

## HEALTH AND WELLBEING BOARD

**Venue: Virtual Meeting via  
Microsoft Teams**

**Date: Wednesday, 21st October, 2020**

**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. Communications
7. Minutes of the previous meeting (Pages 1 - 9)

### For Discussion

8. Rotherham Safeguarding Adults Board - Annual Report (Pages 10 - 36)  
Moira Wilson, Rotherham Safeguarding Adults Board Independent Chair, to present
9. Update from the Local Outbreak Engagement Board  
Sharon Kemp to report
10. Safe and Well Referral Scheme (Pages 37 - 46)  
Presentation by Toni Tranter, South Yorkshire Fire and Rescue Service

### For Information

11. Loneliness and Social Isolation in the Armed Forces Community (Pages 47 - 51)

### **Board Development**

12. Refresh of Health and Wellbeing Board priorities: Progress Update (Pages 52 - 53)  
Anne Marie Lubanski/Becky Woolley to present
13. Issues to escalate from Place Board  
Sharon Kemp/Chris Edwards to report
14. Date and time of next meeting  
Wednesday, 11<sup>th</sup> November, 2020, commencing at 9.00 a.m.

**HEALTH AND WELLBEING BOARD**

10th June, 2020

**Present:-**

Councillor David Roche	Cabinet Member, Adult Social Care and Health <b>(in the Chair)</b>
Lesley Cooper	Healthwatch Rotherham
Dr. Richard Cullen	Strategic Clinical Executive, Rotherham CCG
Chris Edwards	Chief Operating Officer, Rotherham CCG
Councillor R. Elliott	Health Select Commission
Sally Hodges	Strategic Director, Children and Young People's Services
Shafiq Hussain	Chief Executive, Voluntary Action Rotherham
Una Jennings	District Command, South Yorkshire Police
Sharon Kemp	Chief Executive, RMBC
Carole Lavelle	NHS England
Anne Marie Lubanski	Strategic Director, Adult Social Care, Housing and Public Health
Councillor J. Mallinder	Improving Places Select Commission
Dr. Jason Page	Governance Lead, Rotherham CCG
Terri Roche	Director of Public Health
Kathryn Singh	RDaSH
Angela Wood	Chief Nurse, TRFT (representing Richard Jenkins)

**Report Presenter:-**

Ruth Fletcher-Brown	Public Health Analyst
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**Also Present:-**

Becky Woolley	Policy Officer, RMBC
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**94. DECLARATIONS OF INTEREST**

There were no Declarations of Interest made at the meeting.

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

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

**96. COMMUNICATIONS****Pharmaceutical Needs Assessments**

The Chair reported that an announcement has recently been made by the Department of Health and Social Care that the requirement to renew Pharmaceutical Needs Assessment has been suspended until April 2022. This was in response to the recognised pressures of the COVID-19 response. Rotherham Public Health had already raised concerns

regarding the ability to carry out a thorough and appropriate consultation with partners, who are understandably facing challenging circumstances and therefore this announcement is welcomed.

The Health and Wellbeing Board will retain the ability to issue supplementary statements to respond to local changes and pharmaceutical needs during this time. It was noted that the NHS Pharmaceutical and Local Pharmaceutical Services Regulations 2013 would be updated in due course.

**97. MINUTES OF THE PREVIOUS MEETING HELD ON 11TH MARCH, 2020**

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

**Resolved:-**

That the minutes of the previous meeting held on 11th March, 2020, be approved as a correct record.

Arising from Minute No. 82 (Shaping Places Funding Bid), it was noted that this was now on hold due to the Covid-19 pandemic.

Arising from Minute No. 84 (Rotherham Loneliness Action Plan 2020-2022), it was appreciated that meetings of partner organisations may be currently on hold. However, any comments should be emailed to Becky Woolley.

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

**98. CORONAVIRUS: RESPONSE AND RECOVERY**

Terri Roche, Director of Public Health, presented a report on Rotherham's response to the Coronavirus outbreak and recovery plan.

Following notification from the World Health Organisation, the Public Health Pandemic Flu Plan was activated and a pandemic influenza co-ordinating group instigated. The Response Plan set out the precautionary, proportionate and flexible arrangements for the management of response and recovery to a pandemic as well as clarity of roles, responsibilities and response arrangements. A Rotherham COVID-19 Silver Command (RCSC) was set up to co-ordinate the response to the pandemic with an action plan devised outlining the response to the pandemic and the key actions for all partners (Appendix 1 of the report submitted).

The UK was now approaching the next phase of responding to the ongoing COVID-19 pandemic, as the peak of the current epidemic wave had passed (mid-April), and a relaxation of current extreme social distancing measures was being considered. National plans were being devised and communicated for “testing, tracking and tracing”: scaling up testing for the disease, tracking its spread through the population, and tracing contacts of confirmed cases, in order to contain the rate of spread of the disease in a more targeted way

The report set out the work taking place within the Borough of the Rotherham COVID-19 Silver Command and on Contact Tracing, Tracking and Testing.

It was reported that a new key priority was the development of a COVID-19 Outbreak Control Plan which had to be submitted to Central Government by the end of June. A meeting had been held the previous day where the Terms of Reference and framework for the Plan had been agreed. There was also a need to ensure that the Borough was ready for any response building on the good practice already in existence.

Public facing engagement would be set up to support the Outbreak Control Plan.

The Chair thanked all the Key Workers and officers of the various organisations for all their hard work during the pandemic.

The challenge was how to work effectively on the recovery whilst still dealing with the response.

It was noted that there was to be a publicity campaign launched later in the year on the importance of members of the public receiving an influenza vaccination.

**Resolved:-**

That the action plan, the hierarchy and the update of place response be noted.

**99. UPDATE FROM COVID-19 GOLD PLACE BOARD**

Sharon Kemp, RMBC, and Chris Edwards, RCCG, gave a verbal update on the work of the COVID-19 Gold Place Board.

The Board’s focus had very much been on ensuring that, as a partnership, there was a collective response to the local challenges across Primary and Acute care systems and Adult Social Care. This had resulted in a cohesive way of working for the local communities. However, work was now underway on revising the plans, for submission in August, as to what the next stage might look like.

There had been significant engagement with the voluntary and community sector with over 480 volunteers, over 4,000 health and wellbeing checks carried out by all agencies and support services and in excess of 3,000 requests for support made to the Rotherham Heroes Programme.

It was noted that whatever plans were produced for the next period would plan for every eventuality and would have to be fluid to allow reaction to any unexpected issue.

**Resolved:-**

That the update be noted.

**100. IMPLICATIONS FOR MENTAL HEALTH AND SUICIDE PREVENTION OF COVID-19**

Kathryn Singh, RDaSH, gave the following powerpoint presentation on Aim 2:-

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

- Strategic Priority 1  
Improving mental health and wellbeing of all Rotherham people
- Strategic Priority 2  
Reducing the occurrence of common mental health problems
- Strategic Priority 3  
Improving support for enduring mental health needs (including dementia)
- Strategic Priority 4  
Improve the health and wellbeing of people with learning disabilities and autism

**Mental Health/Learning Disabilities and Autism Service Update**

- Majority of MH/LD and A Services continued with some adjustments:  
Digitalisation to address social distancing rules  
Check-ins with vulnerable groups
- Some staff redeployed into critical service areas from less critical ones
- Capacity in Psychiatric Intensive Care Units remained high throughout
- Have provided access to urgent mental health support 24/7
- Continued focus on suicide prevention
- Services saw an initial reduction in demand now seeing this increasing – mirrored across the region and nationally  
Services have had to move ‘online’ in many cases  
Impact of this now being experienced

Interruption to ongoing care  
Later presentations with more complex needs  
Starting to see an increase in MH Act Assessments since easing of lockdown restrictions

#### Children and Young People

- Initial reduction in demand now starting to return to normal levels  
Nationally some evidence to suggest there is a growth in suicidal ideation  
Information suggests significant growth in demand in following areas:-  
Parental conflict, sadness, domestic violence and sleeping issues

#### MH/LD&A Future Concerns

- Growth in demand expected
- Anticipate a psycho-social impact
- Existing health inequalities are likely to be exaggerated
- Disproportionate impact on those with existing mental health problems
- Depression is highly prevalent post-disasters and is often co-morbid with PTSD
- Anxiety, panic disorder and phobias
- Increase in substance use and alcohol intake
- Adjustment disorders

Discussion ensued on the presentation with the following issues raised:-

- Good links with the Hub
- As start to design RDaSH's recovery programme works, ensure contact with locality hubs and the support that the Service could provide on a more granular level in the community

Ruth Fletcher-Brown, Public Health, gave a verbal update on suicide prevention and bereavement support.

