

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

<b>Present</b>		
<b>NAME</b>		<b>ORGANISATION</b>
Maria Millwood,	MM	Chair, Commissioning Director for Children's Services, Lambeth CCG/London Borough of Lambeth
Debbie Saunders	DS	Head of Safeguarding Children Nursing team, GSTT
Ann Lorek	AL	Consultant Community Paediatrician
Paul Archer	PA	Named Nurse for Safeguarding Children, SLaM
Maria Burton	MB	Business Manager, LSCB
Margaret Hill	MH	Named Nurse, Lambeth Community GSTT
Rosalinda James	RJ	KCH Named Nurse-Safeguarding Children, KCH
Abdu Mohiddin	AM	Public Health Consultant , Lambeth & Southwark
Alison Davidson	AD	Named GP for safeguarding children, Lambeth CCG
Efun Johnson	EJ	Designated LAC Doctor, Lambeth CCG
Sheleena Powtoo	SP	Business Manager, LSCB
Barbara Shelly	BS	Nursing Safeguarding Children Lambeth
Anne-Marie Attin		Designated Doctor Safeguarding Lambeth
Meme Obasohan	MO	Commissioning Support Officer, LCCG

<b>Absent</b>		
Avis Williams– McKoy	AWM	Designated Safeguarding Nurse, Lambeth CCG
Sharafat Ali	SA	Assistant Director Children & Maternity Joint Commissioning Lambeth CCG/ LB Lambeth
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
Mike Ferguson	MF	Assistant Director Children Looked After & Leaving Care London Borough of Lambeth
Gerry Egan	GE	Lead Safeguarding Practitioner & Clinical Specialist

<b>No.</b>	<b>Agenda Item</b>	<b>Action for / date</b>
<b>1</b>	<b>Welcome and Introductions</b>	
1.1		<b>AB</b>
<b>2</b>	<b>Apologies for Absence</b>	
2.1	Apologies had been received in advance of the meeting from: <ul style="list-style-type: none"> <li>• Avis Williams–McKoy, Designated Safeguarding Nurse, Lambeth CCG</li> </ul>	

No.	Agenda Item	Action for / date
	<ul style="list-style-type: none"> <li>• Sharafat Ali, Assistant Director Children &amp; Maternity Joint Commissioning Lambeth CCG/ LB Lambeth</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>•</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 20th June 2016 and Matters Arising</p> <p><b><u>Corrections:</u></b>            Section 12: CQC/Ofsted Inspection:  <i>BH corrected, training compliance to achieve 80% across Nursing Provision, not 100% as in minutes</i></p> <p><b>Action plan:</b></p> <ul style="list-style-type: none"> <li>6 CDOP Annual report is completed, to be itemised on agenda for next meeting</li> <li>7 Have a specific action for next meeting to have a review of how we are embedding the actions from SCR J and others and specifically request for social care input into next meeting</li> </ul>	
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5	<p>LCCG/SLWG/005 –Provider Self-Assessment-CQC/Ofsted Inspection</p> <p><i>Health partner are requested to discuss their provider health self –assessment and pre inspection preparation</i></p> <p>MM mentioned that an outline of what a Self-Assessment looked like was sent to group and all as a group need to ensure we are inspection ready/prepared, and look at how to move things forward.</p> <ul style="list-style-type: none"> <li>• DS highlighted that a lot of the Self-Assessment criteria are the same as the previous we have done, e.g. for Section 11 standards, we need to get the reports up to date. However one of our biggest challenges is getting the voice of the Child heard and how we show that we have delivered outcomes for a Child.</li> <li>• We are good at demonstrating systems and structures and what are governance arrangements are as well as policies and procedures but we struggle when it comes to questions on how we know it is making any difference and questions about how you get the voice of a Child heard, that is not easily quantifiable</li> <li>• AL suggested doing a Mock CQC Inspection.</li> <li>• EJ mentioned that in terms of LAC, one of the things being looked at going forward mapping the service development against the feedback from the Children that have</li> </ul>	
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been audited. Also will be looking at what the Carers' feedbacks are

