HEALTH AND WELLBEING BOARD
24th October, 2014

Present:-

Councillor Doyle	Cabinet Member, Adult Social Care and Health **In the Chair**
Councillor Beaumont	Cabinet Member, Children and Education Services
Robin Carlisle	Rotherham CCG (representing Chris Edwards)
Tom Cray	Strategic Director, Neighbourhoods and Adult Services
Jason Harwin	South Yorkshire Police
Councillor Hoddinott	Deputy Leader
Shafiq Hussain	Voluntary Action Rotherham (representing Janet Wheatley)
Naveen Judah	Healthwatch Rotherham Ltd.
Martin Kimber	Chief Executive, RMBC
Carol Levell	NHS England Commissioning Body (representing Carol Stubley)
Dr. John Radford	Director of Public Health

Also Present:-

Steve Ashley	Chair, Rotherham Local Safeguarding Children's Board
Chris Bain	RDaSH
Warren Carratt	Service Manager - Strategy, Standards & Early Help
Shona McFarlane	Director of Health and Wellbeing, RMBC
Phil Morris	Safeguarding Children and Families
Paul Theaker	Operational Commissioner

Apologies for absence were received from Louise Barnett and Carol Stubley

S32. QUESTIONS FROM MEMBERS OF THE PRESS AND PUBLIC

There were no members of the press and public present at the meeting.

S33. RESPONSE TO THE ALEXIS JAY REPORT ON CHILD SEXUAL EXPLOITATION IN ROTHERHAM

At the request of the Chair, each partner reported as to the governance taking place within their organisation and what their respective priorities were in response to the findings of the Jay report:-

Rotherham Local Safeguarding Children Board
The Board Chair, Steve Ashley, reported that the Board was at the early stages of preparing an action plan in response to the Jay Report although the CSE Sub Group has incorporated the recommendations into its action plan. The outcome of the recent inspection from Ofsted was awaited and would impact upon the action plan currently being compiled. Urgent areas of work being undertaken were:-

- Auditing - the auditing process that the Board undertook to reassure itself that partners were fully engaged. There were now extra resources to increase the amount of auditing carried out. A thematic audit process had been put in place where audits would be repeated over a period of time until satisfied that the Board and partners were fulfilling its function e.g. auditing had commenced on cases where contact had been made through the "front door" and those that were determined "no further action required" as to whether those decision were correctly made. The findings would be reported on a monthly basis.

- Building contact with all the communities in Rotherham. Work had been commissioned as to how that would take place recognising that all partners were engaged in some form of community liaison so as to avoid duplication. There was a need to get on with this work urgently.

- The Board had considered the recommendations and had submitted a report requesting the development of a Needs Assessment and Commissioning Plan for a Post-Abuse Support Service. The Jay report had clearly highlighted that there could be anything up to 1,400 victims and it had been the original intention to try and identify as many as possible. However, this was not thought to be a practical course of action so there was a need for support to be available for when victims came forward. It was also important that there were plans and support in place for those victims who were now over the age of 18 and not just for current children and young people who were victims of CSE.

- There had been dialogue between the Chairs of the Safeguarding Adults Board and Local Safeguarding Children Board to ensure that they were working together to support young people through transition to adulthood. It was imperative that any individual received appropriate services throughout their lives and continued into adulthood.

Public Health

Dr. John Radford reported on the overall provision that partners had put into place for post-abuse support.

- Needs Assessment – work was underway with the CSE Group and a set of indicators developed with the Framework of Need placed within the JSNA. The work would give an indication of need in the medium term as well as an indication of service performance in relation to people accessing that need. Performance measures in terms of waiting times for services and ensuring people were getting the services were required. Work was underway currently and would feed into the JSNA.

- A summary of the activity being undertaken currently in relation to the response to CSE. The interim Police and Crime Commissioner had invested an additional £80,000 for Independent Domestic Violence Advisors.

