CHILDREN AND YOUNG PEOPLE
SELECT COMMITTEE

TUESDAY 31 OCTOBER 2017
7.00 PM
COUNCIL CHAMBER, CIVIC OFFICES
CENTRAL MILTON KEYNES

A G E N D A

Councillor: S. Crooks (Chair)
Councillors: Betteley (Vice-Chair), Buckley (Vice-Chair), Dransfield, Ferrans, V Hopkins, Miles, Small, Wales, Webb and Bradburn
Co-optees: Mrs. A Marlow (Parent Governor Representative [Special Educational Needs])
Mrs. R Collins (Parent Governor Representative)
Ms. D Main (Diocese of Northampton Representative)

For more information about the meeting please contact Dwight McKenzie by telephone: (01908) 252177 or e-mail: Dwight.McKenzie@milton-keynes.gov.uk
What is Overview and Scrutiny?

Each local authority is required by law to establish an overview and scrutiny function to support and scrutinise the Council’s executive arrangements.

Each select committee has its own remit as set out in its terms of reference but they each meet to consider issues of local importance.

They have a number of key roles:

1. Providing a critical friend challenge to policy makers and decision makers
2. Enabling the voice and concerns of the public
3. Driving improvement in public services.

The select committees consider issues by receiving information from and questioning officers and external partners to develop an understanding of proposals or practices. They then develop recommendations to provide to officers, Members or external partners that they believe will improve performance, or as a response to public consultations.

As select committees have no executive powers they often present their conclusions in the form of recommendations that can be provided to the Council, elected Members or other external agencies. Members will often request a formal response and progress report on the implementation of recommendations that they have provided to various parties.

Attending Meetings of Select Committees

Meetings of the select committees are held in public and are open for everyone to attend. If you would like to attend then please just turn up but if you can then let us know you are attending in advance of the meeting and whether or not you would like to make a representation to Members on behalf of yourself or others.

If there are specific issues that the meeting must consider in private then they will be asked to consider this at the meeting.

After the meeting the recommendations and Minutes of the meeting, as well as agendas and reports for the majority of the Council’s public meetings are available via the Council’s website at: http://milton-keynes.cmis.uk.com/milton-keynes/.
The Overview and Scrutiny process aims to promote the five themes and priorities set out in the Milton Keynes Council Corporate Plan

The Corporate Plan and framework sets out the vision for Milton Keynes. It captures what type of place Milton Keynes aspires to be for all those who live, work, learn and visit here. The plan sets out ambitious new objectives for Milton Keynes including achieving world class status for its design, new approaches and technologies and as a sporting city.

It has five key themes which help communicate all the work the Council does on behalf of the residents of the borough.

The five themes are:

Cleaner, greener, safer, healthier MK:

Improve health and well-being, reduce health inequalities and work with partners to reduce crime and disorder to improve quality of life in MK.

Visiting MK:

Aim to make Milton Keynes a highly regarded visitor destination with a safe and effective transport system which is easily accessible regionally, nationally and internationally.

Working in MK:

To improve the skills and opportunities of everyone in Milton Keynes and help jobseekers into work, while attracting and retaining businesses to provide new opportunities and to bring people, jobs and industries to MK to improve the strength and resilience of the local economy.

Living in MK:

Ensuring people are satisfied with Milton Keynes as a place to live, and to support them effectively through the provision of high quality and efficient public services.

World Class MK:

Our ambition is to increase the international and national standing of Milton Keynes in several areas including our economic success, thriving communities and a high quality environment.
General Terms of Reference for Overview and Scrutiny Committees / Panels

Subject to the direction of the Scrutiny Management Committee relating to work programmes and the allocation of resources:

1. To review or scrutinise any decision made, or other action taken, in connection with the discharge of any of the Executive Functions within the remit of the Committee.

2. To make reports or recommendations to the Council or to the Cabinet with respect to the discharge of any of the Executive Functions within the remit of the Committee.

3. To review or scrutinise any decision made, or other action taken, in connection with the discharge of any of the Non-executive Functions within the remit of the Committee.

4. To make reports or recommendations to the Council or any Committee of the Council with respect to the discharge of any of the Non-executive Functions within the remit of the Committee.

5. To make reports or recommendations to the Council, to the Cabinet or to a regulatory committee on matters within the remit of the Committee which affect the Council's area or the inhabitants of the Council's area.

6. To consider any representations made in connection with the work of the Committee by a Member of the Council on behalf of her/his constituents.

7. To appoint advisers from outside the Council to advise the Committees.

Note: The Scrutiny Committees will conduct their proceedings in accordance with the Overview and Scrutiny Procedure Rules set out in part 4 of the Constitution.
Health and Safety
Please take a few moments to familiarise yourself with the nearest available fire exit, indicated by the fire evacuation signs. In the event of an alarm sounding during the meeting you must evacuate the building immediately and follow all instructions provided by the fire evacuation officer who will identify him/herself should the alarm sound. You will be assisted to the nearest designated assembly point until it is safe to return to the building.

Mobile Phones
Please ensure that your mobile phone is switched to silent or is switched off completely during the meeting.

Agenda
Agendas and reports for the majority of the Council’s public meetings can be accessed via the Internet at: http://milton-keynes.cmis.uk.com/milton-keynes/ Wi Fi access is available in the Council’s meeting rooms.

Users of Windows 7 and above can simply click the link to any documents you wish to see. Users of Windows XP will need to right click on the link and select ‘open in browser’.

Recording of Meetings
The proceedings at this meeting may be recorded for the purpose of preparing the minutes of the meeting.

In accordance with the Openness of Local Government Bodies Regulations 2014, you can film, photograph, record or use social media at any Council meetings that are open to the public. If you are reporting the proceedings, please respect other members of the public at the meeting who do not want to be filmed. You should also not conduct the reporting so that it disrupts the good order and conduct of the meeting. While you do not need permission, you can contact the Council’s staff in advance of the meeting to discuss facilities for reporting the proceedings and a contact is included on the front of the agenda, or you can liaise with staff at the meeting.

Guidance from the Department for Communities and local government can be viewed at the following link:


Comments, Complaints and Compliments
Milton Keynes Council welcomes comments, complaints and compliments from members of the public in order to make its services as efficient and effective as possible. We would appreciate any suggestions regarding the usefulness of the paperwork for this meeting, or the conduct of the meeting you have attended.

Please e-mail your comments to meetings@milton-keynes.gov.uk

If you require a response please leave contact details, ideally including an e-mail address. A formal complaints / compliments form is available online at http://www.milton-keynes.gov.uk/complaints/
AGENDA

1. Welcome and Introductions
   The Chair to welcome councillors, parent governor representatives, the Diocesan representative witnesses, Council officers and the public to the meeting and introduce those present.

2. Apologies

3. Disclosures of Interest
   Councillors to declare any disclosable pecuniary interests, or personal interests (including other pecuniary interests), they may have in the business to be transacted, and officers to disclose any interests they may have in any contract to be considered.

MATTERS FOR DISCUSSION

4. GCSE and KS1 and 2 Headline Results
   The Committee will review Milton Keynes’s school performance and any trend(s) and issues in such performance.

   Gavin Sandmann (Head- Youth and Community, Milton Keynes Council) will make a presentation to the Committee.

5. Local Children’s Safeguarding Board Annual Report 2016/17
   The Committee will scrutinise the function and activities of the Local Children’s Safeguarding Board and report on these as necessary.

   Jill Wilkinson (Director- Health and Social Care Integration) will present this report (Item 5) (Pages 8 to 38).

6. Report on MK Together
   This Report will inform the Committee about the new arrangements being made for a combined Safeguarding Children and Adult function within Milton Keynes.

   Jill Wilkinson (Director- Health and Social Care Integration) and Liz Best, (Business Manager- Milton Keynes Safeguarding Board) will present this report (Item 6) (Pages 39 to 96).

7. Mental Health, One Year On
   (a) The Committee will check the progress in mental health service provision against the Children and Young People Committee’s initial recommendations at its meeting in February 2016 (Item 7(a)) (Pages 97 to 116).

   (b) Comments of the Child and Adolescents Mental Health Service (CAMHS), the Milton Keynes Clinical Commissioning Group and Milton
Keynes Council on developments since February 2016 (report to follow).

**MATTERS FOR APPROVAL**

8. **Minutes**

   To approve, and the Chair to sign as a correct record, the Minutes of the meeting of the Committee held on 12 September 2017 (Item 8) (Pages 117 to 124).

9. **Work Programme 2017/18**

   On the recommendation of the Planning Committee at its meeting on 31 July 2017 to propose a Work Programme for the remainder of 2017/18, as follows:

   **10 January 2018**
   - OFSTED Action Report Update.
   - 2018/19 Budget *(if requested by the Budget Scrutiny Committee).*
   - Early Parenting.
   - School Funding.

   **7 March 2018**
   - Annual Report from the Cabinet member.
   - Report from the Youth Cabinet.
   - Opportunities for gifted and talented children in Milton Keynes.
   - Careers Advice.

**MATTERS FOR REPORT**

10. **Budget Scrutiny**

    Councillor Zoe Nolan presented a list of pressures on the CYP directorate budget to the Budget Scrutiny Committee on Tuesday, 10 October 2017. Full details are available on request from Democratic Services.

11. **Corporate Parenting**

    The Independent Reviewing Officer’s Annual Report for 2016-17 *(concerning Looked After Children)* has been received and is available from Democratic Services.

12. **Topical Item**

    No topical item has been submitted for this meeting but in December the Committee will be asked to agree a draft response to the Education and Health Section of Plan MK *(which will shortly be published for a further round of consultation, subject to the agreement of the Council)* prepared by the Planning Group.
Children & Young People Committee
2016 - 17
MENTAL HEALTH REPORT
INTRODUCTION

1 At its meeting on 10 February 2016 the Committee considered three issues relating to the mental health of children and young people in Milton Keynes viz:
   - What was working well in achieving good outcomes
   - What were the main areas of concern and how are they being addressed
   - What can the Council do to further improve the health and wellbeing of young people

2 The following organisations were represented and made presentations
   
   **Central and North West London NHS Foundation Trust (CNWL)**
   Dr Renu Daryanani (CAMHS consultant), Jane Taylor (Interim Service Manager) and Pete Raimes (Service Director for Mental Health, Milton Keynes)

   **Milton Keynes Clinical Commissioning Group (CCG)**
   Hannah Pugliese (Children, Young People & Maternity Commissioner) and Amanda Farr (Joint Commissioner, Children and Families)

   **Milton Keynes Council**
   Tracey Chapman and Caroline Marriott (Head of Delivery, Special Educational Needs & Disability)

3 The presentations are attached to this report and the Committee would like to thank those responsible for how closely they addressed the questions above and their clarity.

4 The Committee was also informed of a report prepared in July 2015 by Amanda Farr with Hannah Pugliese and Fiona West on behalf of the Council and the Clinical Commissioning Group entitled REVIEW OF CHILD AND ADOLESCENT MENTAL HEALTH (CAMHS) PATHWAYS IN MILTON KEYNES. The review found that there were positive and effective services being provided across the pathways but that there was also significant scope for improvement. The key findings of the review were that:
   - There is scope to improve the pathway by developing a more collaborative multi-agency approach to the commissioning and delivery of services to support children, young people and their families.
   - There is varied and inconsistent experience, understanding and expectations of the care pathway within universal services, particularly schools. Children and young people were clear that the culture within schools can influence their experiences and that schools had a critical role to play in supporting their mental health and emotional wellbeing. Children and young people specifically articulated a view that there was great potential to improve the offer available in schools, focusing on providing support early to prevent escalation of difficulties.
   - There is a lack of confidence, knowledge and skills within universal services to meet the needs of children and young people with mild to moderate emotional, behavioural and mental health difficulties.
• The interventions provided by Tier 2 are effective but there is insufficient capacity to meet existing and increasing demand, along with a more complex service user profile.

• There is identified un-met need within the pathway of care for children displaying significant behavioural difficulties who may have a conduct disorder or require post diagnostic Autism Spectrum Disorder (ASD) and Attention Deficit Hyper-activity Disorder (ADHD) support and intervention.

• There are a range of internal clinical and non-clinical processes within the CAMHS service which are experienced as not effective or efficient and these impact on the length of time children and young people are waiting to access the service.

• There are gaps in the pathway for young people in transition from CAMHS to adult services.

• Children and young people say that the physical environment of CAMHS is not welcoming and they want greater choice about the wider service offer.

• There is a lack of local provision for children and young people with specific needs.

• There is emerging evidence that the provision of an intensive liaison support team keeps young people out of the adult MH unit or paediatric beds and provides positive outcomes for children and young people.

• Children and young people placed out of area in tier 4 placements should continue to be case managed by local providers to ensure continuity of care and to facilitate and expedite care being provided closer to home.

• Children and young people have very strong views about every aspect of the care they receive from universal through to specialist provision.

• There are significant issues with communication between agencies across the pathway. Many young people and their families have experienced poor communication.

• There is lack of robust local and national data to enable:

  o Identification of the needs of children and young people in MK
  o Analysis and monitoring of performance
  o Benchmarking of services

• The current arrangements for commissioning and monitoring Tier 2 and 3 provision through separate contracts (MKC & CCG) impacts negatively on capacity and flexibility of both providers and commissioners.

5 The findings from this review had been discussed with the CAMHS Project Board and key stakeholders. Recommendations and high level actions had been developed for consideration by the commissioning organisations and a Transformation Board had been formed to take forward this work.

6 Subsequently the Committee had access to a House of Commons Education and Health Select Committee report on Children and Young People’s Mental Health – The Role of Education (May 2017) which made – among others - the following recommendations:
• Teachers are not mental health professionals, but they are in many cases well placed to identify mental ill health and refer students to further assessment and support. Training school and college staff to recognise the warning signs of mental health ill health in their students is crucial. We encourage the Government to build on the inclusion of mental health training in initial teacher training and ensure current teachers also receive training as part of an entitlement to continuing professional development.

• A structured approach to referrals from education providers to CAMHS must be developed across the country. We have seen cases of strong partnerships between mental health services and education providers, but such links do not exist in many local areas.

• We recommend that the Government should ....commit resource to establish partnerships with mental health services across all schools and colleges. The variation in access for children and young people to timely assessment and support for mental illness is unacceptable.

• We heard evidence of the adverse impact of funding pressures on mental health provision in schools and colleges, including the ability to bring in external support. We know that over half of all mental ill health starts before the age of fifteen and it is therefore a false economy to cut services for children and young people. We strongly urge the Government to review the effect of budget reductions on the in-school provision of services to support children and young people’s mental health and wellbeing.

• We recommend that schools should include education on social media as part of PSHE, including educating children on how to assess and manage the risks of social media and providing them with the skills and ability to make wiser and more informed choices about their use of social media. The Government should encourage schools to share details of PSHE and other specialist expertise and knowledge, including relevant online support, with parents to increase awareness of what their children will be taught at school about social media. This should include guidance on the effects of sleep deprivation on children and young people’s well-being and mental health.

• We urge the Government to continue the work that is being done by the United Kingdom Council for Child Internet Safety and to take steps to ensure that social media organisations and internet providers prioritise child internet safety and dealing with cyber-bullying. These organisations and providers must not be allowed to duck their own responsibility for preventing harm to children and young people.

7 Following discussion the Committee reached the following conclusions

1. There was a need for strong leadership by the Council if children’s mental health services were to be transformed;

2. Children and young people’s mental health and wellbeing should be prioritised when considering budget reductions and the allocation of financial resource

3. The Council should take what measures it could to achieve equitable treatment of mental health and physical health issues and measures to reduce the stigma around mental health;
4. There was a need for a whole systems approach around integration to ensure the sustainability and resilience of services;

5. Staff development and retention was crucially important

6. Improved facilities and accommodation were essential so that integrated teams could be co-located

7. Tier 4 beds should be available in Milton Keynes;

8. Treatment pathways were unclear which inhibited the need for choice;

9. General waiting times should be improved from the current 11 weeks;

10. There was a need to address gaps in treatment pathways around certain conditions such as ASD, ADHD and Challenging Behaviour and to provide resources to support those conditions;

11. The following priorities being addressed by the Local Transformation Plan:
   (a) Enhanced Eating Disorder Service
   (b) Integrated care pathway for C&YP with complex and challenging behaviour
   (c) Urgent Care Pathway for 24/7 Hospital Liaison and Home Support
   (d) Psychological support for CYP with specialist needs
   (e) Improved confidence and capacity in Universal Services
   (f) Access to specialist C&YP Mental Health Care Pathway
   (g) Perinatal Mental Health Integrated Care Pathway (Adult Mental Health)
   (h) Out Of Area Discharge and Transition Pathway
   (i) Early Intervention in Psychosis (Adult Mental Health)

12. Enhanced resources should be provided across all services dealing with children’s mental health

13. Whole age treatment pathways between the ages of 0 to 25 should be developed

14. The active involvement of all stakeholders, including families, should be encouraged

15. Awareness of mental health issues in schools should be encouraged including in schools where the Council had limited influence;

16. There was a need for a 24/7 single help line for young people, to avoid potential duplication and confusion;

17. The relationship of looked after children with the mental health services should be developed;

18. There was a need for improved national and local data;
19. The possibility of better assessment at an earlier age, as is carried out in respect of looked after children using the annual ‘Strengths and Difficulties’ questionnaire, should be explored.

20. Better support should be provided in schools for young people with severe behavioural difficulties.

8 The Committee has also decided that the issue of mental health should be revisited in a year’s time to ascertain what progress had been made in the areas of concern that had been identified.

Presentations

1 Central and North West London (CNWL) NHS Foundation Trust
2 Milton Keynes Clinical Commissioning Group (CCG) and Milton Keynes Council
3 Milton Keynes Council Special Educational Needs & Disability (SEND) Delivery Unit
Central and North West London (CNWL) NHS Foundation Trust

Child and Adolescent Mental Health Service (CAMHS), Milton Keynes

Presentation: Milton Keynes Council’s Children and Young People’s Select Committee

10 February 2016
The Child and Adolescents Mental Health Services (CAMHS) in Milton Keynes

CNWL are commissioned to provide CAMH services at a targeted and specialist level: Tier 2, Tier 3, & Tier 3+

**CAMHS TIER 2**
- CAMHS Tier 2 is commissioned by Milton Keynes Council (MKC).
- Tier 2 are CAMHS specialists working in the community in school clinics, family therapy, children & family services, and youth services.
- Tier 2 work in a multi-disciplinary way so staff are primary mental health workers (mental health nurses & or social workers), psychologists and counsellors.
- Tier 2 practitioners offer consultation to families and other practitioners, outreach to identify severe or complex needs which require more specialist interventions, assessment (which may lead to treatment at a different tier), and training to practitioners at Tier 1.

**CAMHS TIER 3**
- CAMHS Tier 3 is commissioned by Milton Keynes Clinical Commissioning Group (MKCCG).
- Tier 3 staff work from the CAMHS community out-patient clinic in Eaglestone and provide a specialised service for children and young people with more severe, complex and persistent disorders.
- They are also a multi-disciplinary team who include child and adolescent psychiatrists, social workers, clinical psychologists, community psychiatric nurses, child psychotherapist, family therapists and an art therapist.
CAMHS Tier 3+ = Liaison & Intensive Support Team (LIST)

- This is commissioned by Milton Keynes clinical commissioning group.
- It existed as a pilot until last month when it was confirmed as a substantive service by the MKCCG.

- LIST operates on a 24-hour basis for Children and young people who present at A & E or the Paediatric wards in a mental health crisis, who require urgent assessment and support by CAMHS.

- LIST also offers home support for up to 72 hours or longer if capacity allows, for young people and parents/carers admitted to the service to allow for a further period of assessment and brief intervention for the acute crisis phase.
- This would include home visit/s or visit to another setting in the community, and telephone support during this period.

