



# HILLINGDON SAFEGUARDING CHILDREN BOARD EXECUTIVE MEETING

Friday 14<sup>th</sup> October 2016

## MINUTES

### PRESENT:

Steve Ashley, Independent Chairman, LSCB (SA)  
 Andrea Nixon, LSCB Business & Development Manager (AN)  
 Cllr David Simmonds, Lead Member (DS)  
 Tony Zaman, Director of Children's Services (TZ)  
 Maria O'Brien, Divisional Director of Operations, CNWL (MB)  
 Acting Chief Superintendent Colin Wingrove, Borough Commander (CW)  
 Tom Murphy, Assistant Director, Early Intervention & Prevention Service (TM)  
 Caroline Morison, Chief Operations Officer, CCG (CM)  
 Dr Reva Gudi, CCG GP Lead (RG)  
 Steve Hajjoff, Director, Public Health (SH)  
 Dr Christina Atchison, Public Health (CA)  
 Martin Wilson, London Fire Brigade  
 Dan Kennedy, Head of Business Performance, Policy and Standards (DK)  
 Theresa Murphy, Director of Nursing, Hillingdon Hospital (ThM)  
 Sue Pryor, Headteacher, Swakeleys School (SP)  
 Manjit Bringan, Headteacher, Whitehall School  
 Gavin Hughes, Director, Uxbridge College (GH)

### MINUTES:

Julie Gosling, LSCB Co-ordinator (JG)

	Agenda Item	Action
1.	<b>INTRODUCTIONS AND APOLOGIES</b>  No formal apologies were given.	
2.	<b>MINUTES OF THE LAST MEETING (01/07/2016) AND MATTERS ARISING</b> <ul style="list-style-type: none"> <li>• Page 2 - update on commissioning of health visitors and update on paediatrics leaving Ealing Hospital on today's agenda.</li> <li>• Page 4 - concern of lack of police attendance at case conferences and strategy meetings; now resolved.</li> </ul>	

	<ul style="list-style-type: none"> <li>• Page 4 - raising awareness of legal highs; SA has spoken with Mark Wolski (Policy Manager, Community Safety Team) and there is work ongoing.</li> <li>• Page 4 - joined up approach from agencies around DVA; AN has spoken with Sally Morris and work is ongoing with schools. Hospital staff are undergoing DASH training and the IDVA Service will be taking on more of a training role; however this is not underway yet due to a capacity issue. A joint working group has not been set up as recommendations from the two current domestic homicide reviews are still outstanding. Going forward, the priorities of the LSCB and SAB will need to dovetail with the priorities of the Community Safety Partnership.</li> <li>• Page 5 - review of CDOP is on today's agenda.</li> <li>• Page 6 - the SCR report signed off at the last meeting has been published, with amendment requested by DS.</li> </ul>	
3.	<p><b>INDEPENDENT CHAIR'S REPORT</b></p> <p>SA and AN recently attended a workshop to look at the Wood Report and to draw up a response to the Government. Legislation is going through Parliament and there will be a lengthy consultation period. Each borough will have to submit a proposal for the future of their LSCB/CDOP/SCRs and draw up a safeguarding plan. There is currently a lack of clarity; SA feels this is a good opportunity to have an LSCB that works for everybody. SA will be speaking with partners to gain their views of how they see the LSCB, going forward and solid proposals will be drawn up in the New Year. There will not be a prescriptive way of doing business and this is a good opportunity for the Board to say what they want.</p> <p>DS - we will want to continue the good work currently happening around DVA and CDOP and these changes will give us an opportunity to look at the Early Intervention and Prevention Service and what we are trying to achieve at a local level and also beyond the borders of our own borough. There is currently no legal capacity for Ofsted to inspect the new arrangements for LSCBs.</p> <p>SA - the Board has made good progress, however it needs to be stronger at looking at performance management. We have to tie together what is happening for Hillingdon children and young people from pre-birth to 18.</p> <p>AN is drawing up a challenge log which will record subjects discussed at the Board, to demonstrate there has been challenge. The Chairman's Challenge for the Operational Board is children not in mainstream education/home tutoring. The Local Authority is carrying out work to identify this cohort, however, it is concerning some professionals do not understand the law and what actions can be taken to ensure a child is safe. A report will come back to the</p>	SA

Operational Board in 6 months time and SA has requested more concrete evidence that we know where these young people are and that they are safe.

SP - agreed this is an issue; she has a number of children on role who are not in school, and it is not known where they are.

Border Force are undertaking an audit, following the journey of 15 young people arriving at Heathrow; 5 where there are trafficking concerns, 5 unaccompanied asylum seekers and 5 where private fostering arrangements have been identified.

3.1

### **FEEDBACK ON EFFECTIVENESS OF CURRENT DELIVERY OF HEALTH VISITING**

Services for 0-19 year olds are currently being reviewed under the Healthy Child Program. Children and their families have been consulted to find out the value of the service and linkages with other services. There was a concern as to whether the financial challenges faced by the local authority was having a detrimental impact on the service. Value for money does not appear to be the primary factor, which is a reassurance for the Board. The service needs to be strengthened, but it also need to do things for less.

