

Minutes
Meeting Title: Leicester Safeguarding Children Board Meeting
Date: 22nd July 2019
Venue: Tea Room, 1.12, Town Hall, Leicester

Name	Role	Agency	Present	Apologies	Absent
(The Chair)	Independent Chair of the LSCB	Independent	✓	✗	✗
(AT)	Lay Member	LSCB	✗	✗	✓
(ASp)	Consultant Nurse, Safeguarding Children and Adults	Leicester Clinical Commissioning Group	✗	✓	✗
(AEJ)	Designated Doctor for Safeguarding Children	Leicestershire Partnership NHS Trust	✗	✓	✗
(AS)	Deputy Chief Nurse	Leicestershire Partnership NHS Trust	✓	✗	✗
(BB)	Head of Service (HoS)	DLNR Community Rehabilitation Company	✗	✗	✓
(CT)	Director of Social Care and Early Help	Leicester City Council	✗	✓	✗
(CS)	Headteacher, <i>City Primary Heads Representative</i>	Education	✗	✓	✗
(CW)	Director of Nursing and Quality	Leicester Clinical Commissioning Group	✓	✗	✗
(CM)	Head of Service	CAFCASS	✗	✓	✗
(JDF)	Head of Service, Early Help and Prevention Service	Leicester City Council	✗	✓	✗
(JaB)	Named Professional for Safeguarding/Prevent Lead	Leicester Clinical Commissioning Group	✓	✗	✗
(JH)	Designated Nurse, Children and Adult Safeguarding	CCG	✗	✓	✗
(JB)	Principal, Representing Secondary Heads	New College Leicester	✗	✓	✗
(JA)	Public Health Consultant	Leicester City Council	✗	✓	✗
(MC)	Head of Safeguarding	UHL	✓	✗	✗
(MD)	Head of Public Protection	Leicestershire Police	✓	✗	✗
(MH)	Senior Operational Support Manager	HMPPS, Nation Probation Service	✗	✓	✗
(PT)	Director of Learning & Inclusion	Leicester City Council	✗	✗	✓
(PP)	Head of Law, <i>LSCB Legal Advisor</i>	Leicester City Council	✓	✗	✗
(RH)	LLR CDOP Public Health Consultant	Leicester, Leicestershire & Rutland CDOP	✗	✓	✗
(RL)	Director of Adult Social Care	Leicester City Council	✓	✗	✗
(SR)	Lead Member, <i>Participant Observer</i>	Leicester City Council	✓	✗	✗
(SI)	Deputy Principal, <i>Further Education Representative</i>	Leicester College	✗	✓	✗
(SF)	Strategic Director Social Care & Education	Leicester City Council	✓	✗	✗
(TB)	HoS Children's Safeguarding and Quality Assurance,	Leicester City Council	✓	✗	✗

In Attendance

Name	Role	Agency	Role at Meeting
OR	Admin and Business Support Officer	LSCB	Minutes and Business Support
(RS)	Speciality Registrar NHS	Public Health	Deputising for Jo Atkinson, Public Health

1.	Welcome, Introductions and Apologies.
1.1	<p>The Chair welcomed members and noted the above apologies.</p> <p>It was stated that two major inspections (CQC & YOS), along with school summer holidays have had an impact on attendance numbers for today's meeting. It was agreed to adjust the agenda to accommodate the planning meetings scheduled later today for the YOS Inspection.</p>
Part 1	LSCB Strategic Board Business
2.	<p>Minutes and matters arising from Board meeting on 21.03.2019</p> <ul style="list-style-type: none"> • Strategic Board Meeting Minutes • Action Log • LSCB Forward Plan
2.1	The minutes from the last meeting were agreed as an accurate record. It was noted that all outstanding actions are complete or in progress.
3.	Chair's Update
3.1	The Chair informed partners that she has met with the FP, the new chair from the Leicester Safeguarding Adult Board and had discussions around how the two Boards can be more joined up and work better together.
4.	<p>Core Business and Chairs Executive Highlight Report</p> <ul style="list-style-type: none"> • PAAG Highlight Report • LSCB Business Plan – CBC Work Plan • LSCB Budget Report • LSCB Risk Register
4.1	<p>PAAG Highlight Report</p> <p>The Chair requested that the PAAG Highlight Report be pulled from the agenda for today's meeting and a revised report be produced with a better focus on the assurance required from the board.</p>

