**Torbay Safeguarding Children Board**

**Minutes**

**Chairperson: Ian Ansell**

**Date: 14th December 2017**

**Venue: Paignton Library & Information Centre, Paignton**

**Attendees:**

Ian Ansell (IA) Independent Chair, TSCB

Jane Bebbington (JB) Manager, The Children’s Society

Pete Brown (PB) Headteacher, St Cuthbert Mayne School

Andy Dempsey (AD) Director of Children’s Services, Torbay Council

Laraine Dibble (LD) Designated Doctor, South Devon & Torbay CCG

Caroline Dimond (CD) Director of Public Health, Torbay Council

Nick Dunn (ND) Careers Southwest – for Andy Tellam

Nick Hollins (NH) TSCB Business Manager

Cathy Hooper (CH) Designated Nurse, South Devon & Torbay CCG

Russell Knight (RK) Performance Manager, Torbay Children’s Services

Liz Lawrence (LL) Safeguarding Lead, South Devon College

David Moffitt (DM) Assistant Chief Officer, Head of Devon & Torbay Local Delivery

 Unit, National Probation Service

Pauline Newell (PN) CAFCASS

Anne Osborne (AO) Assistant Director, Torbay Children’s Services

Cllr. Julien Parrott (JP) Executive Lead, children and Adults, Torbay Council

Carli Peplow (CP) Principle Social Worker, Torbay Children’s Services

Anne Proctor (AP) Assistant Chief Officer, Devon Dorset and Cornwall Community

 Rehabilitation Company

Gail Rogers (GR) YOT Manager, Torbay Council

Chrissie Slaney (CSy) Lay Member

Cllr. Cindy Stocks (CSs) Torbay Council

Sheon Sturland (SS) A/Det Supt. Devon and Cornwall Police

Jane Viner (JV) Director of Professional Practice, Nursing and Peoples Experience,

 Torbay & South Devon NHS Foundation Trust

**Apologies:**

Penny Rogers (PR) Managing Partner: Safeguarding, Devon Partnership Trust

Nikki Bond (NB) Headteacher, St Marychurch CofE Primary School, Torquay

Lyn Gooding (LG) Criminal justice, partnership and commissioning officer, OPCC

Steve Parrock (SP) Chief Executive, Torbay Council

Andy Tellam (AT) Director of Information and Innovation, Careers Southwest

Sarah Tompkinson (ST) Head Teacher, White Rock Primary School

**Non-attendees:**

Matt Caunter (MC) Headteacher, Torbay School, Paignton (Special Education)

Mandy Davies (MR) Group Manager, Devon & Somerset Fire Service

Chris Rogers (CR) Named Safeguarding Profession, SWAST

|  |
| --- |
| **Agenda Item 1 – Minutes of previous meeting and actions arising.** |

