

Northumberland Safeguarding Children Committee

Meeting Minutes

11th January 2022, 2.00 – 4.00pm

Virtual meeting via Microsoft Teams

Present	Role	Initials
Paula Mead (Chair)	Independent Safeguarding Scrutiny and Assurance Chair, NSCC	PM
Lynne Colledge	D/Chief Inspector Safeguarding, Northumbria Police and Chair of the Exploitation subcommittee	LC
Claire Coyne	Deputy Director of Quality & Patient Safety, Northumberland CCG	CC
Aileen Galloway	Named Nurse Child Protection for 0-19 Service Northumberland, HDFT	AG
Steve Gilbert	PDU Lead – North Tyneside and Northumberland PDU, National Probation Service	SG
Alan Hartwell	Senior Manager, Performance, Education & Safeguarding, NCC and Chair of the Quality, Improvement & performance subcommittee	AH
Alison Johnson	Interim Designated Nurse Safeguarding Children, Northumberland CCG	AJ
Naomi Jones	Designated Doctor, Child Protection, CCG and Chair of the Disabled Children & Young People subcommittee	NJ
Audrey Kingham	Senior Service Director and Director of Education and Skills, NCC	AK
Carol Leckie for Jane Walker	Schools' Safeguarding Team Manager, Virtual School, NCC	CL
Graham Reiter	Service Director, Children's Social Care, NCC	GR
Paula Shandran for Marion Dickson	Head of Safeguarding Children & Adults & Acute Learning Disability Liaison Service, NHCFT	PS
Claire Thomas	Associate Director, Safer Care, CNTW	CT
Karen Wright	Senior Manager, Safeguarding Adults, Adult Services, NCC	KW

Apologies Received	Role	Initials
Karen Burns	Service Manager, CAF/CASS	KB

Marion Dickson	Executive Director of Nursing, Midwifery and Allied Healthcare Professionals, NHCFT	MD
Robin Harper-Coulson	NSSP Business Manager, NCC	RHC
Catherine Joyce	Operational Director Children's Services, Action for Children and Chair of the Early Help Early Intervention subcommittee	CJ
Chloe Mann	North Locality Group Nurse Director, CNTW	CM
Cath McEvoy-Carr	Executive Director of Adult Social Care and Children's Services, NCC	CMC
Liz Morgan	Director of Public Health, NCC	LM
Annie Topping	Executive Director of Nursing, Quality and Patient Safety, Northumberland CCG	AT
Jane Walker	Virtual School Headteacher, NCC and Chair of the Schools Engagement Group	JW

In Attendance		
Leigh Graham	Team Manager - Youth Justice Service, NCC	LG
Adele Moore (previously Wright)	Head of Service (Children's Social Care) and Vice Chair of the Safeguarding Practice Review Group	AM
Sharron Pearson	Senior Manager Specialist Services, NCC	SP
Sandra Blackwood	NSSP Business Support, NCC (Minute Taker)	SB

Agenda Item	Discussion and Action Agreed	A	C
	Standing Agenda Items		
1.	<p>Welcome, Introductions & Apologies for Absence</p> <p>PM welcomed everyone to the meeting and introductions were made. Apologies were noted (see above).</p>		
2.	<p>Minutes of Last Meeting, Matters Arising and Action Log (papers)</p> <p>The previous minutes of 16th November 2021 were accepted.</p> <p>The action log was reviewed and updated - see separate document.</p>		
3.	<p>Letter from Indra Morris - Keeping children and young people safe this winter (paper)</p> <p>Partnerships were asked to obtain assurances on several issues and PM informed the group that these were discussed during a meeting on 5th January, arranged to discuss a partnership assurance plan following the death of 'Arthur' e.g., around children not at school and non-compliant parents. Once the minutes are finalised, assurances and any potential gaps will be collated with actions for follow up as appropriate.</p>		
4.	<p>SPRG Update (paper)</p> <p>AM provided an update from the Safeguarding Practice Review Group.</p>		
5.	<p>Joint Learning Review – Adult AB (paper)</p> <p>KW presented the learning review, for endorsement.</p> <p>Adult Social Care senior managers reported significant harm for this young female adult and, although it didn't meet the SARC criteria, a discretionary review was undertaken.</p> <p>Learning was identified around the transition process into adult services, movement from an out of area provision, commissioning of specialist services, multi-agency working, management oversight (adults) and knowledge around MCA and DoLS. There will be an action plan put in place; most recommendations have already been addressed e.g., transitions protocol in place and training is underway for staff e.g., joint workshops (understanding roles and transition) and training on DoLS and MCA.</p> <p>The group thanked KW and endorsed the report.</p>		

