

**Minutes**  
**Meeting Title:** Leicester Safeguarding Children Board Meeting  
**Date:** 23<sup>rd</sup> July 2018  
**Venue:** Room G.01, City Hall, Charles Street, Leicester

Name	Role	Agency	Present	Apologies	Absent
(The Chair)	Independent Chair of the LSCB	Independent	✓		
(AT)	Lay Member	LSCB		✓	
(ASp)	Consultant Nurse, Safeguarding Children and Adults	Leicester Clinical Commissioning Group	✓		
(AEJ)	Acting Designated Doctor for Safeguarding Children	Leicestershire Partnership NHS Trust		✓	
(BB)	Head of Service	DLNR Community Rehabilitation Company			✓
(CR)	Deputy Chief Nurse	University Hospitals Leicester NHS Trust		✓	
(CT)	Director of Social Care and Early Help	Leicester City Council	✓		
(CS)	Headteacher, <i>City Primary Heads Representative</i>	Education		✓	
(CB)	Chair of LSCB PAAG	Independent	✓		
(CW)	Director of Nursing and Quality	Leicester Clinical Commissioning Group	✓		
(CM)	Head of Service	CAFCASS		✓	
(JDF)	Head of Service, Early Help	LCC	✓		
(MD)	Head of Serious Crime	Leicestershire Police	✓		
(MH)	Senior Operational Support Manager	HMPPS, Nation Probation Service			✓
(NT)	Children's Service Manager	Barnardo's	✓		
(PT)	Director of Learning & Inclusion	Leicester City Council	✓		
(PP)	Head of Law, <i>LSCB Legal Advisor</i>	Leicester City Council		✓	
(RH)	LLR CDOP Public Health Consultant	Leicester, Leicestershire & Rutland CDOP	✓		
(RL)	Director of Adult Social Care	Leicester City Council	✓		
(RT)	Director of Public Health	Leicester City Council			✓
(SR)	Lead Member, <i>Participant Observer</i>	Leicester City Council	✓		
(SI)	Deputy Principal, <i>Further Education Representative</i>	Leicester College	✓		
(SCh)	Lay Member	LSCB		✓	
(SF)	Strategic Director Adult Social Care, <i>Interim DCS</i>	Leicester City Council	✓		
(TB)	HoS Children's Safeguarding and Quality Assurance,	Leicester City Council		✓	

**In Attendance**

<b>Name</b>	<b>Role</b>	<b>Agency</b>	<b>Role at Meeting</b>
(BC)	LSCB Manager	LSCB	Advisor to the Board
(FG)	Principal Lawyer	LCC	Advisor to the Board, deputising for Pretty Patel
(KA)	Project Officer	LSCB	Advisor to the Board
(OR)	Admin and Business Support Officer	LSCB	Minutes and Business Support
(PB)	Service Manager Children's Social Care & Early Help	LCC	Advisor to the Board
(PrP)	Policy Officer	LSCB	Advisor to the Board

1.	<b>Welcome, Introductions and Apologies.</b>
1.1	The chair welcomed attendees and noted the above apologies. The group were informed of the plan for today's meeting.
<b>Part 1</b>	<b>LSCB Strategic Board Business</b>
2.	<b>Minutes and matters arising from Board meeting on 19.03.2018</b> <ul style="list-style-type: none"> <li>• Strategic Board Meeting Minutes</li> <li>• Action Log</li> <li>• LSCB Forward Plan</li> </ul>
2.1	<p>The minutes of the LSCB Strategic meeting that took place on 19.03.2018 were agreed as an accurate record. It was confirmed that any outstanding actions are on-going process issues.</p> <p>BC noted that a lot of work has taken place since the last LSCB spotlight. The group were informed that an event around Learning from Suicide and the children's aspects of Suicide Prevention Strategy is being developed. This is an on-going piece of work, led by CDOP, and BC is part of the task and finish group for LSCB. In terms of a forward plan, an event will take place for key leads with agencies and a practitioner event, also including young people and carers etc. will be arranged by the end of the year. A disconnect between Health, LPT and schools was raised and it is hoped for a better join up going forwards.</p> <p>SR noted a challenging discussion that took place at the Children's Trust Board and informed the group that the waiting time for CAMHS assessment has gone back up to 20 weeks. <b>AP10/18</b> It was requested that this be added to the LSCB Risk Register, as it is a significant increase and no explanation around how the risk is being addressed has been provided. The CQC guidance for CAMHS treatment time was referenced which is within the standard 18 weeks. CW agreed that CCG is also concerned around this and is not sitting back, with Future in Mind work on-going, which is looking at moving the service to a whole system approach. It was noted that rather than being just a CAMHS led assessment, it requires a hub approach functioning as a navigation and triage hub. The importance to not have another front door was noted and agreed upon by the group. CW stated that she feels progress is being made and CCG have an internal risk management process for all children on the waiting list. The process includes having a system where the level of risk is decided at outset. CW noted that she has requested a breakdown of numbers; covering minor, major and serious risk.</p>