- MM mentioned that it will be good to use this group collectively to understand our own Self-Assessments and review where we are, and also to try and come up with good practices of how we are collecting evidence about a Young Person's Voice and Outcomes
- Talked about how we can share mechanisms, other than this group about good practices and gaps
- RJ, mentioned that particularly for Acute, when involved in Safeguarding, families do not often want Health to say their Child has a safeguarding issue which can be quite challenging. It is important to think wider about Health, and think about whether to do any kind of reviews with families at the end of their interventions, i.e. when they are coming off Child Protection or Child In Need Plans because that will be the time to ask families about any Health issues in the plan, i.e. whether they felt they got the right support and what the outcome was. That will be the way to really capture whether Health has made any difference with safeguarding
- DS highlighted that we do not have a systematic way of getting the voice of the Child heard. There should be better jointed up partnership with Social Care to build in mechanism to ask Children who are going through the Social Care system who have a Child Protection Plans some Health specific questions that can cover the whole journey to the point of getting to Social Care.

**Action: MM to nominate AWM to link up with Naeema Sarkar around how we can progress quality assurance framework from a holistic approach**

**Action: We need to do a quick desk top self-assessment that flags up any red areas, or areas of improvements and outcomes.**

**Agreeing a Template for Self-Assessment:** Group agreed to use the Southwark template as a basis for our Self-Assessment as it is very similar and some of us have already done one for Southwark. **DS to circulate a copy of the Southwark template to colleagues.**

EJ mentioned however that there are a couple of areas on the LAC section of the Southwark template that we may not be able to evaluate- page 27. For instance, Health Professionals Out of Hours for the Health Professionals, she noted that we have no Out of Hours Service apart from generic Health Services, not sure how others have been able to get an out of hours service for LAC

There is also the delivering of Health Care for Care Leavers 6(g), not sure what information can be put down for that because not all of it is within the remit of our service

MM advised that haven read through the Self-Assessment documentation, whilst we are talking about Health Care, some of it overlaps with what we are doing jointly with Partners and Social Care, some of it may be how we work with the Leaving Care Team and how we develop the Transition Services into Adulthood

EJ mentioned also on 6(b) on page 26, which is the purpose specific information sharing protocol, we had a jointed sharing information protocol a few years back but was meant to be updated a few years back. BH was to take it forward when we merged with Evelina but that has not happened.

**Action: MM advised that by doing the desk top exercise, the information sharing protocol can be highlighted as a risk area and an action plan can be drawn up.**

## 6 LCCG/SLWG/006 – Looked After Children (LAC) Health Updates / Reports

*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.*

EJ presented an executive summary of the LAC annual report:

- There were 543 Children in Care at the end of March'2016
- A total of 774 Children were looked after by Lambeth Authority from April 2013 March 2014 , which is a slight decrease from the year before
- Demographically there are more boys looked after than girls and more of the older Children are in care
- There have been a few changes in the health team, mainly the nursing team, where there is somebody on maternity leave, so there has been less nursing time available. Have also had reduction in general admin capacity
- For Statutory Health Assessment, have had 595 referrals within the year, which is lower than previous years but have made more appointments than in the previous years.
- Although non-attendance rate was reduced to 15% from 18%, still not seeing the number of Children that should be seen and what is also now apparent, is that there are a lot of cancellation for shifts which cannot be filled. However most of Lambeth Children are being seen, the Lambeth Clinicians are seeing 81% of our Children in borough and the Nurses are seeing 19% of the Children.
- In terms of the initial health assessments, 56% of Children are been seen within 28 working days, it should be better because the guardians says that all Children should be seen within 20 working days, however this is part of a wider problem and there is an audit being done to look at how to improve things.
- Immunisation Action Plan has been working and has been embedded into the regular procedures

2015-16 the outcomes for Looked after children were worse than previous available national rates:

- The Health assessment rate recorded by the local authority as completed at 31.03.16 was 83% (cf 83% at 31.03.15 & 96.65% at 31.03.14)
- The Dental assessment recorded by the local authority as completed at 31.03.16 was 96% (cf 74% at 31.03.15 and 92.68 % at 31.03.14)
- The cohort of children who had been consistently looked after for 12 months or more on the 31st March 2016 had an immunisation rate of 85%.
- 11% were identified as having a substance misuse problem (cf 15% in 2014-15 and 10.98% 2013-14)

#### Successes

1. Involvement of children and young people was central to service development plans.
2. More appointments for health assessments were booked than in previous years
3. The speech and Language therapy service prioritised looked after children
4. Immunisation rates remained High
5. Reduction in non-attendance rates to 15%
6. Embedded LAC awareness training in all targeted services in acute and the community, i.e. in junior doctor's induction, consultant training and GP child protection training

