



HILLINGDON SAFEGUARDING CHILDREN BOARD EXECUTIVE MEETING

21st June 2018

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)
 Sue Pryor, Headteacher, Swakeleys School (SP)
 DCI Helen Flanagan, Met Police (HF)
 Mick Brims, LSCB Training & Quality Assurance Officer (MB)
 Steve Hajioff, Public Health (SH)
 Catherine Knights, CNWL Associate Director for Quality (CK)
 Gavin Hughes, Director, Uxbridge College (GH)
 Katie Warren, CAFCASS
 David Reid, London Fire Brigade (DR)
 Naveed Mohammed, Service Manager, Performance and Intelligence, LBH (NM)
 Jacqueline Walker, Director of Nursing, THH (JW)
 Dr Jide Menakaya, Consultant Paediatrician, THH (JM)

MINUTES:

Julie Gosling, LSCB Co-ordinator

APOLOGIES:

Caroline Morison, Chief Operations Officer, CCG
 Dan Kennedy, Deputy Director, Housing, Environment, Education, Health & Well-Being (DK)
 Manjit Bringan, Headteacher, Whitehall School
 Joy Godden, Royal Brompton and Harefield Trust

	Agenda Item	Action
1.	Introductions and Apologies Apologies noted (as above).	
2.	Recent Ofsted Inspection of Children's Services The Chair congratulated Hillingdon Children's Services for their recent 'good' grading. TZ - under the new inspection system Ofsted do not	

	<p>engage with partners but they do draw through the lens of practice the impression of engagement with partners and the maturity of relationships. The upbeat, positive attitude of frontline staff was also noted by the inspectors. Hundreds of cases were looked at and no referrals were received back about anything concerning in casework. There has been investment in social care from the political administration with a step change in moving on from systems processes into quality. TZ has asked the inspectors to explain the difference between and good and outstanding grading, as it is felt the overall grading could have been outstanding. DS - leadership is about a really good management team, right down to practice leaders and this has been a big shift in Hillingdon. TZ and his colleagues deserve credit. TZ - preparations are now being made for an inspection of YOS.</p>	
3.	<p>Minutes of the last meeting (12/12/2017) and matters arising</p> <p>Pg 4 : LSCB mapping report - has been sent to TZ.</p> <p>Pg 4 : performance - NM is meeting with Ian Kirkwood (CNWL) to discuss waiting times for treatment (CAMHS). CK - there is a national shortage of CBT practitioners, but there is an improved picture.</p> <p>Pg 5 : DK to raise with Chief Executive in Redbridge the issue of children subject to CP plans being placed in Hillingdon; carry forward.</p> <p>Update from Operational Board (24/5/2018)</p> <p>Two young people from Barnhill Community School gave a presentation on mental health, which was interesting but worrying due to the levels of mental health problems being seen in schools and the limited resources available to offer support. Some students are finding exam time particularly difficult. Healthwatch Hillingdon is keen to extend this project and the LSCB are happy to offer support.</p> <p>A presentation was given around the new CSE Hub; the child house project has received extra funding to support victims of CSE and ensure there is sufficient trained medical staff.</p> <p>Update on Early Help - there is still a lot of work needed and SA will be meeting with Tom Murphy. Progress is being made on the missing strategy.</p> <p>A workshop has been arranged on 12th July for the Operational Board to discuss future safeguarding arrangements. It is hoped the new arrangements can be put in place before the end of this year. Funding from the DfE has been applied for but no response has been received.</p> <p>A half day seminar on Sepsis was held in January following a number of child deaths from Sepsis being brought to the Child Death Overview Panel. A lot of work is being done to raise awareness, however Sepsis continues to be a huge killer of children and older people.</p>	DK
4.	<p>Sepsis Awareness and Prevention Practice Plan</p>	

	<p>(Please see business case circulated with these minutes). DS - if a whole systems approach to Sepsis is the preferred option, including increasing awareness amongst parents, what are the interventions that would change how this happens? JM - NICE guidance uses tools to categorise what children are going through when they are unwell and grading is used to identify if they are at low, medium or high risk of developing Sepsis. Medical practitioners need to use a checklist to rule out Sepsis. SA - just raising awareness in the community is not sufficient as it will lead to more parents/carers going to their GP/A&E. Resources need to be put in place to deal with this additional activity. SH - risk markers for Sepsis are also markers for trivial diseases and the overuse of antibiotics should be avoided. A key action that can be taken forward is addressing concerns around the immunisation program in the borough commissioned by NHS England. All GPs in the borough use the same computer system which would make it relatively easy to have a template to prompt a GP to make sure they take appropriate action when they see a child with potential Sepsis. NICE guidelines need to be applied. Public Health England will need to be involved in any discussions around Sepsis.</p> <p>The Executive Board agreed for a working group to look at implementing the actions above and discuss cost implications.</p>	<p>SH</p> <p>SH/AN</p>
<p>5.</p>	<p>Summary of cases presented at CDOP</p> <p>Discussions have been held around future arrangements for CDOP; general feeling is that a single CDOP for NW London involving eight local authorities, eight commissioning groups, three different police clusters and a dozen hospitals would not work, as identifying any failings in one particular area would be almost impossible. Current CDOP arrangements for Hillingdon will remain, pending transfer of ownership from the local authority to the NHS. There may be value in combining with Ealing and Hounslow CDOP as this would involve a single police cluster and only two hospitals. There is likely to be London level scrutiny to look at overall patterns. SA to raise at LSCB Chairs forum.</p> <p>At the last CDOP Meeting on 14th May one case involved the murder of a seven year old boy by his mother who went on to commit suicide. She was known to mental health services but was not engaging and was also known to adult social care, although her son was not known to children's social care. This case was not referred into the MASH. There may be a piece of work needed to ensure effective communications between services. The view that this case did not meet the criteria for a serious case review was shared with the National Panel and they did not disagree with this decision.</p>	<p>SA</p>