#### **Bereavement support**

- A report had been considered by the COVID-19 Gold Place Board on bereavement provision across the board working with voluntary and community sector support
- Acknowledgement that bereavement support was an area that had not received equal provision across the whole of the Borough with people accessing support through the Hospice in the past
- Scoping exercise underway looking at the key messages for staff and Place partners on how people felt comfortable having discussions with those who had experienced death

#### **Listening Ear**

- Had been piloted across Yorkshire and Bassetlaw. The COVID-19 Gold Place Board had committed to continued funding until

**HEALTH AND WELLBEING BOARD - 10/06/20**

- December 2020 for anyone who had been bereaved through this period
- Would include telephone support as well as possible online support
- Work would take place with Communications partners to get the message out to the public

**Suicide Prevention**

- Being kept under review
- Need to review the local assistance prevention and action plan to provide reassurance that appropriate actions were in place to address the At Risk groups
- Research following SARS that whilst you could anticipate who may be at risk there may be other groups that were not on the radar
- Looking at some industries that may be heavily impacted as well e.g. hospitality and the number of young people who worked within the industry affected by its closure
- Very good support from the Police and Neighbourhood Services giving real time data so actions could be put into place to support families and local communities and what actions needed to be taken to prevent further stress to others
- A full review would be undertaken of the Plan and the training offer
- All partners were requested to continue promoting Amporo

Discussion ensued with the following issues raised:-

- The action plan would also address loneliness
- Communities and individuals were showing great resilience which needed to be built upon; never had there been an opportunity like there was currently where people were talking about their mental health and how they were looking after their mental health
- The Public Health and Wellbeing COVID-19 Group was considering repeat health assessments which would look at Public Health data and other data to ascertain how the pandemic was impacting on different groups

**Resolved:-**

That the updates be noted.

**101. HEALTH AND WELLBEING BOARD STRATEGIC PRIORITIES**

Becky Woolley, Policy Officer, reported that, following, the COVID-19 pandemic, it had been recommended that the Board review its priorities. The review would consider:-

- The biggest pressures as a partnership
- Evidence around the potential medium to long term impacts of COVID-19 in Rotherham

- Capacity across the system to respond to the projected impacts
- Opportunities to learn from our response to COVID-19

Proposed next steps

Subject to agreement by the Board, the following key actions are proposed:-

- June – initial consultation with Board members regarding the refresh of priorities
- July-August – review of the Health and Wellbeing Strategy and the Board’s strategic priorities
- September – a development session would be facilitated by the Local Government Association to confirm the Board’s priorities and key areas of focus

Discussion ensued on the proposal with the following issues raised:-

- Whilst some of the Board’s priorities may still be relevant, some of the actions that sat underneath may need to change e.g. timescales or further actions included to address issues such as mental health and health inequalities
- The priorities would need to be kept under review given the current uncertain situation
- Importance of continued work with Rotherham Together Partnership

**Resolved:-**

1. That a review of the Health and Wellbeing Board strategic priorities be approved.
2. That initial feedback be provided on the review including:-
  - What were the biggest pressures facing the system in the immediate and longer term?
  - What needed to change to enable the Board to respond to these pressures?
  - What had worked well in the Board’s response to Covid-19?
  - What would the Board want to keep i.e. new ways of working, positive behavioural change?

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

**102. DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT**

Terri Roche, Director of Public Health, introduced the 2019 independent annual report which focussed on the period of life between conception and a child’s second birthday, the so-called “1001 Critical Days”.

Evidence showed that the first 1001 days was critical to life-long health and wellbeing. It was not only a significant time for the child, but also incredibly relevant to parents and would be parents.

With it being acknowledged that early public investment set the foundation for greater societal return on such investment, by paying attention to this important area now, and reducing inequalities, it was hoped to lessen expensive interventions that would have potentially been required later in life.

The focus of the 2019 annual report was:-

- The First 1001 Days – a legacy for life
- Key influencers on the First 1001 Days
- Preparing for Parenthood
- Pregnancy
- The First 2 Years of Life including showcasing what Rotherham was doing

The First 1001 Days – Window of Opportunity

- Between conception and a child's second birthday
- Critical to lifelong health and wellbeing
- Not every baby had the same opportunities in Rotherham
- Impact of parental behaviours
- Wider social influences e.g. living in areas with polluted air

What we can do together

Work in a partnership with our services to improve the health and wellbeing of families and their young children in particular having a focus on:-

- Reduction in smoking in pregnancy rates
- Improve diet and nutrition
- Promote physical activity
- Increase breastfeeding prevalence
- Increase Ages and stages Questionnaire – 3
- Improve air pollution
- Support offered by Public Health Commissioned Services

The report also provided an update on the progress made on the recommendations contained within the 2018 annual report.

An offer was extended to all partners for presentation of the report to any meetings felt appropriate.

**Resolved:-**

That the report be noted.

**103. HEALTH AND WELLBEING BOARD ANNUAL REPORT**

The Chair introduced the Health and Wellbeing Board's second annual report 2019/20.

The report reflected on the progress made as a partnership over the past year as well as what had worked well, what the Board was worried about and what it would do next.

The Chair expressed his pride of the strength of the partnership and how it had worked together to respond to COVID-19. He thanked all partners for their commitment to the Board over the past year and for their ongoing commitment in response to the pandemic.

The report illustrated some of the key progress made during 2019 and how the Board had met its statutory role. The next key step would be to review its priorities in the context of the long term consequences of COVID-19 whilst continuing to respond to some of the key issues outlined in the "what are we worried about?" section of the report.

**Resolved:-**

That the report be noted.

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

**Resolved:-**

That a further meeting be held on Wednesday, 16th September, 2020, commencing at 9.00 a.m.

# HEALTH AND WELLBEING BOARD WEDNESDAY 21<sup>ST</sup> OCTOBER 2020

Rotherham Safeguarding Adults Board

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Annual Report 2019/20

Agenda Item 8

Moira Wilson – RSAB Independent Chair

# ROTHERHAM SAFEGUARDING ADULTS BOARD PRIORITIES

vention and Early Intervention

king Safeguarding Personal

ality Assurance

vice User Engagement

# ACHIEVEMENTS 2019/20

Completed the first joint self assessment with Children's Safeguarding Partnership. All partners completed an electronic submission to evidence their safeguarding practice across adults and children's services.

Carried out a training needs analysis across the partnership to develop an refreshed safeguarding training offer.

Complete a Safeguarding Adults Review. SAR Elizabeth

# COMMON THEMES

Mental Health. RDaSH board and sub-group members.  
Chair of Workforce Training and Development Group

Self Neglect. Policy for Self Neglect and Hoarding launched  
November 2020.

Domestic Abuse. Working with SRP and Children's to  
ensure shared learning

CSE. Close partnership working and monitoring

Users and Carers. Attendance at Carers Groups and VA

Support the Safeguarding Adults Partnership through COVID19 pandemic.

