data, Jan expressed concern regarding the reduction in the Child Protection Plan figures reported on Page 4. Chris reassured Jan that work is being undertaken by managers around the de-planning decision making and a report of the findings will be presented to a future Board.	
9.4	Helen challenged the statement on Page 14, regarding an unborn baby being registered with a GP, as an unborn baby will not be registered until they have been born. Chris agreed to look into this and provide clarification.	CD
10.	LSCB Integrated Dataset Quarter 2 & 3	
10.1	Deanne presented the LSCB Integrated Dataset for Quarters 2 & 3 2014-2015. Deanne advised that the Dataset has been considered at the Monitoring and Evaluation Sub Group and the following points were highlighted: <ul style="list-style-type: none"> • It was agreed to remove the number of VPG positive exit figure from the Dataset, as it is not providing any useful information. • Members highlighted that the re-offending rate figure reported within the YOS Data has doubled. Alison agreed to look at this data further and provide clarification to the Board. • It was identified that the sickness absence figure reported for School Nurses is very high. Helen acknowledged this figure has risen and expressed this may be due to the major changes for staff within this service. Helen was asked to report to the next Board re how the sickness absence figures impact on the service. 	AB/HS
11.	LSCB Business plan progress update – small group session	
11.1	Board members were to be split into small groups to review the RCSCB Business Plan alongside the Dataset for Q3. Each group focused on one of the Business Plan priorities and considered what the required actions are to further develop the priorities for 2015 -16.	
11.2	When members returned, Jan advised he felt that the allocated time to complete this work was not sufficient and requested an additional session was needed to work on this further it was agreed that the next Board meeting to be held Friday 8 May is extended to 3pm.	
12.	Section 11 Progress Update	
12.1	Deanne presented the Section 11 progress report to the Board for information. Deanne advised that a progress updates have been received for each organisation, this will be updated again in 6 months for a further update.	
13.	DBS Update	
13.1	Jan welcomed Lyn Gavin from the Disclosure & Barring Service and introductions were undertaken. Jan asked that Lyn address the five questions that the Board had previously sent to the DBS.	
13.2	Lyn briefed the Board and acknowledged that it has been recognised that the eligibility in the DBS guidance can be confusing and advised: <ul style="list-style-type: none"> • The DBS have no legal powers to investigate and depend on everyone to make referrals into them. Lyn stressed that it is imperative that organisations must fulfil their legal requirements to refer if they have concerns. Each referral is recorded by the DBS for future reference. The DBS do not bar every person who is referred as they have to establish if harm has occurred and if there is evidence of a future risk of harm before a decision is made to bar. Referrals are all retained in order that they can be looked at if a future referral is received therefore imperative that DBS are sent referrals. • In relation to how to make a referral, Lyn advised that it is essential that referrals contain as much information as possible, as the law does not allow the DBS to come back to the referrer for further information or undertake an investigation itself. A helpline is available to provide advice if anyone is unsure of the information required in a referral. 	

		ACTION
	<ul style="list-style-type: none"> In respect of the question, what happens to employees whose contracts are terminated and no internal investigation is undertaken? Lyn advised that nothing would happen, as the DBS are not legally permitted to investigate. The referrer must gather as much information as possible before making a referral to the DBS. The referral must reference all agencies that are involved in order that the DBS can contact these agencies legally. The DBS work closely with other professional bodies and there is concern around an individual being barred from working in one professional and may go on to work in a different professional role with other vulnerable people. This again highlights the necessity for everyone to make the referrals. Lyn advised that there are two kinds of Bars; one is an immediate bar for a very serious offence and the other is not immediate, as the person has a chance to be represented before a decision is taken on whether to bar. Lyn reported the perceived drop in the barring figures is also due to incorrect figure being published, which has now been rectified. 	
13.3	Neil recognised the limited powers of the DBS and challenged the DBS decision not to bar a person in a case he had referred, as the school and governors agreed that the employee was a significant risk to children. Lyn responded that each case is looked at individually and sufficient evidence of future risk must be identified before making a decision to bar. Lyn explained that a five step process is undertaken when a referral is received into the DBS and sometimes there is not enough information received to justify the decision. Lyn advised that the DBS retain all referrals, so if person was referred in again, the DBS will be able to demonstrate a pattern of behaviour.	
13.4	Karen Blackburn requested examples of the types of information that are missing from referrals the DBS have previously received. Lyn advised that there are different types of information that have been found to be missing and advised the referral should provide as much information as possible to paint a full picture of the situation, and further details can be found on a checklist on the DBS website.	
13.5	Jean requested Lyn clarify the situation regarding the DBS contacting the NHS to advise that referrals into DBS from the NHS are low and requested them to consider historical records and any potential concerns are referred in. Lyn confirmed that the DBS have been instructed to contact certain hospitals to make them aware of the figures that are going to be published and have asked them to confirm if the figures are correct and advised that organisations can make historical referrals.	
13.6	Jan asked for clarification around what happens when a professional body de-register a practitioner and would they automatically inform the DBS? Lyn advised that it is the legal obligation of the organisation the professional worked for, to make the referral to the DBS. Jan challenged and advised that the professional body holds all the relevant information. Jan expressed his concern at the lack of powers of investigation held by the DBS.	
14.	Safeguarding Young People in Care	
14.1	Item removed from the Agenda	
	INFORMATION ITEMS	
15.	STHFT Safeguarding Assurance Briefing Note	
15.1	Jan referred Board members to the STHFT Safeguarding Assurance Briefing note which had been produced for information at the request of the Board. Jan thanked Helen and noted the document contents were informative. Helen confirmed she had nothing further to add.	
16.	Probation Safeguarding Assurance Briefing Note	
16.1	Jan referred Board members to the Cleveland Probation Service Briefing note which was produced for information at the request of the Board by Julie Allan, Head of Cleveland NPS. Karen Blackburn briefed members on the transforming	

		ACTION
	rehabilitation agenda with the probation services, as although this has been a huge change programme, the courts have reported they have not seen any disruption in service levels which has provided reassurance.	
16.2	Kalaish requested clarification on how joined up are the aspects of Probation. Karen advised that that an interface agreement is in place between the Cleveland NPS and DTV Community Rehabilitation Company to maintain effective working relationships.	
16.3	Jan asked who the Board shall hold responsible for accountability in respect of the two aspects of Probation. Karen advised that Cleveland NPS are not the contract manager for Community Rehabilitation Company; however routes are in place to raise issues. The CRC is an independent company and held accountable by the Ministry of Justice and NOMS. Jan advised board members did express their concerns at the consultation stage of the process which were not acknowledged.	
17.	Any other business	
17.1	Jan referred members to the letter received from the 4 Government departments in respect of CSE. Jan suggested this letter is referred to the VEMT Sub Group for consideration and action.	DT
17.2	Jan referred the Board to the letter received from Isabelle Trowler, Chief Social Worker for Children and Families regarding tackling CSE and the review of assessment and decision making tools. Chris agreed to consider this letter and action accordingly.	CD
17.3	Jan advised that the Board would seek assurance from the Legal Department regarding the recent 'Darlington' judgement.	CD
17.4	Deanne advised that interviews are being held later this month for a RCSCB Lay Member.	DT/JVW
18.	Date of Next Meeting:	
18.1	Friday 8 May 2015 – 10.00-15.00 Main Hall, 25K Neighbourhood Centre, Redcar Please note the afternoon session is being held to consider the RCSCB Business Plan 2015-16	