

CHILDREN & YOUNG PEOPLE SCRUTINY COMMITTEE

Minutes of a meeting of the Children & Young People Scrutiny Committee held on Tuesday, 21 July 2015 at 9.30am in the Quaker Room, Meeting Point House, Town Centre, Telford

PRESENT: Councillors S Barnes, E J Greenaway and J A Pinter (Chair for the meeting)

Co-Optees: Mr A Atkinson and Mr S Rayner

IN ATTENDANCE: Sharon Conlon, Safeguarding Lead - Adults and Children, South Staffordshire and Shropshire Healthcare NHS Foundation Trust; Emma Feely, Patient Liaison Officer, Shropshire Doctors Co-operative Ltd; Simon Langford, Named Nurse for Safeguarding Children, South Staffordshire and Shropshire Healthcare NHS Foundation Trust and Suzanne Llewellyn, Deputy Chief Crown Prosecutor (West Midlands), Crown Prosecution Service

CYPSC-01 ELECTION OF CHAIR FOR THE MEETING

RESOLVED – that Councillor J Pinter be appointed as Chair for the meeting.

CYPSC-02 ELECTION OF VICE-CHAIR

In anticipation of the number of formal and informal meetings the review of multi-agency working against Child Sexual Exploitation (CSE) was expected to require over the course of the year, Members considered that it was important to retain some flexibility and agreed that in the absence of the Chair, the practice of appointing a Chair for the meeting should be retained rather than appointing a Vice Chair for the municipal year.

RESOLVED – that a Vice-Chair not be appointed.

CYPSC-03 MINUTES

RESOLVED – that the minutes of the meeting of the Children & Young People Scrutiny Committee held on 3 March, 13 March and 16 March 2015 be confirmed and signed by the Chair.

CYPSC-04 APOLOGIES FOR ABSENCE

Councillors J A Francis, K R Guy (Chair), J Jones, and K L Tomlinson; Ms M Ward (Co-optee); and Mr A Proctor, Head of Safeguarding, West Midlands Ambulance Service.

CYPSC-05 DECLARATIONS OF INTEREST

None.

CYPSC-06 SCRUTINY REVIEW OF MULTI AGENCY WORKING AGAINST CHILD SEXUAL EXPLOITATION (CSE)

The Chair welcomed Members to the first meeting of the municipal year and, as some of the Members were newly elected, invited the Scrutiny Group Specialist to provide background to the review so far. The Scrutiny Group Specialist reminded the Committee of the scope of the review and referred to the minutes included with the agenda paperwork which detailed the events of the previous Inquiry Days. Although the formal Inquiry Days had focussed on policies and procedures, the Committee were reminded to bear in mind the devastating effect this crime had on individuals and their families and, to this end, with the permission of the copyright holder, a clip from the Channel Four documentary “Dispatches – The Hunt for Britain’s Sex Gangs” was played.

(a) To receive evidence from participants in themed groups

Crown Prosecution Service (CPS)

The Chair welcomed Suzanne Llewellyn, Deputy Chief Crown Prosecutor (West Midlands) and asked her to introduce herself and explain the role of the CPS in tackling CSE.

Ms Llewellyn advised the Committee that the CPS was the main prosecuting authority in England and Wales. The Police had powers to prosecute some low level crime, such as road traffic offences or some guilty pleas but all other offences, including sexual offences and child sexual exploitation cases, were referred by the Police to the CPS. The CPS was arranged in 13 areas across England and Wales, each headed by a Chief Crown Prosecutor (CCP).

The West Midlands Area, consisting of the counties of Warwickshire, Shropshire, Hereford and Worcester, Staffordshire and the metropolitan area of West Midlands (including the cities of Birmingham, Wolverhampton and Coventry), was headed up by Chief Crown Prosecutor Grace Ononiwu OBE with Ms Llewellyn as her Deputy. Following centralisation in the two years previously, the West Midlands area now operated from the main office in Birmingham with a branch in Stoke. The Rape and Sexual Offences (RASO) Unit operated from Birmingham with the support of 14 specialist prosecutors and a number of case workers and administration staff. Every CPS area maintained a RASO Unit, with specific criteria applying to the appointment of its barristers: all must be specialists in the field and received specialist training. The West Midlands Unit had been reviewed to ensure that it was sufficiently staffed with the expertise and resilience to deal with any growing demand this area of business created. All connections with ISVA services had been maintained following the centralisation process. The protocol under which the Unit operated was publicly available on the CPS website. Under the protocol, the CPS strived to provide continuity of advocate to work with the police, victim and witnesses and arrange special measures for victims at court. With regard to the partnership approach, the RASO Manager would meet with the relevant Chief Superintendent early in the proceedings as Child Sexual Exploitation cases could grow very quickly and making a strong case in a proactive way was more conducive to a positive outcome due to the time constraints that would apply.

