

**LCCG Safeguarding and LAC Working Group**  
**12<sup>th</sup> December 2016, 14:00- 16:30**  
**Lower Marsh, Lewisham & Greenwich Room**

<b>Present</b>		
<b>NAME</b>		<b>ORGANISATION</b>
Amy Buxton-Jennings,	ABJ	Chair, Commissioning Director for Children's Services, Lambeth CCG/London Borough of Lambeth
Debbie Saunders	DS	Head of Safeguarding Children Nursing team, GSTT
Avis Williams– McKoy	AWM	Designated Safeguarding Nurse, Lambeth CCG
Ann Lorek	AL	Designated Doctor Safeguarding Lambeth
Angelina Barton	AB	Interim Business Manager, LSCB
Margaret Hill	MH	Named Nurse, Lambeth Community GSTT
Mike Ferguson	MF	Assistant Director Children Looked After & Youth Offending Service London Borough of Lambeth
Rosalinda James	RJ	KCH Named Nurse-Safeguarding Children, KCH
David Grafton	DG	Lambeth CAMHS Service Business Manager
Abdu Mohiddin	AM	Public Health Consultant , Lambeth & Southwark
Sheleena Powtoo	SP	Business Manager, LSCB
Meme Obasohan	MO	Commissioning Support Officer, LCCG

<b>Absent</b>		
Alison Davidson	AD	Named GP for safeguarding children, Lambeth CCG
Pasquale Brammer	BP	Senior Commissioning Manager, Lambeth CCG
Adam Curtis	AC	Named Nurse for Lambeth Community
Barbara Hill	BH	General Manager Community Children's Services GSTT
Naeema Sarkar	NS	AD Quality CSC, LBL
Cathy Donoghue	CD	Designated Nurse for Looked After Children - GSTT/LCCG/LBL
Efun Johnson	EJ	Designated LAC Doctor, Lambeth CCG
Gerry Egan	GE	Lead Safeguarding Practitioner & Clinical Specialist
Barbara Shelly	BS	Nursing Safeguarding Children Lambeth
Paul Archer	PA	Named Nurse for Safeguarding Children, SLaM

<b>No.</b>	<b>Agenda Item</b>	<b>Action for / date</b>
<b>1</b>	<b>Welcome and Introductions</b>	
1.1	Meeting was Chaired by Avis Williams-Mckoy, Designated Safeguarding Nurse for Lambeth CCG on behalf of Amy Buxton-Jennings, the new Director for Children's Services as it was her first meeting.  A round of introduction was made and apologies tendered.	
<b>2</b>	<b>Apologies for Absence</b>	
2.1	Apologies had been received in advance of the meeting from:	

No.	Agenda Item	Action for / date
	<ul style="list-style-type: none"> <li>• Efun Johnson, Designated LAC Doctor, Lambeth CCG</li> <li>• Barbara Hills, General Manager Community Children's Services GSTT</li> <li>• Pasquale Brammer, Senior Commissioning Manager, Lambeth CCG</li> <li>• Ayanda Jolobe, Named Doctor Community, GSTT</li> <li>• Cathy Donoghue, Designated Nurse for Looked After Children - GSTT/LCCG/LBL</li> <li>• Paul Archer, Named Nurse for Safeguarding Children, SLaM</li> <li>• Alison Davidson, Named GP for safeguarding children, Lambeth CCG</li> </ul>	

No.	Agenda Item	Action for / date
3	<p><b>LCCG/SLWG/003 – Declaration of Interests – In Agenda Items</b></p> <p><i>No interests were declared in relation to the agenda items for this meeting.</i></p>	

