



**Strategic Leadership Meeting
FINAL PUBLISHED MEETING NOTES**

Date: 20 November 2019
Time: 2:00pm – 4:00pm
Venue: Richard Mayo Centre, United Reformed Church, Eden Street, Kingston upon Thames KT1 1HZ
Chaired by: Ian Thomas

Attendees:		
Ian Thomas	IT	Chief Executive, Kingston Council
Sophie Cavanagh	SC	Head Teacher, The Kingston Academy
Claire Kelland	CK	DCI Met Police BCU
Suzanne Luck	SL	Designated Doctor, Kingston CCG Paediatric Consultant, Kingston Hospital
Pauline Maddison	PM	Interim Director of Children’s Services, Kingston Council
Elisabeth Major	EM	KRSCP Professional Adviser
Sophia McGeoch	SM	Head Teacher, Meadlands Primary School
Sian Thomas	ST	Designated Nurse for Safeguarding Children, NHS Richmond CCG
James Thomas	JT	Interim Director of Children’s Services, Richmond Council
Alison Twynam	AT	Director of CSC, Achieving for Children
Julian Monk	JM	Notetaker
Apologies:		
Fergus Keegan	FK	Director of Quality, Kingston and Richmond CCGs
Owain Richards	OR	SW BCU Head of Safeguarding, Metropolitan Police

Item	Notes
1.	Introductions
	IT welcomed all present to the first meeting of the Kingston and Richmond Safeguarding Children Partnership (“Partnership”) Strategic Leadership Group (“SLG”). Introductions were made, apologies noted, and confirmation given that all had received the agenda papers in advance. JT noted that the agenda he’d circulated a helpful guide to the priorities requiring particular focus.
2.	Strategic Leadership Group Terms of Reference and Ways of Working
	IT invited comments and questions about the SLG’s proposed Terms of Reference. During general discussion the following points were noted:

	<ul style="list-style-type: none"> ● JT observed that the SLG represented a really significant shift away from its predecessor, the Local Safeguarding Children Board (“LSCB”), as it had slimmed down the numerically large group of representatives from the partner organisations which had previously participated in the Board. ● IT said that a slimmer group would enable the sharper focus on frontline service delivery and children’s outcomes in compliance with the new Children and Social Work Act 2017. ● JT reported a common concern amongst partners no longer represented that the SLG should maintain visible links within the Partnership through various means including working groups, and the subject of partner engagement appeared later on the agenda. That said, a lot of feedback had been received during consultation about the new local safeguarding arrangements, and a strong consensus in support of the final outcome had emerged. ● JT’s suggestion of a half-day development seminar to help the SLG to build the relationships and trust needed to ensure effective ways of working was agreed. IT indicated that it would be helpful to have a facilitator for that event. <p>Action 1: EM & JT to organise an event designed to optimise the effective operation of the SLG.</p> <ul style="list-style-type: none"> ● SL asked if the notes of SLG meetings would be sent to all partners, and if they would have the opportunity to respond. Following discussion it was agreed to: <ol style="list-style-type: none"> 1. Circulate the draft notes of SLG meetings to attendees for comment before final approval by the Chair. 2. Produce a ‘redacted’ version of the approved notes with confidential and sensitive information redacted, for publication on the Partnership’s website. Let partners know where this could be found. 3. Disseminate a simplified summary via the Partnership’s newsletter. <p>Action 2: EM to manage the process for the approval and dissemination of the SLG’s meeting notes.</p>
3.	LSCB Transition Issues
	<p>Serious Case Reviews (SCRs)</p> <p>JT explained that the LSCB’s statutory responsibility for SCRs had finished, with the exception of the two live SCRs already initiated under the LSCB’s Independent Chair Chris Robson (CR). Once completed both cases would be handed to the Partnership for follow through on any recommendations.</p> <p>Partnership Stubborn Issues Update</p> <p>IT said the Annual Report 2018-19 prepared for the SLG contained helpful actions and highlighted those areas of concern which were being addressed at the time of transition from the LSCB which the SCP now needed to pick up.</p> <p>EM highlighted the issue of GP engagement in child protection processes; the feedback provided by GPs on the challenges they faced was already being followed up by designated healthcare professionals.</p>

ST underlined the importance of continuing to monitor the situation which was multi-faceted and merited a deep dive look at the problem. There was a lot of work ongoing - as an example two forms had been consolidated into one by agreement between Achieving for Children (“AfC”) and GPs – but it was necessary to ensure compliance.