	<p>BC noted that the report was an exception report with pertinent information worthy of further dialogue which was pulled from the data provided. The Chair agreed that there was some interesting data, but it was not focussed on the assurance required. Upon discussion, it was decided that making the data thematic was an option going forwards. Partners agreed that it is important to not to lose focus on the Leicester City data, but there is a need to streamline and refine what is looked at.</p>
4.2	<p>LSCB Business Plan</p> <p>BC confirmed that the previous request to change wording within objective 1 has been completed. SR raised an issue with the use of acronyms and felt that too many were used within the Business Plan. Partners were in agreement that the over-use of acronyms can cause a challenge when reading papers, particularly for new Board members. It was agreed that the use of acronyms will be limited where possible, and a clear key will be used where they are incorporated.</p>
4.3	<p>LSCB Budget Report</p> <p>The LSCB Budget Report was noted by the Board and agreed.</p>
4.4	<p>LSCB Risk Register</p> <p>The LSCB Risk Register was presented to partners and BC noted that it had been updated and has been refined to three strategic risks. Partners were informed that the other risks were seen as operational and therefore removed. In regards to Risk No. 1, it was confirmed that the LPT report is on today's agenda. It was also noted that the Multi Agency Safeguarding Arrangements (MASA) were published on time and the Core Business & Chairs (CBC) Work Plan has been developed for the move to the new MASA. It was stated that this Work Plan will be reviewed in advance of the MASA taking effect. The Chair reiterated the importance to not to lose current processes that are working well.</p> <p>The Board agreed they were happy with the look and content of the updated Risk Register and that it would be reviewed at the end of the meeting to agree any new risks identified in the meeting.</p>
5.	<p>LSCB Annual Report 2018-2019</p>
5.1	<p>BC presented the LSCB Annual Report for 2018 to 2019 to partners. It was confirmed that the report has been through several governance processes within the Local Authority as well as going out for consultation to the Board and members of Core Business and Chairs Executive. SR noted that she had previously raised some concerns about some wording but confirmed that the wording in question has been reframed. CW stated that she had contributed and read the report and will take it to the appropriate CCG governance body after the report has been formally signed off by partners. MD also confirmed that the report will go to Chief Officers within Leicestershire Police once signed off.</p>

	<p>The Chair stated that she feels it is a very good report with good contribution from partners. The report demonstrates the good work that is being done and the strength of partnership comes through. The Chair thanked partners for their contributions and gave particular thanks to BC for her hard work. It was noted that the report is aligned with the LSAB Annual Report and they read well together.</p> <p>Board partners confirmed that they were happy for the LSCB Annual Report to be signed off.</p>
<p>6.</p>	<p>Multi Agency Safeguarding Arrangements</p> <ul style="list-style-type: none"> • Leicester Safeguarding Children Board/Partnership • Child Death Arrangements
<p>6.1</p>	<p>SF provided partners with a recap regarding the MASA and noted that the arrangements for both MASA and CDOP were published by the end of June as required. It was stated that there will not be a great deal of change from now to the end of the financial year. SF confirmed that the title of Board will be retained, rather than creating new titles and branding. It was noted that this may change in the next financial year.</p> <p>SF informed partners that the published arrangements are broadly a mirror image of those produced by Leicestershire and Rutland, as it had been agreed to align work wherever possible, with steps made to keep reports and future arrangements as closely aligned as possible. There remain areas of key work that need to take place and this includes the Chair looking at the membership of the Board and the role agencies play going forwards for Leicester, as well as linkages with Leicestershire and Rutland.</p> <p>SF noted that the arrangements sets out the framework for what needs to be done between now and September. CW added that the report is a good piece of work collectively, with Health organisations coming together at an executive level to look at how they can work better in the future.</p> <p>MD stated that an Action Plan for the implementation of the MASA is in place and CW stated that further work is in place regarding the budget for next year and it is clear that going forward into next financial year there is an expectation of equity in the financial contribution. It was stated that agreements will need to be finalised and a workshop with all the partners and relevant agencies is to take place. It was noted that the current threshold document will continue to be used until the revised version is complete in September.</p> <p>The discussion moved on to the Planning and Delivery Group and the Chair queried whether plans were in place for future meetings. SF confirmed that all processes and subgroups will remain as they are until other processes are in place and CW reiterated that partners should not stop until they are told to stop. The expectation is to carry on until a clear plan and timeline is in place. CW confirmed that the Child Death Arrangements report was published alongside MASA and will continue to be revisited.</p>

