NHS Rotherham Clinical Commissioning Group

Operational Audit, Quality and Assurance Group 22.10.2015

NHS Rotherham CCG Safeguarding Vulnerable Clients Annual Report 2014/2015

Lead Executive:	Sue Cassin, Chief Nurse NHS Rotherham Clinical Commissioning Group (CCG)
Lead Officer:	Catherine Hall, Head of Safeguarding, NHS Rotherham CCG Kirsty Leahy, Safeguarding Adults and Quality Lead
Lead GP:	David Clitherow NHS RCCG Children Lead up to September 2015, Richard Cullen Children Lead from September 2015 Lee Oughton, NHS RCCG Named GP Safeguarding.

Purpose:

The Safeguarding Vulnerable Clients Annual Report provides an overview of key issues and activities taking place across the Rotherham health economy in relation to safeguarding.

The report takes into account the safeguarding annual reports of the two major health providers in Rotherham namely, The Rotherham NHS Foundation Trust (TRFT) and Rotherham Doncaster and South Humber NHS Foundation Trust (RDaSH).

In addition the expectations of Rotherham Local Safeguarding Children Board (RLSCB) are incorporated into Rotherham health commissioners reporting and planning process. Unfortunately at the time of presenting this annual report Rotherham Safeguarding Adults Board (RSAB) has still not published its annual report.

Background:

As stated in last year's annual report NHS Rotherham CCG, firmly believes that every person has the right to live a life free from abuse and neglect. NHS Rotherham CCG therefore continues to develop and improve its safeguarding agenda and in its Commissioning Plan 2015 – 2019 has included safeguarding as one of its four priorities. This has afforded NHS Rotherham CCG an amazing opportunity to raise the safeguarding agenda across the borough.

This report highlights that the adult safeguarding agenda has continued to progress in anticipation and recognition of the publication of the 'Care Bill'; now known as the Care Act 2014 (came into effect April 2015). The Care Act 2014 has brought about a number of statutory powers including participation in the Safeguarding Adults Board and Serious Case Reviews being mandatory when serious harm has occurred and parties have concerns that a safeguarding failure has played a part. NHS Rotherham CCG Chief Nurse and Safeguarding Adult and Quality Lead are active members in embedding the changes.

Following on from the two Domestic Homicide Reviews, on has an "adequate rating" from the Home Office and the second one is still waiting to be submitted

NHS Rotherham CCG has had to review its role as a commissioner of healthcare in light of the national outcry with regard to sexual exploitation and the Department of Health reviews into the sexual abuse committed on health premises by the late Jimmy Savile.

Within this report, the term vulnerable client is utilised to denote all children, young people or adults who are, or potentially are, vulnerable to abuse, maltreatment or neglect. However what must be noted is that the definition of a vulnerable adult has altered in line with the Care Act

2014. This is to alter the words vulnerable adult to that of a person aged 18 years and over who is an 'adult at risk of harm or abuse, who has care and support needs (whether or not the Local Authority is meeting any of those needs) and is experiencing, or is at risk of abuse or neglect and is unable to protect themselves'.

This report provides information on safeguarding for the period 2014 to 2015 and NHS Rotherham CCG vision and objectives for the period for 2015 to 2016.

The paper takes the opportunity to highlight areas that require further attention by NHS Rotherham CCG.

Analysis of key issues and of risks

The Care Quality Commission (CQC) visited NHS Rotherham CCG in February 2015 to undertake Rotherham's Children Looked After and Safeguarding (CLAS) review. The report with 24 associated recommendations was published 14 July 2015. The CLAS Action Plan will set the workload and pace of change for NHS Rotherham CCG for the future. The work is being led by NHS Rotherham CCG Head of Safeguarding and includes all relevant partners. It is the responsibility of NHS Rotherham CCG to ensure that actions are co-ordinated and work across the health economy. This is a major ask but we are aware that working together is crucial to safeguarding children.

Following the release of the Alexis Jay Report (2014) Independent Inquiry into Child Sexual Exploitation In Rotherham, and the Ofsted Inspection report: Inspection of Services for Children In Need of Help and Protection, Children Looked After and Care Leavers and Review of the Effectiveness of the Local Safeguarding Children Board on the 19 November 2014, Rotherham Metropolitan Borough Council (RMBC) acknowledged further development of the Multi-Agency Safeguarding Hub (MASH) was essential, and commissioned a Project Lead to move this forward. NHS Rotherham CCG responded positively to the need for a proactive MASH in Rotherham and seconded two senior posts for 1 year to consider what is required from a proactive health care service.

NHS Rotherham CCG remains committed to ensuring that health providers adequately train their workforce; this task remains problematic in safeguarding adults as there remains no national direction. In addition NHS Rotherham CCG has driven the training agenda forward with regard to Child Sexual Exploitation, Mental Capacity Act and Prevent awareness.

NHS Rotherham CCG employs a Designated Doctor and Designated Nurse to assist them in fulfilling their responsibilities as commissioner of services to improve the health of Looked After Children (LAC). These roles are strategic and are expected to work closely with health providers, Local Authorities and health care planners and commissioners to promote the welfare of LAC locally and out of area. Increases in the number of children coming into the care system are causing capacity issues within the health system; in particular with initial health assessments. Short term measures have included additional clinics during summer 2015 with longer term measures being considered. In addition Care Leaver provision has been highlighted by CQC in the CLAS inspection 2015. LAC and Care Leavers provision will require a concerted effort in 2015/2016.

Huge challenges remain around how agencies work together to safeguard the public, NHS Rotherham CCG will never be complacent in its commitment to the people of Rotherham. This is clearly demonstrated by safeguarding being one of its four high level priorities in its five year commissioning plan. In addition the commitment of senior managers in NHS Rotherham CCG to the Safeguarding Boards, Health and Wellbeing Board and the Rotherham Improvement Board remains high.

Patient, Public and Stakeholder Involvement:
All health safeguarding leads have contributed to the report. RLSCB, RSAB stakeholder involvement has been sought in the production of this report.
Equality Impact:
There is no adverse impact on service users or staff in relation to this report.
Human Resource Implications:
Depending upon what happens with the Multi Agency Safeguarding Hub health seconded posts conclude in January 2016 the Designated Nurse and Named GP capacity will need considering.
Approval history:
22.10.2015 Operational Audit, Quality and Assurance Group Rotherham Safeguarding Adults Board (to be sent when agreed) Rotherham Local Safeguarding Children Board (to be sent when agreed) South Yorkshire and Bassetlaw NHS England Area (to be sent when agreed)
Recommendations:
The Group is requested to: • Note receipt of NHS Rotherham CCG Safeguarding Vulnerable Clients Annual Report. • Agree to share with partner agencies (including South Yorkshire & Bassetlaw NHS England Area Team) and publish the Safeguarding Vulnerable Clients Annual Report on RCCG internet site. • Agree the strategic objectives for 2015/2016.

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NHS
Rotherham
Clinical Commissioning Group

Safeguarding in Rotherham

NHS Rotherham Clinical Commissioning Group

Annual Report 2014/2015

Your life, Your health

CONTROL RECORD			
Title	Safeguarding in Rotherham, NHS Rotherham Clinical Commissioning Group, Annual Report 2014/2015		
Reference	NHS Rotherham Clinical Commissioning Group (NHS Rotherham CCG)		
Purpose	NHS Rotherham CCG undertake and report annually on their commissioning role with regard to the safeguarding of vulnerable clients in Rotherham. The report takes account of future national change drivers and the need locally to continually improve health services commissioned by NHS Rotherham CCG. This report includes the Annual Safeguarding Children and Adults Reports from the two major commissioned health providers in Rotherham, The Rotherham NHS Foundation Trust (TRFT), and Rotherham Doncaster and South Humber NHS Foundation Trust (RDaSH). In addition, the expectations of Rotherham Local Safeguarding Children Board (RLSCB) and Rotherham Safeguarding Adults Board (RSAB) are incorporated into the NHS reporting and planning process.		
Audience	All NHS Rotherham CCG staff, NHS England Yorkshire and Humber, safeguarding leads, provider and partner organisations including Rotherham Local Safeguarding Children Board (RLSCB) and Rotherham Safeguarding Adults Board (RSAB)		
Issue	1	**Issue date**	September 2015
Owner	NHS Rotherham Clinical Commissioning Group		
Author	NHS Rotherham CCG Safeguarding Team		
Superseded Documents	Rotherham Clinical Commissioning Safeguarding Vulnerable Clients Annual Report 2013/2014 (October 2014)		
Main changes from previous versions	Working Together (2015) and Safeguarding Children and Young People: Roles and Responsibilities for Health Care Staff, Royal Colleges Intercollegiate Safeguarding Competencies (March 2014) have been published and are taken into account. Child Sexual Exploitation has become a national issue of significant concern (Alexis Jay 2014 and Louise Casey 2015) and therefore plays a fuller role in this report. Care Act 2014 has been implemented, receiving Royal assent April 2015.		
Groups Consulted	RLSCB, RSAB. NHS Rotherham CCG Operational Risk Governance and Quality Management Group. Yorkshire and Humber NHS England Area Team.		
Approved by	Audit and Quality Assurance Committee Rotherham Safeguarding Adults Board Rotherham Local Safeguarding Children Board Yorkshire and Humber NHS England Area Team	**22.10.2015**	
Target audience	All NHS Rotherham CCG staff, multi-agency safeguarding leads and staff from provider organisations		
Distribution list	All NHS Rotherham CCG staff, safeguarding leads and staff from provider organisations		
Method	Intranet ✓ Other ☐		
Access	Open Access		

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1. INTRODUCTION

1.1 This is the third annual report for Safeguarding Vulnerable Clients for NHS Rotherham Clinical Commissioning Group (NHS Rotherham CCG). This report demonstrates NHS Rotherham CCG's continued commitment to safeguarding and promoting the welfare of all residents in the Rotherham Borough who are at risk. It further provides information about how NHS Rotherham CCG carries out its statutory safeguarding roles and responsibilities.

1.2 As stated in last year's annual report (13/14) NHS Rotherham CCG firmly believes that every person has the right to live a life free from abuse and neglect. With this in mind NHS Rotherham CCG will continue to develop their safeguarding agenda and will include safeguarding as one of four priorities in its Rotherham CCG Commissioning Plan 2015 to 2019 Your Life, Your Health. In addition to this commitment the sexual exploitation agenda will continue to evolve in light of the Alexis Jay (2014) and Louise Casey (2015) reports and the Department of Health review of forty four reports into the alleged sexual abuse committed on health premises by the late Jimmy Savile. Monitor (March 2015) has written to all NHS Foundation Trusts to assess the relevance of the recommendations to their organisation and requested a progress report from providers by 15 June 2015.

1.3 Within this report, the term vulnerable clients will be utilised to denote all children, young people or adults who are, or potentially are, vulnerable to abuse, maltreatment or neglect. This report will provide information on safeguarding for the financial year 2014 to 2015 and NHS Rotherham CCG's vision and objectives for the period for 2015 to 2016.

1.4 This report provides assurance that health services commissioned by NHS Rotherham CCG within the Borough are working collaboratively to safeguard vulnerable clients. It demonstrates their on-going commitment of ensuring that vulnerable clients are safe and receive the highest possible standard of care. The report also includes interim information on the Care Quality Commission review of Children Looked After and Safeguarding (CLAS) in Rotherham undertaken 23 to 27 February 2015.

1.5 Whilst the responsibility for coordinating safeguarding arrangements across Rotherham lies with Rotherham Metropolitan Borough Council (RMBC), effective safeguarding is based on a multi-agency approach. NHS Rotherham CCG is a willing multi-agency safeguarding partner and has robust governance arrangements in place to ensure that its own safeguarding structures and processes are effective; and that the agencies from which NHS Rotherham CCG commission services meet the required standards. This is demonstrated in adherence to Section 11 Children Act 2004 Self-Assessment Audit (April 2015).

1.6 This annual report will set out the current national and local context for safeguarding, the key achievements of 2014/15 and the challenges anticipated in 2015/2016.

2. NATIONAL CONTEXT AND DRIVER FOR SAFEGUARDING QUALITY

2.1 Nationally, the following policies and guidance have a direct impact on safeguarding vulnerable people and as such are taken into account in the delivery of NHS Rotherham CCG services and in the rationale for directing future services. Safeguarding vulnerable clients from abuse and other types of exploitation is everybody's business and requires strong partnerships between local care and

support organisations, communities and individuals. All clients using health care services should be supported to maintain control over their lives and to make informed choices about health care treatments and arrangements even when their abilities to make decisions may be impaired:

2.1.1 Working Together to Safeguard Children (2015)

2.1.2 The Protection of Children in England: A Progress Report 2011

2.1.3 Children Act 2004 (specifically section 11 and 13)

2.1.4 National Service Framework for Children Young People and Maternity Services:

2.1.5 Care Quality Commission Essential Standards (specifically standard 5)

2.1.6 General Medical Council (2012) Safeguarding Children

2.1.7 Department of Health, No Secrets – Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse, March 2000

2.1.8 Mental Capacity Act 2005

2.1.9 Deprivation of Liberty Safeguards (DoLS) 2009

2.1.10 Safeguarding Vulnerable People in the NHS: Accountability and Assurance Framework' (NHS England June 2015)

2.1.11 United Kingdom Counter Terrorism Strategy CONTEST 2003 revised 2011 (Prevent Agenda)

2.1.12 Health and Social Care Act 2012

2.1.13 Safeguarding Adults (ADASS) 2005

2.1.14 Safeguarding Vulnerable Groups Act 2006, (implemented October 2009)

2.1.15 Care Act 2014

2.2 The non-statutory Safeguarding the Vulnerable People in the NHS Accountability and Assurance Framework (2015) states that CCG's responsibilities as commissioners of local health services, need to assure themselves that the organisations from which they commission have effective safeguarding arrangements in place and that they secure the expertise of Designated Professionals on behalf of the local health system. It should be recognised that the Designated Professionals and Adult Safeguarding Leads undertake a whole health economy role. Table 1 highlights those responsibilities and RCCG compliance.

Table 1 CCG Responsibilities RAG Rated

CCG Responsibilities 2014/2015	RAG Rate*
Having clear lines of accountability for safeguarding	GREEN
Being a statutory partner of the Local Safeguarding Children Board (LSCB)	GREEN
Co-operating with the Local Authority in the operation of the Local Safeguarding Adult and Health and Wellbeing Boards	GREEN
Having sufficient access to Designated Doctors and Nurses for Safeguarding Children, for Looked After Children and a Designated Paediatrician for unexpected deaths in childhood**	AMBER
Having clear plans to train CCG staff in recognising and reporting safeguarding issues	GREEN
Ensuring effective arrangements for information sharing are in place	GREEN
Obtaining assurances from all commissioned services in relation to them having effective safeguarding arrangements in place.	GREEN

Key to Table 1

**GREEN = On target*

**AMBER = Off target with remedial action*

**RED = Work has yet to be started/progressed*

*** Capacity for Designated posts is published in Intercollegiate Doc 2014 in addition see Section 7 and 16 of this report for Rotherham specific challenges.*

2.3 Safeguarding vulnerable clients is one of four key priorities in NHS Rotherham CCG Commissioning Plan 2015 - 2019, Your Life, Your Health. The CCG continues to strive to develop aspects of working in partnerships, enabling the provision of robust safe and high quality services for all, but particularly for the most vulnerable. NHS Rotherham CCG Chief Nurse and Chief Officer are active partners on Rotherham Metropolitan Borough Council (RMBC) Improvement Board. The Improvement Board was set up following the Louise Casey Report (2015). Development of dynamic and collaborative partnerships locally is key to improving the quality of practice and patient safety across the footprint of Rotherham's health economy and will continue over the coming year.

