HEALTH AND WELLBEING BOARD

Venue: **Town Hall, Moorgate Street, Rotherham. S60 1TH**

Date: **Wednesday, 10th January, 2018**

Time: **9.00 a.m.**

A G E N D A

1. To determine if the following matters are to be considered under the categories suggested in accordance with Part 1 of Schedule 12A to the Local Government Act 1972

2. To determine any item(s) which the Chairman is of the opinion should be considered later in the agenda as a matter of urgency.

3. Apologies for absence

4. Declarations of Interest

5. Questions from members of the public and the press

6. Minutes of the previous meeting (Pages 1 - 12)

7. Communications

For Discussion

8. Health and Wellbeing Strategy Refresh (Pages 13 - 43)
   Terri Roche, Director of Public Health, to present

9. Rotherham Safeguarding Adults Board Annual Report (Pages 44 - 81)
   Sandi Keene, Independent Chair of Rotherham Safeguarding Adults Board, to present

10. Engaging the Public in the Work of the Health and Wellbeing Board (Page 82)
    Chairman to report

11. Date and time of next meeting
    Wednesday, 14th March, 2018, commencing at 9.00 a.m. to be held at Oak House, Bramley

HEALTH AND WELLBEING BOARD
15th November, 2017

Present:-

Councillor D. Roche	Cabinet Member, Adult Social Care and Health **(in the Chair)**
Chris Edwards	Chief Operating Officer, Rotherham CCG
Naveen Judah	Healthwatch Rotherham (representing Tony Clabby)
Sharon Kemp	Chief Executive, RMBC
Councillor J. Mallinder	Chair, Improving Places Select Commission
Rob Odell	South Yorkshire Police
Dr. Jason Page	Governance Lead, Rotherham CCG
Zena Robertson	NHS England (representing Carole Lavelle)
Terri Roche	Director of Public Health, RMBC
Ian Thomas	Strategic Director, Children and Young People's Services
Janet Wheatley MBE	Chief Executive, Voluntary Action Rotherham

Report Presenters:-

Bev Pepperdine	Performance Assurance, RMBC
Christine Cassell	Independent Chair, Rotherham Local Safeguarding Children Board
Steve Turnbull	Public Health, RMBC

Also Present:-

Sam Barstow	Head of Service, Community Safety, Resilience and Emergency Planning
Dominic Blaydon	Rotherham Foundation Trust
Jacqui Clark	Early Intervention and Prevention, RMBC
Lydia George	Rotherham CCG
Kate Green	Policy and Partnership Officer, RMBC
Shafiq Hussain	Voluntary Action Rotherham
Giles Ratcliffe	Public Health, RMBC
Hayley Richardson-Roberts	Communications, RMBC
Janet Spurling	Scrutiny Officer, RMBC
Sarah Watts	Strategic Housing, RMBC
Dawn Mitchell	Democratic Services, RMBC

Apologies for absence were received from Tony Clabby (Healthwatch Rotherham), Dr. Richard Cullen (Rotherham CCG), Councillor Evans, Carole Lavelle (NHS England), Councillor Short, Kathryn Singh (RDaSH) and Councillor Watson.

37. JANET WHEATLEY MBE

The Board congratulated Janet Wheatley who had attended Buckingham Palace the previous day for the award of her MBE by Her Majesty the Queen.

38. DECLARATIONS OF INTEREST

There were no Declarations of Interest made at the meeting.

39. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

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

40. MINUTES OF THE PREVIOUS MEETING

The minutes of the previous meeting of the Health and Wellbeing Board held on 20th September, 2017, were considered.

Resolved:- That the minutes of the previous meeting held on 20th September, 2017, be approved as a correct record.

41. COMMUNICATIONS

(1) Janet Wheatley reported that the Shadow Secretary of State for Health, Jon Ashworth, was to visit Voluntary Action Rotherham on 1st December, 2017, to talk about Social Prescribing.

Janet would forward details to Board members.
Action:- Janet Wheatley

(2) Voluntary Action Rotherham had been nominated for their Supporting Self-Care at the Health Services Journal awards.

42. REFRESHING THE LOCAL HEALTH AND WELLBEING STRATEGY AND INTEGRATED HEALTH AND SOCIAL CARE PLACE PLAN

Further to Minute No. 29 of the meeting held on 20th September, 2017, Terri Roche, Director of Public Health, presented an update by way of a powerpoint presentation on the progress being made in relation to the refresh of the local Health and Wellbeing Strategy and alignment to the Integrated Health and Social Care Place Plan (Place Plan). The presentation included:-

Health and Wellbeing Strategy 2015-18 Principles
- Shared vision and priorities
- Enables planning of more integrated services
- Reduce health inequalities
- Translates intelligence into action

Need for a Refresh
- Existing Strategy runs until the end of 2018 but a number of national and local strategic drivers were now influencing the Health and Wellbeing Board
- An early refresh ensured the Strategy remained fit for purpose, strengthening the Board's role in:

High level assurance
Holding partners to account
Influencing commissioning across the health and social care system as well as wider determinants of health
Reducing health inequalities
Promoting a greater focus on prevention

- LGA support to the Health and Wellbeing Board
  Self-assessment July, 2016
  Stepping Up To The Place workshop September 2016
- Positive feedback given about Board's foundation and good partnership working
- The current Strategy was published quickly after the Board was refreshed (September 2015)
- Now in stronger position to set the right strategic vision and priorities for Rotherham

Joint Strategic Needs Assessment

- Ageing population – rising demand for health and social care services
- More people aged 75+ living alone, vulnerable to isolation
- High rates of disability, long term sickness (more mental health conditions) and long term health conditions e.g. Dementia
- Need for care rising faster than unpaid carer capacity
- High rates of smoking and alcohol abuse, low physical activity and low breastfeeding
- Rising need for Children's Social Care especially related to Safeguarding
- Relatively high levels of learning disability
- Growing ethnic diversity especially in younger population with new migrant communities
- Growing inequalities, long term social polarisation
- High levels of poverty including food and fuel poverty, debt and financial exclusion

Proposed Refreshed Strategy

- Sets strategic vision for the Health and Wellbeing Board – not everything all partners do but what partners can do better together
- Includes 4 strategic 'aims' shared by all Health and Wellbeing partners
- Each aim includes small set of high level shared priorities
- Which the Integrated Health and Social Care Place Plan 'system' priorities will align to

Strategic Aims

Aim 1

- All children get the best start in life and go on to achieve their potential and have a healthy adolescence and early adulthood

HWB Priority 1	Ensure every child gets the best start in life (pre-conception to age 3)
HWB Priority 2	Improve health outcomes for children and young people through integrated commissioning and service delivery
HWB Priority 3	Reduce the number of children who experience neglect
HWB Priority 4	Education

Aim 2

- All Rotherham people enjoy the best possible mental health and wellbeing and have a good quality of life

HWB Priority 1	Improve mental health and wellbeing of all Rotherham people
HWB Priority 2	Reduce the occurrence of common mental health problems
HWB Priority 3	Improve support for enduring mental health needs including Dementia

Aim 3

- All Rotherham people live well and live longer

HWB Priority 1	Prevent and reduce early deaths from the key health issues for Rotherham people such as cardiovascular disease, cancer and respiratory disease
HWB Priority 2	Promote independence and enable self-management and increase independence of care for all people
HWB Priority 3	Improve health outcomes for adults and older people through integrated commissioning and service delivery ensuring the right care at the right time

Aim 4

- All Rotherham people live in healthy, safe and resilient communities

HWB Priority 1	Increase opportunities for healthy sustainable employment
HWB Priority 2	Ensure planning decisions consider the impact on health and wellbeing
HWB Priority 3	Ensure everyone lives in healthy and safe environments
HWB Priority 4	Increase opportunities for all people to use green spaces

Consultation and Engagement

- Health and Wellbeing Board and Place Board received proposal in September 2017
- Framework shared with Board sponsors and theme leads for comments
- Health Select Commission December 2017
- All partners to consider taking through their own governance structures November-March 2018
- Consider what other stakeholder engagement may be needed
- Following approval at Health and Wellbeing Board, work will progress with Board sponsors/theme leads on the Strategy detail
- Full draft of Strategy and Place Plan to be presented to Health and Wellbeing Board on 19th January 2018
- CCG Governing Body, Place Board and Cabinet to endorse Strategy and Place Plan February 2018
- Place Board to sign off Place Plan March 2018
- Health and Wellbeing Board to sign off the Strategy March/April 2018

Discussion ensued with the following issues raised/clarified:-

General

- The refresh should streamline the process and not result in extra meetings
- Each Aim was not in isolation and did have linkages to each other
- Loneliness and Isolation did not just affect the older generation. It potentially fitted all the Aims but needed to be "anchored" in 1

Aim 1

- More work to be done on the ante-natal pathway particularly
- Continued investment in Early Years but more work to be done through Children's Centres, GPs and Post-Natal Services
- Priority 3 – should include the word "abuse" in all its forms i.e. physical, emotional and sexual
- Embedding the voice of the child
- Linkages to delivery mechanisms around the SEND agenda
- Raising aspirations and developing self-esteem and self-motivation
- Consideration of inclusion of adverse events in a child's life, such as bereavement, and learning from CSE referrals and parental capacity to change
- Work of the Child Death Overview Panel and the adverse issues affecting children and some of the motivating factors that had been identified
- The need for linkage to the Foundation Trust's Strategy regarding transition from Children to Adult Services
- No reference to Looked After Children or childhood obesity/lifestyles

Aim 2

- The Mental Health and Wellbeing Strategy to be revisited by the Transformational Group regarding what work needs to take place
- Need to link to the ageing population
- Autism, although linkages with all the Aims, had to be based in 1 in order for someone to have responsibility – Aim 3 was too big
- Learning Disabilities should be included
- Suggestion that the title should be changed to "all Rotherham people enjoy the best possible wellbeing and mental health"

Aim 3

- Suggestion that the overall aim title should be changed to "all Rotherham people live well and live longer in better health" and possible inclusion of the word "safely"?
- Did Priority 5 fit better into Aim 4?

Aim 4

- Pleasing to see Housing fitting into an Aim (Aim 4)
- Suggestion that the Strategic Director of Regeneration and Environment be added to the Board membership
- Further work required on the priorities to ensure alignment with the Safer Rotherham Partnership
- Suggestion that Loneliness should sit within Aim 4 taking into the community resilience perspective

Resolved:- (1) That the proposed framework of aims and priorities for the Health and Wellbeing Board, taking into account the comments made in the meeting, be approved.

(2) That a discussion take place at the Executive Board with regard to the addition of the Strategic Director of Regeneration and Environment to the Board membership.

(3) That Loneliness be included within Aim 4.

(Dominic Blaydon, Sam Bairstow, Lydia George Shafiq Hussain, Giles Ratcliffe and Sarah Watts left following discussion of this item.)

43. LOCAL SAFEGUARDING CHILDREN BOARD ANNUAL REPORT

Christine Cassell, Chair of the Rotherham Local Safeguarding Children Board, presented the Board's annual report 2016-17 with the aid of a powerpoint presentation, which outlined the role of the Board, its relationship to the Health and Wellbeing Board and the context for the 2016-17 annual report which was:-

- Children and Social Work Act 2017
- Continuing austerity
- Increasing demands and expectations on public services that safeguard children
- Brexit
- Excellent commitment from partners locally to working together to improve the way that Rotherham children are kept safe

Rotherham LSCB Report 2016-17
Key messages about services and how they work together:-

- Responses to children and families generally more timely
- Early Help – better co-ordinated offer to families with good feedback. Needs more multi-agency partner involvement
- Assessment of risk or harm – issues in multi-agency practice
- Looked After Children – initial health assessments and missing episodes children out of Rotherham
- Neglect – high percentage of cases include elements of neglect – associated with parental issues of domestic abuse, mental ill health and substance misuse

Priorities for 2017-19

- Early Help
- Neglect
- Safeguarding Looked After Children
- Child Sexual Exploitation
- The effectiveness of multi-agency decision making when a child is at risk of harm
- Evidence of the child's voice will be expected in all the above

Safeguarding is Everybody's Business

- Council
- Statutory and non-statutory partners
- Voluntary and community organisations
- The wider community

Changes to LSCBs

- Statutory guidance now out for consultation
- Statutory requirement for LSCBs abolished
- Local Authority, Health and Police become jointly responsible for the local Safeguarding arrangements to replace LSCBs
- Challenge will be to ensure robust arrangements that engage the wider partnership e.g. schools

What should the HWB Board do?

- Ensure a Safeguarding focus in commissioning decisions
- Support LSCB priorities through the implementation of the Health and Wellbeing Strategy

- Undertake Safeguarding impact assessments on major budget and organisational change
- Report back to the LSCB, through the local protocol arrangements, on the impact of its work in support of LSCB priorities

It was noted that quarterly meetings took place between the Chair of the Children and Young People's Partnership, Independent Chairs of the Adults and Children's Boards, Chair of the Health and Wellbeing Board and Chair of the Safer Rotherham Partnership, where the effectiveness of the Safeguarding Partnership Protocol was discussed and how they could continue to improve linkages between Boards and challenge each other where appropriate.

Discussion ensued with regard to the proposed abolition of LSCBs which was currently out to consultation. It was felt that the tripartite response without an Independent Chair would result in it being no one agency's responsibility. Locally, areas could determine their own arrangements and it would depend upon local areas developing strong and robust arrangements rather than those robust arrangements being specified by the centre. South Yorkshire Police had already submitted their response to the consultation.

It was felt that there was no reason why there could not still be an Independent Chair as other working parties/Improvement Boards had.

The LSCB would be considering its response to the consultation documents at its meeting in December.

Christine was thanked for her report and the work of the Board.

Resolved:- (1) That the Rotherham Local Safeguarding Children Board's annual report 2016-17 be noted.

(2) That Rob Odell share with the Board the consultation response submitted by South Yorkshire Police.
Action:- Rob Odell

(3) That the Health and Wellbeing Board's concerns with regard to the proposed abolition of LSCBs be placed on record.

(4) That all agencies be urged to respond to the consultation.

(5) That the issue be raised at the Safeguarding Partnership Protocol Joint Chairs meeting that Kathryn Singh was due to Chair on 28th December, 2017, with a suggestion that a joint Partnership response be submitted.
Action: Sharon Kemp

44. ETHICAL CARE CHARTER

Jacqueline Clark, Head of Service Early Intervention and Prevention, presented the Council's Independent Living and Support Service (ILS), Strategic Commissioning and its contracted home care providers' current position against UNISON's suggested 3 stages of implementing the Ethical Care Charter.

UNISON had drawn up the Ethical Care Charter, aimed to 'establish a minimum baseline of safety, quality and dignity of care by ensuring employment conditions which (a) do not routinely short change clients and (b) ensure the recruitment and retention of a more stable workforce through more sustainable pay, conditions and training levels', as a result of a national survey they had commissioned in June/July 2012.

UNISON had called for Councils to commit to becoming Ethical Care Councils by adopting the Charter and only commission homecare services which adhered to the Charter. They had suggested that implementation of the Charter be conducted in 3 stages and had produced guidance for Councils and providers.

The report set out the Authority's current position against the 3 stages of implementing the Charter.

Resolved:- That the report and progress of the Authority in implementing the Charter be noted.

45. DELAYED TRANSFER OF CARE

Chris Edwards, Chief Operating Officer RCCG, reported that this item had been included on the agenda due to a rise in the number of Delayed Transfer of Care (DTOC) cases. However, the situation had since started to improve.

The Rotherham System-Wide Escalation Plan 2017/18, which included Winter planning, was included on the agenda at Minute No. 49 below. The Plan set out the winter planning arrangements for health and social care in Rotherham including resources and capacity put in place to manage the impact of winter pressures.

The Chairman stated that DTOC was a key metric within the Better Care Fund and one that the Government took particular note of.

Resolved:- (1) That the Integrated Health and Social Care Delivery Group examine Delayed Transfer of Care at their next meeting.

(2) That should there be a "red alert" on the system for Delayed Transfers of Care, that a report be submitted to the Health and Wellbeing Board as a matter of urgency.

Action:- Chris Edwards/Louise Barnett

46. LIFESTYLE SURVEY

(This item was considered in the closed part of the meeting due to it not being placed in the public arena until January 2018.)

Bev Pepperdine, Performance Assurance Manager, presented the key findings from the 2017 Borough-Wide Lifestyle Survey report and the pilot report for Newman Special School.

The report also set out the plans to distribute the survey results to schools, to Boards and ongoing actions supporting the lifestyle survey results by partners.

Attention was drawn to the sections relevant to the Board.

Discussion ensued with issues raised regarding:-

- Dental visits
- Young carers
- Non-participating schools
- Work with Public Health

Resolved:- That the report be noted.

47. PHARMACEUTICAL NEEDS ASSESSMENT

Stephen Turnbull, Speciality Registrar Public Health, gave the following powerpoint presentation on Mapping the Pharmaceutical Needs Assessment:-

PNA Mapping Regulations

- Schedule 1: Para 7
  A map that identifies the premises at which pharmaceutical services are provided in the area of the Health and Wellbeing Board
- Part 2: Para 4(2)
  Each Health and Wellbeing Board must, in so far as it practicable, keep up-to-date the map which it includes in its Pharmaceutical Needs Assessment

SHAPE Tool

- Strategic Health Asset Planning and Evaluation
- Free to use application for NHS and local authorities
- Web-based: automatically updates background information
- Enables more analysis e.g. populations, indicators, access to services, service gaps etc.

Uses in the Draft PNA

- Mapping pharmaceutical services
- Calculating access by walking time and driving time
- Calculating access to pharmaceutical services not in Rotherham
- Mapping service provision by population and/or indicators e.g. needle exchange by crime deprivation, Emergency Hormonal Contraception by female population 18-29 and 30-44 year olds and small area analysis

Next Steps Exploring

- Automate data collection
- Generic log-in
- Additional datasets e.g. Health Indicators, Local Plan
- Other assessments e.g. oral health

The Board had to approve the 2018 Rotherham PNA by 1st April, 2018, the date it was legally due for renewal. The consultation period would commence shortly for a period of 60 days, however, this would be extended due to the Christmas period falling within the timeframe. The final PNA would be submitted to the Board in March, 2018 in order to meet the publication deadline.

