
























1. Attendance, Apologies & Governance

SLSCB Members	Title	Representing	Other Interests: Stockton-on-Tees or Tees Valley Partnerships, Boards, Group etc. (Ch. denotes Chair, VCh Vice-Chair)	  Apols	
Colin Morris (CM)	LSCB Independent Chair	SLSCB	<ul style="list-style-type: none"> LSCB and SSAB Chair Sunderland LSCB Chair Newcastle 		
Pauline Beall (PB)	Business Manager		<ul style="list-style-type: none"> MALAP (Multi Agency Looked After Partnership) Stockton VCSE Safeguarding Forum 		
Leanne Bain (LB)	Lay Member				
Lesley Cooke (LC)	Lay Member		<ul style="list-style-type: none"> Eastern Ravens Trust Catalyst 		
Deborah Wray (DW)	Lay Member		<ul style="list-style-type: none"> Governor Bowesfield Primary School 	Apols	
Jane Humphreys (JH)	Director of Children's Services	Local Authority	<ul style="list-style-type: none"> Health and Wellbeing Board (HWB) HWB Adult Partnership HWB Children's Partnership SMB – Public Protection Safer Stockton Partnership 		
Peter Kelly (PK)	Director of Adults and Health		<ul style="list-style-type: none"> Health and Wellbeing Board (HWB) HWB Adult Partnership HWB Children's Partnership Adult's Joint HWB Commissioning Group Children's Joint HWB Commissioning Group Tees Adult Safeguarding Board Safer Stockton Partnership Tees VEMT Strategic Group 		
Martin Gray (MG)	Assistant Director - Early Help, Partnership and Planning		<ul style="list-style-type: none"> HWB Children's Partnership Children & Young People Health and Wellbeing Commissioning Group MALAP (Multi Agency Looked After Partnership) Stockton YOS Management Board 		
Diane McConnell (DM)	Assistant Director - Schools and SEN		<ul style="list-style-type: none"> CAF Board Convener of the Safeguarding Forum for Education Settings Tees LSCBs Strategic VEMT Group 		
Shaun McLurg (SM)	Assistant Director - Safeguarding and Looked After Children / Chair Tees LSCB's Procedures Group / Chair SLSCB VEMT Sub-Group		<ul style="list-style-type: none"> Children & Young People Health and Wellbeing Commissioning Group Spark of Genius Children's Homes 		
Jane Edmends (JE)	Strategic Housing Manager		<ul style="list-style-type: none"> Stockton Early Help Partnership Group Housing and Neighbourhood Partnership (Thematic Group) 		
Cllr Ann McCoy (AM)	Lead Cabinet Member - Children and Young People (Participating Observer)		<ul style="list-style-type: none"> Governor Tees, Esk & Wear Valleys NHS Foundation Trust (TEWV) 		
Neil Schneider (NS)	Chief Executive (Participating Observer)			Apols	
Elisa Arnold (EA)	Service Manager		CAFCASS	<ul style="list-style-type: none"> Redcar and Cleveland LSCB Local Family Justice Board Able to feed in national changes within the Family Justice Service 	

SLSCB Members	Title	Representing	Other Interests: Stockton-on-Tees or Tees Valley Partnerships, Boards, Group etc. (Ch. denotes Chair, VCh Vice-Chair)	  Apols
Alastair Simpson (AS)	Detective Superintendent / Chair LIPSG	Cleveland Police	<ul style="list-style-type: none"> Redcar SCB (Full board, Exec and LIPSG) Middlesbrough SCB (Full board and LIPSG) Hartlepool SCB (Full board, Exec and LIPSG) Teeswide Safeguarding Adults Board Tees LSCBs Strategic VEMT Group MAPPA SMB MASH Strategic Management Board (N Tees) CDOP 	
Alex Taylor (AT)	Head Teacher Independent Schools	Education Establishments		
Clare Mason (CMa)	Deputy Principal Secondary Schools			
Kerry Coe (KC)	Head Teacher Primary Schools		<ul style="list-style-type: none"> High Needs Panel Primary Heads Group ARP Cluster 	
Joanna Bailey (JB)	Principal Stockton Sixth Form College		<ul style="list-style-type: none"> Governor at Thornaby Academy Governor at The Grangefield Academy Campus Stockton Teaching Alliance 14-19 Partnership, Campus Stockton CPD Group Campus Stockton R&D Group Secondary Heads Group 	Apols
Jean Golightly (JG)	Executive Nurse	Hartlepool & Stockton-on-Tees Clinical Commissioning Group (CCG)	<ul style="list-style-type: none"> South Tees CCG (Exec Nurse) Teeswide Safeguarding Adults Board Member of NHSE Quality Surveillance Group meeting 	Apols
Trina Holcroft (TH)	Designated Nurse, Safeguarding Children & LAC		<ul style="list-style-type: none"> Hartlepool SCB (full board, exec and LIPSG) CDOP Tees LSCBs Procedures Group Multi-Agency Looked After Partnership (MALAP Stockton) Stockton Performance Management Stockton LIPSG Hartlepool Performance and Quality Group Joint Training Group MACH SMB and Implementation Group Teeswide Designated Professionals Group NTHFT Steering Group 	
Kailash Agrawal (KA)	Designated Doctor <i>Advisor to the Board</i>		<ul style="list-style-type: none"> Middlesbrough LSCB Redcar and Cleveland LSCB NT&HFT Safeguarding Steering Group Teesside Designated Doctors Group (Ch.) 	
Alison Smith (ASm)	Deputy Director Nursing Quality and Safety (Cumbria and North)	NHS England (Cumbria & North East)		Apols
Lindsey Robertson (LR)	General Manager, Nursing & Professional Standards	North Tees & Hartlepool NHS Foundation Trust (NTHFT)		
Elizabeth Moody (EM)	Executive Director of Nursing and Governance	Tees, Esk & Wear Valleys NHS Foundation Trust (TEWV)	<ul style="list-style-type: none"> Teeswide Adult Safeguarding Board North Yorkshire Adult Safeguarding Board North Yorkshire Children's Safeguarding Board (Member of other safeguarding boards but send deputies on regular basis) 	Apols

