

NHS Rotherham Clinical Commissioning Group

Governing Body – 12th January 2022 - Virtually for information

NHS Rotherham Clinical Commissioning Group Safeguarding Annual Report 2020/2021

Lead Executive:	Sue Cassin, Chief Nurse NHS Rotherham Clinical Commissioning Group (NHS RCCG)
Lead Officer:	Catherine Hall, Deputy Chief Nurse, NHS RCCG Rebecca Odell, Safeguarding Adults and Quality Lead, NHSR CCG Sam Davies Deputy Designated Nurse, NHSR CCG
Lead GP:	Jason Page, SCE Children Lead, NHSR CCG Lee Oughton, Named GP for Safeguarding, NHSR CCG

Purpose:

NHSR CCG Safeguarding Annual Report provides an overview of key issues and activities taking place across the Rotherham health economy in relation to safeguarding children and adults. The report takes into account the draft safeguarding annual reports of the two main health providers in Rotherham, namely, The Rotherham NHS Foundation Trust (TRFT) and Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH). In addition consideration is given to the expectations of Rotherham Safeguarding Children Partnership (RSCP), Rotherham Safeguarding Adults Board (RSAB) and South Yorkshire and Bassetlaw Child Death Overview Panel (CDOP) annual reports.

Background:

NHSR CCG is committed to publishing the work it undertakes with regard to safeguarding children and adults. We will continue to develop our proactive approach acknowledging that the landscape of safeguarding and the National Health Service is dynamic. As an organisation NHSR CCG fully accepts that we have a vital role to play in protecting vulnerable and at risk clients; we are committed to responding quickly and flexibly to new demands as they arise. Above all we are committed to ensuring that we listen to the voices of the vulnerable and act on what we hear.

This report provides information on safeguarding for the period 1st April 2020 to 31st March 2021 and the CCG's vision and objectives for the year 2021/2022 in light of emerging safeguarding themes and drivers for change.

The Annual Report has taken the opportunity to highlight key areas of progress and key areas that require further attention by NHSR CCG.

Analysis of key issues and of risks

The most significant areas in 2020/21 for safeguarding have been impacts from **Covid-19** beginning On 23rd March when the country went into lockdown. This report highlights how our safeguarding work continued virtually with partners across Rotherham and the wider SY&B ICS footprint.

Patient, Public and Stakeholder Involvement:

The CCG's Safeguarding Team have contributed to this Annual Report.

Equality Impact:
There is no adverse impact on service users or staff in relation to this report.
Human Resource Implications:
Nil
Approval and Sharing:
<p>Following the NHSR CCG governance approval process, this report will be shared with:</p> <p>Operational Executive 3rd December 2021 SCE 8th December 2021 Governing Body 12th January 2022 AQuA 4th January 2022 Rotherham Safeguarding Adults Board; Rotherham Safeguarding Children Partnership; and Published on the CCG's internet and intranet sites.</p>
Recommendations:
<p>Governing Body are requested to:</p> <ul style="list-style-type: none"> • Note receipt of NHSR CCG Safeguarding Annual Update 2020/2021. • Note objectives for 2021/2022. • Agree publication of the Safeguarding Annual Report on internet and intranet site and sharing with partner agencies.

A white surgical mask is the central focus of the cover. It is positioned diagonally, with its top edge towards the upper left. The mask has two white elastic loops for ear loops. The background is a dark blue color with a pattern of glowing, teal-colored virus particles, which are spherical with protruding spikes, resembling coronaviruses. The text is printed on the front of the mask in a dark blue, bold, sans-serif font.

**Safeguarding Annual
Update**

CORONAVIRUS

**1st April 2020 to
31st March 2021**

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Foreword

Foreword from our Chief Nurse



Sue Cassin

2020/2021 has been a year of great challenge, change and commitment from all colleagues in the NHS due to the pandemic, this includes the NHS Rotherham Clinical Commissioning Group Safeguarding Team. They have

continued to deliver an exemplary service for the people of Rotherham. This report demonstrates how NHS Rotherham CCG, as a commissioner of services, has fulfilled its statutory duties in collaboration with local multi-agency safeguarding Board and Partnerships to protect the welfare of children, Looked After Children, and adults at risk, in accordance with the Children Acts 1989, 2004, Health and Social Care Act 2012, Care Act 2014 and Mental Capacity Act 2005.

