



**Northumberland Safeguarding Children's Board Meeting
29th March 2017, 1.00 – 4.00pm**

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

Present	Role	Initials
Paula Mead	Independent Chair, NSCB	PMead
Robin Harper-Coulson	Business Manager, NSCB	RHC
Margaret Tench	Designated Nurse, CCG	MT
Sheila Askew	Deputy Head, National Probation Service, North of Tyne	SA
Anna English	Strategic Adult Safeguarding Manager, NCC	AE
Phil Mordue	DI Northumbria Police	PMordue
Cath McEvoy	Service Director, Children's Services, Wellbeing & Community Health Services, NCC	CM
Zoe Fraiss	Safeguarding Governor Nunnykirk Centre for Dyslexia	ZF
Alan Hartwell	Alan Hartwell, Senior Manager Performance: Education & Safeguarding, Adult's and Children's Performance Service	AH
Lindsay Blackmore	Deputy Director (North of Tyne), CRC	LB
Deborah Brown	Community Safety, Fire & Rescue	DB
Nicholas Greenly	Independent Lay Member	NG
Jill Scarr	Independent Lay Member	JS
Jane Abbott	Safeguarding Lead Specialist Northumbria Healthcare Foundation NHS Trust,	JA
Vida Morris	Group Nurse Director In Patient Care, Northumberland Tyne and Wear NHS Foundation Trust	VM
Liz Morgan	Consultant Public Health	LM
Julie Young	Strategic Housing Manager, NCC	JY
Sue Reilly	Independent Lay Member	SR

Naomi Jones	Designated Doctor, CCG	NJ
Catherine Joyce	Operational Director Children's Services, Action for Children	CJ

Apologies Received	Role	Initials
Andy Johnson	Director of Education	AJ
Annie Topping	Director of Nursing Quality & Patient Safety, Northumberland CCG	AT
Gill Physick	Children Services Manager, Action for Children (On behalf of Catherine Joyce)	GP
John Barnes	Seaton Valley Federation	JB
Deborah Reeman	Prudhoe Community High School	DR
Lynsey Wafer	Principal Lawyer, Northumberland County Council	LW
Paul Hedley	Chief Fire Officer and Head of Service, Northumberland Fire and Rescue Service	PH
Ian Billham	Strategic Community Safety Manager, NCC	IB
Julie Dodson	Director, Voices	JD

In Attendance		
Rebecca Bray	NSCB Business Support Officer - Minute Taker	-
Mark Dalton	Lead Reviewer for the Molly SCR	MD

Agenda Item	Discussion and Action Agreed	A	C
1	<p>Welcome, Introductions & Apologies.</p> <p>Welcome, introductions and apologies were noted, see above.</p>		
2	<p>Correspondence - Chair</p> <p>Nothing to report.</p>		
3	<p>Minutes of last meeting & matters arising & action log from 18th January 2017.</p> <p>The minutes were briefly discussed but not reviewed in a lot of detail – Any issues of inaccuracies to be sent to Rebecca Bray by 31st March, after which date the minutes will be accepted as a true record.</p> <p>Action log updated, see separate document.</p>		
4.1	<p>Molly SCR – Mark Dalton</p> <p>MD gave a brief introduction and discussed the format the presentation would take. The presentation picks out the key pieces of information from the report (<i>NSCB Serious Case Review using the SILP Process</i>) that was circulated to all members prior to the meeting.</p> <p>MD advised that rather than going through the full history of the case he would focus on the emerging themes, learning identified and the recommendations.</p> <p>The emerging themes are failure to consider CSA, lack of strategy meetings, communication between police forces, risk assessment regarding sexual offering history and significance of wider family.</p> <p>A reoccurring theme is Professional curiosity, of which all agencies are asked to comment on this in their management reports. Look at ways to make workers feels confident in exercising professional curiosity. It should be noted that this was quite a difficult family to deal with so it was also important not to jeopardise the building of relationships and securing good engagement.</p>		