	<p>The Chair raised that the whole system approach is required going forwards, with which the group agreed. <b>AP11/18</b> The Chair will write to the Chief Executive of LPT to request assurance around the element of risk for children awaiting triage. SF noted that assurance from LPT at a director/executive level is required to come back to LSCB.</p> <p><b>AP12/18</b> - CW agreed to chair and coordinate an urgent senior leadership multi-agency partnership meeting at Director/ Executive level regarding the increase in CAMHS assessment and treatment waiting times and provide assurance that LPT and CCG are taking all necessary actions.</p> <p>It was noted that Board members need to work on providing timely reports for future Board meetings, ensuring that they have been through internal governance processes in good time, as the process needs to run more smoothly. The Board Office need to be able focus on ongoing work rather than expending resource seeking information from partners known to be required for agreed Board business in line with the Forward Plan.</p>
3.	<p><b>Chair's Update</b></p> <ul style="list-style-type: none"> <li>• <b>Working Together 2018 (WT 2018) and Transitional Guidance</b></li> <li>• <b>Information Sharing 2018</b></li> <li>• <b>Other national publications.</b></li> </ul>
3.1	<p><b>Working Together 2018 and Transitional Guidance</b></p> <p>The Chair provided key highlights from her update report. It was stated that WT 2018 has made it clear that the Board continues to operate and meet all of its statutory functions and continues to refer to Working Together 2015: chapter 3; chapter 4 (disregarding redundant references to notifiable incidents and the former national panel of independent experts on SCRs); and chapter 5. The group were also informed of some minor changes around the process for conducting rapid reviews and consideration of serious case reviews.</p> <p>It was confirmed that meetings with the three key safeguarding partners (the Local Authority, Leicestershire Police and CCG) and the LSCB Independent Chair will take place next week to start the conversation about options for changes to multi agency partnership arrangements going forward. A provisional date to look at wider consultation with the LSCB has been set for the end of August, it was felt by SF this might be too early and a decision on that will be made once the three partner organisations have met with the LSCB Chair.</p> <p>MD raised the wording used in paragraph 2.7, regarding the threshold for 'seriously harmed' and the breadth of possible cases. It was confirmed that serious physical harm will be referred by Leicestershire Police and they will effectively continue to do what they have been doing previously.</p>
3.2	<p><b>Information Sharing 2018</b></p>

