

## STOCKTON-ON-TEES LOCAL SAFEGUARDING CHILDREN BOARD (SLSCB)

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

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 SLSCB LIPSG	Cleveland Police	<ul style="list-style-type: none"> <li>Redcar SCB (Full board, Exec and LIPSG)</li> <li>Middlesbrough SCB (Full board and LIPSG)</li> <li>Hartlepool SCB (Full board, Exec and LIPSG)</li> <li>Teeswide Safeguarding Adults Board</li> <li>Tees LSCBs Strategic VEMT Group</li> <li>MAPPA SMB</li> <li>MASH Strategic Management Board (N Tees)</li> <li>CDOP</li> </ul>	✓
Alex Taylor (AT)	Head Teacher Independent Schools	Education Establishments		✓
Clare Mason (CM)	Deputy Principal Secondary Schools			✓
Kerry Coe (KC)	Head Teacher Primary Schools		<ul style="list-style-type: none"> <li>High Needs Panel</li> <li>Primary Heads Group</li> <li>ARP Cluster</li> </ul>	✓
Joanna Bailey (JB)	Principal Stockton Sixth Form College		<ul style="list-style-type: none"> <li>Governor at Thornaby Academy</li> <li>Governor at The Grangefield Academy</li> <li>Campus Stockton Teaching Alliance</li> <li>14-19 Partnership,</li> <li>Campus Stockton CPD Group</li> <li>Campus Stockton R&amp;D Group</li> <li>Secondary Heads Group</li> </ul>	Apols
Jean Golightly (JG)	Executive Nurse	Hartlepool & Stockton-on-Tees Clinical Commissioning Group (CCG)	<ul style="list-style-type: none"> <li>South Tees CCG (Exec Nurse)</li> <li>Teeswide Safeguarding Adults Board</li> <li>Member of NHSE Quality Surveillance Group meeting</li> </ul>	Apols
Trina Holcroft (TH)	Designated Nurse, Safeguarding Children & LAC		<ul style="list-style-type: none"> <li>Hartlepool SCB (full board, exec and LIPSG)</li> <li>CDOP</li> <li>Tees LSCBs Procedures Group</li> <li>Multi-Agency Looked After Partnership (MALAP Stockton)</li> <li>Stockton Performance Management</li> <li>Stockton LIPSG</li> <li>Hartlepool Performance and Quality Group</li> <li>Joint Training Group</li> <li>MACH SMB and Implementation Group</li> <li>Teeswide Designated Professionals Group</li> <li>NTHFT Steering Group</li> </ul>	✓
Kailash Agrawal (KA)	Designated Doctor <i>Advisor to the Board</i>		<ul style="list-style-type: none"> <li>Middlesbrough LSCB</li> <li>Redcar and Cleveland LSCB</li> <li>NT&amp;HFT Safeguarding Steering Group</li> <li>Teesside Designated Doctors Group (Ch.)</li> </ul>	✓
David Charlesworth (DC)	Quality and Patient Safety Manager	NHS England (Cumbria & North East)		✓
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"> <li>Teeswide Adult Safeguarding Board</li> <li>North Yorkshire Adult Safeguarding Board</li> <li>North Yorkshire Children's Safeguarding Board</li> <li>(Member of other safeguarding boards but send deputies on regular basis)</li> </ul>	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"> <li>• Middlesbrough LSCB</li> <li>• Redcar and Cleveland LSCB</li> <li>• Hartlepool LSCB</li> <li>• South Tees YOS</li> <li>• Stockton YOS</li> <li>• Hartlepool YOS</li> <li>• YOS Management Board</li> <li>• LCJB</li> <li>• Local Public Service Board</li> <li>• Teeswide Safeguarding Adults Board</li> <li>• Tees Adult Health and Wellbeing Board</li> <li>• Strategic DV and Abuse Strategic Group</li> <li>• Contest Gold</li> <li>• Stockton Scanning and Challenge</li> <li>• ETE/OSE Board</li> <li>• Tees Strategic VEMT Group</li> </ul>	✗
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"> <li>• Tees Valley Choice Based Lettings Steering Group</li> <li>• My Sisters Place – Board</li> <li>• North East Homelessness Group</li> <li>• MAPPA Representative</li> </ul>	Apols
Steve Rose (SR)	Chief Executive Officer Catalyst	Voluntary Sector	<ul style="list-style-type: none"> <li>• Safer Stockton Partnership</li> <li>• Stockton 14-19 Partnership</li> <li>• Stockton Carers Implementation Group</li> <li>• Stockton Health &amp; Wellbeing Partnership</li> <li>• Stockton VCSE Senior Leaders Forum</li> <li>• Stockton Voice</li> <li>• Stockton Youth Offenders Service Board</li> <li>• Tees Dementia Collaborative</li> <li>• Tees Valley Local Development Agencies Forum</li> <li>• Tees Valley Unlimited European Social Inclusion Task &amp; Finish Group</li> </ul>	✗

Guests:		
Phil Curtis (PC)	SBC - Local Authority Designated Officer (LADO)	For item 2a
Karen Agar (KAg)	TEWV - Associate Director of Nursing (Safeguarding)	Sub for Elizabeth Moody

<b>Minute-Taker:</b>	Gary Woods - SLSCB Business Support Officer
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<b>Meeting Quorate:</b>	Yes
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<b>Declarations of Interest:</b>	None
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Ref No. 1	Attendance, Apologies & Quoracy
Discussion	<p><b>KAg</b> was in attendance as the substitute for <b>EM</b>.</p> <p><i>Note: <b>KAg</b> arrived in the meeting at 9.10am, and <b>LR</b> arrived at 9.20am. <b>JE</b> left the meeting at 10.50am, and <b>AS</b> left at 11.00am.</i></p>
Agreement/ Outcome	Noted.

