

BROMLEY SAFEGUARDING CHILDREN BOARD COMMITTEE



MINUTES OF THE MEETING HELD AT 2.00PM ON 14th JUNE 2017

PRESENT

Ade Adetosoye	Executive Director, Education, Care & Health Services (Statutory DCS)
Jane Bailey	Director Education, LBB
Hazel Blackman	Business Support Officer, BSCB (Minutes)
Deirdre Bryant	Head of Service, National Probation Service London
Valerie Burton	Lay Member
Deborah Carter	Deputy Head Teacher, Bullers Wood School
Sonia Colwill	Director of Quality Governance and Patient Safety, Bromley Clinical Commissioning Group (CCG)
Kerry Davies	Business Manager, Bromley Safeguarding Children Board (BSCB)
Dr Jenny Flavill	Designated Doctor, Bromley CCG
Joanna Gambhir	Business Manager BSCB
Jim Gamble	Independent Chair, BSCB
Gillian Halden	Interim Head of Service Quality Improvement, LBB
Debbie Hutchinson	Director of Nursing, Kings College Hospital
Marina Laurie	Lay Member
Margaret Mansfield	Interim Designated Nurse, Bromley CCG – <i>for Sadie McClue</i>
Fiona Martin	ADCI, Child Abuse Investigation Team (CAIT)
Betty McDonald	Head of Youth Offending Service, LBB
Dr Jenny Selway	Consultant Public Health Medicine
Isobel Vassallo	Head Teacher, St Mary's Catholic Primary School
Natalie Warman	Director of Nursing, Therapies & Quality Assurance, Bromley Healthcare
Jane Wells	Director of Nursing and Safeguarding, Oxleas

APOLOGIES

Janet Bailey	Director, Children's Social Care, LBB
Khalil Cambell	CAFCASS
Jane Clegg	Director of Nursing, NHS England
Helen Dyer	Chair CFVSF (third sector representative)
Cllr. Peter Fortune	Portfolio Holder, Care Services and Education, LBB
Trevor Lawry	Detective Superintendent, Borough Police, Metropolitan Police

VISITORS

None

ITEM	NOTES
<p>1. Welcome, Introductions, Minutes and Matters Arising.</p>	<p>Apologies were noted. Sonia Colwill introduced Jenny Flavill as the new Designated Dr for Safeguarding.</p> <p>Minor amendments were made and the minutes were agreed as an accurate account of the meeting held in March 2017.</p> <p>All actions in the Action Log were completed or on the agenda for today, except where indicated below.</p> <p>03/17 – 01 – The Chair did send a letter to NHS England and Sonia Colwill reported that NHS England have no funding formula for national Boards and Bromley CCG is hoping to agree something locally.</p> <p>03/17 – 02 – The Chair reported that there was no attendance from the New Faith Network at the first Community Engagement Sub Group. He stated that they have been invited to the next meeting. Other faith community representatives have also been invited to engage.</p> <p>03/17 – 03 – Jane Bailey reported that there has been success and progress particularly with the work that Bianca Hart has been doing. There are only 5 schools who have not returned their self-assessment audit which is a great improvement on last year. The Chair stated that he had attended two meetings and there was a real sense of optimism and a close working relationship. The Chair also praised Jane Bailey for the way she Chaired the last ESAC meeting which was very positive.</p> <p>03/17 – 04 – Action outstanding. Trevor to submit information by 18th August.</p> <p>03/17 – 08 – Debbie Hutchinson has put Trevor Lawry in touch with the relevant person (Ian Taylor, Head of Security) at Kings College Hospital. Trevor is to be reminded that we are awaiting the outline paper on body worn video.</p> <p>03/17 – 11 – Action not completed so to be kept on Action Log. CDOP and Rapid Response processes will be examined by the SCR Panel.</p> <p>03/17 – 15 – The Chair stated that this action on minimum standards for safeguarding policies need to be discussed between Bianca Hart, Rita Dada and Gill Halden and taken through ESAC.</p> <p>03/17 – 23 - A reminder will be sent to partners for them to map prevent training provided by their agency and send to the Board within the next 10 working days.</p>
<p>2. Risk Register and Self Assessment</p>	<p>The Chair presented the Risk Register and invited challenge regarding any of the identified risks, impact or control.</p> <p>No 10 - Sonia Colwill stated that there is a Healthy London Partnership Review and there have been discussions around the possibility of CDOP moving to CCG's and they are awaiting the outcome. The Chair stated that Risk #10 should be amended to reflect Sonia's statement. The Chair informed the Board that there is an unresolved challenge from the Board to the Director of Public Health and if it cannot be reconciled it will be included in the Risk Register. Ade Adetosoye reminded the Board that the Secretary of State is yet to decide the direction which could change what the Board does. The Chair stated that the Wood Review has created a vacuum because we do not know where we are going post Wood Review. He said that in some places Health have decided not to contribute until there is a direction from Government. The Chair stated that we will look at the issues as they relate to CDOP and also include the additional uncertainty as we await the Minister to feed back on the Independent Commissioner's report on Bromley Children's Social Care</p>

