



## Strategic Leadership Group Board Meeting MEETING NOTES

**Date:** 2 November 2020  
**Time:** 1 pm – 4 pm  
**Venue:** Remote meeting  
**Chaired by:** Detective Superintendent Owain Richards

Attendees:		
Detective Superintendent Owain Richards (Chair)	OR	SW BCU Metropolitan Police
Chris Robson	CR	Independent Scrutineer KRSCP (had to leave early)
Sophie Cavanagh	SC	Head Teacher, The Kingston Academy (arrived later)
Suzanne Luck	SL	Designated Doctor, Kingston CCG Paediatric Consultant, Kingston Hospital
Fergus Keegan	FK	Director of Quality, Kingston and Richmond CCGs
Elisabeth Major	EM	KRSCP Professional Adviser
Sophie McGeoch	SM	Head Teacher, Meadlands Primary School (had to leave early)
Sian Thomas	ST	Designated Nurse for Safeguarding Children, NHS Richmond CCG
Ian Dodds	ID	Director of Children's Services for Richmond & Kingston Councils
Sarah French (Item 11 only)	SF	Health Promotion Specialist
Kate Jennings (Item 11 only)	KJ	Senior Public Health Lead, Richmond & Wandsworth Public Health
Abby Lubbat	AL	KRSCP Notetaker
Apologies:		
Alison Twynam	AT	DCS Achieving for Children

Item	Notes
1.	<b>Introductions</b>
	All present are familiar with each other; this was OR's first meeting as Chair.
2.	<b>Minutes of previous meeting and matters arising</b>
	No amendments were suggested.  Action 1: EM to follow up on completion of actions from the Independent Scrutiny Report. Communications Campaign report on agenda.

Item	Notes
	<p>Action 2: EM to reply to Carol Clapperton re proposed new Children &amp; Families Strategic Partnership Group. EM spoke with Carol. Awaiting LA response.</p> <p>Action 3: ST and LD to look at CDOP high neonatal death figures and CDOP Action Plan.</p> <p>ST's enquiry received a detailed medical response, briefly: the area has a high average age for first time mothers (34 in SW London, 38 in Richmond), also above average IVF (In-Vitro Fertilisation), including going abroad for this, and many of these deaths are linked to multiple births.</p> <p>In addition, SL pointed out that SW London CDOP figures are overshadowed by Croydon figures. The demographic for Kingston and Richmond is different from Croydon.</p> <p>OR commented that there is a similar issue for 4-borough police data. <b>Action closed.</b></p>
<b>3.</b>	<b>Children Missing Fulltime Education – Ian Dodds</b>
	<p>Latest attendance c. 91% in Richmond/Kingston. This has been stable from September to half term. For Young People with Education, Health and Care Plans (EHCPs) and with a Social Worker attendance has been slightly lower. Reasons the children have not returned to school are mostly fear of infection. There is ongoing work to promote good attendance and this is slowly improving. There is a reluctance to issue Fixed Penalty Notices, as it has not been shown to be effective and these have been issued only on rare occasions.</p> <p>There has been a significant increase in EHE (Elective Home Education) requests locally and nationally. Some parents have needed an explanation of the rules around EHE – in particular the parental responsibility for provision of education, ie that this does not mean simply a continuation of the remote learning they received from school during lockdown.</p> <p>EM reported that Louise Doherty, Designated Nurse Kingston was working with Diana Percival AfC re agreeing information sharing around EHE for School Nursing support.</p> <p>ST reported that GPs have been inundated with requests for medical letters of excuse from school.</p> <p>ID said that the GPs' role is to assess whether or not the case qualifies.</p> <p>ST said that there have been some challenges through the Ombudsman around this issue and GPs need more support/guidance around this.</p> <p>FK agreed: GPs are being asked to go beyond their professional medical opinion. He wondered whether there could be something we could raise around how we could communicate the boundaries of GP responsibility to parents.</p> <p>Also, there is an increasing tide of this. A longer-term plan could involve vaccination. This is being monitored going forward. The question is when do we get worried about the numbers of families opting for this from a safeguarding perspective.</p> <p>ID said that there are well-established mechanisms for this, including referrals to the ROME (Risk of Missing education) panel.</p> <p>CR asked whether this is affecting any groups in particular (this will affect how to target an education/information campaign)</p> <p>ID said there was no pattern with regard to protected characteristics.</p> <p>SL said that there was a wider Health policy issue which could be fed in with schools and how they can allow the support for these families. GPs are subject to ever-changing advice. There was also the possible need for a paediatrician to be involved with this in addition to GPs – though scheduling would be a challenge.</p>