The process included formal consultation with specific stakeholders. It was suggested that Rotherham's consultation would also include the CCG, VAR and South Yorkshire Police. It was also noted that each GP surgery had a Patient Participation Group which then had an overarching meeting from time to time who it may be worthwhile discussing the issue with.

The 4 South Yorkshire authorities were working together, led by Rotherham, to produce the 4 separate PNAs covering South Yorkshire. A South Yorkshire PNA Steering Group had been established to take this forward comprising the relevant PNA lead from each local authority.

Resolved:- (1) That the planned timetable for consultation and for the final document to be submitted to the Health and Wellbeing Board be approved.

(2) That the additional consultees highlighted above be included in the consultation.

48. ENGAGING THE PUBLIC IN THE HEALTH AND WELLBEING BOARD

This item was deferred until the January Board meeting.

49. THE WINTER PLAN

The Rotherham System Wide Escalation Plan 2017/18 (including Winter Planning) was submitted for the Board's information which set out Winter planning arrangements for health and social care in Rotherham including resources and capacity put in place to manage the impact of Winter pressures.

The Plan incorporated Rotherham's response to the National Cold Weather Plan, updated in 2016, which helped prevent the major avoidable effects on health during periods of cold weather in England.

The Rotherham CCG, along with other local CCGs, was required to provide assurance to NHS England regarding year-round and Winter planning across the Rotherham health and social care community. The report, alongside the baseline assessment and ongoing highlight reporting from the Rotherham A&E Delivery Board, aimed to provide that assurance.

50. CAMHS LOCAL TRANSFORMATION PLAN

The Board noted the October 2017 refresh of the Local Child and Adolescent Mental health Services (CAMHS) Transformation Plan for Rotherham.

51. DATE AND TIME OF NEXT MEETING

Resolved:- That a further meeting be held on Wednesday, 10th January, 2018, venue to be confirmed.

REPORT FOR HEALTH AND WELLBEING BOARD

Date of meeting:	**10 January 2018**
Title:	**Health and Wellbeing Strategy Refresh**
Directorate:	**Assistant Chief Executive's / Public Health**

1. Summary

This report updates the Health and Wellbeing Board (HWbB) on the progress being made in relation to refreshing the local Health and Wellbeing Strategy (strategy), and presents the first opportunity to consider the full draft of the new strategy for 2018 – 2025.

Following approval of the four strategic aims at the board meeting in November, further work has been undertaken to develop the high-level priority areas under each aim, including consultating with a number of key stakeholders.

2. Recommendations to Health and Wellbeing Board

- **To discuss the high-level priorities under each aim in more detail**
- **To consider the consultation responses to date and how comments and suggestions should be incorporated**
- **To note the timescales and next steps for this work**

3. Background

The HWbB received a report on 15th November 2017 which included a framework for the refreshed strategy, including four strategic aims with a small set of high-level priorities under each. It also demonstrated how the Integrated Health and Social Care Place Plan (Place Plan) should be aligned to the strategy. A wider range of stakeholders who don't formally sit on the HWbB were invited to the meeting, to ensure engagement with those who will contribute to delivering the staretgy aims.

The four aims were agreed by the board, with a number of minor suggestions made in terms of language and focus – an overview of the comments made is included in appendix A.

It was also agreed that the new strategy becomes a longer term document: 2018 – 2025, putting it into line with the Rotherham Together Partnership Plan and setting the strategic vision and direction for the HWbB over the next seven years. The strategy's main purpose is to strengthen the HWbBs role in relation to high level assurance and holding partners to account, as well as influencing commissioning across the health and social care system, and wider determinants of health.

At the board meeting on 10th January, a wider range of stakeholders have been invited to be part of the discussion, ensuring wider engagement and a clearer understanding of some of the issues being presented

3.1 Rotherham Integrated Health and Social Care Place Plan

Rotherham's Integrated Health and Social Care Place Plan (Place Plan), was published November 2016, and details the joined up approach to delivering key initiatives that will help achieve the health and wellbeing strategic aims.

The report received by HWbB on 15th November set the same timescales for the alignment of the Place Plan and refresh of the HWb Strategy. Through establishment of the governance structure, including development of the Transformation Groups to deliver the Rotherham Place Plan priorities, it has become clear that in order to ensure that the two documents align robustly it is necessary to do this in a stepped approach. Therefore the aligned Place Plan will follow approximately one month later to enable robust alignment to the stratetgic direction set by the refreshed HWb Strategy.

The final Place Plan will be received at the Place Plan Board in April and HWbB in May.

4. How the strategy will be delivered

The strategy is a high level document which focuses on the most important things that the board needs to work on together as a partnership – it is not intended to be everything that all partners do.

The aims in the strategy are ambitious and will require a continued and dedicated focus on improving health and wellbeing outcomes across the partnership. Results will not be seen overnight; but publishing this strategy until 2025 ensures work at board level can be focused on the activity required to deliver the aims in an appropriate timescale.

It is intended that under the strategy there will be an annual plan developed, demonstrating what activity will be undertaken during that year and what success will look like – and following the first year will also include a progress report in relation to the activity undertaken in the previous year. This provides the board with a clear work programme to take forward and will help identify risks and opportunities, and any potential blockages that may impact on achieving the aims.

5. Next steps

Following discussion at the board in relation to each aim's priorities, the following consultation activity and sign-off process will take place:

- 6 February 2018 Consultation with the council's Strategic Leadership Team
- 7 February 2018 Consultation at the Integrated Health and Social Care Place Board and Clinical Commissioing Group Governing Body
- 12 February 2018 Consultation with Informal Cabinet
- 12 March 2018 Taken for endorsement at formal Cabinet

Between January and end of March 2018 other HWbB partners may also wish to take this via their governance structures for consultation and endorsement.

The HWbB will formally sign off the strategy at the meeting on 14th March 2018.

6. Names and contact details

Terri Roche
Director of Public Health, RMBC
Teresa.roche@rotherham.gov.uk

Kate Green
Policy and Partnership Officer, RMBC
Kate.green@rotherham.gov.uk

Lydia George *(for Place Plan queries and information)*
Planning and Assurance Manager, NHS Rotherham CCG
Lydia.george@rotherhamccg.nhs.uk

Appendix A

Overview of stakeholder consultation responses to date

Discussion at Health and Wellbeing Board – 15 November 2017

Aim 1. All children get the best start in life and go on to achieve their potential and have a healthy adolescence and early adulthood.

To include 'abuse' and neglect in priority 3 – *this has been updated.*

Ensure this aim has a focus on raising self-esteem /aspirations

Agreed to include a priority 4 - 'children and young people ready for the world of work' – *this has now been included.*

Voice of the child important to run throughout this aim.

Aim 2. All Rotherham people enjoy the best possible mental health and wellbeing and have a good quality of life

Ensure the focus of this aim is about prevention and good mental health for all, not just at the acute end of need.

Consider an asset-based approach; what matters to peope, not what is the matter with people.

Agreed that learning disabilities and autism should sit within aim 2 – although it is cross-cutting it needs to sit within an aim to ensure delivery and it does not get diluted – it also aligns to the Place Plan learning disability and mental health transformation workstream – *this has now been included.*

Aim 3. All Rotherham people live in good health for longer.

Suggestion to change the wording of the aim from "people live well and live longer" to ensure more of a focus on living in good health for longer – *this has now been amended.*

4. All Rotherham people live in healthy, safe and resilient communities

Discussed the board sponsor for this aim – considering the slight change of focus on the priority areas and who the most appropriate lead should be. Suggested the RMBC Strategic Director for Regeneration and Environment, who has been invited to attend the board meeting on 10th January 2018.

Considered whether loneliness should sit within this aim, as it fits within the work in relation to developing thriving, resilient communities.

Discussion points and recomendations from Health Select Commission - 14th December 2017

Q. How can these aims, which are very ambitious, be delivered against a backdrop of so little money?

- The strategy is about working better together, integrating services where possible, sharing resources and doing things differently to get the best value for money.
- All organisations are struggling finacilally, but the HWbB is a strong partnership and members should be assured that all are doing their best to achieve better outcomes with what is available.
- The strategy is also a becoming a longer term document for this reason, the aims are ambitious and will take, in some cases, more than a few years to see a difference.

Q. Will the new boundary changes affect the figures presented in the strategy?

- We will need to re-calculate figures in the JSNA – and this will be done when the changes come into force.

Q. How will the strategy ensure loneliness is a key issue?

- Loneliness was also raised during the discussion at the HWbB and suggested that it sits within aim 4, which focuses on developing resilient and healthy communities, so an additional priority may need to be included to direct this work.
- Also noted that parish councls were doing a lot of work around loneliness and should be considered as part of this agenda.

Q. Where do carers fit in the strategy?

- Suggested that carers should be included in aim 3 – with an additional priority added.

Recommendations

1. To take the full strategy back to Health Select Commission in February as part of further consideration and endorsement.

2. Strengthen and embed ‘age friendly’ in aim 4.

3. Strengthen links to the carers’ strategy in aim 3. *(this has now been included)*

4. Consider parish council’s and their work in relation to loneliness in aim 4.

DRAFT
Rotherham Health and Wellbeing Strategy

2018 – 2025

Foreword

Health and wellbeing is important to everybody in Rotherham, enabling people to live fulfilling lives and to be actively engaged in their community. The way individuals achieve good health will differ according to their experiences, abilities and resources. Unfortunately, we know too many people in Rotherham are not in good health and that significant differences exist between our most and least deprived communities.

As our population grows, health and wellbeing needs change; we need to ensure we are responsive to these changes by continuing to support people to live healthy lives and remain independent as long as possible, but when needed, we are able to offer services that provide high quality support and care, accessible to all.

Public sector finances are becoming increasingly stretched, which means that all partners on the Health and Wellbeing Board and local communities will need to be working together to explore new ways of delivering services. We hope that this strategy will help to meet these challenges through a shared vision for health and wellbeing in Rotherham.

The Health and Wellbeing Strategy provides a high level framework which will direct the Health and Wellbeing Board's activity over the next seven years; it will support the board's role to provide leadership for health and wellbeing by making the most of our collective resources within Rotherham. It doesn't, however, reflect everything we will consider as a board or that the partners will deliver, but focuses on what we can do better together and provides strategic direction for each organisation as it delivers services.

The Health and Wellbeing Board is about working together and we believe it is clear that the board is now a real and strong partnership. The strategy contains some ambitious aims, but by working creatively and in partnership, we feel that they are achievable and that we can make long-lasting changes that will improve the health and wellbeing of all Rotherham people.

Cllr David Roche
Cabinet Member for Adult Social Care and Health
Chair of Rotherham Health and Wellbeing Board

Dr Richard Cullen
Chair of Rotherham Clinical Commissioning Group
Vice-chair of Rotherham Health and Wellbeing Board

1. Introduction and context

This is the third Health and Wellbeing Strategy for Rotherham, which has been produced in collaboration with Health and Wellbeing Board partners. This fulfils the duty set out in the Health and Social Care Act (2012) to set the overarching framework for health and care commissioning plans for Rotherham.

The high-level strategy involves the implementation of a number of workstreams, organisational strategies and action plans. The role of the Health and Wellbeing Board will be to holistically oversee implementation and to take action where needed to remove blockages, identify gaps and to hold organisations, workstream and strategy leads to account for delivery; ensuring we maximise opportunities for improving health and wellbeing in everything we do, across all agendas, policies and strategies.

1.2 The Rotherham Together Partnership

The Rotherham Together Partnership plan; 'The Rotherham Plan 2025', provides a framework for partners' collective efforts to create a borough that is better for everyone who wants to live, work, invest or visit.

The Health and Wellbeing Board and strategy contribute to achieving the vision of the Rotherham Plan, particularly in relation to integrating health and social care and improving health and wellbeing outcomes for local people.

The wider partnership also provides an opportunity to explore where better outcomes could be achieved in relation to the wider determinants of health for example: the environment people live in, education, employment, financial inclusion and transport, all of which contribute to the aims and priorities within this strategy.

1.3 Accountable Care Partnership and Integrated Health and Social Care Place Plan

The Rotherham Accountable Care Partnership (ACP) is the local delivery arm of the wider South Yorkshire and Bassetlaw Accountable Care System (ACS), previously known as the Sustainability and Transformation Plan. The local ACP is about health and care partner organisations in Rotherham sharing responsibility for the planning and delivery of improved and sustainable health and social care for local people; the ACP have published the Rotherham Integrated Health and Social Care Place Plan (Place Plan), which will deliver a set of 'system priorities' under five workstreams, which are aligned to the Health and Wellbeing Strategy high-level aims:

- Transforming services for children and young people
- Transforming mental health services
- Transforming learning disability services
- Transforming urgent care services
- Transforming community care services

The Health and Wellbeing Strategy sets the strategic vision for improving health and wellbeing for all Rotherham people, the Rotherham Place Plan is the delivery mechanism for the health and social care integration elements of the strategy.

Rotherham's health and social care community, including the council, Clinical Commissioning Group and providers of health and care services, has been working in a collaborative way for several years to transform the way it cares for its population and is passionate about providing the best possible services and outcomes. It is recognised that only through working together can we really provide sustainable services over the long term.

Prevention, early intervention and the integration of health and social care services are the focus of the Place Plan; to transform the way services are delivered.

National and local commissioning has supported increased community care over recent years to improve patient outcomes, improve flow through the system and reduce inefficiencies. Health and social care transformation programmes include developing alternatives to entering services or hospital admission and facilitating discharge. The Place Plan provides an opportunity to build on this to take a more holistic and integrated approach across physical and mental health, social care and the voluntary and community sector in order to develop and embed an integrated model of care which supports individuals and their carers and focuses much more on prevention.

Narrowing inequalities and targeting resources towards areas of greatest need is a principle of the Health and Wellbeing Strategy, the Place Plan will contribute towards achieving this.

Appendix A demonstrates how the Place Plan aligns to and contributes to achieving the overarching aims of the Health and Wellbeing Strategy.

2. What we mean by 'health and wellbeing'

Health is about feeling physically and mentally fit and well. Wellbeing considers whether people feel good about themselves and are able to get the most from life.

Health is not just about individuals, however, but also about populations. Population health considers how we respond to potential threats to our health, such as the impact of where and how we live our lives, and identifies how best to provide health services that are capable of meeting people's different needs.

Local people can be supported to take responsibility for their health and wellbeing by having a good understanding of their own and their family's health and the behaviour changes they can make to improve their health now or to prevent ill health developing in the future. Most health behaviours are

determined during pregnancy, infancy, childhood and adolescence and by improving the health of children and young people we can start to influence the health and wellbeing of the wider population.

The aims in this strategy, whilst setting the vision for how health and care services will be delivered to those who need it, will also have a strong focus on the role of the individual and the wider community in improving health and wellbeing. Evidence shows that people who are connected to others, who are learning, stay active and contribute and give to others are much happier and healthier[1].

2.1 What causes poor health and wellbeing?

People's experience of health and wellbeing is influenced by more than health and care services, and there are stark differences in the life expectancy of people living in the best and worst off parts of the borough; people living in Wickersley for example can expect to live on average 8 years longer than those living in town centre.

The single biggest cause of ill health and health inequalities are socio-economic factors such as education, employment and income, as well as family and social support networks available to people and the physical environment in which people live – including the quality of our built environment, housing, transport and access to green spaces.

Black and Minority Ethnic communities generally have poorer health than the general population; whilst much of this difference can be explained by differences in socio-economic status a number of other factors also contribute, including lower take-up of healthcare, biological susceptibility to certain long-term conditions and the impact of racism and discrimination.

The following diagram demonstrates the things that can deeply impact peoples' ability to live a healthy life.
Diagram available here - http://www.countyhealthrankings.org/explore-health-rankings/what-and-why-we-rank
(to include diagram in final version)

[1] Five Ways to wellbeing https://www.nhs.uk/Conditions/stress-anxiety-depression/Pages/improve-mental-wellbeing.aspx

3. Strategic aims

The strategy includes four aims which the Health and Wellbeing Board have agreed are the most important things to focus on to improve health and wellbeing outcomes for all Rotherham people, but can best be tackled by a 'whole system' approach; where we need the involvement of the whole range of partners at the Health and Wellbeing Board to achieve improvement.

Aim 1: All children get the best start in life and go on to achieve their potential.

Aim 2: All Rotherham people enjoy the best possible mental health and wellbeing and have a good quality of life.

Aim 3: All Rotherham people live well for longer.

Aim 4: All Rotherham people live in healthy, safe and resilient communities.

Each aim includes a small set of high-level priorities, which demonstrate the particular areas of interest that will contribute to achieving the aim; these are described in section 5.

3.1 Strategy principles

Underpinning these aims is a set of principles that all Health and Wellbeing Board partners have committed to embedding in everything that they do, individually as organisations, and jointly as a partnership:

- **Reduce health inequalities** by ensuring that the health of our most vulnerable communities, including those living in poverty and deprivation and those with mental health problems, learning or physical disabilities, is improving the fastest
- **Prevent physical and mental ill-health as a primary aim**, but where it is already an issue, services to intervene early to maximise impact
- **Promote resilience and independence** for all individuals and communities
- **Integrate commissioning of services** to maximise resources and outcomes
- **Ensure pathways are robust**, particularly at transition points, so that no-one is left behind
- **Provide accessible services** to the right people, in the right place, at the right time.

3.2 How the strategy has been developed

In developing the Health and Wellbeing Strategy our aim is to identify priorities based on strong evidence, an understanding of what would work locally, stakeholder feedback, and specific areas where the Health and Wellbeing Board could have the biggest impact.

Rotherham's Joint Strategic Needs Assessment (JSNA) provides a comprehensive and rigorous analysis of the issues that need to be considered when planning for the protection and improvement of the health and wellbeing of the people of Rotherham. The JSNA identifies the current and future health and wellbeing needs of the population, including differences in life expectancy within and between communities and the impact of ill health on the quality of life experienced by local people. It also recognises the importance of mental health and wellbeing, which is important for the resilience of individuals and communities, enabling people to take control of their health and health behaviours.

