Rotherham Clinical Commissioning Group Governing Body

Safeguarding Vulnerable Clients Annual Report 2013/2014

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Purpose:

The Safeguarding Vulnerable Clients Annual Report provides an overview of key issues and activities taking place across the 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 Foundation Trust (TRFT) and Rotherham Doncaster and South Humber (RDaSH).

In addition the expectations of Rotherham Local Safeguarding Children Board (RLSCB) and Bluebell Wood Children's Hospice 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 Rotherham CCG, firmly believes that every person has the right to live a life free from abuse and neglect. With this in mind Rotherham CCG will continue to develop their safeguarding agenda.

This report highlights that the adult safeguarding agenda will continue to evolve in anticipation of the imminent publication of the 'Care Bill' and that Rotherham CCG will need to carefully review its role as a health commissioner in light of the national outcry with regard to sexual exploitation and the Department of Health reviews into the alleged sexual abuse committed on health premises by the late Jimmy Savile.

Within this report, the term vulnerable clients is again 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 period 2013 to 2014 and Rotherham CCG vision and objectives for the period for 2014 to 2015.

Analysis of key issues and of risks

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

- Contractual obligations which include safeguarding standards and new and developing Key Performance Indicator set for safeguarding children, Looked After Children and safeguarding adults.
- Compliance processes, including external safeguarding inspections and the support provided by Rotherham CCG on undertaking safeguarding self-assessments.
- Compliance with expectations of Safeguarding Adults and Children Boards.

Rotherham CCG intends to continue to hold providers of all NHS services that they commission to account for safeguarding all vulnerable clients; this is in the belief that safeguarding is everyone's responsibility. It will ensure that the NHS contribution to safeguarding and promoting welfare is discharged effectively across the whole local health economy through its commissioning arrangements.

Rotherham NHS Commissioners accept that failure to identify need early can result in continuous poor outcomes with long term consequences. Therefore early identification remains a priority; this can be seen in the investment in the Multi-Agency Safeguarding Hub, Family Nurse Partnership programme and Child Sexual Exploitation Team.

In addition to learning from local safeguarding lessons Rotherham CCG will continue to work with South Yorkshire and Bassetlaw NHS England Area Team to consider lessons across the sub region. These lessons include those from sub regional Serious Case Reviews and Domestic Homicide Reviews. In addition the CCG with Rotherham Child Death Overview Panel has produced guidance on self-harm and suicide clusters. This initial work has been accepted and published across South Yorkshire in the multi-agency procedures and continues to provide national direction in this difficult and sensitive area of adolescent suicides.

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. The Health and Welfare bill has still to receive royal assent and will hopefully provide some much need direction. In addition RCCG needs to establish a robust process with West and South Yorkshire and Bassetlaw CSU to provide timely training data as this area is lacking for the CCG and yet as Designated Nurse providers are all tasked with providing this data regularly.

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:

Co-ordination of a health response to domestic abuse, Mental Capacity Act and the Prevent agenda remains somewhat unknown, it is strongly anticipated that the Health and Welfare bill when it gains royal assent may provide some direction; however this remains an unknown quantity at this point in time.

Designated Doctor Capacity issues need considering for 2014/2015

Approval history:

21.08.14 Operational Risk, Governance and Quality Management Group

17.09.14 Audit and Quality Assurance Committee

Recommendations:

The Group is requested to:

- Note receipt of 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 2014/2015

NHS
Rotherham
Clinical Commissioning Group

Commissioning Safeguarding Vulnerable Clients Annual Report 2013/2014

Your life, Your health

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CONTROL RECORD			
Title	Commissioning Safeguarding Vulnerable Clients Annual Report 2013/2014		
Reference	NHS Rotherham Clinical Commissioning Group		
Purpose	NHS Rotherham Clinical Commissioning Group (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 RCCG. This report takes into account the Annual Safeguarding Children and Adults Reports from the two major commissioned health providers in Rotherham, TRFT, and RDaSH. In addition, the expectations of Rotherham Local Safeguarding Children Board and Rotherham Safeguarding Adults Board are incorporated into the NHS reporting and planning process.		
Audience	All RCCG staff, South Yorkshire & Bassetlaw NHS England Area Team, safeguarding leads, provider and partner organisations including Rotherham Local Safeguarding Children Board (RLSCB) and Rotherham Safeguarding Adults Board (RSAB)		
Issue	1	**Issue date**	August 2014
Owner	Rotherham Clinical Commissioning Group		
Author	RCCG Safeguarding Team		
Superseded Documents	Rotherham Clinical Commissioning Safeguarding Vulnerable Clients Annual Report 2012/2013 (October 2013)		
Main changes from previous versions	Working Together (2013) 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. With regard to safeguarding adults account has been taken of the anticipated Care Bill. Child Sexual Exploitation has become a national issue of significant concern and therefore plays a fuller role in this report.		
Groups Consulted	RLSCB, RSAB. Rotherham CCG Operational Risk Governance and Quality Management Group. South Yorkshire and Bassetlaw NHS England Area Team.		
Approved by	Operational Risk Governance & Quality Management Group. Audit and Quality Assurance Committee Rotherham Safeguarding Adults Board Rotherham Local Safeguarding Children Board South Yorkshire and Bassetlaw NHS England Area Team	**20.08.2014** **17.09.2014** **01.09.2014** sent **01.09.2014** sent **02.09.2014** Sent	
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 P Other £		
Access	Open Access		

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1. Introduction

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

1.2 As stated in last year's annual report Rotherham CCG firmly believes that every person has the right to live a life free from abuse and neglect. With this in mind Rotherham CCG will continue to develop their safeguarding agenda, in anticipation of the imminent publication of the 'Care Bill. In addition the sexual exploitation agenda will continue to evolve in light of the Department of Health review into the alleged sexual abuse committed on their premises by the late Jimmy Savile.

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 2013 to 2014 and Rotherham CCG vision and objectives for the period for 2014 to 2015.

1.4 This report provides assurance that commissioned health services within Rotherham 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.

1.5 Whilst the responsibility for coordinating safeguarding arrangements lies with Rotherham Metropolitan Borough Council (RMBC), effective safeguarding is based on a multi-agency approach. 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 Rotherham CCG commission services meet the required standards.

1.6 This annual report will set out the current national and local context for safeguarding the key achievements of 2013/14 and the challenges anticipated in 2014/2015.

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 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.