SLSCB Members	Title	Representing	Other Interests: Stockton-on-Tees or Tees Valley Partnerships, Boards, Group etc. (Ch. denotes Chair, VCh Vice-Chair)	✓ ✗ Apols
Julie Allan (JA)	Head of Cleveland Area – National Probation Service (NE)	Probation Services	<ul style="list-style-type: none"> • Middlesbrough LSCB • Redcar and Cleveland LSCB • Hartlepool LSCB • South Tees YOS • Stockton YOS • Hartlepool YOS • YOS Management Board • LCJB • Local Public Service Board • Teeswide Safeguarding Adults Board • Tees Adult Health and Wellbeing Board • Strategic DV and Abuse Strategic Group • Contest Gold • Stockton Scanning and Challenge • ETE/OSE Board • Tees Strategic VEMT Group 	✓
Barbara Gill (BG)	Head of Offender Services - Community Rehabilitation Company			✗
Julie McNaughton (JM)	Accommodation Contracts Manager	Thirteen / Housing Provider	<ul style="list-style-type: none"> • Tees Valley Choice Based Lettings Steering Group • My Sisters Place – Board • North East Homelessness Group • MAPPAs Representative 	✓
Steve Rose (SR)	Chief Executive Officer Catalyst	Voluntary Sector	<ul style="list-style-type: none"> • Safer Stockton Partnership • Stockton 14-19 Partnership • Stockton Carers Implementation Group • Stockton Health & Wellbeing Partnership • Stockton VCSE Senior Leaders Forum • Stockton Voice • Stockton Youth Offenders Service Board • Tees Dementia Collaborative • Tees Valley Local Development Agencies Forum • Tees Valley Unlimited European Social Inclusion Task & Finish Group 	✓

Guests:

Melanie Cadman (MC)	SBC - Graded Care Profile Implementation Co-ord.	For item 4
Reuben Kench (RK)	SBC - Director of Culture, Leisure and Events	For item 3
Roisin McKenzie (RM)	SBC - Assistant Solicitor	For item 2
Anne Graney (AG)	NHS England - Quality & Safety Mgr, Cumbria & NE	Sub for Alison Smith
Natalie Cummings (NC)	NTHFT - Safeguarding Children Trainer	For item 4
Karen Agar (KA)	TEWV - Associate Director of Nursing	Sub for Elizabeth Moody
John Scadden (JS)	HBC - Team Manager, Early Help	For item 4
David Pickard (DP)	Incoming SLSCB Independent Chair	Participating Observer

Minute-Taker:

Gary Woods - SLSCB Business Support Officer

Meeting Quorate:

Yes

Declarations of Interest:

None

Ref No. 1

Attendance, Apologies & Quoracy

Discussion

AG was in attendance as the substitute for **ASm**, and **KA** was in attendance as the substitute for **EM**.

	<p>DP was formally welcomed as the newly appointed incoming SLSCB Chair.</p> <p><i>Note: Due to other work commitments, JM and SR left the meeting at 11.00am.</i></p>
Agreement/ Outcome	Noted.

Ref No. 2	Public Law Outline			
<i>Discussion</i>	<p>RM gave a presentation on the Public Law Outline (PLO) in her capacity as the legal advisor to the SLSCB (presentation to be circulated to Board members following this meeting). The aims of the PLO process were outlined and the procedure detailed, including who should be invited to the PLO meeting, and what takes place once this is convened. Issues involving Child Protection Conferences, case law and delay/drift of cases were also noted, as was the success in children returning to their parents care rather than going through childcare proceedings.</p> <p>In recognition of the SLSCB being keen to hear the voice of the child, AM queried where this could be evidenced in the PLO process. RM stated that, if of an appropriate age, children should be given the opportunity to attend the PLO meeting, and highlighted the aim of the PLO in ensuring that families <i>and</i> children understand proceedings.</p> <p>KA felt the PLO process was somewhat drawn-out, and expressed concern regarding cases of neglect, where children are suffering during the course of the proceedings, and issues of disguised compliance from parents and professional optimism from agencies are prevalent. RM reported that the final hearing date for childcare proceedings should be quicker if the PLO is effective, and JH noted that Stockton, and the Tees Court, are one of the few areas to adhere to the 26-week rule (Court has a 26-week timetable to conclude proceedings), though the need for additional assessments causes delays in this process.</p> <p>LR reflected the feeling of confusion amongst practitioners around PLO, and asked whether this was evident from a legal service perspective. RM agreed there were issues around practitioner knowledge and awareness of the powers available at the PLO stage (as opposed to the Child Protection stage), and as such, acknowledged the need for training to address this.</p> <p>CM thanked RM for raising awareness of the PLO to Board members in respect of this important process.</p>			
Agreement/ Outcome	Public Law Outline overview noted and discussed. Potential need identified for further training around PLO process for practitioners.			
Log Ref	<i>Mtg Date</i>	<i>Action Required</i>	<i>Person Responsible</i>	<i>Due Date</i>
107/03/1516	17.03.16	Circulate Public Law Outline presentation to Board members following the March 2016 Board meeting.	Business Unit	18.03.16

Ref No. 3	Safeguarding in Leisure Facilities and Libraries			
<i>Discussion</i>	<p>RK gave an overview of his circulated <i>Safeguarding in Leisure Facilities and Libraries</i> report, which provided SLSCB with an update on two important pieces of work initiated by the Board relating to safeguarding matters in libraries and culture settings. The first concerned the impact of the SLSCB recommendation to Stockton Council (SBC) regarding the age cut-off for children unaccompanied in culture and leisure settings; the second related to disclosures and procedures intended to allow staff within libraries to respond to the potential risk posed by individual registered sex offenders using the service.</p> <p><u>Unaccompanied Children age cut-off</u></p> <ul style="list-style-type: none"> In 2012, SLSCB considered the safeguarding risks associated with unaccompanied 			

young people using public facilities, particularly where those facilities combine structured, supervised activity for children with unsupervised public areas and open activities. SLSCB sought input from Tees Active about their policies and procedures for unaccompanied children – TAL demonstrated their own strong and relevant safeguarding policy and procedures, but highlighted an absence of clear industry guidance on age thresholds. Typically age 8 is the threshold applied in commercial and public sector leisure centres.

