

Rotherham Local Safeguarding Children Board (RLSCB)

Minutes from the meeting of Rotherham Local Safeguarding Children Board, held on Thursday 3rd September 2015 2014, 1pm – 4pm in Meeting Room 5 Combined, 4th Floor, Wing B, Riverside House

In attendance:

Steve Ashley – Chair	Independent Chair, Rotherham Local Safeguarding Children Board
Faye Prosser- Minutes	Administrative Assistant, Rotherham Local Safeguarding Children Board
Phil Morris - Advisor	Business Manager, Rotherham Local Safeguarding Children Board
Tracey McErlain- Burns - Member	Chief Nurse, The Rotherham NHS Foundation Trust
Rebecca Wall	Safeguarding Unit Manager, RMBC
Jason Harwin - Member	Chief Superintendent, District Commander for Rotherham, South Yorkshire Police
Dave Richmond	Director of Housing and Neighbourhoods, Neighbourhoods and Adult Services, Rotherham Council
Catherine Hall – Advisor	Designated Nurse for Safeguarding Children, Rotherham Clinical Commissioning Group
Maryke Turvey – Member	Assistant Chief Officer, Rotherham/Doncaster Cluster , The South Yorkshire Community Rehabilitation Company
Sarah Mainwaring – Member	Assistant Chief Officer for North East Division, National Probation Service
Sam Newton (Representing Graeme Betts)	Interim Head of Adult Services, Neighbourhoods and Adult Services
Claire Burton (Representing Linda Harper)	Commissioning and Performance
Sue Wilson	Head of Service, Performance and Planning
Julie Lodge - Member	Nurse Consultant, RDASH
Pepe Di'Lasio	Head Teacher, Wales High School
Jane Parfremment – Member	Director, Safeguarding Children and Families, RMBC
Gary Ridgway	South Yorkshire Police
Gillian Alton	Rotherham College of Arts and Technology
Jo Abbott – attending for Teresa Roche	Consultant in Public Health, Rotherham Public Health
Alison Iliff	Public Health Specialist, Public Health, RMBC
Sue Cassin - Member	Executive Lead for Safeguarding, Rotherham Clinical Commissioning Group

Apologies:

Graeme Betts	Interim Director of Adult Social Care, Neighbourhoods and Adult Services
Carole Lavelle – Member	Deputy Director of Nursing, NHS England
Ian Thomas – Member	Strategic Director, Children and Young People's Services, RMBC
Warren Carratt – Advisor	Service Manager for Strategy, Standards and Early Help, Children and Young People's Services, Rotherham Council, and Rotherham Local Safeguarding Children Board
Paul Grimwood – Member	Youth Offending Services Manager, Rotherham Council
Gordon Watson	Deputy Leader, Rotherham Metropolitan Borough Council
Teresa Roche	Director of Public Health, RMBC

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1. Welcome / apologies and introductions

Mr Ashley welcomed everyone to the meeting and brief introductions were carried out. Apologies were received as above.

Richard Burton thanked the members of the board for listening to his comments as a lay member, wishing them well for the future, and hoped that they would treat the new lay member equally well.

Mr Ashley stated that he would send a copy of his closing statement (see Item 9) to Commissioners Manzie and Newsam, but that he will not be making any other public comments. Mr Ashley will remain as Independent Chair of the RLSCB until the 15/09/2015, when the Commissioners' Improvement Board will take place, but he is willing to return to brief the new chair if necessary.

2. Previous RLSCB Minutes from 18.06.2015 and Matters / Actions Arising

The minutes were taken as an accurate record for the meeting. The updates on the actions from the 18/06/2015 meeting can be found in Appendix 1 at the end of this document.

3. RLSCB Sub Group verbal update reports:

3.1 Child Sexual Exploitation Sub Group (CSE Delivery Plan) – Gary Ridgway

Mr Ridgway explained that he chaired the 13/08/2015 meeting of the Child Sexual Exploitation Sub Group, at which the main subject of discussion was the CSE Delivery Plan; it was agreed that a small implementation group should be appointed to manage the version control of the plan, to link with individual action plan holders, and to find out what substance there is to the actions. The implementation group met on the 03/09/2015 with a view to building on the plan, bringing forward any actions as necessary, and presenting the plan to the Child Sexual Exploitation Group and the RLSCB.