Ref No. 2	<b>2015 / 2016 Assurance Reports</b>
Discussion	<p data-bbox="296 174 826 206"><u>a) LADO Assurance Report 2015 / 2016</u></p> <p data-bbox="296 206 1489 405"><b>PC</b> presented the circulated <i>Annual Report: Managing Allegations against staff, carers and volunteers 2015-2016</i>, which provided information in relation to Local Authority Designated Officer (LADO) activity covering 1<sup>st</sup> April 2015 to 31<sup>st</sup> March 2016 with regard to managing allegations against staff, carers and volunteers. The report included information on time-scales and outcomes of cases when allegations are made, any identified trends or gaps, and areas for future development.</p> <p data-bbox="296 443 1066 474"><u><i>The Role of the Local Authority Designated Officer (LADO)</i></u></p> <ul data-bbox="296 474 1489 779" style="list-style-type: none"> <li data-bbox="296 474 1489 539">• The post of LADO with Stockton-on-Tees Borough Council is an independent role within the authority, which ensures the LADO remains impartial.</li> <li data-bbox="296 539 1489 779">• The role of the LADO is to provide management and overview of cases where there are allegations against staff, carers or volunteers who work with children from all sectors. The LADO ensures that advice and guidance is given to Designated Officers and Senior Managers within organisations; this includes the monitoring of progress and timescales of these cases. The LADO ensures that there is a consistent approach to the application of policy and procedures when managing allegations, and maintains a secure information database for all allegations.</li> </ul> <p data-bbox="296 817 647 848"><u><i>Data Analysis 2015 / 2016</i></u></p> <ul data-bbox="296 848 1489 1966" style="list-style-type: none"> <li data-bbox="296 848 1489 1088">• <i>Referrals made:</i> The number of referrals to the LADO in the period was 125 (2014-2015 - 108), an increase of 16%. Of the 125 referrals recorded, 41 (about a third) resulted in LADO meetings taking place - this is an increase on the 35 meetings that took place in 2014-2015, but equates to the same percentage of meetings that took place. Meetings take place when it is clear that information sharing would benefit by holding a meeting with relevant agencies - this can be after a Strategy is held by Children Services, or may be a standalone meeting.</li> <li data-bbox="296 1088 1489 1288">• <i>Referrals by agency:</i> The greatest number of referrals received by the LADO came from Education, who were responsible for the submission of 34% (43) of the referrals. Children's Services were responsible for 18% (22) of the referrals recorded. There was a noticeable increase in referrals from Health, with 10 referrals made (8%) - this followed work with HR at University Hospital of North Tees (UHNT), and is an encouraging improvement on the one referral received during 2014-2015.</li> <li data-bbox="296 1288 1489 1527">• <i>Referrals by employment sector:</i> Education remains the highest in terms of allegations against specific staff groups, with 53 referred during 2015-2016 - this is an increase when compared to the previous two years. Five referrals received involved Foster Carers (a drop on previous years), and 12 referrals received were linked to Children's Residential Homes (an increase). There was a significant rise in the referrals relating to Health, with 12 referrals received, seven of which were made by Health professionals (work has been carried out to raise awareness within Health - this is ongoing).</li> <li data-bbox="296 1527 1489 1767">• <i>Category of referrals:</i> The greatest number of referrals in 2015-2016 related to allegations of physical abuse which have seen an increase to 59 (47%) - this compares to 34 (31%) during 2014-2015. Sexual-related referrals also increased during the period to 17 (13.5%) - this follows a fall during in 2014-15 when only 8% were categorised as sexual. Domestic Violence has been separated from 'Physical' for this period in order to separate incidents occurring at the work setting, and those which occur in their private life - for this period there were six referrals which involved DV.</li> <li data-bbox="296 1767 1489 1966">• <i>Timescales for cases to be resolved:</i> At the time of compiling this report, 97 of the 125 referrals have been finalised - of these 97, 69% were dealt with and closed within one month of the referral being received by the LADO. Of the 28 cases still open, 15 await the outcome of Police investigations, nine are ongoing internal investigations, and four are pending internal disciplinary procedures (<i>note: PC advised that only 14 cases now remain open to date</i>).</li> </ul> <p data-bbox="296 2004 491 2036"><u><i>Developments</i></u></p> <ul data-bbox="296 2036 1489 2072" style="list-style-type: none"> <li data-bbox="296 2036 1489 2072">• From 1<sup>st</sup> June 2016, the Stockton LADO will move to Hartlepool Local Authority and</li> </ul>

work in the Hartlepool and Stockton-on-Tees Children's Hub. The LADO will be responsible for managing allegations in Hartlepool and Stockton (as well as attending MARAC and MAPPA meetings).

As co-Chair of the School's Workforce Joint Consultative Panel, **AM** advised that violence against staff has been monitored over recent years, and questioned whether there was any correlation in terms of reporting into the LADO - **PC** highlighted some instances involving the restraint of children which resulted in allegations being made against staff. **LB** asked if agencies have a duty to report these instances, or if it was merely good practice to inform the LADO - **PC** stated that, for all cases, the LADO should be informed within a working day.

With reference to the increase in Health referrals, **JH** queried if any work was taking place within TEWV to raise awareness of the LADO role (as has been done within NTHFT) - **PC** reported that no such work with TEWV had been undertaken as yet, but that he had spoken with **TH** regarding GP involvement in the LADO process. **KAg** added that TEWV have a small workforce in Stockton, and that allegations against staff are addressed on a monthly basis with HR. To further enhance the LADO links into TEWV, **PC** agreed to contact **KAg** following this meeting.

In terms of the data around the outcome of referrals from 2013-2014 to 2015-2016 (Chart 6), **MG** drew attention to the increasing number of cases resulting in criminal investigations, and the reducing number of cases recorded as 'no further action' - does this suggest that allegations are becoming more serious? **PC** explained that every time the Police are involved in a case (in whatever capacity, and whatever the subsequent outcome), it is now recorded as 'criminal investigation'. **AS** furthered that this trend matches that of non-recent (historical) allegations of abuse over recent years, and noted that, in such cases, these children have become professionals who in turn are now working with children.

**PB** commented that contact had been made with the LSCB network regarding agency response rates to the LADO - Stockton appear to follow the national pattern (lower referral numbers from Health; majority of referrals from Education and Children's Social Care). **DP** felt there was value in presenting comparative regional data in future reports - **PC** advised that regional LADO colleagues are reporting similar trends (therefore Stockton seem to be in line with other authorities), and confirmed that there were no issues/concerns with any specific institution/agency at the current time.

**DP** thanked **PC** for presenting his thorough report.

#### b) SLSCB LIPSG Report 2015 / 2016

**AS** referred to the circulated *SLSCB LIPSG Annual Report 2015/2016*, providing Board members with an overview of work undertaken by the Learning & Improving Practice Sub-Group (LIPSG) during 2015-2016. Key points of note included:

- During 2015-2016, this group met 10 times (this does not include meetings that were held in respect of the Serious Case Review published in August 2015). Membership and attendance of the group has changed slightly during the year (Appendix 1), however, this has not had an adverse effect - in fact, it has strengthened it.
- During 2015-2016, seven cases were subject to consideration and review by the LIPSG, four of which were initially referred to in 2014-2015. None of the new cases met the criteria for a Serious Case Review (SCR).
- A brief outline of learning that the LIPSG focused on during 2015-2016 was included (Appendix 2), from which it identified the following recurring key themes (LIPSG proposes that the above are taken into consideration for the 2016-2017 Multi-Agency Audit Programme, and training plan):
  - Professional Challenge.
  - Risk Assessments - adequacy and use of.