- SLSCB found an absence of relevant guidance on the age of accompaniment in the wider leisure setting, or guidance on wider safeguarding matters within the leisure industry. Guidance, 'A Safer Place for Children' was therefore developed, agreed by the Board and adopted by SBC. This guidance stated that all children under the age of 10 should be accompanied by an appropriate adult whilst they are in a public setting unless they are part of organised and supervised activities. TAL on receiving instruction from SBC to comply with this guidance challenged it.
- SBC officers, working with the NSPCC, brought together representatives of the leisure sector to review safeguarding procedures and explore the age cut-off issue. The industry governing body, the Chartered Institute for the Management of Sport and Physical Activity (CIMPSA), finally agreed to facilitate and chair an ongoing body picking up safeguarding issues for the leisure sector.
- A commissioned paper by NSPCC by a child psychologist found that, at 10 years of age, there is a big shift in how children interpret others' behaviours, and what they believe is right and wrong. It also noted that, in England and Wales, the age of criminal responsibility is 10 years old, as this is when the law considers that children have reached an awareness of right from wrong. This work validates the decision taken by SLSCB in recommending the rise of the age threshold from 8 to 10 years.
- In Stockton, children below the age of 10 years are still required to be accompanied in libraries, leisure centres and other public settings. Every effort has been made to encourage parents to attend with children, but there has been a measurable reduction in junior attendees since the change of threshold. Within Tees Active facilities this has resulted in a 5% reduction in junior visits.
- The work triggered by SLSCB has had a national impact, and given rise to training and guidance that strengthens safeguarding approaches in the leisure sector.

Disclosures in Libraries

- In January 2015, SBC officers shared a concern to SLSCB that current disclosure procedures within libraries make staff aware of the risks posed by individual Registered Sex Offenders (RSOs), but do not give those officers the tools with which to mitigate the risk. Accepting the rights of the RSO, and the terms under which the MAPPA operates, SBC officers questioned whether there was value in disclosures to Library staff who were not allowed to keep a record of the RSO profile or a photograph of the individual.
- The SLSCB Chair wrote to a number of agencies nationally to establish if others had raised the same concern, or if determinations by the Courts had provided any precedent. The response was very limited and provided no greater clarity.
- Cleveland Police Sex Offender Management Unit initiated a piece of work to look at this situation, bringing relevant agencies together including TEWV NHS, Catalyst, SBC, MBC, and the MAPPA Co-ordinator. The group has been chaired by DI Kath Barber, and although the work is ongoing, a number of options for improvement have already been recognised – critically the language relating to the process of disclosure has begun to change from:
 - *'disclosure to allow the setting to ensure the safety of the users'*
 to:
 - *'disclosure to allow staff in the setting to support police and relevant agencies to ensure the safety of the users'.*
- A Premises Risk Form template has been developed within which library and other facility managers can provide information about the characteristics of an individual site and its users that will help MAPPA judge the appropriate measures.

	<ul style="list-style-type: none"> Options for safe storage and restricted dissemination of information about the offender are being explored, including encrypted access web information and paper systems. DCI Barber has retired, and leadership of the group has been transferred to DI Daryll Tomlinson. SBC officers would like to formally thank DCI Barber for her commitment and effectiveness on this piece of work (it was also agreed that a card of thanks should be sent to DCI Barber from SLSCB acknowledging her work on this issue). <p>CM asked whether this report should be shared via the Director of Children's Services (DCS) and LSCB networks – JH agreed to forward the report for the next regional DCS meeting (DCSs can share with their respective LSCB Chairs), and also send onto the national ADCS network too. SR felt that further learning from within the Voluntary Sector could be included in the information disseminated around these issues, and noted the addition of a clause regarding the responsibility on organisations for safeguarding when hiring venues out.</p> <p>As Chair of Level 2 and 3 MAPPA meetings, JA assured Board members that disclosures are always covered, and queried whether the Premises Risk Form template was in use yet. Although utilised for SBC premises, it is unclear if it is available on a wider basis – JA to follow this up with the relevant Police representative in order to share within MAPPA.</p>			
<i>Agreement/ Outcome</i>	Safeguarding in Leisure Facilities and Libraries report, notably the positive impacts arising both locally and nationally from work triggered by SLSCB, noted.			
<i>Log Ref</i>	<i>Mtg Date</i>	<i>Action Required</i>	<i>Person Responsible</i>	<i>Due Date</i>
108/03/1516	17.03.16	Send thank you card from SLSCB to DCI Kath Barber acknowledging her work around the Disclosures in Libraries issue.	CM/PB	21.04.16
109/03/1516	17.03.16	Forward the Safeguarding in Leisure Facilities and Libraries report for inclusion at the next regional DCS meeting, and also send onto the national ADCS network for information.	JH	31.03.16
110/03/1516	17.03.16	Liaise with relevant Police representative regarding use of Premises Risk Form template in order to raise awareness of this within MAPPA.	JA	21.04.16

