

## **HEALTH AND WELLBEING BOARD**

**Venue:** Town Hall, Moorgate  
Street, Rotherham S60  
2TH

**Date:** Wednesday, 20th November,  
2019

**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 - 11)
7. Communications
8. Population Health Video

### **Key Developments**

9. South Yorkshire and Bassetlaw Integrated Care System Strategic 5 Year Plans
10. Phase One: Redesign of the Joint Strategic Needs Assessment

### **Delivery of the Health and Wellbeing Strategy**

11. Suicide Prevention and Self-Harm Reduction Plan - Update (Pages 12 - 37)

## **Board Assurance**

12. Safeguarding Adults Board Annual Report and Rotherham Safeguarding Children's Partnership Annual Report (Pages 38 - 122)

## **Board Development**

13. Issues escalated from Place Board

## **For Information**

14. Rotherham Integrated Care Partnership Board - 4th September and 2nd October, 2019 (Pages 123 - 133)
15. Date and time of next meeting  
Wednesday, 22<sup>nd</sup> January, 2020, Rotherham CCG, Oak House, Bramley.

**HEALTH AND WELLBEING BOARD**  
**18th September, 2019**

**Present:-**

Councillor David Roche	Cabinet Member, Adult Social Care and Health <b>(in the Chair)</b>
Chris Edwards	Chief Operating Officer, Rotherham CCG
Tony Clabby	Healthwatch Rotherham
Dr. Richard Cullen	Strategic Clinical Executive, Rotherham CCG
Sharon Kemp	Chief Executive, RMBC
Jenny Lingrell	Joint Assistant Director, Commissioning Performance Inclusion (representing Jon Stonehouse)
Ian Spicer	Assistant Director, Independent Living and Support (representing Anne Marie Lubanski)
Janet Wheatley	Chief Executive, Voluntary Action Rotherham
Jacqui Wiltchinsky	Public Health (representing Terri Roche)
Angela Wood	Chief Nurse, TRFT (representing Louise Barnett)
Paul Woodcock	Strategic Director, Regeneration and Environment

**Report Presenters:-**

Gill Harrison	Public Health Specialist, RMBC
Matt Reynolds	Manager Planning, Regeneration and Transport
Tom Smith	Assistant Director Community Safety and Street Scene

**Also Present:-**

Councillor Rob Elliott	Vice-Chair, Health Select Commission
Councillor Jeanette Mallinder	Chair, Improving Places Select Commission
Amanda Thompson	South Yorkshire Fire and Rescue Service (representing Steve Adams)
Becky Woolley	Policy and Partnerships Officer, RMBC

Apologies for absence were submitted from Steve Adams (South Yorkshire Fire and Rescue Service), Louise Barnett (TRFT), Steve Chapman (South Yorkshire Police), Carol Lavelle (NHS England), Anne Marie Lubanski (Rotherham MBC), Dr. Jason Page (Rotherham CCG), Terri Roche (Public Health), Kathryn Singh (RDaSH) and Jon Stonehouse (Rotherham MBC).

**32. DECLARATIONS OF INTEREST**

There were no Declarations of Interest made at this meeting.

**33. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS**

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

**34. MINUTES OF THE PREVIOUS MEETING**

The minutes of the previous meeting of the Health and Wellbeing Board were considered.

Resolved:- That the minutes of the previous meeting held on 10<sup>th</sup> July, 2019, be approved as a correct record.

**35. COMMUNICATIONS**

**Be the One – Suicide Prevention Campaign**

The joint Campaign of the CCG, Council and RDaSH had been extremely successful so far. As of 10<sup>th</sup> September there had been 9,000 hits on the website, 57,000 people had accessed via Facebook and 36,000 tweets.

**Loneliness Strategy**

The above Strategy, which came under Aim 4 of the Health and Wellbeing Strategy, was to be launched on 24<sup>th</sup> September at the Rawmarsh High Street Centre. Anyone who had not responded to the invite should do so as soon as possible.

**Rotherham Show**

Board members were requested to give consideration to a joint health and wellness marquee at next year's Show.

Resolved:- That partners discuss within their individual organisations and further discussion take place at a future Board meeting.

**ACTION:- All Board members**

**36. IMPROVING AIR QUALITY IN ROTHERHAM**

Tom Smith, Assistant Director Community Safety and Street Scene, assisted by Matt Reynolds, Manager Planning, Regeneration and Transport, gave the following powerpoint presentation:-

**Background**

- 7M deaths globally were caused by air pollution
- Estimated up to 36,000 deaths a year in the United Kingdom
- Contributes to over 100 deaths per year in Rotherham
- Worsens chronic illnesses, shortens life expectancy and damages lung development in children
- Causes asthma, increases the chances of hospital admissions and respiratory and cardiovascular disease
- Poor communities were most exposed to and suffered the consequences of polluted air
- United Kingdom had been in breach of legal limits since 2010

**Rotherham Air Quality Plan 2016-20**

- Mitigation of air quality impacts through the planning process (Development Control)



- Promoting low emission transport in particular cleaner buses, taxi licensing, the installation of electric vehicle recharging infrastructure
- Promoting travel alternatives to the private car, raising public awareness especially of the impact of diesel vehicles on air quality in our towns and cities
- Improving the efficiency of the Rotherham MBC Vehicle Fleet

Work to Date – Sustainable Transport

- Care4Air Campaign
- Promote uptake of electric vehicles – 25 charging points
- Promote alternative transport
  - Cycleboost
  - Sustainable and Active Travel support for schools
  - Independent Travel Training
  - “Walk Rotherham” project
  - Busboost
  - EcoStars

Work to Date – Infrastructure

- National Productivity Investment Fund
- Tram Train Pilot
- Rotherham Interchange
- A630 Parkway widening

Improving Air Quality in Rotherham

- Rotherham and Sheffield required to work together to:
  - Analyse local air quality
  - Achieve statutory compliance with Air Quality Legislation
  - Proposed scheme(s) were deliverable in the shortest possible time and by no later than 2021
- Submit final business case to Government by December 2019

What is causing the problem?

- Road traffic
- Particular types of vehicles
  - Diesel vehicles and older petrol vehicles were the most polluting
  - Older non-retrofitted buses
  - Private hire taxis
  - HGVs and LGVs
- Focused in particular locations across the Borough – Wortley Road, Rawmarsh Hill, Fitzwilliam Road and the Parkway

Sheffield Parkway in Rotherham (A630)

- Sheffield propose to introduce a Category C (CAZ C) charging zone area bounded by the inner ring-road
- Would bring both the Sheffield and Rotherham sections of Sheffield Parkway into compliance by 2021

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- Assumes that the proposed 50 mph speed limit, associated with the widening of the Parkway in Rotherham was introduced

## Rawmarsh Hill (A633) Rawmarsh

- Upgrade or replace all buses operating on Rawmarsh Hill were to the Euro VI standard as a minimum
- A Euro VI bus delivers an almost 95% reduction in emissions against earlier Euro standards
- Divert around 25-30% of the scheduled buses from Rawmarsh Hill onto Barbers Avenue
- Improve the junctions at Dale Road and undertake minor works to Barbers Avenue itself, to support this measure

## Fitzwilliam Road (A630) Eastwood

- Minor engineering and traffic flow works

## Wortley Road and Upper Wortley Road (A629), Kimberworth and Thorpe Hesley

- Heavy Goods Vehicles ban – northbound towards M1

## Other Measures

- Financial support to upgrade
  - Taxis and private hire vehicles
  - Buses
  - Heavy Goods Vehicles and Light Goods Vehicles
- Campaigns and behavioural change

## Outcomes

Rotherham Sites	2017 Baseline	2021	
		Projected without measures	Projected with Measures
A630 Parkway Rotherham	48	44	39.5
A633 Rawmarsh Hill Rotherham	49	42	38.4
A629 Wortley Road Rotherham	45	41	31.3
A630 Fitzwilliam Road Rotherham	45	44	37.6

## Next Steps

- Public consultation on proposals – Summer 2019
- Submit final business case to Government – December 2019
- Implement proposals – from June/July 2020

Discussion ensued with the following issues raised/clarified:-

- Running alongside the Clean Air Zone was the Transforming Cities funding package. The 2 business cases would complement each other
- One of the current NO<sup>2</sup> readers was obscured by a tree – to be replaced by appropriate vegetation
- The Clean Air Zone consultation process had now closed and had had a limited response – approximately 700 responses in Rotherham. Rotherham businesses/taxi drivers had been encouraged to take part in Sheffield's consultation with regard to the effect the introduction of the Category C (CAZ C) charging zone area
- As well as work at the 4 locations there would be more campaign and behavioural change work
- The Project Board was working with Central Government in an attempt to introduce a national awareness campaign
- Car clubs/car sharing would be looked at as part of the behaviour change work
- CCG and Place Plan should reflect air quality
- Regular updates should be submitted to the Board
- A number of electric vehicle charging points were now available on Council-owned land financed via the Early Measures Fund – possible installation on partners' sites e.g. hospital?
- Children Services may have a role to play in encouraging parents not to drive their children to school

Resolved:- That the presentation be noted.

### **37. ADVANCING OUR HEALTH: PREVENTION IN THE 2020S CONSULTATION**

The Chair introduced a report on 'Advancing our Health: Prevention in the 2020s' consultation.

Consultation on the Prevention Green Paper had been launched on 22<sup>nd</sup> July, 2019, and would close on 14<sup>th</sup> October. The Paper built on previous policy developments including the NHS Long Term Plan and the national Prevention Vision.

The crosscutting themes of the Paper were:-

- Emphasis on technology, digital and innovation over other factors such as the wider determinants of health
- Focus on greater personalisation and a targeted approach with a shift away from universalist interventions and towards interventions stratified by risk

- Increasingly important role for regulation and taxation including exploring the introduction of a levy on the tobacco industry based on the principle of the ‘polluter pays’ and exploring how the sugar tax should be extended to include milk-based drinks
- Focussing on the early years including modernising the Health Child Programme and taking action on children’s oral health
- Closing the ‘prevention gap’ and achieving parity of esteem not just for how mental health conditions were treated but also for how they were prevented
- Seeing health as an asset to invest in throughout life and not just a problem to fix when it went wrong

Attention was also drawn to the key themes of the Paper and where the gaps were.

Discussion took place with the following points raised:-

- Cancer UK was interested in using the Rotherham Health app
- The CCG Small Grants for Mental Health had a big effect certainly with some of the work Healthwatch was doing with men’s mental health
- Closer links with Housing and Planning with regard to air quality and the effect on communities
- Welcome the focus on Public Health as a priority and provide examples of what Rotherham thought of as networks e.g. social prescribing, connecting communities, focus in the Health and Wellbeing Strategy around Housing and suggest that they were the things Rotherham would like to see a focus on
- Since publication of the Paper there had been an announcement that there would be an investment in Public Health next year
- Play to Rotherham’s strengths in what was believed would make a difference whilst putting a challenge down to the Government
- The TRFT to incorporate what had worked in Rotherham in the form of case studies

Resolved:- (1) That Board Members provide comments for inclusion in the response to Becky Woolley by 26<sup>th</sup> September, 2019.

**ACTION:- All Board Members/Becky Woolley**

(2) That the TRFT provide case studies for inclusion in the response.

**ACTION:- TRFT**

**38. PERFORMANCE FRAMEWORK SPOTLIGHT: SUICIDE PREVENTION**

The Board considered a report containing information taken from the Public Health England Suicide Prevention Profiles and Office of National Statistics (ONS) data. It showed that:-

- Rotherham – after a small decrease between 2013-15, the 3 year directly age-standardised rate (DSR) had increased from 13.9 to 15.9 deaths per 100,000 between 2014-16 and 2015-17. The latest data for 2016-18 showed that this had now dropped to 13.1 deaths per 100,000 a decrease of nearly 18%
- Yorkshire and Humber Region – had a statistically higher suicide rate for males in 2018 compared to the overall rate for males in England and Wales – 19.0 deaths per 100,000 males compared to 16.2. The suicide rate had increased from 15.3 in 2017 to 19.0 deaths per 100,000 in 2018 for males. For females the highest suicide rate in 2018 in England was seen in Yorkshire and the Humber – 5.7 deaths per 100,000 women
- England – All Persons Suicides – 5,021 suicides were registered in 2018, 570 more than in 2017 (4,451 deaths) – 12.8% increase. The latest England rate represented the first increase since 2014, however, this remained lower than at the beginning of the time series (1981) – 14.6 deaths per 100,000 persons

A symposium had been held in Rotherham in June 2019 as an opportunity for partners working across Rotherham to hear about national research and best practice in relation to suicide prevention. It had also acted as a self-assessment of the Rotherham Suicide Prevention and Self-Harm Action Plan which would be submitted to the Board for sign off.

In Rotherham there was joint working between the CCG, RMBC and men's groups to develop the concepts for the suicide prevention campaign, 'Be the One'.

Rotherham had secured NHSE Year 2 Suicide Prevention funding which would be used to fund the promotion of a second round of small grant awards to men's groups that were tackling the risk factors relating to suicide, implementation of the Train the Trainer Self Harm project, provision of a listening service for those bereaved/affected by suicide and suicide prevention training for frontline staff and targeted work in areas of higher rates.

Concern remained with regard to the number of women in Rotherham and the region who took their own lives. Rotherham Public Health had commenced initial conversations with a local university regarding research into this area. Also, whilst dropping in the 3 year period, suicide rates were still above the national average.

Next steps included the launch and monitoring of the impact of the 'Be the One' campaign as well as sign off of the Rotherham Suicide Prevention and Self Harm Action Plan by the Health and Wellbeing Board. The NHSE Year 2 funded work would be implemented and evaluated as well as discussions with ICS colleagues in relation to any joint commissioning opportunities, work with a local university to understand why women took their own lives and look at what actions could be taken by all partners.

It was noted that families were now signposted to AMPARO which had started in May. The contract was monitored by the CCG but the take-up had been slow. It was thought that bereaved families were under the impression that it was a counselling service which they did not want; it was to be rebadged as a listening service. The Service would provide support up until the inquest and beyond.

Resolved:- (1) That the refreshed Rotherham Suicide Prevention and Self Harm Action Plan 2019-21 be submitted to the Board for consideration.

(2) That 6 monthly updates on progress against the action plan be submitted together with updates on the work funded through the NHS England Suicide Prevention funds.

**ACTION:- Ruth Fletcher Brown**

### **39. REFRESH OF THE SEXUAL HEALTH STRATEGY**

Gill Harrison, Public Health Specialist, presented the 2019-21 refresh of the Sexual Health Strategy for Rotherham with the aid of a powerpoint presentation.

The Strategy set out the priorities for the next 3 years for improving sexual health outcomes for the local population. It provided a framework for planning and delivering commissioned services and interventions (within existing resources) aimed at improving sexual health outcomes across the life course.

The Strategy had been scrutinised by the Health Select Commission with comments relating to suggested actions to be submitted to the Strategy Group.

The Strategy aimed to address the sexual health needs reflected by Public Health England's sexual and reproductive health epidemiology report 2017 which highlighted areas of concern. The following were identified as concerns to identify actions for 2019-21:-

- Sexually Transmitted Infections (STI) diagnosis in young people
- Sexual health within vulnerable groups
- Under 18 conception rate
- Pelvic inflammatory disease (PID) admission rate
- Abortions under 10 weeks

The refreshed Strategy also reflected concerns expressed in the Rotherham Voice of the Child Lifestyle Survey 2018 i.e. the number of those sexually active young people (aged 14/15 years) who said that they did not use any contraception had increased from 27.5% in 2017 to 29.1% in 2018. Also the numbers of young people (aged 14/15 years) reporting that they had had sex after drinking alcohol and/or taking drugs showed a significant increase since the 2017 survey.

Discussion ensued with the following issues raised/clarified:-

- There was nothing to show how someone would be supported if they had been attending the Sexual Health Clinic and still became pregnant
- There were regular monitoring meetings with the Integrated Sexual Health Service who kept action logs in relation to CSE and any Safeguarding areas of concern they may have had and what they had done with them. There was some very positive work between the Pause Project, Sexual Health Clinic at the Hospital and GPs. Could the “vulnerable groups” be broadened to that currently contained within the Plan and include Pause?
- Yorkshire MESMAC was to submit a funding bid to the National HIV Intervention Fund to carry out work with the Roma community
- A clear action plan would be developed to underpin delivery of the Strategy
- There would be a clear action plan with actions
- The term “vulnerable” used in the Public Health England context was different to that normally understood by the term

Resolved:- That the refreshed Sexual Health Strategy and associated action plan be approved.

#### **40. HEALTH AND WELLBEING BOARD ANNUAL REPORT**

The Chair introduced the Health and Wellbeing Board’s first annual report 2018/19.

The report set out the governance arrangements, delivery of the Strategy, what was working well, what the Board was worried about and what it would do next.

It was felt that the report would help the Board to improve its media footprint, published on the website and presented to various partner boards as and when required.

Resolved:- That the report be noted.

**41. UPDATES TO THE HEALTH AND WELLBEING BOARD**

**Supplementary Planning Documents**

At the meeting of the Council's Cabinet on 16<sup>th</sup> September approval had been given to go out to consultation on a suite of Supplementary Planning documents which included Equal and Healthy Communities and Air Quality and Emissions.

**Report Templates**

Following discussion at the Executive Group, it had been agreed that a new Plan on a Page template be utilised for reports by Board Sponsors to provide updates on each of the aims in the Strategy.

Resolved:- (1) That the updates be noted.

(2) That the Equal and Healthy Communities and Air Quality and Emissions Supplementary Planning documents be circulated to Board Members.

**ACTION:- Paul Woodcock/Becky Woolley**

**Future Agenda Items**

Annual reports of the Safeguarding Adults and Safeguarding Children Boards

Joint Strategic Needs Assessment

Loneliness Plan

**42. ISSUES ESCALATED FROM PLACE BOARD**

There were none to report.

**43. BETTER CARE FUND PLANNING TEMPLATE**

The Board received, for information, an overview of the Better Care Fund Plan for 2019-20. The BCF planning template was in line with the 2019-20 Better Care Fund Policy Framework published in April 2019 and the Better Care Fund Planning Requirements 2019-20 which included Key Lines of Enquiries (KLOEs) released in July 2019.

The report set out the key achievements for 2017-19 since the BCF Plan including enhanced health care in care homes, lessons learned and income and expenditure.

Rotherham was fully meeting the 4 national conditions set within the Government in the BCF Policy Framework and towards the former national conditions contained within the 2017-19 BCF Plans.

The report also set out the various stages of the approval process the BCF planning template for 219/20 was subject to which included submission to the NHS England on 27<sup>th</sup> September, 2019.



Resolved:- That the report be noted.

**44. HEALTH AND WELLBEING STRATEGY PERFORMANCE FRAMEWORK**

The Health and Wellbeing Strategy 2018-25 Performance Framework was submitted for information.

**45. ACTIVE FOR HEALTH - EVALUATION REPORT**

The Board noted the Rotherham Active for Health evaluation report.

**46. ICP PERFORMANCE REPORT**

The Board noted the progress with deliver of the ICP Place Plan as at the end of quarter 1 2019-20.

**47. ROTHERHAM INTEGRATED CARE PARTNERSHIP PLACE BOARD**

The minutes of the Rotherham Integrated Care Partnership Board held on 5<sup>th</sup> June, 3<sup>rd</sup> July and 7<sup>th</sup> August, 2019, were noted.

**48. DATE AND TIME OF NEXT MEETING**

Resolved:- That the next meeting be held on Wednesday, 20<sup>th</sup> November, 2019, commencing at 9.00 a.m. at Rotherham Town Hall.

# **Rotherham Suicide Prevention and Self Harm Action Plan 2019 – 2021**

***‘Be the one to Talk, Listen and Care’***

# Introduction

*Every day in England around 13 people take their own lives. The effects can reach into every community and have a devastating impact on families, friends, colleagues and others. Each one of these deaths is a tragedy. Every local area, whether its own suicide rate is high or low, should make suicide prevention a priority* (PHE, 2016: Local suicide prevention planning: a practice resource).

Suicide is not inevitable. It is often the end point of a complex history of risk factors and distressing events; the prevention of suicide has to address this complexity. Suicide prevention is everybody's responsibility and cannot be left to the remit of one agency/organisation.

In 2012 the Government produced "Preventing suicide in England. A cross-government outcomes strategy to save lives":

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/216928/Preventing-Suicide-in-England-A-cross-government-outcomes-strategy-to-save-lives.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216928/Preventing-Suicide-in-England-A-cross-government-outcomes-strategy-to-save-lives.pdf) link doesn't open

The strategy outlined six areas for action:

1. Reduce the risk of suicide in key high risk groups
2. Tailor approaches to improve mental health in specific groups
3. Reduce access to means of suicide
4. Provide better information and support to those bereaved or affected by suicide
5. Support the media in delivering sensitive approaches to suicide and suicidal behaviour
6. Support research, data collection and monitoring.

Local areas should aim to tackle all six areas of the national strategy in the long term. However Public Health England (PHE) guidance issued in 2016

([https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/585411/PHE\\_local\\_suicide\\_prevention\\_planning\\_practice\\_resource.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/585411/PHE_local_suicide_prevention_planning_practice_resource.pdf)) on suicide prevention recommended the following short term actions:

## Rotherham Suicide Prevention and Self-Harm Action Plan 2019 - 2021

1. Reducing risk in men
2. Preventing and responding to self-harm, with a range of services for adults and young people in crisis, and psychosocial assessment for self-harm patients
3. Mental health of children and young people
4. Treatment of depression in primary care
5. Acute mental health care
6. Tackling high frequency locations
7. Reducing isolation
8. Bereavement support

Reducing suicides remains an NHS priority over the next decade as referenced in the NHS Long Term Plan

(<https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf>)

Suicide prevention is a priority area within the South Yorkshire and Bassetlaw Integrated Care System (ICS) and joint working is taking place across the ICS to address the following areas:

- Working with the media in relation to suicide prevention.
- Establishing, implementing and evaluating one real time surveillance data system across South Yorkshire. Rotherham Safer Neighbourhood Service (SYP) have been doing this work for years and have been key in sharing good practice across the region.
- Supporting those people bereaved and affected by suicide.
- Working with Sheffield University to conduct an audit of coroners records to build up a richer narrative about the wider personal, economic and societal factors that contributed to the suicide that could be used to inform the development of future local and ICS level suicide prevention work.

Locally suicide prevention is a priority area within the Rotherham Place Plan and Health and Wellbeing Board Strategy.

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

[http://rotherhamhealthandwellbeing.org.uk/homepage/6/joint\\_health\\_and\\_wellbeing\\_strategy](http://rotherhamhealthandwellbeing.org.uk/homepage/6/joint_health_and_wellbeing_strategy)

## Rotherham Suicide Prevention and Self-Harm Action Plan 2019 - 2021

This plan outlines the actions Rotherham organisations are taking to prevent suicides from both the national strategy and PHE guidance. The action plan should be read alongside the Better Mental Health for All Strategy and Action plan which looks at action to be taken to improve the mental wellbeing of people living and working in Rotherham.

<https://moderngov.rotherham.gov.uk/documents/s111144/Better%20Mental%20Health%20for%20All%20Action%20Plan%20Appendix.pdf> link doesn't open

### **Governance arrangements**

Rotherham takes suicide prevention seriously. The Rotherham Suicide Prevention and Self Harm Group meetings are chaired by a Consultant in Public Health. The multi-agency group meets bimonthly and is tasked to implement this plan, with the Suicide Prevention Operational Group meeting every six weeks to review real time data. The Partners represented on the Rotherham Suicide Prevention and Self-Harm Group include:

- Cabinet Member for Adult Care, Housing and Public Health (Also Chair of the Health and Wellbeing Board)
- CGL Rotherham Drug & Alcohol Service
- Rotherham Clinical Commissioning Group (RCCG)
- RDaSH (mental health provider)
- Rotherham NHS Foundation Hospital Trust
- RMBC- Adult Care, Housing and Public Health
- RMBC Children and Young People's Services
- RMBC Communications
- Rotherham MAST/Maltby Academy (Multi Agency Support Team) Strategic Leader
- Rotherham Samaritans
- Rotherham United Community Sports Trust (RUCST).
- South Yorkshire Police

Progress against this action plan is reported on a monthly basis to the Mental Health (MH) and Learning Disability (LD) Transformation Group, a sub group of the Rotherham Place Plan Board. Annual updates are given to the Rotherham Health and Wellbeing Board. Issues are escalated as and when required to the MH and LD Transformation Group.

## **Rotherham Suicide Prevention and Self-Harm Action Plan 2019 - 2021**

### **Rotherham Suicide Prevention Symposium**

On the 6<sup>th</sup> June 2019, a symposium was held in Rotherham with the following delegates invited to attend:

- Chief Executive Officers of the Health and Wellbeing Board
- Members of the Strategic Suicide Prevention Group
- Members of the Operational Suicide Prevention Group
- Members of the Rotherham Suicide Prevention and Self Harm Group

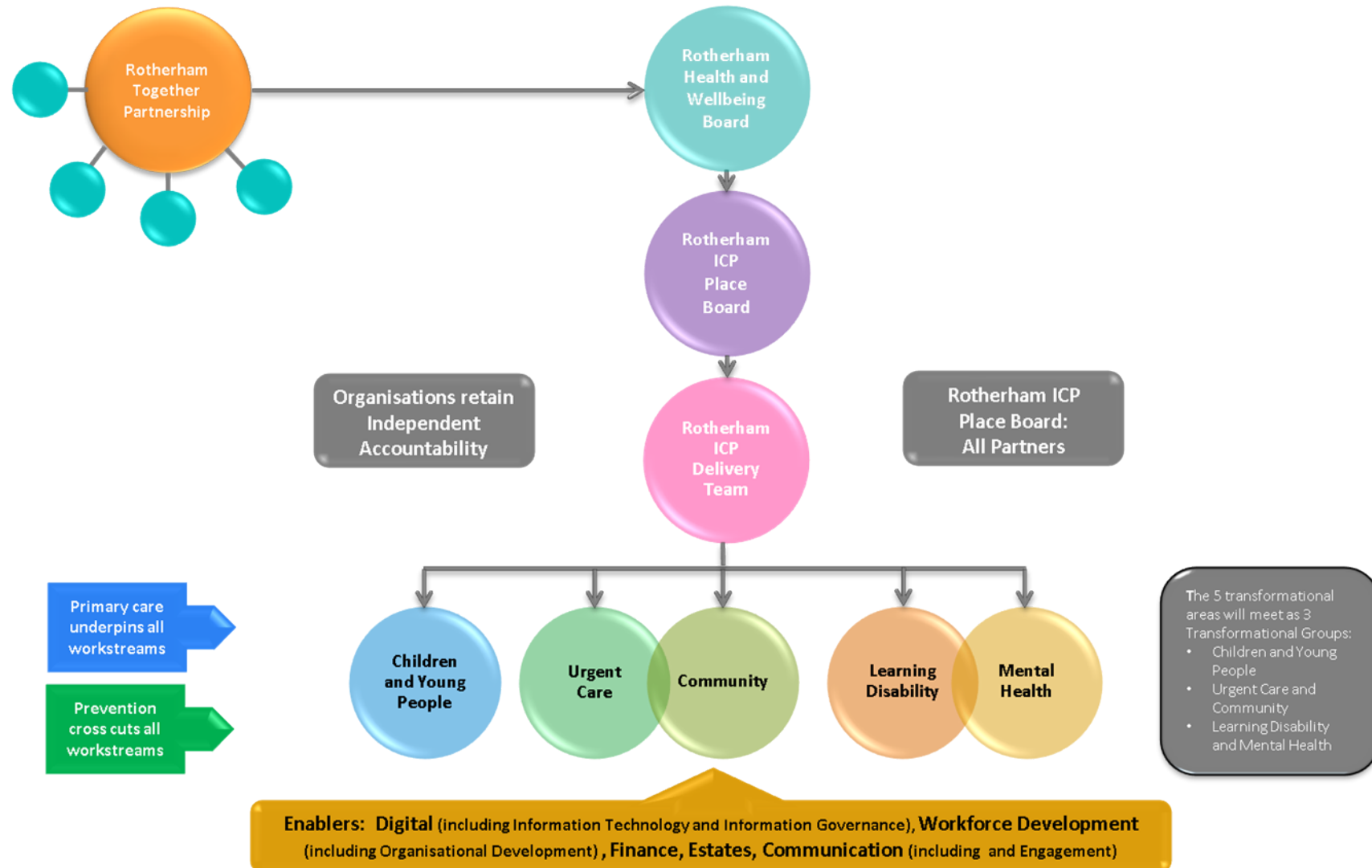
The symposium provided an opportunity for partners working across Rotherham to hear about national research and best practice in relation to suicide prevention. The symposium acted as a self-assessment of the Rotherham Suicide Prevention and Self Harm Action Plan. Following the symposium the action plan was refreshed and will go to the Health and Wellbeing Board for their approval in November 2019.

Professor Nav Kapur gave the national context/picture for suicide prevention on the themes identified below. The themes were taken from the national suicide prevention strategy and Public Health England Guidance, (<https://www.gov.uk/government/publications/suicide-prevention-strategy-for-england> & <https://www.gov.uk/government/publications/suicide-prevention-developing-a-local-action-plan>).

1. People under the care of mental health services.
2. Better information/support to those children, young people and adults bereaved or affected by suicide.
3. People who self-harm.
4. Men and primary care.

(Professor Kapur is Head of Research at the Centre for Suicide Prevention at Manchester University and also leads the suicide work programme of the National Confidential Inquiry into Suicide and Safety in Mental Health Services).

## Rotherham Suicide Prevention and Self-Harm Action Plan 2019 - 2021



### National Picture

On the 3<sup>rd</sup> September 2019 the Office of National Statistics published:

#### 1. [Suicides in the UK: 2018 registrations](#)

Registered deaths in the UK from suicide analysed by sex, age, area of usual residence of the deceased and suicide method.

#### 2. [Quarterly suicide death registrations in England: 2001 to 2018 registrations and 2019 provisional data](#)

Provisional rate and number of suicide deaths registered in England per quarter. Includes 2001 to 2018 registrations and provisional data for 2019 Quarters 1 and 2 (Jan-Mar, April-June).

- In 2018, a total of 6,507 suicides were registered in the UK, 686 more deaths than in 2017 when there were 5,821 deaths (11.8% increase). This equates to a statistically significant increase in the suicide rate, with 11.2 deaths per 100,000 population in 2018, compared with 10.1 deaths per 100,000 population in 2017. (ONS, 2019).
- Following several years of decline, the latest UK suicide rate has increased to the level seen when it previously peaked in 2013 (11.1 deaths per 100,000).
- **England-** since the early 1990s males have accounted for around three-quarters of suicide deaths nationally, 76% of the registered deaths in 2018 were among men (3,800 male deaths compared with 1,221 female deaths).
- Males continue to account for three-quarters of suicide deaths in 2018 (4,903 male deaths compared with 1,604 female deaths). The latest increase in the overall UK rate appears to be largely driven by males: in 2018, the rate was 17.2 deaths per 100,000 males, up significantly from the lowest observed rate in the previous year (15.5 deaths per 100,000).
- Approximately 7% of the national population have attempted suicide at some stage, according to the Adult Psychiatric Morbidity Survey (APMS) 2014<sup>1</sup>.
- Around 1 in 5 people (21%) in England have had suicidal thoughts at some point in their life (APMS 2014)<sup>1</sup>.