- The LIST team are multi-disciplinary and work out of the CAMHS out-patient clinic at Eaglestone and now also have a base at A & E in MK Hospital and in the Paediatrics ward at MK Hospital.
- They also have a focus on preventing admission of young people to the adult inpatient unit the Campbell Centre, where appropriate and possible.
Referrals into CAMHS

This chart shows a comparison over the past 7 years of the number of CAMHS referrals into the service, and also shows those not accepted, i.e. that do not meet the threshold.
What’s working well

- **Telephone referral line**: advice, signposting and referral – this is also to for self referrals by parents/young people and not just Tier 1 professionals
- **School clinics**: offered to all secondary schools in Milton Keynes
- **Quality of care and range of therapies**: feedback has been positive once young people access the service
- **Reduction of the waiting list to under 18 weeks**: (from 26wks); due to local transformation monies from the CCG
- **Liaison Intensive Support Team**, home support & hospital liaison
  - moved from successful pilot to substantive service, provided platform for an expanded service going forward
  - helped to reduce admissions, & supporting young people in acute crisis
  - improved relationships with hospital, A & E and Paediatric wards
- **Psychosis pathway**
  - very well established, helps transition into early intervention in psychosis service (adults), more money being made available under parity of esteem
- **CAMH Service now sitting into Mental Health (MH) Directorate** within CNWL
  - improved working relationships with adults and childrens mental health teams leading to streamlining of processes and more cohesive transition plans, for example part of the adult MH system for bed management system; yp accessing a bed in the Campbell centre acute crisis
- **Improved Literature for young people, parents & stakeholders** – based on yp feedback
- **Improved transition pathway from Tier 4 inpatient units** – Transition from inpatient unit back into local community services: lead social worker now appointed, and starting the process of linking in more closely with social care and needs of young person.
<table>
<thead>
<tr>
<th>Key challenge and concerns</th>
<th>How we’re addressing it</th>
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<tr>
<td><strong>Access</strong> – threshold for acceptance to specialist CAMHS can be unclear to other professionals, agencies and parents in the wider community.</td>
<td>This is a key priority within the local transformation plan for CAMHS and one of the work streams for the CAMHS transformation manager. Task &amp; Finish groups have been formed and work has already commenced and will continue to focus on reviewing pathways, and new ways of working to help improve access (i.e. investigating video conferencing, online CBT). And short term there has been resource allocated to bring down waiting list; Next steps will also be to look at revising referral management processes, single point of access, caseload allocation, exploring CAPA, CYPIAPT and testing out and reviewing new triage processes.</td>
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<td><strong>Behaviour issues / ADHD pathway</strong> ASD patients - high caseloads with no support in the community and no transition to adults. ADHD – accounts for around 50% of the medical case load. Causes Long term stay in CAMHS; very little other support offered to this cohort.</td>
<td>This is a priority in the local transformation plan and the joint commissioner is leading on this work stream with input and engagement from CNWL and CAMHS clinicians - we are also working closely with commissioners in regard to the ADHD pathway which is a key focus for both organisations in 16/17.</td>
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<td><strong>Tier 4 Inpatients – national problem</strong>; lack of beds and young people from Milton Keynes not being able to access bed, and no local inpatient unit.</td>
<td>LIST has been successful in reducing the length of stay in tier 4 beds, and managing the process of admission. Have now recently appointed a lead social worker (as of Jan. ‘16) who is managing the transitions back to community services and is the key contact for Tier 4 commissioners, and other key partners such as social care.</td>
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<td><strong>Recruitment – national issue</strong> currently there are 15% vacancies in the service due to difficulties in recruiting suitably experienced staff.</td>
<td>Recruitment fairs; working closely with other areas of CNWL, And currently constructing a ‘Grow your own posts’ strategy which would include training and supervision; in addition the service is re-reviewing skill mixing.</td>
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<td><strong>Estates</strong> – lack of space, clinic and office and disrepair of buildings, T2 ‘homeless’ after April 2017; (T2 required to evacuate from council property at Cripps Lodge as of April ’17).</td>
<td>For Cripps Lodge - currently exploring options – at present there is nowhere to locate them to; recently formed working groups in CNWL looking at estates strategy, also working closely with hospital at a senior level to explore options for alternative space.</td>
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</table>
Service user feedback – how we engage with service users

- CAMHS forms one of the key areas of discussion in MK Mental Health Forums
- **Friends and Family Test (FFT)** – different formats available, giving children, parents, carers an opportunity to feedback - which is shared through channels including *You Said We Did* posters.
- Interaction / engagement within **groups** – Dialect Behaviour Therapy (DBT); frequent representation at PACA (Parents and Carers Alliance) Forums
- **1 Complaint** within 1st April 2015 – 8th February 2016 - resulting in **positive recognition** of need for clearer pathways of care/recovery/support for ASD spectrum patients; and clearer transition from child to adult services in CAMHS
- **7 Compliments** within 1st April 2015 – 8th February 2016 - praising staff for professionalism, understanding, invaluable support in “making a difference.”
- Tier 2 - conduct the **Patient Health Questionnaire (PHQ)** following treatment.
- Tier 3 – **HoNOSCA** (Health of the Nation Outcome Scales for Children and Adolescents) at the beginning and end of treatment; annual where the diagnosis is more chronic (e.g. ADHD)
- **Continuous engagement** with YP Healthwatch, PACA and close working with MK Community Services.
- Stakeholder survey, internal review and also engaged in recent wider commissioner review stakeholder survey covering 1500 service users
- **Looking ahead** – closer working with academic establishments (MK College, schools).

CAMHS is not a stand alone service. It is always very much engaged and involved with its service users due to the nature of the care and treatment offered.
What MKC could do to further improve the mental health and well being of children and young people

• Continue to provide strong leadership in order to develop integrated services across the system

• Continue to work together for a whole systems approach to supporting early intervention, and the Tier 2 contract - current contract ends April 2017.

• MKC to continue to take an active role in establishing MK as a destination to work and live in order to encouraging key workers to consider Milton Keynes.

• View the issues with estates as a whole system problem and commit to work together to resolve, and where possible consider integrated teams being located together
Thank you
&
Any questions?
Milton Keynes Clinical Commissioning Group (CCG)
Child and Adolescent Mental Health (CAMHS)
Presentation: Milton Keynes Council’s Children and Young People’s Select Committee, 10 February 2016

How best to maintain a positive experience of mental health and wellbeing for children and young people in Milton Keynes

Hannah Pugliese, Children, Young People and Maternity Commissioner
Fiona West, Senior Children, Young People and Maternity Commissioner
Amanda Farr, Joint Commissioner, Children and Families
Supporting children's emotional wellbeing and mental health is ‘everyone's responsibility’

All agencies working with children and young people have a responsibility to support children's emotional wellbeing and mental health

• protecting children from maltreatment;
• preventing impairment of children's health or development;
• ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and
• taking action to enable all children to have the best outcomes.

*Working Together 2015*
## Current Arrangements

<table>
<thead>
<tr>
<th>CAMHS Tier</th>
<th>Service</th>
<th>Provider Organisation</th>
<th>Commissioning Organisation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1</td>
<td>Non Mental Health (MH) Specialist Primary Care Workers</td>
<td>Universal children’s services for example schools and GPs</td>
<td>A range of commissioning organisations involved</td>
</tr>
<tr>
<td>Tier 2</td>
<td>Specialist primary MH workers supporting other professionals and families to deliver early help support</td>
<td>CNWL</td>
<td>Milton Keynes Council (MKC)</td>
</tr>
<tr>
<td>Tier 3</td>
<td>Specialist Multi-disciplinary MH teams</td>
<td>CNWL</td>
<td>The Clinical Commissioning Group (CCG)</td>
</tr>
<tr>
<td>Tier 3 +</td>
<td>Liaison and Intensive Support Team (LIST)</td>
<td>CNWL</td>
<td>CCG</td>
</tr>
<tr>
<td>Tier 4</td>
<td>Specialist stay in inpatient units</td>
<td>Range of providers</td>
<td>NHS England</td>
</tr>
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</table>
Nationally there is a wealth of information demonstrating the complexity of the CAMHS system and the issues faces by all those who are undertaking work to improve outcomes for children and young people.

In Milton Keynes significant work has been undertaken including:
- Internal review undertaken by CNWL, the commissioned provider of Tier 2 and 3 CAMHS
- CAMHS pathway review, 2015- undertaken by MKC and MKCCG

Local findings correlate with ‘Future in Mind’ April 2015 (report of the National Children and Young People’s Mental Health and Wellbeing Taskforce) which provides a framework for transformation.
In August 2015 two documents were published by NHS England

- **Local Transformation Plans (LTP) for Children and Young People’s Mental Health and Wellbeing – Guidance and support for local areas**
  - Included detail of financial allocations to CCGs

- **Access and Waiting Time Standard for Children and Young People with an Eating Disorder – Commissioning Guide**

- **MK Plan fully assured by NHSE in November…allocation of full funds**
What’s working well?

Children and young people say…
• Specialist CAMHS staff are ‘kind; that they ‘feel listened to’ that they ‘made them feel safe’.

Parents and carers said that…
• CAMHS staff were good at their job, ‘helped their family’ and were focussed on the best interests of the child.

Areas that are positively evaluated
• School clinics
• Telephone help line
• Family counselling service (Relate)
• Hospital liaison and intensive home support
• Training for universal services

Recent progress
• Reduction in the waiting list for specialist services
• Improved working between CAMHS and the hospital
Main areas of concern

Children and young people say…
- Specialist CAMHS ‘isn’t easy to get into’ ‘wish the treatment could have been sooner’, ‘don’t like the building’, would like more communication and information about what to expect.

Parents and carers said that…
- ‘would like better communication with parents’ ‘waiting time to see a Dr is too long’, ‘longer hours of telephone support would be helpful’ would like more communication and information about what to expect.

Stakeholder feedback tells us that…
- More clarity is needed across the pathway
- More resource is needed to address gaps in the pathway including:
  - Children and Young People with ASD/ADHD/complex behaviour
  - Children and Young People in crisis
- Access, referral and waiting times need to be improved
- Some CYP with specialists needs have difficulty accessing care
- Universal services need support to improve confidence and capacity
What is happening to address concerns?

Local transformation plan developed addressing nine priority areas:

- Enhanced Eating Disorder Service
- Integrated care pathway for C&YP with complex and challenging behaviour
- Urgent Care Pathway for 24/7 Hospital Liaison and Home Support
- Psychological support for CYP with specialist needs
- Improved confidence and capacity in Universal Services.
- Access to specialist C&YP Mental Health Care Pathway
- Perinatal Mental Health Integrated Care Pathway (£ Adult Mental Health)
- Out Of Area Discharge and Transition Pathway
- Early Intervention in Psychosis (£ Adult Mental Health)

...system wide group overseeing progress
Health and Wellbeing Board

Starting Well: HWB Working Group

Children and Young Peoples Mental Health and Wellbeing Transformation Delivery Board

Early Intervention, Prevention and Complex Needs; Task & Finish Group

Access: Planned and Unplanned Specialist Care Task & Finish Group

Perinatal Mental Health Collaborative

Mental Health and Learning Disability Programme Board

Children, Young People and Maternity Programme Board

Clinical Commissioning Group Board

Commissioning Delivery Group

Authority for CCG financial decisions

Milton Keynes Council Authority for Financial Decisions Children and Families Directorate MKC
New investment to address priorities

Local Health Money
• Parity of Esteem- £88k
• Liaison and intensive home support- £418

National Health Money- 5 years
• Eating Disorders- £130k
• Transformation- £325k

Areas of investment 2015-18
• Improving access to brief interventions and specialist assessment, treatment
• Enhancing the urgent care pathway- building on Liaison and Intensive Support Team (LIST)
• Pathway for Children and Young People with Complex and Challenging Behaviour
• Enhancing Eating Disorder Pathway
What MKC could do to further improve the mental health and well being of children and young people

• Steer and support the transformation of services across the whole children’s system

• Maximise opportunities to develop integrated services to promote sustainability and resilience within the system

• Prioritise children, young people mental health and wellbeing when considering budget reductions and the allocation of financial resource

• Champion the planning and commissioning of whole age pathways – a lifespan approach

• Ensure that children, young people and their families are actively involved in shaping change
The Children and Families Act 2014 has introduced important changes in relation to the emotional health of children and young people:

- Education Health and Care Plans replace statements of special education needs. The focus of EHC plans are holistic and aimed to provide coordinated delivery across education, health and care services.
- Strengthened requirements for services to work together for children and young people with SEND needs and to develop joint commissioning for appropriate services.
- Social, emotional and mental health is now one of the four categories of need identified in the code of practice 2015.
What is working well?

- Having social, emotional and mental health as a need in the code of practice is beginning to generate ‘changed thinking’ in relation to these needs.

- Joint working on the most complex cases is strengthening.

- CAMHS review/Local Transformation plan is providing a structure and framework for dialogue and improvement.
### What are the main areas of concern?

<table>
<thead>
<tr>
<th>Areas of Concern:</th>
<th>Plans and Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Gap for Children and Young People with ASD/Challenging Behaviour.</td>
<td>Review of services and need, further service to be commissioned.</td>
</tr>
<tr>
<td>Ensuring a smooth transition for young people across services into adulthood.</td>
<td>New transition plan guidance in place and training being arranged. Further work required on pathways to enable a ‘whole life approach’.</td>
</tr>
<tr>
<td>Managing professional anxiety/expectations together.</td>
<td>CAMHS Review/Local Transformation Plan, clarifying services and priorities.</td>
</tr>
</tbody>
</table>
Further areas of improvement

- Ensuring EHC plans are fully utilised for appropriate children and young people as a tool to enable service join up for children and young people.

- Joined up training and consultation for schools to develop understanding of meeting social, emotional and mental health needs in school.

- Ensuring meeting the needs of all children and young people with social, emotional and mental health needs is everybody's business.
Title of Report: Milton Keynes Safeguarding Children Board Annual Report 2016/17
Link to Safeguarding Board Priorities/Business Plan: All
Author & Contact Details (for further information): Jane Held
jane@janeheld.co.uk and jane.held@milton-keynes.gov.uk 07771 556391

Reason for item coming to:

- For decision(s)
- For review
- X For information
- X For discussion
- For action (e.g. Assurance, Risk Register)
- For wider dissemination

Introduction/Background

Local Safeguarding Children Boards are currently still required (Section 14A of the Children Act 2004) to publish an Annual Report on the effectiveness of child safeguarding and promoting the welfare of children in the local area.

We are required to present the Report to the Chair of the Health and Wellbeing Board and the Police and Crime Commissioner. We also ask the Chief Executives of each of our partner agencies to take the report to their governance bodies, and bring it to this Committee each year.

Purpose of Report

1. This report presents the Milton Keynes Safeguarding Children Board Annual Report 2016/17 to the Committee.
2. It also provides an update on the 2017/18 Business Plan

Decisions required by the Children and Young People Committee:

1. To note the sufficiency statement given by the Independent Chair
2. To note the report and identify any key issues the Committee would like to jointly scrutinise with the MK Safeguarding Board in 2017/18

Appendices/Supporting/Reference documents:

Appendix 1: Pre-publication draft Annual Report 2016/17
Appendix 2: RAG-rated update: MKSB Business Plan 2017/18
1. Introduction

1.1 This report provides the Committee with the Milton Keynes Safeguarding Children Board (MKSCB) pre-publication draft of the MKSB Annual Report 2016/17. The Report is attached as Appendix 1.

1.2 It also updates the Committee on progress in terms of the MKSB Business Plan 2017/18, which is attached as Appendix 2.

2. Key strengths in 2016/17

2.1 Whilst 2016/17 was a year of change and development, and, in the latter quarter a time of focus on the improvements required, the report highlights some areas of strength over the year.

2.2 In particular we developed a new and effective approach to identifying and responding to Female Genital Mutilation (FGM), introduced new screening and assessment tools and trained a wide range of staff to identify and respond to women identified as affected by FGM and their children. Services as a consequence responded to over 100 referrals by the end of the year.

2.3 We also continued to build on the work we had done in the previous year on identifying, responding to and protecting young people at risk of Child Sexual Exploitation (CSE), and the development of the Multi-Agency Risk Management Meeting (MARMM). Our level of CSE incidence remains low and our interventions robust and appropriate. During the year the MARMM took on an extended role in terms of children missing from home, school and care and work continues in 2017 on better understanding what the issues and factors are in relation to reducing the number of missing episodes.

2.4 Whilst the work was not completed in 2016/17 we began an in-depth study of the issues related to Internet Safety (Online-Safety), through a major piece of research in our Secondary Schools. This helped us to think about how to design some good tools and training for young people, schools and parents, which we rolled out in 2017/18. The MKSCB Online Safety Survey inspired three groups of young people to develop social action projects on bullying and youth-produced sexual imagery. We reached over 4,600 social media users with the video resources that were developed.

2.5 We significantly improved the work of the Child Death Overview Panel over the year, allowing us to provide a robust report in relation to some of the key issues and factors to be taken into account in the future. We have now caught up on the time delays in reviewing deaths that were identified in 2015/16 with only 22 cases waiting to be reviewed by year end. The findings have led to an
in-depth review by public health of deaths due to extreme prematurity (which made up a significant number of deaths).

2.6 We continued to provide a wide and much valued range of training opportunities for professionals in Milton Keynes, training over 1,000 staff. We worked closely with Safer MK on the Prevent training, and with Leadership and Governance on supporting schools with safeguarding requirements and expectations.

2.7 Our key business priorities for 2016/17 were all completed with the exception of our understanding of, and improvements to the provision of early help. We began work on a much more robust performance management framework and on better understanding data and the story behind the data, and we developed and published a new learning and improvement framework. We also developed, clarified and improved our strategic relationships with the Health and Wellbeing Board and Safer MK.

2.8 We ran a very successful conference on “Hearing the Voice of the Child” and by the end of the year had worked with a wide range of children and young people on developing a participation strategy and on the ideas the young people had for how best to influence, inform and change safeguarding practice.

2.9 We also managed to maintain and consistently build on the learning from our learning, management and serious case review activity, publishing and acting on one Serious Case Review (SCR) and completing a thematic review of three cases (subsequently published in 2017/18).

3. Areas for improvement in 2017/18

3.1 We are, like all LSCBs keen to constantly change and improve. In 2016/17 we delivered well on most areas of our work but by the end of the year we identified a number of areas for improvement to be addressed in 2017/18.

3.2 The Ofsted inspection in the third quarter of the year identified (as did we) that we “required improvement” as a Board.

3.3 In particular we had not developed as far and as fast as expected a better understanding of how best to co-ordinate our services when children and families need early help to prevent safeguarding concerns from developing. Whilst we know we are fortunate in that in MK we have a wide range of services that support prevention and early intervention, we need to better coordinate them, and to provide professionals with clear pathways to follow when they identify a family may need some early support. By the end of
2016/17 we had completed a neglect audit and worked on a thematic review of three cases as we were not satisfied we had fully understood or addressed these issues.

3.4 In terms of our performance framework we still had not developed a satisfactory multi-agency performance dashboard of scorecards. Whilst we knew each agency had their own data and frameworks for performance management and performance reporting we had not cracked how best to draw down a key set of multi-agency data into one place, and we remained over-reliant on children’s social care data.

3.5 Coupled with this we did not have either a clear audit programme or capacity to lead audits over the year for a variety of reasons. However during the year we developed a consistent methodology for our learning, performance and quality assurance activity, Outcomes Based Accountability (OBA) which will stand us in good stead for 2017/18 and onwards.

3.6 We undertook for the first time a new form of S175 self-assessment audit with MK schools. Whilst this was reported in 2017/18 we learnt a huge amount from doing this, including some rather salutary lessons about the methodology we used. Despite the many issues that arose, by the end of the year we were beginning to develop a clear benchmark for our overall effectiveness across the schools estate and those schools that undertook it had a baseline action plan on which to build their own improvements in effectiveness and assure their governing bodies.

4. **Sufficiency Statement**

4.1 As Chair I am satisfied that the effectiveness of multi-agency frontline safeguarding practice was acceptable in 2016/17 although some areas required improvement. Frontline social work practice ensured a significant number of children and families received the right level of service to meet their needs, and that statutory interventions to protect children and young people were used proportionately and appropriately. This was supported by equally effective multi-agency support across our children’s centres, schools, and NHS services as well as through the police service and voluntary sector.

4.2 I am also clear that there are some key areas for improvement, particularly in terms of our multi-agency approach to delivering effective, well-coordinated prevention, early help and early intervention.
4.3 We also need to build on the early work we did to develop a learning and improvement framework that actively supports us in terms of understanding effectiveness and driving improvement.

4.4 Finally as Chair, I recognise the need to ensure that as we develop our new structures and governance arrangements we need to retain and maintain a focus on the effectiveness of multi-agency practice overall, and on key areas of concern as they emerge and are addressed.

4.5 The full Sufficiency report is set out in pages 4 -5 of the attached annual report (Appendix 1).

5. Business Plan update

5.1 Attached at Appendix 2 is the 2017/18 Business Plan, as at September 2017. This allows the Committee to identify how we are addressing the areas for improvement we identified by the end of 2016/17.

