Minutes
Stockport Safeguarding Children Board
Monday 25 January 2016

Present
Andrew Webb (AW) Corporate Director, Services to People
Anne Smith (AS) Lay member
April Higson (AH) Director of Neighbourhoods and Support, Stockport Homes
Cath Millington (CM) Disability Partnership, Head of Service
Chris McLoughlin (CMcL) Service Director, Children’s Safeguarding and Prevention
David Mellor (DM) Independent Chair
Deborah Woodcock (DW) Head of Social Care
Duncan Weldrake (DWK) Public Health Specialist
Gerard Sweeney (GS) Service Manager, Safeguarding
Helen Harrison (HH) SSCB Training Manager
Ian Mecrow (IM) Designated Doctor. NHS Trust Stockport
Jackie Stewart (JS) Acting Service Director Specialist Services
Pennine Care NHS Foundation Trust
Jacqui Belfield-Smith (JBS) Integrated Children’s Service, YOS
Jane Connolly (JC) Head of Safeguarding & Learning
Jenny Curzon (JCu) Moorfield Primary School, Headteacher
Jenny Singleton (JS) Principal of Cheadle & Marple Sixth Form
Jo Rogerson (JR) Superintendent, Stockport Police
Judith Morris (JM) Director of Nursing and Midwifery, Stockport, Foundation Trust
Martine Webster (MW) Cheadle Hulme Independent School
Maria Greenwood (MG) Lay member
Mick Lay (ML) - part Independent CDOP Chair
Nigel Elliot (NE) Assistant Chief Executive, Cheshire & GM CRC
Phil Beswick (PB) Service Director, Education
Richard Moses (RM) National Probation Service (NPS)
Rebecca Key (RK) Service Manager, Children’s Social Care
Sarah Johnson (SJ) Headteacher, Alexandra Park Primary School
Sarah Leah (SL) CAMHS, Pennine Care NHS FT
Sue Gaskell (SG) Designated Nurse for Safeguarding
Tina Cooper (TC) SSCB Administrator - minutes
Una Hagan (UH) SSCB Performance & Development Manager
Viki Packman (VP) Head of the Integrated Children’s Service
Wendy Meikle (WM) Executive Councillor Children & Young People

Apologies
Cath Briggs (CB) Clinical Commissioning Group Director
Gaynor Mullins (GM) Clinical Commissioning Group
Jenny Singleton Principal. Cheadle and Marple Sixth Form
Jill Sheldrake (JSh) Director of Social Care, Together Trust
Mandy Low (ML) NHS England
Sajada Zaman (SZ) Manager, Social Services Legal Team
DM welcomed all and introductions/apologies were made.

1. Minutes of last meeting and matters arising
   - Amendment to attendance. Mick Lay not present.
   - Devolution GM. AW advised that since the last meeting, there has been some change and the safeguarding boards across GM are now being reviewed alongside that commissioned by the Government.
   - SSCB Annual Report. – DM confirmed he is in the process of taking the annual report to the requisite boards.
   - Risk log – no additions

2. Member updates on the impact of Government changes and financial decisions on safeguarding children
   - Stockport Family. CMcL confirmed the Executive rubber stamped the Stockport Family business case in December 2015 and work is now underway to support its delivery. JC confirmed the SSCB Stockport Family Support & Challenge Session is planned for 12 February and invites have been sent out to board members.

3. QA sub exception and highlight report
   - SG noted domestic abuse as a theme in both data and reviews and highlighted concern about the visibility of the overall direction of domestic abuse across the system to staff on the ground.
   - RK added support to the need for a strategic framework which would provide the opportunity for sharing information and practice, and providing direction. There is a CSE strategic sub-group with a strategy and action plan for a relatively small cohort next to the large number domestic abuse cases in Stockport; a large gap.
   - MG advised she is working with Stockport without Abuse (SWA) and the Alliance for Positive Relationships (APR) leadership team. She will take the Board’s comments forward and feedback the outcome to the board.
     
     **Action: MG**

   - HH advised the adult and children board’s training sub groups met to consider domestic abuse training requirements – an action from DVHR3. There is a general lack of clarity around the structure and resources to support staff.
   - CMcL acknowledged the comment and feedback and noted support of the challenge especially considering frontline colleagues are struggling to understand services. As a member of the Supporting Families Executive CMcL will look at how the strategic plan and direction is translated into practice.
     
