Minutes and actions

Present:

Michael O'Connor (Chair)	MOC	Independent Chair
Romi Bowen	RB	Strategic Director of Children's and Adults' Services
Geri Scott	GS	Strategic Director of Housing & Community Services
Neil Hutchinson	NH	Temporary Borough Commander
Claudina Tuitt	CT	Lay Member
Mary Mason	MM	Designated Nurse, NHS Southwark Health
Ros Healy	RH	Guy's and St Thomas' NHS Foundation Trust
Deborah Parker	DP	Guys and St Thomas' NHS Foundation Trust
Justin Armstrong	JA	DCI, Metropolitan Police CAIT
Rory Patterson	RP	Director of Children's Social Care
Gordon McCulloch	GM	Chief Executive, Community Action Southwark
Becky Canning	BC	Assistant Chief Officer, London Probation Trust
Jonathon Toy – Item 3	JT	Head of Community Safety
Elaine Allegretti	EA	Head of Strategy, Planning and Performance, Children's and
		Adults' Services
Ann Flynn	AF	Safeguarding Children Board Development Manager
Tina Hawkins	TH	Safeguarding Children Board Senior Administrator
Tom Sawyer (Minutes)	TS	Senior Strategy Officer, Children's and Adults' Services
Roisin Madden – Item 7	RM	Interim Service Manager, Safeguarding Service
Jackie Cook – Item 7	JC	Head Of Social Work Improvement And Quality Assurance

Apologies:

Andrew Bland	Accountable Officer for the CCG, NHS Southwark Health
Eva Edohen	Lay Member
Rosalinda James	Named Nurse for Child Safeguarding, King's College Hospital
Gwen Kennedy	Director of Client Group Commissioning, CCG
Chris McCree	Acting Assistant Director of Nursing Named Nurse for
	Safeguarding Children, SLaM NHS Foundation Trust
Paula Townsend	Deputy Director of Nursing, King's College Hospital
Geraldine Walters	Executive Director of Nursing & Midwifery, KCH

1. Minutes and actions arising

MOC welcomed the board. The draft minutes from the previous meeting were reviewed and agreed for accuracy. EA informed the board that a draft of the 2013-14 safeguarding board annual report would be brought to a future meeting. The board fed back views on the recent safeguarding conference: neglect matters and agreed it was a very interesting, useful and successful event.

1a. Update on SSCB sub-groups and s11 process for 2014

AF explained the proposals for: standard terms of reference for sub groups; creation of private fostering and children missing sub groups; a challenge panel approach to the s11 safeguarding reporting process for 2014; and an independent chair for the audit and learning sub group.

The board agreed the standard terms of reference was useful and should be implemented. RB expressed support for the creation of the new sub-groups but wanted to ensure they strengthened performance and accountability: there needs to be a smooth pathway for managing the performance in these areas and we need to ensure the new sub groups do not simply duplicate the existing governance arrangements through

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children's and adults services. MOC agreed that it was important not to duplicate and potentially confuse lines of accountability and stressed that the sub-groups could be used to do more detailed work in line with board priorities. EA and AF agreed to review processes in respect of proposal for private fostering and children missing from home and care sub group and terms of reference to ensure the new sub groups governance arrangements strengthen existing arrangements.

DP sought to clarify that s11 reports would still be annual. AF confirmed this was the case and explained how a challenge panel approach would run on a annual basis reporting in two clusters. The board was supportive of this approach and agreed it would strengthen s11 arrangements. RH asked whether the board felt there was potential for pursuing cross-borough scrutiny with Lambeth, given that many health services operate across both boroughs. AF said the audit approach (the London model) had been agreed with Lambeth SCB and RB agreed that we need to explore how we can help those working across both boroughs. BC advised this should include probation, which will operate across Southwark and Lewisham. RB said that this new approach would help meet the challenge of keeping issues live and ensuring the board was aware any weaknesses in the system and how it can help address them.

MOC, RB and DP all expressed their support for the chair of the audit and learning sub committee to be independent. AF advised this would be taken forward with our specialist recruitment department.