#### Challenges

1. In 2015-16 the outcomes for Looked after children were worse than previous

- available national rates. This represents a drift in performance.
2. Delivering services to children placed out of borough has remained problematic.
  3. The rates of Initial health assessments were low due to late referrals and slow take up of appointment. 56 % (100) of those seen for IHA are seen within the 28 days.
  4. High number of appointment cancellations
  5. Understanding the needs of LAC with disability
  6. Absence of Named Health professional for looked after Children

Audits: Have had a number of audits done in the year:

1. Initial Health Assessment audit, which showed that we had late referrals, slow uptakes of appointments and slower turnaround of the reports
2. Dip sample on OOB health assessment, and it reflected the same thing, so work needs to be done on improving the pathways
3. Identification of Obesity in LAC population, EJ reported that the audit looked at the prevalence of obesity in Lambeth LAC and whether we were identifying it as well as the advice we are giving. Children of age 4-12 were looked, 29% of boys were overweight /obese and 25% of girls were overweight /obese. There was no correlation to the length of time they were in care for. Also looked at how good the health clinical team were at picking it up and whether they were recording the height and BMI. It was found that at the initial health assessments, the heights were been recorded in 85% of the children and 95% at reviews. Only 4% had BMI recorded at the initials.

If the child was deemed to be over weighted, they will be given advise on life style exercise, diet and resilience, if they were deemed to be obese, they will be referred to the healthy weight programme

It was found that almost 75% had the correct intervention. The important of measurement has been highlighted to the clinical teams and have embedded height weight in current review programmes

There has also been a few initiatives, i.e. introduction of a new SDQ Pathway with the Local Authority, Electronic Referral Pathway and Healthy Weight awareness for LAC

SP mentioned that she is currently doing some work on CSE and noted that LAC were quite venerable when it came to CSE, she asked if there was anywhere where LAC Children who are presented with CSE was recorded?

EJ explained that it could be recorded but the way LAC with CSE is presented to the LAC team is either in two ways:

1. Can be captured if they get invited to a case conferences through the generic child protection team where they can pick up the LAC at the CSE strategy meeting
2. Or through the designated nurse for LAC who has a special interest in CSE and therefore attends the CSE strategy meetings

EJ however agreed that there is gap and it has been identified, they are looking at ways to get CSE and FGM data for the next quarter.

DS highlighted that one question about data collection is how we ensure they all marry up and match because they will probably be collecting some CSE data from the MASE Panel also, therefore we could end up with two completely different data

MM agreed that it is important to align and marry up all the different work of multiagency partners so everybody is knows what data is been collected, how it is collected and who has got ownership of the data so that we ensure that there are no discrepancies in data.

	<p>MM noted that in terms of the Initial Health Assessments, she was concerned that it is an area that is still not managed, that is why it is really important that Social Care comes to these meetings, because the Action Plan to ratify this gap seems to keep stalling. MM advised that now that there is a new Assistant Director in Social Care, Initial Health Assessments needs to be a priority and it also needs to be a key risk for this group going forward and we will need to keep an eye on it.</p> <p><b>Action: EJ to give verbal updates at the next three meetings about where we are with Initial Health Assessments and it needs to be accelerated to the LSCB</b></p> <p>AM mentioned that one of the things that has arisen through the CHIP work in Southwark is that we have got process indicators and so many things are done but we do not have the actual outcomes, for instance what is the actual SDQ levels/scores in individuals and what did things like the dental assessment actually demonstrate</p> <p>Moving forward we ought to getting better at outcomes for those LAC we know get an annual assessment</p> <p><b>Action: EJ to circulate the final annual report to group</b></p> <p>EJ expressed concern about discrepancies in the data received, she explained that the actual numbers they see are very different, for example the % of children notified to health by the LA within 5 working days of becoming looked after is reported to be 14%, but EJ said although this is the first time they have seen more than 0%, she was not sure that even the 14% reported now was actual correct, she will have to verify that.</p> <p>EJ reported that 45% of children are been referred within 20 working days of being looked after and of that, 20% are having their health assessment completed within 20 working days, which is the national target Health is seeing about 76% of the Children within 20 working days of being referred, and if Social Care were able to refer sooner, Health will hopefully be able to see more children within the agreed national target. Of the 76%, 92% are being offered appointment within 20 working days.</p> <p>MM asked, if the Action Plan we have got with Social Care have got a trajectory of what we are working towards, because it is important that everybody has the same understanding and expectations.</p> <p>DS asked whether if Social Care referred timely to Health, and they got all the notifications in timely manner, will it become too many for Health to deal with</p> <p>EJ responded that they have enough capacity to manage the referrals if the children are referred in a timely way, but because they are not being referred timely, they are not able to be seen in a timely way and therefore it is looking like they are seeing only a small percentage.</p>	
7	<p><b>LCCG/SLWG/007 – 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>	