- Allocation of funding:-
  £20,000 to GROW to increase the capacity to support victims over 16 years of age in a family context
  £20,000 to Rotherham Women's Counselling Service/Pit Stop for Men to increase specialist counselling
  £20,000 to increase the CSE Small Grants Fund established in August, 2014, administrated by South Yorkshire Community Foundation
  £49,000 additional capacity currently being commissioned through the voluntary sector through a tender process with a further £11,000 held in contingency
  £53,000 allocated to Youth Start to increase capacity to support 7-25 year olds post-abuse support service
  £200,000 allocated by the CCG to provide additional capacity to RDaSH

- Understanding from the CCG that there was a clear pathway for the referral for men/women with embedded sexual disfunction to be referred through to the specialist centre in Sheffield for counselling. The specialist psychiatric support could be accessed through a GP with no barriers to the service.

- Public Health would co-ordinate all services including the CCG, RDaSH etc.

- Funding had been allocated to the various services and it could be identified what the funding was for and what those services could and could not provide. For children it was clear that the referral was through a single point of access and that pathway needed to be cascaded to the NHS, Local Authority and voluntary sectors so everybody was clear.

- The second task was much more complex and needed to be done with some urgency and that was to establish a correct pathway through the system because people would vary in their need. Some adults would want recourse to justice and would require referral through SARC; some would need a pathway to individual counselling; some would need drug and alcohol services relating to sexual health issues

- "1 size fits all" may not be the best method of tracking to see where victims went and where they received the best access to services.

RDaSH

- Some of the CCG resources provided was to look at existing Service users who felt confident enough to disclose and ascertain how the Service was supporting them in their core services, how it responded to presenting new cases, ability to provide an immediate and fast track response, monitoring the ongoing needs of individuals and interfacing with the Services already provided.

- There was a responsibility to support staff not only with regard to refresher training but how to respond in circumstances where an existing Service user may start to disclose issues not previously mentioned.

- All were being taken forward in conjunction with the CCG.

- Experience of those currently seeking support of the Service showed that the clients would decide when and where they sought support and resources needed to be flexible enough to provide.

RMBC Commissioning

- The CSE Group has tasked the Head of Integrated Youth Support Service to look at co-ordination in terms of the immediate need from the "front door" to those services in terms of young people and adults.

- Youthstart funding for 1-1 counselling for young people.

- There would be a co-ordinator for both children and young people and adults coming through and speedily referred to the right Services.

- As part of the commissioning exercise, the starting point was an understanding of what post-abuse support could be provided and having a map of service provision.

- The map could be shared with partners to ensure there were no gaps in provision

- The JSNA needed to be strengthened in relation to CSE.

CYPS

- A commissioning group had been established and building on the work referred to above in terms of co-ordination. It would also pick up on the voice and influence of victims, needs analysis, pulling information together from Services and had been given extra funding with a view to commissioning appropriate support as from 1st April, 2015.

- 1 of the biggest delivery vehicles with regard to prevention was Universal Services and Schools had been carrying out direct work with Y8 children to raise awareness of CSE and organised

safeguarding sessions in all Rotherham schools. They were fully engaged and understood the referral process. CSE was also part of the tool kit

NHS England

- Acknowledgement centrally that there had been some confusion around commissioning particularly for ongoing therapy services for adult victims.

- Input had been provided to the DoH for inclusion into a national report with regard to ongoing therapeutic support for adults.

- The DoH wanted some steer for commissioning arrangements on the new commissioning framework coming out next year.

- In the short term Margaret Kitchen had pulled together a Health Steering Group and the information gathered on the action plan would be followed to inform the work the CCG were carrying out

CCG

- Fragmentation of Health Services – it was the responsibility of the CCG refresh plan to put in place a plan which organisations could check the response for other organisations who can steer where resources lay

- If the Board had a criteria by which it assessed the submitted 2015/16 commissioning plans it could check that they addressed the totality of what was required for evident CSE

South Yorkshire Police

- Work needed to progress quickly.

- Although the funding was in place for additional Independent Domestic Violence Advisors there were a limited number of advisors nationally for the demand.

Healthwatch Rotherham Ltd.

- Healthwatch had an escalation process that it adhered to depending upon the severity of the case presented. In the first instance it would be referred to Safeguarding and then look at the other agencies.

- It could be escalated outside of the Borough dependent upon the severity if more than support was needed.

Voluntary Action Rotherham

- The information from the Jay report had been disseminated and considered by members and the Voluntary and Community Sector Consortia.