- Working Together to Safeguard Children (2013)
- The Protection of Children in England: A Progress Report 2011
- Children Act 2004 (specifically section 11 and 13)
- National Service Framework for Children Young People and Maternity Services:
- Core Standards (specifically standard 5)
- General Medical Council Safeguarding Children 2012
- Department of Health, No Secrets – Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse, March 2000
- Mental Capacity Act 2005
- Deprivation of Liberty Safeguards (DoLS) 2009
- The national framework 'Safeguarding Vulnerable People in the Reformed NHS:
- Accountability and Assurance Framework' (NHS Commissioning Board 2013)
- implemented 01 April 2013
- United Kingdom Counter Terrorism Strategy CONTEST 2003 revised 2011 (Prevent Agenda)
- Welfare Reform Act 2012
- The Health and Social Care Act 2012
- Safeguarding Adults (ADASS) 2005
- Safeguarding Vulnerable Groups Act 2006, (implemented October 2009)

2.2 The non-statutory NHS Commissioning Board Accountability and Assurance Framework states that CCG responsibilities include:-

Table 1 CCG Responsibilities RAG Rated

CCG Responsibility	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

***GREEN = On target**
AMBER = Off target with remedial action
RED = Work has yet to be started/progressed

2.3 Safeguarding vulnerable clients remains a key priority for Rotherham CCG. The CCG continue 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. Development of dynamic and collaborative partnerships both locally and regionally has been key in improving the quality of front line practice and patient safety across the footprint of Rotherham's health economy and will continue over the coming year.

2.4 Rotherham CCG has embraced its duty to be an active member of the Local Safeguarding Children Board (LSCB) and Safeguarding Adults Board (SAB); Rotherham CCG attends Board meetings and participates in their sub-groups as appropriate. In addition from 1 April 2013 Rotherham CCG has been an active member of South Yorkshire and Bassetlaw NHS England Area Team (SY&B NHSE AT) Safeguarding Forum.

2.5 This means that SY&B NHSE AT and Rotherham CCG has 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 Rotherham health community and across the South Yorkshire and Bassetlaw Health Economy. This work is on-going but has been seen nationally as good practice as locally we are developing safeguarding benchmarking tools.

2.6 There is no statutory provision for safeguarding vulnerable adults in England and Wales. The legal framework for intervening in safeguarding incidents 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, by legislating for Safeguarding Adult Boards.

2.7 The definition of a vulnerable adult is: "a person aged 18 or over who is or who may be in need of community care services by reason of mental or other disability, age or illness and who is or who may be unable to take care of himself or herself, or unable to protect himself or herself against significant harm or exploitation".

2.8 'No Secrets' (2000), continues to be the national guidance underpinning local inter-agency safeguarding adults policy, procedure and guidance and will remain as the statutory guidance until at least 2014, supported by legislation such as The Mental Capacity Act (2005) and Deprivation of Liberties Safeguards. Since the publication of *No Secrets* in 2000 and its later update there have been significant changes in the wider world of adult safeguarding, including:

- The awaited publication of the White Paper and Care Bill
- Implementation of the Mental Capacity Act (2005)
- Changes and developments in domestic violence legislation
- Developments in how hate crime is recognised and responded to
- High profile media coverage and enquiries into the treatment of vulnerable people in health and care settings.
- Changes in the Care Quality Commission inspection agendas
- NHS re-organisation and new Healthwatch arrangements
- Creation of Police and Crime Commissioners

- Increasing demand for public services and a squeeze on public sector spending
- Anticipated new law covering ill-treatment/wilful neglect

2.9 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 2013). 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.

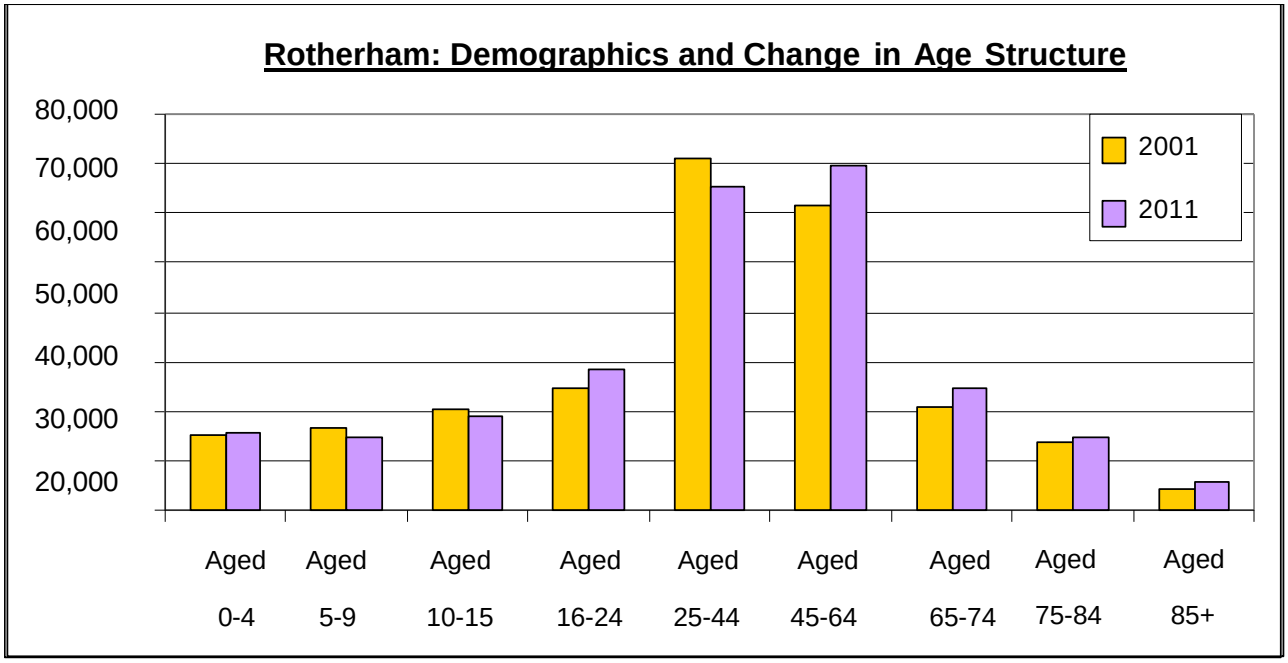
2.10 In addition to safeguarding children Rotherham CCG has statutory responsibilities with regard to Looked After Children and Care Leavers. Evidence shows that Looked After Children and Young People share many of the same health risks and problems as their peers, but often to a greater degree. They 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. Rotherham CCG Safeguarding Team therefore continues to work closely with 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 258,400 (2012). The population of Rotherham increased by 10,100 (4.1%) between 2001 and 2012. Rotherham Demographic Profile 2013

3.2 The number of people over 65 is projected to increase by 13% over the next 8 years (2013 to 2021), from 47,800 to 54,100. Almost all of this growth will take place in people aged over 70 years. The number of people aged over 85 will increase twice as fast as the over 65 rate, due to improvements in healthcare, it is estimated to rise by 27% from 5,600 to 7,100 by 2021. Increase in people over 85 potentially will impact upon safeguarding as the need for the elderly to utilise services increases disproportionality. See Table 2.