EM, AT and ST all agreed there had been a significant improvement over the summer and that the Partnership was now working much better.

IT underlined the importance of performance managing the different components of the Partnership to ensure each played its part effectively.

ST said the Partnership was now working together, and AT noted that the barriers to effective working were now better understood.

Turning to Early Help Assessments (EHAs), EM explained that JT had led a multi-agency ‘Review of Early Help Services in Richmond and Kingston Boroughs’, culminating in a refreshed EHA approach for implementation in April 2020. During general discussion a number of points were noted:

- In reply to IT, JT confirmed that training for partners would be provided through the introduction of two roles in the Single Point of Access (“SPA”) team, to provide advice and support.
- SM believed schools had a great understanding of safeguarding, that their professionals were not fearful of the issue, and that the SPA provided an excellent service. However, although schools did some of the early stage, it wasn’t clear how this sat alongside Family Support Services.
- IT noted that schools also had their own recording systems, and that duplication needed to be avoided.
- ST said this lack of understanding was similar for health visiting, and to address this a fantastic presentation had been delivered to Richmond GPs. As this had contained information about the extensive work done by health visitors which GPs didn’t know about, it was proposed to repeat it in Kingston.
- JT suggested than an EHA was not necessary in every circumstance; it was necessary to ask if it would add value.
- SM believed the new SPA referral form was so good that completing it was something that all schools were likely to do, without considering the use of other agencies.
- IT advocated a co-ordinated response to such cases from health, education, Home-Start and other partners to ensure social care was focussed on the most deserving cases.
- JT said the two SPA roles would address this.
- IT asked what percentage of cases were referred to social care.
- JT said the data was not comparable with other Local Authorities, because CAMHS cases significantly inflated the numbers, but estimated this to be between 8% to 10% for Kingston and Richmond.
- ST noted an increase in children with plans due to their parents having mental health issues, and asked if an increase in EHAs might help to address the issue. The CQC Inspection in Richmond

	<p>earlier in the year highlighted the need for Think Family training for health staff, particularly in mental health services.</p> <ul style="list-style-type: none"> ● IT asked if additional support was needed to give greater traction to the implementation of the findings and recommendations in the Review. ● JT confirmed that work was ongoing and progress would be reported back to the SLG going forward.
4.	Scrutiny of Data and Quality Assurance Findings
	<p>Learning Hub Subgroup (“LHS”) Report</p> <p>ST reported that the LHS had last met on 15 October 2019, the first such meeting under the new ways of working arrangements. Amongst the matters considered:</p> <ul style="list-style-type: none"> ● Lack of attendance was an issue and had been followed up, with absences to be monitored and escalated to the SLG if necessary. ● The vision for the new role and function of the LHS was outlined. ● Concern was expressed that Missing Children had been chosen as the theme for the forthcoming deep dive without the LHS having had an opportunity to contribute to the decision. ● The range of participants in future audit work may be widened to make it more inclusive, especially in relation to the voluntary sector. ● All members will be attending the first LHS event on 23 January 2020 to hear the learning from the deep dive work into Missing Children. ● An update on neglect data was received (albeit not the data for Q2 2019 included in the update report for the SLG, as this had not been available at the time). <p>ST expressed concern about the challenge presented by the breadth of topics the LHS was required to address, and by the need to delegate.</p> <p>EM suggested partners could be asked to drill down into the data for explanations of apparent issues.</p> <p>In reply to IT, ST said that AfC’s audit tool had been used, but as this didn’t work for health another tool would be developed for the next audit.</p> <p>CK suggested asking Merton Partnership to share theirs, which had just been signed off and which PM agreed could be really useful.</p> <p>IT asked about the process to oversee statutory audits, Section 11s.</p> <p>ST: there was a summary document presented regularly to the Subgroup.</p> <p>IT: Themes each year, not all organisations?</p> <p>EM: Themes were chosen each year, and currently audits were being sought for opticians, pharmacists, GPs in Kingston, domestic abuse agencies and Housing providers.</p>

JT: The focus of the second audit for the learning hub in summer 2020 was neglect. It was from the current Business Plan.