* 1. **2017-03-09 1.5** It was agreed to close the action. Children’s Services will continue to keep this on their agenda.
	2. **2017-03-09 2.1** Complete.
	3. **2017-06-15 1.12** AD reported that the work is almost complete and will be circulated within the next few weeks. Change date to end January 2018
	4. **2017-06.15 5.9** There will be a MASH update for discussion at the Children’s Improvement Board on 18th December 2017. Details of this update will be sent to TSCB members.
	5. **2017-06-15 5.16** A workshop in relation to the Breaking the Cycle pilot was to be chaired by Bruce Bell. The aim is to have embedded drug and alcohol workers within the Safeguarding and Families Teams. AD agreed to send a paper around to the Board once this is completed. AD expects to have some D&A workers up and running by April.
	6. **2017-06-15 7.3** NH agreed to circulate the S11 aggregated report once completed in January 2018.
	7. **2017-09-14 2.6** AD agreed to circulate the CIB report in preparation for an Ofsted visit, to TSCB members.
	8. **2017-09-14 4.6** IA noted that whilst the draft Domestic Abuse and Sexual Violence (DASV) Strategy has been circulated to Board members, no feedback had been received. JP advised that the DASV Strategy was considered at the Adult Board earlier in the week. It is expected that a draft will be presented to PDDG on 5th February 2018.
	9. AD reported that he had chaired the first of the Executive Group meetings that morning, and there is some work to do to make the group functional. Currently it is difficult to discern the impact from directly commissioned services of reducing victimisation and of reducing risk / reoffending by perpetrators. The Executive Group have agreed to undertake a quick summary of capacity / target audience of what is available at the present time.
	10. It was agreed for the draft Domestic Abuse and Sexual Violence Strategy to be presented to the next Board meeting on 8th March 2018, Tara Fowler and Dave Parsons will be asked to attend to present this. ACTION
	11. **2017-09-14 4.12** Complete.
	12. **2017-09-14 5.15** AD advised that at present Children’s Services do not capture data around feedback on referrals into MASH. This is something that AD would like to look at over the next quarter. Roll over.
	13. **2017-09-14 5.20** On agenda for discussion in the meeting.
	14. **2017-09-14 5.21** Roll over.
	15. **2017-09-14 5.25** Complete. To be circulated to members.
	16. **2017-09-14 6.11** AO stated that there would be a coordinated look at the Neglect Strategy along with an update of the Graded Care Profile commencing in January 2018. Action to be closed will be picked up in the Business Plan actions.
	17. JP noted concern regarding the lack of impact of the Early Help Strategy. NH confirmed that the Quality Assurance Subgroup will be undertaking a multi-agency case audit (MACA) to look at this issue in greater depth, in Spring 2018.
	18. **2017-09-14 7.8** NH stated that learning from the OCLP CSE&A would form a Best Practice event in 2018.
	19. **2017-09-14 8.5 & 8.6** Due to time pressures these items are not for discussion at this meeting, but will be rolled over to March 2018.
	20. **2017-09-14 12.4** IA noted that the Healthwatch representative, Pat Teague attended the last Board meeting and put forward a proposal for a programme to engage young people in Torbay to try to understand what their lived experiences are like. The request was for £9000 to support the programme from Board members. Children’s Services agreed to give £4000. IA noted that whilst the proposal was circulated to Board members, no other offers of support were forthcoming. JV agreed that Torbay & South Devon NHS Foundation Trust would prepare to contribute £2000. CH confirmed that she would take this back to ask whether SD&T CCG would be willing to contribute.
	21. JB noted that The Children’s Society are currently undertaking a wellbeing survey for Torbay children and young people who work with services at Checkpoint. The survey has been cognitively tested. AD asked whether the two projects could be linked in some way. JB added that they have had responses from approximately 60 young people to date. In addition to this survey, JB advised that The Children’s Society have recently finished a piece of work with Dartington Research Lab the report for this is in the process of being written. CH asked whether that report could be presented to the TSCB. CD noted that there are several avenues for collecting information from young people, the Healthwatch project will however, give information regarding what it is actually like for young people to live in Torbay.
	22. AD questioned whether The Children Society survey had been commissioned by partners. JB advised that the survey was not commissioned, it is for use by The Children’s Society in understanding the impact of the work undertaken on the lived experiences of those young people that Checkpoint work with, including Looked After Children in Torbay.

1.23 AD noted that the Healthwatch project will not be done through the lens of service provision, it will be a general sense of what it is like for children to live in Torbay.

1.24 JB noted that The Children’s Society survey questions do not ask about the service they have received, the questions are focussed on wellbeing.

|  |  |  |
| --- | --- | --- |
| **Action:** | **By whom:** | **Deadline** |
| 1.10 Domestic Abuse and Sexual Violence Strategy to be presented to the next Board meeting on 8th March 2018, Tara Fowler and Dave Parsons will be asked to attend to present this. ACTION | TSCB Business Unit | 8th March 2018 |

|  |
| --- |
| **Agenda Item 2 – Children’s Improvement Board Update** |

2.1 IA advised that the next Children’s Improvement Board Meeting is on 18th December 2017.

2.2 AD advised that Torbay Children’s Services are at a critical point in the improvement journey the next monitoring visit is scheduled for February 2018 to look at CIN / CP and edge of care. AD stated that if all goes to plan this will be the last monitoring visit.

2.3 In relation to Performance, reporting has been tightened up to ensure that there is no degree of discretion, as had previously been permitted. AO confirmed that a management group are focussed on delivering the actions by February 2018, for the Ofsted visit.

2.4 AD advised that the Department for Education maintain that Torbay and Plymouth will become a partnership. JP noted that statutory responsibilities will remain with Torbay.