My Safeguarding Team will continue to improve our safeguarding promise ensuring safe healthcare delivery is firmly embedded within our core commissioned services and that we continue to develop as a learning organisation. During the pandemic we have certainly learned across all agencies, CCG included, that 'together we are stronger'; and that working together is the right way forward for Rotherham.

As Chief Nurse and Executive Lead for safeguarding children, young people, children in care and adults at risk for NHS Rotherham Clinical Commissioning Group, I am delighted to publish this report as it provides assurance to our Governing Body and members of the public that the CCG is fulfilling its statutory responsibilities to safeguard the welfare of children, adults and those children within the care system.

Foreword from our Chief Executive



Chris Edwards

As Chief Officer I take the role of keeping people safe very seriously; I seek assurance that all my staff know what to do and who to go to if they are concerned. This report demonstrates the level of

assurance I seek on behalf of Rotherham residents. NHS Rotherham CCG has robust systems and process in place and that this report clearly demonstrates that we are a learning organisation, that works in partnership for the people of Rotherham.

As a Clinical Commissioning Group (CCG) we commission health services from organisations that provide health care. In Rotherham most healthcare is provided by General Practitioners (GPs) and NHS trusts, but other organisations from the voluntary and private sectors also have contracts to provide care delivery. Therefore, the CCG works closely with all providers to monitor standards, performance, and to make improvements to services to meet the needs of local people. This report describes the range of activities and developments that my Safeguarding Team have supported in designing and delivering effective safeguarding arrangements.

Whilst it has been a gruelling year with the pandemic causing major challenges within the NHS the CCG has continued to strengthen pathways and services. Using intelligence and information to inform decisions, working with partners to promote a culture where safeguarding is everyone's responsibility and the voices of children and adults are heard.

Introduction

NHS Rotherham Clinical Commissioning Group (CCG) is responsible for commissioning significant aspects of healthcare for all Rotherham residents. As a commissioning organisation, NHS Rotherham CCG is required to ensure that all commissioned health services provide assurance that their processes and systems for safeguarding are robust and embedded. 2020/2021 was a busy year in a number of safeguarding areas, particularly when the country went into lockdown due to Covid-19 in March 2020. The concerns and challenges for vulnerable cohorts within our community did not reduce, keeping their needs central during the lockdown became a significant focus for all partner agencies. Our safeguarding work continued and stepped up significantly with new ways of working virtually being embraced with partners across Rotherham and the wider South Yorkshire and Bassetlaw Integrated Care System (SY&B ICS) footprint dealing with protecting and promoting the welfare of residents alongside emerging safeguarding themes and drivers for change.

This annual report highlights key areas of work undertaken during the pandemic, progress and key areas that require further attention during the post-pandemic recovery process and demonstrates our belief that across

Rotherham we are stronger together and our assurance that we will continually drive up standards by listening to our residents and learning from all we do.

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) (not available at time of this report, but will be published on website: [The Rotherham NHS Foundation Trust](#)).

[Rotherham Doncaster & South Humber NHS Foundation Trust](#) (RDaSH) (not available at time of this report, however will be published on website: [Rotherham Doncaster & South Humber NHS Foundation Trust](#))

In addition, the expectations of Rotherham [Rotherham Safeguarding Children's Partnership](#) (RSCP) ; [Rotherham Safeguarding Adults Board](#) (RSAB) and South Yorkshire and Bassetlaw [Child Death Overview Annual Report](#), which are incorporated into the NHS reporting and planning process.

