**Torbay Safeguarding Children Board**

**Minutes**

**Chairperson: Ian Ansell**

**Date: 21st March 2019**

**Venue: 4th Floor South, Tor Hill House, Torquay**

**Attendees:**

Ian Ansell (IA) Independent Chair, TSCB

Alison Botham (AB) Director of Children’s Services, Torbay Council

Rachel Aggett (RA) Torbay Children’s Centres, Action for Children (Attending for Dani de Beaumont)

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

Nick Hollins (NHs) TSCB Business Manager / Business Manager Children’s Services, Torbay Council

Cathy Hooper (CH) Lead Designated Nurse for Safeguarding, South Devon, Torbay and New Devon CCG

Steven Hulme, (SH) Head Teacher, Burton Academy

Richard Kirkup (RKp) Manager, Checkpoint, The Children’s Society

Philippa Mitchell (PM) Senior Probation Officer (deputising for David Moffitt)

Jacquie Phare (JP) System Director of Nursing and Professional Practice, Torbay and South Devon (deputising for Jane Viner)

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

Lucie Saunders (LS) TSCB Coordinator (Minutes)

Cllr. Cindy Stocks (CC) Executive Lead for Children and Housing, Torbay Council

Alex Stuckey (AS) Partnership Lead Manager

**Apologies:**

Dani De Beaumont (DDB) Children’s Services Manager, Torbay Children’s Centres, Action for Children

Peter Brown (PB) Headteacher, St Cuthbert Mayne Primary School

Lorna Collingwood-Burke (LCB) Joint Chief Nursing Officer, CCG

Jo Hall (JH) Head of PPU

Russell Knight (RKt) Principal Improvement and Performance Manager, Torbay Children’s Services

Liz Lawrence (LL) Assistant Principal and Safeguarding Lead, South Devon College

Pauline Newell (PN) CAFCASS

David Moffitt (DM) National Probation Service

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

Steve Parrock (SP) Chief Executive, Torbay Council

Nicky Prentice (NP) Head Teacher, St Marychurch Primary School

Chrissie Slaney (CS) Lay Member

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

Sarah Tomkinson (ST) Headteacher, White Rock Primary School

Jane Viner (JV) Director of Professional Practice, Nursing and Peoples Experience, Torbay & South Devon NHS Foundation Trust

**Non-attendees:**

Matt Caunter (MC) Head Teacher, Brunel Academy, Paignton

Mandy Davies (MD) Devon & Somerset Fire and Rescue Service

Caroline Dimond (CD) Director of Public Health

Lynne Gooding Criminal justice, Partnership and Commissioning officer, OPCC (papers only)

Chris Rogers (CR) South West Ambulance NHS Trust

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

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| **Agenda Item 1 – Minutes and actions of the previous TSCB Meeting** |

The Board Members agreed the previous minutes of 13th December 2018 are a true and accurate record.

