

Safeguarding Annual Update

1st April 2018 to
31st March 2019

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“Safeguarding is everyone’s responsibility and as such we strive to optimise lives free from harm and/or abuse”

Sue Cassin, Chief Nurse

As Executive Lead for Safeguarding Adults, Children and Young People and children in care for NHS Rotherham Clinical Commissioning Group (the CCG), I am delighted to publish this report.

This report clearly demonstrates our commitment to safeguarding and children in care. This commitment is supported by my team of dedicated staff, including Designated Doctors, Nurses and support officers. Together we ensure that safeguarding and children in care is central to all that the CCG does.

As a CCG we will ensure that quality health care delivery is firmly embedded within our core duties and functions and that of all the organisations we commission services from. As commissioners we endeavour to identify clear safeguarding arrangements and processes to be used to support practice and provide assurance at all levels. This annual report provides a flavour of that commitment to driving up standards across the CCG and our commissioned organisations.

For the CCG, effective safeguarding arrangements are those that seek to prevent and protect individuals from harm or abuse, regardless of their circumstances. In the United Kingdom, the foundations of safeguarding legislation are held within the United Nations Convention on the Rights of the Child for children; for adults the European Convention on Human Rights and to that effect we will underpin our core business.

This report clearly demonstrates that the CCG has, with our Designated Professionals, embedded robust networks of support, guidance and peer challenge for safeguarding children, children in care, adults at risk and for the development of Mental Capacity Act processes. Safeguarding continues to change in line with societal risks both locally and nationally, large

scale inquiries and legislative reforms; the CCG will remain proactive in our safeguarding commitments.

This report provides assurance to the Governing Body that the CCG is fulfilling its statutory safeguarding responsibilities and that safeguarding is fundamental to all that we do.



“We will work together within new demographic footprints to seek common solutions to the changing context of safeguarding and developing structural landscape needed to deliver the NHS Long Term Plan”

***Chris Edwards,
Chief Officer***

This report identifies and clarifies how relationships between health and other systems work at both strategic and operational levels in order to safeguard children, young people and adults at risk of abuse or neglect. Currently CCGs are responsible in law for the safeguarding element of services they commission. As the Chief Officer of this commissioning organisation, I will seek assurance that organisations from which my organisation commissions services from have effective safeguarding arrangements in place.

In addition the changing landscape of safeguarding children clearly puts CCGs at the core of safeguarding and children in care arrangements. The CCG has worked with the Local Authority and South Yorkshire Police, making sure that the new arrangements for Rotherham were published on time and are fit for the future of protecting and promoting the health and welfare of our residents.

It is also worth acknowledging the changing landscape of place-based system leadership with the introduction of Integrated Care Systems (ICSs) and Primary Care Networks (PCNs). Safeguarding must be considered in these new integrated systems, however, currently the responsibility to provide safeguarding services still sits with CCGs.

NHS Rotherham Clinical Commissioning Group (CCG) is responsible for the commissioning of healthcare for Rotherham residents. As a commissioning organisation, the CCG is required to ensure that all commissioned health services provide assurance that their processes and systems for safeguarding are robust and embedded.

This annual update offers a flavour of our commitment to drive up standards across all agencies. 2018/2019 was a particularly busy year in a number of safeguarding areas, leading to objectives being set for 2019/20 taking account of emerging safeguarding themes and drivers for change. This update highlights key areas of progress and key areas that require further attention.

This report links to the Annual Safeguarding Children and Adults Reports from the two major commissioned health providers in Rotherham:

- [The Rotherham NHS Foundation Trust \(TRFT\)](#)
- [Rotherham Doncaster & 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.

In 2019/20 we will continue to share information and develop safeguarding tools to support our staff in their roles.

Details of the CCG's safeguarding policies can be found here:

[Safeguarding Policies](#)

The landscape of safeguarding is always changing and we promise to change and adapt with it. As an organisation with a vital role to play in protecting vulnerable clients, we are committed to responding quickly and flexibly to new demands as they arise.

Safeguarding Headlines 2018/19:

- July 2018 - Revised [Working Together to Safeguard Children: a guide to inter-agency working to safeguard and promote the welfare of children](#)
- August 2018 - the much awaited [Adult Safeguarding: Roles and Competencies for Health Care Staff](#) Intercollegiate Adult Document published
- January 2019 - [Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff](#) updated to include changes in legislation and statutory guidance
- National roll-out of the [Child Protection – Information Sharing \(CP-IS\) system](#), linking IT systems used across health and social care to securely share basic information via a child's NHS number for children and unborn children who are subject to Child Protection Plans or Children in Care.
- Mental Capacity (Amendment) Bill
- DoLS and LPA
- Contextual Safeguarding – a new approach to child protection
- Integrated Care System

Success:

- Stovewood Trauma and Resilience service commissioned by the CCG through RDaSH from funding received from the Health and Justice Board for 2018/2019. Positive evaluation secured funding for a second year. A further one-off fund of £100k was received from NHS England to enhance voluntary service support for victims/survivors of historic CSE and their families.
- Safeguarding Conference focusing on male abuse – positive evaluation was received from this event attended by over 750 Rotherham multi-agency staff.

Accountability And Structure

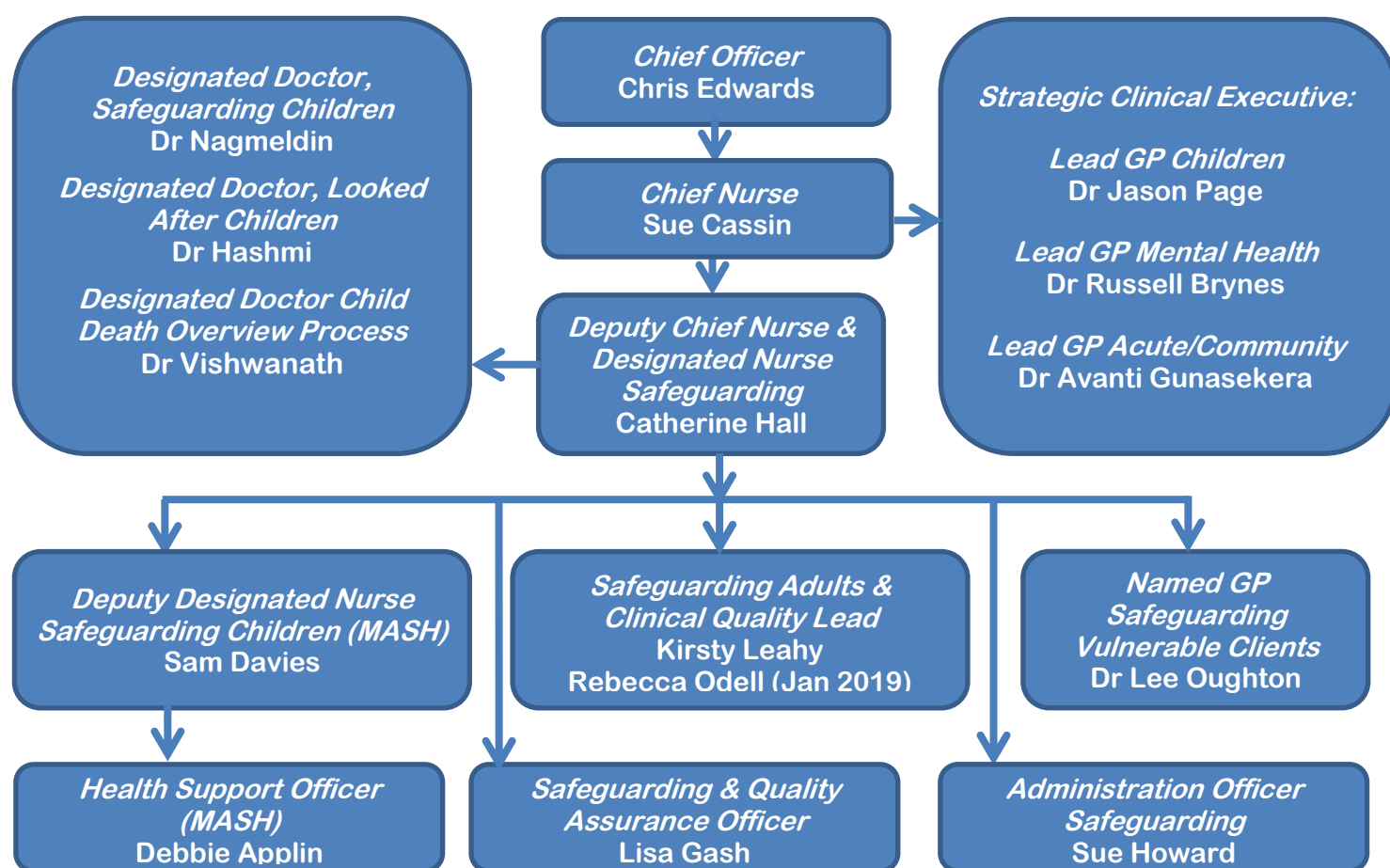
The Chief Officer, as executive lead for the CCG's safeguarding agenda has the responsibility for ensuring the contribution by health services to safeguarding and for promoting the safety of vulnerable people. It is the Chief Officer's responsibility to ensure that safeguarding is embedded across the whole local health economy. This is operationally delivered through local commissioning arrangements.

The Chief Nurse, as executive lead for safeguarding, reports to the Chief Officer and is responsible for the monitoring of safeguarding vulnerable clients across Rotherham. The Chief Nurse ensures that the reporting of any safeguarding risks or achievements is highlighted to the Chief Officer and the Governing Body. The Chief Nurse, as executive lead, is a member of Rotherham Safeguarding Adults Board (RSAB) and Rotherham Local Safeguarding Children Board (RLSCB).

The CCG has designated professionals who lead on issues of safeguarding children and adults across Rotherham. They ensure there are performance and assurance controls in place for healthcare providers. As a team they are responsible for taking the safeguarding agenda forward and ensuring that the CCG fulfils its statutory safeguarding responsibilities through providing a service that is fit for purpose.

The CCG is co-located with other NHS organisations at Oak House, Bramley, Rotherham and employs 119 staff. Every Rotherham General Practice is a member of the CCG and decisions on the commissioning of healthcare are made by the Governing Body.

The table underneath highlights the safeguarding governance structure as at April 2019.



Monitoring and Commissioning of Services

NHS England (NHSE), as the national lead health care organisation, requires assurance from CCGs that they comply with strict policies and procedures, ensuring that safeguarding lessons are learnt and managed in accordance with those policies and procedures.

In turn, the CCG seeks assurances from commissioned services (providers) that they are compliant in respect of processes, procedures and staff/personnel needed to meet safeguarding requirements.

TRFT and RDaSH

TRFT and RDaSH are the two major commissioned health providers in Rotherham. In order to lead change and drive up patient experience and safety, the CCG Safeguarding Team revises provider safeguarding standards annually. These standards are monitored within contracting and performance as part of quality and assurance. The safeguarding standards cover a vast array of legislative responsibilities from Section 11 of the Children Act 2004 and the Care Act 2014 through to the FGM Act 2003. They also include best practice expectations such as person centred care (Making Safeguarding Personal). As commissioners, the CCG seeks assurance that staff in provider organisations are compliant with safeguarding training appropriate to their level of responsibility (guided by the Royal College's Intercollegiate Documents 2014, 2018 and 2019).

Primary Care (General Practice)

Within the CCG Quality Contract, *Standard 10 Patient Safety, Safeguarding Deliverable 13*, there is a requirement for each GP surgery to publish an annual safeguarding self-assessment. For the year 2018-19 the Safeguarding Self-Assessment tool agreed with the Safeguarding Adult and Children Boards was used as a template for GP surgeries. This self-assessment met the needs of the Quality Contract standard for the CCG. The completion rate achieved 97%, with only one practice not responding. A report drawing together the conclusions of the self-assessments was then prepared and each GP surgery received an individualised critique on their self-assessment.