MH updated:

- The Trust remains committed to training, the national target for Level 2 & 3 Safeguarding training is 80%, the Trust is at 84.19% for Level 2 and at 81.27% for Level 3 which is slightly down compared to the last quarter
- Workforce, there is vacancy in the position of the Safeguarding Midwife due to sickness Recruitment has been completed and a new substantive post holder is due to commence employment in October 2016.
- The safeguarding trainer is due to commence maternity leave in October 2016. Arrangements are being put in place to provide appropriate training cover for the period of leave.
- Following changes to the funding for the Specialist Health Visitor post based in Social care a staff consultation has been undertaken. This has been concluded. The staff member affected has been redeployed to the post of safeguarding nurse specialist and will take up the post within the team on her return from sick leave. Due to this change a separate consultation will be launched in terms of the Senior Specialist Health Visitor's role based in Social Care.
- All new starters in the organisation are required to undertake a DBS check in line with the position that they are appointed for. Compliance for new starters is at 100%. The Trust has been reviewing its position in terms of renewals of DBS checks for existing staff; the current practice has been to undertake three yearly to date. There is differing practice across the country, with the majority of trusts not undertaking rechecks. Southwark and Lambeth LSCBs are both not mandating the checks. The Trust has made the decision to move to an annual declaration through the appraisal situation. The Trust policy will be amended to reflect this.
- No of children in Lambeth with CP Plan is 267, down from 274 of last quarter, this has continually reduced every quarter, same as CLA , this was 437 this quarter as opposed to 451 last quarter
- No of families and children coming to Marac this quarter as dropped quite dramatically, there is no feasible explanation for this.

DS mentioned that the reason for the drop appears to be a process issue, i.e. how Marac are actually functioning as opposed to anything else.

- Numbers of young people discussed at MARP panel in June and July were 8 each, and none in August because of School holidays
- Safeguarding supervision is carried out every 3-4 monthly. One staff is been off due to sickness and this has had some impact on the number of supervision sessions offered during the last quarter. Supervision within the recommended time frame for Health Visitors is 94% and for School Nurses is 93%.
- Child Protection medical in June, July August, were 12, 14, and 1.
- For SCR, Child T (Lewisham LSCB). This review follows the death of a young boy with complex needs. The chronology and IMR have been completed and submitted. Feedback waited from Lewisham LSCB.
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- Medway LSCB are considering if a case meets the threshold for a SCR. This involves a young person who had complex health needs of narcolepsy, cataplexy and diabetes. A summary report has been produced and submitted. No decision has been made as yet if a SCR will be convened.
- Lambeth and Croydon LSCBs are to commence a SCR. A draft chronology has been produced. Terms of reference and further guidance has just been received and there is a short turnaround time to complete this

**Action: DS, MH and MB to agree offline about an feasible turnaround time for SCR**

Ongoing work and development:

DV strategy and routine enquiry

Routine enquiry regarding DV has been implemented within the paediatric ED from April 2016. An evaluation of this will be planned before the decision is made to implement this across different areas of the trust, such as adults ED and sexual health. The Named Midwife/ Trust DV lead is in the process of devising a Trust Domestic abuse strategy. This is anticipated to be complete by December 2016.

Child Information Sharing system (CP-IS):

Discussions are underway in regards to the Trust's implementation of the CP-IS initiative. Internal meetings have been held with IT and relevant staff to scope out work required. A meeting is scheduled for 23 September to meet with members of NHS England, CP-IS and local stakeholders to progress the work. Social Care has been invited to the meeting

EJ highlighted issues with **Logical Delete** – i.e. when children become adopted or have been gender reassignment, their NHS number changes and there are issues at the moment with systems trying to capture the old records so that we do not loose vital health information.