4	<p>LCCG/SLWG/15/004 – Minutes of the Previous Meeting held on 19th September 2016 and Matters Arising</p> <p>Minutes was agreed as accurate</p> <p><b>Action Log :</b></p> <ol style="list-style-type: none"> <li>1. AWM confirmed that she has met with Naeema Sarkar to look at quality assurances processes.</li> <li>2. Logical Delete:. The feedback is that it is not different from how it happens now. When someone is adopted, a new NHS number is given and the put on the system and the old one is deleted.</li> <li>3. FGM:- Avis confirmed that FGM should sit in this group, this was agreed when the LSCB Sub Working Group for FGM was disestablished.</li> <li>4. Avis conformed that she has updated the corrupt false marriage email address and also have updated the link for public health</li> </ol>	
5	<p>LCCG/SLWG/005 – Looked After Children (LAC) Health Updates / Reports</p> <p><i>The Committee / Group was asked to review and note an update from Dr Efun Johnson – Designated Doctor for Looked after Children, and Cathy Donoghue - Designated Nurse for Looked After Children.</i></p> <p>EJ and CD were not present to discuss LAC report.</p> <p>AWM advised Group to read through report and either hold any questions or queries until next meeting for EJ or any comments and questions to be emailed to Meme so that they</p>	

	<p>are raised at the next meeting.</p> <p>EJ has also included the Cooperate Parenting Board Minutes, so that we are sighted across the system around LAC</p> <p>AM commented that it might be worthwhile updating what we are doing with the CHIP Programme around LAC</p> <p><b>Action: AM to update with EJ on CHIP at next meeting</b></p> <p>DS highlighted Initial and Review Health Assessments compliance and performance remain an on-going concern.</p> <p>MF responded – CSC LAC HOS have had some Health led meetings between EJ, CD. An agreement is now in place if a referral to Mary Sheridan does not meet the standard, the Service Manager will be alerted. In theory, it should mean that the referral gets corrected quickly; and the Child will still be able to see the Doctor within the 20 days.</p> <p><b>ACTION: LAC Designated Professional to provide quarterly KPIs to the SLAC meeting.</b></p> <p>AM mentioned that the CHIP Programme is supporting LAC. A new LAC Nurse will come into post in January 2017. This will increase capacity in order to complete the assessment in line with the statutory guidance.</p> <p>DS reported that, GSTT will be going out to advertise for the post of a new Designated LAC Nurse. CD has resigned from her post as Designated LAC Nurse for Lambeth and will be leaving at the end of February 2017.</p> <p>DS will be in discussion with BH and others about contingency plans because it may not be possible to get someone new in post before she leaves and Christmas time is a difficult time to recruit.</p>	
6	<p><b>LCCG/SLWG/006 – GSTT Performance and Quarterly Reports and Multi Agency Safeguarding Hub (MASH)</b></p> <p><i>The group was asked to review and note update from Debbie Saunders – Named Nurse, GSTT and the verbal update from Margaret Hill – Named Nurse, Lambeth Community GSTT. The GSTT Performance Report</i></p> <p>MH updated:</p> <ul style="list-style-type: none"> <li>• Training is 85% at Level 2 and 80% Level 3.</li> <li>• Workforce- Community Nursing team is up to establishment, the team in the Acute has one member of staff on Maternity Leave, however, there is someone to cover the post three days a week</li> <li>• Over the last two quarter, there has been a decrease in the numbers of community safeguarding activities/multiagency assessments between CSC and health. There has been a decline in:             <ol style="list-style-type: none"> <li>I. The number of child protection medicals undertaken and the numbers of requests.</li> <li>II. The numbers of strategy discussions, meeting and telephone conversation with community health involvement.</li> <li>III. The numbers of Looked After Children there were 461 back in April 2017 and</li> </ol> </li> </ul>	h

- 423 LAC currently
- IV. MARP cases
- V. MASH multiagency assessments significant decline to only 25 cases this reporting quarter.