* 1. ***2018 09 20 2.6*** *SC was asked to find out what the position is in relation to MARAC peninsula wide. IA has spoken with JH in relation to this and she has agreed to look into this action. Carry forward. Jo Hall.* Response from Jo; “I am not sighted on any ‘work’ across the peninsula specifically in relation to MARAC processes although there are some local reviews ongoing within MARAC through the SODAITs (Sexual Offences and Domestic Abuse Investigation Team such as in South Devon) which are feeding into the Domestic Abuse action plan (led by D/Supt Sharon Donald. If there are specific requests or queries regarding MARAC, I can take this to Sharon Donald who is our police lead.” Action to close.
  2. ***2018 09 20 4.2*** *SC to clarify abuse for RKt. Not complete. Carry forward. JH will pick up with RKt. Russell Knight / Jo Hall.* Jo’s response; “Abuse related crimes against children is currently defined as offences of  Cruelty to Children/Young Persons, Other Sexual Offences and Rapes as per note at bottom of page 8 of the previous report. This can be revisited if a different offence set is required but I would need seek for all SCBs to agree to allow police to manage this.” Action to close.
  3. ***2018 09 20 4.3*** *JV to check Hospital Admissions data. Jane Viner / Ian Ansell.* JP updated the Board; there isn’t a code for self-harm in the ED system and it can’t be identified if an injury was self-inflicted, accidental or non-accidental. The data will be revisited in terms of CAMHS referrals. **Action to carry forward.**
  4. ***2018 09 20 5.2*** *SC to look into the timeliness of CARA and notifications. Not complete. Carry forward. Jo Hall.* Jo’s response; “CARA is a computer script that pulls the data from the ViSTS that are submitted. There have been issues when ViSTs have been delayed due to IT issues and other system process such as incidents/offences being reported by appointment eg a report is made on a Monday but the reporting person does not want to see police until Wednesday – this delays the ViST inputting until Wednesday. This is being looked at as part of the current IRC that is being implemented within DCP. Where ViSTS are inputted at the time of report, CARA pulls this data and it is shared with relevant agencies.  If I have misunderstood this query please do come back to me as there are links between ViST, CARA and Encompass so I want to ensure I’ve understood the query.” Action closed.
  5. ***2018 09 20 9.2*** *NHs to send the Role Descriptions electronically to members. Not yet complete. Carry forward. Nick Hollins.* This hasn’t’ been completed but will be further explained in the Working Together Proposals Report. **Action to carry forward.**
  6. ***2018 12 13 3.10*** *Updated version of the Improvement Plan to be circulated to Board Members. Anne Osborne* This has been updated and will be sent. **Action to carry forward.**
  7. ***2018 12 13 4.1*** *CH to look into the reasons for CAMHS not supplying data to RKt. Cathy Hooper* This has been resolved. Action closed.
  8. ***2018 12 13 4.12*** *NHs will make enquiries to the TDAS coordinator on their current service provision. Nick Hollins* Nick is awaiting a response and will chase this. **Action to carry forward**
  9. ***2018 12 13 4.13*** *JH to look into the reasons for the contradiction of DV incidents and children in attendance data. Jo Hall* Jo’s response; “The increase in DA is thought to be mixture of things - more accurate crime recording following Crime Data Integrity failures and force focus on crime recording training, plus increased confidence to report due to improved police activity and various awareness events/communications, but may also be some actual increase in DA happening. It is currently hard to tell and the general message still is that increased reporting/recording of DA is positive thing. The decrease in DA with children present is bit of mystery as this relies on officers completing this box on the DASH assessment as well as completing a VIST for each child. I do not think ‘we’ (police) have done any checks of DA with child present ticked against number of child DA VISTs.” It will be requested that the police fully complete the forms and cross reference. **Action to carry forward**
  10. ***2018 12 13 4.15*** *The data in relation to abuse related crimes on children to be further clarified in relation to how many are peer on peer and how many adult on child. Jo Hall* Jo’s response; “This information used to be looked at the Child Centred Policing group chaired by Yvonne Surman but this has not met for some time and is being reviewed as to the best way to approach. Police Performance and Analysis department could do some work on this if required. We would just need to agree scope and timescale and I could make a submiss/request” **Action to carry forward**
  11. ***2018 12 13 7.4*** *NHs and Nhn will discuss point 3.7 in relation to the young person’s participation in CIN meetings and amend with fuller explanation on how this will happen. Neil Holden / Nick Hollins* **Action to carry forward**
  12. ***2018 12 13 10.2*** *NHs to update the TSCB Business Plan for the next meeting for reassurance in relation to the areas of the plan progressing in anticipated timescales and those which have not. Nick Hollins February 2019* Add to the Agenda for June 2019 Board. **Action to carry forward**
  13. ***2018 12 13 12.1*** *Additional Board Meeting to be arranged for February 2019. TSCB Coordinator December 2018.* This Action is complete.
  14. ***2018 12 13 12.3*** *NHs will check if the JTAE report has been distributed to all Board members. Nick Hollins* This will be distributed today. Action complete.
  15. ***2018 12 13 12.4*** *Dartington Research Lab survey of 5000 children within Torbay and South Hams to be circulated to Board members and added to the agenda for discussion at the next meeting. TSCB Coordinator / Richard Kirkup December 2018.* This will be added to the June 2019 Agenda. Richard has additional data which will be forwarded to Board Members. Action complete.

