

BROMLEY SAFEGUARDING CHILDREN BOARD COMMITTEE



MINUTES OF THE MEETING HELD AT 2.00PM ON 12th DECEMBER 2018

PRESENT

Janet Bailey	Director, Children's Social Care, LBB
Hazel Blackman	Business Support Officer, BSCB (Minutes)
AJ Brooks	Contracts & Partnership Safeguarding Manager, Probation CRC
Valerie Burton	Lay Member
Khalil Campbell	Senior Manager, CAFCASS
Deborah Carter	Deputy Head Teacher, Bullers Wood School
Sonia Colwill	Director of Quality Governance and Patient Safety, Bromley CCG
Kerry Davies	Business Manager, BSCB
Janet Ettridge	Director for Operational Safeguarding, Bromley Healthcare
Joanna Gambhir	Business Manager BSCB
Jim Gamble	Independent Chair, BSCB
Debbie Hutchinson	Director of Nursing, Kings College Hospital
James Knight	DI, Child Abuse Investigation Team (CAIT) (for Fiona Martin)
Marina Laurie	Lay Member
Betty McDonald	Head of Service Youth Offending Service, LBB
Katie Nash	Head of Service, National Probation Service London
Ene Odeh	Interim Designated Nurse, Bromley CCG
Gillian Palmer	Interim Director Education, LBB
Dr Jenny Selway	Consultant Public Health Medicine, LBB
Jane Wells	Director of Nursing and Safeguarding, Oxleas
Jonathan Williams	Service Manager, Change, Grow, Live

APOLOGIES

Ade Adetosoye	Executive Director, Education, Care & Health Services (Statutory DCS)
Felicity Akers	Asst Director for Operational Safeguarding, Bromley Healthcare
Jo Brinkley	CEO, The Spring Partnership Trust
Jane Clegg	Director of Nursing, NHS England
Penny Davies	Interim Head of Service Quality Improvement, LBB
Helen Dyer	Chair CFVSF (third sector representative)
Cllr. Peter Fortune	Portfolio Holder, Care Services and Education, LBB
Fiona Martin	ADCI, Child Abuse Investigation Team (CAIT)
Antoinette Thorne	Learning and Development, LBB
Paul Warnett	Detective Superintendent, Borough Police, Metropolitan Police

VISITORS

Priscilla Cotterell	Virtual School, LBB
Jo Howarth	Deputy Chief Nurse, Kings
Jenny MacDonald	Senior EWO, LBB
Lucien Spencer	Area Manager, London CRC
Rosalinda James	Named Nurse, Kings College Hospital