Accountability And Structure

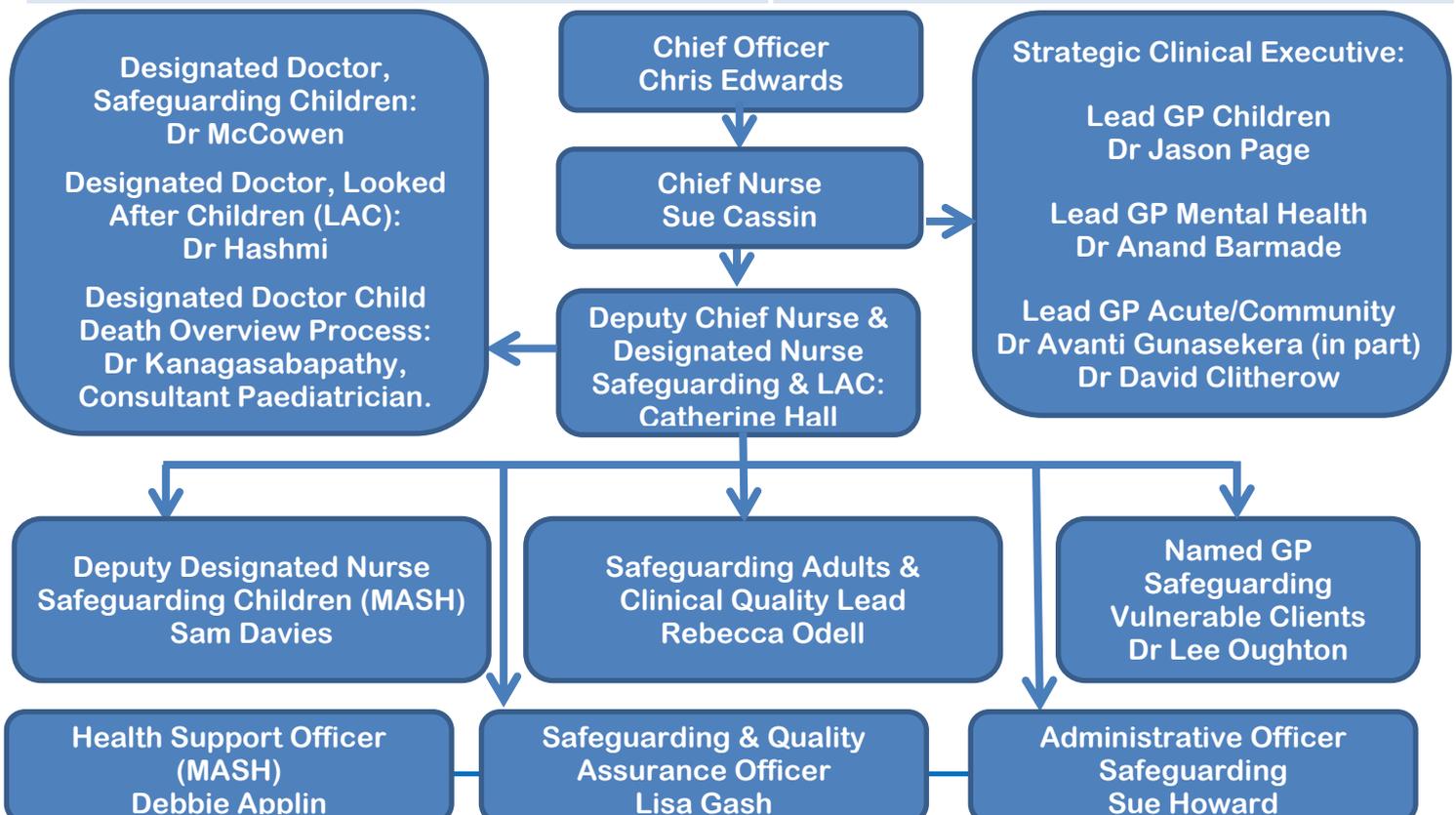
The Chief Officer, as executive lead for NHS Rotherham CCG's safeguarding agenda has the responsibility for ensuring the contribution by health services to safeguarding and for promoting the safety of vulnerable people. It is also the Chief Officer's responsibility to ensure that safeguarding is embedded across the 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 Governing Body. The Chief Nurse, as executive lead, is a member of Rotherham Safeguarding Adults Board (RSAB) and Rotherham Safeguarding Children Partnership (RSCP).

