

Minutes	
Meeting Title:	Leicester Safeguarding Children Board Meeting
Date:	8th December 2016
Venue:	Room G.01, City Hall, Charles Street, Leicester

	Present:	
	The Chair – Independent Chair of the LSCB	AT – Lay Member
	ASp - Consultant/Designated Nurse, Safeguarding Children and Adults, CCG	CR - Deputy Chief Nurse, UHL NHS
	CT - Director of Social Care and Early Help	CS - City Primary Heads
	CB – Performance Information and QA Advisor, LCC	DT - Head of Service, Early Help (Specialist Services), LCC
	FB – deputising for Chris West	FG – deputising for Pretty Patel - Legal Advisor
	NT - Children’s Service Manager, Barnardo’s CareFree Young Carers Service	PK - Assistant Chief Executive, DNLR CRC
	RL - Director of Adult Social Care and Safeguarding, LCC	SR - Lead Member, LCC
	SCh – Lay Member	SC - Head of Serious Crime, Leicestershire Police
	SG - Head of Service, Children’s Safeguarding, LCC	VP - LPT - Head of Professional Practice and Education
	Apologies:	
	FC	IB
	IA	MD
	PrP	PP
	SS	
	Minutes: OR	
1.	Welcome introductions and apologies.	

1.1	The Chair welcomed members to the meeting and noted the apologies above.
2.	Matters arising from the minutes of the Board meeting on 20/10/2016
2.1	<p>3.1 – This action is still outstanding. Direct approaches have been made to the County and NSPCC. The Chair is meeting Willma King the Head of Training & Consultancy at the NSPCC, to discuss the possibility of a representative of the NSPCC chairing the LLR Safeguarding Multi-Agency Training, Learning and Development Commissioning and Delivery Group.</p> <p>7.1.2 – This action is in progress.</p> <p>7.4 – This item is on today’s agenda.</p> <p>8.1 – This item is on today’s agenda.</p> <p>9.2 – This action is on-going. The Chair will pick this up with Paul Burnett, Independent Chair of Leicester Adult Safeguarding Board.</p>
3.	CSE Operations Group
3.1	<p>CT provided a verbal report, along with a brief presentation on the CSE Operation group, and SC presented the Strategic Threat and Risk Assessment slide. Earlier issues with the administration of the CSE Executive Group and Operations group have now been resolved. The LSCB chairs for Leicestershire, Rutland and Leicester have had responses back to the letter of concern they sent to LLR DCS’s and the Chair of the CSE Executive Group and CT is confident that things are much clearer.</p> <p>The operations group is now fully established and is a fully functioning operations group. The Police Crime Commissioner (PCC) provided funds for CSE, Missing and Trafficking. The group is currently in the process of revitalising its Action Plan. The group reports to the revitalised LLR Executive Group which provides challenge and scrutiny. The Operations Group represents a united position with the CSE Hub, as Leicester City was previously not part of the Hub. Leicester City will be co-locating with the Hub from December. Efforts are currently being made to recruit a Service Manager, and the team are waiting for the right person to manage the Hub. CT noted that the CSE Hub will potentially be showcased nationally in approximately six months.</p> <p>In summation, it was agreed that having the Police, Local Authorities (Leicester, Leicestershire & Rutland) and Health Services all co-located is a great set up and that the Hub is a fantastic piece of work that is moving forwards and adapting, having worked through various challenges.</p>

SC presented and briefly discussed the Strategic Threat and Risk Assessment diagram and made the group aware that Kayleigh's Story has been shown to schools and approximately 40 new referrals have come in on the back of the viewings. SC also noted that there is still work required for the Hub and assurance will be provided at future Board meetings to show what the Hub is achieving.

SR requested that members ensure their understanding in regards to CSE, around whether there any hotspots (geographical or not), what the profiles of victims and perpetrators are and what is being done with the perpetrators. A picture across the LLR would be important. SC noted the group is using the National Intelligence Model for statistics. The Board asked for a clear problem profile of local data, numbers of children known to be at risk of CSE, and hot spots to come to the Board as well as progress on the process and strategy. This was agreed and SC will table a report in the New Year.