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| **Action:** | **By whom:** | **Deadline** |
| ***1.3 2018 09 20 4.3*** *JV to check Hospital Admissions data. Jane Viner / Ian Ansell.* JP updated the Board; there isn’t a code for self-harm in the ED system and it can’t be identified if an injury was self-inflicted, accidental or non-accidental. The data will be revisited in terms of CAMHS referrals. | Jane Viner | June 2019 |
| ***1.5 2018 09 20 9.2*** *NHs to send the Role Descriptions electronically to members. Not yet complete. Carry forward. Nick Hollins.* This hasn’t’ been completed but will be further explained in the Working Together Proposals Report. | Nick Hollins | June 2019 |
| ***1.6 2018 12 13 3.10*** *Updated version of the Improvement Plan to be circulated to Board Members. Anne Osborne* This has been updated and will be sent. | Anne Osborne | June 2019 |
| ***1.8 2018 12 13 4.12*** *NHs will make enquiries to the TDAS coordinator on their current service provision.* NHs is awaiting a response and will chase this. | Nick Hollins / TDAS | June 2019 |
| ***1.9 2018 12 13 4.13*** *JH to look into the reasons for the contradiction of DV incidents and children in attendance data. Jo Hall* Jo’s response; “The increase in DA is thought to be mixture of things - more accurate crime recording following Crime Data Integrity failures and force focus on crime recording training, plus increased confidence to report due to improved police activity and various awareness events/communications, but may also be some actual increase in DA happening. It is currently hard to tell and the general message still is that increased reporting/recording of DA is positive thing. The decrease in DA with children present is bit of mystery as this relies on officers completing this box on the DASH assessment as well as completing a VIST for each child. I do not think ‘we’ (police) have done any checks of DA with child present ticked against number of child DA VISTs.” It will be requested that the police fully complete the forms and cross reference. | Jo Hall | June 2019 |
| ***1.10 2018 12 13 4.15*** *The data in relation to abuse related crimes on children to be further clarified in relation to how many are peer on peer and how many adult on child. Jo Hall* Jo’s response; “This information used to be looked at the Child Centred Policing group chaired by Yvonne Surman but this has not met for some time and is being reviewed as to the best way to approach. Police Performance and Analysis department could do some work on this if required. We would just need to agree scope and timescale and I could make a submiss/request” | Jo Hall | June 2019 |
| ***1.11 2018 12 13 7.4*** *NHs and Nhn will discuss point 3.7 in relation to the young person’s participation in CIN meetings and amend with fuller explanation on how this will happen.* | Neil Holden and Nick Hollins | June 2019 |
| ***1.12 2018 12 13 10.2*** *NHs to update the TSCB Business Plan for the next meeting for reassurance in relation to the areas of the plan progressing in anticipated timescales and those which have not.* Add to the Agenda for June 2019 Board. | Nick Hollins | June 2019 |

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| **Agenda Item 2 – CSP Update and Turning Corners (Alex Stuckey)** |