**Acute safeguarding**

- Section 3.6, AM asked if the fact that safeguarding children’s activity is increasing each quarter within Acute Services should be a concern as reports states that activities up 25.9% on the last quarter
  - DS explained the reason as; a combination of staff’s awareness, i.e. actually putting their training into practice and secondly because the Acute Team had been previously slightly separated from the main Children’s Hospital, they have however now moved to Beckett House. DS highlighted that the figures are likely to go up again this quarter because people now have easier accessibility to the Acute Team.
- Supervision for the School Nurses was 100% this quarter and for the Health Visitors was 93%
  - Neglect and Emotional abuse are the highest levels of concerns during supervision
  - There are a number of SCRs on going
    - Child T in Lewisham, which follows the death of a young boy with complex needs.
    - Medway SCR, this involves a young person with complex needs.
    - Lambeth and Croydon SCRs, Debbie Saunders and Dr Ann Lorek are the Lambeth health panel members. A practitioners meeting is scheduled to be held this week, an EHV and Health Visitor will be attending from Lambeth
    - Croydon & Lambeth SCB are undertaking a review following death of young baby, the case did not meet the threshold of SCR
    - Lambeth & Bromley SCB are undertaking a SCR. SCR K, following the death of a six year old male child.
    - GSTFT have recently just received a notification for a West Sussex SCR
  - A training programme has been introduced to the Emergency Paediatric Department, with regards to routine inquiry of domestic abuse. This will be evaluated and then introduced to the wider acute sector. A trust DV strategy is been developed
  - CP-IS - The IT teams are exploring the implementation issues. The community safeguarding team have been assisting with the NHS numbers been cross referenced for social care.

**Action: MARF form only has NHS number on the front for the index child but need NHS Number for all family members. AWM to follow up with CSC project lead Josie Collier.**

AWM has been to a strategic meeting with NHSE. Lambeth LA and acute providers are red flagged, for not making enough process.

RJ reported that KCH are ready to go live but really need Lambeth and Southwark CSC also to be in a position to go live .DS asked RJ to send Kings the operational policy or any guidance on how CP-IS is being implemented at Kings.

**Action (1) Named professionals to provide an update on CP-IS implementation at the next SLAC meeting.**  
**(2) RJ to share with DS LCH CP-IS implementation guidance.**

ABJ noted that it was interesting to see the contrast with some of the formal CP indications and the change in the system in the way cases are being managed, which means more for the acute sector in terms of the support and advice required from different aspects of the system

DS mentioned that one of the things that we need to look at going forward is that by the time these cases are coming into the Acute System, are they coming in as a crisis management situation whereas if we had some Health Visitors and School Nurses doing some early intervention work, cases might be easier managed.

ABJ acknowledged that it is really good to see the activities around the quality of contacts and referrals, she however asked if DS felt she had got sufficient good practice examples of referrals

DS replied that they have never had any quantifiable information back from the LA, quite often what is said in meetings are "poor quality referrals" but not giving specifics of which agency/practitioner

From next week, the safeguarding acute team there will be offering a drop-in surgery once a fortnight, where a named doctor, a safeguarding nurse liaising with health visitors and potentially a trust policy officer will be available once a fortnight so that people can bring risky cases or cases that needs to be teased out a little bit more to make sure that the referral form is done optimally

AWM reviewed a small sample of CSC referrals from health agencies with Josie Collier, last week. The cases were randomly selected although some of them could be strengthen in terms of the information shared and previous assessments undertaken the quality of most of the referral were appropriate.

ABJ said in term of the quality of referrals it will be good to share best practice because it is always helpful when you see a referral that is properly articulated and done properly.

MH mentioned that her team are asking the Health Visitors and School Nurses to send them their referrals if they have got time and also to cc them into all the ones going in to the duty so that they have an overview

AWM said when the MASH becomes fully functional again, one of the roles of the MASH Health Visitor is be to QA the health referrals across the partnerships, whether from GPs, School Nursing etc. and engage with them to improve the quality of the information or if it does not meet the threshold, help and guide them to other parts of the system.

**MASH :**

MH advised that the details of the report are there for all to read, the report has been prepared by Beverley Clarke who is the Specialist Health Visitors co-located within MASH.

MASH is being revamped and reshaped at the moment which has had an impact on the number of cases that have been subjected to the MASH process

DG asked what was happening to the cases that would usually be assessed via the MASH process.

