

**Northumberland Safeguarding Children Committee**

**Meeting Minutes**

**12<sup>th</sup> January 2021, 2.00 – 4.00pm**

**Virtual meeting via Microsoft Teams**

<b>Present</b>	<b>Role</b>	<b>Initials</b>
Paula Mead	Independent Chair, NSCC	PM
Sandra Clement	SPO, National Probation Services	SC
Alan Hartwell	Senior Manager, Performance, Education & Safeguarding, NCC	AH
Karen Herne	Senior Public Health Manager, Northumberland Public Health	KH
Naomi Jones	Designated Doctor, Child Protection, CCG	NJ
Catherine Joyce	Operational Director Children's Services, Action for Children	CJ
Audrey Kingham	Director, Business Development, NCC	AK
Vida Morris	Group Nurse Director, North Locality Care Group, CNTW	VM
Lesley Pyle	Northumberland & North Tyneside Domestic Abuse & Sexual Violence Coordinator	LP
Graham Reiter	Service Director, Children's Social Care, NCC	GR
Donna Rose	Detective Chief Inspector, Safeguarding, Northumbria Police	DR
Julie Stewart	Strategic Housing Manager, NCC	JS
Martyn Strike	Deputy Director of Offender Management, Northumbria CRC	MS
Margaret Tench	Designated Nurse Safeguarding Children, Northumberland CCG	MT
Jane Walker	Virtual School Headteacher, NCC	JW
Karen Wright	Strategic Safeguarding Manager, Safeguarding Adults, NCC	KW

<b>Apologies Received</b>	<b>Role</b>	<b>Initials</b>
Karen Burns	Service Manager, Cafcass (annual attendance only)	KB
Robin Harper-Coulson	NSCC Business Manager, NCC	RHC
Cath McEvoy-Carr	Executive Director of Adult Social Care and Children's Services, NCC	CMC

Liz Morgan	Director of Public Health, NCC	LM
Paula Shandran	Professional & Operational Lead Safeguarding Adults & Children, Safeguarding Service, NHCFT	PS
Phil Soderquest	Head of Housing and Public Protection, NCC	PSo
Annie Topping	Executive Director of Nursing Quality & Patient Safety, Northumberland CCG	AT
Paul Weatherstone	Head of North of Tyne, National Probation Services	PW
Jill Wood	Named Midwife, NHCFT	JW

<b>In Attendance</b>		
Sandra Blackwood	NSCC Business Support, NCC (Minute Taker)	SB

Agenda Item	Discussion and Action Agreed	A	C
	<b>Standing Agenda Items</b>		
1.	<p><b>Welcome, Introductions &amp; Apologies for Absence</b></p> <p>PM welcomed everyone to the meeting and apologies were noted.</p>		
2.	<p><b>Minutes of Last Meeting, Matters Arising and Action Log (papers)</b></p> <p>The previous minutes of 12<sup>th</sup> November 2020 were accepted.</p> <p>The action log was reviewed and updated - see separate document.</p>		
3.	<p><b>SPRG Update (paper)</b></p> <p>MT updated the group on the ongoing cases:</p> <ul style="list-style-type: none"> <li>• Daniel</li> <li>• Fiona</li> <li>• CAP</li> <li>• LB</li> <li>• BB - 15 year old boy with life changing injuries as a result of an assault on him and his teacher whilst in the home of the teacher, who sadly died of her injuries. A DHR has been agreed for the teacher and will be progressed in a slightly different way as usual. At the next DHR meeting, they will discuss learning for BB and how to link this in to the DHR – all learning should be captured in one go. PSo is leading on this. PM requested that the NSSP have an equal voice in this decision with Safer Northumberland.</li> </ul> <p>The audit on the role of fathers is being written up and will be presented to the QIP in February.</p>		
4.	<p><b>Risk Register (paper)</b></p> <p>The risk register was sent to the group previously and partly updated. There were further updates discussed at the meeting:</p> <ul style="list-style-type: none"> <li>• Risk #1. Immunisation schedule is caught up. Not aware of any problems this term. As schools are now closed to physical lessons for all children, Public Health will be monitoring the impact this may have on the vision screening.</li> <li>• Risk #2. The risk is still valid, as a shared, systems risk, as Covid restrictions are having an impact on the way safeguarding information may be shared e.g. with children not being seen in school.</li> <li>• Risk #3. Low risk but keep on.</li> <li>• Risk #5. Some face to face work is being done, if essential. Demand has increased – more support is required as the DA service may be the only service that is available to some women. DASSN have noted that the time they are now spending with</li> </ul>		