<i>Ref No. 4</i>	<i>Early Help / Graded Care Profile Presentation</i>
<i>Discussion</i>	<p><u>Early Help</u></p> <p>With reference to the circulated <i>Early Help: Update on Progress and Next Steps</i> report, MG provided the Board with an update on the implementation of early help following the discussions of the SLSCB session in December 2015, and the consideration of update reports at the Children and Young People's Partnership, Health and Wellbeing Board, Early Help Partnership Group, and Cabinet in January and February 2016. The report also sets out a draft action plan for implementation in 2016-2017.</p> <p><i>Background</i></p> <ul style="list-style-type: none"> The Early Help and Prevention Strategy was adopted in 2014. It includes the following strategic priorities: <ol style="list-style-type: none"> Improve the use of intelligence and information to inform targeting. Integrated approaches to commissioning. Well-coordinated and accessible services. An effective workforce. Improving the voice of children, young people and families. Increasing awareness of the approach and offer. <p><i>Current Position</i></p> <ul style="list-style-type: none"> A range of current actions are already underway or planned to implement the strategy

and further develop the approach to early help:

- a) Replacing 'CAF' with Early Help Assessment (EHA).
- b) Steadily increased the numbers of CAFs/EHAs being undertaken, and have had a major focus on this with our partners in recent months.
- c) A range of additional services working with and as part of the Early Help Team, including a domestic abuse resource from Harbour; advice and guidance from the CAB; and Child and Adolescent Mental Health support will soon commence with a dedicated resource from TEWV.
- d) Early years early help panels have been established in children's centres.
- e) Development of Fairer Start in central Stockton which is developing a community focused approach to early help and prevention, including the recruitment of volunteers to work with families.
- f) Development of the Graded Care Profile 2 as a tool to enable better assessments of the capacity of families to provide effective care, as well as the roll out of the signs of safety model which assesses the protective factors in families, and therefore supports an early help approach.
- g) The start of reviews looking at the options for 0-5 commissioning, and in particular the development of new approaches for health visiting, alongside the further review of children's centres.
- h) Approach to panels will be streamlined to establish a single point of entry, and bring together existing mechanisms to co-ordinate early help and troubled families.
- i) Set up a Family Hub in a shop front in Stockton and will be formally launching this in February, as well as a complete refresh of the Information Directory for Families as a means of providing easy to understand information about what is offered in Stockton around early years, parenting, health and wellbeing, transitions, staying safe and activities.

Can we see evidence of progress?

- It will take some time to see evidence of impact in a complex system, but there are some signs that the use of the early help assessment approach is resulting in more issues being identified early and plans being put in place. This is evidenced by the significant increase in CAF/EHA activity over the past 6 months.
- It is too soon to see any evidence of an improvement in the quality of assessments and plans leading to better outcomes for children, young people and families, which remains the crucial focus.

An attached draft Action Plan was included at the end of the report, listing priorities around the early help offer, who would be expected to deliver each element, and by when. **MG** explained that this action plan was work-in-progress, with much of the 'who' and 'when' criteria still to be agreed – further work on this will be taken through the Early Help Partnership Group, where the draft plan will be finalised. This group will then report into SLSCB as appropriate.

AM highlighted the numerous strands of work feeding into the attached Action Plan – this was a significant piece of work, which if successful, will have a very positive effect upon children and young people within Stockton.

Graded Care Profile Presentation

LR introduced a presentation around the Graded Care Profile (GCP) 2 (presentation to be circulated to Board members following this meeting). Following the identification of neglect as a top priority for the Board, and the successful bid (via the NSPCC) for a licence to implement a GCP programme, Local Authority and Health staff have come together to create an appropriate framework around this early help assessment tool. **LR** handed over to **MC**, **NC** and **JS** to take Board members through an overview of the GCP2 – key points to note were as follows:

- GCP2 is the only authorised and fully tested update of the original Graded Care Profile. Building on the findings of a national evaluation by the NSPCC. GCP2 is a more user-friendly and comprehensive tool that helps frontline practitioners with their assessment and subsequent work with families where neglect is a concern.
- GCP2 measures the quality of care delivered to a child over a short window of time. Practitioners use the tool to grade care on a scale of 1 (best) to 5 (worst), and use the outcome of the assessment to determine what level of support or help the family might need (where applicable).
- It has kept the principles and values of the original GCP (ensuring that it retains its integrity in the way it scales and supports work with families), but adds value in relation to new, more accessible language, as well as incorporating new 'items' such as obesity and online safety.
- Staff appear very eager to use it – already up to the fourth training session, and there is a large degree of interest and excitement around the tool.
- The issue of 'LAG' (the delay between the neglect starting and the affect becoming evident) was noted, making it hard for professionals to understand the reasons behind the child's behaviour or development at the time.
- Early evaluations of the tool's implementation were listed – the main issue was around practitioners struggling to see how their actions impact upon neglect, particularly as 'prevention' (what did not happen to a child) cannot be measured. Staff have also highlighted their struggles with observations – there may be a training issue here.
- In terms of the next steps, practitioners must be aware of the impact their work can have on preventing/improving neglect; LAG must be integrated into policy, procedure and practice; interventions must be evidence-based, measurable and outcome - focused; the criteria for intervention should be based on what is actually happening to the family. The tool alone will not reduce the incidents of neglect.

LR advised that **MC** would be in her current seconded post until early-June 2016. However, in order to fully embed the GCP2 tool, a business case is being developed to provide additional funding for **MC** to continue in her role beyond June 2016.

JH noted that the grading of the GCP2 is opposite to the Signs of Safety model which may cause some confusion for practitioners. Board members were assured that the training around GCP2 emphasises that the grading merely gives an indication of the level of neglect. To avoid confusion, it was suggested that reference to the colour of the grading in both GCP2 and Signs of Safety should be used instead of the numbers.