NHS Rotherham CCG has Designated Professionals who have responsibility for ensuring the effectiveness of safeguarding children and adults across Rotherham. They ensure that there are standards, performance and assurance controls in place for healthcare providers. As a team they are responsible for taking the safeguarding agenda forward and ensuring that NHS Rotherham CCG fulfils its statutory safeguarding responsibilities through providing a service that is fit for purpose.

NHS Rotherham CCG is co-located with other NHS organisations at Oak House, Bramley, Rotherham and employs 125 staff. Every Rotherham General Practice is a member of NHS Rotherham CCG and decisions on the commissioning of healthcare are made by the Governing Body.

The table underneath highlights the safeguarding governance structure as of April 2021.



Monitoring and Commissioning of Services

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

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

Rotherham Safeguarding Children Partnership (RSCP) and Rotherham Safeguarding Adult Board (RSAB) - Both the RSCP and the RSAB have a responsibility to ensure that all organisations in Rotherham have effective safeguarding arrangements. One of the mechanisms for achieving that assurance is through the regular self-assessment undertaken by organisations to evidence that they have strong arrangements in place to safeguard children and adults and to promote their welfare.

In 2020/21 the two local safeguarding boards again sought assurance through the joint safeguarding self-assessment framework, selecting areas for peer challenge.

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, NHS Rotherham CCG's 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, NHS Rotherham 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 NHS Rotherham 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 2020-2021 there has been increased pressure across the whole system in providing medical care in the context of the COVID-19 global pandemic. For the year 2020-2021, we have accepted the General Practice Annual Electronic Self-Declaration (eDEC) as evidence that each practice is meeting its safeguarding obligations. 27 of our 29 practices completed and submitted the eDec for 2020/21. The Rotherham CCG Safeguarding professionals have continued to provide both pro-active and reactive support to practices to ensure that best practice is highlighted and practices have opportunities for supported learning, reflection and safeguarding supervision.

Information Sharing

In 2020/21 NHS Rotherham CCG safeguarding team furnished staff, GP practices and multi-agency partners with information on key data in the safeguarding arena. Safeguarding updates and information were shared via NHS Rotherham CCG Newsletter (circulated to GP practices and CCG staff); e-mails to safeguarding leads, practice managers and multi-agency partners; and information published on the Safeguarding pages of the intranet [information sharing 2020 21](#). Some of the information shared:



ICON is fundamentally a public health message – research across England demonstrates that the take up is improved when the work is not labelled as a safeguarding message. However, the ultimate purpose of the work is to reduce Shaken Baby Syndrome. Rotherham held a multi-agency meeting involving partners from other health organisations, social care, early help, police and education. The provision of ICON is also being discussed at the SY&B ICS LMS meeting. <http://www.rotherhamccg.nhs.uk/icon.htm>



The South Yorkshire Violence Reduction is working across South Yorkshire to prevent and reduce violence. In South Yorkshire, we are taking a public health approach to preventing and reducing violence. This means that we look at the causes of violence, working in partnership to stop violence before it starts, halt the progression of violence once it has already begun and provide ways out for people already entrenched in violent behaviour. The following animation explains the public health approach to violence

<https://www.youtube.com/watch?v=VZOEnCd6uil&t=22s>

You can find out more about the South Yorkshire Violence Reduction Unit on the website www.southyorkshireviolencereductionunit.com or by following on Twitter [@SY_VRU](https://twitter.com/SY_VRU)

Look closer

<http://www.rotherhamccg.nhs.uk/look-closer-campaign.htm>

DOMESTIC ABUSE
IN LOCKDOWN

Key data from Hestia services since 23 March 2020



Hestia published “Domestic Abuse in Lockdown” from data collected since 23/03/2020.