MOC reported back on his recent attendance at the Child Death Overview Panel. He felt that, although the panel deals with a small number of children there are lots of lessons which could benefit the wider system and should be embedded in core work. This includes issues around youth violence, youth suicide and self harm. MOC proposed a report back to the April Executive Board and this was agreed.

All recommendations were accepted

1b. London Probation Trust update

BC updated the board on the latest developments with the reorganisation of the Probation Trust. Staff currently being assigned between the National Probation Service (NPS) and the Community Rehabilitation Companies (CRC) and cases being transferred accordingly. BC advised that we need to think further about s11 responsibilities as both NPS and CRC will have responsibilities for safeguarding. GS reflected the view that the board was very well briefed and that other parts of the local authority need to be similarly updated so they can plan service delivery (for example Housing managing releases). JT echoed this view and asked that all parties think broadly about the overall impact of the changes. BC agreed and suggested that the March-May period would be the ideal time to do this work, before the London Probation Trust is disbanded. JT confirmed this matter is a standing item to plan and monitor on the Safer Southwark Partnership Board

Decisions and/or actions agreed		
Reference	Details	Action
1	All recommendations from item 1a agreed	AF to take forward implementation
2	Review processes and terms of reference around new subgroups to ensure they strengthen existing governance arrangements	AF & EA
3	Independent chair of audit and learning subcommittee to be recruited via the specialist recruitment department	AF
4	Feedback on lessons from CDOP to the next executive board	AF

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2. SSCB Priority Area: Early help to referral: update and report back from main board 28/01/14

MOC presented feedback from the last main board meeting and the draft outcome framework that the board has recommended adopting to test interventions against under the Best Start priority of the CYPP. These are high level strategic outcomes which have more specific, measurable outcomes beneath. This is fundamental to being clear about what the partnership is setting out to achieve. EA proposed working with the relevant subgroup leads to develop specific measures under each strategic outcome and how we can apply the outcomes to specific vulnerable cohorts for children and young people.. EA also described the need for a baseline to identify in which areas and parts of the system outcomes could improve. This will link into the work of the audit and learning subgroup. RB welcomed the development of the outcomes framework and felt an outcomes focus should be part of everyday work, used in supervisions and reviews, as well as being part of a strategic framework. MOC agreed that it was useful strategically, operationally and practically. It should allow partners to ask who is best placed to make a difference. MOC and RB agreed the need to map out where resources are coming from to achieve these outcomes so we can develop a common language and understanding across the partnership, with communities and with parents. MM felt agencies need to better understand what tools and measures each uses and take a pragmatic approach to coming together. EA highlighted that this way of working represents a shift for some agencies way of measuring and recording performance. RP agreed and said it would drive a fundamental shift in practice – the framework should bring clarity to the system in changing practice on the ground. RH suggested taking a pathway approach – mapping out the different pathways and how we are measuring outcomes at each stage. The board recognised that there can be difficulty in measuring some outcomes but agreed that this work can raise aspirations and ensure we articulate the difference our work is making.

MOC outlined an approach to taking this work forward as a project. It was agreed that MOC would chair a multi agency project board to draw different parts of the system together. RB felt it important to be transparent that this is part of our change process – that this represents the partnership tackling and preventing neglect in a different way, using a multi-agency real team approach. MOC agreed and felt this approach should save time and resources as well as improving the experience and aspirations of service users. MH raised a question about the interfaces with other boards and programmes, such as Troubled Families. The board agreed that Troubled Families must be considered part of this work and that the boards would need to work together initially but may, in time, come together as work develops. EA agreed to bring developed proposals back for sign off in April.

Decisions and/or actions agreed			
Reference	Details	Action	
5	A project management approach to take the Best Start outcome framework forward, including a multi-agency project board chaired by MOC and work with sub group leads to develop outcome measures.	EA	

3. Child Sexual exploitation

In introducing the update on CSE RP outlined a proposed way forward. Development of a strategy and operating model would need to be influenced by the best possible understanding of the scale and nature of CSE in Southwark. Therefore the first step will be to create a profile of the problem. RP has already sought information from teams likely to be in contact with at-risk young people. The MASE panel will then be reconstituted in line with the pan-London operating protocol and will undertake a risk-based review of the young people identified. RH welcomed this approach and suggested we develop the CSE resources diagram into a pathway for at-risk young people, or those already subject to CSE. RB also challenged

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health partners to provide as much information as possible, stressing the importance of capturing information from hospitals and clinical services so we can build the most accurate profile of risk. The same goes for schools. MOC and JT supported the challenge, JT stating that we should also build up the history and patterns of abuse so we can target interventions. All names collected then need to be run through the MASH systems.