4. Joint Strategic Needs Assessment – what the data tells us

Table 1: Rotherham – at a glance [to be presented as an infographic]

- The health of people in Rotherham is generally poorer than the England average
- Life expectancy for men and women is lower than the England average and is 9 years lower for men and 7 years lower for women in the most deprived areas of Rotherham compared to the most affluent areas
- Rotherham's population is changing:
  - the number of older people is increasing, especially in the oldest age groups, and people will live longer with poorer health
  - our Black and Minority Ethnic communities are growing and changing, most evident amongst children and young people and a growing Roma community
- Deprivation in Rotherham is amongst the highest 20% in England, with 14,000 children (24%) living in poverty
- 11,800 people in Rotherham are economically inactive (neither working nor seeking work) due to long-term sickness
- 9.4% of working age people in Rotherham are claiming long term sickness or disability-related benefits
- 8,214 people in Rotherham are entitled to Carers Allowance with 5,627 receiving the payment due to their role as a carer
- Household incomes in Rotherham are lower than the Yorkshire and Humber and UK average and women earn only 79% of the average for women in England.
- 11,670 homes (10.6%) are in fuel poverty with localised rates up to 32%
- Rotherham's breastfeeding initiation rate is amongst the lowest in the region at 62.5%, contributing to levels of childhood obesity and paediatric hospital admissions
- 18.1% of mothers smoke during pregnancy. Smoking in pregnancy contributes to increased risk of stillbirth, low birthweight and neonatal deaths.
- 21.8% of children leaving primary school are obese, above the national average.
- 3.1% of 16-18 year olds in Rotherham are not in employment, education or training, higher than the 2.8% nationally.

- 1,059 people aged 15-64 in Rotherham were newly diagnosed with a sexually transmitted infection in 2016, the rate being below the national average.
- 71.4% of adults in Rotherham were overweight or obese in 2015/16, worse than the 61.3% average for England
- 1,847 hospital admissions in Rotherham during 2015/16 could be attributed to alcohol and 2,038 years of life were lost due to alcohol related conditions in 2016.
- 30% of the Rotherham population are estimated to drink at a level that puts their health at risk (over 14 units per week)
- An estimated 18.3% of adults in Rotherham smoke, above the national average of 15.5%
- There are nearly 1,487 smoking related deaths each year in Rotherham – 22% higher than the England average
- On average, mental health problems affect one in four people at some point each year, most commonly depression or anxiety but can be more complex disorders
- Half of people aged 75 years and over live alone and most experience loneliness, especially those who are widowed

Table 2: There have been some notable improvements in health and wellbeing in Rotherham over recent years. Good progress doesn't mean, however, that we don't have more to achieve.

- School readiness (children achieving a good level of development at the end of reception year) and GCSE achievement are slightly better than national averages.
- The rate of under-18 conceptions in the borough has reduced but is still above the England average.
- Smoking rates have been falling and we now have our lowest ever adult smoking rate. Smoking during pregnancy has reduced quicker than in any of our comparator local authorities following changes to how the service was delivered five years ago.
- Rotherham's healthy weight framework to address overweight and obesity is recognised nationally as an example of best practice.
- More people are having routine vaccinations and cancer screening in Rotherham than the national average.
- Rotherham's performance on opiate users leaving treatment successfully has improved from being one of the lowest in the country but is still below the national average.
- Excess winter deaths have seen a significant reduction and are now below the England average.

5. Our priorities: what we will focus on

Under each of the four aims is a small set of high-level priorities. These are **not** intended to include everything that the Health and Wellbeing Board partners will deliver, but what they can deliver **better together**.

Five questions have been used in selecting these priorities:

1. Is there more that can be done to tackle this issue?
2. Is it an issue that is amenable to intervention?
3. Is the delivery of this issue important to all partners on the Health and Wellbeing Board?
4. Is it of strategic importance?
5. Would this issue lead to considerable impact across the borough, or to one of our vulnerable target groups?

Aim 1: All children get the best start in life and go on to achieve their potential

There are 56,600 children and young people (up to the age of 18) in Rotherham, making 21.6% of population.

All aspects of our development – physical, emotional and intellectual – are established in early childhood. Development in the early years (including in the womb) can have a lifelong impact on health and wellbeing, educational achievement and economic status. A strong focus on health and wellbeing in those early years will ensure all Rotherham children will be able to fulfil their potential in later life.

We have committed to being a child friendly borough which means…
'Rotherham will be a great place to grow up in; where children, young people and their families have fun and enjoy living, learning and working'

This commitment is about helping all our children and young people to have a voice and be able to influence everything we do, to have high aspirations and self-esteem and feel able to actively participate in their communities, and grow into healthy and resilient adults.

What we will focus on

Priority 1. Ensuring every child gets the best start in life (pre-conception to age 3)

Why?
We have, on average, more than 3,000 births in Rotherham each year and around 16,000 children aged 0-4 years. Too many of these children are not currently getting the best start in life.

The percentage of children living in poverty in Rotherham is higher than regional and England averages, with 11,320 children and young people aged 0-16 living in families whose income is less than 60% of median income (2012). Child poverty influences educational achievement (by the age of three, poorer children are estimated to be nine months' behind children from more wealthy backgrounds – and this gap continues throughout the educational stages) and health, with children in poverty almost twice as likely to live in poor housing and be affected by fuel poverty .

More than 500 babies are born every year in Rotherham to mothers who smoke or drink alcohol during pregnancy. These children are at significant risk of preventable health conditions and developmental delay.

Breastfed babies have fewer chest and ear infections, fewer gastrointestinal problems, are less likely to become obese and therefore of developing obesity-related problems in later life, and are less likely to develop eczema. It is therefore a concern that fewer babies in Rotherham are being breastfed and for a shorter a time than the England average.

Rotherham has higher than regional and national average levels of tooth decay in both 3 and 5 year olds, with 3 year olds having the poorest oral health in South Yorkshire. The most common dental diseases (tooth decay and gum disease) can cause pain and infection and lead to tooth loss, disruption to family life and absence from education.

Priority 2. Improving health and wellbeing outcomes for children and young people through integrated commissioning and service delivery

Why?

Whilst tackling inequalities in health needs focused action from the start of life and in the early years, the commitment needs to be maintained throughout childhood and adolescence. We need to provide good education and healthcare, and opportunities for good work and training in order to support young people to thrive. In common with all the priorities, whilst we need to ensure these are available for all children and young people within the borough, we must focus on those children and young people who are most vulnerable: those who are looked after or on the edge of care, those with mental health problems, physical and learning disabilities and those from our most deprived communities.

During adolescence young people become more independent. But with this increasing autonomy they may experiment with risk-taking behaviours. They may try alcohol, tobacco and other substances, and may become sexually active[2].

Childhood is also an important time in the development of behaviours that will have a lifelong influence on health and wellbeing, including healthy eating. In Rotherham obesity levels more than double between Reception (aged 4-5 years – 9.7% obese, similar to the England average) and Year 6 (aged 10-11 years – 23.4% obese, higher than the England average). There will be many contributing factors to this increase: lifestyle and diet choices of the children, their parents, their school, and the local environment.

The most effective interventions will ensure that there is consistent practice across the whole children's workforce and that pathways for support are integrated and efficient. To understand and respond to need effectively requires a holistic understanding of need and a shared view of outcomes.

[2] Insert some evidence from the Research in Practice work on adolescence

Priority 3. Reducing the number of children who experience neglect or abuse

Why?

Child neglect is the most prevalent form of child maltreatment in the UK, with an estimated one in 10 young adults having been severely neglected by parents or guardians during childhood[3]. The human and economic costs are vast, far-reaching and long-lasting. We often respond to neglect too late, focusing limited resources on 'late intervention', which responds to a child and family's needs once harm has been done. Stopping child neglect in its tracks would not only protect this generation of children but also, in turn, help them to become the best possible parents for the generation to come.

The evidence tells us that preventative services will do more to reduce abuse and neglect than reactive services. Co-ordination of services is important to maximise efficiency and there need to be good mechanisms for identifying those children and young people who are suffering or likely to suffer harm from abuse and neglect and who need referral to children's social care. It is also important that professionals work together effectively to ensure that families experience smooth transition between services and that all services supporting the family remain focused on the needs of the child.

Priority 4. Ensuring all young people are ready for the world of work

Why?

Adolescence and early adulthood is a key period for developing individual resilience: developing a sense of purpose and self-esteem, becoming emotionally aware, taking responsibility for your own physical and emotional needs and being connected to others. Resilience enables children and young people to cope with the challenges they face and to contribute positively within their community.

Educational development and attainment are generally good in Rotherham; more children achieve a good level of development at the end of reception year and more young people achieve 5 or more GCSEs at grades A*-C (including English and maths) than the England average. However, by age 16-18 our young people are beginning to struggle, with a higher number not in education, employment or training (NEET) than the England average.

Those young people who become NEET or are at risk of becoming NEET are more likely to experience low self-esteem and poor mental health and are more likely to become teenage parents. They are more likely to live in poverty and to have low paid work or claim benefits. This group are also more likely to suffer from poor physical health with an increase in likelihood for alcohol and substance misuse.

[3] Radford et al, 2011

What we will do…

Deliver the priorities agreed in the 'children and young people's transformation' workstream of the Integrated Health and Social Care Place Plan, including:

- Working together to implement the CAHMHS Transformation Plan, including formal joint commissioning arrangement
- Working together to deliver the 0-19 healthy child pathway services
- Ensuring that children and young people are included in the Shared Rotherham Healthcare Record

Improve and enhance the use of evidence based programmes to reduce health and wellbeing inequalities including; parenting programmes, sleep programmes, weaning, oral health programmes and smoking cessation projects.

Consider the best approaches to raise aspirations, narrow the attainment gap and reduce the number of young people becoming NEET.

Implement the Signs of Safety model:

- Ensuring that the workforce is trained to spot the signs of neglect and respond appropriately. In Rotherham we will use the Graded Care Profile.
- Ensuring that the Signs of Safety operating model is understood across the workforce and is used to work with families to identify and respond to risk

Ensure that pathways into preventative and statutory services are well defined and understood across the borough.

Ensure that robust arrangements are in place to step up and step down families in response to their needs; these arrangements should prevent a drift in plans and avoid families having to tell their stories multiple times

Aim 2: All Rotherham people enjoy the best possible mental health and wellbeing and have a good quality of life.

Mental health is something everybody has. Mental health, as defined by the World Health Organisation, is;
'…. a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to her or his community.'

Good mental health therefore is fundamental to how an individual, community and society functions. Improved mental wellbeing and reduced mental disorder are associated with; better physical health, longer life expectancy, reduced inequalities, healthier lifestyles, improved social functioning and a better quality of life. Improving mental wellbeing of people is also associated with positive outcomes in relation to education, employment, as well as reduced crime and antisocial behaviour.

However, one in four adults experiences at least one diagnosable mental health problem in any given year. Mental health problems represent the largest single cause of disability in the UK. The cost to the economy is estimated at £105 billion a year, roughly the cost of the entire NHS. Mental health problems can affect anybody at any age. It is estimated that one in four of us will suffer from mental health problems at some point in our lives. Half of those with lifetime mental illness (excluding dementia) first experience symptoms by the age of 14, and three-quarters by their mid-20s. It is vital that positive mental and emotional wellbeing is a priority at every age. Therefore the priorities identified within this aim apply across the life course.

What we will focus on.

Priority 1. Improving mental health and wellbeing of all Rotherham people

Why?

In 2015/16 Rotherham residents reported high levels of; low satisfaction with life, low happiness and high anxiety. These rates were higher than the average for England and for the Yorkshire and Humber region as a whole. People with higher well-being have lower rates of illness, recover more quickly and for longer, and generally have better physical and mental health.

Priority 2. Reducing the occurrence of common mental health problems

Why?

Depression prevalence is included as the most common form of a mental health condition affecting over 24,000 Rotherham residents aged 18 and over in 2015/16. Major depressive disorder is increasingly seen as chronic and relapsing, resulting in high levels of personal disability, lost quality of life for patients, their family and carers, multiple morbidity, suicide, higher levels of service use and many associated economic costs[4].

[4] Public Health England (2017) Measures taken from the Public Health Outcomes Framework (PHOF) published by Public Health England. Available at: http://www.phoutcomes.info/

The prevalence of mental health disorders amongst children and young people varies significantly according to a range of socio-economic and demographic factors. Based on the socio-demographic profile of Rotherham summarised in 5 ACORN Categories (CACI 2012), the prevalence of mental health disorders in Rotherham is estimated to be 14% above the UK average. This results from the higher levels of deprivation in Rotherham which is reflected in the higher proportion of children in the ACORN Category "hard pressed" families.

(Acorn is a powerful consumer classification that segments the UK population. By analysing demographic data, social factors, population and consumer behaviour, it provides precise information and an understanding of different types of people).

Priority 3. Improving support for enduring mental health needs (including dementia)

Why?

Less common mental health problems (enduring mental health problems) include those with 'psychotic' symptoms. These symptoms can interfere with a person's perception of reality and may include hallucinations such as seeing, hearing, smelling or feeling things that no one else can. Anxiety and depression can be also be severe and long-lasting and have a big impact on a person's ability to participate in day to day life[5].

The mortality rate among people with a severe mental illness aged 18-74 is three times higher than that of the general population. For Rotherham there were 123 premature deaths in adults aged 18-74 with a severe mental illness in 2012/13.

People with mental health conditions consume 42% of all tobacco in England. It is estimated that tobacco sales in Rotherham were £75.7 million pounds in 2013. 42% equates to nearly £31.8 million pounds spent by people with mental health conditions.

A consequence of our ageing population is the increasing number of people living with dementia. By the age of 90, around 30% of people will be living with dementia. On average, people live for around seven years after the onset of symptoms and two years after diagnosis. Most people with dementia live at home, supported by family, neighbours, mainstream health services and the community. The impact of dementia on carers' physical and mental health must also be taken into account. The percentage of people registered at Rotherham practices with dementia for 2016/17 was 0.90% (England average 0.76%) This relates to 2,401 people (all ages). (NHS Digital (2017). Quality Outcomes Framework (QOF). Dementia: Recorded Prevalence (aged 65+): Rotherham 4.83%, 2,358 people (England average 4.29%) April 2017. NHS Digital.) This is likely to be an under estimate of the true figure as not all individuals with symptoms of dementia will be registered.

[5] Mental Health Foundation, 2017; https://www.mentalhealth.org.uk/your-mental-health/about-mental-health/what-are-mental-health-problems

Priority 4. Improve the health and wellbeing of learning disabled people and people with autism

Why?

The needs of learning disabled people and people with autism cut across all the strategic aims of this strategy. To prevent dilution of the focus on these communities, delivery will be placed under the mental health and learning disability transformation workstreams of the Place Plan, and therefore aligns best to the mental health aim in this strategy.

Why learning disabled people are a key focus:

We want all children, young people and adults with a learning disability to have the right to the same opportunities as anyone else to live satisfying and valued lives, and to be treated with the same dignity and respect. They should have a home within their community, be able to develop and maintain relationships and get the support they need to live a healthy, safe and fulfilling life.

Rotherham's learning disabled population (18-64) is estimated to be 853 people[6], and it is estimated that this number will reduce by 4% by 2035. This reduction needs to be compared with other demographic changes and will have significant implications for planning, service development and market shaping.

- The numbers of learning disabled people with **severe** learning disabilities will remain static until 2035.
- Rotherham's older (65 plus) learning disabled population **will increase by 29% by 2035**[7].

This is a good news story; learning disabled people in Rotherham are living longer. The challenge is that learning disabled people are more likely to experience chronic health conditions (e.g. obesity, diabetes) much earlier than the general population. Work will need to be undertaken to prepare services, the third sector and health promotion projects to support learning disabled people.

Why people with autism are a key focus:

We want all children, young people and adults with autism in Rotherham to be able to live fulfilling and rewarding lives within a community that accepts and understands them. We want people with autism to get a diagnosis and be able to access support if they need it, and depend on mainstream public and third sector services to treat them fairly as individuals to get the right information and help them make the most of their talents.

It is estimated that Rotherham has around 789 children and young people and 2,328 adults (16+) who have autism. The number of over 18s in Rotherham with autism is predicted to increase by 3% by 2025 (and 7% by 2035). Over 65 year olds shows a predicted increase of over 15% by 2025 (and an increase of nearly 40% by 2035)[8].

[6] Protecting Adult Needs and Service Information http://www.pansi.org.uk
[7] Projecting Older People Population Information http://www.poppi.org.uk/
[8] Projecting Adult Needs and Service Information http://www.poppi.org.uk/

Many people with autism also have common mental disorders, including depression and anxiety. People with autism are seven times more likely to die by suicide than the general population. Those with high-functioning autism were at greater risk than the general population. Women were more at risk than men (in contrast to suicide rates more generally, where men are three times more likely than women to die by suicide)[9].

What we will do…

Deliver the priorities agreed in the 'mental health and learning disability transformation' workstream of the Integrated Health and Social Care Place Plan.

Oversee and monitor the delivery of the actions within the Better Mental Health for All Action Plan:

- Encouraging individuals, communities and organisations in Rotherham to use the Five Ways to Wellbeing to improve and maintain good mental health: Be Active, Connect, Give, Keep Learning and Take Notice.
- Helping local employers to see the value of promoting good mental health within the workplace and then make changes to create mentally healthy working environments.
- Develop environments that support good mental health and look for opportunities to work with partners in Rotherham to tackle mental health stigma.

Oversee and monitor the delivery of the Suicide Prevention Action Plan priorities:

- Reduce suicides amongst high risk groups.
- Provide better information and support to those bereaved by suicide.
- Increase the knowledge and skills of staff and communities to spot the signs of suicide and signpost to professional help.

[9] Hirvikoski T, Mittendorfer-Rutz E, Boman M, et al. Premature mortality in autism spectrum disorder. British Journal of Psychiatry. Published online March 1 2016

Aim 3: All Rotherham people live in good health for longer

Life expectancy and healthy life expectancy in Rotherham are lower than average for both men and women. Within Rotherham, life expectancy is 9 years lower for men and 7 years lower for women in the most deprived areas of the borough compared to the most affluent areas.