**Action EJ to liaise with Avis about issues with logical delete, and ask her to pick this up at meeting of the 23<sup>rd</sup> September**

Audit programme:

The safeguarding children's team have devised an audit programme for the year. There will be common themes put in each audit such as voice of child, diversity, supervision and documentation. A standard template was devised for the audits, which has 10 core questions and then additional questions specific to the subject being reviewed. An audit about the impact of training is currently underway.

The LSCB multi agency audit programme continues. A review of the audit programme has been undertaken and some audits have been deferred. This is to ensure that adequate time is spent on embedding the lessons from the audits.

A neglect audit was undertaken by the LSCB in April/ May 2016. There was a meeting in August 2016 to discuss the findings of the neglect audit with the LSCB Chair. Following this meeting the recommendations are being reviewed prior to finalising the report.

In July/ August 2016 there was a Section 47 audit undertaken by the LSCB to determine the effectiveness of procedures and multiagency work in relation to Section 47. This was an action following the Serious Case Review (SCR) of Child I where there were some identified shortcomings in the S47 processes. Ten cases were identified and each agency was required to complete the audit tool. A joint meeting with partners was then convened in August to review the cases and learning. The final report and conclusions are in the process of being compiled.

#### Community disinvestment

A disinvestment board had been established to oversee the changes that are required following the changes made to funding. A number of work streams are in place to look at remodelling of services. Safeguarding has devised a list of key performance indicators which have been agreed and soon will be implemented.

#### Lambeth Social Care

Lambeth Social Care continues to go through a period of transition and change as Social Care is being restructured. This requires our staff to be very vigilant of their known CP and CIN cases to avoid drift or risks within their cases due to changes in social workers resulting in core group meetings or CIN meetings not taking place. In addition there is the potential for risk of more cases needing to be escalated due to changes in thresholds within Social Care.

#### Bradbury Report

The Trust has reviewed the lessons from the Bradbury report. A number of recommendations have been generated from the report; some of these are applicable to all NHS Trusts. A gap analysis has been undertaken in regards to GSTT position against each of the recommendations. The Trust's chaperone policy will be reviewed along with an awareness campaign about best practice.

#### FGM

Training is being targeted at a number of key areas around the Trust; this includes maternity, gynaecology, ultrasound, sexual health, Evelina, A&E, Urology and some physiotherapy departments. There is a reality round planned for all areas to be undertaken by October 2016. A gap analysis will be made following on from the reality rounds; responsibility and ownership will be placed on the Directorate Management teams.

#### Supervision policy

The Trust's safeguarding supervision policy is under review. It is anticipated that this will be complete by November 2016.

#### **MASH Report:**

Group discussed the MASH report :

DS noted that it is necessary to clarify from the people who collate this report, because there appears to be a conflict between MASH and the First Response Team. She noted that the 4,311 contact stated on the report is not all that is going through MASH system.

8	<p><b>LCCG/SLWG/008 – 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 reported:</p> <ul style="list-style-type: none"> <li>• 45 Lambeth Children were reviewed at the Havens from April –June 2016, and 20 were referred to SCT by the Havens</li> <li>• There were 14 child death in total from April –June 2016, 9 was expected deaths and 5 was unexpected</li> <li>• There were 27 Lambeth pregnant women referred to Maternity Safeguarding Meeting and 22 FGM reported at maternity booking appointment</li> <li>• 152 women were signposted to FGM</li> <li>• There were 77 attempted contacts of under 18's referred to Redthread (Youth Violence Intervention Programme), 43 was successfully contacted and 23 of them was then signposted to services based at community</li> <li>• Training-Compliant at Level 1 &amp; 2 got up to 72% in Level 2 which was an online training only.</li> <li>• There is a problem with the Trust recording, when someone has done online training, so trying to collate and get accurate data recording</li> <li>• There were twelve actions on last year's section 11 which was completed in February</li> <li>• There are 5 IMR, RCA and SCR which are on-going</li> <li>• There were no safeguarding complaints and no serious incidence</li> </ul> <p>Looking at different ways of promoting statutory training and keeping an eye of appraisals and signoff to make sure people are not slipping through the nets and getting their increments without doing their mandatory trainings</p>	
9	<p><b>LCCG/SLWG/009 – Slam and CAMHS Performance and Quarterly Reports</b></p> <p><i>The group was asked to review and note update from –Paul Archer - Named Nurse for Safeguarding Children, SLaM -Enc – SLAM Quarterly Report</i></p> <p>TL highlighted from report :</p> <ul style="list-style-type: none"> <li>• A lot of work has been put in recently in relation to policies, there were a number of policies that were either out of date or did not exist in at all, the Chaperone policy for instance was out of date but it has now been updated and ratified, and in the process of embedding that into practice</li> <li>• The DV policy has been completely re-written and should be published in October</li> <li>• 95% of staffs are up to date with their DBS checks and the remaining 5% represents people who are on long-term sick, maternity etc. there are robust systems in place for chasing up DBS compliance</li> <li>• In terms of training, they are compliant on Level 1, 2 and 3. Going back a couple years, a lot of time has been put in relation to training and now at a stage where they are just maintaining this. All clinical staffs are trained up to Level 3</li> <li>• Have had to look at SLAM's representation within the different MASH, in Southwark SLaM is well represented but not well represented across the other three boroughs. Have recently put in a business case to the Trust Board and it has been approved, so</li> </ul>	