	<p>women has doubled. Acorns weren't able to offer counselling to children during the 1<sup>st</sup> lockdown but have now reinstated face to face visits. Waiting lists are increasing and there have been more referrals recently. Covid implications have resulted in a lack of community venues that can be used. APVA work continues to work remotely.</p> <ul style="list-style-type: none"> <li>• Risk #6. This is relevant to all children. Some services are continuing to work as normal but some are now virtual e.g. portage. We need to consider the consistency of working practices and all partners are asked to provide assurance. <b>Action:</b> All partners to provide a position status and rationale re. staff working practices, so that consistency for families and front line workers can be monitored.</li> <li>• Risk #8. There are individual risk assessments in place for vulnerable children and those with an EHCP. If school is assessed (by the family, school and other key staff) to be the most appropriate place for them, they should attend. It is mandatory for schools to provide a full curriculum with clear outcomes – this may make more of a positive difference for parents and safeguarding because this wasn't mandatory during the 1<sup>st</sup> lockdown.</li> <li>• Risk #12. This remains an issue. Work is being done on maximising placements and ensuring therapeutic work is completed at an earlier stage.</li> <li>• Risk #14. This links with the ongoing SEND improvement work.</li> <li>• Risk #15 and 16. Police continue monitoring. They are responding to increased DV incidents and supporting victims. There is still a backlog with court activity.</li> </ul> <p><b>Action:</b> All partners to review the risk register again and provide updates to SB.</p>	All	
5.	<p><b>NSSP training offer (paper)</b></p> <p>GR presented the paper on the NSSP Training Post; with Anne Lambert's capacity reduced to 1/3 of the original post, Tracy Horseman completed a review of the range of activities undertaken and escalated the need for resource to finance administration of the safeguarding training programme, overseen by Anne.</p> <p>There is currently a wide training offer and this may need to be reviewed, focussing on the current priorities.</p> <p>The 3 Safeguarding Partners have funding on their agenda and the CCG have already made a commitment. <b>Action:</b> PM to discuss with them funding and future delivery of the safeguarding training programme.</p>	PM	
6.	<p><b>Increased cocaine use in pregnancy</b></p> <p>Deferred - this will be presented at the next meeting.</p>		
7.	<p><b>Children not in School</b></p>		

	<p>JW was asked to provide an update following the schools returning to business as usual, but this has not happened as a result of a 3<sup>rd</sup> national lockdown.</p> <p>Eight groups of children have been identified as having increased risks, including:</p> <ul style="list-style-type: none"> <li>• Those electively home educated. <ul style="list-style-type: none"> <li>• EHE numbers increased in the Autumn – 119 new cases from September to Christmas. <math>\frac{3}{4}</math> of these parents have said that this is temporary and they have kept in contact with the Education Welfare Service, which has provided safeguarding assurance.</li> <li>• 44 children did return to school in the same period.</li> </ul> </li> <li>• Those excluded. <ul style="list-style-type: none"> <li>• These children are at risk of exploitation. There were some exclusions last term, but figures were not high and schools were proactive in asking for advice and support.</li> </ul> </li> <li>• Those not in school during lockdown and not being electively home educated. <ul style="list-style-type: none"> <li>• Parents felt it unsafe for their children to be in school and did not want to home educate. No legal action has been taken by the schools; the schools have worked with these families and used the Education Welfare Service and other support services. There are complex home situations in these cases and constructive work has been done with the families, although no progress in changing attitudes - 88 families at the time of the 2<sup>nd</sup> lockdown and numbers increased after the 2<sup>nd</sup> lockdown to Christmas.</li> <li>• In the 1<sup>st</sup> lockdown, schools were not completing attendance records, whereas they are now (for secondary schools, children are registered by every teacher during their online lessons. For primary schools, children are registered at their usual time. Not all children have regular access to devices though and work is being done to try to get a better understanding of the home working situation. There is no robust attendance data but there is evidence that there are a lot of children physical attending school i.e. those that are vulnerable or have no devices to access remote learning); this robust monitoring makes it easier to see where the children are. A daily return was introduced yesterday (for <i>all</i> children) and the data provided by schools will identify those who need support.</li> </ul> </li> </ul> <p>The School Designated Safeguarding Leads continue to fulfil all their duties and undertake training as required.</p> <p>Lessons have been learnt from the 1<sup>st</sup> lockdown. AK reiterated that this lockdown is different in that schools are not closed; they have moved to remote learning. Special schools, early year settings and nurseries are also open. As of 3pm on 11<sup>th</sup> January 2021, there were 5799 pupils / 13.5% attending school, a significant difference compared to 26<sup>th</sup> May 2020: 682 pupils attending. Data and questions are being collected from</p>		
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	<p>special schools and 145/179 schools responded yesterday. It is challenging, but 'business as usual'. Vulnerable learners are being monitored regularly, by collecting robust data from school questionnaires, inclusive to all providers.</p> <p>NJ questioned the school eligibility for special needs offer. AK noted that trade unions have been promoting the use of s44 letters, for staff to complete if they don't feel safe to work. Staff are entitled to do this and schools were challenged around the volume of staff available. Industrial support has been legally challenged and withdrawn. Some staff are unable to work because of self-isolation e.g. track and trace and self-isolating; it is hoped that capacity can be increased in these schools.</p>		
<p>8.</p>	<p><b>Annual Reports (papers)</b></p> <p><b>a) CCG Safeguarding</b></p> <p>MT presented the Safeguarding Vulnerable People and Looked After Children (LAC) annual reports (2019-2020). The former was written by MT, NJ and Leesa Stephenson:</p> <ul style="list-style-type: none"> <li>• The new role of the primary care named nurse, to replace the named GP, has had an impact e.g. information sharing agreements with the majority of GPs allows access to their systems which can help with multi-agency audits, and supporting MARAC and MAPPA. The named nurse also provides support and reassurance to GPs</li> <li>• There is a regular newsletter to GPs and the GP Safeguarding Leads network has established good relationships with GPs.</li> <li>• The SIRS process is now embedded and NHS England hope to share this information regionally.</li> <li>• A Mental Health Nurse Practitioner in MASH has recently been appointed and there has been positive feedback on this role.</li> <li>• A GP practice was closed following concerns - an in-depth review of safeguarding cases and records took place. This triggered further learning.</li> <li>• Future work will be looking to reinforce assurance from primary care and with Covid, there will be considerations on how to improve virtual working with primary care to improve attendance and information sharing at meetings.</li> </ul> <p>The Looked After Children annual report was written by Anne Tierney and Dr Anna Redfearn:</p> <ul style="list-style-type: none"> <li>• The role of the LAC Designated Nurse is changing so that she just has a focus on LAC, as a LAC Nurse.</li> <li>• The CCG have commissioned a Senior Nurse role in CNTW to improve the profile of LAC and accessibility to mental health services and this has had a significant impact on children.</li> <li>• Two designated professionals are working together seeking assurance from commissioned services.</li> </ul>		

