

Meeting Title:	Kent Safeguarding Children Board
Date:	1 st December 2016
Time:	2pm – 5pm
Location:	Medway Room, Sessions House, Maidstone
Chaired by:	Gill Rigg

Members Attendance at Meeting:

Name	Title	Representing	Apologies	Attended
Gill Rigg	KSCB Independent Chair	KSCB		✓
Tony Blaker (Vice Chair)	Assistant Chief Constable	Kent Police		✓
Alison Broom	Chief Executive	Maidstone Borough Council		✓
Andrew Ireland	Corporate Director - Social Care, Health & Wellbeing	KCC		✓
Andrew Scott-Clark	Director of Public Health	Public Health, KCC		✓
Gill Cahill	Director of Business Development	CXK	✓	
Bethan Haskins	Chief Nurse	Clinical Commissioning Groups	Gail Locock	
Sheridan Morrison	Designated Nurse for Safeguarding Children	North Kent CCG		✓
Claire Jones	Head of Service for Assessment, Rehabilitation and IOM	Kent, Surrey & Sussex CRC		✓
Stuart Collins	Director of Early Help and Preventative Services	EYS, KCC		✓
Avey Bhatia	Chief Nurse	KCHT		
Mark Janaway	Programme and Performance Manager	KSCB		✓
Patrick Leeson	Corporate Director, Education and Young People's Services	KCC		✓
Peter Oakford	Cabinet Member for Specialist Children's Services	KCC		✓
Philip Segurola	Director, Specialist Children's Services	KCC		✓
Fiona Trigwell	Head Teacher	Head Teachers		✓
Kelli Gardner	Youth and Community Manager	Voluntary Sector (IMAGO)		✓
Roger Sykes	Lay Member	KSCB		✓

Charles Unter	Lay Member	KSCB		✓
Tina Hughes	Approved Premises Manager/SPO	National Probation Service (East & SE Region)		✓
Sally Allum (Virtual Member)	Director of Nursing	NHS England		
Steve Hunt (Virtual Member)	Assistant Director	CAFCASS Kent		
Sarah Nichols	Senior Administration Officer	KSCB		✓

No.	Agenda Item
1.	<p>Introductions and Apologies</p> <p>Introductions were made and apologies noted.</p>
2.	<p>Kent Fire and Rescue Presentation</p> <p>Rob Groombridge from Kent Fire and Rescue presented this item.</p> <p>Rob Groombridge discussed the work that takes place with young people; the team have taught to approximately 96,000 young people in primary and secondary schools in Kent and Medway and are aiming to increase this in the next few years.</p> <p>The team aim to teach young people about issues such as hoax calls, escape planes and in older years (years 8, 9 and 10 at Secondary School), topics like anti-social behaviour, arson and road safety. The team also attend events throughout the year where they get the opportunity to speak with young people.</p> <p>The team also visit young people not in mainstream education, such as in pupil referral units, and provide a range of bespoke courses and sessions. One such session allows young people to use firefighting equipment in a controlled environment and is a predominately a practical course with 15% of the learning taking place in a classroom.</p> <p>Kent Fire and Rescue provide the YES course to young people. It consists of bespoke sessions between 2 hours and 2 days long. These are used as a tool to see if the young people can progress to a 'Pathways' or 'ASDAN' course.</p> <p>The 'Pathways' course consists of 30 hours training and is for young people who are NEET (Not in Education, Employment or Training) up to age of 24/25. It is a level one qualification and the team work in conjunction with St Johns Ambulance and the British Safety Council.</p> <p>The 'ASDAN' course is a short course which focuses on various modules, such as health and safety and anti-social behaviour, and can be used as a quarter of a GCSE.</p> <p>The team also offer a FireFIT course which is a physical training course. It is used within larger youth courses and teaches young people about fitness, health and wellbeing, anatomy and physiology.</p> <p>In order to capture the voice of the child, the team use feedback forms in all their courses. Board members were provided with copies to view in the meeting, alongside a variety of course materials.</p> <p>Rob Groombridge discussed the issue the team is having with evaluating the larger youth course and the practicalities of revisiting the young people to see how being on the course has benefited them.</p>