Ensure that effective engagement with the public occurs during the pandemic and that safeguarding messages are communicated effectively regarding prevention and protection.

Assurance, ensuring Making Safeguarding Personal is embedded in all safeguarding practice across the partnership.

Commission a safeguarding training package that delivers an effective partnership approach to safeguarding.

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

## 2019/20

# INTRODUCTION BY MOIRA WILSON

Rotherham Safeguarding Adults Board Independent Chair



**I am pleased to present the Annual Report for 2019/20. We hope the report demonstrates the continued 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 includes 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.**

During this year we have supported the partnership sub-groups to take forward the Board's priorities and the report gives examples of

work achieved during the year. Charing of these group is shared across SAB partners, ensuring a whole system perspective and I would like to thank colleagues who have taken on these roles on behalf of the Board. We have also strengthened links with the strategic Rotherham Partnership thus ensuring that safeguarding adults is truly everyone's business.

This report covers work of the Board up to March 2020. Since then we have all been working intensively together to keep people safe during the pandemic. Now, as this report is published, we are still very much in the middle of the challenges of how best we can continue to support adults who may be at risk and work in ways which adhere to local and national requirements. We will be keeping close scrutiny on the impact of Covid -19 and how we adapt our practice to new and changing circumstances.

## MESSAGE FROM Cllr DAVID ROCHE

Chair of the Health and Wellbeing Board



**This Safeguarding Annual Report for 2019/20 once again highlights the strong partnership working from all board partners and evidences how the Rotherham**

**Safeguarding Adults Board ensures that partners are held to account by assessment and challenge and each agency provides the board with regular updates on their developments.**

Raising awareness of Safeguarding is only achievable by working together to ensure 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 works across the partnership to ensure training and resources are available to everyone and gives reassurance that safeguarding is embedded in all organisations and at all levels.

May I take this opportunity to acknowledge the commitment of all the board partners including the statutory, independent and voluntary community sector, Rotherham needs everyone to work together to safeguard its citizens and to continue to raise 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, and is unable to protect themselves

### What is abuse?

Abuse can be:

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

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

- A partner or relative
- A friend 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

## The priorities for the board for 2019/20 were:

Priority	Resulting Action
<p>Agree as a partnership a Quality Assurance Framework to ensure consistency within Safeguarding</p> <ul style="list-style-type: none"> <li>• Timescales</li> <li>• Section 42 enquires</li> <li>• No Further Action</li> </ul>	<p>The Policy and Practice subgroup worked with the regional and national guidance that was developed around section 42 enquiries and this was used to develop QA framework that could be used across the partnership.</p> <p>The framework is a tool to assist in decision making, but not to replace professional judgement, its aim is to support people to be able to record effectively and account for their decision-making process.</p>
<p>Partners to complete the self-assessment electronic system by 1 November as agreed by the joint safeguarding arrangements.</p>	<p>The Safeguarding Adults Board and the Children's Safeguarding Partnership have worked collaboratively to develop one joint safeguarding self-assessment framework. More importantly this recognises the many links between safeguarding adults and safeguarding children, particularly in relation to transition from childhood to adulthood.</p> <p>The new safeguarding self-assessment tool has been developed as an easy to use online process. All partners completed the self-assessment tool by November 2019 and were all complimentary of the new way of working.</p>
<p>Develop a Safeguarding Board training offer and ensure that the voice and experience of Vulnerable Adults is central to the training and development activity that is delivered.</p>	<p>The Workforce Development sub-group have commissioned a needs-led learning and development programme and have responded to emergent training needs. They will support the workforce to be equipped with the knowledge, skills and expertise required to fulfil their job roles effectively through:</p> <ul style="list-style-type: none"> <li>• A core training programme of courses and e-learning modules</li> <li>• Association of Directors of Adult Social Services events</li> <li>• Learning from Practice Briefings</li> <li>• RSAB Specialist Interest Training Programme</li> <li>• Safeguarding Awareness Week conferences and workshops</li> <li>• South Yorkshire Safeguarding Training Consortium courses and conferences.</li> </ul>

The Safeguarding Adults Board has four subgroups to ensure the priorities of board are delivered. The Sub-Groups each have a work plan and during 2019/20 they were able to deliver the following specific pieces of work:

### Performance and Quality Subgroup

Priority	Resulting Action
<p>The Performance and Quality Subgroup carried out several case file audits during 2019/20.</p> <p>In October 2019 the group looked at the use of Making Safeguarding Personal during safeguarding investigations, they looked at casefiles from across the partnership and made recommendations to the board on their findings.</p>	<p>A task and finish group is needed from across the partnership to examine and propose revisions to the forms used for safeguarding:</p> <ul style="list-style-type: none"> <li>• The need for user friendly forms</li> <li>• Forms to be easily identifiable</li> <li>• Look at the language used</li> </ul> <p>This work will be completed late in 2020.</p> <p>Advocacy training will be delivered in November 2020 across the partnership and all partners need to be more aware of the benefits of advocacy.</p> <p>Making Safeguarding Personal training will be refreshed to ensure that all partners are working within the safeguarding principles.</p>
<p>The Performance and Quality subgroup worked with the Yorkshire and Humber Region to develop an audit tool that will be used across the region and will be launched by the Regional Principal Social Workers (PSW) for Adult Services.</p> <p>The audit tool will provide consistency across the region and will take into consideration the national guidance on section 42 enquiries.</p>	<p>Safeguarding audits will use the ADASS tool developed by the Principal Social Workers network.</p> <p>All audits will provide feedback to the PSW network so the form can continue to develop.</p> <p>Audits will continue during 2020 using new audit tool.</p>

## Workforce Development

Priority	Resulting Action
<p>The Workforce Development subgroup was tasked with developing a new RSAB Training Strategy and Prospectus for 2020/21.</p>	<p>The group worked across the partnership to identify what multi agency training was needed and what single agency training was already being delivered.</p> <p>A core training programme was needed to equip the workforce with the knowledge, skills and behaviors to carry out their role to safeguard adults from abuse and/or neglect.</p> <p><b><a href="http://www.rsab.org.uk/downloads/file/36/rsab-training-strategy">www.rsab.org.uk/downloads/file/36/rsab-training-strategy</a></b>  <b><a href="http://www.rsab.org.uk/downloads/file/35/rsab-training-prospectus">www.rsab.org.uk/downloads/file/35/rsab-training-prospectus</a></b></p>
<p>Learning for Safeguarding Adult Reviews (SAR) where a care provided or care home had been part of the review needed to be shared across the provider sector. Providers expressed an interest in learning more about the SAR process so the workforce development group developed a bespoke training session.</p>	<p>Training sessions were developed with the Commissioning Manager and colleagues from health that shared the learning from Safeguarding Adult Reviews and looked at good practice that had been identified.</p> <p>The training sessions were delivered to the provider network and were well received across all sectors.</p> <p>The sessions will be repeated during 20/21.</p>

## Policy and Procedures

Priority	Resulting Action
<p>The Policy and Practice group spent time looking at the different types of abuse and what information and guidance was available to the public.</p> <p>The group wanted to create a publicity campaign to raise awareness and promote safeguarding across Rotherham.</p>	<p>Group decide to develop posters and leaflets on:</p> <ul style="list-style-type: none"> <li>• Financial Abuse</li> <li>• Psychological Abuse</li> <li>• Discrimination</li> <li>• Self-Neglect</li> </ul> <p>Work commenced on a campaign and a communication plan and sample posters were presented to the Board in January 2020.</p> <p>The campaign will be launched later in 2020.</p>
<p>The Policy and Practice group worked with ADASS to help develop guidance and advice on section 42 enquires, the aim was to develop a framework for making decisions on when to carry out safeguarding adults enquires.</p>	<p>The group developed a summary of the guidance that was easy to use, the information is available on the RSAB website and can be downloaded for all partners to access.</p>

## Safeguarding Adults Review

Priority	Resulting Action
<p>The Safeguarding Adult Review (SAR) Subgroup continue to manage the SAR process from recommendations through to the completion and publication of a SAR.</p> <p>During 2019/20 there were three referrals made for consideration and one review was completed. The other two cases were taken through safeguarding as a section 42 investigation.</p>	<p>SAR Elizabeth was commissioned in August 2019 and was presented to the Safeguarding Board in January 2020.</p> <p>The review was signed off by the Independent Chair later in the year and was published on the RSAB website in June 2020.</p> <p>Further details of the review can be found later in the report.</p>

# LOOKING FORWARD to 2020/21

Rotherham Safeguarding Adults Board will be focusing on the second year of the strategic plan during 2020/21 and will want to ensure that any unfinished actions from year 1 that were affected by Covid-19 are complete.

