



Hounslow Safeguarding Children Partnership Meeting
Monday 28th June 2021
3.00pm – 5.00pm
Virtually, via MS Teams

Attendees		
Name	Agency	Designation
Hannah Miller	Hounslow Safeguarding Children's Partnership	Independent Advisor
Steven Forbes	Hounslow Safeguarding Children's Partnership	Executive Director of Children's & Adults' Services
Jo Leader	Hounslow Safeguarding Children's Partnership	Business Manager
Janet Johnson	Hounslow Safeguarding Children's Partnership	Learning & Development Manager
Jessica Jones	Hounslow Safeguarding Children's Partnership	Planning & Performance Officer
Martin Forshaw	London Borough of Hounslow	Interim Assistant Director – Children's Safeguarding & Specialist Services
Elizna Visser	London Borough of Hounslow	Interim Head of Safeguarding & Quality Assurance
Amanda Lowes	London Borough of Hounslow	Assistant Director: Homelessness, Independence and Preventative Services
Vicki Taylor	London Borough of Hounslow	Interim Assistant Director Education & Skills
Kerry Jacks	Feltham YO1	Head of Safeguards
Sarah Green	Chelsea & Westminster Hospital	Consultant Midwife for Public Health and Safeguarding
Tony Bowen	HRCH	Named Nurse Safeguarding Children
Yvonne Leese	North West London CCG	Associate Director for Safeguarding Adults
Emelia Bulley	CCG	Designated Nurse Safeguarding Children
Dr Nirmala Sellathurai	CCG	Designated Doctor Safeguarding Children
Parminder Sahota	West London NHS Trust	Director of Safeguarding Children and Adults
Thomas Webster	West London NHS Trust	Named Nurse Safeguarding Children
Anil Chatterjee	ARC & HYPE	Service Manager
Sharon Brookes	Police	Detective Superintendent
Permjit Chadha	Community Safety	Head of Service

Phil Hopkins	London Borough of Hounslow	Head of Adolescent Services
Clare McKenzie	London Borough of Hounslow	Children's Commissioning Manager, Public Health
Niamh Murrell	National Probation Service	Senior Probation Officer
Ian Berryman	Woodbridge Park Education Service	Headteacher (Nominated Special Schools Rep)
Michael Michaelides	West Thames College	Executive Director Resources & Student Experience
Kamm Grewal	Springwell School	Headteacher (Nominated Primary School Rep)
Graeme Baker	West Thames College	Head of Quality & Standards
Guests Attendees		
Moira Murray	-	Independent Reviewer
Joan Conlon	London Borough of Hounslow	Prevent & Counter Extremism Lead
Dr Johan Redelinghuys	West London NHS Trust	Clinical Director, CAMHS & Developmental Services
Susie O'Neill	London Borough of Hounslow	Head of Children's Joint Commissioning
Apologies		
Annita Cornish	London Borough of Hounslow	Interim Assistant Director Special Educational Needs and Disability
Pauline Fletcher	North West London CCG	Associate Director for Safeguarding Children
Adam Kerr	National Probation Service	Head of Service Delivery – Hounslow, Kingston and Richmond
Councillor Tom Bruce	Education and Children's Services	Councillor
Steve Calder	London CRC	Partnerships & Contracts Manager
Not Attended		
Karen McLean	Homestart	Voluntary Sector Representative
Josephine Daly	Oak Heights School	Independent School Rep
Clea Barry	CAFCASS	Service Manager
Kevin Prunty	Cranford Community College	Executive Headteacher (Nominated Secondary School Rep)

1) Introductions & Apologies

Partnership members introduced themselves to the meeting. Apologies of members unable to attend were noted.

The partnership was informed that Feltham Young Offending Institution had been taken out of the Urgent Notification (UN) which was positive. A meeting was held with the YCS, and it was agreed that good progress had been made and they were assured that improvements made since the UN was invoked. The Head of Safeguarding thanked the partnership for their support, challenge and scrutiny whilst the establishment made the improvements that were required.

