



Title of paper:	Report of the Independent Chair of the Nottingham Safeguarding Children Board	
Report to:	Children's Partnership Board	
Date:	25 May 2011	
Accountable Officer:		Wards affected: All
Contact Officer(s) and contact details:	Margaret McGlade MargaretMcGlade2@aol.com	
Other officers who have provided input:		
Relevant Children and Young People's Plan (CYPP) objectives(s):		
Stronger safeguarding – With a key focus on ensuring that there are high standards of safeguarding across all agencies and that the Partnership takes a pro-active approach to the elimination of domestic violence.		✓
Healthy living – With a key focus on increasing the proportion of children and young people who have a healthy weight.		
Reducing substance misuse – Partnership work to lessen the impact on children of parental drug and alcohol misuse and to reduce drug and alcohol misuse amongst children and young people.		
Raising attainment – Raising the attainment levels and increasing engagement in employment, education and training.		
Improving attendance – Improving rates of attendance at both Primary and Secondary as a key foundation of improving outcomes.		
Summary of issues (including benefits to customers/service users):		
<p>The report has two purposes;</p> <ol style="list-style-type: none"> 1. Keeping strategic leaders of children's services in Nottingham informed of issues from the Safeguarding Board, which are relevant to the Children's Partnership or to individual members of the Partnership. 2. Providing the opportunity for the LSCB and the Children's Partnership to hold one another to account for their contribution towards safeguarding children in Nottingham. <p>This report provides an update of key issues since October 2010 and makes recommendations for partners</p>		
Recommendations: that the agencies represented in Children's Partnership Board		
1	Recommit to achieving excellence in safeguarding on a sustainable basis	
2	Be mindful of the risk to safeguarding services from the loss of key personnel with specialist knowledge and experience across the sector and take steps to ensure that their successors are well supported moving into these key roles and fully inducted into the partnership relationships which are necessary to be effective in this area of work	
3	Share with the LSCB an analysis of the reduction in services to vulnerable adults and children to inform risk management and future budget planning	

4	Be alert to the risks of loss of focus on safeguarding as a key priority in the partnership and ensure that managerial attention is not diverted away from supporting frontline safeguarding practice
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1. BACKGROUND AND PROPOSALS

Introduction

1.1 The Nottingham City Safeguarding Children Board and the Children's Partnership Board arrangements provide for two reports to be presented each year by the Chair of the Safeguarding Children Board, of which one is the presentation of the LSCB annual report. This is the first report in 2010/11

1.2 Board functions.

The LSCB has two statutory functions; to coordinate multi agency arrangements to protect children and to ensure the effectiveness of what is done to protect children.

The Safeguarding Children Board consists of senior representatives of all the statutory agencies with a responsibility to protect children meeting with specialist advisers and representatives from professional groups and third sector organisations.

Whilst the Board coordinates and ensures it is not operationally responsible for safeguarding services. That remains the responsibility of the Chief Executives of the participating agencies.

1.3 This report consists of a brief up date of key issues since October 2010

Key Issues

2.1 Since my last report Ofsted and the Care Quality Commission have reported on their inspection of safeguarding and looked after children's services which took place in December 2010. Their report has been widely publicised, but in summary assesses current arrangements for safeguarding and for looked after children as good. This is a notable achievement and is an improvement on previous inspections. Services were assessed under the following headings

- Children and young people are safe and feel safe
- Quality of provision
- The contribution of health agencies to keeping children and young people safe
- Ambition and prioritisation
- Leadership and management
- Performance management and quality assurance
- Partnership working

This is a very positive result for partners in safeguarding children in the city. Six of these seven areas were assessed as good, the one exception is 'Quality of provision' which was deemed adequate. The LSCB and the accountability relationship between it and the Children's Partnership Board were considered clear. The determination must now be to bring the quality of provision to the same standard as the rest of the inspection themes, and to work to achieve the Children's Partnership Board's ambition of excellence in safeguarding. Continued improvement will need to take place against a backdrop of substantial change and funding pressure.

2.2 This is a challenging period for arrangements for safeguarding children as the impact of the budget sector deficit reduction programme takes effect across all partners. This is in addition to other changes, especially in the NHS. Both are leading to significant organisational change. Chief amongst these are the transfer of most community health services to a new social enterprise as a

result of the Transforming Community Services policy, the creation of new shadow GP commissioning consortia as part of the NHS White Paper and the consequent clustering of the NHS Nottingham (PCT) with NHS Nottinghamshire County (PCT). The compulsory retirement of all police officers over 50, amongst whom were a number of officers in specialist child and public protection roles, voluntary early retirements and redundancies has led to significant movement of staff in most agencies, including amongst key personnel in many of the specialist safeguarding roles across all services. Organisations are mindful of the need to protect safeguarding services during these changes and are seeking to protect frontline safeguarding services, but the impact of the amount of change and loss of expertise at middle to senior level cannot be underestimated. It should be added that the changes will bring opportunities for new people to bring new ideas to the roles and provided it is managed mindfully during the transition it may strengthen safeguarding in the long run

2.3 Amongst the changes the Designated Doctor, and Designated Nurse, who were expert advisers to the Board and have moved from their roles since the last report. Both were highly experienced and have given the Board many years of expert contribution, for which the Board expresses its appreciation. NHS Nottingham City has made arrangements for their replacement and we are pleased to welcome their successors.