The RSAB face many challenges in the year ahead due to the changes that Covid-19 has brought to all partners of the board, we will be working together to ensure that we continue to help and support partners effected by the pandemic. We will ensure that the SAB continues to manage its statutory duty, that we continue to learn from the Covid-19 crisis and we prepare the board and its partners for what the safeguarding issues may be post Covid-19.

## 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.

# KEY PARTNERSHIP CONTRIBUTIONS 2019/20

The partners of the Safeguarding board all have a responsibility to help deliver the priorities that are set out in the strategic plan. Each partner has provided evidence to how they deliver the four priorities of the Board. Here are some examples of the good practice, learning and customer stories that ensure that the Rotherham Safeguarding Partnership is committed to working together to safeguard its citizens and to continue to raise awareness of safeguarding.

## Rotherham Council

### Making Safeguarding Personal

Rotherham Council have taken part in the national MSP Pilot scheme. We are capturing data from customers who are involved in a safeguarding enquiry and are recording where outcomes are achieved, and people have been empowered to make changes.

We are working with all partners through the Policy and Practice subgroup to redesign the safeguarding forms to make them easier to complete and understand, we want to ensure all forms record how the customers wishes are captured and that advocacy is a consideration with each customer.

Person-centred care means working together with the individual to plan their care and support to meet their unique needs. This cuts down the risk of negative, unfair or harmful treatment and neglect. The individual is at the centre, able to choose and control how they want their care and support to be delivered.

Miss G was a 22 year female and the subject of a DASH (Domestic Abuse, Stalking, Honour Based Violence) referral, from this it was identified that a safeguarding enquiry was needed to protect the young woman from further abuse. The social worker worked with Miss G to determine what she wanted her life to look like.

Working together to plan for Miss G's future where she could live free from abuse, she was helped to move to supported living and was able to access services to help with her addiction.

## Rotherham NHS Foundation Trust:

### Prevention and Early Intervention

Ensuring that all staff receive training to enable them to recognise and respond to concerns about an adult at risk.

We monitor the number of concerns raised by our staff.

We monitor closely compliance with mandatory training requirements.

### Making Safeguarding Personal

All staff are encouraged to discuss their concerns with the patient and/or the family (as appropriate) to ensure that the views of the person are taken into account when formulating a plan of safety.

We monitor the concerns raised to ensure there is evidence of consultation with the patient/family where possible.

Safeguarding training for every member of staff remains a priority for the Trust.

Our aim is to provide staff with the skills, knowledge and confidence to enable them to develop an understanding of adult safeguarding and its associated processes that they can relate to their individual roles and responsibilities within the Trust.

The Trust has supported learning by the use of seven minute briefings on a variety of topics, which are shared Trust-wide.



## NHS Rotherham Clinical Commissioning Group – RCCG

### Prevention and Early Intervention

#### Recognising and responding to modern slavery

NHS Rotherham CCG acknowledges the National Referral Mechanism (NRM) guidance: adult (England and Wales) Updated 29 November 2019. This is a framework for identifying and referring potential victims of modern slavery and ensuring they receive the appropriate support. NRM guidance, referral, assessment for victims of modern slavery.

NHS Rotherham CCG works closely as a NHS partner with the South Yorkshire Modern Slavery Partnership (SYMSP). The Partnership was launched in 2019, since its launch the SYMSP have worked together to create the SYMSP pocket book for professionals, develop a website and deliver online training.

#### Practices to adopt as good practice

Template Guidance circulated to Safeguarding Leads for General Practices to adopt as good practice asking GPs to change codes for children and adults in need who are not brought to appointments as ‘was not brought’ rather than ‘did not attend’.

## Supporting the Domestic Abuse Strategy

NHS Rotherham CCG continues to work closely with partners on the 2021 strategy.

NHS Rotherham CCG is committed to supporting the domestic abuse strategy with attendance at the Domestic Abuse Priority group and take seriously our commitment to this.

Following publication in June 2018 of the Domestic Abuse Toolkit for Employers, NHS Rotherham CCG’s HR and safeguarding team put together a policy/guidance. All employees who experience abuse should be supported regardless of gender and the type of abuse. This policy was shared as a tool for GPs to utilise.

NHS Rotherham CCG alongside Safer Rotherham Partnership and providers delivered a Supported Learning Event covering Domestic Abuse for General Practice staff. The session was provided to meet learning needs across Rotherham in response to themes of concern.

Delegates rated the event as “Excellent” and “Good”. Delegates stated they had learnt something new about services/processes and felt the information sharing will assist in future working practices.

Click to view the full  
<http://www.rotherhamccg.nhs.uk/annual-report.htm>

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

### Quality Assurance

RDaSH contribute regularly to the development of RSAB policy and procedures.

Regular attendance at the RSAB, both at sub-group and Executive level.

The Safeguarding Team also attend and contribute to the Rotherham Care Group Quality Meeting to provide steer and guidance around safeguarding practice and any changes in local / national developments.

The Team undertake internal audits throughout the year.

The Team contributes to the RDaSH monthly dashboards providing a level of quality assurance.

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



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

### Prevention and Early Intervention

South Yorkshire Fire and Rescue have in recent years developed a route for fire risks and hazards to be reported. This portal is called 'Safe and Well'.

The SYFR Safe and Well Referral Partnership Scheme aims to improve how the fire service and local organisations work together to effectively identify and reduce hazards for people most at risk.

Membership of Safe and Well Referral scheme will enable SYFR and partners to work together to keep our communities and services safer. We regularly train partners and their teams on Fire Safety Awareness and secure referral pathways for

partners working with people at risk. Agencies once registered and can make direct referrals to SYFR and work in partnership with them to either reduce or eliminate the risks.

SYFR are active members and contributors to the annual Safeguarding Awareness Week.

SYFR have two Safeguarding Officers. Main duties and responsibilities include: Preparation, review and revision of policies for both Children and Adult Protection, identifying and managing safeguarding training and learning needs within the organisation.

SYFR attended a domestic house fire in relation to a cooking incident. All emergency services were in attendance. This wasn't a fire incident.

The lady presented as somewhat confused and had started to empty her kitchen cupboards but couldn't say why. Family informed SYFR that she often goes wandering and raised concerns in relation to memory problems.

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. She had some support from services. SYFR had previously carried out a Home Safety Check in 2018.

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.

The lady had removed her Rothercare equipment and is a regular caller to police advising someone is trying to get into her house and cupboards. The lady has also lost a lot of weight over the last few months.

There has since been ongoing communication with Adult Social Care - awaiting a joint visit to carry out an HSC, further to a Mental Capacity Assessment and Best Interest meeting.

## South Yorkshire Police:

### Customer Engagement

Neighbourhood teams are responsible for engagement and provide this through online drop in forums, Independent Advisory Groups (IAG), revisit/recontact to victims and via social media. This also involves key partners and stakeholders. The Victim Code gives officers in all areas of work structure, guidance and accountability when dealing with victims of crime and ensures a contract is agreed and followed with regular updates provided.