2014-16	Life expectancy at birth	Healthy life expectancy at birth
Rotherham men	77.9 years	59.8 years
England average	79.5 years	63.3 years
Rotherham women	81.6 years	55.7 years
England average	83.1 years	63.9 years

[this table will be displayed as a graph in the final version, which demonstrates the gap in a visual manner)

This inequality in health leads to almost 7,000 years of life being lost each year in Rotherham through causes considered amenable to healthcare. This is almost 1,500 years more than might be expected based on the England average[10].

What we will focus on.

Priority 1. Preventing and reducing early deaths from the key health issues for Rotherham people, such as cardiovascular disease, cancer and respiratory disease

Why?

The main drivers of the excess years of life lost in Rotherham are problems of the circulation (principally stroke and ischaemic heart disease), respiratory disease and cancer. Tackling premature mortality will require a coordinated approach from all members of the Health and Wellbeing Board.

Our concern should not, however, be just about extending life: it should also cover the factors that contribute to healthy life expectancy. The difference in healthy life expectancy means that people in Rotherham develop poor health around 5 or 6 years earlier than the average for England. This disability burden has significant implications for public services locally, on the need for health and social care and for employment opportunities. This is because, on average, people in Rotherham will develop long term conditions around 8 years before the new state pension age of 67. This means more working age people living with long term conditions such as heart disease, diabetes, dementia, chronic mental health disability and surviving after cancer treatment.

The priorities in aim 1 for early years, childhood and adolescence will all contribute to increasing life expectancy and healthy life expectancy, but we also need to focus on those who are already in adulthood, or who may have already developed long term conditions.

[10] Need to include reference/source

The risk of early death and disability from the three main contributors to the years of life lost in Rotherham can be effectively reduced by reducing levels of overweight and obesity, increasing levels of physical activity, not smoking, and limiting alcohol consumption. It must be recognised that individual behaviour change is difficult and needs support. A multifactorial approach that addresses all risk factors yields most benefit. This is because tackling multiple risk factors in individuals has a cumulative effect in reducing the chance of death.

The following demonstrates the potential of what could be achieved if we focus on prevention[11]:
95% of liver disease is attributable to 3 preventable causes – alcohol, obesity and viral hepatitis
90% of 1st heart attacks related to 1 of 9 modifiable factors
80% of diabetes spend is treating avoidable illness and complications
Two thirds of premature deaths could be avoided through improved prevention, early detection and better treatment
42% of cancers in the UK are preventable
17% of deaths in adults over 35 are attributable to smoking

Priority 2. Promoting independence and self-management and increasing independence of care for all people

Why?

The health of the Rotherham population is generally poorer than the English average. We have a growing population, but notably, we will see a significant increase in the 85+ population. This leads to growing pressures on our health services, social care, informal care, supported housing and other services. The average time spent in ill-health has also been increasing as people are living longer in poor health, resulting in a growing number of people with high levels of need.

In Rotherham we want health and care to be managed long before someone needs to have hospital treatment or experiences problems in their life. We want to do this in a way that is right for them, whether this is through providing information and advice, or through more active management. And we want to do this through a 'life journey' approach, starting by giving every child the best start in life and continuing throughout their life journey.

By targeting individuals that can gain the most benefit will allow us to support positive, sustained lifestyle changes which will significantly improve their health and wellbeing whilst increasing capacity across the health and social care system.

All health and wellbeing partners, including commissioners and providers, need to work with our communities to have a different conversation, understanding what matters to them and what their strengths and weaknesses are; helping to understand their needs outside of traditional service models. Focusing on assets values the capacity, skills, knowledge, connection and potential in a community, helping local people feel like active agents in their own and their families' lives, which in turn promotes independence and empowerment

[11] Source: Public Health England

Priority 3. Improving health and wellbeing outcomes for adults and older people through integrated commissioning and service delivery; ensuring the right care at the right time

Why?

Within Rotherham, we want public services to commission for excellence, focusing on better outcomes for individuals and bringing the concepts of people and place together to take a whole system view; based on the Marmot principles for reducing health inequalities[12]. We believe that by integrating commissioning of all health and care services, we not only pool our resources and collective experience and knowledge; resulting in efficiencies for all partners, but we can also focus on what the most important things are for local people, helping them to live healthier lives for as long as possible.

When we commission services we will take a life-course approach, ensuring commissioning does not create unintentional silos; especially with regard to the transition from children and young people's services to adult care. Therefore this priority has an important link back to aim 1 for children and young people.

We need to ensure that people who have a long-term condition or disability and those with mental health problems receive the right care in the right place at the right time. Too many people are admitted to hospital unnecessarily and are kept in hospital for too long as the services to support them on discharge are taking too much time to put in place. We need to increase access to health services in the community and to reduce the proportion of care that occurs in hospital. Work to support the most vulnerable to remain independent for as long as possible is required across health and social care, as is high quality support for their friends and family who provide unpaid care.

People approaching the end of their life are entitled to high quality care, wherever that care is delivered. Good end of life care should be planned with the individual and the people close to them to ensure it is tailored to their needs and wishes and includes management of symptoms, as well as provision of psychological, social, spiritual and practical support. We need to ensure that more people in Rotherham are able to exercise choice over their end of life care and the place of their death.

[12] Source: Institute of Health Equity

Priority 4. Ensuring every carer in Rotherham is supported to maintain their health, wellbeing and personal outcomes, so they are able to continue their vital role and live a fulfilling life

Why?

We recognise that informal carers are the backbone of the health and social care economy, and that enabling them to continue this role is vital. It is important that we identify and support all carers, including young and hidden carers.

In Rotherham there are around 31,000 unpaid carers. Caring can have an impact on the physical health and mental wellbeing of carers; they can often feel physically and emotionally exhausted, stressed or depressed, which can affect relationships and often leads to isolation and financial difficulties.

Carers need to be able to balance their caring roles with other parts of their lives – such as jobs and educational opportunities. They need time to keep up relationships and pursue their own hobbies and interests. Young carers can find it difficult to manage other aspects of their life if they have a caring role, and are therefore more likely to not be education, employment or training.

What we will do…

Deliver the priorities agreed in the 'urgent and community care transformation' workstreams of the Integrated Health and Social Care Place Plan.

Continue to roll out the Making Every Contact Count approach across Rotherham.

Continue with the ambition to have all commissioning across health and care integrated by 2020.

Oversee and monitor the ambition and outcomes in the Rotherham carers' Strategy.

Aim 4: All Rotherham people live in healthy, safe and resilient communities.

Health is influenced by more than just the healthcare we receive. The physical environment in which we live, work and spend our leisure time and how safe we feel in our communities also impacts on health outcomes. The quality of housing, the condition of streets and public places, noise, access to green space and levels of antisocial behaviour and crime contribute to inequalities in health.

These wider determinants will all impact on the other three aims in this strategy, it is important therefore that all partners of the Health and Wellbeing Board contribute to and support work in these areas. One of the ways in which the board will do this through the strategy will be to influence all other policies and strategies, across all the partner organisations, considering what their impact is on people's health and wellbeing and what more could be done to promote it.

What we will focus on

Priority 1. Increasing opportunities for healthy, sustainable employment for all local people.

Why?

A healthy economy leads to a healthy community; it offers good jobs, incomes and opportunities which increase aspiration as well as health, wellbeing and resilience. Healthy, resilient people are better able to contribute to their local community, secure a better job and be more productive in the workplace, therefore supporting a healthy economy.

The link between good work and health is particularly important here: being in work is, in itself, good for physical and mental health, but for those people of working age who may have a long term condition, we need to ensure employers continue to support them to have a fulfilling working life. Economic growth within Rotherham will play its part in reducing health inequalities.

Priority 2. Ensuring everyone is able to live in safe and healthy environments.

Why?

Alongside the physical impacts caused by some crimes there is also an impact on people's wellbeing and at times, their mental health. Crimes such as domestic abuse, sexual and violent offences can have a traumatic effect on victims, survivors and their families. With estimates suggesting 27000 women and girls in Rotherham have suffered abuse in their lifetime and over one million reports to police of domestic abuse nationally, it is clear we must continue to do more. We need to promote a culture of healthy relationships, continue to develop and invest in education and early intervention alongside delivering effective partnerships, to enhance community safety.

Social isolation and loneliness, in people of all ages, is associated with mental health problems and can result in increased use of emergency healthcare and earlier admission to residential care for older people. We need to ensure our communities are resilient, with the right services, facilities and infrastructure to enable people to confront and cope with life's challenges.

Poor housing costs the NHS at least £2.5 billion a year in treating people with illnesses directly linked to living in cold, damp and dangerous homes. Cold homes and poor housing can have a negative impact on physical and mental health and wellbeing and may ultimately result in excess winter deaths. Associated health inequalities can occur across the life course, from early years through to the frail elderly population.

An increasingly older population, living longer with long term conditions and disability, will require more homes with adaptations to enable them to continue with a good quality of life and to maximise their independence. Older people are also especially vulnerable to feelings of isolation as a result of the loss of friends and family, limited mobility or income that comes with age.

Priority 3. Ensuring planning decisions consider the impact on people's health and wellbeing.

Why?

Planning decisions can have significant impact on health and wellbeing. Ensuring buildings and public spaces are designed in a way that enables people to be more physically active, or using planning levers to limit the growth of fast food takeaways, for example, can contribute to the broader effort to reduce growing levels of overweight and obesity. Encouraging a vibrant high street with diverse local and independent food traders can increase choice and access to healthy, fresh food for all. Planting regimes can reduce noise pollution from major roads and improve air quality for local residents. Rotherham's 'Local Plan' has a clear objective to create safe and healthy communities and to engage health services in key planning decisions.

Rotherham's Local Plan provides a long-term development strategy, setting out policies and proposals for new housing, shopping and employment, and how people travel in the area. The Core Strategy, which is part of the Local Plan includes the vision: 'Rotherham will provide a high quality of life and aspire to minimise inequalities through the creation of strong, cohesive and sustainable communities…and communities enjoy good access to green spaces and the wider open countryside'.

This is a key document setting out planning policies and guidelines, including: accessibility to community services and facilities, promoting green infrastructure, ensuring developments protect, promote or contribute to securing a healthy and safe environment and minimise health inequalities, and policies dealing with contamination, pollution and waste recycling which all impact on the local health of our communities. The Health and Wellbeing Board will therefore continue to influence this area of work, ensuring health continues to be an important and cross-cutting theme in the Local Plan and Core Strategy.

Priority 4. Increasing opportunities for people of all ages to use green spaces for the benefit of their health and wellbeing.

Why?

Physical and mental illnesses associated with mostly sedentary lifestyles are an increasing economic and social cost. Accessing and using green spaces in people of all ages can have huge health and wellbeing benefits. The risk of mortality caused by cardiovascular disease is lower in residential areas that have higher levels of 'greenness' and there is evidence that exposure to nature could be used as part of the treatment for some conditions[13].

As well as direct health benefits, there can be additional financial savings from green space benefits, including air pollution, noise pollution, flooding mitigation, shaded areas reducing the risk of heat stroke and exhaustion, as well as promoting social cohesion[14].

Rotherham has a wealth of green space provided for the benefit of local people including: urban parks and play areas, recreation grounds, and a number of larger country parks, which we want to encourage people to use and enjoy for the benefit of their health and wellbeing. However to do this we need to work in partnership across the whole borough with a range of organisations, voluntary and community groups and local people, to look after, promote and encourage use of all our green spaces.

What we will do…

There are a number of initiatives, plans and strategies which will contribute to achieving this aim. The Health and Wellbeing Board will continue to use its influence to ensure health and wellbeing of local people is a key focus of these, and where appropriate, have some oversight of delivery.

Rotherham has an ambition for every neighbourhood to be thriving and to improve outcomes for residents across the borough, which will involve a neighbourhood-level working approach focused on community development: supporting residents to do more for themselves, listening to each other and working together to make a difference, supporting people from different backgrounds to get on well together, and to ultimately help make people healthier, happier, safer and proud. This is also underpinned by the need to become more efficient and to find new and more cost effective ways to achieve the desired outcomes, and will require the contribution of all partners to achieve success.

The 'Neighbourhood Strategy' will deliver this ambition and the Health and Wellbeing Board will work together to ensure the priorities within the Health and Wellbeing Strategy translate into actions at a neighbourhood level through this initiative.

[13] The Houses of Parliament, Parliamentary Office of Science & Technology, POSTnote 538 October 2016

[14] The Houses of Parliament, Parliamentary Office of Science & Technology, POSTnote 529 June 2016, Public Health England, 2014, Health equity briefing 8, Faculty of Public Health, 2010, Great outdoors: How our natural health service uses greenspace to improve wellbeing: Briefing Statement.

There are other key agendas which will contribute to achieving this aim – including:

- The Workplace Wellbeing Charter
- Employment and health projects
- Loneliness Task Group to look at developing a strategic approach to addressing loneliness and isolation in all ages

Plans and strategies which will continue to include health and wellbeing as a key focus, and will contribute to these priorities include:

- Strategic Housing Strategy
- Local Plan and Core Strategy
- NHS planning – 'one public estate'
- Domestic Abuse Strategy
- Cultural Strategy, including leisure and green spaces
- Local Growth Plan

6. How we will use the strategy

The Health and Wellbeing Strategy places particular emphasis on a shared vision and leadership for improving health and wellbeing services. We will use the strategy to hold each other to account and to use our resource collectively to deliver the best outcomes for Rotherham.

We have identified four key aims with associated priorities where we will look for improvement in order to demonstrate progress. This is not a final list of everything that the board and partners will do, but a set of the most important health and wellbeing priorities for Rotherham, that need to be tackled in partnership. This strategy will therefore be used to ensure that we all work together and not in isolation.

Health and Wellbeing Board members are responsible for a wide range of services that impact on health and wellbeing, and the board and strategy will also influence the direction of other strategies and plans, including planning and development, transport and economic growth. The Health and Wellbeing Strategy provides a framework for commissioning plans for the council and Clinical Commissioning Group and specifically for the development of the Better Care Fund, the Integrated Health and Social Care Place Plan and for joint commissioning of services to ensure seamless, effective and efficient service delivery.

7. Managing and monitoring the strategy

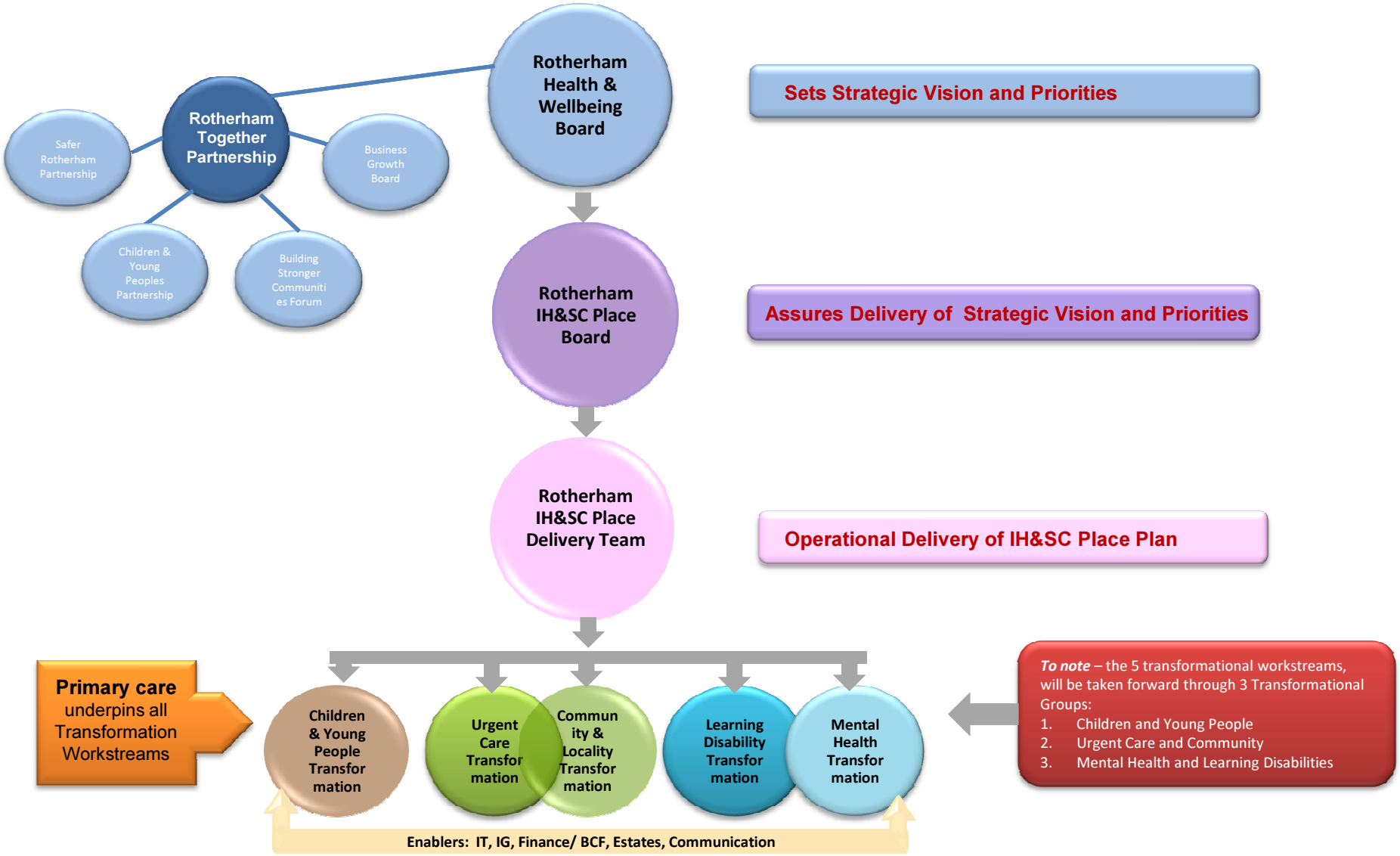
We will monitor progress on the strategy by focusing on the impact it will have on people's lives and we will identify a number of indicators and data sources for each aim that will help us measure this. One of the main functions of the Health and Wellbeing Board is to have an oversight role and to hold the council and partners to account for delivering improved health and wellbeing outcomes for local people, and it will do this by using the strategy to influence commissioning of services and challenging when improvements are not made.

The strategy is for a seven year period, however we will review and update 'what we will do' and the set of indicators annually, ensuring they are being delivered in such a way that they are improving health and wellbeing outcomes for local people. When specific activities have been completed we will identify what needs to happen next, although noting that the major changes that are being sought in this strategy will take time, therefore some improvements will be gradual, but measurable.