Mr Ridgway had planned to present the CSE Delivery Plan to the commissioners at their meeting on the 09/09/2015, but this proved to be impossible because it would have required the plan to be made public on the commissioners' website on the 02/09/2015. Both Mr Morris and Mr Ridgway attended the pre-meeting with the commissioners on the 02/09/2015, at which concerns were raised about the content of the plan. Most of the concerns related to the use of indicative evidence of progress, rather than named progress; the commissioners asked about timescales, and about how the RLSCB can be sure that actions have been taken forward and outcomes achieved, stating that they wanted the plan to include milestones and progress, along with a RAG rating for the actions. The commissioners also had concerns about actions being held by multiple plan holders, and Mr Morris agreed that there is no reason why a single person cannot be responsible for each action, if they are given appropriate support. **At the end of the pre-meeting, it was agreed that Mr Morris and Mr Ridgway should incorporate this feedback into the delivery plan, and that the updated plan will be submitted by the 10/09/2015 so that it can be discussed at the 23/09/2015 commissioners' meeting.**

Ms Parfremment informed the board that the CSE Delivery Plan was mentioned in a conversation that had recently with councillors about indicative costs, and she suggested that Mr Ridgway should highlight the areas in which there might be indicative costs and give some idea about how the costs will be funded. Mr Ridgway stated that, while it is too late for him to add these details to the plan, he

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will make it clear to the commissioners that the plan is a live document that can be revised.

It is clear from the pre-meeting that the commissioners are keen to actively scrutinise and challenge the Child Sexual Exploitation Sub Group's actions. Mr Ashley stated that it is unsurprising that the commissioners are trying to take an active role, given that politicians have not been involved in the process for the last seven months. **It was agreed that the updated delivery plan should be shown to all members of the RLSCB before it being forwarded to the commissioners, and that Mr Ridgway will distribute the document as soon as it is ready.**

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Ms McErlain-Burns asked if the delivery plan was owned by the RLSCB, or by the Children and Young People's Improvement Board. Mr Ashley stated that the plan should be an LSCB document, but that in Rotherham the commissioners have the final say about ownership of work. While the implementation group will report to the Child Sexual Exploitation Sub Group and the RLSCB, there still needs to be clarity about accountability and ownership; Mr Harwin noted that the plan is being discussed at a number of meetings for different groups. **Mr Ashley will raise this issue at his final meeting with Commissioner Manzie, and will arrange for the new Independent Chair to be briefed before his or her first meeting. The board needs to seek reassurance and clarity from the commissioner about the structure, and about who owns which part of the plan.**

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3.2 Performance Sub Group – Tracey McErlain-Burns

Ms McErlain-Burns began her update by thanking Mr Morris, Kevin Stevens and Cathy Phillips for their work on the Performance Management Framework, noting that the Performance Sub Group is using an outcome based accountability framework to develop a performance offer.

Ms McErlain-Burns has provided the RLSCB with three documents: the introduction and governance document for the Performance Management Framework; Part 1 of the framework, which contains contextual information about children and young people in Rotherham; and Part 2, the LSCB Performance Management Quarterly Report for Quarter 1. The last two documents are based on information that is already available, which has been cross referenced with the data reports from the Health and Wellbeing Board. The Report for Quarter 1 benchmarks Rotherham's results for performance indicators with those of both its statistical neighbours and the best-performing local authorities. Ms McErlain-Burns is planning to add a two-page cover sheet, highlighting the key points, at the start of the final version of the Performance Management Framework (PMF).

The PMF was very well received by the rest of the board: Mr Ashley stated that he was very impressed with the new documents, while Ms Lodge stated that it was refreshing to see a robust document that told a strong story. Ms Lodge noted that it was easy to compile statistics, but more difficult to show what they mean for children and practitioners, and that the advantage of this PMF is that any member of the public can read both the story of services and an analysis of their effects – other safeguarding boards find it very difficult to produce this type of material. Ms Lodge also stated that Rotherham's services need to be better than 'good enough', and that the questions that this document raises will encourage other sub groups to engage in similar work.