Victim Satisfaction is measured at a force level and within district. These results are independent and give clear guidance around domestic abuse, burglary, vehicle crime, vulnerability crimes and Hate.

In addition, we monitor victim code compliance by way of supervisory reviews at every level of management.

Currently Rotherham satisfaction sits at 85 % (4 % over the force average).

“I believe that had it not been for the officer’s efforts, I would have lived out the rest of my life with the ongoing fear that has dominated the last 22 years. This is life changing and I wonder if you can imagine what a difference it makes to at last, be free of fear”.

## Rotherham Voluntary and Community Sector:

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 updated 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 into 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 promotes DBS and provides related advice and support.

VAR supports VCS with the development of Safeguarding Policies and procedures; including ‘Safer Recruitment’ support.

## Workforce and development

In 2019/20 the Workforce Development 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 960 learners attended training courses as detailed in the table below.

Local authority	309
Independent/ Voluntary sector	616
Health	11
Housing Partners	8
Service Users / Carers	16
Other	2

The Workforce Development Sub-group developed and refreshed the Training Strategy and Training Plan for 2020/2021 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.



**RECOGNISE · RESPOND · REPORT**



# 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 1586 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:

- Has needs for care and support (whether or not the local authority is meeting any of those needs)
- Is experiencing, or at risk of, abuse or neglect
- 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 three point test the case may be signposted to a different team such as the complex lives team or maybe a care assessment is needed. We will always ensure the person is safe and not in any danger.

## Section 42 Enquiry

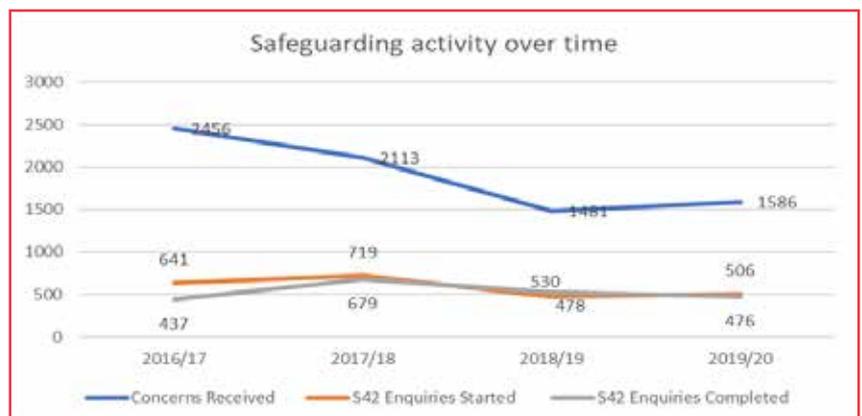
The Care Act 2014 (Section 42) requires that each local authority must make enquiries, or cause others to do so, if it believes an adult is experiencing, or is at risk of, abuse or neglect. An enquiry should establish whether any action needs to be taken to prevent or stop abuse or neglect, and if so, by whom.

‘Safeguarding adults’ is the name given to the multi-agency response used to protect adults with care and support needs from abuse and neglect. When an allegation about abuse or neglect has been made, an enquiry is undertaken to find out what, if anything, has happened.

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

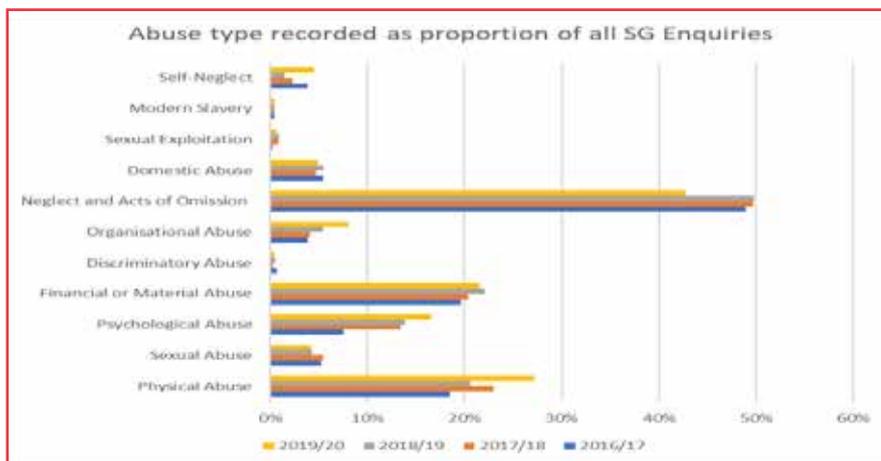
The subject of the investigation must be aware and, in most cases, agree to the safeguarding enquiry unless they are unable to or a crime has been committed.

### 506 Section 42 enquiries begun 2019-20



The chart above shows a slight increase in safeguarding concerns received compared to last year with a 7% rise, however the number of Section 42 enquires carried out during the year is also slightly higher at a 6% increase.

**1586 Safeguarding Concerns were received in 2019-20**



The chart above shows the breakdown in types of abuse recorded over the last four years, with neglect and acts of omission being the largest group of recorded incidents. Neglect and acts of omission covers concerns including:

- Failure to provide or allow access to food, shelter, clothing, heating, stimulation and activity, personal or medical care
- Providing care in a way that the person dislikes
- Failure to administer medication as prescribed
- Refusal of access to visitors
- Not taking account of individuals' cultural, religious or ethnic needs
- Not taking account of educational, social and recreational needs
- Ignoring or isolating the person
- Preventing the person from making their own decisions
- Preventing access to glasses, hearing aids, dentures, etc.
- Failure to ensure privacy and dignity

## Decision Making Meeting (DMM)

The DMM will bring all relevant people together to ensure that, if the enquiry 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.

## Safeguarding Adults Review – (SAR)

A Safeguarding Adults Review must be carried out if:

- An 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.
- An 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 SARs Commissioned 2019-2020

One SAR was commissioned in 2019/20.

### Number of SARs Completed 2019-2020

One SAR was completed in 2019/20  
Published June 2020

## SAR Elizabeth

Elizabeth died at the relatively young age of 60 after an overdose followed by pneumonia. She had spent a five-year period in care homes and rehabilitation units following a fall. The fall left Elizabeth with life changing injuries and her life changed dramatically. She was no longer able to return to the home she shared with her mother or resume her employment. She was dependent on others for meeting her care and support needs. Sadly, her mother died suddenly in the year prior to her death and left Elizabeth traumatised and grieving. This led to an increase in alcohol intake and anxiety. Somehow during this period Elizabeth's needs became entangled with funding processes such as Continuing Healthcare (CHC), Independent Funding Review (IFR) and Social Care funding.

We will of course never know if Elizabeth would have taken an overdose if circumstances had been different. What we can say is that her lifestyle change following her fall and the death of her Mother had an untold impact on the way in which she saw her future. We have learnt that sometimes the process surrounding funding decisions and constraints in systems means that we can take our eyes off the person and each other. There is learning for agencies in understanding multidisciplinary working, developing a shared language and managing escalation. Most importantly, there is a desire to be more person centred.

## Recommendations

### 1) Explore and agree how the Health and Care system uses multi-agency discussions for people who do not neatly 'fit' into safeguarding

This review has highlighted the need to ensure that funding should be a consideration but must not drive decisions. It appears that Practitioners/agencies were not aware of all possible routes for support in navigating Elizabeth's complex needs, including the existence of a group like the 'High cost Panels'.

The Health and Wellbeing Board has a key role to play in promoting and helping to embed processes for people with 'unique' needs, such as Elizabeth, across the workforce. This will ensure that staff are aware of their role, including the processes for people with vulnerabilities in line with Making Safeguarding Personal, and have clear expectations of outcomes. There should be clear guidance for referrers with details of escalation and appeal processes.