Table 2



3.3 For Rotherham the joint Health and Wellbeing Strategy, 2012 to 2015 (JSNA) provides information on the health and social care needs of the whole population, including those who have additional vulnerabilities.

3.4 The JSNA uses factual information and evidence to identify health and welfare needs. The JSNA 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.

3.5 The 2011 Census shows the Black or Minority Ethnic (BME) population to be 8.1% in Rotherham compared with 14.2% in the region (Yorkshire & the Humber) and 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 (7,609) together with Kashmiri (293) who together equate to 38% of the BME population in Rotherham.

3.6 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 the potential for 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 Rotherham CCG are working with health partners to raise awareness via the Prevent Agenda. Training data is collated regionally and locally will be more robustly challenged in 2014/2015.

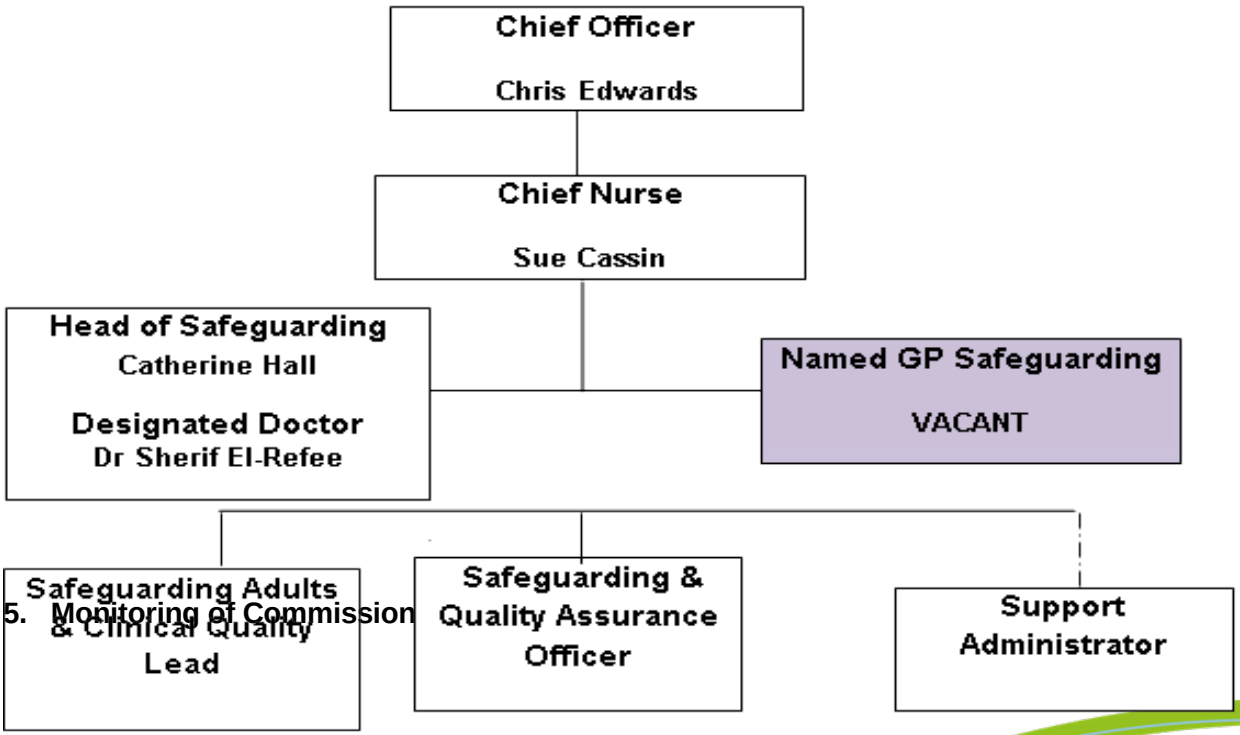
4. Accountability and Structure

4.1 NHS Rotherham Clinical Commissioning Group's Chief Officer is the executive lead for the 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 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)/ Safeguarding Children Board (RSCB) and for reporting any appropriate safeguarding risks or achievements to the Chief Officer and the CCG Governing Body. The Chief Nurse is a member of the Rotherham CCG Governing Body.

4.3 Rotherham CCG is committed to safeguarding and promoting the welfare of all individuals. Table 3 highlights Rotherham CCG safeguarding governance structure. As a team they are responsible for taking the safeguarding agenda forward and ensuring that the organisation fulfils its statutory safeguarding responsibilities providing a service that is fit for purpose. A notable gap was identified in having a Named GP specifically employed for safeguarding; this role is being recruited to in order to meet the expectations of the Commissioning Board Assurance Framework (2013), and acknowledges Rotherham CCG commitment to this critical role for safeguarding in developing local leadership.

Table 3: Rotherham CCG Internal Safeguarding Governance Structure



5. Monitoring of Commission

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

5.2 Contractual obligations which include safeguarding standards

5.3 Performance Management / Quality Assurance meetings and reporting

5.4 Reporting Section 11 Children Act 2004 compliance

5.5 Quality assurance of Annual Safeguarding Reports

5.6 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 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.

5.7 Provider annual reports all highlight a proactive approach to safeguarding vulnerable clients and all continue to highlight a need to take into account drivers for change including legislative changes such as those seen in cases where a client has been lawfully deprived of their liberty.

5.8 This is the first year that The Rotherham Foundation Trust (TRFT) Annual Report 2013/2014 has incorporated all vulnerable clients and is a demonstration of the way safeguarding is progressing nationally. Whilst there are no specific legal obligations currently to safeguard vulnerable adults there is certainly an absolute acknowledgement of the need to protect all vulnerable people irrespective of age.

- RDaSH Safeguarding Adults Annual Report 2013-2014
- RDaSH Safeguarding Children Annual Report 2013-2014
- Bluebell Wood Hospice 2013 Assurance of Children's Vulnerable People Safeguarding Arrangements
- Child Death Overview Panel Annual Report 2013-2014
- The Rotherham Foundation Trust Safeguarding Annual Report 2013-2014
- The Rotherham Foundation Trust Looked After Children and Care Leaver Report 2013/2014

5.9 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, 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).

5.10 Rotherham CCG maintains a current list of safeguarding children and adult leads, meeting regularly to ensure that safeguarding remains high profile within health provision. See Appendix 1 for a list of Rotherham safeguarding children and adults health economy leads.

