



Somerset Safeguarding Children Board
Notes from the meeting held on
Thursday 19th April 2018

Item	Discussion	Action
1	Welcome and Introduction	
	See attendance list below.	
2.	Minutes of the last meeting and action log	
	<p>The minutes of the meeting held on 25th January were agreed subject to two minor amendments.</p> <p>Action: Supply wording for amendments to the minutes of the meeting on 25th January.</p> <p>Action SSCB1718_30: MB reported that a bid has been submitted to the Trusted Relationships Fund for a team to work in Lise Bird's service on child exploitation. This goes beyond the original proposal developed by the CE subgroup.</p>	MD
3.	Significant safeguarding events	
3.1	MP gave several examples illustrating that County Lines has become increasingly evident in Somerset and is having a significant impact.	
3.2	<p>SC informed the Board of a meeting held on 13/4 to look at identifying early solutions for supporting young people with mental health issues (e.g. eating disorders). Both YDH and Musgrove Park Hospital are facing challenges. They are doing their best but the environments and training mean that acute hospital wards are not the right place for these children.</p> <p>SM commented that the workshop had been a good start but that more needed to be done.</p> <p>The key issues are:</p> <ul style="list-style-type: none"> • Specialist provision • The need to think differently about prevention and community based provision 	

	<ul style="list-style-type: none"> • Implications for early help services • The learning review on suicide may generate lessons to inform the debate. 	
4.	Delivering the Business Plan	
	<p>HM presented the update on the business plan and said that the priorities were largely on target and so had been rated green/amber.</p> <p>Key points highlighted included:</p> <p>Priority 1: Early help</p> <ul style="list-style-type: none"> • Early help responses and services are improving • Assurance and impact data is needed to enable the SSCB to assess the effectiveness and impact of early help provided to children and families. • The need to understand which the percentage of re-referrals to Children’s Social Care has continued to rise over quarter 4 (this is the subject of a ‘deep dive’ which will be reported to the SSCB when completed). <p>Priority 2: multi-agency safeguarding</p> <ul style="list-style-type: none"> • Work to address the consistency of agency invitation/attendance at strategy meetings and discussions is being progressed. • Multi-agency meetings to protect children are not sufficiently focused on risk reduction. The chair recommended that Board members should routinely observe CP conferences in order to understand the quality of agency engagement and contribution. <p>Action: All board members to take part in the programme of regular observation of CP conferences.</p> <p>Priority 3: Neglect</p> <ul style="list-style-type: none"> • The pilot of the neglect toolkit is to be completed with a brief audit of responses and the toolkit will be launched in July along with Think Family. • A peer challenge on neglect will be taking place in July • There remain concerns about delays in response to neglect. <p>Priority 4: Child exploitation</p> <ul style="list-style-type: none"> • A multi-agency working group submitted a bid to the Home Office ‘Trusted Relationships Fund’ for additional CSE resource. • Work to progress understanding around multi-agency pathways to intervention is in progress. 	Business unit

	<ul style="list-style-type: none"> Agency commitment to the CSE champion's role is inconsistent. The chair challenged Board members to know who their champions are and support them in their role. A task and finish group has been set up to review the Return Home Interview process. <p>Action: All agencies without a CSE Champions, or where the role has not been held consistently, will be written to by the Board and reminded of their responsibilities.</p> <p>Priority 5: Board effectiveness</p> <ul style="list-style-type: none"> Although the Resolving Professional Differences process is being increasingly well used, there remains an over reliance on escalation to senior managers to resolve operational issues. It was also noted that some staff expressed a lack of confidence in their managers' ability/willingness to resolve issues. It was agreed that agencies had a responsibility to know what was happening in their own agencies, and to ensure key contact points to enable early resolution of concerns. <p>Action: Q and P subgroup to propose a means of determining the effectiveness of agency procedures for expressing and resolving concerns.</p>	PR
5.	Performance – Quality and Performance Plan	
	<p>The Q&P report was presented by Maria Davis on behalf of the subgroup chair.</p> <p>The report provides an update on progress regarding the Quality and Performance work stream. Points for continued improvement were noted.</p> <p>Assurance was sought from all agencies that attendance at future meetings of the subgroup should be prioritised.</p> <p>KOD requested that unnecessary jargon and acronyms in reports should be avoided.</p> <p>Action: The Q&P subgroup was requested to include the schedule of planned audits in future reports to the Board.</p> <p>The chair requested more data about children and less about process in future reports.</p>	PS
6.	Progress update civil contingencies	
	This report was commissioned following the Grenfell fire. After the fire, the Board quickly received reports from the Fire Service and district councils which described what efforts were	