	<p>Services.</p> <p>Action 06/17-1: The Risk Register will be amended to reflect the possible move of CDOP to CCG</p> <p>No 5 - Margaret Mansfield questioned whether this risk on multi-agency training should include outcomes and income. The Chair felt that it was pitched right as it is about the Training Sub Group looking at the quality and impact of the training. He said that if agencies don't attend the training the sub group cannot assess the impact. The Chair said as we move forward we will develop from strategic risk to operational risk that partners face and it will feed into the Board's Self Assessment.</p>
<p>3.Ofsted and Improvement Journey</p>	<p>The Chair stated that the Board has had strategic oversight of priority 8 since April 2017. The Chair informed the Board that Action Plan has been reviewed and some items have been downgraded from 'green' to 'amber' on the basis of absence of evidence. Two columns will be added the first is 'evidence of challenge' and the second is 'impact'. The Chair said that when Ofsted revisit in August we must be able to evidence impact. The Chair said as Board members we need to be encouraging our agencies to feed back our successes and record them.</p> <p>Action 06/17-2: Improvement Plan monitoring to add two new columns: evidence (embed files) and impact.</p> <p>The Board examined and challenged each action in the Priority 8 Improvement Action Plan. The Board Managers will update it according to decisions made at this meeting.</p> <p>Improvement Action Plan ref 8.6.5 There was a discussion on the vulnerabilities arising from students missing part of the school day. Government guidelines insist a registration is held in the morning and afternoon. Deborah Carter said it was usual practice to have a register in every lesson in secondary schools which are examined by the Designated Safeguarding Lead regularly looking for patterns or trends with individuals. The Board accepted this was best practice and want reassurance that all schools have a due process.</p> <p>Action 06/17-3: (ref: Improvement Plan 8.6.5) The Board is to write to all schools reminding them of their responsibility to record and monitor in-day absence (ie part of the school day) as set out in Keeping Children Safe in Education.</p> <p>Action 06/17-4: Improvement Plan 8.6.5: LBB Education Dept will conduct a dip sample audit of schools' in-day registration monitoring processes in the Autumn Term.</p> <p>Action 06/17-5: Improvement Plan 8.6.5: Education Dept and Board to look at the model the City of London considered regarding in day registration assurances for children in out of borough schools.</p> <p>Action 06/17-6: Improvement Plan 8.7.3: Gill Halden to send new protocol re OOB care placements to Business Managers as evidence. Then turn Green.</p> <p>Action 06/17-7: Jim to discuss 8.7.4, 8.5.2 and 8.5.3 with Paula Stacey in his meeting with her on 15th June 2017.</p> <p>Action 06/17-8: Improvement Plan 8.7.5: Ade to obtain statement from Chair of Corporate Parenting Board to evidence impact.</p> <p>Action 06/17-9: Improvement Plan 8.1.3. Responsibility to be transferred from Ade to Jim. A letter will go to all agencies from the Board for them to give the name of their strategic lead for CSE and request evidence that this has been</p>

promoted to their staff.

8.5.1 The Chair stated that he is not sure that we are in the right place at this stage. He said that we have the numbers and raw data but it does not give us qualitative intelligence as to what the children tell us. Gill Halden said that the return home interviews have been taken in-house as we were not getting the service that we required.

Action 06/17-10: Improvement Plan: 8.5.1: Janet Bailey to provide the Board with a written statement about bringing return home interviews in house and how this aims to improve effectiveness. Also, to agree with Business Managers a date when full analysis of findings from RHIs can come to the Board.

The Chair stated the Matt Beavis has done some excellent work in transposing material for us and creating content that we need. The Missing Procedure is currently in draft awaiting final single agency agreement before publication by the Board..

Action 06/17-11: Improvement Plan 8.5.2: Missing Procedures to go to SMT asap and then to be circulated by the BSCB.

Improvement Plan 8.5.2 – d) Ade Adetosoye said that the Board needs to have sight of what young people tell us regarding where they go and why. He suggested that a report should come to the Board. The Chair said that according to ChildLine the number one reason children go missing is that they are unhappy at home and the number two reason is that they have low self-esteem. Triple lock provides us with some evidence of progress.

Improvement Plan 8.1.4 has been downgraded to amber. Further briefing sessions needed to launch Vulnerable Adolescent Strategy and supporting protocols on Missing and CSE.

Action 06/17-12: Improvement Plan 8.2.1: Gill Halden to provide Jim Gamble with evidence of dip sample of CSE/Missing list.