Item	Notes
	<p>EM: Lucy MacArthur's report highlighted a need for specific guidance around independent schools and EHE</p> <p><b>Action 1: ID will ask Pupil Support Manager to provide guidance for independent schools and GPs/ health providers re EHE.</b></p>
4.	<p><b>Communications Evaluation &amp; Strategy</b></p>
	<p><b>Evaluation and Strategy:</b></p> <p>Action Plan from Independent Scrutiny Report:</p> <p>It was important to disseminate to all levels, not just those on the mailing list. Awareness campaigns need to be joined up across agencies.</p> <p>CR asked whether there were safeguarding plans to deal with this lockdown.</p> <p>OR said that there had not been the opportunity to discuss in detail. The campaigns would continue.</p> <p>FK said there were significant differences between this lockdown and the last one. Agencies had supported each other through public health messages, flu vaccination programme.</p> <p>Strength of mutual support is more in place this time.</p> <p>OR said that senior partner meetings were continuing every week.</p> <p>SL asked about communications to ethnic minorities, especially Koreans.</p> <p>EM- Tracey Welding has done this with both Councils, however there is no plan to repeat the more specific messages in other languages yet.</p> <p>FK reported that a lot is going on around mental health this time. It is stressed that the NHS is safe and open and people should still access it. There is a need for guidance on how to access unscheduled care (eg A&amp;E). Many risks associated with the first wave are different this time around.</p> <p>SL said that there is a need to ensure changing health messages filter through to other ethnic groups, especially those not familiar with the UK health system. There is a need to ensure that these messages get through.</p> <p>There is a need to confirm the accessibility of that information, including by people with learning disabilities.</p> <p>This is part of a national programme, material can be taken from national.</p> <p>OR confirmed that the police will also be putting messages out this week highlighting safeguarding issues.</p> <p><b>Action 2: FK will take up with Tyra Ferguson, CCG the accessibility of health and safeguarding messages.</b></p> <p>CR asked what messages will be going out as a Partnership at this second lockdown – it was good to see the messages coming through Health, the challenge is to issue messages as a Partnership.</p>
5.	<p><b>Subgroup Updates</b></p>
	<p>ST updated for the Quality &amp; Innovation (Q&amp;I) Subgroup. Members had received information with the papers. QI Subgroup was fully up to date with planning, a workshop had been held for school</p>

Item	Notes
	<p>Governors on the Journey to Exclusion. Members were alive to the risk of the group becoming a mini-LSCB.</p> <p>Section 11 work would include faith organisations, voluntary sector, GPs, Kingston Hospital, Your Healthcare.</p> <p>If it would add value, CR would be invited to feed back around the issue of independent scrutiny in the subgroup itself.</p> <p>SL expressed support for ST – this had been a difficult year for the group, but themed audits and learning events have led to a better idea of how the group contributes.</p>
	<p>Serious Incident (Public Health Report)</p> <p>Ian Thomas, previous KRSCP Chair, had asked for an update from Richmond. The meeting had received a full update from Public Health Richmond by Graeme Markwell.</p> <p>OR asked how to encourage organisations to refer this type of incidents to prevent the worst happening. Can we do more or have we done what we can in response to this serious incident?</p> <p>ST said that in that school there have been sessions; although it doesn't feel like enough, it was unclear what else could be done, the pupils had the information.</p>
	<p>Learning Hub Theme Summer 2021</p> <p>ST said that 2 themes had been suggested in the QI Subgroup: 1) EHE or 2) parental vulnerabilities – the QI Subgroup want this to be the next focus from Spring 2021, after the current Journey to Exclusion theme.</p> <p>Discussion:</p> <p>ID felt that this was a massive area and suggested narrowing of the focus somewhat.</p> <p>ST suggested domestic abuse</p> <p>ID warned of the risk of duplication in such a prevalent area.</p> <p>OR mentioned Kavitha Ramakrishnan – ST works with KR closely.</p> <p><b>Action 3: ST to check whether any other agencies were doing this kind of work around domestic abuse.</b></p> <p><b>Action 4: SLG to consider and answer by the end November/beginning December</b></p>
	<p>Top Fives Update</p> <p>OR reported that summer priorities were set during an awayday in March:</p> <p>There is a new focus on Early Help, Think Family and support for families with mental health needs.</p> <p>EM Areas for development are still being worked on, particularly transitions from children's to adults' services. An audit of 8 different transition plans led to a number of actions. Transition planning around mental health is particularly in focus at this time.</p> <p>Early Help strategy and tool is being relaunched on 10 November after consultations with partners and multi-agency workshops.</p> <p>EHE work on information sharing has been taking place; there has been some improvement around the contribution of GPs to Child Protection conferences.</p> <p>The issue of Initial Health Assessments is being worked on with the addition of admin support for this.</p>