* 1. AS’s report was distributed to Board members prior to the meeting.
  2. Turning Corners has now been launched and a multi-agency meeting held on Friday. Operation Turf and Operation Tiger Bay had focussed on emerging risks of anti-social behaviour, violence and knife crime around young people.
  3. The need to look at how to work effectively with young people vulnerable to criminal exploitation was recognised. Implementation of the YETA tool has highlighted vulnerable children who are most at risk of criminal exploitation.
  4. AS thanked partner agencies for their buy-in and support to Turning Corners which has been positive.
  5. A Violence Prevention Worker is in post within the IYSS team. Detached Youth Work has been ongoing since November 2018. Four sessions per week are held and workers are responsive to where to go depending on police intelligence.
  6. Planning is being undertaken on how to link with existing sport and recreational groups. AS shared the hope to make the project sustainable beyond the funding availability.
  7. Staff training has been undertaken around speech and language. This was well received and the plan is for further development and wider sharing. Gang exploitation is being explored in relation to how Safer Communities can support and embed sustainable pieces of work. AS will be meeting with NHs to look at this in more depth and how to include in Best Practice Forums.
  8. AS discussed the Trauma Informed Approach. This is gaining momentum with a network of key professionals. AS advised the network has been a learning journey with continuous understanding of what is to be developed and prioritised in Torbay.
  9. Two key pieces of work are being explored. First is the development of an organisational mapping tool to provide measurable benchmarks. Secondly, looking at workforce development support and how to utilise the Best Practice Forums to widen the brief from a partnership perspective and provide a joint approach.
  10. Links have been made with Plymouth with a view to collaborating with both Plymouth and Devon to share and pull together the work being undertaken and learn from each other.
  11. AS encouraged Board members to sit on the network for further growth and asked what they required in relation to assurance.
  12. AS advised the need to look at the threshold tool in relation to adolescents and asked for reassurance this work can be done with support from the Community Safety Partnership as required.
  13. AS explained the Turning Corners Project is to continue further than the 12 month funding as the risks for young people isn’t going away. AS acknowledged that children’s social care are under pressure and this project may feel like additional work. However, commitment and support is important for the project to be achievable. The response to trauma is a partnership responsibility through adults and children’s services. AS asked for that commitment and support from children’s social care.
  14. JP asked what quantitative and qualitative key measurements and outcomes are for Turning Corners? AS advised these are being looked at but they have not had a project lead in post or a home office evaluator. The YETA should provide outcomes and show improvements and they have looked into an Outcomes Star. AS is passionate for the child’s voice to be central to any evaluation. The Detached Youth Workers have an effective way of gaining feedback from young people which will provide information and learning.
  15. CH would like to see information about the outcomes and how the work is improving outcomes for young people.
  16. IA asked how the lead agency is identified once the referral is accepted through Turning Corners.
  17. AS explained the YETA will be undertaken and relevant partnership information pulled together to populate this. Once accepted, focus will be around action planning based on the MAPA four pillars approach with the premise being on trusted relationships. For most young people the school will oversee and coordinate the plan, ensuring it is delivered. It has been considered if the parent could be the lead worker.
  18. AO asked why Turning Corners is not part of the current system existing within Targeted Help and the MASH. AS advised Turning Corners is not replacing that system but will provide a response to the criminal exploitation behaviour sitting alongside the current system and also has MASH representation.
  19. IA asked how many young people have been referred. AS advised all of Operation Tiger Bay automatically went through the referral, around 40 young people. AS is unsure how many referrals are expected but acknowledged anxiety from Brunel Academy that a large number of their students will be referred. A conversation has been held with the school to ease their concerns, provide preventative support and ‘skill-up’ staff at the school.
  20. SH agreed the same anxieties are with Burton Academy where around 40 out of 70 students are on the periphery or involved in anti-social behaviour and gang culture. AS agreed to discuss this further with SH.
  21. AB asked for reiteration around threshold. AS explained the young people could sit at any point within the threshold with most being Early Help but also some at Level 4. Turning Corners will provide a response to the young person’s behaviour as an additional intervention.
  22. AS further explained that for a younger child, safeguarding is very clear. For an adolescent, it could be viewed as ‘normal behaviour’ but could be a safeguarding issue outside of the home, not at Level 4. The request from AS is a commitment to look at the Threshold Tool. The challenge encountered within Operations Tiger and Turf was for those young people who were felt to need a safeguarding response, they were not meeting threshold.
  23. AO advised the threshold tool captures the wider element of harm within the community or any environment. If a young person meets threshold they would be accepted at Level 4. If not, there would be a Targeted Help response. AS explained the anxiety is around criminal exploitation not being addressed specifically. AS asked whether development and learning could be undertaken within MASH to ensure they are equipped. AO shared there is a multi-agency response through the Youth Offending Team and caution is needed when building in new services as the YOT have a remit from The Ministry of Justice where prevention is a key aspect of their delivery. They are delivering speech and language assessment and a preventative element for children who are on the edge of criminal behaviours. This is undertaken in a suitable environment for young people, at Parkfield within an IYSS team rather than Children’s Social Care.
  24. CH advised on testing out the current process initially, look at whether we are satisfied it is working and if not discuss what needs to change in relation to threshold.
  25. AB suggested a discussion in a separate subgroup as opposed to the full Board. NHs agreed this would be discussed in the MET group. **Action**
  26. AO agreed on testing the current process and if we are using the YETA but not providing a service, there is an issue. It needs to be ensured there is no repetition or moving young people into a social care environment.
  27. SH explained that at least 40 of the young people at Burton Academy are involved in high level activity in the community but only three students have YOT contact as engagement levels are voluntary. The young people at Brunel Academy have stated they wouldn’t voluntarily undertake any preventative work. Turning Corners requires parental consent and if no consent, the referral is based on risk in relation to offending or to themselves.
  28. SH agreed an alternative provision to Parkfield is needed as young people attending Brunel Academy would not go to Parkfield.
  29. IA summarised and acknowledged concerns raised around how this complicates services already in place. Some elements of the work will be further raised in the MET Subgroup.
  30. IA asked that information is gathered in relation to the numbers of children and young people being referred and what difference the service and support has made to them to relation to prevention. **Action**
  31. AS will provide case studies for testing within the QA Subgroup and MET Subgroup. **Action**

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| **Action:** | **By whom:** | **Deadline** |
| 2.25 Threshold tool conversations in relation to adolescents to be held at the MET Subgroup. | TSCB Coordinator / MET Subgroup | 1st April 2019 |
| 2.30 Referral numbers and supporting evidence on how the Turning Corners is working as a preventative measure to be reported to the Board | Alex Stuckey | 13th June 2019 |
| 2.31 AS to provide case studies for testing within the MET and QA Subgroups | Alex Stuckey | 13th June 2019 |

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| **Agenda Item 3 – Implementation of Neglect Strategy** |

1. IA shared the Neglect Strategy was reviewed 12 months ago and Board members returned in 3 months with updates on their intentions within their organisations. Since then, the Ofsted inspection has taken place and comments were made around neglect and partners awareness. This was picked up in case audits. IA asked for a return to the neglect strategy and check that agencies are following the format.
2. IA shared his concerns in relation to training courses not being attended or booked onto. RA advised that she uses extracts from the neglect strategy for presentations within their team meetings along with wider Action for Children material.
3. LS will write to all Board members requesting a response on what their organisations have been doing in relation to the neglect strategy since its launch 18 months ago. This will then be brought together for a revised strategy so all are aware of what each agency are doing. A timescale for responses will be set and brought back to subgroup level to undertake the detailed work prior to returning to the Board. **Action.**
4. AB queried if the training issue had been escalated through the Board from subgroups. IA confirmed this has and around nine months ago the training programme was revisited at the Board.
5. AB suggested the question for agencies is, what is being undertaken in relation to training within their agency and how are they satisfied the training has been completed by staff.
6. AO suggested in the return letter, ask agencies if they want staff to attend training, what is being delivered within organisations and if this is open to partners. The Board agreed.

