



**Northumberland Safeguarding Children’s Board Meeting
29 November 2016, 1.00 – 4.00pm**

**Northumberland Fire and Rescue Headquarters
West Hartford Fire Station, Cramlington, NE23 3JP**

Present	Role	Initials
Paula Mead	Independent Chair, NSCB	PM
Margaret Tench	Designated Nurse, CCG	MT
Robin Harper-Coulson	Business Manager, NSCB	RHC
Annie Topping	Director of Nursing Quality & Patient Safety, Northumberland CCG	AT
Sue Reilly	Independent Lay Member	SR
Alan Hartwell	Alan Hartwell, Senior Manager Performance: Education & Safeguarding, Adult's and Children's Performance Service	AH
Shauna McEvoy	Performance Officer, NSCB	SM
Deborah Brown	Community Safety, Fire & Rescue	DB
Ian Billham	Strategic Community Safety Manager, NCC	IB
Julie Dodson	Director, Voices	JD
Sharon Dunbar	Children’s Service Manager, Barnardo’s	SD
Jan Grey	Head of SAPP, NTW NHS FT	JG
Julie Young	Strategic Housing Manager, NCC	JY
Deborah Reeman	PCHS	
Barry Frost	Nunnykirk Centre for Dyslexia, Head	BF
Cath McEvoy	Service Director, Children's Services, Wellbeing & Community Health Services, NCC	CM
Andy Johnson	Director of Education	AJ
Mark Lennox	Senior Probation Officer	ML
Daljit Lally	Deputy Chief Exec/DCS. NCC	DL
Anne Graney	Quality and Safety Manager, Cumbria and North East	AG

	sub-region NHS England	
Catherine Joyce	Operational Director, Action for Children	CJ
Liz Morgan	Consultant Public Health	LM
Anna English	Strategic Adult Safeguarding Manager, NCC	AE
Naomi Jones	Designated Doctor, CCG	NJ

Apologies Received		
Jill Scarr	Independent Lay Member	
Nicholas Greenly	Independent Lay Member	
Councillor Arckless	Policy Board Member for Children's Services	
Elizabeth Kelly	Northumbria Rehabilitation Company, Director of Offender Management	

In Attendance		
Carolyn Sanderson	Minute Taker	

Agenda Item	Discussion and Action Agreed	A	C
1	Welcome, Introductions & Apologies. Welcome, introductions and apologies were noted, see above.		
2	Correspondence - Chair Nothing to report.		
3	Minutes of last meeting & matters arising & action log from 27 September 2016 The minutes were agreed as a true record. Action log updated, see separate document.		
4.1	Performance & Statistical Information: - AH (<i>Standing agenda</i>	A	C