	<p>being made to check safety and these showed that the situation in Somerset was relatively good. However, it raised broader issues and SH asked the Chief Executive for an assurance report to describe how the emergency planning and civil contingency arrangements took account of the need to consider the safeguarding of children, including the Glastonbury festival.</p> <p>SH expressed disappointment that the report submitted did not provide the requested assurance. It did set out how this would be provided in due course. The report asks the Board for recommendations that support the work of the group and to identify a 'subject matter expert' to contribute to a task and finish group.</p> <p>AB said that she sat on the group and that they wanted someone with a background in safeguarding children to attend some meetings to test out what is being proposed.</p> <p>SC suggested that the designated doctor could be involved.</p> <p>Action: The chair and DCS will agree a response to the report on civil contingencies on behalf of the Board.</p>	JW/SH
7.	<p>Priority 1: Early Help: <i>Children and families receive good quality and timely multi-agency help to keep children safe and promote their wellbeing.</i></p> <p>The Board received a number of reports relating to this priority area.</p>	
7.1	<p>Early Help Strategic Commissioning Board Report</p> <p>JW gave a presentation and highlighted the following points:</p> <ul style="list-style-type: none"> • Team around the School (TAS): SCC funds 50% of the TAS coordinator's role and schools fund the rest. These have been associated with a dramatic improvement in how schools refer in the CSC. Independent schools are not currently covered. • 80% of referrals from education go through because the quality of information provided has improved. • The EH hub is now included in the electronic database – but the information is SCC focused and needs to be extended to include multi-agency data. • There has been an increase in anonymous and family-led referrals and the figure is higher than in other parts of the country. Are professionals encouraging families to self-refer to avoid completing EHAs? • Does the rising number of referrals indicate higher levels of need? 	

	<ul style="list-style-type: none"> • One third of referrals are re-directed to getset – suggesting that thresholds are not understood. If referrals are made without consent this could be a breach of data protection. • Only 28% of contacts ‘convert’ into referrals. • Of the referrals that go to assessment teams, too many are going through the CP process, suggesting the threshold for strategy discussions and s47 enquiries may be too low. <p>SL asked whether Somerset Direct could filter contact to reduce the number going to First Response.</p> <p>Several Board members asked for more details including the conversion rates for their own agencies and the case details for contacts.</p>	
7.2	<p>Quality and Performance See item 5 above</p>	
7.3	<p>Team Around the School</p> <p>The report circulated asked the Board to note the work that has been done and asks agencies to continue to ensure that attendance at TAS meetings is prioritised. There is some evidence of attendance dropping off once TAS meetings become routine.</p> <p>Multi-agency audit of the step up/step down process was discussed and the Board was asked if this should be under the auspices of Q&P or done separately.</p> <p>JW commented that the council is investing money in the process and so it needs to evaluate whether it works.</p> <p>The Board agreed that a multi-agency audit of a sample of cases should be undertaken, to assess effectiveness of support and step up and step down arrangements.</p>	
7.4	<p>‘One Teams’</p> <p>Andy Lloyd presented the One Team report which provided a summary of the progress made in ensuring a common understanding and approach to One Team working across Somerset, and in particular how this supports the delivery of Early Help.</p> <p>The potential role of PCSOs in completing EHAs (for which training would be required) was highlighted, with the potential for this being trialled in One Team areas.</p>	