- A number of meetings had been arranged for organisations to understand the Jay report and provide support provided to post-abuse victims. As a result of those meetings GROW and SYWS had waiting lists and increased demand.

- As well as the work looking at intermediate needs the organisation, from feedback from voluntary and community organisations, was clear about where the soft intelligence had been reported to, how it was being received, confidence of some of the victims coming forward and how they were being supported by the organisation. Accordingly, clarity was required on those pathways.

- Working with the Safer Rotherham Partnership and the Council in terms of CSE community awareness raising sessions. There was a programme of sessions that would be rolled out across the Borough.

- A conference around CSE awareness raising was to be held on on 4th November specifically targeted at voluntary and community organisations in Rotherham.

- Community cohesion and community engagement work with partners across the piste to support community engagement across all local communities.

Rotherham College

- There had been a full review of all safeguarding procedures and CSE awareness raising training. Dedicated work had been carried out around identification and introduction to the College to ascertain if there was more that the College could do to identify any historical cases and raise awareness of the issues around CSE.

- It was an important transition from childhood and College had a roll to play.

Discussion ensued with the following issues raised/clarified:-

Given the list of funding being provided, how/who would monitor to ensure that the services were available and that victims were accessing them? The worst thing that could happen was partners leaving the meeting thinking funding was going into the services and working on an assumption that they turned themselves into services that victims needed and used. Would the Health and Wellbeing Board be responsible for monitoring and compiling an action plan illustrating what was available, how many victims the Services could deal with and ensure that the right services were being provided/used by victims?

The funding had been allocated to groups as a short term measure. Work was needed to identify those organisations that had seen an increase of

referrals since the publication of the Jay report and were responding to that need. It was very clear that there needed to be longer term planning for all partners.

The funding was very short term and there was a need to identify organisations that had seen an increase in the number of referrals since the publication of the Jay report and were responding to that need. It was clear that there needed to be longer term planning for all partners. What would the services look like post-April, 2015?
Currently it was not known who the victims would have the confidence in to make a disclosure and if they did, making the assumption that that Service could help for a particular period of time. As things progressed there would be more experience and the ability to advise as to which service had much better outcomes than others.

Was there somewhere GPs could ring in to take advice about the different referrals routes?
For existing victims of CSE the point of contact should be the Referral Team in CYPS which GPs were aware of. An area that would be reviewed and developed very quickly was the appropriateness and feasibility of a central point of contract for anything to do with a wide range of issues.

How did the work fit in with the work of the Vulnerable Adults Risk Management Group?
In the weeks immediately following the publication of the Jay report, Adults Social Care front door, Assessment Direct, had become very much more alert to the issues. When clients presented with complex needs the assessment now went beyond the presenting issues and through that process had started to identify those they believed could be victims of CSE. Furthermore, 2 very experienced Social Workers had been identified who would work in the Vulnerable Persons Unit so when referrals came through Assessment Direct and referred to the VPU, they would be risk assessed beyond the presented need. They could act as Key Workers and able to refer clients on to support more appropriate to their need and actually support them as they accessed the services such as SARC, GROW, Homeless Teams, RDaSH, DWP etc.

In the past young adults, 18-25 years, would have been assessed through Assessment Direct and the “signs” may not have been spotted. A more thorough assessment was now conducted to try and ensure that was not the case and appropriate case work and support was provided.

Since the additional staff had been placed in the VPU 17 clients potentially requiring further support services had been identified. It was important that this fed into the JSNA not just need for the services already identified but where there were gaps in service provision and lead to improved commissioning.

It was early days and it needed to fit into the emerging strategy. A proposed Vulnerable Adults Risk Management Framework was to be submitted to Cabinet Member.

It was key that the funding followed the victim and the support of their choice. It was also essential that older teenagers did not fall through the gaps when they crossed over from Children's Services to Adult Social Care. Were the Services flexible enough to deal with that?
The importance of the funding following the victim was acknowledged but also, as the processes were developed, it would be equally as important to establish where the best outcomes were and assist the client in assessing whether or not a different service would be better for them.