Part II	LSCB Spotlight: Theme – Supporting Children and Young People’s Emotional and Mental Health
7.	Assurance Report – LPT
7.1	<p>AS informed partners that LPT were visited by the Care Quality Commission (CQC) last autumn and were judged to require improvement across the board. AS noted that she met with JM and SF regarding a lack of confidence in LPT delivering services.</p> <p>AS provided an overview of the Assurance Report to partners and noted that several meetings have been taking place over the last few months between health partners.</p> <p>It was confirmed that CQC have already been back on an unannounced visit, with a preliminary report suggesting that they have found significant improvement, although it was agreed that maintaining this improvement is now the challenge. Planning has begun for the next visit which is expected in October/November.</p> <p>CW informed partners that there are multiple health commissioners and CAMHS sits under CCG. There are monthly CAMHS Quality and Performance meetings taking place, which were established in late 2018, with one meeting that focuses on CAMHS delivery. CW noted that the meetings are beginning to become increasingly positive as they collectively find the detail and solutions. Support has been requested from NHS Improvement and they have provided a formal report with an ‘inspection eye’. A number of recommendations around the modelling of the organisation going forwards were provided within the formal report.</p> <p>CW noted that in terms of assurance, there was a heavy focus on CAMHS, with lots of work and additional funds provided to help with waiting list concerns. It was stated that Future in Minds are helping to pick up children who have been waiting for a long time. In summation, CW confirmed that she feels a lot more assured that children on waiting lists are being effectively safeguarded.</p> <p>SR queried what the wait times for assessment and treatment of children currently are. CW responded that this is dependent on age; if the child is under 11 they will go through community paediatrics, if the child is over 11 they will be referred to CAMHS. There is continued work with regional colleagues to ensure that the system is working efficiently. SR sought further clarification around how long it is between referral, initial assessment and either diagnosis or a treatment pathway. CW noted that this data is being considered and the CAMHS meeting contained all of this information. It was noted that lots of work is being done on the pathway as it is not where it needs to be currently.</p> <p>SR queried what level of staff are assessing children and AS confirmed that it is qualified nurses.</p>

It was queried whether there has been an elimination of mixed-sex environments and whether this includes the Tier 3 Children’s Unit. It was confirmed that same–sex accommodation rules apply to ward 3. AS agreed that this is still an issue, however, individual bays are planned within the new CAMHS building.

SF requested that the unannounced visit report be provided to the LSCB as soon as possible, as it would be useful for partners to see it before it is published on the CQC website. CW noted that this may be difficult as it is very rare for an embargoed version to be shared. It was therefore agreed that the LSCB be informed as soon as report is published.

AS confirmed that the new CEO, AH, was appointed as Chief Executive of LPT in July and the LPT Board has changed significantly.

The Chair stated that the LSCB needs to know that the changes are sustained and making a difference. It was noted that the previous offer of support was genuine, and the offer is still on the table. **AP10/19** The Chair requested to meet with the LPT Chief Executive and Chief Nurse to consider how things could be done better in the future.