2) Minutes of the last meeting & matters arising

The minutes of the last meeting were agreed and no matters arising were discussed. The action log was updated.

3) PREVENT Annual Report 2020 -21

Joan Conlon reminded members that the report was confidential and should not be shared or circulated beyond members. Joan Conlon summarised the report and welcomed comments and feedback.

The home office was now Homeland Security. Channel panels are held every 21 days and was well represented by all agencies.

Prevent in Hounslow operates within the parameters of a 'partnership' with communities, faith communities, civil society groups, public sector institutions, partner agencies – statutory and non-statutory to build resilience in communities, tackle the influences of radicalisation, respond to the ideological challenge of terrorism and to assist in the safeguarding and support of those most at risk of radicalisation.

In 2020, the team successfully delivered all projects on time and the response was positive. The service had received funding from the Home Office for next year for staff and projects which was positive. The team had been engaging with all agencies including Education, Children Social Care (CSC) and mental health teams.

The Chair commended the Prevent team on successfully delivering the projects despite a challenging year with Covid-19. Joan Conlon commented that all education establishments in the borough were up to date with training. Lower numbers of staff had completed the training in Social Care. Jo Leader said that the partnership could support the team with issues regarding WRAP3 training particularly improving the lower numbers in Children Services.

Steven Forbes asked Joan Conlon if she felt assured that the system, network, and methodology was working across partnership agencies. Joan Conlon said that the Home Office had introduced the Channel Panel Assurance Assessment which was an annual statement of assurance which had to be signed off by the Chief Executive. The professionals who attend the Channel Panel were members on other risk panels which was reassuring to ensure all aspects of risk identified were appropriately shared and addressed. The Home Office and the Prevent Team locally were assured that they were well integrated with all agencies and if there were any gaps in knowledge was identified, a subject matter expert would be brought in.

The Chair thanked Joan Conlon for presenting the annual report and reiterated that if there were any significant issues that required the partnerships attention throughout the year she would be welcome to attend and discuss them.

4) LCSPR Family C Report

This item was discussed as a Part B confidential agenda item and has been recorded separately.

5) CAMHS Assurance Update Report

Dr Johan Redelinghuys and Susie O'Neill summarised the report and welcomed comments and feedback.

In June 2020, the partnership requested assurance from CAMHS that young people's mental health needs were being adequately addressed and in a timely way as there had been historic concerns about waiting list timescales and the impact of vulnerable children and those subject to safeguarding plans. The partnership were partially reassured and requested a further updated report CAHMS in December 2020. Due to the ongoing impact of the pandemic the subsequent report was delayed.

In the period since the last report was considered by the partnership, the pandemic has continued to have an impact on service delivery and staffing. The Tier 2 and Tier 3 waiting list have been reduced and there has again been a gradual increase in Tier 3 demand but children were not waiting more than 40 days to be seen. In March 2019, a waiting list project had started and at that time, there were 500 children waiting, some of whom were waiting a number of years for a service. There had been a considerable reduction of 22 months, but further improvement was needed. The Neurodevelopmental Team (NDT) was significantly impacted by the pandemic because the assessment tools, particularly for an autism assessment, relied on face-to-face contact. The tools were adapted to be used virtually which required training for staff. The numbers on the waiting list for the NDT had reduced from 500 to 345.

Susie O'Neill said that the national benchmark for CAMHS for routine appointments was to be seen in 11 weeks. The majority of young people were being seen within 6 weeks and much quicker depending on their clinical need. There were concerns regarding the NDT Assessment pathway of a 22 months wait time and as a system there was no clear plan in how this would be tackled to get it to an acceptable level. There was a need for the Integrated Care Partnership to explore this. The partnership was reassured that CAMHS would regularly liaise with agencies including schools and arrange professionals' meetings when needed, however at times this was challenging as they were not aware of extent of the professional network working with the family. There was a system in place to prioritise young people to receive timely access to support and the service was assured that the process was embedded and was being reviewed continuously for emerging clinical risk around referrals.