The Chair asked Ms Llewellyn to clarify the timescales for prosecution. Ms Llewellyn advised this was dependent on the case, following a perpetrator being charged and bailed, where a vulnerable victim was involved the Court would seek to list the case as early as possible, but where the perpetrator remained in custody, the Court would prioritise the case to be heard within 182 days.

Cllr Greenaway asked how many cases of CSE had been prosecuted and the conviction rates in the borough. Ms Llewellyn advised that CSE cut across a number of different offences: rape, child prostitution, sexual assault, grooming and assault and the CPS did not flag or collect specific data on CSE as a result, although the West Midlands area was looking into a local auditing system until a national flag was created. She was able to state that the area was generally successful with prosecutions for sexual offences. In the West Midlands, the conviction rate for rape was generally over 60% and for sexual assault over 80%; both figures were higher than the national average and this performance normally placed the unit in the top 5 of the 13 CPS areas. Ms Llewellyn would provide exact figures following the meeting.

Cllr Greenaway asked about the thresholds for prosecution. Ms Llewellyn advised that this was subject to the Code for Crown Prosecutors, as published on the CPS website, and the policy on Rape and Sexual Offences. Essentially the requirement was that there was a realistic prospect of conviction although the Court standard was obviously higher.

Cllr Greenaway asked if trafficking offences were taken into account. Ms Llewellyn responded that the advocate would look at all the evidence presented by the Police at the charging stage and apply the relevant tests to ensure that they were satisfied of a reasonable prospect of conviction.

Cllr Greenaway asked whether Ms Llewellyn was of the opinion that sufficient legislation existed to prosecute cases of CSE. Ms Llewellyn replied that cases of CSE generally captured offending relating to assault and sexual offences for which a raft of legislation existed. In these cases, it was important to ensure there was sufficient evidence and to support victims and witnesses to engage in the process and go to Court. Mr Rayner queried whether this meant that the Police had a more difficult job to do. Ms Llewellyn answered that it was important for the Police to work with the CPS from the start, and CPS West Midlands encouraged the Forces it worked with to do this. This meant that evidence and lines of inquiry could be examined and a case built around it from the start.

Mr Atkinson stated that he believed there was a difference between whether there was 'sufficient' legislation or 'specific' legislation under which CSE cases could be prosecuted. He felt that in these cases, there would be a search for appropriate legislation which had meant in the past perpetrators may have escaped prosecution. He felt that the term CSE was more commonly used and part of the public consciousness so he questioned whether specific legislation would help? Ms Llewellyn responded that the sexual offences connected to CSE were included in the Sexual Offences Act 2003, Offences Against the Person Act 1861 and various drugs legislation. In order to prove a case, it was important to be specific about the

offence. The Sexual Offences Act 2003 had been extended to fit different scenarios with sentencing reflecting the seriousness of the crime. There were lots of different offences included to meet different scenarios if a case was broken down into elements and, from her legal perspective this was not at all confusing. In fact, such a specific approach supported the CPS in effectively persuading a jury whereas if the legislation was more 'woolly' it would be more difficult to prosecute.

The Scrutiny Group Specialist asked for clarification as to where trafficking legislation sat in the system. Ms Llewellyn advised that it was a separate section of the Sexual Offences Act. In order to clarify this point further, she advised that most cases of CSE included a number of offences, eg drugs, trafficking and sexual offences. When the CPS took a case to the Crown Court in order to get an indictment, the advocate would explain the case to the jury in story form to support each count. So the first count may be grooming which would start the case ('story'), followed by a move onto drugs offences (the second count) and then the third count of sexual assault followed by a fourth count of exploitation. The case ('story') would be built chronologically and the jury had a copy of the case. This approach meant that it was possible for the jury to convict on some or all of the parts of the case. If there was a single offence of "child sexual exploitation" this breakdown and conviction in parts would not be possible which may affect conviction rates.