SF noted that he agreed that a discussion with the Chair, the LSAB Chair and LPT executives would be very useful as it would help ensure confidence in LPT for the partner organisations, which is an essential aspect of partnership working.

The Chair stated that a short update on waiting lists etc. as raised previously by SR would help close these concerns. SR agreed, noting that assurance is usually obtained via a set of information which answers the concerns.

BC noted that as referenced in the PAAG report the CAHMS data is to be removed from PAAG data and will be managed by assurance from LCCG. **AP11/19** CW agreed to define what information is available and present a short report to the Board in September.

The Chair thanked AS for her input and noted that there seems like there has been process, although there is still lots to do.

Ref	Action	Person/s responsible	By	Desired outcome
7.1.1	AP10/19 The Chair is to meet with the LSAB Chair, LPT Chief Executive and LPT Chief Nurse to consider what assurance could be provided in future.	The Chair	26/08/2019	

7.1.2	<p>AP11/19 CW to define what CAMHS data/information is available and present a short report to the Board in September.</p>	<p>CW</p>	<p>12/09/2019</p>	
8.	<p>Written Statement of Action – SEND</p>			
8.1	<p>SF presented the most up to date version of the Written Statement of Action (WSoA) for the SEND Improvement Board to partners.</p> <p>SF confirmed that five key areas were considered from the previous review, with focus on two critical areas; the partnership approach to SEND and Care Plans and the delivery of outcomes.</p> <p>It was noted that the SEND Board has been refreshed and the WSoA only relates to the review. It was also stated that the scheduled formal quarterly meetings with the NHS have concluded, but it was decided to continue the meetings on a voluntary basis due to their usefulness.</p> <p>SF informed partners that good progress has been made on most of the areas and strong partnership working can be demonstrated. A continued challenge is having to deal with the quality of Education Health and Care Plans (EHCPs), with work having been done looking at the Youth Offending Service and Looked After Children. It was confirmed that all children with EHCPs will be referred to CSC. It was agreed that this is a long journey and there is some distance still to go. The next SEND Board is to be focussed on the quality of EHCPs.</p> <p>SF noted that he is confident that there were no particular concerns from the area review and is not overly concerned that the new EHCPs contain a safeguarding risk.</p> <p>The Chair noted that the pathways for speech and language need to be considered, as a strong correlation has been found that shows that issues around this have huge impact on the future for children. AP12/19 SF agreed to report back regarding this.</p> <p>AP13/19 The Chair also raised the SEND Improvement Board Governance Map (page 5) and will have a discussion with SF whether the LSCB should be included within the governance map.</p> <p>SF informed partners that he anticipates that a re-review of the WSoA will likely be required between October to April (2019/2020).</p> <p>Partners confirmed that they were happy and assured by the report.</p>			

Ref	Action	Person/s responsible	By	Desired outcome
8.1.1	AP12/19 SF to report back regarding the pathways for speech and language as a strong correlation has found that issues around this have huge impact on the future for children.	SF	12/09/2019	
8.1.2	AP13/19 The Chair is to have a discussion with SF around whether the LSCB is included within the governance map	The Chair	12/09/2019	
Part III	LSCB Learning and Assurance Reports			
9.	SCR XX (publication name to be confirmed)			
9.1	<p>AW introduced herself and provided partners with a brief overview of her experience as a reviewer and in previous roles, noting that she has written various SCRs and Learning Reviews.</p> <p>AW went on to present the SCR OD Overview Report and provided key history and noted that trigger points related to XX's mother, whilst XX's father's trigger points became apparent later. AW stated that a significant amount of history was known about both parents, but nothing done with the information.</p> <p>Partners were informed that XX was a tiny baby with multiple injuries, one of which was noted at the post mortem as being incompatible with life. It was agreed that there is currently anxiety around the number of young children who are dying, which raises questions around how pre-birth assessments are taking place. BC noted that the learning from this review has been fed into the Terms of Reference for Baby EL, which, in turn, will be tested by the pre-birth audit. It was noted that babies born in last 3 months will also be audited to see what has changed and what learning has been incorporated.</p> <p>AW stated that it did not feel like a multi-agency response, as agencies were not working together appropriately, and information was not always being shared. It was noted that there was a lot of confusion regarding the previous location of the family and which agencies were responsible.</p> <p>CW clarified that 'health' are not a single agency and are made up of three large organisations (CCG, UHL and LPT) and can also include GPs, dentists etc. There followed a useful discussion about the myths that professionals outside Health hold about the way information is shared across Health, and</p>			