5.2 We are making good progress with the plan overall at present. Given that in 2017/18 we have also undertaken very major changes and implemented a radical new model this is good news and down to determined leadership by a number of partners and some extremely hard work by the business unit and partners on all the groups.

5.3 Six work strands are red-rated. Four of these relate to early help, performance and quality assurance and two to communication, dissemination and engagement. All six have been affected by delays arising from the new board arrangements and the six months of transition.

5.4 Both early help and performance and quality assurance are areas that are still not progressing as far or as fast as they need to. With regard to performance and quality assurance we have just appointed a new Chair and Vice Chair of the relevant standing group for performance and quality improvement, and are about to publish our Q2 data using the new framework, dashboard and scorecards, which marks a major step forward.

5.5 With regard to early help we have just implemented a very helpful new early help pathway for NHS staff and the mapping and review exercise will report at the next Children’s Performance Board meeting.

6. Conclusion

6.1 Overall the Board has made satisfactory progress with improvement in 2016/17 and despite the major structural changes in the first half of 2017/18 has delivered a very taxing programme of improvements.
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## Worried about a child?

If you are concerned a child or a young person is at *immediate* risk of harm please call Thames Valley Police on **999**.

If you require advice from Thames Valley Police, or to report a crime, please dial **101**.

If the child you are concerned about is not in immediate danger you should report your concern by completing a [Multi-Agency Referral Form](#).

## Contacts:

**Multi-Agency Safeguarding Hub (MASH)**

Monday to Thursday from 9am to 5pm & Friday 9am to 4:30pm  
T: 01908 253169 / 253170  
In an emergency, outside of these hours T: 01908 265545  
E: [children@milton-keynes.gov.uk](mailto:children@milton-keynes.gov.uk)
Introduction to the 2016/17 annual report

Local Safeguarding Children Boards are required (Section 14A of the Children Act 2004) to publish an annual report on the effectiveness of child safeguarding and promoting the welfare of children in the local area. Working Together to Safeguard Children 2015 sets out details of how this report should be provided. We are required to provide rigorous and transparent assessment of the performance and effectiveness of local services, and ensure the report identifies areas of weakness, the causes of those weaknesses and the action being taken to address them.

What is safeguarding children?

Safeguarding and promoting the welfare of children is defined as:

- Protecting children from maltreatment;
- Preventing impairment of children's health or development;
- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care;
- Taking action to enable all children to have the best outcomes.

Key principles

Effective safeguarding arrangements in every local area should be underpinned by two key principles:

- Safeguarding is everyone’s responsibility. For services to be effective each professional and organisation should play their full part;
- A child-centred approach. For services to be effective they should be based on a clear understanding of the needs and views of children.

Information in this section has been taken from Working Together to Safeguard Children 2015. To read the document in its entirety please go to: https://www.gov.uk/government/publications/working-together-to-safeguard-children-2
Foreword

I am very pleased to introduce my second annual report as the Independent Chair of the Milton Keynes Safeguarding Children Board (MKSCB). It has been a very busy year, with a huge amount of change over the year, which has at times been a little challenging for everyone. Mid-way through the year, the Office for Standards in Education, Children's Services and Skills (Ofsted) came to call, and their report reflected our own assessment of how well we were doing, rating us as “requiring improvement”. This was reassuring, but reminded us of just how much we must do to get to “good”. We waved goodbye to our Business Manager mid-year, with thanks for all her hard work, and welcomed a new team; during the last part of the year we developed some new ways of working.

This has not stopped us from working hard to deliver our priorities and make a difference. We have done some great work developing new tools and training in relation to female genital mutilation (FGM), we have built on the strong work we developed to address child sexual exploitation (CSE), and we have established a thriving young people’s participation group. Each of these three areas of activity has the potential to make a significant difference to, and improve, the way we safeguard and protect the children and young people of Milton Keynes. We have made major changes to the way we support our workforce and to our training and workforce development programmes, and we held an outstanding conference in the Autumn.

We did not do so well in addressing the on-going issues we have identified in relation to co-ordinating family support and help early in the life of a problem, well before there is any need to involve statutory services, and this work is one of our major priorities in 2017/18. In addition, we have still not managed to develop a comprehensive quality assurance and performance management framework, but we have made good progress.

2017/18 will bring new and exciting challenges as the Board changes to become part of the new MK Together approach. I am in no doubt that the energy, hard work, commitment and dedication of Board members, our partners, front line staff, and all those who work with children and young people, their families and communities, will continue to contribute to our steady improvement and, most importantly of all, ensure that our children and young people are properly safeguarded, their wellbeing is promoted, and when necessary they are protected from harm. Thank you to everyone for what was achieved over the year, and for what you will achieve next year.

Sufficiency Statement

As Chair I am satisfied that the effectiveness of multi-agency frontline safeguarding practice was acceptable in 2016/17, although some areas required improvement. Frontline social work practice ensured a significant number of children and families received the right level of service to meet their needs, and that statutory interventions to protect children and young
people were used proportionately and appropriately. This was supported by equally effective multi-agency support across our children’s centres, schools, and NHS services, as well as through the Police and voluntary sector.

I am also clear that there are some key areas for improvement, particularly in terms of our multi-agency approach to delivering effective, well-co-ordinated prevention, early help and early intervention. We also need to build on the early work we did to develop a learning and improvement framework that actively supports us in terms of understanding effectiveness and driving improvement.

Finally as Chair, I recognise the need to ensure that as we develop our new structures and governance arrangements, that we need to retain and maintain a focus on the effectiveness of multi-agency practice overall, and on key areas of concern as they emerge and are addressed.

Jane Held
Independent Chair
October 2017
Introduction to Milton Keynes Safeguarding Children Board

A Local Safeguarding Children Board (LSCB) must be established for every local authority area. The LSCB has a range of roles and statutory functions including developing local safeguarding policy and procedures and scrutinising local arrangements. Under section 14 of the Children Act 2004, LSCBs have two statutory objectives:

- To coordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area;
- To ensure the effectiveness of what is done by each such person or body for those purposes.

Milton Keynes Safeguarding Children Board met quarterly. It is a multi-agency group, whose core members included Cafcass, Central and North West London NHS Foundation Trust, HMP Woodhill, Milton Keynes Clinical Commissioning Group, Milton Keynes College, Milton Keynes Council, Youth Justice Service, Milton Keynes University Hospital NHS Foundation Trust, National Probation Service, Oakhill Secure Training Centre, school representatives, Thames Valley Community Rehabilitation Company, and Thames Valley Police. A full list of Board members and their attendance can be found at Appendix A. Details of the MKSCB budget can be found at Appendix B.

MKSCB was supported by six subgroups and two task and finish groups (Female Genital Mutilation and Online Safety), which together carried out the day-to-day work in order to help deliver the strategic plan.

MKSCB also had strong links with:
- Milton Keynes Children and Young People Select Committee
- Milton Keynes Health and Wellbeing Board
- Milton Keynes Safeguarding Adults Board
- SaferMK

“Keeping children safe is everybody’s business”
Child Protection in numbers

At 31\textsuperscript{st} March 2017 87 children were subject to Child Protection Plans, representing 13.2 children per 10,000 of the 0-17 year-old population. This is a slight reduction from 2015/16 (when there were 92 children on Child Protection Plans at year end, equating to 14.2 per 10,000).

During the course of 2016/17 127 children were made subject to Child Protection Plans (compared to 109 in 2015/16).

As in previous years, the main category under which children were made subject to Child Protection Plans during 2016/17 was neglect.

Neglect is recognised as encapsulating the wide range of issues for children who are living within families experiencing the most prevalent contributory difficulties (domestic abuse, parental mental ill-health and substance misuse).

The majority of children were subject to plans for less than 9 months.

As in previous years, the majority of children who were subject to Child Protection Plans were white British.

The gender split was approximately equal.

43.8\% of children subject to plans were under 4 years old.

The Child Protection Plans for 37 children (25.7\%) were discontinued when the child was placed in care following instigation of care proceedings (an increase of 1.4\%).

The Child Protection Plans for 95 children (73.6\%) were discontinued and stepped down to Family Support (Children in Need) Plans, where it was deemed that sufficient work had been undertaken with the family to enable children to remain safe (an increase of 3.6\%).

In 2016/17, 6\% (7 children) became subject to a Child Protection Plan for a second or subsequent time against a target of 4\%, compared to 3.3\% the previous year.

These figures have been taken from the Child Protection in Milton Keynes Annual Report 2016/17. A link to the full report can be found at Appendix D.
What have we done in our safeguarding strategy to help and protect children and young people?

The MKSCB strategic goal is:

TO PROVIDE “HIGH SUPPORT AND HIGH CHALLENGE” TO EVERYONE WORKING WITH CHILDREN, YOUNG PEOPLE AND THEIR FAMILIES SO THAT THEY CAN CONSTANTLY IMPROVE THE WAY THEY SAFEGUARD THOSE CHILDREN AND YOUNG PEOPLE AND PROMOTE THEIR WELFARE, ENSURING THEY ARE SAFE ENOUGH TO GROW, LEARN AND THRIVE.

Our current strategic plan runs from 2016 to 2019, and sets out three strategic priorities to help and protect children and young people in Milton Keynes. These objectives are as follows:

<table>
<thead>
<tr>
<th>Priority Activity</th>
<th>Where we want to be by 2019</th>
<th>How will we know we have got there (and made a difference) by 2019?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Holding to account, improving practice, and growing impact.</td>
<td>By 2019 the Board will, through its annual performance and assurance cycle, annual report, and learning and improvement strategy, demonstrate how well each agency is performing and what improvements they are making. Each agency will show regulatory improvements and improvements in practice through in case work audits. Each agency’s decision-making, strategic and service planning and resource investment decisions will be informed by their understanding of how well they are safeguarding children and young people.</td>
<td>100% return rate on annual S11 audits and 95% on S175/159 audits with the overall analysis showing reducing numbers of areas for improvement. Quality assurance work in each agency will demonstrate improvement, with work rated ‘good’ or ‘outstanding’ (or the regulatory equivalent for the agency). Children, young people and families tell us the services they are getting are meeting their needs well.</td>
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<tr>
<td>Engaging with children, young people, families and communities.</td>
<td>The Board has active engagement in all aspects of its work from children, young people and families. Community groups and organisations, including faith groups, understand the role of the Board, respond to the Board’s expectations and contribute actively to the work of the Board.</td>
<td>Children, young people and families are represented in subgroups, or through stakeholder groups working as part of the Board. The Board can demonstrate how their understanding of the needs of communities has influenced multi-agency service investment and developments that safeguard children and promote their welfare.</td>
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<td>Focusing on key areas of improvement and challenge activity.</td>
<td>The Board has a strong performance and quality assurance framework and system, which provides the system intelligence needed to respond to changes and improve. The Board is recognised by partners and their staff as there to support their strategic, operation and decision-making practice, and to challenge it. Emerging areas of concern are quickly identified and responded to. Organisation change and system churn is “stress tested” by the Board and quality-assured as required.</td>
<td>The performance and quality assurance data shows the curves we want to turn and how well we are doing in turning them. Staff surveys demonstrate that the Board’s work influences what organisations do on a daily basis at senior leadership, managerial and frontline levels. The Board’s governance arrangements allow for quick and flexible changes in direction and the business plan is open to in-year change. Organisations appropriately and proportionately include the Board in their due diligence work before implementing</td>
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change, and the Board assesses the quality of practice and system impacts on children and young people after changes are implemented.

To read the document in full please go to: http://www.mkscb.org/about/who-we-are/mkscb-business-plan/
HERE FOLLOWS AN UPDATE REPORT FROM MILTON KEYNES CLINICAL COMMISSIONING GROUP

The Milton Keynes Clinical Commissioning Group (MKCCG) is the clinically-led statutory NHS body responsible for the planning and commissioning of health care services in Milton Keynes. MKCCG has responsibilities to continually seek to improve the quality of care.

The MKCCG safeguarding duties include ensuring safeguarding is integral to all commissioning functions; assuring and supporting commissioned services to deliver effective safeguarding practice, and working with partner agencies in accordance with Working Together 2015.

The NHS commissioning landscape is complex. Though CCGs commission the majority of health care services, some parts of the health system are commissioned by NHS England, for example, Primary Care, secure psychiatric inpatient provision and inpatient Child and Adolescent Mental Health Services (CAMHS). Public Health also commissions some health services, for example, health visiting, school nursing, sexual health and substance misuse services.

The MKCCG safeguarding team works to ensure a cohesive approach to safeguarding with partners, providers, commissioners and our safeguarding networks.

What have we done?

Looked After Children

- We heard the voice of Looked After Children (LAC) through a ‘Well and Wise’ event delivered jointly by MKCCG and MK Council.
- The Designated Nurse worked with Children’s Services to develop a joint process of consent for both placement and medical treatment and assessment.

Partnerships

- We worked through partnership forums such as the LAC health forum and the Multi-Agency Safeguarding Hub (MASH) governance group, to generate improvements.
- The CCG Designated Nurse chaired the Serious Case Review subgroup - this work is detailed elsewhere in this report.
- The Designated Nurse has worked with the MKSCB Quality Assurance Subgroup to revise assurance processes including developing a new data quality system and safeguarding dashboard.
- We led the MKSCB FGM responses through a multi-agency panel and establishing a community engagement project – this work is detailed elsewhere in this report.
- The CCG worked with Primary Care and the Multi-Agency Risk Management Meeting (MARMM) to strengthen
information sharing around children and young people who go missing and who are at risk of CSE.

- We scoped the need for improvement work relating to fabricated and induced illness (FII) – responding to an increase in cases which have involved elements of FII behaviours. This included a survey with a response rate of over 600 from across the partnership.

Assurance and Guidance

- The CCG participated in the development and piloting of the NHS England safeguarding self-assessment tool. MKCCG’s self-assessment against the assurance tool was 93% as green, and the remaining 7% as amber. The amber ratings related to team capacity and training compliance.
- The CCG has worked with commissioning services across the year to support and assure their safeguarding arrangements. The Designated Nurse has also worked with Public Health to develop comprehensive assurance of safeguarding children across the local health economy.
- The CCG worked to support Primary Care. This included a joint safeguarding event attended by over 200 Primary Care staff, along with forums for practice leads and guidance materials. The Designated Nurse developed and implemented a Primary Care Safeguarding Children IT Template.

How well have we done it – what difference have we made?

- The CQC conducted a week-long review of Milton Keynes Health Services in Safeguarding and Looked after Children. This report was published in October 2016.
- The methodology included case tracking the journey of children and the services they received, as well as reviewing systems and documentation.
- The inspection looked at the role of providers and commissioners, specifically:
  - NHS Milton Keynes CCG.
  - Milton Keynes Council Public Health – as commissioners of health visiting, school nursing, substance misuse and sexual health services.
  - Milton Keynes University Hospital NHS Foundation Trust - paediatrics, emergency admission, and maternity.
  - Primary Care.
  - Brook Advisory.
  - Compass – substance misuse services.
- The inspection highlighted many aspects of very good practice, as well as some areas where health services
could make improvements. A joint action plan is being progressed.

- The inspection report summarises the findings. The full inspection report can be found at:

**Primary Care**

- The CCG support tools such as the SystmOne template, forums, training, and guidance pack, have made a positive impact on the contribution GPs make to safeguarding children.
- MASH has reported a noticeable difference in engagement with Primary Care in relation to safeguarding children, particularly around information sharing and the quality of that information. This is as a direct result of the multi-disciplinary meetings that practices are now holding on a regular basis to discuss safeguarding concerns.
- This increased knowledge and confidence is endorsed by GP practices.

"They are a good team. I recently had to do a chronology which I had never done before, but the Primary Care Safeguarding Nurse was so helpful and sat with me for a good few hours to help me complete it. I definitely have a better understanding of safeguarding."

"The swift advice provided by the Primary Care Safeguarding Nurse and named GP was excellent. Not only did I have a clearer idea of how to proceed with my patient, I also felt confident that no one was at risk and that I had good support from the safeguarding team. I was given some good tips and had follow up emails to ensure I was still doing the right thing for my patient. Great – keep up the good work!"

"Both the Primary Care Safeguarding Nurse and Designated Nurse have been a great support to our safeguarding team here at the Surgery. They have always offered good advice, are very approachable, and provide an efficient service to us. They both are always there to help and support us with any queries and difficulties we encounter, which is very reassuring to us knowing that we have a good team supporting us when needed."

"The forums/meetings they offer to us are always very informative and provide us with the necessary information we need to run our safeguarding MDT meetings."

**Primary Care Practitioners’ Views**
Looked after Children

- The aim of the ‘Well and Wise’ event was to share health awareness with children and young people, but also to hear from them regarding what they like about their health assessments, and what they would like to change. The event was very successful in identifying developments for health assessments to be addressed through the joint Health and Social Care LAC forum. Feedback from one young person aged 12:

“It was sensational to learn about all the different aspects to health. I was happy that young people were being asked about their health assessments and we were able to say what we thought about it. We would like more events like this in the future.”

Looked after Child

- Over this last quarter we have seen a decrease in the number of health assessments getting completed within the statutory time frames. This has been due to the challenges social workers have had around gaining consent. The introduction of the joint form for consent is designed to make the process more efficient and less intrusive for parents and providing Looked After Children with timely assessments.

Next steps

Specific areas for development in 2017/18 include:

- Work with our providers, commissioners and partners to ensure our work is informed by the views of children and young people.
- Develop tools and guidance for multi-agency responses to fabricated and induced illness – informed by the learning review.
- Strengthen a health-wide approach where children ‘Did Not Attend’ to ensure safeguarding concerns are identified.
- Support the FGM community engagement work to become sustainable.
- Formalise the governance of safeguarding assurance for Primary Care as part of the CCG’s wider delegated commissioning arrangements.
- Work with the integrated MK Safeguarding Board and across the Sustaining Transformation Plan footprint to make the most effective use of resources.
What has each subgroup done?

Child Death Overview Panel

The information below is a brief summary of the work of the Child Death Overview Panel (CDOP) during the 2016/17 financial year.

The Milton Keynes Safeguarding Children Board’s Child Death Overview Panel (MKSCB CDOP) met four times during the period 1st April 2016 to 31st March 2017. The panel membership included representatives from the Coroner’s Office, Milton Keynes Council - Children’s Services, Milton Keynes University Hospital NHS Foundation Trust, Public Health, Thames Valley Police, and the Safeguarding Board Business Manager.

What have we done?

The number of child deaths reviewed and completed rose from 25 cases during the year ending 31st March 2016, to 31 cases in the year ending 31st March 2017. A further 22 child death reviews were on-going as at 31st March 2017. 35% (11) of the child deaths reviewed were of children aged 0 – 27 days. 77% (24) were male. 39% (12) were of ‘non-white’ ethnicity (the ethnicities of three cases were unknown).

During meetings members consider the child’s background and events leading to the child’s death; they are required to classify each death reviewed. This classification is hierarchical; where more than one category could reasonably be applied the category highest on the list is assigned. Below is a chart showing the distribution of child deaths reviewed by the category assigned.

Per centages of deaths reviewed by category of death 2016/17

- Perinatal/neonatal event (C8) 45%
- Chromosomal, genetic & congenital anomalies (C7) 13%
- Sudden unexpected, unexplained death (C10) 7%
- Trauma & other external factors (C3) 19%
- Chronic medical condition (C6) 6%
- Acute medical or surgical condition (C5) 7%
- Unknown category 3%
One death reviewed by the panel was referred to the Serious Case Review (SCR) panel by health partners, and one case was referred to the SCR panel by CDOP. The case referred by health was taken forward to a SCR. However, when the case referred by CDOP was discussed, it did not meet the criteria for an SCR. It was one of the cases considered as part of MKSCB’s thematic review.

How well have we done it?

- The CDOP review of child deaths became timelier during the period. At the end of the 2016/17 financial year only 22 cases were waiting to be reviewed, compared to 30 cases at the end of the previous financial year. As at 31st March 2017, MKSCB CDOP had reviewed 89% of cases of notifications of death - a significant increase when compared to the same date in the previous year (84%).
- The panel identified that extreme prematurity was a feature in 57% (8) of the 14 deaths in the perinatal/neonatal event category. In four of the deaths in which extreme prematurity played a role, modifiable family and environment factors were found to have contributed, including mother’s obesity and smoking of mother or within the family.
- During this period, the percentage of reviews with modifiable factors increased significantly from 12% to 29%. The most frequent modifiable factor among the 31 cases reviewed was consanguinity, which was assessed to provide a complete and sufficient explanation for four deaths. Other modifiable factors that completely explained deaths were poor parenting and healthcare incidences during labour.