Cllrs Greenaway and Pinter noted that the Sexual Offences Act was now over ten years old and asked Ms Llewellyn if she considered it should be reviewed to incorporate crimes which utilised more modern technology. Ms Llewellyn did not have a personal view but she stated that legislation was regularly reviewed to ensure that it was a good fit for the modern society. She repeated her view that there was enough legislation to deal with the criminal scenarios presented by CSE cases.

Clarification was sought as to how the CPS West Midlands worked with the local Police when they were based in Birmingham. Ms Llewellyn repeated that the Birmingham branch worked with all Forces across the region. If there was a case of CSE in Telford, the expectation would be that the local Police Force would let the CPS know and a case worker would be allocated to the case.

The Scrutiny Group Specialist asked Ms Llewellyn to comment on how well she considered partner organisations were working together, including the Local Authority and health organisations, and particularly if all organisations were able to provide the relevant evidence when the police were building a case. Ms Llewellyn commented that the Police was the lead partner which the CPS worked with closely, however, in cases of CSE there would be some educational and medical witness evidence required. This could often be good corroborative evidence and the Police would be tasked to check this out. A protocol existed with third parties to make disclosure of relevant information before charging. Educational and medical evidence could potentially make a stronger and more complete case which could result in a guilty plea instead of a trial. At the point of charging, there were steps in place for the police to work with schools and families to see what was proportionate in terms of witness protection and bail conditions.

Mr Rayner asked how the CPS shared learning from CSE cases across all Force areas. Ms Llewellyn replied that a factor in centralisation of the CPS had been to

facilitate sharing good practice and learning. A monthly review of failed cases was undertaken to ascertain any points of learning and the Police were offered training and sharing of lessons learned. Learning was also shared via the regional RASO Forum. Mr Rayner asked Ms Llewellyn whether the performance of West Mercia and West Midlands Police Forces was on a par and Ms Llewellyn considered that both forces worked well but she was unable to comment specifically on CSE cases.

Cllr Pinter noted that the CPS did not keep records specific to CSE and asked if this system was likely to change. Ms Llewellyn pointed out that the rape conviction rate, which included CSE cases, was high. She noted that the percentage of unsuccessful cases did not necessarily mean that a case had been lost since there were other reasons a case could fail, eg the victim did not attend Court or the defendant died before the trial.

Cllr Pinter noted that a characteristic of CSE cases was that victims were groomed to the extent that they did not realise they were victims. She asked how this impacted prosecution. Ms Llewellyn advised that, quite often, in giving evidence, a child would say that they had told someone, perhaps a teacher or parent about a specific event, such as thinking they were pregnant or that they missed a period of schooling as result of what they were going through, which could then be corroborated or assist in demonstrating a pattern of behaviour.

In response to a question by Cllr Barnes, Ms Llewellyn advised that data on rape and sexual offences was not broken down to show child victims, since a key question would be how far the breakdown should go towards identifying familial abuse or grooming by gangs or individuals. Ms Llewellyn also confirmed that, in CPS terms, a child was someone under the age of 18.

Mr Rayner asked how the CPS worked to support and prepare victims and witnesses for the court process. Ms Llewellyn advised that she had not been involved in the Operation Chalice trials but generally there was an emphasis in the CPS towards improving victim experience. Training opportunities were available to ensure that victims were not stereotyped and that victim behaviour was more clearly understood. CPS Policy was to ensure continuity of advocate - a person who was linked to the Witness Care Unit and was responsible for ensuring the proper care of victims and witnesses. Ground Rules Hearings allowed for the best way to communicate with and receive the best evidence from vulnerable victims to be discussed prior to trial. Engagement with victims and witnesses before trial had traditionally been sensitive due to the perceived fine line between keeping a victim informed and coaching a witness; the report on public consultation on the draft CPS Guidance on Speaking to Witnesses at Court was due for publication in the near future. Ms Llewellyn also referred to special measures, such as giving evidence by video/TV link and noted that in West Midlands and Staffordshire, evidence could be given from specialist rooms rather than the victim entering Court.

