

**LCCG Safeguarding and LAC Working Group**  
**09 April 2018, 14:00- 16:30**  
**Lower Marsh, Room 407, 4<sup>th</sup> Floor**

<b>Present</b>		
<b>NAME</b>		<b>ORGANISATION</b>
Tony Parker	TP	Chair, Assistant Director for Children's Services, Lambeth CCG/London Borough of Lambeth
Avis Williams–McKoy	AWM	Designated Safeguarding Nurse, Lambeth CCG
Margaret Hill	MH	Named Nurse, Lambeth Community GSTT
David Grafton	DG	Lambeth CAMHS Service Manager
Alison Davidson	AD	Named GP for safeguarding children, Lambeth CCG
Emily Wilson	EW	Paediatric Trainee, Mary Sheridan
Susannah Beasley-Murray	SBM	Assistant Director Early Help, Access and Assessment, Children's Social Care, London Borough of Lambeth
<b>In Attendance</b>		
Nicholas Bryan	NB	Senior Business Support Administrator

<b>Apologies</b>		
Ayanda Jolobe	AJ	Ayanda Jolobe, Named Doctor, Community GSTT
Susannah Beasley-Murray	SBM	Assistant Director Early Help, Access and Assessment, Children's Social Care, London Borough of Lambeth
Ian Diley	ID	Public Health Consultant , Lambeth & Southwark
David Grafton	DG	Lambeth CAMHS Service Manager
Debbie Saunders	DS	Head of Safeguarding Children Nursing team, GSTT
Ann Lorek	AL	Acting Designated Doctor Safeguarding Lambeth
Efun Johnson	EJ	Designated LAC Doctor, Lambeth CCG
Yvette Newman	YN	Lambeth Designated Nurse for Looked After Children
Roneeta Campbell-Butler	RCB	Lead Commissioner for Looked After Children, Lambeth CCG / Lambeth Council
Emily Wilson	EW	Paediatric Trainee, Mary Sheridan

<b>No.</b>	<b>Agenda Item</b>	<b>Action for / date</b>
<b>1</b>	<b>Welcome and Introductions</b>	
1.1	The Chair, Dan Stoten welcomed all members and guests to the meeting and introductions were made	
1.2	A round of introductions was made and apologies tendered.	
<b>2</b>	<b>Apologies for Absence</b>	

No.	Agenda Item	Action for / date
2.1	Please see above.	

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

4	<b>LCCG/SLWG/15/004 – Minutes of the Previous Meeting held on 18 December 2018 and Matters Arising</b>	
4.1	The minutes of the previous meeting were agreed as a true and accurate record. Actions and updates were discussed and are included in the Action Log.	
4.2	<b>Matters arising/Action Log :</b>	
4.3	<i>18.006: MH to provide clarity between contact and referral and to bring document to the next meeting</i>	
4.4	SBM provided an update: A contact is everything that goes to the front door, to the integrated referral hub. Within the integrated referral hub, it is decided if it needs to be a statutory assessment, if so then it becomes a referral into the CAG teams.	
4.5	This action was completed.	
4.6	AWM noted that from a health perspective, it was being attempted to ascertain how many health referrals were made using the threshold criteria. SBM noted that there is a way of quantifying the referrals.	
4.7	TP queried when can the information on the referrals be provided. SBM noted that Melissa Murphy can run the report.	
5	<b><u>Effectiveness Review</u></b>	
5.1	AWM presented to the group and went through the ‘Effectiveness Review’ Template.	
5.2	<ul style="list-style-type: none"> <li>• AWM has updated the membership on who should be in the cohort</li> </ul>	