Furthermore, MDT assessments should include as per national guidance health and social care professionals who know the individual and not just rely on reports. Decisions about CHC should be reached collectively to ensure multidisciplinary assessment of eligibility is agreed. This was a concern raised by participants in the learning event. There was a sense that Elizabeth's needs were not always fully understood. There should be local guidance to inform referrers of the opportunity to restart processes such as DST if circumstances change.

The role of MDTs is a common theme in safeguarding reviews and in the wider integrated care agenda. There should be Investment in the development and joint training of multidisciplinary teams (MDTs) to transform their skills, cultures and ways of working. This is wider

than the SAB but is vital if systems are to be transformed to achieve person centre care.

The teams who worked with Elizabeth could work together to build on this approach as an example.

### 2) Independent Advocacy

The SAB should review the use of Independent advocacy as outlined in the Care Act (2014). This review should include the number of available and trained Advocates.

The Care Act places a duty on councils to provide independent advocacy when someone has 'substantial' difficulty being involved in the process of care and does not have an appropriate individual to support them. RMBC should undertake its own review to understand how and when independent advocates are commissioned and trained.

### 3) Appreciative inquiry /Learning Reviews

Rotherham Safeguarding Adults Board should build on the use of appreciative inquiry to build a culture of learning across agencies. This would help agencies to come together in complex circumstances such as Elizabeth's and reflect on progress.

### 4) Debriefs

Rotherham Safeguarding Partnership should consider how it will provide support and debriefs for Practitioners from organisations, including non-statutory organisations following learning reviews. Self-care is vital and many practitioners and the SAB should explore supervision and counselling opportunities following SARs. The SAB business manager could be an initial point of contact for practitioners until processes are in place. The SAB may wish to consider linking to other mental health support services for staff such as RMBC.

## 5) Signposting

RDASH should consider how to make staff aware of the need for signposting to charities/voluntary sector when individuals are not considered to require mental health services support but still have significant risk factors.

## 6) Review and understand escalation process

This is a recommendation for the SAB and for each organisation. Participants in the review were not all aware of escalation processes and those who were had not considered their use.

## 7) Making Safeguarding Personal

There had been no safeguarding enquiry for Elizabeth, therefore no involvement in Elizabeth's care from safeguarding specialists in health and social care. Most practitioners involved in working with Elizabeth had not considered her to be 'at risk' or to have any safeguarding needs or concerns. It would be useful for the SAB to consider how it will raise awareness of the principles of MSP in line with person centred approaches.

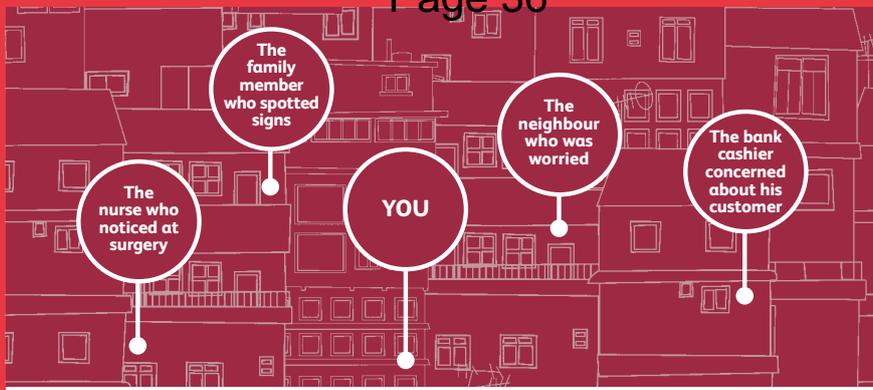
The recommendations will be developed into an action plan that will be monitored by the Performance and quality subgroup until the action plan is completed. All completed action plans are delivered back to the Safeguarding Adults Review sub group for sign off and reporting back to the board.

# ROTHERHAM SAFEGUARDING ADULTS BOARD ATTENDANCE

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

	May 2019	July 2019	October 2019	January 2020
South Yorkshire Police	✓	✓	✓	✓
The Rotherham Foundation Trust	✓	✓	✓	Apologies
Rotherham Clinical Commissioning Group	✓	✓	✓	✓
RMBC Director of Social Services	✓	✓	✓	✓
RMBC Childrens Service	Apologies	Apologies	✓	✓
South Yorkshire Fire and Rescue	Apologies	✓	✓	✓
RDaSH	✓	✓	✓	Apologies
RMBC Services	✓	✓	✓	✓
Healthwatch	✓	Apologies	✓	✓
Voluntary Sector	Apologies	✓	Apologies	✓
National Probation Service	✓	✓	Apologies	✓
Community Rehabilitation Company	✓	Apologies	Apologies	Apologies
Cabinet Member for Adults Services	✓	✓	✓	✓

Rotherham Metropolitan Borough 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.



## Do you know the signs of adult abuse?



## Recognise • Respond • Report

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

**Keeping people safe from abuse is everyone's business**

For more information about types of abuse  
[www.rotherham.gov.uk/abuse](http://www.rotherham.gov.uk/abuse)



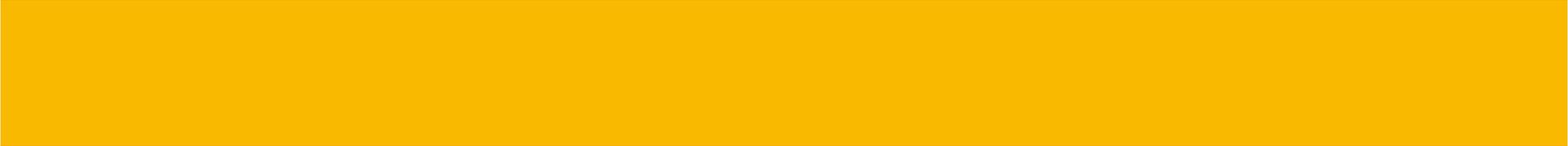
# Making South Yorkshire Safer & Stronger

Safe & Well Referral Scheme

Making  
**SOUTH  
YORKSHIRE  
SAFER &  
STRONGER**



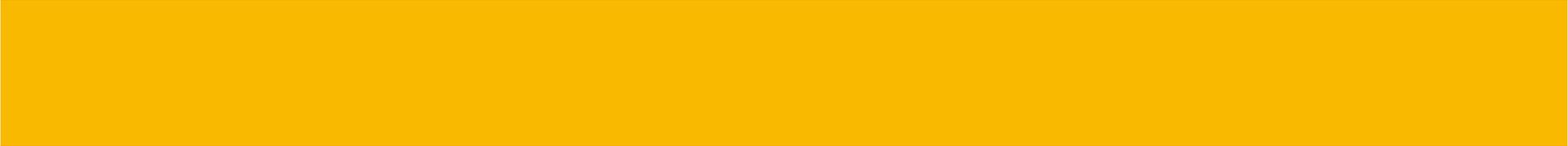
South Yorkshire  
FIRE & RESCUE



**Our prevention work over the last 15 years has helped to reduce accidental house fires to historically low levels.**

**But in common with most other fire and rescue services nationally, recent years have seen a slight increase in fatal incidents.**

**In fact, since 2011 more than 50 people have died in house fires in South Yorkshire.**



**Analysis of each incident has found common factors involved in almost all of our recent fire deaths, such as:**

- **Hoarding**
- **Social Isolation**
- **Substance misuse**
- **Mental health problems**



**For reasons such as these, many house fire victims were already known to at least one agency, whether it's....**

- **A landlord**
- **Doctor's surgery**
- **Drug and alcohol service**
- **Council**
- **Social care team**

