MEETING:	Overview and Scrutiny Committee
DATE:	Tuesday, 8 November 2016
TIME:	2.00 pm
VENUE:	Council Chamber, Barnsley Town Hall

MINUTES

Present Councillors Ennis (Chair), G. Carr, Charlesworth, Clarke, Frost, Daniel Griffin, Hayward, W. Johnson, Lofts, Makinson, Mathers, Philips, Pourali, Sheard, Sixsmith MBE, Spence, Tattersall and Unsworth together with co-opted members Ms P. Gould and Ms J. Whitaker and Ms K. Morritt

29 Apologies for Absence - Parent Governor Representatives

No apologies for absence were received in accordance with Regulation 7 (6) of the Parent Governor Representatives (England) Regulations 2001.

30 Declarations of Pecuniary and Non-Pecuniary Interest

There were declarations from Councillors G. Carr and Tattersall as members of the Barnsley Safeguarding Children Board and Councillor Unsworth as a Governor at Barnsley Hospital.

31 Minutes of the Previous Meeting

The minutes of the meeting held on 13th September 2016 were approved as a true and accurate record.

32 NHS Consultations on Proposed Changes to Hyper Acute Stroke Services and Non-specialised Children's Surgery & Anaesthesia Services

The Chair welcomed the following witnesses to the meeting which included the following:

- Lesley Smith, Chief Officer, Barnsley Clinical Commissioning Group (CCG)
- Helen Stevens, Associate Director of Communications and Engagement, NHS Commissioners Working Together
- Diane Wake, Chief Executive, Barnsley Hospital NHS Foundation Trust (BHNFT)
- Dr Richard Jenkins, Medical Director, BHNFT

Lesley Smith advised the committee, consultations are currently ongoing for the proposed changes to Hyper Acute Stroke Services and Non-specialised Children's Surgery & Anaesthesia Services. These started on the 3rd October 2016 and will conclude on 20th January 2017; members were encouraged to engage the public in this process. Currently, there have been 48 replies for the stroke consultation and 47 for children's surgery; with a high proportion of these being from Barnsley residents.

Following the materials being approved by the Joint Health Overview and Scrutiny Committee (JHOSC), the proposals are now open to public consultation. The key points of these proposed changes are not about saving money; with the changes likely to cost more; also neither the stroke unit nor children's surgery services are being closed. The proposed changes are being driven to increase the survival rates for stroke patients, as well as improving their long term outcomes. Also, they are not linked to the NHS Sustainability and Transformation Plan (STP); the preparation work for changes to these services began two years ago, involving clinicians both locally and nationally as well as undertaking a pre-consultation.

Members proceeded to ask the following questions:

I. Will Doncaster Hospital have the capacity to treat the increase in patients or would it be better to send them to Mid-Yorkshire?

The committee were advised capacity numbers have been worked up to ensure these are right and that we continue to be able to attract staff.

II. The ambulance service is key; therefore will these changes cause a delay in ambulances knowing where to take Barnsley patients?

Members were advised ambulances are already fitted with a sophisticated system, enabling them to be guided to the hospital they can get to quickest. The time to treatment is not just about the ambulance journey but also needs to consider the time to treatment, therefore the whole pathway needs to be considered.

III. If patients attend the Accident and Emergency (A&E) unit at Barnsley Hospital, is it realistic to transfer them to another hospital when they could have been seen in Barnsley?

The group were advised only 1 in 4 stroke patients present themselves at the A&E unit and it is in the patient's best interest for them to be transferred to a specialist Hyper Acute Stroke Unit (HASU). London hospitals have done work on this and found the first 2 to 3 days are critical as this considerably improves patient recovery.

IV. What support will be given to families to be with their loved ones, particular those who are elderly or distressed?

The committee were advised an equality impact assessment has been undertaken, which is documented on the Commissioners Working Together website. The discussions recognised a greater number of elderly people would be affected by the proposed stroke service changes; however after the initial crucial 72 hours patients will be transferred back to their local hospital, in this case to Barnsley.

V. Are the proposed changes, practice or finance driven and how do they relate to the STP?

Members were advised the preparatory work for these proposed changes began around 2 years ago, with the pre-consultation stage conducted from January to April this year, therefore preceding the STP. The proposed changes are being driven clinically and not financially, as the proposed changes are likely to cost more. The

priorities are to improve a patient's quality of care, survival and help to reduce the impact of any permanent disability.