<p>6.</p>	<p>George; Child Safeguarding Learning Review – Recommendations</p> <p>Agencies were asked to consider the recommendations and feedback their plans to mitigate the recurring issues, following the presentation at the previous meeting;</p> <p><u>Children’s Social Care and Children’s Centres (GR)</u></p> <ul style="list-style-type: none"> • Discussed with the senior management team. • Signs of Safety continues to be rolled out – this addresses some of the issues e.g., including work around fathers, engaging with the wider network and capturing the voice of the child. • There will be a themed audit on the voice of the child which will include younger children. This area is seen as a strength. • Key issues with Signs of Safety are professional curiosity and triangulating evidence – this message is constantly pushed to professionals and reinforced. • Audit recently done on those section 47 enquiries that didn’t go to conference – workshops and oversight strengthened. • Reinforcing that the social care decision needs to be consistently shared with partners of strategy meetings – the child protection conference can be called or challenged. • The MASH process has been reviewed – enhanced multi-agency involvement and decision making to strengthen partnership working. • Neglect Summit in May. • Looking at supervision and ensuring a strong management oversight. Reflection and challenge continue to be reinforced. • Family Hubs continue to develop – ensuring support at the earliest possible stage. <p>PM requested that one of the key concerns raised, with regards to bruising on this immobile baby be fed back.</p> <p>GR acknowledged this challenge and added that CSC are looking at further ways to support new Social Workers via the AYSE and maintaining employees.</p> <p><u>Midwifery (PS)</u></p> <ul style="list-style-type: none"> • Working with high risk Midwives: MDT process – additional support and birth plan completed before 36 weeks. Safeguarding arrangements are in place. • A pilot study was completed last year re. cocaine use in pregnancy, in the high risk areas of Ashington and Whitley Bay. Only 2/102 women tested positive from urine toxicology (February-March). <p>PM challenged that these numbers may be low as it’s possible cocaine using women may refuse consent, therefore how is this being addressed? PS responded that systems are in place - additional questions are asked antenatally re. substance misuse. If women don’t consent to urine for toxicology, their reason is considered and they will be monitored more closely.</p>		<p>PM</p> <p>PM</p>
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	<ul style="list-style-type: none"> • Recent campaign with Public Health on the impact of cocaine use on the unborn. • Work continues with the CCG re. SIRS. • The ICON programme is embedded. Simulation dolls are now used in training. • Have themes of the month – the last one was on robust safety plans (Badger Notes is a new system due re. uploading safety plans, which will make the system more streamlined). • Supervisions have a wider family context e.g., focus on siblings in families. <p><u>Health Visiting (AG)</u></p> <ul style="list-style-type: none"> • AG noted that NHCFT had been extremely helpful and collaborative in the handover of services. Transition has gone well; the 0-19 service was with HDFT from 1st October. This is an opportunity to do a refresh. • Staff have all had safeguarding updates via the Named Nurse; reiterated the Immobile Babies policy and invisible men. Also introduced new elements of the Harrogate model – new conference report being used (more holistic information, includes siblings, and is more directly embedded into the records). • Looking to tighten those strategic discussions that don't progress, so that there is clear documentation on the rationale. • The HDFT model fits with neglect: HEAT (Home Environment Assessment Tool) provides an early home assessment picture. • HDFT are keen to roll out the SIRS process and keep links with the Midwives. <p><u>GPs/Primary Care (AJ/NJ)</u></p> <ul style="list-style-type: none"> • Immobile Babies policy has been recirculated to GPs/Safeguarding Leads. • Safeguarding training includes immobile babies. • Safeguarding Supporting Families meetings have standard agenda items, which includes hidden fathers. • ICON will be audited in the next 6 months. • SIRS is ongoing. • February GP Network meeting will include training around under 1s. <p>PM thanked everyone for their assurances.</p>		
<p>7.</p>	<p>Annual Reports (papers)</p> <p>a) DC&YP annual report</p> <p>NJ presented information from the Disabled Children & Young People (DC&YP) subcommittee. She challenged the committee with a few questions: <i>How do we work more effectively across the partnership to support families to thrive and situations not escalate to safeguarding crises?</i></p>		<p>NJ</p>