[Full Report "Domestic Abuse in Lockdown"](#)

See, Hear, Respond - Supporting information
for referring professionals

Are you worried about a child during lockdown? There's now one partnership who will help: <https://www.barnardos.org.uk/see-hear-respond>. This is a service provided by Barnardo's and may be useful for children you are worried about during lockdown. This is not a substitute for existing statutory reporting requirements - If a child is at risk of significant harm, refer them in the usual way ([Worried about an Adult or Child flowchart](#)).

Mandatory and Statutory Training (MAST)

NHS Rotherham CCG is committed to ensuring the effective training of all their staff and those of commissioned services. 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 (2018, 2019 and 2020).

97% Mandatory training for Safeguarding Adults and Children Level 1 which remains above the national average with 100% compliance for level 2 and above. Board level training also takes place yearly, this is documented in board minutes.

Provider safeguarding training is reported regularly with associate action plans if compliance falls below the agreed percentage.

Next Steps: NHS Rotherham CCG Safeguarding team are leading on a piece of work to ensure that across South Yorkshire Safeguarding training is considered and a Safeguarding Training Strategy is published prior to the anticipated changes to the CCG footprint, namely the South Yorkshire Integrated Care System which commences April 2022.

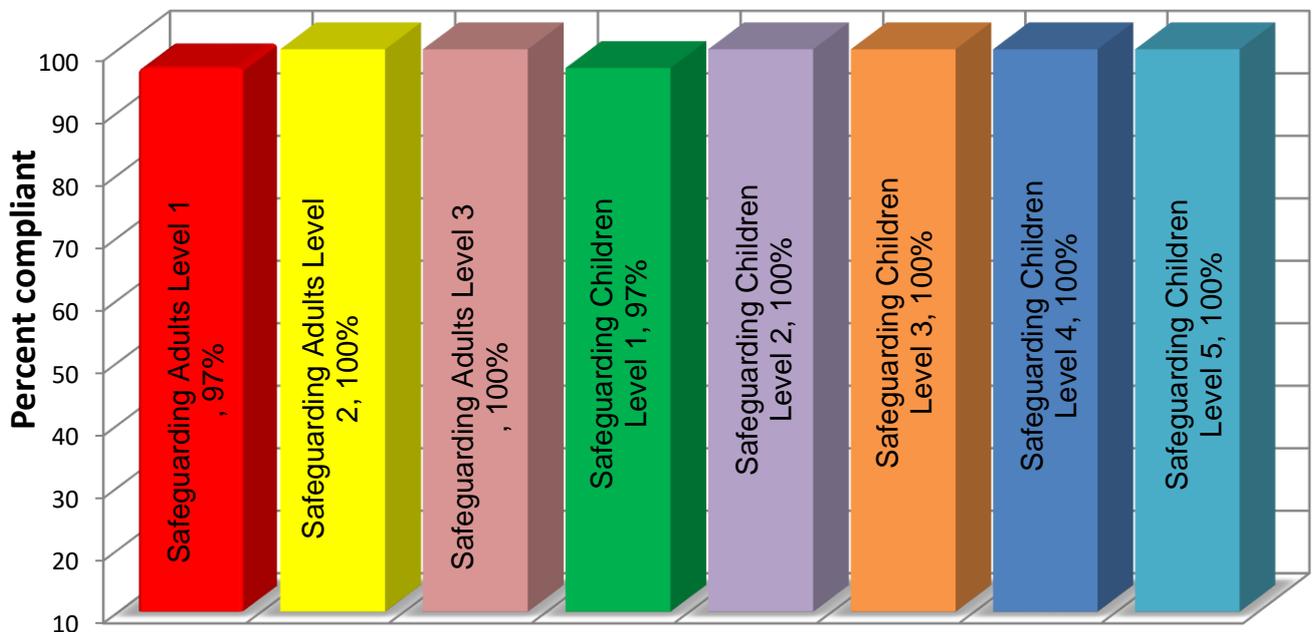
Training in 2020/21

On 1st February 2021 NHS Rotherham CCG hosted a training event with DAC Beachcroft focusing on the key changes introduced by legislation. 26 multi-agency staff attended the 2-hour training session.

