



**Somerset Safeguarding Children Board**  
**Notes from the meeting held on**  
**Thursday 18<sup>th</sup> October 2018**

Item	Discussion	Action
1	<b>Welcome, Introductions and apologies</b>	
	See attendance list below.	
2.	<b>Minutes of the last meeting and action log</b>	
	<p>The minutes of the last meeting were agreed as an accurate record subject to a minor amendment on page 3 (MD).</p> <p><b>Action log</b>  SSCB 1819_08 action closed</p> <p>SSCB 1819_10: CW reported that work on unregulated provision had been done by Children’s Social Care rather than by the L&amp;I subgroup because there are concerns about one particular provider. No children have been placed there by Somerset since June, but other authorities continue to use it even though the issues have been highlighted to them and some Somerset children remain while new placements are being sought.</p> <p>Ofsted are concerned nationally about the use of unregulated provision and it was suggested that a letter to Ofsted about the issues identified could be helpful. However, it was felt that this would need to be done once the current investigation has been completed. AB also suggested that the network of LSCB chairs could be approached to find out the experience of other areas.</p> <p><b>Action:</b>  <b>LADO to write to Ofsted setting out the concerns in Somerset regarding the use of unregulated provision, with examples.</b>  <b>Write to AILC to raise concerns about the use of unregulated provision with a view to establishing to what degree this is a national issue.</b></p>	<p>LADO</p> <p>PS/SH</p>

	<p>SSCB 1819_12: PS reported that the Resolving Professional Differences protocol is being revised and will be re-launched by the next Board meeting. Action to remain open.</p> <p>SSCB 1819_13: RP said that there had been no progress on the harmful sexual behaviour strategy since Mark Barratt left. CW said that she would ask Becky Hopkins to take this forward.</p>	
3.	<b>Matters arising</b>	
	<p><b>3.1 Children with complex needs on acute paediatric wards</b></p> <p>KO asked how the Board, through Q&amp;P could monitor the situation. RP explained that a monitoring system had been devised within health to track numbers and show how long children stay on the wards after becoming medically fit for discharge. This is being monitored by the CCG.</p> <p><b>Actions:</b>  <b>Provide a quarterly report to the Quality and Performance Subgroup on the numbers of children kept inappropriately in hospital as a result of lack of placements or tier 4 beds.</b>  <b>If the reports show that the issues are continuing, highlight this as an exception in the Q&amp;P report to the Board</b></p> <p>CW commented that there is a shortage of placements national and that there is a known spike in demand in the summer which relates to school holidays. This is the first year, however, when it has had such an impact on acute hospitals.</p> <p>NR reported that NHS England is holding a rapid improvement event in November to build on the work that has been done in Somerset. The information from Somerset has helped to understand the situation but this information is not available from other areas.</p> <p><b>Action</b>  <b>Provide the SSCB with a report on the outcomes of the NHS England regional summit on tier 4 beds (January 2019).</b></p>	<p>MD</p> <p>PS</p> <p>NR</p>
	<b>3.2 Early Help Assessment and proposal for a separate tier 4 safeguarding referral form</b>	

MD and TN gave a presentation about the proposal from the perspective of health staff. This was additional to the information already provided to the Board in July 2018.

Key points:

- The title of the Early Help Assessment is misleading to health staff wanting to request involvement at level 4.
- Having a separate form would encourage staff to think about thresholds and decide at an early stage at what level to request involvement.
- Emergency departments and GPs are struggling with the form given the time pressures they work with.

SH commented that there is evidence that cases are still being escalated too high and too early which means that families are being caught up in intrusive statutory processes too soon.

Other points raised in the discussion included:

- Under-use of the consultation line
- Safeguarding teams in health, by quality assuring EHAs, are 'mitigating against the form'
- The need to listen to senior medical staff who say the form is not helpful
- Anecdotal evidence that children may not get the right service because of difficulties with the process
- PS queried why the form should be changed just before the introduction of the electronic portal (planned for April 2019)
- Timescales – AB was concerned about delays in the process and asked how long it would take to implement the portal.

SH noted that there is evidence that cases in Somerset are still being escalated too high and too early which means that families are being caught up in intrusive statutory processes too soon.

After a lengthy discussion it was confirmed that the issue should be resolved through the process of developing a portal, as previously agreed, the implementation of which is planned for April 2019. It is, however, important that

- The membership of the portal working group includes those who are able to represent the experience of practitioners from across agencies and
- Takes full account of the concerns expressed by some professional groups

.. in order to ensure that the revised process works for all practitioners, whilst maintaining a proper focus on children and families receiving the right help at the right time.