MH replied that she believed the cases deem to be safeguarding are going straight to the

	<p>CAT team or they are closed, or they may be logged as a contact</p> <p>ABJ commented that part of the issue was whether or not the MASH process was causing unhelpful delays in the system for cases that were most likely to go into CSC.</p> <p>AWM said MASH should deal with cases where CSC cannot make a threshold judgement because more information is needed. The most profound thing about the MASH/referral process is that almost all referrals will be NFA for CSC and will require some intervention by Health/Universal Services.</p> <p><b>Action: ABJ asked that the outcome and reports from the MASH review be shared at this meeting</b></p>	
7	<p><b>LCCG/SLWG/007 – KCH Performance and Quarterly Reports</b></p> <p><i>The group was asked to review and note update from Rosalinda James – Named Nurse, Kings College Hospital. Enc - KCH Governance Report April– June 2016.</i></p> <p>RJ apologised KCH have no safeguarding data for this meeting, but will have for next quarter.</p> <ul style="list-style-type: none"> <li>▪ The trust moved to statutory and mandatory training study days in October but there was no capacity to provide Level 2 training as a study day so it was agreed that Level 2 be offered by e-learning. , However, there were also issues with the e-learning. A face to face training was then agreed for Level 2. Over 500 staffs have attended training in the last couple of months.</li> <li>▪ The sessions have gone really well, and have been supported by multiagency colleagues from SLAM, and various experts on CSE and FGM</li> <li>▪ Midwives have annual updating with safeguarding scenarios this year from all the different SCRs</li> <li>▪ There was an FGM study day for senior maternity staff in October, which was well received</li> <li>▪ The Management of Serious Head Injury protocol, has been updated, it has been through the governance system and approved             <ul style="list-style-type: none"> <li>▪ The Level 3 training has been updated to include learning from the Bradbury Inquiry this includes the Chaperone Policy.</li> </ul> </li> <li>▪ Clinical pathways developed with the Havens on: Children with Genital Warts and Bacterial Sexually Transmitted Infections in Children Under 12 years.</li> <li>▪ CQC- <b>NOT SEEN NOT HEARD</b>, listening to Children. RJ have being using the document as an audit tool, they will complete the audit in January and share findings at next meeting</li> <li>▪ Serious Case Reviews: Southwark, Bromley, Kent, Croydon/Lambeth, Lambeth/Croydon and Lewisham.</li> </ul> <p><b>Audits Being Undertaken:</b></p> <ul style="list-style-type: none"> <li>▪ Discharge Planning Audit- Reviewing the quality of discharges.</li> <li>▪ Late booking and how it might relate to maternity safeguarding.</li> <li>▪ Level 3 safeguarding training sessions</li> <li>▪ Auditing the quality of referrals and outcomes of referrals for Lambeth</li> </ul> <p><b>CP-IS</b></p> <p>The project is almost complete which will link information from CP-IS from emergency department records to electronic patient <b>records</b></p> <ul style="list-style-type: none"> <li>▪ Since the opening of the Havens Children and YP’s Service in April 2016, referrals are</li> </ul>	