	<p><i>item)</i></p> <p>AH presented the report in its new format. It had been agreed that members were interested in what dashboard indicators other authorities held. The various methods have been reviewed by members and officers and agreed the format being presented. Other LSCBs select a particular topic to track throughout the year, the Board may want to consider doing the same.</p> <p>AH then presented the findings of the performance report, section no 4 on page 1, the greens were previously red, and performance has improved on those indicators, which are now in a very healthy position.</p> <p>GP reports – a very important indicator, over the summer months the level of reports presented at conference have reduced by 9%, we know that this is a national issue regarding reports and attendance by GPs. Due to Northumberland’s rural nature, at least one conference will take place via video/telephone conferencing to test how GPs are able to contribute and to analyse if this is workable and also whether the IRO service can develop a model which allows for distance attendance .</p> <p>MT advised that the CCG are disappointed with the figures after all the work that has been done. GPs want to look at other ways they can contribute, and this pilot may help that process.</p> <p>AH – another area for discussion are the number of referrals from services. Within Northumberland almost as many referrals come from health services as the police; nationally police referrals far exceed health referrals. CM referrals in NR in 2015-16 were double the national average. AH – during the first half of 16/17 Northumberland’s profile has returned to the same as the national profile.</p> <p>AH – Highlighted audits and monitoring of boarding schools, and remarked about the inspection of Ridley Hall and the need for schools to undertake internal monitoring and reporting.</p> <p>The number of children subject to child protection plans has changed substantially; Northumberland has now lowest rate in the north east which is positive. Currently 270 children and young people, less than a year ago it was over 400. AH asked the Board to note this reduction.</p> <p>CM advised that they have targeted children with dual plans. Still</p>		
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	<p>some way to go, but it is being looked at with an aim to reduce the figure further. Looking at thresholds around section 47s, this was below the national average which is now up to 50% to avoid putting families through this emotionally challenging process.</p> <p>RHC thanked AH and the QIP group and the level of work they have undertaken to review the model of the performance report. Feedback from the NSCB has been excellent.</p> <p>CM offered a challenge to multi agency partners, the report presented last time was challenged and the NSCB requested changes to be made AH had contacted members for their views. However AH had had no comments or feedback and asked that members can ensure they provide Alan with their comments.</p> <p>PM reiterated CM's point. PM and AH had met about the format and liked the new version. Other members agreed.</p> <p>JG commented that a lot of their information goes to the CCG and they already provide that information and are more than happy for the CCG to share it with the Board, rather than duplicating. AH is aware of that. PM agreed that receiving the information from the CCG is the most efficient process; however need to ensure all relevant data is reported.</p>	ALL	<p>CM</p> <p>PM</p>
4.2	<p>Safeguarding Children with Special Educational Needs and Disabilities</p> <p>AJ will be pointing out some headlines and had shared useful key documents already with the papers for this meeting.</p> <p>The SEND inspection relates to a geographical area rather than an individual service or organisation. The area is defined by a group of organisations that includes the local authority and other agencies, organisations have a duty within that area.</p> <p>The inspection is a joint inspection, within the SEND handbook it details what the inspectors look at, they will always look at safeguarding.</p> <p>They publish various documents which should be read in conjunction with this handbook.</p> <p>AJ had shared a typical inspection report (Hertfordshire) and AJ asked members to look at the highlighted areas. It's a very wide ranging set of data that inspectors look at. A process that has been undertaken is a self-summary evaluation which will be given to the inspectors at the beginning of the inspection which sets out what different partners say the strengths and areas for</p>	A	C

	<p>improvement.</p> <p>Safeguarding disabled children in England highlights questions on page 14 for the NSCB about how this is delivered across the area of Northumberland and how this board is responding. AJ suggested another debate about how we answer those questions. NJ agreed that a discrete arrangement needs to be set up to work on these key questions. PM advised that there has been a lot of discussions as best way to achieve this but n answer.</p> <p>AT stated that a piece of work that is ongoing on SEND with an opportunity to look at the structure of SEND. She hasn` t been involved at an operational level, need to make sure we are not duplicating and are working together. AJ has established a strategic group which is for SEND across the area; however there is no specific strand around safeguarding.</p> <p>PM feels this needs scrutinised more closely, she asked RHC to give this some thought and set a group to think about how we look at audit and governance requirements and feedback to the business sub group.</p> <p>AJ distributed the “Guide to Services”. Problem is that this is already out of date, however a paper version has some benefits for parents and would like to do a 2017/18 guide and would like to get Alan Carrick to do a presentation. Can agencies take this away to look at and feedback to Alan Carrick or AJ.</p> <p>RHC to give Alan Carrick a distribution list of this board.</p>	<p>RHC</p> <p>ALL</p> <p>RHC</p>	
<p>4.3</p>	<p>Independent Reviewing Service Annual Report 2016-2017</p> <p>JG advised that this report takes us up to March 2016, therefore predates JG and KH responsibilities for the service and report. JG wanted to ask board for their comments and any suggestions they may have. Caseloads are looking very healthy now.</p> <p>PM advised that this annual report is intended to provide assurances to the board that this service is delivering what it should.</p> <p>CM commented about how to make this more robust next time to highlight what the IRO service feels and what is needed to improve planning processes for children. This will be more practice focussed and will look more into the impact of the IRO service.</p> <p>KH advised that there has been a huge amount of development, good progress made. 37 dual cases, which impacts on all services, they` ve managed to reduce this to 11 dual cases. Going everywhere and will be challenging children`s services as well as other agencies to ensure the IRO footprint is all over. KH has been encouraged with the work that has been done since JG has been</p>	<p>A</p>	<p>C</p>