## Rotherham Suicide Prevention and Self-Harm Action Plan 2019 - 2021

- People in the lowest socio-economic group and living in the most deprived geographical areas are 10 times more at risk of suicide than those in the highest socio-economic group living in the most affluent areas.
- For every suicide it is now estimated that 135 people are exposed (knew the person)<sup>2</sup>
- People diagnosed with autism are at high risk of suicide. In a large scale clinic study of 374 adults newly diagnosed with Asperger Syndrome (a sub group on the autism spectrum without language delay or intellectual disability), 66% had contemplated suicide, and 35% had planned or attempted suicide.<sup>3</sup>
- A large scale population study in Sweden showed that autistic people, without intellectual disability, were at significantly higher risk of dying by suicide than the general population, with suicide a leading cause of early death for autistic people.<sup>1</sup> An ongoing study in the UK is showing that 12% of people who die by suicide have evidence of autism, (significantly higher than the 1% rate in the general alive population), with a majority not yet diagnosed before their death.

*\*Data is not available at Rotherham level from the APMS.*

*Cleary A. Suicidal action, emotional expression, and the performance of masculinities. Social Science Med. 72(2012 Feb); 74(4):498-505.*

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*Hirvikoski, T., Mittendorfer-Rutz, E., Boman, M., Larsson, H., Lichtenstein, P., & Bölte, S. (2016). Premature mortality in autism spectrum disorder. The British Journal of Psychiatry, 208(3), 232-238.*

### Local picture

- After a small decrease between 2013-15 and 2014-16, the 3-year directly age-standardised rate (DSR) increased from 13.9 to 15.9 deaths per 100,000 between 2014-16 and 2015-17. The latest data for 2016 – 2018 shows that this has now dropped to 13.1 deaths per 100,000 a decrease of nearly 18%. (Red = significantly worse than England, Amber = similar, Green = Better)

## Rotherham Suicide Prevention and Self-Harm Action Plan 2019 - 2021

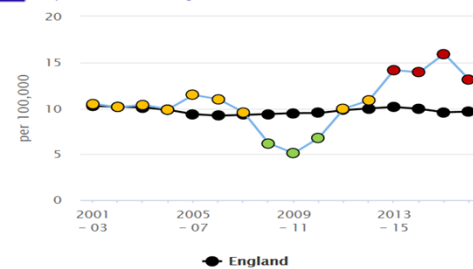
### 4.10 - Suicide rate New data Rotherham

Directly standardised rate - per 100,000

[Export chart as image](#)

[Show confidence intervals](#)

[Export table as CSV file](#)



Recent trend: —

Period		Rotherham				Yorkshire and the Humber region	England
		Count	Value	Lower CI	Upper CI		
2001 - 03	●	69	10.5	8.2	13.3	10.0	10.3
2002 - 04	●	67	10.1	7.8	12.9	10.2	10.2
2003 - 05	●	69	10.4	8.1	13.2	10.4	10.1
2004 - 06	●	65	9.9	7.6	12.6	10.2	9.8
2005 - 07	●	76	11.5	9.0	14.4	9.7	9.4
2006 - 08	●	74	11.0	8.6	13.8	9.4	9.2
2007 - 09	●	65	9.6	7.4	12.2	9.4	9.3
2008 - 10	●	42	6.2	4.5	8.4	9.0	9.4
2009 - 11	●	34	5.1	3.5	7.1	9.0	9.5
2010 - 12	●	46	6.8	5.0	9.1	9.6	9.5
2011 - 13	●	68	10.0	7.7	12.6	10.4	9.8
2012 - 14	●	74	10.9	8.5	13.7	10.3	10.0
2013 - 15	●	96	14.2	11.5	17.3	10.7	10.1
2014 - 16	●	94	13.9	11.2	17.0	10.4	9.9
2015 - 17	●	107	15.9	13.1	19.3	10.4	9.6
2016 - 18	●	87	13.1	10.5	16.2	10.7	9.6

Source: Public Health England (based on ONS source data)

- The number of registered deaths reduced from 107 for 2015-17 to 87 for 2016-18 largely due to the loss of 2015 data from the period with its high number of deaths. Rotherham is now statistically similar to all nearest neighbours (was significantly higher than 7 of 15 nearest neighbours for 2015-17 data). This is based on overlapping confidence interval values.

### 4.10 - Suicide rate New data 2016 - 18

Directly standardised rate - per 100,000

[Export table as image](#)

[Export table as CSV file](#)

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	—	—	14,047	9.6	9.5	9.8
Neighbours average	—	—	—	—	—	—
St. Helens	—	2	75	16.1	12.6	20.2
Rotherham	—	—	87	13.1	10.5	16.2
Calderdale	—	10	68	12.5	9.7	15.8
Doncaster	—	1	98	12.3	10.0	15.0
Wigan	—	5	106	12.3	9.9	14.6
Bolton	—	13	87	11.7	9.3	14.4
Tameside	—	6	68	11.6	9.0	14.7
Halton	—	9	38	11.4	8.1	15.7
Sunderland	—	14	82	11.1	8.8	13.7
Rochdale	—	15	59	10.9	8.3	14.1
Wakefield	—	4	96	10.9	8.8	13.3
Dudley	—	11	80	9.7	7.7	12.1
Telford and Wrekin	—	8	44	9.7	7.0	13.0
Barnsley	—	3	59	9.2	7.0	11.9
Stockton-on-Tees	—	7	48	9.2	6.8	12.3
Walsall	—	12	59	8.2	6.2	10.6

Source: Public Health England (based on ONS source data)

## Rotherham Suicide Prevention and Self-Harm Action Plan 2019 - 2021

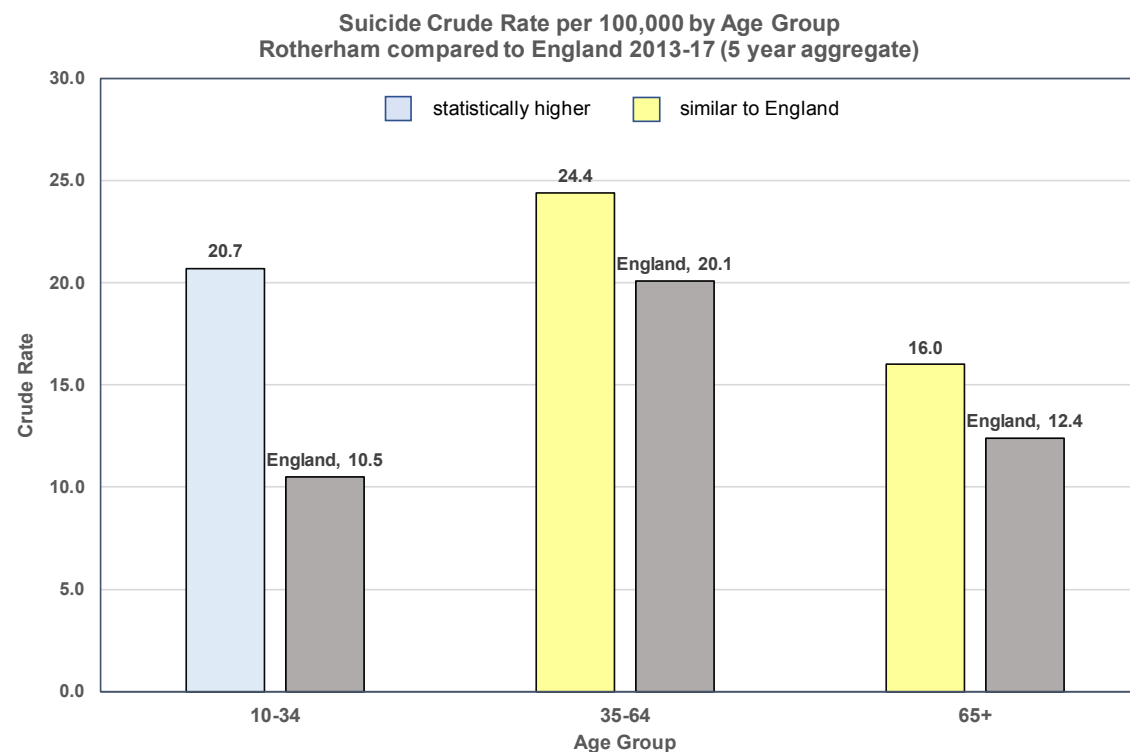
- Males account for around three-quarters of suicide deaths with the trend in death rates matching the total trend. After reaching its highest in 2015-17 (in the period since 2001-03) the rate decreased in 2016-18 from 24.0 to 20.3 deaths per 100,000 population. However, Rotherham is still significantly higher than England and ranks 2nd highest of nearest neighbour authorities.
- After increasing every period since 2010-12 the female rate decreased from 8.4 to 6.4 deaths per 100,000 population between 2015-17 and 2016-18 and is now statistically similar to England again (was significantly higher/worse in 2015-17). Rotherham's female rate ranks as highest among CIPFA nearest neighbours.
- By age (5-year combined data) – Data not yet updated to include 2018 The age 10-34 rate has risen consistently between 2011-15 and 2013-17 and is significantly higher than England (20.7 compared to 10.5 deaths per 100,000 population). The rates for the 35-64 and 65+ age groups were stable between 2011-15 and 2012-16 but both increased for 2013-17. The rates for ages 35-64 and 65+ are higher than England but still statistically similar.

**Suicide Crude Rate per 100,000 by Age Group - Rotherham Compared to England**

Age Group	Rotherham			England		
	2011-15	2012-16	2013-17	2011-15	2012-16	2013-17
10-34	16.7	18.7	20.7	10.5	10.6	10.5
35-64	22.5	22.7	24.4	20.8	20.6	20.1
65+	13.1	13.6	16.0	12.6	12.4	12.4

Source - Office for National Statistics, original mortality data.

## Rotherham Suicide Prevention and Self-Harm Action Plan 2019 - 2021



Source - Office for National Statistics, original mortality data.

- Rotherham rates rank 2nd highest among CIPFA nearest neighbour authorities for deaths in ages 10-34, average for ages 35-64 and 3rd highest for ages 65 and over.
- The most common form of suicide in Rotherham is by hanging.
- The real time data for suspected suicides in Rotherham shows that deaths are more prevalent in most deprived wards.

*\*Data is not available at Rotherham level from the APMS.*

## Rotherham Suicide Prevention and Self-Harm Action Plan 2019 - 2021

Source: Death registrations data from the Office for National Statistics.

DSR: Directly age-standardised rate.

CIPFA: Chartered Institute of Public Finance and Accountancy.

### **Self-harm**

#### **National picture:**

- Approximately 7% of the national population have self-harmed (without suicidal intent) at some stage, according to the Adult Psychiatric Morbidity Survey (APMS) 2014<sup>1</sup>.

#### **Local picture:**

- Rates for hospital admissions due to self-harm in children and young people (Aged 10-24 years) are also significantly lower/better than England. In 2016/17 Rotherham's rate was 278.1 per 100,000 DSR compared to 404.6 per 100,000 for England. Rotherham ranks 3<sup>rd</sup> lowest in Yorkshire and the Humber Region and lowest/best among CIPFA nearest neighbours.
- Rotherham had 403 emergency hospital admissions for self-harm in 2016/17 which is 159.4 per 100,000 DSR (Persons, All ages). This rate is significantly lower/better than England (185.3 per 100,000) and ranks as 5th lowest in Yorkshire and the Humber and 2nd lowest among CIPFA nearest neighbours.

*DSR – Directly age standardised rate.*

#### **Helpful resources on suicide prevention**

- Healthier Lives – suicide prevention <http://healthierlives.phe.org.uk/topic/suicide-prevention>
- Help is at Hand <http://supportaftersuicide.org.uk/wp-content/uploads/2016/09/England-Help-is-at-Hand.pdf>
- Identifying and responding to suicide clusters and contagion: a practice resource  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/459303/Identifying\\_and\\_responding\\_to\\_suicide\\_clusters\\_and\\_contagion.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/459303/Identifying_and_responding_to_suicide_clusters_and_contagion.pdf)

## **Rotherham Suicide Prevention and Self-Harm Action Plan 2019 - 2021**

- Local suicide prevention planning: a practice resource  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/564420/phe\\_local\\_suicide\\_prevention\\_planning\\_a\\_practice\\_resource.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/564420/phe_local_suicide_prevention_planning_a_practice_resource.pdf)
- Preventing suicide in public places: a practice resource  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/481224/Preventing\\_suicides\\_in\\_public\\_places.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/481224/Preventing_suicides_in_public_places.pdf)
- Suicide prevention profiling tool <http://fingertips.phe.org.uk/profile-group/mental-health/profile/suicide>
- Support after a suicide: A guide to providing local services  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/582095/Support\\_after\\_a\\_suicide.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/582095/Support_after_a_suicide.pdf)

## Rotherham Suicide Prevention and Self-Harm Action Plan 2019 - 2021

### Aim 1. Reducing the number of suicides amongst people receiving mental health support from across all organisations

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
<b>1.1 To have a whole system approach to suicide prevention within acute and community mental health services.</b>	<p>To implement Rotherham Doncaster and South Humber NHS Foundation Trust</p> <p>KEEPING SAFE KEEPING WELL</p> <p>Suicide Prevention Action Plan 2019 – 2021</p>	RDaSH	Annual progress report. Plan to be delivered over 2 years.	<p><b>A reduction in the number of suicides amongst people receiving mental health support:</b></p> <ul style="list-style-type: none"> <li>Plan focusses on zero suicide for inpatients and a 10% reduction in community.</li> </ul>	
<b>1.2 Staff across the health and social care system are equipped to identify and support people at risk of suicide.</b>	<p>Partners across the Health and Social Care system to agree an approach to suicide prevention training for all staff. Training to range from spotting the signs and signposting to providing intensive interventions.</p> <p>Training programme to be rolled out across health and social care.</p>	Workforce Enablement Group (Sub Group of the Place Board)	<p>March 2020- agreed plan in place and approved by partners</p> <p>Training programme being implemented.</p>	<p><b>A reduction in the number of suicides amongst people receiving mental health support:</b></p> <ul style="list-style-type: none"> <li>An approved training package so managers are assured that staff are trained to the appropriate level for their role.</li> <li>Number of staff</li> </ul>	

## Rotherham Suicide Prevention and Self-Harm Action Plan 2019 - 2021

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
				trained.	

### Aim 2. To improve support to those bereaved and affected by suicide

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
<b>2.1 To provide support and early intervention to children and young people bereaved by suicide.</b>	<p>To review Child Bereavement pathway, brief all organisations and upload onto Tri-x.</p> <p>To review offer of support to schools following a death by suicide of a parent/carer.</p>	<p>PH working with partners from RMBC C&amp;YP services, SY Police and CAMHS.</p> <p>The review will incorporate any feedback from families where this is available.</p> <p>Review of offer to schools will be led by Educational Psychology and PH.</p>	<p>Review due October 2019</p> <p>Review of Critical Incident information to schools and bereavement toolkit- x 2020</p>	<p><b>Children bereaved or affected by suicide receiving appropriate support:</b></p> <ul style="list-style-type: none"> <li>• Pathway renewed.</li> <li>• Organisations to cascade updated pathway to their staff.</li> <li>• Updated pathway on Tri-x.</li> <li>• Critical Incident information to schools reviewed and</li> </ul>	



## Rotherham Suicide Prevention and Self-Harm Action Plan 2019 - 2021

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
				updated. <ul style="list-style-type: none"> <li>• Positive feedback from Children, young people and families.</li> </ul>	
<b>2.2 To ensure that timely, coordinated and appropriate support is provided to adults bereaved and affected by suicide.</b>	To have an agreed support pathway for adults bereaved and affected by suicide which will explore the possibilities of including peer support: <ul style="list-style-type: none"> <li>• Current listening provision evaluated.</li> <li>• Recommendations made to the Suicide Prevention and &amp; SH Group and the MH &amp; LD Transformation Group.</li> <li>• Discussions with ICS Suicide Prevention Group about future commissioning.</li> </ul>	PH & RCCG working with SYP.  Working with suicide prevention colleagues from across the ICS.	<ul style="list-style-type: none"> <li>• Review of current listening provision- end of September 2019.</li> <li>• Recommendations to the Suicide Prevention and &amp; SH Group and the MH &amp; LD Transformation Group Sept 2019</li> <li>• Discussions held across the ICS about future commissioning commencing Sept 2019.</li> <li>• Commissioning intentions agreed both locally and at an ICS level.</li> <li>• Provision commissioned.</li> <li>• Information on</li> </ul>	<b>Adults bereaved or affected by suicide receiving appropriate support:</b> <ul style="list-style-type: none"> <li>• Current provision reviewed.</li> <li>• Changes made where necessary.</li> <li>• Positive feedback from people receiving support.</li> <li>• Reports of uptake to Suicide Prevention Group &amp; Self Harm Group and MH &amp; LD</li> </ul>	

## Rotherham Suicide Prevention and Self-Harm Action Plan 2019 - 2021

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
			support offer communicated. <ul style="list-style-type: none"> <li>Monitoring and evaluations process established by January 2020.</li> <li>Monthly reviews reported to Suicide Prevention and &amp; SH Group and the MH &amp; LD Transformation Group.</li> </ul>	Transformation Group.	
<b>2.3 Frontline staff in contact with families able to offer support and signposting.</b>	Equip frontline staff to be able to offer appropriate support to families they have contact with:  Use briefing sessions/newsletters to introduce agreed support pathway encouraging staff to continue to offer support where they have regular contact.  Promote the Help is at Hand guide to all services so that workers can distribute this to families: <a href="https://supportaftersuicide.org.uk/support-guides/help-is-at-hand/">https://supportaftersuicide.org.uk/support-guides/help-is-at-hand/</a>	Representatives of the Suicide Prevention and Self Harm Group to take this action back to their organisation.  Working with Communication Leads from: RCCG, TFRT, RMBC, RDaSH, SYP	Help is at Hand Guide promoted on the Be the One Campaign website- September 2019.  Rotherham Health App  Help is at Hand distributed to all practices annually and article in GP bulletin (last distribution April 2019).	<b>Adults bereaved or affected by suicide receiving appropriate support:</b> <ul style="list-style-type: none"> <li>Staff distributing the Help is at Hand guide.</li> <li>Brief training sessions to incorporate adult support pathway.</li> </ul>	

## Rotherham Suicide Prevention and Self-Harm Action Plan 2019 - 2021

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
			Brief training sessions to incorporate adult support pathway.		

**Aim 3. People who self-harm**

## Rotherham Suicide Prevention and Self-Harm Action Plan 2019 - 2021

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
<b>3.1 Increasing people's knowledge, skills and changing attitudes towards people who self-harm.</b>	To develop, launch and evaluate a train the trainer self-harm project which will target parents/carers and frontline workers.	RCCG, RMBC working with partners of the Health and Wellbeing Board.	<p>Tender process to identify provider April-May 2019.</p> <p>Programme developed August 2019.</p> <p>Maximum of 15 Train the Trainers from Health and Wellbeing Board partners identified August 2019.</p> <p>Train the Trainer programme commencing September 2019.</p> <p>Trainers delivering the programme to parents/carers and frontline staff.</p> <p>Each Trainer to deliver 4 courses per year for up to 18 people.</p>	<p><b>To reduce self-harm in within the community amongst children, young people and adults:</b></p> <ul style="list-style-type: none"> <li>Qualitative and quantitative evaluations showing an improvement in knowledge and confidence of parents/carers and frontline staff.</li> </ul>	

## Rotherham Suicide Prevention and Self-Harm Action Plan 2019 - 2021

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
			Evaluation of programme April 2020 and future recommendations for phase 2.		
<b>3.2 To promote protective factors for children and young people.</b>	To explore opportunities to introduce trauma based work in schools so that they become trauma informed and mentally healthy places for all. To encourage schools to adopt the whole school approach, particularly Trailblazer schools.	RMBC C&YPS working with schools. RDASH CAMHS RDASH Trauma and Resilience Service.		<b>Taking appropriate training for schools, communities and organisations</b>	
<b>3.3 To increase awareness amongst people living and working in Rotherham of the importance of having good mental health.</b>	Roll out the Rotherham Five Ways to Wellbeing Campaign across the borough. <a href="http://www.rotherham.gov.uk/health">www.rotherham.gov.uk/health</a>  To ensure that the Five Ways to Wellbeing message is incorporated into all mental health training.	All partners of the Health and Wellbeing Board: RMBC, RCCG, TRFT, RDASH, SYP and voluntary sector.	Campaign launched in May 2018.  Ongoing but activity reported to SP & SH Group and Better Mental Health for All Group.	<b>Improved emotional resilience amongst people living and working in Rotherham:</b>  <ul style="list-style-type: none"> <li>A range of initiatives across the borough. Partners evidencing their actions on the activity record</li> </ul>	

## Rotherham Suicide Prevention and Self-Harm Action Plan 2019 - 2021

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
				sheet. <ul style="list-style-type: none"> <li>• Press and social media coverage of campaign activity.</li> <li>• Case studies illustrating impact campaign is having.</li> <li>• Evidence of campaign message being delivered to health and social care staff.</li> </ul>	

**Aim 4. Reducing suicides amongst high risk groups by reaching people where they live and work**

## Rotherham Suicide Prevention and Self-Harm Action Plan 2019 - 2021

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
<b>4.1 To equip people living and working to Rotherham to understand how to identify and support someone at risk of suicide.</b>	<p>Building on the success of previous campaigns, develop and launch a suicide prevention campaign for Rotherham.</p> <p>Link the campaign to national resources:</p> <ul style="list-style-type: none"> <li>◦ Stay Alive App</li> <li>◦ Zero Suicide Alliance Training</li> </ul>	RCCG, PH and Communication Leads from statutory partners.	<p>To work with at risk groups to develop the concept of the campaign- March 2019.</p> <p>Campaign developed and launched- September 2019.</p> <p>Impact of the campaign measured and reported to Suicide Prevention and &amp; SH Group and the MH &amp; LD Transformation Group.</p>	<p><b>A reduction in suicides amongst high risk groups:</b></p> <ul style="list-style-type: none"> <li>• An increase in people understands of how to identify and support someone at risk of suicide.</li> <li>• Promotion and uptake of Zero Suicide Alliance online training.</li> <li>• Number of pledges made to support messages of the campaign.</li> </ul>	
<b>4.2 To improve men's mental health and reduce social isolation.</b>	To promote a small grants scheme which will support activities for men planned by local men themselves, with a focus on improving men's mental health and reducing social isolation.	RCCG & PH RMBC	<p>Small grants scheme round 1 evaluated- September/October 2019.</p> <p>Second round of grants promoted- September 2019.</p> <p>Grants awarded- October 2019.</p>	<p><b>A reduction in suicides amongst high risk groups:</b></p> <ul style="list-style-type: none"> <li>• An increase in the number of safe places where men can meet to support each other.</li> <li>• Promotion and signposting to these men's groups where</li> </ul>	

## Rotherham Suicide Prevention and Self-Harm Action Plan 2019 - 2021

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
			Activity delivered and evaluations completed April/May 2020.	they have capacity to accept informal referrals.	
<b>4.3 To understand how to reach women who may be at risk of suicide.</b>	To work with a local Academic Institution to explore opportunities for some research in this area.	PH RMBC, University, local partners (SYP, RCCG, TRFT and RDaSH) RDaSH Trauma and Resilience Service.	<p>Initial enquiry with University- August 2019.</p> <p>Meeting with local stakeholders and University- Sept/October 2019.</p> <p>Research proposal developed, ethical permission obtained and funding acquired- December 2019.</p> <p>Subject to approval, research commencing Jan 2020.</p> <p>Report produced and submitted to Rotherham Suicide Prevention and Self Harm Group and MH &amp; LD Transformation Group.</p>	<p><b>A reduction in suicides amongst high risk groups:</b></p> <ul style="list-style-type: none"> <li>• Research informing service provision/commissioning.</li> <li>• Suicide prevention training incorporating any learning.</li> <li>• Learning from research informing any future campaign developments.</li> </ul>	



## Rotherham Suicide Prevention and Self-Harm Action Plan 2019 - 2021

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
<b>4.4 To work towards a more restorative practice</b>	To develop a just and learning culture in our organisations and move away from punitive/retributinal dymanics when things go wrong			<b>A reduction in suicides amongst high risk groups:</b> <ul style="list-style-type: none"> <li>Impact of HR processes on employees wellbeing is considered more carefully.</li> </ul>	
<b>4.5 For partners of the H&amp;WB to lead by good example ensuring that staff who are affected by suicide are offered appropriate support.</b>	All partner organisations to have procedures/policies in place outlining support for staff who are affected by suicide.	Members of the Strategic Suicide Prevention Group to lead this, working with HR Officers. (RMBC, SYP, RCCG, RDaSH, TRFT)	Evidence of policies/procedures in place by April 2020.	<b>A reduction in suicides amongst high risk groups:</b> <ul style="list-style-type: none"> <li>Sharing of good practice across partner organisations.</li> <li>Evidence of written policies/procedures.</li> <li>Evidence of briefing information given out to managers and staff on availability of support.</li> </ul>	

## Progress Summary

Date of meeting	Actions Outstanding	Lead	Actioned By

## Rotherham Suicide Prevention and Self-Harm Action Plan 2019 - 2021

Date of meeting	Actions Outstanding	Lead	Actioned By

<b>Grey</b>	Not due to start
<b>Red</b>	Not on target
<b>Amber</b>	Almost achieving target
<b>Green</b>	Achieving Target On track
<b>Blue</b>	Complete

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



# ANNUAL REPORT

## 2018/19

# INTRODUCTION BY MOIRA WILSON

## Rotherham Safeguarding Adults Board Independent Chair



**As the new Independent Chair of Rotherham Safeguarding Adults Board I am pleased to present the Annual Report for 2018/19. I would like to express my thanks to the**

**previous Chair Sandie Keene CBE under whose leadership the Board made much progress over the past year.**

The report demonstrates the commitment of all partners to work together to ensure that adults who may be at risk of abuse or neglect are protected and safeguarded. This has included awareness raising through events such as Safeguarding Adults Week, training and development for staff, working with voluntary

and community partners, and strong partnership working with health, police and other agencies in responding to safeguarding concerns and enquiries.

The Board has also looked at how it works together, streamlining the arrangements for the Board and its subgroups to maximize the effectiveness of partnership working.

Looking forward, the new strategic plan for 2019 – 2022 sets out our priorities for preventing and reducing the risk of abuse or neglect, continuing to embed Making Safeguarding Personal, assuring quality in all our safeguarding work, and strengthening our engagement with service users. I look forward to working with all Board partners in Rotherham to deliver these priorities.

## MESSAGE FROM Cllr DAVID ROCHE

### Chair of the Health and Wellbeing Board



**Safeguarding is everyone's business and only by working together will we raise the awareness of safeguarding and ensure that the vulnerable and those who lack the**

**mental capacity to make the right decisions are supported, safeguarded and protected from harm.**

The Rotherham Safeguarding Adults Board brings partners together and promotes true partnership working across all agencies to ensure that safeguarding is embedded in all aspects of working life. This Safeguarding Annual Report for 2018/19 reflects the work that is done across Rotherham by all partners and organisations to help protect the vulnerable.

It gives me great pleasure to take this opportunity to acknowledge the commitment of all the board partners including the statutory, independent and voluntary community sector, we look forward to another year of working together and raising the awareness of safeguarding.

# Keeping people safe from abuse is everyone's business

## RECOGNISE · RESPOND · REPORT

### The Rotherham Safeguarding Adults Board 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 coordinates the strategic development of adult safeguarding across Rotherham and ensures the effectiveness of the work undertaken by Partner Agencies in the area. The Rotherham Adult Safeguarding Partnership Board ('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.
- As a result of those needs is unable to protect themselves against abuse or neglect or the risk of it.

### 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 or neighbour
- A paid or volunteer carer
- Other service users
- Someone in a position of trust
- A stranger

### Types of abuse:

#### **Physical abuse**

Hitting, kicking, punching, kicking, inappropriate restraint

#### **Domestic violence or abuse**

Psychological, physical, verbal, sexual, financial or emotional abuse by a current or former partner or family member

#### **Organisational or institutional abuse**

Poor treatment in a care setting

#### **Financial or material abuse**

Theft, fraud, misuse of someone else's finances.

#### **Sexual abuse**

Being made to take part in a sexual activity without consent

#### **Discriminatory abuse**

Harassment based on age, gender, sexuality, disability, race or religion

#### **Neglect or acts of omission**

Failure to provide care or support

#### **Psychological and emotional abuse**

Shouting, ridiculing or bullying

#### **Modern slavery**

Human trafficking and forced labour

#### **Self-neglect**

Declines essential care support needs, impacting on their overall wellbeing



*Doing nothing is not an option!*



# ROTHERHAM SAFEGUARDING ADULTS REVIEW of 2018/19

**During 2018/19 Rotherham's Safeguarding Adults Board (RSAB) continued to work with partners to protect adults at risk of abuse or neglect in Rotherham and during July 2018 they all came together to promote Safeguarding Awareness Week. The board meetings were moved to a quarterly basis with the added governance of an Executive Sub Group that brings together all statutory partners to ensure the RSAB receive quality and timely information.**

Safeguarding Awareness Week was held in July 2018 and saw a powerful launch event at Rotherham Town Hall that focused on domestic abuse, guest speakers included a survivor of abuse and pupils from Rotherham College performed a short drama that highlighted abuse and control in a teenage relationship. There were 60 safeguarding awareness events delivered throughout the week, including 39 community events. Over 1180 people saw messages on Facebook about the week and over 19,000 people viewed tweets (#SAW18).

The Awareness Week Plans for 2019 are hopefully going to be bigger and better and reach as many people as possible.

In June 2018 the RSAB commissioned its third Safeguarding Adults Review, an independent author worked with agencies involved and in January the completed review was presented to the RSAB along with recommendations for the board to oversee the implementation of.

After many months of joint working with Sheffield, Doncaster and Barnsley the revised South Yorkshire Safeguarding Adults Policy and Procedure document was finalised and all four Safeguarding Adults Boards will adopt the new policy in the spring of 2019. The four boards will continue to work together to ensure the policy stays up to date and relevant.

The Adults and Childrens safeguarding boards have collaborated to bring the adults self-assessment and the children's safeguarding audit (section 11) together in the form of an electronic self-assessment tool for all partners to complete. The new process will make the assessment process easier and more efficient for all partners and avoid any duplication, the process will go live in August 2019.