Cllr Greenaway noted one element of successful prosecution was a strong witness and questioned whether there was any potential to roll out pilots which allowed cross-examination by video link. Ms Llewellyn responded that evidence could be taken by video and played in Court and cross-examination undertaken by TV link. There was currently no provision for pre-recorded cross-examination. Cllr

Greenaway pressed the point that pre-recording may enhance a victim or witness's ability to provide their best evidence. Ms Llewellyn did not dispute this and noted this was an element of the public consultation on Speaking to Witnesses at Court. Advocates were trained to meet with victims and witnesses prior to trial to discuss what would happen and ensure that any special measures, such as arranging to give evidence by video link, were discussed. When the Police provide pre-charging advice to the CPS, they are also asked to give information about any special measures vulnerable victims may require which was followed by a separate needs assessment undertaken by the Witness Care Unit to ensure that the right special measures were sought.

Mr Atkinson asked whether the CPS had a role to play in educating the public about child sexual exploitation. Ms Llewellyn considered that in the wider sense, there was a role for the CPS. She referred to the CPS website which regularly published success stories in the RASO Unit, although these may not relate solely to CSE. Members of the public were invited to attend the Violence and Women and Girls (VAWG) Scrutiny Panel and the key messages were disseminated to the public. Conferences with the Police and Crime Commissioner about Female Genital Mutilation had taken place and were available to health authorities and schools. Outreach took place via community events and speeches to conferences and universities were frequent. Ms Llewellyn personally worked with ISVAs at Worcester University.

Cllr Greenaway welcomed the VAWG Scrutiny Panel asked CSE came under this umbrella or whether it should be subject to a separate Scrutiny Panel? Ms Llewellyn advised that the Scrutiny Panel considered a mixture of cases which were chosen at random six weeks in advance. The Scrutiny Panel had improved transparency.

Cllr Greenaway noted that boys were also victims of CSE and asked if figures were available on the number of cases but Ms Llewellyn advised that there were no specific figures relating to CSE but data on rape and sexual offences could be provided.

The Scrutiny Group Specialist noted that as part of the response to the public consultation on the terms of reference for this Review, questions were raised about how organisations learn from the experience of victims and their families. Ms Llewellyn indicated that the CPS had engaged in this way and that a victim had provided information regarding their experience and shared their perspectives. This had been a very valuable experience Ms Llewellyn would not rule out doing this as it had been very interesting. She noted that victims' perceptions were not always obvious to professionals. The Witness Care Unit also undertook surveys with victims after Court.

Mr Atkinson drew questioning to a close by asking what one thing Ms Llewellyn would change if there were no obstacles. She stated that she would want to ensure that everything possible was done to stop CSE happening.

The Chair thanked Ms Llewellyn for her contribution and the meeting adjourned at 10.45am and reconvened at 10.53am.

Health

The Chair welcomed those attending the meeting to provide evidence to the Committee. She asked those attending to introduce themselves and the role of their organisation in tackling CSE.

Ms E Feely introduced herself as the recently appointed Patient Liaison Officer and Clinical Risk Manager at Shropshire Doctors Co-operative Ltd (known as ShropDoc). Part of her role was to deal with safeguarding referrals on behalf of the Medical Director. Shropdoc provided services from nine bases located around Shropshire, Telford and Wrekin and Powys: Brecon, Bridgnorth, Llandrindod Wells, Ludlow, Newtown, Oswestry, Shrewsbury, Telford, Welshpool and Whitchurch. Currently working with over 300 doctors and 200 nurses dealing with over 200,000 calls per year, Shropdoc provided urgent medical services for patients when their GP surgery was closed and also routine referrals to hospital, oncology palliative care, GP reception cover during staff training, physiotherapy triage and out of hours medical services to HM Prisons and MOD facilities. Ms Feely advised the Committee that Shropdoc provided annual robust safeguarding training for staff and referred to the “missed contact” procedure wherein follow-up would be made with patients who failed to attend appointments, particularly when a child was involved. She advised that the service had a robust drug prescription protocol and kept detailed notes as a matter of course. Although she was new to the role, she had already supported the provision of evidence in a rape case. The Scrutiny Group Specialist advised the Committee that Ms Feely had stepped in to attend the meeting at very short notice.

From the South Staffordshire and Shropshire Healthcare NHS Foundation Trust (“the Trust”), Ms S Conlon introduced herself as the Safeguarding Lead for Adults and Children and Mr S Langford indicated that he was the Named Nurse for Safeguarding Children. Ms Conlon advised that whilst the Trust provided mental health, learning disability and specialist children’s services across South Staffordshire, no children’s services were provided in Shropshire or Telford & Wrekin. She indicated that the Trust turnover was £179 million per year. The Trust was a member of the Local Safeguarding Children Board (LSCB) and had signed up to the board’s multi-agency policies and procedures, of which CSE was a priority. Mr Langford indicated that his responsibilities centred on raising awareness of safeguarding children issues across the organisation, which involved face-to-face supervision as well as running a telephone support service for all staff and deciding upon what action to take in safeguarding cases. An important part of the role was the provision of education and training for staff to keep them up-to-date.