	<p>in post.</p> <p>PM thanked JG and KH for this assurance and the board noted the improvements.</p>		
4.4	<p>Sexual Harmful Behaviours</p> <p>KH presented this paper to the NSCB to note the NICE guidance and endorse the traffic light toolkit which is being used around the county.</p> <p>Would like the board to endorse this for use across the county. KH presented the report and asked the members to note. This has been reviewed and has taken on board some recommendations. A task group was established with a wide representation of partner agencies and reviewed the NICE guidelines, this work is detailed within the report. The actual traffic light tool is really precise and useful and would endorse it being adopted across Northumberland.</p> <p>PM – after discussion and consent the board endorses the recommendations within the report. The traffic light tool to be used across the county.</p>		
4.5	<p>Absent category guidance and review</p> <p>Presented by HA, the review of the categories has allowed us to reduce pressure on the front line by 37000 incidents over the year. A saving of 40.5 officer time which have been moved into the Police Safeguarding Unit.</p> <p>Feedback overall has been positive and staff have been able to challenge police decisions. This process is constantly under review and monitored. This report is to give the board assurance that this has been carried out.</p> <p>BF said that this has been very useful. Discussion about FWN number and that this is available on request from the police. Deborah recommended Andy to share at his meetings. HA will also feedback to the police. RHC asked if he could have the flowchart to support the NSCB procedures, HA to provide.</p>	<p>A</p> <p>AH</p>	<p>C</p>
4.6.	<p>Section 11 audit 2016</p> <p>RHC has identified that the statutory guidance regarding the review timescales from section 11 audits are not definitive and vary between LSCB's, some completing twice a year and some every three years. The NSCB currently undertakes an annual audit.</p>		

	<p>RHC would like to establish the NSCB preferred timescales for this audit. He provided a variety of choices, outlining the positives and negatives of each approach.</p> <p>Helen Anderson stated that the police find it difficult to coordinate across 6 LSCB's and would prefer to be the same as other LSCB's.</p> <p>This is now a web based process and can simply be updated therefore there is not the volume of work involved as in previous years. PM agreed we need to keep the burden down on all agencies, but the work still needs to be done.</p> <p>AT advised we need to look at the themes and issues identified, as there lots of changes in each period. RHC advised that there are national indicators that we have to audit, last year there were a number of serious case review topics. It worked well last year.</p> <p>RHC thinks that annually works really well. CM doesn't think there is a national limit. Issue is about the added value in doing this in on an annual basis. Need to streamline to look at areas that are not as robust.</p> <p>After significant discussion and review of the available options it was agreed that the main sec 11 audit would be undertaken on a two yearly programme with a themed section 11 identifying some areas to drill down to get more detail in between the main audits.</p> <p>Board agreed as above.</p> <p>Action RHC to identify areas to deep dive and bring to next NSCB meeting.</p>	RHC	
4.7	<p>Development of new model for Vulnerable Parents</p> <p>LM was asked to provide an update on this pathway. The FNP is categorised by 1:1 support and runs from referral until the baby is 2 years old, which is a very intensive and long running programme of support. Practical support to address issues around behaviour. Programme is very prescriptive in terms of the numbers of interventions provided over the period and in terms of young people who can be referred into it. In Northumberland it has only been offered in the south east of the county, 4 family nurses can accommodate 20 young mums. There are issues in terms of geographical reach and capacity.</p>		