LC expressed concern that, should the use of this tool expand, there may be pressure on resources, particularly upon frontline staff. **JS** reported that, as well as the issue of neglect, parenting capacity is also being looked at – the aim is to prevent duplication of work, and early feedback from practitioners is that the tool is not creating workload difficulties. **KA** furthered that the tool appears to provide a structure for practitioners' work, and gives them confidence over what help they can give to the child/family.

CM thanked the GCP2 presentation team, and wished them well in their future efforts to further embed this tool.

<i>Agreement/ Outcome</i>	Early Help and Graded Care Profile 2 updates and progress noted, with future developments shared.			
<i>Log Ref</i>	<i>Mtg Date</i>	<i>Action Required</i>	<i>Person Responsible</i>	<i>Due Date</i>
111/03/1516	17.03.16	Circulate Graded Care Profile 2 presentation to Board members following the March 2016 Board meeting.	Business Unit	18.03.16

<p>Ref No. 5 Discussion</p>	<p>Quarter 3 Performance Data</p> <p>MG presented the circulated <i>Performance Report: Quarter 3 and update</i> document. The report provided an update on the implementation of the Tees Performance Framework, proposals of a new role and remit for the Performance Group as a 'Quality Assurance Group', commentary on quarter 3 performance, and key messages for the Board.</p> <p><i>Tees Performance Framework</i></p> <ul style="list-style-type: none"> • The Tees Performance Framework has now been agreed by all of the four LSCBs. The Tees Performance Group has been established, and Stockton Council have expressed an interest in working to develop the role of the lead partner further, with the possibility of taking on this role on behalf of the Group. • The Tees Performance Group will lead on the implementation of the new framework, which includes: <ol style="list-style-type: none"> a) The collation and analysis of the data for the shared indicators. b) The co-ordination of the in-depth reports on key issues – as these will be developed jointly and to a shared timetable (these will be scheduled into the SLSCB programme as if the framework was already live, though it is acknowledged that some reports may come late and will have to re-scheduled accordingly): <ol style="list-style-type: none"> i. For Quarter 1: Early Help; Multi Agency Training; LADO activity. ii. For Quarter 2: Mental Health; CSE & VEMT; Youth Offending. iii. For Quarter 3: Substance Misuse; Adoption; Overall Demographics, CiN and CAF. iv. For Quarter 4: Domestic Abuse; CYP Voices; LAC & Care Leavers. c) Co-ordinated Section 11 audits and single agency assurance reporting. d) Thematic reviews and audits – given the expectation that 60-70% of these will be shared, with the remainder for each LSCB to determine. e) Multi agency case file audits and reviews. f) Annual self-assessment. <p>It was noted that JG (who has agreed to Chair the Tees Performance Group), has had to prioritise work following recent CQC inspections – however, developments around the Tees Performance Group are now back on track. DP added that full implementation of the framework was expected within 3-6 months, and that although the only expression of interest with regards oversight of the Tees Performance Group had come from Stockton, there may be contingencies available if necessary.</p> <p><i>Role and future of the Performance Sub-Group</i></p> <ul style="list-style-type: none"> • The Performance Sub-Group met on 15th February 2016 to consider the role and remit of the group, in the context of the Tees arrangements. The conclusion of the discussion was that there was a need for a 'Quality Assurance' function which would, in effect, have oversight of the Learning and Improvement Framework, as well as providing the links to the Tees PMF. Such a function would include the following: <ol style="list-style-type: none"> a) Update the Learning and Improvement Framework. b) Ensure analysis of performance information collated for the Tees PMF. c) Ensure the delivery of the in depth reports. d) Contribute to thematic reviews, and undertake those identified as local priorities. e) Oversight of the Section 11 process, and single agency assurance. f) Ownership of the multi-agency case file audit process. Proposals for MACFA in 2016/17 were discussed at the meeting, with an agreement to include the following aspects: <ol style="list-style-type: none"> i. A series of cases for Looked After Children, including a young person LAC subject to VEMT; homeless young people aged 16 or 17 at time of referral; unaccompanied asylum seeking young person; a young person in transition at around age 14, 15 or 16; come into care at young age (birth-2) with complex health issues; care leavers or in transition at age 17; adoption. ii. Early help – quality of assessments; quality of plans; development of consistent approaches to progress and outcomes; cases stepped up to as-
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	<p>assessment; cases stepped down from CiN to CAF.</p> <ul style="list-style-type: none"> iii. CP Conference decision-making based on the work undertaken in 2015/16. iv. VEMT and CSE. v. Voice of the child as a potential specific follow-up audit, looking at CiN cases in particular. <ul style="list-style-type: none"> g) Co-ordinating the annual self-assessment process. h) Development of the annual report, refresh of the Business Plan and annual action planning. <ul style="list-style-type: none"> • Membership of a group would be developed from the current membership. <p>JH felt there was an urgent need to push ahead with work around the multi-agency case file audit process, and that the Multi-Agency Looked After Partnership (MALAP) should be looking into the cases for Looked After Children (it was noted that MALAP are taking a lead on these audits, and such work will not be duplicated). In addition, JH queried whether a separate audit on the voice of the child was necessary, as this should be being picked up throughout all audits, and also suggested the inclusion of audits around issues of equality and diversity.</p> <p><i>Commentary on Quarter 3 performance data</i></p> <ul style="list-style-type: none"> • Detailed Quarter 3 performance data was attached to the report, including an update on the current list of 43 indicators collected for SLSCB, detailed information on Early Help Assessments (numbers and by agency), and workflow. • A number of key issues for reporting to the Board were identified, including: <ul style="list-style-type: none"> a) The 'reasons for CAF/EHA' is not the same list as that used for reporting the reasons for Single Assessment or the factors recorded post assessment, which could be masking trends. b) The high proportion of EHAs with 'behaviour' identified (30% of the overall total). c) The lower number of EHAs in December was noted – this is in part due to the lag of recording EHAs on the database, as they go through a quality process prior to being logged. d) The opportunity to more systematically link early help activity for 0-5s with the data on numbers of 0-5s with CIN or CP plans as part of a more integrated early help offer. e) Being more explicit about the reasons why referrals were closed down, including the number which had been signposted to early help services, rather than just closed. f) Some issues identified around attendance at ICPCs (as reported to the last Board) which meant that there is not full confidence in levels of attendance reported. g) Number of unexpected child deaths had risen, but this was not considered to be outside normal fluctuation. h) Percentage of child protection plans lasting 2+ years. <p>In relation to point f) above, a discussion took place around whether there was a requirement for Team Managers to attend ICPCs along with the relevant Social Worker – there was not, although for a period of time this was introduced and did not appear to impact upon decision-making. AS queried the data in the attached <i>SLSCB Performance Data Set, Apr 2015 – Dec 2015 – Q3</i> (Appendix 4) around the number of EHAs started by agency and reason (In 1) indicator – it was explained that the reported data was cumulative across 2015-2016, not per quarter.</p>
<p>Agreement/ Outcome</p>	<p>The Performance Report: Quarter 3 and update was presented and discussed, with future proposals around the Tees Performance Framework, and its effects on the SLSCB Performance Sub-Group, noted.</p>