Was there sufficient capacity in the voluntary sector?
No organisation was saying they were fully resourced and had all the resources they needed, however, it was important that the resources should follow the victims. Agencies needed to understand who the victims were and their needs to ensure they were being signposted to the most appropriate service. More information was required in terms of the post-abuse victim, the current work and the preventative work. The Voluntary and Community Sector did a lot of preventative work on how CSE occurred and how it could be prevented.

The Safeguarding Board made training available free at the point of access and had trained officers from the voluntary and community sector who delivered CSE training. E-learning was also available.

Were all Rotherham schools actively engaged?
Every school in Rotherham was engaged in the CSE agenda and their safeguarding responsibilities. Should a school not engage it would be escalated quickly and also referred to the Safeguarding Children's Board.

With regard to Schools and the preventative agenda, what was contained in the CSE training and did it include online grooming?
In addition to the direct work from the CSE Team, the Healthy Schools Adviser worked to embed the DHSE curriculum which covered sexual relationships. To also assist, every secondary school had a Police Officer who work across the 16 secondary schools and were on site to provide advice and support to the teaching staff.

The arrangement also included MyPlace etc.

Over the age of 10, Crucial Crew was part of Rotherham School's curriculum of which internet safety formed part of.

Were there arrangements in place for those children who were not in school?
The Education Welfare Service was a key partner in terms of being the "eyes" for those children at risk of CSE. 1 of the Team Leaders was a

CSE Champion. There were also links with the Elective Home Education Team who would assess situations where children were being taught in the home environment rather than in school. There was no such legal concept as a part-time timetable and the Series Case Review outlined the dangers of children being out of school on a part-time basis. A lot of work was carried out in Schools to identify where that practice was in place and to challenge that. The advent of Academisation was more problematic when the Authority was not part of the reporting structure, however, the Education Welfare Officer support function still existed and they were challenged.

The new Director of Safeguarding had successfully secured agreement for a dedicated post in the Safeguarding Team to have oversight of Missing Children and Runaways which was an area the Police had been looking at for some time.

When would a report be submitted on pathways?
It was hoped that a document would be available by the end of the following week on the structures of Services and contact numbers.

Other work in terms of the JSNA and the Needs Assessment would take a little longer but hopefully by the end of November.

It was noted that the governance arrangements would need to be considered by the CSE Sub-Group initially.

It had been stated that CSE should be more prominent in the Board's priorities. Did the Board need to add a 7th priority or highlight that Safeguarding was a priority, of which CSE was prominent, that ran through all 6 priorities?

- The Board should give it prominence, not as an activity, but ensure that it was clear through the commissioning strategy that commissioning against the JSNA which identified CSE as a key priority for Service delivery.
- The Board should identify a unique contribution it could make and capable of being held to account for it. It was important that outsiders could see what had been delivered and construct a governance that the dynamic relationship contributed to the outcomes it needed to achieve
- CSE would be a thread running through the Health Commissioning Strategy from what was identified in the JSNA and various parts of the commissioning i.e. Children's, Mental Health and Safeguarding.

The additional functions of the Board also needed to be highlighted.

Was the Protocol between the Rotherham Local Safeguarding Children Board, Health and Wellbeing Board and the Children, Young People and Families Strategic Partnership still relevant?
It was fit for purpose and compliant with Working Together 2013 statutory guidance. However, it needed to be very clear who held who to account.

Steve Ashley stated that the Local Safeguarding Children CSE was the statutory responsibility of the Local Safeguarding Children's Board which would be much more agressive in terms of holding the agencies who are members of the LSCB to account. The relationship between the two Boards had to be stronger and, although the Board may not wish to add a further priority, it was suggested that a formal statement be included when the Health and Wellbeing Strategy was reviewed of the intention for CSE to be one of the major priorities over the coming year.

Resolved:- (1) That the report be received.

(2) That discussions take place between the Chairs of the Health and Wellbeing and Local Safeguarding Children Board with regard to the way forward.

(3) That the Needs Assessment and Pathways document be distributed to all partners by e-mail once completed.

(3) That the Health and Wellbeing Board's website be updated as a matter of urgency.

S34. DATE OF NEXT MEETING

Resolved:- (1) That a meeting of the Health and Wellbeing Board be held on Wednesday, 12th November, 2014, commencing at 1.00 p.m. in the Rotherham Town Hall.