The Health and Wellbeing Board will use its strategic influence with the wider Rotherham Together Partnership, to ensure that all partners are contributing to delivering the strategy through:

- Providing regular update reports to the Rotherham Together Partnership Board
- Publishing an annual progress report and forward plan for the Health and Wellbeing Board
- Regular meetings between the chair of the Health and Wellbeing Board and other partnership board chairs (including the Safer Rotherham Partnership, the Children and Young people's Partnership and the adults and children's safeguarding boards)

How the Rotherham Health and Wellbeing (H&WB) Strategy and Integrated Health and Social Care (IH&SC) Place Plan will align



Rotherham
Safeguarding Adults

Rotherham **Safeguarding** Adults Board

2016
2017
Annual Report

People of Rotherham are able to live a life free from harm where all organisations and communities

Keeping people safe from abuse is everyone's business

Work together to prevent abuse

Knows what to do when abuse happens

Introduction by Sandie Keene CBE
Rotherham Safeguarding Adults Board Independent Chair

During 2016/17 all the agencies in Rotherham continued their commitment to improve Adult Safeguarding in the Borough and to build on previous progress.

Our plans remain the same as last year. We wish to:

- engage better with the public and make it easy to report concerns about safeguarding
- ensure that where safeguarding concerns are identified then a personal response will be provided
- communicate well by listening and ensuring good information is available
- have open and clear governance so what we do is widely known
- understand the level of reported abuse and have systems and processes in place to ensure we are responding appropriately and quickly.

During the last year we have achieved many of our goals. We have listened to those who have experienced safeguarding enquiries, agreed our constitution, launched our website accompanied by leaflets and a poster, agreed our performance dashboard where agencies can come together and hold each other to account, developed policy and procedure for staff to understand what is expected and completed 2 Safeguarding Adult Reviews to enable learning and action planning where we have fallen short of expected standards in the past. This report contained more detail of these and other successes in the year.

Our detailed plans for the coming year include the creation of further opportunities to engage with residents in the Borough, particularly those who may have experienced the need for a Safeguarding response. We want to know how we can improve multi-agency safeguarding responses further and hear from a wide range of people including staff and partners. We will also be auditing what we do in order to learn from mistakes and celebrate successes and develop our training strategy to ensure up to date learning from new initiatives. This report outlines our plans in more detail.

We have zero tolerance of any acts of abuse, coercion or violence which impacts on the most vulnerable in society. Our role as a Safeguarding Adults Board is to work with everyone in the Borough to protect those in need of care and support from harm. I look forward to working with you all to this end in the coming year.

Sandie Keene CBE
Rotherham Safeguarding Adults Board
Independent Chair

Message from Councillor David Roche

Chair of the Health and Wellbeing Board

This Safeguarding Annual Report for 2016/17 gathers safeguarding information and evidences the true collabrative work from all partners of the Rotherham Safeguarding Adults Board. Strong partnership working ensures that safeguarding is at the forefront of all our agendas.

The Rotherham Safeguarding Adults Board works continuously to ensure that Safeguarding is everyone's business. We work to safeguard the vunerable and those who lack the mental capacity to make the right decisions, ensuring help is availble to support people and every effort is made to protected people from harm.

Once again I would like to take this opportunity to acknowledge the commitment of you all including the statutory, independent and voluntary community sector, who have helped us to achieve all that we have in the last twelve months.

Councillor David Roche
Adult Social Care and Health

Rotherham Safeguarding Adults

Keeping people safe from abuse is everyone's business *Recognise – Respond – Report*

The Rotherham Safeguarding Adults Board (RSAB) works to protect adults with care and support needs from abuse and neglect.

The RSAB's objective is to ensure that local safeguarding arrangements and partnerships act to help and protect adults at risk or experiencing neglect and/or abuse. The RSAB is a multi-agency strategic, rather than operational, partnership made up of senior/lead officers within adult social services, criminal justice, health, housing, community safety, voluntary organisations.

It co-ordinates the strategic development of adult safeguarding across Rotherham and ensures the effectiveness of the work undertaken by Partner Agencies in the area. RSAB aims to achieve those objectives whilst supporting individuals in maintaining control over their lives and in making informed choices without coercion.

Who is at risk?

An adult at risk is someone who is aged 18 or over who:

- has needs for care and support
- is experiencing or is at risk of abuse or neglect and is unable to protect themselves

What is abuse?

Abuse can be:

- something that happens once
- something that happens repeatedly
- a deliberate act
- something that was unintentional, perhaps due to a lack of understanding
- a crime

Abuse can happen anywhere, at any time and be caused by anyone including:

- a partner or relative
- a friend of neighbour
- a paid or volunteer carer
- other service users
- someone in a position of trust
- a stranger

Rotherham Safeguarding Adults

Harm is defined in the Care Act as:-

Sexual – for example; forcing adults to do sexual acts they don't want to or can't consent to (including rape, sexual assaults etc)

Financial or Material – for example; taking money or anything of value from adults etc

Neglect and Acts of Omission – any action that causes ham or isolates people, for example not supporting them to get washed/dressed etc

Psychological or Emotional – for example; threatening to leave them alone or intimidating them etc

Self Neglect – is any failure of an adult to take care of themselves that causes serious physical, mental or emotional harm or substantial damage to or loss of assets

Discriminatory – to bully someone who has a disability or is "different"

Physical – for example; hitting

Domestic Abuse – any incident of threatening behaviour, violence or abuse between adults who are or have been intimate partners or family members, regardless of gender or sexuality

Modern Slavery/Human Trafficking – the movement: recruitment, transportation, transfer, harbouring or receipt of people

Rotherham Safeguarding Adults Review of 2016/17

During 2016/17 Rotherham's Safeguarding Adults Board (RSAB) has been continuing to work to promote and protect vulnerable adults in Rotherham.

The priorities for the board and it's sub groups were:

Priority	Resulting Action
Developing a Constitution with agreement from all partners	The RSAB Constitution is complete and published. The document is an agreement from all partners to work strategically together to promote and protect vulnerable adults in Rotherham.
Develop a Safeguarding Adults Board website	The Rotherham Safeguarding Adults Board website is up and running. The website will continue to develop and be a hub of information for Safeguarding Professionals and the general public.
Facilitate Board Development sessions with all partners	The first Board Development Day was held in July 2016 and was well attended by all partners, the theme of the day was; What makes a good Section 42 Enquiry? The second Board Development Day will be held in May 2017 and will concentrate on; Communication, Thresholds and the Strategic Plan.
Raise the profile of Safeguarding Adults and the RSAB	The Safeguarding Adults Board has produced a Leaflet and a Poster following consultation with partners. The leaflet gives easy read information on Safeguarding, types of abuse and how to report.

Rotherham Safeguarding Adults Review of 2016/17

The Safeguarding Adults Board has five sub-groups to ensure the priorities of board are actioned, the Sub-Groups each have a work plan and during 2016/17 they were able to deliver the following specific pieces of work:

Performance and Quality Sub Group	
Develop a performance reporting framework to report Safeguarding activity from all partners	The Performance Dashboard is reported quarterly to the board and has 'performance on a page' information from all partners. The Dashboard continues to develop.
Carry out annual self-assessments and peer challenges of all member organisations	A self-assessment and challenge was carried out with all partners, recommendations were made and action plans developed. The action plans will be monitored by the Performance and Quality sub group and reported to the board. A Peer Review is planned for May 2017 and Case file audits for August 2017.

Training and Development	
Revise and update the Boards Safeguarding Training Strategy	The Sub-group have developed a Training Strategy 2017-2020 to lead and manage training arrangements across Rotherham. The Strategy sets out the vision, goals and principles for training and how these will be taken forward.
Revise and update the Boards Safeguarding Training Plan	The sub group have developed a training plan that supports and drives forward the Training Strategy's goal: to achieve a confident and capable workforce equipped with the knowledge, skills and expertise to fulfil their job roles.

Rotherham Safeguarding Adults Review of 2016/17

Making Safeguarding Personal	
Ensure the 'customer voice' is heard at board level	A survey was carried out with clients and families who had been through the Safeguarding process to gain valuable feedback to how the safeguarding experience could be improved. Work continues to establish a regular customer voice at board.

A decision was made at board level to rename the Making Safeguarding Personal (MSP) Sub Group to the Policy and Practice incorporating MSP this comes into effect from August 2017.

Safeguarding Adults Review	
Commissioning and overseeing Safeguarding Adult Reviews (SAR) and any other reviews agreed by the Chair	During 2016/17 1 Safeguarding Adults Review has been completed but unpublished and 1 Safeguarding Adults Review has been commissioned and is due for completion in May 2017.
Ensure that recommendations arising from each SAR are communicated to all agencies and are subject to review of implementation	Action plans following the completion of a SAR are developed by the sub group and partners and will be managed through the Performance and Quality Sub Group.
Develop a Safeguarding Adults Review Protocol	A protocol has been drafted with input from all partners and will be signed of at board.

Rotherham Safeguarding Adults Review of 2016/17

Rotherham's Safeguarding Adults Board is a multi-agency, statutory partnership whose main objective is to ensure that local safeguarding arrangements and partners act to help and protect adults at risk of abuse and neglect across Rotherham.

Mission Statement

People of Rotherham are able to live a life free from harm where all organisations and communities:

- keeping people safe from abuse is everyone's business
- work together to prevent abuse
- know what to do when abuse happens

Objectives

- All organisations and the wider community work together to prevent abuse, exploitation or neglect wherever possible
- Where abuse does occur we will safeguard the rights of people, support the individual and reduce the risk of further abuse to them or to other vulnerable adults
- Where abuse does occur, enable access to appropriate services and have increased access to justice, while focussing on outcomes of people
- Staff in organisations across the partnership have the knowledge, skills and resources to raise standards to enable them to prevent abuse or to respond to it quickly and appropriately
- The whole community understands that abuse is not acceptable and that it is 'Everybody's business'

Charter

We will:

- take a zero tolerance approach to abuse and the factors that lead to abuse
- take action to protect vulnerable adults
- listen and respond to people
- investigate thoroughly and in a timely manner any concern that is raised
- pursue perpetrators of abuse
- empower customers
- embed an outcomes focused approach
- learn lessons and improve services as a result

Rotherham Safeguarding Adults

Looking forward to 2017/18

The Rotherham Safeguarding Adults Board (RSAB) and its sub groups continue to meet every two months.

We will continue to develop a safeguarding culture that focuses on the personalised outcomes desired by people with care and support needs who may have been abused; this will remain a key operational and strategic goal.

The Safeguarding Adults Board continues to support the embedding of the 'Making Safeguarding Personal' approach across agencies.

Rotherham Safeguarding Adults Board in 2017 have committed to the following actions which we will continue to progress to conclusion in 2017-18.

These are:

- development of policy and practice in the consistent application of thresholds for safeguarding alerts
- identification of joint work with the Community safety partnership concerning human trafficking/ modern day slavery
- consideration of a Rotherham wide initiative to promote the option of Legal Power of Attorney in relation to care and protection of individuals
- increase the voice of users and carers in the work of the Board
- monitor the uptake of Advocacy in Safeguarding enquiries from information provided by RMBC
- development of guidance and training concerning key practice issues such as self neglect, consistent MCA application of the use of restraint and restrictions

The five Safeguarding Sub-Groups have updated their work plans and will develop their actions throughout the coming year to ensure the board are informed and guided in all matters that arise.

Performance and Quality

- Continue to develop the annual self-assessments and peer challenges of all member organisations
- Continue to develop the performance reporting framework for Safeguarding
- Review the access to advocacy and the quality of service received including outcomes achieved
- Development of a RSAB Risk Register

Training and Development

- Develop a mechanism to measure the success of Safeguarding
- Continue to identify areas where cross-sector training would enhance the application of the safeguarding process and achieve improved outcomes for Service Users

Making Safeguarding Personal (Policy and Practice)

- Develop guidance, policy and practise in respect of Self-Neglect
- Provide the board with assurance that Learning Disabilities Services and their users have safeguarding fully embedded within their service
- Continue to explore ways to bring the Customer Voice to RSAB
- Work across the South Yorkshire Region to develop an easy read guide to Safeguarding Procedures

Looking forward to 2017/18

Safeguarding Adults Review

- Making recommendations to the Chair in respect of whether a review should be commissioned
- Commissioning and overseeing SARs and any other reviews agreed by the Chair
- Receiving completed reports to quality assure before presenting to the Chair and Board
- Ensuring that recommendations arising from each SAR are communicated to all agencies and are subject to review of implementation

Deprivation of Liberty's

- To champion the Mental Capacity Act 2005 practice and implementation
- Provide the RSAB with evidence of a consistent approach to Mental Capacity Assessments and a continuous improvement approach
- Ensure that Children's Services are fully aware of their responsibility around DoL's in respect of children

Appendix 1

Key Partnership Contributions 2016-17

Rotherham Metropolitan Borough Council

Safeguarding Adults Investigation Team:

Robust safeguarding arrangements are in place in Rotherham to promptly and effectively respond to protect individuals where allegations of a Safeguarding nature are made.

Rotherham has in place a safeguarding structure covering all user groups. This focuses on section 42 concerns, enquiries and further enquiries, raising standards and quality of residential and nursing homes, domiciliary and all other provider services.

The specialist team of highly qualified social workers track and manage all safeguarding concerns from initial concern, screening, Decision Making Meetings (DMM), further enquiries and outcome meeting, ensuring risk is reduced or removed and individual outcomes are achieved.

The Safeguarding Adults Team remain focused on ensuring the source of abuse is held to account and through appropriate disciplinary actions and referrals to Disclosure Barring Service and appropriate registered bodies.

Adults at risk of harm continue to be protected through appropriate risk assessments, protection plans and support networks. The Safeguarding Adults Team recognises the importance 'of family life', where cases of abuse occur they will conduct investigations with sensitivity and proportionality.

The team have built good strong working relationships with partner agencies such as The Rotherham Foundation Trust, RDaSH and South Yorkshire Police to provide the very best Safeguarding service to the people of Rotherham.

The specialist team are all skilled and qualified workers specialising in their chosen area with experienced workers in the field of financial matters, organisational issues, matters attaining to Court of Protection and workers dedicated to a busy duty response team as well as safeguarding concerns within the community. Robust safeguarding arrangements are in place in Rotherham to promptly and effectively respond to support individuals who are at risk or are experiencing abuse.

The Safeguarding Team manage all first point of contact for Safeguarding concerns raised, which supports with accurate recording and gives a strategic overview of all safeguarding concerns reported. The team also hold and manage all section 42 concerns involving provider services such as domiciliary care, residential and nursing establishments, this has proven valuable as intelligence gathering and supported greatly with preventative work.

Making Safeguarding Personal (MSP) was introduced in to practice in April 2015 after the implementation of the Care Act 2014. This continues to be developed to ensure Safeguarding tailors its approach to the requirements of the individual, focusing on achieving individuals outcomes and reducing or removing risks.

We also work closely with governing bodies, where abuse is substantiated, the source of harm is reported to the appropriate professional body such as the Disclosure and Barring Service, the Nursing and Midwifery Council or Health Care Professional Council or dealt with appropriately through Employment Law. Adults at risk of harm continue to be protected through appropriate risk assessments, protection plans and support networks.

In 2016/17, 2456 alerts were reported to the safeguarding team. 641of these alerts became section 42 enquires, this is where an investigation begins and further enquires are made. 54 cases continued to an outcome meeting.

The safeguarding adults investigation team seeks to maintain a high expectation in standards of provider services, continue to forge good working relationships with providers and work on preventative measures when low level safeguarding trends occur.

Case Outcome:

Mrs S lived in a residential home and although she had capacity she had chosen to use a family member as her financial agent responsible for ensuring her bills were paid and that she had money to buy the things she needed. Following the unfortunate death of the family member, Mrs S assumed that the surviving spouse would take over the role and responsibilities and things would carry on as before but bills went unpaid and Mrs S found herself with no money and being deprived of her assets.

The Safeguarding team became involved and worked with Mrs S to unlock her money and pay all her outstanding bills but ensured that Mrs S's outcomes were achieved and the family member was not prosecuted or investigated for financial misconduct. Mrs S was supported to set up standing orders to ensure bills never went unpaid and that she had access to money to buy the things she needed.

Rotherham Safeguarding Adults

Contract Compliance Team:

Services contracted from the independent sector and voluntary sector are monitored by the Strategic Commissioning Contract Compliance Team for compliance against the quality standards. Any deviation away from the standards specified will result in action to enforced terms and conditions.

During 2016/17 the Contract Compliance Team has maintained its risk based programme of monitoring and inspection. New ways of working have been developed to meet the changing needs of the service with a greater reliance being placed on self-auditing by those providers who are considered to be at low risk.

The Team continues to work closely with the Adult Safeguarding Team and monthly meetings have been established to look at all Safeguarding alerts to determine trends that may require early intervention to prevent a drop in quality and further safeguarding incidents .

A number of multi-disciplinary meetings have taken place to discuss failing providers and agree further actions and six independent residential care providers were placed in contract default.

In 2016/17 the Contract Compliance Team dealt with 432 Contract Concerns which involved providers across all care sectors. This is a reduction of 22% on the previous year. The majority of these concerns had multiple threads which required investigation by the contract compliance officer and the provider.

Of the 432 concerns received approximately 49% (210) were raised against Community Home Care Services (CHCS), 40% (171) related to Adult Residential and Nursing Care Providers, 6% (26) concerned Learning Disability Residential and Nursing Care, with the remaining 5% (22) being spread across the remaining provider groups including the Voluntary and Community Sector (VCS).

The top 5 categories for Contract Concerns reflect those of the previous year;

- **Failure to report Incidents –** 13 concerns reported (Residential/Nursing 7, CHCS 6) a reduction of 46% on 2015/16
- **Late/Missed calls –** 69 concerns reported (all CHCS) - a reduction of 33% on 2015/16
- **Quality –** 100 concerns reported (Residential/ Nursing 50, CHCS 49, VCS 1) - a reduction of 10% on 2015/16
- **Medication –** 47 concerns reported (Residential/ Nursing 31, CHCS 12, Supported Living 3 and Day Care 1) - a reduction of 32% on 2015/16
- **Staffing –** 39 concerns reported (Residential/ Nursing 34, CHCS 5) - a reduction of 38% on 2015/16

Elected members visited three care homes with members of the Contract Compliance Team, each care home had a different registration with the Care Quality Commission. This activity was undertaken to enable elected members to have a better understanding of the different types of 24 hour care provision available in Rotherham and an insight into the role of the contract compliance officers, monitoring and inspection arrangements and their working relationships with providers.