	<p><b>Action:</b>  <b>Confirm with SSCB partners that the membership of the portal working group is properly representative of practitioners across agencies and professional sectors.</b></p>	CW (Becky Hopkins)
4.	<b>Significant safeguarding events</b>	
4.1	CW informed the Board of two incidents in the Yeovil and Mendip areas of young people being involved in stabbings. Both incidents relate to drug dealing – one is a County Line issue, the other a more local example of child exploitation.	
4.2	<p>CW reported that several cases have been reported to the Learning and Improvement Subgroup in the last quarter including one which the group has recommended to the Independent Chair should be a Serious Case Review. This involved child neglect and highlights the apparent reluctance by partners to take on the Lead Professional role, together with partners struggling to make the Team Around the Child work, a lack of pre-birth planning, early identification of risk in the ante-natal and perinatal periods and a lack of recognition of the differential impact of neglect in relation to age.</p> <p>CW also reported that multi-agency workshops will be held on 23<sup>rd</sup> and 29<sup>th</sup> November focusing on the role of the lead professional. These have been arranged in response to an apparent reluctance to take up the role. The workshops will end with a panel of senior leaders who will try to understand and resolve issues highlighted by participants.</p> <p>A flyer for the workshops will be circulated with the minutes.</p>	
	CE (NPS) left the meeting at this point	
5.	<b>Assurance</b>	
5.1	<p><b>(a) Offender Management</b>  DCI Dickon Turner attended for this item and gave a presentation about the work undertaken in Avon and Somerset Constabulary to address recommendations from the last HMIC Peel Inspection regarding the management of sex offenders and to tackle the ever-growing numbers of sex offenders.</p> <p>The accompanying report gave details of the national and local context for this work, including numbers of offenders, caseloads and the nature of the offences.</p> <p>Tight processes to assess the risks posed by offenders have been introduced with a robust system for checking that risks are managed. The constabulary is proposing to set up a desk top team of three officers who will manage around 500</p>	

	<p>low risk offenders. They will not get an annual visit or risk assessment, but checks will be put in place to spot escalation risks or re-offending. In addition, team members have been given additional training in interrogating computers which allows them to identify offences that breaches orders.</p> <p>This proposal is contrary to national advice which suggests that desk top reviews can be done for offenders who have been assessed as low risk for more than three years. However, this would only apply to 80 people in Somerset and would not make a significant impact on workloads.</p> <p>CW asked about the multi-agency element of managing sex offenders and was told that probation would be involved and that the Police can ask other agencies whether offenders are in contact with people they should not contact. She also suggested repeating an exercise carried out in Bridgwater to map the location of sex offenders and offences.</p> <p>There was a discussion about information systems and MP commented that the Police would like access to information from other agencies to get a better picture of where the vulnerable communities are.</p> <p><b>Action:</b>  <b>Repeat the exercise which mapped the location and density of sex offenders, in order to establish whether there are links with other vulnerabilities such as locations of missing children or children who have been excluded from school.</b></p> <p>Board members agreed that sexual offending against children should be a major topic for January's SSCB meeting, to include an analytical presentation on available data re risk and vulnerability, and the annual MAPPA report.</p> <p><b>(b) Update on County Lines</b>  MP gave an update on County Lines which he described as the most significant criminal activity in Somerset. The Police are tracking 24 active lines. MP commented that the people involved are often from outside the force area, e.g. the recent stabbings were of a young man from London and an Albanian asylum seeker who was in care to Devon.</p> <p>Most of the people involved in County Lines are adults – but they also have children for whom there are safeguarding issues.</p>	<p>MP</p> <p>MP/Lee ?</p>
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Combatting County Lines is difficult because it is a very effective business model and the people involved are good at what they do. In addition, when people are arrested others move in to take over the lines they were running.

Efforts to mitigating against County Lines include:

- Updating the neighbourhood model of policing
- Working with schools – contacting head teachers
- A series of lesson plans for school has been developed for schools – these focus on alcohol and drugs, CSE, consent, domestic abuse, hate crime and County Lines (a link for these will be added to the SSCB website)
- Funding the Anne Frank exhibition in Taunton so that young people can learn about the consequences of hate
- Funding a young man who has previous been involved in a gang to talk to school children about what it is like (JW commented that some research questions the value of doing this)

KG commented that Jane Weatherill has also run roadshows for DSLs in schools highlighting the message about County Lines.