A member commented that savings could be made in the future to wider society by people being treated sooner, thereby avoiding disabilities and being enabled to return to work.

VI. A member of the committee explained they had received a letter from a paediatric doctor advising they had only been consulted at the same time as the public. Therefore the member asked to what extent staff have been engaged through the consultation process. Also, will these proposed changes risk in there being a loss of clinical expertise as there will be less children's surgery procedures at Barnsley Hospital?

The group were advised the proposed changes would result in 10% fewer operations being carried out at Barnsley Hospital. Following a meeting with consultants in paediatrics and anaesthetics, there was consensus that this small reduction would not adversely affect the skills of these staff. Doctors could get called to a sick child in A&E 24 hours per day; we have doctors who are competent but their competence varies. For the most sick children they need to be receiving the highest level of medical expertise.

VII. Would a reduction of 10% in patients, gradually affect a clinician's ability to identify illnesses?

Members were advised the recognition of illness is done by A&E doctors. The proposed changes would result in there being no evening or weekend surgery, which there is a strong clinical case to stop. However, all other emergency admissions requiring an overnight stay will still be carried out at Barnsley Hospital.

VIII. How much consultation has there been with staff and have they 'bought' into the proposed changes, as a paediatrician has advised, they had only been consulted at same time as the public?

The committee were advised this process started 2 years ago with a core group coming together across South and Mid-Yorkshire, Bassetlaw and North Derbyshire regions to discuss data and take this forward. Employees have been invited to attend various workshops which are continuing to take place, with clinicians being involved at every level. There are also plans to hold a staff roadshow during the consultation. Staff from each organisation affected have been invited to workshops throughout the process therefore we need to make sure staff in the units are involved in the discussions.

IX. There are concerns and apprehensions over the NHS Sustainability & Transformation Plans (STPs) as there are billions of pounds to be saved across the country and there has been no public engagement in developing them. Therefore it is understandable that people are suspicious that these proposed changes are the first cuts, particularly as the local STP was due to be published in October and is still not available?

The group were advised, it is understandable there are suspicions over STPs; the South Yorkshire and Bassetlaw Plan is due to be published on 11th November 2016 and we will then consult the public on the plan, which includes bringing it to the

Overview and Scrutiny Committee (OSC). It will be sad if we confuse this work which is about quality and survival with the STP. These business cases are not about reducing money and spend and will cost us more in the short term.

X. There are patients in Wakefield and their services have been considered in the review however it states they are not being consulted; why is this the case?

Members were advised Wakefield has been included in some of the actions and the witnesses advised that they have consulted directly with the Trust. Some patients will be taken to Wakefield, however there won't be any changes to the services there for patients; therefore Wakefield has not been included in the public consultation.

XI. To what extent has there been learning from good practice in the delivery of these services in other areas?

The committee were advised that in relation to stroke, over the last 10 to 20 years treatments have improved. There are now treatments for clots and other things that can be done to help survival. London has reconfigured their stroke services with significant improvements in patient recovery being seen following admittance to a HASU.

XII. Would additional funding in the NHS, such as increasing the cost of prescriptions, or means testing, negate the need for these proposed changes?

The group were advised the motivation for the proposed changes is not financial; therefore additional money for stroke service would not make a difference. We're struggling to recruit stroke doctors in Barnsley and there aren't enough consultants in the region. Even if we have enough consultants for each centre there wouldn't be enough patients for them to treat to get the expertise and practice to achieve better patient outcomes,

XIII. Following the vote to leave the European Union (EU) if this then led to increased funding in the NHS, would this mean the proposed changes would not need to be considered?

Members were advised the issue is not funding related; even with all the money in the world and doctors at each centre, they would only see 450 stroke patients per year which is less than 5 per week, which is not enough to keep up specialist skills.

XIV. What rehabilitation services will be provided for stroke patients who need further support as this is vital; also what support is there in relation to travel?

The committee were advised ongoing recovery remains an important part of the process, including with speech, language and occupational therapy. Following travel by ambulance to a HASU and following the first critical 2/3 days patients would be transferred back to their local hospital with no changes to rehabilitation services.

XV. As well as the consultation with the public, has this been extended to include the unions?

Members were advised awareness is being raised to as wide an audience as possible and this has included unions. The consultation period of 16 weeks has not yet reached its midpoint with its objective to hear from as many people as possible. The feedback received will be analysed mid-point during the consultation to ensure we are hearing from different parts of the system. There will be a further push in early December to re-raise the public's awareness of the consultation.