8.2.1 Ade Adetosoye said that a single central list of all missing, CSE, Trafficked children is now available and is shared across Social Care Management. He stated this was a significant achievement from a poor baseline as we have gone from having nothing to holding a database that can identify the top three children at risk of going missing. Sonia Colwill stated that the Children's Commissioner had challenged us repeatedly to have a single database across all agencies. She challenged whether the list can be shared across partners in a confidential way. Gill Halden stated that it would have to go to the right person in each organisation/agency and used for triangulation and understanding trends, themes and patterns. The Chair said that the BSCB needs to quality assure the list for completeness and requested evidence of impact.

Natalie Warman said that she looks after the CLA nursing team and she is not sure that they have access to the list. She said that she would want to have the assurance that they are identifying and thinking about those at risk and are they having conversations with them. Natalie said that children have different conversations with Healthcare professionals than they do with Social Workers. She would like to be able to red flag children on her own system. Natalie said that she will check with her team to see if they are included but does not feel assured that they currently get the information.

Ade said a few months ago we did not have a list and now we do have a list of about 71 children. It is very new and we need to decide who we share it with and how. Betty McDonald asked who holds the information, Ade said that Babs Onasile in the Altas Team holds and updates the list. Jenny Flavill asked if would it make

sense to share with those who attend the MAP and MASE meetings and for those people to take responsibility to make sure that the children are red flagged on their systems. Natalie Warman said that the Designated Lead may not have organisational oversight. She would like the Caldicott Guardian, a more senior manager receive it. The Chair said that the Board would expect the Designated Lead to feed into their organisation and for them to decide who the information is shared with.

The Chair said that the information also needs to be share anonymously so that we are all aware of trends, themes and patterns. And the operational information is shared on a need to know basis.

Action 06/17-13: Jim Gamble to discuss with Paula Stacey to determine if it is possible to securely share weekly list of CSE/Missing children with other partners, and at what level of seniority.

Improvement Plan 8.2.2 Gill Halden report that there is a person in post.

Improvement Plan 8.2.3 Gill Halden reported that this has partially happened as the QA unit carry out a monthly audit but there has not been a bespoke audit for all the listed areas. The Chair stated that the bespoke audit should go ahead as a matter of urgency.

Improvement Plan 8.3.4 The Chair stated that he has seen the interim profile, he stated that we have collections of data but we do not have a narrative based on analysis, but said that we are heading in the right direction. Jenny Selway asked if the report could be circulated to the group. The Chair stated that the report would be shared once Janet Bailey has quality assured the data. The Chair said that the Board has carried out some CSE audits in 2015 and 2017 and there is a pattern. The information that Babs Onasile has will tell you the age and gender of children and where they have gone missing from but does not apply enough analysis. The Chair is going to ask that the JSNA is put together with Babs's report to get a concise piece of work out to partners.

Improvement Plan 8.3.5 The Chair reported that the strategy is complete and Trevor Lawry is finalising the last part of the document.

Improvement Plan 8.3.8 – 8.4.5 The Chair said that he has not yet seen evidence of intelligence from MASE informing strategy or of MASE developing a dataset of the different disruptions so these actions remain red.

Improvement Plan 8.4.5 Gill Halden is to chase Janet Bailey for an update.

Priority 3

Improvement Plan 3.4.2 Kerry Davies informed the group that the Neglect Audit is complete and the report is on the Board website.

Improvement Plan 3.3.1 The Chair informed the Board that he has met with Bromley Youth Council and will agree a memorandum of understanding with them in order to use each other's networks to listen to the voice of children and make this heard at the most senior levels of the partnership. Members of the BYC and Children in Care Council (LinCC) have agreed to joining our new Community Engagement Subgroup.

Action 06/17-14: Improvement Plan: 3.3.1 Chair to agree a Memorandum of Understanding with Bromley Youth Council.

Improvement Plan 3.6.5 There are amendments being made to the Multi-agency Guidance on Strategy Meetings and Board agreed to keep as amber.