     **Action: CMcL**

   - DM highlighted the benefit of a domestic abuse forum for professionals to exchange good practice and information.
   - UH advised of the Stockport launch of STRIVE, a new early intervention for standard risk domestic abuse cases on 23 February.
   - Three Section 11’s (Integrated Children’s Service, 14-19 Services and Life Leisure) have been presented. Positive input from Life Leisure showed a commitment to safeguarding and recognition of where need action is needed. Some challenge and suggestions have been taken away by the 14-19 Head of Service around assurance for young apprentices and their placements.
   - Two single agency audits have been presented by the Stockport NHS FT.
   - The CQC action plan has been reviewed and there is a general consensus of good progress; an additional six actions have now been rag rated as green.
• DM asked if the plan presented was sufficient assurance for board members of actions taken. SG advised the detail could be provided; for the purpose of the board only the detail is provided for amber actions. DM suggested it would be useful for the sub-group to have access to the detail for them to check to demonstrate accountability and transparency. SG noted the same would need to apply to YOS and the Police. SG to bring CQC action plan to next board.

**Action: SG**

• The challenge put forward by the lay member concerning a pen picture of Stockport has been considered and will be looked at further at the challenge and support event in February. SG encouraged board members to consider the challenge and send headlines to UH from their own services.

**Action: ALL**

4. **CDOP GM Annual Report 2014/15**
• ML presented the main findings of the report, noting that for the UK the overall number of infant, child and adolescent deaths has declined and continues to fall.
• Stockport scores well in terms of deprivation when compared to the rest of GM.
• Stockport along with Salford, Tameside and Wigan, have a lower percentage population that are White British when compared to the North West average.
• Modifiable factors were identified in 63 deaths of the 262 cases closed across GM (24% of all child deaths – in Stockport 31%).
• Stockport has the highest percentage of closed cases in children under 1 year old where smoking may have or did contribute to child deaths across GM.
• A planned five year snap shot of data and standardisation of data sets across GM will help with statistical significance and usefulness of data.
• ML acknowledged the work of public health within Stockport noting their action plan has been used as an example for other local authorities. DWK welcomed the GM figures, noted the usefulness of more local intelligence and looked forward to analysing the five year aggregated data
• IM questioned what is being done to gain uniformity in data collection across GM and referenced table 17 where Stockport is shown as a outlier thereby attracting attention. ML provided assurance that all areas had provided information where it was relevant.
• DM welcomed the recommendation about gaining consistency across the four GM CDOP panels. ML highlighted the big issues, for example around smoking, are being addressed nationally as well as locally.

5. **Independent Reviewing Officers Annual Report 2015**
• GS welcomed comments and questions about the draft report.
• The number of young people subject to child protection plans has been in decline since 2014 and the trend continues. The number of Looked after Children (LAC) has remained fairly constant with a slight reduction in 2015.
• IRO capacity has been reduced by 1.5.
• To bring reporting in line with the business year, there will be an interim IRO report produced in May for the period Jan-March 2016.
• GS clarified that in MASE young people considered refers to new referrals and reviewed refers to those where actions are being looked at for those considered previously.
• DM welcomed the comparatively low number of children placed near to their home in Stockport against other local authorities.
• GS clarified that all children under 16 years have an active pathway plan.
• JBS advised discussion about merging of MASE and Madison is on-going, complicated by sheer numbers and the desire not to extend already long meetings. To be discussed at the next Children at Risk meeting in February.
• RK said comparative figures for MASE would be helpful, particularly noting a previous item on the risk log about fluctuating MASE referrals. GS will include in the final report. RK advised that anecdotally the DACSE team report more appropriate referrals through the front door as well as an increase in number.
• AS noted as pleasing the reformation of the Children in Care council and asked about frequency of meetings. GS confirmed it has been split into two age groups; the younger group meets every fortnight and the older group currently engages in 1:1 activity with meetings being planned.
• GS advised a report of the participation team’s activity will be presented at the next QA&PM sub-group.
• SG noted the number of young people who engaged in CP conference as small (38) against the number considered for conference – 228 young people. GS advised of a change in ages and so an improvement is anticipated.