XVI. A member raised concerns regarding the de-skilling of our doctors and implying that we do not have quality staff at Barnsley Hospital due to the low number of stroke patients seen. The member also highlighted that 20 minutes is critical in relation to stroke; it can take 25 minutes to get to Barnsley Hospital from around the Borough never mind travelling further afield?

The committee were advised Barnsley Hospital has excellent staff, but appreciates clinicians need to be regularly treating patients to maintain their skills. Currently, with 2 stroke consultants, it is difficult to provide expert cover 24 hours, 7 days a week; whereas a HASU staffed by 8 stroke consultants would ensure better outcomes.

In relation to travel the group were advised whilst travel time is relevant, it is also about how quick a patient can receive treatment and undergo checks. It is the first hour which is critical to stroke patients not the first 20 minutes; this is in guidance put together by national leads in stroke, therefore we believe this reconfiguration of services is the right thing to do.

XVII. In relation to a bleed or clot, surely it is a disadvantage if a patient has to be seen further away which could take 1.5 hours to get there?

The group were advised only 1 in 10 patients are eligible for the clot busting drug as this can only be administered in the first few hours. Good nursing care and fluid management is also important. It is about the whole package; therefore travel to a specialist centre is worth it as may avoid the need for a transfer.

XVIII. Are patients offered the choice of the hospital they are taken to when they ring 999 and would this be the case after the changes took place?

Members were advised patients in the North of Barnsley will be taken to Wakefield. The Overview and Scrutiny Committee in Wakefield decided not to take part in the consultation as services won't change for patients; however Wakefield have been considered in the proposals.

XIX. If Barnsley Hospital is not to deliver the specialist stroke and children's surgery services then what will they become specialists/a centre of excellence for instead?

The committee were advised Barnsley Hospital has lots of excellent services including midwifery, with patients coming from outside the area due to the excellent staff and facilities. There is also a good A&E team which is fully recruited therefore we don't rely on locums like other similar services have to. We also have an excellent critical care team. We don't want to list off all our services, these are just 3 examples. There are services that are only available in Barnsley and not elsewhere such as some of our Urology procedures. Barnsley Hospital does not just want to deliver services just because we can when they can be done better elsewhere.

Commissioners have encouraged us to do more planned operations in Barnsley, for example as a result of our Urology services we have seen the market share of people choosing Barnsley Hospital increase over the last 12 months.

XX. What areas have been covered by the consultation and how have these performed. Also, the recruitment of staff being difficult is a concern, as if we have specialist centres won't all staff want to move to those?

Members were advised Barnsley, Bassetlaw, Doncaster, Rotherham, Sheffield, North Derbyshire and Wakefield have been involved, with the process being led by 8 CCGs coming together to look at improving patient outcomes. The consultation itself has been led by the engagement teams in each of the 8 CCGs, and having conversations with their local communities. The information collected will be analysed independently. Full use is being made of social media and local press to ensure as wide an audience as possible is consulted.

In relation to recruitment we believe the best action in future is the joint-recruitment of consultants. Doncaster and Wakefield Hospitals are interested in this arrangement and it would mean for example a consultant could spend most of their time in Barnsley but would get opportunity to work in the specialist units during out of hours work. Similar appointments have already been made in other services and have been very successful with high satisfaction from doctors.

XXI. Using social media as part of the consultation process will undoubtedly appeal to a wider audience however is less likely to be used by the elderly community; will any public meetings be held?

The committee were advised social media is not the only method being used and there are 3 public meetings in Barnsley, the details of which will be circulated to the committee.

XXII. If the proposals are agreed, could this potentially lead to job losses if there are fewer patients being seen in the stroke department at Barnsley Hospital?

The group were advised there will still be a stroke department at Barnsley Hospital; the changes are only to Hyper Acute Stroke services, therefore they still need the staff they've got. This is a hard area to recruit to therefore Barnsley Hospital has had to use bank staff to support stroke and elderly care. There will only be 2 less beds in the unit therefore we will have appropriate staff numbers with the ones we have; therefore there will be no unemployment as a result.

XXIII. A member asked if there will be support for families with limited financial resources, where it will take several busses to travel to the alternative hospitals; also stated it is important that ambulance service journey times improve; and also asked what impact the closure of Huddersfield A&E will have on Barnsley Hospital?