Item	Notes
	FK said he was impressed with the amount of work that has been going on, great work by all involved in difficult circumstances.
<b>6.</b>	<b>Serious Incidents Independent Scrutiny Paper</b>
	<p>CR said that the process of scrutiny has given assurance that the way the Partnership deals with serious safeguarding incidents is robust.</p> <p>The Local Learning Review (LLR) Subgroup chair gave the group rigour. CR felt that the KRSCP Serious Incident Notification protocol significance justified its signing off by the Chair or one of the 3 leads. The paper would benefit from the inclusion of the forms required to be completed and the updating of the flowchart regarding current policies.</p> <p>The LLR Subgroup membership was very appropriate, however would benefit from an additional independent/ lay member. It was felt that an independent person would lead to an improved balance on decision making.</p> <p>A short awareness campaign could be considered around the responsibilities of the various agencies, especially in light of the pandemic, particularly with regard to Social Care and Health. All agencies need to be aware of their responsibility in notifying serious incidents.</p> <p>It was emphasised that this works well over the two boroughs, an excellent document with only a few minor tweaks required.</p> <p>Response to recommendations:</p> <p><u>Lay Member</u></p> <p>The LLR Subgroup looked at this recommendation and it was considered at the SLG in the October Statutory Partners' meeting.</p> <p>FK was happy with the governance of the group.</p> <p>ST expressed concern around the proposed lay member – she pointed out that the group members act as lay members to each other. She liked CR's suggestion of independent scrutineer, and considered that this would lead to more rigour.</p> <p>CR accepted that careful consideration was necessary around the choice of person for lay member, but the idea of having independence is that they sit outside any relationships that have been established within the Partnership.</p> <p>SL said that when this was raised in the LLR Group, opinions were split – it was necessary to give careful consideration to who the lay member would be.</p> <p>OR said that the SLG were content that there was enough challenge within the group, but with an open mind would be happy to look at it again.</p> <p>OR has written to the Subgroup Chair for more information.</p> <p><b>Action 5 EM will ensure that the policy document includes reference to the referral process and consider any awareness raising around referrals.</b></p>
<b>7.</b>	<b>Datasets</b>
	Dataset Exception Reports