ITEM	NOTES
<p>1. Welcome, Introductions, Minutes and Matters Arising.</p>	<p>The minutes were agreed as a true and accurate record of the meeting.</p> <p>Actions 12/17 - 4 The review of the ratio of police officers and specialist support is underway and will be presented at the next meeting. 12/17 -16 The CAHMS Alliance has not met yet. 03/18 -1 Paul Warnett is to report back to the meeting in March 2019 regarding research of information sharing arrangements regarding DV e.g. Project Compass 03/18 - 12 This action is to be removed CAIT have 4 PCSOs and 2 researchers 03/18 - 15 Substance misuse discussion at School S/G Forum: This information was sent in the school's circular and Deborah Carter has met with David Dunkley. Action closed. 03/18 - 22 The Board will email the Staff Survey PowerPoint to the BSCB Board with the minutes. Action closed.</p> <p>Action: The Board will email the Staff Survey PowerPoint to the BSCB Board with the minutes.</p> <p>07/18 - 9 The RCPCH is finalising the report. Bromley Healthcare will present it at the next Board if complete.</p> <p>Action: Penny Davies is to write a short paper on attendance at CPCs instead of actions 07/18 - 14 - 16.</p> <p>07/18/ - 19 Agreed a small group needs to meet to better understand this need. Different providers need to triangulate the data about high substance misuse admissions cited in the JSNA. A survey for secondary schools to be considered in January 2019 to test the validity of data showing increase of drug misuse in 15-24 yr olds.</p> <p>09/18 - 9 Janet Ettridge reported that there were no negative comments in the 'All About Me' survey. Closed.</p>
<p>2. Risk Register and Self Assessment</p>	<p>Strategic 1. To be turned green 12. Can now be removed as quoracy has improved.</p> <p>Operational 2. Health Plans in Schools risk: School Nurses are starting to go back into schools. Deborah Carter to reinstate this risk if it becomes an issue again. Risk to be closed. 3. CAIT caseload risk: There is a national shortage of detectives which is increasing caseloads, resulting in stress and staff sickness. When the BCU goes live in February there will be more staff to call on from the new teams. The Board will reflect its concern. 4. School Nursing contract risk: Funding has been agreed at the LBB Executive Committee in November 2018. This risk can now be removed.</p>
<p>3. Ofsted and Improvement Journey</p>	<p>Most of the actions under Priority 3 and Priority 8 have been completed and workstreams have moved on. The VASG is being renamed the Vulnerable Children & Young People sub group to take into account early intervention. Dataset Review Meeting is to be rescheduled Any outstanding actions will be taken forward off line by Penny Davies and the Board Team.</p>
<p>4. Partner</p>	<p>Social Care</p>

<p>Updates</p>	<p>Ofsted's inspection of Children's Social Care took place in November. The final report will be published on 7th January. Feedback was very positive and contribution of partners was acknowledged.</p> <p>Early Help is highly successful and well led by Rachel Dunley, works positively in preventing high volume of referrals going into statutory Social Care.</p> <p>Mash has strong systems in place, 'belt and braces' approach, no referrals are being missed. Calm and considered practice.</p> <p>R & A - relevant agencies involved in decisions, management oversight was evident. Decision making is timely.</p> <p>SG & CP - Thresholds are appropriate and they were impressed with the direct work which is creative.</p> <p>Ofsted were happy with the work of Private Fostering and the LADO. They felt that Vulnerable Adolescent Strategy provides a strong strategic response and they felt that MEGA had a handle on contextual safeguarding. They felt that Bromley staff were very open, honest and welcoming.</p> <p>Jim said during his interview Ofsted were highly constructive. They said that the partnership had accepted its part in the initial grading of inadequate and therefore should be praised for their contribution to improvement.</p> <p>4a) Lay Members Jim said the Lay Members are considering how we develop the CESG</p> <p>4b) YOS Kerry asked if Betty knew where the malicious communication originated. Betty said it originated in schools and was from social media sharing images. Jim said the 'Prevention of Harassment' legislation is often used more than 'Malicious Communication' legislation as the latter threshold for prosecution is so high.</p> <p>Jim said that traditionally gangs would sit under Community Safety Partnership, as would VAWG; the Safeguarding Board would then work with Community Safety to make sure everyone was doing what they was supposed to be doing with the tools that they have. Jim said recognition of the traveller community having gangs was interesting. He asked if they have a gang infrastructure or is it that they are a cohesive unit. Betty said that it is more about the traveller community having a cohesive unit. Debbie Hutchinson said KCH see the effects in hospital, not necessarily a gang but very large groups of travellers visiting family/friends.</p> <p>Sonia asked where the recommendations of the Locality Review are being held or taken forward. Janet is to meet with Nigel Davies regarding capacity and who holds the recommendations and whether we agree with the recommendations and if we intend to take them all forward. Jim said pending the outcome of Janet's meeting with Nigel we will decide what we do.</p> <p>Action: Janet Bailey is to provide clarity to the Board meeting in March 2019 with feedback on her meeting with Nigel Davies re capacity and who will manage and update the recommendations from the Locality Review.</p> <p>4c) CCG Debbie said KCH are working hard to progress CP-IS and they are on track for the end of the month. It was noted that the new Designated Dr will be in post this month.</p> <p>4d) Oxleas The risk of staff not having safeguarding supervision in CAMHS has improved.</p>
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4e) BHC

There were no comments.