	<p>We want to develop a flexible and equitable pathway, to build on the previous programme using some current tools. Public Health have agreed with Northumbria that they won't accept any more young parents, undertaking individual risk assessments for all the young mums on the programme and many of them have safely transferred to mainstream service.</p> <p>With the capacity that has been freed up they are looking to define what that vulnerable pathway will look like in terms of the criteria of the young people they want to refer on to it.</p> <p>We want to share some of the skills the family nurses have taken on board as part of their training and share across the HV workforce. New pathway up and running by the 1 April and happy to come back here and give an update on what the pathway looks like then.</p> <p>PM commented on the national evaluation. High costs didn't necessarily justify outcomes.</p> <p>JD asked if this is for first time young parents.</p> <p>LM wants to address that issue, vulnerable parents extends beyond being under 19 and a first time parent.</p> <p>PM will there be an intensive intervention for that group?</p> <p>LM commented that the interventions would include that group.</p>		<p>PM</p> <p>JD</p> <p>PM</p>
<p>4.8</p>	<p>Case Reviews (<i>Standing agenda Item</i>)</p> <p>MT provided an update regarding the progress of serious case reviews and where they are at.</p> <p>Kirsty – publication has been delayed until after May 2017 because of deferred criminal proceedings. This raises concerns that the SCR was completed possibly two years prior to the potential publication date. However the SCR Sub-Committee and partners have completed the action plan and provided training referring to Kirsty as “A Northumberland Case”</p> <p>Molly – 3yr old sexually abused by mother's partner – SCR is using the SILP model, reports complete and first learning event last week which was very positive. Attended by staff involved with the case. Very open and reflective, areas for every agency identified. As a result, the reviewers will draft a first report which will go to a second learning event. All staff involved have seen all reports which has been invaluable. Will be published March 2017. Agreed that the reviewer and MT will visit mother to discuss</p>		

	<p>learning.</p> <p>Natalie – suffered head injuries following shaking–SCR is using the SILP model. IMR to be completed by 19th December. Ofsted kept updated.</p> <p>B Family – complex 4 siblings in care in Newcastle, Northumberland took case over, carers became special guardians. Directed from court to review it, but using ToR the serious case review committee, believe that the criteria weren't met for Northumberland. However there were concerns regarding Newcastle processes, and in relation to North Tyneside, where the SGO carers now reside with no criminal convictions they can potentially have access to children. Newcastle have accepted the referral for review to their SCR committee. MT and RHC are attending in January to provide details of the case.</p> <p>Another case was referred from the court this week. Young girl sexually abused by mother's partner. The CRC largely felt that the criteria were met however there are many similarities to Molly. Issues around voice of the child. Next step is to write to the National panel about whether it would be useful to carry out a thematic review as learning/recommendations may be the same as 'Molly' SCR.</p> <p>CM is concerned about sexual abuse; an audit review will be required and may be built into the deep dive Sec 11.</p> <p>PM concerned that both these cases have been referred at a later date from the courts, rather than picked up internally.</p> <p>CM advised that concerns had been raised by the court. This will be discussed in more detail following this meeting.</p> <p>There is a further outstanding case of a toddler who died. The rapid response recommended case review; Police and Home Office are still testing and we are continuing to have multi-agency discussions.</p> <p>IB provided an update to the DHR. The action plan has been distributed.</p> <p>CM is confused over who is involved, she doesn't think the Board should be involved in individual cases like this. Under discussion.</p>		<p>PM</p> <p>CM</p>
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	<p>IB advised that one action is to review local guidance. It won't be back from the home office until March at the earliest. IB confirmed that the action plan is in place and local. CM is looking at how she can progress.</p>		
<p>4.9</p>	<p>Thresholds</p> <p>CM – will circulate a storyboard. Children's inspection identified that thresholds were too low and early help wasn't as developed as it could be. The challenge was to develop the threshold document to support multi agency partners.</p> <p>The SPA set up before CM started working in Northumberland and the SPA is incrementally taking all contacts and referrals for CSC and early help in Northumberland. The intention is all referrals to go through the SPA.</p> <p>The strategy is that by centralising the contact and referral systems that there is consistency of thresholds and response and what needs to be allocated and what needs to go to early help.</p> <p>In 2015, the referrals were double the national average. Early help was not as developed to take those referrals at that time. Lots of data now that supports the fact that our referrals have almost halved.</p> <p>CM thinks there are some anomalies in how they are counting, so work ongoing around that. Lots of pressures due to personnel. The average social work caseload is 20 to 21 cases, however some have over 30. We are nurturing newly qualified social workers with reduced caseloads of 10 increasing after 3 months to 14.</p> <p>Also know that currently early help assessments should be showing an increase but there has been a dip, this raises concerns and this being reviewed. We undertook too many section 47 enquiries and that is being addressed. They have seen it reduced over the last few months. A high number of children placed with relative carers subject to reg 24 process. We are reviewing the risk of leaving children with relative carers to ensure the child is safe, this has increased the looked after population.</p> <p>In a recent assessment audit, some progress has been made. Child's voice – evidence that the child is seen, not always effectively recorded in the process. All being looked at and improving.</p>		