Item	Notes
	<p>Quarter 1 Children’s Social Care: Q1 data includes lockdown. There were fewer contacts coming into AfC that were leading to referrals. This has now dropped back. Now there is a gradual trend towards expected levels. Health assessments for children in care has improved. This is an admin issue and is ongoing. Social Care has seen an increase in CP plans; AfC has done much work around this. Thresholds are applied but there is still a significant increase. CP reports for conferences by GPs are improving with dedicated admin resources, though this is an ongoing issue.</p> <p>There has been an increase in children subjected to domestic abuse. MARVE increase is probably due to the effectiveness of work within the partnership enabling more cases to be identified and actioned.</p> <p>Questions/comments:</p> <p>OR asked about where the Domestic Abuse referrals were coming from mainly: referrals from Health have reduced, a large proportion are from Police; this is in line with expectations and is similar across London.</p> <p>FK said that 18 months ago 10 reasons for delay with IHAs (Initial Health Assessments) were analysed. He wondered whether it was worth repeating the review with the next delayed cases in order to understand reasons.</p> <p>ST said that in view of the increased pressure of work in doing this, it was probably not the best time.</p> <p>FK wondered if the referrals had been received late: this was usually the case. The main reason for lateness is the admin processes, there is a need to work on these.</p> <p>EM suggested that the Chair of the CLA Steering group, Nigel Evason, may have a view regarding how his group is addressing this in partnership.</p> <p>ID said that funding was not the issue here.</p> <p>OR said that teams were aware and doing what they can to improve; this situation has been going on for a long time. ID said that most of these YP were adolescents, who were more tricky than children to process.</p> <p><b>Action 6: ST will take this issue back to VFraser and SKenyon to see whether there is anything else that can be done re delays with IHAs.</b></p> <p>SL commented re CSA (Child Sexual Abuse) strategy meetings and medicals – there is a blank in figures for those attending. There are about 40 CSA strategy meetings. SL was invited to 2 of them. This has been an item on the Partnership agenda for a while – there is a need to develop a CSA pathway. This is underway but there is concern around how we are working as a partnership on this.</p> <p><b>Action 7: ST will link SL’s data on CSAs with JH</b></p> <p>EM suggested looking at five of these cases and see who was and was not invited.</p> <p>SL said that Andy Gill, AfC did an audit of strategy meetings, the conclusion of which was that there would not have been an indication for paediatricians to be involved. SL had not agreed with this. How can we ensure that the policies developed are implemented by the front line?</p> <p>Police Data:</p> <p>OR Kingston &amp; Richmond Police data is difficult to get, police data is from BCU. Lockdown led to an increase in domestic abuse and a reduction in child arrest, as would be expected. Sexual offences against children increased slightly however there is not enough data to discuss this meaningfully. Better data is needed in order to identify themes.</p>

Item	Notes
	<p>OR said that some recommendations had been made around the data. OR had submitted a wish list for data but had not response yet. Many of the indicators are not possible to get data on without a manual trawl.</p> <p>ST raised the possibility that because AfC has more data this will lead to a disproportionate focus on AfC.</p> <p>OR said that the Police just had a suite of data signed off, so this should be coming through soon.</p> <p>Health revealed that Emergency Department attendance had decreased around 50%. Since then numbers had slowly risen, though not to pre-Covid levels.</p> <p>CSA (Child Sexual Abuse) medicals had reduced significantly, but increased more recently (Quarter 3).</p> <p>Referrals to Tier 2 and 3 CAMHS followed a similar pattern, though the latest data was not yet available.</p> <p>SL said that A&amp;E numbers were concerning but as up to 1/3 of attendances were unnecessary this could just be a reflection of more considered use of A&amp;E. Numbers have increased in deliberate self-harm attendances and admissions.</p>
	<p>Covid School Attendance Report</p> <p>Received</p>
	<p><b>Elective Home Education (EHE) Report</b></p> <p>Received</p>
	<p><b>Governors' Exclusions Project Paper (Lucy MacArthur)</b></p> <p>ID commented on the need for more training for Governors. He asked whether the Head of Governor Support was involved in the discussions as a professional lead was needed for this.</p> <p>EM said that Angela Langford, Head of Governor Support, and Adrian Bannister were aware of the group work and had been invited.</p>
<b>8.</b>	<b>Diversity Paper</b>
	<p>EM went over the recommendations, particularly that Partnership diversity training is not currently mandatory or core – this could be something the SLG could recommend, or possibly that it forms part of induction training for all agencies.</p> <p>OR mentioned that the IPCC had recommended this – how would it fit with other learning.</p> <p>EM said that there would need to be evidence from each agency that it is being covered; rather than optional it could be core, with the recommendation that there is evidence that in 9 months' time all members have had training.</p> <p>OR said that in the Police there is mandatory training. In his opinion, data on disproportionality should lead measures.</p> <p>FK said that it is already a Golden Thread across the NHS, especially with impact on some sections of the community. It is worth revisiting the 5 priorities in the Business Plan to ensure diversity runs through those specifically, there is a lack of representation of the communities we serve. It should be strengthened in everything we do.</p> <p>SL agreed. Agencies should be aware of how the core training is done/renewed – eg if Level 3 safeguarding training, how is this embedded.</p>