6. Children with Disability Update
• CM presented an overview of the report and confirmed a full data set is available on request.
• Much work has been completed to better understand the population of young people with SEND, including the development of the 0-25 SEND joint commissioning strategy that outlines the population of young people in Stockport with SEND.
• Further improvements to be made around data collection and collation especially in relation to coding. DM asked about coding and CM advised of different arrangements particularly in respect of medical perspectives and reporting requirements; an overarching agreement in being developed around commissioning services for the future.
• SG acknowledged the work to develop the team around the school approach in helping to increase early identification and reduce dependency on services.
• The families requiring predominantly more respite support are those with less resilience to cope with disability; Stockport Family restorative approaches will work with families and encourage personalisation and reduction on dependency.
• A member of the children’s disability social care team is team is always present within the MASH.
• Stockport CCG and Trafford CCG are considering a joint appointment for the DMO role.
• A health transitions programme is being piloted for young people aged 11 years with a long term conditions to support them gain knowledge and skills to manage their conditions and talk confidently about them.
• The adults and children’s boards are working together to review a cohort of 18-25 year olds within MAARS (multi-agency adults at risk system).
• Training programmes to be reviewed and refreshed in line with Stockport Family. Generic training is not well attended.
• SJ advised of increasing numbers of concerns being raised in respect of safeguarding especially around autism.
• DM expressed appreciation for the update and encouraged all board and sub-group members to actively engage with the work around children with disability.

7. Missing from Home Update
• JBS provided an overview of activity over the previous six months.
• The DfE national statutory guidance on children who runaway or go missing from home or care designates the local authority as responsible for protecting children whether they go missing from their family home or from local authority care.
• Stockport is working to the GM protocol.
• The Children at Risk sub group is responsible for all matters leading to children going missing and meets quarterly. The focus of the next meeting in February will be missing from education.
• The monthly Madison meetings review every child missing; co-chaired between local authority and police with attendance from the police neighbourhood area Madison officers, children’s participation team and other services.
• The statutory independent return interviews for children missing from care are carried out by the participation team. MASSH police officers complete the missing from family interviews – this is being reviewed. Police conduct safe and wellbeing checks.
• Together with the Community Safety Unit a problem profile has been commissioned through the police analysts and officers within the MASSH which will give a borough-wide overview of the issues, highlighting trends and themes and help inform decision-making and strategic direction.
• Three key areas of development are administrative support which has been secured and training in process, consideration of a recharge option because of the high numbers of children from other local areas being placed in Stockport and a focus on the role of the sub-group.
• WM asked about repeat missing from homes and JBS confirmed data is available. JC advised there will be a GM discussion about recharging which was raised at the GMSP. SG cautioned about the administrative costs of such recharging as experienced within health.
• JC asked if children from other local authorities are included in missing from education and JBS confirmed they are not though it is being reviewed.
• JS advised of stark increase in safeguarding referrals from the college. Access to learning mentors has increased significantly and the correlation between health and wellbeing and missing from education is becoming more apparent.
• GS advised Repeat Missing’s are now receiving targeted intervention from the participation team which is showing a positive impact with certain young people.
• JR expressed support of the work being done and noted that out of area has a real impact. The police and crime commissioner has been approached regarding funding. Barnardo’s which conduct out of area interviews in other areas is being considered for the same activity in Stockport. If recharging is not implemented then consideration is required of how we ensure young children get a consistent approach and interventions prove to have a positive impact.
• DM asked if the sub-group can support the board discharging such responsibilities and JBS advised the only area that needs firming up is assurance that working to the protocol.
• RK advised Jeanette Warburton is leading on activity around residential providers and building relationships as per the CSE strategic plan.
• DM requested a twice yearly report.
• DW advised CSC is undertaking a thematic single agency audit in respect of children missing from home which will be presented at the QA&PM sub-group.

8. Project Phoenix Peer review Action Plan
• RK presented the action plan prepared after the peer view conducted by Project Phoenix. Key themes are identified where there are specific actions across the partnership or single agency.
• Team development day took place on 12/01/16 when the team started to look in more detail at the action plan.
• To progress more integrated working between the DACSE team and police within the MASSH, daily meetings now take place where incidents from the day before are reviewed and actions mutually agreed; both police and social workers are clear about what is happening for individual children.
• In other GM teams there is more of a multi-agency approach with input from health. Initial discussion took place at the CSE Strategic sub-group and has been extended to school nursing and PACE.
• There is additional staffing from the police and the team is now overseen by DI Dave Turner who also leads on operation challenger. Police are looking into accessing other training that is offered to other agencies.
• Within Stockport Family, there are highly specialised child psychologists and utilising their expertise with child victims is being explored.
• Project Phoenix commissioned a problem profile which is not yet available; work being done to improve the level of detail.
• DI Dave Turner is hosting weekly operations with other agencies around disruption activity and targeting operations around CSE.
• Project Phoenix will conduct a second round of peer reviews in September 2016.
• DM noted that under national guidance hotspots require attention – should be identified through the Prevalence report