	<p>The new <i>Information sharing advice for safeguarding practitioners July 2018</i> has been published and while non-statutory guidance, it should be followed. It was noted that the new GDPR regulations and Data Protection Act 2018, which includes the safeguarding amendment, encourage more information sharing, rather than stopping it.</p>
3.3	<p><b>Other national publications.</b></p> <p>The other referenced national publications were noted and no further information was discussed.</p>
4.	<p><b>Executive Chairs Group Highlight Report</b></p> <ul style="list-style-type: none"> <li>• LSCB Business Plan</li> <li>• PAAG Highlight Report</li> <li>• Annual Report 2017/18</li> <li>• LSCB Risk Register</li> </ul>
4.1	<p><b>Business Plan</b></p> <p>BC presented the LSCB Business Plan 2018-2020 which is designed to support the transition to safeguarding arrangements in due course and confirmed that Work Plans have been developed by all sub-group chairs. Any further feedback regarding the Business Plan and associated activity is to be provided to the LSCB Office and will be presented at the Executive Chairs Group. The Young Advisers are ‘youth proofing’ the Business Plan and a young person’s version will be provided in due course.</p> <p><b>PAAG Highlight Report</b></p> <p>CB presented the PAAG Highlight report to the group and emphasised an increase of children on CP plans, from 408 in the previous year to 619 this year. CT noted that the figure was checked last Friday (20/07/18) and it is now down to 530. A steady decline of numbers coming through front door has been seen. It was noted that the vast majority of performance indicators have stayed the same or improved. The group agreed that the increase in Child Protection Plans is being managed, however, it is a clear on-going risk. It was confirmed that Multi-Agency Partnership meetings looked at this increase and a meeting has been arranged to resolve this and look at the numbers of escalation.</p> <p>The group were informed that (TB), Head of Service Child Safeguarding and Quality Assurance is leading on quoracy, and a report will be provided at the next LSCB meeting. Work is also on-going around the impact of austerity on agencies’ work, which will also be presented at the next LSCB. A research project around this subject is going forwards with De Montfort University. It was requested that both regional and national aspects are</p>

	<p>considered to provide a clear correlation. It was noted that the rise in Children in Care was an issue for cities with a high level of austerity and that neighbouring Counties are not seeing the same level of increase. It was noted that the increase in child protection cases across all categories can be clearly linked to austerity and poverty. <b>AP13/18</b> It was agreed that the Chair would write to NZ, Secretary of State for Children and Families to request assurance regarding what the government is doing to address to this.</p> <p>The Chair thanked CB for his time, commitment and support of the PAAG. It was noted that CT will take over chairing of the group and a handover meeting has taken place.</p> <p><b>Annual Report 2017/18</b> It was confirmed that the Annual Report draft will be completed shortly, ready for the Chair’s foreword and conclusion and there will be a tight timescale for taking it through internal governance procedures and sign off by the group. The report should provide assurance regarding the effectiveness of safeguarding and promoting children’s welfare and how well the board has met its objectives. The Chair expressed some frustration at the length of time for agencies to make their submissions and asked for cooperation in ensuring their support in its virtual and timely sign off.</p> <p><b>LSCB Risk Register</b> CAMHS assessment wait times are to be added to the LSCB Risk Register as requested by SR in item 2.1.</p>
<p><b>5.</b></p>	<p><b>Feedback from other Strategic Partnerships and Partners</b></p>
<p>5.1</p>	<p>MD informed the group that the Partnership Performance meetings are working very well. NT raised that Barnardo’s are still struggling to get CP reports and minutes. CT noted that the quality of reporting to key meetings is an area that is currently being worked on and the timeliness of reports/minutes being distributed is being addressed. It was confirmed that TB and RS, Head of Service CiN, CSC and Early Help, have put measures in place around this. The Chair noted that partners need to chase up and escalate if not being provided with required reports and minutes.</p> <p>MD stated that the Police have a journey to go through around exploitation through criminality concerning gangs, knife crime and drugs. They are currently considering children who are at high risk of being criminally exploited and are looking at the vulnerability of the children involved. CT noted that this will be discussed at CSE Missing Group meeting that is taking place tomorrow. This issue will come back to a future Board meeting to look at partnership work around this.</p>

SI noted that there are suspicions that some learners are enrolling on courses from outside the area to increase drug supply lines and they are generally doing enough to stay on courses. CT confirmed that this will be included at tomorrow's meeting and will also be raised at the Further Education Safeguarding group. CT also noted that a piece of joint work between Children's Safeguarding and Leicester College is currently on-going.