	<p>Charles Unter discussed the KFRS Road Safety Experience that he attended recently and reported how interesting it had been. Charles Unter queried whether the team had access to children in independent schools. Rob Groombridge confirmed that the team visit any schools that contact them for training.</p> <p>Andrew Scott-Clark queried whether it would be possible to capture the data from Kent Fire through the Public Health Observatory and therefore enable the team to analyse the impact. , If this work can reach young people correctly and teach them about health and wellbeing, then that will have a positive impact on other aspects of their lives.</p> <p>Andrew Ireland commented that prior to coming to Kent; he saw the final proposal for 'ASDAN' and was struck by the engagement of the young people and the skills it gave them, such as leadership and confidence. Rob Groombridge confirmed that it was a positive experience seeing young people develop so much through the various programs provided by the team.</p>
3.	<p>Minutes, Actions and Matters Arising.</p> <p>The minutes were agreed as a true and accurate reflection of the meeting and can be published on the KSCB website.</p> <p><u>Outstanding actions</u> <u>Actions from 25th October 2016</u></p> <p>14.1 - District Council representatives to be invited to participate in the Front Door Project, Mark Janaway to facilitate this. Update from 1st December 2016 – Mark Janaway confirmed that he has spoken to Jeanne King and at the appropriate consultation period partner agencies will be approached. Action Closed.</p> <p><u>Actions from 3rd August 2016</u></p> <p>2.2 – The issue of Young Carers and their medication is to be raised at the Health Safeguarding Group and the response feedback to the Board. Update from 1st December 2016 – Sheridan Morrison confirmed that a discussion took place at the Health Safeguarding Group about how to raise awareness of the issue. Those prescribing medication need to think family and look at how they take this forward. Stuart Collins queried whether this will this be triangulated with IMAGO. Kelli Gardner has now moved to Young Carers in IMAGO, so would be interested to speak to Sheridan Morrison about this. Action deferred to the next meeting for an update.</p> <p>7.1 – Tony Blaker to provide a detailed update to the Board at the meeting in October. Update from 1st December 2016 - On agenda today. Action Closed.</p> <p>14.1 – Tony Blaker to bring the report on the review of the Child Sexual Exploitation Team to the October Board. Update from 1st December 2016 – This has not yet been presented to the Business Group, so will be reported at the next Board meeting. Action deferred to the next meeting for an update.</p> <p><u>Actions from 1st June 2016</u></p> <p>5.1 – Alison Broom to meet with Philip Segurola, Florence Kroll, Dave Holman and Helen Greatorex to discuss the concerns around the movement of young people between local authorities. Update from 1st December 2016 – Alison Broom confirmed that the Kent Leaders have formed a small group who will coordinate and lobby on a political level. This action is ongoing. Alison broom reported that she has initiated some work on improving the linkages between the County and districts on young people leaving care and a series of actions have arisen from that. The issue is predominantly to do with the supply of accommodation, and a possible solution is looking at collaborating over capital investment. Philip Segurola is attending the Housing Group meeting in January.</p>

	<p><u>Actions from 20th April 2016</u></p> <p>3.2 – Ann Allen/Peter Oakford to discuss Police membership at the Health and Wellbeing Board with Roger Gough and report back to the Board on 1st June. Update from 1st December – This action is closed, however, a letter from Central Government explains that the Police Crime Commissioner (PCC) should sit on the Health and Wellbeing Board so the PCC is taking that forward. Action Closed.</p> <p>5.3 – Jo Stevens to undertake a further CRU audit in July 2016 and report back to the October 2016 Board meeting. Update from 1st December 2016 – On the agenda today. Action Closed.</p>
4.	<p>0 -25 Programme</p> <p>Patrick Leeson presented the item alongside Emily Roche from Newton Europe. Newton Europe is looking at the further integration of Children’s Services in Kent. This has been taking place in two distinct phases:</p> <ol style="list-style-type: none"> 1) A Consultation Period on the shift to two different directorates, one for children and one for adults. This change will take place in April 2017. 2) The first steps to integrate the Specialist Children’s Services and Early Help front door. All referrals will enter through the same “front door” with a single point of contact. The threshold for the case will be decided by staff at that point rather than by the professional making the referral. The child and their needs will be discussed at the “front door” as a request for support rather than a referral; this process will be more straightforward and streamlined and allow for a better quality of decision making. <p>The directorates will change from April 2017.</p> <p>Patrick Leeson discussed that building on the above changes; Kent County Council is looking at the wider integration of agencies and a move to a more integrated, whole system approach.</p> <p><u>What is the Integrated Programme?</u></p> <p>Stage 1: This stage is to pin down key concepts, the vision for the future, what the assessment phase will be about and who will be involved. This will involve a discussion with multi-agency colleagues and internal staff to understand what the key issues are to incorporate into the vision for the future.</p> <p>Stage 2: This will involve an assessment phase which the team are currently in the process of designing. This includes determining which colleagues and partners they want to speak to and what they want to achieve. The programme wants to identify opportunities and where current work could be better.</p> <p>Stage 3: This is the design and implementation phase.</p> <p>Patrick Leeson confirmed that as the work progresses, regular updates are to be brought back to the Board.</p> <p>In terms of determining the vision for the work there has been a number of iterations and the team are still capturing the key ideas. Patrick Leeson provided some of the key points currently within the vision for the programme:</p> <ul style="list-style-type: none"> ▪ It was agreed that in order to achieved a more integrated childrens Service, the teams needed to be more integrated. ▪ Teams need to be focused on greater resilience in families, as the real solutions can be found within the family. ▪ There is a need to ensure safety for all, including partners. ▪ The programme wants the end result to deliver a responsive (timely) system, along the entire continuum

of need and is currently looking at how all agencies engage and work within that continuum.

- The future structure will be even more outcomes focused than now.
- Issues within families are addressed in the right way at the right time.
- Be ambitious for all children and young people in what they can achieve.

Patrick Leeson requested feedback from Board members and queried whether the above points capture what needs to be captured. Tony Blaker responded that there is a recognition that we need to integrate and the benefits this can provide.

Roger Sykes queried how the Programme knows the implementation will have good outcomes? Patrick Leeson responded that the teams already have to be good at providing good outcomes; however, sometimes more clarity is needed about what outcomes are trying to be achieved.

Alison Broom queried what would happen if the vision was expressed from a child's point of view. Patrick Leeson responded that they know a lot about what children say to them and it would probably sound a bit different. Alison Broom noted that it depends what the programme calls a vision, and queried the intent of the process. Is this meant to inspire and galvanise the people? Do we need something more certain? Patrick Leeson responded that the vision was more for providing a sense of giving teams something to measure themselves against. Young people and partners will be engaged with in the assessment phase.

During the assessment stage, the programme will be discussing the vision with staff and partner agencies through the use of case reviews, interviews with staff and workshops whilst collating relevant data. They will also be communicating with colleagues and partner agencies and work shadowing will most likely occur within Kent County Council to see what work is taking place. As a result of the assessment phase, the programme is expecting to highlight things that are good and strong, but also areas for further integration and improvement such as further practice developments, changes to systems and how staff operate. Emily Roche confirmed that the assessment stage is about understanding what is happening on the frontline so they can understand where they are now against where they want to be. What is going to have the biggest impact on children and young families? Emily Roche confirmed that the programme is interested in involving Board members in looking at data sharing, workshops, interviews and then sharing the results of the assessment.

Patrick Leeson confirmed that there will be an outline plan for the assessment phase within the next couple of weeks and in January 2017, Newton Europe will be contacting partners to discuss this with them. Patrick Leeson is not only requesting endorsement from the Board but wished to also ensure that they are aware of this piece of work.

Board members agreed to be contacted outside of the meeting and requested an update at a future Board meeting.

Sheridan Morrison queried the programme's plans to engage and consult with parents, children and users. Patrick Leeson confirmed that the aim is to piggyback on the current forums in place within Early Help and in Children's Centres.

Actions

4.1 – Patrick Leeson to provide an update on the Programme at a future Board meeting.

5. CRU Consultation Audit

Jo Stevens presented this item.

Jo Stevens confirmed that she last attended a Board meeting in April this year to discuss the CRU consultation audit. On recommendation of the Board she has conducted a second follow up audit and is now reporting the findings.

Jo Stevens confirmed that the changes made have not had the positive impact that had been hoped for.

From the report of the audit at the beginning of the year, a decision was made to make changes to the recording of consultations when they came into the Central Referral Unit (CRU). There was an expectation that consent would be sought from the parent or carer and whether this had occurred would affect where information was recorded.

It was agreed to carry out another audit to see if this practice would make an impact on the seeking of a consultation and where information is held.

The audit was based on 175 consultations. There were fewer consultations than expected as the audit took place partly in the summer holidays. Results of the audit showed that often the person calling CRU had not been provided with robust advice or guidance from their Designated Safeguarding Lead and were often told to request a consultation with CRU.

There were also identified issues with low levels of consent. Only 30% of consultation records were recorded onto the children's system as only those professionals had obtained consent. Jo Stevens raised a further concern of being uncertain as to how robust the conversation with the parent or carer is. Do they know what they are agreeing to?

The number of inappropriate consultations has risen; often there was no need for a consultation, or an alternative action could have been taken, negating the need of consultation.

Philip Segurola noted that the additional steps have caused consternation and have not had the desired effect. There is a legitimate role for consultation, however, it is currently being over-used and misused. CRU staff routinely have to explain that consultees should talk to their Designated Safeguarding Leads. It is difficult to discuss families without their consent or knowledge; there is a need to provide the service but Specialist Children's Services have to get it right.

Gill Rigg queried what the next steps should be. Jo Stevens reported that currently two Senior Practitioners are carrying out that role. There is a need to provide this service and that should rightly sit within CRU, but there is a need to address the continued issue of it being resource heavy. In order to continue to provide the service, it must be streamlined. Many of the calls are queries rather than consultations.

Gill Rigg queried whether the work on the single front door will affect this. Patrick Leeson commented that thresholds need to be properly understood and Designated Safeguarding Leads should be consulted prior to the front door. Professionals need to take responsibility for the thresholds we all work to.

Gill Rigg asked Board members for recommendations for further action as all agencies are represented around the table.

Recommendations

- More safeguarding threshold training and continued support for professionals.
- The continued expectation that safeguarding leads will be consulted.
- An emphasis less on consent, but more about discussing concerns with the parent or carer.

Jo Stevens discussed the issue of wanting to assist partner agencies in making these decisions. There is a possibility that the team could have those conversations, but not record them, which makes the issue of consent easier. CRU will be able to have a child level conversation, but will not share information back. They will be able to check the relevant systems and use them to make a decision, rather than share information. If the case is open, then they could signpost the professional to speak to relevant allocated worker.

Philip Segurola confirmed that the discussion that takes place needs to be an informed one. It is important to know who the child is. Gill Rigg queried whether there would be any data protection concerns with this method. Philip

	<p>Segurola responded that he had looked at this on a national level and this is not unusual, but will check.</p> <p>Andrew Ireland reported some uneasiness about this. There is a need to keep a careful eye on this and ensure that it is clear. Andrew Ireland confirmed that this issue is not new and has been prevalent for decades. He questioned the necessity of changing a system based on the fact that 64% of professionals are still are not dealing with obtaining consent and that Specialist Children’s Services should not have to redesign systems due to poor practice.</p> <p>Claire Jones requested data to show how much her staff contributed to the findings reported as she has invested a lot of time in staff to ensure they work in the new way.</p> <p>Gill Rigg noted that it might be helpful to target agencies and speak to them about the findings from the audit.</p> <p>Jo Stevens responded that she would have to review the data on a manual basis. The difficulty from the last system is that it was agreed that if consent had not been given, then CRU would not record the conversation. Due to this, the data is all hypothetical; however it may be possible to use case examples from agencies during the audit process.</p> <p>Charles Unter confirmed that that the results of the audit were disappointing and suggesting sharing the findings with partner agencies and the disquiet about the result. There is currently a danger within agencies that they feel by just talking to Social Services about it that they no longer need to deal with the concern.</p> <p>It was agreed that increased awareness raising was needed in partner agencies and the report would be shared to illustrate the concerns being discussed.</p> <p>Board members agreed that it was essential to stay aware of this issue. Philip Segurola noted that it is critical that this is achieved as the current provision is labour intensive.</p> <p>Sheridan Morrison noted that threshold workshops are useful, however the recommendations discussed are about auditing again and how can this happen if CRU is not recording the data? It was agreed to pick a specific snapshot of time and record those calls in order to audit them.</p> <p>Andrew Ireland discussed that there is a need for Board and system level responses. This is an issue about individual practitioners taking responsibility for their actions; however managers and supervisors need to resolve this to a certain extent.</p> <p>It was agreed that the field work of the audit will take place in May 2017 and it will be reported to the Board at the June meeting.</p> <p>Jo Stevens is to provide a report on case examples from agencies to the January 2017 Board meeting to enable Board members to target the relevant agencies.</p> <p>Actions</p> <p>5.1 – Jo Stevens to conduct a further audit in May 2017 and report the findings to the June 2017 Board meeting.</p> <p>5.2 - Jo Stevens is to provide a report on case examples from agencies to the January 2017 Board meeting.</p>
6.	<p>Sub Groups Focused Update</p> <p>Child Death Overview Panel</p> <p>Andrew Scott-Clark presented the CDOP Annual Report. Publication was slightly delayed this year due to NHS staffing issues and CDOP will endeavour to get on the right track next time.</p> <p>The CDOP Annual Report outlines the work over the last financial year (2015/16). It has been seen at CDOP and signed off by the Panel.</p>

CDOP reviews the death of every child with a breath or discernible heartbeat. There were 95 deaths within the reporting period and so far there have been 96 in this financial year which demonstrates an increase. Despite this rise, the infant death rate is significantly lower than the England average and the child death rate is also below, although not statistically significant. Appendix D of the Annual Report details the cases (anonymised) that have been seen in the reporting period.

The implementation of the e-CDOP system has been a considerable achievement this year. On the 9th of December 2016, there is a Seminar on Child Death that has been arranged by CDOP and the KSCB Business Unit.

Andrew Scott-Clark confirmed that he was asking the Board to approve the Annual Report.

Gill Rigg queried whether Appendix D makes cases recognisable. Andrew Scott-Clark confirmed that he had sought the advice of the Panel and they were comfortable with the level of detail however he will double check.

Gill Rigg commended Andrew Scott Clark on writing a sensitive foreword for the report.

The Board agreed to sign off the report; however they requested more information on rates of deaths per area / CCG as opposed to figures.

Andrew Ireland noted that he found the report helpful, however questioned the use of the word excessively in the foreword in reference to high room temperatures. Do we define what excessive is? Andrew Scott-Clark reported that we know what the right temperatures are. Andrew Ireland queried whether it would be helpful to outline this in the report. Andrew Scott-Clark noted that the awareness is done with the work of midwives. Charles Unter discussed that the use of the term excessively says enough, if you explain one figure then you have to explain other factors such as clothing and outside temperature. Andrew Scott-Clark confirmed that the safer sleeping campaign is discussed in the report.

Policy and Procedures

Tina Hughes provided an update from the Policy and Procedures Group.

The Policy and procedures Group last met on 25th October.

A small task and finish group has been established to review the Policy and Procedures Group tracker. A member of the KSCB Business Unit set up a tracker that identifies policies that need to be reviewed throughout the year and when. The task and finish group is meeting in December to look at each policy in detail and decide which need to be aligned to national policy and where we can reduce localisms. There is a good buy in from partners for the piece of work.

7. Kent Police Change Programme

This item was presented by Emma Banks.

Emma Banks confirmed that the proposal for the Kent Police Change Programme has just received approval from Chief Officers to go ahead. Emma Banks provided a brief backdrop on the programme. There is a need to save £33.3 million. There are three objectives to the programme:

1. Review and understand key areas of improvement identified by HMIC
2. Research and evaluate best practice / lessons learned from other forces and partners to inform the design of the new model
3. Design and implement a new operational model that that meets the key principles.

The key principles of the programme are to deliver a first class process and that anything introduced is compatible with partnership arrangements.

Emma Banks discussed the 13 strands of vulnerability and reported that Kent Police have added three more that were considered to be significant and so intrinsically linked to vulnerability that they had to be included within the list.

The programme is looking at four key areas of engagement: with partners, with the voluntary sector, with communities and with the Police.

Emma Banks outlined the approach of the programme:

- Research – The programme team has looked at different partners and agencies on a national level. They visited twelve different police forces and spoke to officers engaged in vulnerability.
- Engagement – The programme team has engaged with 200 vulnerable members of the community. The team have spoken with partners and held a LEAN event asking partners to help design the service. 40 Partners attended and shared their experiences of the Police and the event looked at how agencies can work better together. The LEAN event provided a good basis to build the future design.
- Design phase – This took place at the LEAN event. Partners attended on day two of the three day event and shared their views on what the service could look like. All the tables came up with similar themes. Results show that there is a need for a consistent and integrated approach to vulnerability with a 24/7 service.
- Consultation Phase
- Implementation – This should hopefully be by June 2017.

County Vulnerability assessment

Emma Banks discussed the current working arrangement with CRU. There is a Police desk in the CRU office; however it was found that the results from this are not always consistent. The Police representative at CRU is supposed to be a gatekeeper and Police Officers should go through them to get to CRU which does not always happen.

The Programme team looked at national best practice. West Cheshire has an integrated early support model and the team looked at how arrangements in Kent could be integrated in order to make better risk assessments. A key problem identified was that risk assessments are undertaken by CRU, however in cases of Domestic Abuse, Police Officers at the scene have their own method of risk assessment. Furthermore, with various access points to the service, there is a lack of consistency for partners.

Emma Banks outlined the proposal of the programme which looks at changing how Kent Police receive information:

Divisional Vulnerability Investigation Teams

The Divisional Vulnerability Investigation Teams will form what is currently known as the Public Protection Unit (PPU). They will consist of 3 teams looking at Domestic Abuse, Vulnerable Adults and Vulnerable Children.

Under the current situation, not all children are referred to Social Care in cases of domestic abuse. Kent Police will be engaging in Operation Encompass, which means when a child is involved or witnesses a domestic abuse incident, their school or care setting will be informed by 9am the next morning so the appropriate support can be

put in place for that child or young person. If an additional vulnerability is identified, they will make sure it is allocated to vulnerability team. Under this new system, all cases for a particular family will go to one team rather than being split up across the current PPU, CID or local teams. This will allow for multiple safeguards to be put in the place for a family.

Currently, PPU deals with cases involving children, such as in cases where there is abuse in positions of trust or within a care environment. The proposed new structure will be more compatible with social services.

Divisional Missing and Child Exploitation Team

The current Child Sexual Exploitation Team (CSET) is staying. The Divisional teams will look at broader factors involving CSE for early intervention.

Emma Banks reported that the links between missing and exploited children is crucial. Kent Police are currently working with the University of Bedfordshire who will review the team that is in place; the University is the Centre of Excellence for child exploitation. Andrew Scott-Clark discussed the distribution of crime across the County and queried whether the teams will be created based on need? Emma Banks confirmed that the programme is following the demand model rather than distribution model.

District Community Safety Units

Emma Banks discussed the new District Community Safety Units which will involve the following types of staff:

- Vulnerable Adult Intervention Officer - Identify and jointly manage cases below the Adult Protection threshold
- Community Liaison - Dedicated resource to identify and engage vulnerable communities
- Youth Engagement Officer - Identify and jointly manage cases below Child Protection
- DA SPOC - Dedicated resource to work in partnership to tackle DA

The Programme consulted with students and teachers, looking at what their needs for a Youth Engagement Officer would be. Young People reported that if they were receiving a serious message then they would rather that message be delivered by someone in uniform, however, if they are engaging in a more casual discussion, they would prefer that the role be undertaken by someone in plain clothes. The role of Youth Engagement Officer has been identified as one for the Police Community Support Officers (PCSO's).

The DA SPOC will involve a PCSO who is dedicated to the engagement side of the work such as conducting workshops and one stop shops.

Mental Health Team

This team will be a county based team whose aim is to provide a consistent and co-ordinated partnership response to those in need of service provision, identifying risks, exchanging information to improve accountability and reduce the risk of suicide, escalation and repeat demand through multi-agency intervention and the identification of alternative services to support families who are struggling to cope.

The team will be dedicated to working with people with mental health concerns and the establishments that deal with mental health, the reports will be generated from hospitals and from offenders with complex needs.

Emma Banks reported that the Missing Persons Officers currently within Kent Police will be known as Missing Child Liaison Officers and Missing Adult Liaison officers under the new structure.

The goal is to identify people at the point of need rather than the point of crisis. This involves a significant shift in focus and resources and a shift towards more investigative capabilities.

Tony Blaker reported that the introduction of the new system would result in significant savings; however, in order to accomplish the move to this, Kent Police will have to look at additional growth funding. Kent Police want to be outstanding in dealing with vulnerability and this model is built on the understanding of the current level of demand. Kent Police currently receive 31,000 calls a year for cases of domestic abuse and the caseloads around these crimes are overwhelming.

The nature of policing has fundamentally shifted and future investments are about identifying demand at the early stages.

Stuart Collins commented that he felt that the new system was a positive move and queried whether there was a list of key contacts for local integration. Emma Banks reported that the team are going to create a Working Group to ensure services are as accessible on a local level as possible. Board members were invited to engage in that working group.

Andrew Scott-Clark queried whether the possibility for more joined up, systematic working was possible as the high crime rate areas are the same as the areas with lower health outcomes, it may be possible to “cut off demand at the pass” by working with those identified communities. These lower level areas are the source of business for multi-agency partners.

Andrew Ireland reported that he felt the Change Programme to be an exciting development and noted that there was no aspect in implementation that does not have a multi-agency element to it. The implementation is critical and alongside the work of the joint front door, there is a need to see how this can be completed in tandem.

Patrick Leeson commented that there are several points where the effort of Kent County Council work is benefited by this. The key issue is getting the district structures and ways of working right. Patrick Leeson noted the continuous theme around Domestic Abuse. The Local Authority works with the Headstart programme which is an important programme that needs to join up with the work of the change programme to ensure information sharing. Patrick Leeson discussed a need to link with Jeanne King who is working on the implementation of the front door.

Alison Broom reported that from a district perspective, they use data to shape the strategic assessment of crime and disorder within their areas and use this to inform the elected members. It would be possible to use the Community Safety Units and Local Children’s Partnership Groups to integrate this. It was agreed to include Alison Broom in the strategic discussion around this.

Philip Segurola reported that this was a welcome re-focus to the work, however, it has large implications on Social Care and therefore they need engagement in the strategic group.

Tony Blaker thanked Board members for their support and offers of help. There is a need to talk about how to engage agencies as there are huge opportunities for multi-agency work.

Board members requested an update on the Change Programme for the meeting taking place in March 2017.

Andrew Ireland requested that if this change means a need to expand the Police physical presence in CRU, then Social Care needs to know as physical office space is an issue. Emma Banks reported that there would be no need for additional desk space but there is an issue of 24/7 access to building.

It was requested that Sarah Nichols circulate copies of the slides with the minutes to inform discussion.

Actions

7.1 – Tony Blaker to provide an update on the Kent Police Change Programme at the meeting in March 2017.

7.2 – Sarah Nichols to circulate copies of the Kent Police Change Programme presentation.

8. Business Group Report

Mark Janaway presented this item.

At the last Business Group meeting, alongside updates from CDOP and the Policy and Procedures Group, there was an update from the Health Safeguarding Group (HSG) meeting, the Risks, Threats and Vulnerabilities (RTV) meeting and the Local Children's Partnership Group (LCPG) Safeguarding Leads' meeting.

Health Safeguarding Group

At HSG there was a presentation from CRU on referrals and consultations. A lengthy discussion about information sharing took place as some representatives had experienced problems when referring to CRU. Jo Stevens will be attending HSG again in January 2017 to discuss these further.

A discussion took place about who the mental health representation at the KSCB should be. Bethan Haskins took an action to discuss this with the mental health provider Designated Nurses to determine the appropriate representation.

A meeting to discuss the implications of the Wood Report and Health representation took place after HSG. A representative has been chosen, although the named person could not be formally confirmed at the Business Group. This was confirmed at the Board meeting; however formal notification has not been confirmed to the Board.

Risks, Threats and Vulnerabilities Group

At the last Risks, Threats and Vulnerabilities group, Susie Harper delivered a presentation on 'Sextortion'.

A discussion took place about the need for partner agencies to have their own e-Safety leads and it was proposed that a multi-agency On-Line Safeguarding Working Group be established to replace the current Education focused Working Group. A professional development plan is being coordinated to train and skill staff to take on role in their own agencies.

An action from the September RTV meeting was for members to watch a programme online on gangs in Thanet. Feedback from members was that the video was better than any form of training event and Nick Wilkinson queried how we can use these resources to upskill our staff.

Local Children's Partnership Group (LCPG) Safeguarding Leads' meeting
Alison Broom presented this update.

Alison Broom noted that discussions are taking place to ensure that there is no duplication of work. There are a number of places where people take the overview of LCPG's. Alison Broom has spoken to Karen Sharp from Specialist Children's Services to ensure they are not doing the same thing. A regular meeting with the Designated Safeguarding Officers from the District Councils is still crucial to cascade information from the board.

Other Business

The Children and Young People Strategy was presented at the Business Group as part of an ongoing review of KSCB support documents. The Strategy and key themes have been recently updated. Some of the activity outlined in the report assists in re-focusing the mind as a Board in obtaining and using the voice of young people in our work and further development.

Business Group members were requested to take the Strategy document to their subgroups for their input and insight. Gill Cahill reported that she has contacts with two youth boards. It was agreed to discuss this further outside of the meeting.

	<p>The Business Group discussed challenges outlined in the challenge log; a number of key areas were updated and many have been addressed and are now business as usual.</p> <p>Following the recent publication of the City and Hackney LSCB 'Outstanding' Ofsted Review, the Business Unit produced a benchmarking tool using the Ofsted comments from this review and previous 'Good' reviews. Gill Rigg and the KSCB Business Unit have provided their views of the KSCB's standing against the Ofsted comments and Business Group members were asked to undertake the same exercise. The feedback from the exercise will be used to support and inform a review of the Board's Business Plan at a Board Development Day early in 2017.</p> <p>The Business Group discussed the timetable of the Wood Review; the associated policies will most likely be finalised in early 2018. After this has occurred it is estimated that areas will have a further year to coordinate their response and publish plans and a further year to implement (2020).</p> <p>Mark Janaway reported that the Business Unit are currently working with QES, who developed eCDOP, to create a similar system for case reviews. He is also in discussion with the developers to see how the system can be used for the CSET intelligence forms as a means of securely sending multi-agency intelligence forms to the CSET. This will provide agencies with more confidence when submitting information.</p> <p>Philip Segurola discussed the audit work from the Joint Targeted Agency Inspection (JTAI). Specialist Children's Services undertook a JTAI Mock Audit, when conducting the audit the team tried as far as possible to use the timeframe the JTAI used. There was a quick turn round of cases identified and then an audit day was held where cases were discussed and audit report circulated. Philip Segurola reported that there was no engagement from Health and enquiries are happening to see why. Sheridan Morrison responded that she was not aware of this mock audit and queried how the date was shared with agencies. She was informed that this was all coordinated by the Health JTAI lead.</p>
9.	<p>Wood Report Update</p> <p>Andrew Ireland reported that there was not much to add to the current discussion. The three agencies (Local Authority, Kent Police and NHS) met and the NHS went on to establish a representative for them moving forward. The Local Authority is undertaking its own investigation of the provisions being designed elsewhere.</p>
10.	<p>Other Board / Strategic Group Update</p> <p><u>Domestic Abuse Strategy Group</u></p> <p>Tony Blaker provided this update which was written by Andy Pritchard.</p> <p>The Kent and Medway Domestic Abuse Strategy Group (KMDASG) Executive meets quarterly. It is supported by an Operational Management Group, with a Children and Young Person Subgroup, and Health Subgroup. It operates task and finish groups as appropriate.</p> <p>A new perpetrator programme has been launched and aims to explore and address abusive and controlling behaviour within heterosexual intimate relationships and the effect of this behaviour on partners and children.</p> <p>Both the KMDASG strategy and delivery plan have been approved in November 2016 and the strategy was sent to Board members ahead of the meeting.</p> <p>On looking at the Strategic Delivery Plan, the KMDASG identifies concerns around governance. Multi-agency funds have been withdrawn this year, to the extent that the group have been unable to continue to provide any ongoing contractual certainty to the Kent and Medway Domestic Abuse Coordinator, who therefore left her post in November 2016.</p>

	<p>Governance is a shared concern within the KMDASG and concern has also been voiced from membership outside of the KMDASG as to the links to Safeguarding Boards and other forums such as Sexual Assault and Health and Wellbeing Boards.</p> <p>The KMDASG Chair is arranging a workshop for February 2017 with scheduled invites for all partners and representatives of all the Boards to help define future governance lines for domestic abuse and with a view to seeking reinvestment at Chief Officer / Executive leadership level with a view to attract financial support and reinstate resource around coordination so that the work of the group is properly effective and communicated across all partnerships.</p> <p>Andrew Ireland discussed the issue of there being fewer funds across all agencies; this does not reflect the growing demand and noted that agencies ought to be able to get greater value and greater coordination in their commissioning. Andrew Ireland reported that he was happy to attend the meeting in February. Tony Blaker reported that the amount of health funding is an issue and there is a need to engage with health commissioners. Gail Locock agreed to take this issue to Bethan Haskins.</p> <p>Alison Broom reported that there are a wide variety of views across the districts; many are satisfied with the current arrangements and do not want to change; a single total model is undermined by that. Andrew Ireland confirmed that some districts have chosen to stay outside, however they now have a clear responsibility to demonstrate their own outcomes. Tony Blaker commented that there is a degree of concern in how there will be something coherent for the public. Tony Blaker and Alison Broom agreed to discuss this further before the Joint Kent District Chiefs meeting in January 2017.</p>
11	<p>Any Other Business</p> <p>No other business.</p>

Future Board Meetings:		
25 January 2017	14:00 - 17:00	Medway Room, Sessions House
29 March 2017	14:00 - 17:00	Medway Room, Sessions House
31 May 2017	14:00 - 17:00	Medway Room, Sessions House
02 August 2017	14:00 - 17:00	Medway Room, Sessions House
04 October 2017	14:00 - 17:00	Medway Room, Sessions House
06 December 2017	14:00 - 17:00	Medway Room, Sessions House