4f) CRC

Jim asked how many cases in the risk register audit related to Bromley. AJ was unable to answer as she did not have the information with her. Jim said that context is key and it would be useful to get specifics for Bromley in future reports. Even if it were only one family in Bromley, we could do a multi agency audit to look at the wider impact on the child. The end of year stakeholder review questionnaire is to go out to all partners.

Action: Bromley specific information is to be provided in future CRC updates.

4g) Kings

Kerry asked how the Specialist Midwife for Mental Health will link with the new Oxleas perinatal services. Debbie Hutchinson said that there are pathways between Kings Midwifery and Oxleas new perinatal maternal mental health project.

Jim raised his concerns with the statistics around safeguarding training level being low for medical staff in KCH. Debbie said that some Drs still need to do the training, but the low number is due to recording issues - once Drs have completed the training it does not always register and feed into the KCH statistics, sometimes the denominator is wrong. Debbie said that they have a CQC inspection pending so there is a lot of focus on it. Jim offered to write on behalf of the Board with his concerns around training levels. Debbie will inform those involved to say that Jim has offered to write and see how it impacts. Debbie said that there has been a reduction in waiting for CAMHS beds.

Meredith Dean is the new Director of Operations at KCH. Matthew Trainer (previous incumbent) is now the Chief Exec of Oxleas.

4h) NPS

NPS reported that they are being inspected in the last 2 weeks January and first 2 weeks in February. Jim said if the Board could be of any help Katie Nash is to inform us. YOS NPS officer to start in early 2019.

4i) Education

Gillian said that they have had trainee social workers in schools, 20 students spent 2 weeks in CSC and then into specific schools.

4j) CAIT Jim questioned James Knight on concerns about CAIT case load and pressure as discussed in Risk Register. The picture is a worsening one, there is a lot more sickness. Jim said we must think about how we consider the situation with regards to occupational health. James Knight said caseloads should be better after February 2019 when teams are amalgamated in to BCU.

Action: The Board will write a letter to express our concern regarding CAIT caseloads and are interested in understanding support offered to frontline officers.

Action: BSCB will consider a multi agency audit of front line staff to check the health and wellbeing of staff, in line with BSCB Priority 4

5. Sub Group Updates

QA & PM Sub Group

Kerry Davies informed the Board that at their October meeting the sub group had looked at elected home educated data, looking for trends and patterns. The CLA health annual report was scrutinised and the group made a request that main health issues for CLA are named in future. The Early Years Settings Section 11 returns were analysed and an action plan for improvements is in place. This will be

monitored in QAPM. The subgroup welcomed the new Early Years Safeguarding Committee, peer to peer safeguarding supervision and the awareness event on early intervention services and CAF.

The significant increase in number of referrals into MASH in Q2 was noted in QAPM. This has led to an increase in numbers to Child Protection Conferences. Kerry said the proposal for the new Bromley Relationship Model presented at the last Board meeting was not known by some of the key staff in the QAPM meeting. Kerry reminded Board members to cascade important information to their staff.

Serious Case Review Sub Group

Jim Gamble said that we have interim guidelines for Child Death Review processes as to how we move forward after June next year. He said that we will distil Hackney's 20 page document into 1 side for Bromley. If a case meets the threshold we will hold a SCR. The decisions need to be made quicker, within 15 days. An emerging issue nationally is teenage suicide. The Board has shared some early learning at the BSCB annual conference. Tragically Bromley has had 2 teenage suicides (one non-resident but attended a Bromley school) and Hackney has had 4. Some of the common themes are estranged/combative, parental mental health and Cafcass have confirmed this in a national finding. Jim informed the Board that we will not be publishing the Julia SCR. Jim said in the 'Zero Suicide Approach' adopted by some health trusts elsewhere in the UK, suicides are being categorised as preventable deaths, which puts professionals in an impossible situation. Jim has written to Sophie Linden in MOPAC to formally state his disagreement. We want to reduce incidents of suicide where it is possible.