2.4 NHS Rotherham CCG has embraced its duty to be an active member of the Local Safeguarding Children Board (LSCB) and Safeguarding Adults Board (SAB); NHS Rotherham CCG attends Board meetings and participates in their sub-groups as appropriate. In addition from 1 April 2015 NHS Rotherham CCG has been an active member of Yorkshire and Humber NHS England Area Team (Y&H NHSE AT) Safeguarding Forum.

2.5 This means that Y&H NHSE AT and NHS Rotherham CCG have worked closely together, and in turn with Local Authorities, Local Safeguarding Children Boards (LSCBs) and Safeguarding Adults Boards (SABs) to ensure that there are effective NHS safeguarding arrangements across the health communities. This co-operative and joint approach has included: A national CSE training event in September 2014 and 4 Rotherham wide CSE training events in February 2015, resulting in a total of 1,149 staff being trained at these 2 events. A CSE Pocket Guide was developed and launched which has received national recognition.

2.6 The statutory provision for safeguarding adults at risk in England and Wales remains a challenge. The Care Act 2014 came into force on the 1 April 2015 and is the most significant reform to care and support in 60 years. In terms of safeguarding, The Care Act 2014 sets out a clear legal framework for how

providers should protect adults at risk of abuse and/or neglect and has a clear emphasis on promoting wellbeing. It now also incorporates three new categories of abuse (making 10 categories in total):

2.6.1 Domestic Violence, including honour based violence,

2.6.2 Modern Slavery, including human trafficking,

2.6.3 Self-neglect.

2.7 The Care Act 2014 has brought about a number of statutory powers that include the participation in the Safeguarding Adults Board and the reporting and publication of Serious Case Reviews being mandatory when serious harm has occurred and parties have concerns that a safeguarding failure has played a part. NHS Rotherham CCG Chief Nurse and Safeguarding Adult and Quality Lead are active members in embedding the changes.

2.8 Case law continues to drive the adult at risk agenda and areas such as the Mental Capacity Act 2005 and Best Interest Decisions and Deprivation of Liberties Safeguards will continue to drive up standards.

2.9 The Care Act 2014 has altered terminology from vulnerable adult to a definition 'of an adult at risk of harm or abuse'. Adults are people aged 18 years and over. In addition the adult under review also needs to have "care and support needs, whether or not the Local Authority is meeting any of those needs and is experiencing, or is at risk of abuse or neglect and is unable to protect themselves because of their care and support needs".

2.10 Prior to the Care Act 2014 there have been a number of significant changes in the wider world of adult safeguarding including:

2.10.1 The Care Act 2014 (came into effect April 2015),

2.10.2 Implementation of the Mental Capacity Act (2005),

2.10.3 Changes and developments in domestic violence legislation,

2.10.4 Developments in how hate crime is recognised and responded to,

2.10.5 High profile media coverage and enquiries into the treatment of vulnerable people in health and care settings,

2.10.6 Changes in the Care Quality Commission inspection agendas,

2.10.7 Developing and embedding of Healthwatch arrangements, and

2.10.8 Increasing demand for public services and a squeeze on public sector spending.

2.11 Conversely legislation around safeguarding children is relatively well established. The national definition of a child is "Anyone who has not yet reached their 18th birthday" (Working Together to Safeguard Children 2015). The maltreatment of children, physically, emotionally, sexually or through neglect can have major long-term effects on health, development and wellbeing. It is therefore incumbent upon the health economy to identify and intervene at the earliest opportunity to reduce the impact of abuse.

2.12 An area that continues to emerge and create challenges for NHS Rotherham CCG is in protecting children and young people from Child Sexual Exploitation (CSE). CSE is recognised nationally as one of the most challenging areas facing all agencies today. Research indicates that CSE can have a serious long term and lasting impact on every aspect of a child or young person's life including their health, physical and emotional wellbeing, educational attainment, personal safety,

relationships, and future life opportunities, including their capacity to parent. The human cost as well as the financial cost can be immense.

2.13 Sexual Exploitation is more prevalent, and more devastating than many professionals were prepared to recognise. For example in 2013 a total of 2,900 rapes or attempted rapes of children under the age of 13 were recorded in England, Wales and Scotland, equivalent to eight every day; and still practitioners find it difficult to support victims in breaking that cycle. Following the Alexis Jay Report (2014), Louise Casey Report (2015) and the Department of Health report into the activities across the NHS of Jimmy Savile (February 2015), Rotherham health economy has been committed to learning lessons and working in partnership to support victims and prevent future victims from being drawn into this devastating cycle.

2.14 NHS Rotherham CCG is signed up with partners to the achievement of the five point Barnardo's Checklist:

2.14.1 Professionals are trained to spot the signs of CSE.

2.14.2 There is a system in place to monitor the numbers at risk of CSE locally.

2.14.3 A multi-agency strategy is being developed to tackle CSE.

2.14.4 There a lead person with responsibility for coordinating multi-agency responses.

2.14.5 Children are able to access specialist support for those at risk of CSE.

2.15 NHS Rotherham CCG has statutory responsibilities with regard to Looked After Children and Care Leavers. Evidence shows that Looked After Children and Care Leavers (LAC and CL) share many of the same health risks and problems as their peers, but often to a greater degree. They often enter the care system with a worse level of health than their peers, in part, due to the impact of poverty, poor parenting and chaotic lifestyles. NHS Rotherham CCG Safeguarding Team therefore continues to work closely with the Rotherham NHS Foundation Trust (TRFT) LAC and CL Team and RMBC Public Health to ensure that their wider health needs are met alongside their specific individual health needs.

3. LOCAL CONTEXT

3.1 Rotherham is one of four metropolitan boroughs in South Yorkshire, covering an area of 118 square miles with a population of 258,700 (2013 mid-year estimate). The population of Rotherham increased by 10,400 (4.2%) between 2001 and 2013 and the Rotherham Demographic Profile 2013 projections suggest that Rotherham's population will be 259,900 with an increase of 9,200 expected over the next ten years, reaching 269,100 by 2014. This projection increase will result from a combination of rising life expectancy, natural increase (more births than deaths) and migration into the Rotherham Borough. Rotherham Demographic Profile 2014

3.2 According to the Index of Multiple Deprivation (IMD 2010) Rotherham is the 53rd most deprived out of 326 English districts, note that previously Rotherham had been 63rd in 2004 and 68th in 2007 before deteriorating in 2010. A third of Rotherham's population live in areas which are amongst the most deprived 20% in England, which has not changed since 2004.

3.3 Table 2 shows seven domains of the IMD 2010 and the proportion of Rotherham's population in the most deprived areas of England and identifies the three domains most challenging for Rotherham where Health and Disability is the highest.

Table 2 – Distribution of Rotherham's Population by IMD 2010 Domains

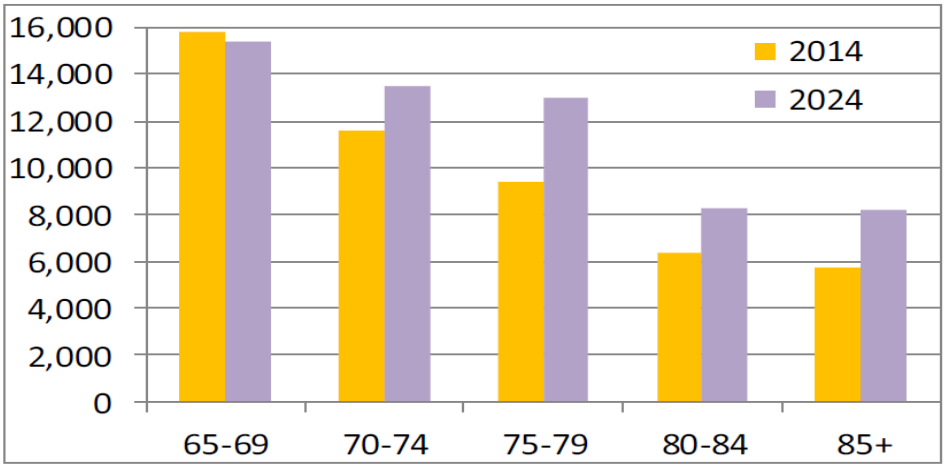
England:	10% Most Deprived	20% Most Deprived	50% Most Deprived
Health & Disability	33%	56%	97%
Education & Skills	24%	41%	74%
Employment	22%	38%	71%
Income	14%	30%	61%
Crime	11%	26%	67%
Environment	3%	6%	31%
Barriers to Housing and Services	0%	1%	12%

Source: Indices of Deprivation 2010

Note: The Indices of Deprivation 2015, which had been provisionally timetabled for publication in July, will be published in September. This change is for operational reasons, to allow additional time for production and quality assurance of the indices.

3.4 Table 3 displays the projected growth in the number of people over 65 equating to 20% over the next 10 years (2014-2024), from 48,000 to 58,400 and almost all of this growth will take place in people over 70 years. The number of people over 85 will increase over twice as fast as the over 65 rate, rising by 44% from 5,700 to 8,200 by 2024.

Table 3 – Projected Growth in the over 65 population from 2014 to 2024



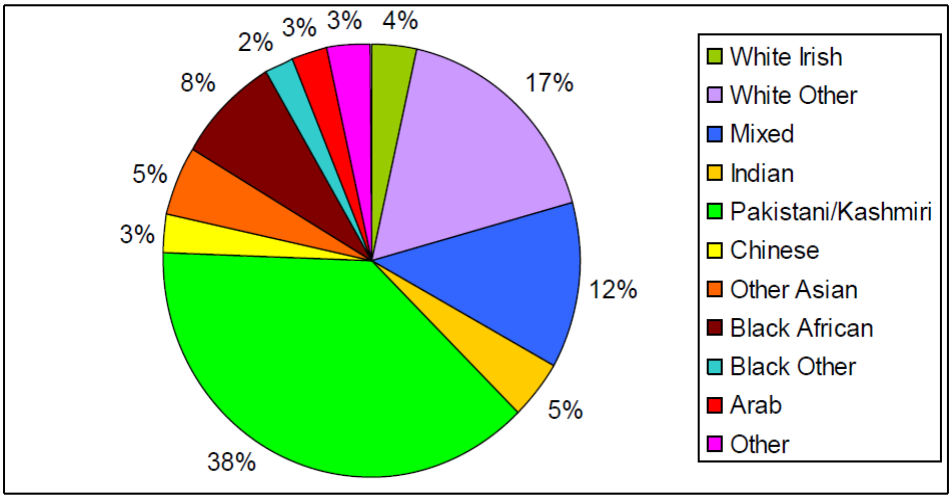
Source: 2012 Based Population Projections

3.5 There are 131.600 (50.9%) females and 127,100 (49.1%) males in Rotherham, which is a similar pattern to the national average. From the age of 65, there are more women than men in every year group, the ratio increasing gradually until there is a wide discrepancy. As people reach their late 70s and 80s – 2.9% of the female population are over 85 years compared to 1.4% of the male population.

3.6 The 2011 Census shows the Black or Minority Ethnic (BME) population to be 8.1% in Rotherham compared to 20.2% nationally (England). The BME definition (as in the 4.1% in 2001) is based on all those who are not of White British ethnicity, not just the non-white population. Currently the largest minority ethnic group remains Pakistani and Kashmiri (7,912) who together equate to 38% of the BME population in Rotherham. The fastest growing population has been Black African

communities and other new communities, including Eastern Europeans, have also settled in Rotherham. The Slovak and Czech Roma community is estimated at around 3,350 and 1,689 from EU Accession countries other than Poland, Lithuania and Romania. See Table 4.

Table 4 - BME Population Breakdown in Rotherham – 2011 Census



Source: 2011 Census

3.7 Cultural issues are being addressed with multi-agency partners across Rotherham to support different areas of the BME population. Safeguarding issues such as transient lifestyles, domestic abuse and sexual exploitation have been highlighted and communities have been engaged in reducing their impact. This approach enables all Rotherham residents to access services appropriately and to ensure that safeguarding issues are addressed efficiently. Areas such as radicalisation of vulnerable groups have been highlighted nationally as a safeguarding issue and as such NHS Rotherham CCG is working with health partners to raise awareness via the Prevent Agenda.

3.8 For Rotherham Joint Strategic Needs Assessment (JSNA) and the Rotherham Borough Joint Health and Wellbeing Strategy 2012-2015 provides information on the health and social care needs of the whole population, including those who have additional vulnerabilities.

3.9 The JSNA uses factual information and evidence to identify health and welfare needs and informs us that the main determinants of health inequalities include deprivation and worklessness, attainment and skills, low birth-weight, infant mortality and mental health, as well as lifestyle factors such as poor diet, obesity, smoking and alcohol use, teenage pregnancy and low levels of physical activity. It also highlights the on-going concerns relating to the increased demands due to the ageing population and caring responsibilities, in addition to Rotherham becoming a more culturally diverse population. This poses challenges for universal and targeted service delivery and potentially has a significant impact upon safeguarding.

3.10 The Health and Wellbeing Board has six agreed areas of priority and associated outcomes which present a desired state of what they want Rotherham to look like in three years:

Priority 1 - Prevention and early intervention
Outcome: Rotherham people will get help early to stay healthy and increase their independence.

Priority 2 - Expectations and aspirations
Outcome: All Rotherham people will have high aspirations for their health and wellbeing and expect good quality services in their community, tailored to their personal circumstances.

Priority 3 - Dependence to independence
Outcome: Rotherham people and families will increasingly identify their own needs and choose solutions that are best suited to their personal circumstances

Priority 4 - Healthy lifestyles
Outcome: People in Rotherham will be aware of health risks and be able to take up opportunities to adopt healthy lifestyles.

Priority 5 - Long-term conditions
Outcome: Rotherham people will be able to manage long-term conditions so that they are able to enjoy the best quality of life.

Priority 6 - Poverty
Outcome: Reduce poverty in disadvantaged areas through policies that enable people to fully participate in everyday social activities and the creation of more opportunities to gain skills and employment.

3.11 NHS Rotherham CCG are committed to working together with their providers and partners to support achieving these six priorities. NHS Rotherham CCG Safeguarding Plan on a page demonstrates how the 6 priority areas fit with the safeguarding objectives for 2015/2016, see Appendix 1, which provides NHS Rotherham CCG Safeguarding 2015/2016 Plan on a Page.

4. ACCOUNTABILITY AND STRUCTURE

4.1 The NHS Rotherham CCG Chief Officer is the executive lead for the NHS Rotherham CCG's safeguarding adults and children's agenda and has the responsibility for ensuring the contribution by health services to safeguarding and promoting the safety of vulnerable people. In addition, that safeguarding vulnerable clients practice is strongly embedded across the whole local health economy. This is operationally delivered through local commissioning arrangements. The Chief Officer is a member of the NHS Rotherham CCG Governing Body.