Item	Notes
	<p>There was some conversation around transgender issues as a problem in safeguarding – this impacts on contextual safeguarding.</p> <p>OR emphasised that diversity of race/ethnicity must be included without sidelining other characteristics.</p> <p>ID said that London LAs have been given a disproportionality toolkit, they need to draw together in addressing this.</p> <p><b>Action 8: ID to share the London disproportionality toolkit.</b></p> <p>OR highlighted a community engagement awareness event tied in with Domestic Abuse, ‘faith’-based abuse (eg honour killing, FGM).</p> <p>SC said that schools would be keen to be a part of this. She shared a diversity self-assessment tool by Dr Kathryn Kashap at AfC:  <a href="https://docs.google.com/spreadsheets/d/1v-1569oSkm34S_IZZ1YZ_nm5sh36EyKn0lt88w2J470/edit?usp=sharing">https://docs.google.com/spreadsheets/d/1v-1569oSkm34S_IZZ1YZ_nm5sh36EyKn0lt88w2J470/edit?usp=sharing</a></p> <p>SL said that this tool was something that all schools should use.</p> <p>OR said that if this was not already on the Business Plan, it should be put on as a target.</p>
9.	<p><b>Mental Health &amp; Wellbeing Review</b></p>
	<p>The group was happy to sign off this draft summary report.</p> <p>EM This group’s guidance was being sought on which of the recommendations in the paper should be pursued. S Birch favoured the Sutton model of a CAMHS triage nurse. Varying levels of confidence were reported among practitioners in dealing with children’s emotional distress and risks of self harm.</p> <p>OR said the evidence was clear of risk to Young People.</p> <p>FK said there was a need to put this into the right form, broader issues even to SWL CCG. There are a range of things that would be good but it is not clear, how this all impacts on safeguarding.</p> <p>Kingston &amp; Richmond have a well-developed CAMHS Transformation plan. It is worth the SLG taking stock of what we have at the moment. The Emotional Wellbeing Board for Kingston and Richmond chaired by Dr Phil Moore should be asked for an update on their strategy. Local commissioners should come and give us an update. We have choices as commissioners on what we support.</p> <p>This may be outside the remit of that group. It is not clear what is underpinning the problem of Young People’s drug use.</p> <p>ID said that research by Healthwatch Richmond &amp; Kingston provides some of these answers/themes (eg exam stress).</p> <p>SL commented that this did not come out in this review.</p> <p>SC said that one key element in the actions is the increased schools’ expertise in Mental Health First Aid training. Schools are keen to take advantage of this and it needs to happen sooner rather than later. The Thrive London training programme was recommended. EM said that the Thrive programme was available from local Public Health.</p> <p><b>Action 9: SC will discuss use of the Thrive programme by schools with EM outside the meeting.</b></p> <p>ST asked whether there should be a Task &amp; Finish Group around this report to feed back to the group.</p>