Ms Parfremment asked how the RLSCB can differentiate between its own role and that of the Performance and Quality Assurance Sub Group, suggesting that it will be helpful both for Ms McErlain-Burns to summarise the areas that need to be discussed, and for other practitioners to be able to raise issues around unfamiliar information and challenge their partners. Mr Ashley stated that the Performance and Quality Assurance Sub Group can identify areas that should be discussed by the board, such as inadequate multi-agency positions, and then raise these areas of concern at future meetings. Mr Harwin suggested that positive areas of practice should be shared outside of the RLSCB meetings.

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3.3 Quality Assurance Sub Group – Jane Parfremment

Ms Parfremment stated that the Quality Assurance Sub Group merged with the Performance Sub Group in late June 2015, resulting in the cancellation of the Quality Assurance Sub Group's upcoming meeting, and that the first meeting of the new Performance and Quality Assurance Sub Group will take place in October. The decision to merge the two groups will allow the unified sub group to direct the audit function at areas of poor performance. Ms Parfremment noted that several pieces of work that were started by the Quality Assurance Sub Group, such as the audit in relation to missing episodes, have been incorporated into the Performance Management Framework

3.4 Learning and Improvement Sub Group – Warren Carratt

This item will be carried over until the next meeting.

3.5 Child Death Overview Panel – Teresa Roche

Ms Abbott explained that the 22/05/2015 of the Child Death Overview Panel was cancelled because there were too few cases ready for review, and that she therefore has no update to give at this meeting. The new Director of Public Health, Teresa Roche, has taken over as Chair of the panel.

3.6 Serious Case Review Update – Pete Horner / Phil Morris

Mr Morris stated that the Serious Case Review for Child R cannot be published until the conclusion of the criminal proceedings, which are scheduled for October 2015, and that he will then need to discuss the arrangements for publication with the child's family. The review should be released in 2016, but Mr Morris does not have an exact date at this point.

The National Serious Case Review Panel are considering Mr Ashley's proposal for the review of the case of Child E, who was identified in the Jay Report. Mr Ashley proposed that this case should not be subjected to a serious case review, even though it meets the criteria, for the following reasons: it is a historical case, and many of the practitioners involved have left the local authority during the intervening period; there are criminal and misconduct investigations running alongside the review, which might make it difficult for practitioners to contribute; dozens of similar cases will meet the criteria for a serious case review; and there has already been a general serious case review in the form of the Jay Report.

A reviewer has been recommended, and she has been invited to meet with Mr Morris and the new Chair at the end of September, after the national panel has announced its decision. Mr Ashley suggested that the scope of the review should be very smart, and that the initial report should be written in such a way that it can be extended into a full serious case review if necessary. Mr Ashley informed the board that Serious Case Review Sub Group will liaise with the LSCB for the other area that was involved in working with Child E.

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Annual Draft Report and Business Plan

It was agreed that any comments on the Draft 2014-15 Annual Report should be sent to Mr Morris by the 15/09/2015, and that the final version of the report should be written up, agreed, and sent out as soon as possible. Ms Cassin informed Mr Morris that all references to the Care and Quality Commission should be changed to the Care Commission.

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Mr Ashley stated that the new Independent Chair of the RLSCB might want to draw up his or her own business plan. The current plan is based on that of the Leeds Safeguarding Children Board.

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Health and Wellbeing Strategy – Alison Iliff / Teresa Roche

Ms Iliff presented the 2015 – 2018 Rotherham Joint Health and Wellbeing Strategy to the RLSCB. One of the most frequent comments about the first strategy, which was published in 2014, was about the lack of references to children and young people, and so the new strategy was designed to have a greater focus on them; two of the five themes are specifically about children & young people, and the section on mental health and wellbeing makes the point that most mental ill-health develops during childhood.