What difference have we made?

- CDOP initiated an in-depth public health study of deaths due to extreme prematurity in order to identify any lessons, and to make recommendations to health and social partners to address the issue. The study findings will be reported during 2017/18.
- The panel liaised with the Royal College of Pathology to assist it to streamline the local protocols for pathologists to work with the treating clinician at the time of death.
- Concerns arising from the review of a death due to a road accident were provided to Milton Keynes Council to assist in the planning of roads that are safe as possible for children.
- CDOP provided local children and young people with an understanding of its work and the opportunity to have any questions answered.

Child Sexual Exploitation subgroup

Government guidance anticipates that all areas will develop and implement strategies for responding to actual or suspected incidents of CSE, and minimising the risk that CSE is taking place through co-ordinated multi-agency action.
A revised definition of CSE published on 16\textsuperscript{th} February 2017 emphasised that CSE is child abuse, and that established local guidance and protocols for safeguarding children must apply where there are concerns, but that at the strategic level additional measures including training, awareness-raising, and disruption of perpetrator activity should form part of the broader response.

The CSE subgroup led on the strategic planning and oversight of CSE-related activity, in accordance with the priorities of the MKSCB. In addition it supported and scrutinised the work of the operational arrangements for responding to cases involving CSE and/or children who go missing frequently known in Milton Keynes as Multi-Agency Risk Management Meetings (MARMM).

During 2016 it took on an expanded role in relation to children who go missing from home or care and those who are missing from education. This was in recognition that there are significant overlaps between these groups of children and that the fullest possible picture of the scale and nature of local challenges requires a broader perspective given that the incidence of actual CSE has remained low.

**Business plan action**

In April 2016 a full stocktake of progress over the preceding two years was undertaken against the business and other action plans. This was reported to MKSCB and other groups and led to a revised action plan with greater emphasis on community engagement and incorporating the work on missing children.

Further revisions to the terms of reference for the CSE subgroup were made, but will require ongoing review as the landscape around this topic continues to change.

**What have we done?**

- Conducted a full stocktake of progress to date and some benchmarking against other areas with higher levels of CSE.
- Reviewed membership of the CSE subgroup to ensure increased oversight on missing children and those missing from education.
- Established an overall dataset for CSE and Missing beyond the data collected by MARMM.
- Oversaw review of CSE training in conjunction with the Learning and Development subgroup.
- Oversaw review of MARMM with Police taking on leadership of the missing children element and the Council retaining the lead role for CSE.
- Oversaw review of the CSE screening tools and carried out audits to establish to what extent the tools are used and the CSE strategy understood by local agencies.
- Commissioned and received feedback from a task and finish group exploring the local therapeutic offer for victims and survivors of CSE including adults.
• Considered the current range of disruption measures and activity levels in conjunction with the Police and Safer MK. Supported the development and dissemination of a practitioner guidance manual prepared by the lead social worker for CSE.
• Contributed to key local events including the annual MKSCB conference and a one day event on ‘Keeping Children Safe in Education’.
• Contributed to the Ofsted inspections of children’s services and MKSCB.

How well have we done it?

• Levels of actual CSE as reported to MARMM have remained at a low level especially of the more serious kind.
• Awareness-raising led to increased numbers of boys being recognised as at risk of CSE, as well as due to them going missing.
• The review of MARMM has led to a more focussed and streamlined discussions saving partnership time and resources.
• Use of regular locality meetings with schools and organisation from defined areas to explore lower level concerns relating to CSE, Missing, Gang and Radicalisation.
• Improved data collection including the use of an integrated data base for MARMM has led to a better understanding of the scale and nature of local issues.

• Improved knowledge of disruption and enforcement measures across agencies and how much is being done by the Police and other key agencies.
• The Ofsted inspection of Children’s Services and LSCB reported positively on both the operational and strategic responses to CSE as seen below:

The MARMMs are supported by three child sexual exploitation locality panels, which effectively consider and review risks to children at lower and emerging levels of vulnerability. Intelligence is synthesised and patterns mapped, recognising the correlation between children who go missing from home and school, their engagement in youth offending and their heightened risks of exposure to sexual exploitation.

What difference have we made?

• The continued vigilance of local agencies, especially through the MARMM, continues to indicate that levels of CSE are low and being managed quickly and decisively when they do occur.
• Compared to two/three years ago the level of awareness of the CSE agenda and confidence in identifying and responding to issues are much greater, but the surveys undertaken suggest that there is still more to do with schools and some health services.
• Actions taken by colleagues in the Council supported by the group have led to a more robust approach to children who go missing from education including those educated at home or on part-time school timetables.
• Training is now tailored to different levels of learning need, with those most closely associated with cases of actual or potential CSE getting a more in-depth offer to equip them to deal with cases under their care.
• Children’s Social Care (CSC) has undertaken an Inherent Jurisdiction Order on Looked After Children. Thames Valley Police increased patrols in YMCA, an identified hotspot, and the use of outreach youth workers to target a location identified at locality meeting has occurred. Increased drive on getting the wider community to provide intelligence, and LSCB has included this form on their website.
• Provided reassurance to senior leaders and the general public through positive responses from Ofsted.

Next steps

• Further develop engagement with children, young people and communities to broaden the scope and inclusivity of the CSE and Missing agendas.
• Further develop work on therapeutic responses for children and adult survivors of CSE.
• Include trafficking within the scope of analysing exploitation concerns.
• Create greater awareness amongst black and minority ethnic residents.
• Capture data at referral stage to CSC.

Joint Communications & Engagement subgroup

The Joint Communications and Engagement subgroup was formed in 2016 when the two separate sub-groups for the children’s and adults safeguarding boards were merged. The aim was to create a single group that could pool resources, avoid duplication and create a closer working relationship and cohesion between the work of the boards.

What have we done?

• The group held three meetings during the year.
• Reviewed and streamlined membership of the group to ensure key partners were invited.
• Managed the design and production of the Safeguarding Adults Annual Report. The report was well received by all partners.
• Managed design and production of a Safeguarding Adults Review Executive Summary.
• Refreshed and reissued the MKSCB posters on neglect, child sexual exploitation, physical punishment, and female genital mutilation. These were reissued to schools and other organisations.

How well have we done it?

• Meetings successfully brought the two elements – children and adults – together. Those who attended embraced the new way of working.
• Attendance at meetings proved difficult for some members, which unfortunately meant that partners were not well represented on the subgroup.
• Time specific tasks were carried out successfully, such as the production and publication of the annual report.

What difference have we made?

Safeguarding communications activity took place throughout the year, however, the majority of this was carried out by individuals within organisations rather than through partnership working.

Next steps

The subgroup will no longer operate in its current form. Under the new arrangements for MK Together, communications for the Board will be project based, calling on communications expertise from the appropriate organisation/officer. Communications will be an item on the agenda of the project groups, with the Chair responsible for contacting communications colleagues as necessary.

Learning and Development subgroup

Working Together (2015) requires Local Safeguarding Children Boards to develop policies and procedures in relation to the ‘...training of persons who work with children or in services affecting the safety and welfare of children’. This includes a duty to ‘monitor and evaluate the effectiveness of training … to safeguard and promote the welfare of children’.

The Learning and Development (L&D) subgroup led on the strategic planning and oversight of learning and development activities, in accordance with the priorities of the MKSCB. Contributing to the Learning and Improvement Framework, the subgroup sought assurance that L&D opportunities successfully equip the wider workforce with the skills and knowledge required to promote positive safeguarding outcomes across Milton Keynes. The group had representation from a range of partner agencies.

Business plan action

A full review of L&D was undertaken in line with the newly revised Learning and Improvement Framework. Terms of reference for the L&D subgroup were updated to reflect a shift from operational delivery to strategic oversight, with a greater focus on impact, evaluation and engagement with children, young people and communities.

What have we done?

• Conducted a full review of learning and development.
• Implemented an interim L&D strategy and a new evaluation framework using outcomes based accountability (OBA).
• Broadened membership of the L&D subgroup and inter-agency training pool.
• Implemented charging policy for non-attendance at training events.
• Introduced new quality assurance measures for the MKSCB basic safeguarding training, delivered using a ‘train the trainer’ model. The training has been delivered on 101 occasions, by 41 trainers, to approximately 1137 delegates across Milton Keynes. Quality assurance observations were carried out on 10% of single-agency trainers, resulting in only one trainer requiring further development.
• Provided a programme of formal and hosted training events (see Tables 1 and 2)

Table 1: Formal MKSCB Training Provision

<table>
<thead>
<tr>
<th>Number of Course Subjects Offered</th>
<th>26</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Events Held</td>
<td>58</td>
</tr>
<tr>
<td>Total Number of Bookings</td>
<td>1308</td>
</tr>
<tr>
<td>Total Attendance</td>
<td>1176</td>
</tr>
</tbody>
</table>

Table 2: Hosted Events

<table>
<thead>
<tr>
<th>Event Title</th>
<th>Description</th>
<th>Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Voice of the Child</td>
<td>MKSCB annual conference, involving 19 speakers, including young people who presented a key note presentation on their very own online safety campaign.</td>
<td>240</td>
</tr>
<tr>
<td>Communities Working Together</td>
<td>Targeted training events to broaden engagement with faith and community leaders.</td>
<td>41</td>
</tr>
<tr>
<td>Keeping Children Safe in Education</td>
<td>Co-hosted conference aimed at safeguarding governors and designated leads in education.</td>
<td>109</td>
</tr>
</tbody>
</table>

How well have we done it?

• Decreased the number of no-shows on training events from 12% (15/16) to 10% (16/17).
• Increased the utilisation of available training spaces from 60% (15/16) to 77% (16/17).
• Increased the number of faith and community leaders trained from four (15/16) to 52 (16/17).
• Increased the evaluation completion rate from 46% (15/16) to 57% (16/17).
• Almost all (98-99%) delegates reported that training was delivered by facilitators who were well-informed. Over 96% of delegates also felt that their training provided them with
a better understanding of inter-agency working, increasing their confidence to work on an inter-agency basis.

What difference have we made?

- 98% of delegates attending formal MKSCB inter-agency training reported that the learning would have an impact on their practice.
- 19 delegates were interviewed three - six months after attending a training event, of which 58% provided evidence that training had had an impact on their practice. Examples included policy changes, disseminating learning to colleagues, increase in referrals and a complete overhaul of safer recruitment processes and procedures.
- Provided a platform, via the MKSCB Annual Conference, for young people to be involved in the design and delivery of key note presentations and workshops, speaking directly to the professionals charged with their care.
- Qualitative feedback from events provides evidence of training transfer, applying learning from events to practice in the workplace.

"As a direct result of attending the meeting, I recognised that we, as a community, need to be more proactive in raising awareness and educating others regarding various aspects of safeguarding. I was inspired to put myself forward as an outreach worker to raise awareness and to promote a zero-tolerance stance on FGM. I also look forward to being more involved in other related activities that would positively benefit our communities."

Delegate, Communities Working Together Event

Next steps

- Consult on, develop and plan the implementation of a competency framework.
- Further develop engagement with children, young people and communities to broaden the scope and inclusivity of learning and development activity.
- Embed the Evaluation Framework to demonstrate the impact of L&D activity.
- The Ofsted inspection of Children’s Services and LSCB reported positively in terms of learning and development as seen below:

Considerable work has taken place to strengthen the quality and effectiveness of the Board’s learning and improvement framework, and there are some early signs of improvement, including an increase in take up of training.

Performance and Quality Assurance subgroup

Regulation 5 of LSCB Regulations 2006 identifies that functions in relation to delivering two objectives include: ‘monitoring and evaluating the effectiveness of what is done by the authority and their Board partners individually and collectively to safeguard and promote the welfare of children and advising them on ways to improve’. Regulation 5 further identifies using data to assess the effectiveness of early help, whether partners are fulfilling their statutory obligations, quality-assuring practice, including through joint audits of case
files involving practitioners to identify lessons to be learned, and monitor and evaluate the effectiveness of training. Therefore, the Board facilitates these requirements through the activities of the Performance and Quality Assurance subgroup (PQA).

**Business plan action**

The key actions were to create a performance and quality assurance and improvement framework, which included a new OBA Learning and Improvement framework, performance report and electronic audit tools.

**What have we done?**

The Safeguarding Board adopted OBA as the MKSCB’s performance framework model. This was supported by the Learning & Improvement Framework, which was rewritten and based on OBA performance framework and was approved in September 2016. This piece of work was addressed as a priority as all the work of the MKSCB is based on learning and improvement. This framework was than translated in the subgroup tasks by developing the performance score cards, briefing documents, and audits reflecting the OBA model. It also included the revision of the terms of reference.

The following were a number of specific actions the PQA subgroup completed from the business plan:

- Worked with IT solutions company Phew to develop an online audit tool, which was used to carry out safeguarding s175/s157 school audits, which were reviewed by the Board office and analysed by the PQA group with the Board asking the ‘so what?’ question.
- A MKSCB Risk Register and Challenge Log were developed and reported to Board meetings (BU2b).
- The Board office developed a system for recording and tracking multi-agency case file audits conducted under the auspices of the Safeguarding Board.
- An audit schedule was developed that included FGM, Neglect and Thresholds. During the course of the year a multi-agency audit was conducted on two case files where there were concerns about neglect. The FGM Panel is building into the monthly panel meetings a system of auditing, which the PQA will review. In addition, reviewed and signed off the action plans from previous PQA multi-agency audits, including Family Support, s11, MASH, CSE and Missing Children.

**How well have we done it?**

- The revised Terms of Reference link to OBA and the revised Learning & Improvement Framework.
- The Ofsted inspection of Children’s Services and LSCB reported that there is more work to do in terms of quality assurance as seen below:
OBA Performance Framework now underpins all the work of the Safeguarding Board. All groups consider how much they have done, how well they have done the work, and what difference the work they do makes to families in Milton Keynes. If the actions are not making a difference, then it’s reviewed as to what we do and how we do it. This is evidenced in the report cards that are collected and any highlighted critical messages are reviewed by the Board.

The outcome of neglect audit with additional supporting evidence of learning reviews was to commission an early help review.

The newly developed electronic online s175 audit for schools presented some schools with difficulties however, with persistence most of the issues were resolved to enable schools to have clear action plans including grading from the board office. Example of schools’ comments:

“The action plan that came out of the (s175) audit was extremely useful and although hard work, the audit provided the opportunity to assess where we were with the standards.”

“The action plan that has been generated since inputting all of the data (s175 audit) has been a useful tool to then show my safeguarding governor, and also the Full Governing Board.”

What difference have we made?

The multi-agency actions from the Neglect audits are to be included as part of an Early Help Review with the Performance and Quality Assurance subgroup to evidence the completion of the actions in ‘making a difference’. The briefing Neglect reports detailed the methodology and findings of these audits which were presented to the Children’s Programme Board for discussion and assurance/challenge.

Next steps

- Address in 2017/18 Business Plan – how to work jointly with Adult Safeguarding colleagues to make the transition to a joint adult and children’s Performance & Quality Assurance subgroup, potentially meeting once a quarter, with specific Chair meetings.
- Develop an annual assurance cycle with key timescales, agency requirements and outputs for all statutory partners – in light of new safeguarding partnership arrangements, widen this remit to cover statutory partners of each of the new Programme Boards i.e. children and adults.
- Conduct s11 audit of statutory agencies, and a number of commissioned services, using the online audit tool.
- Develop new audit tools to review the Board’s effectiveness and assess the Chair’s effectiveness.
- An Early Help review.
Keeping children safe is everybody’s business

Serious Case Review subgroup

LSCBs have a statutory duty set out in Regulation 5 of the LCSB regulation 2006 and section 14 of the children Act 2004 and Working Together 2015 to effectively learn lessons from all types of reviews including serious case reviews (SCR), and to effectively assist and monitor changes in working practices from lessons learned that arise from SCRs. The subgroup has strengthened the framework by which the cases are considered for a review. A signs of safety approach has been adopted to ensure the group can collate all the information submitted by all agencies involved with the child and family. This approach enables the group to focus on four areas:

- What worked well?
- What were the challenges?
- Areas of further learning and themes identified?
- The voice of the child and young person.

Business plan action

To continue to develop the work of the SCR subgroup and how it turns reviews into learning and improvement activity.

What have we done?

- Completed and published one SCR;
- Recommended a second SCR that is in the process of being commissioned;
- Completed a multi-agency case audit on Neglect;
- Completed a Thematic Review on three cases where similar learning was identified;
- Recommended a Single Agency Review for Health.

In 2016/17 the referral process and the supporting tool kit that was developed in 2015/16 were embedded across agencies with referrals being made not just from one agency, but from various agencies such as Health, Children’s Social Care, and the Police. It has also resulted in an increase in cases being considered for learning reviews - not just SCRs.

The subgroup membership has a good strong multi-agency membership with new members this year, along with stronger virtual links with Housing, voluntary services, and Primary Care.
again has strengthened the group’s ability to identify areas of learning.

The subgroup has continued to support the quality assurance process of SCRs and Learning Reviews undertaken by Milton Keynes Safeguarding Board. Assurance has been sought from agencies when they have been involved with the review about the actions they have taken to implement the learning.

There are now clear governance processes in place to communicate between subgroups to the Board through the implementation of a monthly cases review summary 'report card', with identified critical messages.

An example of a critical message was learning from SCRs completed by another LSCB, but where it involved contribution from Milton Keynes Services due to the family having lived in Milton Keynes – previously reviewed by the subgroup, and appropriate service improvements identified.

How well have we done it?

- The subgroup has fulfilled its obligations as set out in Working Together 2015.
- There is a strong emphasis on reviewing practice and identifying how relevant organisations can improve their practice in light of the lessons learnt. The group takes active responsibility for disseminating learning and ensuring that in identifying learning the child’s everyday lived experience is explored, considered and listened to.

- The Ofsted inspection of Children’s Services and LSCB reported that:

  There is still more to do for the board to be confident that training and dissemination of learning, particularly from serious case reviews, are appropriately integrated into operational practice and improve services delivered to children.

What difference have we made?

- A Primary Care Safeguarding Children IT template has been designed, developed, and implemented by the Designated Nurse for Safeguarding Children, including learning from SCR, in relation to sharing safeguarding information across GP practices when families move GP practice.
- Prioritising housing placements for vulnerable young parents agreement in place - this was direct learning from the Thematic Review
- A Perinatal Mental Health pathway has been developed and implemented with clear safeguarding indicators included, along with a training program for practitioners. This was a direct result of learning from an SCR.
- Commissioning is underway for a review of Early Help provision within Milton Keynes. This is to include a review of the Common Assessment Framework (CAF). This is a direct result of learning from the Thematic Review where issues were identified about the lack of a common assessment approach across services, and the early identification of vulnerabilities.
• Multi-agency approach to developing a young parent’s pathway of service provision is underway. This will support the work around Early Help and CAF. Young parents were identified in the Thematic Review as being vulnerable and learning about a lack of a joint approach to service provision and information sharing was identified.

Next steps

• Continue to work closer with the Performance and Quality Assurance subgroup in seeking assurance around the ‘so what difference have we made?’ question around the learning identified from reviews.
• Work with the Learning and Development subgroup using creative ways to ensure learning from reviews is shared with frontline staff, and how that learning has changed practice is captured.
• Support the new structure changes as the Safeguarding Board becomes joint (children and adults), by developing a joint SCR and Safeguarding Adults Review process to identify learning, and to ensure that reviews have a consistent process approach.
What has each task and finish group done?

Female Genital Mutilation task and finish group

Female genital mutilation (FGM) is a serious form of child abuse and violates the Human Rights of girls and women.

FGM has been a criminal offence in the UK since 1985. In 2003 it also became a criminal offence for UK nationals or permanent UK residents to take their child abroad to have female genital mutilation. The Serious Crime Act 2015 requires doctors, nurses, midwives and teachers to report cases of FGM to the Police – set out in Multi-Agency Statutory Guidance on FGM (2016).

Milton Keynes benefits from a diverse community. Our population includes high representation of communities where FGM has traditionally been practised.

Business plan action

Milton Keynes Safeguarding Children Board has identified tackling FGM as a key strategic priority. Our work, which began in 2015, has continued throughout 2016/17 and progressed our strategy, which is based around key themes.
What have we done?