CAMHS undertook a piece of work with the NDT to explore the number of referrals that were declined, how it could be reduced and ensuring that the right referrals were directed to the right teams. For example, Tier 2 referrals that had been declined were sent to the Early Help Hub for additional support in addition to agencies that could support the family being identified through the duty screening service. It was evident that there was improvement in the specialist service.

There had been an ongoing challenge to recruit into the service and processes as well as a practice development programme had been reviewed and developed to improve retention and promotion of existing staff within the organisation to develop their skills and meet the benchmark of standard competencies.

Due to the pandemic, the Trust saw an increase in referrals rates in all of their services particularly the Eating Disorder Service and Morbidity and Complexity. The Trust contributed to a London wide audit on A&E activity which had highlighted interesting information on the young people presenting to A&E. Almost half of the young people who presented to A&E were not known to services. Work was being undertaken to reduce to attendances of young people that are known to services, Local Authorities and partners would form part of that work in the future.

Sarah Green asked if there was anything that practitioners in the A&E department could be routinely screening for to identify these young people. Dr Johan Redelinghuys said that 70% of the young people presenting at A&E were young white girls aged 13 and 16 years old. 70% of them presented out of hours and the majority returned home without requiring any acute services. They presented with self-harm, depression, anxiety and safeguarding concerns. 37% of the children were known to CSC, 12% were new safeguarding referrals made in A&E. These were a complex group of young people with behavioural consequences of social crisis because of their presentation. It was unsure what more could be done regarding the screening these young people. Sarah Green informed that Ian Berryman was undertaking good work at Woodbridge Park Education Service with their vulnerable young people and suggested that the work was explored and translated to the health service to address the issues.

Hounslow CAMHS continued to be the most digitally enabled CAMHS service in the country which has supported it to maintain capacity considering all the changes. The Speak CAMHS helpline was progressing however, the issue was reaching young people who were not known to the service and what the impact would be.

Steven Forbes said that as a system it was important to explore the pathway of those young people before they present to the A&E Department to decide what was needed to address it. Sarah Green said that a significant number of young people would present to A&E every year. The Chair said that the conversation needed to happen at an operational level and assurance should be presented to the partnership.

The Chair thanked Dr Johan Redelinghuys and Susie O'Neill for their report and it was agreed that the partnership would request another assurance report in the coming months.

6) Children Social Care Improvement Plan

Martin Forshaw summarised the report which was circulated to members prior to the meeting.

On the 17th May 2021, the annual Social Care engagement meeting and education-focused meeting took place with Ofsted. Ofsted noted that the self-evaluation clearly reflected what was happening for children in Hounslow, evidencing positive impact as well as identifying where further development was needed. Each service within Children Social Care (CSC) had its own service plan to identify the improvements that were needed quickly.

Areas of focus:

Early Help

- This was an area of focus due to the uncertainty around the Troubled Families agenda and the move towards Early Help being everybody's business.

Adolescent Safeguarding

- To develop and strengthen the response to vulnerable groups.

Neglect

- There was need for significant improvements in that area and work was be undertaken with partners to deliver the neglect strategy.

Living Care and Placement Stability

- The year end figures against the agreed indicators showed improvement however there was still work to be done to better outcomes for Looked After Children (LAC).

Stability and Workforce

- Staff Recruitment and Retention had been a challenge but was going well.

Emelia Bulley referred to Working Together 2018 regarding feedback being given to professionals who make a referral to the Front Door Service of Children Social Care. This was not yet in place and questioned if this would be included in the improvement plan. Martin Forshaw said that a post was created specifically to respond to referrers and was unaware that there were ongoing issues. Sarah Green said that feedback had started to come through to West Middlesex University Hospital (WMUH). Steven Forbes said that given the resources were in place, it was important to undertake a dip sample and report back to the partnership.