CP provided key messages from CAFCASS recent positive inspection and raised the fact that the number of children going through courts is increasing year on year and pressure on the courts is enormous, with care proceedings and final hearings being particular examples. CP noted that a lot of work is on-going around the modernisation of court functions. It was confirmed that CAFCASS achieved an outstanding rating at their last Ofsted inspection. A strength-based performance framework is in place, which provides a strong feedback loop on performance and there is a focus on continuous learning.

The Family Justice Young People's Board is also seen as a strength. It provides a good communication opportunity with young people, and the young people provide feedback on policies, direct quotes for use in reports and 'top tips', including what they would like their parents to know, for example.

**AP14/18** CP confirmed that she is happy to share the CAFCASS Validation Tool with the group. This will be provided to the LSCB Office and sent out to the group subsequently.

SF informed the group of the LCC Ofsted Inspection Action Plan and noted that the Overall Improvement Plan is currently in the process of being refreshed, subject to internal discussion. It was confirmed that recommendations from the Ofsted Inspection last year will be picked up and the Improvement Plan will move from a culture of compliance to a culture of impact and value. A focus on good quality social care will be in evidence, and there will be no move away from compliance and it is intended that the basics will become second nature. The importance of being able to demonstrate the impact of work for children and their families was noted, as was the need to get right balance internally. It was confirmed that the plan will be shared with the Board when completed and strategic oversight for SEND is required.

SR made the Board aware that Leicester is one of the three regions piloting a scheme for regional improvement, in conjunction with the Department for Education. The scheme will present a series of challenge conversations across the region, considering both areas that need strengthening and areas that support other agencies.

BC noted that disabled children will be the spotlight at the LSCB meeting taking place in December and transition planning will also be looked at. It was requested that partners inform the LSCB Office of anything they feel should be included as part of the spotlight.

BC also highlighted that the JTAI has recently published the outcome of its examination of Neglect entitled '*Growing Up Neglected: a Multi-Agency Response to Older Children*'. The Chair requested that members consider this as part of their consideration of improvement messages.

	<a href="https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/722740/Older_children_neglect_FINAL_060718.pdf">https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/722740/Older_children_neglect_FINAL_060718.pdf</a>
<b>6.</b>	<b>Independent Reviewing Officers Service Report</b>
6.1	<p>CT presented the Annual Report of the Independent Reviewing Officers Service 2017-18 to the group.</p> <p>It was confirmed that the plan is for next year's report to capture more of the 'so what' and impact of the work. SR noted that the report has gone through and received internal challenge and the quarterly report will be looked at to ensure impact can be evidenced. It was suggested that some partners/Lay Members are invited to the report discussion meeting. It was also stated that the report will be picked up at the next PAAG meeting to strengthen its content. The quality of work and young people's voice is to be included and improved upon for next year's report. SI welcomed the increase in discussion on each case and noted the that the only concern he has is around the transition from child to adult.</p>
<b>7.</b>	<b>Learning Summary Child D1/E1</b>
7.1	The Learning Summary for Children D1/E1 was not presented as further work on the summary, recommendations and assurance are required before the Summary is presented to the Board. The Chair has asked ASp to ensure this work is completed as soon as possible.
<b>Part II</b>	<b>LSCB Spotlight: Early Help and Front Door</b>
<b>8.</b>	<b>Early Help Thematic Assurance Report and Group Discussion</b>
8.1	<p>JDF provided key highlights and updates from the Early Help Thematic Assurance Report to the group, with support from PB, Service Manager CSC and EH.</p> <p>JDF also provided information regarding the Safe Families project and their provision of support in Leicester across three work streams of:</p> <ul style="list-style-type: none"> <li>• Host Friends</li> <li>• Family Friends (to the parent, children or whole family)</li> <li>• Resource Friends</li> </ul> <p>Agencies can access the project through the MASP.</p>



The group were informed that the Early Help Action Plan and Education Health Care Plan are currently being merged. **AP15/18** This is in progress and a progress report will be provided at the next Board meeting.

JDF noted that although partners are engaged with Early Help, the issue is around Lead Professionals and the leadership of this within partner agencies. Schools have outlined their Early Help on their website where parents can go to find support such as breakfast clubs. However, a particular disappointment is with some schools still seeming unclear around what Early Help is, expectations and where to find the materials.