5.11 Rotherham CCG are active partners at South Yorkshire and Bassetlaw NHS England Area Team Safeguarding Forum and have presented innovative practice to NHS England Safeguarding Lead nationally, this includes work on Safe Sleeping assessments, 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 published in Rotherham 2013/2014. A Serious Case Review has been commissioned in respect of a Rotherham child and will be published later in the financial year; in addition 2 health providers in Rotherham contributed to a Serious Case Review in Croydon.

6.2 August 2013 observed the publication of the revised multi-agency guidance for the conduct of Domestic Homicide reviews. Subsequent to the publication of the revised guidance there have been two commissioned domestic homicide reviews in Rotherham 2013/2014, currently we are awaiting publications of both overview reports.

6.3 Serious Case Reviews and their on-going action plans are monitored by Safeguarding Boards 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.

6.4 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

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 2013). The Child Death Overview Process was established in 2008 and involves a raft of commissioned health services in Rotherham.

Table 4: Child death reviews completed between 01 April 2013 and 31 March 2014 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		
Malignancy		**1**
Acute medical or surgical condition		
Chronic medical condition		**1**
Chromosomal, genetic and congenital anomalies		**8**
Perinatal/neonatal event		**6**
Infection		**1**
Sudden unexpected, unexplained death	**1**	
TOTAL	**1**	**18**

7.2 This year has seen a potentially significant increase in adolescent suicides. Exposure to suicide is a strong predictor of suicide ideation and attempts (Swanson and Colman 2013) therefore following the second suicide, agencies in Rotherham utilised Section 4.18 of Rotherham Local Safeguarding Children Board Procedures to manage a comprehensive agency response. National guidance to support the professionals in managing this difficult and sensitive area was sadly lacking. A multi-agency group alongside Public Health England have worked on publishing guidance for front line staff; this guidance is to be adopted across South Yorkshire.

7.3 The CDOP meetings noted the excellent information collected from 'Rotherham clinicians, nurses and social services' to support the work of CDOP; this was in stark contrast to the quality of the reviews submitted from some areas outside of Rotherham. This is in part due to the on-going leadership provided by the Designated Paediatrician and the CDOP Administrator who strive to ensure that every child death in Rotherham is given due and full consideration.

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 important challenges facing agencies today. It has 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.

8.2 In order to address this devastating type of child abuse, effective multi-agency partnership working is critical where partners work to the principle that safeguarding is everyone's responsibility and all are clear on their respective roles and responsibilities. Rotherham CCG plans to hold an event for senior health safeguarding practitioners in May 2014. This event will establish how the health economy, in Rotherham, can work together to tackle this chronic type of abuse.

8.3 Consideration will 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. In September 2014 Rotherham CCG is instrumental in facilitating a national Sexual Exploitation Conference including the South Yorkshire Crime and Police commissioner and nationally renowned speakers.

8.4 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).

8.5 The case scenario below highlights the need to work in a concerted and long term way with victims of this type of erosive abuse, and the Continuum of Need demonstrates how the 'health economy provides care from universal to crisis point. 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.

CASE STUDY: CASEY (pseudonym)

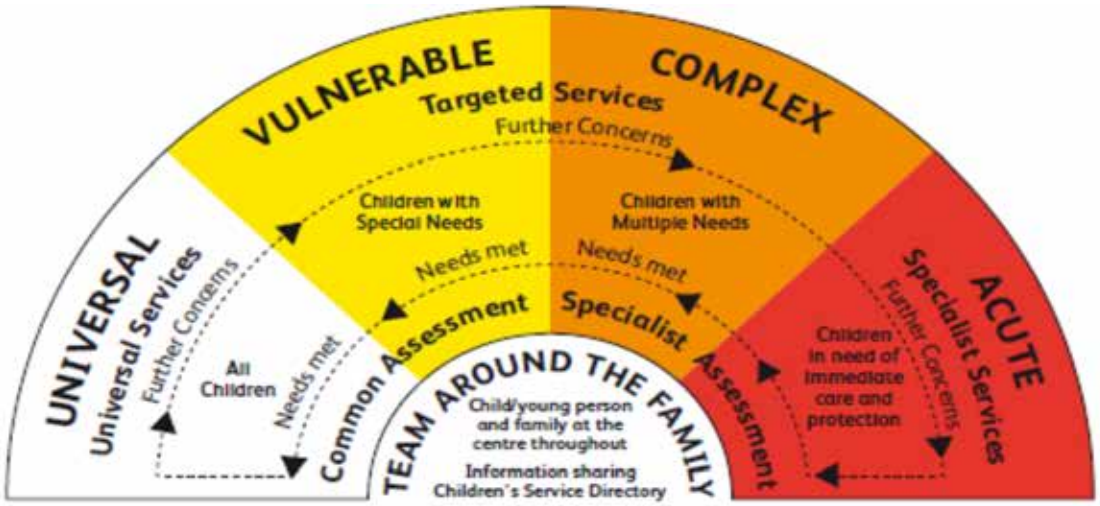
Casey is 13 years old and has been a regular missing person for the last year and was working with a large number of professionals. She has been a victim of abuse in the form of sexual exploitation, three sexual assaults, self-harms, has significant behaviour issues and regularly truants from school.

She has accessed the Safe@Last refuge in the past, but then she was taken into care and had no on-going support. Casey later accessed the refuge again and used the "a night's stay" to collect her thoughts and feelings and then she returned to her grandparents' care.

Support is still on-going for Casey and she still has a Safe@Last project worker, a School Nurse and a GP. She still has periods where she goes missing, as this seems to be the coping mechanism that she has developed to cope with stressful times in her life. She is subject to a Child Protection Plan, so support will continue for as long as she is at risk and is going missing.

The health economy are in a fortunate position where children are seen as part of a long term plan from universal provision to provision of care in crisis. Therefore Casey should be seen as a person rather than just an episode of care or support.

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



Continuum of Needs
(Commonly known as The Windscreen)

8.6 The Department of Health is leading on a work stream considering how people can be protected from sexual abuse whilst they are receiving publicly funded care. In addition there is work being undertaken as to the assumptions agencies make about 'normal' aspects of adolescent behaviour, such as risk taking and a focus on the present, potentially at the expense of longer term consequences of actions, may reduce practitioners' ability to recognise and respond to the needs of a sexually exploited child.

8.7 There is an enormous role for the 'health economy' in recognizing Child Sexual Exploitation. Children interviewed for the CSEGG Inquiry reported:

8.8 48 per cent had injuries that required them to visit an accident and emergency department.

8.9 41 per cent identified children having drug and alcohol problems

8.10 32 per cent identified children self-harming as a result of sexual exploitation

8.11 39 per cent identified a negative impact on children's sexual health.