	<p>Action 06/17-15: Business Manager to update RAG ratings as agreed today. To be included in update for Improvement Governance Board on 23 June.</p>
<p>4. Partnership Updates</p>	<p>4a) Lay Member – The Chair stated that this was a really useful written update and appreciated the Lay Members taking the time to write the report. Jane Bailey commented on the Mental Health Strategy Stakeholder Event. Valerie Burton said that she had written a report from the day and she will forward it to Jane Bailey. Valerie is still waiting for feedback from the day from Angela Bhan. The Chair asked the Board if they had all seen ‘Let’s talk about sex’ some of the Board had not seen it. The Chair said that the BSCB Team would circulate it.</p> <p>Action 06/17-16: Mental Health Strategy conference report to be forwarded to Jane Bailey.</p> <p>Action 06/17-17: The Board is to circulate HealthWatch ‘Let’s talk about sex’ powerpoint to the group with the minutes.</p> <p>4b) Oxleas NHS Foundation Trust – Jane Wells confirmed that the ‘County Lines’ 12 month training programme will cover all 4 areas where Oxleas operate. Jane agreed to share the timetable and outcomes with the Board. The Chair said he would like ‘County Lines’ on the agenda for the September meeting. He said that for some time he has been trying to get a law drafted which creates an offence for criminally exploiting a child for the purpose of crime. He said that way the gangster involved would get a criminal offence. Betty McDonald welcomed this piece of work as she said we are seeing County Lines issues.</p> <p>Action 06/17-18: County Lines to be added to the September agenda.</p> <p>Action 06/17-19: Oxleas to share dates for County Lines training with the Board once programme developed.</p> <p>4c) Bromley Borough Police – The Chair has a number of issues arising from Trevor Lawry’s paper which he will discuss outside this meeting as Trevor is not present today due to urgent duties following the terrorist attacks. Jim stated mixed feelings that Bromley is flagging high number of children for CSE, on the positive side awareness is high, on the other we need to see what else we need to learn from it. The Chair is concerned of the one consistent pattern emerging from CSE audits which is the failure to secure CSE prosecutions. That is because children did not want to engage with the Police. The Chair will ask Trevor whether they are revisiting cases and as time has passed, whether they are now ready to engage. Ade Adetosoye said we understand why children go missing and we have the data. He said that the Chair should consider having a standing item on what children and young people are telling us in Return Home Interviews. Jim proposed that future Board agenda should include a standing item on what children are telling us and this was agreed.</p> <p>The Board discussed gang violence. Jenny Flavill spoke about Red Thread. Debbie Hutchinson said that the Denmark Hill site of Kings is a major trauma centre and they have done some good work for many years on gangs and knife crime. She is happy to act as a conduit so that the Board can see how Kings have solved certain issues. Jenny Flavill said another organisation is St Giles Trust which is a charitable organisation providing support to children who have had involvement in knife crime. The Chair said that a short scoping exercise will be carried out to see what is being done elsewhere and how we can develop any of the learning. The Chair said that they had discussion in Hackney some time ago where if a young person was stopped by police and they were in the company of someone carrying a knife then the Police would write to the parents informing them of this. There was discussion at the time about telling parents the name of the person carrying the knife. Ade Adetosoye felt that we should do it as it is going to safeguard the child.</p>

Deirdre Bryant asked if the letter would contain information where parents could go and get support, the Chair said the information would be included in the letter. Jim to progress this with Trevor. Betty McDonald said that she is having discussions with Trevor Lawry around stabbings and creating local strategies. They are also thinking of regularly having a knife amnesty set up at the YOS, as they are aware a number of young people turning up for appointments are carrying weapons. The Chair said that the Vulnerable Adolescent sub group should look at the MOPAC Knife Strategy and see whether it fits in with Bromley. .

Action 06/17-20: Trevor to report on why high numbers of CSE flagged in Bromley (more cases or better detection?) and how police are reviewing older CSE cases from 2013-15. Are those people now engaging?

Action 06/17-21: Board agenda to include standing item on 'What are CYP telling us' from now on.

Action 06/17-22: Jim and Jenny Flavill to visit Red Thread at Denmark Hill KCH site.

Action 06/17-23: Jim Gamble to consider whether we need a knives strategy. Look at MOPAC guidance and consider how it fits with the Bromley context. Conduct a short scoping exercise on what has been done elsewhere and what we can do.

4d) Bromley CCG – Ade Adetosoye asked for reassurance that CPIS was not going to be delayed, whether the interface for listening to children could link in with the Young Carers contract and for an update on the School Nursing concerns. The Chair stated that the Board will be evaluating the School Nursing concerns going forward. The Chair questioned how Bromley CCG were going to engage with young people through social media and websites. Margaret Mansfield that CCG Comms Team have varied links that they can tap into. The Chair asked if Facebook or Snapchat were going to be commissioned to target the young people, Margaret said no, it would be through their website and stated that they do have a large following on Twitter. The Chair recommended that the CCG looks into commissioning geographically targeted adverts on Facebook or Snapchat. Margaret said that once complete they will report outcomes back to the Board.

Margaret Mansfield stated that CPIS will go live at the end of June. Natalie Warman questioned how the Local Care Record, the existing local portal files will interface with CP IS. Margaret said that she is attending a meeting at MRT site on Friday to see how the systems will interface. Natalie expressed significant concern that some key professionals will not have access to CPIS including Speech and language therapists and physiotherapists who use EMIS.

Action 06/17-24: Jim is to write to the lead health agencies to seek formal assurance that there will not be an information vacuum and that some children may be unsighted within the systems .