9. Waiting Time Update – Kite & Primary Jigsaw
• UH identified that she omitted the paper with the Board papers and it will be attached to the minutes.
• SL presented an update to the paper presented to the Board in November 2014.
• The majority of services are reporting a slight reduction in waiting times except KITE where there has been a significant increase primarily due to staffing issues of sickness and challenges in recruiting. Additional resources have been secured to work on the waiting list which has reduced in terms of the number of young people though not in in respect of time. LAC’s are prioritised.
• Additional resource has been secured for the CAMHS agenda around the provision of group interventions and offering of consultation clinics.
• Resourcing to schools will increase within the next year with every school having a named CAMHS worker.
• Work and discussion ongoing around more integrative working and the provision of equitable services across Stockport.
• Collaborative working underway with Tameside and the community eating disorder team.
• JCu acknowledged the feedback and reiterated the increasing need for services at primary school level and the impact of delays.
• MW asked if plans for named CAMHS school workers included independent schools and SL confirmed an aspiration for coverage from reception to sixth form that included the independent sector. MW noted the issues were just as prevalent.

10. Training Annual Report 14-15
• HH presented the draft report which paints a positive picture reflecting not only good buy-in to the multi-agency programme but also a lot of single agency effort around people addressing specific safeguarding needs for their workers.
• HH welcomed comments to the draft.
• In terms of places offered on courses, HH confirmed the approach is to overbook places to compensate for cancellations.
• HH confirmed those who do not attend courses do not tend to provide explanations however pressure around work tends to be the main reason. There is a lot of other training
at the moment which people are required to attend which impacts on their availability. Charging is in place.

- HH advised since CSS support has diminished the feedback loop to managers regarding non-attendance has also reduced. AH noted non-attendance feedback would be useful management information to receive. HH advised the training sub-group review the data; to look at inclusion of a representative from Stockport Homes on the sub-group.

- DM highlighted low completion rates of e-learning and asked about evidence concerning the effectiveness of e-learning. HH advised anecdotally of better completions rates when users are able to begin the learning straight away rather than there being a time lag between registering and being able to commence.

11. Embedding Learning and Improvement in Practice

- DM noted the item will be delayed due to time constraints. JC said consideration would be made of its inclusion in the Stockport Family Support and Challenge session.

12. Government Review of LSCBs

- DM confirmed Alan Wood has been commissioned to carry out a review by the end of March.
- DM advised he was not aware of any formal consultation period. AW said he anticipated the report will go for formal consultation.
- DM advised of a survey questionnaire and encouraged all partners to provide feedback to the independent Association of Chairs.
- DM noted no contact had been made with the Chairs of CDOP at either a national or regional level. DM will share the communications with CDOP.

13. SCRs Update

- UH confirmed most practitioner interviews are now complete for each of the SCR’s with Mental Health interviews outstanding for one of the Reviews. Timetables expected to be met for each review. Extraordinary meetings to go ahead as scheduled.

14. AOB

- PB advised of Ofsted Prevent themed schools inspections underway.
- JS confirmed Cheadle and Marple College were inspected in January; a one day inspection where protocols, procedures, staff, children and senior management were interviewed. The outcome was good; good practice to go into national report. Observations to be sent through. Forty inspections are planned in the North West.
- UH advised the national campaign may lead to an increase in referrals; information will be promoted from 04 March.
- JBS confirmed the Youth Justice plan was approved in December.

2016 Meetings:

**Extraordinary meetings:**

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday 22 February 2016</td>
<td>9.30 - 11.30am</td>
<td>Conference room 1/2, Fred Perry</td>
</tr>
<tr>
<td>Monday 18 April 2016</td>
<td>9.30 - 11.30am</td>
<td>Conference room 1/2, Fred Perry</td>
</tr>
<tr>
<td>Monday 14 March 2016</td>
<td>12.30 – 2.30pm</td>
<td>Conference room 1, Fred Perry</td>
</tr>
<tr>
<td>Monday 23 May 2016</td>
<td>12.30 – 2.30pm</td>
<td>Conference room 1, Fred Perry</td>
</tr>
<tr>
<td>Monday 18 July 2016</td>
<td>12.30 – 2.30pm</td>
<td>Conference room 1, Fred Perry</td>
</tr>
<tr>
<td>Monday 19 September 2016</td>
<td>12.30 – 2.30pm</td>
<td>Conference room 1, Fred Perry</td>
</tr>
<tr>
<td>Monday 21 November 2016</td>
<td>12.30 – 2.30pm</td>
<td>Conference room 1, Fred Perry</td>
</tr>
</tbody>
</table>