Table 5 presents the Rotherham Data Collated So far

Data Summary – 2013/2014			
Please note that there has been a number of changes in practice and recording procedures over the last 12 months therefore caution should be taken when considering direction of travel from previous years			
MEASURE	**2012/13**	**2013/14**	**Direction of Travel since last year**
CSE Team			
Cases open to CSE Multi-Agency Team	69*	57*	ê□ |
Number of the above who are boys	-	4*	-
Number of contacts made to social services regarding CSE	437	162	not comparable
Number of children the contacts relate to	212	157	ê□
Number of contacts leading to a referral	129	89	ê□
Number of children the above referrals relate to	119	88	ê□
Number of Initial Assessments completed by the CSE Team	13	59	é□
Number of Core Assessments completed by the CSE Team	4	46	é□
Runaways			
Number of reported incidences of children running away from home or care (U18's)	338	416	é□ | |
Number of children the above runaway incidences relate to (U18's)	121	131	é□
Number of reported incidences of children running away from home or care (Between age 10 & 16's)	-	265	*New for 13/14*
Number of reported incidences of children running away from home or care (16+)	-	55	

*as at end of March 2014

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' (DCSF 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. 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 2013/2014 provides that assurance.

9.2 Initial Health Assessments of note for Rotherham CCG the statutory guidance states that Initial Health Assessments are to be completed within 28 days of a child becoming looked after. During the 12 month period of the report, 116 children became looked after of whom only 14 (12%) had their Initial Health Assessments completed within the 28 day timescale. Although this had been an improvement on the previous year, it remains unacceptable that in Rotherham these health needs are not being assessed in a timely manner. A review of the process has commenced and will be reported on in autumn 2014.

9.3 As can be seen by Table 6, there is a wide variety of reasons why Initial Health Assessments do not fall within the tight timescale of 28 days; however what must also be acknowledged is with the recent changes to adoption law there is a need to ensure that cases are efficiently twin tracked to reduce any time delays for children during this critical period. TRFT LAC Teams are making significant strides to ensure that the timeliness of health assessments is given the priority it requires.

Table 6

1 April 2013 to 31 March 2014	**No.**	**%**
How many children became looked after?	**116**	
How many initial health assessment appointments booked?	**65**	**26.8%**
How many pre-adoption medicals booked?	**38**	**15.7%**
How many update pre-adoption medicals booked?	**59**	**24.3%**
How many twin-tracking appointments booked?	**12**	**4.9%**
How many initial health assessments completed for other areas?	**10**	**4.1%**
How many initial health assessments completed within 28 days?	**14**	**12%**
How many clinic appointments not used/cancelled/transferred to community?	**53**	**21.9%**
Bookings	**No.**	**%**
How many requests for appointments were made by social workers within 7 days of the child becoming looked after?	**43**	**37%**
How many requests for appointments were made by social workers within 14 days of the child becoming looked after?	**13**	**11.2%**
Initial Health Assessments not completed due to ceasing LAC	**20**	**17.2%**
How many appointments were cancelled by paediatricians?	**8**	**8.3%**
How many appointments were cancelled by social workers?	**12**	**12.5%**
How many appointments were cancelled and rearranged by social workers?	**34**	**35.4%**

9.4 Table 7 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.

Table 7 Vulnerable Rotherham Children

Age Group	Child in Need	Child Protection	Looked After	Child Protection & Looked After	Grand Total
Unborn	38	1			39
0-1	105	58	25		188
2-4	223	91	44		358
5+	948	239	322	3	1512
Grand Total	**1314**	**389**	**391**	**3**	**2097**

10. Family Nurse Partnership

10.1 Following a Rotherham Serious Case Review involving a 17 year old mother murdered in 2010 a Family Nurse Partnership (FNP) team was commissioned in 2011 for Rotherham. FNP nurses offer support to teenage mums in their first pregnancy and for the first 2 years of their child's life. This is an intensive licensed programme which the teenagers volunteer to join and make long term commitments to work through with a family nurse. This involves a dedicated professional relationship with the same family nurse from pregnancy onwards which is being very well received by young women and all agencies.

10.2 Communication between services is often identified in SCRs and to improve multiagency working and services to FNP clients; with this in mind FNP is to be included in the proposal to have a Multi-Agency Safeguarding Hub (MASH) in Rotherham. This is anticipated to be running by August 2014 within Rotherham Borough Council new build, Riverside House.

10.3 Rotherham LSCB are keen for the development of a MASH in Rotherham as it will bring key officers together to tackle not only CSE but domestic abuse, anti-social behaviour and the wider safeguarding agenda. RLSCB has highlighted the MASH in its Annual Report as a key next step planned for 2014.

10.4 Following the re-configuration of health services in April 2013 the commissioning of FNP is now the remit of South Yorkshire and Bassetlaw NHS England Area Team; the Designated Nurse remains a FNP Board member and is working with the Area Team to further develop the FNP safeguarding agenda based on a national review of FNP by Professor Cantrill and E Hughes.

10.5 The FNP team provide an Annual Report which demonstrates the work achieved in the previous year. The Annual Report for FNP is a national template which for governance purposes is shared and scrutinised by the national FNP team. Rotherham FNP team comprises of 1 whole time equivalent (wte) supervisor, 4 wte family nurses and 0.5 wte administrative assistant .A family nurse left in June and was replaced in October 2013 by a new wte family nurse. However capacity within the team has been an issue raised by the Designated Nurse and requires a response from TRFT who host the FNP Team.

11. Update on Strategic Objectives Agreed for 2013/2014

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	2013/2014 Objectives	Anticipated Outcome for Rotherham CCG	RAG Rated Progress as at 22.06.2014
1	Maintain Working Relationships Ensuring that Standards are Maintained.	To maintain and drive forward the challenges of safeguarding in the new health footprint	RCCG Safeguarding Vulnerable Clients Strategy (on a page) supports the CCGs vision for the future and sits alongside the agreed governance arrangements for safeguarding vulnerable clients in Rotherham CCG and a See Appendix 2 and Appendix 3 respectively. Safeguarding Standards are within all contracts for 2013/2014 Standards are monitored regularly with providers. TRFT and RDaSH to have a Safeguarding CQUIN 2014/2015 As of July 2014 independent health providers will have access to suite vulnerable client policies. Top Tips published for Independent providers on safeguarding issues, included a survey monkey audit for Practice managers to gauge compliance – seen by NHS England as good practice. SGA Top Tips RCCG and SGC Top Tips RCCG Following a DoH directive to review access to vulnerable patients RCCG undertook a Jimmy Savile review Action Plan J Savile Investigations - Next Steps March 2013 **BLUE**
2	Strengthen leadership	Assurance that commissioners and providers of healthcare continue to prioritise safeguarding.	RCCG have in place a Safeguarding Vulnerable Clients Strategy – See Appendix 2 RCCG has in place a governance structure to ensure that safeguarding is seen as a 'golden thread' in all work undertaken – See Appendix 3 RCCG accountability at RSAB somewhat delayed due to issues within the RSA Board structure. TRFT have developed a safeguarding vulnerable client's team. TRFT have a bespoke Looked After Children and Care Leaver team. TRFT have developed a robust safeguarding governance structure led by the Chief Nurse.