6.	<p>Situation report from partners</p> <p>HF - the transfer of CAIT and Sapphire coming in-borough has been pushed back to February 2019, at the earliest, due to significant under-resourcing.</p> <p>TZ - discussions around an overview of safeguarding have been held with the Chief Executive including primary reasons for children becoming looked after and if it is due to neglect, to focus on this and decide what agencies can collectively do to make a tangible difference.</p> <p>SH - the sexual health service has commissioned counselling for 12-18 year olds; as there is pressure on CAMHS it is important partners are aware of this service. (SH to circulate details to Board members).</p>	SH
7.	<p>Board Priorities</p> <p>Operational Board members have agreed a more practical list of priorities for 2018-2020. The LSCB Annual Report 2018 will be circulated in draft in due course. Any outstanding responses to be emailed to AN by 6th July. SA - there has been an issue around obtaining data for the annual report, which is a local authority issue. The LSCB will no longer be statutory from April 2019 and SA would like the Board to concentrate on practical issues where they can make a difference, up until this time. The action plan linked to the priorities (circulated with these minutes) details actions and expected outcomes. Future arrangements will involve a learning hub for front line members of staff where lessons from SCRs and CDOP cases can be looked at and any learning taken back into practice. The LSCB Operational Board will be replaced with a Quality & Effectiveness Group. DS - was not feeling very reassured as the priorities do not mean much at all; ensuring effective arrangements are about process and the Board need to be looking at outcomes, and what practical difference the priorities will make. The Chair agreed to revisit the priorities document, focussing on the work being conducted within the action plan.</p> <p>DR - LFB has their own robust safeguarding policies and fire-fighters now make more adult mental health and hoarding referrals. They carry out home risk assessments and run open days and career events.</p>	
8.	<p>Annual Report</p> <p>A problem obtaining accurate data has caused a delay; SA will escalate to TZ. This is not an Operational Board issue.</p>	SA
9.	<p>Performance Data</p> <p>Key headlines include;</p> <p>1.01 MARAC referrals and 1.02 referrals to IDVA Service - both indicators have seen an increase. Gerry Campbell has provided awareness training which has seen a rise in referrals.</p>	

	<p>1.04 and 1.05 domestic incidents with crime reported/no crime reported - numbers have decreased and this may be due to a data issue with police colleagues. Numbers have now stabilised.</p> <p>1.11 and 1.12 patients whose treatment commenced within 18 weeks of referral and number of children waiting for treatment to commence (CAMHS) - performance continues to improve with the proportion of patients whose treatment has already commenced exceeding the target at 98%. However 93 children are waiting for treatment; up from 63 in the previous quarter.</p> <p>1.13 re-referral rates - 7% higher at the end of Q4 compared with the previous year. These are not immediate re-referrals which is positive.</p> <p>2.07 number of CP children on caseload (HV) - increased by 10% since 2016/17 and now stands at 321 in 2017/18. More commentary is needed.</p> <p>2.08 number of LAC children on caseload (school nursing) - 18% increase since 2016/17.</p> <p>2.31 number of children attending THH c/o self harm - a deep dive is ongoing as there has been a distinct increase. CNWL and UCC data will be incorporated to obtain a fuller analysis around self harm in different areas of the borough. DS - we have a sense of the numbers around self harm but how do we recognise behaviours we should be looking for? SA - this should come out as part of the deep dive; schools that have seen a disproportionate number of self harm cases will be identified and any recommendations will come back to the Executive Board. SP - a lot of self harm cases in school are not severe enough to warrant being seen at hospital. CK - other LSCBs have similar issues around self harm; some schools are good at managing such cases and some are over sensitive and have over-referred. Multi-agency training is available from CNWL. GH - there has been good engagement from the CCG with supporting initiatives at Uxbridge College around self harm; it is hoped the impact of these initiatives will be significant by next year.</p>	NM
10.	<p>MASH Audit - Summary</p> <p>This significant piece of work was carried out by Mick Brims in December last year and received specific mention in the recent Ofsted inspection report. (Please see paper previously circulated). SA - children's social care addressed issues raised and made changes as the audit progressed. This was useful to demonstrate to Ofsted how agencies are changing to improve safeguarding. TZ - thanked MB for a great piece of work.</p>	
11.	<p>Vulnerable Young Person's Risk Management Group (VYPRM)</p> <p>There has been a national shift away from CSE as a standalone priority; CSE is now seen as one part of the problem for vulnerable young people moving to a wider exploitation and vulnerability issue. This new group is the culmination of an intensive piece of work following a</p>	

	previous Chair's Challenge. Feedback from partners was to have an integrated approach to the three areas of CSE, missing and serious youth violence. This is a replacement for the MASE Panel model and the VYPRM Group will only review high risk cases using a risk assessment tool. JW requested THH be part of the core membership of this group. MB to check with Janice.	MB
12.	Training Analysis The LSCB training program is self-funding since a charge has been made to agencies who do not contribute financially to the Board. The next step is to understand the impact of the training and delegates are being contacted 6 weeks after attendance and asked 4 short questions about how training has changed their way of working. Multi-agency Working Together training continues to be fully booked and receives great feedback; it is hoped the facilitator can offer neglect/thresholds training from September.	
13.	AOB - GDPR and safeguarding; to be discussed at the next Operational Board.	

Future Meeting Dates:

Thursday 27th September 10-12 CR5
Thursday 13th December 10-12 CR5