- During 2016/17, the monthly FGM multi-agency panel received 101 referrals from agencies that had completed a FGM screening tool.
- We revised and updated the FGM screening tool.
- We used data from the FGM panel to identify communities within Milton Keynes where efforts should be prioritised.
- We commissioned a Community Engagement project. This supports change from within communities to end FGM and to provide support to those who are historical victims of FGM. Funding was secured from MKSCB, Milton Keynes Clinical Commissioning Group (MKCCG), Milton Keynes Council - Public Health, and Thames Valley Police and Crime Commissioner for a six month project.
- We delivered training through single agencies and through the MKSCB training offer.

How well have we done it?

- The numbers of screening tools received from different quarters of our multi-agency partnership, indicate practitioners are using the guidance and training to appropriately identify risks of FGM.
- We have been successful in getting our Milton Keynes FGM Community Engagement project – ‘Be Bold’ - off the ground. This has massively benefitted from the expertise, skills and commitment of two Somalian women.

What difference have we made?

- From the 101 screening tools, we are assured that risks of FGM have been identified and that proportionate preventative responses made.
- Some referrals have been made directly to the MASH where higher risks were identified. The referrals were appropriate and fully investigated, but no child protection plan was necessary.
Feedback from some families indicates the concerns had been managed sensitively and that they appreciated professionals were looking out for the safety of their girls.

Our Community Engagement project has already established a group of parent champions and is building a group of young people to champion eradicating FGM.

Here are some views from people who have engaged in the FGM Community Engagement project.

### ‘Be Bold’ - Feedback from people in the community

“I have finally found somewhere where I can talk about what happened to me freely without feeling embarrassed. Thank you.”

“I always thought that FGM was a religious obligation as that is what I was led to believe most of my life, even though I felt in my heart that it was wrong. Attending these meetings has educated me that FGM has no religious basis.”

“I underestimated the full impact FGM has had on me until I heard experiences from other victims. I have suffered from anxiety especially when undergoing any gynaecological procedure. I hadn’t recognised that my anxiety was as a direct result of being a victim until I heard it from several women at the meeting. I can now access the support I need to overcome these anxieties.”

“Looking back, I thought that FGM only affects my community. These meetings have been very informative and shown me that there are many other communities around the world affected. FGM affects a lot more people than I first thought.”

### Next steps

- The FGM group was established as a task and finish group to generate the resources and infrastructure for agencies to work with communities to end FGM. We are proud of the work our task and finish group has achieved. Our multi-agency panel, screening tool, procedures and accompanying resources are now being used as ‘business as usual.’

- The work of our ‘Be Bold’ Milton Keynes FGM Community Engagement Project will be supported through a small reference group of commissioning and funding bodies Milton Keynes Council - Public Health, MKCCG and MKSCB.

- Our aim is for this project to become self-sustaining community-based preventive work that working together with a statutory-led response by our agencies will end the practice of FGM.
Online Safety task and finish group

Business plan action

In line with the MKSCB 2016/17 annual business plan, the Online Safety task and finish group were tasked with maintaining and extending work around online safety, engaging increasingly with young people. The key priorities for the group were to develop and complete an action plan, inspired by the findings of the MKSCB Online Safety Survey, and develop a local plan for Safer Internet Day 2017 (SID).

What have we done?

- Presented the findings of the MKSCB Online Safety survey to 266 young people who participated in the National Citizen Service (NCS) programme.
- Collaborated with Bletchley Park to support an event for SID, attended by over 140 young people, including young people from six local schools.
- Audited online safety provision in 65 local schools.
- Produced guidance on youth produced sexual imagery, filtering and monitoring and differentiated online safety resources for use with children and young people.
- Delivered online safety training to 59 professionals and volunteers
- Launched a film competition for SID, attracting six entries from local schools.

How well have we done it?

- The MKSCB Online Safety Survey inspired three groups of young people to develop social action projects on bullying and youth produced sexual imagery.
- Successfully facilitated the involvement of local young people in the development of an online safety application, launched by Bletchley Park on Safer Internet Day.
- The work of the group inspired a change to online safety guidance for foster carers and children in care.

“This increased my awareness of the issue of online safety and social media. This is a great campaign that I will go back and share”.

Delegate Feedback on the Young People’s Online Safety Campaign Conference

What difference have we made?

- The video resources created by young people as part of their NCS social action project were presented to over 240 professionals at the MKSCB Annual Conference. They reached over 4,600 social media users, attracted over 800 views on YouTube and were praised by the United Nations Chief of the Global Programme on Cyber Crime.
Permission was sought from a leading online safety consultant to use the resources within training programmes nationwide and one of the resources was exhibited at Bletchley Park on SID.

- 100% of delegates attending the MKSCB Online Safety training stated that the training led to an increased understanding of online risk, and would inform their future practice.

“I now have a much clearer understating about the subject. Has helped us to rewrite our policy and look at what more we can do both within the setting and also information we can provide to parents/children.”

Delegate, MKSCB Online Safety Training

Next steps

- Continue to offer inter-agency online safety training for professionals and volunteers.
- Support the SID competition winners to create a professional online safety resource that will be disseminated through training and online marketing locally.
- Promote National Safer Internet Day in 2018.
Milton Keynes Safeguarding Children Board
Business Plan 2016/17

In 2016/17 our business priorities were:

1. Developing a participation strategy and engaging with children and young people. This has been completed.

2. Creating a performance and quality assurance and improvement framework. This has been completed.

3. Maintaining key task and finish groups: E-safety and Neglect and continuing to develop our work on CSE (and missing children) and FGM. This has been completed.

4. Review our governance and develop and build on existing relationships with the other Boards to create new ways of working together, as well as through partnership agreements and protocols. This has been completed.

5. Scope and develop a refreshed approach to the provision of co-ordinated early help across the system to ensure services and joint partnerships will recognise and respond to the needs of ‘the child behind the adult and adult behind the child’. Work has begun – a project brief / initiation document was devised, ahead of a three month project which commenced summer 2017.

So how did we do? A summary of 2016/17

What have we done?

In 2016/17 we undertook a wide range of activities, which together addressed some new and emerging concerns such as E-Safety, built on a growing understanding of safeguarding concerns about CSE, Missing Children, and FGM, and helped the ongoing work or equip our very extensive multi-agency workforce to consistently improve their practice. In addition, and close to the heart of genuinely changing the way we work, is the work we have done to engage with children and young people themselves.

As a Safeguarding Board we know from the Annual Safeguarding Report completed by Children’s Social Work Services that frontline practice remains consistently focused on meeting the need for safeguarding support through Family Support Teams and the Child and Family Practices, and that our child protection work continues to make sure the most vulnerable children in Milton Keynes are made safer.

We also know from a range of sources and evidence that the work done by schools and colleges, children’s centres, midwives, health visitors, school nurses, Youth Offending Services, and the voluntary sector, is day by day quietly
How well have we done it?

We have the benefit of having had external validation at the end of 2016/17 as to how well we are collectively doing. OFSTED’s judgement fits with the story we have been establishing over the year. Children are safeguarded, on a single and multi-agency basis, and partners work well together and achieve that. We are focusing on the right things, and we need to get more consistent in what we are collectively still investing in safeguarding activity and services, and staff are well informed and positive about what they do. We have some excellent practice, but it is not consistent enough, and we need to do with improving some aspects of what we do, and on being more ambitious for our services.

As a Board we know that OFSTED found that we also require significant improvement. Our partnership is good, but despite the significant improvements we made during 2016/17, the Board is not yet able to demonstrate its effectiveness in scrutinising frontline practice and influencing outcomes for children. Many of the improvements we have introduced over the year, especially our learning and improvement framework, have not had time to demonstrate their effectiveness or impact across the partnership - many changes are too recently implemented.

The Board has steadily got better at focusing on this and on building up our understanding of both performance, the quality of practice, and the experience of children, young people, families, communities and staff. We are now a Board that focuses on how well children are safeguarded, how much their welfare is promoted, and on the evidence available that tells us what difference we are making, using the story behind the evidence, to help highlight for our partner agencies where things need to improve.
What difference have we made?

We know from the data that we have got from our partners that we have made a difference to a significant number of children and their families when things are getting tough, and that the Family Support Teams and Child and Family Practices are effectively ensuring children can stay at home with their families, safely and with support. We also know that we are still ensuring that we intervene before things get so bad statutory child protection action is needed. There has been an increase in the numbers of children who are subject to child protection plans and who are looked after, but compared with national trends the increase is less.

As a Board we have made a difference in terms of beginning to understand our data and use it better to inform and influence practice, service provision and service co-ordination, although we have a massive amount still to do to get that right. We have also used the learning from reviews, audits, and our serious case review activity to make this happen.

We have made a difference to a significant number of staff working with children and their families by providing learning and safeguarding training opportunities throughout the year, and we have developed new relationships with senior leaders in Milton Keynes, which help everyone focus on what is now needed. The young people we have been supported by have made a huge difference to us, by helping us look at ourselves critically too.

So overall we have made a difference, but we could make even more of a difference in the years to come.

What will we do? Looking forward – what are our priorities?

A period of major change in 2017/18 lies ahead, and it will be crucial that we still maintain a focus on “business as usual” in terms of our statutory requirements throughout a period of change, and never stop ensuring we know what basic practice is like.

Our strategic priorities remain the same:

- Holding to account, improving practice, and growing impact.
- Engaging with children, young people, families, and communities.
- Focussing on key areas of improvement and challenge activity.

Our business priorities in 2017/18 are:

1. Completing our participation strategy, engaging with a wider group of stakeholders.
2. Working with children and young people to deliver their safeguarding priorities (bullying and online safety).
3. Maintaining our key task and finish groups: E-Safety, CSE (and Missing Children), and FGM, until the new work is embedded and sustainable.
4. Finalising our new governance arrangements, stabilise new ways of working with strategic partners, and refresh or integrate board subgroups as appropriate. Focussing on specific developments.
## Appendix A

### MKSCB representatives and attendance

**Meeting dates 2016/17**

- 20th April 2016
- 13th July 2016
- 28th September 2016 (Development Day)
- 23rd November 2016
- 25th January 2017

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Attendance</th>
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</thead>
<tbody>
<tr>
<td>Independent Chair</td>
<td>100%</td>
</tr>
<tr>
<td>Buckinghamshire Fire and Rescue Service</td>
<td>75%</td>
</tr>
<tr>
<td>Cafcass</td>
<td>40%</td>
</tr>
<tr>
<td>CNWL MK</td>
<td>100%</td>
</tr>
<tr>
<td>Lay Member</td>
<td>80%</td>
</tr>
<tr>
<td>Milton Keynes Clinical Commissioning Group</td>
<td>100%</td>
</tr>
<tr>
<td>Milton Keynes College</td>
<td>100%</td>
</tr>
<tr>
<td>Milton Keynes Council – Children’s Services</td>
<td>100%</td>
</tr>
<tr>
<td>Milton Keynes Council – Housing</td>
<td>20%</td>
</tr>
<tr>
<td>Milton Keynes Council – Lead Member with responsibility for Children’s Services</td>
<td>100%</td>
</tr>
<tr>
<td>Milton Keynes Council – People Directorate</td>
<td>100%</td>
</tr>
<tr>
<td>Milton Keynes Council – SaferMK</td>
<td>80%</td>
</tr>
<tr>
<td>Milton Keynes Council – Youth Justice</td>
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</tr>
<tr>
<td>MKSCB Support</td>
<td>100%</td>
</tr>
<tr>
<td>Milton Keynes University Hospital</td>
<td>80%</td>
</tr>
<tr>
<td>National Probation Service</td>
<td>100%</td>
</tr>
<tr>
<td>Primary Schools Representative</td>
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</tr>
<tr>
<td>Oakhill Prison</td>
<td>80%</td>
</tr>
<tr>
<td>Secondary Schools Representative</td>
<td>20%</td>
</tr>
<tr>
<td>Special Schools Representative</td>
<td>40%</td>
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<tr>
<td>South Central Ambulance Service</td>
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<tr>
<td>Thames Valley CRC</td>
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<tr>
<td>Thames Valley Police</td>
<td>80%</td>
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<tr>
<td>Voluntary Sector</td>
<td>40%</td>
</tr>
<tr>
<td>Woodhill Prison</td>
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Appendix B

MKSCB budget

MKSCB Expenditure

<table>
<thead>
<tr>
<th>2016/17 Budget</th>
<th>Year End Expenditure</th>
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</thead>
<tbody>
<tr>
<td>MKSCB Staffing (3.5 FTE and 1 Independent Chair)</td>
<td>173,776</td>
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<tr>
<td>MKSCB website</td>
<td>8,707</td>
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<td>Publicity and Campaign</td>
<td>0</td>
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<td>Training</td>
<td>20,226</td>
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<tr>
<td>Child Death Review</td>
<td>20,861</td>
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<tr>
<td>MKSCB Business expenses</td>
<td>6,671</td>
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<tr>
<td>Procedures</td>
<td>5,200</td>
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<td>Business Support</td>
<td>5,993</td>
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<td><strong>Total</strong></td>
<td><strong>241,434</strong></td>
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MKSCB Income

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<tr>
<th>MKSCB Budget 2016/17</th>
<th>Contribution</th>
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<tbody>
<tr>
<td>Brought forward from previous year</td>
<td>87,150</td>
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<tr>
<td>Milton Keynes Council</td>
<td>122,649</td>
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<td>Milton Keynes Clinical Commissioning Group</td>
<td>51,482</td>
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<td>Thames Valley Police</td>
<td>18,595</td>
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<tr>
<td>Community Rehabilitation Company</td>
<td>2,673</td>
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<tr>
<td>Oakhill Secure Training Centre</td>
<td>1,974</td>
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<tr>
<td>Central &amp; North West London – MKCHS</td>
<td>1,974</td>
</tr>
<tr>
<td>MK University Hospital Foundation Trust</td>
<td>1,974</td>
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<tr>
<td>National Probation Service</td>
<td>891</td>
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<tr>
<td>Cafcass</td>
<td>550</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>289,912</strong></td>
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<tr>
<td>Carry forward to 2017/18</td>
<td><strong>48,478</strong></td>
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Appendix C

Links to relevant annual reports and inspection reports received by MKSCB 2016/17

<table>
<thead>
<tr>
<th>Report</th>
<th>Link</th>
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<tbody>
<tr>
<td>Local Authority Designated Officer Annual Report 2016/17</td>
<td>LADO Annual Report 2016-17.pdf</td>
</tr>
<tr>
<td>Private Fostering in Milton Keynes Annual Report 2016/17</td>
<td>Private Fostering Annual Report 2016-</td>
</tr>
<tr>
<td>Acronyms</td>
<td>Definition</td>
</tr>
<tr>
<td>------------</td>
<td>------------------------------------------------</td>
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<tr>
<td>CAF</td>
<td>Common Assessment Framework</td>
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<tr>
<td>CAMHS</td>
<td>Child and Adolescent Mental Health Services</td>
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<tr>
<td>CDOP</td>
<td>Child Death Overview Panel</td>
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<tr>
<td>CSC</td>
<td>Children’s Social Care</td>
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<tr>
<td>CSE</td>
<td>Child Sexual Exploitation</td>
</tr>
<tr>
<td>FGM</td>
<td>Female Genital Mutilation</td>
</tr>
<tr>
<td>FII</td>
<td>Fabricated and Induced Illness</td>
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<tr>
<td>L&amp;D</td>
<td>Learning and Development</td>
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<tr>
<td>LAC</td>
<td>Looked After Children</td>
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<tr>
<td>LSCB</td>
<td>Local Safeguarding Children Board</td>
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<tr>
<td>MARMM</td>
<td>Multi-Agency Risk Management Meetings</td>
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<tr>
<td>MASH</td>
<td>Multi-Agency Safeguarding Hub</td>
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<tr>
<td>MK</td>
<td>Milton Keynes</td>
</tr>
<tr>
<td>MKCCG</td>
<td>Milton Keynes Clinical Commissioning Group</td>
</tr>
<tr>
<td>MKSCB</td>
<td>Milton Keynes Safeguarding Children Board</td>
</tr>
<tr>
<td>NCS</td>
<td>National Citizen Service</td>
</tr>
<tr>
<td>NHS</td>
<td>National Health Service</td>
</tr>
<tr>
<td>OBA</td>
<td>Outcomes Based Accountability</td>
</tr>
<tr>
<td>OFSTED</td>
<td>Office for Standards in Education, Children’s</td>
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<td></td>
<td>Services and Skills</td>
</tr>
<tr>
<td>PQA</td>
<td>Performance and Quality Assurance</td>
</tr>
<tr>
<td>SCB</td>
<td>Safeguarding Children Board</td>
</tr>
<tr>
<td>SCR</td>
<td>Serious Case Review</td>
</tr>
<tr>
<td>SID</td>
<td>Safer Internet Day</td>
</tr>
</tbody>
</table>

“Keeping children safe is everybody’s business”
We want to know what you think of this annual report. If you would like to make a complaint, compliment or comment on the MKSCB Annual Report 2016/17, please use our Customer Services online form. This will immediately log your complaint, compliment or comment onto our system. You will receive confirmation and a unique reference number and password which will enable you to track the progress of your complaint, compliment or comment online.

Report produced by Helen Edwards on behalf of Milton Keynes Safeguarding Children Board
Appendix 2: MKSB RAG-rated Business Plan 2017-18

The MKSB Business Plan sets out how we plan to deliver the first year of work on our strategic priorities and address the improvements the “diagnostic” by Jane Held, MKSB Independent Chair identified are needed. It includes the work being done by sub groups to maintain our “business as usual” workload.

The plan is set out in 5 themed sections each section relates to a business priority – and each activity also cross references to the 4 components of an effective Board, which are Board Effectiveness; Quality Assurance and Performance Management; Working Together Compliance, and Key Safeguarding Risk areas.

- BP1 – Developing a participation strategy and engaging with children and young people
- BP2 – Creating a performance and quality assurance and improvement framework
- BP3 – Maintaining key task and finish groups: E-safety and Neglect and continuing to develop our work on CSE (and missing children) and FGM
- BP4 – Review our governance and develop and build on existing relationships with the other Boards to create new ways of “working together” as well as through partnership agreements and protocols
- BP5 – Scope and develop a refreshed approach to the provision of coordinated early help across the system to ensure services and joint partnerships will recognise and respond to the needs of ‘the child behind the adult and adult behind the child’

We also will continue to work on business as usual in terms of Working Together Compliance and on work we have rolled forward from the 2015-16 Business Plan.

The Board does well in terms of Working Together Compliance and Key Safeguarding Risk areas but cannot afford to become complacent or to stop doing the things that maintain those areas, as well as striving to improve them.

This document allows for the MKSB Sub Group or Task and Finish group to address their individual current Business Priorities for 2016-2017 in line with our Strategic Three Year priorities and address any outstanding actions from last year’s Business Plan.
### High Support and High Challenge

For ease of review, the red RAG-rated Children’s Programme Board Business Plan Actions are reproduced at the beginning of the document

<table>
<thead>
<tr>
<th>Ref:</th>
<th>Action</th>
<th>Lead for delivery</th>
<th>Lead for monitoring oversight</th>
<th>Timeframe (Q1/Q2/Q3, Q4)</th>
<th>Progress Update</th>
<th>(RAG)</th>
</tr>
</thead>
<tbody>
<tr>
<td>BP4h</td>
<td>Develop a framework for the dissemination of information, implementation of new requirements and application of those requirements as well as for testing the impact of changes and new developments (a JFDI framework)</td>
<td>MKSB Business Manager</td>
<td>BMG</td>
<td>Q2 (2016 – 17)</td>
<td>Delayed due to Transition work taking place</td>
<td>R</td>
</tr>
<tr>
<td>BU4c</td>
<td>Seek assurance as to the application of the assessment framework from CSC through an analysis of the Quality audits they do (as a demonstration model for other partners about how their own QA work can be scrutinised by MKSCB)</td>
<td>QA Sub</td>
<td>BMG</td>
<td>Q2 (2016 – 17)</td>
<td>Carry forward to 2018 – 19 Plan</td>
<td>R</td>
</tr>
<tr>
<td>SP1/BP1h</td>
<td>Develop an annual assurance cycle with key timescales, agency requirements and outputs for all statutory partners ready to implement in 2017-18</td>
<td>QA Sub with BMG</td>
<td>Chair</td>
<td>Q4 (2016 – 17)</td>
<td>Underway in Q4 but very early days</td>
<td>R</td>
</tr>
<tr>
<td>BU2a</td>
<td>Develop new audit tools to use to annually review the Board’s effectiveness and assess the Chair’s effectiveness and apply them in 2016-17</td>
<td>BMG with chair DCS and CEO</td>
<td>Q3 &amp; Q4 to apply (2016 – 17)</td>
<td>Carry forward to 2018/19</td>
<td>R</td>
<td></td>
</tr>
<tr>
<td>BP4i</td>
<td>Continue to develop new ways to communicate inter-agency, intra-agency and publically through campaigns, learning bulletins, articles and stories and consider whether to create a joint communication sub group with MKSAB</td>
<td>MKSCB &amp; MKSAB Business Managers</td>
<td>MKSAB/ MKSCB BMG</td>
<td>Q2-4 (2016 – 17)</td>
<td>Work is currently taking place to develop joint communications work</td>
<td>R</td>
</tr>
</tbody>
</table>
### Theme 1 - Participation and Engagement

(components of an effective board – QA and P)

- **SP 2** – Engaging with children, young people, families and communities

#### Where we want to be by 2019

- The Board has active engagement in all aspects of its work from children, young people and families
- Community groups and organisations, including faith groups, understand the role of the Board, respond to the Board’s expectations and contribute actively to the work of the Board

#### What’s the story so far and what do we want to do in 2016-17

The diagnostic tells us that we have very limited engagement with children and young people, their families and communities in the Board. We consult some specific groups on some specific issues and involve young people in our annual conference but there is no consistent engagement in shaping what we do, or challenge about what we do.