Three practices worked with the CCG Safeguarding Team, NHS England and the Virtual College to pilot an electronic safeguarding self-assessment tool. Going forward, it is anticipated that an electronic tool will become available for all GP surgeries for self-assessments in the future.



Safeguarding Children

- The CCG have attended Regional Safeguarding Networks to share best practice. The CCG have attended Rotherham Safeguarding Children Board (RLSCB) and Sub-groups
- Safeguarding updates are presented to The CCG's Assurance and Quality Audit Committee and Operational Executive groups.
- The CCG chair the RLSCB Performance & Quality sub-group
- The CCG has representation at strategic complex abuse meetings
- The CCG are a member of the Multi-agency Review Panel (MARP) – strategic review of complex cases requiring innovative jointly agreed solutions to safeguard children & young people

Rotherham Multi-agency Safeguarding Hub (MASH)

- Worked in partnership with RMBC and partners to respond to Multi-agency Information Sharing.
- Chaired Health MASH meetings – presenting data that outlines themes and outcomes of cases
- The CCG regularly attend at senior level Strategic MASH meetings
- Health colleagues ensure all decisions and outcomes are reported to clinicians working directly with children and their families.
- Provide demographic maps based on themes e.g. CSE to partners reporting number of cases and locality.
- Data reports to TRFT and RDASH re information sharing at Health MASH meetings
- Working in partnership to undertake auditing of MASH Information Sharing as part of MASH process.
- MASH health manage local and national 'missing' notifications for children and young people – providing monthly reports for the CCG Governing Body and to the RLSCB CSE & Missing sub-group

Safeguarding Adults

- Rotherham Safeguarding Adult Board (RSAB) moving forward due to the statutory powers of the Care Act 2014.
- Committed to all 4 sub-groups of the RSAB.
- LeDeR (Learning Disability Mortality Review) programme has been embedded across the health economy. 8 cases are identified and reviewed with learning shared.
- Prevent/Channel – remain high priorities for RCCG with multi-agency work continuing at both local, regional and national levels.
- MCA/DoL to remain lawful
- MAPPA – oversight and assurance of RCCG/s commissioned health services within individual cases.
- Serious Incidents (including SARs, DHRs, SCR and MHHRs)

Adult & Children Safeguarding in Primary Care

- NHSR CCG delivered 3 Step Approach to Rotherham GP Surgeries (GP Surgery Assurance Questionnaire, face to face education opportunity for surgery staff & safeguarding children supervision with the Named GP) on domestic abuse and bruising in non-mobile children.
- In-depth work with GPs, training following the 3-step approach to domestic abuse and bruising in non-mobile children.
- KPI & Standards in place for providers and reviewed in line with legislation changes and guidance. December 2018 moving towards joint children & adult safeguarding standards from RSAB and RLSCB, sent to GP surgeries for safeguarding assurance.

Information Sharing

In 2018/19 the CCG safeguarding team furnished staff, GP practices and multi-agency partners with information on key developments in the safeguarding arena. Safeguarding updates and information were shared via the CCG Newsletter (circulated to GP practices and CCG staff); e-mails to safeguarding leads, practice managers and multi-agency partners; published information on the Safeguarding pages of the internet and intranet. Table below shows the breadth of information sharing for the past year:

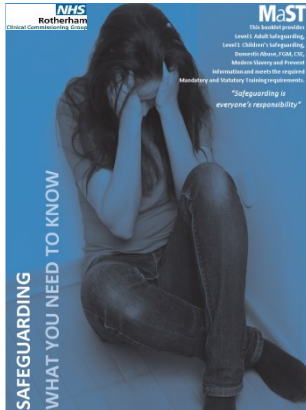
- "Not in Our Community" – for young people at risk of CSE. There is also Facebook page: <https://www.facebook.com/notinourcommunity/>
- "Cut the Strings" Domestic Abuse - 3 short domestic abuse clips.
- Summer safety (Child Accident Prevention Trust) published
- Female Genital Mutilation (FGM) Clinical Handbook published
- NHS England Safeguarding App - accessed via desktop, phone or tablet.
- Say Something if you See Something - A toolkit to stop child sexual exploitation
- CSA Scale and Nature infographics.pdf. Infographics on what we know so far
- Adult Safeguarding: Roles and Competencies for Health Care Staff 2018 - The much awaited Intercollegiate Adult Document published.
- Real Safeguarding Stories - All the resources are free to access and may be useful for training
- World Suicide Prevention Day (WSPD) - 10th September every year.
- Safeguarding Awareness Week 2018 - 45 organisations took part in Rotherham's first Safeguarding Awareness Week.
- GMC consent guidance consultation – Mental Capacity Law and Policy. Consultation on changes to the consent guidance
- Care Home Patient Registrations-Details shared following enquiries at PLTC
- Specialist Domestic Abuse Services –

RMBC out a full review of Domestic Abuse Services.

- Inquiry publishes first ever online anthology dedicated to the experiences of victims and survivors of child sexual abuse - 125 accounts shared with the Inquiry's Truth Project
- Safeguarding What you Need to Know Booklet - Circulated to all staff.
- What we all need to know about sexual images of under 18's - Leaflet re-circulated.
- Hate Crimes - Link shared to new public awareness campaign.
- Reflecting on Trauma - Link shared to aid understanding trauma and how this impacts on patients.
- FGM Home Office Campaign - Posters and information - Home Office FGM campaign.
- Missing Appointments Matter - Was Not Brought (including vulnerable adults) - Powerful clip asking clinicians to change "Did Not Attend" to "Was Not Brought"
- Inspire to Change - A programme for men and women who have been abusive, controlling or violent towards their partner (see Leaflet).
- Child Criminal Exploitation (County Lines) Toolkit
- Trauma Informed Services - Dr Jennie Ormerod, Consultant Clinical Psychologist and expert in the field of complex trauma presented at January PLTC.
- Signs of Safety - PLTC in January included a session on the topic of "Signs of Safety" – the Rotherham Family Approach
- Monthly Safeguarding Supervision – ongoing commitment by the Named GP Safeguarding.
- 'National Safe Sleep Awareness Week' 11-17 March 2019 and Safe Sleep Event 12th March 2019
- Framework - Safeguarding Children is all our responsibility
- Updated Child Protection Categories published.
- Vulnerable Clients at risk of Fire - South Yorkshire Fire & Rescue is asking partners to sign up to the Safe and Well Scheme

Mandatory Training

Annual Safeguarding Update



The CCG is committed to ensuring the effective training of all staff. All staff must be trained in children and adult safeguarding at level 1. Further levels of training are determined by the responsibilities set out in job descriptions and matched to the Royal Colleges' Intercollegiate Documents (2014, 2018 and 2019).

Annual written and verbal updates are mandatory requirements outlined in both Adult and Children Intercollegiate Documents (2018, 2019).

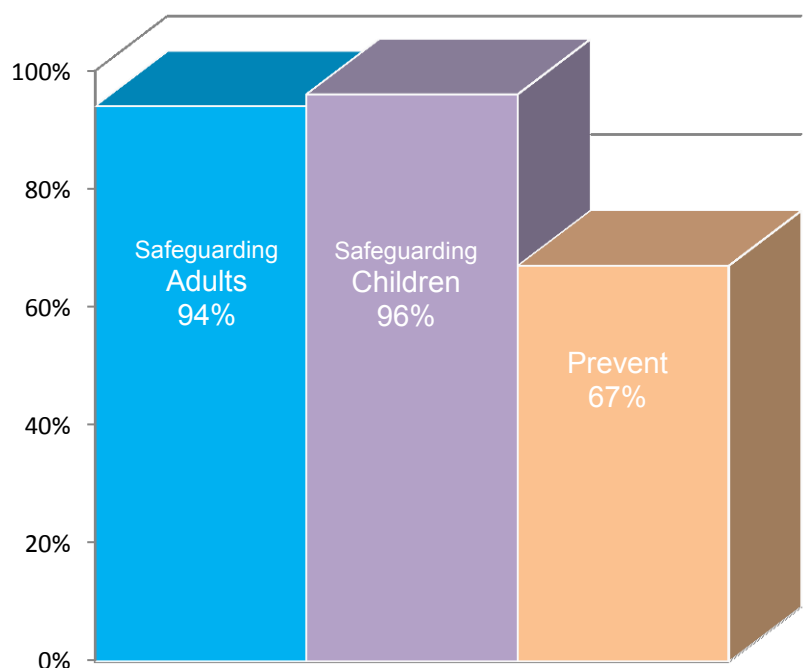
An annual training booklet was published in October 2018 and circulated widely, covering all statutory safeguarding requirements. The 2018/2019 leaflet complimented the TRFT and General Practice leaflet, ensuring that all staff have the same safeguarding information.

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

Mandatory training for Safeguarding Adults and Children remain above the national average. Prevent figures at the end of 2018/19 are shown as low, this is as a result of a change in training arrangements. From 2019 Prevent has been added to the electronic staff record training package and is now "MAST" reportable, highlighting non-compliant staff to managers and impacting on the PDR process if staff are not compliant at their development review.

Staff training requirements (from Intercollegiate documents)

Level 1:	Adults and Children All staff (clinical and non-clinical) working in health care organisations
Level 2:	Adults: All practitioners who have regular contact with patients, their families or carers, or the public. Children: nonclinical and clinical staff who, within their role, have contact (however small) with children and young people, parents/carers or adults who may pose a risk to children.
Level 3:	Adults: Registered health care staff Children: All clinical staff
Level 4:	Adults & Children Named professionals.
Level 5:	Adults & Children Designated Professionals



Multi-Agency Training

On 13th September 2018 the CCG hosted a multi-agency Safeguarding training event at Magna Science Centre. This was a well-attended event with around 800 delegates, with a focus on Male Abuse. The training equated to Level 3 safeguarding training for GP practice staff and multi-agency partners as agreed by RLSCB and RSAB.

Feedback from the event was very positive; and the enormity of the event bringing together multi-agency health, police and social care professionals was evident. A large amount of comments were made around how powerful the survivor stories were, how delegates were impacted by the speakers and the positive messages they took away.



In Addition to multi-agency events, the CCG safeguarding team regularly contribute to the Professional Leadership Training and Commissioning bi-monthly events and in-house training. These events incorporate education, the sharing of best practice and include regular “topical” safeguarding updates and workshops throughout the year. Below are some of the topics covered:



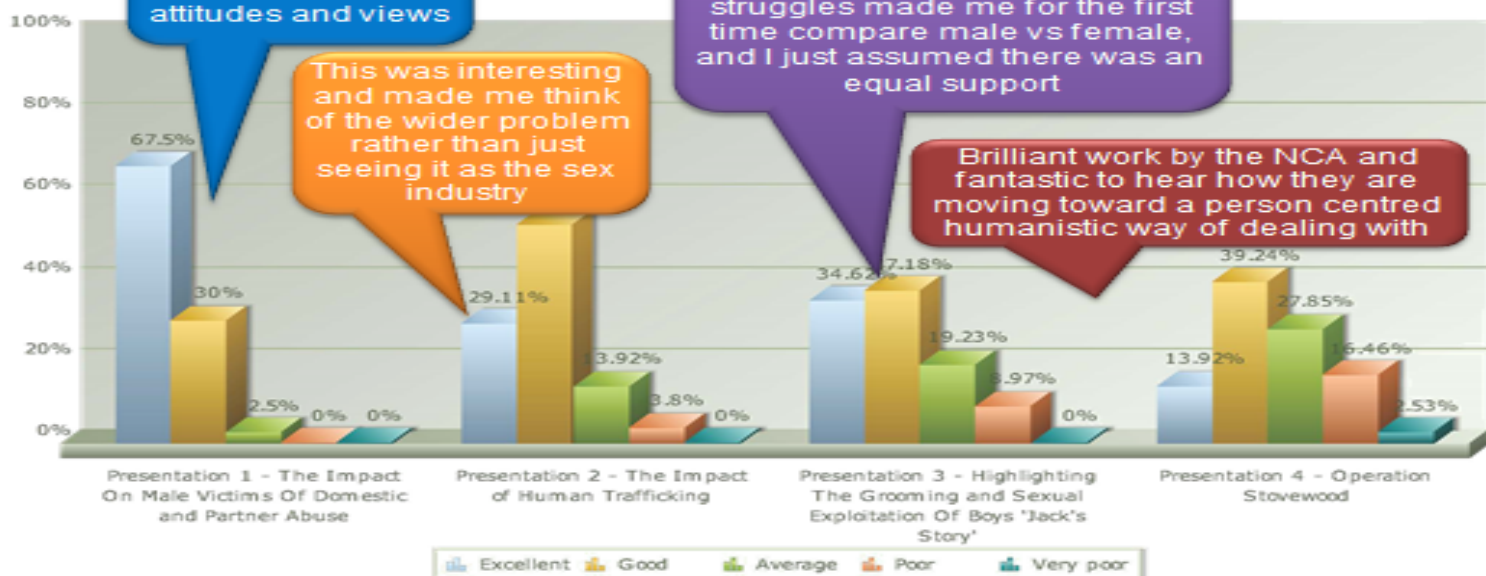
Fantastic event addressing extremely important issues, It truly has made me reflect upon my own assumptions and embedded constructs and will encourage me to ensure my practice is not gender biased.

Full of emotion and impact makes you think about your own attitudes and views

This was interesting and made me think of the wider problem rather than just seeing it as the sex industry

Seeing and hearing a survivors story and listening to the struggles made me for the first time compare male vs female, and I just assumed there was an equal support

Brilliant work by the NCA and fantastic to hear how they are moving toward a person centred humanistic way of dealing with



Rotherham Safeguarding Adult Board (RSAB)

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

Headlines 2018/19

- ◆ The CCG has remained firm in its commitment to the board at a senior and executive level.
- ◆ Participation at regional and local Safeguarding Networks to share best practice
- ◆ Participation at RSAB and sub groups
- ◆ Safeguarding assurance sought at provider Contract Quality meetings
- ◆ Attendance at TRFT Strategic Safeguarding meetings
- ◆ Participation in Domestic Homicide Reviews

LeDeR

(LeDeR) Programme was commenced in November 2016 following the Confidential Enquiry into the Premature Deaths of People with Learning Disabilities. During 2018/2019, 16 Rotherham residents were referred onto this programme. The reviews highlight best practice; potentially avoidable contributory factors and action plans/ lessons learnt necessary to change health and social care service delivery for those with a learning disability. The CCG are aware that there is a delay in undertaking LeDeR reviews and are making changes across the CCG and South Yorkshire & Bassetlaw footprint to rectify any delays.

Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS)

THE CCG continues to embed MCA into healthcare practice by ensuring that those who lack capacity to make decisions are protected under law.

The Mental Capacity (Amendment) Bill was published in 2019 giving particular regard to changes in responsibility for Liberty Protection Safeguards (LPS) (currently Deprivation of Liberty Safeguards (DoLS)). The landscape for the completion of LPS is unclear and close working with partners is taking place to ensure a smooth transition and effective implementation of the amendments to the Act. The CCG will continue to work with partners to create a local implementation strategy. The safeguarding lead will continue to attend regional and local MCA and DoLS forums and work with CHC and the Local Authority to establish a system to identify individuals that will require LPS.

Modern Slavery Act

NHS Rotherham CCG fully supports the Government's objectives to eradicate modern slavery and human trafficking but does not meet the requirements for producing an annual slavery and Human Trafficking Statement as set out in the Modern Slavery Act 2015.

Recognising the need to raise awareness to front line staff on the issues of child trafficking and modern slavery, this topic was included in the safeguarding learning event in September 2018 and further information disseminated to GP surgeries. It is anticipated that further work with SYP will take place in 2019/20.

Forced Marriage Consultation

Rotherham Health Economy partners met to discuss the Home Office consultation, seeking views on a possible mandatory reporting duty and how government guidance should be updated.. A joint Rotherham response was submitted on 23rd January 2019. The Designated Safeguarding Nurses over the South Yorkshire and Bassetlaw footprint also provided input into the response.

[Forced Marriage Consultation Document](#)

Focus On: Domestic Abuse

ROTHERHAM CONTEXT:

The Home Office estimates that in Rotherham there are 20,000 incidences of Domestic Abuse a year, with only 7500 contacting the police.

What's working well

- "HARKS" has been rolled out to Accident & Emergency Department, GPs and Dentists.
- DASH risk assessment are being utilised and Rotherham rise continues to offer support to victims.
- A multi-agency approach to delivering Domestic Abuse services.
- The Inspire to Change perpetrator program offers a programme for men and women who have been abusive, controlling or violent towards their partner. The course combines learning and support tailored to an individual's need.

Challenges

- Co-abusive relationships continue to be a challenge, this is where both individuals have been abusive, controlling violent towards their partner. It is often difficult to establish who is the victim and who is the perpetrator with this changing at times.
- Challenges continue around housing; victims remaining in their own home safely.

NEXT STEPS

- Close working with partners on the 2021 strategy.
- Production and implementation of a Human Resource policy on Domestic Abuse for Employees. Following publication in June 2018 of the Domestic Abuse Toolkit for Employers, NHSR CCG's HR and safeguarding team have put together a policy/guidance which refers principally to women but equally to men. All employees who experience abuse should be supported regardless of gender and the type of abuse. This policy can be shared as a tool for GPs to utilise.
- Continue to advertise the HARKs information,
- Continue to promote the **Inspire to Change** program.
- Offer specific training for GP's on Domestic abuse.
- Continue to share information with colleagues:

Controlling and coercive behaviour is domestic abuse. It is illegal. Dorset Police produced three short clips covering isolation, threats, tracking & monitoring. These have been shared in Rotherham as an information tool : **"Cut the Strings" Domestic Abuse**

Serious Incidents

Safeguarding Adult reviews (SAR), Serious Case Reviews (SCR), Domestic Homicide Reviews (DHR) and Mental Health Homicide Reviews (MHHR) all follow statutory requirements as per Working Together 2018, The Care Act 2014 and the Domestic Violence, Crime and Victims Act 2004. They are robust processes that follow a case through to learning lessons from serious incidents.

The past year has seen the CCG involved with a number of potential DHR cases, however after careful consideration none meet the criteria as per the Home Office policy for review.

SAR/SCR/DHR's and their ongoing action plans are monitored by Local Safeguarding Boards '*Working Together 2015 and The Care Act 2014*' and by providers via their internal governance arrangements.

The tables below show review activity for 2018/19:

Adult Safeguarding Reviews	
Type	Summary
DHR 2017	Death of a male, potential self-harm. Report submitted to the Home Office as per statutory guidance.
MHHR 2017	LSCB involved throughout the process due to victim being a child. Ongoing, report to be published Autumn 2019.
MHHR 2016	Investigation concluded. Report published July 2018.
DHR 2016	Continued investigation - Male murdered by <u>ex partner</u> with 3 youths also involved. Report submitted to the Home Office as per statutory guidance.

Child Safeguarding Serious Case Reviews (SCRs) (under the new Working Together 2018 Transitional Guidance)					
ID	SCR Panel	Decision	Approved	Published	Comments
1	20.04.16	Undertake SCR jointly with Sheffield	11.05.17	Awaiting	Criminal investigation in progress – further work on expert medical opinion before case to CPS.
2	26.09.17	Undertake SCR	07.06.18	Awaiting	Criminal investigation in progress – case has been to CPS further work by SYP required.
3	Durham Panel	Durham decision for SCR	Approval July 2019 - tbc	Awaiting	RMBC (CYPS) and TRFT involved in the SCR. Durham LSCB will approve the report in July 2019 (copy awaited).
4	28.02.19	Undertake SCR		In progress	IMRs completed, practitioner event Sept 19. Final draft report expected Sept 19
5	12.03.19	No SCR	-	-	Single Agency review being conducted by TRFT
If not published by 16th September 2019, LSCB will need to continue for publication if within 12 month grace period (to 16th Sept 2020)					
If not completed by 16th September 2019, LSCB will need to continue for completion/publication if within 12 month grace period (to 16th Sept 2020)					
If SCR not completed or published by end of 'grace period' (16th Sept 2020) all information should be passed to safeguarding partners, National Panel and DfE.					

Domestic Abuse Priority Group (DAPG)

The CCG are active members of this multi-agency group, which supports and informs the work of the Safer Rotherham Partnership (SRP). Responsibilities of the group include:

- Working towards reducing domestic homicides in Rotherham by implementing lessons learnt and recommendations of DHRs.
- Increase awareness (recognising the effect on victims/children living in households) and encourage reporting.
- Improve partnership working for all victims of domestic abuse.
- Improve ways of working in light of local, regional and national experience, research and evaluations
- Strategic co-ordination of work being undertaken to address domestic abuse, to ensure early intervention is aligned with longer term support available and that victims identified at high risk of domestic homicide are referred to MARAC and IDVAS to reduce risk.

The group aims to achieve reductions in the longer term, of high risk victims going through the Multi Agency Risk Assessment Conference (MARAC).

Focus On: Injuries and Bruises in Babies

Background

In March 2019 the Rotherham Local Safeguarding Children Board held a Practice Review Panel to consider a serious injury to an infant. The serious and long term consequences were considered alongside agency partnership working; specifically: did front line staff recognise the significance of bruises and injuries in non-mobile children?

Whilst there can be a clinical reason why non-mobile children have bruises and injuries, every bruise and injury on a non-mobile child needs to be considered and the outcome of that clinical judgement recorded. Outcome of discussions:

- Remain vigilant and be sure to consider other injuries
- Assessment from head to toe looking for other injuries
- Consider using a body map
- History and context plays an important role in helping to understand causation.
- Knowing the developmental milestones helps determine whether a reported cause of injury would be reasonable.
- If in doubt, check it out!



CCG Actions Taken

In June 2018 The CCG's Safeguarding Team conducted a three-step challenge "Not Cruising? Not Bruising!"

Step 1 - Self-Assessment Survey - 111
responses received over 19 practices.
Positively, 94% of staff were able to identify
the Named GP for Safeguarding Children.
100% reported they knew who to discuss
safeguarding concerns with, and 96%
reported that they knew what action to take if
they suspected non-accidental injury

Step 2 – Supported Learning Event to discuss and embed the LSCB Non Mobile Bruising Policy. 27 safeguarding leads covering 17 GP surgeries attended. This event evaluated very positively and included case studies which generated active peer discussions

Step 3 – Supervision sessions offered by the Named GP for Safeguarding

In March 2019 we:

- Re-circulated the learning outcomes from this event
- Emphasised the importance of analysing injuries in non-mobile children
- Promoted safeguarding supervision with the Named GP for Safeguarding
- Promoted the offer to provide training material which can be utilised for internal practice training sessions
- Promoted the new animation film developed by the Nottingham Safeguarding Partners [babies that don't cruise rarely bruise](#) as a useful training tool and extended the offer to provide training material for practice safeguarding sessions

Further information can be found on the NSPCC website (<https://learning.nspcc.org.uk/research-resources/pre-2013/bruises-children-core-info-leaflet/>), where a useful leaflet can be downloaded and printed off.

Local Rotherham policy guidance can be found here:
https://rotherhamscb.proceduresonline.com/chapters/p_bruising.html?zoom_highlight=bruising.



Focus On: Early Help

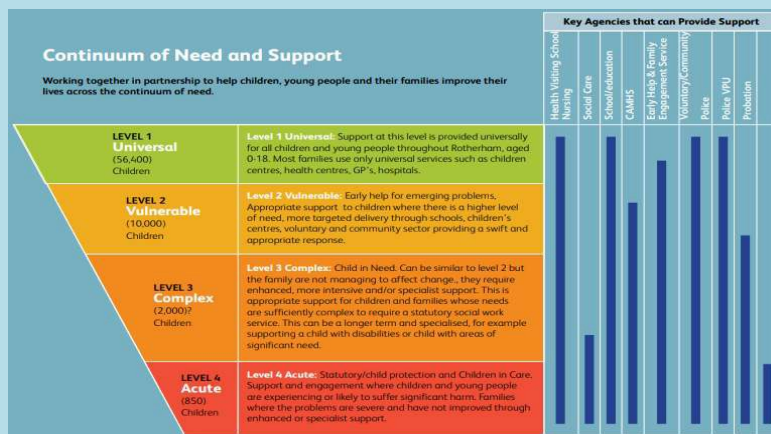
BACKGROUND

In August 2018 the Early Help Service was launched, providing support, prevention and early intervention for children and families. Discussions between the Named GP for Safeguarding and the Early Help Service identified a need for promotion of the service. Furthermore, the Early Help Service sought feedback from health professionals on how the service could be improved and streamlined. A three-step challenge was decided upon, to gauge current understanding and tailor a learning event based on current knowledge.

Step 1 - Self-Assessment Survey - this included case studies which informed active peer discussions at the learning event. The survey found that over half of responders reported they were unsure of the difference between Early Help and Children's Social Care and also the difference between safeguarding and child protection. Over half also indicated they were not clear on functions of the Early Help service or use of the Continuum of Need / Threshold Descriptors.

Step 2 – Supported Learning Event - held on 14th February 2019 with an “Early Help and Signs of Safety” theme. 41 people attended the event representing 22 GP surgeries. Positive evaluation was received, 9% of delegates rated the event as “Excellent”, “78% Good” and 13% “Ok”. All delegates (100%) stated they had learnt something new about services/processes and felt the information sharing will assist in future working practice.

Step 3 – Monthly 1:1 and group supervision sessions offered by the Named GP for Safeguarding.



Suggestions for Change

- Reduce number of referral requirements
- Communicate with GPs regarding the outcome of their referrals
- Summary of help available on Top Tips
- Promote service ensuring all services are aware of Early Help offer.
- Be easier to contact via telephone

What will happen now

- Early Help are revising their referral forms for primary care professionals to make it easier to refer. Other amendments to the form will be considered, including using the EMARF as a joint referral tool. Early Help will circulate the revised form to GPs for comment before implementation.
- Practitioners present at the event agreed to share the learning from the event in their own practice, to increase understanding and utilisation of the Early Help service. Presentation will be shared with delegates to help facilitate in-house discussions along with a ward map showing their locality teams.
- Early Help will circulate contact card / leaflets for self-referral when these are available.

Working Together To Safeguard Children

Background

Working Together to Safeguard Children (July 2018) is statutory guidance that focuses on the core legal requirements, making it clear what individuals, organisations and agencies must do to keep children safe. Under the new legislation, the three Safeguarding Partners, namely Rotherham Metropolitan Borough Council (RMBC), South Yorkshire Police (SYP) and the CCG, are obliged to make arrangements to work together with 'Relevant Agencies' to safeguard and protect the welfare of children in their area. The legislative requirements must be complied with unless exceptional circumstances arise. The three Safeguarding Partners must:

- agree on a way to co-ordinate their safeguarding services;
- act as a strategic leadership team to support and engage others and;
- implement local and national learning including from serious child safeguarding incidents.

To fulfil this role, the three Safeguarding Partners have set out how they will work together and with which 'relevant agencies'. For the CCG 'relevant partners' include all services they commission to deliver healthcare. Strong leadership is critical for the new Working Together (WT 2018) arrangements to be effective including bringing together various organisations and agencies to protect and promote child welfare.

For the CCG the lead is the Accountable Officer, **Chris Edwards**. All three Safeguarding Partners have equal and joint responsibility for local safeguarding children arrangements. In situations that require a clear, single point of leadership, all three Safeguarding Partners will decide who takes the lead on the issue that has arisen. Should the lead representatives delegate their functions, they remain accountable for any actions or decisions taken on behalf of their agency. Full Guidance: [Working Together to Safeguard Children - Guide.pdf](#)

What is happening in Rotherham to implement the changes?

There has always been a strong partnership approach in Rotherham. WT 2018 highlights some changes in accountability and some areas that already happen but need to be formally agreed. To achieve these changes the 3 Safeguarding Partners commissioned a delivery group. Made up of senior colleagues from the three statutory agencies, this group has been chaired by the Independent Chair of the Local Safeguarding Children Board (LSCB).

A proposal for the way forward was co-produced and Rotherham aimed to publish their safeguarding arrangements well within timescales.

Following publication of arrangements, Safeguarding Partners have **up to three months** to implement arrangements.

There are also changes to the **Child Death Review process** which requires work across South Yorkshire and Bassetlaw; this is due to the expectation that each area will present information centrally that relates to over 60 child deaths per annum.

LSCBs must continue to make decisions on initiating and publishing **Serious Case Reviews (SCRs)** until the point at which Safeguarding Partner arrangements have been published and are in place. As of 29 June 2018 a Child Safeguarding Practice Review Panel will be set up nationally. To date the Child Safeguarding Practice Review Panel (the Panel) has considered all notifications of serious incidents and arranged for a case in Rotherham to be reviewed as a national child safeguarding practice review.

Child Death Overview Panel (CDOP)

Background

The death of a child is a devastating loss with profound impacts on any and all involved in caring for the child in any capacity. Families in such circumstances deserve compassion, clarity in communication but mostly they need answers to aid them in understanding what happened to their child.

In England on 1st April 2008, Child Death Overview Panels (CDOP) were set up to review all child deaths. CDOP in Rotherham is chaired by the Director of Public Health and the Deputy Chair is the Designated Nurse for Safeguarding Children. The Designated Doctor for CDOP is a senior Paediatrician who supports the multi-agency panel in identifying whether there is any learning that could influence better outcomes for children at both a local and national level. CDOPs promote the sharing of information and learning to all organisations, in both the statutory and voluntary sector, considering how to reduce the likelihood and impact of any modifiable factors which may have contributed to the death of a child.

CDOP's review every child death from 0-18 years who is normally resident within that area, irrespective of where the child died.

Child Death Data Analysis

The number of child deaths in Rotherham in 2018-19 was 22, which is similar to the average number of deaths in each panel year (April – March) since its inception in 2008, during which period there have been 231 deaths at an average of 21 per year.

Whilst the number of deaths in an individual year has been as high as 28 in 2012-13 and as low as 14 in 2016-17, in general the annual variation seems to be explained by random variation, and there is no discernible trend in numbers of deaths.

For Rotherham a large proportion of child deaths occur in the neonatal period (the first 28 days of life). Of the 231 child deaths:

- 105 have been aged 28 days or less at death, of which 72 were perinatal deaths (i.e. died in the first week of life);
- 52 non-neonatal deaths were within the first year of life;
- 18 were aged between 1 and 5 years;
- 56 were aged 5 and over.

Work done by or on behalf of Rotherham CDOP

Some key strands of work are highlighted below, ranging from work done by CDOP making direct quality improvements to work undertaken by partner agencies and services on behalf of CDOP:

- **TRFT 0 – 19 Service Healthy Child Programme Pathways** - Improved service quality by the 0-19s service, through an annual review of caseloads to ensure that children and young people are assigned the correct pathway commensurate with their level of need.
- **Safer Sleeping – All Agencies** - CDOP pursued further embedding of the Safe Sleep guidance, which was adopted by the RLSCB in 2017-18. Two multi agency training sessions were first delivered in March 2019, with a further two to be delivered in September 2019. Safe sleep audits. The maternity safe sleep audit from January 2019 showed 100% compliance – i.e. every new born baby in Rotherham had an initial safe sleep assessment performed by community midwifery. A similar audit of SystmOne records carried out in the 0-19s service showed 72% of new births were undertaken. Further work and audits agreed.
- **Child safety – all agencies** - Specific cause for concern in respect of choking hazards for babies and infants, with a plan to use Child Safety Awareness week (June 2019) as an opportunity to raise parental awareness of this. TRFT are planning to set up a stand in the hospital foyer, displaying resources from the Child Accident and Prevention Trust (CAPT) and the Royal Society for the Prevention of Accidents (RoSPA)
- **Consanguinity (or close relative marriage)** – Concern since 2008 regarding the increased genetic risk associated with marriage between cousins. CDOP has arranged for a workshop to explore this issue to take place as part of the Safeguarding Awareness Week events in July 2019. Rotherham CDOP has contacted Sarah Salway, Professor of Public Health at the University of Sheffield and hope to participate in research and service development.

Child Criminal Exploitation (CCE)

BACKGROUND

In 2018/19 there has been a rise in referrals in to the Rotherham Multi-Agency Safeguarding Hub (MASH) surrounding suspected CCE. This is where young / vulnerable people are coerced, manipulated and/or deceived into criminal activity. These victims may be being exploited even if the activity appears consensual. CCE does not always involve physical contact and can also occur through the use of technology.

WHAT'S WORKING?

MASH meetings have been held on all cases of CCE in Rotherham. Frontline professionals have been informed of the outcomes.

Senior professionals are sighted on the issue of CCE and are now being included and discussed as part of the CSE and Missing sub group.

The issue of CCE has been presented to the LSCB.

All cases referred in to the MASH that identify criminal exploitation as a risk proceed to multi-agency information sharing. MASH health provides information from all health partners in Rotherham including general practitioners.

All cases proceed to a multi-agency meeting. The decisions and actions are fed back to health professionals involved with the family, with an outline of the analysis.

The CCG is a member of the Child Exploitation sub-group.

A PowerPoint presentation Was been delivered on the 13/12/18 at the RLSCB board meeting and shared with frontline professionals and is being used as part of the CCG spotlight on 'CCE'.

CHALLENGES

CCE is not currently recognised and responded to as a safeguarding concern. Young people can end up with a 'Debt bondage', this is where criminal gangs give their young/vulnerable recruits 'freebies' so that they are in debt and have to work to pay it off. The terms of debt can be extended if they are arrested and have the drugs confiscated by the police.

It is viewed as a lifestyle choice; therefore the young person is seen as a drug dealer rather than a victim of exploitation. The Young /vulnerable people are effectively being groomed with fear of repercussions to self and family.

Distrust in services such as police or social workers. This can be made worse by fractured attachments and trauma.

Sense of loyalty as they see the gangs as a surrogate family and friends.

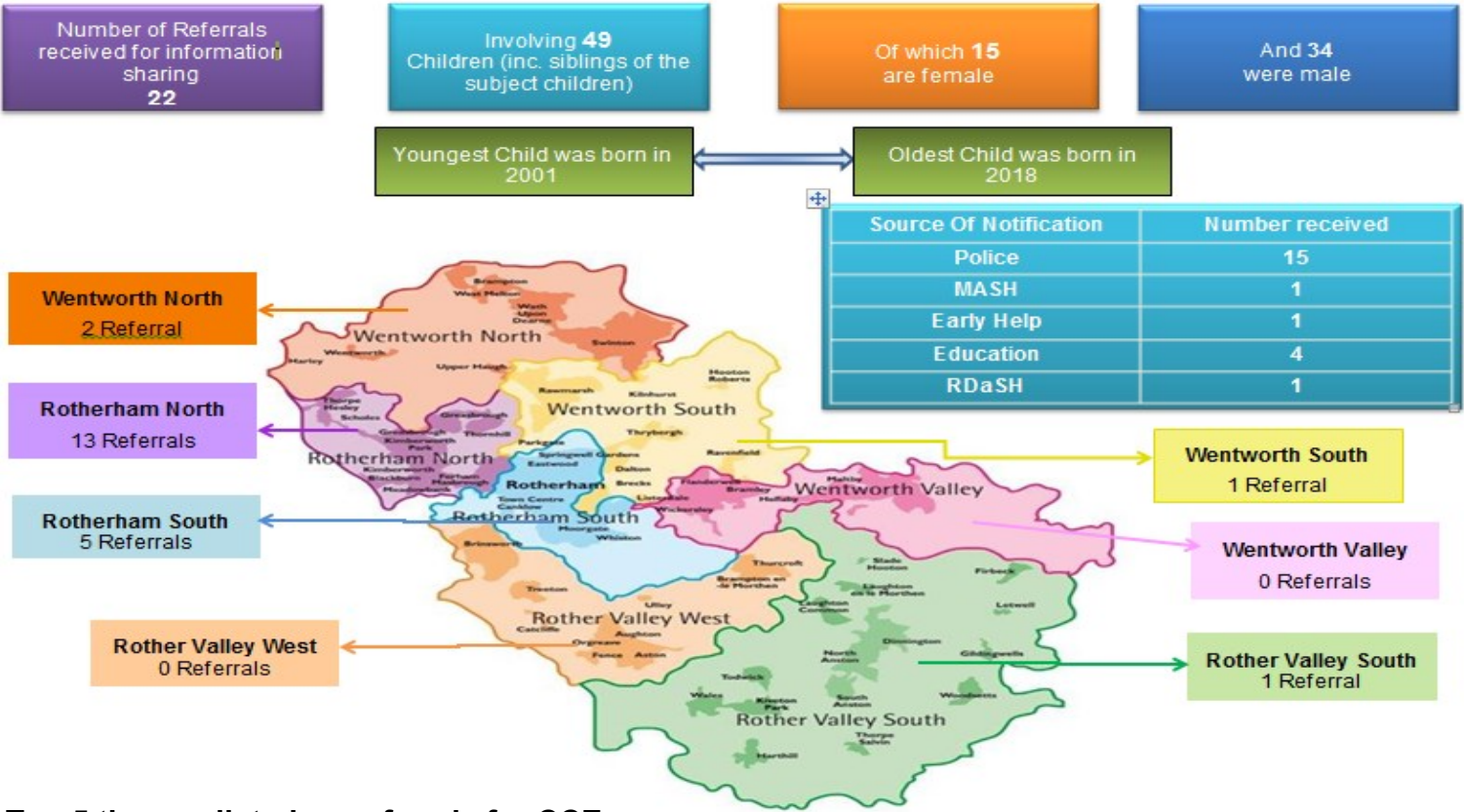
Emotional fulfilment or status of power. Young people may feel invincible among their peers.

NEXT STEPS

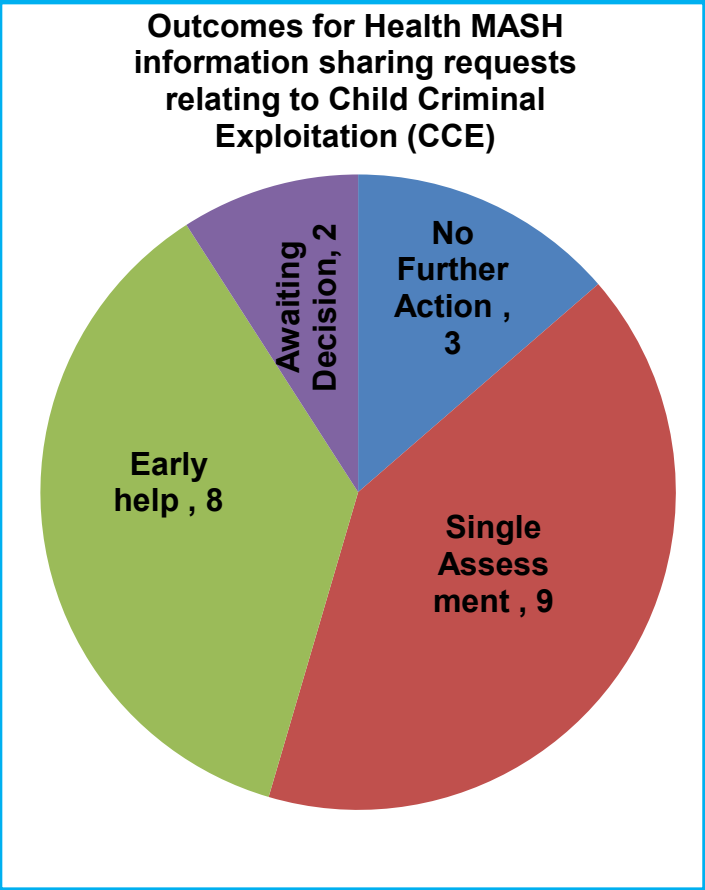
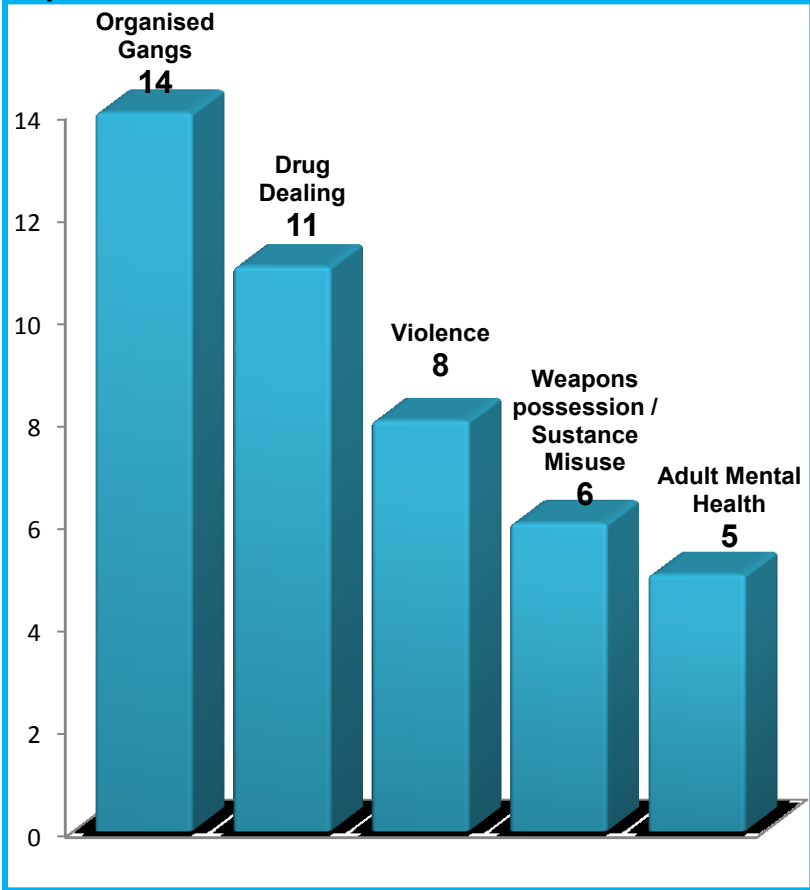
- Information to be provided to all frontline practitioners and CCG staff to remind them how to report concerns to Rotherham MASH and raise the awareness of CCE.
- MASH Health will provide reports to the CCG and partners regarding CCE including number of cases demographics and outcomes.

Child Criminal Exploitation MASH Report

Below is information collated by the Health team in the MASH on referrals requiring information sharing on CCE. It does not include cases that already meet threshold.



Top 5 themes listed on referrals for CCE



Looked After Children (LAC) and Care Leavers (CL)

Initial and Review Health Assessments – our statutory duty

WHAT'S WORKING?

Colleagues across the Rotherham partnership continue to work diligently to review the processes for Initial and Review Health Assessments (IHAs, RHAs). This work is underpinned by statutory guidance and linked with the engagement with the LAC Council (August 2018).

Multi-agency commitment is dynamic in ensuring that the complex process identifies and maps every action required and by whom for each day of the 20 working day process involved in the IHA. Statutory guidance allows 20 working days from a child coming into care to the child receiving an initial health assessment (IHA) by a medical practitioner.

In addition, agencies involved must provide a health action plan to enable on-going health care to be effectively delivered.

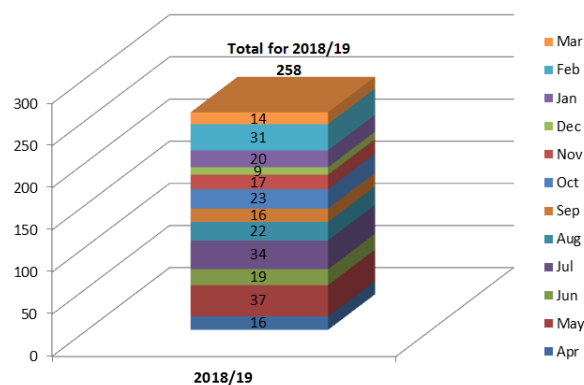
CHALLENGES

The LAC Council challenged the location of the IHA clinics; they questioned the need for them to be held at the hospital. The Rotherham NHS Foundation Trust (TRFT) has raised the change of clinic venue as an issue and actively sought alternative venues.

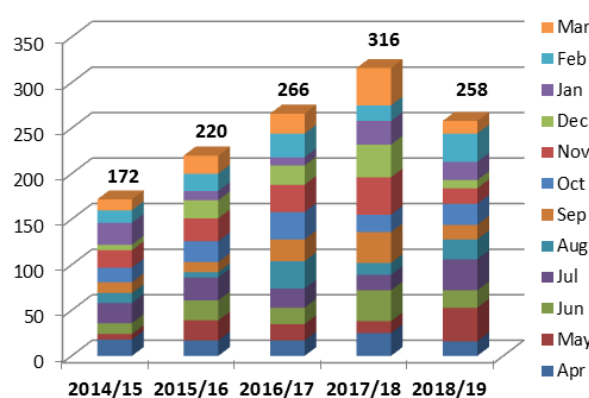
The complexity of agencies involved in effectively managing the 20 day process (IHAs) remains a challenge however each agency is able to identify gaps, barriers and positive steps forward. Managerial oversight remains critical and each agency retains the delivery of this on their internal risk registers.

TRFT had a vacancy for the statutory post of Named Nurse LAC, this gap in service was challenging due to the on-going development of new templates and the potential to re-design the service in line with the expectations of the LAC Council. TRFT senior managers worked with the CCG and partners to develop alongside SY&B expectations.

LAC IHA figures for 2018/19



LAC IHA figures past 5 years



NEXT STEPS

Monthly meetings with LA and TRFT to sustain IHA improvements.

- Clarify and map the processes making changes when necessary.
- Fully review and monitor compliance and in particular the 24 hour target from 'coming into the care system to TRFT being notified and allocating a clinic slot'.
- TRFT to build a business case to further consider IHA and Review Health Assessments (RHAs)
- Unwarranted Variation Meetings to continue across SY&B to ensure there is a consistent process across all teams using nationally recognised quality assurance tools – this area remains a challenge as SY&B are in the process of changing templates and agreeing the quality assurance tool.

Looked After Children Healthcare Delivery Consultation (August 2018)

We would like to thank Rotherham Looked After Children's Council for their valuable help in this consultation.


NHS commissioners and providers have a duty in relation to public involvement and consultation when they are planning to make a change to service delivery. In August 2018 NHS Rotherham CCG, as commissioner and the Rotherham NHS Foundation Trust (TRFT), as provider, sought the views and opinions of the Rotherham Looked After Children's Council on how health assessments are delivered in the borough.

This consultation sought views of the LAC Council about their experiences of healthcare and asked what they would like to see happen locally whilst noting that Statutory Guidance must also be taken into account ("must dos").

A series of options were put to the LAC Council via an electronic voting system. Dialogue took place on tables to ensure the children understood the questions and to answer any queries.

This consultation with the LAC Council was paid ethical participation, members of the council attended if they wanted to and participated only if they wanted to. This was their first "paid" role and was well received.

Following this consultation, the CCG has been working with TRFT on delivering a model of health care that takes on board the children and young people's views.



"We have listened to what you said and your voice will make a difference"


Looked After Children Healthcare Delivery Consultation


On 1st August 2018, NHS Rotherham CCG and RMBC asked for the views and opinions of the LAC Council on how health assessments are delivered. This brief feedback is to tell you what we are doing now. We would like to thank Rotherham Looked After Children's Council for your valuable help.

"Come back and tell us"


We listened to your comments and are arranging to visit you again with a full report on how your opinions have helped shaped services.


Key things that you told us about health assessments:

- 


You told us you felt that some health professionals don't listen and you feel that you are not asked your opinion, but "done to".
- 

You told us that you would like to be asked:

 - ✓ Where you are seen
 - ✓ When you are seen
 - ✓ Who you want to come with you to appointments, if anyone
 - ✓ About how to share with you the results of your appointments and use language that you understand
- 

You told us the most important thing would be to have assessments at home (not a clinic setting), or to be asked where you would like them if this isn't possible.
- 

Family Doctors And Dentists

Top vote for keeping your own Doctor and Dentist if possible and if your social worker agrees.
- 

School Nurse

You told us that not everyone knows their School Nurse. You also said that it would be nice to see School Nurses if they give you useful information.

We are asking the School Nursing Service to inform you and your carers of what they do and how they can help.

"Just ask for each appointment - it might change each time"

"I don't want to explain things to someone else: Keep the same so that nothing gets forgotten in the process of changing, having the same person will help gain trust."

They need to make sure you know who they are so you are comfortable talking to them. (School Nurses)

What do you think is working?	What do you think isn't working?	Ideas for Improvement
They get the job done. (Health professionals)	They need to make sure you know who they are so you are comfortable talking to them. (School Nurses)	It would be more ideal that you could keep the same person so that nothing gets lost or forgotten in the process of changing and having the same person can help them gain trust with them.
When I visited GP they told me about my history and I liked that, I found out what caused a scar I had.	They need to make sure that young people can understand the language in written letters so that if the young person wants to, it can stay private. (Health professionals)	Nothing!
At the LACC and making new friends.	Timings of any appointments - would like out of school hours.	More Mental Health stuff.
Being with my friends.	Waiting times (eg waiting in the waiting room for a long time for a 3 minute appointment).	Make people use hand wash machines in hospital (health and hygiene!)
The LACC help you to learn more.	Appointments – not enough time, rushed and don't ask enough questions (eg mental health)	

Stovewood Trauma And Resilience Service

BACKGROUND

Stovewood is the name given to the investigation by the National Crime Agency (NCA) into the historical sexual exploitation of children identified by the Alexis Jay report. In April 2018, with money received from NHS England Health & Justice Board, RDaSH were commissioned to provide a bespoke wrap around psychological support service for victims/survivors of historic sexual exploitation. The service works with individuals and the services supporting them before and during the trial period. It offers mental health support at pinch points in the process. This is a new and innovative way of working, with the service having been evaluated by Sheffield Hallam University at the end of year 1.

WHAT'S WORKING?

- RDaSH colleagues have worked with commissioners and providers (health, police, NCA and Local Authority) to ensure that good practice is identified and shared.
- The service sits within a multi-agency and community setting designed to promote permeable boundaries between services such as mainstream mental health, the Voluntary Sector and the NCA, developing a trauma sensitive whole system approach.
- There is an active Expert Health Reference group ensuring that the Trauma and Resilience Service (TRS) remain on task.
- A critical role of TRS is in their signposting and supporting staff and volunteers in order for them to care effectively for victim/survivors. This has become more apparent following evaluation.
- TRS aims to move **victims** forward to **survivors**.
- TRS have hosted the first national conference on trauma resilience.

CHALLENGES

Heightened anxiety and stress at pinch points in the court process are inevitable but in the longer term, will support better mental wellbeing. The pinch points that have a significant potential to impact on health:

- Arrest of Alleged perpetrator
- Lead up to Court and Court Attendance
- Media interest
- Wider family and friends becoming aware
- Sentencing.

RDaSH have embraced the risk of short term funding by employing substantive post holders.

Vanguard work requires immense scrutiny from media to academic interest; this has been profound at times.

2 year funding from the Health and Justice Board, TRS needs to continue beyond this funding stream as the workload according to the NCA will be a minimum of a further 5 years.

Vicarious trauma for staff and volunteers involved is a bigger more complex concern than first considered.

Demand and capacity of commissioned voluntary service sector is under review. Financial restraints nationally and locally may have an impact on the voluntary sector which in turn potentially reduces the service available to clients.

NEXT STEPS

The Expert Reference Group will continue to support and provide challenge to the Stovewood TRS. The group has multi-agency representation, including NCA, RDaSH; Rotherham Metropolitan Borough Council (RMBC), the CCG and South Yorkshire Police. The Expert Reference Group will manage traction of the service seeking assurance around delivery and where applicable reducing barriers. They will address any identified risks to the achievement of the project and ensure that all transferrable learning is shared appropriately. Importantly they will manage organisational expectations on this small but pro-active service.

BACKGROUND

The Prevent Duty remains a high priority for the CCG with mandatory Health “Workshop to Raise Awareness of Prevent” (WRAP) training for all staff and 3 yearly updates as stipulated in the NHS England Prevent Framework. GP practices receive regular updates regarding their training requirements and how to access the NHS England Prevent eLearning package. NHS England set a target for providers (not including primary care) of 85% compliance with Health WRAP training by March 2018. The CCG are assured that all providers achieved this. Monitoring of training and other Prevent data via Unify 2 is compulsory from April 2018 for all providers to NHS England and shared with the Home Office.

We all have a duty to safeguard vulnerable people and our communities from harm, including where there are risks of children, young people or adults being drawn into, or influenced by, extremism or terrorism. By spotting the early signs and sharing concerns, support and interventions can be put in place to safeguard them.

CONTEST – The United Kingdom’s Strategy for Countering Terrorism June 2018 replaces the previous CONTEST and supersedes the Prevent Strategy – both 2011. The Strategy continues to set out how the UK Government will reduce the risk to the UK, its citizens and overseas interest from terrorism. Prevent is the first of the four P’s and defined for health providers as safeguarding people from becoming and supporting terrorism. The Prevent Duty remains a statutory requirement for all NHS Trust and providers commissioned on the Standard NHS Contract.

WHAT’S WORKING?

- Rotherham’s Prevent and Channel duties are established as per National guidance.
- Rotherham Partnership Silver multi-disciplinary group continues to meet to address the Prevent strategy.

CHALLENGES

- Growing risk comes from the variety of attack methodologies which vary from complex and sophisticated to the very basic along with the rapid speed some individuals have moved from being radicalised to carrying out attacks.
- Wider Prevent training across social care to ensure that all staff have the basic awareness and those appropriate have the higher level (This is not for the CCG to complete however in terms of multi-agency working could poses a risk)

NEXT STEPS FOR ROTHERHAM PARTNERS

- The Parsons Green recommendations have been reviewed and embedded into practice
- Continue to embed into practice mandatory Prevent training
- Develop a better understanding of those at risk of radicalisation to enable earlier intervention and a series of Multi-agency pilots to trail new ways of working.
- Have focus on the increasing threat from online radicalisation
- Build stronger partnership with communities to improve Prevent delivery
- Re-enforce that safeguarding is at the heart of Prevent to ensure communities and families are not exploited or groomed into the following path of violent extremism.
- The CCG will continue to share up to date briefings with health colleagues such as National Action and Generation Identity.

Multi-Agency Safeguarding Hub (MASH)



The CCG continues to support the MASH by providing leadership with a full time Deputy Designated Nurse and a full time Health Support

Officer. These staff ensure robust links with health providers.

The primary purpose of the MASH is to provide relevant information necessary to assess the level of risk and needs of children in Rotherham. Information is then used to determine the most appropriate course of action. Health services are a key partner in the success of safeguarding children.

Total contacts	Requests for information	MASH Meetings
22,868	1,314	406

The total number of contacts in to Rotherham MASH for the 2018/19 year was 22,868, with requests for information sharing totalling 1,314.

For complex cases, such as FGM, Criminal Exploitation and neglect, the MASH convenes MASH meetings, this process encourages challenge, analyses information and provides an action plan as to decisions and next steps. The information is shared back to all health professionals working with the family.

MASH Health

MASH health colleagues collate information related to each case – this includes an outline of the themes historically and currently prevalent for the family.

Examples of this include:

- Domestic abuse;
- Drug & alcohol misuse;
- Parental mental health;

- Child and Adolescent Mental Health;
- Criminal activity;
- Behaviours and previous safeguarding risks.

MASH health colleagues produce monthly reports outlining the number of cases and the themes associated with those cases – this aids an understanding of the key issues impacting on the population of children that have been referred to the MASH.

MASH health colleagues produced an annual report for each GP surgery in Rotherham for 2018/2019. The report included

- Number of overall referrals relating to patients registered with each practice.
- Number of referrals discussed at MADA.
- Number of adults and children named in referrals related to their practice.
- Source of referrals received.
- Outcomes of requests.
- Top themes for referrals
- Confirmation that the practice is registered for FGM national reporting

Next Steps

MASH health colleagues are able to adapt and develop systems as required to meet with the demand of safeguarding for Rotherham children and their families.

Adverse Childhood Experiences (ACEs)

Research has demonstrated the harmful effects that experiencing ACEs can have on the developing child through to adulthood.

MASH health colleagues have been collecting data since April 2015. This data reports on the key areas of ACEs and will be key to providing an understanding of historical and current issues affecting our children in Rotherham.

Joint Targeted Area Inspection (JTAI)

BACKGROUND

The Joint Targeted Area Inspection (JTAI) program began over two years ago. JTAIs are carried out under section 20 of the Children Act 2004. They are an inspection of multi-agency arrangements to safeguard children. Each JTAI includes a 'deep dive' theme. The inspectorates publish separate guidance on each deep dive theme.

WHAT'S WORKING?

Rotherham Multi-agency Partners including the CCG have come together to ensure any JTAI inspection is responded to effectively and is co-ordinated to ensure all information is provided to inspectors.

The Multi-agency partners have developed an action plan which brings together information and evidence in line with statutory guidance, maintains the child as the focus and at the centre of any engagement/delivery of service and demonstrated outcome.

Rotherham Multi-agency partners conducted a 'mock' inspection' in November 2018. This tested response times to inspection notification, auditing processes, flexibility to the processes and allow staff to perform under inspection conditions.

CHALLENGES

Gathering information for auditing processes – recognising all the IT systems where information could be held and accessing those systems within the inspectorate timeframe. This is time consuming but provides agencies with a wealth of information.

Ensuring all multi-agency partners respond to and complete the action plan in readiness for inspection.

The "mock" inspection allowed agencies to consider gaps and strengths in gathering information.

NEXT STEPS

the CCG will:

- have representation at JTAI inspection planning meetings
- complete the necessary action plan agreed by the Multi-agency Partners
- work with health providers to have a readiness plan for any JTAI inspection
- support health providers with making arrangements to meet the expectations of a JTAI inspection.
- collate a repository of information for the inspection – including from health providers
- engage with the 'mock inspection' in November 2018 – and will share any learning from the practice run to improve inspection response
- undertake case audits as part of the mock inspection (clinicians)

Missing

In 2018 MASH became the lead health system in Rotherham for missing children and pregnant women. Police are notified or contacted when a child goes missing and historically this information was reported to social care and education. As part of the missing agenda it was agreed that health would review its processes and action missing children.

Health MASH colleagues are informed by the police of those children that have gone missing and that have been reported to the police.

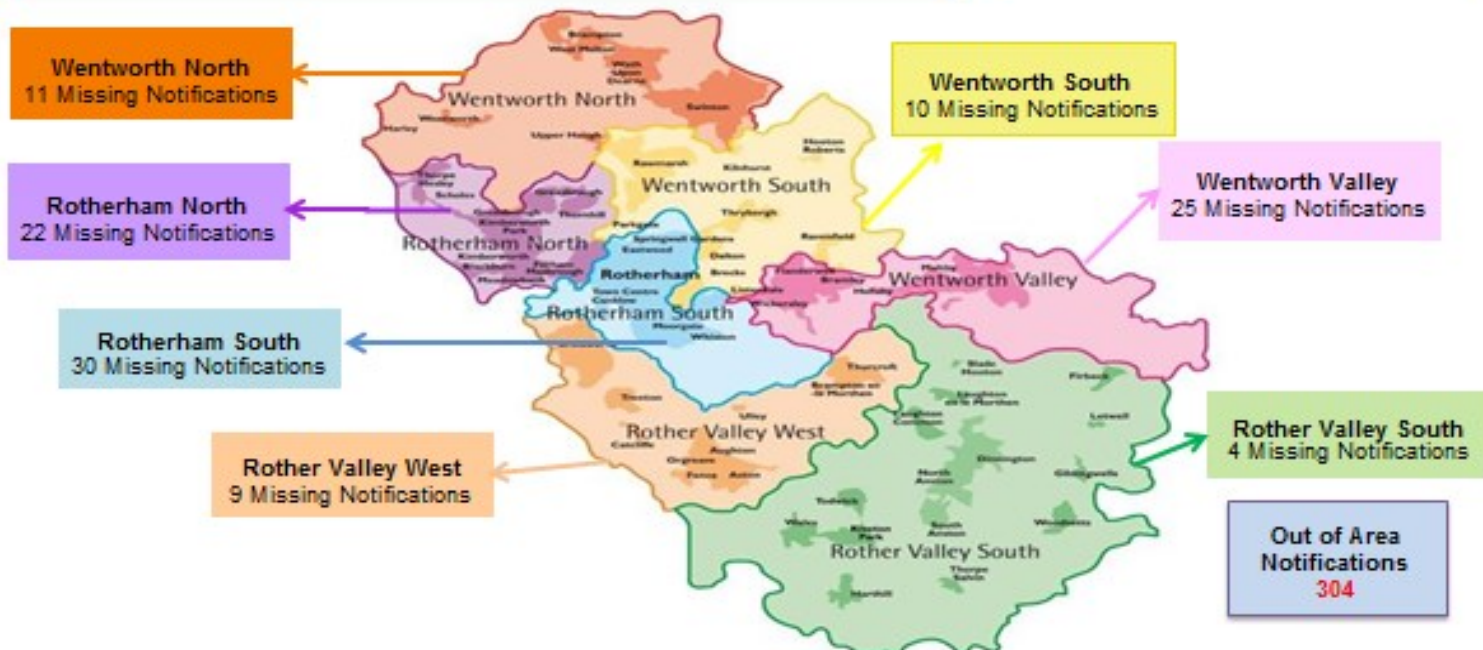
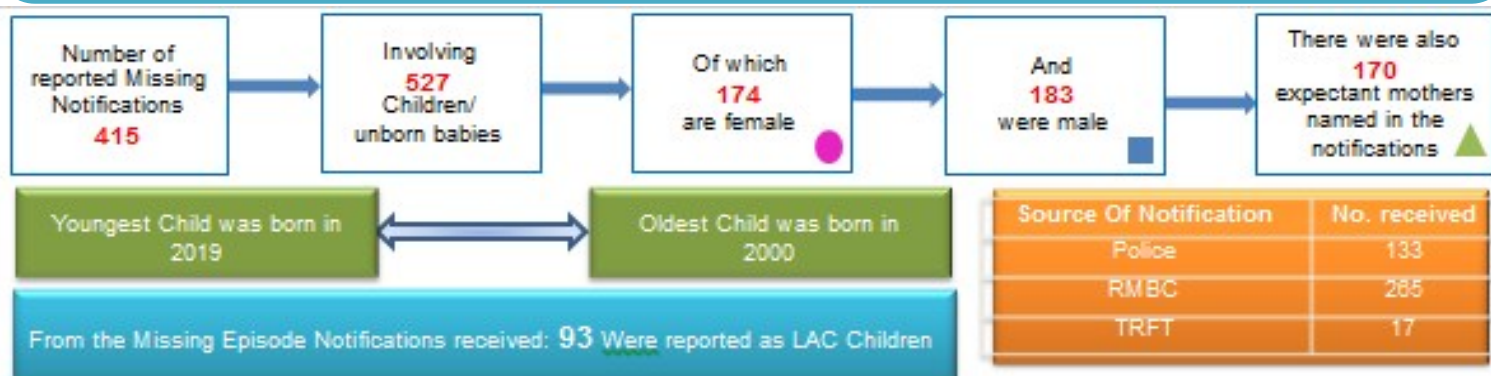
MASH health colleagues collate information and ensure that health services working with the children are informed of the missing episode and subsequently when the child or young person is found. Although informed of the missing episode, there is sometimes a delay or lack of notification when found. Further work will happen to rectify this in 2019/20.

The numbers of children reported missing are more than expected. The number of repeated episodes of missing for particular children is also higher than expected.

Missing reports are produced and sent to the CSE & Missing Sub Group and the CCG Governing Body.

Missing Episodes Reported to Health MASH

The information below has been collated by the Health MASH team and relates to notifications received in the financial year 2018/19



Female Genital Mutilation (FGM)

The statutory duties under the Serious Crime Act 2015 placed a mandatory duty on all agencies to report existing or suspected cases of FGM. The Act imposed significant responsibilities for health practitioners in terms of safeguarding and introduced a change to the law in relation to the protection of children from cruelty, protecting girls from FGM by strengthening the safeguards for victims of abuse.

Between 1st April 2018 and 31st March 2019 there have been 19 reported cases within Rotherham to the MASH (Multi-agency Safeguarding children's Hub). All have been dealt with appropriately demonstrating that health care professionals are vigilant in their practice and aware of their professional responsibility in terms of mandatory reporting for a crime and safeguarding.

NHS England made it a requirement for GP surgeries to register for FGM enhanced dataset reporting in October 2015. As of January 2019, only 10 Rotherham practices had not registered for the FGM enhanced data set reporting, support has been offered to practices.

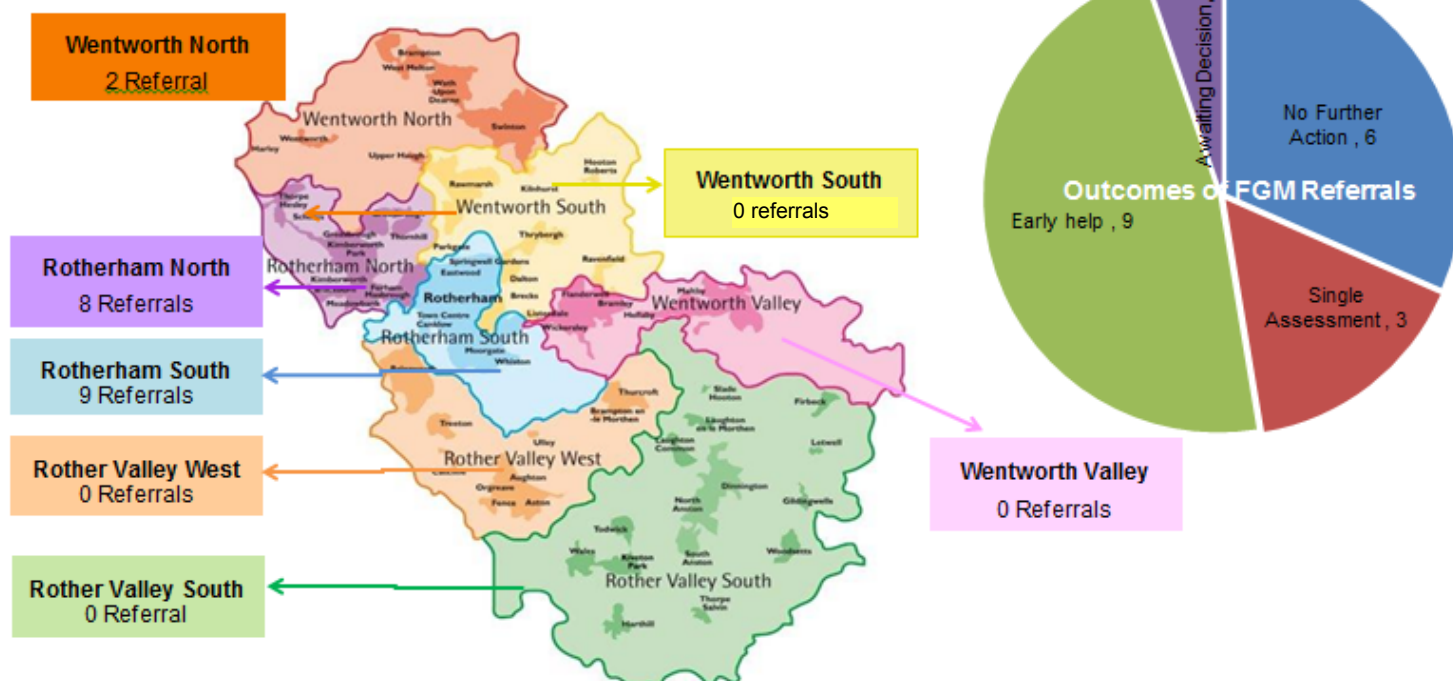
The CCG have furnished health colleagues with information around FGM and promoted the Home Office Campaign with a dedicated page on the Safeguarding Intranet [FGM Home Office Campaign](#) which includes posters, information and eLearning material.

FGM Episodes Reported to Health MASH

The information below has been collated by the Health MASH team and relates to notifications received in the financial year 2018/19

Number of Episodes reported into Health MASH 19	Of which 19 were female
Involving 43 Associated Children	16 were male
	8 unborn babies

Source Of Notification	Number received
Midwifery (TRFT)	6
Education	1
MASH	11
Health Visiting (TRFT)	1



Update On Strategic Objectives 2018/2019

1. Changing Landscapes	
<ul style="list-style-type: none"> Attendance by Safeguarding Team members at national and local conferences. Attendance and participation by Safeguarding Team at local events involving Safeguarding Board Away Days to develop multi-agency working. Participation in Master Classes on legal duties/expectations for MCA/DoLS. Direct relationships with legal teams to keep abreast of developing areas. National Safeguarding Children Conference – DfE and DH in attendance to discuss Working together 2018 developments. 	GREEN
2. Looked After Children - Working in partnership in order to fulfil our Corporate Parenting function.	
<ul style="list-style-type: none"> Unwarranted Variation Meetings set up across SY&B by Designated Nurses to consider the challenges presented for LAC. The CCG's Designated Nurse LAC chairs the meeting with NHS England involved and utilising feedback nationally. Work undertaken by this group places the healthcare delivery of LAC on a regional base and will ultimately ensure that Rotherham children, placed across the wider SY&B footprint have the same high standard of healthcare as those children who remain in the borough. This group highlights and shares best practice and has the capacity to scrutinise each areas care delivery. The CCG local development of LAC healthcare needs. Counsellor J Elliott part of the commitment to continually improve services for children in care. The CCG and RMBC commissioned Public Health to undertake a LAC Health Needs Assessment. This The CCG undertaking with partners a review of statutory health assessments completion expected late 2018 and includes the voice of LAC. The CCG with RMBC and Police have set up the same robust systems and process to monitor LAC out of area who go missing as their counterparts who remain in area. 	GREEN
3. Developing Areas	
<ul style="list-style-type: none"> Attendance by Safeguarding Team at national conferences regarding CSE and trafficking of males, modern slavery and issues of male victims of domestic abuse. Multi-agency and discipline debate on the health care needs of alleged perpetrators and their families of historical CSE. Safeguarding Training Event in September 2018 to highlight gender differences and similarities in safeguarding. TRFT and RDASH received training on modern slavery, trafficking and Prevent Attendance during 2017/2018 of CCG Safeguarding Team at MAPPA to ensure that the health needs of convicted criminals are considered fully. 	GREEN

Key:

Green	On Target
Amber	Ongoing developments
Red	Off target and in need of remedial action

For the year 2019/20 priorities for the Safeguarding Team have been agreed in line with local/national drivers and will be taken forward and monitored during the year.

1

Proactive safeguarding interventions

- Contextual Safeguarding
- Domestic Abuse
- Trauma Informed Care

2

Developing Areas & Strengthening Practices

- Looked After Children - developing integrated tools and templates
- Working Together 2018 - strategic development
- Adverse Childhood Experiences (ACE) - multi-agency partnership to consider how we, as a borough, can reduce impact on life choices
- Liberty Protection Safeguards (LPS)

3

Exploitation

- CCE/County Lines/Knife Crimes
- Modern Day Slavery
- HR processes to reflect the National concerns around labour exploitation and embedding changes into practice.

Focus On: Safeguarding and the Modern Agenda

Background

Children and vulnerable adults continue to be at risk of abuse and neglect, from family, friends and those they trust. However, there is a growing recognition that children and young people face additional risks from other sources. Below is a précis of some evolving topic areas which will be reported on further during the year 2019/2020.

Contextual Safeguarding

Contextual Safeguarding is an approach to understanding, and responding to, young people's experiences of significant harm beyond their families. It recognises that the different relationships that young people form in their neighbourhoods, schools and online can feature violence and abuse. Parents and carers have little influence over these contexts, and young people's experiences of extra-familial abuse can undermine parent-child relationships. Therefore practitioners need to engage with individuals and sectors who do have influence over/within extra-familial contexts, and recognise that assessment of, and intervention with, these spaces are a critical part of safeguarding practices. Contextual Safeguarding, therefore, expands the objectives of child protection systems in recognition that young people are vulnerable to abuse in a range of social contexts.

Useful short video:

<https://m.youtube.com/watch?v=V0IE-XENewM>

For further information visit:

<https://contextualsafeguarding.org.uk/>

Child Criminal Exploitation (CCE)

Child Criminal Exploitation occurs where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18. The victim may have been criminally exploited even if the activity appears consensual. Child Criminal Exploitation does not always involve physical contact; it can also occur through the use of technology. Criminal exploitation of children includes county lines (see below) but is broader than this, and includes for instance children forced to work on cannabis farms or to commit theft. Children who are trafficked, exploited or coerced into committing crimes are victims in need of safeguarding and support. Though perceptions are altering these young people are still often criminalised and perceived as having 'made a choice' to take part in illegal activity rather than the victims of exploitation.

County lines

County lines is a major, cross-cutting issue involving drugs, violence, gangs, safeguarding, criminal and sexual exploitation, modern slavery, and missing persons. The response to tackle it involves the Police, National Crime Agency, a wide range of Government departments and voluntary and community sector organisations. The UK Government defines county lines as: a term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas within the UK, using dedicated mobile phone lines or other form of "deal line". They are likely to exploit children and vulnerable adults to move and store the drugs and money and they will often use coercion, intimidation, violence (including sexual violence) and weapons. County lines activity and the associated violence, drug dealing and exploitation has a devastating impact on young people, vulnerable adults and local communities.

Useful short video:

<https://www.youtube.com/watch?v=pLhGpS1f-F0>

Radicalisation

Radicalisation is defined as the process by which people come to support terrorism and extremism and, in some cases, to then participate in terrorist groups. Keeping children safe from these risks is a safeguarding matter and should be approached in the same way as safeguarding children from other risks. Children should be protected from messages of all violent extremism.

Protecting children and young people from radicalisation and extremism requires careful assessment and working collaboratively across agencies. Professionals who are concerned about a child or young person should follow their safeguarding arrangements. If professionals are concerned about a child, young person or their family they must treat it the same as any other safeguarding concern.

Safeguarding and the Modern Agenda (Cont ...)

Modern Slavery

Modern Slavery is the recruitment, movement, harbouring or receiving of children, women or men through the use of force, coercion, abuse of vulnerability, deception or other means for the purpose of exploitation. Individuals may be trafficked into, out of or within the UK, and they may be trafficked for a number of reasons including sexual exploitation, forced labour, domestic servitude and organ harvesting. The Home Office estimates there are 13,000 victims and survivors of modern slavery in the UK; 55% of these are female and 35% of all victims are trafficked for sexual exploitation.

Useful short videos:

- <https://m.youtube.com/watch?v=cRskjqpgSNs>
- https://m.youtube.com/watch?v=Jv1H_fAoOG4

Child Sexual Exploitation (CSE)

Child Sexual Exploitation (CSE) is when an individual takes sexual advantage of a child or young person (anyone under 18) for his or her own benefit. Power is developed over the child or young person through threats, bribes, violence and humiliation or by telling the child or young person that he or she is loved by the exploiter. This power is then used to induce the child or young person to take part in sexual activity. Exploitative relationships are built on the child or young person's social, economic or emotional vulnerability. Children and young people cannot consent to their own abuse: so a child or young person at risk of CSE is a child or young person at risk of significant harm and they must be safeguarded.

A child or young person's awareness of exploitation is reduced or lost by them receiving 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) when performing, or being used for, sexual activities. CSE occurs throughout the UK affecting boys as well as girls, from any social, ethnic or financial background. It robs them of their childhood and has serious long term effects on every aspect of their lives and may be life threatening. Remember: CSE is more than just sexual assault: Perpetrators who sexually exploit children commit multiple crimes when they do so. Exploited children may go on to be exploited young adults if they are not supported and helped.

Useful video:

https://m.youtube.com/watch?v=sC4Nn_mYKu0

Pocket Guide: [NHSE CSE pocket guide](#)

The safeguarding of children, young people and adults who are at risk is a fundamental obligation for everyone who works in the NHS and its partner agencies. Safeguarding children and adults at risk of abuse or neglect must be kept constantly under review. Whilst there are some similarities, the safeguarding of children and adults are distinct and separate entities which need different approaches.

This annual report provides assurance for the CCG that Rotherham health commissioning system is working effectively to safeguard children and adults at risk of harm or abuse. It demonstrates how we are meeting our specific safeguarding duties in relation to the services that the CCG directly commissions. The report identifies that robust processes are in place to learn lessons from cases where children or adults die or are seriously harmed and abuse or neglect is suspected. Most importantly the report highlights that the CCG is engaged in the Local Safeguarding Boards and the new Working Together 2018 children partnership arrangements that come into being September 2019.

The CCG safeguarding partnership arrangements are well developed with developing relationships across the borough wide system. This will help to develop ways of working that are collaborative, encourage constructive challenge, and enable learning in a sustainable and co-ordinated way. As highlighted in this report the context of safeguarding, for children and adults, continues to change in line with societal risks both locally and nationally, large scale inquiries and legislative reforms. For Rotherham this has been really pertinent as contextual safeguarding and the long term impact of historic sexual exploitation on the community is an on-going challenge.

The CCG Safeguarding Team continue to support colleagues in fulfilling their statutory duties to protect and promote safeguarding, no matter what age their client is. The Safeguarding Flowchart shown at the end of

this report is updated annually and published on the safeguarding internet page. There is also a version for health professionals which contains contact details of colleagues on the CCG intranet site.

The CCG remains committed to protecting the safety of all who use our services. We remain steadfast in our belief that

“Safeguarding is Everyone’s Responsibility”

For 2019/20 the CCG will:

- Ensure that safeguarding is everyday business across the organisation, evidenced in all areas of the CCG’s activities and business.
- Empower staff to speak up and act when they see or suspect safeguarding issues by ensuring that they receive appropriate level training based on national and local standards.
- Ensure that the organisations policies and processes facilitate all our employed, commissioned and voluntary staff to do the “right thing”
- Make safeguarding personal through learning from children, families and adults at risk who have used the service to ensure that the response to safeguarding incidents/concerns is proportionate and least intrusive.
- Work in partnerships with health and other colleagues to facilitate co-operation in a transparent and productive way to progress safeguarding.
- Ensure that we are accountable and transparent in delivering safeguarding, by building an effective governance assurance framework which includes measuring the quality of work and compliance against the regulatory standards.

Abbreviations

CDOP	Child Death Overview Panel
CSE	Child Sexual Exploitation
CiC	Children in Care
CL	Care Leaver
CYPS	Children and Young Peoples Services
DHR	Domestic Homicide Review
DoLS	Deprivation of Liberty Safeguards
FGM	Female Genital Mutilation
GP	General Practitioner – Family Doctor
HARKS	H Humiliation A Afraid R Rape K Kick S Stalking and coercive control Used in the General Practitioner Quick Reference Guidance when asking and responding to domestic abuse
LAC	Looked After Children
LeDeR	Learning Disabilities Mortality Review
MADA	Multi Agency Domestic Abuse meetings
MARAC	Multi Agency Risk Assessment Conference.
MAPPA	Multi Agency Public Protection Arrangements
MASH	Multi Agency Safeguarding Hub
MCA	Mental Capacity Act 2005
NHSE	NHS England
the CCG	NHS Rotherham Clinical Commissioning Group
OFSTED	Office for Standards in Education, Children's Services and Skills
PREVENT	Prevent (<i>part of the National Counter-Terrorism Strategy</i>)
RDaSH	Rotherham Doncaster and South Humber (mental health service)
RLSCB	Rotherham Local Safeguarding Children Board
RMBC	Rotherham Metropolitan Borough Council
RSAB	Rotherham Safeguarding Adults Board
SAR	Safeguarding Adults Reviews
SCR	Serious Case Review
SI	Serious Incident
SPA	Single point of Access (previously ASSESSMENT DIRECT)
STRS	Stovewood Trauma and Resilience Service
TRFT	The Rotherham NHS Foundation Trust

SAFEGUARDING FLOWCHART FOR REFERRALS WHAT TO DO IF YOU ARE WORRIED ABOUT AN ADULT OR CHILD

- Gather available information that would support your suspicion
- Discuss with your manager & safeguarding lead and/or other senior colleagues as you think appropriate
- Beware not to alert any potential abuser that may put the Child/Adult at further risk
- For children: consider the detailed threshold descriptors and Rotherham Multi-Agency Continuum of Need Guidance.

CONCERNS
→

RESOLVED

Consider further action/
referral to ensure services
are provided by own and
partner agencies for
continued support

CONCERNS ↓ REMAIN

If you feel there is an immediate risk CALL 101 OR 999

Children &
Young People

- **Refer to the Multi-Agency Safeguarding Hub (MASH)**
by telephone: 01709 336080 (24hrs)
- Within 24 hours complete the Worried About A Child (Professionals) form

- A summary of the referral will be returned to you via email as confirmation of receipt. Please ensure you include a **secure** email address.
- within one working day: social worker and manager will decide on course of action and provide feedback to the referrer on course of action.
- within 72 hours: if no feedback is received from social care, contact the MASH team for an update on information.

Adults

- **If you require advice:**
Call RMBC single point of access (SPA) team: 01709 822330
- **If you need to refer:**
Call SPA: 01709 822330
and/or
Complete online form:
report suspected abuse or neglect of an adult