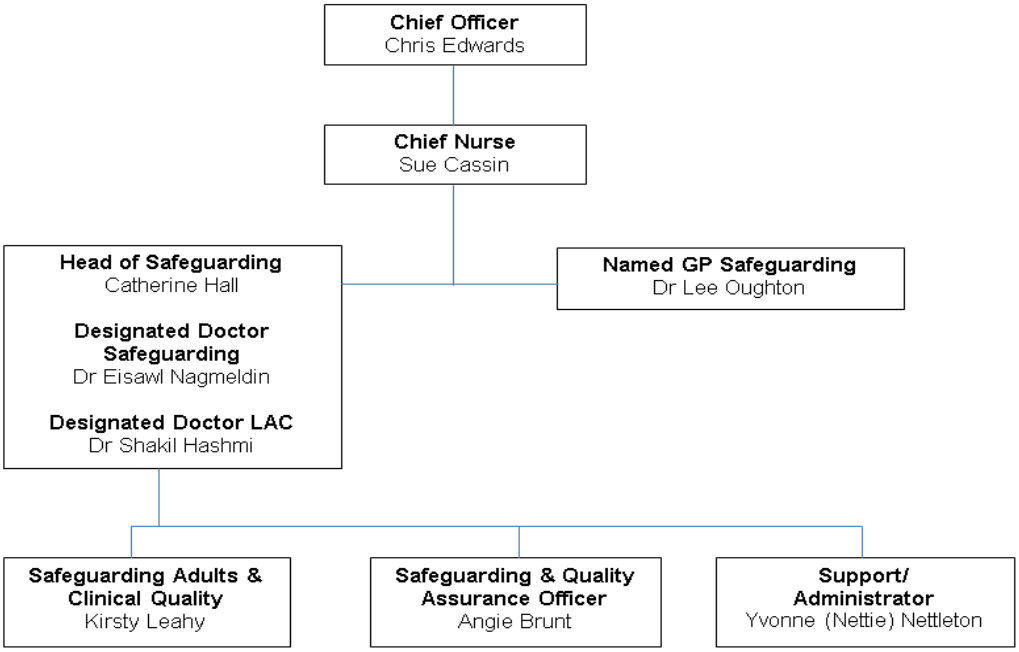
4.2 The Chief Nurse (who reports to the Chief Officer) is responsible for ensuring that the monitoring of safeguarding vulnerable clients across Rotherham takes place through the Commissioning Group's Governing Body and Rotherham's Safeguarding Adults Board (SAB)/ Local Safeguarding Children Board (LSCB) and for reporting any appropriate safeguarding risks or achievements to the Chief Officer and the NHS Rotherham CCG Governing Body. The Chief Nurse is a member of the NHS Rotherham CCG Governing Body.

4.3 NHS Rotherham CCG is co-located with other health colleagues in an office building, sharing accommodation with other NHS organisations at Oak House, Bramley and employs 71 staff. Every Rotherham General Practice is a member of the NHS Rotherham CCG and their decisions are on the commissioning of

healthcare are made by the NHS Rotherham CCG Governing Body.

4.4 NHS Rotherham CCG became authorised as a statutory NHS body from the 1 April 2013 when it formally took on the responsibility of commissioning health services for Rotherham residents and is led by local GPs who have day to day knowledge of the health problems that Rotherham residents face. As of 1 April 2015, NHS Rotherham CCG took on full delegation for Rotherham GP Practices. This has meant working closely with co-commissioning for ensuring safeguarding compliance.

Table 5 – NHS Rotherham CCG Internal Safeguarding Structure



4.5 NHS Rotherham CCG continues to be committed to safeguarding and promoting the welfare of all individuals. Table 5 above highlights NHS Rotherham CCG safeguarding governance structure. As a team they are responsible for taking the safeguarding agenda forward and ensuring that NHS Rotherham CCG fulfils its statutory safeguarding responsibilities providing a service that is fit for purpose. Following publication of the Royal Colleges Intercollegiate Documents 2014 challenges with capacity within NHS Rotherham CCG Safeguarding and Looked After Team has been highlighted. See Table 6 which depicts Named GP capacity in South Yorkshire and Bassetlaw as at 11 May 2015 and Table 14 - capacity within the LAC and CL Health Team.

Table 6 - Named GP Capacity in South Yorkshire and Bassetlaw as at 11 May 2015

Named GP	Barnsley Population 233,671	Bassetlaw Population 112,000	Doncaster Population 304,000	Sheffield Population 551,800	Rotherham, population of 258,400 (2012).
Children	*2 PAs	*Named professional band 7 x 0.1, plus a Named GP 1 PA	*2 PAs	*2 PAs	***0.1 WTE**
Adults	2 PAs	Named professional band 7 x 0.1	In the process of working a proposal up based around the children's capacity.	2 PAs	**0.1 WTE**
Total time	16 Hours	11 ½ hours	8 Hours children + adult proposal	16 hours	**7 ½ Hours**

** 2 Programmed Activities per week for Safeguarding Children (Intercollegiate 2014) for a population of 220,000. 1 PA equates to 4 hours.*

4.6 In the Ofsted Report on the effectiveness of the Local Safeguarding Children Board, Inspection date: 16 September – 8 October 2014, Report published: 19 November 2014. Rotherham received an overall judgement that children's services were inadequate - partner agencies, which includes health, were criticised and received very negative reviews on how Rotherham Multi Agency Safeguarding Hub (MASH) was not fit for purpose and that partners were not working together as well as expected.

4.7 A non-functioning MASH was not regarded as an option for any agency, health included. NHS Rotherham CCG therefore seconded and funded two fulltime employees to work within the MASH and establish for NHS Rotherham CCG as a commissioner of healthcare the most appropriate model for Rotherham.

5. MONITORING OF COMMISSIONED SERVICES

5.1 NHS Rotherham CCG has a range of measures in place for monitoring the services that they commission including through:

5.1.1 Contractual obligations which include Safeguarding Standards

5.1.2 Performance Management / Quality Assurance meetings and reporting

5.1.3 Reporting Section 11 Children Act 2004 compliance

5.1.4 Quality assurance of Annual Safeguarding Reports

5.2 Annual Safeguarding reports from provider health services are scrutinised and published. From a health perspective, internal scrutiny is via a Trusts own governance arrangements and externally via NHS Rotherham CCG Safeguarding Team and Rotherham Local Safeguarding Children Board and/or Rotherham Safeguarding Adults Board. This approach ensures that safeguarding is fully

embedded into provider's agendas and that any strengths or issues are transparent.

5.3 Provider annual reports all highlight a proactive approach to safeguarding vulnerable clients and all continue to focus on the drivers for change. These changes include legislative modifications such as those seen in cases where a client has been lawfully deprived of their liberty.

5.4 This is the first year that The Rotherham NHS Foundation Trust (TRFT) Annual Report 2014/2015 has incorporated all vulnerable clients and is a demonstration of the way safeguarding is progressing nationally. Whilst legal obligations are currently limited to safeguard vulnerable adults there is certainly an absolute acknowledgement of the need to protect all vulnerable people irrespective of age.

5.5 Below are related Rotherham Safeguarding Annual Reports:

5.5.1 RDaSH 2014-2015 Safeguarding Vulnerable Adults Annual Report

5.5.2 TRFT Safeguarding Annual Report - 2014-2015

5.5.3 RDaSH Safeguarding Children Annual Report 2014-2015

5.5.4 Bluebell Wood Children Hospice 2014 Assurance of Children's Vulnerable People Safeguarding Annual Report

5.5.5 Child Death Overview Panel Annual Report 2014-2015 (Delayed due to retirement of Chair, Section 7 provides further information and data)

5.5.6 The Rotherham Foundation Trust Looked After Children and Care Leaver Report 2014/2015

5.5.7 Rotherham Local Safeguarding Children Board Annual Report 2014/2015 (draft until November 2015)

5.5.8 Rotherham Safeguarding Adults Board (delayed due to changes in RMBC)

5.6 Contract review meetings are undertaken with all commissioned providers, utilising agreed contract-monitoring processes in which compliance is assessed and challenged. Compliance is monitored against the agreed activity, financial performance, quality outcomes, Commissioning for Quality and Innovation (CQUIN), incident and complaints reporting. Safeguarding Service Specifications are in place with clear performance indicators for Safeguarding Vulnerable Clients and children in care of the Local Authority (LA).

5.7 NHS Rotherham CCG maintains a current list of safeguarding children and adult leads, to ensure that safeguarding remains high profile within health provision. See Appendix 2 for a list of Rotherham safeguarding children and adults health economy leads. NHS Rotherham CCG also keeps and maintains a list of Rotherham GP Safeguarding Adults, Children and Prevent Leads and their deputies.

5.8 NHS Rotherham CCG are active partners at South Yorkshire and Bassetlaw NHS England Area Team Safeguarding Forum and together have facilitated a national learning event (18 September 2014) and locally 4 well attended health economy training sessions on understanding victims response to Child Sexual Exploitation (CSE) sessions.

5.9 In addition NHS Rotherham CCG are active partners at NHS England North Safeguarding Forum sharing practice regionally on areas such as safeguarding standards, Self-Harm and Suicide Prevention and Safeguarding Key Performance Indicators. RCCG have worked proactively with commissioned services and RLSCB and RSAB to ensure that safeguarding is embedded into healthcare.

6. SERIOUS CASE REVIEWS/DOMESTIC HOMICIDE REVIEW

6.1 There has been no Serious Case Review (SCR) published in Rotherham 2014/2015. A Serious Case Review has been commissioned and completed in respect of a Rotherham child, Child R. This will be published later in the year following the Court Case.

6.2 Serious Case Reviews and their on-going action plans are monitored by Safeguarding Boards (Working Together 2015) and by providers via their internal governance arrangements. In addition all Serious Case Reviews are reported onto the national serious incident management system – Strategic Executive Information System (STEIS) and therefore followed up by the CCG and NHS England Area Team. Transparency is paramount to provide the public with assurance of the health services commitment to safeguarding.

6.3 Designated Nurses across South Yorkshire and Bassetlaw in September 2014 undertook a national training event in conjunction with NHS England. This event was attended by 285 Designated and Named Professionals raising awareness to issues in South Yorkshire arising from local SCRs.

6.4 The first of Rotherham's commissioned Domestic Homicide Review has received an "adequate rating" from the Home Office with recommendations highlighted. The report is likely to be published in autumn 2015.

6.5 The second Domestic Homicide Review is in the process of being submitted to the Home Office.

6.6 Rotherham Safer Partnership have informed the Home Office of a case that did not meet the threshold for a Domestic Homicide Review but that an internal review would be undertaken with a number of multi-agency partners to review the way they worked together at the time of the incident up to death.

6.7 Designated Nurses across South Yorkshire and Bassetlaw have published a Lessons Learnt review to provide managers and front line staff with additional information to support them in improving safeguarding practice. This document has been well received within the health economy.

7. CHILD DEATH OVERVIEW PANELS (CDOP)

7.1 Local Safeguarding Children Board's (LSCBs) investigate the deaths of every child in their area in line with their statutory duty of care (Working Together 2015). The Child Death Overview Process was established in 2008 and involves a raft of commissioned health services in Rotherham.

Table 7: Child death reviews completed between 01 April 2014 and 31 March 2015 category of death

Category of Death	Modifiable factors	Non-modifiable factors
Deliberately inflicted injury, abuse or neglect		
Suicide or deliberate self-inflicted harm		**1**
Trauma and other external factors		**3**
Malignancy		**3**
Acute medical or surgical condition		**2**
Chronic medical condition		**2**
Chromosomal, genetic and congenital anomalies		**5**
Perinatal/neonatal event		**9**
Infection		**0**
Sudden unexpected, unexplained death	**2**	**2**
TOTAL	**2**	**27**

7.2 The financial year 2014-2015 saw significant changes to chairing arrangements for Rotherham CDOP. From inception, Dr John Radford, Director of Public Health, held this role until his retirement in December 2014. After this time an interim chair was appointed until April 2015. Dr Sue Greig, a locum Consultant in Public Health had previously chaired Sheffield CDOP for a number of years, before coming to Rotherham. The appointment of a new Director of Public Health will bring further changes from April 2015, and it is yet to be agreed who will chair CDOP going forward.

7.3 At the same time as the Director of Public Health retiring the Designated Doctor for CDOP retired. These two had both made a significant contribution to the child death overview process in Rotherham and their loss cannot be over emphasised. The outcome of these two experienced practitioners retiring has resulted in no annual CDOP report being published for 2014/2015.

8. CHILD SEXUAL EXPLOITATION – A DEVELOPING ISSUE FOR CHILDREN AND ADULTS

8.1 Child Sexual Exploitation (CSE) is recognised nationally as one of the most challenging areas facing agencies today. It is a heinous abuse of childhood and is known to have a serious long term and lasting impact on every aspect of a child or young person's life including their health, physical and emotional wellbeing, educational attainment, personal safety, relationships, and future life opportunities. For Rotherham, CSE presents as a significant safeguarding challenge.

8.2 According to Professor Alexis Jay (2014) widespread organised child sexual abuse took place in Rotherham, between 1997 and 2013. An investigation by The Times reported that child sexual exploitation was much more widespread, and the Home Affairs Select Committee criticised the South Yorkshire Police force and Rotherham Metropolitan Borough Council for their handling of the abuse.

8.3 Professor Alexis Jay led an Independent Inquiry into CSE with the findings being published on 26 August 2014. The report conservatively estimated that 1,400 children had been sexually abused in the Rotherham Borough between 1997 and 2013, predominantly by gangs of British-Pakistani men. Abuses described by the report included abduction, rape, torture and sex trafficking of children.

8.4 Significant consideration has and continues to be given to the impact of CSE and how it has a long term affect resulting in a disproportionate number of victims being involved with statutory services later on in life.

8.5 CSE continues to be at the forefront of the Rotherham resident's awareness and it has been recognised that as a result of the publicity that there are a number of survivors who are adults. In order to address and work with this identified group RMBC Commissioners have in May 2015 initiated a Support for Adult Survivors – Multi-Agency Programme Board, which will enable then to have a clear vision and a good range of multi-agency support services for survivors. NHS Rotherham CCG are to be committed members of this board and will be able to report and evidence the appropriateness of this board in next year's annual report.

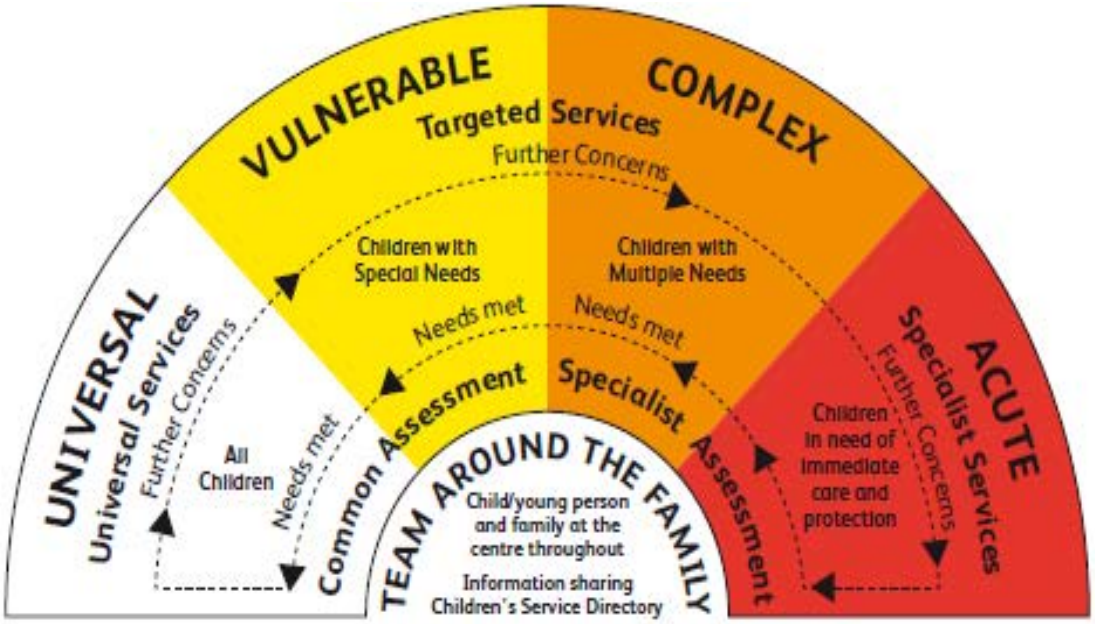
8.6 The case scenario below highlights the need to work in a concerted and multi-disciplinary way with victims of this type of erosive abuse. Their power has already been eroded by the abuse therefore as health professionals we need to ensure that we do not further undermine them. The Continuum of Need demonstrates how the 'health economy' provides care from universal service provision to healthcare provision at crisis point; each element needs to work with the child/young person at the centre.