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| **Action:** | **By whom:** | **Deadline** |
| 3.3 LS to write to Board members asking what their organisations have been doing in relation to the Neglect Strategy since its launch. | Lucie Saunders | 13th June 2019 |

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| **Agenda Item 4 – Working Together 2018 Transition (Nick Hollins and Alison Botham)** |

* 1. AB advised Working Together 2018 has a different set of expectations. The statutory obligation to have a Safeguarding Board has been replaced by the expectation for the three lead safeguarding agencies to have locally agreed strategic partnership arrangements in place. The timeframe is to have the plans published and in place by the end of June 2019 with a 3 month transition to implementation in September 2019. NHs and Tracey Watkinson, Board Manager in Plymouth, have jointly undertaken a large piece of work to progress the changes.
  2. AB acknowledged the timeframes are tight, but that we are in a consultation period. This consultation involves all the current members of the Board. Both Plymouth and Torbay will be making formal decisions. Members and executive members will be taken through proposals once arrangements have been explored.
  3. Today is a general consultation to Board Members for feedback. Decisions have not been made but there are suggestions around joint approaches, frameworks and meetings. There will be particular advantages to professionals working across more than one authority. It does have to be ensured the arrangements are both Plymouth and Torbay specific and an overarching, ‘holding to account’ on a much less frequent basis with Devon. There will be a Devon-wide approach at a senior level.
  4. NHs shared the report with Board Members prior to today’s meeting. This will also be shared with the Plymouth Safeguarding Board tomorrow. The consultation period begins today and runs until early May across all agencies and groups. A transition plan has been put in place with key milestones to achieve between now and the beginning of June 2019 when submitting proposals to DFE.
  5. NHs advised the proposal is to create from the three partners of Police, CCG and Local Authority across Plymouth and Torbay, a ‘Plymouth and Torbay Joint Strategic Safeguarding Partnership’ (PTJSSP). This will be a DCS; Steve Parker from the police has been nominated by Chief Constable to take that role, and Lorna Collingwood-Burke from the CCG will fulfil the health role.
  6. NHs referred to Section 3 of the report:

It is proposed that the role of the PTJSSP is as follows:-

* Set and oversee strategic direction of multi-agency safeguarding arrangements;
* determine equitable and proportionate funding on a yearly basis;
* hold local arrangements to account;
* scrutinise the effectiveness of multi-agency safeguarding arrangements;
* have oversight of multi-agency workforce development.
  1. Underneath would be two Local Safeguarding Partnerships, one each respectively for Torbay and Plymouth, where predominantly the majority of current Board members would sit. The proposal is for these to no longer be independently chaired. It is likely, one of the three statutory partners would chair the main strategic partnership board, and rotate chairing responsibilities across the three types of meetings on a yearly basis.
  2. It is proposed that the role of the respective Local Safeguarding Partnerships in Plymouth and Torbay is as follows:-
* Deliver the strategic direction set by the PTJSSP;
* be the Leadership Group which supports and engages relevant agencies;
* co-ordinates and oversees local safeguarding arrangements and responses;
* determine appropriate local safeguarding response groups (as necessary). These are currently the Subgroups.
  1. The proposal for quality assurance, learning reviews and the CDOP is to become a joint arrangement for Plymouth and Torbay. The Board will oversee this work and will be chaired independently by any of the strategic partners.
  2. The PTJSSP will create and be responsible a joint Quality Assurance Board and will appoint an Independent Quality Assurance Chair. This Board will:-
* set and evaluate the single quality assurance framework;
* undertake multi-agency auditing/thematic reviews;
* scrutinise respective performance data;
* provide line of sight into practice and the lived experience of the child.
  1. The PTJSSP will create and be responsible a joint CDOP/Learning Review Board and will be overseen by the Independent Quality Assurance Chair. This Board will:-
* deliver the statutory duties relating to child death review arrangements and direct implementation of recommendations arising;
* oversee, commission and deliver local child safeguarding practice reviews and make recommendations to the joint Quality Assurance and Workforce Development Boards.
  1. The Independent Chair will sit at the strategic board level. The vision is for the Independent Chair to set the work plan at the beginning of the year, and partnerships will be set their work plan. Throughout the year, the Independent Chair will be required to have conversations with strategic partners in relation to what is going on at a local level as well as at a higher level.
  2. The PTJSSP will create and be responsible for a joint Workforce Development Board which shall:-
* consider what multi-agency training is needed across the PTJSSP and how they monitor and evaluate the effectiveness of delivery;
* commission and deliver the required multi-agency training in innovative and efficient methods which satisfies the requirement and continuing improvement of multi-agency safeguarding arrangements;
* deliver recommendations and learning of Quality Assurance Board and CDOP/Learning Review Board;
* deliver quantitative reports on impact of workforce development to PJSSP.
  1. NHs shared a large amount of work is being undertaken in order to start the consultation and take it through relevant processes as discussed earlier. The biggest voices required through this consultation will be from children and young people. Consultation events will be held over the next few weeks and months.
  2. NHs shared the transition plan with key milestones to be achieve. These will be looked at through working with current board members and future local partnership members on how to achieve these.
  3. NHs has proposed a development day of 26th April 2019 to begin discussions regarding Terms of Reference, roles and responsibilities of partnership members, roles and responsibilities of subgroups at both joint and single local authority levels.
  4. Proposals have been made in relation to reducing the number of current Subgroups Suggested are Education Subgroup for both partnership boards; Exploitation for both Boards and an Online Safety Subgroup across both Plymouth and Torbay.
  5. Task and finish groups will also be developed with defined aims, objectives and time limited. NHs asked for time to discuss this with further with Board members around the expectations and how to manage these. Consideration is required whether this is giving current partners the response they require from their agency’s perspective.
  6. Consultation is due to end around the 10th May 2019, giving three weeks to finalise the proposals. The final proposal will be circulated to both Boards prior to submission to the DFE.
  7. The sign-off process is not fully clear but will be established.
  8. NHs shared there are changes to the report Appendix in relation to the relevant agencies. Tracey and NHs have developed the list and feel this is now correct. Some changes will affect just Plymouth, for example local border force, custom and excise. There are queries in relation to sport and leisure groups and religious groups without definition or clarity. Tracey is gaining further information on the requirements of these.
  9. AB explained that next week discussions are being held with Chief Executives, DSC’s and the appropriate chief officers in Police and CCG to look at what would be held Devon-wide on a twice a year basis to hold the arrangements to account with challenge on what is being delivered. The intention is for the Joint Strategic Partnership to be a twice yearly event. This means four events yearly at a higher level and four local partnership events without duplication of attendance. The key responsibility of the Joint Partnership is to agree joint frameworks in relation to joint thresholds. It is acknowledged the priorities won’t be same for each authority. Considerations have been made on what will become common priorities. Local arrangements will have different priorities and ways to work together which wouldn’t fit under one joint arrangement. Attempts are being made not to create additional meetings but to streamline in an effective way. The QA function will have a large role in holding both groups to account and may not be the same work programmes across Plymouth and Torbay, and will be part of the Strategic Partnership.
  10. NHs advised the aspiration is to have separate Plymouth and Torbay Children and Young People Subgroups. This may not be in place at the point of transition and consideration is required on how this is managed.
  11. NHs asked Board members how we can consult with children and young people, and if they have any events or activities planned to let him know. If necessary, an event will be created to capture a wide sector of children and young people.
  12. **Break**
  13. AP explained the changes which have occurred within Probation and the transition mobilisation plan to move to the Kent/Surrey/Sussex model. AP confirmed the increase in resource will result in smaller caseloads in the future.
  14. CS asked where the executive lead would sit in the new arrangement. AB advised this will be further discussed as part of the transition and the appropriate role decided. AB acknowledged the importance of CS’s involvement as a Board Member and discussions will be held both with CS and her counterpart in Plymouth, consistency will be a requirement and will be a consideration.
  15. JP asked what learning had been taken from Devon as early adopter of the Strategic Partnership. AB is expecting feedback from Devon from the meeting being held later this month. Lorna and Steve are familiar with this and direct feedback has been given.