2.5 IA raised the draft Working Together consultation which had been circulated to Board members. The consultation closes on 31st December 2017. Once approved, the LSCB will have a 12 month window in which to make arrangements, followed by a 3 month implementation phase.

2.6 NH gave an overview of proposed changes to those present. NH asked that Board members provide feedback to the circulated consultation, to be incorporated in the TSCB response.

|  |
| --- |
| **Agenda Item 3 – TSCB Annual Report 2016/17** |

3.1 Members accepted the TSCB Annual Report 2016-17.

|  |
| --- |
| **Agenda Item 4 – TSCB Business Plan 2017/18** |

4.1 NH advised that the TSCB are on track to have priority actions completed by year end. A risk register is yet to be developed.

4.2 NH agreed to update the Business Plan adding in some narrative for the next meeting. ACTION

4.3 JV asked whether there were any items on the Business Plan that were unlikely to be delivered. NH stated that there were not, however there was one action in respect of revisiting the recommendations from Operation Mansfield that may not be relevant, given that time has moved on. IA stated that SC was going to do a quick review of the recommendations to pick out those that might have a query against them for the Board to look at in greater depth.

|  |  |  |
| --- | --- | --- |
| **Action:** | **By whom:** | **Deadline** |
| 4.2 NH to update the Business Plan adding in some narrative for the next meeting | NH | 8th March 2018 |

|  |
| --- |
| **Agenda Item 5 – TSCB Performance Report Q2 2017** |

5.1 RK presented the TSCB Performance Report for Quarter 2 2017.

5.2 **The partnership’s use of the child protection pathway over children in need.**

5.3 JV has had a number of discussions around this over the year, with several questions being posed about whether the threshold is too low, or whether the workforce are not confident, or whether there are not the right tools to support staff. JV stated that there is a lot of work ongoing to try to understand the reasons behind this.

5.4 AD agreed that the issue is multi-factorial. In exploration of this issue with partners, a number of factors were identified as follows: 1. Children’s Services needed to change their approach. 2. There was a corresponding confidence of Child Protection work at the expense of CIN work 3. There is a precautionary approach from Children’s Services and partners not to step down plans. AD noted these factors have meant that Child Protection had more families coming in and fewer going out which is why it increased, but there has been a recent reduction to below 200 cases.

5.5 AO noted a concern that the reduction had happened too quickly, and an audit took place to look at this further. AO advised that there were several large sibling groups which impacted the figures significantly.

5.6 AO advised that step down is happening, but as there is no step down process from Child Protection to Early Help, the numbers of CIN cases have risen, it is expected that these will reduce with an increase in step-downs to Early Help in the future.

5.7 IA questioned whether there was anything that Board members could do across the partnership to support Children’s Services. AD advised that a CIN protocol for schools is being rolled out and added capacity to the IRO service. Going forward work will be undertaken to look at the rigour of CIN procedures and to consider whether there should be step down from Child Protection to Early Help.

5.8 **The operation and impact of early help.**

5.9 RK raised concern about the relative static nature of the number of Early Help cases, querying whether this was a capacity issue.

5.10 CPw noted that it is likely that there will be a rise in Early Help cases when cases are stepped down from Child Protection and stepped down again from CIN planning.

5.11 AO clarified the difference between Targeted Help (Level 3) and Early Help (Level 2). AO stated that there is a lot of work being undertaken at level 2, in schools in particular and there is no overall system for evaluating outcomes at that level.

5.12 NB noted that the language has changed since the launch of ‘Early Help’ on 18th July 2017. AD acknowledged this and asked how the Board can assure itself that the thresholds are being understood across the partnership. AO confirmed that in recent consultation with schools, Children’s Services had received some helpful feedback which identified process issues and these are being addressed. An overview of this work can be brought back to the Board. In addition Children’s Services need to be very clear that they can deliver at Level 4 (Statutory) and Level 3 (Targeted Help), but they will not be providing any interventions at Level 2 (Early Help). Children’s Services will assist with coordination of Early Help however.

5.13 NH suggested that communication around Early Help / Targeted Help goes out at the time of the launch of the Interactive Threshold Tool in the New Year.

5.14 NB stated her concern that schools are being asked to complete the Targeted Help referral on behalf of other agencies (such as health). NB asked that all agencies take the lead on completing the form when they have identified the issue.