8.7 Long term support for victims is currently taxing the multi-agency groups as the need and diversity of support requirements are firstly unknown and secondly diverse as victims all react individually and at different stages in the life cycle to the abuse they have ensured.

8.8 CSE Case Scenario

- *Sam is a 15 year old girl who has been a victim of significant CSE by a Pakistani male. Sam has been known to services for a number of years due to neglect and being missing from education. She has no contact with dad and lives at home as an only child. She was subject to a child protection plan prior to CSE being identified. She refuses to engage with education, social workers and/or the school nursing service.*
- *Sam was described as a challenging child who tends to push professionals away as well as clearly in desperate need of parental boundaries.*
- *It was brought to professional's attention that Sam might be pregnant. Sam has previously refused any support for sexual health services and has denied having any sexual contact. The pregnancy was confirmed by the GP and Sam was said to be having pressure from the perpetrator to terminate the pregnancy because of cultural issues from his family. Mum was supportive however her extended family were concerned that the baby would be dual heritage.*
- *An urgent call was received to the CSE team to say that Sam had disclosed to a friend that the father of the baby had booked a termination for Sam the day after at a private clinic in another area.*
- *Professional concerns were she was 15 and confused; she needed to have support to make an informed decision, but did not have a relationship with professionals.*
- *The CSE Team worked with private and NHS providers, they contacted Sam directly and the CSE Nurse and a CSE social worker met with Sam and her mum. Sam agreed to attend CASH that afternoon with the CSE Nurse and was very cooperative.*
- *Sam decided to continue with the pregnancy aware of all her options for support. She opted for a referral to the Family Nurse Partnership and attendance at maternity was co-ordinated. She booked early and has felt in control and empowered. Sam was smoking approximately 10 cigarettes a day and with support has agreed to a referral to smoking cessation.*
- *Sam also needed a referral to CAMHS due to the impact of CSE. She was fast tracked for assessment which resulted in 10 sessions with a psychologist.*
- *Sam is working* with professionals and appears to be thriving.

8.9 Continuum of Need from universal provision to provision of care in crisis



Continuum of Needs
(Commonly known as The Windscreen)

There is an enormous role for the 'health economy' in recognising Child Sexual Exploitation. Children interviewed for the Inquiry into Child Sexual Exploitation in Gangs and Groups (CSEGG 2012) reported that:

- 48 per cent had injuries that required them to visit an accident and emergency department.
- 41 per cent identified with having drug and alcohol problems
- 32 per cent identified with self-harming as a result of sexual exploitation
- 39 per cent identified a negative impact on their sexual health.

Table 8 - Presents the Rotherham Data Collated April, May and June 2015

How much have we done?				How do we compare?
Number of children and young people worked with by the EVOLVE (Rotherham Child Sexual Exploitation) team				Official statistics on how many sexually exploited children have been identified by the authorities are not currently available. Although there has been a lot of research into the factors that are associated with child sexual exploitation, very few studies look into the numbers of children who have been exploited. The following is taken from NSPCC "How Safe are Our children? (June 2015)": Latest figures: 29,792 recorded sexual offences against children aged under 18 in 2013/14, a rate of 2.6 sexual offences per 1,000 children aged under 18. Trend: Having remained stable over a five-year period, the number of sexual offences against children under 18 rose sharply in 2013/14 to 29,792, a 39 per cent increase on the 2012/13 figure of 21,372. Having remained stable between 1.8 and 2.0 per 1,000 children between 2007/08 and 2012/13, rates of sexual offences also increased this year to 2.6 offences per 1,000 children under 18. The data follows a similar pattern to that for children under 16. **Key:** CIN= Children in Need CPP = Children subject to a Child Protection Plan LAC = Looked After Children EVOLVE = Rotherham multi agency CSE Team
Cases led by EVOLVE	April	May	June	
CiN	29	22	26	
CPP	3	4	6	
LAC	0	0	1	
CPP & LAC	0	0	0	
Total	32	26	33	
Other work by EVOLVE				
Cases open to other social care teams supported by EVOLVE	10	11	16	
New contacts for EVOLVE	22	42	51	
Of contacts % progressed to referral	5	15	28	
Referrals opened with referral reason as CSE	39	18	25	
New Strategy Discussions	9	13	27	
Of above, N onto investigation	7	7	13	
Of above, % onto investigation	78%	54%	48%	
New investigations completed	2	4	8	

9. LOOKED AFTER CHILDREN (LAC)

9.1 Under the Children Act 2004, health professionals have a legal responsibility to promote the health and wellbeing of all children who they are responsible for, this is particularly pertinent with regard to vulnerable cohorts such as LAC. 'Promoting the Health and Wellbeing of Looked After Children' (Department for Children, Schools and Families 2009) sets out a framework for the delivery of care from health and social services to ensure their effectiveness to support and deliver care to LAC. NHS Rotherham CCG as the responsible commissioner for Rotherham Looked After Children commissions an annual report from TRFT LAC Health Team in order to assure itself that services delivered to LAC are meeting expectations. The annual report for 2014/2015 provides that assurance.

9.2 Statutory guidance states that "Initial Health Assessments are to be completed within 20 working days of a child becoming looked after". Initial Health Assessments being undertaken within this timescale remains at an unacceptable low level in Rotherham. This results in health needs not being identified at the earliest opportunity and is a key area of development for both NHS Rotherham CCG and the Rotherham Foundation NHS Trust (TRFT).

9.3 As can be seen in Table 9 below, there are a wide variety of reasons why Initial Health Assessments are not achieved within the tight timescale of 20 working days. In addition what must also be taken into account is the impact of recent changes to adoption law. Whilst these changes strive to efficiently twin track children for adoption in order to reduce any time delays during this critical period they impact upon the Initial Health Assessment as there is additional assessments and paperwork required. TRFT LAC Team is making significant strides to ensure that the timeliness of health assessments is given the priority it requires.

Table 9 - Looked After Children as at 8 June 2015

	Trajectories	2014/ 2015	2013/ 2014
Children/young people became looked after	↑	168	116
Not requiring Initial Health Assessment due to ceasing to be looked after or on remand	↑	27	20
Initial Health Assessment's required	↑	141	96
Initial Health Assessment's completed within 20 working days	↑	34%	12%
Appointment times available	↔	240	242
Initial Health Assessment appointments	↑	40.4%	26.8%
Pre-Adoption Medical appointments	↓	5%	15.7%
Update Pre-Adoption Medical appointments	↓	16.25%	24.3%
Initial Health Assessments/Pre-Adoption Medical appointment	↑	22%	4.9%
Appointments booked for other areas	↓	0.8%	4.1%
Appointments booked for non-LAC	↑	5.4%	2%
Transferred to community/Not used		10%	21.9%
Requests for appointments received from social workers within 7 days of the child/young person becoming looked after		30.7%	37%
Requests for appointments received from social workers within 14 days of the child/young person becoming looked after		25.9%	11.2%
Requests for appointments received from social workers within 1 month of the child/young person becoming looked after		15.4%	17.2%
Requests for appointments received from social workers over 1 month of the child/young person becoming looked after		28%	13.8%

9.4 Table 10 is a summary of the numbers of vulnerable children in Rotherham. Numbers alter daily so these are representative of the children being discussed in this report. In Rotherham Health Visitors support children from birth to Five years and School Nurses from five years to nineteen years.

Table 10 - Vulnerable Rotherham Children Supported by Frontline Health Staff

	WTE	CIN	CPP	LAC	Universal	Vulnerable	Total
Number of children supported by Health Visitors in Rotherham as at 28 July 2015	53.96	252	158	105	3029	2117	5661
Number of children supported by School Nurses in Rotherham as at 29 July 2015	11.55	675	262	332		2982	4251

10. FAMILY NURSE PARTNERSHIP (FNP)

10.1 Rotherham's Third Annual Family Nurse Partnership Review was undertaken on the 18 December 2014. The FNP in Rotherham is currently graduating their first cohort of clients from the programme. In a town that has seen more than its fair share of challenges there are many positives with FNP and the fact that the teenage pregnancy rate is reducing is supported by the review of the teenage pregnancy strategy and how FNP links with this.

10.2 FNP enables a successful approach for strong engagement with young parents and their families. Alongside making effective inroads into supporting young people the past year has presented some significant challenges with safeguarding supervision due to long term staff sickness. This has raised a number of challenges as to maintaining the fidelity to the FNP programme around safeguarding supervision. There is an expectation of delivering the prescribed safeguarding supervision arrangements and any breaches have the potential to negatively impact on service delivery.

10.3 In addition to sickness compromising the expected model of safeguarding supervision FNP practitioners have had a number of issues in this financial year that have impacted upon them; the team recently moved accommodation which has had unintended consequences which have increased anxiety and feelings of isolation for the staff.

10.4 Delivery of robust safeguarding supervision would have provided them with support, advice and the emotional resilience required to resolve these challenges. The Designated Nurse has raised long term sickness as a challenge in the FNP annual report and has included it on NHS Rotherham CCG Risk Register as sickness remains an issue for TRFT. The national FNP unit has been made aware and are reported to be arranging some additional safeguarding support.

10.5 The FNP Board has recently changed chairing arrangements in readiness for the commissioning of FNP to move from NHS England to Public Health RMBC in October 2015. This provides an excellent opportunity to review systems and process ensuring that they are in place and fit for purpose and importantly that safeguarding supervision is in accordance with the FNP Management Manual (licensing Core Model Element requirement; see Section 9).

11. UPDATE ON STRATEGIC OBJECTIVES IDENTIFIED IN 2013/2014 ANNUAL REPORT

Key to Progress of Actions:
BLUE = The task has been completed; GREEN = The task is on target; AMBER = The task is off target with remedial action; RED = Work has yet to be/planned/started/progressed

No	2014/2015 Objectives	Anticipated Outcome for NHS Rotherham CCG	RAG Rated Progress as at July 2014
1	Safeguarding Training meets the expectations of all Royal Colleges and Rotherham Safeguarding Boards.	To maintain and drive forward the learning and development of all health staff in Rotherham in commissioning and/or provider services.	TRFT and RDaSH to have a Safeguarding CQUIN 2014/2015 which includes the monitoring of training. Training was acknowledged in the CQC review February 2015 as acceptable. Bespoke learning packages have been facilitated for CSE; this included a national conference at level 4/5. PLT Safeguarding Event November 2014 – covering Domestic Violence, Abuse, Neglect, Self-Neglect, Safeguarding Awareness, CSE & Trafficking all presented by Specialist Speakers and Theatre Group, presented to GP Practice Clinicians and non-clinicians to over 700 delegates and supported by various Partners e.g. Police, RMBC Social Services RLSCB, RSAB. Multi Agency training opportunities for RCCG commissioners and providers and Rotherham Independent Providers e.g. Early Help & Directions programmes offered through RMBC. Prevent Awareness – 1 Hour Home Office sessions presented at individual Rotherham GP Practices started April 2014 due for completion October 2015 = 35 out of 36 practices attended = 97%. Peer Challenge re CQC Essential Standard 7 and Section 11 outcomes – each Rotherham GP Practices visited started April 2014 completed April 2015 = 36 Practices & 2 did not partake in activity = 94% completed) 2014 Annual Safeguarding Declaration TEMPLATE.docx

No	2014/2015 Objectives	Anticipated Outcome for NHS Rotherham CCG	RAG Rated Progress as at July 2014
			checked training was up to date. RCCG Named GP - developing training to meet the curriculum requirements of the RCGP including both Adults & Children's for GPST1 and GPST2 trainees. RCCG Named GP Safeguarding attends Learning and Improvement Sub-Committee of RLSCB July 2014 independent health providers have access to a suite of vulnerable client policies and Safeguarding Top Tips which are published annually for all providers. Survey Monkey utilised to check learning. RCCG provided additional funding (Dec 2014) to support RLSCB in the development of additional audit work and the increase in capacity to facilitate this. RCCG have been and remain an active RLSCB partner in a Significant Incident Learning Process (SILP) with regard to Child "R" **GREEN**
2	Child Sexual Exploitation (CSE) has been at the forefront of Rotherham resident's anxiety: Rotherham health economy need to improve staff and the public's awareness of CSE and confidence in agencies including 'health'.	Assurance that commissioners and providers of healthcare continue to prioritise CSE and work in partnership with other agencies to support Rotherham residents	RCCG have ensured that all provider and commissioners received Stop the Shift Training on CSE. The presentation was shared with GP Practices and 39% (14) supplied a record of attendance, identifying that 59 GPs, 31 Practice Nurses, 20 Health Care Assistants and 175 Administrators, Clerical and Receptionists including Practice Managers attended the sessions, totalling 285. Further training and public confidence raising with regard to CSE will feature in 2015/2016. RCCG Named GP presented "Stop the Shift" to GPST1 and GPST2 trainees and is planned as future ongoing part of ST training. RCCG has in place a governance structure to ensure that CSE has a high profile, Chief Nurse and/or Chief Officer

No	2014/2015 Objectives	Anticipated Outcome for NHS Rotherham CCG	RAG Rated Progress as at July 2014
			attends RLSCB CSE Sub Group (formerly known as Gold) Named GP for safeguarding took up post Oct 2014 and has developed links with the Rotherham GP Speciality Training Scheme with regard to GP trainees. TRFT Looked After Children and Care Leaver team work closely with FNP and CSE Specialist Nurse to provide bespoke training and support into Residential homes. RDaSH has developed a safeguarding team that includes a Nurse Consultant; training, supervision and the embedding learning is high on her priorities. 18/09/2014 National CSE Event held at Sheffield - 380 delegates attended – Specialist Speakers and variety of market stalls supported by a variety of providers and partners. 12/13 Feb 2014 – 4 sessions commissioned by RCCG with regard to understanding victims of CSE. Specialist national speakers facilitated the learning for over 860 delegates. These delegates attended from variety of Partners & RCCG, GP Practices, NHSE. Initial feedback was extremely positive and a further evaluation of learning will take place after 3 months. Re-development and production of “S Word” Leaflet supported by TRFT, Young People’s Voice & Influence Team Looked After Children’s Council, Integrated Youth & Support Services, C&YPS, RMBC and Youth – will be completed and distributed by August 2015. CSE Pocket Guidance was published February 2015 disseminated to all Rotherham health staff. – shared and adapted nationally including by St John’s Ambulance National safeguarding Team. MASH – RCCG supporting development of a health team

No	2014/2015 Objectives	Anticipated Outcome for NHS Rotherham CCG	RAG Rated Progress as at July 2014
			within MASH to ensure that in future RCCG will commission a robust model for health input. The secondments will last for 1 year and will support the integration of the CSE Nurse into the Evolve Team as it becomes established under the RMBC Commissioners. **GREEN**
3	External Inspections are an important way of ensuring compliance with safeguarding standards	Transparency locally, regionally and nationally with safeguarding services can be demonstrated and benchmarked with the guidance from external inspectorates.	Ofsted – Local Authority Improvement Board, RCCG Chief Nurse and Chief Officer are part of the improvement programme. February 2015 CQC undertook the Children Looked After and Safeguarding (CLAS) Review – Report anticipated July 2015 March 2015 Monitor wrote to all NHS Providers with an expectation that they would review the DoH recommendations following Jimmy Savile atrocities on health premises. June 2015 Action Plans are to be returned to Monitor and TRFT and RDaSH will share their findings with RCCG. Annual Safeguarding Reports are published and presented to LSCB and SAB **BLUE**
4	Looked After Children and Care Leavers are provided with the best possible healthcare in Rotherham	Ensure that Rotherham LAC and CL receive the quality services required from health and the anticipated improvements in their health outcomes	Looked After Children Team (LAC) in place includes Designated and Named professionals. The LAC team attend Corporate Parenting and provide data on healthcare. LAC and CL Annual reports are published. LAC and CL Team work with Rotherham GP practices to support them with any concerns around children within their practice. They also work closely with the CSE and FNP Nurses and RMBC colleagues to ensure their health

No	2014/2015 Objectives	Anticipated Outcome for NHS Rotherham CCG	RAG Rated Progress as at July 2014
			needs are identified and met. LAC and CL Team have attended the Practice Manager Forum together they are developing GP Practice LAC & CL Guidance – started July 2014 due for completion July 2015 RCCG financial support to TRFT to develop and produce LAC & CL "Passport" February/March 2015 RCCG, NHSE, LAC / CL & IT working together – developing "Local Read Codes" for all GP Practices **GREEN**
5	Safeguarding Capacity and Staffing	Compliance with statutory expectations with best practice guidance Royal College Intercollegiate 2014 & 2015	Chief Nurse RCCG continues to be active in her Executive Safeguarding role. Named GP for safeguarding took up post Oct 2014. See Table 6. Safeguarding Adults and Quality Lead 1 WTE post from October 2014. No national guidance on capacity. RCCG Designated Doctor left and was replaced – 2PAs per week RCCG Designated Dr Rapid Response (CDOP) retired and was replaced RCCG Designated Doctor LAC – 2 PAs Designated Nurse Safeguarding and LAC under capacity but currently well supported by Deputy Designated Nurse MASH. RCCG safeguarding secretarial support under resourced (Intercollegiate Docs 2014 and 2015) RCCG Safeguarding Team has a team approach that supports practice and includes a 0.8 WTE project support officer.

No	2014/2015 Objectives	Anticipated Outcome for NHS Rotherham CCG	RAG Rated Progress as at July 2014
			All Rotherham GP Practices have identified a Safeguarding Lead and Deputy for both Children and Adults All Rotherham GP Practices have identified a GP Practice Lead and Deputy for Prevent **AMBER**

STRATEGIC OBJECTIVES FOR 2015/2016

12. LEARNING AND CONTINUAL DEVELOPMENT OF HEALTH CARE STAFF

12.1 Safeguarding vulnerable people is a key priority for the National Health Service (NHS); this means that the NHS will need to ensure that all their staff is appropriately trained. These duties and responsibilities are enshrined in statute for children's services. Namely the Children Act 1989 and 2004 providing the legislative framework and supported by statutory guidance in Working Together (HM Government 2013 and 2015). This guidance sets out an expectation that the roles, responsibilities and expected competencies' of health staff published in Intercollegiate Document 2014 are adhered to. This expectation includes all health staff including at executive level, see Table 11 for expected training levels within the NHS.

Table 11 - Expected Levels of Safeguarding Training

Levels of Safeguarding Training*	
1	All staff including non-clinical managers and staff working in health care
2	Minimum level required for non-clinical and clinical staff who have some degree of contact with vulnerable clients
3	Clinical staff working with clients and/or their parents or carers and who could potentially contribute to assessing, planning, intervening and evaluating the needs of the client where there are safeguarding concerns
4	Named Professionals
5	Designated Professionals
6	Executive Leads with Board responsibility for safeguarding

** adapted from Safeguarding Children and Young People: roles and Responsibilities for Health Care Staff, Intercollegiate Document, 3rd Edition March 2014*

12.2 Whilst currently there is no similar statutory provision for safeguarding vulnerable adults in England there is an expectation, within the NHS, that this follows a similar format of levels of competency based on roles and responsibilities. The legal framework for intervening in safeguarding vulnerable adults is provided through a combination of common law, local authority guidance and general statute law. However, the White Paper Caring for our future: reforming care and support and the draft Care and Support Bill (2012) signal the intention to place adult safeguarding on a statutory footing. Therefore following a similar training trajectory in safeguarding vulnerable adults is a sensible approach.

12.3 In October 2014 NHS England gave NHS Rotherham CCG £21,888.00 in order to evaluate and embed Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) into practice. This follows on from The House of Lords Select Committee's final report following a post-legislative scrutiny of the Mental Capacity Act 2005. It concluded that the implementation of the Mental Capacity Act had

'suffered from a lack of awareness and a lack of understanding'. In addition it found that the DoLS were not 'fit for purpose' and should be replaced by provisions that are easy to understand and implement. In March 2015 NHS Rotherham CCG commissioned with funding from NHS England, Browne Jacobson LLP to provide a one off bespoke training session to GP's to address the recommendations from the report.

12.4 March 2014 following the Supreme Court ruling saw the lowering of the threshold for DoLS. This not only meant that a number of Rotherham residents who reside in care homes would now meet the criteria for a DoLS, but also a number of individuals who reside within their own home could potentially meet the criteria. For NHS Rotherham CCG this has had impact on the health commissioned individuals who receive care packages via the Continuing Health Care Team. NHS Rotherham CCG is working within the legal framework of DoLS at this present time however it is mindful of developing case law and the Law Commissions consultation paper on MCA and DoLS. This will conclude in November 2015 with the final report and recommendations and draft Bill expected to published in 2016.

12.5 Safeguarding competences are a combination of skills, knowledge, attitudes and values that are required for safe and effective practice. Different staff groups require different levels of competence depending on their role and degree of contact with vulnerable clients, the nature of their work, and their level of responsibility. All staff working in a health care setting must know what to do if there is a safeguarding concern and how to communicate their concerns. Levels of training and competencies in safeguarding are sequential and areas of safeguarding training develop according to local, regional and national expectations for example:

12.5.1 Local expectations CSE, Mental Capacity Act (MCA) complinace,

12.5.2 Regional expectations, Multi Agency Safeguarding Hubs (MASH) and Multi Agency Public Protection Arrangements (MAPPA),

12.5.3 National expectations, Prevent, Female Genital Mutilation (FGM)

12.6 NHS Rotherham CCG continues to meet their safeguarding requirements individually and in its commissioning role. Emerging requirements such as training in Prevent is moving forward at pace. This training highlights our duty as part of the of the Governments counter-terrorism strategy, CONTEST. The aim of Prevent is to reduce the threat to the UK from terrorism by stopping individuals becoming terrorists. NHS Rotherham CCG is committed to demonstrating that it is meeting the legal requirements of the duty as outlined in the NHS Standard Contract and is able to show effective leadership, partnership working with providers and other key partners e.g. Police and Local Authority. Training of all NHS Rotherham CCG staff is being arranged for summer 2015.

13. FEMALE GENITAL MUTILATION (FGM)

13.1 FGM offers no health benefits whatsoever. It causes significant short and long-term complications and is illegal, extremely harmful and a form of abuse and violence against women and girls. According to the United Nations International Children's Emergency Fund (UNICEF), there are an estimated 130 million women and girls living with FGM worldwide. Most of these women are located in 29 African countries. In the UK, FGM is increasingly identified amongst migrants from FGM-practising countries. There are an estimated 137,000 women in the UK affected by FGM.

13.2 Health Education England is committed to training frontline healthcare professionals to recognise and support women and girls who may have undergone FGM. Each NHS organisation will need to consider:

13.2.1 Awareness raising for staff on how to identify and support FGM survivors by recognising complications and referring appropriately.

13.2.2 Data collection to identify the size of the abuse.

13.2.3 Specialised care during pregnancy and delivery for women who have been subjected to FGM.

13.2.4 The significant potential risk to female infants born within communities practising FGM.

13.2.5 Understand the safeguarding steps that must be taken when a girl (under 18 years) is at risk of FGM.

13.2.6 How to access multi-agency policies and procedures, for helping children and young people who are at risk of, or facing abuse.

13.3 All health professionals must be aware of the Female Genital Mutilation Act 2003 in England, Wales and Northern. In addition to FGM being illegal it is unlawful to arrange, or assist in arranging, for a UK national or UK resident to be taken overseas for the purpose of conducting FGM.

13.4 If FGM is confirmed in a girl under 18 years of age (either on examination or because the patient or parent says it has been done), reporting to the police is mandatory and this must be achieved within 1 month of confirmation. From October 2015 there is an expectation that GPs as well as acute and mental health trusts will collate data. GP Practices are to be sent a comprehensive information pack in June 2015 to support them in reporting the abuse and in the collation of data. Anecdotally Rotherham is not thought to have a significant issue with FGM; therefore the collection of data will provide the Borough with information on the actual prevalence allowing for future evidence based commissioning of health care delivery.

14. CHILD SEXUAL EXPLOITATION

14.1 NHS Rotherham CCG recognises Child Sexual Exploitation (CSE) is one of the most important challenges facing society and welfare agencies nationally. It is an abuse of childhood and can have serious long term and lasting impact on all aspects of a child or person's life including their health, physical and emotional wellbeing, educational attainment, personal safety relationships and future life opportunities. NHS Rotherham CCG has made safeguarding and especially CSE one of four priorities areas in its Rotherham CCG Commissioning Plan 2015 to 2019

14.2 In order to address this devastating type of child abuse, effective multi-agency and multi-disciplinary training has been commissioned and delivered to a wide range of professionals. The plan for 2015/2016 is to work with Public Health and RMBC on a programme of education within all Rotherham schools as part of the boroughs preventative strategy.

14.3 NHS Rotherham CCG has committed to part fund this package of preventative, evidence based Child Sexual Exploitation (CSE) drama interventions aimed at young people in Key Stage (KS) 3 and 4. It will be delivered over a two to three year period through school settings with the possibility of a youth club/ theatre setting, targeting vulnerable young people and families/carers.

14.4 This is an innovative way of raising awareness of the issues relating to sexual exploitation contributing to universal safeguarding of young people.

14.5 National research has shown that due to their personal circumstance certain groups of young people are at more risk of CSE than their peers. This includes Young Offenders, Looked After Children, those living where there is substance misuse in their household and those from BME communities. These groups are receiving a range of targeted preventative health support incorporated within existing packages of health care for example; LAC Reviews, CSE health worker, improved pathway work within Contraception and Sexual Health (CaSH) and Genito Urinary Medicine (GUM).

15. INSPECTORATES

15.1 Ofsted Improvement Plan published September 2014

RCCG Chief Nurse and Chief Officer are members of the Children and Young Peoples Services Improvement Board. NHS Rotherham CCG are active partners in the improvement plan and associated action plans. In order to deliver radical improvements to services and how it does business, Rotherham MBC has to ensure it has the building blocks of an effective, modern council, based in the reality of the financial circumstances it will face in coming years. The Ofsted report highlighted a number of specific failings, See Table 12 below. These must be addressed as the most urgent, initial improvement priorities, if the council is to work more effectively, with its residents and partners, to create a better Rotherham for its residents.

Table 12 – Ofsted Judgements on RMBC

RMBC judgements on services:		
1	**Children who need help and protection**	Inadequate
2	**Children looked after and achieving permanence** 2.1 Adoption performance 2.2 Experiences and progress of care leavers	Inadequate Requires Improvement Inadequate
3	**Leadership, management and governance**	Inadequate

For the next few years, a key part of RMBC focus has to be on ensuring that Rotherham protects its children. This is a job first of all for parents. Where parents either cannot or will not perform that role, then it is for the Council – as well as schools, colleges, health services, police and other public and voluntary sector bodies - to support and protect young people. This does not mean that RMBC or partner agencies are not interested in other issues; quite the opposite. If Rotherham is to create a positive quality of life for children and families in Rotherham then it must be a place which can attract investment and growth. Crucially, Rotherham must also facilitate independence and resilience for its older population, having as robust a safeguarding approach for adults at risk of harm as it does for children.

15.2 Care Quality Commission (CQC)

The Care Quality Commission (CQC) in February 2015 undertook Rotherham's

Children Looked After and Safeguarding Inspection. The report is anticipated to be published in July 2015.

The lines of enquiry to be utilised in these inspections of healthcare providers are:

- The experiences and views of children and their families.
- The quality and effectiveness of safeguarding arrangements in health.
- The quality of health services and outcomes for children who are looked after.
- Health leadership and assurance of local safeguarding and looked after children arrangements.

Clinical Commissioning Groups (CCGs) and NHS England Area Teams are specifically tasked to provide good leadership and work to continuously improve health safeguarding and Looked After Children arrangements.

CQC checked that the 'health economy' of commissioners and providers were working in accordance with their responsibilities under Section 11 of the Children Act and statutory guidance Working Together to Safeguard Children (2013 and 2015). They paid particular attention to the effectiveness of the CCG in having:

- A clear line of accountability for commissioning and provision of services
- Senior Board level lead and their fulfilment of their leadership responsibility for the organisation's safeguarding arrangements
- A culture of listening to children and taking account of their wishes when commissioning services
- Information sharing arrangements
- Effective Designated Professionals

NHS Rotherham CCG from the DRAFT report is anticipating 24 Recommendations and will work closely with providers (TRFT, RDaSH and GP Practices) and commissioners of healthcare(NHS England, RMBC Public Health) to produce and implement SMART Action Plans in answer to their recommendations. Each organisation is committed to communicate and work together to improve the quality of safeguarding services and care to LAC and Care Leavers (CL). Actions will be monitored through monthly CQC CLAS Action Plan Peer Challenge meetings with appropriate colleagues from all organisations. In addition providers will be monitored on compliance via their quarterly contract, quality and assurance meetings to ensure long term compliance. Reports will be produced identifying improvements and challenges these will ultimately be driven by NHS Rotherham CCG Operational Executive and Audit and Quality Assurance Committee and within all other organisations accordingly.

15.3 Monitor Expectations

Child Sexual Exploitation and the anticipated outcome from the government's inquiry into the NHS and Department of Health handling of Jimmy Savile concluded in autumn 2014. Reports into individual NHS Organisations and an independent oversight were commissioned by the Secretary of State for Health. The remit was to provide assurance to the Secretary of State that all investigations into Savile's relationships with NHS organisations and his activities on their premises had been properly conducted.