2.4 It has not been possible for the Board to gauge the impact of public service budget reductions on direct work and services which support vulnerable children and their families. Although it is appreciated that decision makers have sought to protect front-line child protection services there have been reductions to many other services relevant to the protection of vulnerable children, especially those previously funded from special grant regimes. Some of these affect vulnerable adults who may be parents or carers or pose levels of risk to children. It would be extremely useful for the Board to have a comprehensive analysis of the loss of services to vulnerable adults and children and their potential impact on safeguarding. This would support risk management. It would also be useful in planning for 2012/13, bearing in mind that more reductions are expected.

2.5 Reduction in the funding for the officer support to the Safeguarding Children and the Safeguarding Adults Boards has led to the combining of some of the support functions. It is to be hoped that this will create genuine efficiency and enhance rather than diminish the effectiveness of the arrangements. At a time of significant reductions across agencies I appreciate that officers are doing what they have to do. However there is significant work to be undertaken by both Boards, and in future reports I will comment on whether the new arrangements are effective and sufficient to the statutory task of the board. Creating these new arrangements has also required substantial officer time which has had to be diverted from safeguarding work.

2.6 Nationally, Professor Eileen Munro's final report of her review of current child protection arrangements was published on 10 May 2011. Her interim reports described a system which has become overly procedural and bureaucratic at the expense of developing professional confidence in staff working with complex child protection issues. Her recommendations to effect change in the system will need Government response before it will be clear what will need to change locally. In her introduction to the report recommending change Professor Munro says 'Th(e) move from compliance to a learning culture will require those working in child protection to be given more scope to exercise professional judgment in deciding how best to help children and their families. It will require more determined and robust management at the front line to support the development of professional confidence' There is no doubt in my mind that this will be challenging to deliver and require the highest form of leadership in children's services.

2.7 In the meantime the work of the work of the Board has continued. The Board has met twice since October. With the exception of the communications subgroup, the subgroups are meeting and are appropriately chaired. Progress continues on practice guidance on E-Safety and Self Harm and Child Sexual Exploitation. New Police led arrangements for Child Sex Offender Disclosure from 1 March 2011 have been presented to the December Board. Significant progress has been made on the Family Support Strategy and Support Pathway This will integrate the Common Assessment

Framework (CAF) Guidance and the guidance on accessing social care services and provide a clearer route for supporting those children whose needs fall just below the level at which social care would expect to become involved.

2.8 One Serious Case Review is on-going. It is a very complex case requiring the contributions of three adjoining Boards and is taking time to complete. A new date for submission is currently being negotiated in light of the complexity of the case. This will be the first SCR in Nottingham covered by DfE guidance about publication of the full Serious Case Review report with appropriate precautions to ensure the confidentiality of any other children and relevant others.

2.9 The annual report of the Child Death Overview Panel was presented to the last Children's Partnership Board. It received some press coverage, always helpful in highlighting issues to parents and the wider community. The coverage partially reflected the difficulty of the concepts of 'preventable' and 'partially preventable' in this context. These are not about blame but about understanding and learning from all child deaths. These terms have been replaced in the DfE guidance for reporting in the coming year with the terms 'modifiable' and 'partially modifiable'.

2.10 The Board arrangements for quality assurance, risk management and performance management have become stronger and the process of routine file auditing has begun.

2.11 The performance data for safeguarding children is presented to you separately by the accountable officers but overall shows an improvement. This and other performance information is currently being analysed by the Quality Assurance and Risk Management subgroup and will form part of our annual assessment for the Annual Report. This will be presented to the October Children's Partnership Board with my next report.

Conclusion and recommendation

3.1 Arrangements for safeguarding children in Nottingham have been judged by Ofsted with the Care Quality Commission as effective. At this stage the key risks are of instability and loss of expertise and key relationships, the loss of wider service provision and the potential for the loss of focus on safeguarding during the current significant public sector changes. There is also a risk that in this climate leadership energy may be diverted away from the task of improving safeguarding services in the light of a good Ofsted report and the pressure of other priorities.

It is recommended that the agencies represented in Children's Partnership Board

1. Recommit to achieving excellence in safeguarding on a sustainable basis.
2. Be mindful of the risk to safeguarding services from the loss of key personnel with specialist knowledge and experience across the sector and take steps to ensure that their successors are well supported moving into these key roles and fully inducted into the partnership relationships which are necessary to be effective in this area of work.
3. Share with the LSCB an analysis of the reduction in services to vulnerable adults and children to inform risk management and future budget planning.
4. Be alert to the risks of loss of focus on safeguarding as a key priority in the partnership and ensure that managerial attention is not diverted away from supporting frontline safeguarding practice

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