Members were advised there are systems in place to support families and when their relatives are well enough to be transferred back to Barnsley; this will be done as quickly and efficiently as possible. The service shares the same concerns and will take these on board however note that it is important to balance short-term inconvenience to increase patient survival.

XXIV. A recent article in the Yorkshire Post highlighted a lack of response to red calls with only 68% being met within targets; how confident are you the ambulance service will be able to deal with these pressures?

The committee were advised for response to red calls the target is 75% in 8 minutes. The year to date average is currently 69%. 95% of cases are being attended within 14 minutes; therefore there is a 6 minute difference in time which doesn't make a difference to the care stroke patients receive. The proposed changes would mean patients went straight into an admittance unit and straight to scans etc. and would not be affected by turnaround times which are currently the reason for ambulance service delays.

XXV. With an increasing population and the possible closure of Huddersfield A&E, will this have implications in the future?

The group were advised with the proposed changes only 2 beds would be affected, therefore the changes will not have a significant impact. We review beds to ensure there are the right numbers in the right specialities, particularly over the winter period.

XXVI. During peak traffic periods will ambulances be able to get to the hospitals in Chesterfield and Doncaster within 45 minutes?

Members were advised this is an important point; however in an emergency situation an ambulance will always be directed to the nearest hospital. The ambulance services have looked at this in detail and are already taking patients to particular areas if they require thrombolysis. The ambulance services are due to attend the JHOSC shortly therefore further questions can be asked of them there.

XXVII. A member of the committee commented on the consultation papers explaining they ought to be clearer and easier to understand. Also, with the children's surgery and the three options suggested, it is not easy to follow these proposals.

The committee were advised the consultation papers were taken to different reader groups beforehand. Also, on the website from this week there will be an animated version of the proposed changes as well as an 'easy read' version of the consultation papers, which can be circulated to the members of the committee.

XXVIII. With the proposals for Children's Surgery, three different options have been put forward but none include basic day care surgery which then excludes Barnsley as a potential centre of excellence in future if we down-skill our staff; why did you not include all the options?

The group were advised there would not be any down-skilling; they are just trying to provide the best outcomes for Barnsley residents. Already the hospital does not provide certain services which are elsewhere. Children's surgery is becoming increasingly complex therefore it is better having a specialism in one unit. If there is only a 10% reduction in the overall number of procedures taking place, this will not lead to the down-skilling of clinicians.

XXIX. With the continual building of new homes, many of which will be occupied by young families with children, who potentially could place further demand on

children's surgery, why are we getting rid of this service when we may have advancing need?

Members were advised this is about the availability of experts, planned surgery is able to be provided, it is the out of hours (evening and weekends) where it is a struggle to provide cover. If it was a 40% reduction in our work then we would be concerned however it is only a 10% reduction therefore won't impact.

A member commented that these proposals appear to be about the sustainability of services and not because of finances. Media play a key role in ensuring the right messages are given out, therefore we need to make sure people are given the right information not just to create headlines.

The witnesses advised the first public meeting will be held on Thursday 17 November 2016 at 6.00pm at the Core Building in Barnsley and encouraged attendance from Members and their communities.

The Chair thanked all the witnesses for their attendance and helpful contribution, and declared this item closed.

33 Barnsley Safeguarding Children Board (BSCB) Annual Report 2015-16

The Chair welcomed the following witnesses to the meeting which included the following:

- Bob Dyson, Independent Chair, BSCB
- Rachel Dickinson, Executive Director, People Directorate, BMBC
- Brigid Reid, Chief Nurse, Barnsley Clinical Commissioning Group (CCG)
- Sharon Galvin, Designated Nurse Safeguarding Children, Barnsley CCG
- Mel Palin, Detective Chief Inspector, South Yorkshire Police (SYP)
- Shelley Hemsley, Superintendent, SYP
- Mel John-Ross, Service Director, Children's Social Care and Safeguarding, BMBC
- Nigel Leeder, BSCB Manager, BMBC
- Cllr Margaret Bruff, Cabinet Spokesperson - People (Safeguarding), BMBC

Bob Dyson gave a brief introduction to the committee explaining the report has now been published some time and demonstrates the achievements of the Board and the work of its sub-committees.

Members proceeded to ask the following questions:

i. How many cases of Female Genital Mutilation (FGM) have there been in this country and what is in place to prevent them?