Decisions and/or actions agreed			
Reference	Details	Action	
6	RP to circulate email request for names of those at risk of CSE to health colleagues via names provided by RH.	RH & RP	
7	Multi agency group to meet and review information on all young people identified as at risk if CSE, having used MASH systems to develop profile. Group also to make recommendations on future role of MASE panel.	RP & JT	

4. Young People's engagement

MOC and AF talked through a proposal for instituting a shadow safeguarding board to hear from children and young people systematically. RB welcomed the proposal as a similar approach had worked well for the Children's Trust. The youth council is an elected body and could be involved.

Decisions and/or actions agreed		
Reference	Details	Action
8	Proposals to constitute a shadow board to be taken	AF
	forward as set out in the paper.	

5. Horizon scan

EA presented highlights of the latest developments nationally. The board welcomed the report and, in discussing the latest developments with the new Ofsted framework, EA explained that this years annual report would form a self assessment.

6a. Performance Management

EA introduced the item and explained the interface with the Best Start outcomes framework (item 2). EA highlighted the need for developing activity and quality measures, particularly for the current gaps around health. RB and MOC challenged the gaps and it was agreed that the board must have some data from health partners for the next meeting. RB also asked for an analysis of referrals into MASH from health and VCS.

EA highlighted some areas where performance data was particularly notable. The Child protection plan cohort is high and rising. There is also a higher % of s47 cases translating in to conferences. MOC requested a more detailed report on this to the next board. Police protection orders although they had reduced are starting to increase – MOC and RB asked for a more detailed analysis of this at the next board also. Re-registrations and those on a CP plan for 2+ years are both at a low level, and care proceeding rates are also low. This could be a reflection on our tougher line on neglect, and impact of signs of safety work, but a report in more detail would be welcomed.

RB asked that the performance scorecard be reissued without the data gaps in advance of the next meeting.

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Decisions and/or actions agreed			
Reference	Details	Action	
9	Health performance measures to be discussed at next Health sub group with EA to attend	EA	
10	Detailed reports to next meeting on: - CP registrations, CP plans >2 years & care proceedings - Police protection orders	JC EA	
11	Scorecard to be reissued before next meeting	EA	

6b. Private Fostering

RP introduced the report and highlighted the decrease in notifications as possibly being attributable to under reporting. Referrals tend to come from within the service not from the wider system such as schools and health agencies. There is a service improvement plan in place and MOC requested this be reviewed in light of a need to ensure all agencies are contributing, and then brought to the board. GS suggested tenancy checks and housing options checks could contribute to identification.

DP confirmed the private fostering manager had presented the subject to the GSTT safeguarding assurance Board to support awareness raising

Decisions and/or actions agreed		
Reference	Details	Action
12	Private fostering service improvement plan to be revised to reflect a whole system approach and be brought to the board	RP & JC

6c. Report of the IRO and CP chairs

JC introduced the report of the IRO and highlighted some key messages. These included an increase in the % of reviews completed on time and the link between IROs and children running away and placed in out of borough placements. MOC felt that the board needs reports like this to help keep in touch with the detail of what is happening to LAC in the borough, and the LAC stocktake at April's meeting will need to be informed by this paper.

The report of the CP chairs reported a decrease in CP plans >2 years and highlighted a more challenging and proactive approach from the chairs around this. There have been significant improvements under children subject to a plan and subject to a plan for 2years plus and signs of safety is seen as a very successful model. RB asked for more analysis around what happens at step-down.

Decisions and/or actions agreed		
Reference	Details	Action
13	Further analysis of step down from child protection	JC
	plan and ¼ reporting from head of quality assurance	
	re child protection, and independent reporting officers	