The RSAB held a board development day in November 2018 to establish the new strategic priorities for the next three years, these priorities provide the board and its sub groups with the foundations to build their work plans and ensure the board is focused on what it wants to achieve and how its going to do it.

January 2019 saw the Independent Chair Sandie Keene CBE chaired her last board meeting, Sandie had decided after three and a half years to resign from the role as chair and although her involvement continued until the end of March, January was her last chance to say her farewells to many of the partners. A recruitment process began to find a new Independent Chair and in March 2019 Moira Wilson accepted the position, Moira was previously a Strategic Director of Adult Social Services and currently works as a Care and Health Improvement Advisor in Yorkshire and Humber. She also chairs North Lincolnshire's Safeguarding Adults Board.

### The priorities for the board were:

Priority	Resulting Action
Revise and refresh the South Yorkshire Safeguarding Adults Policy and Procedures with Sheffield, Barnsley and Doncaster to ensure a consistent approach to safeguarding across South Yorkshire.	Working together the four Safeguarding Boards have agreed a new policy and procedure and the summer of 2019 will see a joint launch of the revised procedures.
Develop a Joint Self-Assessment process for partners of the Adults and Childrens Boards.	An electronic self-assessment tool has been developed and will be implemented by partners in Autumn 2019.
Refresh the Rotherham Safeguarding Adults Board Strategic Plan for 2019/21	November 2018 saw all partners together for a development session to reflect on the last three years and plan for the future three years. The group developed the four new strategic aims for the RSAB for 2019-22.

**The Safeguarding Adults Board has four sub groups to ensure the priorities of board are delivered. The Sub-Groups each have a work plan and during 2018/19 they were able to deliver the following specific pieces of work:**

### Performance and Quality Sub Group

Priority	Resulting Action
To further discuss a joint Self-Assessment with LSAB and RSAB.	During 2018/19 the Childrens and Adults Safeguarding Boards have developed an electronic joint self-assessment process. All partners will complete their first online assessment in 2019, this assessment will provide both boards with all the information they need to check and challenge organisations.
Continue to develop a Public Involvement strategy.	South Yorkshire Safeguarding teams across Adults and Childrens services came together to raise awareness of all Safeguarding and promote the work of the Safeguarding Boards.
Continue to develop the performance reporting framework for Safeguarding.	The performance dashboard continues to develop and evolve. The regional board managers group looked at all 15 Safeguarding Adult Boards reports and developed a Top Ten Tips that Rotherham plan to incorporate in their performance report framework during 2019/20.



## Training and Development

Priority	Resulting Action
Assure the RSAB that all partners are raising awareness through training and education in <ul style="list-style-type: none"> <li>• Self-neglect</li> <li>• Human Trafficking/Modern Slavery</li> </ul>	Self-neglect eLearning is now available via the virtual college.. Self-neglect training available via eLearning and shared across all partner organisations.
Identify areas where cross sector training would enhance the application of the safeguarding process and achieve improved outcomes for Service Users	Multi-agency Training Needs Analysis commenced April 2018. Results were shared at the board. This will ensure that multi-agency training is pitched at the appropriate level and specialist training is available where required in line with the Care Act.

## Policy and Procedures

Priority	Resulting Action
Develop/refresh the South Yorkshire Safeguarding Policy and Procedures	The refreshed Joint Multi Agency Safeguarding Adults Policy and Procedures were completed in April 2019. All four Safeguarding Boards will sign off the procedures and will agree to continue to keep them up to date and in line with legislation.

## Safeguarding Adults Review

Priority	Resulting Action
Commissioning and overseeing Safeguarding Adults Reviews (SAR's) and any other reviews agreed by the Chair.	During 2018/19 one Safeguarding Adults Review was completed, with publication was in early June 2019. The board worked with the local Coroner's Office and the SAR report will feature during the pending inquest. The SAR sub group agreed to a Lessons learnt following the death of an adult who although did not receive services from adult social care was known by children and adult services. The reviewers of this case are the Principal Social Workers from Adult and Children's Services and will complete later in 2019.

# LOOKING FORWARD to 2019/20

Rotherham Safeguarding Adults Board have launched a new strategic plan for 2019-2022, this plan was developed in consultation with all board partners and included service users for learning disabilities and providers from adults social care.

## Rotherham Safeguarding Adults Board – Aspiring to be the Best that we can be Strategic Plan 2019 to 2022

Our Strategic Priorities	Year 1	Year 2	Year 3
<b>PREVENTION AND EARLY INTERVENTION</b> Working with partners to develop preventative strategies that work to reduce the risk of abuse and neglect.	Continue to strengthen links and work closely with all partners to provide assurance that the preventative strategies are effective via self-assessment and joint learning events.	Joined up partnership working to target areas of service to improve awareness and guidance for service users and staff.	Develop methods of sharing and embedding learning for reviews and lessons learnt.
<b>MAKING SAFEGUARDING PERSONAL</b> Continue to develop and assess the effectiveness of MSP, ensuring a high quality, personalised safeguarding response as the norm in Rotherham	Ensure that all partners are working with the Making Safeguarding Personal agenda and delivering a person centred approach to safeguarding with appropriate use of advocacy.	Ensure training and learning materials, guides and toolkits are available to partners to fully support Making Safeguarding Personal agenda.	Work with national guidance to measure the effectiveness and impact of MSP to ensure Rotherham are 'getting it right'.
<b>QUALITY ASSURANCE</b> Ensure the quality of Safeguarding within Rotherham is timely and proportionate and individual's outcomes are realistically achieved	Continue to develop a robust audit programme and capture intelligence data to shape service provision.	Monitor and assure the governance and effectiveness of the Adult Safeguarding Board.	Commission a Peer Review of the Rotherham Safeguarding Board.
<b>SERVICE USER ENGAGEMENT</b> Full and real user involvement across all service groups. Bring the voice of the service user to the board.	Develop ways of gaining the views of people who have experienced and worked with the safeguarding service.	Ensure RSAB's Communication Strategy is relevant, up to date and effective and has community involvement.	Engage with networking events across the borough and South Yorkshire to share and learn from peers.

**The strategic plan will provide the board and the subgroups with the strategic aims to develop an action plan, each sub group will adopt actions to deliver during the year to ensure the Board is meeting its commitments.**

## Performance and Quality

- Adopt a framework across all partners to measure the effectiveness of Making Safeguarding Personal (MSP).
- Support partners to self-assess their MSP in practice.
- Adopt a practice model to ensure MSP information is recorded and included in performance data.
- Review recording systems across the partnership.

## Training and Development

- Ensure the development of the Safeguarding Board training plan has MSP at its centre and is fully embedded across the partnership in both single, multi-agency and any specialist training.
- Enhance the training on offer across the partnership by the use of Customer Stories; collate a library of resources to ensure the customer voice is heard that will be available via the RSAB Website.

## Policy and Practice

- Collate and audit information advice and guidance on
  - what is abuse
  - recognise the signs
  - how to report
  - next steps
- Develop an easy read guide to Safeguarding for use across the partnership including information on
  - Outcomes
  - Advocacy
- Agree as a partnership a Quality Assurance Framework to ensure consistency within Safeguarding
  - Timescales
  - Section 42 enquires
  - No Further Action

## Safeguarding Adults Review

- Continue to make timely 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.
- Continue to ensure that recommendations arising from each SAR are communicated to all agencies and are subject to review of implementation.

# KEY PARTNERSHIP CONTRIBUTIONS 2017/18

## Rotherham Council

### Safeguarding Vulnerable Adults:

Staff across Rotherham Council provide a safeguarding response to ensure that vulnerable adults are safe and protected. Safeguarding is everyone's business and to achieve this we ensure that our staff receive the appropriate level of training and support to equip them within their roles to make sure that staff are skilled, knowledgeable and confident and to equip them to recognise and to respond effectively to any safeguarding concern.

To achieve safeguarding vulnerable adults staff monitor and manage all safeguarding concerns from initial contact or concern, working with the person to identify personal outcomes and ensuring risk is reduced or removed and individual outcomes are achieved.

### Partnership Working

Rotherham Council is committed to strong partnership working with the Clinical Commissioning Group (CCG), Rotherham Hospital leads (TRFT), the Public Protection and Safeguarding Adults Team (Police), fire and rescue, the ambulance service and our counterparts in the mental health sector (Rotherham, Doncaster and South Humber RDaSH). There are also strong links with the A Multi Agency Risk Assessment Conference (MARAC), Vulnerable Adults Risk Management meetings (VARM) and multi-agency public protection arrangements (MAPPA). There is also a strong partnership relationship with the voluntary and third sector.

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 outcomes for individuals and reducing or removing risks. The

safeguarding adult team has developed knowledge in their chosen area, such as the field of financial matters, organisational issues, matters attaining to Court of Protection. In embedding this in practice, the team supports the wider service in the application of MSP and provides advice accordingly.

Staff within Rotherham Council remain focused on delivering outcomes for the adult at risk and, ensures the source of harm is addressed within legislative frameworks, thus supporting disciplinary/practice sanctions, referring to the disclosure and barring service and other governing bodies such as The Health and Care Professions Council (HCPC) or The Nursing and Midwifery Council (NMC).

Staff oversee the Section 42 concerns involving provider services such as domiciliary care, residential and nursing establishments, this has proven valuable as intelligence gathering and has supported in best practice and preventative work. Staff 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. To achieve this, the team work closely with contracting compliance officers as well as the commissioning sector and the Care Quality Commission (CQC).

In 2017/18 2,113 alerts were reported to the safeguarding team. 724 of these alerts became section 42 enquiries, this is where an investigation begins and further enquiries are made. From the enquiries that progressed to a Decision Making Meeting (DMM), 10 cases continued to an Outcome meeting.

Bi-monthly meetings between Safeguarding, Commissioning, Contracts, CQC, Health and RDaSH ensure information is shared to support with raising standards of providers and supporting with the prevention of providers declining in their duty of care thus resulting in Safeguarding concerns being raised.

## CASE STUDY

The Safeguarding team received a concern from District Nursing Services in relation to a patient living at home and being cared for by her family. The concerns related to the administration of medication and management of diet and fluids. The social worker ascertained from the District Nurse that the patient had capacity in relation to understanding her care regime. To Make Safeguarding Personal, we needed to ascertain the person's outcomes. The social worker visited the person at home and discussed her care and support needs, which ascertained her capacity in relation to making a decision regarding how her needs would be met. During the discussion, the social worker informed of the concerns by the District Nurse, to which the person was clear that she wished for the family member to continue providing the support. In making safeguarding personal, the person's primary outcome was for the family member to continue in the role. In addressing this outcome, we discussed other support networks to work with the family to achieve safe practice; therefore a referral was completed to both dietician and speech and language therapy services to address diet and fluid with family. The concern regarding administration of medication by family was addressed by the CCG working with the GP and district nurses to put in place a medication protection plan.

The social worker applied a risk management model and protection plan that maintained the person's outcomes at the centre of the process. Through social work coordination, a multi-disciplinary approach and, case management monitoring, the person continued to be cared for by her family. The safeguarding was closed, as the risks were addressed through case management and the person's outcomes being met. This case evidences how a Multi-Disciplinary approach to safeguarding can result in positive outcomes for a person's health and well-being and, meet their own outcomes of maintaining family relationships.





### 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 2017 and March 2018 the service received 435 referrals and supported 436 Multi Agency Risk Assessment Conference cases (MARAC). The IDVA's also provide court support to individuals in which they seek to make the court process more understandable as well as providing emotional support, putting special measures in places and supporting clients to express their wishes to the court.

## CASE STUDY

C, 56 was referred into IDVAS in February 2018 following a high risk repeat incident with her ex-partner. The abuse has been ongoing for 15 years and involved physical violence and persistent stalking and harassment. C is disabled and has epilepsy, diabetes, arthritis, deformity in her feet; she requires carers daily. She reported feeling low in mood relating to the abuse she has suffered.

C didn't feel safe where she was living due to her ex-partner attending her property uninvited and she also reported feeling isolated in her current location. IDVA contacted the housing officer and advocated for her to be re-housed, her case was referred to the housing panel and she was awarded priority. C has now moved to a safe location, she is closer to her family and friends and feels safer and happier. IDVA has completed a referral for extra security on this home. C's ex-partner was charged with breach of restraining order and pleaded guilty; IDVA liaised with magistrate's court to establish the outcome and passed this onto C.

IDVA has referred her to Rotherham women's counselling service and Rotherham Rise for continued support for the abuse she has experienced. IDVA has liaised with C's social worker to ensure they are aware of the situation and in order to offer support where required.

### Contract Compliance Team:

During 2018/19 the Contract Compliance Team has undertaken a program of self-assessment with all registered providers in order to inform the planned work for 2019/20. This exercise has enabled the compliance team to determine the risk status of each provider (Low Medium or High). The provider risk status influences the annual program of monitoring undertaken by the compliance officer; those providers rated as low risk will receive a "light touch" with two planned visits taking place during the financial year, medium risk providers will be seen quarterly and high risk monthly, unless

they are in contract default when the established process will be implemented. This will enable the most effective use of the limited resources available to the contract compliance team.

The compliance team have moved away from "action Plans", and have adopted "Improvement Plans". The improvement plan is the first step in the process of addressing quality and compliance shortfalls. Whilst it is seen as an informal process it is more effectively managed by the team. Each improvement plan is issued to the provider with a supporting letter explaining what is required and a completion date is established (usually six weeks).

Providers are then notified that failure to make the necessary improvements could result in the issue of a contract default. This process has shown positive improvements being made in a timely fashion without the need to take the more punitive action of issuing a contract default.

### Compliance Issues:

A period of compliance activity to improve three services concluded in the failure of the services to respond appropriately. A multi-disciplinary approach was undertaken with the Safeguarding Team, Independent Living and Support, the Care Quality Commission and key stakeholders from placing authorities. A decision was taken by Rotherham Council to terminate two of the Residential care contracts due to the serious nature of the issues identified and a failure of the provider to make sufficient improvements to ensure resident safety.

Contract enforcement action as a result of quality issues in the independent sector:

- Contract Default = 7 Care Homes (6 Older People and 1 LD Specialist)
- Contract Termination = 2 Care Homes (1 Older People and 1 LD Specialist)

The Contract Compliance Team dealt with 565 Contract Concerns which is a decrease of 7.5 % on the previous year and is as a result of increasing collaborative work with colleagues throughout social care, safeguarding and health to improve quality monitoring across all services. 298 (52.7 %) were substantiated and 245 (43.4 %) were unsubstantiated, 22 (3.9 %) were still under investigation at year end. The majority of these concerns had multiple threads which required investigation by the Contract Compliance Officer and the Provider. Of the 565 concerns received approximately

- 45.5 % (257) related to Community Home Care Services (CHCS),

- 3.6 % (190) related to Adult Residential and Nursing Care Providers,
- 8.7 % (49) related to Specialist Supported Living,
- 6.4 % (36) related to Specialist Residential and Nursing Care
- 5.9 % (33) related to the remaining provider groups including the Voluntary and Community Sector (VCS).

The top four categories for Contract Concerns for 2018/19 were:

- Quality – 147 166 concerns reported (Residential/Nursing 66, CHCS 58, Others 33) – an decrease of 12.1 % on 2017/18
- Late/Missed calls – 106 116 concerns reported (all CHCS) – a decrease of 9 % on 2017/18
- Medication – 85 63 concerns reported (Residential/Nursing 46, CHCS 29, Others 10) – an increase of 29.7 % on 2017/18
- Staffing – 61 50 concerns reported (Residential/Nursing 30, CHCS 29, Others 2) – an increase of 19.1 % on 2017/18

### Other Contract Compliance Activity:

#### Members Seminar:

In April 2018 a presentation was made to the Health Select Committee regarding the monitoring/quality assurance of care homes and the work of the Quality Board. This provided members with a clear understanding of the standards expected from commissioned providers and the framework that would be in place to monitor compliance with the Rotherham contract and quality provision. It was identified that quality feedback from service providers required strengthening, and that this was being addressed through Team Planning.

### • Adult Services Consortium (ASC)

In August 2018 a presentation was given to the ASC regarding the role of Contract Compliance and informing members of methods of reporting concerns, how these are monitored and what action takes place from the point of reporting to the conclusion of any investigation.

Focused Audits undertaken during 2018/19:

- Complaints Policy and Procedures  
– April 2018
- Business Continuity Plans  
– April 2018
- Legionella certification and compliance  
– April 2018
- IPC Champions Workshop  
– May 2018 and March 2019
- Provider GDPR preparation and compliance  
– May 2018
- CHCS (Community and Home Care Services) skills/qualifications audit  
– June 2018
- Provider Heatwave Plans  
– July 2018
- CHCS (Home Care) provider Call clipping  
– August 2018
- Pressure Care (React to Red audit)  
– August 2018
- IPC Champions nominations  
– November 2018
- Preparation for Brexit – Continuity Plans

### • Emergency Planning

Heavy snow in the South Yorkshire region in February 2018 resulted in many roads being closed, or having reduced access. Rotherham was affected during this period, as a result the Commissioning team utilised all of their available resources and liaised directly with providers to ensure that they were implementing their adverse weather plans. Lists of those who were known to be most vulnerable were cross referenced to ensure that no-one was missed. Family members were involved in cases where providers could either not attend or where there would be significant delays and throughout this short period of disruption essential care was provided to all of those who needed it.

Following a gas explosion in a residential area of Rotherham in July 2018, all available resources within the Commissioning team (Commissioners, compliance officers and brokers) undertook work to ensure that those vulnerable adults in that catchment area were safe and well. Liaison with care providers ensured safe and well checks were completed and additional calls were supplied if necessary.

### • Public Health:

Work undertaken by Contract Compliance and Public Health colleagues, in response to Infection Prevention and Infection control issues has seen the development of a local network of infection Prevention champions. The development of regular professional IPC meetings and learning opportunities for provider IPC champions through networking and attendance at Rotherham Council hosted workshops.

In October 2018 contract compliance officers liaised with Public Health colleagues and all providers to assist with organisation/roll out of seasonal flu vaccination program.



## Rotherham NHS Foundation Trust:

The Rotherham NHS Foundation Trust (TRFT) Adult Vulnerabilities Team provide a service across all Trust disciplines to ensure that adults that we care for are safe and are protected from harm.

To achieve this, it is our role to ensure that our staff receive appropriate training to equip them with the skills and knowledge that they need to enable them to recognise and respond to concerns regarding an adult at risk. Training is provided across a wide range of topics to address all aspects of adult safeguarding, including the Mental Capacity Act and Deprivation of Liberty Safeguards, Learning Disability, Human Trafficking, Modern Slavery, Exploitation and Female Genital Mutilation.

### Partnership Working

TRFT Adult Vulnerabilities Team is an active partner in ongoing work 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 the Multi-Agency Risk Assessment Conference (MARAC) and has been involved in working toward improved services for victims of domestic abuse in Rotherham as a partner in the Safer Rotherham Partnership. We have introduced a new, brief assessment process which is supporting our colleagues to recognise and respond to concerns regarding domestic abuse.

## Support

The Adult Vulnerabilities Team offer advice and support to all TRFT staff in managing adult safeguarding concerns about vulnerable people. This can range from telephone support through to supervision sessions with either individual practitioners or groups.

## Governance

TRFT Safeguarding Team have developed a suite of policies to support our staff and volunteers in working with our patients. These clarify the responsibilities of all TRFT staff and volunteers. They are updated as required to reflect changes in legislation and practice.

Key Performance Indicators information is shared with our partner agencies quarterly, who have the opportunity to scrutinise and question Trust practices and receive supporting evidence.

## Development

The Safeguarding Team continues to develop practice and procedure across the Trust.

Our work to improve the implementation of the Mental Capacity Act (MCA) across the Trust is ongoing and has shown a significant improvement across the year.

Further work is in progress to respond to the Mental Capacity (Amendment) Bill which is expected to receive Royal Assent in the near future.

## CASE STUDY

J attended the Urgent and Emergency Care Centre (UECC) at 10.30 one morning during winter. J was known to have a mild learning disability, although this did not impact on his capacity to make decisions regarding his lifestyle.

He was seeking treatment for his arm, which he said had been painful since he had got up that morning. On examination a fracture was suspected and J was sent for X-ray, which confirmed this diagnosis.

During her consultation with J the nurse noted that he was very anxious and upset. His history of the event changed several times while he was speaking to the nurse and he repeated several times that he had to get back as his girlfriend was waiting for him. This combined with J's general presentation – he was unkempt, and had many bruises and burns of different ages on his legs, chest and arms – raised concerns with the nurse that someone may be hurting him.

In view of this, the nurse sensitively questioned J about his home life and whether someone was hurting him. He said his girlfriend was stressed and that she sometimes took this out on him. He was keen to stress that 'she didn't mean it' and that she was always sorry afterwards. The nurse spoke to J about safeguarding and how this may be able to help him. He agreed to a concern being raised but did not want to tell his girlfriend.

J was transferred to a ward and the concerns were handed over to ward staff. Staff were sensitive to J's needs and gave him the opportunity to share his concerns. Whilst on the ward he disclosed a long history of domestic abuse from his girlfriend. The outcome he wanted was to live in peace with no trouble and no one hitting him.

Staff completed a DASH (a risk assessment) form and liaised with the Independent Domestic Violence Advocates (IDVAs) to consider how best to protect John.

They supported with a plan to offer John emergency accommodation and would ensure additional services were put in place to help him to live independently.

Other agencies were involved to ensure J's immediate protection needs would be met and he was discharged from the hospital. The safeguarding investigation was closed as J's needs could be met through the Domestic Abuse pathway.

J was happy when discharged, and was made aware that the safeguarding concern would exit the safeguarding process. He was in agreement with this.

This process is consistent with the principles laid out in the Care Act 2014 which highlights the Making Safeguarding Personal approach.

## 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 NHSR CCG will continually develop the organisation's safeguarding agenda, with Safeguarding Adults as a high priority.

### Governance

Robust governance arrangements are in place to ensure that the CCG's own safeguarding structures and processes are evident and that agencies from which they commission services meet the required standards. Monitoring of commissioned services includes robust safeguarding standards within contracts and key performance indicators (KPIs).

NHSR CCG publishes an annual safeguarding report which demonstrates how the CCG continues to drive its commitment to safeguarding and promoting the welfare of all residents in the borough. NHSR 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.

Safeguarding activity is reported to NHSR CCG's Governing Body within the monthly Quality and Safety report.

Sub groups of the Safeguarding Adult Board continue to grow and develop with NHSR CCG remaining a committed and active member to all four groups.

In August 2018 the much awaited "Safeguarding Adults: Roles and competences for health care staff – Intercollegiate Document" was published. The document highlights competencies required to support adult safeguarding and focuses on the knowledge and skills needed to ensure adults receive proactive and high quality safeguarding. All health care organisations have a duty outlined in legislation to make arrangements to safeguard and to co-operate with other agencies to protect adults at risk from harm abuse or neglect and NHSR CCG continually seek assurance via contracts that all commissioned services meet this requirement.

### Training

November 2018 saw the CCG complete its yearly written safeguarding update (children and adults) as per guidelines. Topics covered included Domestic Abuse, NHS England Safeguarding App, Operation Stovewood, County Lines, Modern Slavery and Human Trafficking, Prevent, Information Sharing and Consent. The update was delivered to all CCG staff including Governing Body members.

In September 2018 NHSR CCG held a multi-agency safeguarding event at Magna Science Centre which focused on Male Abuse.

Around 800 multi-agency staff attended this event which received excellent feedback.

Powerful speakers shared their personal experiences of abuse, along with updates from the National Crime Agency (NCA) around Operation Stovewood and the Impact of Human Trafficking/Modern Slavery from the National Referral Mechanism (NRM)

On 14th February 2019 NHSR CCG undertook a 3 step learning process focusing on early help. This approach significantly supported GP practices in assessing their processes for recognition and signposting/ referral of families who would benefit from early health services/intervention.

### Early Help 3 Step Learning Process:

- **Step 1** – Self-assessment.
- **Step 2** – GP Peer Review to share learning and respectfully challenge practice and processes.
- **Step 3** – GP Safeguarding Leads offered supervision sessions with the Named GP for Safeguarding for Vulnerable Clients. This support is on-going.

During 2018/19 NHSR CCG furnished staff and GP surgeries with information on key developments in the safeguarding arena. Safeguarding updates and current trends/information were shared via

the RCCG newsletter (circulated to GP surgeries and CCG staff) along with e-mails to safeguarding leads and practice managers.

### Key Achievements 2018/19

- NHSR CCG has remained firm in its commitment to the Rotherham Safeguarding Adult Board at a senior and executive level
- Participation at regional and local safeguarding networks to share best practice
- Participation at RSAB and sub groups
- Safeguarding assurance sought at provider contract quality meetings
- Attendance at TRFT strategic safeguarding meetings
- Participation in Domestic Homicide Reviews
- Facilitated peer review and safeguarding supervision sessions supporting GP practices
- Safeguarding multi-agency conference focusing on male abuse
- Trauma and Resilience Service commissioned through RDaSH, supporting victims/survivors of historical CSE by wrapping a trauma stabilization workforce around them, supporting and developing seamless pathways to and from organisations

### Prevent

The Prevent Duty remains a high priority for NHSR CCG with mandatory Healthwrap training for all staff with three yearly updates as stipulated in the NHS England Prevent Framework. GPs receive regular updates regarding their training requirements and how to access the NHS England Prevent eLearning package.

### Safeguarding Adult Reviews

NHSR CCG contribute to Safeguarding Adult Reviews (SARs), action plans are monitored via the performance and quality sub group with the CCG engaged as appropriate.

## Learning Disabilities Mortality Review

(LeDeR) Programme was commenced in November 2016 following the Confidential Enquiry into the Premature Deaths of People with Learning Disabilities. During 2018/2019 NHS RCCG have established a LeDeR process with 22 Rotherham residents referred onto the programme. The reviews will highlight best practice; potentially avoidable contributory factors and action plans/ lessons learnt necessary to change health and social care service delivery for those with a learning disability.

## Stovewood – Trauma and Resilience Service (“TRS”)

The TRS support victims progressing to functioning survivors by wrapping a trauma stabilisation workforce around them, supporting and developing seamless pathways to and from organisations.

TRS sits within a multi-agency and community setting (within the same building as Rotherham RISE) and have been active within Rotherham with over 2,000 staff and volunteers trained.

TRS are now developing and managing a trauma stabilisation programme for the voluntary sector; ensuring a standard, non-fragmented approach to trauma support across Rotherham.

## Trauma and Resilience Service

- Rotherham Partners aspire to having trauma informed services that support the victims and survivors who are known to us and those who still do not feel confident enough to tell their story.
- A whole service co-ordination over the Rotherham footprint of CSE support service is key for the future

## Next Steps

The world of Adult Safeguarding is constantly developing in terms of case law, legislation and categories of abuse. NHSR CCG will continue to work in conjunction with statutory partners and be responsive to changes and developments.

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 2016-2020 – Your life, Your health.





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

A culture that safeguarding children and adults is everybody's responsibility, permeates across all RDaSH teams and the individuals who work in them. RDaSH is committed to working with partners in order to safeguard and promote the wellbeing of children and adults in Rotherham.

The Trust is committed to demonstrating transparency and the delivery of well led services, cooperating with external scrutiny through:

- An annual safeguarding self-declaration to the Trust Board and the Clinical Commissioning Group.
- Annual section 11 self-assessment/ assurance for the SAB/LSCB.
- Contribution to Safeguarding Adult Board groups that are part of the local governance and delivery arrangements to achieve the vision and objectives of the SAB plan.
- Contribution to multi agency audits of practice, learning, delivery of professional training and development, quality assurance and scrutiny.

The Trust is subject to an inspection regime by the Care Quality Commission. The last Quality inspection of RDaSH was June 2018 and the overall rating was Good. The Trust consistently demonstrates through self- declarations and audit that:

- There is a strong commitment to safeguarding across the Trust.
- There is robust leadership and governance arrangements in respect of safeguarding are in place.
- There is a culture of learning and appreciative inquiry underpins learning and development and staff are committed to the ongoing development and delivery of excellent care.
- There is effective cooperation with partners to safeguarding individuals in complex situations.

Over the last year the Trust has focused on the following priorities in respect of safeguarding adults:

- Further enhancement of the Think Family Approach across the Trust, and the lifespan approach which is underpinned by Adverse Childhood Experiences methodology.
- Further enhanced awareness of Female Genital Mutilation across the children and adult workforce.
- Review and development of our approaches to learning and development.
- Working with Local Authorities to ensure that the thresholds for safeguarding enquiries continue to be applied effectively.
- Continued work to embed making safeguarding personal across adult safeguarding.

The main achievements over the last year related to these priorities have been:

- Contribution to the ADASS commissioned survey on Making Safeguarding Personal which demonstrates MSP is incorporated into policy, procedure and practice.
- Collaboration with patients using MSP which resulted in development of patient defined MSP principles, which have been incorporated into training and policy.
- Work with patients to understand their experiences of safeguarding and share these experiences to further develop practice. These have been shared at an RDASH conference, regional ADASS conference and Rotherham Safeguarding Adult Board. In addition the voice and experience of patients has been incorporated into safeguarding adult training.
- Work with a group of patients to produce a safeguarding handbook for patients, which will be published in 2019.
- Development of a Safeguarding Training Offer, in line with the most recently published Intercollegiate documents.
- FGM embedded into all training, leaflet produced and information disseminated through newsletters, training and practice forums.
- Development and approval of guidance for responding to non recent allegations of sexual abuse.
- Operation Stovewood Trauma and Resilience service in place supporting victims of CSE.





## South Yorkshire Fire and Rescue Service (SYFR):

South Yorkshire Fire and Rescue has completed a number of Self-Assessments and attended Challenge Meetings across the county to provide evidence and assurances that the service is compliant with statutory safeguarding requirements.

SYFR are preparing for HMICF&R Inspection and there is a specific line of enquiry relating to the identification of those with vulnerabilities and Fire and Rescue Safeguarding arrangements.

SYFR are also contributing to the National Fire Chief Council safeguarding Work Stream, which includes national standardisation of policy and training.

An internal Safeguarding Executive Board and Reference subgroup continues to provide internal governance and a number of related action plans

demonstrate ongoing learning and improving in our multiagency working e.g. Child Fire Setters, Business Fire Safety relating to care homes, coordination of referrals from IDVAS and SYP Domestic Abuse Advisors and High (Fire Risk) Practice group.

The SYFR Safeguarding Officer in Quarter 4, presented to the Fire Authority Scrutiny Board to provide assurances on SYFR Safeguarding arrangements and a similar meeting has taken place with the Police and Crime Commissioner.

Further to a number of Fire Fatalities across the county, SYFR have made a number of SAR requests and has conducted a Learning Review on behalf of one of the Boards. The majority of these cases have been as a result of self – neglect (unsafe smoking/cooking) and some linked with hoarding behaviours and as a result SYFR have contributed to local and regional policy and learning events.





## CASE STUDY

At the request of SYP crews attended to gain entry to a property, where an elderly lady had been reported as being locked in.