	<p>There were some examples of good practice including the discussion between consultant paediatrician and social care team manager out of hours, the health visitors practice of offering 'listening visits', the social workers and team managers professional judgement leading to the decision to keep the case open following the S47 enquiry, written agreements were well used to manage the case and underpin a safety plan and the quality of out of hours' response.</p> <p>MD advised there are 9 recommendations in total, 5 of which are for the board to seek assurances and 4 are related to training.</p> <p>MT advised that the first recommendation under the training section would not be for the LSCB to brief GP practices but more so to seek assurances that the learning from this review has been shared.</p> <p>CMc advised that there needs to be some work on regaining focus on CSA as a lot of work has gone on around CSE – and this was raised when CMc first came into post.</p> <p>MD advised that a review of CSA guidance and overarching principles should be carried out, to ensure the guidance is up to date and easily accessible and this was made as the final recommendation.</p> <p>CMc advised that there are still some struggles with holding strategy meetings but in the case of CSA there must always be a face to face meeting, due to the complexity there needs to be a discussion. Therefore any recommendations from the board would further influence this and be welcomed.</p> <p>On summary PMead commented that this was a balanced, measured and comprehensive report.</p> <p>In terms of the learning that comes from serious case reviews MT advised that a member of the learning and development team (AL) is now a member of the SCR sub group. This means that learning is obtained first hand and implemented straight into training.</p> <p>AH asked that in terms of smart targets and tangible actions can we justify or demonstrate that learning goes further than the case review and is implemented and embedded into practice?</p> <p>RHC advised that the LSCB will seek assurance annually from partner agencies in the form of a brief audit to ensure the learning is on-going, this will be carried out for a minimum of 2 years following the SCR to ensure embedment.</p> <p>MT stated that professional curiosity and thinking the unthinkable needs to be in every training session.</p> <p>PMordue advised this will also be reiterated through support, staff training, supervision, knowledge and empowering staff.</p>		
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	<p>VM also commented on the critical issue with police Scotland about the offending and subsequent risk.</p> <p>PMead asked all agencies that other than the additional comments made and the slight amendment or rephrasing recommendations are members happy with the content and happy to accept the report? All members agreed.</p>	MD	
4.2	<p>SIF update –Cath McEvoy</p> <p>CMc started to go through the SIF update report and commented ideally would like the LSCB to be an improvement partner, looking at the risks and challenges involved along with how far we've come and had far there is still to go. It should also be noted that May 2017 is not a realistic deadline for some actions. Now as service director have a better understanding of where the challenges are.</p> <p>For each recommendation there are the actions complete, actions still to be completed, impacts so far and risks.</p> <p>The first item was thresholds and caseloads which are intrinsically linked. Previously the majority of workers were carrying caseloads of 30+ however now there is maybe on 6/7 with caseloads of this number, and there is targeted work on going to reduce this further.</p> <p>Although there has been a reduction in the number of referrals and assessments, the assessments are still higher than average.</p> <p>CMc advised that the department is really struggling to recruit good quality social workers, and as a result there is a higher than normal number of ASYE's and a higher number of senior practitioners have been recruited. This is not something that is easily solved and is going to take some time, however with thanks to the performance team there is a much clearer picture on what current performance is looking like.</p> <p>AH advised that the social worker numbers and performance was an issue before CMc joined Northumberland, however AH wanted to provide assurances to the board that performance and quality is being measured and it is noticeable that social workers are being given work back to improve before it is authorised by a senior manager to ensure good quality assessments are being submitted.</p> <p>CMc also discussed the regional recruitment drive, and trying to obtain an agreement across the region for recruitment agency rates to be capped. CMc also mentioned the step up to social work programme for graduates, and that there are a number of initiatives however they aren't attractive and just throwing money at the process is not the answer. Northumberland currently have 10/11 agency social workers.</p>		

	<p>PMead asked about the possibility of social work assistants? CMc advised there are social work assistants in Northumberland and that there are discussions to recruit more so that they can support social workers with more of the administration side.</p> <p>CMc also discussed the assessments - the timeliness is now sorted however there is ongoing work to drive up the quality. Court work remains an area of challenge the timeliness of 26 week deadline is not met, reputation with court remains a challenge and there is still some way to go on permanency planning.</p> <p>CMc advised that work is ongoing to look to develop time at middle and senior manager level for additional supervision and for mentoring/coaching.</p> <p>CMc asked partner agencies for feedback around contribution of planning and assessments? In terms of the process do you feel involved? Do partner agencies know when an assessment has been undertaken?</p> <p>JA - involved in lots of cases however there have been issues with out of hours or being able to actually speak with a social worker which can be much more beneficial than email exchange. CMc advised that turnover of staff and more agency staff has had an effect on communication, and it was also noted that GP's are making referrals to hub where're there is already a social worker involved.</p>		
4.3	<p>Threshold Document –Cath McEvoy CMc discussed the threshold document and following consultation this now needs to be fully launched starting off in the SPA. PMead - does there need to be a mention about an accumulation of factors? PMead - does the likes of speech therapist, paediatric OT need to be mentioned? NJ - fabricated and induced illness? Couldn't see these mentioned anywhere? RHC to check.</p> <p>PMead once the minor adjustments mentioned above have been completed, as board members are we have to endorse the document? All members were in agreement,</p>	RHC	
4.4	<p>S175's Update</p> <p>Apologies were received from CL. This item has been deferred until the next meeting – 16th May 2017.</p>	CL	

4.5	<p>Performance & Statistical Information: - AH (Standing agenda item)</p> <p>AH apologies for the delay in circulating the paper for the board. The QIP sub group met on 16th march to look through the KPI's and decide which indications need escalation and form part of this report.</p> <p>AH drew attention to page 3 which is the quadrant of KPI's highlighted for various actions including escalation for discussion, further intensive monthly monitoring, need further work to obtain understanding and data not received or not available.</p> <p>AH discussed the attendance and reports to child protection conferences. It is recommended by QIP to undertake a thorough audit of attendance and reports where the data says there were shortfalls to ascertain timeliness of invite, sickness issues, etc., and alongside this, a collation of agencies' policies regarding attendance/ reports to share with the Safeguarding Unit who record this data.</p> <p>AH also discussed the KPI around the number of referrals to the serious case review committee and acknowledged the impact on resources this is having and recommends discussion around the appropriateness of the referrals.</p> <p>MT advised that since becoming chair of the SCR committee there have been a number of case referred in, as chair MT has reflected recently and will prepare an assurance report to the business group around this but feels all of the cases and referrals have been appropriate and the correct decisions have been made.</p> <p>MT advised that of the recent cases 1 was historical before MT became chair, 2 have been referred via a judge, 1 referred by CSC and 3 have come from the rapid response and CDOP meetings.</p>	MT	
4.6.	<p>Case Reviews (Standing agenda Item) – Margaret Tench: MT provided an update on current and ongoing cases:</p> <ul style="list-style-type: none"> ● Kirsty. Criminal proceedings complete. Father pleaded guilty, case against mother dropped. Visit undertaken to father 14th March 2017 and in light of this, further meeting to be held to discuss the next steps including a communications plan. ● Molly. Report discussed CRC and amendments agreed. Final report to NSCB for sign off 29th March 2017. ● Natalie. Re-call event held, final report to extra-ordinary CRC 24th March 2017. Version 3 to follow in one week, plan for NSCB sign off 16th May 2017. Criminal proceedings not due to begin until October 2017. 		

	<ul style="list-style-type: none"> ● B family. Ofsted informed of NSCB’s decision not to progress to SCR. Action plan in place, reviewed CRC 2nd March 2017. Newcastle SCB informed of this. ● CL. National Panel of Experts advised SCR necessary. Discussions on-going regarding the best way to progress this. Multi-agency audit of sexual abuse cases being devised. ● DJ. Extra-ordinary meeting to be held 7th April 2017. ● LB. Baby died co-sleeping with parent, CDOP Rapid Response recommended review required due to information known to agencies previously. Extra-ordinary meeting held February 3rd. Awaiting outcome of post-mortem to determine if cause of death established as well as outcome for internal agency reviews. To be discussed further when all information available. ● Learning and Development Officer now member of CRC and has already updated multi-agency training as learning has been identified. 		
5.	<p>Information Items</p> <p>No information items</p>		
6	<p><u>Any other Business</u></p> <p>CMc briefly mentioned the need to consider the future of LSCB’s and look to set up a small T&F group around this.</p> <p>RHC thanked all partners for their efforts in completing the S11 audit.</p> <p>RHC also advised the board members on the upcoming SAFE week that has been organised through the communication & engagement group. This week is 5th – 11th in June and is a joint effort of Northumberland Adults and Children’s boards, North Tyneside adult and children board and Newcastle adults’ board.</p> <p>The broader scope of the campaign is reflected in the new campaign name – Safeguarding Awareness For Everyone (SAFE) week. Activities will be delivered in three local authority areas: North Tyneside, Newcastle and Northumberland.</p> <p>Each day of SAFE week will focus on a particular safeguarding issue:</p> <ul style="list-style-type: none"> ● Monday - Summer Safety ● Tuesday - Self Neglect and Neglect 	CMc	

	<ul style="list-style-type: none"> ● Wednesday - Domestic Violence ● Thursday - Mental Health, Self-Harm and Suicide ● Friday - Sexual Exploitation <p>PMead thanked RHC and the work of the Communication & Engagement sub groups for the continued effort and great work on-going around SAFE week.</p>		
7	<p><u>Dates and Times of Future Meetings:</u></p> <p>Next meeting: 16th May 2017</p> <p>Future meetings: 25th July 2017, 26th September 2017, and 28th Nov 2017.</p> <p>All meetings are diarised for 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	29.03.17
Paula Mead	✓	✓	✓	✓	✓	✓	✓
Robin Harper-Coulson	✓	✓	A	✓	✓	✓	✓
Sue Reilly	✓	A	✓	A	✓	✓	✓
Ian Billham	✓	DNA	A	✓	✓	✓	A
Julie Young	✓	A	✓	A	✓	✓	✓
Annie Topping	✓	✓	✓	✓	✓	A	A
Andy Johnson	✓	✓	✓	A	✓	✓	A
Sharon Dunbar	✓	✓	✓	DNA	✓	DNA	DNA
Julie Dodson	✓	✓	✓	✓	✓	✓	A
Barry Frost	✓	A	A	A	✓	A	Zoe Frais
Sheila Askew	✓	✓	✓	✓	DNA	✓	✓
Paul Woods	✓	✓	✓	✓	DNA	DNA	DNA
Alan Hartwell	✓	A	✓	✓	✓	✓	✓
Liz Kelly <i>(Replaced by Lindsay Blackmore)</i>	✓	A	A	✓	A	DNA	

Lindsay Blackmore							✓
Karen Herne <i>(Replaced by Liz Morgan)</i>	✓	A	✓	✓			
Liz Morgan					✓	✓	✓
Anne Graney	A	✓	✓	✓	✓	✓	A
Deborah Brown	A	A	✓	✓	✓	✓	✓
Naomi Jones	A	✓	✓	✓	✓	✓	✓
Deborah Reeman	A	✓	A	A	✓	A	A
Catherine Joyce	A	✓	✓	A	✓	DNA	✓
Robert Arckless	A	✓	✓	✓	A	✓	A
John Barnes	A	A	A	✓	DNA	A	A
Carol Goodman	A	A	✓	A	DNA	A	DNA
Margaret Tench	A	✓	✓	✓	✓	✓	✓
Daljit Lally	A	✓	✓	A	✓	DNA	A
Debbie Reape	A	✓	✓	✓	DNA	✓	Jane Abott
Vida Morris	A	✓	A	DNA	DNA	DNA	✓
Julie McVeigh	A	✓	A	✓	DNA	A	DNA
Cath McEvoy				✓	✓	✓	✓
Jan Grey	Leesa Stephenson		✓		✓	✓	A
Anna English					✓	✓	✓
Jill Scar					A	✓	✓
Nicholas Greenly					A	✓	✓
Gill Physick						✓	A

Peter Storey						✓	Phil Mordue
Natalie Caush						✓	DNA
Lynsey Wafer						✓	A

✓ = Attended DNA = Did not attend A = Apologies