Item	Notes
	<p>OR will write to the Chair of the Emotional Wellbeing Board and invite that Chair to update the SLG. There is a CAMHS lead that can give a good picture for Richmond &amp; Kingston rather than SWLondon. Suggested 15 minutes for the local team to talk to us around safeguarding.</p> <p><b>Action 10: EM to invite the CAMHS lead / Emotional Wellbeing Board Lead for Richmond &amp; Kingston to the next meeting.</b></p> <p><b>Action 11: ID to send links to the 2 participation reviews he mentioned above to EM to circulate.</b></p> <p>SL said that it was important to build on knowledge that is already available.</p> <p>ST said she hadn't known about the work by Public Health on local young people's views.</p> <p>OR highlighted the importance of communication so that knowledge is disseminated and work is not duplicated. This points to a need to strengthen the links between different partnership boards.</p>
<b>10.</b>	<b>KRSCP Annual Report 2019-20 &amp; Business Plan 2020-22</b>
	<p>The Annual Report is ready for SLG to sign off. Timescale for feedback: aim for publication in the next month. Feedback is invited to EM.</p> <p>Business Plan</p> <ul style="list-style-type: none"> <li>• Training in contextual safeguarding has already led to an increase in MARVE referrals.</li> <li>• A Contextual Safeguarding Manager has been employed.</li> </ul> <p>ID mentioned that the contract for the Contextual Safeguarding Manager post is ending – do we want to jointly fund this post, and if not will AfC fund it?</p> <ul style="list-style-type: none"> <li>• There is a Safeguarding Newsletter</li> <li>• There is an 80% uptake of online training.</li> <li>• The Engage Project has been started to divert YP from crime.</li> </ul> <p>The results of the inspection around Youth Offending and Serious Youth Violence are encouraging.</p>
	<p>KRSCP Learning &amp; Development Annual Report 2019-20</p> <p>This report to be reviewed at a later stage.</p>
<b>11.</b>	<b>Risky Behaviour Action Plan Update</b>
	<p>Sarah French Kingston Public Health and Kate Jennings Richmond Public Health joined to lead on this item.</p> <p>KJ gave the background. An action plan had been developed over the last 2 years out of the JSNA (Joint Strategic Needs Assessment) in 2018 for both boroughs on risky behaviour. What About Youth survey. Risky behaviour is particularly high in Richmond. A working group was established. The behaviour plan pointed to risky behaviour possibly being associated with affluence. School surveys were showing that we weren't picking up high risk taking from surveys, and services were not addressing underlying causes.</p> <p>ST asked whether feedback was given when child death involves drugs or suicide.</p> <p>KJ to check on this.</p>

Item	Notes
	SL said that there seems to be so much good work going on but unclear how it's all pulled together so we don't reinvent the wheel every time we have an incident. It was important to build on the knowledge we already have.
<b>12.</b>	<b>Any Other Business</b>
	<p>ID said that in relation to the KRSCP team review, members of the SLG were welcome to submit responses.</p> <p>SC asked about the KRSCP review of the term.</p> <p>OR said that this review was in the formal consultation phase, key stakeholders were encouraged to feed back.</p> <p>SC reported that there were some suggestions that she and SM had issues with. There was a loss of expertise from the education lead was serving at the moment. This is a loss for Education and there were issues with the proposals identified.</p> <p>SC cited a narrow window to feedback and felt out of the loop on this, as the Representative for Education. She will feed this back through the formal process. She felt this should have been discussed earlier rather than at the end.</p> <p>OR will also feed this to ID and take the point of order for the future.</p> <p>FK and OR expressed thanks to ST and SL for their support over the last year to the partnership – Louise Doherty and Vanessa Impey will be coming for the next year. Also they formally thanked SL for her work supporting the children of Kingston and Richmond and wish her the very best for the future.</p>
	<p>Next Meeting:</p> <p>8 January 2021 10am – 1pm</p>

### Action Table

	Action	Officer
1	ID will ask Pupil Support Manager to provide guidance for independent schools and GPs/ health providers re EHE.	ID
2	FK will take up with Tyra Ferguson, CCG the accessibility of health and safeguarding messages.	FK
3	ST to check whether any other agencies were doing this kind of work around domestic abuse.	ST
4	SLG to consider and answer by the end November/beginning December	SLG

5	EM will ensure that the policy document includes reference to the referral process and consider any awareness raising around referrals.	EM
6	ST will take the issue of Initial Health Assessment delays back to VFraser Designated Nurse and SKenyon Designated Doctor for Children Looked After to see whether there is anything else that can be done re delays with IHAs.	ST
7	ST will link SL's data on CSAs (Child Sexual Abuse) with JH	ST
8	ID to share the London disproportionality toolkit.	ID
9	Action: SC will discuss use of the Thrive programme by schools with EM outside the meeting.	SC EM
10	EM to invite the CAMHS lead / Emotional Wellbeing Board Lead for Richmond & Kingston to the next meeting.	EM
11	ID to send links to the 2 participation reviews he mentioned above to EM to circulate.	ID