5.15 IA asked that Early Help be placed on the agenda for the next meeting. ACTION.

5.16 The Board are planning a Multi-Agency Case Audit in respect of Early Help later in 2018. CH asked that the Early Help discussion at the March Board meeting informs the theme of that audit.

5.17 **The (reported) levels and profile of children who go missing.**

5.18 IA noted that the numbers of missing children are already being considered in the work-stream of the MET Subgroup.

5.19 RK noted that the list of ten most frequently missing children in Torbay includes children placed here from out of area into one of the six residential units in Torbay. RK noted that there is provision for the Chair of the Board to have a conversation with those providers to ask what is being done to try to address these missing episodes. IA confirmed that he would be happy to do this, and asked RK to provide a list of those providers to him. ACTION

5.20 AD advised that he would write to the Director of Children’s Services in the placing authority stating his concern about the safety of their children in those placements. ACTION

5.21 JB stated that there are issues with prolific missing person’s reports being made by those particular residential units. Often these reports are made to police when the whereabouts of the young person is known, but refusing to return to the unit. Whilst this would be classed as ‘Absent’ rather than ‘missing’, SS noted that the Police no longer have an absent measure.

5.22 GR noted that through the YOT Board, there is an effort to decriminalise young people in care, and a provider event has been planned. There will be an opportunity at that event to have a conversation around missing behaviour and reporting.

5.23 **The (reported) levels of CSE**

5.24 For discussion in agenda item 9.

5.25 **The interconnection between CAMHS and known vulnerable groups**

5.26 RK asked for agreement from Board members to share information between CAMHS and Children’s Services in order to cross-match the cases and ensure that reporting is correct. Members of the Board agreed to this.

5.27 **The levels of self-harm and non-accidental injury.**

5.28 A brief discussion took place around the capture of data for self-harm. The data reflected in the performance report was captured from the health systems at the time of a presentation to A&E. however this might not tell the full story. LL stated that organisational level issues are captured on individual systems. CD noted that people present to services with injuries and other issues that are not always identified as ‘self-harm’ incidents.

|  |  |  |
| --- | --- | --- |
| **Action:** | **By whom:** | **Deadline** |
| 5.15 Early Help report to be presented to the next meeting. | AO | 8th March 2018 |
| 5.19 List of residential providers in Torbay to be provided to IA for him to have a conversation with them regarding how they are addressing the issue of missing young people from their units. | RK  | 8th March 2018 |
| 5.20 AD to contact the Director of Children’s Services in the placing authorities of the prolific missing young people. | AD | 8th March 2018 |

|  |
| --- |
| **Agenda Item 6 – Revisit Ofsted recommendations for the LSCB** |

6.1 NH presented the revised Ofsted Improvement plan as circulated.

6.2 The one item that remains red is in relation to the Graded Care Profile. Progress is being made on this but not in a timely manner. Discussion is underway around how to expedite this work.

|  |
| --- |
| **Agenda Item 7 – Review of Child Protection cases for the School Nursing Service** |

7.1 JV presented a report to the meeting, as circulated with the agenda. The issue has arisen due to a failed bid to run the school nursing immunisation programme, meaning a loss of £250,000 and a consequent reduction in workforce. This was a motivating factor in reviewing the school nursing service in Torbay. JV advised that school nurses’ roles have altered over time, involving attending child protection meetings for quoracy reasons, when the child is not open to the school nursing service.

7.2 The proposal going forward is for school nurses to focus their time on attending child protection meetings where the child is known to the service, and for other health colleagues to attend the remaining meetings.

7.3 AD stated that in order to do good child protection work, a range of professionals need to come together, present information and hear what other agencies report and there does not always need to be service involvement for a professional to make a significant contribution to a child protection meeting. AD acknowledged that a depleted school nursing service cannot cover all child protection meetings, but asked how we can be assured that a health representative will be present at all child protection meetings.

7.4 CH noted this issue has been a concern historically, and asked whether there were health representatives who could be supported to attend conferences.

7.5 CPw noted that School Nurses do bring a lot of health information that Children’s Services struggle to get from other sources such as GPs. With no school nursing input at conference, there is a concern that there will be gaps in information.

7.6 CH asked for any issues with GPs not providing information to be escalated to her to consider.

7.7 LD noted that there are parallels with the SEN work, she has begun mapping how information can be shared across health and to look at single points of contact for information.