SCh questioned how awareness work is conducted in hard to reach communities, not necessarily geographical, and which could include taxi drivers and hotel workers, for example. SC conceded that work on hard to reach communities is not completed and is on-going. It will be looked at in terms of how it ties in with domestic violence etc. Work has been previously done with hard to reach communities mentioned above, however this was some time ago and needs to be revisited and refreshed. The importance of not bombarding a particular community at one time was noted.

AT raised the issue of asylum seekers and the difficulties in establishing their actual age. It was noted that this is taken into account and age assessments do take place.

SG noted that there are no commissioning arrangements for survivors of CSE and that this is a challenge. There are no resources from Leicester City Council (LCC) for this. CT agreed that there may currently be some gaps, however, the LCC can commission services if required. The resource is bespoke to this type of work and children can be worked with for as long as required. ASp noted that there is a gap around the Child and Adolescent Mental Health Service (CAHMS) and Independent Sexual Advisors work with the victim throughout.

SR informed the group that the vast majority of looked after children who are placed from other authorities are placed in the County. Leicester city is a [REDACTED], not a [REDACTED].

	CT agreed to report back on the CSE Hub at the next Board meeting. This report will consider whether the Board has been provided with the right information, what is missing and will also focus on case studies around impact. The report will look at what difference the Hub has made (looking at individual stories), how we are supporting the young children and what we are learning about them. Confirmation around referrals, whether they should still go through the front door or the Hub, will also be provided when the Hub is officially launched in January.			
Ref	Actions	Person/s responsible	By	Desired outcome
3.1	Update on CSE Operations Group and Hub to be provided at next Board meeting.	CT & JR	31/01/2017	LSCB to scrutinise the developments and effectiveness of the CSE operational arrangements.
3.1	SC to provide the Board with a clear profile of local data, numbers of children known to be at risk of CSE, and hot spots. Progress on the process and strategy	SC	31/01/2017	LSCB to be informed of the problem re CSE and how services are being targeted.
3.1	Communication to go out around the Hub regarding referrals (front door or through Hub) when the Hub is launched.	CT	January 2017	To ensure practitioners are fully aware of referral process when Hub is launched.
4.	LSCB Assurance <ul style="list-style-type: none"> - PAAG Quarter 2 Assurance Report – CB Paper 3 <i>Appendix 1 / 2</i> - Multi-agency Case File Audit Report – SG Paper 4 <i>Appendix 1 - 2a/2b/2c</i> - SIRG – Assurance and Embedment of Learning – ASp Paper 5 <i>Appendix 1</i> 			

<p>4.1</p>	<p>CB presented the PAAG Quarterly 2 Assurance report and provided a summary. The Chair queried who is leading on the MARAC review. SC confirmed that the review will report back to Safeguarding Adult Board Adult Review and Learning Group (ARLG) and that effectively the ARLG is leading on the MARAC review. JR noted that LB, Domestic Homicide Reviewer, has liaised with the LSCB Board in regards to making this a joint piece of work. SR informed the group that following monitoring inspection by Ofsted in January, one area of work that was discussed was around how we articulate collectively about CSE at a strategic level and work through what other themes we can have a shared appreciation of and be able to express similar messages. This would include domestic violence and how the front door works, for example.</p> <p>The group went on to discuss the numbers of young people reported to be self-harming from UHL and noted that this is not reflected in the number of reports to Children’s Services. There is a need for the Board to have an understanding as to whether there is a trend in a particular school. If so, focussed prevention work can be conducted. The word ‘contagious’ has been used regarding self-harm. Children who do not self-harm being around children that do, can then begin to self-harm themselves.</p> <p>The Chair noted that an option may be to write to head teachers at schools to see if they are able to identify any trends with self-harm etc. This has previously done with eating disorders at other Boards within the UK. It was also noted that input from school nurses is also very important. Focus sessions on where partners are at with this may be useful.</p> <p>CT queried whether the PAAG group has correct representatives/members and noted the importance that the PAAG is not just collecting information. CB confirmed that the group does have the right representatives, but could be more proactive in its work. The processes are correct behind the scenes, but there is currently no way to collectively articulate the detail required on this issue.</p>
<p>4.2</p>	<p>SG presented the Multi-agency Case File Audit Report and delivered keys messages over the two audits; FGM and DV. It was noted that there was some confusion around different levels of risk across agencies and that different risks are assessed. A bigger discussion is required around domestic violence, with both the Adult Board and LLR involved. The risk to children needs to be focussed on. The Chair queried whether anything is done to ensure that partners action the recommendations in the report. The Chair requested that a report go back to the Board and raised that better tracking is required and the lines need to be joined up. JR noted that the use of DASH Risk Assessment needs to be promoted. However, only 37% of referrals that are going into a MARAC are from Police, so it is being used.</p>