By March 2016-17 we will have

- **BP1** – Developed a participation strategy and begun engaging with children and young people

<table>
<thead>
<tr>
<th>Ref: SP1/ BP2 a</th>
<th>Action</th>
<th>Lead for delivery</th>
<th>Lead for monitoring oversight</th>
<th>Timeframe (Q1,Q2,Q3,Q4)</th>
<th>Action completed (RAG)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Liaise with and develop a task and finish group of participation workers/staff across all our agencies</td>
<td>MKSCB Business Manager</td>
<td>MKSCB Ind Chair</td>
<td>Q1</td>
<td>G</td>
</tr>
<tr>
<td>SP1/ BP2 b</td>
<td>Visit a range of schools to meet young people to hear how they think they could best be involved</td>
<td>Participation T and F group</td>
<td>PTF Group chair</td>
<td>Q2</td>
<td>G</td>
</tr>
<tr>
<td>SP1/ BP2 c</td>
<td>Undertaken work on a range of participation and engagement models &amp; undertaken a range of consultations on the models</td>
<td>PTF Group</td>
<td>PTF Group chair</td>
<td>Q3</td>
<td>G</td>
</tr>
<tr>
<td>SP1/ BP2 d</td>
<td>Drafted, consulted on and presented a participation strategy jointly between young people and the working group</td>
<td>PTF group</td>
<td>PTF Group chair</td>
<td>Q4</td>
<td>G</td>
</tr>
<tr>
<td>SP1/ BP2 e</td>
<td>Taken the YP Participation Strategy to the Board alongside an options appraisal for a specific model, and a clear proposal for meeting the resource requirements needed to deliver the strategy within current shared agency capacity</td>
<td>PTF group</td>
<td>PTF Group chair</td>
<td>Q4 (2016-17)</td>
<td>Strategy presented and agreed. Young People’s Board agreed. New lead</td>
</tr>
</tbody>
</table>
High Support and High Challenge

Theme 2 – High support and high challenge
(components of an effective board – BE and QA and P)

- SP 1 – Holding to account, improving practice, growing impact and SP 3 – Focusing on key areas of improvement and challenge activity

Where we want to be by 2019

- By 2019 the Board will, through its annual performance and assurance cycle, annual report and learning and improvement strategy demonstrate how well each agency is performing and what improvements they are making
- Each agency will show regulatory improvements and improvements in practice through its audits
- Each agency’s decision making, strategic and service planning and resource investment decisions will be informed by their understanding of how well they are safeguarding their children and families
- The Board has a strong performance and quality assurance framework and system which provides the system intelligence needed to respond to changes and improve
- The Board is seen by partners and their staff as there to support their strategic, operation and decision making practice and to challenge it
- Organisation change and system churn is appropriately and proportionately “stress tested” when necessary by the Board and quality assured as required

What’s the story so far and what do we want to do in 2016-17

The diagnostic tells us that we have a weak performance framework, a limited scorecard, poor buy in from agencies, an absence of performance data analytical capacity, good well managed but limited and resource constrained joint multi-agency quality assurance activity and our business decisions lack system intelligence or evidence based reasons for making them. It also identified that the assurance cycle is very limited, S11 and S175/159 processes very limited, and single agency assurance activity is not shared to inform the wider system. Board members have not historically seen their primary function as being about effectiveness and assurance.

By March 2016-17 we will have

- BP2 – Created a performance and quality assurance and improvement framework
<table>
<thead>
<tr>
<th>Ref:</th>
<th>Action</th>
<th>Lead for delivery</th>
<th>Lead for monitoring oversight</th>
<th>Timeframe (Q1,Q2,Q3,Q4)</th>
<th>Action completed (RAG)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SP1/BP1a</td>
<td>Establish a task and finish group to develop a performance and quality assurance framework</td>
<td>QA sub group</td>
<td>Chair – QA sub group</td>
<td>Q1</td>
<td>G</td>
</tr>
<tr>
<td>SP1/BP1b</td>
<td>Undertake a review of “best in class” models from other high performing LSCBs and identified the model that is the “best fit” to what we want in MK</td>
<td>MKSCB Business Manager with QA sub group</td>
<td>Chair – QA sub group</td>
<td>Q1</td>
<td>G</td>
</tr>
<tr>
<td>SP1/BP1c</td>
<td>Review the terms of reference and membership of the QA sub group to bring in a stronger focus on performance and data analysis, and analytical capacity on a permanent basis, examining whether this is better done jointly with MKSAB/Safer MK to be more effective.</td>
<td>BMG</td>
<td>MKSCB Independent Chair</td>
<td>Q1 (Q3)</td>
<td>G</td>
</tr>
<tr>
<td>SP1/BP1d</td>
<td>Identify the model/approach to using data to inform practice and strategic decision making – eg OBA or strengths based models and agree the multi-agency data components/sets used – ensure we develop something simple, focussed, multi-agency and accessible that 1. Tells the story behind the data 2. Gives us assurance and early warnings 3. Demonstrates impact 4. Provides a simple scorecard approach 5. Has been analysed before presentation to the MKSCB</td>
<td>Perf Task and Finish group</td>
<td>QA Sub Chair</td>
<td>Q2 (Q3)</td>
<td>G</td>
</tr>
<tr>
<td>SP1/BP1e</td>
<td>Develop a new electronic S11 tool and S175/159 tool, located on our website and identify capacity required to generate annual returns and analyse them and report to board on</td>
<td>MKSCB Business Manager with</td>
<td>BMG</td>
<td>Q3</td>
<td>A</td>
</tr>
</tbody>
</table>
### High Support and High Challenge

<table>
<thead>
<tr>
<th>proposals for 2017-18</th>
<th>the QA group</th>
</tr>
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<tbody>
<tr>
<td><strong>SP1/BPf</strong> Report on new model, capacity required to deliver it and proposed way forward to MKSCB</td>
<td>Chair of QA sub BMG Q4</td>
</tr>
<tr>
<td><strong>SP1/BP1g/BU1</strong> Developed jointly with the SCR Sub and Learning and Development Sub, a revised and refreshed learning and improvement strategy for agreement and implementation building on the PQA work and the learning from local and national research, SCRs and QA work</td>
<td>Chairs of QA, SCR and L&amp;D sub groups BMG Q4</td>
</tr>
<tr>
<td><strong>SP1/BP1h</strong> Develop an annual assurance cycle with key timescales, agency requirements and outputs for all statutory partners ready to implement in 2017-18</td>
<td>QA Sub with BMG Chair Q4</td>
</tr>
<tr>
<td><strong>BU2a</strong> Develop new audit tools to use to annually review the Board’s effectiveness and assess the Chair’s effectiveness and apply them in 2016-17</td>
<td>BMG with chair DCS and CEO Q3 and Q4 to apply</td>
</tr>
<tr>
<td><strong>BU2b</strong> Develop a Board risk register, and a Board challenge log</td>
<td>MKSCB Business Manager &amp; BMG Chair Q1 (Q3)</td>
</tr>
</tbody>
</table>
### Theme 3 – key areas of safeguarding risk and emerging issues (components of an effective Board Key safeguarding risk areas)

- **SP 3** – Focusing on key areas of improvement and challenge activity

#### Where we want to be by 2019

- Emerging areas of concern are quickly identified and responded to
- Organisation change and system churn is appropriately and proportionately “stress tested” when necessary by the Board and quality assured as required

#### What’s the story so far and what do we want to do in 2016-17

The Board has been effective at identifying two or three areas of activity a year and focussing on what to do, why and how to address the area of activity, emerging concerns, or new risks appropriately. This has been done with a strong evidence base about local performance and has tended to reflect national policy drivers in the main. The Board has not been good at identifying and seeking assurance about partner organisational change of churn, does not as yet challenge those changes in terms of their impact on safeguarding and promoting the welfare of children and young people and has tended to be somewhat inward looking.

By March 2016-17 we will have

- BP3 – Maintained key task and finish groups: E-safety and Neglect and continuing to develop our work on CSE (and missing children) and FGM
- BP5 – Scope and develop a refreshed approach to the provision of coordinated early help across the system to ensure services and joint partnerships will recognise and respond to the needs of ‘the child behind the adult and adult behind the child’
- BU 3 – developed ways to monitor, stress test and review system and organisational change

<table>
<thead>
<tr>
<th>Ref:</th>
<th>Action</th>
<th>Lead for delivery</th>
<th>Lead for monitoring oversight</th>
<th>Timeframe (Q1,Q2,Q3,Q4)</th>
<th>Action completed (RAG)</th>
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<tbody>
<tr>
<td>BP3a</td>
<td>Maintain and extend the work of the on- line Safety group, engaging increasingly with children and young people in the process</td>
<td>MKSCB Training Officer</td>
<td>BMG</td>
<td>Q1-4</td>
<td>G</td>
</tr>
<tr>
<td>BP3b</td>
<td>Complete the work to develop a model, approach to and toolkit</td>
<td>Service Director –</td>
<td>BMG</td>
<td>Q2</td>
<td>G</td>
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</table>
### High Support and High Challenge

| BP5a | Begin to develop a clearer understanding of how best to provide early help services before there is a need to involve the family support service, what is available, how that is accessed and provided and what can be done differently in a more coherent way | Commissioned from external reviewer | MKC Children and Families | Q3 | A carry forward into 2018/19 |
| BP5b | Building on BP3a and BP5a above, working jointly with representatives from MKSAB and Safer MK develop a whole family approach to identifying how best to support adults who because of the challenges they face have their ability to parent reduced, with a strategy, toolkit, models for assessment and intervention and a training and implementation programme – particularly in the light of the extended MASH | Early Help task and Finish Group | BMG | Q4 | |
| BP5c | Agree a new Early Help strategy, procedures, toolkits and protocols | Early Help task and Finish Group | BMG | Q4 | |
| BP3c | Continue to support the research project looking at the impact of early help and apply the emerging learning to service developments and improvements | Early Help Advisory Group | BMG | Q4 | G Research ended before complete |
| BP3d | Continue to build up and extend our CSE work, improving our intelligence, understanding of, response to and disruption of perpetrators, and our development of better therapeutic support and help for those at risk of or subject to CSE, involving young people in the work as necessary | CSE Sub Group | BMG | Q1-4 | G |
| BP3e | Develop the work of MARRM further and better utilise the data from it to inform next steps | Head of Youth Offending Team | CSE Sub Group | Q1-4 | A |
| BP3f | Improve significantly the way in which MK identifies, understands the story of and responds to children and young people | Head of Youth Offending Team | CSE Sub Group | Q3-4 | G |
### High Support and High Challenge

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<tr>
<td><strong>BP3g</strong></td>
<td>Develop jointly with MKSAB and Safer MK an approach to modern slavery/trafficking and ways to identify, assess and meet the needs of victims</td>
<td>MKSCB Business Manager &amp; MKSAB Business Manager</td>
<td>MKSAB BMG</td>
</tr>
<tr>
<td><strong>BP3h</strong></td>
<td>Review and revise the Board’s advice, and guidance on FGM in the light of new Government guidance and complete the work of the FGM Task and Finish Group</td>
<td>FGM Task and Finish group</td>
<td>Head of Safeguarding CCG</td>
</tr>
<tr>
<td><strong>BU3a</strong></td>
<td>Keep a watching brief on the implementation of the Health and Wellbeing Board’s Starting Well programme and seek an annual report on progress, impact and outcomes at the Board</td>
<td>Director Public Health</td>
<td>Chair</td>
</tr>
<tr>
<td><strong>BU3b</strong></td>
<td>Keep a watching brief on progress with the CAMHS transformation programme, involve CAMHS leads in the Board’s work, and seek 6 monthly reports on progress, impact and outcomes at the Board</td>
<td>Children, Young People and Maternity Commissioner, NHS Milton Keynes CCG</td>
<td>BMG</td>
</tr>
<tr>
<td><strong>BU3c</strong></td>
<td>Agree with Safer MK and Public Health how the Board can best be informed about, and receive reports on the Town’s multi-agency approach to Domestic abuse and the provision of drugs and alcohol services with a view to understanding the shared agenda, agreeing a shared way to address children’s as well as adults needs in a coherent and systemic way and report to the Board accordingly</td>
<td>Safer MK Director Public Health</td>
<td>BMG</td>
</tr>
<tr>
<td><strong>BU3e</strong></td>
<td>Create a stronger more challenging and more in depth approach to monitoring and challenging the work of Oakhill STC in the light of the current issues across the G4S Youth Estate, the Ofsted Report and the national Charlie Taylor report</td>
<td>Head of Youth Offending Team</td>
<td>MKSCB Independent Chair</td>
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**Theme 4 - Board Effectiveness and Working Together Compliance**

*(components of an effective board – Board effectiveness and Working Together Compliance)*

- **SP 3** – Focusing on key areas of improvement and challenge activity

<table>
<thead>
<tr>
<th>Where we want to be by 2019</th>
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<tbody>
<tr>
<td>- By 2019 the Board will, through its annual performance and assurance cycle, annual report and learning and improvement strategy demonstrate how well each agency is performing and what improvements they are making</td>
</tr>
<tr>
<td>- Community groups and organisations, including faith groups, understand the role of the Board, respond to the Board’s expectations and contribute actively to the work of the Board</td>
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<tr>
<td>- The Board has a strong performance and quality assurance framework and system which provides the system intelligence needed to respond to changes and improve</td>
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<tr>
<td>- The Board is seen by partners and their staff as there to support their strategic, operation and decision making practice and to challenge it</td>
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<tr>
<td>- Emerging areas of concern are quickly identified and responded to</td>
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<tr>
<td>- Staff surveys demonstrate that the Board’s work influences what they do on a daily basis</td>
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<tr>
<td>- The Board’s governance arrangements allow for quick and flexible changes in direction and the Business Plan is open to in-year change</td>
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<thead>
<tr>
<th>What’s the story so far and what do we want to do in 2016-17</th>
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<tr>
<td>The Board has been very good at managing the processes linked to compliance and to ensuring the basic functions of the Board are well delivered. The absence of a strong performance and assurance system and framework has meant that the Board’s efficient systems and processes have had a limited impact on improving practice but they have ensured that frontline staff know what they have to do and why. It is really important that this is not lost and that we continue to pay attention to the basics and to ensuring they remain updated, in place and understood. It is also important that we maintain a competent and well-motivated workforce who are well supported and supervised and work to common standards of practice.</td>
</tr>
<tr>
<td>By March 2016-17 we will have</td>
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<tr>
<td>- <strong>BP4</strong> – Reviewed our governance and develop and build on existing relationships with the other Boards to create new ways of “working together” as well as through partnership agreements and protocols</td>
</tr>
<tr>
<td>- <strong>BU4</strong> – continued to ensure we comply with Working Together through ongoing review and revision of policies, procedures, toolkits and practice guidance</td>
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<tr>
<th>Ref:</th>
<th>Action</th>
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<th>Timeframe (Q1,Q2,Q3,Q4)</th>
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</table>
### High Support and High Challenge

| BP4a | Explore (through one or two joint workshops) and resolve the question of what we can do collectively across the two “safeguarding” partnership bodies in MK, & in particular whether we need two different boards, whether we need different or new sub groups &/or whether we can amalgamate some sub groups. | The BMG | The Chair | Q1 (Q2) | G |
| BP4b | Report on proposals for future Board and partnership arrangements, seek agreement to them and implement the agreed framework | The Chair | Chief Exec and DCS | Q2 (Q3) | G |
| BP4c | As part of this work also review all the governance arrangements for the Board, including the Constitution, the role of Executives, sub groups and task and finish groups, exemplar terms of reference, Board member roles, responsibilities, JDs and appraisals, the role of lay members, etc. | BMG | The Chair | Q3 | G |
| BP4d | Review and ratify through revised protocols the relationship of the refreshed Board arrangements to the HWB, the Starting Well Sub Group, Joint Commissioning Board, and Safer MK. Also agree protocols governing the relationship of the Board to the Council Executive and Select Committee | BMG | The Chair | Q4 | G |
| BP4e | Undertake a full review of our learning and development framework, approach and offer and propose new approaches to the establishment of core standards and competencies, training requirements of individual agencies, standards for induction and supervision, CPD standards and the commissioning and provision of multi-agency training – taking into account the possibility of doing this jointly with MKSAB. | Learning sub group | BMG | Q1 | A |
| BP4f | Continue the work to review and improve CDOP’s membership, processes and reporting and how that is used to inform public communication and engagement activity | CDOP | CDOP Chair | Q4 | G |
| BP4g | Continue to develop the work of the SCR sub group and how it turns reviews into learning and improvement activity | SCR SG Chair | MKSCB Training Officer | MKSCB Business Manager | Q3 | G |
| BP4h | Develop a framework for the dissemination of information, implementation of new requirements and application of those requirements as well as for testing the impact of changes and new developments (a JFDI framework) | MKSCB Business Manager LB | BMG | Q2 | R |
**High Support and High Challenge**

<table>
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<tr>
<th>BP4i</th>
<th>Continue to develop new ways to communicate inter-agency, intra-agency and publically through campaigns, learning bulletins, articles and stories and consider whether to create a joint communication sub group with MKSAB</th>
<th>MKSCB &amp; MKSAB Business Managers</th>
<th>Q2-4</th>
<th>R</th>
</tr>
</thead>
</table>
| BU4a | Develop the framework for undertaking the Annual Report and publish by June 2016 to include:  
- Individual agency summary reports  
- A report on the work of the LADO  
- A report on the effectiveness of current safer recruitment arrangements in each agency  
- A report on the work of the YOS service  
- A report on private fostering in the town  
- A report on the overall quality and effectiveness of the NHS  
- A summary or regulatory reports on partner bodies  
- A report on SCRs and learning reviews  
- The CDOP annual report | BMG | The Chair | Q1 | G |
| BU4b | Audit and QA the implementation of the refreshed Threshold Framework | QA Sub | BMG | Q4 | A |
| BU4c | Seek assurance as to the application of the assessment framework from CSC through an analysis of the Quality audits they do (as a demonstration model for other partners about how their own QA work can be scrutinised by MKSCB) | QA Sub  
Go to next performance meeting | BMG | Q2 | R |
| BU4d | Undertake consultation with schools across MK about whether there are new, or more effective ways for them to engage with, contribute to and be held to account by MKSCB other than through isolated representatives with no common mandate | Chair | Board | Q2 | G |
| BU4e | Begin discussions with the third sector, faith sector and community sector about how they can engage with, contribute to and be held to account by MKSCB and how they can support lay member or “key lay stakeholder” arrangements | MKSCB Business Manager and MKSCB/MKS AB Comms Group | Board | Q4 | G |
Title of Report: MK Together

Link to Safeguarding Board Priorities/Business Plan: All

Author & Contact Details (for further information): Jane Held
jane@janeheld.co.uk and jane.held@milton-keynes.gov.uk 07771 556391

Reason for item coming to:

- [ ] For decision(s)
- [ ] For review
- [X] For information
- [X] For discussion
- [ ] For action (eg Assurance, Risk Register)
- [ ] For wider dissemination

Introduction/Background
This report sets out for members the new context for what was prior to April 2017 the Milton Keynes Safeguarding Children Board. It is designed to inform members about the significant changes that have taken place since the last report to this Committee.