The Early Help Guide for Schools was referenced as an excellent piece of work funded by the Leicester Education Partnership (LEP). **AP16/18** JDF agreed to share the Early Help Guide for Schools to the group and will provide the LSCB Office with a link to be sent across to the group. SI requested that '*college*' be included alongside schools within the next review of the Early Help Strategy. **AP17/18** JDF agreed to do so and will go through the report ensuring the use of the word *college* throughout the report.

Following a question by the Chair, JDT confirmed that School Nurses were involved and with mapping health child programme, able to strip out duplication between School Nurses and Health Visiting and Early Help services. There has also been work on co-location. Much of this work was around early years and the challenge now is for adolescents. Part of this work is being developed through the Health Teen programme within LPT.

CW questioned how Health were supporting the Early Help offer outside of School Nurses and Health Visitors and the challenge to get other health professionals. The strongest links to Early Help were within LPT, Police and Barnardo's and identifying which roles are best placed to lead on and contribute to early help assessments. The issue of capacity was also discussed around acting as the Lead Professional as the will is there but sometimes the resource is not.

The Chair highlighted as to whether the reduction in School Nurses was having an impact on their ability to support EHAs as this has been highlighted in national serious case reviews. JDF highlighted that the Early Help model is 4 contacts, where they are leading an EHA and where it has progressed beyond that they have said we can no longer lead. However, this has been negotiated with LPT and where it is an EHA it will go beyond 4 contacts for both School Nursing and Health Visiting.

ASp highlighted that roles can get stuck on processes rather than discretion to take forward plans. JDF responded that the main difference is Team Around the Family model, where the agency takes the lead for coordinating the multi-agency response and make sure the plan is on track. A potential barrier is the understanding that you do not need to do the work themselves but that need to coordinate the partners. There are some good examples of the work within a number of agencies e.g. Barnardo's.

The group went on to have discussions around two key questions:

- *What is the understanding of the role of the Lead Professional in cases that are open to early help services and how does this leadership help to bring together an effective multi-agency team around the child and family?*
- *How well do strategic leaders in the City understand the roles and provision of partner agencies in Early Help?*

The following points were discussed/raised:

- PT raised that a cultural shift is required around schools (in the same way that safeguarding is everyone's business) and would be an extension to what Ofsted are looking for. The use of language was noted to be of high importance. It was noted that this is always a challenge as schools are individual organisations. If it was set against what was already happening in schools and the support they already offer to children rather than it being an additional expectation.
- **AP18/18** It was agreed that JDF would draft a letter to go to schools regarding Early Help Coordinator role to be sent via the LSCB Office on behalf of the Chair. The letter will take the opportunity to remind schools of what the offer is and the expectation.
- It was confirmed that Early Help letters, notes, plans and templates have all been shared with schools and other partners.
- It was confirmed by CT that the role of minuting would not be within the EHC role as the EHA process had already been streamlined and is as simple as it can be.
- CT suggested that partners should ask themselves more questions as to what is stopping people completing EHAs and taking the lead and to carry on with the work they are already doing and get the label right.
- BC highlighted that the challenge is in agencies recognising that many of the tasks required for an EHA and acting as a Lead Professional are already being done by agencies but in a different way and not labelled as an EHA.
- JDF stated that this was the case in the EHCP pilot with the specialist school finding it was more efficient to convene a meeting rather than make multiple phone calls for example. Convening a TAF (Team Around the Family) meeting stripped out a considerable amount of duplication.
- PB highlighted the traditional view of making a referral and stepping back and that the terminology of 'Lead Practitioner' may need to be reconsidered as some agencies and practitioner seem to see this negatively and link this to the CAF. The Lead Practitioner and EHA should be the person the family and child has the most contact with and knows best and to ease the process for them.
- The notion of professional roles who do not do 'case work' was also explored and how engaged adult services were in EHA and Lead Professional roles. Housing roles and adult mental health roles was discussed in particular and their understanding of identifying children with unmet need.
- The role of probation in terms of Early Help was also discussed and that they only tend to refer in safeguarding cases.
- JDF also highlighted that midwifery and substance misused services are also round the table at the hub
- **AP19/18** JDF is to test the language used in the report with schools using key questions, and at multi-agency meetings.