The new LPS regime will significantly change the process for authorising deprivation of liberty in hospitals, care homes and other community settings, including people's own homes. CCGs, NHS Trusts, independent sector hospitals and care homes will all have a much bigger role to play in the process than they do now. The session focused on: • What will the new process involve? • The role of CCGs, hospitals and local authorities in authorising deprivations of liberty as the new 'responsible bodies'; • What you need to do now to get ready.

A Governing Body training session also took place on 3rd March 2021.

NHS Rotherham CCG Staff Mandatory Training



Safeguarding during 2020/21 (through the pandemic)

On 23rd March 2020 the country went into lockdown, but our safeguarding work continued virtually with partners across Rotherham and the wider SY&B ICS footprint to ensure services continue through the pandemic. Covid was present throughout the period of this report and, as most organisations NHS Rotherham CCG had to work differently and prioritise workstreams in line with National Guidance on the NHS management of the pandemic in the interests of focusing clinical and managerial effort on the national incident response.

During this period many staff were re-deployed into other roles and alternative ways to safeguard our vulnerable cohorts had to be implemented. Multi-agency partnership working was the key for health and social care in Rotherham, and in particular safeguarding.

Safeguarding Children

- Twice Weekly Multi–Agency Zoom Meetings were held to consider how best health, Local Authority, Education and Police support children who are vulnerable.
- Vulnerable children and their families were still being ‘seen’ and their voices are still being heard. But in different and innovative ways.
- Front Line Staff utilised a variety of methods to explain the current challenge of Covid-19 to different age groups.
- CCG Staff held regular and planned Zoom Meetings to ensure that we kept abreast of the national and regional challenges.
- Safeguarding Children’s Partnership - The Independent Chair, Jenny Myers, kept in regular contact with Chief Officers and Senior Leaders in the partnership to gain assurance that vulnerable children continued to be safeguarded from harm and received a monthly report as overview of this. A fortnightly conference call between the Independent Chair and RSCP Executive Group members was also scheduled to provide further opportunity to discuss progress and challenges within and across the partnership in these unprecedented times.
- Continuity plans were put in place for reviewing child deaths and any serious incidents reported into the partnership, and the Government issued guidance in relation to serious incident notifications and responses.

Looked After Children

- Looked After Children Department of Health: COVID-19 guidance was published for foster care and supported lodgings settings.
- Across South Yorkshire and Bassetlaw (SY&B) weekly Zoom meetings were set up to consider how best we continued to care for our LAC. Rotherham Designated Nurse LAC chaired these meetings, supported by the Rotherham Safeguarding Team in ensuring that as an Integrated Care System we worked together across SY&B wherever possible.
- In Rotherham the twice weekly zoom multi-agency vulnerable children meetings published new processes to ensure Initial and Review Health Assessments still took place, safely. Rotherham as a place worked together to ensure that all children in care were RAG rated according to need and that the most appropriate professional engaged with the child/young person based on their identified need (e.g. Social Worker, School Teacher, health worker or police officer). Agencies shared intelligence well and in the interest of the child.
- Rotherham multi-agency teams worked together to deliver adult medicals for Foster Carers and prospective Adopters. These were unprecedented times and required staff to all pull together in the interest of our children and families.

Safeguarding Adults

- Regular virtual meetings with providers to discuss impacts and assurances. Providers continued to meet statutory safeguarding responsibilities.
- Safer Rotherham Partnership meetings continued to gain assurance and continuity in services. The domestic abuse priority continued to gain assurance of continuity in domestic abuse services.
- Weekly meetings across partners to discuss Safeguarding.
- SAR subgroup held virtually; on-going SAR’s continued. Process for new SAR’s discussed.