JW commented that the response of schools is often to exclude young people involved in County Lines or similar activity but that this put them at increased risk. Similarly placing children together can increase criminal activity. In Essex, County Lines uses children's homes to get young people involved.

CW described a new approach to safeguarding young people involved in criminal activity. In the past they were taken out of their home area to remove them from risk and to sort them out before returning them home. Now it is felt better to manage them in the local community and reduce the harm that is being done to them in that environment. This may involve accepting that a child is still at risk but working to reduce that risk.

SH asked whether the Child Exploitation subgroup has the right membership and resources to be able to look at changed approaches and the broader definition of child exploitation. RP replied that there had been some attendance issues but that he hoped these were now resolved.

The Board agreed that the focus of the next practitioner conference should be on contextual safeguarding. It was also

	<p>agreed that the conference should be open to practitioners from adult services, due to the areas of common interest.</p> <p><b>Actions:</b>  <b>Plan practitioners conference on contextual safeguarding jointly with the Somerset Safeguarding Adults Board and extend invitations to include adult services.</b></p>	<p>KG</p>
<p>5.2</p>	<p><b>Thematic Learning Review – known or suspected sex offenders</b></p> <p>SH told the Board that the review report is being finalised and will be discussed at the January meeting of the SSCB.</p>	
<p>5.3</p>	<p><b>Mental Health needs of young people</b></p> <p>James Slater, Interim CCG Commissioning Manager, attended to give a presentation to the Board on progress to date by Somerset CCG and partner agencies in addressing issues relating to children and young people’s mental health (CYP MH) raised at the Rapid Improvement Event (RIE) in April 2018.</p> <p>He noted that much of the detail about the mental health needs of young people and pressures in the system had already been covered in the course of the discussion under item 3.1.</p> <p>The CCG, as an urgent intervention, has funded psychiatric nurses to work on paediatric wards and a consultant psychiatrist has been appointment to support staff. In addition, it is planning to allocate additional resources to the eating disorders service and to fund primary care link workers until the end of the year. The CCG is also looking at how to provide an ongoing primary mental health service.</p> <p>The Independent chair commented that it was welcome that so much activity had resulted from the rapid improvement event and she asked whether the Board felt more satisfied that children with mental health issues would be getting a better and more coordinated response in future.</p> <p>The Board noted the progress made to date, as outlined in the presentation and accompanying reports, and also the ‘Call to Action’ event scheduled for 26<sup>th</sup> October. This will assess progress and help define the next iteration of the plan.</p>	

6.	<b>Neglect</b>	
6.1	<p><b>Local authority peer review – neglect</b></p> <p>PS provided an update on the local authority peer challenge which took place in July. Somerset and Wiltshire worked together to look at each other’s services in relation to neglect. Key findings were</p> <ul style="list-style-type: none"> <li>• Neglect cases were identified appropriately</li> <li>• The multi-agency approach was good</li> <li>• Thresholds were not applied consistently, but they saw a developing maturity with a reduction in inappropriate referrals</li> <li>• Drift was evident in all of the cases reviewed and cases were escalated too slowly</li> <li>• Cases progressed well when they were in child protection processes.</li> </ul> <p>PS felt that the review confirmed what the Board had heard before.</p> <p>There will be a further peer review challenge working with Bristol looking at help and protection.</p> <p><b>Action: Circulate the final report of the peer review – neglect to all Board members</b></p>	PS
6.2	<p><b>Neglect Serious Case Review</b></p> <p>SH reported that the SCR report is likely to be published in mid-November.</p>	
7.	<b>Performance – Quality and Performance Report</b>	
	<p>The report provided an update on progress regarding the Quality and Performance work stream.</p> <p>The group is developing slowly in terms of its cohesion and approach to monitoring quality across the partnership. Consistent representation at meetings is required in order to ensure that work between Board meetings is meaningful.</p> <p>This month’s report highlighted continuing concern regarding the provision of Early Help across the partnership, and the consistent application of thresholds at levels 3 and 4. The use of the EHA and how we effectively measure impact of early help remains an issue. The concern in this area is highlighted by the steady reduction in CP and CiN cases within CSC, whilst re-referral rates remain consistently high.</p> <p>The contents of the report were noted by Board members.</p>	