The lady presented as somewhat confused and unable to locate any door keys and seemingly no means of contacting anyone. Neither, police or ambulance would be required to attend and no other agency or family contact details could be found.

The attending Fire Fighters quickly assessed the concerns and risks and raised these as per the SYFR Safeguarding pathway. The Adult Single Point of Access in Rotherham was contacted, the lady had refused the offer of care and support in 2016 when she had been deemed to have had Mental Capacity. SYFR had previously carried out a Home Safety Check in 2013.

Information provided by the Fire Fighters indicated that the lady's cognitive ability had become significantly impaired and an urgent Care Act Assessment required by Adult Social Care (mouldy food had been found in the house).

The dilemma was – should they leave the occupant – she would have no keys and unable to get out in the event of a fire. The alternative was to replace the lock and provide her with a key. On both counts it was rather uncertain as to whether or not she was able to understand any advice given about fire safety and escape plans. As part of the Social Care Assessment, a Telecare Alarm would be recommended, should she remain in her own home

To address the immediate risks, and further to conversations with SYP, the SYFR Duty Officer and Safeguarding Officer the locks were changed, a key given to the neighbour that had reported this to police, a key provided to the local police station and a key left with the lady and a note to son/grandson to contact SYFR Control.

There has since been ongoing communication with Adult Social Care - Control Staff (Sarah – White Watch) was really helpful in providing additional information from the Incident Log - awaiting a joint visit to carry out an HSC/HSC3 if further to a Mental Capacity Assessment and Best Interest meeting, the lady is safely able to remain in her own home.

## South Yorkshire Police:

In last year's report, we described the introduction of the borough's Safer Neighbourhood Service (SNS). Our SNS brings together specialists in protecting the most vulnerable; reducing risks and demands. During May 2018 police officers and units came together within Riverside House to work with counterparts from Rotherham Council. Those officers included people dedicated to reducing the frequency and risk from Missing From Homes; investigating complex financial abuse; hate crime; licensing and Designing Out Crime. Since, we have strengthened our commitment, growing from one PC to three for the role of Anti-Social Behaviour enforcement. One Missing From Home co-ordinator has become three.

The objectives for the SNS was to improve efficiencies and effectiveness through creating synergies from across the partnership, to bring in additional services and to create a strong governance structure.

Since inception, the SNS is now strengthened by the addition of a prescribing Mental Health Nurse from RDaSH who is able to visit people in crisis, to assess their health and offer practical support. The nurse is a vital part of our joint work to counter the borough's suicide problem – Rotherham is an outlier national for this trauma.

Change, Grow, Live alcohol and drug treatment services and South Yorkshire Fire and Rescue Service have also joined the SNS, creating a strong, holistic service.

Driving activity and underpinning the group's governance is the Community Multi-Agency Risk Assessment Conference (C-MARAC). The C-MARAC has a joint agreed risk assessment protocol which brings forth individuals for joint case management. The C-MARAC's audit and action processes reduces individual and organisational risks.



## CASE STUDY

RM was a young adult suffering with a number of MH issues relating back to a serious assault, the perpetrator of which was a family member. The chaos created by these issues culminated in them leaving their home and child resulting in them being reported as a missing person and being designated as high risk. This incident was extremely resource intensive and created huge demand on services. The subject was discovered safe but in obvious crisis. The initial presentation was dealt with and the subject was assessed and sent home with family. The following day the Safer Neighbourhood Service was alerted to the young person and swiftly deployed missing from home officers supported by the mental health nurse. They were offered full support from both and that support continues. There have been no further missing episodes and the subject is now more settled and certainly less chaotic.

SYP hosts and facilitate partnership structures around two key areas of risk: Organised Crime and Child Exploitation.

Organised Crime Groups (OCGs) generate crime, perpetuate victims through complex and insidious means. The process for recognising, categorisation and recording actions and outcomes is a national, structured approach. Within Rotherham there are 10 OCGs currently. Of these 10, at the most recent scoring in May, 9 out of the 10 showed reduced risk. Objectively, this describes their ability to cause harm to others is reduced.

Undoubtedly, this success is a product of a buoyant OCG partnership approach. Within the county, there have been 440 disruption interventions recorded. These disruptions include arrest, vehicles seized, benefits targeted, housing actions. Across the force, there have been 20 achieved by partners this year. 18 of those 20 were in Rotherham. The war against organised crime will continue, there is more to do from a partnership perspective, however we have a strong foundation to develop from. This is a success story for the borough's partnership approach to safeguarding.

For several years, Rotherham's partners have collaborated to counter Child Sexual Exploitation. Each week, officers come together to consider information and intelligence and to reduce risks by driving action which protects the victim; targets the offender and makes the place more safe. In April and May, the CSE group transitioned to become our Child Exploitation Tactical Group (CETG). The CETG terms of reference has grown to include harm to young people more widely, including CSE, Child Criminal Exploitation (CCE) and county lines.

## Rotherham Voluntary and Community Sector:

### Achievements:

- The Voluntary and Community Sector (VCS), 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-to-date on safeguarding issues and encourage and support their contribution to this important area of work.
- VCS organisations continue to contribute to the Safeguarding Board and Development Days as partners; in addition they act as alerters referring concerns appropriately.
- Individual VCS organisations have continued their work internally in respect of their own policies and procedures for Safeguarding, linking in to the wider Safeguarding Procedures in the Borough. Staff and Volunteers have attended training sessions raising awareness of Adult Safeguarding throughout the Borough.
- The Adult Services Consortium and Voluntary Action Rotherham (VAR) have promoted Safeguarding Week, and VCS groups are taking an active part during the week.
- VAR acts as an 'umbrella body', for administering and processing the 'Disclosure and Barring Service' (DBS) checks
- VAR promotes DBS and provides related advice and support, including carrying out the 'Enhanced DBS checks'
- VAR supports VCS with the development of Safeguarding Policies and procedures; including 'Safer Recruitment' support

**RECOGNISE · RESPOND · REPORT**



## SAB Learning and development

### Training and development

In 2018/19 the Training Sub-group ran a rolling programme of supportive 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. 1,219 learners attended training courses as detailed in the table below.

Local authority	332
Independent/ Voluntary sector	589
Health	8
Housing Partners	250
Service Users / Carers	29
Other	11
Other/Housing Partner	0
	<b>1219</b>

The Training Sub-group continued to implement its Training Strategy and Training Plan for 2017/2020 to lead and manage training arrangements across Rotherham. To enhance the application of the safeguarding process and achieve improved outcomes for Service Users the group carried out a training needs analysis to identify cross sector training requirements. The group continues its work to develop mechanisms to measure the success and outcomes of safeguarding adults training.



## 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 2113 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 next step, the concern progresses and an investigation / assessment 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.

**724 Section 42 enquiries began 2018-19**

### 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.

**10 Outcome Meetings Convened 2018-19**

## 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, and 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 2018-2019

1 SAR was commissioned in 2018/19.

### Number of SAR's Completed 2018-2019

1 SAR was completed in 2018/18. Published June 19 (Sheila)

## SAR Sheila

Sheila was a 99 year old deaf lady who lived alone; she had received support services since 2015 commissioned by Rotherham MBC. A domiciliary care support package was provided by an independent healthcare provider which consisted of four visits each day. She also received a pendant alarm from Rothercare. She received support with all her personal care and nutritional needs.

Following a stay in hospital Sheila was discharged back to her home from hospital in December 2017. 13 days later Sheila's daughter found her deceased at her home. It was evident that Sheila had not received any support from her discharge from hospital.

A SAR was commissioned early in 2018 to review how a break down in communications during hospital discharge had resulted in the tragic death of Sheila.

## Findings/Recommendations

Agencies commissioned to deliver domiciliary care packages will be made aware of and contracted to work with the hospital discharge pathway to ensure that processes within the respective agencies comply with discharge pathway requirements and expectations.

Review the Hazards tool, which is used to identify high risk discharges, to consider whether this could be used or adapted to assist the discharge pathway.

The Integrated hospital discharge team continues to carry out check calls to individuals at high risk following their discharge from hospital whether they are received new care packages or restarts of existing packages.

Rotherham Council review and determine how to ensure that at risk individuals are provided with their pendant alarm on discharge from hospital and who takes responsibility for this.

# ROTHERHAM SAFEGUARDING ADULTS BOARD ATTENDANCE

Date of Safeguarding Adults Board Meeting (excludes e-learning)

	July 2018	October 2018	January 2019
South Yorkshire Police	✓	✓	✓
The Rotherham Foundation Trust	✓	✓	✓
Clinical Commissioning Group	✓	✓	✓
Rotherham Council Director of Social Services	✓	✓	✓
Rotherham Council Children's Service	✓	Apologies	✓
South Yorkshire Fire and Rescue	✓	Apologies	✓
NHS England	✓	✓	Apologies
RDASH	✓	✓	✓
Rotherham Council Services	✓	✓	✓
Healthwatch	✓	Apologies	Apologies
Voluntary Sector	Apologies	✓	✓
National Probation Service	✓	✓	✓
Community Rehabilitation Company	✓	✓	✓
Cabinet Member for Adult's Services	✓	✓	✓

Due to the appointment of the new Chair, the meetings dates were adjusted which meant only three board dates fell within 2018/19.

Rotherham Council's Cabinet Member for Adults Services supports the work the Safeguarding Adults Board with a visible presence at events and discussions throughout the year and is provided with monthly updates on all safeguarding adults issues as well as the work of the board.



# NOTES



**Do you know the signs of adult abuse?**

**Physical      Emotional      Financial      Institutional**

**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](http://www.rotherham.gov.uk/abuse)

**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

# **Rotherham**

## **Local Safeguarding Children Board**

### **Annual Report**

### **2018 - 2019**

Status of Report	Final
Date	16 October 2019

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## 1. Foreword by the Independent Chair

Welcome to the Rotherham Safeguarding Children Board Annual Report for 2018-19. This report covers the period from April 2018 to March 2019 and will be the last annual report for Rotherham Safeguarding Children Board which will cease to exist on the 19th September 2019 and be replaced by the Rotherham Safeguarding Children Partnership.

I have been the Independent Chair for Rotherham Safeguarding Children Board since November 2015. Following the Jay and Casey Reports of 2014 and 2015 respectively, Rotherham Metropolitan Borough Council was in intervention, with all council services led by Commissioners appointed by central government. The council's children's social care services and the Rotherham Safeguarding Children Board had been judged by Ofsted to be inadequate. Significant improvement was required in South Yorkshire Police and all agencies needed to improve the way that they worked individually and together to protect children.

In the four years from 2015 to 2019 there has been significant and rapid improvement in children's social care services and the multi-agency response to protecting children. The strides in practice improvement, leadership and stability of workforce have been impressive and all concerned must be strongly congratulated. In November 2017 Ofsted inspected the local authority's children's social care services and judged it to be good overall, with further improvement required just in the services for looked after children. Improvement has continued with a positive focused inspection of Looked After Children' Services in March 2019.

These improvements have been achieved in the context of very high levels of demand for child protection and children in need services. Some of this demand could be attributed at least initially, to the reaction to inadequacy and intervention being a cautious approach to safeguarding thresholds. A factor in the levels of demand may be the fact that there is scope for early help services to be more firmly embedded across partners to support more families at an early stage and to prevent concerns reaching the level that they need statutory intervention.

Recent audits indicate that thresholds are being applied appropriately and data from different parts of the system would confirm that the right children are being referred for support. A very large factor in the levels of demand for child protection services is the activity of Operation Stovewood. This is the work being undertaken by the National Crime Agency to investigate child exploitation between 1997 and 2013. Whilst this is primarily focused on identifying victims/survivors and perpetrators from that period, the consequence of identifying a potential perpetrator is that any current risks to children must be investigated. This has necessitated careful negotiation between the National Crime Agency and local child protection services to ensure that any children in contact with suspected perpetrators are properly protected in the context of ongoing investigations. The scale of the impact of this operation on local services can be understood from the current projected figure of over 1,500 victims being investigated by a local force of what will shortly be 250 National Crime Agency officers.

Within this context the local partners must maintain and take further the improvements achieved thus far and at the same time achieve the budget savings required by national funding reductions.



The Rotherham Safeguarding Children Board will hand over to the Rotherham Safeguarding Children partnership on September 19th 2019. The details of the new partnership can be found [here](#) on the Partnership website.

Partners work together very effectively in carrying out multi-agency audits to identify areas for further improvement and these audits, together with performance analysis and inspection outcomes, have informed the business plan for the new Partnership.

The priorities for the new partnership are grouped under three key headings:

- Safe at Home
- Safe in the Community
- Safe Safeguarding Systems

Through these priority areas the new partnership will focus on specific areas for improvement, keep a strong focus on exploitation and drive further child focussed, self-reflective practice with strong challenge within and across agencies.



Christine Cassell

**Independent Chair**  
**Rotherham Local Safeguarding Children Board**

## 2. Local background and context

### Rotherham demographic profile

Rotherham is one of four metropolitan boroughs in South Yorkshire, covering an area of 110 square miles with a resident population of 263,400 (Office for National Statistics (ONS) mid-year estimate for 2017). The number of children and young people aged 0 to 17 years is 56,900 (21.6%). Growth in the older population is evident, with a 23% increase in the population aged 65 and over. Rotherham has as many people aged 63 or over as children aged 0-17.

The population of Rotherham has been steadily growing over the last 17 years, increasing by 16,400 (6.6%) between 2000 and 2017. The population is expected to rise by an average of 769 per year over the next ten years (an increase of 7,700), to reach 270,600 by 2027. The projected increase reflects a combination of net migration into the Borough and natural increase (more births than deaths).

Around half of the Borough's population lives in the Rotherham urban area (including Rawmarsh and Wickersley), in the central part of the Borough. Most of the remainder live in numerous outlying small towns, villages and rural areas. About 15% of the population live in the northern Dearne Valley area which covers Wath, Swinton, Brampton and Wentworth. Around 35% live in the southern Rother Valley area which covers Maltby, Anston, Dinnington, Aston, Thurgroft and Wales.

Rotherham is a diverse borough with a mixture of people, cultures and communities. There are densely populated multi-ethnic inner urban areas, large council built housing estates, leafy private residential suburbs, industrial areas, rural villages and farms. About 70% of the Borough's land area is rural so the most notable feature of Rotherham is its extensive areas of open countryside, mainly agricultural with some parkland and woodland. Rotherham is strategically located and well connected to other areas of the region and country via the M1 and M18, both of which run through the Borough, and by the rail network which links to Sheffield, Doncaster and Leeds.

Rotherham is the 52nd most deprived district in England (In 2015, 31.5% of Rotherham's population lived in the most deprived fifth of England whilst only 8% lived in the least deprived fifth of England).

### Diversity

Rotherham's Black and Minority Ethnic (BME) population is relatively small but has been growing and becoming increasingly diverse. The BME population more than doubled between 2001 and 2011 through immigration and natural increase, growing from 10,080 to 20,842. 8.1% of the population belonged to ethnic groups other than White British in 2011 (6.4% were from non-white groups), well below the English average of 20.2%. It follows that 91.9% of Rotherham residents were White British.

The white minority population (almost all European) was 2,368 in 2001, rising by 82% to 4,320 in 2011, mainly as a result of immigration from Eastern Europe. Most minority ethnic groups have young populations, including Pakistani/Kashmiri (33% under 16), Black African (31% under 16) and Eastern European (24% under 16). The mixed or multiple heritage population is growing rapidly as a result of mixed marriages or relationships, 50% are aged under 16. The Irish community is by far the oldest ethnic group with 42% aged 65+.

National Insurance Numbers (\*NINo) migrants accounted for 933 in 2016 before falling again to 724 in 2017. This trend was evident amongst EU migrants from the 10 countries which joined the EU post 2004, where numbers fell by 65% from 877 in 2007 to 309 in 2012 before increasing to 585 in 2016 and falling back to 422 in 2017. People from states which joined the EU post 2004 made up 58% of all overseas migrants to Rotherham in 2017. The countries with the most migrants to Rotherham are Romania, Slovak Republic and Poland, which together accounted for 42% of NI migrants in 2017. Two thirds of NINo arrivals in Rotherham between 2007 and 2017 moved to the three central wards. A high proportion of Slovak, Czech and Romanian migrants have been from Roma communities, although not by all means all.

(\*The NINo figures encompass adult overseas nationals allocated a National Insurance Number for whatever reason, that is, the figures cover benefit or tax credit recipients as well as workers (including self-employed).

There were 31,000 carers in Rotherham in 2011, 58% of them female, 22% over 65 and 6% under 25. Rotherham LGBT population could number up to 5,600 people aged 16+.

## What do Rotherham children and young people think about their lives and communities?

*Listening to and communicating with children and young people is central to keeping them safe and promoting their welfare. The Lifestyle Survey is an annual survey which captures the voice of Rotherham children and young people on the subjects which important to them. It is a unique opportunity for a large group of young people in Rotherham to share their views on matters that impact on their lives. The questions in this survey have been shaped by our young people.*

In 2018, 3,499 young people from 12 (out of 16) secondary schools in Rotherham participated in the survey along with 3 pupil referral units. In 2018 the survey was also offered to students at all Special Schools following a successful pilot with Newman School in 2017. Schools participating in the survey gave their commitment to enabling pupils at their school to have their voice heard to share their views on health, well-being, safety and their views about Rotherham and their local areas.

Through the survey young people are asked their views about:

- Their feelings and having someone to talk to
- How they feel Rotherham could be improved and would encourage them to want to stay
- Feeling Safe Rotherham Town Centre, Bus & Train Station
- Feeling Safe at home, school, on way to and from school, on local buses, trains, in their local community and in local parks and recreational areas
- Internet safety
- Bullying
- Drugs
- Sexual Health & Healthy Relationships

### **Feeling Safe:**

#### **Town Centre**

19.3% said they always feel safe, compared to 18% in 2017

23.3% said they never feel safe, compared to 18.5% in 2017

#### **Bus Station (old Bus Station)**

21.6% said they always feel safe, compared to 18% in 2017

21.5% said they never feel safe, compared to 16% in 2017

#### **Train Station**

23% said they always feel safe, compared to 15% in 2017

22.3% said they never feel safe, compared to 15% in 2017

In these 3 locations more young people are saying they always feel safe, but there are also more young people saying they never feel safe.

#### **Town Centre Risks**

Young people highlighted the 3 main issues causing them to feel unsafe in town centre locations as – people causing anti-social behaviour; people using drugs in public; people drinking alcohol in the streets.

Each school who participated in the survey is provided with a profile and analysis of the survey findings for their cohort of students to compare with the borough wide findings. The results and analysis from the survey are also provided to the Rotherham Health and Wellbeing Board.

**Feeling safe:**

**At home**

91.2% said they always feel safe, compared to 91.8% in 2017

1.6% said they never feel safe, compared to 1.2% in 2017

**At school**

57.6% said they always feel safe, compared to 59.4% in 2017

4.8% said they never feel safe, compared to 4.6% in 2017

**On way to and from school**

53.8% said they always feel safe, compared to 61.2% in 2017

5.9% said they never feel safe, compared to 4.2% in 2017

**On local buses/trains**

28.4% said they always feel safe, compared to 29.5% in 2017

12.1% said they never feel safe, compared to 11% in 2017

**In local community**

50.5% said they always feel safe, compared to 51% in 2017

6.9% said they never feel safe, compared to 6% in 2017

**In local parks or recreational areas (new survey question in 2018)**

33.6% said they always feel safe

8.8% said they never feel safe

The results and analysis from the survey have been fed back to the Safer Rotherham Partnership and the South Yorkshire Passenger Transport Executive.

### Internet Safety

2.3% of young people said they have not been taught about internet safety, compared to 1.4% in 2017

Young people in both 2017 and 2018 highlighted their top 3 risks for using the internet as:

Someone hacking their information; cyber bullying; and people lying about who they say they are

### Bullying

2018 saw an increase in the number of young people who said they have been bullied in the past 6 months

27% said they have experienced bullying, compared to 26% in 2017

*The analysis shows that those saying they have been bullied, show an increase in pupils being bullied both in and out of school time and those being bullied more frequently i.e. every day or more than 3 times per week has increased.*

### Bullying Reasons

There has been an increase in the young people saying they have been bullied because of their sexuality, this has increased to 5.7% from 2.8%. Bullying for the way young people look has also increased to 14.6% from 12% in 2017

### Types of Bullying

Verbal bullying has increased to 68.5% from 64.3% in 2017

Cyber bullying has decreased to 6.2% from 6.6%

Sexual bullying has increased to 3.2% from 2.6% in 2017

Being ignored has decreased to 6.6% from 10%

### What's working well?

3515 (93%) of pupils said they visit their dentist.

More young people said they are eating the recommended 5 fruit and vegetables each day, more young people said they have breakfast in a morning and more young people said they participate in regular physical activity.

Less pupils are worried about their weight and there has been a 5% increase in the % of pupils who feel their weight is about the right size.

Increase in the number of pupils who said they regularly visit Rotherham town centre.

Far more Y7 pupils have received education about child sexual exploitation;

Reduction of 5% in the number of Y10 pupils who said they have had sexual intercourse.

### 3. The statutory role of Local Safeguarding Children Boards

Section 13 of the Children Act 2004 requires each local authority to establish a Local Safeguarding Children Board (LSCB) for their area and specifies the organisations and individuals that should be represented on LSCBs.

The ways in which the LSCB delivers its functions and objectives are set out in the statutory guidance: Working Together to Safeguard Children: a guide to interagency working to safeguard and promote the welfare of children (2015).

Statutory objectives and functions of LSCBs are:

(a) to coordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area; and

(b) to ensure the effectiveness of what is done by each such person or body for those purposes.

Regulation 5 of the Local Safeguarding Children Boards Regulations 2006 sets out that the functions of the LSCB, in relation to the above objectives under section 14 of the Children Act 2004, are as follows:

1 (a) developing policies and procedures for safeguarding and promoting the welfare of children in the area of the authority, including policies and procedures in relation to:

- (i) the action to be taken where there are concerns about a child's safety or welfare, including thresholds for intervention;
- (ii) training of persons who work with children or in services affecting the safety and welfare of children;
- (iii) recruitment and supervision of persons who work with children;
- (iv) investigation of allegations concerning persons who work with children;
- (v) safety and welfare of children who are privately fostered;
- (vi) cooperation with neighbouring children's services authorities and their Board partners;

(b) communicating to persons and bodies in the area of the authority the need to safeguard and promote the welfare of children, raising their awareness of how this can best be done and encouraging them to do so;

(c) monitoring and evaluating the effectiveness of what is done by the authority and their Board partners individually and collectively to safeguard and promote the welfare of children and advising them on ways to improve;

(d) participating in the planning of services for children in the area of the authority; and

(e) undertaking reviews of serious cases and advising the authority and their Board partners on lessons to be learned.

Regulation 5 provides that an LSCB may also engage in any other activity that facilitates, or is conducive to, the achievement of its objectives.



LSCBs do not commission or deliver direct frontline services though they may provide training. While LSCBs do not have the power to direct other organisations they do have a role in making clear where improvement is needed. Each Board partner retains its own existing line of accountability for safeguarding.

## 4 Governance and accountability arrangements

### Local strategic partnership and accountability arrangements

Improvement in this area was identified as a Board priority

To enable the RLSCB to deliver on its statutory duties, an independent chair is in place to lead and chair the board.

Though not a member of the Board, ultimate responsibility for the effectiveness of the LSCB rests with the Chief Executive of Rotherham Metropolitan Borough Council who also has the responsibility to appoint or remove the LSCB Chair with the agreement of a panel including LSCB partners and Lay Members. The Strategic Director of Children's Services reports to the Chief Executive of the Council.

The LSCB independent chair meets regularly with:

- Council Chief Executive
- Council's Strategic Director for Children and Young People's Services
- Independent Chair of the Rotherham Safeguarding Adults Board
- Chair of the Health and Well Being Board
- Chair of the Safer Rotherham Partnership Board

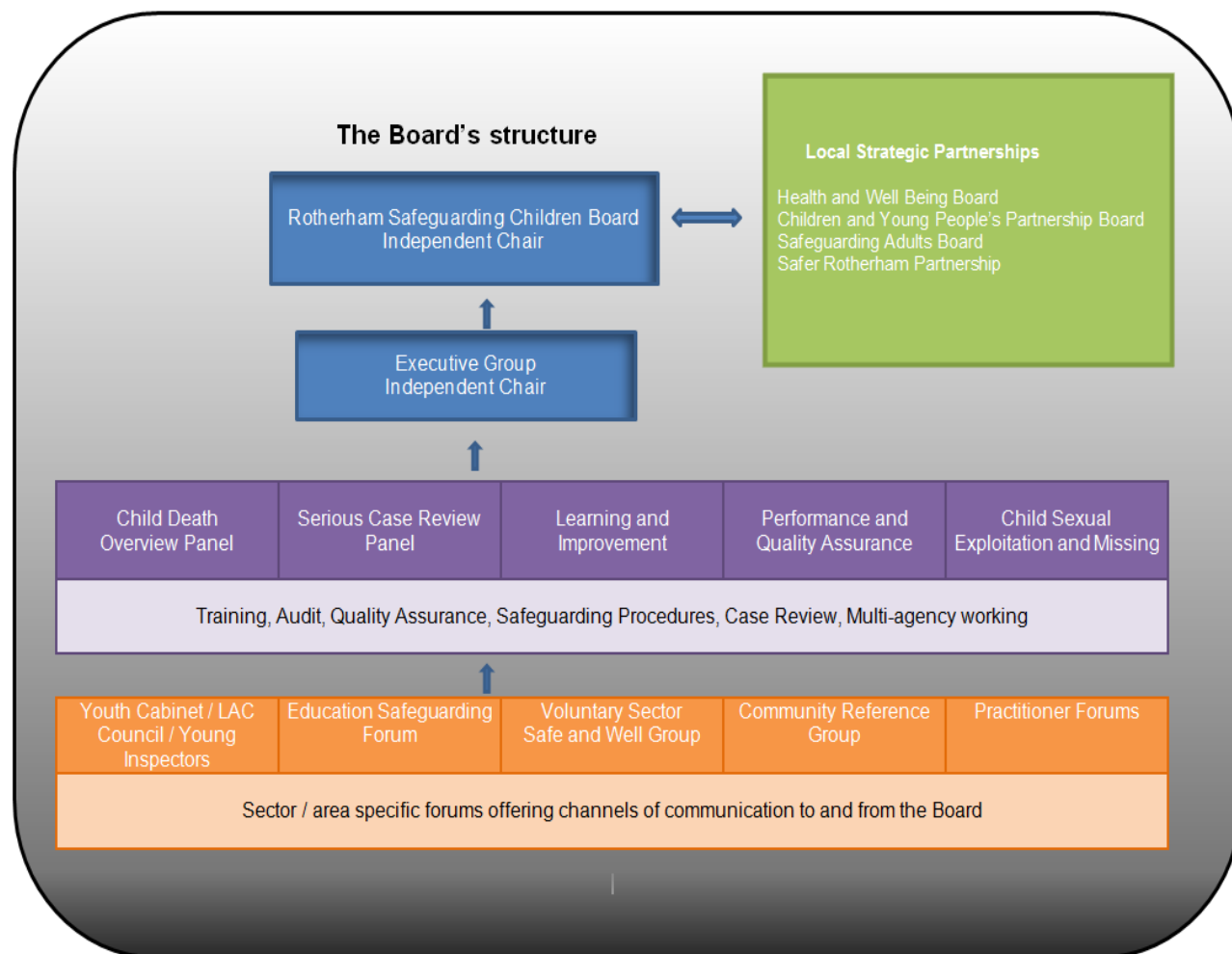
Members of Rotherham LSCB are people with a strategic role in relation to safeguarding and promoting the welfare of children in their organisation and are able to speak for their organisation with authority; commit their organisation on policy and practice matters; and hold their own organisation to account and hold others to account.

The elected councillor who has lead responsibility for safeguarding children and young people in the borough (known as the Lead Safeguarding Children Member) sits on RLSCB as a 'participating observer'. This means that the Lead Member is able to observe all that happens and can contribute to discussion, but cannot participate in any voting. This allows the Lead Member to scrutinise the LSCB and challenge it where necessary from a political perspective, as a representative of elected members and Rotherham citizens.

Lay members have been full members of the Board until September 2018, participating on the Board itself and relevant Sub Groups. Lay Members have helped to make links between the LSCB and community groups, support stronger public engagement in local child safety issues and facilitate an improved public understanding of the LSCB's child protection work. Lay members are not elected officials, and therefore are accountable to the public for their contribution to the LSCB.

Board Members attendance at Board Meetings can be found at **Appendix 1**.

The main Board has met four times per year with additional board meetings when required. In order to deliver its objectives the Board has an Executive Group which consists of the chair and the chairs of the Board's Sub Groups; and five Sub Groups to undertake the detailed work of the Board's Business Plan.



Partner agencies in the LSCB also operate within other partnerships. Clarity about the relationships between these partnerships and their priorities are crucial to ensuring their effectiveness. A protocol was developed in March 2017 to achieve that.

The Board is supported by a Business Unit which consists of:

- Business Manager
- Quality Assurance Officer
- Practice Audit Officer
- Learning and Development Coordinator (0.3 WTE)
- Learning and Development Administrator
- Child Death Overview Panel Administrator (0.65 WTE)
- Administrative Officer (0.8 WTE)

## Financial arrangements

The Board's budget is based on partner organisations contributions to an agreed formula. The funding formula and 2018-19 budget statement can be found at **Appendix 2**.

However this year there has been a reduced contribution from South Yorkshire Probation, South Yorkshire Community Rehabilitation Company and CAFCASS in response to national guidance to their organisations, amounting to £6,752.

### Budget – 2018-19 Outturn

Income:	Budget	£ 328,848	Actual:	£ 328,848
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Expenditure:	Budget	£ 328,848	Actual:	£ 328,564
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Overall expenditure for 2018/19 was £284 under budget.

## Regulatory Inspections across the Partnership

Inspections of local agencies are routinely reported to Rotherham Local Safeguarding Children Board along with any action or improvement plans. This section summarises key findings from inspections of safeguarding board partners.

### Inspection Findings:

#### The Rotherham NHS Foundation Trust

##### CARE QUALITY COMMISSION

Between 25 and 27 September 2018, we carried out an unannounced inspection at Rotherham General Hospital of urgent and emergency services, medical care, maternity services, and acute services for children and young people. Between 16 and 18 October 2018, we carried out an unannounced inspection of community health services for children and young people.

A further announced inspection took place between 22 and 24 October 2018 where we looked at the quality of leadership at the trust and how well the trust managed the governance of its services.