- The RSAB met virtually as per planned meetings.
- The CCG, RSAB board manager, and TRFT worked together to look at ways of supporting staff in raising contracting concerns.
- NHSE/I weekly virtual safeguarding meeting took place to support assurance and gathering of local impacts.
- Safeguarding Adults National Network weekly virtual meeting to support sharing of knowledge/information from the national chair's meetings. This network offered support to practitioners on current issues, particularly around the impacts of COVID 19.
- The DHSC (Department of Health and Social Care) stated that LPS would not be prioritised and guidance was awaited.
- LPS - On 1st February 2021 NHS Rotherham CCG hosted a training event with DAC Beachcroft focusing on the key changes introduced by legislation. 26 multi-agency staff attended the 2-hour training session. The new LPS regime will significantly change the process for authorising deprivation of liberty in hospitals, care homes and other community settings, including people's own homes. CCGs, NHS Trusts, independent sector hospitals and care homes will all have a much bigger role to play in the process than they do now. The session focused on:
 - What will the new process involve?
 - The role of CCGs, hospitals and local authorities in authorising deprivations of liberty as the new 'responsible bodies';
 - What you need to do now to get ready.
 A Governing Body training session also took place on 3rd March 2021.

Multi-Agency Safeguarding Hub (MASH)

- The MASH operated well with the support of virtual and on-site staff.
- Mechanisms were put in place to review, assess and plan for domestic abuse cases, including MARAC.
- Daily MADA meetings held for victims of high-risk domestic abuse
- Health Professionals in the MASH assisted with information sharing for other areas as required – i.e. Early Help, strategy meetings.

Covid-19 safeguarding issues/concerns worked through

- Child Death Overview Process – ensuring that we kept in line with national expectations and Covid-19. The provider gave assurance to the multi-agency vulnerable children panel.
- The LA, police, education and health worked closely to consider all aspects of children's vulnerability including children who are 'shielded' or their own issues and those of their immediate family members.
- Mental wellbeing of the workforce was a high priority and all the processes put in place appear to work; good staff attendance and very little sickness. South Yorkshire and Bassetlaw shared some remote bereavement support services to help families in these unprecedented times.
- As an area there was partnership challenge and support around 'we think' there has been hidden harm – no hard evidence. The pandemic reduced professional's face to face contact with the vulnerable rather than diminished their abusers access to them. We don't know if there will be a 'surge' because agencies, organisations are moving back slowly and in an orderly and well publicised way.
- Children of school age – the trusted teacher or meal at dinner time wasn't there. Schools and the voluntary sector were outstanding in their delivery of pastoral care. As a partnership we developed a tool to support our front line in thinking the unthinkable and being professionally curious in a structured way.
- Adult safeguarding re-launched and reinvigorated the Professionals Eyes and Ears Form for Health and Adult Social Care Professionals providing a tool to aid health and adult social care staff in identifying contracting concerns, feeding directly into the contracting compliance teams who were able to process these concerns.
- Post Covid surge planning is underway. Partnership working continues across domestic abuse services, including planning for an increase in need.

Together We Are Stronger

In March 2021 Rotherham Safeguarding Children partners undertook a "what went well" exercise around COVID-19 with actions to be taken "Going Forward". Below is a summary "Together We Are Stronger".

WHAT WORKED WELL

- Adult fostering, SGO and adoption medicals; ICON intervention programme – planning, training, implementing and networking; Providing responsive assurance to changing landscape, Situation Reports to NHS England and improvements; Continued provision of the MASH – supporting duty team and early help, attending strategy meetings.
- The lockdown has presented an opportunity for us to broaden our offer to increase/include digital interventions and creative ways to engage young people such as video calling, WhatsApp, Social Media, online group work, training, use of electronic resources (maps, worksheets etc.).
- The decision-making cycle was expedited at an efficient, effective, and safe pace both at an organisational level and partnership level both strategic and operational.
- Staff willingness to adapt and work differently as well as support other areas within the division/trust; Ability to adapt service delivery at short notice.
- RAG rating for all children to ensure plans in place to prioritise children should staff capacity be compromised due to the pandemic.
- ‘Can do’ attitude and flexibility of staff in adapting to new ways of working, ie utilising technology and home working, Staff’s positive response to increased workloads.