Ms Iliff stated that task and finish groups will develop action plans for the five aims, under the supervision of an over-arching sub group that will manage the overall plan. A development day for work on developing these structures is planned for the end of September 2015. Public Health will liaise with the children and adults performance teams, health agencies and South Yorkshire Police to build indicator bundles for each of the aims, and improvement will be measured by trajectories relating to the objectives. The sub groups will need to link with other local plans and strategies in order to avoid duplicating work, because some issues will be 'owned' by several different boards. **Any comments about the strategy should be made to Michael Holmes by the 04/09/2015, because the final draft will be endorsed at the development day in September.**

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Mr Di'Lasio asked Ms Iliff what the Health and Wellbeing Board does, and was told that the board is a statutory function with mandatory legislative representation from the local authority. In Rotherham, the board also includes local provider organisations, police and fire services, and the voluntary sector; Mr Ashley noted that the board in Rotherham is more active than the boards in other areas, some of which contain no representatives from outside agencies, and stated that he is impressed by how inclusive the Health and Wellbeing Board in Rotherham has become over the past two years. The boards are responsible for overseeing all activity that will improve health and wellbeing across the borough: this involves monitoring strategies and commissioning plans, implementing CQC action plans, and delivering added value by ensuring that local agencies are working together. The health and Wellbeing Strategy identifies ways in which closer working can drive the five aims forward faster than working individually will. **Ms Iliff will make the links between national policy objectives and local aims clearer in the final version of the strategy.**

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6. Allegations Against Professionals and Carers (LADO) Annual Report – Rebecca Wall

Ms Wall stated that the LADO Annual Report has been submitted to the RLSCB in draft form due to pressures on the LADO database, which have led to inaccurate information being included in the paper. **It was agreed that the final report covering the 2015-15 financial year should be resubmitted to the board, and that Nancy Meehan should present it because, although Ms Wall is happy to take questions for inclusion in the final draft, she cannot answer them as she is not directly involved with the Local Authority Designated Officer.** Ms Parfremment stated that the data and trends listed in the report are correct, but that analysis requires further work.

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In their most recent inspection, Ofsted found that the LADO's tracking and recording were working very well. South Yorkshire Police have appointed a designated officer for allegations against professionals, volunteers and foster carers. The LADO role needs to be a full time post, which will allow the officer to take a broader role and

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focus on awareness raising, especially within the health agencies.
Ms Wall stated that she can bring updates, giving a snapshot about whether the improvements are having an impact, to either the RLSCB itself or one of the sub groups.

Mr Ridgway stated that it would be helpful for the final report to include more information about allegations against foster carers, and Ms Cassin advised Ms Wall to separate the figures and references to health agencies.

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Role of Child Protection Case Conference Chairs in CP Conferences – Rebecca Wall

Ms Wall asked the RLSCB to support the Safeguarding Unit's request to strengthen the role of Safeguarding Conference Chairs by giving them approval to overrule the majority opinion when deciding whether or not a child should become subject to a child protection plan. Ms Wall feels that this will create a more robust definition of thresholds and child protection plan recommendations, which will respect the role of the Chair as the safeguarding expert, whereas the current 'majority principle' system gives too much weight to the views of social care, which usually sends more representatives than schools and health agencies.

Ms Parfremment agreed with the proposal, stating that Rotherham's child protection plan rates are very high, and that there is a tendency to use plans as a way of monitoring children even when the threshold has not been met; it is possible for professionals to be swayed against their better judgement, and part of the Chair's role is to have knowledge of child protection procedures. It is important to remember that the lack of a child protection plan does not prevent professionals from working with the family, or from treating the child as a child in need.

Mr Ashley stated that some agencies regularly send workers who are not directly involved with the family to case conferences because the main worker is not available, and that this allows their views to be discounted by the other attendees. Mr Richmond, noting that the Chair tends to be the person who is most removed from the child, asked if there will be a process by which their decisions can be reviewed. Ms Wall stated that the dissent process is already in place, although it is not used often, and that she and Ms Meehan have proposed a less formal system in which managers explore dissent during supervisions with their staff, with a view to making formal objections to a decision. Mr Morris stated that under the current procedure, where the Chair does not have more influence than the other professionals, he or she can still overrule the consensus by referring the case to the Practice Review Sub Group of the RLSCB; if necessary, this sub group can convene a multi-agency meeting with safeguarding leads that will hold an independent review of the case and make a recommendation, and the other partner agencies have always respected this process.