**But sadly in most cases**

**We did not**

Most of these deaths could have been prevented, but

**We need your help**

**If we had known about them,  
we may have been able to reduce the risk.  
The best way to help us, help those most at risk is to sign up to  
become one of Safe & Well Referral Partners**



**Safe & Well**

TOGETHER WE CAN MAKE A DIFFERENCE

## Referral Types

- **Home Safety Check**
- **Threat of Arson Including Domestic Abuse**
- **Think Family**

## Partnership Working

- St Leger Homes
- DMBC Adult Social Care
- SCC Adult Social Care
- SCC Housing Teams
- Berneslai Homes
- SWYPT NHS Trust
- IDVA/IDAS Partners
- RDASH
- DCST

# How to become a S&W Partner

By contacting [safe&well@syfire.gov.uk](mailto:safe&well@syfire.gov.uk)

Or

Toni Tranter – Partnership Manager  
e:ttranter@syfire.gov.uk t: 07785310943

David Fox-Meakin – Partnership Officer  
e:dfox-meakin@syfire.gov.uk t: 07825009024

**Questions**

**Thank You**

*Making*  
**SOUTH  
YORKSHIRE  
SAFER &  
STRONGER**



**South Yorkshire  
FIRE & RESCUE**



## Loneliness and Social Isolation in the Armed Forces Community

### Briefing for local authorities

#### Summary

Loneliness and social isolation are public health hazards. Recent research for The Royal British Legion revealed that members of the Armed Forces community are exposed to events and challenges that make them more vulnerable to loneliness and isolation. The frequent house moves, long periods of separation from family and friends, and the challenge of transitioning out of the Forces are just a few of the factors that raise the risks.

The Legion is calling on local authorities to recognise the specific hazards of loneliness and social isolation among the Armed Forces community by including consideration of this group in their Joint Strategic Needs Assessments (JSNA) and Joint Health and Wellbeing Strategies (JHWS).

#### Background

In 2014, the Legion published *A UK household survey of the ex-service community*<sup>1</sup>, which at that time was the largest survey conducted of the UK ex-Service community. The survey found that one in six members of the ex-Service community reported experiencing some relationship or isolation difficulty, equivalent to around 770,000 people.

The Legion embarked on a cross-organisation project exploring loneliness and social isolation in the Armed Forces community in greater depth and published our findings in 2018. Our subsequent report, *Loneliness and Social Isolation in the Armed Forces Community*<sup>2</sup>, was, to our knowledge, the first piece of research carried out on this topic specifically concerning the Armed Forces community. This research, which included interviews, focus groups and an online survey, revealed that elements of a military lifestyle can increase vulnerability to loneliness and social isolation.

In response to the increasing awareness of loneliness as a public health problem, the UK Government launched its loneliness strategy<sup>3</sup> in October 2018. This strategy acknowledges veterans as being at increased risk of experiencing loneliness. The UK Veterans Strategy published in 2018<sup>4</sup> also identifies loneliness as one of six key themes to be addressed over the next ten years.

Local authorities play a key role in helping to reduce loneliness and social isolation in communities. They are ideally placed to understand the levels of loneliness in their areas, identify who is at risk, and act. The Government's loneliness strategy acknowledges the work already being done and calls on local authorities to consider how loneliness can be embedded in their strategic planning and decision making.<sup>5</sup> The Local Government Association (LGA) have encouraged councils to take action to tackle loneliness by raising

<sup>1</sup> The Royal British Legion, [A UK household survey of the ex-service community](#), 2014

<sup>2</sup> The Royal British Legion, [Loneliness and Social Isolation in the Armed Forces Community](#), 2018

<sup>3</sup> HM Government, [A Connected Society: A Strategy for tackling loneliness](#), 2018

<sup>4</sup> HM Government, [The Strategy for our Veterans](#), 2018

<sup>5</sup> Ibid. p.16

awareness, finding those who are experiencing loneliness, and providing interventions and services that can alleviate the problem; while taking a strategic approach by including loneliness in Joint Strategic Needs Assessments (JSNAs) and setting tackling loneliness as an objective in Joint Health and Wellbeing Strategies (JHWS).

The wider impact of Covid-19 and the lockdown specifically are still being analysed but early indications from the Mental Health Foundation indicate a significant increase in feelings of loneliness in the UK. In March 2020, 10% of UK adults said they felt lonely, increasing to 24% by the beginning of April 2020. It is therefore incredibly timely to consider additional measures to alleviate loneliness and social isolation and acknowledge this as a public health priority. The Legion's nationwide network of branches and members sprung into action during the pandemic, supporting their community to stay connected with a range of activities from online fitness and baking classes to telephone buddying and virtual gardening clubs.

### **Key Findings**

Key findings from the Legion's Loneliness and Social Isolation report include:

- One in four survey respondents from the ex-service community indicated that they feel lonely and socially isolated 'always' or 'often'.
- Moving to a new area was the most common cause of social isolation.
- Bereavement was the most common cause of loneliness.
- Exiting the Armed Forces was the most common cause of both loneliness and social isolation. 51% of survey respondents said exiting the Armed Forces caused them to feel lonely or social isolated in the past. When responses were filtered for veteran respondents only, this figure rose to 65%.
- The self-reliant culture of the Armed Forces can limit people's willingness to seek help or speak out when they feel lonely or isolated.
- The need for Service personnel to be deployed away from their families and friends for long periods can lead to relationship difficulties.
- Military accommodation can be viewed in two ways. Some people find life on 'patch' gives them a ready-built community to live in, while others find it small and inward looking.

Research identified six particular triggers for loneliness and social isolation in the Armed Forces community. These are:

1. Increased volume of transitions in the Armed Forces due to a highly mobile lifestyle.
2. Armed Forces culture: A culture of self-reliance, and a perceived lack of understanding from the civilian community.
3. Relationship issues: Long periods of separation from family, difficulties upon a partner or parent's return, and relationship breakdown due to pressures of Service life.
4. Accommodation issues: Some issues integrating into new communities, a lack of support or information for those renting/living privately.
5. Exiting the Forces: Concerns over life on 'civvy street', a lack of social networks post-exit, struggle with sudden discharge due to health or other issues.
6. Health and injury: Impact of ageing and health issues on mobility and social networks, impact of injury on career and family, difficulties adjusting to new roles and responsibilities.

### **Consequences**

Loneliness and social isolation are recognised as a national priority and a national health hazard. Loneliness is linked to high blood pressure, depression, anxiety, Alzheimer's disease, and an increase in the risk of premature death by 30%.<sup>6</sup> People experiencing loneliness are more likely to visit GPs and hospitals, and more likely to enter local authority care.<sup>7</sup> Three-quarters of GPs say that up to five of their patients each day attend because they are lonely.<sup>8</sup> Tackling loneliness and social isolation not only alleviates suffering of local residents but is an important part of preventative public health work.

## Recommendation

The Legion is calling on local authorities to improve the measures they take to help members of the Armed Forces who are feeling lonely or socially isolated by including loneliness and social isolation in their JSNAs and JHWS.

Please see Appendix 1 for further information on available support.

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<sup>6</sup> LGA, [Combating Loneliness: A guide for local authorities](#), 2016, p.7

<sup>7</sup> HM Government, , [A Connected Society: A Strategy for tackling loneliness](#), p. 19

<sup>8</sup> LGA, [Loneliness: How do you know your council is actively tackling loneliness](#), 2018, p.4

## APPENDIX 1

### Available Support

The Royal British Legion provides a wide range of support for the Armed Forces community, including services which help build connections. The following is a snapshot of some of our activity in this area, although some services are currently more limited as a result of Covid-19:

#### 1. Community Support

We have an established network of Branches in England, Wales & Ireland involved in Community Support. This volunteer facet is a substantial force within the community, providing a sense of comradeship and creating openings for wider engagement. Recognising the sheer scale of those experiencing social isolation or loneliness in the Armed Forces community, this scheme offers services to support those identified as lonely or isolated, and provides a sense of belonging. Key provision focusses on the delivery of:

#### 2. Telephone Buddies

Over 230 Branches are able to provide support on the phone through our Telephone Buddy Service. This gives people who are feeling isolated the opportunity to reach out, talk to someone about what they're going through, and find out about ways they can get involved in events and feel part of their local community. Between April and June 2020, we supported over 7,000 people through this service, making over 19,000 calls.