4.3	ASp presented the SIRG report and provided highlights and updates. A key message around the serious incident review pathway has been worked on by JR, ASp and The Chair and the document is soon to be finalised and will be taken forward. It is felt that this will improve quality from the start of the process to the finish. The group noted ASp's hard work and that the SIRG has come a long way in a short time.
4.4	<p>CB presented and provided highlights on the Quarter 2 Quality Assurance Findings Report. It was noted that the report is positive in general.</p> <p>SCh queried where the gap is with ethnicity/cultural identity and what causes it. CT stated even where this is being recorded, it is not always translated into good quality assessment and planning. This is due to a number of factors including individual confidence to ask the right questions, relevant training and the appropriate tools. The group agreed the importance of staff being fully equipped for this. SR informed the group that this has now been identified as a quality issue, while it was previously seen as compliance, which showed it in a better position. The gap with ethnicity/cultural identity has not become any worse; it is just being looked at differently. DT made an important point that ethnicity/cultural identity is held up as good practice in other parts of the workforce, but not everywhere and this requires consideration and analysis. JR commented that this may be as a result of older children being able to articulate and define their own identity.</p> <p>The group acknowledged that the PAAG has made good progress in a short amount of time.</p>

Ref	Actions	Person/s responsible	By	Desired outcome
4.1	The Chair is to write to head teachers at schools to scope whether they have identified any trends with self-harm at their respective schools.	The Chair	01/03/2017	To be considered within the context of a review of the local system of support for adolescents with mental health issues who may be at risk of suicide to ensure that current professional support is of sufficient quality

4.2	Partners to consider recommendation from the Multi-agency Case File Audit Report and report back to the next PAAG meeting to reassure learning	All partners	24/01/2017	Better tracking of recommended actions from Multi-agency Case File Audit Report.
4.2	The LSCB is to undertake a spotlight on the multi-agency response to domestic violence.	All partners		Partners to undertake a self-assessment against the JTAI framework to ensure the effectiveness of the multi-agency response.
Comfort Break for refreshments and networking				
5.	<p>Executive Chairs Group Highlight Report Paper 2</p> <p><i>Appendix 1 – LSCB Constitution</i></p> <p><i>Appendix 2 – Sub Group Terms of Reference (TOR)</i></p> <p><i>Appendix 3 – Learning Strategy Implementation Plan</i></p> <p><i>Appendix 4 – LSCB Risk Register</i></p> <p><i>JR</i></p>			
5.1	<p>JR presented Executive Chairs Group Highlight Report, which provided a summary of activity undertaken at Executive Chairs Group meeting.</p> <p>It was noted that this would have been CR last meeting and thanks were expressed for her 3 year support of the Board.</p> <p>JR highlighted that the LSCB Constitution is now complete and that ToRs have all been reviewed and provided to the LSCB office. The Chair gave assurance that the right groups, chaired by the right people are now in place. The LSCB Annual Report has also been completed and it was cascaded 4 weeks ago.</p> <p>SR requested that Early Help remodelling be added to the Risk Register as it presents a number of changes as to how we deliver our service. Adding it to the Risk Register will help ensure people are aware of it. The group agreed of the need to add it the Register. In general, the group felt that the Risk Register contained the right information for the Board and felt that the style was appropriate.</p>			