the assumption that is made that there is just one internal information sharing process. Partners felt this was an important issue that should not be lost, and needed some awareness raising on. A discussion took place around identified system issues that need to be considered going forwards. Practitioners need to check things out with other professionals and cannot make assumptions. SR stated that unless there is something that makes a professional think there is/or might be a safeguarding concern, confidential information cannot be shared. It was also queried whether GPs are permitted to share information with the Health Visitor and/or Midwife. It was noted that GPs can share information if there is a lawful cause or public task and they are able to defend their decision to share. The Chair commented that no agencies had been held to account for sharing information for these purposes. CW noted that she feels it would be better to share than not to share. SR queried how information sharing is regulated within the various health agencies, as it does not currently work and needs to be considered. AW suggested that a group of practitioners meet to discuss this and advised this is already being progressed as part of the thematic learning on pre-birth.

SR noted the need to be careful that no assumptions are made regarding what happened to OD, and who is culpable as the exact circumstances are not known. BC highlighted that the review is not concerned with who is responsible for the injuries as this is the concern of the criminal investigation which is ongoing.

The Chair stated that there is a need to know that things are better now regarding partnership working. With the new model in place, processes are different, and the assessment should have improved.

BC confirmed that a pseudonym will be chosen for XX as soon as possible. This has been delayed due to criminal proceedings as discussions with parents are required (to ensure that a name with meaning to the family is not chosen) and have not taken place yet. It was clarified that the Overview Report will go to SCR Media Planning group once the Senior Investigating Officer, confirms that it is ok to proceed with publication.

CW recognised that there is a role for CCG regarding the GP and CCG will share the learning that arise from the report. The Chair stated that an additional recommendation for CCG required. The following was agreed as potential wording for the new recommendation: *How are the CCG going to consider the findings of the report and ensure that the learning is disseminated amongst other GP Practices?* It was agreed that there is a need to ensure that the systems that are in place are as robust as possible. It was noted that information can be shared in a number of formats.

SR queried the GP section of the report and noted that it appears that the GP did not pick up that XX's mother had just given birth when she presented with depression shortly after XX's birth. It appears that post-natal health was not linked to existing mental health and was treated in the same way as anybody presenting with depression. Partners agreed that XX's mother does seem to have been treated in the same way as anybody, with no regard that she had just given birth. It was requested that the report provide further reassurance around this. CW stated that the report needs to be very clear that the reader is not misled about the role of the GP.

Paragraph 6.1.3 was discussed by partners, as both parents were prescribed anti-depressants prior to the birth of XX. It was agreed that some clarity around the recommendations for XX's mother is required. AW noted a focus on whether GPs see the patients as a parent or future parent. It was stated that this is not possible generally, however, in this case XX's mother had just had the baby and was presenting with depression.

CW queried where the overlap with CDOP is. TB confirmed that CDOP will not consider any cases which are in other review processes. The Chair noted that the report can create lines of enquiry that the Board require assurance on.

MD updated partners around the case and noted it is with the Major Crime Team which is very intricately detailed with various specialists across the country and it may be many months before the outcome is known.