CDOP

Bromley CDOP will be joining with Lambeth and Southwark, there is a meeting next week to discuss the way forward. There will also be a business case for business support and bereavement support and extra time for the Designated Paediatrician for Child Death. The biggest change is for the hospitals who will conduct a review before CDOP. A paediatrician from Evelina is supporting hospital trusts. Debbie stated that additional resource will be required by KCH to meet the new requirements.

Vulnerable Adolescents Sub Group

Jim said at the last meeting the audit report was amended and it was agreed to change the sub group name from Vulnerable Adolescents to Vulnerable Children & Young People. Jim said that the group is making real progress.

Action: Partner Updates for March 2019 Board to focus on LADO and what you have done to raise awareness. Next agenda will be very focussed: LADO, Early Help and Transitional Arrangement for BSCB.

Education Safeguarding Advisory Committee

A written update was presented and the complete DSL list was really welcomed.

Training Sub Group

Procurement of multi-agency training has been completed and contracts are being signed by successful bidders. Dates for training courses will then be set for the coming year. Following a suggestion made at the Training Subgroup, members there have discussed the possibility of radical changes to the BSCB training programme from 2020 whereby BSCB would organise 3-4 mini conference sessions per year instead of classroom based courses. It would be free at point of contact. Debbie Hutchinson supported this, and if they knew the pattern of them it would be helpful for planning and therefore increase attendance. Kerry stated that changes would mean that agencies would have to organise their own mandatory DSL and staff safeguarding training. Nobody spoke against this proposal. It was agreed to discuss this further in the future. Jim supported making learning activities accessible to all partners but stated it is not uncommon for LSCBs to charge for annual conferences. BSCB Conference was well evaluated this year.

	<p>Inter Board Chairs</p> <p>Jim said that the group discussed Serious Youth Violence strategy, the MOPAC led Knife Crime Action Plan and modern day slavery. He said it was a good meeting and some actions have come out of the meeting The 4 Chairs were fully engaged. The Police attended to present the Knives Strategy. The Board noted that the M20 gang (a Penge gang) is number 25 on the London gangs matrix. Jim reminded the Board of the BSCB event on Bromley Gangs Profile on 17th December.</p>
<p>6. Missing Education Annual Report & EHE Policy and Procedure</p>	<p>Jenny Macdonald presented the Children Missing Education annual report and the Elective Home Education Policy which has been updated. Jenny Selway said there is no mention of health support, and it is not mentioned in information to parents. Jenny MacDonald assured the Board that the EHE Officer informs all parents about the School Nursing service. The report will be updated with the information next year.</p> <p>The policy was ratified.</p>
<p>7. PAS Action Plan</p>	<p>PAS action plan was presented all actions are green or on track except one.</p>
<p>8. Internal Review from Royal College of Paediatricians and Child Health</p>	<p>The RCPCH are finalising this report and it will be presented to the Board when it has been completed.</p>
<p>9. PRUH Audit on Non-accidental Injuries in infants</p>	<p>The concern was raised at the Improvement Board in June 2018. Rosalinda said during the audit they looked at all the attendances in a year and went back to the previous year. There were four cases in April 2018, but one had no safeguarding concerns. There are usually 0-2 cases per month so this was not a significant increase. One of the four cases was unusual and complex and a full investigation was carried out. This might be why colleagues felt there had been an increase. April was an anomaly and CSC see appropriate referrals from KCH. The conclusion was that there was not a rise in accidental injury of infants. The board is re-assured.</p> <p>Point of learning from audit was that some midwives are not following up every DNA or rebooked appointments. KCH is addressing this. Rosalinda clarified that any child attending A & E with a suspected non accidental injury will be admitted to the ward.</p>
<p>10. Staff Survey Analysis</p>	<p>An in-depth report is underway. The staff survey PowerPoint presentation will be circulated to the Board in confidence. Caveat was given that this is a snapshot in time of staff. Jim went through the main findings.</p> <p>Kerry said agencies will get their specific agency information just before doing their S11.</p> <ol style="list-style-type: none"> 1) Agencies know how to raise concerns 2) Agencies are challenging professionals 3) Agencies know if safeguarding concerns are not adequately addressed 4) Agencies know when to share information about a child <p>Gillian commented that the survey has highlighted to her how isolated some Early Years professionals are and additional resource may be needed to support them. Many Early Years professionals work in very small teams, child minders are working on their own, they will not have a DSL. LBB has funded a Safeguarding in Education post to support school DSLs but we need to now think about further</p>