Cllr Greenaway asked the representatives how well they thought organisations were working together and who their main partners were.

Ms Feely advised that Shropdoc aimed to keep safeguarding procedures simple to ensure that they were easy to follow for staff. Therefore, safeguarding referrals would generally be made to 999 in an emergency or to the relevant Local Authority. Shropdoc’s duty of care would over-ride data protection concerns in the event a referral was required and patients were always made aware that Shropdoc centres were “safe place” bases providing a haven for vulnerable individuals whilst emergency services were awaited.

Ms Conlon repeated the Trust's status as a member of the LSCB which led to co-ordination with other local agencies. Partner agencies were able to undertake checks with the Trust as to whether individuals were known to them. The role was very much to identify vulnerable children and ensure referral was made as appropriate. A robust system of referral was in place and all referrals were tracked to their final outcome.

Cllr Greenaway asked whether the Trust had seen a rise in disclosure of historic sexual abuse among adult patients. Ms Conlon responded that the Trust did not capture data in a way that would allow her to answer this question. However, she was aware that disclosures were possible and staff contacted herself or Mr Langford for further advice. Mr Langford added that although the Trust did not provide children's services locally, it was always possible that staff dealing with adults may become aware of issues connected to child protection, for instance if there were concerns regarding a patient's capacity to parent or if a CSE victim transitioned to adult services and disclosed details of further perpetrators and it was important that the Trust had robust procedures in place to share intelligence with the Police.

Mr Rayner asked whether health organisations were advised of the outcome of safeguarding referrals. Mr Langford advised that the Trust had a threshold document to guide staff on cases when it was believed children were in need of protection. When referrals were made to the Local Authority in accordance with that guidance, it was up to the Local Authority to decide if the information met their own thresholds. This information was then fed back to the practitioner making the referral. Ms Conlon added that part of her role was to monitor all referral activity but at the moment no feedback loop existed to record outcomes and she acknowledged that it would be useful to monitor this data. Mr Rayner asked whether any mechanisms for appeal existed if organisations were unhappy with the response following a referral. Ms Conlon advised that escalation policies existed and she had been involved in such cases. Mr Langford advised that the number of escalated cases generally remained static.

The Scrutiny Group Specialist asked Ms Feely to confirm whether Shropdoc updated a patient's GP when safeguarding referrals were made. Ms Feely responded that Shropdoc were not designated doctors and therefore there was a duty to share information; this occurred automatically through a shared software system which pushed information through to relevant surgeries. The child protection system flagged individuals who were at risk so that call handlers were immediately made aware of vulnerable children. This had recently proved invaluable when the Police were notified of concerns following a missed contact.

Mr Atkinson asked how organisations made sure that the organisation itself, not just individual staff, continued learning in this field. Ms Feely responded that a lot of information was recorded and learning protocols existed wherein outcomes were reported on in order to continually learn and develop policies and disseminate information throughout the organisation. Ms Conlon referred to good working relationships with partners and the need to give assurances to the Trust Board. It was important that the organisation supported and educated frontline staff.

The Scrutiny Group Specialist noted that support for victims of CSE and their families may be ongoing and asked for more information about how the Trust responded to issues as victims transitioned into adulthood. Ms Conlon advised that patients were referred to Trust services by their GP. It was acknowledged that the impact of CSE did not stop at age 18 and there were implications into adulthood, therefore, all information on CSE was extended to the Trust's adult workforce as practitioners may come into contact with victims during the course of their work.

Referring back to the evidence given by the CPS, the Scrutiny Group Specialist asked whether the Trust had any experience of providing evidence in Court cases and how the representatives felt that process had worked. Ms Conlon advised that the Trust had not been involved in CSE cases but if they had, the safeguarding process would be no different than that for neglect or abuse and she would be responsible for supporting the Police on behalf of the Trust. A big focus of her role was on prevention, identification and educating the workforce and support agencies.