Much of the story of Savile and his associations with NHS hospitals is unusual to the point of being scarcely credible. It concerns a famous, flamboyantly eccentric, narcissistic and manipulative television personality using his celebrity profile and his much-publicised volunteering and fundraising roles to gain access, influence and

power in certain hospitals. He used the opportunities that access, influence and power gave him to commit sexual abuses on a horrific scale. However features of the story have everyday implications and relevance for the NHS today.

The overview report was published on 26 February and included 14 recommendations for the NHS, the Department of Health and wider government.

Given the severity of this issue to the NHS, it has been critical for providers to demonstrate that improvements have been made to safeguarding across the system. Monitor wrote to all NHS providers 13 March 2015 requesting that they responded to the concerns by 15 June 2015 with an overview of any necessary actions that have been taken as a result of the recommendations or, where these are in progress with the date by which they will be completed. TRFT and RDaSH both responded and shared their Action Plans.

For NHS Rotherham CCG there is a need to ensure that the Child Sexual Exploitation and the issues around Jimmy Savile do not overwhelm the needs of adults to be protected from exploitation current or historic. For health professionals sexual exploitation covers all age ranges and can be a chronic evasive type of abuse to identify and therefore treat. In addition (as with Jimmy Savile) adults can be and were exploited and therefore health providers need to ensure that their needs for protection and safe care delivery are not overlooked.

2014/2015 NHS Rotherham CCG will review the Monitor Action Plans of TRFT and RDaSH and benchmark across South Yorkshire and Bassetlaw. This will include working with health providers to ensure that actions are taken to continually improve safeguarding and best practice is shared effectively.

15.4 Joint targeted area inspections being Piloted Autumn/Winter 2015

The government are clear that local agencies who are failing to work together effectively to protect vulnerable children will be held to account by new joint targeted inspections, it has been announced that *Joint Targeted Area Inspections* are to be introduced from autumn this year by Ofsted, the CQC, HMIC and HMI Probation. They will specifically examine how well LAs, health, police and probation services work together in a particular area to safeguard children. The new inspections aim to shine a light on both good and poor practice, identifying examples from which others can learn and helping local agencies to improve.

The proposals will give inspectorates more flexibility and the ability to be responsive to certain areas of interest or concern.

Each inspection is to include a ‘deep dive’ element, with the first 6 set to focus on children at risk of sexual exploitation and those missing from home, school or care.

https://www.gov.uk/government/news/new-joint-inspections-to-hold-agencies-to-account

16. MULTI AGENCY SAFEGUARDING HUB (MASH)

16.1 Following the release of the Alexis Jay Report (2014) Independent Inquiry into Child Sexual Exploitation In Rotherham, and the Ofsted Inspection report: Inspection of Services for Children In Need of Help and Protection, Children Looked After and Care Leavers and Review of the Effectiveness of the Local Safeguarding Children Board on the 19 November 2014, Rotherham Metropolitan Borough Council (RMBC) acknowledged further development of the Multi-Agency Safeguarding Hub (MASH) was essential, and commissioned a Project Lead to move this forward.

16.2 The Project Lead for RMBC commenced employment on the 12 January 2015. NHS Rotherham CCG commissioned a Deputy Designated Nurse Safeguarding Children (MASH) for a twelve month secondment to improve the effectiveness of the Rotherham MASH and provide necessary evidence to improve partnership working across agencies and within health providers. The Deputy Designated Nurse also provides operational input in the MASH to safeguard children in partnership with operational staff from The Rotherham Foundation Trust (secondment – 1.0 wte) and Rotherham Doncaster and South Humber NHS Foundation Trust (secondment 0.5 wte).

16.3 The Health Support Officer seconded by NHS Rotherham CCG commenced employment on the 23 February 2015 to assist with the evidencing of health provision within the MASH, and developing robust systems and processes as well as operationally linking with health partners and other professionals.

17. LOOKED AFTER CHILDREN AND CARE LEAVERS

17.1 The governments mandate to NHS England (November 2012) says that they "expect to see the NHS working together with schools and children's social services, supporting and safeguarding vulnerable Looked After Children (LAC) and adopted children, through a more joined-up approach to addressing their needs". In addition, Rotherham Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategies statutory guidance (March 2013) explicitly recognises the need to consider vulnerable groups 'such as looked after and adopted children'. Therefore supporting the Looked After Children agenda remains a priority area for 2015/2016 in Rotherham.

17.2 Evidence shows that Looked After Children and Young People share many of the same health risks and problems as their peers, but often to a greater degree. It is the responsibility of all staff working with Looked After Children and Young People to ensure that they communicate effectively with professional colleagues to ensure that the child's and young person's health needs are met (Statutory Guidance on Promoting the Health and Well-Being of Looked After Children 2009). Whilst the numbers of LAC fluctuate they remain around 400 in total with some living in the Rotherham catchment and others living out of area; NHS Rotherham CCG retains responsibility for them all.

17.3 NHS Rotherham CCG employs a Designated Doctor and Designated Nurse to assist them in fulfilling their responsibilities as commissioner of services to improve the health of LAC. These roles are strategic and are expected to work closely with health providers, Local Authorities and health care planners and commissioners to promote the welfare of LAC locally and out of area. LAC health needs vary as does the long term consequences of being in the care system. For example in respect of mental health and emotional well-being, looked after children show significantly higher rates of mental health disorders than others (45%, rising to 72% for those in residential care, compared to 10% of the general population aged 5 to 15) – conduct disorders being the most prevalent, with others having emotional disorders (anxiety and depression) or hyperactivity.

17.4 In addition to Designated Professionals NHS Rotherham CCG commissions a bespoke LAC and CL Service from TRFT. This team includes a Named Nurse and a Specialist Nurse with a remit for Care Leavers. Capacity remains a significant issue within the LAC and CL Health Team.

Table 13 – Capacity within the LAC and CL Health Team
(Intercollegiate 2015)

	Best Practice	Actual	RAG
Designated Nurse LAC	A minimum of 1 **dedicated** WTE* Designated Nurse Looked After Children for a child population of 70,000. Rotherham population = 62,100 in 2013 (Public Health England 2015)	1WTE covering LAC, Child Protection and managing Adult Safeguarding Team**	**RED**
Secretarial support (Designated Function)	A minimum of 0.5WTE dedicated administrative support to support the Designated Nurse Looked After Children	1 WTE secretary covering safeguarding, LAC and Protected Learning Time	**AMBER**
Designated Doctor LAC	A minimum of 8 hours per week or 2 PAs per 400 Looked after Children population (excluding any operational activity such as health assessments).	2 Programmed Activities (1PA = 4 hours)	**GREEN**
Named Nurse	A minimum of 1 dedicated WTE Named Nurse for Looked After Children for each Looked After Children provider services	1WTE	**GREEN**
Specialist Advisor Care Leavers	A minimum of 1 WTE* specialist nurse per 100 Looked After Children	0.5 WTE	**AMBER**

**WTE = Whole Time Equivalent*
***NHS Rotherham CCG Safeguarding Team from January 2015 includes Deputy Designated Nurse Safeguarding on Secondment in Multi Agency Safeguarding Hub See Section 12*

17.5 Two thirds of Looked After Children have been found to have at least one physical health complaint, such as speech and language problems, bedwetting, co-ordination difficulties and eye or sight problems. Generally the health and well-being of young people leaving care has consistently been found to be poorer than that of young people who have never been in care, with higher levels of teenage pregnancy, drug and alcohol abuse clearly evident.

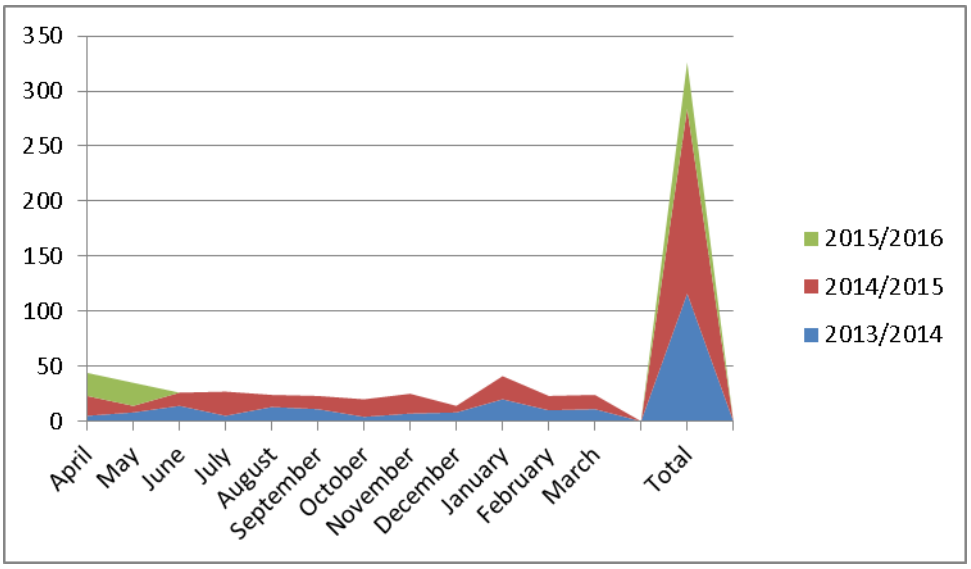
17.6 To ensure that health services are aware of their responsibilities to LAC the Designated Doctor has agreed an annual training session with GP colleagues to ensure the impact on a child's health is given due consideration. In addition a LAC and CL Practice Guidance for GP Practices is being published summer 2015 to support GP Practices in their commitment in caring for this vulnerable cohort.

17.7 Increases in the number of children coming into the care system are causing capacity issues within the health system; in particular with initial health assessments. As a short term measure TRFT have added 3 additional clinics during summer 2015 and conversations have begun with the Medical Director at increasing the overall number. Care Leaver provision has also been considered and capacity has been discussed as their needs were particularly highlighted by CQC in the CLAS inspection 2015.

17.8 Table 14 shows the difference in the total numbers of Looked after Children coming into care between 2013/2014 which was 116 and 2014/2015 which was 168 identifying that there was an increase of 52 Looked after children last year.

The projection is more than likely to increase for 2015-2016, as to date, in April 2015 there were 21 reported and May 2015 again 21 reported giving a total of 42 for the first 2 months of next year.

***Table 14* – Increase in Numbers of Children Coming into Care 2013/2014, 2014/2015 and beginning of 2015/2016**



17.9 Every year around 10,000 16 to 18 year-olds leave foster or residential care in England. Children in care must leave local authority care by their 18th birthday. Local authorities must support care leavers until they are 21 years old (or 25 if they are in education or training). On leaving care, some young people return home to their families but many start to live independent lives.

17.10 Young people in care often have had difficult lives – 62% are there because of abuse or neglect – and have to start living independently much earlier than their peers. Only half have emotional health and behaviour that is considered normal; this has changed little in the past three years. And while half of all young people still live with their parents at the age of 22, young people have to leave the state care system by their 18th birthday with a third moving straight into independent living. Many feel they leave care too early and struggle to cope with the loneliness and not being with family and friends. Young people who have had a background in care are more likely than their peers to have poor social outcomes in later life. For example, the most recent estimates are that:

- A quarter of those who were homeless had been in care at some point in their lives;
- Nearly half of young men under the age of 21 who had come into contact with the criminal justice system had a care experience;
- 22% of female care leavers became teenage parents; and
- Looked-after children and care leavers were between four and five times more likely to self-harm in adulthood.

17.11 Looked After Children and Care Leavers remain a priority for all agencies, their health and welfare needs as highlighted are below that of comparative children and young people. It is the intention of NHS Rotherham CCG to continue to work with the Looked After Children Council (LACC) to engage with them and elicit first-

hand what they need from us as health professionals. Listening to their explicit needs has established a need to provide them with a Health Passport; this will contain their historical and current health information. It is anticipated in autumn 2015 that NHS Rotherham CCG, TRFT and RMBC Children and Young People Social Care will work with the LACC to ensure that the voice of this cohort of children is heard and that health services are responsive to their needs.

Table 15 Overview of Strategic Objectives 2015/2016

	Overarching Strategic Objective
1	**Training:** Safeguarding vulnerable clients is a key priority for the NHS. This means that as a responsive and proactive commissioner of healthcare in Rotherham we must ensure that all staff is appropriately trained.
2	**Reporting**: FGM causes significant short and long-term health complications as well as being illegal. All health staff will be made aware of the NHS duty to report cases whilst supporting victims of this type of abuse irrespective of their age.
3	**Supporting:** Victims of sexual exploitation need concerted short and long term support from the statutory and voluntary sector. NHS Rotherham CCG is committed to working in partnership with statutory and voluntary partners to eradicate this heinous form of abuse.
4	**Partnerships**: NHS Rotherham CCG will work with inspectorates to improve safeguarding services. They will provide good leadership and work to continuously improve health safeguarding and Looked After Children arrangements**.** The experiences and views of adults, children their families will influence our safeguarding offers.
5	**Learning Lessons:** Following the release of the Alexis Jay Report (2014) and Louise Casey Report (2015) NHS Rotherham CCG accepts the need for a robust Multi Agency Safeguarding Hub. We will do this by working with partners to ensure that information flows are improved.
6	**Leadership:** Promoting the health and welfare of Looked After Children and Care Leavers is crucial. As a Responsible Commissioner (2012) NHS Rotherham CCG will continue to strive for equality of health provision for all its children whether living in or living out of area.

18. CONCLUSION

18.1 NHS Rotherham CCG needs to continue to work closely with statutory partners in light of the Children and Families Act 2014, which came into being September 2014. The reforms require a change in the way health, education and social care work together to assess, plan and provide services for children with Special Educational Needs and Disabilities (SEND). Key changes relate to the production of a Local SEND offer, new Education and Health Care Plans to replace Statement of Educational Needs and Learning Disability Assessments. There is a greater personalisation agenda and transparency theme running through the

reforms. Engagement and participation of children, young people, parents and carers is at the heart of all reforms including safeguarding. With regard to child protection this will be a significant challenge for health provider in 2015/2016.

18.2 Despite all the safeguarding work undertaken nationally, regionally and locally abuse and neglect in our society remains deeply worrying. It is an outrage that more than one child a week dies because of maltreatment and that 2 adults a week die as a result of domestic abuse. Abuse is more prevalent, and more devastating, than many of us are prepared to recognise. For example in 2013 a total of 2,900 rapes or attempted rapes of children under the age of 13 were recorded in England, Wales and Scotland, equivalent to eight every day. And still practitioners hide behind the 'confidential' excuse. Within the South Yorkshire area amendments have been made to the information sharing procedures to support practitioners in sharing 'softer intelligence' in order to protect the public, in addition statutory changes are expected to clarify information sharing further.

18.3 Safeguarding roles and responsibilities within a CCG are rapidly developing. Working Together to Safeguard Children (2013 and 2015) clearly reaffirms the role and responsibility of Designated Professionals. Sadly there is no current requirement to have a Designated Nurse for safeguarding adults but it is widely recognised that there is a need for a lead senior nurse. On a positive note the Care Act 2014 has provided a clear legal framework for how Local Authorities, Health (NHS Rotherham CCG) and Police should protect adults at risk of abuse and or neglect. It has clarified and defined the need for Safeguarding Adult Boards and the commissioning of Serious Case Reviews. Serious Case Reviews will be undertaken when serious harm has occurred and parties have concerns that safeguarding failures have played a part, these are now mandatory. The statutory role of the Designated Adult Safeguarding Manager (DASM) has been created for partners. However this role is currently controversial with national debates continuing.