DS - are health visiting services in Hillingdon any good, and are they aligned with the neglect strategy? TM - we know they are good from the performance data we receive from the provider, however there are areas to improve on. Re-specification of the service was helpful and there is scope to review. SA - further discussion is needed outside of the Board and something needs to be drawn up to give a stamp of approval from the Board that they are satisfied with the quality of health visiting. If we are only looking at data from the provider, this will need auditing. SH - the service is, and has been, good; there are a couple of issues to address by ongoing procurement. There was a disjunction between health visiting and school nursing. Another issue is that Healthy Child Program contracts have been inherited and were not adequately specified in the past. The provider has delivered a good service, but there may be more we want. TZ - with regard to Children's Social Care, DK's team is constructing qualitative and quantitative indices to give assurance of what we are doing and how we can tell we are getting to where we want to be.

SA - the Board has been given assurance that health visiting is in a good state; a procurement process is underway and there is no point in the Board doing any specific work, until this is completed. CA - the service specification is looking at being more outcome based and time has been spent wording key performance indicators. SP - it is important to gain the views of stakeholders; every school will have a view of what is being provided.

<p>3.2</p> <p>3.3</p>	<p><b>YOUNG PEOPLE NOT IN EMPLOYMENT/EDUCATION/TRAINING</b></p> <p>A concern was raised at the Operational Board on 3<sup>rd</sup> October as Hillingdon's performance in terms of identifying the status of 16-18 year olds is not good compared to our statistical neighbours. ('not knowns' LBH 18.9% - statistical neighbour average 5.8%). Two years ago the local authority had responsibility for commissioning careers guidance and tracking students. This has now changed and universal guidance has moved to schools and colleges and tracking has remained with the local authority. The Keyworking and Participation Service receive data from schools and colleges of intended destinations of young people. The local authority then has to try to identify if they have gone to this destination and stayed there. The challenge is the large number of young people to be tracked (10,000) and the robustness of data provided. Plans have been put in place with HASH for the local authority to receive more accurate data. It is hoped the capacity of tracking activity can be increased through the Keyworking Service.</p> <p>SA - do we have a larger number of young people not in education/employment or training than other boroughs or is there a technical issue? TM - schools know where the young people are moving onto; there is a technical issue in getting the data and tracking any movement. A proportion of the young people may be engaged in a post-school programme we are not aware of. SP - communication to schools has not been clear with regard to what data is required. Some of the 'not knowns' are the most vulnerable, and are known to children's social care. TM and SP to meet and discuss further.</p> <p><b>SCR REPORT FOR SIGN OFF (BABY W)</b></p> <p>The report was presented to the Operational Board on 3<sup>rd</sup> October by the author, Jane Wonnacott. It will not be published until Jane has made contact with the parents and offered them a chance to comment. The CPS still have to make a decision as to whether to charge either parent. Any actions from the report can be progressed prior to publication. An additional recommendation has been added on page 23 around the Urgent Care Centre (UCC) providing evidence that their system for using child protection plan notifications is working effectively. UCC are not part of Hillingdon Hospital and AN is in the process of trying to get a representative to sit on the LSCB. The Board were asked to agree the report; recommendations will go to the Case Review Sub-Committee. <b>The Board agreed the report; with the proviso it will not be published until the parents have been contacted and the CPS has made a final decision.</b></p>	<p>TM/SP</p>
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<p>3.4</p>	<p><b>UPDATE ON PAEDIATRICS LEAVING EALING HOSPITAL</b></p> <p>The level of the workforce is very good with regards to nursing and a new paediatric department is due to open next Friday 21<sup>st</sup>. Any logistical and IT challenges appear to have been resolved. There has been very little challenge from Northwick Park Hospital on how services at Hillingdon Hospital are working. Activity has increased but is stable; different challenges may arise over the winter months. MB - there are concerns of the impact of these changes on mental health services and Hillingdon CNWL is receiving a large influx of patients. The number of cases is on target to treble by the end of the year, in relation to last year's figures. Stretched services are now being further stretched and this will need to be monitored and will be an issue for the CCG. CM - agreed that emergency admissions are set to treble and the CCG will be looking at a longer term plan. Hillingdon CCG is the worst affected by these changes. Work needs to be carried out to find out the post codes of children and young people presenting at the hospital; some children with mental health issues have to wait 2 hours for a bed and children have to be transferred as far as Leeds and Southampton, which is distressing for families. TZ - has not been made aware of this issue and needs to be fully briefed. CA - CAMHS transformation work is going on, to try to strengthen early prevention and off-load demand issues locally and also align with what is happening in the north west boroughs. SA - further discussion to be held outside of the Board.</p>	<p>SA/MB/CA</p>
<p>3.5</p>	<p><b>CDOP REVIEW</b></p> <p>Hillingdon CDOP split from Ealing on 1<sup>st</sup> September. The Operational Board requested a review of CDOP processes and how it will move forward. The function of the CDOP will move into the LSCB Business Unit with the LSCB Co-Ordinator (JG) being responsible for the administration process and AN being the single point of contact. Dr Menakaya, Consultant Paediatrician will still work closely with the new CDOP arrangements. JG has arranged two rapid response meetings with Dr Menakaya, which were very successful. In future, the number of papers circulated to the Panel will be reduced and will be sent out electronically. If there is a sudden influx of cases, the SAB Co-ordinator can share the increased workload. Future CDOP meetings will look at prevention work, linked to child deaths. This system will continue for the next year, until new procedures are put in place. The chairing process will need to be reviewed as SA, as chair of the LSCB is not in a position to take on chairing CDOP. The review of CDOP has highlighted the inefficient way it was being managed. SA thanked AN for the review and requested the Board agree the changes noted above. ThM - supported the paper coming to the Board and agreed with the preventative function of CDOP. SH - felt this was a positive direction of travel. <b>The Board agreed the proposed changes to CDOP.</b></p>	