Ms McErlain-Burns stated that, while she fully supports the proposal, she would like to know how these changes will be communicated to other public services. Ms Wall stated that the Chair should highlight the fact that there has been a change in the procedure, while at the same time empowering the other professionals by making it clear that their decisions are being quality assured, rather than disregarded. Ms Newton suggested that it should be made clear that the Chair can only override the decision if they are concerned about the welfare of a child. It might also be possible to include a statement about the role of the Chair in the invitations for child protection conferences.

Ms Wall stated that the implementation of the Strengthening Families Framework has received positive feedback. The Chairs must ensure that the group around the child does not repeat cycles, especially around risk assessments, and needs to be able to challenge other professionals if there is no written evidence that work has

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taken place.

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Update on regulatory inspection activity

8.1 Targeted Area Inspection Framework – Sue Wilson

Ms Wilson provided the RLSCB with a brief overview of Ofsted's plans to launch a pilot programme of six 'targeted area inspections' between October 2015 and March 2016. The consultation that was launched in July 2015 contained very little information about the targets of these inspections, or about the documents that will be required by the inspectors, but Ms Wilson stated that the inspections will focus primarily on the 'front door' of safeguarding, along with child sexual exploitation and children who go missing from home, and that domestic abuse and neglect might be added from April 2016 onwards. Looked after children will be considered in a separate inspection. Ms Hall suggested that Ofsted might choose child sexual exploitation as one of its key themes if it decides to visit Rotherham. The framework makes it clear that the LSCBs are to be the key conduit for these inspections; the initial eight-day advance notification will be addressed to the Chair of the LSCB, there will be joint set-up and feedback meetings, and the draft report will also be sent to the Chair. It is also believed that the inspections will include field work that will examine the experience of the child and multi-agency practice by way of case sampling and speaking to managers.

Ms Wilson suggested that the RLSCB should appoint a planning group, made up of professionals from the partner agencies, to prepare for the inspection. Mr Ashley stated that, while he is willing for the RLSCB to facilitate such a group, he does not think it likely that Ofsted will choose Rotherham as one of the pilot local authorities given that they have an ongoing inspection regime in the borough. Mr Ashley suggested that the planning group should connect with the Health and Wellbeing Board, developing action plans and making sure that the recommendations from strategies and inspections have been acted upon, in order to make it worthwhile. Ms McErlain-Burns agreed that the Performance and Quality Assurance Sub Group could take responsibility for this action, and that Kevin Stevens and Cathy Phillips can provide assistance. Ms Parfremment stated that, while the local authority should always be working well and therefore is ready for an inspection, it will be very helpful for the RLSCB to have contacts within every agency, and to know who will take responsibility for gathering information and documents. The RLSCB does not have a copy of the targeted area inspection handbook yet, and so the board does not know what it will need to provide for the inspectors, but there should be one or two logistical meetings to create an up to date contact list – Ms Cassin noted that this approach worked well during the recent CQC inspection. **Mr Morris will pull together the logistical meeting, with a view to finding out what will be required and who should be involved. When the RLSCB receives the handbook, it should be considered at the Performance Sub Group, which will ensure that everything is being adequately covered.**

8.2 CQC Children Looked After and Safeguarding Inspection - Sue Cassin

Ms Cassin stated that this report, which has already been presented to the Health and Wellbeing Board, is an overview of the arrangements to monitor the partnership's action plan to enforce the recommendations from the CQC's review. The health care providers and stakeholders prepared for the visit using a task and finish group; they knew that they would be expected to show the child's journey through the system. The CQC's report included 24 recommendations, and the CCG's role, as one of a number of partners, is to co-ordinate the actions and the delivery of the action plan. Each organisation has a well-developed action plan which details their delivery on the recommendations, and these plans are all monitored through a task and finish group and by individual partner agencies. Ms Cassin believes that the inspection and action plan fall into the remit of the RLSCB, but the board will await a final decision from the commissioners, as Commissioners Manzie and Holmes will

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discuss all of the inspection regimes and how they fit into the structure of the local authority. The task and finish group can bring updates to future meetings.