ST: The learning hub subgroup had wanted to be more involved in the choice of a theme. It was important to pull in the voluntary sector. ST was planning to visit a learning hub in an early adopter site.

JT was concerned about the subgroup workload, looking at its forward plan. It was the most important subgroup for partnership. The Learning Hub tells us what works and what doesn't. Understand data, present to us. It needed to understand partners' own Quality Assurance. Analyse and not to deep dive so many different themes.

Data Reports

JT opened the discussion by acknowledging the problems currently associated with the data reports: some data lines were not reported on, others were aspirational or not collected, some contained inaccuracies or were out of date.

PM noted that, although Kingston and Richmond formed a joint partnership, the data needed to be very specific, especially for Ofsted, whereas at present there was too much overlap.

CK said that Police data was a pan-London issue which was being looked at centrally to see how the data could be broken down into the form needed, but the fact data was collected at BCU and not borough level didn't help.

IT suggested the production of a one page data dashboard, which it was agreed should be kicked off.

ACTION 3: JT to work with ST and EM on production of a more effective report which integrated data and Quality Assurance findings - drawing on the information supplied by the statutory partners and relevant agencies.

Child Death Review Report

JT explained that the national Child Death Review ("CDR") guidelines had changed; having previously been a statutory obligation for the LSCB, this obligation now rested with the CCG and Local Authority. As 90% of the issues related to child death were highly medicalised, and only a small proportion were linked to safeguarding, a new health-led body called the South West London Child Death Overview Panel ("CDOP") had been created to conduct an anonymised secondary review of each death. Local Child Death Review Meetings ("CDRMs") would look at individual factors relating to each case. JT also highlighted the need for the right reporting mechanisms from a safeguarding perspective.

ST reported that only one case had been discussed under the new arrangements so far. Kingston and Richmond had only five or six cases outstanding, but there were 46 for the new CDOP as a whole which meant there was a lot to discuss.

IT asked how the CDOP would catch up on this large workload.

ST said there had only been one CDOP meeting so far, and that all cases were subject to CDRMs in hospital.

	<p>SL said that Kingston was not a worry, as their reviews took place within two months of death. Some delays in Richmond, and at the West Middlesex Hospital in particular, had given cause for concern however and been raised.</p> <p>SL also queried if the outstanding 46 cases were the result of a time lag, and/or because not all hospitals had implemented the new arrangements locally.</p> <p>IT asked for the item to be added to the agenda for the next SLG meeting and agreed that the Partnership would write for clarification.</p> <p>Subgroup Updates</p> <p>The meeting received the written updates tabled by the Richmond & Kingston LSCB Learning Review Subgroup, the Vulnerable Child and Adolescent (“VCA”) Subgroup, and the Joint Workforce Development Subgroup.</p> <p>On behalf of the VCA Subgroup, AT advocated communicating issues more widely in the community, in places such as shopping centres and commercial businesses as well as hotels, to facilitate early prevention through early identification. AT also asked if the Board supported Task and Finish Groups. Overall the VCA Subgroup meeting had been very positive, giving a greater understanding of the data creating a desire to expand our response.</p> <p>PM queried if the workload impact might be too high.</p> <p>AT suggested one Task and Finish group to start, focussed on a high-risk issue like children who were Not in Education, Employment or Training, NEET.</p> <p>Action 4: EM to go ahead with implementing one Task and Finish Group re alternatives for young people, who were vulnerable and Not in Education, Employment or Training.</p>
<p>5.</p>	<p>Business Planning for 2020</p>
	<p>Links with other Partnership Boards</p> <p>IT asked EM to document how best to foster links with other Partnership Boards for tabling at the next SLG meeting, taking account of PM’s concern that duplication of activity needed to be avoided.</p> <p>Action 5: EM to table a written proposal for fostering efficient links with other Partnership Boards at the next SLG meeting on 15 January 2020.</p> <p>How we set priorities</p> <p>JT invited discussion about how the Partnership’s priorities were set, and whether the timeframe of two years for the existing ‘Kingston and Richmond LSCB Business Plan 2018 – 2020’ was appropriate given that big thematic priorities certainly required more than one year.</p> <p>EM explained that historically, input from various sources including Quality Assurance (“QA”) findings, QA Subgroups, Case Reviews, and Learning and Development events and conferences was used to draft the LSCB Annual Report. Priorities were then pulled out from the Report once it had been shared with partners.</p>