Members were advised following the introduction of new legislation, this led to the questioning and reporting of an initial 6 cases in the first 3 months of reporting. To the present date we are aware of 14 cases in Barnsley, however they had all taken place in the country of origin not whilst in the UK. Checks are also made with the ladies regarding their children.

ii. Have there been any successful prosecutions for cases of FGM; what checks/procedures are in place, and following finding evidence of FGM and enquiries being made, how are these acted upon?

The group were advised one case which made the headlines was related to a surgeon correcting a previous FGM procedure. There have been no prosecutions in this country, only in France. The parents of these children in every other aspect are loving and not abusive. Therefore in this aspect we need to re-educate them and make them aware of the law in this country and that it carries a custodial sentence. Although they are loving parents this does not excuse this act.

iii. It is important is it not that we don't let over-sensitivity to culture over-ride sense when it comes to prosecuting these crimes?

The witnesses confirmed it is illegal and we would seek to prosecute any offenders. It is set out as child abuse under our safeguarding procedures and we would investigate it as a safeguarding matter. Work has been done by our Designated Nurse by attending events by a range of religions to raise awareness and educate them in relation to the legalities of this crime.

iv. What has been learnt from Serious Case Reviews (SCR) and how has this influenced practice?

Members were advised three SCRs have been published in the last 12 months; however there were no fundamental failings of services. Some recommendations emerged from each of the reviews which are highlighted in the annual report, for example where children had not attended medical appointments. Another issue has been the lack of curiosity around men and women's lives who are connected with the young person as these people may have played an adverse part in a child's life. We have followed up these recommendations and have an action plan in place including new elements built into training courses.

v. The report indicates there have been a high number of pupils who have been expelled; what support is being provided to them in schools?

The committee were advised exclusions have featured as part of the BSCB report; however this is monitored through the Children's Trust Executive Group (TEG) which is chaired by the Executive Director of People. The BSCB Chair and Executive Director have however met with a specific school regarding their concerns. Support is available to schools such as behavioural support plans put in place. All our schools have policies in relation to exclusions and the schools are challenged on these. Concerns have been raised regarding the rise in fixed term exclusions in schools and we have undertaken some managed moves. Barnsley Alliance has also undertaken some work regarding fixed term exclusions and best practice has been shared regarding managing behaviour.

vi. Nationally there has been an increase in private schools, which can mean there are 3-4 children in one house at a charge of £25K each per year upwards and they are not on the Ofsted radar. This practice has been widespread amongst those of ethnic minorities. Is this an emerging problem in Barnsley?

The group were advised if there are less than five pupils then establishments don't have to register with Ofsted. We have good communication arrangements with schools and although the board is not aware of any such establishments, in Barnsley, it remains alert to it.

vii. What has been the impact of the Multi-Agency Safeguarding Hub (MASH)?

Members were advised this is situated in Worsbrough, and due to the partner agencies working together in the same building, this allows for instant access to and communication of information to keep children safe. SYP work across the County and there is a MASH in each area; Barnsley's of which has been running since July 2016. There will be a review next year to look at the work being done in all the MASHs. This new way of working took time to embed however the benefits of being co-located and the information sharing which takes place cannot be overstated. Also, by different agencies working so closely together helps them to understand the needs and objectives of each organisation including health, social care, education and the police. The biggest concern regarding serious case reviews (SCRs) was regarding timely information sharing; therefore the MASH arrangements enable this.

viii. Are the voices of children being heard?

The committee were advised the BSCB uses school settings to hold their meetings in, which enables young people to share their experiences and for board members to hear from them. During child protection conferences there is now more of a focus on hearing from the family including the children. Case file audits have also been undertaken to look at the quality of work; the voice of the child of which is a specific component. In relation to Child Protection Plans, we invest in an advocacy service in Barnsley to ensure the voice of the young person is heard.

ix. How effective are our strategies and plans in relation to safeguarding children and what are the key challenges for BSCB for the next 12 months?

The group were advised we have sub-groups to look at our policies and procedures, such as those in relation to FGM. Similarly we have a group which looks at CSE and drives this action plan. The challenges moving forwards include the level of available resources that partners can bring to safeguarding. Most agencies have seen reductions in their budgets however we need to ensure that child safeguarding is a priority. We need people to raise concerns regarding children if they have them and we are also taking the opportunity to raise awareness amongst the public where possible. This includes writing articles in Barnsley Chronicle as well as holding Safeguarding Awareness Week, which we held this year and we plan to repeat next year.

x. Are plans effective and fit for purpose?