Action: For Children’s Social Care to complete a dip sample of professionals receiving feedback following a referral to the Front Door Service and update the partnership.

The Chair commented that the self-evaluation to Ofsted was strong and it was evident that good progress was being made with the improvement plan. The area of concern was regarding the 0-25 Disability Team.

7) 0-25 Disability Team Assurance Report

Steven Forbes summarised the report which was circulated to members prior to the meeting.

The 0-25 Disability Team had struggled with staffing stability. In January 2021, a permanent Team Manager was recruited. There were three Assistant Team Managers, which would allow capacity to drive improvements identified which included statutory visits and timeliness.. An update was received by the Team Manager prior to the meeting stating the statutory visits was at 80% which was an improvement but still not good enough. Steven Forbes and Elizna Visser would have a conversation regarding assurance reporting from the team and regular updates regarding visits. Steven Forbes would update the partnership by the end of July on the position with statutory visits.

Action: For Steven Forbes to provide an update on the statutory visits within the 0-25 Disability Team.

The Chair said that it was reassuring that Steven Forbes was closely monitoring the areas of improvement in the 0-25 Disability Team to ensure that there was pace and whilst some improvement had been made recently, progress needed to be expedited.

8) Domestic Abuse Systemic Review

Nicki Pettitt summarised the report and welcomed comments and feedback.

Between September 2018 and July 2019, the Hounslow Safeguarding Children Partnership (HSCP) undertook a Serious Case Review and a Rapid Review on cases where domestic abuse was a significant concern. The partnership commissioned a review into domestic violence to consider local systems and practice with families where domestic abuse is an issue and build on the work recognised in the JTAI in 2017.

Due to Covid-19, the review was not held as planned, and instead the lead reviewer spoke to the professionals in a number of small multi-agency groups via a virtual platform. In September 2020, a learning event was held and provided a valuable insight into the systems and practice in Hounslow and helped to achieve the overall objective of understanding strengths and any areas of improvement in safeguarding children and families in this area of risk.

The review focussed on the below areas;

- Professional escalation when shortfall in practice
- Need for respectful uncertainty
- Improvement in multi-agency work and information sharing
- Child focus
- The use of interpreters

The learning identified was;

- Professionals who predominantly work with adults need to ‘Think Family, Think Child’ when domestic abuse is an issue.
- Professionals need improved confidence and an understanding of the monthly MARAC to improve and increase referral, attendance and sharing information.
- Routine enquiry has proved to be important in identifying domestic abuse. There were good examples of this.
- Professionals working with families require specialist domestic abuse training and expert support.
- When considering risk, the child’s lived experience is paramount.
- Domestic abuse is likely to reoccur in families where domestic abuse has been an issue, but the support tends to be short term. When assessing, the longer-term risks need to be considered.
- Information sharing is essential both when the risk is already known and when a potential risk emerges.
- Professionals need to engage with perpetrators when they are a parent and/or when they live with a child.

In regard to the child’s voice and lived experience, professionals need to consider what they know about the adult relationship through the eyes of the child. It was important to ensure that professionals were aware of the services that were in place to provide support to children and how to access them and the impact of these services. Domestic abuse support should be culturally sensitive, and professionals need to know what is available.

Practitioners should seek and share information on the history as well as the current risks to consider the cumulative impact of the child’s lived experience and the likelihood of on-going or future harm. There is a need for multi-agency training including adult services, to share information and viewpoints and to aim for a more collaborative approach to understanding risk and working with families where domestic abuse is evident. It was essential to share information of historic and current issues, across all appropriate professionals to ensure that risks to children are known and taken into consideration when working with a family.

Professionals feedback their view about the most important areas of improvement that were required to responded to children who live within domestically abusive environments.