It was agreed to retain the existing two-year timeframe for planning purposes; none of the issues involved were 'solvable' and, as children were always at risk, the time taken to address issues should be kept to a minimum.

IT suggested some form of facilitation to generate ideas for the next Business Plan, and invited members to let EM have any cost-effective ideas they might have for achieving this.

Action 6: EM to propose, taking account of input from SLG members, a cost-effective means of developing priorities for future Business Plans.

Signs of Safety

JT explained that the Signs of Safety model, having started in children's social care, had spread locally very quickly, especially in partner schools. However, this had taken place without the adoption of a formal statement to promote a common way of working. JT therefore believed shared terminology and language was needed as the basis for adopting a common approach which could be tailored to the needs of individual agencies. SL agreed there would be a definite benefit in a common approach. AT noted that, as the Signs of Safety model was still developing and evolving, this would be a good opportunity to do this.

IT advised that the Legal Team in Lincolnshire used Signs of Safety which could act as a reference point, and SM noted that collecting the voice of children was a real benefit, with familiarity gaining the best responses. IT concluded by stating that the principle of adopting a common approach to Signs of Safety across the Partnership was agreed, and that a detailed proposal for doing so should be produced.

Action 7: EM to draft a detailed proposal for adopting a common approach to Signs of Safety across the Partnership.

Adverse Childhood Experiences (ACEs) and Trauma-Informed Practice (TIP)

JT said there was a lot of interest in ACEs and TIP, which had made national headlines, across both Boroughs, and it was now timely to seek clarity on where the Partnership was going with the issue.

SM queried the implications for Looked After Children (LAC) and post-LAC. The shift in adoption services had been cloudy, and children who'd suffered early trauma were the most difficult to deal with, so clarity on how to access adoption services was needed.

AT noted that the maximum funding allocation per child available from the Government's Adoption Support Fund was £5,000. Kingston and Richmond had the highest number of applications in London which was a positive sign, and spot purchases could be made if necessary, but the issue needed to be looked at in a wider context.

IT said it had been good to consider the matter.

Young People's Engagement

JT said he'd been asked for a steer on young people's engagement by the safeguarding team. After examining the issue, Lucy MacArthur with four proposed options. JT advocated using existing structures, processes and groups which were already in place – including the Kingston and Richmond Youth Council and Youth Out Loud! – and suggested perhaps inviting young people to a future SLG meeting to join in a relevant thematic discussion.

	<p>PM reported that AfC was reviewing its young persons' participation strategy, and had produced a map of related formal and informal groups, tools and systems which could be brought to the SLG to see how information could be best extracted.</p> <p>IT queried if the Children's Trust arrangements were still required.</p> <p>JT said that Richmond was interested, and PM advised that Kingston was considering the pros and cons in the Spring, which was in the Audit Plan.</p> <p>SL expressed concern that the views on the SLG's agenda did not necessarily align with the concerns of young people about their safety. The views of young people needed to be obtained regularly, and not from self-selecting groups to ensure input from a broader population.</p> <p>JT believed it would be good to give further consideration at the SLG's proposed development half-day. In the meantime, Lucy would look at working with schools, including the use of existing surveys and School Council input, to create a year group and whole-school view.</p> <p>SC noted that such an approach wouldn't capture contextual safety issues outside school.</p> <p>ST suggested Kingston and Richmond Healthwatch might have some useful historical data, as they had gained the views of 1,500 young people some years ago, about mental health.</p>
6.	<p>Partner Engagement</p>
	<p>Top Five!</p> <p>EM introduced a paper which listed suggested Top Ten 'Strengths' and 'Areas for Improvement' based on the views expressed by partners.</p> <p>JT suggested there might be a gap below the big thematic priorities which could be filled with a Top Five list of priorities with a shorter timescale of perhaps three months. During discussion the following were agreed:</p> <ul style="list-style-type: none"> ● Strengths <ul style="list-style-type: none"> Single Point of Access Signs of Safety DSL network and outreach Multi-agency engagement in learning and development Open, mature responses to learning and findings ● Areas for Improvement (over three months) <ul style="list-style-type: none"> Transition Pathways between schools and from Adult to Children's Services Early Help Assessments The contribution of GPs to safeguarding Children becoming subject to Protection Plans for a second time Increasing numbers of children who are Electively Home Educated <p>IT was aware of high expectations for some children which then affected their mental health. He suggested it be added to the list.</p> <p>Action 8: EM to issue timescales for the receipt of contributions to the newsletter.</p>