	in line with the Terms of Reference	
5.3	<ul style="list-style-type: none"> <li>It was noted that AJ will need to be taken off of the attendance sheet and membership as she is no longer the named doctor</li> </ul>	
5.4	<ul style="list-style-type: none"> <li>AWM suggested for Davina and AJ to be asked if they'd like to represent.</li> </ul>	
5.5	<ul style="list-style-type: none"> <li>AWM noted that there may be an issue with 'Public Health' representation, as Abdu Mohiddin is on sabbatical</li> </ul>	
5.6	<ul style="list-style-type: none"> <li>SMB noted that it would be good to invite Niyema. SBM noted that herself and Niyema will liaise amongst one another on who will attend between them. Both roles are to be invited.</li> </ul>	
5.7	<ul style="list-style-type: none"> <li>AWM noted that a 7 day invite for papers to be sent in will be sent.</li> </ul>	
6	<ul style="list-style-type: none"> <li><i>Self-Assessment-CQC/ Ofsted Inspection</i></li> </ul>	
6.1	<p><i>(Health partner are requested to discuss their provider health self-assessment and pre inspection preparation).</i></p> <ul style="list-style-type: none"> <li>GSTFT</li> <li>KCH</li> <li>SLaM</li> </ul>	
7	<b>LCCG/SLWG /006 Review of CSC</b>	
7.1	Review of Children Social Care	
7.2	<ul style="list-style-type: none"> <li>There was a recent OFSTED inspection conducted around Children Social Care</li> </ul>	
7.3	<ul style="list-style-type: none"> <li>Positive feedback was given on MASH (Multiagency Safeguarding Hub) and IRH (Integrated Referral Hub).</li> </ul>	
7.4	<ul style="list-style-type: none"> <li>There is still a way to go on the improvement journey as well as how partners are used effectively.</li> </ul>	
7.5	<ul style="list-style-type: none"> <li>There is more consultation with health.</li> </ul>	
7.6	<ul style="list-style-type: none"> <li>There have been changes in staffing in terms of managers for the IRH. There is also an advert for a permanent 'Team Manager' within the MASH team, most of the staff are permanent within MASH team.</li> </ul>	
7.7	<ul style="list-style-type: none"> <li>TP queried in terms of improvement, how do we get health partners to contribute to working together. SBM noted that there is an 'Operational Meeting', that is being made more effective by using</li> </ul>	

<p>7.8</p> <p>7.9</p> <p>7.10</p> <p>7.11</p> <p>7.12</p>	<p>live examples of cases about lessons learnt. There is more liaison with health, contact is being made with the Mary Sheridan Centre, there was a joint learning event between the front door and with health also.</p> <ul style="list-style-type: none"> <li>• There is still a bit of an issue around Mosaic. Mosaic is still not fit for purpose at the moment for MASH. Only one partner can use Mosaic at a time. Workshops have been set up with QA Manager about setting up a dedicated email.</li> <li>• Within IRH, the managers are all agency but the workers are all permanent</li> <li>• TP queried when would be a good time to start speaking about internal structural change to health partners. SBM noted that there have been dedicated workshops, speaking with School Nurses, meeting with schools and doing a lot with the voluntary sector. A pilot is being conducted in Streatham. MH noted that Monica Sherry is working on that also.</li> <li>• In regards to the 'Threshold Guidance', Sonia has done some training with GP's and has been part of the Safeguarding training</li> <li>• There will be another GP training taking place in 3 weeks time for Threshold Guidance.</li> </ul>	
<p>8</p> <p>8.1</p> <p>8.2</p> <p>8.3</p> <p>8.4</p>	<p><b>LCCG/SLWG /012– Looked After Children (LAC) Health Updates /Reports</b></p> <ul style="list-style-type: none"> <li>• Initial Health Assessment Improvement Project Plan</li> <li>• CYPHP Programme Update</li> <li>• GSTT LAC Dashboard</li> <li>• Feedback from Corporate Parenting Board</li> </ul> <p>AWM noted that there is a report from LAC on the Corporate Parenting Board and also the draft Annual Report from LAC.</p> <ul style="list-style-type: none"> <li>• Feedback from the Corporate Parenting Board, there is some guidance around good practice and recommendations that will require an integrated action plan between Health &amp; Social Care. The document will be looked at again with YN, EJ, AWM and Romina to discuss recommendations and action plan.</li> <li>• The Initial Health Assessments (IHA) and the Review Health Assessments (RHA) are being failed on due to the RHA being incomplected.</li> <li>• 3.5 clinics need to be run every week to stay on target for the RHA's</li> </ul>	

8.5	to be completed	
8.6	<ul style="list-style-type: none"> <li>A named LAC Doctor and A Named Nurse are needed to lead on the 600 outstanding RHA.</li> </ul>	
8.7	<ul style="list-style-type: none"> <li>A new strategy is being put together between Jude and RCB. Hopefully this will be presented at the next meeting .</li> </ul>	
8.7	<ul style="list-style-type: none"> <li>AWM noted that LAC team should present their own Annual Report at the next meeting.</li> </ul>	
9	<b>LCCG/SLWG /007 LSCB &amp; Sub Working Groups</b>	
9.1	<u>Serious Case Review</u>	
9.2	<u>Child K</u> – Review has been completed. The publishing of report has been delayed due to mother going to coroner, in order to require coroner inquiry. AWM noted that it is unsure if the coroner has agreed to inquiry.	
9.3	AWM noted that there is a lot of learning. TP queried when the learning will be received. AWM noted that the learning is similar to other Serious Case Reviews that conducted and training on these learning points have already been incorporated into current training. The only new learning to be taken on board are the failures in probation.	
9.4	TP queried when the report will be published. AWM noted that we are waiting on the coroner response. Legal advice is currently being sought on whether the review can be published.	
9.5	Child L – The case is currently on hold, and will not be published until after criminal trial has been completed.	
9.6	Child M – This is a new case that is just beginning. The Terms of References were sent out last Friday.	
9.7	There will be an independent author for this review.	
9.8	<u>Performance &amp; Quality Assurance</u>	
9.9	<ul style="list-style-type: none"> <li>There will be some domestic violence audits that will take place next.</li> </ul>	
9.10	<ul style="list-style-type: none"> <li>TP noted that the next board meeting in May will be focused on health elements. School Nursing will be a focus as well as what the offer is for CAMHS (Children &amp; Adolescent Mental Health Services)</li> </ul>	
9.11	<ul style="list-style-type: none"> <li>SBM noted that there is a need for somebody in CAMHS in the front door service</li> </ul>	