Mr Atkinson noted that although the term CSE was commonplace, it was not a specific offence in terms of the law. He asked the health representatives for their thoughts on whether it would be more helpful if specific legislation existed. Ms Conlon advised that in her opinion child sexual exploitation fell within the general scope of child abuse and even if the term was recognised in law, it would not alter Trust practices. Ms Feely stated that Shropdoc sought to keep its child protection procedures simple and any complications would not be welcomed. To this end, she agreed that CSE fell within the scope of current practice on child abuse and neglect and it was for other organisations with appropriate expertise to decide whether referred cases constituted exploitation.

Cllr Greenaway asked how health professionals provided long term support for victims post-prosecution. Ms Conlon repeated that the Trust did not provide child services in Telford & Wrekin, but in general support would be dependent on individual needs. Cllr Greenaway asked if there was a standard process for victims requiring ongoing support. Ms Conlon indicated that following identification of a victim, the Local Authority would make a referral to Child & Adolescent Mental Health Services (CAMHS) if appropriate although it was acknowledged that support may not be required until later. Support was not prescriptive as everyone's needs differed. The emotional wellbeing of families would be assessed through the normal avenues by the Local Authority.

Noting that one aspect of Mr Langford's role was to provide training, Cllr Pinter asked him to expand on this element of his role. Mr Langford advised that the approach varied depending on the level of contact practitioners had with children and families. Training for those with low level contact was provided online but those with higher level contact received face to face training. Update training also referenced CSE. Cllr Pinter asked whether new staff received training on CSE and Ms Conlon confirmed that training was provided as part of the induction process.

Mr Rayner noted that the Trust worked across a number of Local Authority areas and asked about the representatives' perception of local services. Ms Conlon stated that CSE was a national issue; she sat on a number of LSCBs and she considered that

the activities and actions of each were all very similar. The Trust had greater involvement in Staffordshire due to the nature of services provided but felt that the level of interaction by agencies was similar. She could not comment on comparison of the expertise of agencies as she was more exposed to services in South Staffordshire.

Cllr Pinter concluded the debate by asking the representatives if there were any questions which the Committee should explore with the other organisations involved in the review. Ms Feely said that there were no issues that she could think of at that time and Ms Conlon suggested the Committee could explore issues around the transition from child to adult services and coordination by the Police at the point of referral.

The Chair thanked the representatives for attending and the Scrutiny Group Specialist reminded them that the next stage of the review involved the Committee meeting with frontline staff and, if any questions were raised as a result of those inquiries, it may be that further responses would be sought from the representatives.

(b) To agree the next steps in the review;

The Scrutiny Group Specialist reminded the Committee that this in depth review would be likely to take the remainder of the municipal year due to the level of triangulation required and that the work programme had been cleared to accommodate this. Following the election, the Committee was requested to consider and confirm the membership of the Review Working Group. It was **AGREED** that Councillors Barnes, Greenaway and Pinter would join Councillor Guy and Ms Ward on the Review Working Group. The Scrutiny Group Specialist would check with the Members who had been unable to attend this meeting whether they wished to take part.

(c) To make any interim recommendations considered necessary.

The Committee considered that the evidence received had further set the scene for the following steps in the review and that no recommendations were required at this stage.

CYPSC-07 CHAIR'S UPDATE

In the absence of Councillor Guy, the Scrutiny Group Specialist advised that all Members were encouraged to complete the Ollie training module and the Committee were asked to promote this learning among respective political groups. Councillor Greenaway asked for the link to the PACE/Virtual Learning College training for parents to be re-circulated.

The Scrutiny Group Specialist noted that the Chair had attended a theatre production at Lawley Primary School with the aim of increasing awareness around the dangers of sexting. She would ask the Chair to report on this by email.

A number of Members expressed concern regarding recent media reports that several secondary schools across the borough had been placed into special

measures. Members were of the view that it was important that the Committee understood what the governance and support arrangements are in place for schools in special measures, what issues needed to be addresses at these schools, what the role of the School Improvement Team is for schools that are judged to be in Special Measures, and what assurance can be provided about the performance of other schools across the Borough.

Some discussion took place into how this could be accommodated within the resources available as a result of the prioritisation of the CSE Review, including inviting Committee Members to a holding to account session by the Scrutiny Management Board with the Cabinet Member for Children and Young People or holding an informal Member-led meeting. The Scrutiny Group Specialist agreed to pass the Committee's concerns to the Chair and seek his view on the most appropriate way forward.

The meeting ended at 11.55am

Chairman:

Date: