



Rotherham
Safeguarding Adults

Rotherham **Safeguarding** Adults Board

2016 2017 Annual Report

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

Keeping people safe from abuse is everyone's business

Work together to prevent abuse

Knows what to do when abuse happens

Introduction by Sandie Keene CBE

Rotherham Safeguarding Adults Board Independent Chair



During 2016/17 all the agencies in Rotherham continued their commitment to improve Adult Safeguarding in the

Borough and to build on previous progress.

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

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

During the last year we have achieved many of our goals. We have listened to those who have experienced safeguarding enquiries, agreed our constitution, launched our website accompanied by leaflets and a poster, agreed our performance dashboard where agencies can come together and

hold each other to account, developed policy and procedure for staff to understand what is expected and completed 2 Safeguarding Adult Reviews to enable learning and action planning where we have fallen short of expected standards in the past. This report contained more detail of these and other successes in the year.

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

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

Sandie Keene CBE

Rotherham Safeguarding Adults Board
Independent Chair

Message from Councillor David Roche

Chair of the Health and Wellbeing Board



This Safeguarding Annual Report for 2016/17 gathers safeguarding information and evidences the true

collabrative work from all partners of the Rotherham Safeguarding Adults Board. Strong partnership working ensures that safeguarding is at the forefront of all our agendas.

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

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

Councillor David Roche

Adult Social Care and Health



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

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

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

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

Who is at risk?

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

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

What is abuse?

Abuse can be:

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

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

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



Harm is defined in the Care Act as:-

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

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

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

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

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

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

Physical – for example; hitting

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

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



Rotherham Safeguarding Adults Review of 2016/17

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

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

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

Rotherham Safeguarding Adults Review of 2016/17

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

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

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

Rotherham Safeguarding Adults Review of 2016/17

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

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

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

Rotherham Safeguarding Adults Review of 2016/17

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

Mission Statement

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

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



Objectives

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

Charter

We will:

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

Looking forward to 2017/18

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

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

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

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

These are:

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

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

Performance and Quality

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

Training and Development

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

Making Safeguarding Personal (Policy and Practice)

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

Looking forward to 2017/18

Safeguarding Adults Review

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

Deprivation of Liberty's

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



Key Partnership Contributions 2016-17

Rotherham Metropolitan Borough Council

Safeguarding Adults Investigation Team:

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

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

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

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

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

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

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

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

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

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

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

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

Case Outcome:

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

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



Contract Compliance Team:

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

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

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

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

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

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

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

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

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



Vulnerable Persons Team:

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

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

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

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

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

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

Case Study

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

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

Actions

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

Outcome

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

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

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

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

The official figures indicate that hospitals and care homes in England made 195,840 DoLS applications in 2015-16 (the highest number since the Deprivation of Liberty Safeguards were introduced in 2009), 30% more than the 137,540 applications the previous year and more than 14 times the 13,700 applications in 2013-14 (the year prior to the judgment. The official figures also show an increasing number of Deprivation of Liberty Safeguards referrals being left unassessed

and statutory time-scales being routinely breached; in England, only 43% of the 195,840 Deprivation of Liberty Safeguards cases referred to local authorities during 2015/16 were completed during the year and of those only 29% were completed within the 21-day time limit set in regulations.

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

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

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

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

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

Domestic Abuse Service:

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

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

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

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

Case Study

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

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

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

Rotherham NHS Foundation Trust:

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

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

Achievements to support this within TRFT:

Training

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

Partnership Working

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

Support

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

Governance

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

Development

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

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



Case Outcome:

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

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

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

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

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

NHS England Yorkshire and Humber

NHS England responsibilities in relation to direct commissioned services

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

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

Sharing learning from safeguarding reviews

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

safeguarding newsletter for pharmacists has been circulated across Yorkshire and the Humber and one for optometrists and dental practices was developed and sent out in March 2017.

Safeguarding Serious Incidents

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

Training and Development

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

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

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

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

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

Assurance of safeguarding practice

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

Learning Disabilities Mortality Review (LeDeR) Programme

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

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

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

LeDeR involves:

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

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

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

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

Prevent

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

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

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

organisations e.g: CCGs under the new statutory duty.

Pressure Ulcers – “React to Red”

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



NHS Rotherham Clinical Commissioning Group – RCCG

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

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

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

Achievements for NHSR CCG have been:

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

Responsibility for Safeguarding

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

Safeguarding Adult Board Contribution

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

Governance arrangements

The following governance arrangements are embedded within the organisation;

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

The Safeguarding governance structure and reporting arrangements are shown below



Oversight of safeguarding cases

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

Safeguarding Adults Training

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

- multi agency training
- single agency training
- clinical supervision

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



Prevention in Safeguarding Adults

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

Action plans are devised following recommendations from:

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

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

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

Future intentions

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

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

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

Expanding on the holistic approach of 'think family'.

South Yorkshire Fire and Rescue Service (SYFR):

Governance

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



Case Management & Policy

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

Safeguarding Boards

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

Developments

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

Training

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

Case Study: John

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

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

Environmental Health Services had cleared the property again and had thrown all household items away; even carpets had been removed. The occupier had no bed, clothes or bedding, the only clothes that he had were clothes that had been donated to him by the Care Home. The gentleman attended the multi-agency meeting

and it was agreed by all that his health had greatly improved he had put on weight and was no longer as frail as he previously had been in addition to this he had abstained from drinking alcohol and was now socialising with other residents.

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

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



South Yorkshire Police:

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

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

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

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

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



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

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

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

Rotherham Voluntary and Community Sector:

Achievements:

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

Learning and development

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

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

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

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

Safer Rotherham Partnership:

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

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

The six responsible authorities are:

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

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

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

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

Achievements

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

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

Key Indicators

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

Key Facts and Figures

A Concern

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

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

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

The safeguarding duties apply to an adult who:

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

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

Section 42 Enquiry

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

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

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

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

Decision Making Meeting (DMM)

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

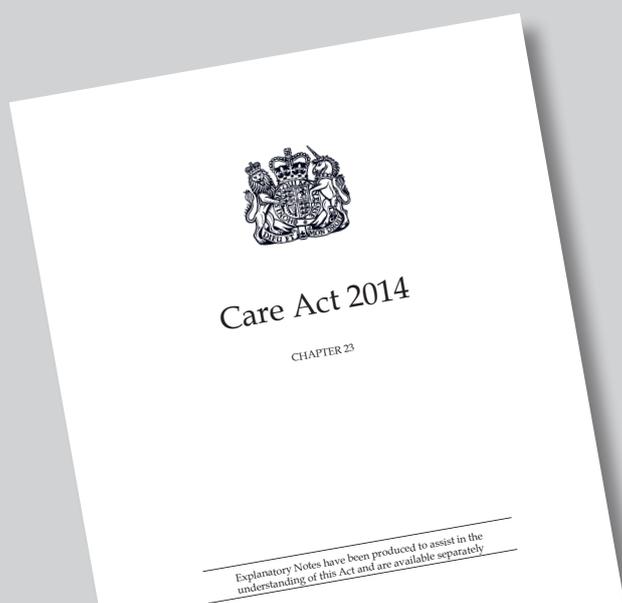
This meeting may be held virtually, to ensure it happens in a timely manner.

Outcomes Meeting

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

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

54 Outcome Meetings Convened 2016-17



Safeguarding Adults Review (SAR)

A Safeguarding Adults Review must be carried out if

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

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

Number of SAR's Commissioned 2016-2017

1 SAR was commissioned in 2016/17.
Unpublished. (A/2016 Margaret)

Number of SAR's Completed 2016-2017

1 SAR was completed in 2016/17.
Unpublished. (Phyllis)

SAR Phyllis

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

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

Findings/Recommendations

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

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

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

Mental Capacity Act and Deprivation of Liberty Safeguards

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

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

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

The Context of Safeguarding in Rotherham – 16/17 data

Demographics

19%

of population aged over 65.

41%

increase in 85+ population in past 15 years.

59%

of safeguarding concerns relate to people over 65.

62%

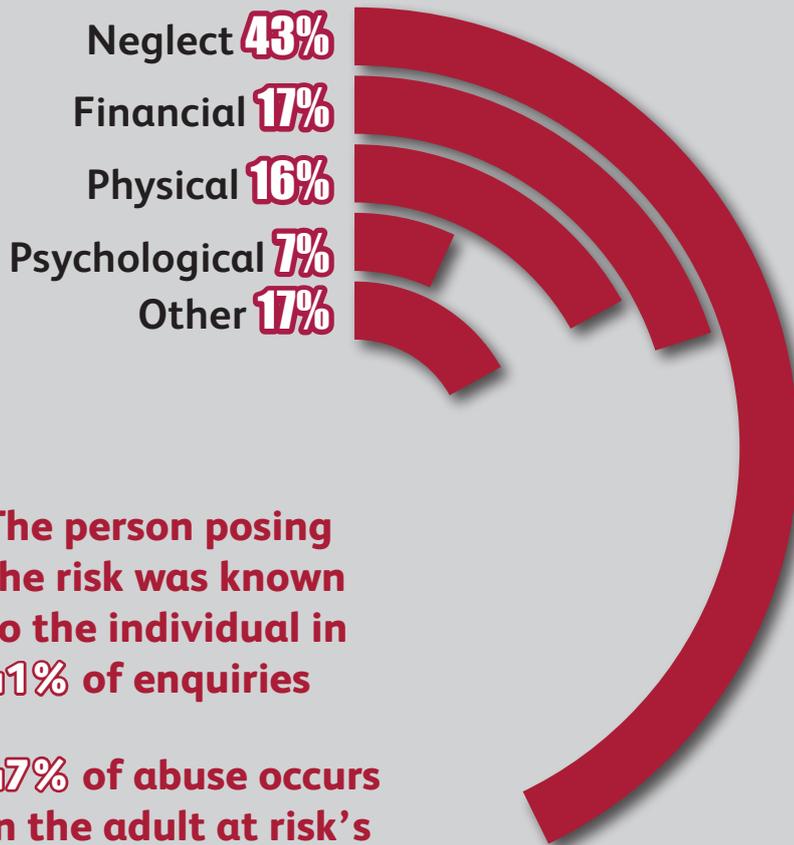
of safeguarding enquiries relate to female adults.

37%

of safeguarding enquiries relate to younger adults.

Abuse and Location Analysis

The pattern of abuse:



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

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

42% of abuse occurs in care homes

Risk Assessment

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

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

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

1128 DoLS applications received.

MSP



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



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

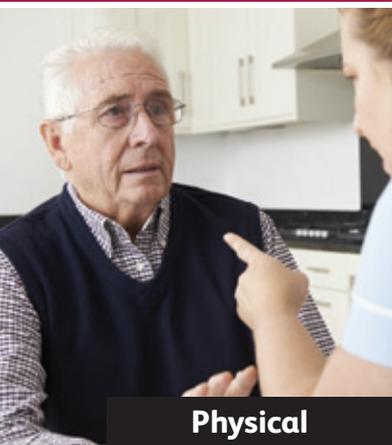
Rotherham Safeguarding Adults Board Attendance

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

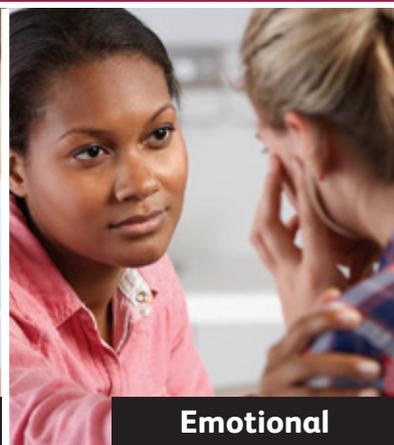




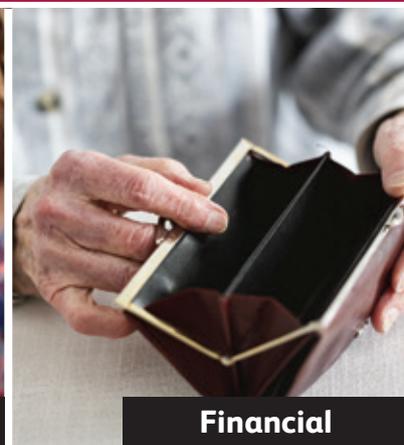
Do you know the signs of adult abuse?



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**