			RDaSH have gaps in safeguarding teams which are being addressed via a CQUIN. The voice of Looked After Children was given high priority and has resulted in additional work with Healthwatch. Named GP for safeguarding advert circulated – 2 PAs per week. **GREEN**
3	Strengthen Governance and Assurance Process	Establish improved reporting processes with health providers to demonstrate commitment to safeguarding and ensure that all necessary steps to achieve this.	Attendance and contribution to RLSCB and RSAB providing assurance that RCCG as commissioners is delivering its commissioning responsibilities. Robust contractual processes for each provider updated annually and reviewed regularly to ensure that performance management processes are effective. Continue to provide an audit of Section 11 Children Act 2004, to RCCG and attend LSCB Challenge Meetings as requested. Employment of an Adult Safeguarding and Clinical Quality Lead CQC Children Looked After and Safeguarding Inspection and the on-going work across the health economy in Rotherham. OE Paper RCCG worked with NHS England and local Practice Managers to provide a safeguarding policy template, now needs embedding. **BLUE**
4	Ensure Lessons are Embedded into Practice from Serious Case Reviews, Untoward Incident Management, and Homicide Reviews	Ensure all commissioned health services comply with local safeguarding lessons. Ensuring that the wider health and social care community in Rotherham learns from serious incidents and serious case reviews and that required improvements are embedded into local services/ practice.	Continue to work with South Yorkshire and Bassetlaw NHS England Area Team to publish Lessons Learnt document. RLSCB has undertaken a lesson learnt with regard to recent cluster of suicides this work has included publishing guidance to support front line staff on Tri-X. Attendance by senior RCCG colleagues at Child Sexual Exploitation meetings and training. 2 Domestic Homicide Reviews and 1 SCR undertaken with full engagement of all health providers. Serious Case Review commissioned by Rotherham local safeguarding Children Board to consider a serious injury to an infant commenced beginning of 2014. Rotherham CCG fully involved in process and supporting the funding of the independent review. **BLUE**

5	Concerns Identified by Child Death Overview Panel	Compliance with statutory review, Working Together 2013.	A professional development session due 3 April 2014 for multi-agency frontline staff on managing risk relating to suicide and self-harm. The Child Death Overview Panel (CDOP) to consider the support and supervision for social workers/ police/ health professionals/ schools staff when a child dies. Schools are utilising MIND and work from Samaritans (2013). Further work is to be undertaken via the Suicide Prevention and Self-harm Group to consider the prevalence of self-harm amongst young people across the borough and how we manage this from a Public Health perspective; RCCG is involved in this work. RCCG has commissioned an audit of Safe Sleeping due Autumn 2014 **GREEN**

12. Strategic Objectives for 2014/2015

12.1 Safeguarding Training:

12.1.1 The Rotherham CCG Safeguarding Team has worked closely with providers to ensure that safeguarding training is fit for purpose. Training figures for 2014/2015 are to be monitored via a South Yorkshire and Bassetlaw safeguarding data set. This will demonstrate compliance over the year with regard to the expected training levels and with developing areas such as Prevent, changes to Mental Capacity Act, sexual exploitation etc.

12.1.2 Statutory guidance expects that all health staff will receive Prevent awareness training. The anticipated HealthWrap3 training will be undertaken once it has been published; in the interim and in anticipation a number of health staff in Rotherham being trained to deliver HealthWrap training in order to support demand.

12.1.3 The responsible commissioner for General Practitioners is NHS England, however CCG's have a responsibility for supporting the quality agenda in general practice, the current position is that the Rotherham CCG will support GP's in safeguarding training through Protected Learning Time events, the next one is planned for November 2014.

12.1.4 Additionally in this current year the CCG are offering each GP practice in Rotherham a Section 11 / CQC Outcome 7 'supportive challenge' face to face meeting alongside a training package covering the Mental Capacity Act (2005) & Prevent HealthWrap training. By December 2014 this will have been rolled out to all Rotherham GP practices.

12.1.5 South Yorkshire Designated Professionals are supporting a higher level of safeguarding training to ensure that senior health staff are cognisant with the consequences and impact of sexual exploitation and abuse. This is particularly important as the Department of Health are publishing, in summer 2014, their reports into the abuse of patients in hospital settings by Jimmy Savile. It is anticipated that a raft of recommendations for the health economy will be published in autumn 2014.

12.1.6 The recent Court ruling regarding Deprivation of Liberty Safeguards (DoLS) has lowered the threshold of applicability to DoLS; this will impact on TRFT staff and resources, particularly in relation to the need for robust Mental Capacity assessments. Further guidance is awaited from the DoLS advisor in RMBC and nationally. Health providers will need to ensure that all staff members (including staff on fixed-term contracts, temporary staff, locums, agency staff, volunteers, students and trainees) who provide care or treatment, have an understanding of the principles of the Mental Capacity Act 2005 and consent processes, appropriate to their role and level of responsibility, at the point of induction.

12.2 Child Sexual Exploitation

12.2.1 Child Sexual Exploitation and the anticipated outcome from the government's inquiry into the NHS and Department of Health handling of Jimmy Savile is expected to conclude in autumn 2014. Reports into individual NHS Organisations were commissioned by the Secretary of State for Health in October 2012 with an independent oversight commissioned. The remit of this report is 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. In addition it was acknowledged by all involved that victims of his heinous crimes deserved an explanation of what happened to them. And attempt to understand how those abuses were allowed to happen.

12.2.2 These reports will provide insight into how the NHS can ensure that misconduct and repeated inappropriate behaviour is taken seriously and will help to encourage victims to report abuse in future, and may deter others who might be minded to commit abuse.

12.2.3 For Rotherham CCG there is a need to ensure that the Child Sexual Exploitation does 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 exploited as adults and therefore health providers need to ensure that their needs for protection and safe care delivery are not overlooked.

12.2.4 2014/2015 Rotherham CCG will review the Department of Health Recommendations and work with health providers to ensure that action is taken to continually improve safeguarding for all Rotherham residents.

12.3 External Inspections

12.3.1 Care Quality Commission (CQC) Children Looked After and Safeguarding:

12.3.2 The Care Quality Commission (CQC) in October 2013 published an interim inspection, namely Children Looked After and Safeguarding Inspection (CLAS Inspection). 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.