  16. NHs advised the current situation can be viewed as ‘phase one’ with the possibility of a second phase involving the wider Devon footprint in the future. In relation to any learning, it is currently too early for this to be known.
  17. LD welcomed the joint discussions and oversight across the areas which allows for good learning and efficiencies. LD asked for further clarification around the combination of CDOP and learning reviews and if these are separating. AB explained the current feedback from CDOP in relation to Torbay and Plymouth children goes into the SCR subgroup. From this, issues which are relevant would go into joint learning. LD raised within the report the reference to ‘Devon CCG’ which should read ‘New Devon CCG’.
  18. CH acknowledged the implementation of the Devon model is in the early stages and too early to measure the impact. CH raised there was a lack of voice from health and other partners during the implementation and they felt not part of the consultation. CH advised an important part a successful process will be for partners to have a voice in relation to the structure and where partners will be sat across the groups.
  19. NHs agreed this will be a key part of discussions on the Development Day for both Torbay and Plymouth.
  20. AB advised there will be a date for formal feedback to be returned from today. AB stressed the importance of ensuring voices and views are being fed back as this is a co-designed proposal which has included health within the consultation.
  21. IA asked for an explanation on how the current arrangements with the Health and Wellbeing Boards and Community Safer Partnerships (CSP) will fit under the new arrangements. AB explained the representatives on the CSP will be a represented on each Health and Wellbeing Board to continue the link. Additionally, in each authority partnership will be representatives equally on the Health and Wellbeing Board and CSP. There could be some differences due to the way the Safeguarding Partnership works in each authority and the links may not be the same. IA acknowledged there will be differences under the new arrangements and caution will be needed where health are driving agendas in each locality which will be different. Further consideration will be required on how this will work and a proposal made.
  22. IA asked if there will be a common threshold for policy and procedure. AB advised within some areas there will be ability to agree on a common threshold and in other areas there will be agreed differences. Partners will work as much in common as is practical to meet the needs of the children in each authority. Locally agreed procedures and arrangements will continue where necessary.
  23. AB explained the QA Subgroup may be looking at different areas in each authority using the same lens. The social work model is different in each authority and the function will need to be adapted where required. However, the same questions will be asked on how well the arrangements are working in order to protect children and any learning will be shared.
  24. RKp asked why the new arrangements are better than those currently in place and if we know what we are trying to fix. Do we know what we’re not doing and do the new arrangements address this? AB advised Working Together 2018 arose due to the Wood Report and the evaluation of how well Safeguarding Boards function. The new arrangement pulls back to child protection safeguarding. Early Help are moving away from the Safeguarding Partnership into the Children and Young People Strategic Partnership. AB advised this is a better arrangement as some agencies are currently attending two Safeguarding Boards but this will provide flexibility of forums at different levels and the right operational arrangements in each authority. The positives of having an independent quality assurance and challenge function has been evident in other authorities. Health and police colleagues have raised how it would be more beneficial to have a common area rather than operating in two different authorities.
  25. AP asked where the representation from Criminal Justice will sit. AB advised this will be a Relevant Agency along with schools which gives different relationship within the arrangements. Currently schools have individual safeguarding responsibilities with the Board having a tenuous ‘holding to account’ relationship, setting out a common set of expectations. In becoming a Relevant Agency means the partnership hold schools to account and will have common expectations set out. Any representative would have a stronger position with colleagues across schools. AB encouraged formal feedback on any areas.
  26. NHs explained that each individual school will be a Relevant Member in their own right rather than represented.
  27. CS asked how both Chief Executives will be engaged in the new arrangements. AB advised the arrangements are currently different in Plymouth and the Chief Executive doesn’t sit on their Board. Chief Executives in the new arrangements will have a common set of expectations to bring people together to a common ‘holding to account.’ Firm challenge will be put in to hold to account on how effective the arrangements are working to safeguard children.
  28. JP asked who is responsible for implementing recommendations for local child safeguarding practice reviews. NHs explained the recommendations will be held in the QA and CDOP function and the Partnership will be responsible in ensuring recommendations are shared out for implementation.
  29. AB explained the Strategic Partnership would need to be satisfied from each partnership as to how recommendations are being progressed. Torbay and Plymouth will be held to account with both common learning and also individual authority learning.
  30. IA suggested mapping out which level of organisations sit on which groups. IA advised the importance to have full commitment of attendance and engagement from those delegated. AB agreed a key element from the Wood Review in informing Working Together 2018 is to have the top people holding the system to account with evidence of how this is being undertaken.
  31. IA stressed the importance of the right representatives on the QA group and staff are given time to participate fully. NHs confirmed an area of focus on the Development Day will be in relation to refreshing commitment to attend. NHs explained this is one of the reasons for the suggestion to reduce the core number of subgroups, and implementing more task and finish related groups. It is envisaged this will enable organisations to manage attendance issues.
  32. RKp raised there has been confusion in the membership of what the role of the Board is and some of the lines have been blurred and confused. RKp agreed with having a Children and Young People’s group and asked how this would fit in the arrangements.
  33. AB explained Plymouth have a Young Safeguarders Subgroup which is an active members of the Board and is represented. The June Board is being held at a time to allow the representative to attend out of school time. There will be shared learning on how to make this happen effectively, for Terms of Reference and honoured commitments. AB explained the expectation in committing to a group as a representative is an active one beyond attending the meeting, the commitment is to keep children safe through activity. There is the need to make the groups worth going to and ensure a difference is being made. AB reminded Board Members this is the consultation period, and the Development Day is important to take forward members views.
  34. NHs shared he is meeting Tracey next week and an invitation will be sent for the Development Day. A location will be sought between Plymouth and Torbay.
  35. IA asked Board Members to raise discussions within their organisations, look at perceived weaknesses and question if a commitment to that level of work is achievable. Feedback and the view of organisations is required for the Development Day.