	<p>The Chair queried the group as to whether there was anything else that the Board should be aware of for Risk Register. AT raised the ethnicity issue (discussed in section 4.4). Upon deliberation, it was decided that more evidence would be required before adding it to the Risk Register. It may potentially be added after more information is accrued and more work is done finding out what the issues and barriers are. The Chair requested that the Ethnicity issue be revisited at the March Board meeting. JR raised that Ethnicity should be a multi-agency risk and CB noted that it will be discussed at the next PAAG meeting taking place in January. SCh offered to attend the next PAAG meeting to assist in discussions around ethnicity. The Chair agreed that this would be very useful. The Chair noted that an Ofsted inspection is taking place within Leicestershire and Rutland.</p>			
Ref	Actions	Person/s responsible	By	Desired outcome
5.1	Early Help Remodelling to be added to the Risk register	LSCB Office	15/12/2016	Ensure all practitioners are aware of the changes to Early Help.
5.1	Ethnicity issue (4.4) will be re-visited at March Board meeting	LSCB Office	23/03/2017	Decision about adding the ethnicity issue to the Risk Register to be made.
5.1	SCh to be invited to next PAAG meeting.	LSCB Office	21/01/2017	
5.1	The need to articulate understanding of domestic abuse to be added to the Risk Register.	LSCB Office	15/12/2016	
6.	LCC Improvement Board Update			
6.1	<p>CT provided a verbal update and confirmed that the Framework is to be launched in February. Supporting Safety will be rolled out in March. The Signs of Safety model has not been implemented by Leicester City, although it is in use within Leicestershire. Signs of Safety will not be used in Leicester as a licence is required to use the model. The principals themselves can be used, but the model cannot be used fully. CT informed the group that it will take two years to implement Signs of Safety and our own model will be in place by then.</p> <p>The Supporting Safety model will include development of front door arrangements and a revised way of operating the lead practitioner role will be included. Other operating models have been looked at to assist with this. Lead practitioners will be identified across key organisations and will be responsible for reporting to the LSCB their lead practitioner activity. A piece of work will be presented to the Board explaining about the LSCB asking other organisations to identify their lead practitioner activities. JDf, Head of Service Early Help, will be invited to attend the next Board meeting to discuss the development of front door arrangements. CT</p>			

	<p>confirmed that there will be one access point for Early Help and Social Care Services and more synergy between the teams. As a result, wait times are expected to be reduced.</p> <p>As of last week, Social Care are working with the County and Police to assess all domestic violence referrals as a collective to ensure it meets the correct threshold for Early Help or Social Care. This is seen as a big improvement. Currently there are only 5 Child in Need workers with caseloads over 20.</p> <p>In summation, there has been lots of change in a short period of time and some notable improvements can be evidenced. SR and the Chair expressed their thanks for the hard work.</p> <p>The Chair met with TC, the Chair of the Improvement Board last week and had a discussion about where the Board is within its improvement journey. The Chair is meeting TC again next week, along with FC, to look at transition processes.</p>			
Ref	Actions	Person/s responsible	By	Desired outcome
6.1	Kate Wells to be invited to the February Board meeting to provide information and updates around the Supporting safety model before it is launched.	LSCB Office	30/01/2017	Kate Wells to attend February Board meeting.
6.1	SCh and AT to be invited to spend time with Early Help and Social Care teams.	CT	22/12/2016	Completed
6.1	Jackie Difulco to attend Board meeting to discuss development of front door arrangements.	LSCB Office	09/02/2017	
7.	<p>Update from Independent Chair</p> <ul style="list-style-type: none"> - Feedback from AILC Annual Conference - AILC Annual Report and Vision Statement <p><i>Jenny Myers</i></p>			