	<p>Safeguarding Partnership Events</p> <p>PM suggested work around Mental health and families.</p> <p>ST spoke about the SABs in both boroughs being involved with the KRSCP with Think family training; ST suggested there was training and learning around affluence and safeguarding, as this was a significant local issue.</p> <p>Engagement with Key Partners / Fora</p> <p>JT said the Partnership was in the right place regarding partner engagement.</p> <p>SC noted that the independent schools were not explicitly represented, and JT agreed consideration should be given to how to link up with the independent sector better.</p> <p>ST on behalf of the CCG had restarted work with independent school health providers, eg School Nurses and private GPs and other private health providers.</p>
7.	Inspection Updates
	<p>Kingston ILACS Feedback</p> <p>PM said she'd been surprised the Partnership had had no role to play in the ILACS inspection; EM had offered to participate but had not been needed. From Day 1 it had been clear that the focus was not on the Partnership's arrangements or strategic direction, but on the impact on each child. However, its report was said to be very positive and PM would be sending this to partners following its publication on 19 December 2019.</p> <p>IT thanked PM for her update and the team for its hard work.</p> <p>Richmond CQC Action Plan</p> <p>ST reported that the CQC's Richmond CCG Inspection Report had been received on 3 September 2019. The report contained 41 recommendations, and monthly meetings were taking place to formulate an action plan to address these which would be notified to the CQC on 3 March 2020. The inspection had covered safeguarding and Children Looked After in Richmond only, and as a consequence ST was looking for an increase in Child at Risk referrals to the SPA, with a focus on whether adult practitioners were in fact referring all such cases.</p>
8.	Any Other Business
	<p>Development Day</p> <p>JT flagged the need to retain the Development Day as the Partnership transitioned to the new arrangements, and wanted to relook at the arrangements for it.</p> <p>JT said he would take this outside the meeting and assume the lead in moving it on.</p> <p>Ian Dodds / Pauline Maddison / James Thomas</p>

	<p>PM commended the appointment of Ian Dodds (ID) as the new joint Director of Children's Services for both Kingston and Richmond Councils, which she believed would further increase support for AfC.</p> <p>IT noted that, as the result of ID's appointment, PM and JT would be stepping down as Interim Director of Children's Services for Kingston and Richmond respectively at the end of December 2019, and thanked them both for their sterling work in these roles.</p>
9.	Date of Next Meeting
	15 January 2020.

Action Table

	Action	Officer
1	Organise an event designed to optimise the effective operation of the SLG.	EM / JT
2	Manage the process for the approval and dissemination of the SLG's meeting minutes.	EM
3	JT to work with ST and EM on production of a more effective report which integrated data and Quality Assurance findings - drawing on the information supplied by the statutory partners and relevant agencies.	JT, ST, EM
4	EM to go ahead with implementing one Task and Finish Group re alternatives for young people, who were vulnerable and Not in Education, Employment or Training.	EM
5	Table a written proposal for fostering efficient links with other Partnership Boards at the next SLG meeting on 15 January 2020.	EM
6	Propose, taking account of input from SLG members, a cost-effective means of developing priorities for future business plans.	EM
7	Draft a detailed proposal for adopting a common approach to Signs of Safety across the Partnership.	EM
8	Issue timescales for the receipt of contributions to the newsletter.	EM