Vulnerable Persons Team:

In response to the reports published and in recognition of the needs of (now adult) survivors of child sexual exploitation, in September the Safeguarding Adults Team developed the Vulnerable Persons Team (VPT). Dedicated to working alongside the historic survivors of child sexual exploitation and those individuals who came to the attention of services due to episodes of crisis who require support and specialist services. The VPT aim was to develop a positive engagement model which would result in reducing multiple negative contacts with services. The ultimate aim is for good outcomes built on a partnership which reduces chaotic lifestyles and subsequent risks to vulnerable people, their families and carers.

By developing this unique team, we are able to work with this customer group to reduce the risk of harm, work with them towards a better quality of life and to provide stability and promote positive engagement in the future to prevent the individual reaching crisis point.

The VPT has already proved itself a valuable resource and has supported many individuals to improve their lives and continues to offer this wrap-around support to the ever increasing number of new referrals.

The Mayor presented two social workers from the VPT with certificates for their work around a recent child sexual exploitation trial (Operation Clover).

Mark Batterley and Becci Hall, received Certificates of Commendation from the Chief Constable of South Yorkshire Police for their role in the investigation of the high profile case and these were officially presented in front of all councillors as a mark of thanks.

They were part of the team which provided intense support to the victims and survivors who were giving evidence at part of the trial. The multi-agency team helped the young women throughout the whole process (and continue to do so) to allow them to feel able to come forward and give evidence in incredibly tough circumstances. We are very proud of the work that they have all done, which hopefully will give confidence to others to come forward.

Case Study

Aged 18, Miss R was pushed down the stairs by her partner resulting in a profound brain injury, cognitive impairment and she developed highly impulsive behaviours. Miss R was being sexually exploited and at 27 years old she reported that she had been raped at a house party. Despite numerous attempts to work with Miss R she refused to engage in services.

Aged 30, Miss R was referred to the Vulnerable Persons Team (VPT) via Children's services. Her 4 year old son was placed into the care of her Grandparents as Miss R had begun to 'sofa surf' and was found to be using illicit substances and alcohol to a high degree.

Actions

The VPT began the process of building a relationship with Miss R facilitated by her Mother. Trust was eventually established and the VPT immediately began to assess current risk of continued sexual exploitation, the CSE Police Team were contacted and discussions took place with VPT, Miss R and Detectives. VPT began to work on a process of "graded exposure" therapy to manage anxieties and a referral to Headways was made to assess level of cognitive impairment, the VPT also sought the advice of a Psychotherapist to help manage the complexity of R's trauma.

Outcome

VPT supported Miss R successfully over a period of a year and today she is in a strong mutually supportive relationship, after working with Children's Services she now has custody of her 5 year old son who she adores. Miss R's problems remain present, but to a far less degree, she presents as a happy individual who goes on regular holidays and has recently purchased a car.

Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) Service:

The Mental Capacity Act 2005 came into force in October 2007 and for the first time provided a legal framework for acting and making decisions on behalf of vulnerable people who lack the mental capacity to make specific decisions for themselves. In 2007 the Deprivation of Liberty Safeguards followed as an amendment to the Mental Health Act 2007 and was implemented in April 2009. The deprivation of Liberty Safeguards provided additional protection to vulnerable people living in residential homes, nursing homes or hospital environments.

In March 2014, the House of Lords Select Committee published a detailed report concluding that the Deprivation of Liberty Safeguards were "not fit for purpose" and recommended that they be replaced. One week later the Supreme Court laid down its Judgement in the case of P&Q and Cheshire West. The Cheshire West Judgement as it has widely become known significantly extended the numbers of people who were considered to be deprived of their liberty and subsequently require the additional safeguards. This decision has understandably produced much debate and controversy and the implications have been enormous for Local Authorities and applications have increased exponentially and councils nationally have been unable to meet the demand in a timely way, if at all.

The official figures indicate that hospitals and care homes in England made 195,840 DoLS applications in 2015-16 (the highest number since the Deprivation of Liberty Safeguards were introduced in 2009), 30% more than the 137,540 applications the previous year and more than 14 times the 13,700 applications in 2013-14 (the year prior to the judgment. The official figures also show an increasing number of Deprivation of Liberty Safeguards referrals being left unassessed and statutory time-scales being routinely breached; in England, only 43% of the 195,840 Deprivation of Liberty Safeguards cases referred to local authorities during 2015/16 were completed during the year and of those only 29% were completed within the 21-day time limit set in regulations.

In Rotherham over the same timeframe the total number of applications from Managing Authorities for Deprivation of Liberty Safeguards authorisations increased from 52 in 2013/14 to:

- 565 in 2014/15
- 957 in 2015/16
- 1128 in 2016/17

In response to these challenges Rotherham continues to work with Association of Directors of Adult Social Services (ADASS) who continue to 'provide guidance which contains practical measures to alleviate the pressure on Councils and provide necessary additional safeguards for vulnerable people in a proportionate way.'

On the 13 March 2017, the Law Commission published the final report and draft Bill which recommends that the Deprivation of Liberty Safeguards be repealed with pressing urgency and sets out a replacement scheme for the Deprivation of Liberty Safeguards, which they have called the Liberty Protection Safeguards. The draft Bill also makes wider reforms to the Mental Capacity Act to ensure greater safeguards for persons before they are deprived of their liberty.

However, the Law Commission is still awaiting a formal response from the Government to it proposals and given that these proposals did not appear in the Queen's speech (June 2017) it is envisaged that any changes are years away from implementation; therefore, in response to the ever increasing demand Rotherham is currently undertaking a comprehensive review of the service and its processes to ensure it continues to provide assurances that vulnerable people are safeguarded.

Domestic Abuse Service:

The Independent Domestic Violence and Advocacy Service (IDVAS) are integrated within safeguarding adults in Rotherham. This has ensured that domestic abuse is seen as a local safeguarding priority, also reflecting that domestic abuse has been added under the new category of abuse in The Care Act 2014.

Between April 2016 and March 2017 the service received 467 referrals and supported 502 Multi Agency Risk Assessment Conference cases (MARAC).

The Independent Domestic Violence Advocates (IDVA's) have 4 Safe Lives qualified IDVA's and for a full-time domestic abuse support worker who will undertaking his Safe Lives qualification in October. Furthermore, the IDVA team hold trainer qualifications and are looking to enhance the skills of the service in affording the opportunity for some of the IDVA's in the future to undertake the Young Person's Domestic Violence Advocate (YPDVA) and Independent Sexual Violence Advocate (ISVA) qualifications.

The IDVAS has developed a new training package which is now being delivered. This is to raise awareness of what domestic abuse is and its impact on its victims, to introduce good practice and risk assessment, to explore and challenge some commonly held beliefs, attitudes and assumptions about domestic abuse and to increase understanding of domestic abuse services in Rotherham, domestic abuse risk assessment and the MARAC process. Additionally, a continuous effort is made from the IDVAS in Rotherham in visiting services and offering advice, guidance and support to other agencies to recognise domestic abuse and complete risk assessments.

Case Study

Mr L is a 39 year old gay man who had been physically and emotionally abused by his partner. Mr L has a diagnosis of schizophrenia and a physical disability causing brittle bones and he and his partner both had an addiction to heroin. Mr L's partner was arrested after physically assaulting him and it emerged that Mr L was regularly physically abused and his partner was using heroin to control him.

Mr L was warned by South Yorkshire Police that his abuser had been released by the courts on bail. The Police contacted the IDVA team to request support in finding emergency accommodation, refuges were contacted but a bed could not be found for that night, so Mr L was placed in an emergency crash pad. Transport and an emergency food parcel were arranged for Mr L and support was given to ensure that he was able to access his GP the following day.

Mr L also needed an appointment with The Substance Misuse Service as he wished to resume his methadone program; his partner had stopped him from taking part in drugs rehabilitation in the past. The IDVA assisted with re-arranging appointments with The Substance Misuse Service, so that he could attend until a refuge could be found. Mr L was found a refuge in another area after the IDVA had assisted him with the refuge's assessment. The IDVA liaised with the out of borough refuge staff to ensure Mr L received the support he needed with his rehab and ensured his case was picked up by the support services in his new area.

Rotherham NHS Foundation Trust:

In March 2016 The Rotherham NHS Foundation Trust (TRFT) launched a new vision:

To be an outstanding Trust, delivering excellent healthcare at home, in our community and in hospital.

Achievements to support this within TRFT:

Training

- Adult Safeguarding Training is a mandatory requirement and is part of a robust training programme for all colleagues throughout the Trust which includes Mental Capacity Act & Deprivation of Liberty Safeguards (DoLS) service, Learning Disability (LD), Dementia and the Mental Health Act
- The Prevent Strategy continues to be implemented and compliance with training is above trajectory

Partnership Working

- TRFT have been working in partnership with Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH) to ensure the safe and lawful application of the Mental Health Act within the Trust
- TRFT provides representation at MARAC and is a partner in the Safer Rotherham Partnership
- Work is ongoing to embed the Care Act 2014 and the Making Safeguarding Personal agenda throughout the Trust

Support

- The Adult Safeguarding Team was extended to ensure that the Trust can continue to offer timely advice and support to all staff where there are identified or suspected concerns about vulnerable people

Governance

- Over the last twelve months a significant amount of work has been undertaken to ensure there is a robust Trust safeguarding and external governance structure
- Policies have been developed which clarify the responsibilities of all TRFT staff and volunteers
- Key Performance Indicators (KPI) is shared with our partner agencies quarterly

Development

- The positions of Lead Nurse in Dementia Care and Lead Nurse in Learning Disability are now embedded and have led to improvements in those service areas
- The Adult Safeguarding Team was extended to include increased provision of an Adult Safeguarding/MCA Nurse Advisor to ensure sufficient support was available to meet the needs of TRFT staff and to improve the implementation of the MCA & DoLS agenda
- TRFT have completed several projects designed to improve the implementation of the MCA throughout the Trust
- TRFT have embedded the Dementia Care strategy including dementia screening which aims to achieve screening of all patients aged over 65 who are in hospital for more than 72 hours and have established a network of Dementia Link Nurses and Dementia Champions based in clinical areas.
- Embedded the 'Forget Me Not' carer passport and continues to work towards improvements driven by the Dementia Friendly Hospital Charter launched by the Dementia Action Alliance and supported by the Alzheimer's Society. Implemented the 'Traffic Light System', a person-centred assessment for patients who have a learning disability and established learning disability champions

- The Learning Disability Lead Nurse has worked in partnership with a local advocacy group for people with learning disabilities and is developing e-training to make information more accessible to all
- TRFT has fostered excellent links with the community Learning Disability Service providers and General Practitioners and the Learning Disability Lead Nurse attends local parent/carer groups

Case Outcome:

Mrs A attended RGH following a collapse at home. She was noted to be in a very unkempt condition with her hair matted and dirty. Mrs A disclosed to the nurse that she hadn't been caring for herself and hadn't been taking her (essential) medications for a while as she felt 'very down'.

Mrs A was admitted and her medical needs tended to. During her stay on the ward, the nurse met with her several times to explain that she was worried about 'self-neglect' and to ascertain what Mrs A's views on this were.

Mrs A said that she knew she wasn't looking after herself, but that she didn't seem to have any motivation to make things better. She identified that all she wanted was to be able to look after herself like she always had before.

Between them, they agreed that Mrs A should be referred to the Mental Health professionals for an assessment of her mental health. A care package was agreed to ensure that there would be some practical support for Mrs A on her discharge, until she was able to manage independently again.

The nurse explained to Mrs A that she would complete a 'safeguarding concern' to share this information with other professionals. This process is consistent with the principles laid out in the Care Act 2014 which highlights the Making Safeguarding Personal approach. As a result of achieving Mrs A's stated outcome, this case was able to exit safeguarding.

NHS England Yorkshire and Humber

NHS England responsibilities in relation to direct commissioned services

NHS England ensures the health commissioning system as a whole is working effectively to safeguard adults at risk of abuse or neglect and children. NHS England is the policy lead for NHS safeguarding, working across health and social care, including leading and defining improvement in safeguarding practice and outcomes. Key roles are outlined in the Safeguarding Vulnerable People Accountability and Assurance Framework 2015.

Yorkshire and the Humber has an established safeguarding network that promotes shared learning across the safeguarding system. Representatives from this network attend the national Sub-Groups, which have included priorities around Female Genital Mutilation (FGM), Mental Capacity Act (MCA), Child Sexual Exploitation (CSE) and Prevent. NHS England Yorkshire and the Humber works in collaboration with colleagues across the North Region on the safeguarding agenda and during 2016/17 a Clinical Commissioning Group (CCG) peer review assurance process was undertaken covering all 44 CCGs in the North Region.

Sharing learning from safeguarding reviews

In order to continuously improve local health services, NHS England has responsibility for sharing pertinent learning from safeguarding serious incidents across Yorkshire and the Humber and more widely, ensuring that improvements are made across the local NHS, not just within the services where the incident occurred. The NHS England Yorkshire and the Humber Safeguarding Network meets on a quarterly basis throughout to facilitate this. Learning has also been shared across GP practices via quarterly Safeguarding Newsletters, a safeguarding newsletter for pharmacists has been circulated across Yorkshire and the Humber and one for optometrists and dental practices was developed and sent out in March 2017.

Safeguarding Serious Incidents

All safeguarding serious incidents and domestic homicide's requiring a review are reported onto the national serious incident management system – Strategic Executive Information System (STEIS). During 2016/17 a review of current systems for recording safeguarding incidents and case reviews across the North Region was undertaken to support the identification of themes, trends and shared learning. The Yorkshire and the Humber process to jointly sign off GP IMRs, as CCGs responsibilities for commissioning of primary care services is increasing, has been adopted across the North of England region to ensure consistency. NHS England works in collaboration with CCG designated professionals to ensure recommendations and actions from any of these reviews are implemented. Prior to publication of any child serious case reviews, serious adult reviews or domestic homicide reviews NHS England communication team liaise with the relevant local authority communications team regarding the findings and recommendations for primary care medical services.

Training and Development

Designated safeguarding professionals are jointly accountable to CCGs and NHS England and oversee the provision of safeguarding training for primary care medical services. The main source of training for other primary care independent contractors is via e-learning training packages.

NHS England Safeguarding Adults: Roles and competencies for healthcare staff – Intercollegiate Document has been awaiting final publication following review by – The Royal College of Nursing, The Royal College of Midwifery, The Royal College of General Practitioners, National Ambulance

Safeguarding Group and The Allied Health Professionals Federation. The purpose of this document is to give detail to the competences and roles within adult safeguarding and the training guidance for healthcare professionals.

NHS England North hosted a safeguarding conference on 10 December 2016 which included presentations on forced marriage, honour based abuse, FGM and domestic abuse and adult safeguarding. The conference aimed to provide level 4 training for healthcare safeguarding adults and children professionals and leads in the North Region. A conference was held on 11 November in York for named safeguarding GPs in Yorkshire and the Humber attended by Bradford named GPs, it was well evaluated and plans for a North Region named GP conference are in place for 2017/18.

NHS England has updated and circulated to health colleagues the Safeguarding Adults pocket book which is very popular amongst health professionals and has launched the NHS Safeguarding Guide App and a North Region Safeguarding Repository for health professionals.

Assurance of safeguarding practice

NHS England North developed a Safeguarding Assurance Tool for use with CCGs across the North Region, which was implemented in 2016/17. NHS England North Regional Designated Nurses undertook the review which was intended to be supportive, they reviewed all action plans to identify key themes and trends across the North Region with a view to identifying common areas requiring support. Themes from this process have influenced the commissioning of leadership training for safeguarding professionals and there are future plans for a national assurance tool for CCG's.

Learning Disabilities Mortality Review (LeDeR) Programme

Over the last two years a focus on improving the lives of people with a learning disabilities and/or autism (Transforming Care) has been led jointly by NHS England, the Association of Adult Social Services, the Care Quality Commission, Local Government Association, Health Education England and the Department of Health. In November 2016 the national LeDeR Programme has been established following the Confidential Enquiry into the Premature Deaths of People with Learning Disabilities (CIPOLD).

All NHS regions have been asked to establish the LeDeR process locally to undertake the reviews. LeDeR also complements the NHS Operational Planning and Contracting Guidance for 2017/19 which contains 2 'must-dos' for people with learning disabilities:

- improve access to healthcare for people with a learning disability so that by 2020, 75% of people on a GP register are receiving an annual health check
- reduce premature mortality by improving access to health services, education and training of staff, and by making reasonable adjustments for people with a learning disability and/or autism

LeDeR involves:

- Reviewing the deaths of all people aged 4 and over
- Identify the potentially avoidable contributory factors related to deaths of people with learning disabilities
- Identify variation in practice
- Identify best practice
- Develop action plans to make any necessary changes to health and social care service delivery for people with learning disabilities

A national database has been developed and anonymised reports will be submitted. This will allow, for the first time, a national picture of the care and treatment that people with learning disabilities receive.

The LeDeR Programme is not a formal investigation or a complaints process and will work alongside any statutory review processes that may be required.

The LeDeR Programme recognises it is important to capture the extent of personalised services, including the use of reasonable adjustments, choice and control and the well-being of people with learning disabilities. Good practice examples will be written up and shared nationally.

Prevent

Across NHS England North there are a number of priority areas which are designated by the Home Office, who fund two Regional Prevent Coordinator posts. These posts support the implementation of the Prevent Duty and ensure that Health embeds the requirements of the Contest Strategy and specifically Prevent into normal safeguarding processes. Funding to support this work was secured from the North Region Safeguarding budget which has facilitated a number of projects including supporting partnership working with the North East Counter Terrorism Unit, delivering a conference in October on 'Exploitation, grooming and Radicalisation' and an Audit of referrals to Prevent /Channel where Mental Health concerns are understood to be a contributing factor.