8.	<b>Delivering the Business Plan</b>	
8.1	<p><b>SSCB Annual report</b> The Annual Report has been completed in draft and will be circulated to all partners in order to check accuracy.</p>	<b>Business Unit</b>
8.2	<p><b>Business Manager's Report</b></p> <p>This report summarised key areas of activity and progress in relation to the SSCB Business Plan (updated May 2018) for 2018-19, progress with current serious case reviews, learning reviews and an update on impact of professional challenge. The report highlighted an example of good multi-agency safeguarding practice and identified key areas of concern or risk associated with the business plan. The report also sets out proposed activity and development over the coming months.</p> <p>Key areas for SSCB members to take action on were highlighted as follows:</p> <ul style="list-style-type: none"> <li>▪ Ensure that the Pre-Birth protocol is re-circulated to all front line practitioners and to assure that this is being embedded in practice.</li> <li>▪ Disseminate and be assured that the Neglect toolkit and practitioner guidance is being embedded across all agencies.</li> <li>▪ Ensure continued compliance and strong leadership across all partners to ensure the Child Exploitation action plan is progressed with pace and that progress is consistently reported on.</li> </ul> <p>The contents of the Business Manager's report were noted by Board members.</p>	
8.3	<p><b>New (and interim) arrangements for safeguarding children</b></p> <p>The Governance Group is leading work on the new arrangements, alongside the Avon and Somerset Consortium. SSCB will be briefed and consulted as plans develop.</p>	
8.4	<p><b>New and interim arrangements for the Child Death Overview Process</b></p> <p>Somerset CCG and Somerset County Council are the two child death partners (as specified in Working Together 2018). They are in discussion and will brief SSCB once future arrangements are clearer.</p>	

8.5	<p><b>CDOP Annual Report</b></p> <p>AB highlighted two recommendations made by CDOP which require a response from the CCG.</p> <p>A child who was looked after had a complex medical condition and a shared care arrangement. It was difficult to plan routine care as the issue had to go back to court. CDOP had questioned why the initially plan could not have included routine care. CW suggested that the case had to go back to court because the child's health condition deteriorated and because tests that were proposed were potentially life threatening.</p> <p><b>The position regarding care planning for future health needs to be checked and strengthened, if required, in order to promote the best interests of the child.</b></p> <p>Late registration with a GP – in one case reviewed by CDOP the parents did not register their baby with a GP until very late and this meant that any concerns about the baby had to be recorded on the mother's record. AB said that this had been forwarded to the Health Advisory Group but had not received a response.</p> <p><b>Action: Advise on how the system regarding late or non-registration with a GP of a baby by a parent may be strengthened to reduce or eliminate the system risk.</b></p>	<p>CW</p> <p>MD</p>
9.	<b>Information Items</b>	
	Not discussed	
10.	<b>Any other business</b>	
	There were no other items of business.	
12.	<p><b>Dates of future meetings</b></p> <p>Thursday 24<sup>th</sup> January 2019 at 9.30am – Bridgwater Room, Police Headquarters, Express Park</p>	

### Attendance

Name	Role and agency	Present
Alison Bell	Consultant in Public Health, Public Health	Present
Peter Brandt	Assistant Chief Officer, Community Rehabilitation Company	Absent
Sandra Corry	Director of Quality, Safety and Engagement, Somerset Clinical Commissioning Group	Apologies – Tamsyn Nicole attended

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	
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	Bernice Cooke attended
Pauline Newell	Service Manager, CAFCASS	Apologies
Frances Nicholson	Cabinet Member for Children and Young People, Somerset County Council	Apologies
Kevin O'Donnell	Community Member, Somerset Safeguarding Children Board	Present
Richard Painter	Director of Safeguarding, Taunton and Somerset NHS Foundation Trust and Somerset Partnership NHS Foundation Trust	Present
Hayley Peters	Chief Nurse, Taunton and Somerset NHS Foundation Trust and Somerset Partnership NHS Foundation Trust	Apologies – Rich Painter attended
Mike Prior	Superintendent, Avon and Somerset Constabulary	Present
Penny Quigley	Community Member, Somerset Safeguarding Children Trust	Present
Nick Rudling	Deputy Safeguarding Lead, NHS England South (South West)	Present
Liz Spencer	Assistant Chief Officer, National Probation Service	Clare Evans attended
Claire Winter	Deputy Director Children and Families. Somerset County Council	Present
Julian Wooster	Director of Children's Services, Somerset County Council	Present

### **In attendance**

Louise Bath	Interim Business Manager, Somerset Safeguarding Children Board	Apologies
Kate Greenwood	Training Manager, SSCB	Present
Jennie Ross (notes)	Senior Business Unit Officer, SSCB	Present
Paul Shallcross	Strategic Manager, Safeguarding, Care and Quality Assurance, SCC	Present

Gemma Vidak	Service Improvement Officer, SCC Children's Services and SSCB	Apologies
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