Ref No. 6	Partners Operational Safeguarding Issues			
<i>Discussion</i>	<p><u>Education</u> KC reported that a number of primary school Head Teachers had raised concerns with regards to 'communication lag' from Social Care.</p> <p>AT advised that his school have had some referrals in relation to Operation Encompass, and that the procedures appeared to be working well.</p> <p><u>Police</u> AS noted that he will be conducting a media address regarding the growing issue of 'Sex-tortion' (also known as 'webcam blackmail'), where criminals deceive webcam users into unclothing and performing a sexual act – this footage is recorded and then used to blackmail victims for money. This issue will also be addressed within schools, and on a national basis, the National Crime Agency are taking the lead in raising awareness.</p> <p><u>HAST CCG</u> TH advised that the CQC Children Looked After and Safeguarding Review report, undertaken in Hartlepool (25th-29th January 2016), is due to be published today.</p> <p><u>Local Authority</u> JH provided an update on the workload situation within Social Care – there are now 519 active cases (double the number at this time last year), some of which are currently unallocated (one being a CP case). Although statutory CP visits are still being undertaken, this may explain the communication issues between Social Care and schools flagged up earlier by KC – JH to address this following the meeting.</p> <p>There has been a noticeable increase in referrals from owner-occupier households, and cases of serious neglect and/or injuries appear to be more prevalent. There are currently 13 Social Worker vacancies within SBC, and although 5 staff have recently been appointed, it is hoped to recruit further staff shortly (encouragingly, there were 11 applications from experienced staff following a recent recruitment drive). A retention scheme is now in place in an attempt to prevent existing staff leaving, but the lure of agency work (and its associated higher wages) is still strong for experienced Social Workers. JH has also spent some time within the Assessment Teams to encourage them during this challenging period.</p> <p>In other matters, the Northern Children's Hub (NCHub; formerly known as the Multi-Agency Children's Hub (MACH)) remains on track. A significant number of cases have been referred in regarding Operation Encompass – need to see how this compares across Tees. Signs of Safety is now being applied in all ICPCs since last month, though it was concerning to hear colleagues within Police, Health and Probation claim they were unaware of this model at a recent conference, particularly since a significant amount of training had taken place to raise awareness – Board members were asked to check that all their key staff had attended the Signs of Safety training, and PB would liaise with Janet Hayes (SBC Training & Development Manager, Social Care/Safeguarding) regarding future training dates (which will then be circulated to Board members).</p>			
<i>Agreement/ Outcome</i>	Updates noted, with subsequent actions identified around communication between Social Care and schools, and Signs of Safety awareness.			
<i>Log Ref</i>	<i>Mtg Date</i>	<i>Action Required</i>	<i>Person Responsible</i>	<i>Due Date</i>
112/03/1516	17.03.16	Address the reported communication issues between Social Care and schools.	JH	21.04.16
113/03/1516	17.03.16	Check that all key staff have attended the Signs of Safety training.	ALL	21.04.16
114/03/1516	17.03.16	Liaise with Janet Hayes re. future Signs of Safety training dates, and circulate to Board members.	PB	21.04.16