Deborah Carter stated that Designated Safeguarding Leads in schools are expressing concern following the change to the school nursing contract. The 'Your Choice Your Voice' (YCYV) is no longer running in schools. She said it is used for PSHE and without this and the full School Nurse resource, schools are struggling to manage sexual health and relationship issues among students. Deborah reported an increase in young people having unprotected sex and schools referring more young people to clinics for STI's. Margaret said that Bromley CCG is working very closely with Jenny Selway in mapping out issues. Jenny Selway stated that schools can still buy YCYV from Bromley Healthcare and the staff are still there. Public Health also commission Sexual Health Services which also provide information. The Chair said the issue should be discussed in ESAC as they will be a formal part of the Board.

Action 06/17-25: The termination of 'Your Choice Your Voice' and school

concerns over sexual health issues is to be discussed at the ESAC meeting

4e) BDAS & Bromley Changes

Action 06/17-26: Jim will write to the Bromley Drug & Alcohol Service to question some of the content in the quarterly update provided and to challenge why no attendance here today.

4f) NPS London –Central NOMs will audit 44 local Bromley cases. Deirdre said that she has the results of an audit that came out just after she had completed her agency report. The audit showed insufficient checks with Children Social Care and Police checks are being conducted for some lower level offenders. Offenders often have multiple families. Gill Halden said it would be good to know what numbers are involved. Deirdre also stated that they are seeing an increase in caseloads as offenders are moved to outer London for housing.

4g) CAIT – The Chair stated that the report lacks Bromley content and is out of date. Fiona Martin said that she would ensure a more concise local report is presented for the next Board. Fiona updated the Board verbally and said that the Police are moving to Borough Commander Units (BCU's) and they are still unsure of how many there will be. She said that the south will be the last tranche and will be around March 2018. She said that who we will be partnered with has not changed (Sutton, Croydon, Bromley) but is dependent on how many BCUs there will be. They have raised issues that this arrangement is not coterminous with existing partnerships. The Board discussed a number of problems emerging from the pathfinder sites. A major concern for the new arrangement was that officers with experience on adult rape and domestic abuse will not have the same skills as those required in CAIT. There was concern that current expertise held in CAIT will be diluted which will impact significantly on children and young people.

Action 06/17-27: Jim to write to SOECA SO17 to establish what benefits there are to children as a result of restructuring to new BCUs. Seek assurance on how they will evaluate restructuring and what evidence they will use.

4h) Bromley Healthcare – The Chair stated that he would like to visit and test the high figures of training at the end of quarter 4. Natalie Warman said that Bromley CCG recently reviewed the training database and they have had 3 CQC inspections which all reported safeguarding was embedded.

The Chair asked for clarification on the outcome of the tender for children's community health services and Health Visiting. Sonia Colwill updated the Board and stated that Bromley CCG are midway through the process and a public announcement would be made on 5th July 2017 for Community Services. The health visitor contract (from LBB public health) is in an extended 'standstill' period.

Action 06/17 -28: Jim will visit Bromley Healthcare to speak to staff and gain assurances around embedding of safeguarding at BHC. This will triangulate evidence with the exceptional reported performance on training.

4i) Children's Social Care - The Chair wanted to note the good work done by Rachel Dunley with regard to the Multi Agency Partnership Events (MAPE). He said they have been excellent and we have been able to reach a number of people who perhaps we wouldn't have on a number of issues. Ade Adetosoye asked if the CSE training from Safer London mentioned in the report is just for Children's Social Care or across the partnership. Gill Halden said it was just for Social Care in July.

4j) Kings College Hospital – Debbie Hutchinson stated there is a huge focus on training across the organisation. Kings has a new Head of Nursing for Paediatrics, Sarah Harris, who will help to drive some of the safeguarding work. Jenny Flavill asked about the vacancy for a Senior Clinical Nurse for Safeguarding Children based at PRUH. Margaret explained that the CCG had challenged Kings decision to