12.3.3 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.

12.3.4 CQC will check whether CCGs, are working in accordance with their responsibilities under Section 11 of the Children Act and statutory guidance Working Together to Safeguard Children (2013). They will pay 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.

12.3.5 Rotherham CCG has set up monthly CQC update meetings to ensure that the services it provides are meeting expectations.

12.3.6 Office for Standards in Education (Ofsted) Inspection

12.3.7 There is a new Ofsted framework in place (September 2013) for the inspection of Local authority safeguarding services. This framework will continue until March 2015 when it is anticipated that Ofsted will join with CQC and Her Majesty Inspectorate Inspections.

12.3.8 In addition Ofsted inspect Local Authorities on their Fostering Arrangements; which will include Rotherham CCG Responsible Commissioner function.

Rotherham Local Authority Fostering Service was last inspected in July 2013. Two inspectors reviewed case files and met with a number of the fostering services stakeholders such as the Agency Decision Maker, the Independent Fostering Panel Chair, the Looked After Children health care team, as well as holding a number of focus groups with, foster carers and looked after children. Rotherham multi-agency LAC teams received an overall rating of "good". However there is no room for complacency with LAC health care provision and delivery remaining a CCG priority, see 11.4 for rationale of this.

12.3.9 Essential Standards Outcome 7 & Section 11 Inspection of Independent Providers

12.3.10 From January 2013 to April 2015 - Rotherham CCG Safeguarding Team have developed a programme to provide face to face peer challenge for Rotherham GP Surgeries. This challenge is preceded by the GP Practice completing a safeguarding template which is based on and supportive of their CQC Essential Standard Outcome 7 - Safeguarding - and Section 11 Children Act requirements.

12.3.11 Face to face visits are being organised to each surgery to assess their compliance and assurance with regard to Outcome 7and Section 11. These face to face meetings are fully supported by the Safeguarding Children and adults Boards. Individual reports are sent to each practice highlighting good practice and recommending further requirements. A final anonymised report will be published and widely shared to demonstrate transparency and promote good practice.

12.4 Looked After Children and Care Leavers

12.4.1 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 JSNA 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 2014/2015 in Rotherham.

12.4.2 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; Rotherham CCG retains responsibility for them all.

12.4.3 Rotherham CCG employs a Designated Doctor and 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.

12.4.4 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. The Designated Doctor for LAC in 2014 plans to work with GP colleagues to ensure that all GP Registrars in Rotherham receive training on the impact on health of being in the care system has.

12.4.5 Statutory guidance recommends that when a child becomes Looked After an Initial Health Assessments (IHA) is completed within 28 days. The IHA is completed by a Registered Medical Practitioner and provides an opportunity for information to be gathered about the child's health and is part of a continuous process of monitoring and promoting the child's health. In Rotherham, the IHA is performed by a Paediatrician from TRFT.

12.4.6 Once the IHA is completed the relevant 'Initial Health Review' documentation is recorded on SystmOne and a copy forwarded to TRFT Looked After Children's Health Team, this ensures that primary care teams are made aware of the child's health needs. Rotherham CCG and the LA monitor compliance with the above expectations, during the 12 month period reviewed 116 children became looked after of which 14 (12%) had their IHA completed within the 28 day timescale.

12.4.7 Although 12% has been an improvement on the previous years and is better than other areas, it is considered by TRFT and RCCG as unacceptable that these vulnerable children and young people are not having their health needs assessed in a timely manner. Improvement in this area has been given priority for 2014/2015.

12.5 Safeguarding Capacity and Staffing: Specific Safeguarding Roles and Responsibilities in Clinical Commissioning Group

12.5.1 Safeguarding roles and responsibilities within a CCG are rapidly developing. Working Together to Safeguard Children (2013) clearly reaffirms the role and responsibility of Designated Professionals and the Commissioning Board in Safeguarding Vulnerable People in the Reformed NHS Accountability and Assurance Framework (March 2013) clearly states that these roles should sit within CCGs. Designated Professionals, in particular the Designated Nurse role is well established in legislation, national and local guidance and in Rotherham CCG. The role of the Designated Doctor Safeguarding Children requires some additional consideration in 2014/2015 to ensure that Rotherham CCGs is fully compliant.

12.5.2 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. The adult safeguarding agenda continues to learn and develop from the safeguarding children agenda. It is with this in mind that Rotherham CCG employed a Safeguarding Adults Lead in August 2013.

12.5.3 The Designated Nurses across South Yorkshire and Bassetlaw have considered their role and responsibilities based on current national guidance and best practice to identify some consistency across the area and within the five Clinical Commissioning Groups (CCGs). NHS England SY and B Area Safeguarding Forum is to seek assurance from each CCG that safeguarding is a priority. CCGs are to benchmark themselves against a reference table to determine their safeguarding capacity.

12.5.4 In addition to the roles and responsibilities a capacity requirement for senior lead clinicians in safeguarding children in CCGs is outlined in full in the Safeguarding Competencies intercollegiate document (Royal Colleges 2014) Intercollegiate Document - Safeguarding children and young people - roles and competencies for health care staff - March 2014.

12.5.5 It specifically identifies that a Designated Doctor should; see Table 8:

Table 8

Role and Responsibilities – Rotherham Designated Doctor	Rag Rate
Hold consultant status or equivalent.	**GREEN**
Have undergone higher professional training in paediatrics.	**GREEN**
Have substantial clinical experience in the field of safeguarding/child protection and substantial experience of the legislation relating to children and young people, and the court process.	**GREEN**
Be clinically active (or have held an active clinical position in the previous two years) in the field of safeguarding/child protection, as part of their clinical commitments.	**GREEN**
Have proven negotiating and leadership skills.	**GREEN**

*** GREEN = On target**
AMBER = Off target with remedial action
RED = Work has yet to be started / progressed

12.5.6 Rotherham CCG is working closely with TRFT to ensure that the Designated Doctor for safeguarding children has the **capacity** to fulfil the expectations of this role. An effective work plan is being identified with Rotherham CCG Chief Nurse and Chief Officer.

12.5.7 In addition the Commissioning Board in Safeguarding Vulnerable People in the Reformed NHS Accountability & Assurance Framework (March 2013) acknowledges the critical role performed by the Named GP in local leadership and 'early family engagement'. Rotherham CCG has taken on board the recommendation that as a Clinical Commissioning Groups they need to specifically employ and therefore secure the services of a Named GP for a minimum of 1 day per week; recruitment to this post is underway.