9.12	<ul style="list-style-type: none"> <li>SBM noted that there have been discussions with DG and there was potentially funding for a CAMHS post for 3 days a week.</li> </ul>	
9.13	<u>Learning &amp; Professional Development</u>	
9.14	<ul style="list-style-type: none"> <li>A new training strategy has been updated for the LSCB</li> </ul>	
9.15	<u>Young People at Risk Working Group</u>	
9.16	<ul style="list-style-type: none"> <li>PB sent an update to note that there is currently no update but the work is progressing. PB will provide an update at a later date.</li> </ul>	
9.17	<u>CDOP (Child Death Overview Panel)</u>	
9.18	<ul style="list-style-type: none"> <li>The Chair was ill at the last panel, so the panel are finding another date to reconvene.</li> </ul>	
9.19	<ul style="list-style-type: none"> <li>MH noted that she is unable to make the panel as she has a diary clash. AWM has told CDOP that the meetings clash with MASE Meetings.</li> </ul>	
9.20	<ul style="list-style-type: none"> <li>AWM has emailed Niyema and Sabina that the two board meetings are clashing. TP has asked for this to be followed up.</li> </ul>	
9.21	<b>Action: AWM to chase status of clashing CDOP meeting and MASE meeting with Niyema and Sabina</b>	Avis William-Mckoy/Sabina Malique
10	<b>LCCG/SLWG /010– GPs &amp; Independent Contractors</b>	
10.1	<i>The group is asked to review and note update from Dr Alison Davidson-Named GP, Lambeth CCG.</i>	
10.2	<ul style="list-style-type: none"> <li>A Section 11 Audit is currently being worked through, and will take place over the year. 2 localities out of 3 being audited have been completed thus far.</li> </ul>	
10.3	<ul style="list-style-type: none"> <li>Most of the practices are reporting that ‘Prevent Training’ is still an issue, and practices don’t feel confident with the lack of training provided.</li> </ul>	
10.4	<ul style="list-style-type: none"> <li>There isn’t a system in place for parents and children to feedback directly, but there are patient participation groups.</li> </ul>	
10.5	<ul style="list-style-type: none"> <li>GP forums are being run every 2 months</li> </ul>	
10.6	<ul style="list-style-type: none"> <li>David Rowley has NHSE and Prevent at the next forum.</li> </ul>	
10.7	<ul style="list-style-type: none"> <li>There is an attempt to improve communication between GP’s and</li> </ul>	

<p>10.8</p> <p>10.9</p> <p>10.10</p> <p>10.11</p>	<p>Children Social Care. There are a few problems of getting a list of 309 children to align with GP, as there is no named GP next to the child's name. The list has been given to the GP's who have been asked to update the list on children who attend practice.</p> <ul style="list-style-type: none"> <li>TP queried if there is a pathway on what should happen when conferences are arranged due to GP's not getting invite. SBM noted that the conference arrangement form should have GP's name on it. MH noted that by the time a case comes to review, the GP may have changed.</li> <li>AWM noted that Margaret Newham and Andrew Zakaridis suggested that the chair of the conference should check the demographics</li> <li>At the referral, health need to record the correct information. SBM noted that this is something that she can take back.</li> <li>AD cannot see anybody else's GP records. There are 44 practices and the health system does not allow</li> </ul>	
<p>11</p> <p>11.1</p> <p>11.2</p> <p>11.3</p> <p>11.4</p> <p>11.5</p> <p>11.6</p> <p>11.7</p>	<p><b>LCCG/SLWG /013– GSTT Performance and Quarterly Reports and Multi Agency Safeguarding Hub (MASH)</b></p> <p><i>The group is asked to review and note update verbal/report on the following:</i></p> <ul style="list-style-type: none"> <li><i>GSTT Safeguarding Executive Committee Report Quarter 4 report 2017</i></li> <li><i>MASH Report</i></li> <li><i>FGM</i></li> <li><i>FNP</i></li> <li><i>CP-IS</i></li> </ul> <p><u>MASH Report</u></p> <ul style="list-style-type: none"> <li>The contacts have dropped, but this is due to recording being smarter and only recording of pertinent contacts.</li> <li>There's been a rise in Police cases that are MASHed, a jump from 17 to 37.</li> <li>MASH cases have risen overall.</li> <li>SBM noted that with MASH we need to get sophisticated at discusses the cases that are physical and the cases that are virtual.</li> <li>Consultation has also risen and has improved.</li> </ul>	