	<p>SLaM will now be able to provide a 0.5 whole time equivalent so will now be able to have really good representation at MASH</p> <ul style="list-style-type: none"> <li>• Biggest pieces of work currently being undertaken is in relations to SCRs, SLaM is involved in a few of them at the moment as well as the action plans from the previous ones</li> <li>• From a staffing point of view, vacant post have been recruited to</li> <li>• In terms of current risk, MASH representation should improve shortly. Data Quality should be improving because have finally got the EPJS template up and running and it is been embedded into practice</li> <li>• Although the training courses has been running well, there is a risk because nobody is formally in post to provide this training, the training department have provided the training by delegating their staff to provide this training. A business case has been submitted to the Trust Board and it has been viewed quite favourably, now just waiting for a signoff so that the post can be recruited to as SLaM is one of the rare Trust who does not have safeguarding trainers</li> </ul>	
10	<p><b>LCCG/SLWG/010 – 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> <ul style="list-style-type: none"> <li>• The CDOP co-ordinate post has been recruited to, there are a few things to sort out with HR before person starts</li> <li>• Also interviewed for an administrator post because Public Health has split into two and as a result quite a lot of admin people left. An administrator has been recruited but it will take a couple of months to start and therefore there are issues around business continuity and so they are trying to make sure they extend the contract of the person who is currently doing the job.</li> <li>• The backlog for Lambeth is about 35 cases which are around about the level it has been for the last couple of months. .when the new coordinate starts, would be able to move faster as it will be new capacity</li> <li>• The Co-ordinator will have a budget of 10k to do some work around campaigns with post development which they have never had before</li> <li>• There is also a new CDOP Team , which will be funded for about a year, J. Sullivan from Lewisham is running and they are getting active in collecting all the learning across London and hoping they will prove themselves invaluable and get beyond one year funding</li> <li>• Update of the annual report will be presented at the next meeting</li> </ul>	
11	<p><b>LCCG/SLWG/011 – Independent Contractors</b></p> <p><i>Update from Dr Alison Davidson – Named GP, Lambeth CCG.</i></p> <ul style="list-style-type: none"> <li>• Six level 3 training dates have been set up within the next year and 6 safeguarding supervision forums for GPs</li> <li>• Thresholds document guidance has been sent to GPs</li> <li>• LSCB will be holding a couple of Workshops for GPs</li> <li>• Looked recently at the GP engagements with the Conferences, a lot of the GPs appears to sending reports back but it appears not to be received , it is also important to tighten up communications with the Practice Managers, there appear to be a lot of admin issues</li> </ul>	
12	<p><b>LCCG/SLWG/012 – LSCB Executive Minutes</b></p> <p><i>The group received an update and feedback from the minutes of the meeting from Maria Burton.</i></p>	