	<p>appoint a less experienced member of staff as they felt that one of the more experienced staff at Denmark Hill should be moved to the PRUH. Debbie Hutchinson will follow up on the outcome of the interviews. Margaret requested a timeframe when there will have a permanent, experienced staff in post.</p>
<p>5. Sub Group Updates</p>	<p>5a) Serious Case Review (SCR) The Chair stated that the panel is working well. He said that the group has commissioned a SCR on the case of a 16 year old girls killed by a peer. The Chair has met with the mother of ET and an independent reviewer has been identified.</p> <p>5b) Policy and Procedures. The Chair stated that this subgroup will no longer operate and any of the work that is ongoing will be completed through work groups. He said that in future specialist groups will be responsible for procedures that relate to them. Our default position will be Pan London adapted to Bromley context. Margaret Mansfield asked if partners will have a chance to give input into new policies. The Chair confirmed that partners will have input into new policies.</p> <p>5c) QA & PM Kerry Davies updated the Board, the sub group had a spotlight on emotional wellbeing with a presentation on the impact of the first two years of the CAMHS transformation plan and plans for the next three. Impact included increases referrals at the front door, fwer referrals to specialist CAMHS, improved SDQ scores and a 36% reduction in specialist hospital admissions. The group looked at an audit of all the under 18 year olds attending A & E at the PRUH with mental health issues and were assured that each had CAMHS follow up. An issue to escalate to the Board is the shortage of Tier 4 beds in South London. Natalie Warman asked how the issue around the shortage of beds being taken forward. Kerry told the group that she and Jim Gamble had met with NHS England commisioners the previous week and they had been assured that they are aware and currently reviewing the problem. The Chair stated that he would follow the challenge up in writing. The group also looked at the Neglect Audit Report which is now online and there are two learning events organised. Single agency audits scrutinised were a Kings audit on late bookers to maternity services; the CSC monthly audit; and Bromley Healthcare's audit on interaction with MASH. The Quarter 3 performance data was scrutinised with a focus on CSE and Missing indicators. The group looked at annual FGM data from NHS Digital noting the very low numbers from Bromley, and also that the details (type, country of origin, age when FGM occurred) is not being reported by Kings. There was 100% unknown type and this was challenged. QAPM has tasked the Health Economy Forum to look at the issue in detail and report back to the Board. Other geographical areas with low numbers are able to provide more detail. Kerry stated that two issues the Board need to be aware of are concerns around Health representatives' engagement in Strategy and Core Group meetings and secondly now that schools hold responsibility for Health Plans for children, health agencies want to seek assurance of how schools are managing them.</p> <p>Action 06/17 -29: Jim to follow up in writing with NHS England about the shortage of tier 4 beds.</p> <p>5d) Community Engagement Valerie Burton updated the Board and said that the group has held its first meeting and the focus of the group is to reach out into the community and try and get engagement with a diverse group of children and young people. The sub group was very diverse someowith representatives from Healthwatch, Orpington Business District, Bromley Parents Voice, an Assistant Head and a Youth Support Worker. They will be inviting different people to attend meetings and presently will be meeting monthly. The Chair said the aim is to reach the authentic voice in Bromley, giving them direct access to him as Chair so that they have a direct route to escalate.</p>

5e) Training

Kerry Davies informed the Board that they held a working group rather than a formal meeting and were planning the commissioning for 2018-21. Two immediate changes have been made for this current year. The first is changes to the cancellation fees, some Health agencies were not booking on even though the course is free because of the high cancellation fee. These have been lowered. The second change is that local providers will be more involved in the training sessions such as Bromley Changes having a half hour slot on Substance Misuse course.

From 2018 they sub group is considering moving away from the 8 groups from 'Competence Still Matters' and moving towards 3 tiers of training (Basic, standard and advanced) and commissioning more immersive training scenarios moving away from thematic/topic based classroom courses. Kerry asked Board members for views on this to be sent via their rep on the Training Subgroup or to her.

5f) Vulnerable Adolescents

The Chair stated that the group is making progress, the protocol has set out the terms of reference and the strategy is about to be launched.

5g) Education Safeguarding Advisory Committee

Jane Bailey had previously brought up the issues raised in ESAC and had nothing further to add.

5h) Safeguarding Children Health Economy Forum

Margaret Mansfield informed the Board that Bromley Healthcare have reported an increase in numbers of referrals for medicals. Child Protection medicals should be completed within 24 hours of referrals which is going to provide a significant resource issue. The Named Dr and Natalie Warman is doing a piece of work to see how this can be managed. Jenny Flavill said that Bromley continue to work with the other 5 boroughs locally on how to ensure that our children are being seen by people that are meeting the requirements of the Royal College Guidance. Bromley do not have many cases and have explored many options on how to have our children seen elsewhere or how we can contribute to rotas with other people such as Havens, Lewisham, Lambeth and Southwark. There is a possibility that we will be working with Lewisham in the future. The Chair stated that he will write to Jenny Flavill to keep it on the record so that the Board can keep a watching brief on it. Natalie Warman said that Bromley Healthcare have highlighted that as children move through the system a lot quicker it is not just CP medicals it is also LAC assessment and adoption medicals is having an impact within the whole system. And also the ability to assess children who have complex needs.

GPs had reported lack of feedback from Social Care and that Social Care have not been accepting referrals regarding early signs of neglect. Health have had a meeting with Sue Stanley to try and resolve the issue.

The Health Economy Forum discussed Kings College and resource issues. SLAM highlighted concerns around recruitment issues and now have a temporary Named Nurse.

Kent House Hospital has been reinspected by CQC recently but the outcome is unknown. The Chair said that he was surprised the inspection was not brought up at the meeting he had with NHS England and would follow up.

Oxleas has received a positive CQC revisited and have been rated good.

Bromley CCG recently sought assurance from partners around policies, Safer recruitment, agency representatives at meetings and capturing the voice of the child.