	<p>It was noted that One Team links to the CAMHS Single Point of Access (SPA) have yet to be made across the whole area. (TAS already have representation at meetings) the desire is to forge effective links.</p> <p>SL recommended that the report should include information about the difference that One Teams make to children.</p>	
7.5	<p>JSNA – poverty and impact on children</p> <p>AB gave a verbal report and highlighted the following points:</p> <ul style="list-style-type: none"> • Poverty is difficult to define • The government uses a relative definition that talks about having £297 per week to live on • The trend is reducing but there are, nonetheless, 12,000 children in Somerset living in households that are in relative poverty. This results in parents having to juggle priorities and causes stress in families. • There is a higher proportion of children with SEN living in poverty – it can be harder to work if you have a child with special needs. • There are higher levels of poverty in urban areas but it is still found in rural areas. • There are concentrations of families living in poverty in certain wards, notably Sydenham and Hamp in Bridgwater. • Poverty is associated with premature mortality and children brought up in poverty are less likely to succeed in education. • Government figures tend to focus on worklessness but this ignores working families that are in poverty. <p>Practitioners need to be able to assess poverty and need to know where to access help e.g. about debts and benefits.</p> <p>http://www.somersetintelligence.org.uk/child-poverty.html</p>	
9.	<p>Information items</p> <p>None.</p>	
10.	<p>Any other business</p> <p>Attendance at SSCB meetings and subgroups</p> <p>Board members expressed a commitment to address issues of (lack of) attendance at Board and subgroup meetings and requested details of agency attendance to facilitate this</p>	

	Action: circulate the SSCB attendance monitoring spreadsheet (to include all subgroups) with the SSCB minutes and every subsequent agenda.	Business unit
11.	Dates of future meetings Tuesday 29 th May SSCB Extraordinary meeting/Development Session 9.30am – 4.30pm, Long Sutton Golf Club Thursday 19 th July at 9.30am – Council Chamber, Mendip District Council, Shepton Mallet Thursday 18 th October at 9.30am – venue to be confirmed Thursday 24 th January 2019 at 9.30am – venue to be confirmed	

Attendance

Name	Role and agency	Present
Mark Barratt	Assistant Director – Safeguarding, Care and Quality Assurance	Present
Alison Bell	Consultant in Public Health, Public Health	Present
Peter Brandt	Assistant Chief Officer, Community Rehabilitation Company	Present
Sandra Corry	Director of Quality, Safety and Engagement, Somerset Clinical Commissioning Group	Present (part)
Maria Davis	Designated Nurse for Safeguarding Children and Children Looked After, Somerset Clinical Commissioning Group	Present
Dave Farrow	Head of Outcomes and Sufficiency, Somerset County Council	Apologies
Trudi Grant	Director of Public Health, Somerset County Council	Apologies
Sally Halls (chair)	Independent Chair, Somerset Safeguarding Children Board	Present
Simon Lewis	Assistant Director, Taunton Deane Borough Council	Present
Shelagh Meldrum	Director of Nursing and Elective Care, Yeovil District Hospital NHS Trust	Present
Pauline Newell	Service Manager, CAF/CASS	Apologies
Frances Nicholson	Cabinet Member for Children and Young People, Somerset County Council	Present
Kevin O'Donnell	Community Member, Somerset Safeguarding Children Board	Present
Richard Painter	Head of Safeguarding, Somerset Partnership NHS Foundation Trust	Present
Hayley Peters	Executive Director of Patient Care,	Present

	Taunton and Somerset NHS Foundation Trust	
Mike Prior	Superintendent, Avon and Somerset Constabulary	Present (part)
Penny Quigley	Community Member, Somerset Safeguarding Children Trust	Present
Nick Rudling	Deputy Safeguarding Lead, NHS England South (South West)	Apologies
Liz Spencer	Assistant Chief Officer, National Probation Service	Clare Evans attended
Tom Whitworth	Strategic Manager, Vulnerable Young People	Present
Claire Winter	Deputy Director Children and Families. Somerset County Council	Present
Julian Wooster	Director of Children's Services, Somerset County Council	Present

In attendance

Kate Greenwood	Training Manager, SSCB	Present
Helen MacDonald	Business Manager, Somerset Safeguarding Children Board	Present
Jennie Ross (notes)	Senior Business Unit Officer, SSCB	Present
Paul Shallcross	Strategic Manager, Safeguarding, Care and Quality Assurance, SCC	Apologies
Gemma Vidak	Service Improvement Officer, SCC Children's Services and SSCB	Apologies