	<ul style="list-style-type: none"> <li>• More audit work is planned, around ensuring LAC are visible in primary care.</li> </ul> <p>VM noted that there is good CCG joint working with other agencies to safeguard.</p> <p><b>b) EHEI subcommittee</b></p> <p>CJ took over from KH as the Chair of the Early Help Early Intervention subcommittee in January 2020 and presented the annual report for 2019-2020.</p> <ul style="list-style-type: none"> <li>• During Covid, the group met more frequently to focus on how agencies responded/adapted. EH support is still available.</li> <li>• Attendance has been positive, even during the virtual meetings.</li> <li>• Lisa Lewis from the performance team presents the EH Impact analysis at every meeting, which looks at trends across the county. The plan is to include partner data around EH and this may be challenging.</li> <li>• Themes are being introduced for each meeting and this month's theme is around substance misuse. Agencies have been asked to share information on this, to look at trends, interventions and gaps etc.</li> </ul> <p>PM noted that EH work is critical to our safeguarding agenda. GR acknowledged the creativity and dedication of the range of EH services, supporting social care.</p> <p>The group thanked MT and CJ for their reports.</p>		
<p><b>9.</b></p>	<p><b>Demand Level Trends (paper)</b></p> <p>As previously agreed, AH presented his Performance and QA report as an update on demand levels. The data was up to w/c 14<sup>th</sup> December, so as not to include the atypical data from the Christmas period. As this represents the situation before lockdown 3, PM noted that we need to remain vigilant.</p> <ul style="list-style-type: none"> <li>• In general, figures are 'staying the same' i.e. returning to pre-lockdown levels.</li> <li>• Only one measure is increasing: Police DA incidents.</li> <li>• CSC referrals – if we look wider, on average, the numbers aren't quite what they were before lockdown, although pre-lockdown they were high, so the data is not alarming.</li> <li>• C&amp;YP with CP plans – the rate is decreasing. During lockdown it reached an all-time high of 470 (mid-April) and has now decreased to 365-370. A lot of audit work has been done by GR and his team around decision making and quality of practice. GR confirmed that if there are significant changes in data, deep dive audits are done.</li> </ul>		