- Decision Making - tied to appropriate risk assessments.
- Lack of professional's effective response to indicators of chronic neglect.
- Pathway & Protocols for 'Did not attend and missed appointments' - NTHFT and South Tees Hospital NHS Foundation Trust (STHFT) protocols have both since been reviewed and updated.
- No multi-agency (TAF) meetings held to obtain a full picture of the child - linked to chronic neglect cases.
- Over reliance on parental reporting - links to disguised compliance; **AS/LR** taking this theme forward as agreed at the last Board meeting in April 2016.

Regarding the 'Did not attend and missed appointments' theme, **MG** stated that this issue will be strengthened in the multi-agency audit programme. As has been noted on a number of previous occasions, **AM** re-iterated that it is not a child's fault that they do not attend, and **KA** urged the use of the term 'child not brought to appointments'. **TH** advised that Health Trusts are auditing 'child not brought appointments' procedures, as will GPs.

**LB** asked how Learning Reviews (LR) are disseminated to frontline staff - **AS** noted the use of large multi-agency training events, the inclusion of improved practices within Tees procedures, the feeding of key learning into the SLSCB training plan, and the cascading of learning by Board members throughout their organisation. **PB** added that there is always one annual multi-agency event reflecting SCRs/LRs, though **KA** expressed concern over the fact that the same themes keep arising. **DP** emphasised the need to draw the connection between learning, audit and training, and will re-enforce this at the forthcoming SLSCB Development Day in June 2016.

#### c) Tees LSCBs Procedures Group Report 2015 / 2016

**SM** presented the circulated *Tees LSCB's Procedures Group Annual Report 2015/16*, providing an overview of activity undertaken by the Tees LSCBs Procedures Group (TPG) during 2015-2016. The main function of the TPG was outlined, and it was noted that following a review of Charing arrangements across the four Tees Local Authorities, it has been agreed that **SM** will continue to Chair the TPG until March 2017. Although there have been some changes in membership throughout the year, there continues to be strong representation from each LSCB and agency/sector, and the meetings continue to be well attended, with positive contributions from all members.

#### Procedures agreed during 2015-2016

- Allegations against Staff, Carers or Volunteers.
- Child Protection - Role of the Chair of ICPC/RCPC (IRO).
- Child Protection Review Conferences (Dual Process/Protection).
- Complaints by Service Users.
- Female Genital Mutilation (FGM).
- Orders - Residence/Child Arrangements/Special Guardianship.
- Prevent/Radicalisation.
- Private Fostering.
- Request for Information from Police.
- Safeguarding the Unborn Baby.
- Tees LSCBs Information Sharing Protocol.

#### Guidance agreed during 2015-2016

- Case Recording Principles.
- Core Groups.
- Health & Care Establishment Incident - Referral Process.

#### Work currently underway

- Assessing and Responding to the Impact of Domestic Abuse on Children.
- Child Death - Sudden Unexpected Death of a Baby.

- Child in Need (CiN).
- Children & Babies leaving the UK.
- Conflict between procedures 1.8 (Initial Child Protection Conference) and 3.1.4 (Child Protection Neglect Medical) on the TPG website.
- Parents Recording Social Workers Guidance.
- Interface Between Safeguarding Children and Safeguarding Adults Protocol.
- Making a Referral to Children's Social Care.
- Parental Substance Abuse.
- Safer Referral Form.

A review of the Tees LSCBs Safeguarding Procedures website has also been completed in order to make the website easier to navigate, and to include a 'news' section.

As Chair of the TPG, **SM** was interviewed as part of the Middlesbrough Council Single Inspection Framework (SIF) inspection undertaken by Ofsted in November and December 2015. The Ofsted report (dated 19<sup>th</sup> February 2016) states '*The procedures group... is good and helps promote consistency across the region*' - this demonstrates that TPG continues to function effectively, and 2015-2016 has been a positive and productive year. There is a clear structure in place to ensure that work is progressed in a timely manner, and this provides a firm foundation for TPG during 2016-2017.

Board members noted the TPG report, and **DP** congratulated **SM** for the comments received from Ofsted.

#### d) SLSCB VEMT Report 2015 / 2016

**SM** referred to the circulated *VEMT Sub Group Annual Report 2015/16*, providing an overview of activity undertaken by the Vulnerable, Exploited, Missing and Trafficked (VEMT) Sub-Group during 2015-2016. The aim and objectives of the group were outlined, along with the current membership - the group continues to be well attended, with positive contributions being made by all members. It had previously been recognised that there was insufficient representation from Health agencies, but following discussions at Tees LSCBs Strategic VEMT Group and SLSCB, this has been addressed, with representatives recently being identified from HAST CCG, NTHFT and TEWW.

#### Work completed during 2015-2016

- Contributed to review of CSE Strategy and Action Plan.
- Contributed to review of Tees Quality Assurance Framework.
- Considered children's homes location risk assessments.
- Review of VEMT Sub-Group and VEMT Practitioners' Group (VPG) terms of reference.
- Review of Stockton-on-Tees Borough Council Taxi licensing in light of the Rotherham report.
- CSE Task and Finish Review – consideration of recommendations and update to CYP Select Committee.
- Review of Police input to VPG.
- Review of National Probation Service (NPS)/Community Rehabilitation Company (CRC) role in VEMT process.
- Consideration of Families and Communities against CSE (FCASE) evaluation report.
- Review of Missing/Return Interview arrangements.
- Police intelligence 'roadshow'.
- Contribution to National Police Chiefs' Council (NPCC) Regional Problem Profile.

#### Work currently underway

- Review of current practice against Ofsted Joint Targeted Area Inspection criteria - will feed this into the Tees LSCBs Strategic VEMT Group for learning across Tees.
- Review of missing and return interview procedures.
- Review of probation input to VPG.
- Development of multi-agency case file audit process.