	<p>Working/supporting families at an earlier stage may help prevent crises.</p> <p><i>Given the low numbers of DC&YP open on Child Protection Plans (CPP) are we appropriately recognising and responding to safeguarding concerns about DC&YP?</i></p> <p>GR suggested an audit of DC&YP who aren't subject to a plan, to ensure they are at the appropriate level of protection.</p> <p>A Practice Day with the Disabled Children's Team (DCT) is planned.</p> <p>NJ noted that a lot of children aren't open to DCT</p> <p><i>CPP for DC&YP remains low – currently 5%. AH suggests a strategic needs analysis. Something similar was done last year and he will provide this information to NJ. We may also have to consider asking a specific question to get that information and this may be hard to extract from the data if not recorded specifically in this way.</i></p> <p>AG noted that it is helpful to see the breakdown (73% male and peak age range of C&YP open to CSC: 10-15 year olds) – these are vulnerable to online exploitation and radicalisation, being online more so during Covid. Prevention work is important. School Nurses have been providing mental health resilience/safeguarding work to that age range. Specialist school nursing did not transfer across to HDFT (funding is via the CCG). AG will consider a representative from HDFT to attend the DC&YP subcommittee as it will be beneficial to have this link.</p> <p>Following differentiation of supervision with 'George', GR recommended we review whether there are supervision differences for those with or without a CPP; children may be at risk although have no CPP. CL welcomes this discussion as it is unclear whether this is being delivered effectively with Designated Safeguarding Leads and she has rewritten a paper re. model for education supervision. PM noted that each agency will have different models for supervision, as appropriate (across a spectrum of universal to specialist services) and it may be useful to look at what standards there are across the partnership (it is well embedded in the acute trust and 0-19 service and is part of our dashboard/quarter assurance report). Action: PM and KW to consider this as a future agenda item.</p> <p>PM thanked NJ. There is clear progress being made and having a specific subcommittee has provided a forensic focus on this group of children. The NSSP will be reviewing the subgroups going forward.</p> <p>b) CCG Safeguarding Annual Reports: Vulnerable People and Looked After Children (CC)</p> <p>The reports are on the website. CC highlighted:</p> <ul style="list-style-type: none"> • LAC increase over the past few years. • There is closer monitoring of transition and out of area placements. AG noted that the 0-19 service continues to do the health needs assessments. • Only data that was available at the time was included in the reports; March 2021 data will be reflected in the next annual report 	<p>NJ</p> <p>AH</p> <p>AG</p> <p>PM & KW</p>	
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	<p>(from 1st March 2022). AH noted that the March 2021 data for LAC shows a different picture.</p> <p>GR noted that there is ongoing scrutiny of LAC data - Northumberland has been lower than the national average for immunisations and dental checks during the pandemic.</p> <p>c) Youth Justice Service Annual Report</p> <p>LG gave an overview:</p> <ul style="list-style-type: none"> The Youth Justice Service (YJS) continue to support young people and their families on their desistence journey, to ensure young people learn from their offences and take something positive away from the experience but also to manage and reduce risk of further offending by increasing learning and wider opportunities. <p>Strengths:</p> <ul style="list-style-type: none"> Partnership working - YJS have a seconded Speech and Language Therapist, Probation Officer and Health and Wellbeing Practitioner. This allows us to identify need, supports intervention with those needs and ensures smooth transitions to other services. Within our out of court panel, we benefit from shared expertise offered by SORTED, Early Help, Education, Permanent Exclusion Team and Trained Community Volunteers. Our First Time Entrants have reduced from 76 in 19-20 to 18 in 20-21. This is a result of our out of court panel which has been successful in diverting young people from the criminal justice system and has now been extended to include new Divert from Charge procedures which allow us to divert more serious offences as well. This approach does not just divert young people from court but also from crime; of the 78 young people diverted only 16% went on to reoffend. In line with our de-criminalisation of LAC we have seen a 75% reduction in cared for children entering the justice system. A report to the Youth Justice Board (YJB) recently identified a slight disproportionality of this cohort and this continues to be on our agenda. Time in custody is reducing with the introduction of Operation Harbinger. Using the Golden Hour principal custody checks are complete with YJS swiftly and informed decisions are made on timeliness of interview etc. <p>Challenges:</p> <ul style="list-style-type: none"> Of 98% of Victims offered Restorative Justice, only 40% have taken this offer. We are working with the YJS Police who make the initial offer to ensure this is properly explained to victims. Young people are being Released Under Investigation (RUI) for longer periods of time which can make it difficult for us to work on desistence with them. They can be unmotivated in this limbo state of not knowing the outcome of an offence. We are collating individual examples and working with the Police on this issue. <p>Next Steps:</p> <ul style="list-style-type: none"> YJB members have been meeting with frontline workers this week to complete audits. Learning from this audit will better support our understanding of our cohort, their needs, and our strengths and 		