	<p>up by 45%. The HAVEN has had visits from the Home Secretary and Major of London. Also have had stakeholder events which was very well received and an address the Public Health Minister</p> <p>AM asked about if there was anything happening with Redthread</p> <p>RJ reported still working in partnership with Redthread and they are reviewed annually. Had tried to get a meeting with them before Christmas but because of the holidays it was not possible, a meeting will be scheduled for January.</p>	
8	<p><b>LCCG/SLWG/008 – Slam and CAMHS Performance and Quarterly Reports</b></p> <p><i>The group was asked to review and note update from –Gerry Egan - Named Nurse for Safeguarding Children, SLaM -Enc – SLAM Quarterly Report presented by David Grafton</i></p> <p>Report not available for Group</p> <p>David Grafton reported that this is the first time GE as Safeguarding Lead Nurse has completed this data. DG said there is a detailed narrative within the data but unfortunately he has not gathered the Tier 4 data yet but the full report will be sent to group</p> <p><b>Action : SLAM report to be sent to Meme for distribution to SLAC members</b></p> <p>DG reported some of the headlines of report:</p> <ul style="list-style-type: none"> <li>▪ There have been no invites to pre-birth conferences, 15 invites to Initials, 10 to Reviews</li> <li>• In terms of attendance, all the Conference invited to have been attended apart from 5 of the Initial Conferences</li> </ul> <p><b>Action: DG to ask GE to clarify why 5 invites to 5 initial conferences were not attended</b></p> <ul style="list-style-type: none"> <li>▪ In terms of the number of Children and YP in treatment for Substance Misuse, DG said it is really difficult to pull information on how many Children within the service are using substances but currently looking at this in more details and also doing some bespoke training for staff within CAMHS around Substance Misuse</li> <li>▪ Total number of CAFs received in the last quarter was 26; receiving referrals from EI that are not on the CAF form where Mental Health need are clearly indicated. <b>(Group noted that 26 felt like very small numbers )</b></li> <li>▪ Number of Children and YP accessing AIM was 40</li> <li>▪ Number of Children accepting support from CLAMHS are 50</li> </ul> <p><b>Action: DG to clarify why CAFs received were only 26</b></p> <ul style="list-style-type: none"> <li>• Total no of Children accessing CAMHS Services who have a Child Protection Plan is 74</li> <li>• Training, Level 1 is at 86%, Level 2 is 100% and Level 3 is 88%. Also doing a Safeguarding Training update on Tuesday and Cathy Henchion is coming to do something on CSE as well</li> <li>• Areas of risk and concerns: There have been a number of cases referred to Children Social Service for Safeguarding concerns which has proved difficult to obtain updates and progress</li> <li>• There has also been a number of cases referred to Children Social Care following</li> </ul>	

	<p>presentations at A&amp;E and follow up by CAMHS where the safeguarding concerns by Health Professionals have not appeared to have been reviewed by Children's Social Care</p> <ul style="list-style-type: none"> <li>• Another issue was around the changes with the MASH services and the limited number of cases being processed using the MASH multiagency process.</li> </ul>	
9	<p><b>LCCG/SLWG/09 – Child Death Over View Panel</b></p> <p><i>The group received a verbal update from Dr Abdu Mohiddin, Children's Public Health Consultant. Public Health Summary.</i></p> <p>AM reported:</p> <ul style="list-style-type: none"> <li>• Lambeth and Southwark jointed CDOP reviewed 26 cases in total, of which 18 were Neonatal, most of the cases were under one year of age. 5 of the 26 cases reviewed had modifiable factors.</li> <li>• The concerning risk for CDOP is the admin issues which should be getting better now because there is a new co-ordinator in post and a new admin person in post , which hopefully will help with reducing the backlog</li> <li>• There is a difference in the number of deaths reported, 38 were reported for the whole of Lambeth and Southwark. There are many more in Lambeth, some work will be undertaken to look at the trend over time to see whether there is emerging difference between the two boroughs or whether it is just a single year effect</li> <li>• In terms of Lambeth cases specifically, 9 cases were reviewed</li> <li>• In terms of recommendations, have agreed to focus on Haemoglobinopathy and on Sepsis. Public Health will undertake a need's assessment on Haemoglobinopathy together with Southwark</li> <li>• CDOP have £10,000 from the LCCG to implement CDOP recommendations. CDOP is waiting to see if Southwark CCG are going to match fund</li> </ul>	
10	<p><b>LCCG/SLWG/010 – Independent Contractors</b></p> <p><i>Update from Dr Alison Davidson – Named GP, Lambeth CCG.</i></p> <p>Avis Williams-Mckoy, reported on behalf of AD</p> <ul style="list-style-type: none"> <li>• Level 2 and 3 Child Protection Safeguarding training was delivered to Lambeth independent contractors in October and November. Have worked very closely with CSC to deliver Level 3 training. There are additionally, 6-8weeks training with GPs and Anastasia Sijuade HOS Lambeth CSC has supported and attended these training sessions they have gone really well .</li> <li>• The learning from SCR's has been embedded. The next GP learning event is on Thursday; Dr Davina McKenzie is going to present the work undertaken with CDOP, &amp; FGM. The event is being held at Riverside Practice.</li> <li>• AD is undertaking the IMR/SCR for SCR K Bromley &amp; Lambeth SCB and the Greenwich SCR</li> <li>• New dates have been set for the next year's Level 2 and 3 training</li> </ul>	
11	<p><b>LCCG/SLWG/011 – LSCB Executive Minutes</b></p> <p><i>The group received an update and feedback from the minutes of the meeting from Sheleena Powtoo.</i></p> <p>SP reported:</p>	