7.8 AD acknowledged the information brought to the meeting today, with the caveat that Child Protection meetings cannot lose the health input. AD asked whether the issue needed to be raised at the Health and Wellbeing Board or one of the Clinical Governance Group meetings.

7.9 CH stated that it was important to understand which health professionals need to be at the table. CD confirmed that options need to be explored to meet the needs of Children’s Services and health.

7.10 IA asked for clarification on who would lead on this work. LD noted that the issues are very similar to those being experienced in SEN, where work has already started. NH agreed to link with SEN and with other LSCBs to find out what they do. ACTION

|  |  |  |
| --- | --- | --- |
| **Action:** | **By whom:** | **Deadline** |
| 7.10 NH to link in with the work being undertaken in SEN in respect of health representatives attending statutory meetings. | NH | 8th March 2018 |

|  |
| --- |
| **Agenda Item 8 – MACA Report: Peer on Peer Domestic Abuse** |

8.1 CH presented the report to he meeting.

8.2 CD commented that the lack of coordinated approach for Adverse Childhood Experiences (ACEs) feeds in to many agenda’s including this one.

8.3 JV noted the report highlights an inconsistent use of the term ADHD. In addition the report seemed depressing to read, as it seems that some interventions are having no effect. JV stated that she did not believe that the recommendations addressed any of those issues specifically.

8.4 AP questioned whether there were any lost opportunities with these young people for earlier intervention in their lives. SS reported that the Police have just completed research on ACEs and are trying to identify young people at a much younger age.

8.5 AO questioned where the comparator group are. There are some children that would tick all of the adversities boxes, but are not displaying the same behaviour.

8.6 AP reported that the adult criminal justice system is full of adults who as children experienced ACEs.

8.7 SS noted that the Police research did have a small comparator group of five children. The factor in those cases was that they had all had significant time living with grandparents, who provided stability.

8.8 NH stated that the only way for young people to access a perpetrator service is to criminalise them currently, it is hoped that the findings and recommendations from this MACA will be taken into the Domestic Abuse and Sexual Violence Strategy. CD confirmed that work is underway to look at perpetrator programmes for young people, and to focus on outcomes.

8.9 GR noted that IYSS have a health relationship worker who runs some programmes for young people. GR advised that an ACE scale would be beneficial, to identify which young people would benefit from additional support.

8.10 CD questioned whether the recommendations should sit in the Children’s and Young People’s Plan. AO stated that there is a need for preventative work.

8.11 IA expressed his thanks to CH and the QA Subgroup for their work on this. It was agreed that the recommendations will be fed back via CD or AD to Tara Fowler. CH advised that the QA Subgroup would turn the recommendations into actions, advise the appropriate Board members of their actions and monitor these via the QA Subgroup Workplan.

8.12 CD suggested that the TSCB make a recommendation that the Children’s Trust / Alliance in Torbay address ACEs as part of their work. ACTION.

|  |  |  |
| --- | --- | --- |
| **Action:** | **By whom:** | **Deadline** |
| 8.12 TSCB to make a recommendation that the Children’s Trust / Alliance in Torbay address ACEs as part of their work. | IA | End March 2018 |

|  |
| --- |
| **Agenda Item 9 – CSE Coordination** |

9.1 AO presented her report to the meeting. AO made reference to the circulated NWG Risk Assessment Tool, and asked Board members to approve its use for professionals in Torbay. Torbay Children’s Services would be producing a screening tool for use with the risk assessment tool. It would be expected that the risk assessment tool would be completed in a multi-agency meeting.

9.2 A Peninsula CSE Strategy is in the process of being completed, however A/DCi Costin (Chair of the TSCB Met Subgroup) and Neil Holden, Head of Service MASH are both clear that Torbay should not wait for the Peninsula Strategy and should create an Action Plan of how to implement the assessment tool in Torbay.

9.3 Training dates for the CSE Courses are being rolled out, this training is being delivered by colleagues from Children’s Services, Police and The Children’s Society. AO noted that with the Boards agreement the NWG Tool will be embedded within the training.

9.4 AO highlighted that Torbay does not have a commissioned service that works with young people who are at risk or who have suffered CSE. This is a gap that has yet to be addressed.

9.5 JB added that The Children’s Society has been providing direct work in Torbay, via a Lottery Funding bid. Unfortunately this funding will end in November 2018 and will not be renewed.