<p>7.1</p>	<p>The Chair provided an update and informed the group that she spent time with Leicestershire Police. The visit was very re-assuring in regards to how the agency is working.</p> <p>The Chair also attended a meeting with JR to discuss multi faith organisations and how Leicester can better engage with them. An event will potentially be held around this subject next year. The chair arranged a meeting with all the chairs of the other strategic partnership groups. It was noted that there was a concordat previously in place, which was agreed to be revisited, across the partnership groups agreeing to look at how we can work together better.</p> <p>It was noted that the PCC is about to publish new crime plan and one element will be around vulnerability.</p> <p>The Chair and JR attended the AILC Annual Conference. It was felt to be a very good conference, with proposals around changes to safeguarding boards taking place. Any changes are, however, unlikely to have an effect before 2019. It will be important for discussions to take place around this at some point in the future.</p>
<p>7.2</p>	<p>It was confirmed that AK, Chief Operating Officer, has agreed to fund the mini peer review for the Board and JH has been commissioned. JH is a very experienced peer reviewer. Focus work will commence in the spring, although it was agreed with AK and FC that if it clashes with Ofsted, it will not take place. CT suggested that the mini peer review take place before Ofsted. A scoping meeting will take place in January and further discussions will be had around timing. CT requested pitching this review for late February/early March. VP volunteered to attend the scoping meeting and CT noted that it will be a partnership inspection although it focuses on LSCB.</p>
<p>8.</p>	<p>LSCB Budget and Partner Agency Contributions 174 mins <i>SG/All Partners</i></p>
<p>8.1</p>	<p>SG presented information on the LSCB budget. FC is due to meet with partners to have a discussion around the current formula used and whether we stick with the same formula, as it was used for long period. Funding partners met and agreed a budget estimating ██████, for this year and next. Projected spending this year, up to the end of March, was a ██████ overspend. This is linked into the Board Manager post and the Local Authority made a significant contribution to the overspend. It was noted, however, that the LSCB will likely break even or potentially underspend. This is partly due to the ██████ allocation for Serious Case Reviews, as the full amount will not be required.</p>

	<p>It is felt that the current budgetary position is much better than in previous years. It was confirmed that the LSCB manager role has been raised to grade 13, which offers [REDACTED] more. The group agreed that the LSCB is now in position for right candidate to take the role.</p> <p>The only outstanding issue was between Probation and the Community Rehabilitation Centre. SG and JR met with PK and feel it will be resolved, with some final negotiations that are ongoing.</p> <p>VAL training funding has been agreed and it was confirmed to be in the base budget.</p> <p>ASp requested that NHS be changed to CCG within the budget for accuracy purposes. All partners have now agreed to increase their respective contributions and the budget is effectively signed off now.</p>			
9.	<p>Update from Other Partners – Other matters arising from partnership- Opportunity for partners to highlight anything that the Board needs to know about their own agency (inspections, new emerging themes, risk that might impact on delivery of safeguarding services)</p> <p><i>All LSCB Partners</i></p>			
9.1	No additional updates were provided by partners.			
9.2	VP confirmed Care Quality Commission review inspection has taken place. 80 inspectors were involved in the inspection that began in November. A report is expected in mid-January. The report is focussing on the whole CQC service.			
9.3	A two day monitoring visit of Social Care will take place on the 11 th and 12 th of January. The monitoring visit will focus on assessments and will involve partners looking at section 47s etc.			
Ref	Actions	Person/s responsible	By	Desired outcome
9.2	VP to provide update/report on CQC review inspection at next Board meeting.	VP	30/01/2016	
10.	Any other business			
10.	No other business was raised.			
11.	Meeting Close			
	Next Meeting:			

Thursday 9th February 2017 – 9:15am – 12:30pm – Room G.01, Ground Floor, City Hall.

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