#### Summary of the key inspection findings (as they relate to safeguarding children)

##### What the CQC found

##### Overall trust

Our rating of the trust stayed the same. We rated it as requires improvement because:

- We rated safe, effective and well-led as requires improvement, and rated caring and responsive as good. All ratings were the same as the previous inspection except for responsive, which had improved one rating.
- Rotherham General Hospital was rated as requires improvement overall. Safe, effective, responsive and well-led remained as requires improvement and caring remained good.
- Community Healthcare Services remained as requires improvement overall. We inspected one core service (community healthcare services for children and young people) at this inspection and the overall ratings for effective and well-led remained as requires improvement while safe, caring and responsive remained as good.
- Issues we identified at previous inspections, such as culture, mandatory training compliance, staffing and high caseloads for practitioners in the 0-19 service had demonstrated the trust had not fully addressed ongoing concerns.

There was evidence of some progress and the trust recognised further improvement was required.

- In addition, we also undertook a focussed unannounced inspection in July 2018 and found that appropriate and timely action had not been taken to address the immediate concerns.

##### Are services safe?

Our rating of safe stayed the same. We rated it as requires improvement because:

- There were significant concerns within urgent and emergency care services that impacted upon patient safety. The service was rated as inadequate for safe, which was down one rating from the previous inspection. There was a shortage of suitable skilled staff and not all staff had the right skills, knowledge and experience to do the job they were asked to do.
- Patients had long waits to be assessed in the emergency department and there had been serious incidents resulting in patient harm due to those delays. Senior staff had not made any correlation between staffing levels and the number of serious incidents and had not taken timely action in response to the concerns raised by staff.
- Nurse staffing was an ongoing issue, particularly within medical wards. Fill rates were low on some wards and there was a high number of nurse vacancies across the trust. In the maternity service, midwives were frequently deployed from other areas to support the delivery suite, and there had been a reduction in specialist midwives to meet the needs of vulnerable women.
- Safeguarding adults and children was not always given sufficient priority and there was a lack of strategic oversight of the issues we identified during this inspection. We found the quality of safeguarding referrals was poor in some services, looked after children did not receive initial health assessments in a timely manner, and safeguarding training did not comply with the Royal College of Paediatric and Child Health intercollegiate document.

**However;**

- We found evidence of improvement in maternity and services for children and young people in relation to incident reporting. There was no backlog of incidents for review in maternity and there were systems to share learning with staff.
- There were processes in place to safeguard children and adults from abuse and risk of harm. Staff understood their responsibilities and could articulate what action they would take. However, in community healthcare services for children and young people, there was minimal oversight of safeguarding children referrals and no process for quality assurance.

**Are services effective?**

Health visiting and school nursing services continued to fail to meet performance targets, although an improvement plan was in place and the service prioritised the needs of vulnerable families.

**However;**

- There had been improvements in medical care and services for children and young people which were rated as good.
- The maternity service had made improvements and regularly reviewed clinical outcomes in formal meetings. Policies and procedures were up to date and there a review system in place.
- There was evidence of good multidisciplinary working throughout the trust. Staff with specialist skills and knowledge worked well together to benefit patients.
- Staff understood consent requirements for adults, children and young people and gained consent prior to performing care.

**Are services caring?**

Our rating of caring stayed the same. We rated it as good because:

- Staff were caring and compassionate and worked in partnership with patients, relatives and carers.
- Staff recognised the important of people's privacy and dignity and treated patients, relatives and carers with respect and kindness, and involved them in their care.
- Staff communicated with people and provided information in a way that they could understand.
- Patients told us they received compassionate care and that staff supported their emotional needs.
- Our rating of responsive improved. We rated it as good because:
- There had been improvements in services for children and young people (acute and community) which were rated as good.
- Patients knew how to complain, and staff knew how to deal with complaints they received. Complaints were investigated, and learning was shared.

**However;**

- The looked after children (LAC) service did not meet the statutory initial health needs assessment target of 20 working days from the date of becoming looked after. This was also identified as an issue at our last inspection. There was an inter-agency action plan to address the timeliness of the assessments. Regular assurance reports were provided to the service manager and the quality assurance committee.
- The culture of the organisation was reported as improving from a low base. In urgent and emergency care services, we found the culture was defensive and not open or transparent. The trust had updated its Whistleblowing policy to ensure staff members raising concerns were protected and supported and to prevent any discrimination consequently. In addition, there was an acting freedom to speak up guardian who was proactive and had lots of ideas for improvement and development, including better engagement with staff.
- There had been improvements in maternity services and in services for children and young people (acute), which were rated as good.

Rotherham Safeguarding Children Board has been monitoring the Trust's action plan in relation to these inspections and the evidence of the impact of actions taken.

## **Inspection Findings:**

### **Ofsted**

#### **Overview**

Children looked after by Rotherham Borough Council who need permanence in their lives are receiving a strong service. Progress is evident since the last inspection in 2017, when services for children looked after were judged to require improvement.

Effective strategic planning by senior leaders has significantly improved permanence planning for children in care in a coherent and sustainable fashion. Senior leaders have successfully made use of the council's existing strengths, such as performance reporting, together with increased management oversight of children's individual circumstances, to achieve sustained improvement.

Significant partners, such as the Child and Family Courts Advisory Service (CAFCAS) and the courts, report an increasing amount of good-quality social work. Social workers can articulate their plans for children in care clearly. They see children regularly and know them very well. Written plans are less well expressed because they do not always clearly state the outcomes expected for children and are not always time bound. All children in care whose cases were reviewed by inspectors had a plan for permanence firmly in place. This means that there is a real focus on securing their long-term future through both a wide range of different legal orders and finding a variety of places for them to live. In a small number of examples, due to a lack of enough in-house options, children were living in unregulated placements. Safeguarding risks are not always assessed robustly enough to inform placement planning and permanence.

#### **What needs to improve in this area of social work practice**

- The quality and consistency of written planning, so that it matches up to social workers' verbal accounts of their plans.
- Sufficiency of in-house options, to avoid the use of unregulated placements when finding places for children in care to live.
- Risk assessments, where risk has potential implications for stability in the lives of children in care.

#### **Findings**

A renewed focus on the needs of children in long-term care through senior leaders' 'Right Child Right Care' project has resulted in children's continuing needs being reassessed and options for permanence being successfully delivered. The project has also produced a sustainable



framework of permanence planning for those children who are new into care.

Unborn or new-born babies are getting an improved service because more assertive action is now taken earlier with mothers who are in a cycle of having their children removed. Inspectors saw strong evidence of twin tracking to achieve timely permanence for these babies, including adoption, special guardianship orders and reunification with family where it is safe to do so.

Reassessment of children's need for permanence, together with more assertive action for unborn or new-born babies, has resulted in a recognised increase in children's cases being presented to court. The standard of social workers' presentation and reporting to court has evidently improved and this is supported by partners such as CAFCAS and the local judiciary, who say that this is now mostly of good quality. It would benefit from being more consistent and timelier to avoid delay in the court's timetable while any deficits are resolved in children's permanence arrangements.

Notwithstanding the lack of enough in-house options, children in care are generally found places to live that match their unique needs. Therapeutic support is readily available for all children in care, and this promotes stability and prevents breakdown. Some of these arrangements are creative and well adapted to the child's needs, but a small number are unregulated. This means that the council cannot be assured that these arrangements are subject to regulatory scrutiny. For a small number of children subject to section 20 of the Children Act 1989, parental consent for placement is not compliant with legal guidance.

- Senior leaders are reflective and adaptive, and they run a learning organisation. For example, when the last inspection identified improvement in permanence planning as an area for development, they conducted two peer reviews. They have evidently taken on board learning from these reviews, for instance children's cases having too many transfer points, and have resolved the issues identified. Children in care can now get to know their long-term social worker at the earliest opportunity and this promotes effective relationship building.
- Senior leaders can demonstrate a good understanding of frontline practice. They manage an effective panel system and maintain a detailed placement tracker. Through this activity, they show a high level of awareness of children's individual needs. Overall, management audit is also of good quality and contributes to a strong understanding among senior managers of frontline practice. This means that senior leaders can effectively deliver projects and plans, because they understand in detail the needs of children in the care population.
- A useful bespoke performance reporting tool allows frontline managers to manage compliance with statutory guidance. This works well. For instance, all children are seen, and their cases are reviewed at least at statutory minimum levels. Some good examples were also seen of reflective supervision sessions between frontline managers and social workers impacting directly on the care of the child. However, the current required frequency of supervision means that if a session is missed there can be significant gaps, and this might potentially delay swift planning for some individual children.

The council has secured a permanent workforce of social workers who are well trained and make good use of established social work models when addressing risk and protective factors. Safeguarding risk management could be better, as it does not always closely inform permanence planning in the way it should. Assessments do not always sufficiently capture the unique identity of the child, for example their ethnicity. This means that matching with suitable carers is made more difficult than it needs to be.

- Social workers report high workloads, and inspection evidence demonstrates that there are several exacerbating factors to this situation. The local authority has had a higher number of children placed in care over the past two years, leading to increased use of placements outside of the borough. This means that social workers must undertake out of authority visits more frequently to build and maintain relationships with children in care. An increased demand in relation to managing children's contact with their birth families means that social workers currently manage a proportion of this activity, leading to significant travel implications. An increased complexity of need has been identified as children come into care, and this demands a high degree of social work intervention to ensure that plans are progressed effectively. The combination of these factors means that high workloads can lead to some undesirable delays, such as in the completion of life-story work and later-life letters for children achieving permanence through adoption. Given the pressures on their time, it is to social workers' credit that they make more visits than statutory minimum levels to children on their caseloads and know them so well.

Reviews of children's plans are well attended and well recorded, but actions identified do not always drive progress in plans for permanence, because they do not address deficits in social workers' plans by stating clear outcomes and deadlines. Independent Reviewing Officers' (IROs') footprints are evident from files looked at, although their impact is not always apparent. Intelligence gathered by IROs does not inform wider organisational learning. For instance, the IRO annual report is discursive and is not linked to strategic initiatives such as 'Right Child Right Care'.

## 5 Effectiveness of arrangements to keep Rotherham children safe

### Early Help Services

**Early help means providing support as soon as a problem emerges, at any point in a child's life, from the foundation years through to the teenage years. Early help services across the partnership work with children and their families to prevent problems from getting worse.**

Improvement in this area was identified as a Board priority

Since 2014, RMBC has worked with partners to establish a cohesive Early Help offer to ensure that issues are identified early as problems begin to emerge and children, young people and families' needs are assessed and supported.

The new Early Help Offer was launched in January 2016 and the vision for Early Help in Rotherham is articulated in the Early Help Strategy 2016-2019. As a result there are integrated, Early Help locality teams, bringing together previously separate professional disciplines and co-locating staff with partners (including Social Care) in multi-agency Early Help hubs. There are new systems in place that allow the service to monitor and track progress and there is governance in place to ensure there is appropriate accountability and effective support and challenge across the system.

As significant elements of the Early Help Service are not mandatory, families have a choice in whether they wish to accept support and engage with Early Help process. Annual performance information for 2018/19 shows that Rotherham's local total engagement rate is high at 95.2% which is an improvement on the 2017/18 total engagement figure of 92.2%. Of those engaged 72.6% were contacted and engaged within three working days. This is a significant improvement on 2017/18 when the annual figure was 59.7%.

In 2018/19 there were 4671 contacts to Early Help, including cases which have stepped down from social care services.

The timeliness of Early Help Assessment completion in 2018/19 shows considerable improvement with 62.9% of assessments being completed within the target timeframe, compared to the 2017/18 figure of 47.0%.

## Early Help Assessments:

Progress and support for partners to complete Early Help Assessments is ongoing and by the end of March 2019 24.9% of Assessments in 2018/2019 had been completed by partners which is a significant improvement on last year of 15.9%. Partners are also supported by the five Early Help Integrated Working Leads which are based across Early Help localities.

During 2018/19, Primary and Secondary schools completed 79.6% of Partner Early Help Assessment with the remaining Partners (including the Health economy) completing the remaining 30.4%.

## Children with Special Educational Needs and/or Disability (SEND)

Children with disability are more vulnerable to abuse and neglect for a number of reasons. They are more dependent on others to have their needs met and care may be provided by someone other than a parent or primary carer. If communication is difficult, children with disability find it hard to let someone know that abuse is occurring and behavioural issues are more likely to be dealt with in forceful or restrictive way, and indicators of abuse might be wrongly attributed to the behavioural issue.

**An education, health and care (EHCP) plan is for children and young people aged up to 25 who need more support than is available through special educational needs support. EHC Plans identify educational, health and social needs and set out the additional support to meet those needs.**

Education Health and Care Plans are given to children who have been assessed as having high level Special Educational Needs (SEN). They were introduced in 2014 replacing the old SEN Statements. All Education Health and Care Plan (EHCP) completions and conversions from SEN

Statements are measured nationally. Locally the monitoring of these two targets takes place fortnightly through an 'Inclusion Performance Clinic'.

All local authorities were required to convert any old SEN Statements to EHCPs by April 2018. Therefore the percentage of completed new EHCP's within 20 weeks has fluctuated over this year due to the necessary prioritising of these conversions and seasonal fluctuations in demand (i.e. school holiday periods).

In relation to the Conversions 98% of all Conversations were completed by the target date of April 2018 and the remaining 2% were delayed due to the complexity of the individual cases, however, were completed before the end of the Summer Term 2018.

The percentage of completed new EHCP's within 20 weeks fluctuated last year due to the necessary prioritising of the conversions and seasonal fluctuations in demand (ie school holiday periods). Cumulative performance for 2017/18 was at 57.1% for new EHCP's.

There were new incremental quarterly targets set and monitored for 2018/19 with the aim of the service achieving performance levels of 90% in the following reporting year (2019/20). Performance for the proportion of Education and Health Care Plans completed within the statutory timescales of 20 weeks is below.

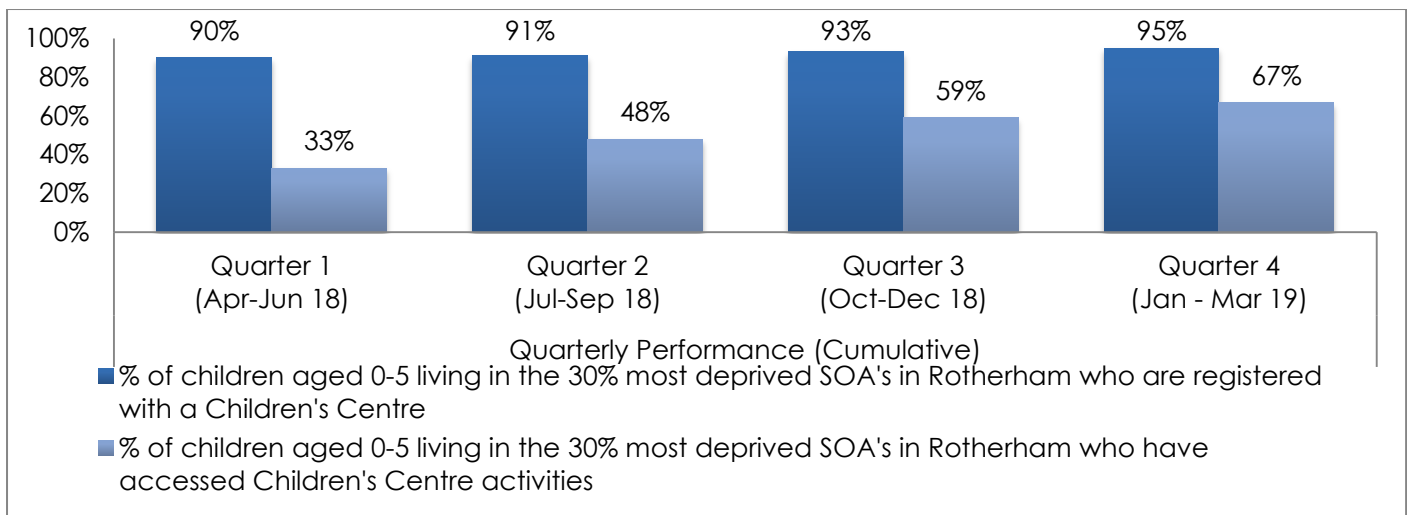
Quarter 1	Quarter 2	Quarter 3	Quarter 4
Performance was 48%	Performance Was 65%	Performance Was 51%	Performance Was 64%
(Target 45%)	(Target 65%)	(Target 75%)	(Target 90%)

The Education, Health and Care Assessment Team underwent a restructure in October 2018 with some vacant posts which are impacting on performance; these vacant posts are to be filled by the end of April 2019 and a new EHCP Manager starting in post from May 2019.

## Children's Centres

***A children's centre is somewhere local families with young children can go to enjoy facilities and receive any needed support. The facilities and activities that are offered are designed especially for parents who may be expecting a new baby, or for those with a child under the age of five.***

Children's Centres performance in the 30% most deprived Super Output Area (SOA) neighbourhoods remains strong with 95% of children registered (meeting the target).



Engagement rates saw a similar trend with the 30% most deprived SOA's achieving overall performance of 67% against a 66% target. This is a slight decrease when compared with 2017/2018 when performance reached 68%.

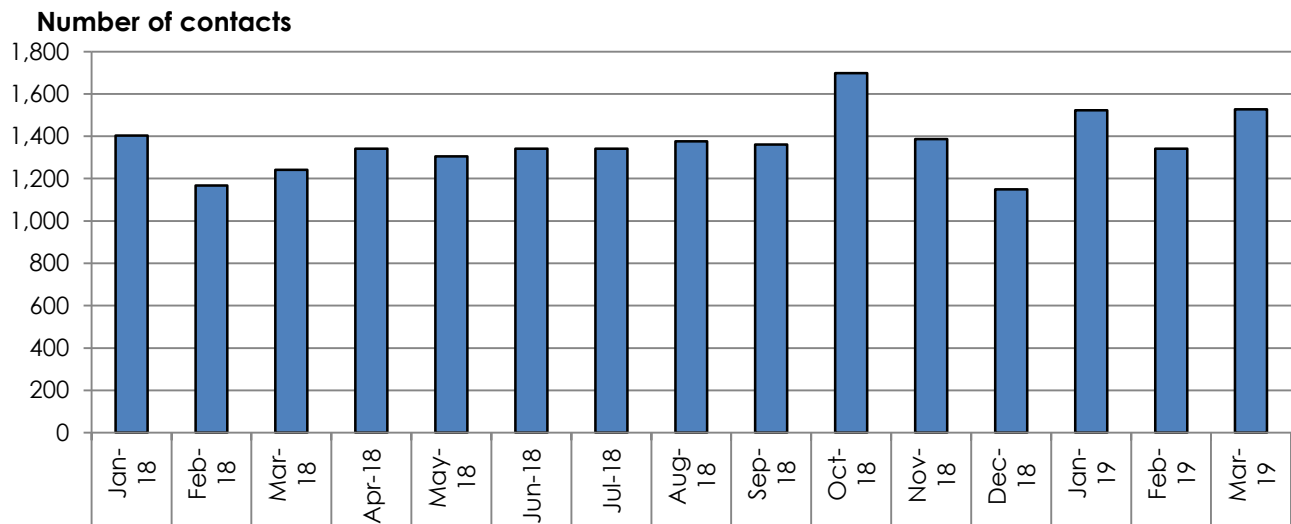
Children's centres provide a vital role in communities and are an important element of providing early help, aiming to improve outcomes for young children, ensuring they are happy, healthy and ready to begin school. Centres can provide help and support to children and young families whenever they need it, as well as helping to prevent any problems from developing in the future.

### Contacts and Referrals to the Multi-Agency Safeguarding Hub

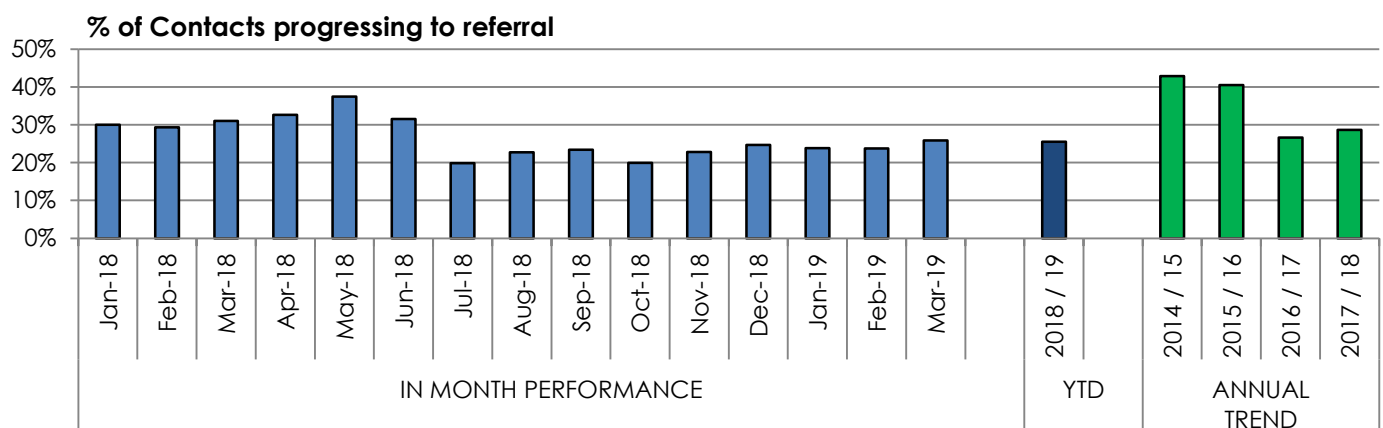
**A "Contact" is a request for help when a child is thought to have support needs or to be at risk of harm. If there are concerns which cannot be managed through the provision of early help services, a referral is made for a multi-agency assessment to be undertaken, led by a social worker.**

In total 16,694 contacts were received during the year which is a 6.5% increase when compared with last year (15,671). Alongside this increase there has been a slight increase in the number of contacts having a decision made within one day, 81% compared to 79.5% in 2017/18. The number of referrals going onto an assessment has also improved by 1% (98.2%) when compared with 2017/18. These figures reflect the quality in the operational process of the Multi-Agency Safeguarding Hub (MASH), suggesting the majority of screening activity takes place earlier and ensuring progression to social care referral only takes place when appropriate.

Over the last 12 months the re-referral rate has continued to follow a downward trend reaching 21.3% at the end of March 2019 which is a 1.8% decrease on 2017/18 and below the latest National Average figure of 21.9%.



The % of contacts which progress to a referral – a contact progresses to a referral when a social work led multiagency assessment is required for a child, determined by considering any need or risk issues and applying thresholds.



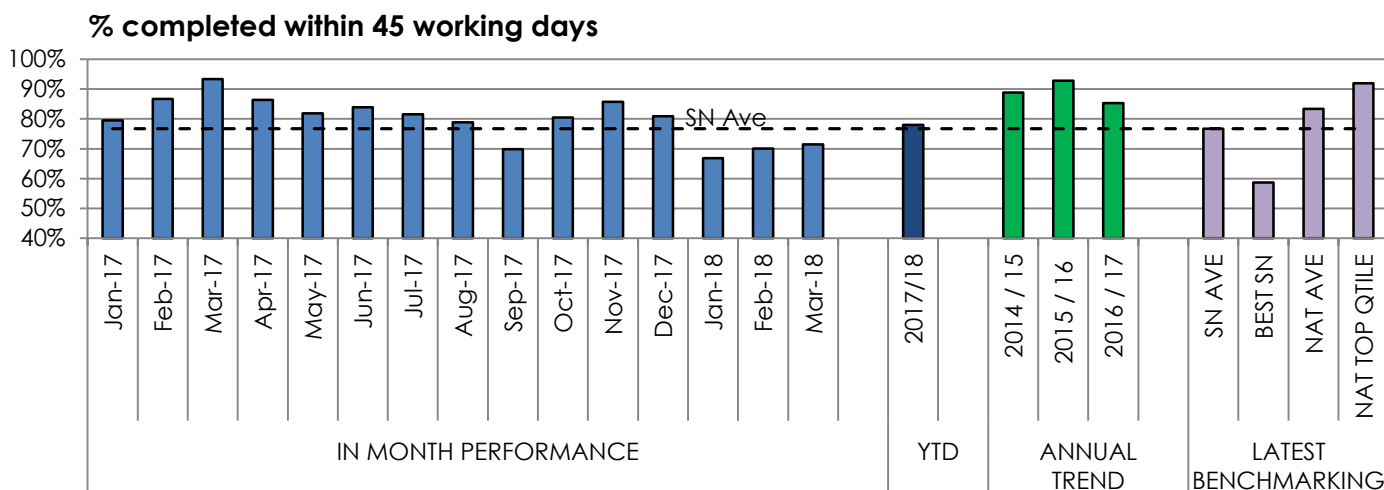
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### Assessments

**The timeliness of an assessment for a child is important because it means that their needs or the risks to them are identified quickly and support put in place. The upper time limit for assessments to be completed is 45 working days.**

During 2018/19 4797 new assessments (excluding assessment updates) were started which shows a decrease of 398 (8.2%) when compared with 2017/18.

Assessments completed:



Timeliness of assessments (% completed within 45 days) annual performance for 2018/19 improved slightly to 81.1%, an increase of 2.1% on the previous year.

Assessment outcomes have increased slightly throughout 2018/19 with 67.9% either receiving Early Help or on-going Social Care support when compared with 65.2% in 2017/18.

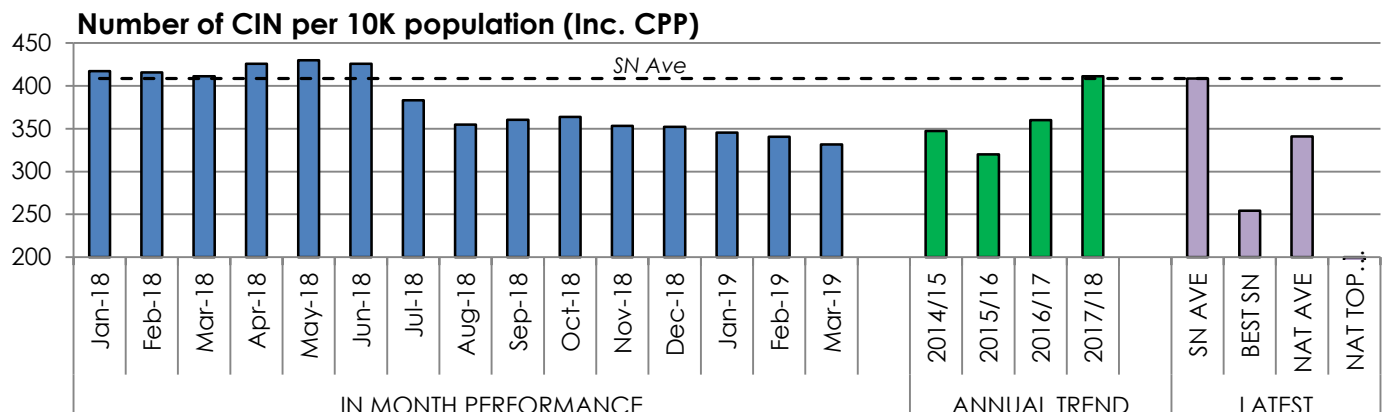
## Children in Need

**A child is deemed to be a Child in Need where their needs are more complex, but they are not suffering from significant harm, and require support and intervention from a social worker and other professionals. A child with a disability is by definition a Child in Need.**

There is no good or bad performance in relation to the number of Children in Need (CIN), although it is important to monitor against statistical neighbour and national averages as numbers considerably higher or lower than average can be an indicator of other performance issues. The service managers in the Locality social work teams continue to lead regular reviews in conjunction with early help colleagues on Child in Need work to minimise drift and ensure only those children that require this type of intervention are open to the service.

The overall Children in Need (CiN) population has reduced by 295 children since March 2018 (1678) and now stands at 1383 at the end of 2018/19. Overall the number of children in need per 10k of population (DfE definition) has dropped to 331.7 bringing Rotherham below the national average per 10k of population. Of these children, those with an up to date CiN plan have increased to 90.5% when at the same time last year performance was 82.8%.

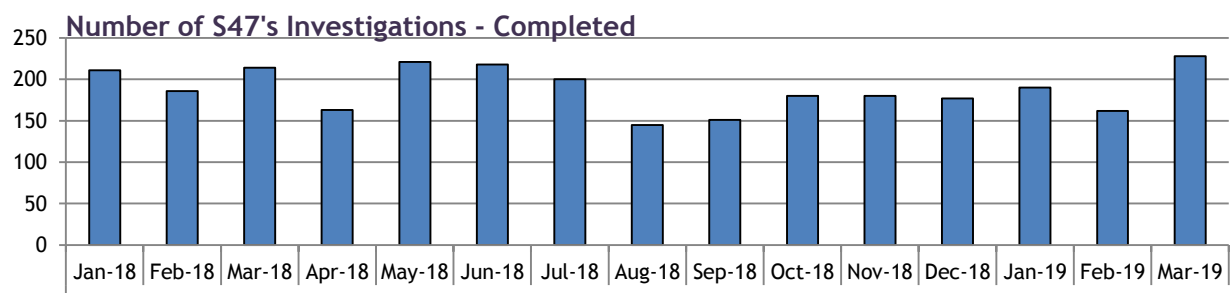




## Child Protection

**Section 47 investigations are those child protection enquiries that social workers, the police, paediatricians and other professionals carry out in order to find out whether children have suffered from or are at risk of, abuse or harm.**

Trend data in relation to Section 47 investigations continues to suggest high volumes compared to both the national and statistical neighbour average.

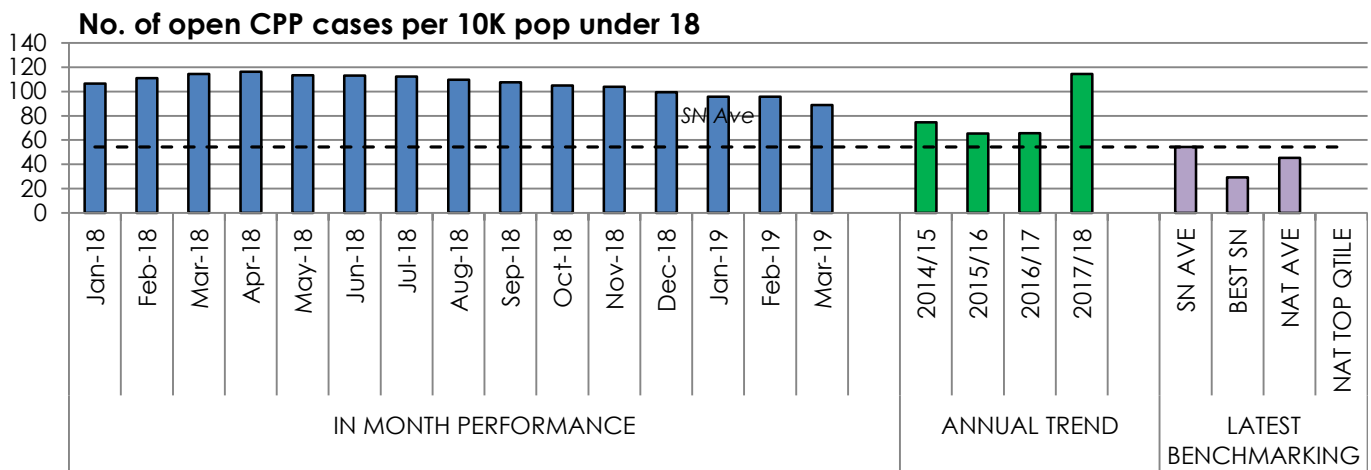


Following audit activity and the outcomes of investigations it is suggested that the majority of these are appropriate. Overall 93.3% of S47 concerns were either 'substantiated with continuing risk', or 'substantiated with no continuing risk'. This indicates continued improvement over the last three consecutive years in terms of applying thresholds appropriately to indicate child abuse.