#### 3. Home and Hospital Visits

Many of our Branches also reach out to people who have difficulty getting out and about to meet others, or who have no one to visit them during a stay in hospital. Branches are able to offer home and hospital visits to those who may be feeling isolated in some way. It gives them a chance to talk with someone who may understand what they're going through. Nearly 1,000 people were supported in this way between April and June 2020.

#### 4. Care Homes

Our six Care Homes offer a number of ways to help frail older people (and their carers) feel more connected with the communities around them. These include dementia cafés or clubs, which give people living with dementia in the community a chance to socialise, participate in activities and build their confidence. We also offer social groups to support carers and organise events so that residents are able to make links with the local community.

#### 5. Pop In Centres

At 15 locations across the UK, we offer a walk-in service for people who want to chat or find out about services and support in their local community. We work closely with other organisations such as Combat Stress, Walking with the Wounded and Age UK to help people make links with others in their area and get involved with events and other activities. Each centre offers a welcoming space for serving and ex-serving personnel, and their families, to get practical help and advice.

#### 6. Financial Guidance and Hardship Support

Sometimes, social isolation can be exacerbated by financial problems, including getting into debt. We offer benefits, debt and financial guidance on a range of issues to help reduce stress and anxiety and aid a smooth transition to civilian life. We also run an online money management tool and offer grants, including crisis grants, to pay for essentials such as mobility items or hearing equipment, to give people the confidence to get out into their community and communicate better with the people around them.

## **7. Support for carers**

We can provide specialist mental health nurses to support carers of people living with dementia. Admiral Nurses provide practical, emotional and psychological help to give the family unit healthy ways to cope as the illness progresses. As a result, carers will feel less isolated and more connected to those who can give them help, as well as more able to provide a positive, caring environment for their loved one.

## **6. Help Living at Home**

Our Help Living at Home service specialises in supporting people with disabilities or long term conditions to enable them to live independent, healthy and happy lives. This includes providing advice on local transport, events, social groups, fitness activities and support services, so people feel encouraged to go out.

## **8. Research and Campaigning**

The Royal British Legion in 2018 released research into loneliness and isolation within the Armed Forces community. This research explored the unique or aggravated triggers for loneliness that serving and ex-serving personnel and their families face. The report also contained a number of recommendations for policy makers, which the Legion is pursuing.

Further details on the services provided, how you can refer for assistance or look to become involved with volunteering for TRBL can be found by visiting our website at [www.rbl.org.uk](http://www.rbl.org.uk) or by calling our contact centre on **0808 802 8080**.

For residents outside the UK please call **+44 (0)20 3376 8080**. For residents in the Republic of Ireland please call **1800 992 294**.

<b>BRIEFING</b>	<b>TO:</b>	Health and Wellbeing Board
	<b>DATE:</b>	21 <sup>st</sup> October 2020
	<b>LEAD OFFICER</b>	<p>Anne Marie Lubanski Strategic Director of Adult Social Care, Housing and Public Health Rotherham Metropolitan Borough Council</p> <p>Becky Woolley Policy Officer Rotherham Metropolitan Borough Council</p>
	<b>TITLE:</b>	Refresh of Health and Wellbeing Board priorities: progress update

### Background

- 1.1** It was agreed that the Health and Wellbeing Board would refresh priorities, taking into consideration the impact of COVID-19 and evidence regarding health inequalities.
- 1.2** A development session was held in September 2020 which was facilitated by the LGA. Prior to this session, there was also a period consultation with Health and Wellbeing Board members and consideration at Health Select Commission regarding the priority refresh. Key aspects of feedback included that:
- COVID-19 has led to new cohorts of people being vulnerable. There is a need to continue to develop our understanding of the impact that the pandemic is having on these groups, as well as the rest of the population.
  - Action needs to be focussed around health inequalities and the wider determinants of health.
  - There should be a targeted focus on a small number of priority areas with an understanding that the system is already under pressure due to the ongoing response to the pandemic.
  - The Marmot principles should underpin the refresh of priorities.
- 1.3** The feedback from the consultation and the development session is being used to inform the development of the plan.

### Key Issues

- 2.1** In discussion with board members, it was recommended that the existing aims of the strategy remain relevant and should still be the overarching outcomes that the board is working towards. These are:
- Aim 1: All children get the best start in life and go on to achieve their full potential
  - Aim 2: All Rotherham people enjoy the best possible mental health and wellbeing and have a good quality of life
  - Aim 3: All Rotherham people live well for longer
  - Aim 4: All Rotherham people live in healthy, safe and resilient communities

**2.2**

<p><b>2.3</b></p> <p><b>2.4</b></p>	<p>The action plan will therefore be structured around the four aims with the underpinning priorities and milestones refreshed.</p> <p>A number of key issues emerged from consultation with board members and the development session. Some of the issues raised included:</p> <ul style="list-style-type: none"> <li>• Healthy weight for both children and adults, particularly in the context of the link between obesity and an increased risk from COVID-19.</li> <li>• Physical activity and the opportunity to build on positive behavioural change.</li> <li>• The impact of the pandemic on mental health for all groups, including children and young people.</li> <li>• Loneliness and opportunities to support connectedness, including through engagement with culture and the arts.</li> <li>• Support for carers, including a new cohort of people with caring responsibilities.</li> <li>• Disruptions to education and the impact on children and young people.</li> <li>• The economic impact of the pandemic, particularly on widening health inequalities.</li> </ul> <p>Consideration of these issues has informed the ongoing development of the action plan.</p>
<p><b>Key Actions and Relevant Timelines</b></p>	
<p><b>3.1</b></p> <p><b>3.2</b></p> <p><b>3.3</b></p> <p><b>3.4</b></p>	<p>Progress is being made to develop the Health and Wellbeing Board action plan. This has included consideration of alignment with other key plans and strategies such as the Integrated Care Partnership Place Plan. The refreshed action plan will be reviewed at the Health and Wellbeing Board meeting on 11<sup>th</sup> November.</p> <p>It is proposed that the plan runs to June 2021. This will ensure alignment with the Council's Year Ahead Plan as well as the Rotherham Together Partnership Year Ahead Plan. This also addresses feedback in the development session that it would be appropriate to focus on a shorter-term period due to the rapidly changing situation.</p> <p>In terms of format, there will be a brief narrative preceding the plan. This will include reference to the ongoing response to the pandemic and the fact that as a partnership, there is a need to be agile and responsive to emerging needs.</p> <p>To monitor the plan, it is recommended that an update on two of the aims comes to every board meeting.</p>
<p><b>Implications for Health Inequalities</b></p>	
<p><b>4.1</b></p> <p><b>4.2</b></p>	<p>It is proposed that the board takes an iterative approach to monitoring health inequalities in relation to the pandemic and the refresh of priorities. Alongside the plan will be an initial analysis of health inequalities. This will lay the foundation for a more detailed review of the impact of COVID-19 on our local population.</p> <p>It will also become a requirement for all board papers to include analysis of the implications for health inequalities.</p>
<p><b>Recommendations</b></p>	
<p><b>5.1</b></p> <p><b>5.2</b></p>	<p>Note the update on progress to refresh the board's priorities.</p> <p>Discuss the key issues and provide any comments on the approach to refreshing priorities.</p>