9.6 SS noted that the three other areas across the Peninsula do have a dedicated commissioned provision for CSE. The CSE Strategy in on the agenda for January 2018, and the Peninsula CSE subgroup are keen to get a draft strategy out for consultation with partners by March 2018. SS advised that other authorities have not waited for the strategy and have a plan in place moving forward with the anticipation that the strategy will not differ too greatly from its current form.

9.7 Members agreed the adoption of the NWG Risk Assessment Tool. JV agreed to take this back to people in her organisation for feedback. JV was concerned that another multi-agency meeting would be required but SS stated that the tool would be filled out in the existing multi-agency meetings that the child is involved in, for instance Core Group meetings, Missing Monday meetings etc.

9.8 IA noted that data would suggest that Torbay figures for CSE are low. This picture is not accurate, and AO noted that Children’s Services are taking a retrospective look at cases, putting markers on PARIS where appropriate.

9.9 JB stated that the Lottery CSE Service data is captured, and this feeds into the Missing, Exploited and Trafficked Subgroup.

9.10 GR noted teenagers that are brought into care in residential placements have CSE as one of their risk factors. Often these young people are placed out of Torbay to try to mitigate this problem, by that time however the issues have become entrenched and chaotic. IA will speak with AO regarding this. He will either bring this back to the Board or take the matter straight to Steve Parrock. ACTION

|  |  |  |
| --- | --- | --- |
| **Action:** | **By whom:** | **Deadline** |
| 9.10 IA to speak with AO regarding the lack of commissioned service for CSE in Torbay and then speak to Steve Parrock about this. | Ian Ansell | 8th March 2018 |

|  |
| --- |
| **Agenda Item 10 – Summary report of Section 157 175 Safeguarding Audit** |

10.1 CH presented the summary report of Section 157 175 audit. CH updated the Board that the audit is completed bi-annually. An interim update of action plans will happen in the alternate years. IA advised that schools have fed back that the process has been very useful.

10.2 NH noted that on visiting some of the schools he picked up on concerns around use of social media. Particularly in Primary Schools with the ‘3am challenge’ and WhatsApp group bullying.

10.3 CSy wondered what the Board could do to help schools to ensure that they are adequately informing their staff, pupils and families about power and trust.

10.4 CH noted that following the audit an action plan will be created that will sit with Rachael Williams, Head of Education, Learning and Skills.

10.5 CD reported that Public Health administer the Healthy Learning website, which provides some resources to support schools.

10.6 IA thanked CH for all of the work on the audit.

|  |
| --- |
| **Agenda Item 11 – Management Review:- Bruising in non-mobile babies (C58 & C65)** |

11.1 LD presented the Management Review report in relation to bruising in non-mobile babies.

11.2 LD noted that because the review is going to be counted as a Serious Case Review for one of the Devon cases it will be published on the Devon website.

11.3 NH noted that the practitioner event was very well attended, and overall was a very successful day.

11.4 NH stated that he would have liked to have seen stronger recommendations, particularly in respect of GPs examining babies before giving out diagnoses of colic or reflux. He asked what organisations need to do to learn the lessons from management and serious case reviews.

11.5 LD confirmed that these issues will be raised via the CCG to all GP surgeries to make sure that they are aware.

11.6 AO stated that as the management review will be published in Devon, there is a need for the recommendations to be more robust.

11.7 CD questioned whether GP training will pick up the cases within the review, to provide real life examples. LD stated that Named Doctors within the trust have been receiving level 2+ training, which does have real examples. Topics are also picked up through GP masterclasses.

11.8 Members of the meeting agreed to accept the report and recommendations. Once the Serious Case Review Subgroup review it and devise an Action Plan for Torbay, this can then be published on the TSCB Website with the caveat that the recommendations have been accepted, and Torbay have chosen to take specific recommendations forward. ACTION

|  |  |  |
| --- | --- | --- |
| **Action:** | **By whom:** | **Deadline** |
| 11.8 SCR Subgroup to populate an Action Plan from the recommendations of C58 (C65)  | SCR Subgroup | End March 2018 |
| 11.8 TSCB to publish the review, with the caveat: following consideration, Torbay have chosen to take specific actions forward. | TSCB Business Unit | End March 2018 |

|  |
| --- |
| **Agenda Item 12 – TSCB Budget Update and 2018/19 Budget Setting** |

12.1 Papers were circulated with the agenda, contributing members will be asked whether they will agree to fund the TSCB as stated.