Members were advised that Barnsley has good practice in relation to service improvement. There is a comprehensive improvement plan in place which follows the journey of the child. It is a robust process which enables us to be self-critical, with people being held to account regarding issues which are not signed off until evidence is shown that actions are complete. People are also constantly asking what else needs to be included in the plans. A joint meeting is being held between BSCB and

the Children's TEG to go through the improvement plans so people can see the work undertaken.

xi. Have the recommendations from what has happened in Rotherham and best practice from other areas been incorporated into our ways of working?

The committee were advised BSCB has a dedicated CSE sub-group which Mel Palin from SYP chairs. Beneath the strategy is an action plan which looks at local findings as well as recommendations from SCRs nationally being fed into our sub-group. In Barnsley, our CSE profile is different to Rotherham; we tend to have older males in their early twenties being in inappropriate relationships with younger females. There is good practice in this area, including the MASH but we also have a social care investigations team, multi-agency CSE team, health and police teams as well as Barnsley Sexual Abuse and Rape Crisis Services (BSARCS) who provide therapeutic support. The service is very proactive and doesn't wait for children to become victims; they look for the signs and intervene. SYP's strategy in relation to operational delivery is to look at offenders of CSE and target them as well as specific locations.

xii. Is there regular contact with children who have been taken out of mainstream education and are being home-school educated?

The group were advised the BSCB Chair wrote a recent article in Barnsley Chronicle regarding children being home-schooled as we have recently seen an increase. BSCB's key concerns in relation to this are that schools provide an early-warning in relation to safeguarding concerns, therefore if a child is not in school there are less people able to make sure the child is safe.

Previously, if there was a breakdown in the relationship between a school and a child/parent, a 21 day 'cooling off' period was in place, to allow for the situation to improve. However, there is now legislation in place which means we can no longer have this local arrangement. We can't inspect to see if a child is getting an effective home education, however our Education Welfare Team do try to engage with these parents.

xiii. Does the board work closely with Berneslai Homes, and do front-line officers report any concerns they find?

Members were advised the board has been very impressed with Berneslai Homes. For example one of the managers in the Trades Services ensured that every member of staff, such as plumbers, were aware that if they saw something they were concerned about then they were to report it. Berneslai Homes do make referrals to BSCB and also to Barnsley Safeguarding Adults' Board (BSAB). They have relevant policies and procedures in place and also have Family Intervention Officers.

xiv. Has the review of the role and functions of Local Safeguarding Children Boards, identified in the Wood report, led to any recommendations the board will need to implement?

The committee were advised the report suggests the removal of a statutory requirement for a local safeguarding board, but it will be up to BMBC, SYP and NHS representatives to decide on this. The BSCB Chair advised he is due to meet with the

SY Police Crime Commissioner and this item is on the agenda, however there are concerns that a SY one would lose focus. BSCB has discussed the issues raised in the Wood report and were in agreement that it is local relationships and local understanding of roles which helps keep people safe.

xv. Are we confident we know which children are in private fostering arrangements?

The group were advised the board cannot be sure of these and we rely on information from others such as schools and local residents; however we continue to try and raise awareness regarding this.

The Chair commented he was impressed by the work being done by the board; thanked them for their attendance and helpful contribution, and declared this part of the meeting closed.

Action Points

1. Members to encourage the public to participate in the NHS consultations on proposed changes to Hyper Acute Stroke Services and Non-specialised Children's Surgery & Anaesthesia Services.
2. NHS Sustainability and Transformation Plan (STP) to be brought to the Overview and Scrutiny Committee for discussion.
3. Dates and times of the public consultation meetings to be circulated to the Overview and Scrutiny Committee.
4. 'Easy read' version of the consultation papers to be circulated to members of the committee.
5. All to promote awareness of safeguarding being everyone's business and to report any concerns.

34 Exclusion of Public and Press

RESOLVED that the public and press be excluded from the meeting during consideration of the following items, because of the likely disclosure of exempt information as described by the specific paragraphs of Part I, of Schedule 12A of the Local Government Act 1972, as amended as follows:-

Item Number	Type of Information Likely to be Disclosed
10	Paragraph 2

35 Children's Social Care Reports

Members reviewed and provided challenge to Children's Social Care performance information in relation to early help assessments, contacts, referrals, assessments, section 47 investigations, child protection, looked after children, and caseloads. Witnesses gave further information on issues raised by the report submitted in response to questions from Members.