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	<p>limitations as a service.</p> <ul style="list-style-type: none"> • Reduce RUI timescales in tandem with Police. • Increase our acceptance rate of restorative justice for victims of crime. <p>LC reiterated that having an Assault Practitioner is beneficial. Some children do have unmet needs and this was discussed at a national meeting recently. There is a proposal to tighten data and scrutiny. LG confirmed that the whole family are included in the assessment and onward referrals are made if necessary. The approach has always included parents.</p> <p>Re. harmful sexual behaviour, LG noted that the NSPCC have closed the Forensic Child and Adolescent Mental Health Services (FCAMHS). We have AIM3 trainers but there is a gap if FCAMHS are unable to pick up the cases.</p> <p>d) CDOP annual report</p> <p>PM noted that the Health & Wellbeing Board are now accountable for CDOP, although report was delayed and has not yet been presented to them. Nevertheless, it is important the NSCC receive and consider the report and take any necessary safeguarding actions. Action: AJ to send a copy of the report to LM for presentation to HWBB.</p> <p>AJ noted:</p> <ul style="list-style-type: none"> • This is the first report following the merger of the North and South CDOP. No cases were subject to SPR. One was a learning review (Newcastle). • Northumberland noted to have good practice re. substance misuse sessions delivered in schools with Public Health on first aid and recognition of substance misuse. • No age ranges noted. • Northumberland had more modifiable deaths than Newcastle. • Nine had modifiable factors. PM noted that there is no information on what the modifiable factors are for us to act. PM asked that AJ go back to the CDOP Chair and request this information. It is essential for this committee, who are responsible for delivering safeguarding in its widest sense. <p>Action: AJ to ask Sheila Moore what the modifiable factors are and to include these in future reports.</p> <p>e) SAB annual report</p> <p>KW presented key highlights from last year:</p> <ul style="list-style-type: none"> • 40% increase in safeguarding referrals. • Increase in domestic abuse, physical abuse and self-neglect. • Local MASH has an effective multi-agency arrangement and provides a holistic approach. • Lots of work has been done around transitional safeguarding. • SAB annual strategic plan recently published. • PM noted that the work demonstrates cross over with the NSCC. 	<p>AJ</p> <p>PM</p> <p>AJ</p>	
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	The group thanked everyone for their information.		
8.	<p>Neglect Summit (papers)</p> <p>AM discussed:</p> <ul style="list-style-type: none"> • Summary Proposal • Neglect summit preparation - partner template • Action Plan <p>A multi-agency group is working on the proposal plan; the Summit has been arranged for 11th May and the Signs of Safety model will shape the day.</p> <p>Agencies have been asked for information to inform the day e.g., how they identify, monitor and review neglect.</p> <p>The morning session will be virtual, with identified speakers and good practice examples, and the afternoon session will be face to face, to discuss an action plan.</p> <p>PM noted that this summit is an integral part of the NSSP's call for action on our neglect priority.</p>		
9.	<p>JTAI Action Plan (paper)</p> <p>AH presented the updated action plan. The previous outstanding action around training and evaluation was reported to the QIP in November; they were reassured that impact evaluation was embedded and agreed to sign off this action.</p> <p>All actions are now green and the completed action plan was signed off by the NSCC.</p>		
10.	<p>Performance and Audit Report (paper)</p> <p>AH presented the new format of the report. He informed the group that a data analysis meeting was convened to review the quantitative and available qualitative data, and they will continue to meet quarterly.</p> <p>As this was the very first data analysis meeting, it is too early to draw a full conclusion but gives us a starting point with these complex issues. More depth is needed, and this will come from our multi-agency audits in time.</p> <p>Margaret Tench raised an issue at the data analysis meeting:</p> <ul style="list-style-type: none"> • Recommendation that the September 2021 report from the National Panel re. under 1s should go to a wider audience. Action: CC and AJ to discuss who best to present this and provide a summary and next steps at the next NSCC. 	CC & AJ	