- Last LSCB Executive Board took place on the 23<sup>rd</sup> November
- Key areas of focus were early help, and the operation of universal services, a presentation will be prepared and presented to the board in January 2017.
- Frontline professionals are getting together to report on what works well, senior managers to look at real cases and understand how the threshold guidance is being operational
- MASH review is currently taking place in Children's Social Care which will focus on improving referrals, thresholds and contacts
- YP at risk at the task and finish groups, back in September, a strategic workshop was held with agencies to reflect on the lack of information held on YP at risk of: sexual exploitation, being missing, drug misuse, involvement in gangs and serious youth violence.

**Action: ABJ advised to have a presentation that clarifies what is a contact, what is a referral, what we have data on and what we do not so that everyone understands and speak the same language. PS to speak to Josie about this and maybe have something sent out at the beginning of the year**

- It was recognised that data is being collected by individual agencies around different areas but the data needs to be triangulated so that there is a holistic picture of what is affecting YP at risk
- A Task and Finish Group will be put together to develop a strategy and action plan for the work of existing sub-groups.

**Action: ABJ advised that we will need to clarify who the representatives are going to be from Health on the Task and Finish Group**

- A CSC audit of residential placements was presented. The audit examined 18 LAC currently placed in residential children's homes, three of the cases were rated good but 15 were requiring improvement or rated inadequate
- There were a number of themes identified from the audit, particularly the number of changes with social workers or placement officers etc.
- The LSCB multiagency audits is currently on hold until previous reports and actions are signed off
- The LSCB policy information officer is currently working on the recommendations with some assistance from CSC.
- The audit programme will resume in the new year
- SCRs: Current SCR with Croydon, Child L is underway. There is a new SCR with Bromley. The coroners inquest for Child J is likely to take place early in the New Year although no specific dates have been set. There has been a meeting which took place with key partners on the 8<sup>th</sup> December to agree and confirm an approach going forward.
- LSCB performance digest as it is quite heavy, a new template will be formulated
- A new training and development manager has been appointed on a temporary basis until March, to progress the training programme for the rest of the year and also to