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| **Agenda Item 5 – AOB** |

5.1 The Board had nothing further to discuss.

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| **Chairs Signature** |

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

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| Signature  F:\childrens services\Restricted\LSCB & SUB GROUPS\Signatures\Ian Ansell signature.jpg | Date  **23rd April 2019** |
| **Ian Ansell** |

**Torbay Safeguarding Children Board Actions**

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| --- | --- | --- | --- | --- |
| **Agenda Item** | **Minutes No** | **Action** | **Action Owner** | **Deadline** |
| Previous Minutes | ***1.3 2018 09 20 4.3*** | *JV to check Hospital Admissions data. Jane Viner / Ian Ansell.* JP updated the Board; there isn’t a code for self-harm in the ED system and it can’t be identified if an injury was self-inflicted, accidental or non-accidental. The data will be revisited in terms of CAMHS referrals. **Action to carry forward.**  ***Received 7th April 2019:*** *over the last three years there have been 196 (not counting 10 so far in 2019) it shows a consistent number of attendances over the last 3 years:*  *2015 – 37*  *2016 – 45*  *2017 – 60*  *2018 – 54*  *2019 – 10 to date*  *23 gave no ethnicity, 3 coded as Black, 1 Asian, 1 mixed. The remaining 178 were white*  *103 cited alcohol, 103 not alcohol*  *The weapons mainly hands and feet: Fist, Feet, pushed. Only 2 cite a knife or glass as the weapon* | Jane Viner | June 2019 (information received 7th April 2019) |
| Previous Minutes | ***1.5 2018 09 20 9.2*** | *NHs to send the Role Descriptions electronically to members. Not yet complete. Carry forward. Nick Hollins.* This hasn’t’ been completed but will be further explained in the Working Together Proposals Report. | Nick Hollins | June 2019 |
| Previous Minutes | ***1.6 2018 12 13 3.10*** | *Updated version of the Improvement Plan to be circulated to Board Members. Anne Osborne* This has been updated and will be sent. | Anne Osborne | June 2019 |
| Previous Minutes | ***1.8 2018 12 13 4.12*** | *NHs will make enquiries to the TDAS coordinator on their current service provision. Nick Hollins* Nick is awaiting a response and will chase this. | Nick Hollins / TDAS | June 2019 |
| Previous Minutes | ***1.9 2018 12 13 4.13*** | *JH to look into the reasons for the contradiction of DV incidents and children in attendance data. Jo Hall* Jo’s response; “The increase in DA is thought to be mixture of things - more accurate crime recording following Crime Data Integrity failures and force focus on crime recording training, plus increased confidence to report due to improved police activity and various awareness events/communications, but may also be some actual increase in DA happening. It is currently hard to tell and the general message still is that increased reporting/recording of DA is positive thing. The decrease in DA with children present is bit of mystery as this relies on officers completing this box on the DASH assessment as well as completing a VIST for each child. I do not think ‘we’ (police) have done any checks of DA with child present ticked against number of child DA VISTs.” It will be requested that the police fully complete the forms and cross reference. | Jo Hall | June 2019 |
| Previous Minutes | ***1.10 2018 12 13 4.15*** | *The data in relation to abuse related crimes on children to be further clarified in relation to how many are peer on peer and how many adult on child. Jo Hall* Jo’s response; “This information used to be looked at the Child Centred Policing group chaired by Yvonne Surman but this has not met for some time and is being reviewed as to the best way to approach. Police Performance and Analysis department could do some work on this if required. We would just need to agree scope and timescale and I could make a submiss/request” | Jo Hall | June 2019 |
| Previous Minutes | ***1.11 2018 12 13 7.4*** | *NHs and Nhn will discuss point 3.7 in relation to the young person’s participation in CIN meetings and amend with fuller explanation on how this will happen.* | Neil Holden and Nick Hollins | June 2019 |
| Previous Minutes | ***1.12 2018 12 13 10.2*** | *NHs to update the TSCB Business Plan for the next meeting for reassurance in relation to the areas of the plan progressing in anticipated timescales and those which have not.* Add to the Agenda for June 2019 Board. | Nick Hollins | June 2019 |
| CSP Update and Turning Corners | 2.25 | Threshold tool conversations in relation to adolescents to be held at the MET Subgroup. | TSCB Coordinator / MET Subgroup | 1st April 2019 |
| CSP Update and Turning Corners | 2.30 | Referral numbers and supporting evidence on how the Turning Corners is working as a preventative measure to be reported to the Board | Alex Stuckey | 13th June 2019 |
| CSP Update and Turning Corners | 2.31 | AS to provide case studies for testing within the MET and QA Subgroups | Alex Stuckey | 13th June 2019 |
| Implementation of Neglect Strategy | 3.3 | LS to write to Board members asking what their organisations have been doing in relation to the Neglect Strategy since its launch. | Lucie Saunders | 13th June 2019 |