12.2 IA noted that it is expected that the TSCB will remain in place certainly for the next financial year.

12.3 It was noted that there is a specific issue in the consultation which makes reference to equal share.

|  |  |  |
| --- | --- | --- |
| **Action:** | **By whom:** | **Deadline** |
| 12.1 IA to speak with contributing partners to ensure that they are happy with the proposed budget | IA  | End February 2018 |

|  |
| --- |
| **Chairs Signature** |

As Chair of this Torbay Safeguarding Children Board Subgroup, I agree that these minutes are an accurate representation of the discussion and decisions that took place at this meeting.

|  |  |
| --- | --- |
| Signature | Date: 19th February 2018 |
| **Ian Ansell** |

**Torbay Safeguarding Children Board Subgroup Actions**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Agenda Item** | **Minutes No** | **Action** | **Action Owner** | **Deadline** |
| 1 | 2017-06-15 5.9 | JW agreed to clarify what measures had been put in place by CAMHS to improve the numbers of children/ young people assessed within 6 weeks of referral (indicator 2a)UPDATE: A MASH update for discussion at the Children’s Improvement Board on 18th December 2017. Following this an update will be sent to TSCB members. ACTION. | JW / JV | 8th March 2018 |
| 1 | 2017-12-14 1.10 | Domestic Abuse and Sexual Violence Strategy to be presented to the next Board meeting on 8th March 2018, Tara Fowler and Dave Parsons will be asked to attend to present this. ACTION | TSCB Business Unit | 8th March 2018 |
| 1 | 2017-09-14 5.21 | SC to report analysis of the data available for CSE & MISPER processes. An update to be provided to the next meeting. | SC | 8th March 2018 |
| 1 | 2017-09-14 8.3 | 8.3 Clarification on the timeframe of the ‘Deliberately inflicted injury, abuse or neglect’ incident as indicated in figure 8 on page 13 of the CDOP report | CD | End October 2017 |
| 1 | 2017-09-14 8.5 | 8.5 Standard Board agenda item – Quarterly reporting from CDOP, to be presented by CH | CH | Quarterly, ongoing |
| 1 | 2017-09-14 12.4 | Communication of the Healthwatch proposal to be made to Board membersCH confirmed that she would take this back and ask whether SD&T CCG would be willing to contribute. | CH | End January 2018 |
| 4 | 2017-12-14 4.2 | 4.2 NH to update the Business Plan adding in some narrative for the next meeting | NH | 8th March 2018 |
| 5 | 2017-12-14 5.15 | 5.15 Early Help report to be presented to the next meeting. | AO | 8th March 2018 |
| 5 | 2017-12-14 5.19 | 5.19 List of residential providers in Torbay to be provided to IA for him to have a conversation with them regarding how they are addressing the issue of missing young people from their units. | RK  | 8th March 2018 |
| 5 | 2017-12-14 5.20 | 5.20 AD to contact the Director of Children’s Services in the placing authorities of the prolific missing young people. | AD | 8th March 2018 |
| 7 | 2017-12-14 7.10 | 7.11NH to link in with the work being undertaken in SEN in respect of health representatives attending statutory meetings. | NH | 8th March 2018 |
| 8 | 2017-12-14 8.12 | 8.16 TSCB to make a recommendation that the Children’s Trust / Alliance in Torbay address ACEs as part of their work. | IA | End March 2018 |
| 9 | 2017-12-14 9.10 | 9.12 IA to speak with AO regarding the lack of commissioned service for CSE in Torbay and then speak to Steve Parrock about this. | Ian Ansell | 8th March 2018 |
| 11 | 2017-12-14 11.8 | 11.9 SCR Subgroup to populate an Action Plan from the recommendations of C58 (C65)  | SCR Subgroup | End March 2018 |
| 11 | 2017-12-14 11.8 | 11.9 TSCB to publish the review, with the caveat: following consideration, Torbay have chosen to take specific actions forward. | TSCB Business Unit | End March 2018 |
| 12 | 2017-12-14 12.1 | 12.1 IA to speak with contributing partners to ensure that they are happy with the proposed budget | IA  | End February 2018 |