	<p>The multi-agency threshold document has been refreshed by a multi-agency task and finish group. Document is complete and meeting tomorrow to discuss again within Children’s Social Care and then looking at consultation with different groups of staff.</p> <p>Starting with education in January 2017. RHC advised that the education reference group wanted an A3 poster, once the threshold document is final, that in A2 will be available.</p> <p>PM thanked CM. The board recognised the amount and pace of improvement work being carried out.</p> <p>NJ stated that these issues have been raised a number of times and it is positive to see that this is now moving forward.</p> <p>JD suggested a wider discussion needs to be had about voluntary sector funding and some of the strategic messages need to be shared with the funders. Be mindful to talk to grant givers about what we trying to achieve and why.</p> <p>JG concerned about the difference between LSCB areas thresholds and said that the development of a single regional model may be helpful.</p> <p>CM advised the Northumberland issue is about the application of the thresholds. PM questioned if case studies would be helpful, CM said yes. SR stated that children looked after by relatives, was, in part, due to a strong Northumberland cultural tradition. CM accepts the figures may be right, but acknowledges that further examination is needed to be sure. It’s the legal process that needs looking into.</p>		JG
4.10	<p>Modern Slavery Guidance</p> <p>RHC gave reassurance following a number of recent emails. This is an assurance paper to let the board know that the NSCB guidance and procedures are up to date with current legislation and practice, the regional model will add to this.</p> <p>AE explained regarding the adult guidance issued at conference, there had been no guidance for adults, keen to get something out to staff and raise awareness.</p>		
4.11	<p>Northumberland Children’s Services SIF Improvement Plan</p> <p>NSCB role is to monitor the SIP improvement action plan. This plan was submitted in July.</p>		