Ref No. 7	North Tees & Hartlepool Foundation Trust CQC Inspection			
Discussion	<p>LR gave a presentation on the 2015 CQC inspection of NTHFT Children and Young People Services (presentation to be circulated to Board members following this meeting). Key points of note included:</p> <ul style="list-style-type: none"> • Rating: The Children, Young People and Families service was graded 'good' overall (this was in the context of NTHFT being given an overall grading of 'requires improvement'), with the only aspect falling short of this level being the effectiveness of services (requires improvement). • Are services safe?: <i>Areas of good practice</i> – Incident Reporting; Duty of Candour (being open and honest with parents/carers when something happens); Safeguarding Policy; Receiving lessons learnt (from Serious Case Reviews and Learning Reviews); Medicines SOP's. <i>Areas for improvement</i> – Training around the use of Systm1 (this reflected the recent move from a paper-based to electronic system); Organisation of Children's Health Care Records; Systems to be in place mandatory training; Complete and record lone risk assessments (a system is in place, but CQC felt it was not robust enough – a buddy system is now being operated in the interim). • Are services effective?: <i>Areas of good practice</i> – Emphasis on Multi-Disciplinary working within the Trust; Immunisation rates for children in care higher than national average; Supervision is regularly provided with line managers/peers. <i>Areas for improvement</i> – Delivering 3-4 months contact assessments (within the Health Visiting service – this is not mandatory, but is considered a good 'to do', and a Service Implementation Plan, with appropriate staffing, is now in place); Meeting the antenatal contact target Implementation of SOP's (issues identified around the capacity to achieve this); Breast-feeding initiative rates to be improved (service has been reviewed, with revisions around this model now being looked at). • Are services caring?: <i>Areas of good practice</i> – Staff delivering care which is compassionate, dignified and respectful; Staff delivering individualised care. • Are services response?: <i>Areas of good practice</i> – Staff have a good knowledge of the people they have on their caseloads; Staff are aware of the needs of the population; Equipment is available to meet individual's needs (specifically regarding Community Paediatric Nurses). <i>Areas for improvement</i> – Increase the use of Interpreting Services (rather than using siblings); Waiting times for SALT in Durham (the 18-week referral-to-treatment time is being breached – this is being addressed); SOP to support the transition of young people into adult services. • Are services well-led?: <i>Areas of good practice</i> – Staff aware of the vision and strategy; Staff communication and feedback information; Clear management structure and approachability; Staff feel valued and respected by immediate and senior management. <i>Areas for improvement</i> – Leadership structure requires improvement (the Senior Clinical Matron had been on long-term sickness, but recruitment into this post has since taken place); Isolation of staff in some teams requires improvement (lone-working). <p>Regarding the work around contact assessments, LC queried whether NTHFT are taking into account working parents/carers in terms of scheduling. LR advised that liaison with commissioners has taken place in relation to flexibility within the service, with efforts being made to widen choice and provide a more targeted approach.</p> <p>CM thanked LR for providing helpful feedback on the recent CQC inspection at NTHFT.</p>			
Agreement/ Outcome	Feedback on the 2015 CQC inspection of NTHFT Children and Young People Services provided, noting areas of good practice, and areas for improvement.			
Log Ref	Mtg Date	Action Required	Person Responsible	Due Date
115/03/1516	17.03.16	Circulate the CQC Inspection 2015 – Children and Young People Services (NTHFT) presentation to Board members following the March 2016 Board meeting.	Business Unit	18.03.16

Ref No. 8	18.02.16 Board Minutes for Accuracy
<i>Discussion</i>	<p>Minutes of the Board meeting held on the 18th February 2016 were agreed as a true record, subject to the following amendments:</p> <ul style="list-style-type: none"> 105/02/1516: <i>'Reflect GP attendance issues discussed at this, and previous, SLSCB meetings to the new GP federation, including Dr Paul Williams and Dr John Bye' (JG/SR)</i> – remove SR from the 'Person Responsible' column. Ref No. 10 (Partners Operational Safeguarding Issues): amend '...or moving into lesser roles' (end of second paragraph of Local Authority update) to '...or moving into alternative roles'. <p>Ref No. 4 (DfE Reporting Child Abuse Campaign): JH noted that the DfE communications campaign to encourage members of the public to report child abuse and neglect has now gone live.</p> <p>103/02/1516: <i>'Lead on a response to the Government consultation around the statutory definition of child sexual exploitation via the Tees LSCBs Strategic VEMT Group, and through liaison with the Tees LSCBs Chairs and Business Managers, and the Tees Directors of Children's Services' (AS)</i> – AS confirmed that a response had been submitted. JH had expressed her concerns over the proposals at a recent DCS meeting – an opportunity to have a telephone conversation with Alan Wood (ACDS President) was cancelled.</p> <p>Ref No. 10 (Partners Operational Safeguarding Issues): DM advised that she was in dialogue with LR in relation to the issue raised around a lack of communication being provided to schools from Health professionals.</p> <p>Ref No. 15 (Any Other Business): The South Tyneside joint targeted area inspection has taken place. Ofsted Single Inspection Framework reports will be published in the near future for Gateshead, Northumberland and Durham.</p>
<i>Agreement/ Outcome</i>	The minutes of the Board meeting held on the 18 th February 2016 be recorded as ratified, subject to the identified amendments.

Ref No. 9	Youth Justice Board Review
<i>Discussion</i>	<p>The circulated Ministry of Justice <i>Review of the Youth Justice System: An interim report of emerging findings</i> (dated 9th February 2016) document was noted, providing comment on the following:</p> <ul style="list-style-type: none"> Foreword by the Lord Chancellor and Secretary of State for Justice (Michael Gove) Introduction Re-imagining youth custody (The youth custodial estate; Education in custody; Secure alternative provision schools) Youth offending services in the community A more devolved youth justice system How the youth justice system responds to children who break the law (Diversion; Use of police custody; Implications of contact with the youth justice system) <p>MG explained that the main driver of proposed change appears to be based around devolution, and the shift towards an education-focus (quality education within special schools, academy trusts, etc.). The aim of further reducing the numbers of children going through the 'front door' of Youth Offending is reflected in the reduction of Youth Offending Team budgets.</p> <p>AS welcomed the report's comments on the use of Police custody and the secure beds issue, both of which have been identified and discussed at previous SLSCB meetings – it is hoped that such acknowledgement may lead to more appropriate provision in the future.</p>