	support for Early Years.
11. Red Thread	<p>Red Thread Emma gave a brief review of their service. They are based at Kings (Denmark Hill site), St Mary's and St George's Hospitals which are London's three Major Trauma Centres (MTC). They work in the Emergency Department with young people who have suffered serious violence, CSE, DV etc, giving emotional support and supporting them as to where they are going to go once discharged. They deal with young people aged 11 - 25 and the average intervention is 6 - 8 weeks but they can work with them for up to a year.</p> <p>At Kings they have a programme co-ordinator, IDVA, young women's worker and 2 youth workers. They work on a consent basis and may see the young person on the ward if they are admitted. From June to Aug 2018 Bromley had 3 young people. During the same period Lambeth had 58 and Southwark had 53. Emma said that they are seeing some young people moving from the areas such as Lambeth, Southwark to Bromley which is perceived to be safer.</p> <p>Jim asked Emma to explain how someone presenting at hospital with injury would be seen. Emma said they are notified and they check to see if the young person is known to them. They will visit the young person when possible and if they want to be seen. Deborah Carter asked if they contact schools to let them know they are working with a school aged child. Emma said they work with hospital safeguarding, CSC, and any trusted professional involved with the child they will work with. Jenny Selway said that 47 people suffered a knife injury last year, she asked how serious will the injury have to be for them to be referred to Red Thread. Denmark Hill is a major trauma centre (MTC) and PRUH is not. Emma said it depends where the ambulance takes the patient. Emma said on average a young person may have 5 local A & E presentations before they turn up in a MTC. The Board felt PRUH staff involved in the Frequent Attenders Meeting and the Psycho-Social Weekly Safeguarding Meetings should be made aware of this statistic. Redthread do publish their statistics and will be of interest to some Board members.</p> <p>Red Thread are now also based in the Well Centre in Streatham and the Homerton Hospital in Hackney. Intelligence regarding gang injuries shows nothing in particular, everything is quite random. Betty McDonald asked given that it is a consent based service, what is the exit service? Emma said where there are safeguarding concerns they will refer but they help to signpost the young person to other agencies they can use. Some young people present with a knife injury and will say they have fallen. Most young people don't define themselves as being gang affiliated.</p> <p>Emma said they only see 4% re-attendance rate, and their aim is to reduce it lower. Marina asked about parental involvement. Emma said the focus is the young person, they often see the parent as the young person is in the hospital. If the injury is not severe they sometimes see the person once they have left hospital.</p>
14. AOB	<p>Agency updates for March Board to focus on managing allegations against staff (each agency's strengths and weaknesses). The March meeting will focus on early help, and transitional arrangements for multi-agency safeguarding partnership arrangements (MASA) and child death (including CDOP). Ade has been appointed as the Interim Chief Executive for LBB, Jim thanked Doug for all his support and congratulations to Ade.</p> <p>Jim stated he was genuinely proud of working with partners here on the improvement journey and thanked all Board members for their hard work again this year. Jim formally recorded his thanks to Kerry, Jo and Hazel for the high quality and volume of work they accomplish with such a small team.</p>

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