The Chair agreed that professionals need to be provided with factual details regarding information sharing to ensure they do not make presumptions. A spotlight theme was suggested, and it was noted that a large-scale training event regarding pre-birth and infants will be taking place shortly.

SR suggested consideration to be given to how many professionals have used the multi-agency referral form and who went on to the training. This may allow advice to be targeted and consideration be given as to why the referral form is only being used in certain areas. It was agreed that it would be helpful to know whether, for example, GPs are using the form and whether only certain clusters are using it.

AP14/19 AW agreed to make amendments to the recommendations and provide clarity around the role of the GP within the report, as detailed above. **AP15/19** Upon discussion, it was agreed that the LSCB are to request that CDOP review all baby deaths. Partners were in agreement that CDOP to be asked to look at the thematic review and provide a response. It was acknowledged that CDOP will not be able to look at learning from child deaths where there is an on-going SCR or other learning review in progress.

In principal, partners were happy to sign off the report with the changes requested made. The importance to not to lose any key lines of enquiry was agreed by partners and an addendum to the report should be added summarising the additional systems themes/discussion from today.

Ref	Action	Person/s responsible	By	Desired outcome
9.1.1	AP14/19 AW agreed to make amendments to the recommendations and provide clarity around the role of the GP within the report, as detailed above.	AW	19/08/2019	

9.1.2	AP15/19 The LSCB are to request that CDOP review all baby deaths.	BC/LSCB Office	12/09/2019	
10.	Feedback from other Strategic Partnerships and Partners			
10.1	Leicestershire Police MD provided partners with a brief presentation regarding the PEEL (Police Effectiveness, Efficiency and Legitimacy) Report for 2018/19. AP16/19 The Chair formally acknowledged the work that has been done around this and will write a congratulatory letter on behalf of the LSCB. MD noted that subsequent to the report, other police forces across the country have visited Leicestershire Police, which is very positive. MD stated that there is a need to maintain what has been accomplished and there is still lots to do.			
10.2	UHL MC informed partners that the Child Protection Information Sharing System (CP-IS) has gone live within UHL, one of three trusts currently using the system across the country. MC noted that the system sends flags regarding children who are/used to be on CP Plans. It was agreed that this is very useful for children coming through the ED front-door. The Chair noted that children on CiN plans are currently not included and flagged. AP17/19 It was agreed that it would be useful to explore this and discussions took place around how this would be best approached. It was noted that any potential legal ramifications around this need to be explored and answered. RL agreed to take this back to Information Governance to begin looking at the possibility of this, as parameters must be considered.			
Ref	Action	Person/s responsible	By	Desired outcome
10.1	AP16/19 The Chair to write a congratulatory letter to Rob Nixon, Leicestershire Police, regarding the PEEL Report on behalf of the LSCB.	The Chair	26/07/2019	Action Complete. Letter sent 23/07/2019.
10.2	AP17/19 RL to discuss potential legal ramifications of adding children on CiN Plans to allow flagging on CP-IS system with Information Governance.	RL	12/09/2019	
11.	Reflections and Next Steps			
11.1	The Chair confirmed that the meeting taking place on 26/09/2019 will be the last formal meeting of the LSCB. A celebration of some of the things that have been achieved over the last 3 years was raised as a possibility. The following next steps were discussed:			

	<ul style="list-style-type: none"> • More information around Child Criminal Exploitation to be presented at the September meeting. It was suggested that the Chair of the Child Vulnerabilities Operations Group provide a report. This will be discussed further and confirmed at CBC meeting taking place on 08/08/2019. • Feedback from the Vulnerabilities Executive to include progress with DSVA. • Feedback from the YoS Inspection. • Feedback from the CSC monitoring visit. • CP report on child SS will be presented. • Generation Select Report • Feedback re coercive control resources. <p>Prior to the close of the meeting, partners confirmed that no new risks were raised or identified. Partners were in agreement that it is business as usual.</p>
12.	Next Meeting
12.1	Thursday 26 th September 2019 – Town Hall, Tea Rooms