	<p>More active focused work is also being done when the children come off their plan.</p> <ul style="list-style-type: none"> <li>• VM noted that although waiting times are being maintained and more people are being seen face to face, there are still challenges.</li> <li>• KH confirmed that the health services and social care services are still providing a service so there should be less concern during this lockdown around accessibility.</li> <li>• AH provided reassurance for colleagues that the multi-agency audit work continues: <ul style="list-style-type: none"> <li>• Tracey Horseman brought findings to the QIP subcommittee from the audit on criminal exploitation training; these will be discussed by the PP&amp;T subcommittee and discussed again at the May QIP.</li> <li>• Jane Walker from the CCG brought initial findings from the mental health audit and work will be brought back in May.</li> <li>• MSET audit had clear findings and the impact will be looked at in May.</li> <li>• Audits on S11 for Primary Care and Strategy meetings/GP attendance were presented, and these continue to be challenging. These will be brought back to the QIP in May.</li> </ul> </li> </ul>		
10.	<p><b>LA Improvement Plan (paper)</b></p> <p>GR presented the update on the Children’s Social Care ILACS Improvement Plan</p> <p>Four areas for improvement arose from the inspection and work is ongoing around these:</p> <ul style="list-style-type: none"> <li>• Reinvigorating quality analysis to keep improving consistency.</li> <li>• Signs of Safety roll out. NJ noted that this is filtering down to front line practice and is having a positive impact on meetings, analysis of concerns and action planning.</li> <li>• Themed audit planned for next month.</li> </ul>		
11.	<p><b>Children, Young People and Families Plan - significant issues for C&amp;YP in Northumberland</b></p> <p>GR provided feedback:</p> <ul style="list-style-type: none"> <li>• Targets were discussed at the last meeting and work is ongoing towards finding effective ways to disseminate information to families.</li> </ul>		
12.	<p><b>Forward plan – setting of next meeting’s agenda (paper)</b></p> <p>The agenda items for the next meeting (9<sup>th</sup> March 2021) were reviewed and there were no comments.</p>		



<p><b>13.</b></p>	<p><b>Northumberland APVA Pathway (paper)</b></p> <p>LP presented the final pathway:</p> <ul style="list-style-type: none"> <li>• This is a joint document between Children’s and Adult Services.</li> <li>• It will promote increased communication between the services, at every stage, an action which was identified during the recent APVA audit.</li> <li>• Emma Walker is the APVA gatekeeper and will monitor referrals. The new VRU funded posts will be reviewing the APVA cases.</li> <li>• APVA training is well established, and the pathway will be embedded to ensure a consistent and clear message for all staff.</li> <li>• The pathway will be overseen by the APVA Steering Group and has recently been endorsed by the Safeguarding Adults Board.</li> <li>• For consistency across the other Local Authorities, the title may change as the term’s ‘adolescent’ and ‘parents’ are being re-considered.</li> </ul> <p>VM suggested including contact details for the APVA gatekeeper.</p> <p>The group thanked LP and agreed to the APVA pathway in principle.</p>		
<p><b>14.</b></p>	<p><b>Information Items</b></p>		
<p><b>14.1.</b></p>	<p><b>Northumberland and North Tyneside Safeguarding Adults Board Minutes</b></p> <p>The minutes of 22<sup>nd</sup> September 2020 were sent with the agenda and there are no issues to report.</p>		
<p><b>15.</b></p>	<p><b>Any Other Business</b></p> <p><b>Covid cases in Northumberland</b></p> <p>KH noted that on Monday, figures were seen to be steadily decreasing. Parents are anxious, but since September, 68 schools have had less than 3 cases (although this has still caused disruption because of the need to self-isolate for 14 days). Some schools (secondary in particular) have had more cases, and some have had none.</p>		
<p><b>16.</b></p>	<p><b>Dates and Times of Future Meetings:</b></p> <ul style="list-style-type: none"> <li>• 9<sup>th</sup> March 2021</li> </ul> <p>Virtual: 2-4pm via Microsoft Teams</p>		

Name	12.1.21	9.3.21	11.5.21	13.7.21	24.9.21	16.11.21
Paula Mead	✓					
Marion Dickson	A					
Robin Harper-Coulson	A					
Alan Hartwell	✓					
Audrey Kingham	✓					
Cath McEvoy-Carr	A					
Liz Morgan	Karen Herne					
Vida Morris	✓					
Graham Reiter	✓					
Donna Rose	✓					
Phil Soderquest	Julie Stewart					
Martyn Strike	✓					
Margaret Tench	✓					
Annie Topping	A					
Paul Weatherstone	Sandra Clement					
Karen Wright	✓					

✓ = Attended DNA = Did not attend A = Apologies