18.4 Huge challenges remain around how agencies work together to safeguard the public NHS Rotherham CCG will never be complacent in its commitment to the people of Rotherham. This is clearly demonstrated by safeguarding being one of its four high level priorities in its five year commissioning plan. In addition the commitment of senior managers in NHS Rotherham CCG to the Safeguarding Boards, Health and Wellbeing Board and the Rotherham Improvement Board remains high.

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September 2015

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GLOSSARY

ACROYNM	TERM / DEFFINITION
Alexis Jay Report (2014)	Alexis Jay Report (2014) *The Independent Inquiry into Child Sexual Exploitation (CSE) in Rotherham between 1997 and 2013 was conducted by Alexis Jay OBE. It was commissioned by Rotherham Metropolitan Borough Council and published on 26 August 2014.*
BME	Black or Minority Ethnic *Black and Minority Ethnic or Black, Asian and Minority Ethnic: is the terminology normally used in the UK to describe people of non-white descent. It is a term used to describe people from minority groups, particularly those who are viewed or view themselves as being from a minority group due to their skin colour and/or ethnicity.*
Browne Jacobson LLP	Browne Jacobson Limited Liability Partnership - Law Firm *A law firm who have a collection of national specialisms across commercial, public, health and insurance sectors and vast experience in a wide variety of sectors including Health and NHS Trusts*
CAMHS	Child and Adolescent Mental Health Services *CAMHS are specialist NHS services that work with children and young people who have difficulties with their emotional and behavioral wellbeing.* *Local areas have a number of different support services available for example theses can be statutory, voluntary or school-based education sector. This support may come from NHS Trust, Local Authority, school or charitable organisation. Children and young people may need help with a wide range of issues at different points in their lives.* *Parents and carer's may also need help and advice to deal with behavioral or other problems their child is experiencing. Parents, carers and young people can receive direct support through CAMHS.*
CaSH	Contraception and Sexual Health *The CASH services in Rotherham offers a variety of services e.g. free condoms and contraception, emergency contraception, pregnancy testing, termination support, STI (Sexually Transmitted Infections) checks , general sexual health advice and support and psychosexual support. CaSH services in Rotherham are known as Integrated Sexual Health Services*
CDOP	Child Death Overview Panel *Child Death Overview Panels (CDOPs) became statutory April 2008 and are responsible for investigating on all child deaths. They record if the death was preventable and make recommendations to ensure that similar deaths are prevented in the future.* *CDOPs are accountable to the Local Safeguarding Children Board (LSCB) and they are made up of representatives from social care, and the police as well as coroners and paediatricians.* *CDOPS aim is to ensure that measures are put in place to ensure that any preventable factors uncovered do not happen again.* *CDOPs main functions are:* • *Collating and analysing information about child deaths, which then feeds into wider area strategies.* • *Putting procedures in place to coordinate the response to any identifies issues.* • *Work closely with the LSCBs and all partner agencies* *Key findings and learnings from child death reviews and serious case reviews are published by the Department of Education (DfE)*

ACROYNM	TERM / DEFFINITION
Child "R"	Child R (Serous Case Review) *"Child R" acronym is being used to anonymise and protect the child's identity throughout their specific reports and SCR's that are shared with other colleagues, organisation and any information available to the public.*
CiN	Child in Need *Section 17 of the Children Act 1989 defines a child or young person under the age of 18 years as being in need in law if:* • *He or she is unlikely to achieve or maintain or to have the opportunity to achieve or maintain a reasonable standard of health or development without provision of services from the LA;* • *His or her health or development is likely to be significantly impaired, or further impaired, without the provision of services from the LA;* • *He or she has a disability.* *Development can mean physical, intellectual, emotional, social or behavioral development. Health can be physical or mental health.* *The service can also be provided to the child's family or any member of his or her family so long as the aim is to safeguard and promote the child's welfare. Support can include providing cash assistance to a family.* *A Local Authority (LA) can provide accommodation to a child in need away from his family under Section 20 of the Children Act 1989. The Courts have also decided that whilst an LA may provide residential accommodation for children in need to live with their parents, it has no duty to do so.*
CL	Care leavers *Where a young person has been in the care of the Local Authority for a period of 13 weeks or more spanning their 16th birthday (Children Leaving Care Act 2000)*
CLAS CQC	Children Looked After and Safeguarding and Care Quality Commission *CLAS CQC Reports are when the CQC carries out a review of how health services keep children safe and contribute to promoting the health and wellbeing of looked after children and care leavers. The reviews focus on:* • *Evaluating the quality and impact of local health arrangements for safeguarding children.* • *Improving healthcare for children who are looked after.* *CQC use their powers under section 48 of the health and social care act 2008 to conduct this review.* *Each report will provide commentary on CQC's findings and will make recommendations for improvement.* *The current CQC format of the CLAS reviews run for two years from September 2013 and they will publish a National Report which will bring together findings from all CQC inspections across England. This will include reporting on the good practice CQC finds.*
CPP	Child Protection Plan *Section 47 of the Children Act 1989 defines that a Child Protection Plan is made when a child is judged to be at risk of significant harm. Significant harm being a level of harm that affects the health, welfare and development of a child. The CPP will say what the specific risks are to the child and the actions that will be needed to keep the child safe by all agencies* *All Social Services Departments throughout Great Britain have a duty to make Child Protection Plans for children who are at risk of significant harm. When a child has a Child Protection Plan the sort of risk will be described using one of these categories: neglect, physical abuse, sexual abuse or emotional abuse.*

ACROYNM	TERM / DEFFINITION
CQUIN	Commissioning for Quality and Innovation Framework *CQUINs are a national payment framework that enables commissioners to reward excellence, by linking a proportion of healthcare provider's income to the achievement of local quality improvement goals*
CSE	Child Sexual Exploitation *Sexual exploitation of children and young people under 18 years involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or another or others performing on them, sexual activities.* *Child sexual exploitation is an abhorrent abuse of children and young people. It can occur through the use of technology without the child's immediate recognition; for example being persuaded to post sexual images on the Internet/mobile phones often referred to "sexting". In all cases, those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources. Violence, coercion and intimidation are common in exploitative relationships.*
CSEGG	Child Sexual Exploitation in Gangs and Groups *See CSE above* *Children and young people involved with, or on the edges of gangs might be victims of violence or they might be pressured into doing things like stealing or carrying drugs or weapons. They might be abused, exploited or put into dangerous situations, by virtue of wanting to be or being part of a 'gang'.* *For lots of young people, being part of a gang makes them feel part of a caring group, it provides some young people with a sense of identity and/or self-worth. They might not want to leave; if they do leave or attempt to leave, it can be a really scary idea. They might be frightened about what will happen to them, their friends or their family if they leave.*
DASM	Designated Adult Safeguarding Manager *A statutory role created for partners – awaiting clarity from the Department of Health*
'Deep Dive'	*Deep Dive is to perform an extensive analysis of a subject, challenge or issue. The application and technique of the Deep Dive methodology is wide. Deep Dives are increasingly used to enable an organisation to improve the process and performance of teams across the organisation.*
DoLS	Deprivation of Liberty Safeguards *DoLS are part of the Mental Capacity Act 2005 and aims to make sure that people in care homes, hospitals and supported living are cared for in a way that does not inappropriately restrict their freedom. The safeguards should ensure that people in supported living arrangements can only be deprived of their liberty in a safe and correct way, and that this is only done when it is in the best interests of the person and there is no other way to care for them.*
EVOLVE	Rotherham Multi Agency Child Sexual Exploitation Team *EVOLVE have a dedicated duty social worker and police officer available by telephone from 8:30am – 6:30pm Monday to Friday, to offer advice and support to children and young people, professionals and families.* *RMBC/RLSCB and the Police support this project.*
FGM	Female Genital Mutilation *Incorporates a number of procedures that intentionally alter or cause significant injury to the female genital organs without medical necessity. It causes significant short and long-term complications and it is illegal.*
FNP	Family Nurse Partnership *An intensive and structured home visiting programme, which is offered to first time parents under the age of 20 years. A specially trained family nurse visits the mother regularly from early pregnancy until the baby is 2 years old and builds a close, supportive relationship with the family.*

ACROYNM	TERM / DEFFINITION
GP	General Practitioner – Family Doctor *A General Practitioner – Family Doctor is typically the first medical professional a patient will see when they have a medical condition. Such professionals would typically work as part of a multi-disciplinary unit, in which there will be an array of health colleagues. A GP would be the first person a patient discloses their symptoms and general condition to, whether done in a doctor's clinic or when the GP visits the patient at their home. GPs a good general knowledge of the medical discipline.*
GPST1 and GPST2	GPST1 and GPST2 *Speciality Trainee Year 1 and Year 2 for General Practice*
GUM	Genito Urinary Medicine *Rotherham GUM, now known as Integrated Sexual Health Services, is based at TRFT and provides a confidential service for the management of sexually transmitted disease. All Consultants have special interests in genital skin disorders and HIV. A wider team of doctors and nurses provide assessment and treatment and their specialist health advisers provide partner notification, sexual health education and counselling for patients in need.*
HMI Probation	Her Majesty's Inspectorate of Probation *An independent Inspectorate, funded by the Ministry of Justice and reporting directly to the Secretary of State on the effectiveness of work with adults, children and young people who have offended. Probation aims to reduce reoffending and protect the public;, the Inspectorate consider the quality and effectiveness (outcomes achieved) of the service provided and make recommendations designed to assist probation in continually improving the effectiveness of their services and reducing reoffending outcomes.*
HMIC	Her Majesty's Inspectorate of Constabulary for England and Wales *HMIC has a statutory responsibility for the inspection of the police forces of England and Wales. It is headed by the Chief Inspector of Constabulary and is responsible to the UK Parliament.*
IMD	Index of Multiple Deprivation *This is an overall measure of multiple deprivations experienced by people living in an area and is calculated for every Lower Layer Super Output Area (LSOA) in England. Lower Layer Super Output Areas are a geographic hierarchy designed to improve the reporting of small area statistics in England. The last data set was 2010*
IT	Information Technology *The study or use of systems (especially computers and telecommunications) for storing, retrieving, and sending information.*
JSNA	Joint Strategic Needs Assessment *The JSNA is a repository and summary of information from a wide range of sources relevant to health and wellbeing in Rotherham. Its purpose is to distil the available evidence of need into a series of answers to the following three questions:* • *Why is this an issue?* • *What is the local picture?* • *What is the trend and what can we predict will happen over time?*
Health and Wellbeing Board	*Rotherham Health and Wellbeing Strategy sets out the key priorities that the local Health and Wellbeing Board will deliver over the next three years to improve the health and wellbeing of Rotherham people.*

ACROYNM	TERM / DEFFINITION
Kate Lampard's Report into Jimmy Savile (2015)	*The Secretary of State for Health asked Kate Lampard QC to produce a 'lessons learned' report, drawing on the findings from all published investigations to identify areas of potential concern across the NHS. The report was published on 26 February and includes 14 recommendations for the NHS, the Department of Health and wider government. The full report can be found here.* *The Secretary of State for Health has accepted in principle 13 of these recommendations, 10 of which apply to NHS trusts and foundation trusts. Although the Secretary of State did not accept recommendation 6 on Disclosure and Barring (DBS) checks, organisations are asked to consider the use of these checks (standard or enhanced) where appropriate.*
KS3 and KS4	Key Stage 3 and Key Stage 4 KS3 - 11 - 14 years - School Year 7 - 9 KS4 - 14 - 16 years - School Year 10 - 11 *National curriculum introduced by the Department of Education for secondary school pupils (pupils in key stages 3 and 4, aged 11-16). The new curriculum aims to give schools and teachers more flexibility about what they teach. Whilst ensuring that education attainment is monitored*
LA	Local Authority *Local Government is the collective term for Local Councils which may also be referred to as Local Authorities. These are made up of councillors (members) who are voted for by the public in local elections and paid council staff (officers) who deliver services.*
LAC	Looked After Children *Where a child or young person has been looked after by the Local Authority for a continuous period of time more than 24 hours (The Children's Act 1989)*
LACC	Looked After Children Council *The LAC council is a voice for children and young people in care to be supported, empowered and encouraged to have their say.* *The Rotherham LACC are a group of children and young people supported by voice and influence. They hold regular meetings to raise awareness and have "our say about things that affect us", working together to influence positive decisions to improve the lives of young people living in care in Rotherham.*
Louise Casey Report (2015)	*10 September 2014, the Secretary of State appointed Louise Casey CB under section 10 of the Local Government Act 1999, was asked to carry out an inspection of the compliance of Rotherham Metropolitan Borough Council. She was asked to consider their compliance with Part 1 of that Act, in relation to its functions on governance, children and young people, and taxi and private hire licensing.* *Louise Casey CB was appointed as lead Inspector with Assistant Inspectors to ensure that she had all the required skills and experience available to her to fulfil her remit. Louise Casey CB began her inspection on the 1st October 2014 and published her report on 4 February 2015.*
MAPPA	Multi Agency Public Protection Arrangements *The Criminal Justice Act 2003 (CJA 2003) provides for the establishment of Multi-Agency Public Protection Arrangements (MAPPA) in each of the 42 criminal justice areas in England and Wales. These are designed to protect the public, including previous victims of crime, from serious harm by sexual and violent offenders. They require the Local Criminal Justice Agencies and other bodies such as health professionals, dealing with offenders to work together in partnership in dealing with these offenders.*
MASH	Multi Agency Safeguarding Hub *Aims to improve the safeguarding response for children and young people through prompt information sharing and high quality and timely safeguarding responses Sample of Key agencies who form part of the Rotherham MASH:- Health, Police, Children and Young People's Social Care, Education, Early Help and Probation.*

ACROYNM	TERM / DEFFINITION
MCA	Mental Capacity Act *The Mental Capacity Act 2005 came into force in England and Wales in 2007. The Act aims to empower and protect people who may not be able to make some decisions for themselves. It also enables people to plan ahead in case they are unable to make important decisions for themselves in the future.*
Monitor	Monitor *Under the Health and Social Care Act 2012, Monitor was established as the 'sector regulator' for health services in England and were given a new primary duty "to protect and promote the interests of people who use healthcare services". They also have a wide range of new responsibilities: making sure public providers are well led; making sure essential services are maintained; making sure the NHS payment system promotes quality and efficiency; and making sure procurement, choice and competition operate in the best interests of patients.*
NHS Rotherham CCG	NHS Rotherham Clinical Commissioning Group *Works for the people of Rotherham and responsible for buying and making sure that the people of Rotherham have the health care services they need; The main providers for Rotherham are Rotherham NHS Foundation Trust, Rotherham Doncaster and South Humber NHS Foundation Trust, Sheffield Teaching Hospitals NHS Foundation Trust and Rotherham Metropolitan Borough Council.*
NHSE Local Area Team	NHS England Local Area Team *NHS England has made changes to its internal structure as part of its Organisational Change Programme 2014/15. These changes came into effect in April 2015. As part of this process NHS England's area teams were integrated into the four existing regional teams: London, Midlands and East, North, South, each maintaining a local presence. Although NHSE have changed their internal structure, they remain one organisation* *The regions cover healthcare commissioning and delivery across their geographies and provide professional leadership on finance, nursing, medicine, specialised commissioning, patients and information, organisational development, assurance and delivery. The regional teams work closely with organisations such as Clinical Commissioning Groups (CCGs), Local Authorities, Health and Wellbeing Boards as well as GP practices.* *The changes were established to ensure that NHSE can operate as efficiently and effectively as possible in achieving the best outcomes for patients through our commissioning decisions.*
NSPCC	National Society for the Prevention of Cruelty to Children *Since 1884 – NSPCC is a charity campaigning and working in child protection in England, Wales, Northern Ireland and the Channel Islands.*
Ofsted	Office for standards in education, children's services and skills *Ofsted inspect and regulate services that care for children and young people, and services providing education and skills for learners of all ages*
PAs	Programmed Activity *Time allocated to one Programmed Activity is 4 hrs* *A doctor's main contract of employment will contain only the standard number of PAs (i.e. 10 for a full-time doctor or the agreed number for a part-time doctor).*
PLT	Protected Learning Time *Protected Learning Time in the name given for training sessions for Rotheham GPs. PLT supports their individual learning and development needs - NHS Rotherham CCG allocate a budget to cover all Rotherham practices back-fill, to close and attend monthly sessions to ensure access to learning and development.*