## Child Protection Plans

**Children who are at risk of significant harm through abuse or neglect have a Children Protection Plan to help make sure that they are supported and kept safe. Using the number of children per 10,000 child population is a standard way to compare and measure how well we are doing against other authorities.**

The trend for the number of children per 10K population with a Child Protection Plan (CPP) remains significantly higher (88.9) than that of statistical neighbours (54.5) and the national average (45.3). However, the numbers of children becoming subject to a plan each month has steadily reduced since June 2018.



The timeliness of Initial Child Protection Conferences (ICPC) in March 2019 declined from a high of 91% to 77.4% (41 children out of 53 children had an ICPC in timescale). In response the Child Protection Service Manager has worked closely with fieldwork managers to ensure that the systems in place to prevent late notification are understood and used effectively. Out-turn for the year was 86.8% which was 2.8% higher than the previous year.

Performance in the timeliness of Review Child Protection Conferences has seen a positive improvement in March 2019: to 99.3% being undertaken in timescale despite a high volume of conferences. 151 out of 152 children had their CP plan reviewed in timescale, which equates to one conference out of time. This is an improvement on last year where 93.8% of CP cases were reviewed within timescale.

In the last 12 months the proportion of children subject to repeat plans within 24 months has started to see an improving trend which may be an indication that the continuing work with families is making a sustainable impact in keeping children safe. The repeat plans 'ever' measure has also seen an improvement but at a slower rate which is reflective of longer term poor practice.

The data suggests that the services ability to reach a timely resolution for children at risk continues to be good. This is likely to relate in large part to increasing numbers of children in care and subject of legal proceedings. There is increased evidence of better use of family group conferencing and edge of care support in addition to the pre-proceedings PLO (Public Law Outline) process. There has been an overall positive reduction in the number of children on a plan for more than 2 years but with a peak in recent months. The situation for these children was expected and is well understood with planning deemed appropriate by senior social care managers. Regular reviews and management oversight of these cases ensure that we have the right children, subject to the right plan, at the right time.

### Child Protection Advocacy Service (Barnardo's)

Barnardo's are commissioned to provide an advocacy service for children to have their views and voice heard at Child Protection Conferences.

Advocates will visit children at home or by telephone and work creatively to seek their views and will either support them to attend the Conference in person or attend on their behalf.

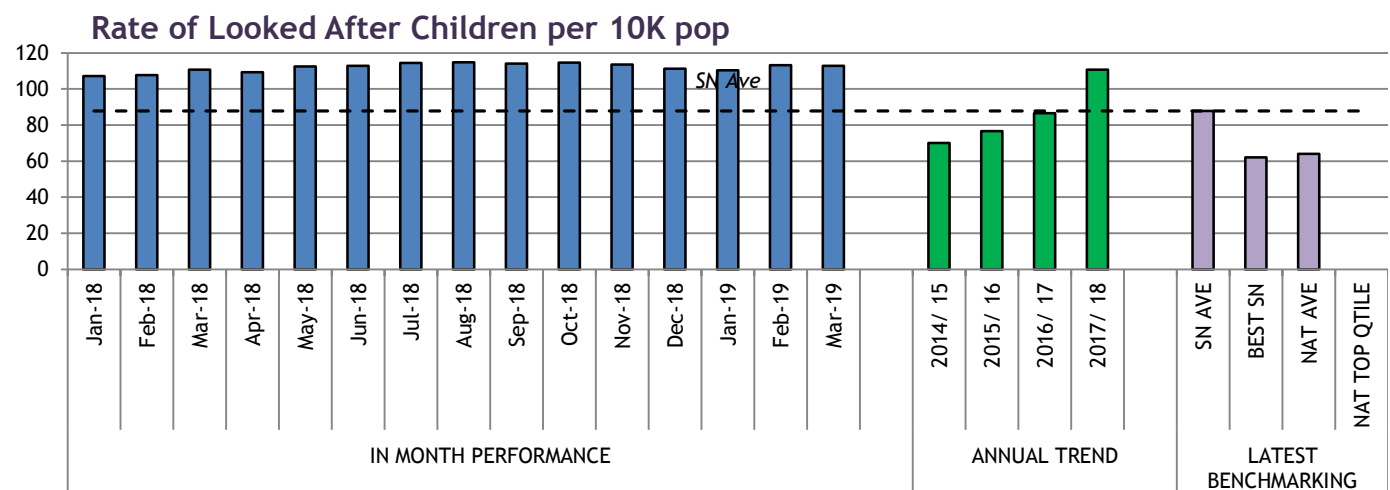
In 2018/19 the service engaged with 415 children to enable them to have their voice heard at a Child Protection Conference, a slight decrease on the previous year.

The LSCB Practice Review Group monitors all cases where a Child Protection Conference Chair has either raised concern about multi-agency practice in Child Protection or has vetoed a decision at the Conference. This provides an independent check and challenge to practice and decisions about risk of significant harm.

### Looked After Children

**A Looked After Child is one who is in the care of the local authority and is sometimes called a "child in care" or "LAC". Safeguarding children in care was identified as a Board priority**

During March 2019 the LAC numbers stabilised at 643 following a net increase of 16. LAC numbers at the same time the previous year were 627.



In March there was an Ofsted Focused Visit which reviewed the permanence planning within Rotherham - a previously identified area for development. Feedback was extremely positive and this has been endorsed by the year end performance in respect of permanence with 31.3% of LAC being discharged from care to permanence, up from 27% in the previous year, and 12.6% ceasing LAC by virtue of a Special Guardianship Order (previous years - 9.8% and 8.2%). This is higher than statistical neighbours and the national average although not in the top quartile range.

The number of children experiencing 3 or more placement moves reduced in March by 8 (13.9% in February to 12.7% in March). However, Rotherham remains below the statistical neighbour average in both measures, although the on-going drive for permanence is likely to continue to impact on long-term placement stability figures.

Statutory visits within timescales have also remained consistently high ending the year at 95.5%. There has been a slight decrease in review performance with 88.3% of these completed in time during the year (90.6% in 2017/18).

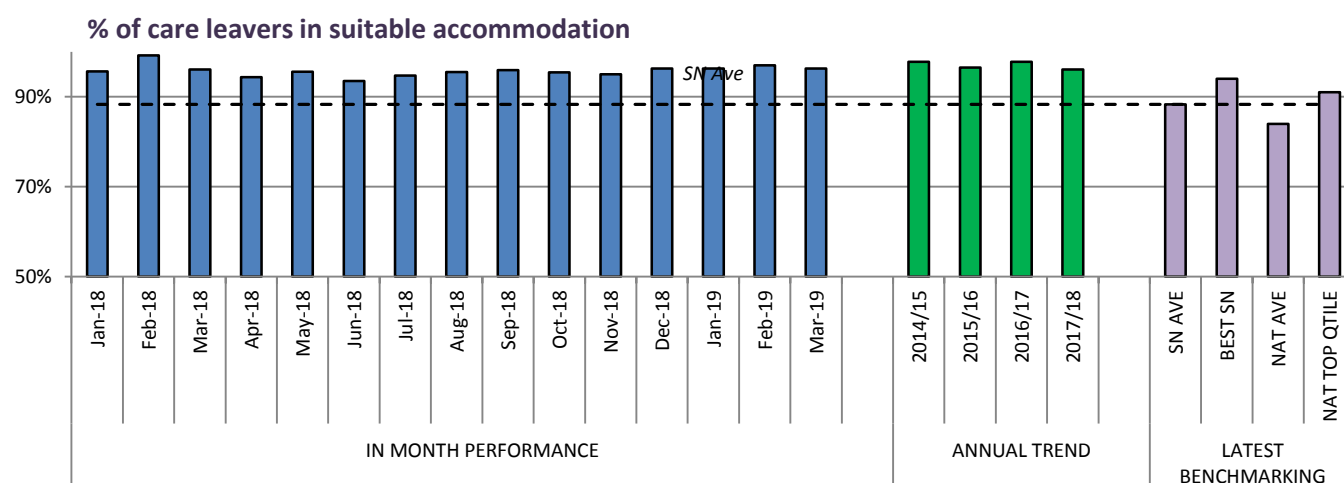
The number of Initial Health assessments completed within the 20 day timescale declined slightly in March 2019 with 56.3%. Overall performance for the year is 52% which is a slight decline on the previous year (55.7%).

## Care Leavers

**A care leaver is defined as a person aged 25 or under, who has been looked after away from home by a local authority for at least 13 weeks since the age of 14; and who was looked after away from home by the local authority at school-leaving age or after that date.**

At the end of March 2019 there were 301 care leavers, the highest number to date. The number of care leavers with an up to date pathway plan has increased this year with 79.1% when compared with the same time last year when 70.3% of plans were up to date. However, there has been a decline in the % of care leavers with a pathway plan in place, with performance reaching 84.5% at the end of March (93.9% March 2018). Performance in respect of care leavers who are in employment, education or training (EET) and in suitable accommodation has also dipped very slightly but both measures are still well above the national averages, 51% and 84% respectively.

**Suitable accommodation is defined as any that is not prison or bed and breakfast.**



## Child Exploitation

**Child sexual exploitation; 'child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age is 18 into sexual activity (a) in exchange for**

*something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology' (DfE, 2017).*

**Child criminal exploitation;** *'Child criminal exploitation occurs where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18. The victim may have been criminally exploited even if the activity appears consensual. Child Criminal Exploitation does not always involve physical contact; it can also occur through the use of technology' (Home Office, 2018).*

In 2019 it has been five years since the publication of the Independent Inquiry into Child Sexual Exploitation in Rotherham. The EVOLVE service, true to its name, has continued to evolve from an investigative team to a service that fully supports the Rotherham's 5 P's through partnership working:

- **Prevent** children and young people from child Exploitation through effective leadership, governance and a wider culture embedded within organisations and communities that recognises the root causes of CSE, the signs and risk indicators and do all they can to tackle them.
- **Protect** children and young people who are at risk of all forms of Child Exploitation as well as those who are already victims and survivors.
- **Pursue**, relentlessly, perpetrators of child exploitation, leading to prosecutions of those responsible, and ensure there is effective risk management of perpetrators in the community and the region.
- **Provide** support for survivors of Child Exploitation, recognising the importance of trauma informed practice, ensuring their needs are met.
- Ensure the **participation** of all children and young people, their families and communities and community leaders, in awareness raising. To ensure their voices as well as the voices of survivors are heard and responded to in reviewing and coproducing services.

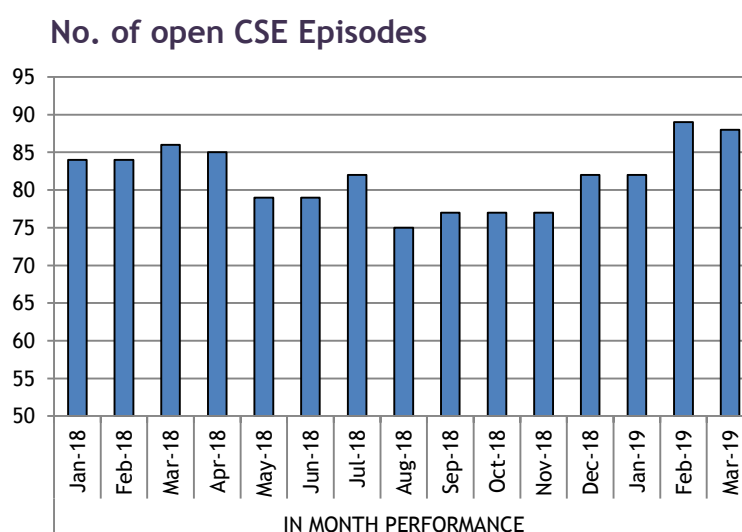
The EVOLVE CSE team has continued to develop as the partnership learns and reflects on what work to support and minimise the harm for victims and those identified as at vulnerable to CSE. The EVOLVE Social Workers offer a co-working service for young people open to Children and Young Peoples' Services, that focuses on Trauma stabilisation and direct work. This reflects the confidence held that the wider workforce understands and is knowledgeable about CSE identification and assessment. Co-located with the Police, Health Partners and Barnardo's there is a connection between supporting the investigation and providing support to work with families to keep young people safe; and to develop young people's skills and awareness around safe and healthy relationships. The recognition of CSE teams offering a co-working practice as the most effective way to support victims of CSE is identified in the 2014 Ofsted Thematic report.

Operation Stovewood, led by the National Crime Agency (NCA), focuses on the historical sexual exploitation that took place between 1997 and 2013. The operation has demonstrated its success

via the number of arrests achieved, the number of on-going investigations, the positive identification of perpetrators and the support for victims. The original estimate of historical victims of CSE by Alexis Jay in 2014 was 1,400; the latest figure from the NCA identified 1,523 potential victims. South Yorkshire Police lead on any investigations from 2014 onwards and work closely with the NCA to manage and support arrests. Operation Stovewood should not be considered purely a 'historical' investigation, as the profiles of the suspects (many of whom are still under 40 years of age) indicate that not only that past victims still at risk, but that there is a continuing threat to current and future generations of children.

The Safeguarding Children Board continues to ensure that learning from Operation Stovewood and the EVOLVE informs current practice. . The partnership is committed to being tenacious in checking and challenging itself and individual agencies to continue to improve our understanding and response to CSE. A recent Multi-agency CSE Audit highlighted that there no child was found to be at risk of significant harm that had not been identified and responded to effectively.

The structures within the partnership maintain a focus on training and awareness, oversight of complex investigations, improving community awareness, work to reduce safeguarding risks related to repeat missing episodes and a focus on needs led commissioning of services There has also been an agreed performance scorecard developed, supported by a sharing and generation of intelligence and information across the partnership to provide a focused safeguarding response. Enforcement and disruption activity has also been planned and evaluated by the partnership to support maximise impact relating to victim, offender and where appropriate, location.



The cohort of young people involved with the EVOLVE service has stabilised over the past 12 months and there is a very low level of referrals back into the service. This indicates positive impact from the safeguarding response, intervention and disruption. The EVOLVE service works with those young people assessed as high risk or medium risk and average caseloads through the year have settled at around 58. This is a reduction on the previous year, with a small number of young people, placed out of area that are not open to EVOLVE but accessing local bespoke CSE support.

All young people assessed at risk of CSE; low, medium or high have a 12 weekly review of their risk assessment. This a multiagency review and timeliness has improved, with oversight offered by the Team manager from EVOLVE to ensure consistency.

There are areas that we continue to seek to strengthen; for example our understanding of the constantly changing impact of technology and social media on abuse and the immediacy of the harm and risk as a result. We are seeking to promote more child led prosecutions by listening to children and minimising the impact of the criminal process when there are witnesses; and consider how we understand the impact of the abuse, the trauma it leaves in its wake and to be 'trauma informed' in both our language and practice across all partners.

A key area of work for the partnership at the end of March 2019 was to consider a review of the CSE Strategy. This review has supported the development of the 2019-2022 Strategy to Tackle and Prevent Child Exploitation. Under this strategy the partnership has worked to ensure the child is seen first, before their behaviours in all forms of exploitation; that we consider the context that the child lives in and recognise the harm that can come from outside of the family. The strategy focuses on Child Sexual Exploitation, Child Criminal Exploitation, Radicalisation, Modern slavery and trafficking, Honour based Violence and Forced Marriage, and Female Genital Mutilation.

## 6 Learning and Improvement Framework

*The role of the LSCB is to ensure the effectiveness of organisations individually and collectively to safeguard and promote the welfare of children. To achieve this there should be a culture of continuous improvement across the partnership.*

For Rotherham LSCB, the Learning and Improvement Framework is delivered through five mechanisms:

1. **The Performance & Quality Sub group** focuses on quality assurance through performance management and auditing, mainly at an aggregated level of information.
2. **The Practice Review Sub group** focuses on learning from individual cases.
3. **The Serious Case Review (SCR) Sub group** considers and monitors cases which meet the statutory criteria for a Serious Case Review.
4. **The Child Death Overview Panel (CDOP)** considers learning from all child deaths in Rotherham.
5. **The Learning and Improvement Sub group** draws the learning points from all reviews and oversees the changes to safeguarding practice through changes to procedures, training and monitoring of action plans.



## Performance & Quality Assurance

*Quality Assurance is a process that checks the quality of services and the difference they make for children. It establishes what is working well and where there are improvements needed. Conducting audits and reviews of children's cases are some of the ways in which the quality of services is monitored.*

The Performance and Quality Assurance Sub Group meets on a six weekly cycle, with 8 meetings held per year. The meetings focus alternatively on the partners Performance Management Framework and auditing both of which are scrutinised and areas of concern reported to the Board. The Sub Group utilises quantitative and qualitative methodologies to provide an accurate position in relation to aspects of safeguarding children.

### Quarterly LSCB Performance Management Framework

The report provides information to answer:

- How much have we done and how do we compare with others?
- How well have we done it and what difference are we making to the lives of children?

By using:

- Quantitative data which compares where possible with other authorities (statistical neighbours; region; Best Performing Local Authorities and LSCBS, and monitors over time, tracking trends)
- Qualitative data - strategic and case file audits, inspection reports, evaluation from training & procedures
- Feedback from children and young people
- Feedback from frontline professionals to improve understanding of workforce perspectives
- Feedback from single agency perspectives and audits triangulated with feedback from other agencies and external processes

### Multi-agency audits completed in 2018/19

- Strategy Meetings
- Sexual Abuse in the family
- Child Sexual Exploitation
- Female Genital Mutilation

The findings from multi-agency audits are developed into improvement action plans for the partnership and are monitored through the Learning and Development Delivery Group. Some re-auditing is scheduled to measure the impact of improvements to practice and outcomes for children.

### Multi-Agency Audit: Strategy Meetings

#### What's working well

- Agency participation in Strategy Meetings was mostly good
- Timescales for holding the meeting were met in the majority of cases
- The thresholds for risk of significant harm were applied consistently
- Legal action appropriately sought where this was needed
- Information sharing was good (except with GPs)

#### What are we worried about

- GPs were not invited to share information or participate
- Some Strat Meetings were out of timescales
- Action plans were not focused and lacked a contingency
- Meetings were not specific about sharing information with parents

Feedback has been reported to the partnership and this area of practice is to be re audited in summer 2019.



### **Audit: Female Genital Mutilation (FGM)**

#### **What's working well**

- The contact/referral was proportionate to the risks known in 100% of the cases.
- Referrals are being made from a variety of organisations showing good awareness of this aspect of safeguarding.
- The cases that were progressed to strategy meeting and/or social care assessment from MASH were all appropriate
- Where an emergency application has been made for an FGM Protection Order, the Court statement from the local authority is excellent and identifies research, physical and psychological implications.
- New practice within TRFT means that 0-19 practitioners are conducting risk assessments when FGM is identified for mother.

#### **What are we worried about**

- Some referrals often lack detail which does not support MASH screening and assessment
- Children's specific ethnicity, nationality, language spoken is not routinely being clearly sought to assist with the assessment.
- Within the cases audited, there is limited exploration of the influence of wider family members or community.

Children are often not being seen following contact by female about FGM and

### **Multi-Agency Audit - Child Sexual Exploitation**

#### **What is working well**

- There is some good multi-agency working in relation to information sharing, strategy meetings, assessments and planning for the child.
- There is generally a prompt response to safeguarding concerns, and the CSE screening tool has been used in 100% of the cases audited and completed within a multi-agency setting.
- There is a good offer and take-up of support from the lead CSE nurse; the service is accessible, child-led and has a good rate of engagement.
- There is evidence of positive, child-centred direct work being completed, led by practitioners in the Evolve service.
- Children are referred to a wide range of statutory and voluntary services, according to their needs.

#### **What are we worried about**

- GP's are routinely not invited to be involved in any safeguarding responses to CSE cases; in some cases minimal information has been provided to GP's.
- In over half of the cases audited, there was a delay of 4 weeks or more for the partnership to utilise the CSE screening tool.
- There is also some concern about the value-base and purpose of the screening tool – this includes the perceived specialist nature of the tool, requiring an Evolve Social Worker to take the lead on completing this.
- Within the cases, there is limited information about how children and young people are given the opportunity to provide feedback on the services they have received.

## Safeguarding Self-Assessment

### Joint Adult and Children Safeguarding Self- Assessment

Section 11 of the Children Act 2004 requires each person or body to which the duties apply to have regard to any guidance given to them by the Secretary of State and places a statutory requirement on organisations to ensure that they have arrangements in place to safeguard and promote the welfare of children. In addition the Care Act (2014) requires Local Authorities to set up Local Safeguarding Adults Boards (LSAB's). The 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 Rotherham Local Safeguarding Children and Adults Boards have committed to and are developing a joint safeguarding children and adults self-assessment. The purpose of the joint assessment is to provide all organisations in the Borough with a consistent framework to assess monitor and improve their Safeguarding Children's and Adult's arrangements in line with statutory requirements and best practice. The joint self-assessment tool will be finalised and implemented from June 2019.

### Voluntary and Community Sector – Safeguarding Self-Assessment

Voluntary and Community Sector (VCS) organisations in Rotherham also undertake a safeguarding children self-assessment bi-annually to provide assurance in relation to their arrangements to safeguard children. Unlike statutory agencies the Voluntary and Community Sector Organisations are not currently statutorily obliged to conduct a self-assessment.

*Progress by Voluntary and Community Sector Organisations (members of the Children, Young People and Families Consortium) towards completion of the Self-Assessment as at October 2018 included 5 organisations out of 24 that had registered to complete the assessment, that have fully completed 90-100% of the self-assessment. A further 13 organisations have completed over 50% and six organisations had not started the assessment by the end of December. The LSCB continues to work with the sector to support them in completing their self-assessment.*

In February 2018 the voluntary sector self-assessment tool was reviewed in consultation with the members of the Children, Young People and Families Consortium and a revised version was launched during 2018/19.

### Schools – Safeguarding Self-Assessment (Section 175)

Schools are expected to complete the S175 on-line safeguarding self-assessment. 128 Rotherham schools, including children centres, colleges and special schools in Rotherham, are registered to complete the self-assessment. The progress towards completion of the self-assessment, as at

March 2019 is that 80 schools/education settings that have completed 90-100% of the self-assessment with a further 39 having completed over 50%.

The LSCB engages with the school and children's centres community via the termly Education Safeguarding Forum. This is a positive and well received opportunity for two way discussion, awareness raising and information sharing between the education sector and the LSCB. In 2018 the S175 self-assessment progress was discussed and it was reiterated that school governing bodies and trustees of Multi Academy Trusts are to be involved with and have ownership of their safeguarding children arrangements.

## Serious Case Reviews and Lessons Learned Reviews

**There is a requirement for LSCBs to undertake reviews of serious cases (SCRs) in specific circumstances. "Lessons Learned" reviews are a local response where the criteria for a SCR are not met, but there has been concerns relating to multi-agency safeguarding practice and there is a need to learn from what happened around the multi-agency response.**

**One of the features of both types of review is that they involve agencies, staff and families in a collective endeavour to reflect up and learn from what has happened in order to improve practice in the future.**

A Serious Case Review (AR17) was undertaken and the report was signed-off at an extraordinary meeting of the RLSCB on the 07/06/2018. The agencies that were involved in the review will be required to take forward the recommendations and action plan. There are no firm dates or plans for publication of the report due to the criminal investigation which is still ongoing. A key message from this case was the importance for professionals in keeping the child's lived experience at the centre of their thinking.

The key learning points from this review which have now been implemented include:

- Over-reliance on medical evidence when assessing risks to the child.
- Recognition of risks and vulnerabilities in relation to young motherhood and need for framework of early support.
- Importance of high quality record keeping and information sharing
- A further review protocol for contact between parents and their children in hospital where there are safeguarding concerns.

A further serious child safeguarding incident was notified to the LSCB in February 2019 and the decision was to commission a serious case review; the serious case review will be concluded by October 2019.

The **Practice Review Group** considers specific cases that are referred to the group where there has been cause for concern in terms of the safeguarding of a child from significant harm where there is, or has been multi-agency involvement, but where the criteria for a Serious Case Review (SCR) have clearly not been met. The Group also reviews cases where formal dissent relating to the outcome of a Child Protection Conference is submitted in writing by a professional or agency

represented at the conference; or where the Child Protection Conference Chair has concerns about multi-agency thresholds or practice.

The methodology for each learning review is determined by the circumstances of the case and agreed by the group, but can range from a desktop review, a small learning event with practitioners involved in a case, to a larger multi-agency challenge event.

Child B is a teenage boy who lived with an elderly relative for a number of years because his mother could not care for him. There were a number of concerns that Child B was the carer for his elderly relative and this meant that his own needs were not being met. He returned to live with his mother and he became neglected and was not attending school.

### Missed opportunities?

All professionals involved with the case were invited to review the case and a number of missed opportunities were identified:

- Delay in addressing child B's Health needs
- A delay in assessing the neglect issues for Child B
- Agencies not being informed at the point at which he returned to live with his mother
- Consideration of extended family as potential carers for him..
- There was no contingency plan for when his elderly relative could no longer care for him.

In all cases where there has been a case review, recommendations have been made in relation to any improvements in practice. These are developed into an action plan, and progress by individual agencies and the partnership has been monitored by Performance & Quality Assurance sub group. The findings are also considered by the Learning & improvement sub-group and single and multi-agency training has been up-dated to reflect any relevant findings.

## Child Death Overview Panel

**The Child Death Overview Panel (CDOP) is a multi-agency panel which reviews the death of any child aged from 0-18 years who is normally resident in the borough. The purpose is to see if there are any areas of learning or changes to practice to prevent a similar child death in the future.**

**A comprehensive child death overview panel - annual report for 2018-19 is available [here](#)**

Since 1st April 2008, all deaths of children up to the age of 18 years (excluding still births and medical terminations) are reviewed by a panel of people from a range of organisations and professional disciplines. CDOP is required to reviewing every child death in the Borough in order to identify whether there is any learning that could influence better outcomes for children at both a local and national level. CDOP promotes the sharing of information and learning to all organisations, in both the statutory and voluntary sector, about how to reduce the likelihood and impact of modifiable risks which might lead to the death of a child.

In reviewing the death of each child, the CDOP should consider modifiable factors in relation to the individual child, the environment, parenting capacity or service provision, and consider what action, if any, could be taken locally and what action could be taken at a regional or national level.

### Child Death Reviews 2018-19

During 2018-19 CDOP met on two occasions, with a total of 10 deaths being reviewed to completion (other cases came to panel, but with actions or information still outstanding at the end of the year). CDOP would normally expect to meet more frequently than this, but sets the number of meetings to match the number of cases in the pipeline that are ready to come to panel (i.e. there is sufficient information for a well-informed review and there are no essential outstanding items).

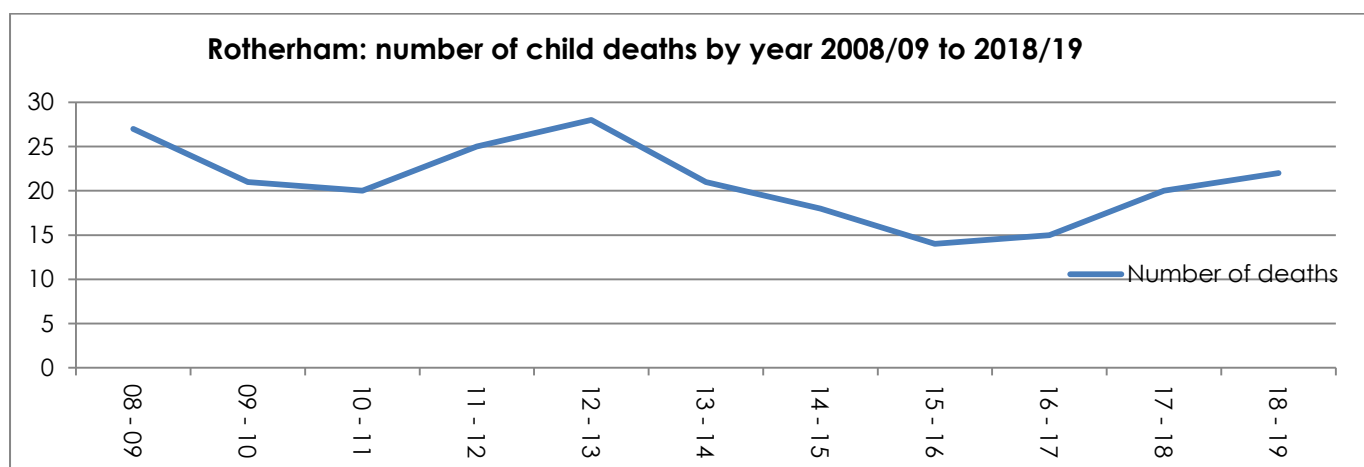
### Child Death Reviews since 2008

Over the life of the panel, on average about 18 cases are reviewed per year. Since 2008, the Panel has reviewed a total of 194 cases, with each case taking an average of just over 12 months to come to panel. This should be considered alongside the new guidance for child death reviews, which, whilst not stipulating a required review timeframe, does envisage the majority of cases being reviewed by CDOP within six weeks of receiving the report from the child death review meeting, which itself should ideally happen within three months of a child death occurring.

### Modifiability

Of the ten cases reviewed during the year 2018-19, two were regarded by the panel as being modifiable - i.e. there were factors that may have contributed to the death or increased the risk of death, which could potentially have been altered in a way that might have reduced the risk or even led to a different outcome.

It is rarely straightforward for the panel to make a decision about modifiability, and there is some variability evident over the years in the propensity to view a death as modifiable. Over the life of the panel, out of 194 cases reviewed, 35 were regarded as modifiable deaths by the panel. The proportions for each year are shown below.



A large proportion of child deaths occur in the neonatal period (the first 28 days of life). Of the 231 child deaths in Rotherham since CDOP began in 2008, 105 have been aged 28 days or less at death, of which 72 were perinatal deaths (i.e. they died in the first week of life). 52 non-neonatal deaths were within the first year of life; 18 were aged between 1 and 5 years; 56 were aged 5 and over.