12.5.8 The Named GP role will support all activities necessary to ensure that the CCG meets its responsibilities to safeguard/protect vulnerable people. The post holder will be responsible to and accountable within the managerial framework of the Clinical Commissioning Group (CCG); in relation to the roles and responsibilities listed, work as a member of the CCG's safeguarding team. This is an exciting development and the post holder is expected to work with the GPs within the Strategic Clinical Executive.

13. Conclusion

13.1 Rotherham CCG needs to continue to work closely with statuary partners in light of the Children and Families Act 2014, which comes 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 the reforms. With regard to child protection this will be a significant challenge for health provider in 2014/2015.

13.2 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.

APPENDIX 1

Rotherham Safeguarding Vulnerable Clients Leads as at April 2014

Name and Title	Safeguarding Responsibility
Chris Edwards, Chief Officer	RCCG
Sue Cassin, Chief Nurse	RCCG Executive Commissioning Lead for Rotherham health economy
Catherine Hall, Head of Safeguarding	Designated Nurse for the health community
Dr El-Refee, Consultant Paediatrician	Designated Doctor for the health community
Dr Peter Macfarlane, Consultant Paediatrician	Designated Doctor Rapid Response (CDOP) lead
Dr Hashmi, Consultant Paediatrician	Designated Doctor, Looked After Children
Karen Holgate, Specialist Lead Nurse	Specialist Lead Nurse, Looked After Children
Dr David Polkinghorn,	Named Doctor, GP and CCG lead for children
Dr Russell Brynes	CCG Adult Safeguarding Lead
Dr John Radford, Director of Public Health RMBC	Public Health Lead and Chair of Child Death Overview Panel (CDOP)
Alun Windle Safeguarding Adults and Clinical Quality Lead	RCCG, Safeguarding Adults and Clinical Quality Lead
Angie Brunt, Safeguarding Adult Officer	RCCG
Tracey Mc Erlain-Burns, Chief Nurse, Executive Safeguarding Lead adult 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
Sophia Atkin, Named Midwife	Named Midwife, TRFT hospital &community
Dr E Nagmeldin, Consultant Paediatrician	Named Doctor , TRFT
Jean Summerfield and Gill Pepper, Safeguarding Adult Lead	TRFT
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, Doncaster and South Humber Mental Health Foundation Trust (RDaSH)
Navjot Ahlvwalia, Named Doctor	RDaSH Named Doctor
Sam Davis, Named Nurse	RDaSH - Rotherham
Sue Bower, Named Nurse	RDaSH - Rotherham

Appendix 2

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.

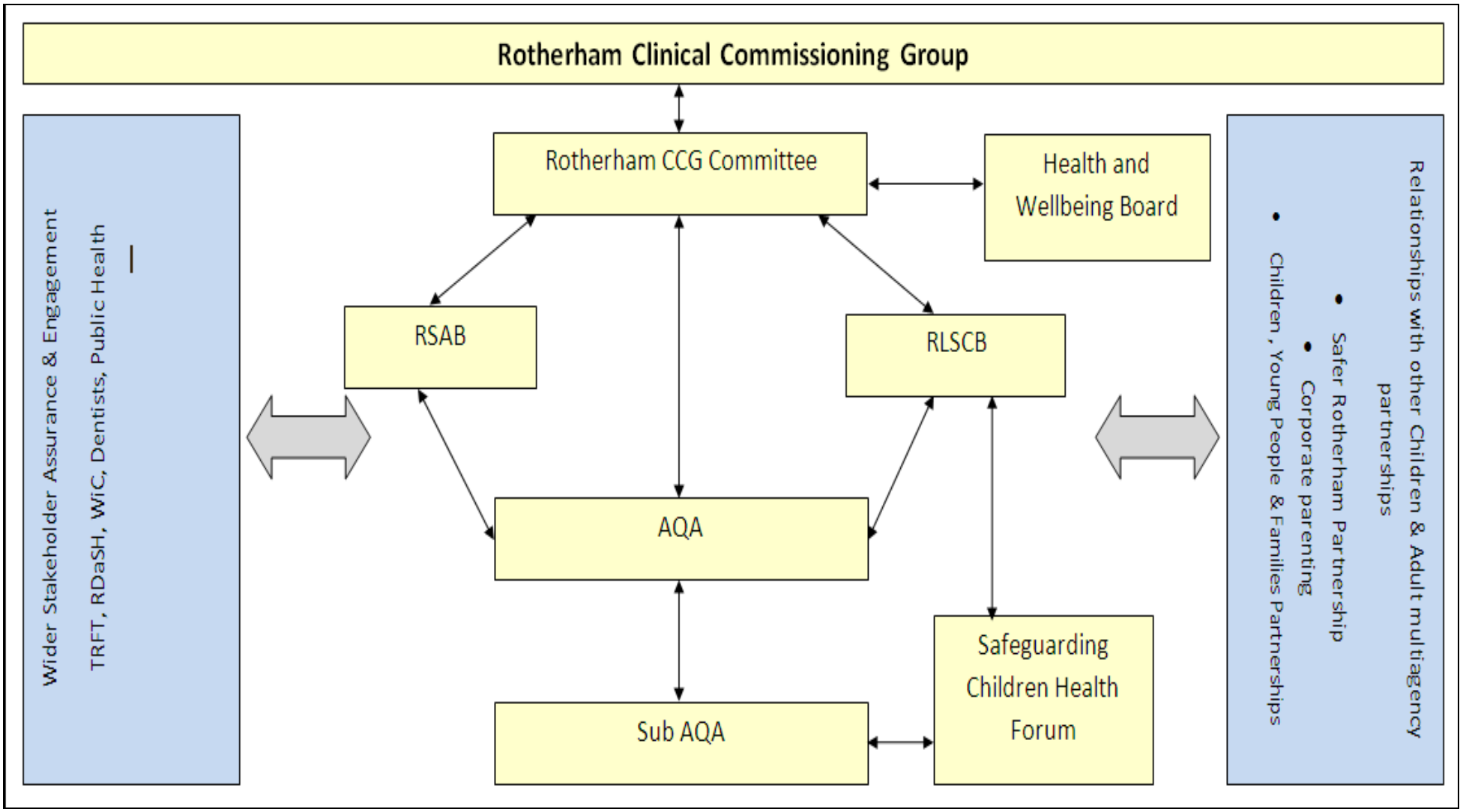
What we will do?

- 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 3


Rotherham Clinical Commissioning Group
Rotherham CCG Committee
Health and Wellbeing Board
RSAB
RLSCB
AQA
Sub AQA
Safeguarding Children Health Forum
Wider Stakeholder Assurance & Engagement
TRFT, RDaSH, WiC, Dentists, Public Health
Relationships with other Children & Adult multiagency partnerships
Safer Rotherham Partnership
Corporate parenting
Children, Young People & Families Partnerships