8.3 CQC Quality Report: The Rotherham NHS Foundation Trust – Tracey McErlain-Burns

Ms McErlain-Burns stated that the Rotherham NHS Foundation trust has undergone a one-week inspection by the CQC; the trust has been rated as 'requires improvement', which matches the conclusion of its own pre-inspection assessment, and received good marks for compassionate care along with three areas of 'red' for poor practice. The CQC has given the trust fifteen reports, one for each element of the service, one for the trust itself and one for Rotherham District General Hospital. The three 'red' areas relating to children's services are as follows:

- The services for children and young people in hospital were rated 'red' because the care plans for children who required services from RDASH were inadequate, and because there were multiple ligature points in the clinical environment. The trust has applied this recommendation to every clinical setting, and is making improvements accordingly. The RDASH team has provided training around risk assessment.
- The inspectors found a fire escape with a broken lock, and the ward team did not react quickly enough when the door was opened. This problem was fixed in less than an hour.
- The CQC felt that the children's ward had inadequate levels of nurse staffing, even though levels are better than those in other areas of South Yorkshire. In order to comply with this recommendation, the number of beds on the ward has been reduced by four in order to improve the nurse to patient ratio; this cannot continue in winter, when demand for beds is higher, without referring children to other trusts where staffing levels are worse, and so the trust is considering whether or not to change the model for the children's unit to allow for longer opening hours as a way of reducing the demand.
- The inadequate rating for Community Health Services relates to the Kimberworth Place respite community, where the inspectors found that the policy of staff taking play mats home with them to be washed could be an infection hazard, and that the staff were giving children medication in syringes that had been handed over by their parents without checking them. Both of these concerns were immediately addressed.

Ms Cassin stated that the review will be presented to the Content Quality Meeting, which will receive further progress and exception reports; she confirmed that the trust has collectively engaged in dialogues with the CQC and other agencies.

Mr Ashley, noting that some of the issues listed in the review relate to other agencies, asked how the trust is encouraging other partners to become involved. Ms McErlain-Burns stated that the CQC led a quality summit at which they presented their report; the meeting was then handed over to the monitor, who asked the partners, including representatives from the Local Authority, the General Medical Council, NHS England, RDASH and the CCG, how they would support the trust in addressing the findings. The response from RDASH was very strong, and has been delivered, and Ms McErlain-Burns is confident that progress is being made. The Rotherham NHS Foundation Trust has developed a one hundred page long action plan to pick up every area that requires improvement or where suggestions have been made.

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8.4 HMIC Children Protection Inspection South Yorkshire Police – Jason Harwin

Mr Harwin stated that this briefing paper relates to a post-inspection review by HMIC. The inspectors found that progress had been made in areas such as the force's initial response to incidents involving children at risk, the prioritisation of child protection, and the new joint working arrangements and structures. Mr Harwin reassured the board that the issues around practice in care homes have been taken forward.

The inspectors were concerned about the force's failure to recognise risks to some children and to work jointly with other agencies, and about poor recording practices. Mr Harwin stated that South Yorkshire Police's multiple IT systems have been opened up to all staff in order to improve recording, and that all but one action has been completed and signed off by the PCC.

The most recent inspection focused on child sexual exploitation, domestic abuse and children who go missing from home; the inspectors concluded that progress had been made, but that there were still issues about the way in which domestic abuse was handled. This will be discussed at a future RLSCB meeting.

Mr Harwin stated that there will be another inspection during the week beginning the 07/09/2015, while Ms Parfremment noted that Rotherham has had an improvement offer visit, which is very similar to an inspection except for the lack of a full report, with more visits to come over the rest of 2015. Rotherham was one of the first police forces to have the HMIC inspection, and so it is difficult to compare its results with those of the rest of the county.

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Any other business

Mr Ashley read out his closing statement. He also thanked Mr Morris and his team, noting that the partnership did the right thing when it increased the number of staff on the business unit of the RLSCB, and addressed personal thanks to several members of the board.

Closing Statement by Steve Ashley, Independent Chair of Rotherham LSCB:

"I have written this final statement as I do not want any confusion as to what I have or haven't said!! It will be recorded in the minutes.