	<u>GSTT</u>	
11.8	<ul style="list-style-type: none"> <li>• Safeguarding Training for GSTT Level 2 is compliant, whilst level 3 is just below compliance level</li> </ul>	
11.9	<ul style="list-style-type: none"> <li>• The Lambeth Safeguarding Children Nurses Team is fully staffed.</li> </ul>	
11.10	<ul style="list-style-type: none"> <li>• The GSTT team have recruited into their one vacancy who is due to start next week.</li> </ul>	
11.11	<ul style="list-style-type: none"> <li>• Emotional Abuse is the highest this quarter, due to domestic violence cases. There is a change in how high level domestic violence is treated.</li> </ul>	
11.12		
11.13	<ul style="list-style-type: none"> <li>• Strategy Discussions have increased</li> </ul>	
11.14	<ul style="list-style-type: none"> <li>• AWM queried what proportion of the data makes up the referrals to Lambeth specialist services, as this is the high risk group that Early prevention should be focused on. MH noted that most of the mapping goes to EIHV and FNP (Family Nurse Partnership).</li> </ul>	
11.15	<ul style="list-style-type: none"> <li>• SBM noted that it would be useful to revisit our pre-birth and maternity pathways.</li> </ul>	
11.16	<ul style="list-style-type: none"> <li>• There were 3 cases that were escalated in 2018.</li> </ul>	
11.17	<ul style="list-style-type: none"> <li>○ One case was taken to PLO</li> </ul>	
11.18	<ul style="list-style-type: none"> <li>○ There was a Child Protection Plan put in place for the 2<sup>nd</sup> case</li> </ul>	
11.19	<ul style="list-style-type: none"> <li>○ In the 3<sup>rd</sup> case, Southwark's MASH got involved.</li> </ul>	
11.20	<ul style="list-style-type: none"> <li>• There is a Domestic Homicide review being undertaken.</li> </ul>	
11.21	<ul style="list-style-type: none"> <li>• There is in Lewisham SCR in regards to a child death. The child was known to Evelina acute services due to his complex health needs.</li> </ul>	
11.22	<ul style="list-style-type: none"> <li>• The Trust has been notified that Lambeth LSCB will be commencing a SCR in regards to a child who was stabbed by his step-father.</li> </ul>	
11.23	<ul style="list-style-type: none"> <li>• The acute team are due to commence a new SCR with West Sussex.</li> </ul>	
11.24		
11.25	<u>CP-IS</u>	
11.26	<ul style="list-style-type: none"> <li>• CP-IS has is not up and running just yet</li> </ul>	
	<ul style="list-style-type: none"> <li>• A new version is set to be released in June 2018</li> </ul>	