<p>3.6</p>	<p><b>PERFORMANCE REPORT</b></p> <p>The P&amp;Q sub-committee have proposed a set of measures across partners; they now want to scan metrics and only bring back to the Board exceptions the Board should be worried about. Going forward, the sub-committee want to focus on a set of issues and risks where they are tasked, by the Board, to look at and work with partners, and come back to the Board with analysis and any best practice. The P&amp;Q sub-committee wants to focus on the Board's priorities and the Board needs to commission the sub-committee to do this work. Any information partners are asked to provide, they should already have.</p> <p>SA - we need to be clear why we are looking at data provided by other agencies. Any performance data requested needs to align to the Board's priorities and this is one weakness of the Board. Triangulation and narrative is still missing. TZ - a lot of information coming to the Board is management information from children's social care; what comes to the Board needs to have a multi-agency dimension to it. Things should only be escalated to the Executive Board if there is a multi-agency issue.</p> <p>SA - needs to be briefed on any 'stand out' areas in performance before they go to the Operational Board. Any multi-agency issues and 'outliers' will then go to the Executive Board. DS - the Board cannot be a spectator to performance management. SA - it is frustrating that we have not got a grip of what we do with all the information available. What we are doing has to be meaningful. TZ - diagnostic work is being carried out on management information; partners need to know what questions the Board are asking.</p> <p>SA - by the next round of Board meetings the Operational Group need to be clear what performance issues should come to the Executive Group. DK and his team have done some good work, but the Board has not been clear about what they want, which has made their job difficult. RG - does not have the information that would tell her how good or bad GPs are at sending in case conference reports and attending case conferences. SA - to be an 'outstanding' LSCB we need to be better at performance. TZ - there is a capacity issue with carrying out analytical work and there needs to be a multi-agency input.</p>	<p>AN</p>
<p>3.7</p>	<p><b>RISK REGISTER</b></p> <p>AN will be adding the recommendation from the SCR report for UCC and also the issue with performance management.</p>	
<p>3.8</p>	<p><b>INFORMATION SHARING PROTOCOL</b></p> <p>This is not a new document but has come to the Board as a reminder that is available and is also on the new LSCB website.</p>	

	<a href="http://hillingdonlscb.org.uk/">http://hillingdonlscb.org.uk/</a>	
4.	<p><b>AOB</b></p> <p>-the police are holding a children themed week in December, promoting awareness of child sexual exploitation. The London region profile for CSE has been published, giving the current picture around CSE in London and includes a raft of recommendations. There has been low reporting of CSE in Hillingdon and there are intelligence gaps. Clare Murray is the link for this event. CW is happy to lead a brief discussion and give a short presentation at the next Executive Board.</p> <p>-SP raised the issue of children becoming subject to a child protection plan for a second or subsequent time. Her school staff have had difficulty referring into MASH and have been told they should contact children's social care, as they dealt with the original CP plan. Children's social care are then saying it should be referred to MASH. TZ is aware of this and it is being dealt with. It may be useful to enforce the message to headteachers that they should not wait to raise such concerns at Board meetings, but should contact either TZ or Ana Popovici. DK to arrange via HASH or Primary Forum.</p> <p>-this is RG's last Board meeting; SA thanked her on behalf of the Board for all her work.</p> <p>-advice from the Met has been sent out to schools on the recent issue of people dressed up as clowns intimidating the general public. Two arrests have been made.</p>	<p><b>CW</b></p> <p><b>DK</b></p>

**Future Meeting Dates:**

**Friday 9<sup>th</sup> December 2016      9.30-11.30      Committee Room 6**

**2017**

<b>Date</b>	<b>Time</b>	<b>Venue</b>
Monday 20 <sup>th</sup> March	9.30-11.30	Committee Room 5
Tuesday 20 <sup>th</sup> June	9.30-11.30	Committee Room 6
Monday 2 <sup>nd</sup> October	10.30-12.30	Committee Room 6
Tuesday 12 <sup>th</sup> December	9.30-11.30	Committee Room 6