Action 06/17 -30: Jim to write to Jenny Flavill about where Bromley children have their examinations as a result of CSA so the Board can keep a watching brief as developments progress.

Action 06/17 -31: Jim is to follow up Kent House Hospital concerns to follow up on their recent CQC inspection. Also challenge them about their high training rate and will triangulate with a visit.

<p>6. BSCB Structure: The Way Ahead (Community Engagement)</p>	<p>The Chair tabled the BSCB structure and explained how we capitalise on the Community Engagement Sub Group and how he saw groups complementing one another. The Board should use the CESG to get messages out to our networks and pull intelligence in from them the subgroups.</p> <p>The Chair spoke about the need for a Strategic Intelligence Requirement (SIR). We will produce intelligence products and with the safeguarding intelligence we will feed out to our partners to feed into their networks. Much of what is done will be fed through the Community Engagement Sub Group because they are they authentic voice we want to see if it is having an impact and making a difference. The surveys that the Board sends out will go through the network that belongs to each of the groups into their broader population base. The information will then be brought back into the centre, analysis applied as to what it tells us, consider it again and will refresh the safeguarding intelligence requirement.</p> <p>Jenny Selway asked even if the CDOP moves to the CCG should it not still be a sub group of the Board. The Chair stated that the SCR Sub Group will contain CDOP within it.</p> <p>The Board agreed the strategy.</p>
<p>7. Performance Report</p>	<p>The Board scrutinised the current performance report (Q3). The Chair stated that he likes how the report pulls out at the front the headlines. He asked the Board if they felt anything needed changing within the dataset. The Chair stated that as no one had any changes he was happy with it and it would act as a baseline and it could be changed as we go along. Debbie Hutchinson asked if Kings data includes all sites, Sonia Colwill said the data is for the Bromley sites PRUH, Beckenham and Orpington. Kings will be changed to KCH: Bromley & South Sites' so that it is easily identified in the data. Youth re-offending rate to be added to the dataset.</p>
<p>8. Closing the Gap in Education – Update on Schools Partnership Board</p>	<p>There were no queries regarding Jane Bailey's paper.</p>
<p>9. JSNA Presentation</p>	<p>The Chair stated that the paper was an excellent document and provides a real baseline insight. Jenny Selway stated that she had not updated the CSC data as it is moving so fast. The document is accurate as of September 2016. Jenny explained the approach she had taken and said that historically the JSNA had started off with Health data she has tried to look at a broader context. Jenny has looked at reversible and irreversible issues. She said that primary prevention is where you try to identify risk factors that could lead to an adverse outcome. Secondary prevention is when a problem is starting to emerge. Tertiary prevention is where the child already has a significant need and it is about working to make the impact of the problem that they have as minimal as possible. The approach has dictated the structure of the report. One key message from the demography is there has been a population 'bulge' of children going through the system and those children are now in the secondary school age population. Jenny said that there will be an impact on services for the older age group due to the bulge.</p> <p>Jenny was asked about risk factors associated with adverse outcomes for children, which is based on evidence. Jenny said you start with evidence and use the evidence to define the questions you ask, so the evidence has identified the risk factors which are mostly around family and environment.</p> <p>Key findings: mental health issues in parents, specifically parental depression is above the national average. Illness and disability of parents is higher in areas of higher deprivation. Jenny stated that one finding that was unexpected was the proportion of pregnant women in substance misuse services is higher than the national and London averages. Another significant finding was homelessness of</p>

families with children is higher than national rates. Every January all secondary schools in Bromley do an audit of children in their schools with SEN. Jenny said that speech, language and communication needs is a big issue and a percentage of them will develop behavioural problems and mental health issues and fail at school. There is a slightly high level of pupils with social emotional and mental health needs. Jane Bailey said that we have to look at this in context, Bromley has historically been a 'high statementing authority', and it could be argued that we have less support to manage SEN at an earlier stage so more CYP are escalated to a higher level with statements or plans.

There are higher numbers of CYP with severe or profound learning disabilities in Bromley. There is also a higher number of pupils with autistic spectrum disorders and Jenny stated that Bromley is very good at identifying ASD. People may move to Bromley because resources are good.

The group discussed the high number of learning disabled (statemented) children in the NEET category. Jane stated that Bromley do not have a lot of other NEET and said that performance overall is not high but as expected. The Chair stated that the report has given him a good insight into Bromley.

For elective home education only 37% chose it because of the ethos, the rest were doing it either because they were unhappy at school or for a health issue.

Jenny went on to discuss the emergency hospital admissions for deliberate self-harm and said that the data has levelled off over the last 3 years. There are around 20 children per month attending PRUH. was asked if she has data by school and month of the year as certain times of the year there seems to be an increase.