Purpose of Report
To inform members about the new arrangements and to note that these arrangements are a response to the new flexibilities that have been introduced by the Children and Social Work Act 2017.

Decisions required
1. That the Committee note that the statutory functions of a Local Safeguarding Children Board are now undertaken as part of the responsibilities of the Milton Keynes Safeguarding Board and MK Together, the new partnership arrangements in Milton Keynes.

Annexes/Supporting/Reference documents:
Annex: MK Together Governance Arrangements
1. **Introduction**
1.1 Milton Keynes has recently implemented radical new arrangements in relation to partnership working, health and wellbeing and safeguarding. The attached document sets out the rationale, and gives details of the new arrangements, which began in April 2017.

2. **The New Flexibilities**
2.1 It has been possible to make these new arrangements because of the removal of the statutory requirement on a local authority to establish and run a Local Safeguarding Children Board in the Children and Social Work Act 2017.

2.2 As a consequence the Local Authority, the NHS and the Police in a local area now share statutory responsibility for ensuring that there are proper multi-agency arrangements in place to safeguard children and promote their welfare.

2.3 These arrangements can take any form the three statutory partners choose, after local negotiation. The only requirements are that the arrangements are subject to independent oversight at least once a year, and the three partners must publish an annual report which evaluates the effectiveness of the multi-agency safeguarding arrangements that have been made.

2.4 The functions relating to Serious Case Reviews will be transferred to a national body, which will commission, undertake and publish Serious Case Reviews under certain circumstances. Local partners will be required to undertake Local Reviews under other defined circumstances.

2.5 The functions relating to Child Death Overview Panels will be subject to new and detailed statutory requirements under the leadership of the CCG in partnership with the local authority and the police.

2.6 The new arrangements are not yet enacted. Detailed statutory guidance is due to be published for consultation in the near future and local partners will have until 2020 to negotiate, agree and establish the new partnership arrangements for their local area.

3. **MK Together**
3.1 MK Together was developed in advance of the new arrangements in response to a range of issues and concerns, not least that as resources get scarcer it is not a good use of public money having the same people sitting in a range of different overlapping partnership bodies.
3.2 The basis of the new arrangements is simplicity and flexibility. They are far reaching and bold in nature.

3.3 The arrangements bring the Health and Wellbeing Board and the new Milton Keynes Safeguarding Board (adults and children’s safeguarding in one body) into one whole system approach, with much simpler governance arrangements and far fewer sub committees and sub groups.

3.4 The two Boards are working together to established a shared understanding of Milton Keynes’s vision and ambition for children, young people, families, vulnerable and older adults and communities. They have different functions and membership arrangements and are developing their own strategic plans and business plans. They are supported by a single joint-funded MK Together Team, working to Jill Wilkinson, the Director of Health and Social Care Integration.

3.5 In the development of the new arrangements we have acknowledged that the local scrutiny committees play an important role in the local assurance framework which complements the role of MKSB.

4. The MK Safeguarding Board

4.1 The MK Safeguarding Board consists of 10 people at senior leadership level in Milton Keynes. The Local Authority is represented by Michael Bracey, Executive Director for People, Victoria Collins, Service Director Adult Services and Nicky Rayner, Service Director Children and Families. The CCG is represented by Matthew Webb. It has an Independent Chair, Jane Held, and the Vice Chair is Yvette Hitch, the Local Borough Commander who represents the third statutory partner, Thames Valley Police.

4.2 The Board is responsible for ensuring the statutory functions of the Safeguarding Adult Board and the current statutory functions of an LSCB are being delivered, and for driving forward the Board’s strategic goals and strategic oversight of the effectiveness of safeguarding arrangements in Milton Keynes.

4.3 It works closely with the HWBB (with 5 members who sit on both) and will be developing new working relationships with Safer MK now the first 6 months have elapsed.

4.4 The Board’s responsibilities and functions are set out in paragraphs 36-39 of the Annex.
5. **A new five year strategy**

5.1 The Board has finalised the detailed governance arrangements recently and is currently engaged in developing a new MKSB 5 year Strategy for safeguarding the citizens of Milton Keynes.

5.2 This will build on the current three year strategy (which will have completed two years by March 2018) but will take account of the shared vision for MK and the priorities set by the HWBB.

5.3 The new strategy will be published in March 2018.

6. **The Children’s Programme Board**

6.1 The Children’s Programme Board has all the statutory partners required under current legislation for LSCB’s sitting on it.

6.2 It delivers all the statutory functions of an LSCB as set out in paragraph 51 of Appendix 1. It has been chaired by Jane Held for the first six months and the new Chair from November 2017 is Nicky-Burns Muir from Milton Keynes Hospital.

6.3 It oversees the progress being made on the 2017/18 Business Plan, and is currently developing a new programme of work to begin in April 2018, when the new Strategy for the MKSB has been agreed.

7. **Conclusion**

7.1 MK Together is visionary, bold and innovative. It gives us an opportunity to think radically and examine with clear sight what we do together to safeguard children, young people and their families, as well as adults and older people), making changes as we need to ensure we constantly improve and change to adapt to challenging times.

7.2 The Milton Keynes Safeguarding Children Board no longer exists, but its work will continue through the MKSB and the Children’s Programme Board. It will have the advantage of no longer being a stand-alone and detached part of the system, and will have far greater opportunity to engage, challenge, coordinate and cooperate with all those professionals and organisations doing their best to safeguard vulnerable children and families and to share with the HWBB responsibility for promoting welfare, improving life chances, and reducing inequalities.
Welcome to MK Together
2017/18
Introduction

1 Strong partnerships are at the heart of the way we do things in Milton Keynes. We’ve long since realised that we will have greater impact on the lives of local people if we work closely together.

2 But we recognise that there is more to do. Feedback from a peer review and external inspection has highlighted areas for improvement, including how we co-ordinate who is doing what, the way we use performance information and how we promote multi-agency learning and development.

3 We also know that the costs of the current partnership arrangements are not sustainable. Too much time is taken up in meetings, often with the same people being expected to attend multiple meetings.

4 So, following an extensive consultation, we have agreed a new set of partnership arrangements, which we are calling MK Together. These arrangements have been designed to support our core ‘people partnerships’ to work as effectively and efficiently as possible. We have based them on two principles:

   **Simplicity** - All partners should easily understand how the new arrangements work and how the different partnerships relate.

   **Flexibility** - The arrangements need to be able to adapt to future needs or changes with legislation or emerging local issues.

5 The changes we have agreed are far reaching and bold. Our new safeguarding arrangements reflect the national debate following the call for the reform of safeguarding arrangements and the government’s commitment to take action. They also raise the expectation of three key agencies; namely health, police and the council. The focus on these agencies is not intended to diminish the important contribution other partners make to the safeguarding, health and wellbeing of local people, but it recognises that if we are to make further progress, then these agencies will need to take a greater level of responsibility.

6 The council has a specific power to scrutinise public services and investigate areas of interest. In the development of these new arrangements we have acknowledged that local scrutiny committees play an important part of our local assurance framework which complements the assurance role of the safeguarding board.

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1 Peer challenge of the Health and Wellbeing Board, December (LGA, 2015)
2 Review if the effectiveness of the Local Safeguarding Children Board (Ofsted, 2016)
3 Partnerships – Proposals for Change (Milton Keynes, 2016)
4 Statutory Partnerships – Moving Ahead (Milton Keynes, 2017)
5 Wood Review of the role and functions of local safeguarding boards (Department for Education, 2016)
The MK Together Team

MK Together is led by a director and supported by a small team of colleagues. It is largely funded through bringing together the existing partner contributions to support multi-agency safeguarding arrangements and the public health budget. The director has been seconded to the team and is funded by Milton Keynes Council and Milton Keynes Clinical Commissioning Group (CCG).

The team will co-ordinate the work of those partnerships and boards under the MK Together umbrella. The team will play an important role in the forward plan, facilitating meetings and activities, monitoring the implementation of plans and ensuring that communications and engagement activities are effective.

However, there is much more to do to ensure we are better co-ordinated. The team are tasked with supporting us to make progress in some specific areas across our system where we have identified that we need to see significant improvement. These areas include:

- Multi-agency policy and planning
- Multi-agency data and performance management
- Safeguarding assurance
- Multi-agency safeguarding reviews
- Multi-agency learning and workforce development

Over time, we expect that the range of partnerships and boards that are supported by the team may change, and that there will be further secondments into the team to work on programmes or initiatives where working in a whole system multi-agency context is preferable to a single agency one. We want the MK Together team to be dynamic and creative and, most of all, an enabler of real change and improvement.

Every two months the MK Together director will meet with the chairs to assist with forward planning and review the performance and the progress being made.

The Health and Wellbeing Board

Terms of reference

Health and Wellbeing Boards are a key component of the Health and Social Care Act 2012 and are statutory bodies. Constituted as a committee of Milton Keynes Council, the Health and Wellbeing Board is a Partnership Board. Acting as a key forum for leaders in health and social care they are designed to ensure an integrated and co-ordinated approach across NHS, social care and public health services in Milton Keynes. It has been established to:
• Ensure strong democratic legitimacy and involvement
• Enhance working relationships between health and social care
• Develop integrated commissioning of services
• Target activity in order to reduce health inequalities

13 The Board aims to involve local people, including children, young people and their families, service providers and communities in forming strategic commissioning decisions and drive local commissioning to fulfill the ambition of better outcomes for people improved local health and social care provision.

14 The remit of the Board has been extended to include being the locality forum for issues relating to the Bedfordshire, Luton and Milton Keynes Sustainability and Transformation Plan. We have removed the starting well, living well and aging well groups and established a single Health and Wellbeing Strategy Group, focused on the development and delivery of the Health and Wellbeing Strategy.

15 We have also replaced the former Joint Commissioning Board with a new Integration Board with a wider membership and a more direct line of reporting to the Health and Wellbeing Board and established a six-monthly Forum to provide the opportunity for other partners and the public to hear about our work, find out how we are doing and give us their feedback.

16 As a result of these changes, the key functions of our Health and Wellbeing Board are:

a) To assess the strengths and needs of the local population through the Joint Strategic Needs Assessment and the Public Health Report recommending both to Milton Keynes Council’s Cabinet and the Milton Keynes Clinical Commissioning Group.

b) To agree a Joint Health and Wellbeing Strategy that drives the priorities for the commissioning plans and public health action for health services, social care, education and other services the Board considers appropriate.

c) To promote integrated provision and the joint working and to ensure an integrated approach to commissioning is established, including the promotion of joint commissioning, pooled or aligned budget arrangements where appropriate.

d) To oversee and formally comment on the Milton Keynes Clinical Commissioning Group’s commissioning plans and joint commissioning plans to ensure they take account of the Joint Health and Wellbeing Strategy, referring back to the Clinical Commissioning Group or NHS England where they do not.
e) Consider and comment on Healthwatch plans and Annual Report.

f) To act as the local strategic forum for the Sustainability and Transformation Plan, influencing the planning and design of health and social care services to ensure that the opportunities and challenges in Milton Keynes are understood and addressed.

17 The Board will ensure that equality and diversity needs and safeguarding issues are addressed and incorporated in planning and service delivery.

18 The Board will ensure it has in place robust performance and quality monitoring measures with regard to the implementation and outcomes for the Joint Health and Wellbeing Strategy.

19 The Board will ensure it is informed by innovation and sustainable best practice across health and social care which is then incorporated into commissioning plans.

20 The core membership of the board will be made up of:

- The Leader of the Council (Chair the Health and Wellbeing Board)
- Two CCG representatives (one of whom will be Vice Chair of the Board)
- Milton Keynes Safeguarding Board Independent Chair
- Director of Adult Social Services and Children’s Services
- Director of Public Health
- Corporate Director – Place
- Healthwatch representative
- Acute health services representative
- Community and mental health services representative
- A representative of the local voluntary and community sector

The membership of elected councillors will be the Leader of the Council, the Portfolio Holder for Adult Services, the Leader of the main opposition group and a representative from the minority opposition party. No elected councillor may serve on the Health and Wellbeing Board and hold a position of Chair of a Milton Keynes Council scrutiny committee.

The director of MK Together will attend the Board. From time to time other representatives, for example the Youth Cabinet, may be invited to join the Board in an advisory or expert capacity by the Chair.

21 The Board will meet a minimum of five times a year. Meetings will be held in public except where exempt or confidential information is likely to be disclosed, and the meeting or part of the meeting is therefore held in private. Every effort will be made to facilitate public attendance.

22 Meetings are conducted in accordance with procedural rules applicable to council committees, except where modified by these terms of reference.
Core voting members (other than councillors) are required to nominate deputies. Councillors, intending to nominate a substitute to attend on their behalf should notify Democratic Services in writing (which can be by email) before the start time for the meeting.

The quorum for the Board will consist of six members, of whom no more than half will be Councillors. Only core members will have the right to vote.

The Board will actively seek to communicate and engage with local people and organisations to enable them to fully engage with important local health and social care discussions and decisions. To support this aim, a Forum will be held every six months to share information about the work of the Board and gather feedback. The Forum will be facilitated by the Chair of the Board and supported by members of the Board as appropriate.

The Health and Wellbeing Board – Strategy Board

Health and Wellbeing Board partners are committed to delivering the Health and Wellbeing Strategy to bring about improvements in the health and wellbeing of the local people and to reduce inequalities for all ages.

This Board is responsible for overseeing the successful delivery of the Health and Wellbeing Strategy, bringing partners together and agreeing joint action. The Board is accountable to the Health and Wellbeing Board. The board is required to:

a) Publish an annual Joint Strategic Needs Assessment (JSNA), providing a comprehensive health and care needs evidence base to help inform current and future commissioning, service delivery and public health interventions.

b) Make progress towards meeting the goals of the Starting Well, Living Well and Aging Well goals through the delivery of agreed priority actions, regularly viewing and refreshing these actions as appropriate.

c) Closely monitor performance and outcome data in relation to the priorities set out in the Health and Wellbeing Strategy and report regularly to the Health and Wellbeing Board.

d) Work with the Integration Board to ensure any agreed changes to commissioning or service design are implemented.

e) Build capacity across local organisations and non-public sector bodies to facilitate effective joint action to tackle public health issues.
The core membership of the Board will be made up of:

- Director of Public Health (Chair)
- CCG senior representatives (two maximum)
- Acute services senior representative
- Community and mental health services representative
- Thames Valley Police representative
- Voluntary and community sector representative
- Milton Keynes Council children’s services representative
- Milton Keynes Council adult services representative
- Milton Keynes Council Place directorate representative
- Schools representative
- Business representative
- Healthwatch representative
- Youth Cabinet representatives (up to three)

From time to time other representatives, may be invited to join the Board in an advisory or expert capacity by the Chair.

The Board will meet monthly. Meetings will not be held in public. All agendas, reports and minutes will be circulated at least five working days before meeting. Minutes will be circulated within ten working days of the meeting. The Board will provide a written report on both activity and performance to the Health and Wellbeing Board to be considered at each Board meeting.

**The Health and Wellbeing Board – Integration Board**

**Terms of reference**

Health and Wellbeing Board partners are committed to co-ordinating health and social care commissioning and service design and delivery, taking joint responsibility for implementing strategies to improve outcomes.

The Board will be the Sustainability and Transformation Plan (STP) place-based group for Milton Keynes and is accountable to the Health and Wellbeing Board. It will be the operational decision making body for commissioning agreed health and social care services for adults and children and for service design. The board is required to:

a) Translate the strategic commissioning vision for the health and wellbeing of the people of Milton Keynes, developed by the Health and Wellbeing Board, into commissioning plans.

b) Co-ordinate the implementation of key strategies and monitor their impact, efficacy and success.
c) Ensure that commissioning decisions and strategic developments have regard to
the local strategies and plans are informed by the Joint Strategic Needs
Assessment.

d) Design the future local solutions to deliver the STP. This includes developing local
service models based around the Priority 2 vision and principles, planning local
stakeholder engagement and managing delivering change.

e) Review, update and monitor any partnership agreements, for example those
made under Section 75 of the NHS Act 2006.

f) Oversee the development and management of the Better Care Fund and the
related integrated schemes.

32 The core membership of the Board will be made up of:

- Director of MK Together (Chair)
- Milton Keynes CCG Chief Officer and up to three senior leaders
- Director of Adult and Children’s Services and up to three senior leaders
- Director of Public Health or deputy
- Local GP Federation representative
- Acute health services representative
- Community and mental health services representative
- Healthwatch representative

From time to time other representatives, for example from the voluntary and
community sector, may be invited to join the Board in an advisory or expert
capacity by the Chair.

33 The Board will meet monthly. Meetings will not be held in public. It may be
necessary to set aside a section of the meeting for Milton Keynes Council and
Milton Keynes CCG to discuss commissioning issues which should not be
shared with providers. All agendas, reports and minutes will be circulated at
least five working days before meeting. Minutes will be circulated within ten
working days of the meeting.

Safeguarding Board
Terms of reference

34 The Safeguarding Board (the Board) is a joint statutory body fulfilling the
objectives, functions and responsibilities set out for adults and children’s
safeguarding boards in the Children Act 2004, Working Together 2015 and the
Care Act 2014.

35 Following extensive consultation we have agreed to create a single Milton
Keynes Safeguarding Board (MKSB) to strengthen our multi-agency work,
bringing together the three key agencies (health, police and local authority) to support, coordinate and monitor effective multi-agency safeguarding arrangements.

36 The Board is responsible for supporting the coordination of multi-agency arrangements to protect and safeguard children and adults in Milton Keynes and for monitoring their effectiveness at a multi-agency strategic level and to assure that:

- Local safeguarding arrangements are in place as defined by the Care Act 2014 and the Children Act 2004 and all relevant statutory guidance.
- Safeguarding practice is person-centred and outcome-focused.
- Safeguarding practice is continuously improving and enhancing the quality of life of adults in its area.

37 To do this, the Board will support the three key agencies, namely health, police and the local authority to oversee and coordinate multi-agency arrangements for protecting children and adults, deliver joint strategies and lead the safeguarding system.

38 The Board is also responsible for monitoring and evaluating the effectiveness of what is done by partners individually and collectively to safeguard and promote the welfare of children and adults and advising them on ways to improve.

39 The key objectives of the Board are:

a) To provide appropriate assurance that practice is person centred and improves outcomes for vulnerable children and adults.

b) To use the Board’s intelligence (gained from its performance and quality assurance activity) to influence the strategic design, commissioning and delivery of multi-agency services to safeguard children and adults and promote welfare.

c) To develop multi-agency policies and procedures for safeguarding and promoting the welfare of children and adults, and the action to be taken where there are concerns about safety or welfare, including thresholds for intervention.

d) To test out local arrangements to assure the quality of local practice and to identify areas for further improvement.

e) To undertake reviews and share learning.
f) To set standards, monitor and evaluate the effectiveness of workforce development, training and learning, including multi-agency training, to safeguard and promote the welfare of children and adults.

g) To agree local practice standards as appropriate and to challenge and tackle poor standards where identified.

h) To be responsible for monitoring and reviewing all deaths of children and oversee the learning from the reviews of deaths of people with learning difficulties normally resident in Milton Keynes.

i) To be responsible for commissioning and undertaking serious case reviews and other forms of learning reviews following deaths or serious incidents involving children or adults where safeguarding is an issue.

j) To produce and publish an annual report on the effectiveness of multi-agency arrangements to safeguard children and adults in Milton Keynes and promote their welfare.

k) To produce, publish and implement a strategic plan and annual business plan.

l) To hold the risk and challenge logs for delivering the statutory functions required.

m) To communicate the need to safeguard and promote the welfare of children and adults, raising awareness of how this can best be done and encouraging people to do so.

n) To share local, regional and national information and learning.

The core membership of the Board (reflecting the key agencies set out in the Woods Review) will be made up of:

- Independent Chair (accountable to and appointed by the Chief Executive of Milton Keynes Council in consultation with key partners).

- Local authority - Corporate Director (People), Service Director (Adult Services) and Service Director (Children’s Services).

- Police - Local Policing Area (LPA) Commander – Thames Valley Police (Milton Keynes) and the Detective Chief Inspector for Protecting Vulnerable People (PVPU).
• Health - Chief Officer and Director of Nursing from Milton Keynes Clinical Commissioning Group, the Chief Executive or executive level director of the acute trust and a director level representative from community and mental health services.