- **AP20/18** JDF and CW are to meet to discuss the plan further and consider the role of professionals within midwifery services and adult mental health services within Early Help.
- NT highlighted that LPT 0-19 commissioning have contracted Barnardo's to join up adult mental health services which is currently only for Leicestershire and whether this should be considered across Leicester City.
- **AP21/18** CW and NT are to meet to discuss the commissioning arrangement which is currently only for Leicestershire.
- **AP22/18** CW referred members back to the earlier conversation around CAMHS and their role within Early Help and will consider as part of her action to convene a meeting how this can be addressed.

The Chair thanked JDF and PB for a huge achievement and the amount of change evidenced within the report. It was confirmed that a further report will be presented at a future LSCB meeting in approximately six months.

The following recommendations within the progress update were discussed as per the below:

1. LSCB to commit to providing information relating to the number of EHA's within agencies. *This recommendation was agreed and the conduit for the information is through JDF and will be part of the quarterly report and taken forward by PAAG.*
2. LSCB to be consider how it can increase progress at the pace required particularly with external partners undertaking the Lead Professional role with EHA's to ensure a robust partnership Early Help response for children, young people and families. *The meeting heard a number of offers of support in taking forward work to increase pace and uptake of Lead Professional. This will be taken forward and reported back as part of the minutes and business plan activity.*
3. LSCB to consider undertaking a multi case file audit on the quality of Leicester City Early Help Assessments held by a range of partners including those held by council practitioners. *This recommendation will be considered, as capacity needs to be looked at. TB will be asked to take this forward and report back to the ECG on its feasibility and tool kit.*
4. Head of Safeguarding to complete an audit on the effectiveness of the EHA Partnership Allocations Hub reporting back to the LSCB. *TB is to commission the audit in line with the LSCB current audit schedule.*

<b>9.</b>	<b>Reflections, Next Steps &amp; AOB</b>
9.1	The Chair reminded members to review the ECG report prepared by the LSCB Manager which includes detailed information presented at the last ECG meeting including budget and governance issues. There are no exceptions to highlight and the PAAG report was discussed as above. It was requested by the Chair that partners read the additional report around the work streams and feedback any questions or queries to BC and it would then be taken to be accepted. A new date for the Executive has been arranged for 9 <sup>th</sup> August 2018 to pick up work from the postponed ECG on 9 <sup>th</sup> July 2018.

	<p>It was noted that the next Joint Executive Group meeting is due to take place 23<sup>rd</sup> August 2018. This will be a key meeting with a further briefing on WT 2018 and information around the MATG implementation plan and revised training programme.</p> <p><b>AOB</b></p> <p>MD informed the group that he recently attended the Leicestershire Heroes Award, with the Child Abuse Investigation Department winning an award for their investigation of non-recent abuse. The group provided congratulations to MD and the department.</p> <p>SI highlighted the Mental Health Green Paper consultation and noted the implications around schools and colleges. The paper states that the school's/college's Designated Lead on mental health, cannot be the Safeguarding Officer. The proposal was for a new mental health support team that will be linked to schools and colleges and a trial for a four-week waiting time for adolescent mental health services. It was recognised that this would bring its own challenges as discussed earlier in the meeting. The government's response is awaited.</p>
<b>11.</b>	<b>Meeting Close/Next Meeting</b>
11.1	<p>30.08.2018 – LSCB Development Day – 9.30am to 12:30pm, City Hall, Room G.01 (<i>it was agreed that this would be reviewed following the safeguarding partners planning meeting on 02.08.18 and confirmation will be provided if it is going ahead</i>).</p> <p>20.09.2018 – Strategic Board Meeting – 9:30am to 12:30pm, Town Hall, Room 1.12 (Tea Room)</p>