Before there is too much excitement.... I do not intend to make any comments that suggest that I am unhappy with the work being undertaken by the Commissioners in Rotherham....quite the reverse.

This has been a horrific year for virtually every professional from every agency engaged in this partnership. The realisation of the failures that had occurred over 20 years only became fully clear following the Jay report. Many people have paid the price for that failure.

People have said that over a year has passed so what has happened? Well professionals have not had a year. The structures within agencies went in to complete meltdown following publication of the report and partnership working suffered immeasurably. The fact is that the Casey report needed to be published and Commissioners put in place before any real improvement could take place. In reality that meant that improvement work did not get underway until the end of January.

In that time there has been real and tangible progress. The 'front door' of social care with the support of all agencies has been made safe; the police have a huge number of live investigations and the NCA are engaged in the biggest investigation into

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historical abuse this country has seen. The MASH is beginning to take shape and Evolve will, I am sure, become a national model for CSE teams. Post victim support is at a level that has not been seen in any local authority in this country. That investment alone is huge. So there is much to praise and you all know there is a long way to go.

There is a but.....

If there is to be a sustainable and effective safeguarding for children in this Borough moving forward, there needs to be strong well balanced partnership which is just that....not lip service to partnership, but a group of partners who consult, talk, listen and work together.

My view is that the Commissioners have a clear role across the local authority. My comments focus on those services that affect children. It was right that in the first instance work was concentrated on the CSE team and the MASH and social worker case loads. Moving forward the Commissioners need to ensure that there is a sustainable and effective structure in place that they are confident will work. As I have said this requires all of the partners.

From that perspective this Board should be pivotal. The new chair needs to make that happen. To do so you need to make some decisions about how the Board works going forward. The Board should be facilitating the work of Commissioners - but at present there are real questions about how the Board can hold Commissioners to account and engage with them. Now we are moving to the next stage of development this needs to happen in a meaningful way, my view is that this is not happening here and now. The Board and by that I mean the Chair and its constituent parts..... that is you.....need to be consulted and involved and able to challenge and be listened to....I think that is the challenge going forward.

At present there are a number of structures in place including the Improvement Board and the Commissioner's Survivors Board and the Commissioner's CSE Board plus the Health and Wellbeing Board etcthere will soon be a reconstituted Children's Trust. You and the Commissioners need to decide exactly where the LSCB sits in that structure, and what its role is to be. If it is to be a shadow Board which just fulfils the statutory obligation but actually does not fulfil a meaningful role, that is your choice; but at least talk it through so everyone understands the position.

That is the one thing that needs to be resolved quickly by you and the new chair.

I do have some regrets about my time here....most importantly that when I arrived in Rotherham and saw the problems I tried for the first few months to move things forward by persuasion and cajoling rather than taking a blunt and direct approach.....in my view this cost the Board 6 months when no progress was made.....in truth only those that worked in Rotherham pre Jay could understand that the horrific cases disclosed by Jay were not understood and while this is referred to as 'denial' in fact I think people just couldn't see it or believe that it was as bad as it was.....I knew there were problems but I didn't know the extent.....the first job of the incoming Chair should be to really establish what is happening on the ground and I suggest you give that person a month or so to do that. I think the rest of my time in Rotherham has been spent firefighting and I don't feel the Board has been able to develop how I would have liked.

I am leaving for a number of reasons....predominantly I am going to cut back on my work and enjoy my first grandchild - who was born on Monday - but also because the Board needs a new set of eyes..... the fact is that after two years I have too many preconceptions....whilst part of me would like to see this through I honestly believe the time has come on to move the Board forward and that needs new energy and new ideas.

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I did not want to leave a job half-finished but to quote Churchill I think Rotherham has reached “the end of the beginning” and now you should kick on.

Good luck and thank you for your help and support.”

**Statement of Stephen Ashley, Independent Chair of Rotherham Safeguarding
Children Board.**

3rd September 2015.

Mr Harwin stated that the continuation of the RLSCB’s meetings has largely been due to Mr Ashley’s commitment and professionalism, and that he will be missed.

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Future meeting dates for 2015 – 16

Thursday 17th December 2015

Thursday 3rd March 2016