	<p>The task group realised that some of the timings were unrealistic. There has been some slippage, but on the whole it is progressing on time.</p> <p>CM ran through the report talking about recommendations. Where necessary, further investigation is being carried out.</p> <p>PM happy to approve this, CM to provide PM with a copy of this report.</p>	CM	
4.12	<p>National Probation Service MASH Framework</p> <p>ML provided an update to the framework to be adopted by National Probation Service (NPS) Divisions in England in relation to engagement in a Multi-Agency Safeguarding Hub (MASH), where they exist as part of local arrangements for safeguarding children. He provided an overview of relevant legislation and government guidance, a rationale for NPS engagement in MASH and outlines the present NPS position in relation to MASH.</p>		
4.13	<p>Child Death Overview Panel Annual Report</p> <p>MT presented this report and drew attention to the content within the executive summary. The report was well received and endorsed by the NSCB. MT highlighted the issue of first cousin marriages within some BME communities and the responses in other areas with large BME communities. Co-sleeping and smoking remain as modifiable factors in relation to child deaths.</p>		
4.14	<p>JTAI update</p> <p>A multi-agency task and finish group is looking at the response to children where DV is an issue.</p> <p>The group met to benchmark the Northumberland domestic violence response in relation to the JTAI inspection framework. The T&F group raised further questions and will be meeting again early in the new year. Progress will be reported to the NSCB.</p>		
5.	<p>Information Items</p> <p>Business Sub-Committee Meeting Minutes – No comments Safeguarding Adults Board Meeting Minutes - No comments Designated Officer Annual Report -report received and endorsed Private Fostering Report -report received and endorsed NSCB Multi-agency training Report 2016 -report received and endorsed Sure start annual report -report received and endorsed</p>		

6	<p><u>Any other Business</u></p> <p>RHC – Sarah DHR recommendation – children who are perpetrators of violence towards parents or adults (APVA). As the child does not have CP needs, where would that referral be made to? For clarity referrals would be made to adult safeguarding, where a multi-agency strategy meeting would be held to review a safety plan for the adult and CS manager would attend to look at the child’s or young person’s needs.</p> <p>Working within the HO APVA guidance we have created a procedure and has been really well received regionally and will be used North of Tyne.</p>		
7	<p><u>Dates and Times of Future Meetings:</u></p> <p>Next meeting: 18th January 2017, 7th March 2017, 23rd, May 2017, 25th July 2017, 26th September 2017, and 28th Nov 2017, all 1-4pm at West Hartford Fire Station, Cramlington, NE23 3JP</p>		

Name	31.05.16	13.07.16	26.07.16	27.09.16	29.11.16	18.01.17	07.03.17
Paula Mead	✓	✓	✓	✓	✓		
Robin Harper-Coulson	✓	✓	A	✓	✓		
Sue Reilly	✓	A	✓	A	✓		
Ian Billham	✓	DNA	A	✓	✓		
Julie Young	✓	A	✓	A	✓		
Annie Topping	✓	✓	✓	✓	✓		
Andy Johnson	✓	✓	✓	A	✓		
Sharon Dunbar	✓	✓	✓	DNA	✓		
Julie Dodson	✓	✓	✓	✓	✓		
Barry Frost	✓	A	A	A	✓		

Sheila Askew	✓	✓	✓	✓	DNA		
Paul Woods	✓	✓	✓	✓	DNA		
Alan Hartwell	✓	A	✓	✓	✓		
Liz Kelly	✓	A	A	✓	A		
Karen Herne	✓	A	✓	✓	DNA		
Anne Graney	A	✓	✓	✓	✓		
Deborah Brown	A	A	✓	✓	✓		
Naomi Jones	A	✓	✓	✓	✓		
Deborah Reeman	A	✓	A	A	✓		
Catherine Joyce	A	✓	✓	A	✓		
Robert Arckless	A	✓	✓	✓	A		
John Barnes	A	A	A	✓	DNA		
Carol Goodman	A	A	✓	A	DNA		
Margaret Tench	A	✓	✓	✓	✓		
Daljit Lally	A	✓	✓	A	✓		
Debbie Reape	A	✓	✓	✓	DNA		
Vida Morris	A	✓	A	DNA	DNA		
Julie McVeigh	A	✓	A	✓	DNA		
Patrick Boyle				✓	DNA		
Cath McEvoy				✓	✓		

Shauna McEvoy					✓		
Jan Grey					✓		
Mark Lennox					✓		
Liz Morgan					✓		
Anna English					✓		
Jill Scar					A		
Nicholas Greenly					A		

✓ = Attended DNA = Did not attend A = Apologies