41 The Board will meet bi-monthly. Meetings will not be held in public. The Board Proceedings will be summarised and published where possible. All agendas, reports and minutes will be circulated at least five working days before meeting. Minutes will be circulated within ten working days of the meeting. The quorum for the Board will consist of one representative from the local authority, police and health plus the independent Chair.

42 Each member of the Board must appoint a senior level named deputy in order to ensure maximum and consistent attendance.

43 Professional advisors and designated professionals will attend the Board as required for specific items.

Safeguarding Board – Adult Programme Board
Terms of reference

44 The Safeguarding Board is supported by dedicated children’s and adults programme boards, responsible for the statutory functions specific to adult’s or children’s safeguarding. These programme boards have replaced the current business management/sub-group chairs groups. For the first six months of the arrangements both Programme Boards have been chaired by the Independent Chair. Suitable Chairs and Deputy Chairs were appointed in October 2017.

45 The overarching statutory purpose of a Safeguarding Adults Board (SAB) is to help and safeguard adults with care and support needs. This will require the adults programme board to develop and actively promote a culture with its members, partners and the local community that recognises the values and principles contained in ‘Making Safeguarding Personal’ (a sector led initiative which aims to develop an outcomes focus to safeguarding work, and a range of responses to support people to improve or resolve their circumstances. It focuses on engaging people about the outcomes they want).

46 The Adult Programme Board is also concerned with a range of issues which can contribute to the wellbeing of its community and the prevention of abuse and neglect, such as:

• The safety of people who use health services, including mental health.
• The safety of adults with care and support needs in residential settings.
• Effective interventions with adults who self-neglect, for whatever reason.
• The quality of local care and support services.
• The effectiveness of prisons in safeguarding offenders.
• Making connections between adult safeguarding and domestic abuse.
• Modern slavery and associated issues.

47 The Adult Programme Board is responsible for leading and co-ordinating programmes of work (through sub groups, projects and task and finish groups) designed on a multi-agency basis to ensure practitioners:

• Work collaboratively to prevent abuse and neglect where possible.
• Ensure agencies and individuals give timely and proportionate responses when abuse or neglect have occurred.
• Make enquiries, or request others to make them, when they think an adult with care and support needs may be at risk of abuse or neglect.
• Arrange for an independent advocate to represent and support a person who is the subject of a safeguarding enquiry or review, if required.
• Assure itself that safeguarding practice is continuously improving and enhancing the quality of life of adults in its area.
• Carry out Safeguarding Adults Reviews when the criteria are met.

48 The membership of the Adult Programme Board includes the relevant designated professionals and professional advisors and in addition comprises:

• Director of Adult Social Services
• Representative of Public Health Services
• Representative of Place Directorate
• Head of Safeguarding, Milton Keynes Council (as professional advisor)
• Representative of the CCG
• Representative of the Acute Health services
• Representative of the Community and Mental Health services
• A Healthwatch representative
• A representative of the local voluntary and community sector
• Representatives of Thames Valley Police (PVPU and local command)
• Representative of the provider sector
• A representative of the prison
• Representative of the Ambulance Service
• Representative of the Fire Service
• Representative of the National Probation Service
• Representative of the Community Rehabilitation Company
• Two lay representatives (experts by experience)
• The lead member for adult services as a participant observer (holding no vote and not part of the quorum)

49 The quorum for the programme board will be one third of the membership. Initially (for a period of around six months) the Independent Chair will also chair the Adult Programme Board.

50 The Programme Board will meet bi-monthly. Meetings will not be held in public. All agendas, reports and minutes will be circulated at least five working
days before meeting. Minutes will be circulated within ten working days of the meeting. The Programme Board will provide a written report on both activity and performance to the Safeguarding Board to be considered at each Board meeting.

Safeguarding Board – Children’s Programme Board
Terms of reference

51 The Children’s Programme Board is responsible for delivering the functions of Regulation 5 of the Local Safeguarding Children Board (LSCB) Regulations 2006, including:

a) Developing policies and procedures for safeguarding and promoting the welfare of children in Milton Keynes.

b) The action to be taken where there are concerns about a child’s safety or welfare, including thresholds for intervention.

c) Supporting the training of people who work with children.

d) Oversight of appropriate recruitment and supervision of people who work with children and vulnerable adults.

e) Investigations of allegations concerning people who work with children.

f) The safety and welfare of children who are privately fostered.

g) Ensuring that the Board has strategic oversight of child sexual exploitation and other exploitative behaviours that are being addressed in various operational forums.

h) Communicating to people and organisations in Milton Keynes the need to safeguard and promote the welfare of children, raising their awareness and encouraging them to do so.

i) Participating in the planning of services for children in Milton Keynes.

j) Undertaking reviews of serious cases, learning reviews of other cases and advising the local authority and their board partners on lessons to be learned.

k) Publishing an annual report on the effectiveness of child safeguarding and promotion of welfare of children in Milton Keynes.
Providing challenge to ensure that there is a comprehensive, effective and adequately resourced system wide approach to safeguarding children and promoting their welfare.

The membership of the Childrens Programme Board includes the relevant designated professionals and professional advisors and in addition comprises:

- Director of Children’s Services
- Representative of Public Health Services
- Representative of Place Directorate
- Head of Safeguarding, Milton Keynes Council (as professional advisor)
- Representative of the CCG
- Representative of the Acute Health services
- Representative of the Community Health and Mental Health services
- Representative of the youth offending service
- Representative of Oakhill Secure Training Centre
- Representative of the local voluntary and community sector
- Representatives of Thames Valley Police (PVP and local command)
- Representative of the Fire Service
- Representative of the National Probation Service
- Representative of the Community Rehabilitation Company
- Two lay representatives
- Four representatives of the education sector
- The lead member for children’s services as a participant observer (holding no vote and not part of the quorum)

The quorum for the programme board will be one third of the membership. Initially (for a period of around six months) the Independent Chair chaired the Children’s Programme Board. Suitable Chairs and Deputy Chairs were appointed in October 2017.

The Board will meet bi-monthly. Meetings will not be held in public. All agendas, reports and minutes will be circulated at least five working days before meetings. Minutes will be circulated within ten working days of the meeting. The Programme Board will provide a written report on both activity and performance to the Safeguarding Board to be considered at each Board meeting.

**Safeguarding Board – groups**

The Safeguarding Board will support three joint adults and children groups which will have responsibility for delivering the relevant work programmes and projects agreed by each Programme Board as part of the business plan:

a. The Reviews and Learning Group
b. The Performance, Quality and Improvement Group
c. The Workforce Development and Standards Group
In addition it will continue to support Child Death Overview Panel (CDOP) until such time as legislative changes take place.

The membership of each of these groups will reflect the range of partner agencies that need to be directly involved and will be selected for their professional skills as well as representative abilities.

Each group has its own terms of reference, clear objectives and clear project plans. They are accountable to the Safeguarding Board, reporting through the two Programme Boards, using the Board Report Cards. The groups will meet as necessary to deliver their specific projects.

Task and Finish groups will also be established by the Programme Boards as necessary. Each will be given a clear project plan, with required outcomes, and timelines, as well as carefully designed membership to maximize the skills available to deliver the specific project.

The Safeguarding Board will also develop a number of forums, led by the interest group they represent, and supported by the Board. The young people’s group is already established and quickly gaining its own identity.

Ends
ITEM 8

Minutes of the meeting of the CHILDREN AND YOUNG PEOPLE COMMITTEE held on TUESDAY 12 SEPTEMBER 2017, 7.00 PM at the CHURCH OF CHRIST THE CORNERSTONE.

Present: Councillor Sam Crooks (Chair), Councillors Marie Bradburn, Sarah Betteley, Andrew Buckley, Andrew Dransfield, Jenni Ferrans, Victoria Hopkins, Elaine Wales, Alan Webb, Debbie Main (Diocese of Northampton Representative), and Amanda Marlow (Parent Governor Representative)

Officers: Nicky Rayner (Service Director – Children and Families), Michael Bracey (Corporate Director – People), Linda Bartlett (Improvement Partner – Inclusion, Setting and School Effectiveness), Roz Mascarenhas (Youth Participation Worker), and Dwight McKenzie (Overview and Scrutiny Officer)

Apologies: Councillors Norman Miles, Councillor Gerald Small and Rebecca Collins (Parent Governor Representative)

Debbie Main (Diocese of Northampton Representative) was also not present.

Also Present: Councillor Zoe Nolan (Cabinet Member – Children and Families), Rachel Grimer-James (Milton Keynes Youth Cabinet), Clarissa Tear (Milton Keynes Youth Cabinet), and Toby Poyner (Milton Keynes Youth Cabinet).

CYP 18 DISCLOSURES OF INTEREST
None

CYP 19 STANDING ADVISORY COUNCIL ON RELIGIOUS EDUCATION (SACRE)

Witnesses: Rev. Paul Smith (Chair [SACRE]) and Linda Bartlett (Improvement Partner – Inclusion, Setting and School Effectiveness)

The Committee received a presentation from the witnesses, who informed:-

- Milton Keynes SACRE is part of the National Association of SACRE.
SACRE is a statutory group, and is currently made up of four groups; i.e. Christian denominations and other religions, Church of England, Associations representing teachers, and the local authority.

SACRE has over the past 5 years worked hard so as to be representative of the community in Milton Keynes. Recent efforts have including efforts to engage with the Jehovah Witness and Mormon community in the borough.

Among new initiatives which SACRE has been implementing are:-

(i) “Youth SACRE” currently being championed by a local Religious Education teacher in Milton Keynes. Through this initiative young people are able to contribute to religious education in the borough. The initiative has so far been a success.

(ii) “Religious Ambassadors” which involves older students (6th Form students) talking to younger students about their religious faith.

(iii) Milton Keynes SACRE engaging with Luton’s SACRE

SACRE’s Religious Education syllabus is reviewed every 5 years. The new syllabus which took effect form 1st September 2017, was developed following consultation with various stakeholders in the borough including students, teachers and religious education professionals.

The SACRE syllabus is provided to and followed by main schools, and made available to Academies. SACRE’s syllabus is not compulsory for Academies.

A comprehensive guidance document for religious education in schools will soon be made available by SACRE.

SACRE’s duties include advice on and monitoring the teaching of religious education in schools, and monitoring collective worship.

To help fulfil its duties SACRE utilises surveys.

SACRE is linked closely with the Government’s “Prevent Agenda”. In this regard it reviews an individual’s perception of their faith, and addresses misconceptions or incorrect understandings associated with individual faiths.

More schools are teaching philosophy and ethics, and fewer schools are teaching religious education. This was possibly due to a cultural shift in society making this approach perceived as being more acceptable by schools.

Among SACRE’s strength are (i) commitment from people involved with SACRE, (ii) Youth SACRE, and the (iii) holistic approach adopted in Milton Keynes.

Among the challenges faced by SACRE are (i) greater ability needed to freely communicate with schools, (ii) rolling out of the new syllabus and thereafter its monitoring so as to ensure that it is followed, and (iii) risks to funding.
During the Committee’s discussion following the presentation, the Committee heard:-

a) In support of the “Prevent Strategy”, SACRE has developed “Islamic awareness” training which is freely offered in schools. “Religious literacy” is also an educational tool employed in schools aimed at tackling ignorance in and of religions.

b) Many schools have opted to observe Christian worship rather than proactively implement such worship. SACRE has found that this is partly because many teachers are uncomfortable leading this type of worship.

c) SACRE would like to work with the Youth Cabinet for example so as to get their views on how religious education should be taught in schools. This is especially as SACRE has discovered that an increasing number of young people want religious education taught in schools.

d) The last teacher evaluation revealed that only 71% of teachers felt confident teaching religious education in schools. SACRE realises that this needs to be improved through greater teacher training and funding to enhance teacher capacity. A humanist teacher recently developed an online resource of information for a wide variety of faiths.

e) Enquiry based learning where young people ask religious questions is encouraged by SACRE.

f) Religious Education is important so as to (i) help people understand their religious heritage, and especially because (ii) religion is a major driver of events across the world. SACRE however also considers non-faith to be important in religious education.

g) SACRE might cease to exist in future on a statutory basis due to cultural changes and greater diversity. However these same reasons also make SACRE continually relevant.

RESOLVED -

That the presentation be noted.

**CYP20 FAMILY DRUG AND ALCOHOL COURT REPORT (FDAC)**

Witness: Councillor Andrew Buckley

The Committee was provided an overview of the report by Cllr. Buckley who outlined:-

- Milton Keynes Council has a duty to safeguard the welfare of children, and the Council can bring proceedings for a care order in County Courts.
- Historically care orders have looked backwards rather than forward.
- To address the above shortcoming, Milton Keynes Council has adopted the FDAC which was copied from the approach of another local authority. The FDAC model however originated in the United States.
- The CYP Committee during the 2016/17 period received a presentation from 2 FDAC judges. These Judges were supportive of the remit of the FDAC being extended to cases of neglect especially as care orders are on many occasions due to neglect, and in some cases seem multi-generational.
- Nicky Rayner (Director- Children and Families) had put forward an application for innovation funding for the FDAC to the Department of Education. This application which would have helped in the possible extension of the FDAC to encompass neglect cases was however unsuccessful.
- Nicky Rayner is working with the Association of Directors of Children Services (ADCS) to identify ways in which neglect cases can be addressed, and the ADCS has been alerted to Milton Keynes unsuccessful application for innovation funding for the FDAC.
- Cllr. Buckley has met with Milton Keynes’ Members of Parliament regarding the unsuccessful application. From these discussions it has been determined it could be helpful to the Councils efforts for innovative funding if a Briefing paper was developed and sent to the Parliamentary Under Secretary of State for Women, Equalities and Early Years at the Department for Education. The development of this Briefing Paper is supported by Michael Bracey (Corporate Director- People).

Following the presentation, Members enquired as to the percentage of neglect cases that were unrelated to drug and alcohol issues. In response a commitment was received from Nicky Rayner that this information for both the local and national level would be provided to Members at a later date.

The Committee heard that London Councils provided very strong evidence to support the continued operation and funding of the FDAC, including that Family Courts have been found to be more confrontational rather than problem solving in their approach as relates to care orders. Members also heard that although innovation funding was needed so as to ascertain if the FDAC Court would be effective for neglect cases, normal funding of the FDAC remained in the base budget for the Council.

The Committee considered whether consumption of Judiciary time, or a realisation that mental health is a possible cause of neglect, had been the reason for government resistance to Milton Keynes innovation funding application. It was noted however that existing research showed that intervention could reduce neglect cases, and that cognitive treatment and therapy could be taken into account by Judges for neglect cases. The Committee further heard that the
Legal Aid Agency had incurred savings due to the operation of the FDAC and as a result the Agency had also been approached for funding of the FDAC. This effort was however unsuccessful.

RESOLVED-

1. That the Committee endorse the Report.

2. That the Report be circulated to the Scrutiny Management Committee.

3. That the Report be circulated to the Health and Wellbeing Board.

4. That the Report be circulated to Iain Stewart, Member of Parliament for Milton Keynes South, and Mark Lancaster Member of Parliament for Milton Keynes North.

**CYP21 FURTHER AND HIGHER EDUCATION**

Witness: Councillor Sam Crooks

Councillor Crooks made a brief presentation to the Committee on this item, and outlined the below points:-

- Further education appeared to be becoming a “poor cousin” relative to higher education.
- There is a justified case for a second report on further and higher education in Milton Keynes, and this report should go out to consultation.
- Milton Keynes needed an indigenous university for the borough’s residents which served the specific needs of the borough.
- Prior failures in education in Milton Keynes had been due to Milton Keynes merely being used as a base location by other Universities rather than them seeking to address the specific skills need of the borough.
- There is a realisation in government that there is a greater need for local providers in further and higher education. This view within Parliament could be beneficial to Milton Keynes.

Following the presentation, the Committee in discussion considered whether now was an appropriate time for Milton Keynes to have its own University, or whether the future would be better for such action. It was noted that businesses in Milton Keynes have indicated that there is a current need for Milton Keynes to have its own university which addressed the local skills need of the borough. This failing Members agreed needed to be articulated in the Committee’s contribution to the Consultation on MK:U consultation such as in section 24 of the Committees response.
Particular note was made by the Committee that Milton Keynes will be one of the top 10 cities in the United Kingdom in future, and that it was also cost effective to both live and study in Milton Keynes. The Committee however acknowledged an identified concern that a university in Milton Keynes could cause population pressures for the borough.

RESOLVED -

1. That Cllr. Crooks review the Procurement and Commissioning documentation regarding the proposed MK:U, and suggest amendments for endorsement by the Committee via email.

2. That Cllr. Crooks send any agreed amendments to the Procurement and Commissioning Committee on Thursday, 14 September.

3. That CYP Committee members and the Youth Cabinet be involved in the tender assessment process.

CYP22 ANNUAL REPORT FROM CABINET MEMBER

Witness: Councillor Zoe Nolan (Cabinet Member - Children and Families)

The Committee received a presentation from Councillor Nolan which outlined:

- The Council is always concerned about child sexual exploitation, and a senior social worker has been designated to coordinate the Council’s work in combatting exploitation Milton Keynes.
- The Council is keen to reduce its reliance on Agency staff in its social care work.
- Milton Keynes has performed well in its social care provision as indicated by performance indicators for social workers.
- A contact centre recently created by Milton Keynes Council has won accreditation by the National Association of Contact Centres. This centre supports children in care to safely keep in contact with members of their family.
- Milton Keynes Council is trying to attract new and make available more foster carers, and results so far is encouraging.
- A recent conference was organised by the Council to promote positive mental health among children and young people in schools.
- A task force has been established to review schools and home transport. Value for money and efficiency in how school transport system works are some of the things to be reviewed.
- Milton Keynes has been looking at how lower costs through procurement in school transport can be achieved. This will be going to procurement commissioning in the near future.
• Milton Keynes is doing well as relates to special educational needs and disabilities (SEND) programme for children.
• ODSTED has judged and reported that 94% of Milton Keynes schools are “good” or “better”.

Following the presentation the Committee noted that Ofsted does not cover careers advice or life skills, and there was therefore a need for the Children and Families Service to focus on these areas. It also noted that an MK250 Work streams project was for the purpose of identifying how to reform the school’s curriculum so as to ensure that it suited the needs of businesses in Milton Keynes.

The Committee outlined a concern that there is a public perception that temporary housing as currently provided was a means by which families were being relocated out of Milton Keynes with inadequate opportunities to return. The Committee was assured by Councillor Nolan that temporary housing is not forever and families were relocated back into Milton Keynes as soon as possible although not necessarily at the same location as where they were previously housed.

The Committee expressed the view that children should not be removed or relocated from their schools unless absolutely necessary. This was owing to concern that evidence suggests whenever a child changed schools, the impact was that 5 months in their educational development was lost.

The Committee noted an expressed desire by the Youth Cabinet for to work closely with the Council on the matter of children mental health. This offer and opportunity was welcomed by Councillor Nolan.

RESOLVED -
That the Report be noted.

ADOPTIONS REPORT & FOSTERING REPORT

The Committee agreed that it would be helpful to have information relating to fostering and adoption compiled into a single report. It was also decided that it would be helpful to revisit the item one year on as to assess progress.

RESOLVED -
That items be revisited one year on as to assess progress.
CYP23 MINUTES

RESOLVED-

That the Minutes of the meeting of the Committee held on 12 September 2017 be approved and signed by the Chair as a correct record, subject to Andrew Dransfield being changed to Andy Dransfield.

CYP24 WORK PROGRAMME 2017/18

RESOLVED-
That the remainder of the Work Programme for 2017/18 be agreed.

CYP25 TOPICAL ITEM

None

CYP26 WAITING LIST AND IN-YEAR TRANSFERS

RESOLVED-
That having regard to the re-introduction of waiting lists, that the item be withdrawn from the Work Programme.

CYP27 NEW ADOPTIONS LEGISLATION

RESOLVED-
That the Committee revisit the item one year on to assess progress.

CYP28 FOSTERING RECRUITMENT

RESOLVED-
That the Committee revisit the item one year on to assess progress.

CYP29 JOINT SUB-COMMITTEE WITH THE HEALTH AND ADULT SOCIAL CARE COMMITTEE

RESOLVED-
That note be made of the Scrutiny Management Committee’s decision not to proceed with the Sub-committee at the present time.

THE CHAIR CLOSED THE MEETING AT 9:18 PM