Agreement/ Outcome	Ministry of Justice Review of the Youth Justice System interim report noted.
Ref No. 10	Children Act 2004 Section 11 Returns 2016 / 2017 : Overview & S11 Challenge / Assurance Endorsement from Partners
Discussion	<p>CM introduced the item on the Children Act 2004 Section 11 Returns 2016-2017, referring Board members to the circulated report by PB, and the supplementary appendices detailing the S11 submissions from all agencies involved within the SLSCB:</p> <ul style="list-style-type: none"> • Appendix 1: SLSCB S11 Standards, Elements & Grades Descriptor • Appendix 2: SLSCB Agency S11 Returns • Appendix 3: Additional S11 Returns • Appendix 4: Standards & Elements in Chart Form <p>The report and associated appendices gave Board members the opportunity to scrutinise and, where appropriate, challenge the fulfilment of the partners Section 11 duty using the objectives of LSCBs, namely:</p> <ol style="list-style-type: none"> a) to co-ordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area, and b) to ensure the effectiveness of what is done by each such person or body for those purposes. <p>Working Together to Safeguard Children 2015 guidance/requirements were incorporated into the S11 Audit Tool developed by SLSCB - the tool has 11 standards, and each standard has elements associated with it (as shown in Appendix 1). Partners were able to submit their S11 returns via an online audit tool from the Virtual College which the SLSCB agreed to purchase for a trial period.</p> <p>CM invited Board members to participate in a group discussion around the S11 returns, and asked them to challenge the information that agencies had submitted, identify areas of strength and weakness, and consider what issues should be taken back to individual organisations. In addition, any emerging priorities for the SLSCB should be flagged, along with key themes and messages (which can feed into the SLSCB Annual Report and future planning). Following a 25-minute group discussion, feedback was as follows:</p> <p><i>Table 1 (DM, CMa, JM, AG, KAg)</i></p> <ul style="list-style-type: none"> • Are we being commonly critical? • Audit measures activity, not impact. • Some grading of elements within standards is very subjective (e.g. 1.3 – Grade 4). • Lots of variation in responses to standards 4-7. • Need to check with children and families – do they feel safe? • Health Challenge Clinics noted – panels giving assurance on standards. • Very worthwhile exercise to scrutinise each other, albeit sometimes uncomfortable. <p><i>Table 2 (MG, KC, KA, LR, DP)</i></p> <ul style="list-style-type: none"> • Role/value of S11 itself – useful to see where you are, but potential for over-optimism if self-reporting and knowing it will be subject to a wider audience. • Presentation of audit data is useful. • This is just one tool to assure the Board – further focus is needed on specific issues. • Young Inspectors to validate (as in Hartlepool) and Performance Clinics to check work. • Audit may work better for smaller organisations and schools, but less so for larger organisations where only one score is given for a range of services/users. • What can we do with this – build into performance/QA work of the Board? Do not treat this as a one-off process – needs validating (can it go through a moderation process?). • How do we create conditions at the Board to help other agencies if an organisation is considered at a good level (sharing good practice) – not always about highlighting poor

or over-rated practice.

Table 3 (LC, JH, JE, AM, AS, TH)

- Issues of over-scoring (leading to complacency) and under-scoring (leading to disproportionate activity) of audits.
- Grade 4 – are scores at this level reflective of meeting the statutory minimum, or are agencies considering they have achieved perfection?
- Proposed that Board members spend time outside this meeting with another agency to review their S11 returns in more detail.
- Greater variety of grading across standards 1, 6, 7 and 11 – should there be a collective SLSCB response regarding work on these areas? Need to agree action now, not in the future.
- Challenge colleagues if not completed their audit/sections of their audit – why?

Table 4 (LB, PK, SM, AT, JA)

- Issues around standardisation of responses across agencies – some provided one word responses to certain elements and graded themselves a 4, whereas others provided lots of information and only graded themselves a 2 or 3.
- Standards 7 and 11 highlight information-sharing as being a big issue, confirming what the Board already know.
- Consistency across other Tees LSCBs – the new Tees Performance Framework should help achieve this, and the next time S11s are completed, they will be done on a Tees-wide basis.

CM considered whether there needed to be ownership of the S11 returns from each agency's Chief Executive to be assured that the grading of all standards truly reflect an organisations position, suggesting that perhaps the submitted documentation should carry the signature of the Chief Officer.

In terms of the Virtual College online audit tool, **PB** advised that the £8,000 continuation fee had been suspended – it is felt that, although some positive comments were received from those who completed the audit, the tool is not a good use of financial resources if used for only one audit.

Following the above feedback from the group discussions, it was agreed that the next stage of analysis would involve co-working between Board members to evidence external scrutiny of each grading. One person from each submitting agency (14) would pair-up with another (7 pairs) to initially focus on the four areas of identified weakness across partners (standards 1, 6, 7 and 11) – future focus on high-scoring areas for assurance that this really is the case may then follow. Pairings will be arranged by **PB**, and feedback from the co-working will be considered at the Board meeting in June 2016 (feedback to be sent to **PB** by the 3rd June 2016).

Further to the concern raised in relation to incomplete S11 audit returns, it was also agreed that a letter would be sent from **CM** to NHS England expressing disappointment that, as a valued member of the partnership, they were unable to submit a completed audit. A request for evidence regarding the incomplete elements of their audit would be included.

<i>Agreement/ Outcome</i>	Initial scrutiny of Section 11 Returns 2016-2017 from SLSCB partners undertaken, with comments shared and plans for future analysis agreed. Virtual College online audit tool licence not to be renewed.			
<i>Log Ref</i>	<i>Mtg Date</i>	<i>Action Required</i>	<i>Person Responsible</i>	<i>Due Date</i>
116/03/1516	17.03.16	Arrange pairings for the agreed co-working of Board members regarding the next stage of S11 analysis.	PB	31.03.16
117/03/1516	17.03.16	Feedback on S11 analysis following work by agreed pairings of Board members to be sent to PB.	ALL (as identified by PB)	03.06.16

118/03/1516	17.03.16	Letter to be sent to NHS England in relation to the incomplete submission of their S11 audit return, including a request for the outstanding information.	CM/PB	21.04.16
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Ref No. 11	Any Other Business
<i>Discussion</i>	<p><u>Colin Morris (SLSCB Independent Chair)</u> As this was the last meeting in his role as SLSCB Independent Chair, JH, on behalf of the Board, presented CM with a card of thanks and some leaving gifts. CM was commended for his efforts in moving the SLSCB forward considerably in his time as Chair, and Board members wished him well for the future.</p> <p>CM thanked JH for her kind comments, all Board members for their input over the six years that he had been in the role, and wished everyone well in the challenging times ahead.</p>
<i>Agreement/ Outcome</i>	Noted.