11.27	<u>Disinvestment Programme</u>	
11.28	<ul style="list-style-type: none"> <li>Health Visitors are moving to corporate caseloads. There will still have a linked named Health Visitor to the GP, but cases will not be held within that GP. This Health Visitor will go to the safeguarding meetings</li> </ul>	
11.29	<ul style="list-style-type: none"> <li>Health Visitors will share out the work equally amongst the sector.</li> </ul>	
11.30	<ul style="list-style-type: none"> <li>There will be a Single Point of Contact model used for Health Visitors, that will be made up of 3 permanent administrators and 2 duty health visitors who will rotate.</li> </ul>	
11.31	<ul style="list-style-type: none"> <li>There have been on going meetings with Social Care Managers and the front door teams which has had a positive effect on the Front Door Service</li> </ul>	
11.32	<ul style="list-style-type: none"> <li>A shared Learning Event with Lambeth CAT Team, MASH Team and the Health Team.</li> </ul>	
11.33	<ul style="list-style-type: none"> <li>AWM requested for more specific variables for School Nurses to be provided in regards to the Child Protection Data.</li> </ul>	
11.34	<b>Action: Meeting to be undertaken outside of meeting to find out the School Nursing Number for Children on Child Protection Numbers</b>	Avis William-Mckoy/Margaret Hill/Debbie Saunders
11.35	<u>Quality Data</u>	
11.36	<ul style="list-style-type: none"> <li>Workforce data shows a reduction, due to it not being recorded correctly in the first place. Initially the support staff were included.</li> </ul>	
11.37	<ul style="list-style-type: none"> <li>2 new School Nurses will be recruited.</li> <li>MH noted that staff will not being moved from the high priority wards.</li> </ul>	
12	<p><b>LCCG/SLWG/014- KCH Performance and Quarterly Reports</b>  <i>The group is asked to review and note update verbal/report on the following:</i></p> <ul style="list-style-type: none"> <li><i>KCH Safeguarding Lambeth Quarter 4 report 2017</i></li> <li><i>CP-IS</i></li> <li><i>FGM</i></li> <li><i>Self-Assessment-CQC/ Ofsted Inspection (Health partner are requested to discuss their provider health self-assessment and pre inspection preparation).</i></li> </ul>	
12.1	<ul style="list-style-type: none"> <li>Level 2 and Level 3 Safeguarding has dropped below expected</li> </ul>	

	threshold.	
12.2	<ul style="list-style-type: none"> <li>AWM was interested in the referrals from Red Thread. How much of the referrals are from Children who are in Social Care.</li> </ul>	
12.3	<ul style="list-style-type: none"> <li>AWM has asked Rosalinda to the children that are signposted and how many result to a referral to Social Care</li> </ul>	
13	<p><b>LCCG/SLWG /015– SLaM and CAMHS Performance and Quarterly Reports</b></p> <p><i>The group is asked to review and note update verbal/report on the following:</i></p>	
13.1	<ul style="list-style-type: none"> <li>SLAM Safeguarding Lambeth Quarter 4 report 2017</li> </ul>	
13.2	<p>SBM noted that there is a lack of understanding between CAMHS and Children Social Care about children, self harming, suicidal, etc and whether it's a mental health issue. SBM noted that CAMHS and Social Care need to work together. There is a meeting in the diary for joint working. Pathways and working effectively together needs to be looked at.</p> <p>SBM noted that there is a possible pilot where psychologist go out and do an assessment and work with the family for 18 weeks. SBM noted that she will take to her management to speak about funding, bidding etc.</p>	
14	<b>LCCG/SLWG /015–Any Other Business</b>	

**Future Meetings**

15	<p><b>LCCG/SLWG/014 – Dates and times of future meetings</b></p> <p>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> <th style="background-color: #d9d9d9;">Meeting Date</th> <th style="background-color: #d9d9d9;">Papers due by</th> <th style="background-color: #d9d9d9;">Location / Time</th> </tr> </thead> <tbody> <tr> <td><b>9<sup>th</sup> April 2018</b></td> <td>2<sup>nd</sup> April 2018</td> <td>Room 407, 4<sup>th</sup> Floor, Lower Marsh / 14:00-16:30</td> </tr> <tr> <td><b>16<sup>th</sup> July 2018</b></td> <td>9<sup>th</sup> July 2018</td> <td>Room 407, 4<sup>th</sup> Floor, Lower Marsh / 14:00-16:30</td> </tr> <tr> <td><b>1<sup>st</sup> October 2018</b></td> <td>24<sup>th</sup> September 2018</td> <td>Room 407, 4<sup>th</sup> Floor, Lower Marsh / 14:00-16:30</td> </tr> <tr> <td><b>10<sup>th</sup> December 2018</b></td> <td>3<sup>rd</sup> December 2018</td> <td>Room 407, 4<sup>th</sup> Floor, Lower Marsh / 14:00-16:30</td> </tr> </tbody> </table>	Meeting Date	Papers due by	Location / Time	<b>9<sup>th</sup> April 2018</b>	2 <sup>nd</sup> April 2018	Room 407, 4 <sup>th</sup> Floor, Lower Marsh / 14:00-16:30	<b>16<sup>th</sup> July 2018</b>	9 <sup>th</sup> July 2018	Room 407, 4 <sup>th</sup> Floor, Lower Marsh / 14:00-16:30	<b>1<sup>st</sup> October 2018</b>	24 <sup>th</sup> September 2018	Room 407, 4 <sup>th</sup> Floor, Lower Marsh / 14:00-16:30	<b>10<sup>th</sup> December 2018</b>	3 <sup>rd</sup> December 2018	Room 407, 4 <sup>th</sup> Floor, Lower Marsh / 14:00-16:30	
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