ACROYNM	TERM / DEFFINITION
Prevent	Prevent *Prevent is part of the National Counter-Terrorism Strategy and aims to stop people being drawn into or supporting terrorism.* *The Prevent strand of the strategy focuses on three key areas which are:* • *To respond to the ideological challenge of terrorism and the threat from those who promote it* • *To prevent people from being drawn into terrorism and ensure that they are given appropriate advice and support* • *To work with sectors and institutions where there are risks of radicalisation that we need to address*
Rag	Traffic light rating system and status on activity and projects *Method of rating for issues or status reports, based on red, amber, and green colours used in a traffic light rating system.*
RDaSH	Rotherham Doncaster and South Humber NHS Foundation Trust *RDaSH deliver the following: adult and older adults inpatient and community mental health; children and adolescent mental health; learning disabilities; substance misuse; psychological therapies, forensic and community services.*
RLSCB	Rotherham Local Safeguarding Children Board *Local Safeguarding Children Boards (LSCBs) were established by the Children Act 2004. This gives a statutory responsibility to each area to have an LSCB in place. LSCBs are now activey in every area of the country, it allows organisations to agree on how they will cooperate with one another to safeguard and promote the welfare of children. The purpose of this partnership working is to hold each other to account and to ensure that safeguarding children remains high priority across their region/area.*
RMBC	Rotherham Metropolitan Borough Council *Following intervention by the Government the RMBC's usual democratic arrangements are currently not in place. This was announced in February 2015 in response to a number of reports highlighting serious failings across the authority. RMBC is currently overseen by five Government-appointed Commissioners who take all decisions previously taken by the Council's Cabinet and Licensing Board, and have a range of other powers. They have been appointed for a period of up to four years and could be in charge of the RMBC until March 2019.*
RSAB or SAB	Rotherham Safeguarding Adults Board *Following implementation of the Care Act 2004, Safeguarding Adults Boards (SABs) were set up by local authorities to coordinate the delivery of adult safeguarding across their patch. SABs are a multi-agency partnership board and include a variety of organisations for e.g. police, health, and the local authority. The Board must be chaired by an independent chair or a senior manager from one of the partner organisations.*
Safeguarding Adults (ADASS)	ADASS - Directors of Adult Social Services *A framework to support Directors of Adult Social Services in leadership role's regarding adult safeguarding. Whilst targeted at Directors of Adult Social Services, the framework should be useful to partners, for example from the health and police sectors.*
SCR	*Serious Case Review* *Serious Case Reviews (SCRs): are undertaken by Local Safeguarding Children Boards (LSCBs) for every case where abuse or neglect is known - or suspected - and either:-* • *a child dies* • *a child is seriously harmed and there are concerns about how organisations or professionals worked together to protect the child.*

ACROYNM	TERM / DEFFINITION
SEND	*Special Educational Needs and Disabilities* *Help and activities for children and young people of compulsory school age, they have a special educational need/learning difficulty or disability if they:* 1. *have a significantly greater difficulty in learning than the majority of others of the same age; or* 2. *have a disability which prevents or hinders them from making use of educational facilities of a kind generally provided for others of the same age in mainstream schools or mainstream post-16 institutions.* *A child under compulsory school age has special educational needs if they fall within the definitions above or would do if special educational provision was not made for them.*
SILP	Significant Incident Learning Process *A tried and tested approach to a collaborative and analytical process to extract learning from a serious case review, serious incident, or other form of incident, requiring a "lessons learnt" approach.* *SILP explores the professional's view of the case at the time the events took place. It analyses significant events and deals not only with what happened but why it happened. SILP can show us what affected the practitioner's actions and decision making at the time and what needs to change. The systems focus reduces any notion of blame, ensuring practitioner events invite participation without fear of being blamed for actions taken in good faith. Families and significant others are offered opportunities to engage with reviews in a variety of ways. SILP reviews see equal value in learning from good practice by highlighting what went well as well as not so well.*
SMART	SMART *SMART is a best practice framework for setting goals. A SMART goal should be Specific (specify area for improvement), Measurable (quantify or at least suggest an indicator of progress), Assignable (specify who will do it), Realistic (state what results can realistically be achieved, given available resources) and Time-related (specify when the action(s) will be achieved).*
STEIS	Strategic Executive Information System *National system used for collecting information on serious incidents and is a single reporting structure for weekly management of information. This system is used nationally by health practitioners.*
TRFT	The Rotherham NHS Foundation Trust, *Providing a range of hospital based medical, surgical, paediatric and obstetric & gynaecological services. Clinical services are supported by comprehensive pathology, medical physics and imaging services, including state of the art Magnetic Resonance Imaging (MRI) and Computed Tomography (CT) facilities.*
UNICEF	United Nations International Children's Emergency Fund *Founded in 1947 and became a permanent part of United Nations Systems in 1953, and has been working to improve 'lives ever since through many programmes that reaches out to the different needs of children all over the world'.*
WTE	Whole Time Equivalent *Full time working hours within the health economy equates to37.5 hours per week*

ACROYNM	TERM / DEFFINITION
Y&H NHSE AT	Yorkshire and Humber NHS England Area Team. *NHS England is an executive non-departmental public body of the Department of Health. NHS England from April 2015 made changes to its internal structure as part of its Organisational Change Programme 2014/15.* *As part of this process NHS England's area teams were integrated into the four regional teams: London, Midlands and East, North and South, each maintaining a local presence.* *NHS England oversees the budget, planning, delivery and day-to-day operation of the commissioning side of the NHS in England as set out in the Health and Social Care Act 2012.*

APPENDIX 1
NHS ROTHERHAM CCG 'SAFEGUARDING 2015/2016 PLAN ON A PAGE'

Make Safeguarding Personal

Working together to improve health services, reduce inequalities and puts the client's needs at the heart of the safeguarding system so the right solution can be found for the individual

Challenges

- The Care Act 2014 came into force on the 1 April 2015 and is the most significant reform to care and support in 60 years.
- Publication of Alexis Jay Report (2014), Louise Casey Report (2015) and Kate Lampard's report into the NHS and Jimmy Savile (2015); Rotherham health economy is committed to learning lessons and working in partnership to improve public confidence in safeguarding.
- Care Quality Commission Children Looked After and Safeguarding review February 2015 and associated action plans will be monitored.

Solutions

- Proactive clinical leadership including Executive Safeguarding Leads, Designated and Named Professionals.
- Well trained and competent workforce, taking on board current and future development needs.
- Multi Agency Safeguarding Hub (MASH) with effective health professionals with sufficient seniority and capacity to function.

Strategic Objectives

NHS Rotherham CCG Safeguarding Strategic Objectives for 2015/2016 seek to address all six Health & Welbeing Strategic Aims (see key) across all life stages and for all communities.

Learning and Continual Development of Health Care Staff
NHS Rotherham CCG will continue to meet their training needs and monitor commissioned services compliance with safeguarding training.

Inspectorates
NHS Rotherham CCG is an active partner in the improvement plans and action plans from Ofsted, Monitor and CQC. We are working with Commissioners to improve safeguarding in Rotherham.

Female Genital Mutilation (FGM)
FGM offers provides no health benefits. Mandatory reporting will be achieved by all health providers by October 2015.

Multi Agency Safeguarding Hub
NHS Rotherham CCG have commissioned two senior colleagues for a twelve month secondment to improve and agree the effectiveness of the health economy.

Child Sexual Exploitation (CSE)*
NHS Rotherham CCG is committed to prevention of CSE as well as protection of those who have suffered. It has part funded a package of evidence based CSE drama interventions aimed at young people across all Rotherham schools.

Looked After Children and Care Leavers
Evidence shows that Looked After Children and Young People share many of the same health risks and problems as their peers but often to a greater degree. NHS Rotherham CCG is committed to reducing these inequalities.

Outcomes

Key measures of successful outcomes will include:

- NHS Rotherham CCG workforce will be compliant with mandatory safeguarding training requirements
- We will have regular meetings with partners, evidencing joint working and professional challenge to deliver agreed actions
- NHS Rotherham CCG's policies, processes and protocols will be updated in light of changing legislation, demands and recommendations
- Appropriate staff will have received information in the specific needs of Looked After Children and care leavers
- Looked after children and care leavers will have information available to them highlighting health care services.

Health and Wellbeing Strategic Aims

Key

Priority 1: PE — Prevention and Early Intervention

Priority 2: EA — Expectations and Aspirations

Priority 3: DI — Dependence to Independence

Priority 4: HL — Healthy Lifestyles

Priority 5: LC — Long Term Conditions

Priority 6: PT — Poverty

**** Prevention of Child Sexual Exploitation is a priority area for 2015/16. NHS Rotherham CCG will work with partners to address all issues that arise from the Jay, Casey and Lampard reports into CSE and the Ofsted and CQC report into children in need of help and protection.***

The overview report was published on 26 February and included 14 recommendations for the NHS, the Department of Health and wider government.

APPENDIX 2
ROTHERHAM SAFEGUARDING VULNERABLE CLIENTS LEADS AS AT MARCH 2015

Name and Title	Safeguarding Responsibility and Organisation
Chris Edwards, Chief Officer	RCCG
Sue Cassin, Chief Nurse	RCCG Executive Commissioning Lead RCCG
Catherine Hall, Head of Safeguarding	Designated Nurse for the health community, RCCG
Sam Davies, Deputy Designated Nurse.	MASH secondment from RCCG from January 2014
Julie Murphy, MASH Support Officer	MASH secondment from RCCG from March 2015
Dr Eisawl Nagmeldin, Consultant Paediatrician	Designated Doctor for the health community, RCCG to take up post April 2015
Dr, Consultant Paediatrician Peter Macfarlian/Shameel Mattara	Designated Doctor Rapid Response (CDOP) lead, RCCG
Dr Hashmi, Consultant Paediatrician	Designated Doctor, Looked After Children, NHS Rotherham CCG
Karen Holgate, Named Nurse Looked After Children	Named Nurse, Looked After Children, TRFT
Sandra Guest, Specialist Nurse Care Leavers	Specialist Advisor, Care Leaver TRFT
Dr Lee Oughton,	Named GP NHS Rotherham CCG
Jo Abbott, Acting Director of Public Health RMBC	Public Health Lead and Chair of Child Death Overview Panel (CDOP)
Kirsty Leahy, Safeguarding Adults and Clinical Quality Lead	NHS Rotherham CCG, Safeguarding Adults and Clinical Quality Lead
Angie Brunt, Safeguarding and Quality Officer	NHS Rotherham CCG
Tracey Mc Erlain-Burns, Chief Nurse,	Executive Safeguarding Lead adults and children Rotherham NHS Hospital Foundation Trust (TRFT)
Sharon Pagdin Named Nurse	Named Nurse, TRFT community lead
Carol Boote, Named Nurse	Named Nurse, TRFT hospital lead (retiring end March)
Sophia Atkin, Named Midwife	Named Midwife, TRFT hospital and community
VACANT POST	Named Doctor , TRFT
Jean Summerfield Named Nurse and Allison Newsome , Safeguarding Adult Lead	Named Nurse Safeguarding Adults TRFT hospital and community, Specialist advisor Safeguarding Adults hospital and community
Helen Dabbs, Deputy Chief Executive/Director Nursing & Partnerships	Executive Safeguarding adult and children lead Rotherham, Doncaster and South Humber Mental Health Foundation Trust (RDaSH)
Deborah Wildgoose, Deputy Nurse Director.	Safeguarding adult and children lead Rotherham, RDaSH
Navjot Ahlvwalia, Named Doctor	RDaSH Named Doctor
Malcolm Ewing, Named Professional	RDaSH - Rotherham
Sue Bower, Named Nurse	RDaSH - Rotherham

APPENDIX 3
SAFEGUARDING VULNERABLE CLIENTS STRATEGY

Appendix 3

Safeguarding Vulnerable Clients Strategy

Vision

NHS commissioning organisations in South Yorkshire & Bassetlaw prioritises the safety and welfare of children, young people and vulnerable adults across all commissioned and contracted services.

Safeguarding Children and Young People

The Children Acts 1989 & 2004 outline statutory duties relating to safeguarding and promoting the welfare of children for NHS organisations and partner agencies. These are summarised in **Working Together to Safeguard Children, Department of Health (DoH) 2010 and Statutory Guidance** on making arrangements to safeguard and promote the welfare of children.

Safeguarding Adults

The Role of Commissioners (DoH 2011) outlines our role including the commissioning of services which prevent and respond to neglect, harm and abuse of adults in the most vulnerable situations, this includes the commissioning services for women and children who experience violence or abuse.

What we will do?

- Comply with statutory requirements nationally and locally including quality standards set by the Care Quality Commission and Local Safeguarding Boards.
- Provide leadership for safeguarding across NHS and partner organisations.
- Have sound monitoring and accountability arrangements for safeguarding across the health economy.
- Seek the views of children, young people, vulnerable adults and their carers to influence the commissioning of services.

How we will do it?

- Have executive level membership of both Rotherham Local Safeguarding Children and Rotherham Safeguarding Adults Board.
- Work in collaboration with the Local Authority and other partner organisations to provide joined up services for the local population, including specialist services for disabled people, children in care or looked after and other vulnerable groups.
- Focus on commissioning services which reduce the effects of abuse, neglect or maltreatment including abuse within close adult relationships.
- Lead by example and take leadership and governance seriously.
- Have appropriate internal safeguarding policies in place, including safe recruitment of staff, whistle-blowing policies and adhere to Local Safeguarding Children and Safeguarding Adults Board policies and procedures.
- Have a positive influence and proactive attitude on safeguarding arrangements across NHS and partner organisations.
- Hold provider organisations to account by regular review of the safeguarding standards specified within the contracts through high quality scrutiny processes.
- Provide opportunities for the views and experiences of the most vulnerable members of our communities to be taken into account to inform service planning.
- In partnership with the Local Safeguarding Children Board and Safeguarding Adults Board, review serious incidents locally and nationally to identify lessons learned and to cascade learning across organisations.
- Continually monitor and review the quality of multi agency services to vulnerable groups through our governance and quality assurance processes to achieve the best outcomes.

APPENDIX 4
NHS ROTHERHAM CLINICAL COMMISSIONING GROUP