A research project to scope the current, attitudes, awareness and practice amongst GP colleagues has also been commissioned in the Region.

In December 2016, a North Regional Prevent conference was held to raise awareness of Prevent, delegates found this event a good opportunity to increase their knowledge and confidence in the role of the health sector in Prevent. Feedback received supported that there was an overall improvement in understanding the requirements of health organisations e.g: CCGs under the new statutory duty.

Pressure Ulcers – "React to Red"

React to Red was launched on 1 February 2016 at the Pressure Ulcer Summit in Leeds. It is a bespoke training package for pressure ulcer prevention which is competency based and designed specifically for care home staff and care providers. Since its launch in February 2016, there has been significant interest in this resource from CCGs: private organisations; secondary care; hospices; domiciliary care providers; tissue viability nurses and care homes. During 2017/18 this work will continue to be a priority across NHS England North and will focus on embedding the programme as a quality improvement initiative using a focused approach co-ordinated by CCG's and robust evaluation by NHS England North.

NHS Rotherham Clinical Commissioning Group – RCCG

NHS Rotherham Clinical Commissioning Group (NHSR CCG) firmly believes that every person has the right to live a life free from abuse and neglect. With this in mind the CCG will continually develop the organisations Safeguarding agenda, with Safeguarding Adults high on that agenda.

Legislation of The Care Act 2014 has afforded Adult Safeguarding a statutory framework. This has resulted in the CCG reaffirming its commitment, at a senior and executive level, to Rotherham Safeguarding Adults Board (RSAB). RSAB in turn has undergone significant changes and developments resulting in improved partnership working across the borough.

NHS RCCG continues to work within NHS England's key documents which underpin the CCG's responsibilities for Adult Safeguarding – "Safeguarding Vulnerable People in the NHS Accountability and Assurance Framework (2015)" and the much awaited Safeguarding Adults: Roles and competences for health care staff – Intercollegiate Document which is to be published later this year.

Achievements for NHSR CCG have been:

The sub-groups of the Safeguarding Adult Board have grown and developed over the past year with the CCG remaining a committed member. NHSR CCG chairs the Training and Development Sub-Group and together have faced the challenge of aligning multi agency safeguarding training across health and social care.

NHSR CCG has commissioned a bespoke training package by DAC Beechcrofts Solicitors in regards to the CCG's responsibilities for Continuing Health Care clients within their own environment who may be Deprived of their Liberty. Work continues to progress in this area.

October 2016 saw NHSR CCG hold a 3 Step Approach (self- assessment tool, facilitated peer review and safeguarding supervision sessions) for the national Bradbury Independent External Review and the Goddard Inquiry (now known as the Independent Inquiry into Child Sexual Abuse IICSA). This approach significantly supported all Rotherham GP Practices in providing assurance to the CCG, that as Independent Providers, they have taken steps to safeguard vulnerable people in their care and that records relating to the Goddard Inquiry are not 'lost' or destroyed.

The Safeguarding Policy was revised and updated in line with renewal date and legislation. Significant changes were made with the policy including procedures added to reflect and meet the needs of both clinical and non-clinical staff members of the CCG.

January 2017 saw the CCG launch its Safeguarding Leaflet level 1 and 2 – What you need to know? The leaflet was sent electronically to all NHSR CCG staff to cover training requirements for a yearly update and recorded by HR in the CCG central training record.

The Prevent Duty remains a high priority for NHSR CCG with mandatory Healthwrap training for all staff. The CCG will continue to be an engaged partner with The Safer Rotherham Partnership to ensure that we are meeting our statutory duties.

The past year has seen NHSR CCG involved with two Safeguarding Adult Reviews (SAR's) and one Domestic Homicide review (DHR). The CCG was highly commended for the support given to the second SAR by the Independent Author.

Robust governance arrangements are in place to ensure that the CCG's own safeguarding structures and process are in place and that the agencies from which they have commissioned services meet the required standards. A plethora of measures are in place for monitoring NHSR CCG commissioned services including Safeguarding Standards and KPI's (Key Performance Indicators).

NHSR CCG continues to publish an annual safeguarding report which demonstrates how the CCG continues in its commitment to safeguarding and promoting the welfare of all residents in the Borough. The CCG also strives towards the highest possible standard of care, taking on board the national and local drivers for change in safeguarding. It provides assurance that commissioned health services are working collaboratively to safeguard those at risk. More so it provides assurance of how NHSR CCG carries out its safeguarding roles and responsibilities.

The world of Adult Safeguarding is constantly developing not only in the way of case law and legislation but in terms of new categories of abuse. The next year will see the CCG undertake work to address Domestic Abuse, Hate Crime and Modern Slavery. The embedding of the Mental Capacity Act and application of Deprivation of Liberties will continue to be developed in line with national and local expectations of CCGs.

NHSR CCG will continue to work closely with statutory partners and be continually responsive to changes and developments learning from SAR and DHRs. The CCG will not be complacent in its commitment to safeguarding which is demonstrated by including Safeguarding as one of the four priorities in the commissioning plan 2015/19 – Your Life, Your Health.

Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH):

To support the delivery of adult safeguarding, within RDaSH and across the wider partnership arena, there is a clear governance and accountability framework in place, specific to each of the localities that the Trust covers. The framework provides assurance to the RSAB and commissioners' that whilst the ultimate responsibility and accountability for adult safeguarding lies firmly with the Trust Board, every member of staff is accountable and is responsible for safeguarding and protecting adults at risk

As a multi-agency partner working with the RSAB, the RDaSH Safeguarding Adult Team has been able to act as a link between strategic and operational objectives and share the learning and development across all areas of the Trust.

A comprehensive workforce development programme is in place and staff are able to access both single and multi-agency training that allows them to meet their safeguarding competency framework. A model of clinical supervision is in place and embedded across the Trust to ensure safeguarding cases are managed in line with the Care Act 2014 and Making Safeguarding Personal.

Responsibility for Safeguarding

Overall responsibility for safeguarding adults at risk within the organisation rests with the Board Executive Lead, Dr Deborah Wildgoose, a detailed safeguarding report is received by the RDaSH Quality Committee every 3 months where detailed scrutiny is given to the activities taking place to keep children and adults safe, including the impact of effective practice, the challenges and the solutions being sought to address these, including the effectiveness of multi-agency partnership working"

Safeguarding Adult Board Contribution

RDASH contribute to the workings of RSAB through Board and Sub group membership.

Governance arrangements

The following governance arrangements are embedded within the organisation;

- South Yorkshire Multi-agency Safeguarding Adults Procedures
- RDaSH Safeguarding Adults Policy
- RSAB Safeguarding Adults Process for Health Staff
- Mental Capacity Act and DoLS Policy
- Making Safeguarding Personal
- risk assessments
- an RDaSH Local Authority Designated Officer (LADO) process in place
- reports to Safeguarding and Quality Group and Trust Board
- results and actions of any inspections or audits undertaken within the year i.e. Trust clinical records audit, Quality Reviews.

The Safeguarding governance structure and reporting arrangements are shown below

Rotherham Safeguarding Adults

Oversight of safeguarding cases

Safeguarding Adult Lead Professionals review and quality assure cases and escalate to the Head of Safeguarding (Associate Nurse Director, Children's Care Group) for complex and sensitive cases.

Safeguarding Adults Training

Safeguarding adults training is embedded within the organisation through the Trust Safeguarding Adult Policy through;

- multi agency training
- single agency training
- clinical supervision

In addition through raising awareness and understanding of safeguarding adults, proactive risk assessments and planning for individuals and services and reporting and review of incidents (IR1's and SI's).

Prevention in Safeguarding Adults

Preventative safeguarding adults work is undertaken in RDaSH through safeguarding adults information being made available to staff and patients, the application of robust risk assessments, planning and the monitoring of low level concerns. Low level concerns are managed through the organisations Incident Management Policy. These concerns are reviewed by the safeguarding adult lead professionals and those identified as potential safeguarding adults concerns are reported as appropriate. Senior managers also review all safeguarding adults concerns.

Action plans are devised following recommendations from:

- Safeguarding Adults Review (SAR)
- Learned Lessons Review (LLR)
- Serious Case review (SCR)
- Domestic Homicide Review (DHR)

As a team safeguarding has adopted the holistic approach 'think family' to identify triggers and prevent escalation.

Supervision forums where potential safeguarding problems are discussed and management plans identified, to reduce risk of intensifying.

Future intentions

The organisation will continue to embed the changes with regard to Care Act 2014 and the principles of Making Safeguarding Personal.

Moving forward it will develop a safeguarding strategy and support the organisational transformation agenda to ensure safeguarding remains a high priority.

To develop a joint safeguarding team for children's and adults at risk.

Expanding on the holistic approach of 'think family'.

South Yorkshire Fire and Rescue Service (SYFR):

Governance

In the last 12 months South Yorkshire Fire and Rescue have introduced an internal Safeguarding Executive Board and Reference Sub-group. The purpose of these new arrangements, are to strengthen governance, through scrutiny and challenge across departments and to learn and improve in areas relating to multi-agency working and information sharing.

Case Management & Policy

Safeguarding concerns are triaged by the designated safeguarding advisor and out of hours by the group managers and data relating to this is published in the Prevention and Protection Quarterly report. The cases are predominantly related to self neglect, often in association with fire risks and concerns about health and wellbeing. The high risk co-ordinators (2) manage the high fire risk cases locally. Policies, relating to safeguarding, are updated annually together with an equality analysis and for adult safeguarding Making Safeguarding Personal is included and for child protection a strengths based approach "Signs of Safety".

Safeguarding Boards

South Yorkshire Fire and Rescue continues to be represented at both Local Authority Safeguarding Children and Safeguarding Adult Boards across the county (and SYP County Wide Safeguarding Board) and has contributed to a number of initiatives in policy development relating to self neglect and hoarding.

Developments

In addition to the Fire Risk Assessment and Fire Safety advice given during the Home Safety Check, additional screening questions and signposting have been incorporated as a "Safe and Well Check". This now includes "Falls", "Crime Prevention" and "Sight testing" and has been piloted in Doncaster and now being rolled out across South Yorkshire.

Training

The SYFR internal training programme includes a face to face Safeguarding Induction for all frontline staff (this includes volunteers) and then dependent on role and responsibility additional and bespoke Introductory and Refresher. The latter may be blended learning and/or external trainers are invited in for e.g. Domestic Abuse, Modern Slavery, Tele-care training. Community safety staff also attend multi-agency training in their respective districts.

Case Study: John

In 2016 a gentleman with Dementia/ Alzheimer's Disease by his GP and recommended that he would be best placed in 24 hour care. It was not until he was found at a bus stop incapable of moving his legs that the case was highlighted to SYFR again, after numerous attempts to support the occupier.

The Life Team visited the property after a referral from the Police, this case was then referred onto the high risk co-ordinator who attended a multi-agency meeting where they discussed the occupier returning to the property as he had been placed in a Care Home while a decision was reached on where he should reside. At the multi-agency meeting, it was clear that Adult Services wanted the occupier to return back to the property although all other services at the meeting presented their case as to why he should not return.

Environmental Health Services had cleared the property again and had thrown all household items away; even carpets had been removed. The occupier had no bed, clothes or bedding, the only clothes that he had were clothes that had been donated to him by the Care Home. The gentleman attended the multi-agency meeting and it was agreed by all that his health had greatly improved he had put on weight and was no longer as frail as he previously had been in addition to this he had abstained from drinking alcohol and was now socialising with other residents.

It came to light that he was a victim of Anti-Social Behaviour and was also being financially abused. It was agreed that further assessments would need to take place. Another multi-agency meeting was arranged and the Occupational Therapist assessment concluded that the gentleman would not be able to return to his property.

Due to the involvement of the High Risk Co-ordinator and Safeguarding Officer plus other partner agencies, an agreement was made with the gentleman that he would remain in the Care Home while options around housing are explored with the possibility of sheltered accommodation. This shows that a holistic multi-agency approach has proved to be a much better way of working when addressing individuals with complex needs and risks that are associated with those needs, to achieve the best possible outcome for individuals.

South Yorkshire Police:

In January 2017 new, dedicated Safeguarding Adult Teams were introduced within South Yorkshire Police. In Rotherham, the team is ten, a mixture of dedicated Detective Sergeants, Detective Constables and specialist staff investigators. There is a Detective Inspector who provides more strategic leadership, she is shared between Rotherham and Sheffield.

South Yorkshire Police's Safeguarding Adult Teams have in the short time they have been operational, become very industrious and productive teams. Since January, the team have been able to investigate 263 reported crimes (up until 26 July 2017). Of which, 82 have been rape offences, or associated to rape investigations. The team have also evaluated and acted upon 1,400 recorded Case Administration and Tracking System (CATS) entries which have been identified as relating to vulnerable adults within the Rotherham area.

From an SYP perspective, our SAT is engaged with our partners via the newly introduced Multi-Agency Domestic Abuse (MADA) and the established Multi agency risk assessment conference (MARAC) processes. Through these vehicles, the partners interact to co-operate over victims and offenders to achieve better outcomes.

The SATs approach has undoubtedly bought benefits to victims and to clarity internal from clear understanding of roles and responsibilities. Recent successes achieved by the team on behalf of victims at high risk include:

- a dangerous predatory sex offender was found guilty at Sheffield Crown Court of one count of rape in November 2016 and sentenced to 24 years imprisonment on Wednesday 13 April 2017
- two separate offences of domestic rape against two separate partners. Perpetrator was sentenced to 6 years imprisonment

- domestic assault on a male victim of rape. Victimless prosecution where the suspect was sentenced to 3 years imprisonment

Our SAT sits within the much wider force-wide Public Protection portfolio. In the last two years, our investment within Public Protection has grown markedly, in financial times, via an uplift of £5 million p.a. enabling the unit to have 300 staff. This is set against overall budget reductions of over 20% which has led to the number of police officers declining from 3,600 in 2007 to around 2,450 today. The Public Protection Unit delivery model, is based upon specialism of role and geographic accountability. Thus we have a SAT for Rotherham, Doncaster, Sheffield and Barnsley. A Child Sexual Exploitation (CSE) team for each borough etc. Each and every area is operating in a challenging environment where demands continue to increase. Since the uplift described above, staffing levels have remained constant, meaning those officers and staff are having to deal with more demands upon them.

Across the force, the impact of the austerity era is taking its toll. The force is mid-way through a whole force review of our operating models. Criminal Investigation, Local Uniformed Policing (including Neighbourhoods Policing, Contact Management and Public Protection are all subject to review by teams comprising business specialists and subject matter experts. These reviews are charged with developing the most appropriate ways of working as we move forward. The reviews have not reported back yet. There is a possibility that the current Public Protection model, including the work around safeguarding adults may change in the coming year.

Rotherham Voluntary and Community Sector:

Achievements:

- The Voluntary and Community Sector, through the Adult Services Consortium, has continued to show its commitment to Adult Safeguarding across the Borough by contributing to the work of the Adult Safeguarding Board via its nominated representatives.
- The nominated representative, who is the Chief Executive of Age UK Rotherham, attends the Safeguarding Adults Board to provide a voluntary and community sector perspective on developments. They also provide a liaison function between the wider sector and the Board to keep VCS organisations up-dated on safeguarding issues and encourage and support their contribution to this important area of work.
- Each of the safeguarding adults sub-groups has representation from the voluntary and community sector.
  - RSAB – Lesley Dabell
  - Training – Liz Bent
  - MSP – Karen Smith.
- VCS organisations have contributed to the Safeguarding Board and Development Days as partners and as an alerter and referrer where concerns are identified.
- Individual VCS organisations have also continued their work internally in respect of their own policies and procedures for safeguarding, linking in to the wider safeguarding procedures in the borough.

Learning and development

In 2016/17 the training sub-group ran a rolling programme of supportive multi-agency and specialist training opportunities for staff, managers and volunteers on local policy, procedures and professional practice so that adults across Rotherham are protected from abuse and neglect and their wellbeing is promoted.

1,907 learners attended training courses, as detailed by agency in the table below. The increase in number of learners of 343 from 2015/16 is due in part to the 177 operatives from Fortem and Mears, the Council's housing partners, who completed their biennial refresh of training.

Local authority	364
Independent/ Voluntary sector	1244
Health	105
Police/Probation	0
Service Users / Carers	7
Students	1
Other/Housing Partner	186
TOTAL	**1907**

The training sub-group started to develop a Training Strategy and Training Plan for 2017/20 to lead and manage training arrangements across Rotherham. The strategy will provide the framework for establishing priorities and plans for multi-agency and specialist safeguarding adults training and resources in support of achieving the Strategic Plan of Rotherham's Safeguarding Adults Board. The strategy will set out the vision, goals and principles for training and how these will be taken forward. The plan will support and drive forward the Training Strategy's goals where training equips the workforce with the knowledge, skills and behaviours to carry out their role to safeguard adults from abuse and/or neglect.

Safer Rotherham Partnership:

The Safer Rotherham Partnership is the borough's Community Safety Partnership with statutory responsibilities established under the Crime and Disorder Act 1998. The partnership has a legal responsibility to tackle crime, anti-social behaviour, drug and alcohol misuse and to enhance feelings of safety.

There are currently five responsible authorities on the SRP, who have a legal duty to work in partnership to tackle crime, disorder, substance misuse, anti-social behaviour and other behaviour adversely affecting the environment and to reduce re-offending.

The six responsible authorities are:

- Rotherham Metropolitan Borough Council
- South Yorkshire Police
- South Yorkshire Fire and Rescue Service
- National Probation Service
- Rotherham Clinical Commissioning Group

The SRP also brings together a range of interested parties from the public, private, community and voluntary sectors to help deliver the outcomes in the SRP Partnership Plan through our strategic and operational structures, as well as representation from the Office of the Police and Crime Commissioner.

The SRP has a statutory duty to develop an annual Joint Strategic Intelligence Assessment of the risks and threats that crime and disorder poses to the communities of Rotherham. The purpose of the assessment is to:

- identify the partnerships priorities for the forthcoming year
- highlight performance, progress and achievements against the commitments made in the 2014/16 Partnership Plan
- identify key crime and disorder risks and threats to the community

Achievements

Throughout 2016/17, the Partnership continued to make progress in tackling Crime and Anti-social Behaviour across the borough, although in line with both the local and national position, overall total recorded crime showed an increase on the previous year, complaints of anti-social behaviour reduced.