	The group thanked AH – the report was helpful. NJ noted that it is important to keep a broad view of neglect and the Summit will help with the neglect priority.		
11.	<p>Children, Young People and Families Plan - significant issues for C&YP in Northumberland</p> <p>GR informed the group that an update is being submitted for next week's C&YP Strategic Partnership meeting which mentions work around safe and healthy relationships and includes harmful sexual behaviour etc. There are also developments with the work on reducing parental conflict.</p> <p>There is ongoing challenge around partnership communication to C&YP; the new C&YP version of the annual report may be beneficial and dissemination to schools and colleges is being explored, once it is available.</p>		
12.	<p>Child Safety Week preparation (June 2022)</p> <p>PM and KW will consider and update the group in due course.</p>	PM & KW	
13.	<p>Forward Plan – setting of next meeting's agenda (paper)</p> <p>The agenda for the next meeting (22nd March 2022) was reviewed and the Forward Plan updated. To note:</p> <ul style="list-style-type: none"> We need to consider whether the meetings are to take place bi-monthly or quarterly. There is no SAB arrangements set out after the end of March, so we need something in place from then – maybe a transitional approach initially until future plans are developed by a development task and finish group. The Children and Adults Boards did have joined-up meetings during early lockdown which worked well. Action: KW will prepare a project plan to explore options and consider membership for the task and finish group. PM to email the Safeguarding Partners to discuss the Executive Group. 	KW PM	
14.	Information Items		
14.a.	<p>Northumberland and North Tyneside Safeguarding Adults Board Minutes (paper)</p> <p>The minutes from 24th September 2021 were provided with the agenda.</p>		
14.b.	Domestic Abuse Strategy 2021-24 (paper)		

14.c.	Early Help Strategy 2021-24 (papers)		
15.	<p>Any Other Business</p> <p>None.</p>		
16.	<p>Dates and Times of Future Meetings:</p> <ul style="list-style-type: none"> • 22nd March 2022 2-5pm via Microsoft Teams <p>23rd June, 22nd September and 15th December 2022 (all 9am-12pm)</p>		

Name	11.1.22	22.3.22	23.6.22	22.9.21	15.12.22
Paula Mead	✓				
Lynne Colledge	✓				
Marion Dickson	Paula Shandran				
Aileen Galloway	✓				
Steven Gilbert	✓				
Robin Harper-Coulson	A				
Alan Hartwell	✓				
Alison Johnson	✓				
Audrey Kingham	✓				
Cath McEvoy-Carr	A				
Liz Morgan	A				
Graham Reiter	✓				
Phil Soderquest	DNA				
Claire Thomas	✓				
Annie Topping	A				
Karen Wright	✓				

✓ = Attended DNA = Did not attend A = Apologies