	<p><i>Enc – minutes of the LSCB Operational Board 06.7.16</i></p> <p><b>Action: All please read the minutes.</b></p>	
13	<p><b>LCCG/SLWG/013 – Serious Case Review</b></p> <p>MB reported:</p> <ul style="list-style-type: none"> <li>• Have just done an update report for next week Board meeting, setting out the new SCR and where we are at that</li> <li>• Have done an update of Child J, one of the action is red, which is around Tier 4</li> <li>• MM mentioned that there is a challenge about whether Local Safeguarding Board raise recommendation against National Board, she will need to read more about that and then have a word with someone NHS England to see what we can do to respond</li> <li>• Also doing some work around the IRO and the care programmes</li> </ul> <p><b>Action: MM to have a word with someone from NHS England to see how we can respond to Child J Local Safeguarding Board recommendation against National Board</b></p> <p><b>IRO Report :</b></p> <p>MM advised all to read the report before LSCB meeting so that we are all prime to challenge if appropriate any aspects of the report</p> <p>MM mentioned that one of the comment from Health is that this report was not signed off by Health even though it talked about Health, if Health had been given the opportunity to review the report , they would have worded a few things differently</p>	
14	<p><b>LCCG/SLWG/014 – FGM</b></p> <p><i>The group was asked to review Enc- FGM Action Plan</i></p> <ul style="list-style-type: none"> <li>• Most of the red ragged on Action Plan has now been completed.</li> </ul> <p><b>Action: DS and MH to go back and agree the action plan 3. -HV and School Nurse standard to include routine enquiry for all female children in the universal contact from the HCP. Health education and health promotion information to be provided and conservations to be recorded in the PCHR (red book) and patients’ electronic records</b></p> <p>MM asked if we are confident that we are including FGM training in all our training courses. It was noted that there is no coordinated approach for the FGM training across partner</p> <p><b>Action: MM to go through the action plan with Avis and to check if this action plan is right for us as a group</b></p>	
15	<p><b>LCCG/SLWG/015 Any Other Business</b></p> <p><i>The group was asked to review the following Enc docucments</i></p> <ol style="list-style-type: none"> <li>1. .Lambeth CCG Annual Report</li> <li>2. LSCB Multi-Agency Escalation Policy May2016</li> <li>3. Lambeth CSC Manager Contact Details</li> <li>4. LSCB Threshold Chart</li> <li>5. Lambeth CSC Management Structure</li> <li>6. Thresholds Item for Newsletters / Bulletins etc. – version for professionals</li> <li>7. LSCB Multi-Agency Threshold Guidance</li> </ol>	

8. *Safeguarding Children Staff Briefing Protection Annual Report:*

**Action: SLAC health providers are asked to review the Joint Adult and Children’s MASH draft protocol and Avis to do a coordinated response with all within the next two weeks**

In terms of the CCG Annual Report, MM reported that it had to be taken to the CCG Governing Body before it came to the SLAC meeting which is not the usual line of reporting, but given that she is leaving Lambeth in a week, she decided to take it to them so that they see it before she left.

There are a couple of changes that have been recommended, the report sets out the work that has been done across the CCG from April 15-March 16.

The Governing Body felt there was not enough in the report around CSE, they felt we have not picked up a lot of the work we have being doing, given the emphasis we have had on CSE over the last year.

**Action: MB noted that under 9.2.4 on page 193 of the report, the link provided is one that has been corrupted and will take you to dodgy places. AWM to check that link is up and active**

The Governing body were very complimentary of the report and the work that has been done, they felt it was very clear information report but one of the things that they wanted was because this becomes a public document, they wanted us to work with our communications team and have a summary that is a bit more people friendly

**AM noted that in Section 4.9 –key issues from JNSA 2013, the figures were quite old, there is more recent figures**

Page 197- Saville allegations – DS noted that this is quite old and a lot of these actions were signed off 2014.

MM advised all to feedback to Avis bits of the annual report that is old and not relevant.

**Future Meetings**

15 **LCCG/SLWG/015 – Dates and times of future meetings**

Dates and times of future meetings and deadlines for the receipt of reports / papers are as below

Meeting Date	Papers due by	Location / Time
12 <sup>th</sup> December 2016	5 <sup>th</sup> December 2016	Lewisham and Greenwich Room ,4th Floor Lower Marsh
27 <sup>th</sup> March 2017	20 <sup>th</sup> March 2017	Room 208 & 209 2nd Floor. Lower Marsh
26 <sup>th</sup> June 2017	19 <sup>th</sup> June 2017	Lewisham and Greenwich Room ,4th Floor Lower Marsh
2 <sup>nd</sup> October 2017	25 <sup>th</sup> September 2017	Room 407, 4 <sup>th</sup> Floor, Lower Marsh
18 <sup>th</sup> December 2017	11 <sup>th</sup> December 2107	Lewisham and Greenwich Room ,4th Floor Lower Marsh

**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.**