	<p>commerce work developing the training programme. Additionally, she will also be conducting a review to assess the impact of training</p> <ul style="list-style-type: none"> <li>• A new LSCB Business Manager, Sabena Malik has been appointed, she has the LSCB manager post on a permanent basis.</li> </ul>																
12	<b>LCCG/SLWG/012 – Serious Case Review</b>																
13	<p><b>LCCG/SLWG/013 – FGM</b> <i>The group was asked to review Enc- FGM Safeguarding Pathway</i></p> <p>AWM drew group's attention to the new FGM Safeguarding Pathway.</p> <p>AWM urged everyone to reinforce with practitioners <b>mandatory reporting</b> if they come across FGM in a child /young person under 18 years.</p>																
14	<p><b>LCCG/SLWG/014 Any Other Business</b></p> <p>AM asked about the IRIS Scheme in Lambeth. The DV project that supports primary care.</p> <p>AWM advised that Frances Wedgewood is the lead GP for DV and works with GAIA</p>																
<b>Future Meetings</b>																	
15	<p><b>LCCG/SLWG/015 – Dates and times of future meetings</b> Dates and times of future meetings and deadlines for the receipt of reports / papers are as below</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #d9e1f2;"> <th style="text-align: center;">Meeting Date</th> <th style="text-align: center;">Papers due by</th> <th style="text-align: center;">Location / Time</th> </tr> </thead> <tbody> <tr> <td><b>27<sup>th</sup> March 2017</b></td> <td>20<sup>th</sup> March 2017</td> <td>Room 208 &amp; 209 2nd Floor. Lower Marsh</td> </tr> <tr> <td><b>26<sup>th</sup> June 2017</b></td> <td>19<sup>th</sup> June 2017</td> <td>Lewisham and Greenwich Room ,4th Floor Lower Marsh</td> </tr> <tr> <td><b>2<sup>nd</sup> October 2017</b></td> <td>25<sup>th</sup> September 2017</td> <td>Room 407, 4<sup>th</sup> Floor, Lower Marsh</td> </tr> <tr> <td><b>18<sup>th</sup> December 2017</b></td> <td>11<sup>th</sup> December 2107</td> <td>Lewisham and Greenwich Room ,4th Floor Lower Marsh</td> </tr> </tbody> </table>	Meeting Date	Papers due by	Location / Time	<b>27<sup>th</sup> March 2017</b>	20 <sup>th</sup> March 2017	Room 208 & 209 2nd Floor. Lower Marsh	<b>26<sup>th</sup> June 2017</b>	19 <sup>th</sup> June 2017	Lewisham and Greenwich Room ,4th Floor Lower Marsh	<b>2<sup>nd</sup> October 2017</b>	25 <sup>th</sup> September 2017	Room 407, 4 <sup>th</sup> Floor, Lower Marsh	<b>18<sup>th</sup> December 2017</b>	11 <sup>th</sup> December 2107	Lewisham and Greenwich Room ,4th Floor Lower Marsh	
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**The agenda and minutes of this meeting may be made available to public and persons outside of NHS Lambeth Clinical Commissioning Group as part of the CCG's compliance with the Freedom of Information Act 2000.**

LCCG Safeguarding and LAC Working Group Action Log: 12<sup>th</sup> December 2016:

Item	Action	Lead	Completion
<b>Minutes/ Matter Arising</b>			
<b>5 LCCG/SLWG/005 – Looked After Children (LAC) Health Updates / Reports</b>			
5.1	Abdu Mohiddin to update with Efun Johnson on CHIP at next meeting	Abdu Mohiddin	
5.2	LAC Designated Professional to provide quarterly KPIs to the SLAC meeting.	Efun Johnson	
<b>6 LCCG/SLWG/006 – GSTT Performance and Quarterly Reports and Multi Agency Safeguarding Hub (MASH)</b>			
6.1	MARF form only has NHS number on the front for the index child but need NHS Number for all family members. AWM to follow up with CSC project lead Josie Collier.	Avis Williams-Mckoy	
6.2	Named professionals to provide an update on CP-IS implementation at the next SLAC meeting	ALL Named Professionals	
6.3	Rosalinda James to share with DS LCH CP-IS implementation guidance	Rosalinda James	
6.4	Any Buxon-Jenning asked that the outcome and reports from the MASH review be shared at this meeting		
<b>8 LCCG/SLWG/008 – Slam and CAMHS Performance and Quarterly Reports</b>			
8.1	SLAM report to be sent to Meme for distribution to SLAC members	David Grafton and Gerry Egan	
8.2	David Grafton to ask Gerry Egan to clarify why 5 invites to 5 initial conferences were not attended	David Grafton and Gerry Egan	
8.3	DG to clarify why CAFs received were only 26	David Grafton	
<b>11 LCCG/SLWG/011 – LSCB Executive Minutes</b>			
11.1	.Amy Buxon-Jennings advised to have a presentation that clarifies what is a contact, what is a referral, what we have data on and what we do not so that everyone understands and speak the same language. Sheleena Powtoo to speak to Josie about this and maybe have something sent out at the beginning of the year	Sheleena Powtoo	
11.2	Amy Buxon-Jennings advised that we will need to clarify who the representatives are going to be from Health on the Task and Finish Group	?	
11.3	Sheleena Powtoo to liaise with Registrar and provide details to Jan to determine what happens to a child if the birth is not registered.	Sheleena Powtoo	

Item	Action	Lead	Completion