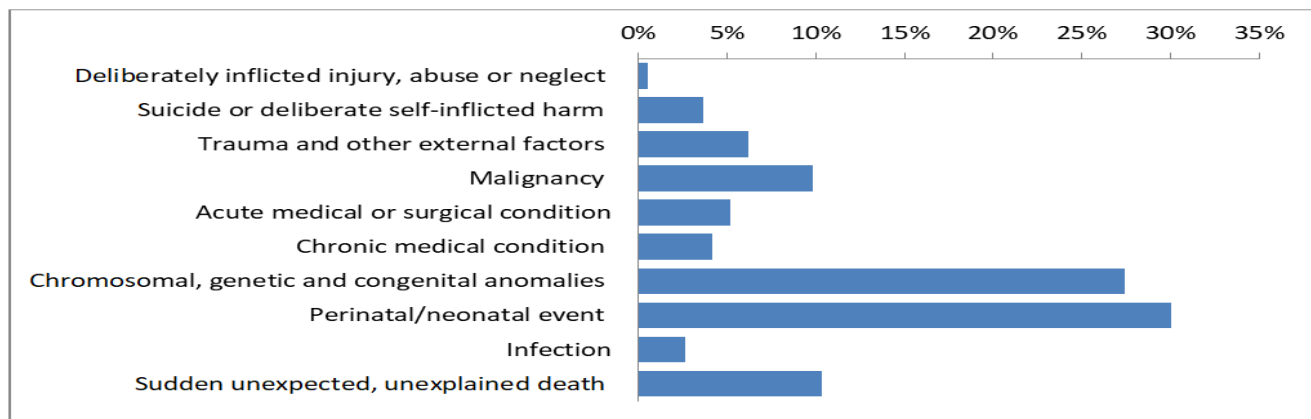
A large proportion of child deaths occurred to children with postcodes within the most deprived lower super output areas (LSOAs). 44% of 223 matched postcodes were within the most deprived quintile of LSOAs in England. This exceeds the proportion that might be expected from the profile of the general Rotherham population, 31.5% of whom live within such deprived locations. This suggests that living in high levels of deprivation in Rotherham confers a greater risk of infant mortality. This is an example of health inequality that has been observed more generally across the UK (Weightman, Morgan, Shepherd, Kitcher, Roberts, & Dunstan, 2012)

Year	Number of cases reviewed	Number regarded as modifiable	Proportion modifiable
08 - 09	12	4	33%
09 - 10	21	3	14%
10 - 11	21	7	33%
11 - 12	18	2	11%
12 - 13	22	4	18%
13 - 14	19	1	5%
14 - 15	29	2	7%
15 - 16	7	1	14%
16 - 17	24	8	33%
17 - 18	11	1	9%
18 - 19	10	2	20%
<b>Grand Total</b>	<b>194</b>	<b>35</b>	<b>18%</b>

\* A modifiable factor is one where one or more factors may have contributed to the death of the child and which by means of locally or nationally interventions could be modified to reduce the risk of future child deaths.

### Category of death

The panel assigns a category to each death that it thinks most usefully summarises the main cause. There are ten such categories, with "chromosomal, genetic and congenital anomalies" and "perinatal/neonatal event" being the most frequently chosen. The categories are shown below, along with the proportions assigned by the panel over its eleven years of reviewing cases:



## CDOP Priorities for 2018-19

The new Working Together guidance (2018) will from 2019 require the responsible Child Death Review Partners to review a minimum of 60 deaths per year and report the findings from these to a national government data base. This will require the Rotherham CDOP to work cooperatively on a sub-regional basis to establish new arrangements to review the minimum requirements of 60 deaths.

## Future changes to Child Death Review Arrangements

Following the Children and Social Work Act (2017), new statutory guidance was published in 2018 - Working together to safeguard children 2018 (replacing the 2015 guidance) – along with more specific further statutory and operational guidance for Child Death Reviews.

Some of the key changes to the child death review processes arising from this new guidance are set out below:

### Governance

Changes in responsibility for the child death review process from Local Safeguarding Children Boards to local CDR (Child Death Review) partners, which are the local authorities and clinical commissioning groups (CCGs) within the relevant geographical footprint. From Rotherham's point of view, however, governance is likely still to fall within the remit of the new child safeguarding arrangements.

### Minimum footprint

The new guidance indicates that CDR partners should represent a geographical footprint that will enable the review a minimum of 60 deaths each year. Whilst Rotherham's CDOP only reviews around 20-30 child deaths each year, the footprint will remain unchanged, as it mirrors the local patient flows and agency responsibilities that best enable data collection and review. In order for thematic learning to take place across a larger footprint, a sub-regional thematic panel will meet on a less frequent basis to consider review findings from the four South Yorkshire CDOPs.

### Joint Agency Response

The requirement to perform a Joint Agency Response, resources will need to be identified to coordinate a new multi-agency response (on-call health professional, police investigator, duty

social worker), if a child's death: is or could be due to external causes; is sudden and there is no immediately apparent cause (including SUDI/C); occurs in custody, or where the child was detained under the Mental Health Act; where the initial circumstances raise any suspicions that the death may not have been natural; or in the case of a stillbirth where no healthcare professional was in attendance.

## Child Death Review Meetings

Establishment of local multi-agency Child Death Review Meetings (CDRM). A resource will need to be identified to co-ordinate new local multi-agency meetings, and relevant professionals may need additional time in order to attend or feed into CDRMs.

## Future role and responsibilities

A number of new or enhanced roles in the CDR process are identified, including:

- The establishment of a 'key worker' role to act as a single point of contact with the bereaved family for the duration of the death review process. Some additional resource is likely to be needed to be identified to fulfil this function – it may need to be included in relevant job plans. In addition to the key worker, an appropriate 'medical lead' (i.e. consultant neonatologist or paediatrician) should also be identified after every child's death to support the family, and to liaise with the key worker.
- In the case that a Joint Agency Response is needed, a lead health professional should be assigned, in order to co-ordinate health responses and liaise with police and other agencies. The lead health professional will be also be responsible for organising and chairing the CDRM.
- Child Death Review partners should appoint a Designated doctor for child deaths to be responsible for the child death review process, to work closely in an advisory and co-ordinating capacity with the CDOP Administrator and the Chair of CDOP, and to work with the Chair in preparing an annual report of CDOP activities.

## Child Death Overview Panels

CDOP panels are expected to include representation from: public health; the Designated doctor for child deaths (and a hospital clinician if the Designated doctor is a community doctor or vice versa); social services; police; safeguarding; primary care; nursing and/or midwifery; lay representation; other professionals on the merits of the cases being considered.

The Child Death Overview Panel will continue to prepare an annual report for the Child Death Review Partners.

## Timeline for implementation of changes

The key dates for the new requirements are:

**29th June 2019** – All Child Death Review Partners in England must publish their plans to meet the new requirements and send these plans to NHS England at [England.cypalignment@nhs.net](mailto:England.cypalignment@nhs.net).



**29th September 2019** – All Child Death Review Partners in England must complete the transition to the new arrangements. After this date they must be compliant with the new statutory requirements.

The new Child Death review arrangements in Rotherham are scheduled to meet these statutory timeline for implementation.

## Learning and Improvement

*The Learning and Improvement Delivery Group has responsibility for ensuring that the RLSCB maintains a shared local framework which promotes a culture of continuous learning and improvement across the organisations that work together to safeguard and promote the welfare of children; identifying opportunities to draw on what works well and promote good practice.*

## Multi-Agency Safeguarding Learning and Development

*Training and other learning and development activity is provided by the RLSCB to a wide range of professionals and volunteers who work with children and families in Rotherham.*

The RLSCB currently offers a wide range of multi-agency safeguarding children training which supports the development of the workforce in Rotherham who work or come into contact with children, young people and their families. Learning and development is delivered through a blended approach with face to face training, conferences, briefings, webinars and e-learning. It is offered to all staff and volunteers who come into contact with children, young people and/or their families within Rotherham, via multi-agency. The aim is to support individuals and organisations to undertake their safeguarding roles and responsibilities in a committed, confident and competent manner.

Throughout 2018-19 the LSCB website was reviewed and updated for all audiences including, Professional and Volunteers, Children and Young People, Parents and Carers. The Youth Cabinet had provided some excellent feedback about the website and this has influenced its development. New content included Guidance for Section 175 safeguarding self- assessment for schools; for children and young people – 'Know your Rights' and E-safety advice; and improved guidance and navigation on how to report abuse 'if you are concerned about a young child or person'. The website was also made accessible in 103 languages. Visits to the website increased throughout 2018-19 from the previous year.

## Safeguarding Children Training and Awareness

**Partnership Safeguarding Newsletter:** In 2018 the LSCB launched its 'digital newsletter' and now has over 1000 subscribers, devoted to single and multiple news items, including information on serious case reviews, procedure changes and learning and development opportunities. All services and organisations are encouraged to submit news items relevant to safeguarding children.

The LSCB training offer is continually reviewed to ensure that it responds to local need and priorities and the training strategy takes into account national, regional and local factors, including acting on the recommendations of serious case reviews, child death reviews, and other lessons learned. In 2018-19 1028 E-Learned courses were completed by professionals and volunteers across the partnership in Rotherham.

Free E-Learning courses on offer:

- An Awareness of Domestic Violence including the Impact on Children and young People
- An Introduction to FGM, Forced marriage, Spirit Possession and Honour-based Violence
- Awareness of Child Abuse and Neglect – core
- Awareness of Child Abuse and Neglect – Foundation
- E-Safety Guidance for Practitioners working with children
- Keeping them Safe – Protecting Children from Child Sexual Exploitation
- Safeguarding Children in Education
- Self-Harm and Suicidal Thoughts in Children and Young People

During 2018/19 the LSCB provided 20 different themed training courses and 1,410 professionals and volunteers attended these courses from across partner organisations. All RLSCB courses (both E-learning and face to face) are free of charge to all partner agencies and non-profit organisations.

#### **Themed Safeguarding Training:**

Designated Safeguarding Lead Workshop

Attachment Training

Group 3 Safeguarding Core Workshop

Graded Care Profile

Safeguarding Young People at Risk of Child Sexual Exploitation - A Multi-Agency approach to Supporting Young People at Risk

Safer Recruitment for Schools

Child Death Review Process

Digital Safeguarding Training

Early Help Pathway Workshop

Working with Resistant Families

Prevent Training

Safer Recruitment (evening)

The Toxic Trio, Safeguarding Children – Parental Domestic Abuse, Substance misuse and Mental Health

Attendees are asked to provide evidence of the impact of the training both on their practice and for children and families. The evidence shows that the majority of attendees report increased confidence, improved skills and the fact that having attended the training they felt it had

impacted positively on their safeguarding practice. The following offers an insight into some of the feedback received:

### Key Messages taken from training:

*"Safer sleep practices and what this actually means e.g. own sleep spaces etc.  
I will feel more confident to support, advise and challenge parents on safer sleeping. "  
(Safer Sleep for infants)*

*Knowing the signs of radicalisation.  
Yes I will be more aware of people that are vulnerable to things like terrorism.  
(Prevent)*

*The Impact the Toxic Trio has on Children and Young Adults. I will be researching tools used with families & services to signpost to.  
Will the workshop help you in delivering a better service? Yes – using more research in practice and being more evidence based.  
(Toxic Trio – domestic abuse, substance misuse, mental health)*

*Authoritative practice & reflection time.  
'being brave', also delving a bit deeper on visits, discussions & meetings.  
(Working with resistant families)*

*Always listen to what a child says and trust your judgement.  
(Group 3 Core workshop)*

### Safeguarding Children Procedures

***These are the multi-agency procedures, processes and guidance that professionals working in Rotherham must follow where there are concerns about a child's safety or welfare.***

Safeguarding Children Policies and procedures should be developed or amended as a result of any of the following:

- Changes to legislation or statutory guidance
- Recommendation from a local learning process, such as audits or practice reviews
- Recommendation from Serious Case Reviews or Child Deaths
- Research evidence or best practice guidance

During 2018/19 there were two updates to the online multi-agency safeguarding children procedures which included new or updates to existing safeguarding procedures:

- Children Affected by Gang Activity and Youth Violence
- Practice Guidance: Significant Harm – The Impact of Abuse and Neglect
- Female Genital Mutilation Risk and Safeguarding guidance for Professionals
- NHS CP-IS (Child Protection Information Sharing) system
- Updated Information Sharing Guidance as a result of Working Together 2018 and to reflect the General Data Protection Regulation (GDPR) and Data Protection Act 2018.
- Children of parents with learning difficulties
- Children from Abroad, including Victims of Modern Slavery, Trafficking and Exploitation
- Protocol on the handling of 'so-called' Honour Based Violence/Abuse and Forced Marriage Offences between the National Police Chiefs' Council and the Crown Prosecution Service
- A guide to Eligibility for Criminal Records Checks
- Definitions and Signs of Child Abuse – NSPCC updated fact sheet
- Updated whistleblowing at work guidance

Work has commenced on the safeguarding procedures update which will go live in December 2019. The Learning and Improvement Delivery Group have given priority to updates to safeguarding procedures which needed to incorporate Signs of Safety methodology and any changes required from serious case reviews or statutory guidance.

## 7 Safer Workforce

### Managing Allegations against staff, volunteers and foster carers

*Investigations where there are concerns about those professionals or volunteers who work with or care for children.*

Working Together 2015 (updated in 2018) requires that each Local Authority has a designated officer or team of officers, to deal with allegations made against professionals who are a part of the children's workforce.

In practical terms, the role of the Local Authority Designated Officer (LADO) is to:

- provide advice and guidance to agencies and individuals, in relation to issues surrounding the conduct of their staff (whether paid or unpaid) which concern actions or behaviours giving rise to safeguarding concerns;
- ensure co-ordination and proportionate, fair and safe outcomes in relation to these matters, specifically regarding the safeguarding of any / all children concerned, the investigation of any criminal matters and the associated human resources processes;
- convene, chair and record strategy meetings for this purpose;

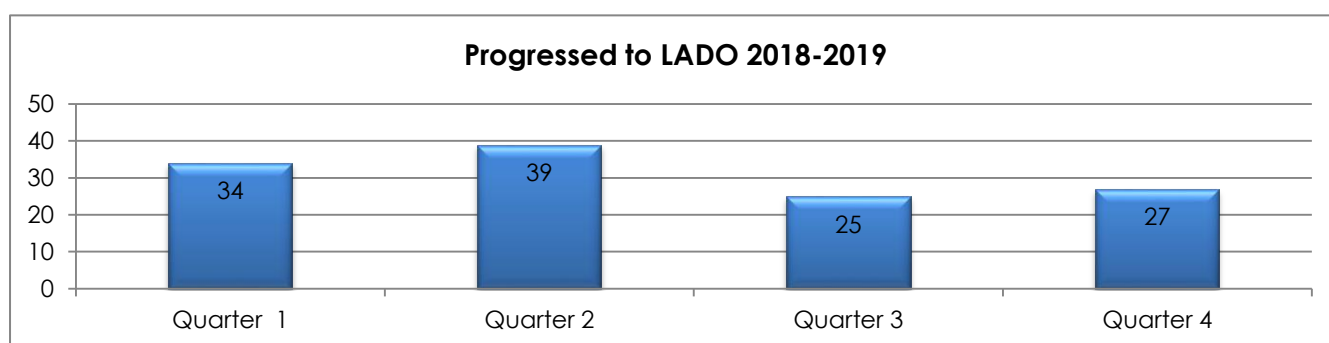
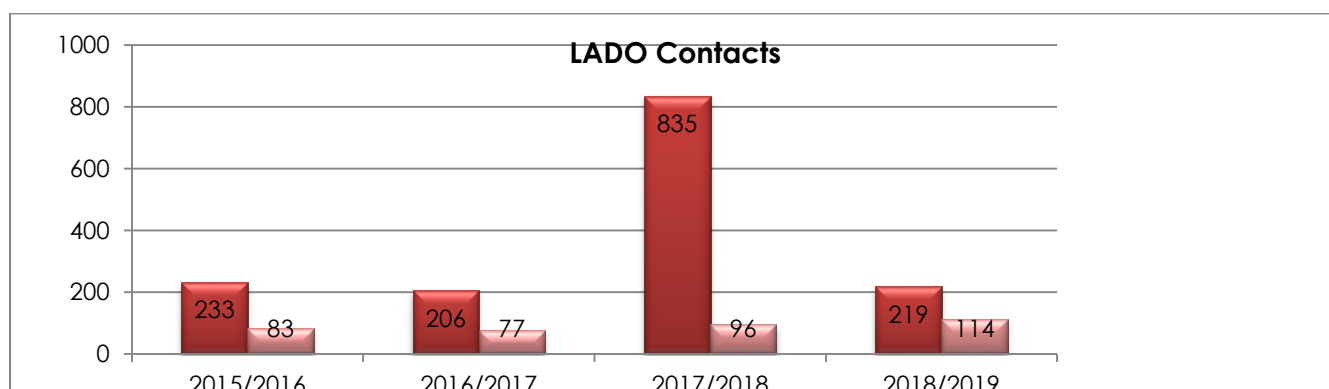
- manage and oversee individual cases from the commencement of the process through to conclusion and outcome.

The LADO will become involved where there is reasonable suspicion that a person who works with children (whether paid or unpaid) has behaved in such a way as to:

- Cause or potentially cause harm to a child;
- Commit a criminal offence against or related to a child; or
- Indicate that he or she would pose a risk of harm if they were to work regularly or closely with children.

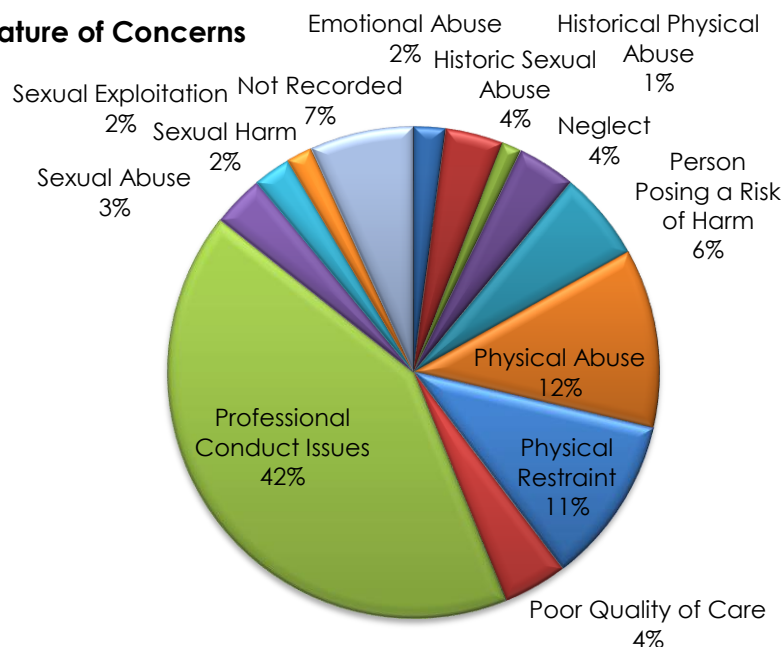
### Number of LADO contacts and enquires

Over the last four years the annual figures for LADO have remained relatively stable. Last year 2017-2018 there was an anomaly in LADO contacts, due to the transition to the generic computer system LiquidLogic Care System (LCS). It is evident that now the new recording system is embedded the data demonstrates that the figures for 2017-18 were incorrect and was identified and reported on last year.

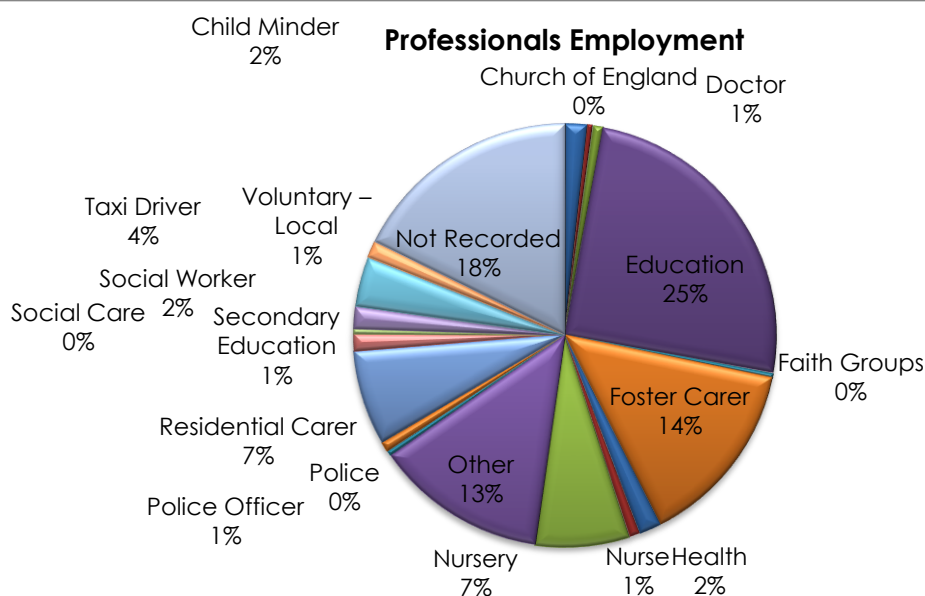


There has been work undertaken to raise internal awareness within RMBC and across the partnership of LADO supporting a hypothesis that professionals are more aware of LADO and their responsibilities within safeguarding, resulting in a higher proportion of LADO contacts.

Out of the 114 contacts that progressed to LADO, the nature of concerns is separated into categories of harm.

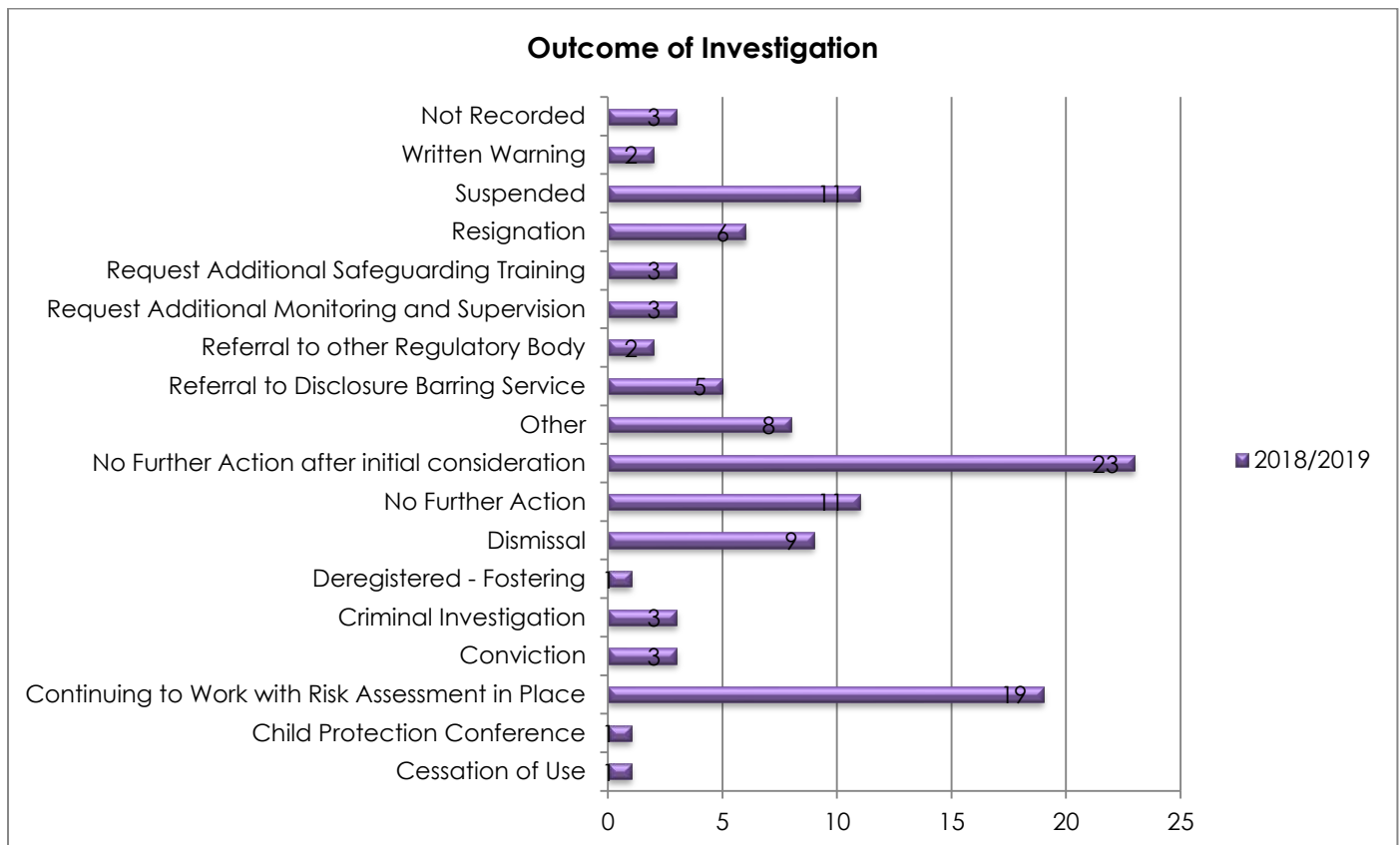
**Nature of Concerns**

There continues to be a high number of professional conduct issues which result in investigations that are overseen by LADO. The concerns around sexual abuse remain low as do emotional abuse. Physical abuse through restraints and injury remain high. In breaking down the nature of concern into professionals, our highest considered professionals are education staff and foster carers, this is not unusual, what we know is these professionals will have the most contact with children and young people and in terms of physical restraints and altercations are more likely due to the high level of care and supervision they are providing.

**Professionals Employment**

LADO contacts cover a wide range of professionals over the children's workforce; in 2018/2019 the majority of professionals where LADO allegations were made covered secondary education and Local Authority Foster Carers. The Local Authority are working with current and new foster

carers to support them in understanding the role of LADO and how this impacts on them as carers for Rotherham children in care.



The figures for 2018/2019 demonstrate that out of the 114 contacts that progressed to a LADO investigation a significant amount continued within employment via a risk assessment, further safeguarding training or with a written warning.

### What's working well?

- The referrals that are progressed to LADO are appropriate and in the main meet threshold.
- The referral process through the MASH continues to work well and the allegations workspace is now being used consistently by all Conference Chairs.
- The performance scoresheet has provided a detailed overview of LADO contacts, progressions to LADO, categories of abuse and the outcomes; this provides for detailed analysis and monitoring.
- LADO leads have developed a training package for Social Care Staff and partner agencies within the LSCB prospectus and positive work is taking place with the fostering service.

### What are we worried about?

The timeliness of the progression of contacts is impacted on when further screening is required to ascertain the details of the concerns and whether a LADO is required. The timeliness of the

decision making should improve even more with the plan to use the two separate codes to differentiate between contacts that need further screening and advice.

We are mindful of the impact of LADO on our foster carers and recognise that the LADO process can impact on foster carers trust in the service. Planned work with the fostering service to both speed up the process and develop some transparency for foster carers around LADO is taking place.

This process needs to be understood by all professionals in the multi-agency network which is still not embedded and training is planned.

The visibility of LADO requires strengthening especially in Health, Police (referrals made in relation to Police) and voluntary agencies

Managing allegations of alleged perpetrator / owner and proprietor of the company: These 'one person' setups have no regulation or governance around them and rely on parents to be vigilant and safeguard their children.

### **What needs to happen?**

The timeliness of LADO needs to be continually reviewed to ensure allegations are addressed immediately without unnecessary delay.

A session with DBS is to be arranged to discuss, how LADO information is shared and used

An information leaflet for professionals to support them in understanding the LADO process is too be developed further.

The use of Signs of Safety is to be developed within LADO, we will be exploring transparency in the LADO process.

The highest figures in relation to employee's has been in relation to foster carers and secondary education staff, where physical restraint is an area that is been repeatedly considered by LADO from professionals working in environments with young people who can present with challenging behaviours.



## 8 Conclusion and Strategic Priorities for 2019 - 21

Services provided to children by Rotherham Council have gone through a period of rapid improvement, strongly supported by the wider partnership. With reducing resources the challenge for the local authority and partners will be to sustain and further improve services to and outcomes for children who are at risk of harm within the community, those who need to be looked after by the local authority and those with emerging needs or problems within their lives.

Because effective partnership working is needed to keep children safe it is imperative that we build on the good work achieved, remaining focussed and utilise assurance and challenge mechanisms within and between organisations that help to resolve areas of service delivery that are both complex and sometimes constrained by competing priorities.

The high numbers of children subject to a Children Protection Plan and those who are Looked After will mean that the statutory and resource responsibilities towards these children will be high. It is, therefore, even more important for those children who have emerging or early difficulties in their lives to receive the right help and support at the right time before problems escalate and become more complex. For these children the importance of receiving early help is crucial and all organisations, including schools and the voluntary sector will need to continue to play a proactive role.

Of paramount importance to the effective safeguarding of children is for professionals to keep a clear focus on the child and what life is like from the child's perspective. Professionals must be constantly curious about children's lives, noticing and asking questions about their behaviour and must be strongly self-reflective about their assessments of children and their families. They must challenge one another in multi-agency meetings to ensure that robust decisions are being made and be tenacious in ensuring that good safeguarding decisions are made. We will look for evidence of these professional behaviours in our audit activity and case reviews.

The new business plan for the new Rotherham Safeguarding Children Partnership builds on the work of the previous Safeguarding Children Board and its intention is to strengthen further the multi-agency work across the borough to keep children safe.

There are three key themes to our priorities for the next two years:

- Safe at Home
- Safe in the Community
- Safe Safeguarding Systems

### Safe at Home

The majority of children who need help and support are suffering from some form of neglect. This may be because parents do not understand how to meet their child's needs or because their ability to do so is impaired as a consequence of substance or alcohol abuse, mental health needs or domestic abuse. Our aim through the Rotherham neglect strategy to help professionals to spot the early signs of neglect and to intervene as early as possible with the right level of support to improve outcomes for children.

We will continue our focus on the safety and well-being of children who are looked after by the local authority, seeking assurance that there are sufficient quality places for children in or near Rotherham and that their needs, including their health needs are assessed and met in a timely fashion.

### **Safe in the Community**

We continue to give priority to child sexual exploitation to maintain the significant progress made across the partnership and to further improve practice. We are now integrating our work on CSE with other forms of exploitation through the Child Exploitation Strategy and will take account of the recent research on contextual safeguarding.

The partnership will also consider the implications of the research on the impact of adverse childhood experiences on children's development and well-being and agree actions to ensure that services for children are informed by this.

### **Safe Safeguarding Systems**

The partnership will deliver a programme of audit and workforce development tied to the priorities we have established. A new safeguarding self- assessment across adults and children's services will be introduced and the evidence in these self-audits will be tested through multi-agency challenge. We will also examine the findings from audits undertaken within agencies and undertake a programme of multi-agency audit to measure the effectiveness of practice.