	<ul style="list-style-type: none"> <li>Review of local action planning.</li> </ul> <p>In terms of children subject of VEMT during 2015-2016, although there has been some fluctuation throughout the year, the numbers have remained broadly stable, and in line with the previous year. A breakdown of those children subject to VEMT as of the 31<sup>st</sup> March 2016 was included.</p> <p><b>SM</b> reported that, although there had not been a significant increase in the number of children subject of VEMT across the year, there are a small number of high-risk young people, particularly girls around the ages of 14-15 years-old, who have poor attitudes towards themselves and what they consider appropriate behaviour. Secure accommodation has been agreed for two of these young people recently due to concerns over the friendships between the girls' group - this will continue to be monitored as the arrangements are only for a temporary period. <b>JH</b> noted that around 25% of LAC placements involved children with CSE issues, and <b>SM</b> added that the reason for the high proportion of LAC currently subject of VEMT is due to preventative/protective action being taken by agencies.</p> <p>Following the CSE Audit report presented at the last Board meeting in April 2016, <b>AM</b> advised that she had met with <b>JH</b> and <b>SM</b> for an outline of the CSE monitoring processes - similar meetings will take place in the future to assure quality.</p> <p><b>TH</b> suggested adding a Sexual Health representative to the VEMT Sub-Group - <b>SM</b> noted that such a representative already sits on the VPG, but was happy to consider adding to the VEMT Sub-Group membership if someone more senior wished to become involved.</p> <p><b>DP</b> queried whether the VEMT Action Plan was presented to the SLSCB - <b>AS</b> advised that all of the Tees VEMT Sub-Groups work to the Tees LSCBs Strategic VEMT Group Strategy and Action Plan. <b>DP</b> proposed that future deep dive thematic work regarding CSE is undertaken - this would be considered further at the forthcoming SLSCB Development Day in June 2016.</p> <p><b>PB</b> advised that all assurance reports to the SLSCB have, in the past, been added to the SLSCB website (with any identifiable information redacted), and asked if Board members supported the continuation of such practice - this was agreed. <b>SM</b> urged caution around the inclusion of low numbers (less than five), as these would normally be suppressed (as in Freedom of Information requests) - this provided a challenge to agencies when preparing reports. In light of this, <b>DP</b> felt there was a need to consider if reports are to go into the public domain, a question that would be picked up outside this meeting.</p>
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Agreement/ Outcome	2015-2016 Assurance Reports noted and discussed, reflecting on the year's achievements, future developments, and challenges encountered/anticipated. Actions identified in relation to LADO links into TEWV, and potential CSE thematic work.			
Log Ref	Mtg Date	Action Required	Person Responsible	Due Date
16/05/1617	19.05.16	Contact <b>KAg</b> in relation to enhancing LADO links into TEWV.	<b>Phil Curtis</b>	31.05.16
17/05/1617	19.05.16	Consider future deep dive thematic work regarding CSE at the SLSCB Development Day in June 2016.	<b>ALL</b>	16.06.16

Ref No. 3	<b>Concordat for Children in Custody &amp; Update on Tees Vulnerable People in Custody Group</b>
Discussion	<p>With reference to the circulated draft Home Office <i>Concordat on Children in Custody: Preventing the detention of children in police stations following charge</i> and attached Home Officer letter, <b>AS</b> outlined the rationale for the proposals put forward.</p> <p>As discussed at previous SLSCB meetings, the overriding message is that children in custody are a bad thing, particularly if they have been charged. It is felt that both Police Cus-</p>



	<p>tody Officers and Emergency Duty Teams (EDTs) are stuck in a routine, and that there needs to be more challenge between these parties. As such, details are now being collected when bail is refused, specifically on what then happens - this will be fed into discussions around accommodation provision. It was however acknowledged that there are structural issues nationally which make local decisions difficult.</p> <p><b>JH</b> reported on discussions at a recent Tees Valley Directors meeting, and noted that there had been 32 requests for secure beds across Tees during the last year. Of these 32, 18 concerned Stockton (4 females; 14 males (including 5 linked to the Norton murder trial) - 15 were offered but declined by the Police (due to location). Aycliffe Secure Centre, Newton Aycliffe was not available due to a lack of a 24/7 Manager (there was a bed, but nobody there to admit) - this will be addressed regionally. <b>JH</b> also noted that the National Secure Welfare Commissioning Unit went live on the 16<sup>th</sup> May 2016 (hosted by Hampshire Local Authority), with all referrals now being made to this hub.</p> <p>Referring to Annex A (Police process for children in custody) within the Concordat, <b>AM</b> suggested that the box '<i>Does the child pose a risk of serious harm (death or serious injury, whether physical or psychological) to the public?</i>' should also include acknowledgement of the child being a risk to themselves. <b>AS</b> stated that one of the reasons for the refusal of bail is that a child is at risk of harm to themselves or from others, and gave assurance that this would be considered in custody - any local flowcharts evolving from this Concordat could reflect this if necessary.</p> <p>In terms of the Tees Vulnerable People in Custody Group, <b>AS</b> advised that they will be making some recommendations to Tees LSCBs in the next couple of months. <b>DP</b> urged caution to ensure that duplication of activity does not occur between this group and other regional groups who are also looking into this issue.</p> <p>Board members agreed to the principles put forward, though noted the technical difficulties involved. <b>AS</b> to provide feedback on developments from the Tees Vulnerable People in Custody Group at a future SLSCB meeting.</p>			
Agreement/ Outcome	Home Office Concordat on Children in Custody noted and endorsed, with local actions identified regarding issues around night Managers in local secure accommodation. Further updates from the Tees Vulnerable People in Custody Group to follow.			
Log Ref	Mtg Date	Action Required	Person Responsible	Due Date
18/05/1617	19.05.16	Raise the issue of night Managers in local secure accommodation provision regionally.	<b>JH</b>	16.06.16
19/05/1617	19.05.16	Provide updates on the developments from the Tees Vulnerable People in Custody Group.	<b>AS</b>	26.07.16

Ref No. 4	<b>CQC CLAS Hartlepool Review</b>
Discussion	<p><b>TH</b> gave a presentation on the recent <i>CQC Children Looked After and Safeguarding Review</i> that took place in Hartlepool (presentation to be circulated to Board members following this meeting) - this provided an overview of the process, highlighted positive practice and opportunities that were identified within NTHFT, TEWV/CAMHS and Adult Mental Health, Substance Misuse and Sexual Health, and Primary Care (GPs), and gave assurance over the immediate priorities that have been addressed. In terms of the latter, this included:</p> <ul style="list-style-type: none"> <li>• CAMHS training for staff on paediatric ward arranged and being delivered (May 2016).</li> <li>• LAC Nurse post advertised and successfully appointed to; Named Nurse Safeguarding Children (NTHFT) now managing LAC.</li> <li>• CCG Designated Nurse participated in meeting with main health provider (NTHFT) to formulate Action Plan. CCG, NTHFT, TEWV and NHS England have completed Action</li> </ul>

	<p>Plan and this has been submitted to CQC.</p> <ul style="list-style-type: none"> <li>• Bi-monthly meetings arranged to monitor progress of Action Plan, and this will be monitored at CCG quality meetings (CQRG), CCG internal meetings, and 1:1 meetings between Designated Nurse and Named Nurse. Announced and unannounced commissioner visits are also undertaken.</li> <li>• CCG Executive Nurse meets with Directors of Nursing from all providers and NHS England.</li> <li>• CCG working with Public Health (commission Sexual Health services, SN/HV, substance misuse) - made aware of recommendations by CQC.</li> </ul> <p><b>TH</b> confirmed that the findings from this review in Hartlepool would likely be replicated in Stockton. As a TEWV Governor, <b>AM</b> hoped that this learning is shared across TEWV, with <b>KAg</b> noting that learning from reviews is cascaded across all geographical areas of TEWV. <b>LR</b> raised the different commissioning arrangements between Hartlepool and Stockton, advising that staff do not work across both locations, but do have similar procedures.</p> <p>Referring to the identified opportunity to improve CAMHS links with the School Nursing team, <b>MG</b> highlighted the current practice where if a young person is discharged from CAMHS, the School Nurse receives a letter - however, there is no further examination as to the reasons for discharge, and this may require future focus. <b>KAg</b> advised that CAMHS have changed the DNA pathway, reflecting the need to investigate discharge decisions – future assurance that this is being followed is required though, and <b>KAg</b> agreed to provide such assurance at a future Board meeting. <b>LR</b> added that School Nurses do not have access to all information, and are reliant on communication networks, and <b>AM</b> questioned whether the recent scoping exercise completed on CAMHS will be fed into commissioning considerations.</p> <p>From a Health Visitor/School Nurse perspective, <b>PK</b> felt there were distinct differences in approaches here - this needed to be looked at in more detail with both commissioners and providers in relation to risks, and be reported back to the SLSCB. <b>LR</b> advised that comments have already been submitted to Stockton commissioners, and was happy to provide the Board with an Action Plan. <b>LR</b> also noted that a review of LAC Nurse provision will be undertaken as this has never increased, despite an increase in LAC numbers.</p> <p><b>TH</b> identified some potential overlap between the LAC Nurse and Named Nurse (who is now managing LAC) across Hartlepool and Stockton - will liaise with <b>LR</b>, <b>KAg</b>, <b>PK</b> and <b>JH</b> to address any issues, and bring back to the SLSCB for clarification and assurance.</p>			
<i>Agreement/ Outcome</i>	Findings from the CQC Children Looked After and Safeguarding Review (Hartlepool) noted and discussed, with future assurance required around the CAMHS DNA pathway, and the LAC Nurse/Named Nurse (who is not managing LAC) arrangements.			
<i>Log Ref</i>	<i>Mtg Date</i>	<i>Action Required</i>	<i>Person Responsible</i>	<i>Due Date</i>
20/05/1617	19.05.16	Circulate CQC Children Looked After and Safeguarding Review (Hartlepool) presentation to Board members following the May 2016 Board meeting.	<b>Business Unit</b>	09.06.16
21/05/1617	19.05.16	Provide assurance that the revised CAMHS DNA pathway is being followed, specifically around the investigation of the reasons for discharging a young person.	<b>KAg</b>	16.06.16
22/05/1617	19.05.16	Address any potential overlap between the LAC Nurse and Named Nurse (who is now managing LAC) across Hartlepool and Stockton with identified Board members, and provide clarity and assurance to the SLSCB.	<b>TH</b>	16.06.16

<p>Ref No. 5 Discussion</p>	<p><b>Signs of Safety Update</b></p> <p>With reference to the circulated <i>Report to Stockton LSCB – Signs of Safety training</i> paper (supplemented by a breakdown of training dates, agency attendance and costs for the period 2014-2016), <b>JH</b> noted that since February 2016, Signs of Safety is now used in all new cases for ICPCs, and highlighted the following key developments in relation to Signs of Safety training:</p> <p><u>Training to date</u></p> <ul style="list-style-type: none"> <li>• Between September 2014 and April 2016, 16 two-day sessions ‘Introduction to Signs of Safety’ were commissioned for the multi-agency workforce across Stockton and Hartlepool - 452 practitioners have taken part.</li> <li>• Six half-day briefings for the wider workforce have taken place in the last six months to raise awareness of the approach, both prior to implementation and more recently as the model has started to be used - 321 people have attended these sessions.</li> <li>• Practice Leads sessions have taken place every two months since November 2015 - 36 Practice Leads have been identified. These sessions are commissioned until October 2016 and are aimed at supporting Practice Leads to implement and embed the Signs of Safety process.</li> <li>• 14 Practice Leads from Hartlepool and Stockton have recently attended the five-day residential Advanced Practice Leads course. A further Advanced course is planned for October 2016.</li> <li>• A bespoke session for IROs took place in January 2016 for those in this role in both Hartlepool and Stockton.</li> <li>• The cost of the above training is £66,745, including the cost of planned Practice Leads sessions until October 2016.</li> </ul> <p><u>Impact evaluation of training</u></p> <ul style="list-style-type: none"> <li>• A new method of evaluating the impact of training was implemented in April 2015 (now a two-stage process) - attendees complete an in-course evaluation form at the end of the training course, and are also sent a further post-course questionnaire after a period of 70 days which asks them to rate their knowledge and skill level, both before and after attending the training.</li> <li>• Feedback has been largely positive for both the half-day awareness and the two-day courses. Examples with regard to impact were also listed.</li> <li>• Evaluation of the specialist course for IROs was more variable. Although the trainer’s subject knowledge was rated as good, attendees felt that the training focused more on what happened before conference rather than on the conference process itself.</li> <li>• Percentage return of the post-course impact evaluation forms for each of course types is variable and has ranged from 33% for the IROs’ course, 41% for the two-day course and 58% for the half-day awareness session - <b>LC</b> felt these return rates were disappointing, and queried if this was a reflection of what attendees thought of the course.</li> <li>• Attendees only receive their certificate of attendance on return of the post-course form - <b>JH</b> will seek clarity regarding attendees being made aware of this requirement.</li> <li>• Further work will be undertaken to identify the percentage rate of return of the impact evaluation form from each partner agency, though there is not a timescale to this as the training unit is experiencing resource pressures.</li> </ul> <p>Future training requirements were identified, including a lack of sufficient waiting list numbers to commission further training, the future plan for any training courses to be delivered by Practice Leads, and a further five-day advanced course taking place in October 2016 (Stockton have 10 Practice Leads who may need this training).</p> <p>The intention is to apply Signs of Safety in the impending Hartlepool and Stockton-on-Tees Children’s Hub, and it can also be used as a tool in supervisions. Once the final results from the evaluation impact have been gathered, a decision will be made as to whether Signs of Safety is adopted as the key tool for agencies to use.</p>
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Agreement/ Outcome	Signs of Safety training updates noted, including attendance and costs. Decision on whether this is adopted as the key tool for agencies to use will follow.			
Log Ref	Mtg Date	Action Required	Person Responsible	Due Date
23/05/1617	19.05.16	Clarify how attendees at the Signs of Safety training are made aware that they will only receive their certificate on return of the post-course evaluation form.	JH	31.05.16

Ref No. 6	<b>School Nurse Programme</b>			
Discussion	<p><b>LR</b> presented the circulated <i>School Nurse Programme: Supporting implementation of the new service offer - Effective Safeguarding Practice</i> update briefing. The School Nursing Service in Stockton initiated a pilot in September 2015, utilising an agreed framework to identify those cases where, after assessment, there were no identified needs which would be met by the School Nursing team – the pilot has now been in place for nine months. Children in need of protection under the category of neglect were excluded from the pilot.</p> <p>The interim evaluation of the pilot identified 18 cases that the School Nurse has safely withdrawn from over the nine-month period. The impact on the service, and release of capacity in hours, has been minimal due to the pilot being restricted to only those cases which are identified as physical, sexual or emotional abuse. On average, based upon the length of the pilot, two cases have been identified per month. There have been no concerns regarding the new way of working which have been escalated to the safeguarding team from either practitioners or partners (including Children’s Services) in relation to needs being identified once the School Nurse has stepped back from the case. There have been some discussions with Chairs of Review Conferences when the Conference has not been quorate due to the School Nurse not being involved in the case. As discussed in the original pilot outline, ensuring RCPCs are quorate was not a reason to maintain the case with the School Nurse.</p> <p>The briefing concluded that significant impact could be realised if neglect cases were included in the pilot. It recommended that the pilot criteria be amended to include all child protection cases, irrespective of the category of abuse agreed, and that the pilot be extended for a further six months to monitor impact.</p> <p><b>JH</b> expressed concern as to who is going to be present within Conferences to make decisions (to remove a Plan as well as put a young person on a Plan) - there is the potential here for two-agency decisions on chronic cases. <b>MG</b> questioned whether there is something different about neglect cases and the need for School Nurse involvement - <b>LR</b> felt there may often be someone more appropriate to attend Conferences, and that School Nurses can remain linked to a case should further health issues arise. <b>KC</b> commented that School Nurses are very important, and valued, contributors at Conferences - <b>LR</b> reiterated that only where there are no identified health needs would School Nurses be removed from this process.</p> <p>A review of some current neglect cases to ascertain the appropriateness for School Nurse involvement was proposed - <b>LR</b> to discuss this with <b>JH</b> and <b>MG</b>, with a paper to be brought back to the SLSCB in order to make an informed decision.</p> <p>In related matters, <b>KAg</b> asked that TEWV representatives on the SLSCB are made aware if CAMHS staff are not attending Conferences (in light of the outcomes of the SCR Gavin review).</p>			
Agreement/ Outcome	School Nurse Programme update briefing noted - decision on School Nurse involvement in neglect cases to be deferred to a future SLSCB meeting following further discussions.			
Log Ref	Mtg Date	Action Required	Person Responsible	Due Date
24/05/1617	19.05.16	Discuss School Nurse involvement in neglect cases	LR	26.07.16

		with <b>JH</b> and <b>MG</b> , and bring an updated paper to the SLSCB to allow for a more informed decision.		
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<b>Ref No. 7</b>	<b>SLSCB Proposed Budgets for 2016 /17</b>
<i>Discussion</i>	<p><b>PB</b> referred to the circulated <i>SLSCB Proposed Budget for 2016 /2017</i> report, presented to Board members for agreement on both the core SLSCB budget and the multi-agency training budget for 2016-2017.</p> <p>The proposed budgets for 2016-2017 were subsequently endorsed by Board members. The SLSCB will be presented with regular income and expenditure reports in respect of the budgets, and will be made fully aware of any emerging pressures throughout the year.</p>
<i>Agreement/ Outcome</i>	Proposed SLSCB budgets for 2016-2017 noted and endorsed.

<b>Ref No. 8</b>	<b>Children &amp; Young People Strategy</b>								
<i>Discussion</i>	<p><b>MG</b> presented the circulated <i>Children’s Services Strategy</i> report, setting out a draft Children’s Services Strategy for 2016-2018 (attached to the report), and seeking comments and endorsement from the SLSCB.</p> <p>Designed in response to a) the development of the Council Plan and the need for clearer threads to operational activity, b) the need for a sustained focus on self-assessment and improvement (at least partly in response to the forthcoming Ofsted inspection), and c) the need to bring greater clarity to priorities for employees and partners to assist in the redesign, review and re-commissioning of services and collaboration on priorities, the strategy:</p> <ul style="list-style-type: none"> <li>• Sets out the vision, objectives and priorities for Children’s Services for the first time. It is based on a new approach, which translates the refreshed Council Plan into service priorities and clear action.</li> <li>• Is in two parts: part 1 provides a standalone strategy, including high-level summaries of context, story and priority, and is intended more as a public facing document; part 2 provides a detailed change and improvement plan largely for internal action and implementation.</li> <li>• Includes both those actions which form part of the transformation programme, and those which relate to business improvement actions for Children’s Services as a whole. It draws together the range of strategies and partnership activity already underway, planning and self-assessment for Ofsted, and improvement planning.</li> </ul> <p>The strategy is intended to provide a clear framework for action, prioritisation for service planning, appraisal, and as the basis for workforce development. It will also be shared with partners to be transparent and open about Council priorities.</p> <p><b>MG</b> advised that these proposals have been presented to the Children and Young People Partnership (CYPP) too, and he was happy to receive comments today, or after this meeting. <b>AS</b> felt that the early identification of families/children was key, as this will have potential future benefits. <b>LR</b> noted that <b>MG</b> had engaged with all partners in the compilation of this document.</p> <p><b>DP</b> commended the work undertaken on this impressive and substantial document, which deserves a response from all agencies - as such, all non-SBC Board members were asked to provide written feedback to <b>MG</b> (who will keep <b>DP</b> informed on who has responded).</p>								
<i>Agreement/ Outcome</i>	Draft Children’s Services Strategy for 2016-2018 presented for comment - all non-SBC Board members to provide written feedback to <b>MG</b> prior to any endorsement by SLSCB.								
<i>Log Ref</i>	<table border="1"> <thead> <tr> <th><i>Mtg Date</i></th> <th><i>Action Required</i></th> <th><i>Person Responsible</i></th> <th><i>Due Date</i></th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	<i>Mtg Date</i>	<i>Action Required</i>	<i>Person Responsible</i>	<i>Due Date</i>				
<i>Mtg Date</i>	<i>Action Required</i>	<i>Person Responsible</i>	<i>Due Date</i>						

25/05/1617	19.05.16	Provide written feedback to <b>MG</b> regarding the draft Children's Services Strategy for 2016-2018.	<b>ALL</b> (non-SBC members)	31.05.16
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<b>Ref No. 9</b>	<b>Strategic Co-ordination of Activities to Prevent and Respond to Domestic Abuse</b>			
<i>Discussion</i>	<p><b>PK</b> gave an overview of the circulated <i>Strategic Co-ordination of activities to prevent and respond to Domestic Abuse</i> report. With reference to the accompanying report recently agreed by the Health and Wellbeing Board (HWB), approval was sought from the SLSCB regarding the proposals within the report, and for a Domestic Abuse Steering Group to be established (which would be overseen by the HWB).</p> <p>The report to the HWB provided a background to past domestic abuse arrangements, and detailed the developments that have taken place since 2013. However, following more recent discussion focusing on the cross-departmental and organisational activity that is required to prevent and respond to domestic abuse, it was acknowledged that, whilst there is considerable work being carried out by a range of partnerships, organisations and individuals, there needs to be a single partnership in place to bring this work together.</p> <p>As such, it was therefore proposed that a Domestic Abuse Steering Group be established reporting to the HWB, with a wider working protocol to be developed between the Safer Stockton Partnership, Local Safeguarding Children Board, the Teeswide Safeguarding Adults Board, the Adults Health &amp; Wellbeing Partnership, the Children &amp; Young People's Partnership and the Health &amp; Wellbeing Board to provide clarity regarding decision-making and reporting mechanisms, based on the existing protocols between both Safeguarding Boards and the Health &amp; Wellbeing Board.</p> <p><b>PK</b> emphasised that the proposals presented were a reflection of the number of discussions around the severity of the issue of domestic abuse in Stockton, and its subsequent impact upon all agencies. The prevalence of domestic abuse incidents are a serious concern to numerous partnerships and Elected Members.</p> <p>Board members fully endorsed the proposals within the report, and agreed to the strategic drive and oversight of domestic abuse taking place within a newly-established Domestic Abuse Steering Group, overseen by the HWB.</p>			
<i>Agreement/ Outcome</i>	Strategic Co-ordination of activities to prevent and respond to Domestic Abuse report noted, with the proposals fully endorsed by SLSCB members.			

<b>Ref No. 10</b>	<b>Early Help Operating Model Report</b>			
<i>Discussion</i>	<p><b>MG</b> presented the circulated <i>Early help Operating Model</i> report, which set out a proposed new approach to early help in Stockton following previous updates to the SLSCB and other partnership bodies. A new model and overall approach was now put forward, together with the outline of a new operating model, in order to address a number of identified issues.</p> <p><u>Outline of the model</u></p> <p>Elements of the proposed model highlighted included the explicit focus on three key layers which correspond to the three levels of need as identified in the Hartlepool and Stockton threshold document:</p> <ul style="list-style-type: none"> <li>• <u>Universal and primary prevention</u>: those functions and services which are available to all, and where the focus is on primary prevention - preventing difficulties emerging.</li> <li>• <u>Secondary prevention</u>: placing a much bigger emphasis on identifying vulnerable children, young people and families and ensuring there are specific preventative programmes and actions in place to reduce risks.</li> <li>• <u>A targeted approach</u>: based on Early Help Assessment, the development of an early help hub, and a strong emphasis on case management and the delivery of targeted evidence based practice.</li> </ul>			

	<p><u>Operating model</u> The implementation of the model will be based on the establishment of an early help hub (there was already a form of 'hub' through the involvement of Harbour services), a more cohesive set of early help service responses, and the development of a set of pathways for specific issues and client groups based on the key issues and needs which together result in the most demand on other services. The suggested pathways (which remain work in progress) were listed within the report - <b>DW</b> provided clarity on the 'stay and play' provision (included under Early Years; Universal and primary prevention - available to all), where parents are encouraged to interact with their children during play groups.</p> <p><u>Delivery and funding</u> A range of performance measures were noted to underpin the implementation of the model - there is a specific and explicit focus on moving from qualitative to outcome measures.</p> <p>In relation to universal services, <b>AM</b> urged the inclusion of a focus on 'school readiness', as this has a significant impact on child development. <b>DM</b> advised that early years providers will be looked at in detail in order to improve child outcomes - this is also the subject of a SBC scrutiny review to see if agencies are doing enough. <b>LC</b> felt there was little mention of voluntary sector engagement, and asked if this could be addressed - <b>MG</b> noted that work with Catalyst is intended.</p> <p>Board members agreed to the proposals presented within the report, with <b>DP</b> adding that early help represented the best form of safeguarding. There is a critical need to take a keen interest in this work, and future reports on development and impact were welcome.</p>
<p>Agreement/ Outcome</p>	<p>Early help Operating Model report noted and discussed, with SLSCB members endorsing the proposed new approach and operating model.</p>

<p>Ref No. 11</p>	<p><b>Early Help – Graded Care Profile</b></p>
<p>Discussion</p>	<p><b>LR</b> gave an overview of the circulated <i>Update Briefing and Proposal - Graded Care Profile 2 Implementation</i> paper, noting the background to, and current context of, the Graded Care Profile 2 (GCP2) pilot which has now been running for five months.</p> <p>In terms of performance, 62 professionals have been trained to date, including School Nurses, Health Visitors, NTHFT Nursery Nurses, SBC and Private Children Centre staff, and Speech and Language Therapists. Training has been well received, and professionals are arriving excited and interested due to discussions with previous attendees. Professionals are asked to identify at least one family who will benefit from the tool, and then support supervision sessions are mapped out over the next six weeks.</p> <p>The current pilot is due to end on the 6<sup>th</sup> June 2016, and in light of the 30 professionals who have been identified to attend training beyond this date, and the positivity with which the tool has been received, Board members were asked to endorse the continuation of the current provision for a further nine months until the 31<sup>st</sup> March 2017 (to support delivery of the training, supervision and promote the use of the tool), along with the associated cost implications - this was agreed by the SLSCB.</p> <p><b>LR</b> advised that a key trainer in Hartlepool has recently left their post, and the NSPCC (GCP2 licensing authority) have been asked if another staff member can be trained - there is uncertainty around how Hartlepool wants to proceed in this matter, and this will be addressed via the Hartlepool LSCB (HSCB) and SLSCB Joint Training Group.</p> <p><b>DP</b> questioned if there was a need for agencies to understand how all the tools that partners use (GCP2, Signs of Safety, etc.) can integrate with each other, and was happy to share previous work on this that he has been involved in. <b>JH</b> noted that agreement was yet to be reached on the use of one specific tool, and that Ofsted are picking up where Lo-</p>

	cal Authorities and their partners have not endorsed a key tool.			
<i>Agreement/ Outcome</i>	Update Briefing and Proposal - Graded Care Profile 2 Implementation paper noted, with SLSCB members endorsing the continuation of the current pilot until the 31 <sup>st</sup> March 2017.			
<i>Log Ref</i>	<i>Mtg Date</i>	<i>Action Required</i>	<i>Person Responsible</i>	<i>Due Date</i>
26/05/1617	19.05.16	Share previous work regarding an overview of how tools can integrate with each other.	<b>DP</b>	26.07.16

<b>Ref No. 12</b>	<b><i>Tees LSCBs Procedures for Consideration</i></b>
<i>Discussion</i>	<p><b>a) Making &amp; Response to a Referral</b>                  The circulated comments from Board members on the Making &amp; Response to a Referral document were noted - those who provided a response approved the proposed additional section (Making a Referral), with <b>DP</b> raising a minor technicality which can go back to the Tees LSCBs Procedures Group (TPG) for consideration.</p> <p>The SLSCB therefore agreed to approve the Making &amp; Response to a Referral document.</p> <p><b>b) Discontinuing CP Plan - Line Removal</b>                  The circulated comments from Board members on the proposal to remove of the last line ('A decision would only be made once all members were in agreement and their agreement was recorded by the Reviewing Units') from the Discontinuing the Child Protection Plan document were noted - of those who provided a response, only <b>JA</b> was unable to agree to this proposal, noting concerns that this is being removed due to a lack of understanding, and stating that all core members should fully understand the process and be able to express and share an informed view.</p> <p>Despite this comment, the SLSCB agreed to approve the removal of the last line from the Discontinuing the Child Protection Plan (with the views of <b>JA</b> to be reflected back to TPG).</p>
<i>Agreement/ Outcome</i>	Board member comments on the Making & Response to a Referral and Discontinuing the Child Protection Plan documents noted - proposals within both documents approved.

<b>Ref No. 13</b>	<b><i>Multi Agency Audit Tool &amp; Process</i></b>
<i>Discussion</i>	<p>The circulated <i>SLSCB Multi Agency Audit Process 2016-17</i> document was provided as an update to previous discussions at the March and April 2016 Board meetings around the multi-agency audit programme. <b>MG</b> advised that this was now a live process following agreement at the SLSCB Performance Sub-Group earlier this week. It was also noted that multi-agency auditing can be counted by agencies as part of their own audit work, but does not replace the audit work which all agencies undertake on a regular basis.</p> <p>The process for undertaking these audits was listed - the first round of audits will focus on domestic abuse, and a number of cases will be selected based on the factors identified at the end of assessment (including cases in early help, Child in Need and Child Protection). A simpler audit tool (also circulated to Board members) has been developed (based on an approach from North Yorkshire), with more emphasis on qualitative assessment and learning outcomes, and a specific section to focus on the key cross cutting learning outcomes which have been prioritised by the SLSCB LIPSG has been included. A learning event and discussion will be held following completion of the audits.</p> <p><b>DP</b> again encouraged Board members to take part in these audits, thought it was agreed that <b>MG</b> would co-ordinate the initial round before the process is opened up.</p>
<i>Agreement/ Outcome</i>	Updates on the SLSCB multi-agency audit process for 2016-2017 noted.



<b>Ref No. 14</b>	<b>Partners Operational Safeguarding Issues</b>
<i>Discussion</i>	<p><u>Local Authority</u></p> <p><b>JH</b> advised that, as of last week, there were five families involving 12 Child in Need (CiN) cases unallocated - these are not deemed high-risk cases at present. There were still a number of agency Social Workers employed within SBC, and there have been difficulties in recruiting to the Emergency Duty Team (EDT) - may need to look at a different model. <b>DP</b> asked what Ofsted would think about the situation around unallocated cases - <b>JH</b> felt Ofsted would want to look at how this is being managed, particularly in light of the high number of cases that have been coming into Children's Social Care recently.</p> <p>In terms of CSE case file audits, <b>JH</b> echoed the question she posed at the previous Board meeting in April 2016 as to whether Children's Social Care was being too hard on itself regarding the audited cases graded 'requires improvement'. To determine if this is indeed the case, two senior staff from North Yorkshire will be coming to SBC in June 2016 to examine cases using the same audit tool, with <b>JH</b> and <b>SM</b> to meet with them in July 2016 for feedback. In relation to Operation Encompass, around 100 referrals per month (an average of five per day) have been made.</p> <p>Communications will be sent to schools and other partnerships regarding the Hartlepool and Stockton-on-Tees Children's Hub opening date (1<sup>st</sup> June 2016) - <b>JH</b> will remain Chair of the Management Board which will continue for a further year. <b>DP</b> congratulated all those involved in the Children's Hub on its impending launch, and felt it would be useful to have a future presentation to the SLSCB in relation to how it works. <b>PB</b> suggested rolling out some briefings around the Children's Hub (could be arranged by the HSCB and SLSCB Joint Training Group) - as the hub lead, Hartlepool may need to initiate this. <b>LR</b> noted that a communications strategy was in place, and could be re-visited if required.</p> <p><b>MG</b> drew attention to the national campaign to encourage members of the public to report child abuse. Since its launch, there has not been a dramatic increase in the number of individuals reporting concerns - updates are being fed back to the Department for Education.</p>
<i>Agreement/ Outcome</i>	Updates noted.

<b>Ref No. 15</b>	<b>21.04.16 Board Minutes for Accuracy</b>
<i>Discussion</i>	<p>Minutes of the Board meeting held on the 21<sup>st</sup> April 2016 were agreed as a true record, subject to the following amendments:</p> <ul style="list-style-type: none"> <li>• Ref No. 2 (Unallocated Children's Social Care Fieldwork &amp; Assessment Cases): amend '<b>JH</b> receives weekly information on workloads' (third line of second paragraph) to '<b>JH</b> receives weekly information on Assessment Team workloads (other teams are received bi-weekly)'.</li> <li>• Ref No. 2 (Unallocated Children's Social Care Fieldwork &amp; Assessment Cases): amend "Golden Hello' and retention payments began last month in an attempt to recruit and retain experienced staff' (fifth/sixth line of third paragraph) to clarify that Golden Hello's are a recruitment tool, and retention payments are designed to retain experienced staff.</li> </ul> <p>Ref No. 8 (SLSCB 2015 / 2016 Action Log): In relation to 65/09/1516, <b>TH</b> advised that Dr John Bye (HAST CCG Named GP) has volunteered to support the completion of the Managing parents/carers challenging behaviours/culture of optimism &amp; Involvement of all adults living in the household scoping document in place of Vicky Smith (HAST CCG Senior Safeguarding Children's Officer).</p>
<i>Agreement/ Outcome</i>	The minutes of the Board meeting held on the 21 <sup>st</sup> April 2016 be recorded as ratified, subject to the identified amendments.

<b>Ref No. 16</b>	<b><i>Any Other Business</i></b>
<i>Discussion</i>	<p><u>SLSCB Development Day</u>  <b>DP</b> advised that pre-planning will take place prior to the SLSCB Development Day scheduled for the 16<sup>th</sup> June 2016 - Board members were asked to forward details of anything they want included on the day to <b>PB</b> as soon as possible.</p> <p><u>SLSCB Departures</u>  As this was their last Board meeting, <b>DP</b> thanked both <b>AT</b> and <b>EA</b> for their contributions to the SLSCB, and in the case of <b>AT</b>, wished him well in his forthcoming retirement.</p>
<i>Agreement/ Outcome</i>	Noted.