Jenny said that she does have the data and the data often comes up with more questions rather than answers. She asked if schools are happy if it is done very carefully and confidentially as she has all the referral data. She said that she would like to put the data together with the MASH data, core panel data and all the risk data so that we get a real sense of where the risks are sitting in schools. The Chair said this linked to the idea of a Strategic Intelligence Hub for the Board. Ade Adetosoye said that he had met with the Leader earlier around the additional capacity for data and said it might be useful once we have the capacity agreed to think about what we want the analyst to do and to cross reference that with CSE and the point Jenny has made with the JSNA. The Chair said that the Board needs to identify what it is that we want to know. He said that his vision is that we have a dashboard where you can see information at a glance.

Action 06/17 -32: Learning Disabled (statemented) NEET is to be discussed further at QA & PM.

Action 06/17 -33: Jenny Selway to look into reporting on self harm presentations at A&E by school and time of the year. Report to QAPM.

10. Prevent Protocol

The Chair said that we are interested in the numbers that come out of it, anything we are doing around Channel that relates to mental health issues and what proportion it represents.

Rob Vale told the Board that Bromley is deemed a low priority borough for 'Prevent' and as such we do not get any funding to cover Prevent and do not have a full time co-ordinator. He stated that the document outlines the referral pathways. Most of the WRAP sessions are delivered by him but for Social Care training SCO15 officers will be joining him as they are the ones who will receive the referrals. Schools are being offered free Train the Trainer sessions so all DSL in schools have the opportunity to be trained. Rob said that he is contributing to the Board annual report. The Senior Leadership Team has the responsibility to deliver Prevent as part of the Local Authority duty. He said in the last 12 months there have been a number of referrals into Channel (number suppressed in minutes as per Home Office advice), some around children and some of the referrals were from schools, some related to mental health. In some areas Mental Health Officers are being embedded into the Prevent Team, it is an emerging trend.

Monthly Channel meetings are held in Bromley. Core members are Children's, Adult

	<p>Safeguarding and Oxleas MH . He informed the Board that we are in a good place in Bromley, they are receiving referrals, have good links with SCO15 Officers, schools but they need to strengthen links with Bromley College. Rob said that they have an action plan in place, and they have a good referral mechanism</p> <p>The Chair said that post September we will take a deeper dive into this and carry out an audit on the number of referrals for under 18s and how many have mental health issues.</p> <p>Deborah Carter asked about malicious accusations, Rob said any malicious accusations should be screened out before it get referred to them. Marina Laurie asked if Rob Vale should be a member of the Board, the Chair said that he should be a member of the Vulnerable Adolescent Sub Group.</p> <p>Jenny Flavill asked about how Health information informs Channel meetings and how they get it. Rob said they send out requests for information. If they feel they need to invite someone for a particular purpose to the Channel meeting, that person is invited. Jenny questioned whether there is a routine request to GP for information, Rob said only for selected cases. The Chair suggested that Jenny Flavill should observe a Channel meeting. Jo Gambhir asked if the document was to be placed on our website as it has the referral pathway on it, and should it reference the Threshold of Need document which has indicators for radicalisation. Rob Vale is to contact the BSCB to make sure both documents link with each other.</p> <p>The Chair said that we want to get a cluster of very short videos on our website, with people doing very quick explanations of their area of expertise.</p> <p>Action 06/17 -34: An audit will be carried out post September on the number of Prevent referrals for under 18s and how many include mental health issues.</p> <p>Action 06/17 -35: Rob Vale is to become a member of the Vulnerable Adolescent sub group.</p> <p>Action 06/17 -36: Jenny Flavill and Jim Gamble is to observe a Channel Panel meeting.</p> <p>Action 06/17 -37: Rob Vale to strengthen relationship with Bromley College.</p> <p>Action 06/17 -38: Rob Vale to insert link to BSCB new Threshold of Need document within Prevent Protocol . Prevent Protocol to be added to BSCB website when finalised.</p>
11. AOB	<p>Betty McDonald updated on the young people held overnight in custody, task and finish group met on 8th June and looking at adopting a protocol around how we work with young people. Betty said that she has two emergency beds that can be used but they need to understand the data better in relation to the numbers. The Chair said that he has seen the document and sent it to Trevor Lawry to check the bail information included in the protocol.</p> <p>Action 06/17 -39: Jim Gamble to cross reference with Trevor Lawry regarding new draft protocol for young people overnight in cells and explore data sources.</p> <p>Marina Laurie outlined a complaint on behalf of an acquaintance who needed to contact EDT over a weekend. A junior Social Worker apparently gave the wrong information which was to call the Police on 101 instead of 999. The caller was on hold for 35 minutes which is unacceptable. Fiona Martin said that there is a recording on the 101 number saying that if you cannot wait to be answered to dial</p>

999.

Action 06/17 -40: Marina Laurie to email an outline of complaint about out of hours CSC team (EDT). Jim Gamble to follow up and explore lessons learnt. Ade to ask for assurance from HoS about out of hours service and experience level of social workers in EDT.