## 9 Appendices

## Appendix 1 – Board Member attendance 2018-19

Attendance at RLSCB 2018-19	Apr (Dev. Day)	June	Sept	Dec	Mar	% Attendance
Independent Chair	✓	✓	✓	✓	✓	100%
<b>Statutory members</b>						
Adult services, RMBC	Apols	Apols	D	D	D	60%
CAFCASS	Apols	Apols	Apols	Apols	✓	20%
Rotherham CCG	✓	✓	✓	✓	✓	100%
Councillor – Cabinet Member, CYPS	Apols	Apols	Apols	Apols	Apols	0%
CYPS consortium	✓	Apols	D	✓	✓	80%
CYPS, RMBC	✓	D	✓	✓	✓	100%
Housing, RMBC	D	Apols	D	Apols	D	60%
Lay members	✓	✓	-	-	-	100%
National Probation service	Apols	✓	✓	Apols	Apols	40%
NHS England	D	✓	Represented by CCG			100%
Public Health, RMBC	✓	✓	Apols	D	✓	80%
Rotherham Doncaster & South Humber NHS Foundation Trust	✓	✓	✓	✓	✓	100%
Schools & colleges	✓	Apols	✓	Apols	Apols	40%
SY Community Rehabilitation Company	D	D	D	D	✓	100%
SY Fire & Rescue	Apols	✓	Apols	✓	Apols	40%
SY Police	✓	✓	✓	D	D	100%
Rotherham NHS Foundation Trust	✓	✓	✓	✓	D	100%
Youth Offending Service, RMBC	✓	✓	✓	Apols	Apols	60%
<b>Professional Advisors to the Board</b>						
LSCB Business Manager	✓	✓	✓	✓	✓	100%
Head of Service, CYPS, RMBC	✓	✓	✓	✓	✓	100%
Designated Nurse, CCG	✓	✓	D	✓	✓	100%
Legal Services, RMBC	Apols	Apols	-	-	-	0%
Comms. Team, RMBC	Apols	Apols	Apols	Apols	Apols	0%

Key	
<b>x</b>	Agency is not invited or does not have a current representative
<b>Apols</b>	Apologies were tendered with no deputy attending
<b>✓</b>	Attended
<b>D</b>	Deputy attended
<b>*</b>	Extraordinary meeting held

## Appendix 2 – Financial Statement 2018-19

Budget Statement 2018/19 Outturn	Funding Formula	Budget 2018/19	Outturn 2018/19
	%	£	£
Income			
Annual Contributions			
Rotherham MBC	50%	163,432	163,432
Rotherham CCG	23%	75,315	75,315
South Yorkshire Police & Crime Commissioner	14%	44,475	44,475
National Probation Service	<1%	1,077	1,077
CAFCASS	<1%	550	550
Rotherham CCG - L&D contribution	6%	22,000	22,000
Rotherham MBC - L&D contribution	6%	22,000	22,000
<b>Total Income</b>		<b>328,848</b>	<b>328,848</b>
Expenditure			
LSCB Salaries & Staff Costs		237,320	240,681
Public Liability Insurance		1,600	1,402
Stationery and Copying		2,650	1,645
Computer Software and Maintenance		15,000	17,423
Learning & Development		21,000	15,165
Independent Chair & Other Independent Consultants		47,000	49,224
Memberships & Conferences		2,500	600
Hospitality & Catering		478	1,028
Phone		1,300	1,396
<b>Total Expenditure</b>		<b>328,848</b>	<b>328,564</b>
<b>Underspend</b>			<b>£284</b>

## Appendix 3: Contact details

## Rotherham LSCB

Independent Chair: Christine Cassell

LSCB Business Unit (Tel: 01709 254925 / 01709 254949)

Emails to: [CYPs-SafeguardingBoard@rotherham.gov.uk](mailto:CYPs-SafeguardingBoard@rotherham.gov.uk)

# Rotherham Integrated Care Partnership

Minutes	
<b>Title of Meeting:</b>	<b>PUBLIC Rotherham ICP Place Board</b>
<b>Time of Meeting:</b>	9:00am – 10:00am
<b>Date of Meeting:</b>	Wednesday 4 September 2019
<b>Venue:</b>	Elm Room (G.04), Oak House
<b>Chair:</b>	Chris Edwards
<b>Contact for Meeting:</b>	Lydia George 01709 302116 or <a href="mailto:Lydia.george@nhs.net">Lydia.george@nhs.net</a>
<b>Apologies:</b>	Louise Barnett, Chief Executive, TRFT Kathryn Singh, Chief Executive, RDaSH
<b>Conflicts of Interest:</b>	General declarations were acknowledged for Members as providers/commissioners of services. However, no specific direct conflicts/declarations were made relating to any items on today's agenda.

## Members Present:

Chris Edwards (**CE**), Chairing, Chief Officer, Rotherham CCG  
 Sharon Kemp (**SK**), Chairing, Chief Executive, RMBC  
 Dr Gok Muthoo (**GK**), Medical Director, Connect Healthcare Rotherham CIC  
 Janet Wheatley (**JW**), Chief Executive, Voluntary Action Rotherham  
 Matt Pollard (**MP**), (for Kathryn Singh), Care Group Director, RDaSH

## Participating Observers

Dr Richard Cullen (**RC**), Rotherham CCG Chair  
 Cllr David Roche (**DR**), Joint Chair, Heath & Wellbeing Board, RMBC

## In Attendance:

Ian Atkinson (**IA**), Chair, Rotherham ICP Delivery Team  
 Lydia George (**LG**), Strategy & Development Lead, Rotherham CCG / ICP  
 Gordon Laidlaw, Head of Communications, Rotherham CCG  
 Annemarie Lubanski (**AML**), Strategic Director of Adults, Housing & Public Health, RMBC  
 Jenny Lingrell (**JL**), Joint Assistant Director of Commissioning, RMBC  
 Rebecca Woolley (**RW**), Policy & Partnerships Officer, RMBC  
 Wendy Commons (**WC**), ICP Support Officer, Rotherham CCG

**There were no members of the public present.**

Item Number	Discussion Items
1	<p><b>Public &amp; Patient Questions</b></p> <p>There were no questions raised.</p>
2	<p><b>Transformation Group Updates</b></p> <p><b><i>Children &amp; Young People's Transformation Group</i></b>  <b><i>Subject – Preparing for Adulthood (formerly Transitions)</i></b>  <b><i>Presented by Jenny Lingrell</i></b></p> <p>Jenny Lingrell assured Members that there is a strong strategic board in place with wide representation and good relationships across C&amp;YP, adult care and the CCG, including parents and carers. Innovative work has been carried out to produce a data matrix which provides excellent insight into the full cohort and assists in predicting future service requirements. Plans are in place to provide any additional resources that may be required eg, adult social work.</p> <p>The preparing for adulthood pathway has taken longer to conclude than originally anticipated with the biggest issue being around demand and expectation at the point of transition. Work is continuing to embed the pathway to include it in the C&amp;YP efficiency strategy and to improve education sufficiency with the Education Health and Care Plan (EHCP) process. Other adult care solutions are also being developed for young people with autism and learning disabilities around accommodation, day opportunities and work and skills.</p> <p>Cllr David Roche expressed concern about increasing funding pressures. Jenny gave assurance that there is a robust process in place where the SEND panel meets weekly to consider each EHCP requests individually.</p> <p>The high numbers of EHCP plans are attributed to a range of factors. However, to provide assurance to members Ian Atkinson explained that an analysis had been undertaken on EHCP numbers, from a health perspective which has provided a good understanding of the cohort to ensure they transition in a co-ordinated manner.</p> <p>Sharon Kemp suggested that tracking the numbers of EHCPs will help assess the impact and ensure independence is maximised.</p> <p style="text-align: right;"><b>Action: JL</b></p> <p><b><i>Urgent &amp; Community Care Transformation Group</i></b>  <b><i>Subject – Integrated Rapid Response</i></b>  <b><i>Presented by Annemarie Lubanski</i></b></p> <p>As the implementation of this transition area is nearing completion, Annemarie Lubanski outlined the changes that had taken place to transform the service and highlighted the benefits from both a patient and staff perspective.</p> <p>Attention is now turning to consulting with staff on improving rotas to reflect demand, working with GPs to review protocols and streamlining the process for referral into intermediate care and re-ablement.</p> <p>Dr Richard Cullen suggested that the presentation be shared with the Primary Care Networks to ensure that the changes are communicated with individual Practices.</p> <p style="text-align: right;"><b>Action: AML</b></p> <p>Gordon Laidlaw welcomed the use of the 'real life' case study. He will check the accuracy of the detail as it will be useful to use in other media and promotional materials.</p> <p>Place Board noted the success of this transformation and thanked the U&amp;CC transformation group for their work.</p> <p><i>Annemarie Lubanski and Jenny Lingrell left the meeting at this point.</i></p> <p><b><i>Mental Health &amp; Learning Disability Transformation Group</i></b>  <b><i>Subject – Core 24 (Adult Mental Health Liaison Service)</i></b>  <b><i>Presented by Matt Pollard</i></b></p> <p>Matt Pollard explained that since January 2019 this service had been operating 24/7. He highlighted the improvements that had been made including, expanding the team to include a part time psychologist, implementing a workforce development programme and a reduction of the number of high</p>

attenders to the UECC.

Work is on-going to support awareness and skills training of the TRFT workforce by embedding it into the Trust's essential nurse training and skills sessions.

Crisis work is still developing on integration with the Rotherham suicide prevention work and the train the trainer programme around self-harm.

Chris Edwards commended the implementation of Core 24. Rotherham is a forerunner in the area in offering this full time service which is also a key part of Rotherham's suicide prevention approach.

**3**

### **Enabling Group Update – Communications & Engagement**

Gordon Laidlaw gave a summary of the areas being undertaken to support the transformation groups. These included: activity on transforming out of hospital care to integrated hospital care on areas such as respiratory, re-ablement and intermediate care and ophthalmology, developing the suicide prevention campaign and its launch, promoting and engaging on maternity services, SEND, autism diagnosis, trailblazer project, the health App and Primary Care Networks.

The integrated discharge team had recently won a HSJ award and we are expecting to be notified in the Autumn about the outcome from a submission for a digital ecosystem award that Rotherham has been shortlisted for.

Relationships across partner communications colleagues are strong. Further work is required for the group's members to distinguish when Place partnership branding should be used rather than individual organisational profiles particularly when conveying achievements and positive change. For example, submissions for awards involving transformation work should be made as partnership under 'Place' branding.

Going forward, the ICP communications and engagement strategy will be refreshed. Place Board will receive it to approve towards the end of the year. The group will begin focus on prevention to develop behavioural change/social movement activity. There will also be targeted public engagement and involvement to help shape and implement change.

Social media activity including video clips will be increased for sharing positive developments.

Cllr David Roche felt that raising awareness among the public and increasing the profile of the work of the Place Board would be helpful. Gordon is currently working with the Advertiser to communicate positive change, however showing benefits are best demonstrated by 'real' stories or case studies. Partner Members of the Comms & Engagement Enabling Group will be working with their colleagues to identify opportunities related to transformation work.

Place Board thanked Gordon for the update.

**4**

### **Rotherham Place Review Quarter 1 – Letter from SYB Integrated Care System**

Following the first Rotherham Place Review meeting held on 17 June 2019, Sir Andrew Cash, Chief Executive Officer of SY&B Integrated Care System had sent a letter summarising discussions. The letter concluded that the Rotherham system is making good progress on system integration as well as addressing long standing challenges with examples of excellent practice and learning that could be shared across the Integrated Care System.

A copy of the letter had been sent to Rotherham ICP Partner organisations to be shared through their governance processes.

The Quarter 2 Place Review with the SYB ICS has been scheduled for 16 September. An agenda is in the process of being agreed.

**5**

### **Rotherham ICP Place Plan Performance Report – Quarter 1**

Lydia George presented the Quarter 1 this year. Members noted that the position shown had been produced using the KPIs and milestones in place from last year. However, these will be refreshed for 2019/20 once the new ICP Place Plan has been produced and agreed.

**6**

### **Terms of Reference – Rotherham ICP Finance Group**

Place Board Members reviewed and approved the terms of reference for the Finance Enabling Group. These will be reviewed annually in line with Place governance.

<b>7</b>	<b>Provider Alliance Update</b>
<p>A session has been arranged for Friday 18 October with Robert McGough to progress the Rotherham Provider Alliance. Discussions will take place at an informal Place meeting to determine who will lead from a provider perspective after which an agenda will be circulated.</p> <p style="text-align: right;"><b>Action: CE</b></p>	
<b>8</b>	<b>Impact of Brexit Update</b>
<p>From a Council perspective, plans are still being progressed for leaving the EU on 31 October. The Local Resilience Forum (LRF) is meeting on regular basis. A local supply chain analysis is commencing with Tom Smith (RMBC) leading on local planning and meeting with partners. LRFs are required to have specific area plans including risks identified and be ready to respond.</p> <p>From a CCG perspective, the situation with the lack of some medications remains the same. The CCG's medicines management team continues to work to mitigate the issues.</p> <p>It was confirmed that the general election will not affect winter plans and councils can still make decisions on plans that are already in place or in the event of an emergency situation. Flu vaccinations will be available for over 65s. Gordon Laidlaw is working with Public Health to ensure that communications are appropriately staged.</p> <p style="text-align: right;"><b>Action: GL</b></p>	
<b>9</b>	<b>Draft Minutes from Public ICP Place Board – 7 August 2019</b>
<p>The minutes from the previous meeting were <b>APPROVED</b> as a true and accurate record. There were no matters arising.</p>	
<b>10</b>	<b>Communication to Partners</b>
<p>In order to raise the profile of Place Board and showcase the highlight transformational changes, it was agreed to recording of video clips after each meeting. In future a Place Board Member will be filmed summarising the top three items discussed and transformational group leads will be asked to articulate the changes to be achieved from the spotlight subject presented.</p> <p style="text-align: right;"><b>Action: GL</b></p>	
<b>11</b>	<b>Risk/Items for Escalation</b>
<p>There were <b>NO</b> new risks identified for escalation.</p>	
<b>12</b>	<b>Future Agenda Items</b>
<p>Future Agenda Items</p> <ul style="list-style-type: none"> <li>• Social Prescribing – (Oct)</li> <li>• Finance Enabler Group update (Oct)</li> <li>• Estates Update – (Oct/Nov)</li> <li>• OD &amp; Workforce Update – Workforce Maturity Index (tbd)</li> <li>• Rotherham ICP Digital Strategy (Oct)</li> <li>• Rotherham ICP Communications &amp; Engagement Strategy (Nov)</li> <li>• Terms of Reference Reviews – All ICP Groups</li> </ul> <p>Standard Agenda Items</p> <ul style="list-style-type: none"> <li>• Delivery Dashboard/Performance Framework (quarterly)</li> <li>• Transformation Groups Spotlight Updates (monthly)</li> <li>• Rotherham Provider Alliance Update (monthly)</li> <li>• Impact of Brexit Updates (as required)</li> <li>• Primary Care Network Updates (as required)</li> <li>• Risk Log (monthly)</li> </ul>	
<b>13</b>	<b>Date of Next Meeting</b>
<p>Wednesday 2 October 2019, at 9am at Oak House, Bramley.</p>	



## **Membership**

NHS Rotherham CCG (RCCG) - Chief Officer - Chris Edwards (Joint Chair)

Rotherham Metropolitan Borough Council (RMBC) - Chief Executive – Sharon Kemp (Joint Chair)

The Rotherham Foundation Trust (TRFT) - Chief Executive – Louise Barnett

Voluntary Action Rotherham (VAR) - Chief Executive – Janet Wheatley

Rotherham Doncaster and South Humber NHS Trust (RDaSH) - Chief Executive – Kathryn Singh

Connect Healthcare Rotherham Ltd (Rotherham GP Federation) – Dr Goks Muthoo

## *Participating Observers:*

Joint Chair, Health and Wellbeing Board, RMBC - Cllr David Roche

Joint Chair, Health and Wellbeing Board, RCCG - Dr Richard Cullen

## *In Attendance:*

Deputy Chief Officer, RCCG – Ian Atkinson (as Delivery Team Place Joint Chair)

Director of Legal Services, RMBC –

Head of Communications, RCCG – Gordon Laidlaw

Strategy & Development Lead, RCCG – Lydia George

# Rotherham Integrated Care Partnership

Minutes	
<b>Title of Meeting:</b>	<b>PUBLIC Rotherham ICP Place Board</b>
<b>Time of Meeting:</b>	9:00am – 10:00am
<b>Date of Meeting:</b>	Wednesday 2 October 2019
<b>Venue:</b>	Elm Room (G.04), Oak House
<b>Chair:</b>	Sharon Kemp
<b>Contact for Meeting:</b>	Lydia George 01709 302116 or <a href="mailto:Lydia.george@nhs.net">Lydia.george@nhs.net</a>
<b>Apologies:</b>	Lydia George, RCCG
<b>Conflicts of Interest:</b>	General declarations were acknowledged for Members as providers/commissioners of services. However, no specific direct conflicts/declarations were made relating to any items on today's agenda.

## Members Present:

Sharon Kemp (**SK**), Chairing, Chief Executive, RMBC  
 Chris Edwards (**CE**), Chief Officer, Rotherham CCG  
 Louise Barnett (**LB**), Chief Executive, TRFT  
 Dr Gok Muthoo (**GM**), Medical Director, Connect Healthcare Rotherham CIC  
 Kathryn Singh (**KS**), Chief Executive, RDaSH  
 Janet Wheatley (**JW**), Chief Executive, Voluntary Action Rotherham

## Participating Observers

Dr Richard Cullen (**RC**), Rotherham CCG Chair  
 Cllr David Roche (**DR**), Joint Chair, Heath & Wellbeing Board, RMBC

## In Attendance:

Ian Atkinson (**IA**), Chair, Rotherham ICP Delivery Team  
 Gordon Laidlaw (**GL**), Head of Communications, Rotherham CCG  
 Rebecca Woolley (**RW**), Policy & Partnerships Officer, RMBC  
 Jenny Lingrell (**JL**), Joint Assistant Director of Commissioning, RMBC  
 Annemarie Lubanski (**AML**), Strategic Director of Commissioning Adult Care, RMBC  
 Chris Preston (**CP**), Acting Director of Strategy & Transformation, TRFT  
 Angela Shaw (**AS**), Connect Healthcare Rotherham CIC  
 Wendy Commons (**WC**), ICP Support Officer, Rotherham CCG

## There were 3 members of the public present:

Ken Dolan  
 Stuart Henley  
 Kerry McQuade

Item Number	Discussion Items
1	<b>Public &amp; Patient Questions</b>
	<p>A question was posed around the decision to move 20 beds at Breathing Space back to The Rotherham Foundation Trust (TRFT). Ken Dolan asked where the decision has been made and why staff have been moved away from Breathing Space and given new contracts. He felt that this didn't fit with the Rotherham Place strategy of taking pressure away from the hospital to provide additional bed capacity.</p> <p>Louise Barnett responded that the Trust has been experiencing challenges in staffing the beds at Breathing Space and had taken the decision to move the patients into the hospital and consolidate nursing staff so that the quality of care can be continued. Patients are still receiving respiratory pathway focussed care. However, because the decision was taken quickly and at short notice it had not been possible to consult with patients and staff.</p> <p>A wider review is underway which includes active patient consultation and engagement. The findings will be included in the review report which will come to Rotherham ICP Place Board when completed. It had been a difficult decision for the Trust but they remain committed to meeting patient needs and ensuring they get the best care in line with Place strategy.</p> <p>Ken Dolan had a couple of other questions, but due to the limited time allocated for Place business, he agreed to submit the questions in writing for a full response from the Place Board.</p>
2	<b>Transformation Group Updates</b>
	<p><b><i>Children &amp; Young People's Transformation Group</i></b>  <b><i>Subject – Special Educational Needs &amp; Disability (SEND)</i></b>  <b><i>Presented by Jenny Lingrell (JL)</i></b></p> <p>Jenny Lingrell highlighted the changes implemented since last reporting including:</p> <ul style="list-style-type: none"> <li>– the Supported Internships Project has commenced with Next and the Rotherham Opportunities College</li> <li>– the SEND Strategic Board has agreed five strategic outcomes for SEND children and young people and are developing a performance scorecard to measure them</li> <li>– The CAMHS SEN Lead is now in post, as is the Rotherham visual impairment team leader</li> <li>– SEND health sufficiency assessment recommendations have been implemented and recruitment is now complete</li> <li>– Rotherham sensory differences model is in the process of being implemented.</li> <li>– A voices day is planned for November to co-produce the new SEN strategy</li> <li>– Complaints and tribunals remain below the national average</li> <li>– The new 'place-wide' SEND newsletter will 'go live' this month. A copy will be shared with ICP Place Members.</li> </ul> <p style="text-align: right;"><b><i>Action: JL</i></b></p> <p>JL summarised some concerns that the group is currently addressing. These included the variable quality and the increasing demand for education, health and care plans, long waiting times for children and young people to get ASD and ADHD assessment, overspending on the high needs budget and earlier planning for transition to adulthood. Intense work is also currently being undertaken to address the quality of health support for children whilst they are at school.</p> <p>In terms of next steps, JL advised that work is underway on implementing an education, health and care team improvement plan. A new casework management system has also been purchased to improve the quality of plans and respond to increased demand. This will be implemented in the new year and is expected to give better visibility of plans. An action plan has been put in place to improve the timeliness of ASD and ADHD assessments. In order to increase support to children, young people and families and to reduce demand in the longer term, SEN support services are currently being reviewed.</p> <p>IA asked members to note the assurance provided by all posts being recruited to as Place had</p>

committed to do.

Sharon Kemp thanked JL for the presentation and asked that further detail on the targets to reduce waiting times for the ASD diagnosis pathway is included in the next update. However, it was noted that more detail will be provided in the refreshed Plan and performance framework.

### ***Urgent & Community Care Transformation Group***

#### ***Subject – Support to Care Homes***

#### ***Presented by Chris Preston (CP)***

Chris Preston highlighted how integrated working is helping to manage A&E attendances and acute admissions from care homes whilst also allowing for further support to be given to care homes with training. The integrated discharge team is leading the way in South Yorkshire in using the NHS capacity tracker for effective capacity and discharge management. NHS mail has been rolled out to care homes and progress is now being made toward record sharing.

CP reported that the care sector continues to be fragile requiring more innovative working and a supportive approach, particularly in relation to increasing provision and recruitment and retention. However, more capacity is beginning to come to the market with an off-site community unit due to open in November 2019. Ten winter pressure beds will also be introduced from December 2019. Next steps will include work on training and development around promoting oral health and nutrition and COPD awareness. A flu immunisation programme will commence in October 2019 for both care home staff and residents.

Members noted that the Urgent Care & Community Transformation Group is in the process of refreshing and reforming its membership. Discussions are underway with Connect Healthcare Rotherham (GP Federation) to determine the best way to involve Primary Care Networks and their Clinical Directors.

Sharon Kemp thanked CP for the update on progress.

### ***Mental Health & Learning Disability Transformation Group***

#### ***Subject – Rotherham's Strategy to Promote Mental Health & Wellbeing***

#### ***Presented by Ian Atkinson (IA)***

Ian Atkinson reminded members that the cornerstone of the plan is around 'Five Ways to Wellbeing' which has been used in range of different scenarios to link into the different streams of work as well as in public consultations. The campaign was originally launched 12 months ago but it is important to continue raising its profile to ensure it is owned by all partners and becomes embedded into provided and commissioned services. The loneliness pilot project is being used through 'Making Every Contact Count'. If it evaluates successfully it will be rolled out across the borough providing resources are available.

Going forward, work will focus on refreshing the 'Better For All' strategy and action plan and the development and launch of a loneliness action plan from the stakeholder event held in September. A collection of case studies demonstrating the impact of the 'Five Ways to Wellbeing' campaign and the roll out of the 'Five Ways' material to support vulnerable groups is also planned.

Cllr David Roche expressed concern about 'silo working' by partners on different campaigns and the importance of bringing together the various campaigns to better co-ordinate the joint working and public information events so that the messages to the public become more integrated into everyday life.

Sharon Kemp thanked the MH & LD transformation group for the update. She advised that the challenge for them is to look at better integrated ways of working to create more movement towards embedding 'Five Ways to Wellbeing' and behavioural change. Following discussion, it was suggested that Voluntary Action Rotherham works with local groups to provide constructive challenge and determine whether 'Five Ways' is being adopted or whether re-connecting with the campaign and raising the profile needs to be re-energised.

***Action: IA***

3	<b>Rotherham Response to the NHS Long Term Plan</b>
	<p>Ian Atkinson explained that Place Board had committed to update the Rotherham ICP Place Plan to reflect the NHS Long Term Plan (LTP) by November. He presented a set of slides that explained the work undertaken so far. IA highlighted that time is also being spent on ensuring that there is, not only alignment with the Long Term Plan from a Rotherham perspective, but also with the ICS response to the LTP. Rotherham along with all the SY&amp;B ICPs has inputted to ensure that the key deliverables and inputs reflect our 'Place' as well as fitting with national strategy.</p> <p>The ICP Delivery Team has taken time to confirm the priorities in the Plan and has challenged group members to reflect on priorities. This has also provided an opportunity for transformation groups to take ownership and reflect how these changes will work in the system. The enabling groups have also reviewed and updated the sections for workforce, communications, digital, estates and finance.</p> <p>IA highlighted the significant changes and additional sections added since last year's Place Plan. This refresh also presents the opportunity to alter the current terminology used including considering changing 'priorities' to 'themes' or 'priority areas, referring to workstreams as work programmes or transformation programmes, enabling workstreams could become enabling programmes or cross cutting programmes and transformation groups change to delivery groups. These are being further considered and compared with the language used in other Rotherham plans to ensure alignment.</p> <p>The 'emerging priorities' proposed by each of the three transformation groups were also outlined.</p> <p>IA reported that a conscious view has been taken to include 'prevention' across all the strategy. It was therefore proposed to develop a 'prevention' enabling group.</p> <p>Following discussion, Place Board expressed concern that 'prevention' is part of the Health &amp; Wellbeing strategy which currently contains a number of the Place Plan themes within it and is where ownership of them lies. Place Board asked the Delivery Team to consider this in the next iteration of the Plan and reflect clarity to ensure there is no duplication.</p> <p>Place Board strongly supported smoking cessation being included as a key 'priority' although it could perhaps be referred to as 'tobacco addition' instead.</p> <p>The Place Board supported the direction of travel on terminology and noted the emerging priorities for 2019.</p> <p>IA advised that the delivery structure will remain the same but asked members to note that the membership of the transformation groups and enabling groups will be reviewed to reflect the revision of priorities and ensure representation is appropriate.</p> <p>In terms of next steps, IA advised that ICP Place Partners should now update their respective organisations on progress. These slides will be circulated for sharing with partners organisations. Initial feedback will be incorporated into the next iteration for Confidential ICP Place Board in November with a view to obtaining Place Board sign off at December board. The final draft will be taken through ICP Partner Boards during December for governance.</p> <p style="text-align: right;"><b>Action: IA/All</b></p> <p>The Chair thanked the Delivery Team and Transformation &amp; Enabling Groups for the first draft of the refreshed ICP Place Plan.</p>
4	<b>Be the One Campaign: Suicide Prevention</b>
	<p>As part of the launch of the 'Be the One' suicide prevention campaign, a video has been produced showing 'real stories' from Rotherham people.</p> <p>The campaign aims to empower Rotherham people to talk to someone they are worried about, whether a stranger or someone they know, listen to help them feel less alone, and to care about those around them to prevent people from reaching the point of suicide. The video can be viewed on the campaign website at; <a href="http://www.be-the-one.co.uk">www.be-the-one.co.uk</a> or at; <a href="https://www.youtube.com/watch?v=0IPyji-ZauQ">https://www.youtube.com/watch?v=0IPyji-ZauQ</a> on youtube. The link also provides training that can be undertaken by any individual.</p>
5	<b>Rotherham Health &amp; Social Care Winter Resilience Plan</b>
	<p>Members received the Plan which provides a clear integrated framework for delivery of services and outcomes as we move into and during winter 2019/20. It contains key actions for the Rotherham A&amp;E Delivery Board and the Rotherham Integrated Care Partnership and is closely linked with other key</p>

strategic reports such as the NHS Long Term Plan and the five year framework for GP contract reform. Place Board noted the contents of the plan which will be implemented and monitored through the Rotherham A&E Delivery Board.	
<b>6</b>	<b>Provider Alliance Update</b>
A meeting has been arranged for Friday 18 October 2019 with Robert McGough to progress next steps in forming the Rotherham Provider Alliance. An update on discussions and outcomes will be reported at the next Place Board.	
<b>7</b>	<b>Impact of Brexit Update</b>
<p>Plans are still being progressed for leaving the EU on 31 October 2019 and reporting is expected to increase in the coming weeks.</p> <p>The situation with the lack of supply of some medications remains the same. The CCG's medicines management team is continuing work to mitigate risks and</p> <p>Tom Smith from RMBC is leading on planning. He attends the Local Resilience Forum on a regular basis to keep updated and meets with Partners to feedback.</p>	
<b>8</b>	<b>Draft Minutes from Public ICP Place Board – 4 September 2019</b>
The minutes from the previous meeting were <b>APPROVED</b> as a true and accurate record. There were no matters arising.	
<b>9</b>	<b>Communication to Partners</b>
<ul style="list-style-type: none"> <li>Continue with promoting the 'Be the one' suicide prevention campaign.</li> <li>Five Ways to Wellbeing - increase publicity using similar format to suicide campaign as good practice</li> <li>Winter – communications to begin in preparation.</li> </ul>	
<b>Action: GL</b>	
<b>10</b>	<b>Risk/Items for Escalation</b>
There were <b>NO</b> new risks identified for escalation.	
<b>11</b>	<b>Future Agenda Items</b>
<ul style="list-style-type: none"> <li>Social Prescribing – (Nov)</li> <li>Estates Update – (Nov)</li> <li>OD &amp; Workforce Update – Workforce Maturity Index (tbd)</li> <li>Rotherham ICP Digital Strategy (Nov)</li> <li>Rotherham ICP Communications &amp; Engagement Strategy (Dec)</li> </ul> <p>Standard Agenda Items</p> <ul style="list-style-type: none"> <li>Delivery Dashboard/Performance Framework (quarterly)</li> <li>Transformation Groups Spotlight Updates (monthly)</li> <li>Rotherham Provider Alliance Update (monthly)</li> <li>Impact of Brexit Updates (as required)</li> <li>Primary Care Network Updates (as required)</li> <li>Terms of Reference Reviews – All ICP Groups (Annually)</li> <li>Risk Log (monthly)</li> </ul>	
<b>13</b>	<b>Date of Next Meeting</b>
Wednesday 6 November 2019, at 9am at Oak House, Bramley.	

**Membership**

NHS Rotherham CCG (RCCG) - Chief Officer - Chris Edwards (Joint Chair)  
Rotherham Metropolitan Borough Council (RMBC) - Chief Executive – Sharon Kemp (Joint Chair)  
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*In Attendance:*

Deputy Chief Officer, RCCG – Ian Atkinson (as Delivery Team Place Joint Chair)  
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