During the period 22,000 crimes were recorded across Rotherham, which was a 15% (2,881 crimes) increase on the previous year. During the same period a total of 12,752 incidents of anti-social behaviour were recorded, a reduction of 6% (767 incidents) on the previous year. Sexual Offences and Violent Crime continued to increase, with the increase in sexual offences being attributable to increased current and historical reporting of crimes post the Jay and Casey reports. As in the previous year a contributory factor to the increase in violent crime was attributable to national changes on how those crimes are recorded resulting in all areas seeing increases.

Key Indicators

- Total recorded crime increased by 15% (+2,881)
- Anti-Social Behaviour incidents reduced by 6% (-767)
- Violence with injury increased by 11% (+237)
- Public order offences increased by 55% (+424)
- Sexual offences increased by 25% (+176)
- Racially or religiously aggravated crimes increased by 38% (+48)
- Domestic burglary increased by 28% (+293)
- Vehicle crime increased by 13% (+273)
- Criminal damage increased by 1% (+32)
- Arson increased by 23% (+35)
- Drug offences reduced by 24% (-118)

Appendix 2

Key Facts and Figures

A Concern

A Concern is a feeling of anxiety or worry that a Vulnerable Adult may have been, is or might be, a victim of abuse. An alert may arise as a result of a disclosure, an incident, or other signs or indicators.

A total of **2456** concerns were reported through the new Safeguarding Adults Collection (SAC).

Each concern is looked at and the 3 point test is applied.

The safeguarding duties apply to an adult who:

1. Has needs for care and support (whether or not the local authority is meeting any of those needs)
2. Is experiencing, or at risk of, abuse or neglect
3. As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

If the concern does not meet the criteria of the 3 point test the case may be signposted to a different team such as the vulnerable person's team or maybe a care assessment is needed. We will always ensure the person is safe and not in any danger.

Section 42 Enquiry

A Section 42 Enquiry is the same as an Alert however it becomes an enquiry when the details progress and an investigation/assessment relating to the concerns begins.

At any point during this investigation a case can exit the safeguarding process.

The subject of the investigation must be aware and in most cases agree to the safeguarding enquiry unless capacity is lacking or a crime has been committed.

641 Section **42** enquiries began 2016-17

Decision Making Meeting (DMM)

The DMM will bring all relevant people together to ensure that, if the investigation continues, the right questions will be asked of the right people. The voice of the person at risk of harm must be heard. Plan the way forward, look at who is best placed to investigate the concern.

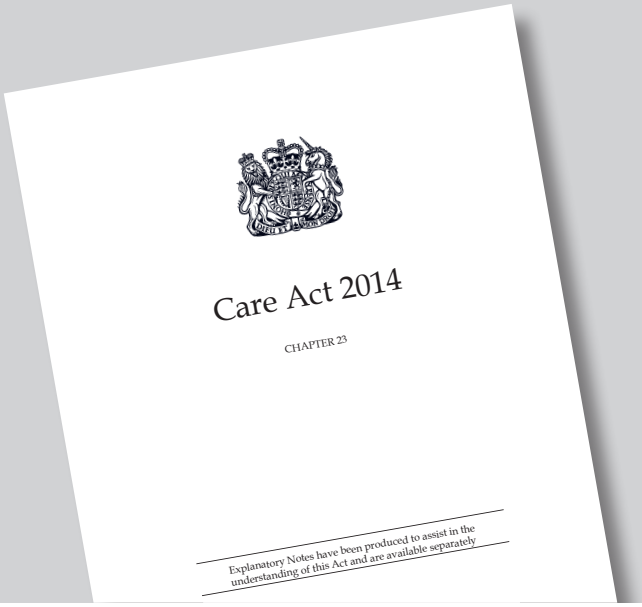
This meeting may be held virtually, to ensure it happens in a timely manner.

Outcomes Meeting

The Outcome meeting will bring all interested parties together including the individual if they wish to attend. Support from friends, advocacy or family is also encouraged. The voice of the person at risk of harm must be heard throughout the meeting and they must be given the opportunity to tell their story.

The meeting will bring the investigation to a conclusion and recommendations must be agreed by all interested parties and timescales and expectations clearly identified.

54 Outcome Meetings Convened 2016-17


Care Act 2014

CHAPTER 23

Explanatory Notes have been produced to assist in the understanding of this Act and are available separately

Rotherham Safeguarding Adults

Safeguarding Adults Review (SAR)

A Safeguarding Adults Review must be carried out if

- A vulnerable adult dies (including death by suicide) and abuse or neglect is known or suspected to be a factor in their death. In such circumstances the SAB should always conduct a review into the involvement of agencies and professionals associated with the vulnerable adult.
- A vulnerable adult has sustained a potentially life-threatening injury through abuse or neglect, serious sexual abuse, or sustained serious and permanent impairment of health or development through abuse or neglect. The case gives rise to concerns about the way in which local professionals and services work together to safeguard vulnerable adults.
- Serious abuse takes place in an institution or when multiple abusers are involved, the same principles of review apply. Such reviews are, however, likely to be more complex, on a larger scale, and may require more time. Terms of reference need to be carefully constructed to explore the issues relevant to each specific case.

The SAR is commissioned by the SAB and all partners who have had involvement with the subject of the enquiry will be required to participate in the review. The results of the review are published by the SAB in the form of a final report.

Number of SAR's Commissioned 2016-2017
1 SAR was commissioned in 2016/17. Unpublished. (A/2016 Margaret)

Number of SAR's Compleated 2016-2017
1 SAR was completed in 2016/17. Unpublished. (Phyllis)

SAR Phyllis

The SAR that was completed during 2016/17 had been commissioned the previous year and concerned a lady called Phyllis (the family wanted the review to be named after their mother) who was a resident of a Care Home from late in 2012 until she died on 9th June 2013. Phyllis was a 90-year-old woman with a diagnosis of mixed type dementia and a recent history of depression, and agitation. During the period from February to May 2013 the level of falls was significant and ultimately led to the death of Phyllis on 9th June 2013 following a fall that resulted in a head injury.

A safeguarding investigation carried out at the time, concluded that neglect was substantiated and a subsequent coroner's inquest concluded in July 2015 that Phyllis died from traumatic head injury. The coroner raised concerns related to the care and treatment Phyllis received regarding the falls and issued a Regulation 28 report to prevent future deaths to which the Local Authority duly responded.

Findings/Recommendations

The author of the Review made recommendations to the RSAB which included.

- RSAB should be assured by a review of policies across all sectors ensures that the focus on falls reduction and management in cases where falls prevention is not possible.
- RSAB should assure itself and test out using auditing processes that communication between professionals, service users and their families is robust.
- RSAB should look at a range of mechanisms and develop protocols for the use of care coordinators in complex cases in the community setting.

The recommendations have formed an action plan that was signed off by partners and will be monitored and managed through the Performance and Quality Sub Group.

Mental Capacity Act and Deprivation of Liberty Safeguards

The MCA DoLS team has been strengthened with 5 dedicated Best Interests Assessors through the recent Directorate restructure. The table below reflects the increase in assessments completed during 2016/17 period.

The additional activity is having a detrimental impact on other areas of the team in terms of the use of Mental Health Assessors, the business support and legal support functions. A review of procedures and processes is being undertaken to make sure the necessary infrastructure is in place.

Mental Capacity Act and Deprivation of Liberty Safeguards					
Year	No. of Applications	Authorised	Not Authorised	Not Assessed	Total Backlog
2012/13	46	30	16	0	
2013/14	56	44	12	0	
2014/15	565	165	111	289	
2015/16	957	190	350	306	
2016/17	1128	452	524	152	480

Appendix 3

The Context of Safeguarding in Rotherham – 16/17 data

Demographics

19% of population aged over 65.

41% increase in 85+ population in past 15 years.

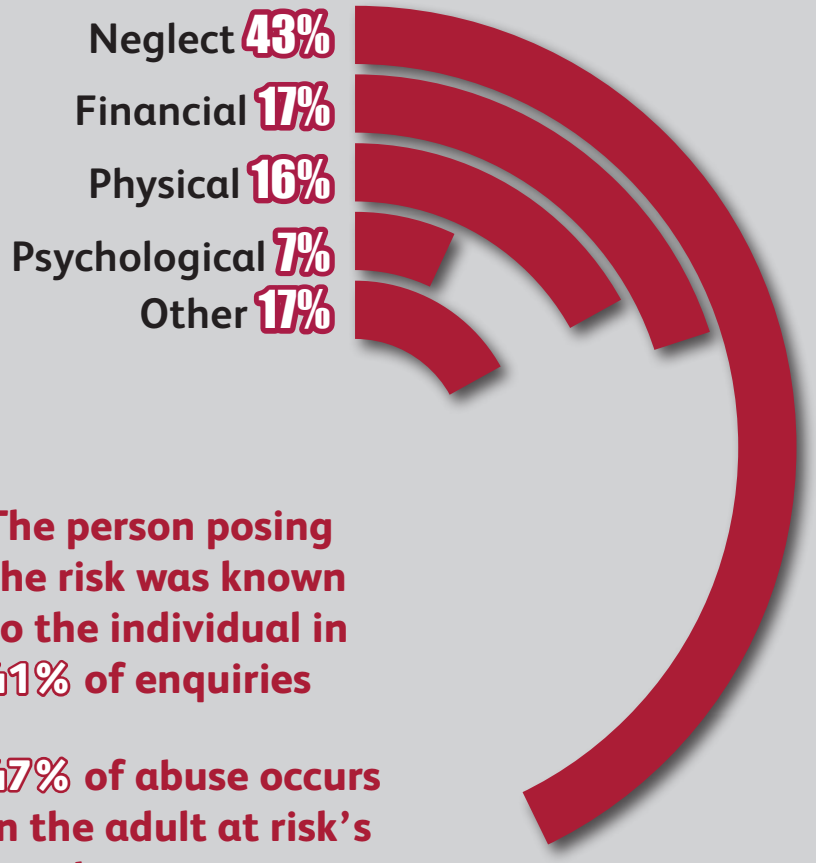
59% of safeguarding concerns relate to people over 65.

62% of safeguarding enquiries relate to female adults.

37% of safeguarding enquiries relate to younger adults.

Abuse and Location Analysis

The pattern of abuse:



The person posing the risk was known to the individual in 41% of enquiries

47% of abuse occurs in the adult at risk's own home

42% of abuse occurs in care homes

Risk Assessment

Risk was reduced or removed in **97%** of enquiries.

26% of adults at risk did not have the mental capacity to make decisions relating to their enquiry.

41% of adults lacking mental capacity supported by an advocate. (*includes informal family/friend/carer).

1128 DoLS applications received.

MSP

366 adults at risk supported in setting the desired outcomes of their enquiry.

94% of adults at risk who responded indicated that they felt their outcomes were met.

Rotherham Safeguarding Adults

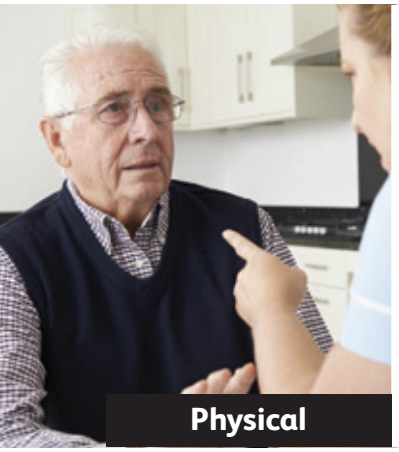
Appendix 4

Rotherham Safeguarding Adults Board Attendance

Date of Safeguarding Adults Board Meeting (excludes e-learning)						
	May 2016	July 2016	Sept 2016	Nov 2016	Jan 2017	March 2017
South Yorkshire Police	Apologies	✔	✔	✔	Apologies	✔
The Rotherham Foundation Trust	✔	Apologies	✔	✔	✔	✔
Clinical Commissioning Group	✔	✔	✔	✔	✔	✔
RMBC Director of Adult Social Services	✔	✔	✔	✔	✔	✔
South Yorkshire Ambulance	✘	✘	✘	✘	✘	✘
South Yorkshire Fire and Rescue	✔	Apologies	Apologies	✔	Apologies	Apologies
NHS England	✔	✔	✔	✔	✔	Apologies
RDASH	✔	✔	Apologies	Apologies	✔	✔
RMBC Children Services	✔	✔	✔	✔	✔	✔
Healthwatch	✔	✔	✔	✔	Apologies	Apologies
Voluntary Sector	Apologies	Apologies	Apologies	✔	Apologies	Apologies

Rotherham Safeguarding Adults

Do you know the signs of adult abuse?



Recognise • Respond • Report

Rotherham Council 01709 822330
Police non emergency: **101** *or* emergency: **999**

Keeping people safe from abuse is everyone's business

For more information about types of abuse www.rotherham.gov.uk/abuse

Rotherham Safeguarding Adults

NHS Rotherham Clinical Commissioning Group

South Yorkshire POLICE

Rotherham Metropolitan Borough Council


NHS
The Rotherham
NHS Foundation Trust


NHS
Rotherham
Clinical Commissioning Group


NHS
England


Rotherham
ageUK


healthwatch
Rotherham


NHS
Rotherham


South Yorkshire
POLICE


South Yorkshire
FIRE & RESCUE


CROSS
ROADS
CARE
North West


RDaSH
leading the way with care


Rotherham
Metropolitan
Borough Council

Health and Wellbeing Board – briefing note

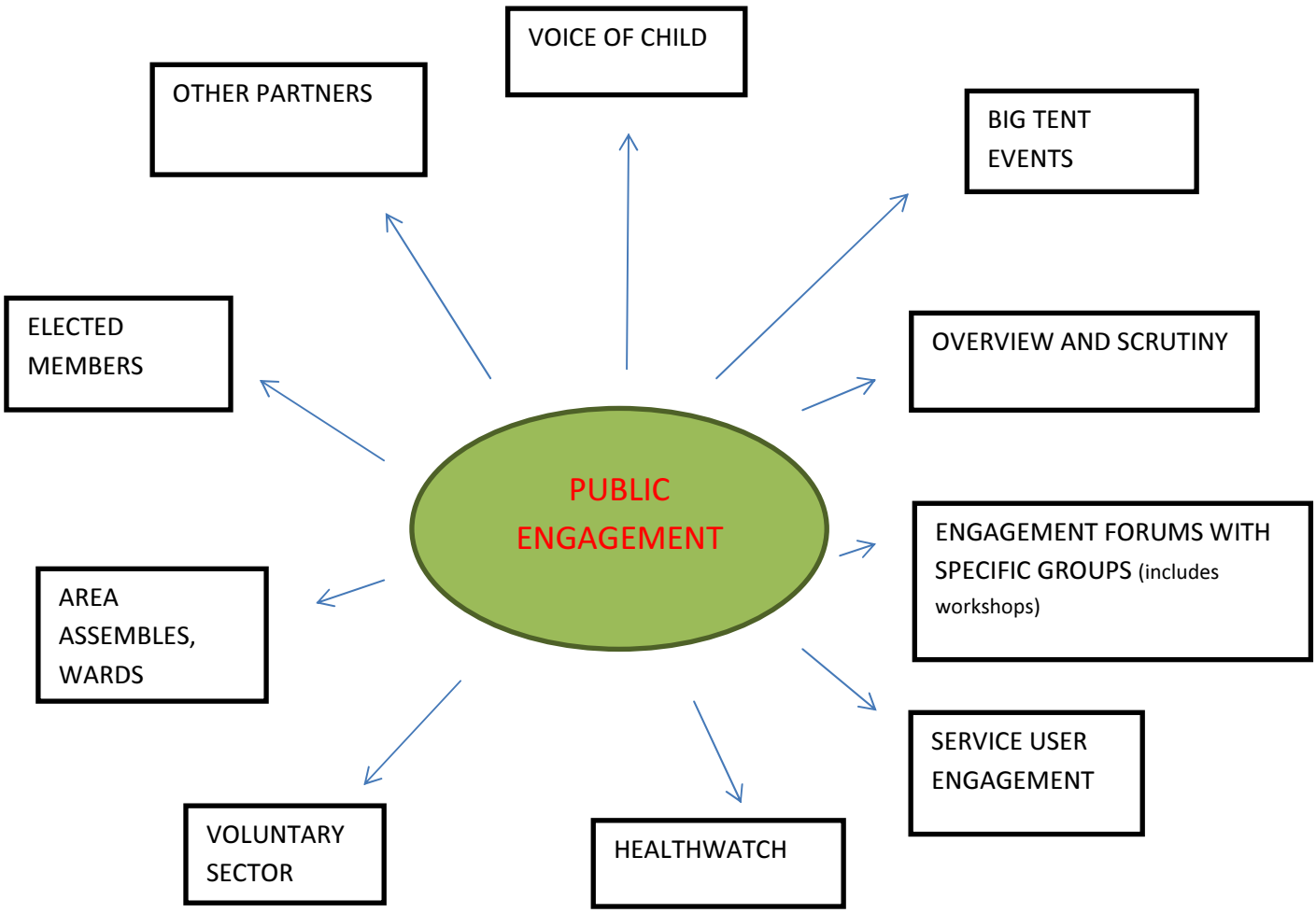
Cllr David Roche, HWbB Chair
November 2017

Engaging the public in the health and wellbeing board

In Rotherham we often struggle to get members of the public to engage with the local board; either by attending or sending in questions. However, regular engagement with the public in the work of the board, its priorities and local strategy, is supposed to be encouraged and something we therefore need to consider how to do more of.

There are examples of successful engagement with the public in Rotherham, including an event with the Clinical Commissioning Group at their AGM in July 2017, where members of the public attended to observe the board meeting and attended a public presentation by the chair and vice-chair about the work of the board. There was also a very well-attended themed board meeting on suicide which took place in May 2015.

During a recent Yorkshire and Humber Health and Wellbeing Board event, Durham shared how they have successfully engaged with the public through a range of events and public attendance at their board meetings. The diagram below demonstrates how Durham achieves this and may contain some ideas for us to consider.



Durham has annually over 200 + members of the public asking questions at their HWBB events