- The tools and confidence to assess risk
- Support from supervisors and specialists to manage risk and professional anxiety
- Respectful and constructive challenge of each other
- Working with the parents but not losing sight of the child
- All professionals need to see the situation through the child’s eyes
- How to manage different timings in the readiness for change for children and adults
- Working with perpetrators

Recommendations

1. That a plan is made to have a ‘conversation’ with school leaders and safeguarding leads to discuss the areas considered in this review.
2. The HSCP to ask its partner agencies what they intend to do with the information outlined in this review, that will make a positive difference operationally.

3. The HSCP to ask that partner agencies to provide information from single agency audits in relation to domestic abuse, and a plan be developed to undertake a further multi-agency audit in 24 months to determine progress.
4. The HSCP should consider how it can ensure that all agencies and professionals working in this area can strive for better and be ambitious for the system.
5. The HSCP to ask that consideration is given by all partner agencies; in light of evidence both nationally and locally, to increasing professional awareness of domestic abuse between young people in intimate relationships. There is also a need to ensure that services are available to support both victims and perpetrators in these cases.

Parminder Sahota asked if the partnership would hold a session to discuss what the new domestic abuse bill meant for professionals in Hounslow. Jo Leader informed that Community Safety Team had been given funding to lead on training regarding the Bill with the support of the partnership when needed. A 7-minute learning would be developed from the review and if a session was needed regarding the bill, it would be considered.

Permjit Chadha was unable to attend the meeting and Jo Leader shared with members that the Community Safety Team had comments about the report that they wished to share. Jo Leader would meet with Permjit Chadha to discuss the comments and feedback to Nicki Pettitt.

The Chair thanked Nicki Pettitt for a detailed piece of work.

The members accepted the findings and recommendations in the report.

9) Safeguarding Children within CCG Presentation

Yvonne Leese gave a presentation on the current safeguarding children arrangements within the CCG and the safeguarding arrangements in the emerging Integrated Care Systems.

The current North West London (NWL) Integrated Care System (ICS) includes eight Local Authorities four acute trusts, two mental health community trusts and two community Trusts. The designated professionals are the strategic leads at the borough level across the health economy. The Chief Nurse and the Associate Director role was at a North West London level within the CCG. In April 2022, the ICS would move to a statutory footing nationally and the CCG would be abolished in March 2022.

The aim of the ICS was to strengthen partnerships between the NHS and Local Authorities, enabling more joined up planning and provision, including services for children and young people. The Department of Health and Social Care (DHSC) was proposing to establish statutory ICS comprised of an Integrated Care Board (ICB) and Integrated Care Partnership (ICP) in each local area, together referred to as an ICS. The ICB will take on the commissioning functions of CCGs, including commissioning of children's services.

The ICS Design Framework was published on the 16 June 2021 and set out the headlines on how the NHS leaders and organisations would operate with their partners in Integrated Care Systems (ICSs) from April 2022 and guidance in respect of what the employment commitment is, its application in practice and how it affects people. Further guidance would be published in July and August 2021.

The key factors were;

- Proposed legislation is designed to be flexible based on local need and circumstances

- All CCG commissioning functions and statutory responsibilities, including those relating to child safeguarding, children in care and SEND, will transfer to the ICS
- The role of the statutory safeguarding partner will transfer from the CCG Accountable Officer to the CEO of the Integrated Care Board
- ICS guidance will cover expectations around critical child safeguarding functions within new systems and challenges around delegation.

The key challenges for safeguarding in creating an ICS model that:

- Aligns with the wider ICS priorities
- Is resilient and flexible to the demand, changing priorities and local risk
- Is financially sustainable for the system
- Meets the organisational requirements and functions as laid out in statute
- Sets out clear accountability and assurance arrangements
- Ensures leadership and the prioritisation of safeguarding

Yvonne Leese said that further guidance would be published in July and August 2021 and discussions would be held regarding local arrangements. An update would be given at the next partnership meeting in September 2021.

Action: For Yvonne Leese to provide an update on the Integrated Care System following new guidance at the next meeting.

Standing Agenda Items

10) AOB

No other business was discussed.