SOME OF THE CHALLENGES

- Identifying BAME needs; Data sharing – although attended the Children Commissioners Launch of the CHILDRN APP, which will dramatically improve data sharing opportunities.
- The inability to carry out face to face appointments has brought challenges regarding our ability to effectively safeguard children and young people. These include young people not having the confidential space to effectively explore their concerns and make subsequent disclosures and a lack of opportunities to physically observe the child/young person’s appearance, presentation, and home environment.
- The ability to assess how safe the service was as there were so many unknowns due to lack of face to face contacts in community and acute settings.
- How to distribute laptops to schools.
- A challenge being that some areas have stopped undertaking Out of Area health assessments due to redeployment. Work picked up by Rotherham nurses; Possibility of missing something due to reduced face to face contacts.

WITH HINDSIGHT

- Government departments need to be more cohesive and less siloed in their working relationships as this proved challenging at the point of provision – mixed messages and back tracking of guidance.
- Consultation with young people to get a sense of which platforms are most popular/better suited for the purposes of digital engagement.
- Partners together in Rotherham developed a tool to consider how we all made every contact count. This includes discussing with the child how they were coping during lockdown and what did a day in their life look like. This could have supported more staff working in new ways had it been completed earlier, therefore benefitting more children.

GOING FORWARD

- Adult fostering, SGO and adoption medicals; frank and tenacious professional curiosity that was fostered by being distant but united in delivering care needs including health, social and educational.
- To continue offering a broad menu of digital engagement options, including WhatsApp, Zoom, Microsoft Teams and Webchat, not as a replacement for therapeutic delivery, but to maximise engagement in between scheduled appointments. Extend this approach to families and carers; continuation of digital meetings increasing attendance and capacity due to lack of travel and reducing travel costs.
- Maintain strong multi agency links that have developed by linking services virtually across Rotherham; Continue the ‘can do’ attitude to be proactive and responsive to challenges that lie ahead, including surge and increased number of Looked After Children

Multi-Agency Safeguarding Hub (MASH) Annual Reports

Below is a breakdown of the MASH Health activity relating to referrals received for information sharing.

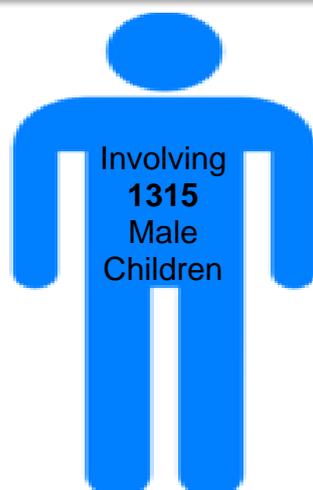
Month	Total referrals received	Total MADA Meetings	Total Strategy Meetings	Total NCA Information requests	Total MASH Meetings
April 2020	85	19	14	0	3
May 2020	108	22	19	6	4
June 2020	137	27	20	5	10
July 2020	154	34	21	1	12
Aug 2020	104	21	19	1	15
Sep 2020	111	18	13	1	22
Oct 2020	91	22	12	1	15
Nov 2020	81	13	9	1	6
Dec 2020	88	22	8	3	9
Jan 2021	89	19	10	3	11
Feb 2021	75	23	2	1	12
Mar 2021	88	24	21	3	10

Annual total figures:

Total Number of Referrals received	Total MADA (Multi Agency Domestic Abuse) Meeting	Total Strategy Meetings	NCA (National Crime Agency) Information request	MASH Meeting
1211	264	168	26	129

Top 3 themes from the referrals received for information sharing	Domestic Abuse	Adult Mental Health	Substance Misuse
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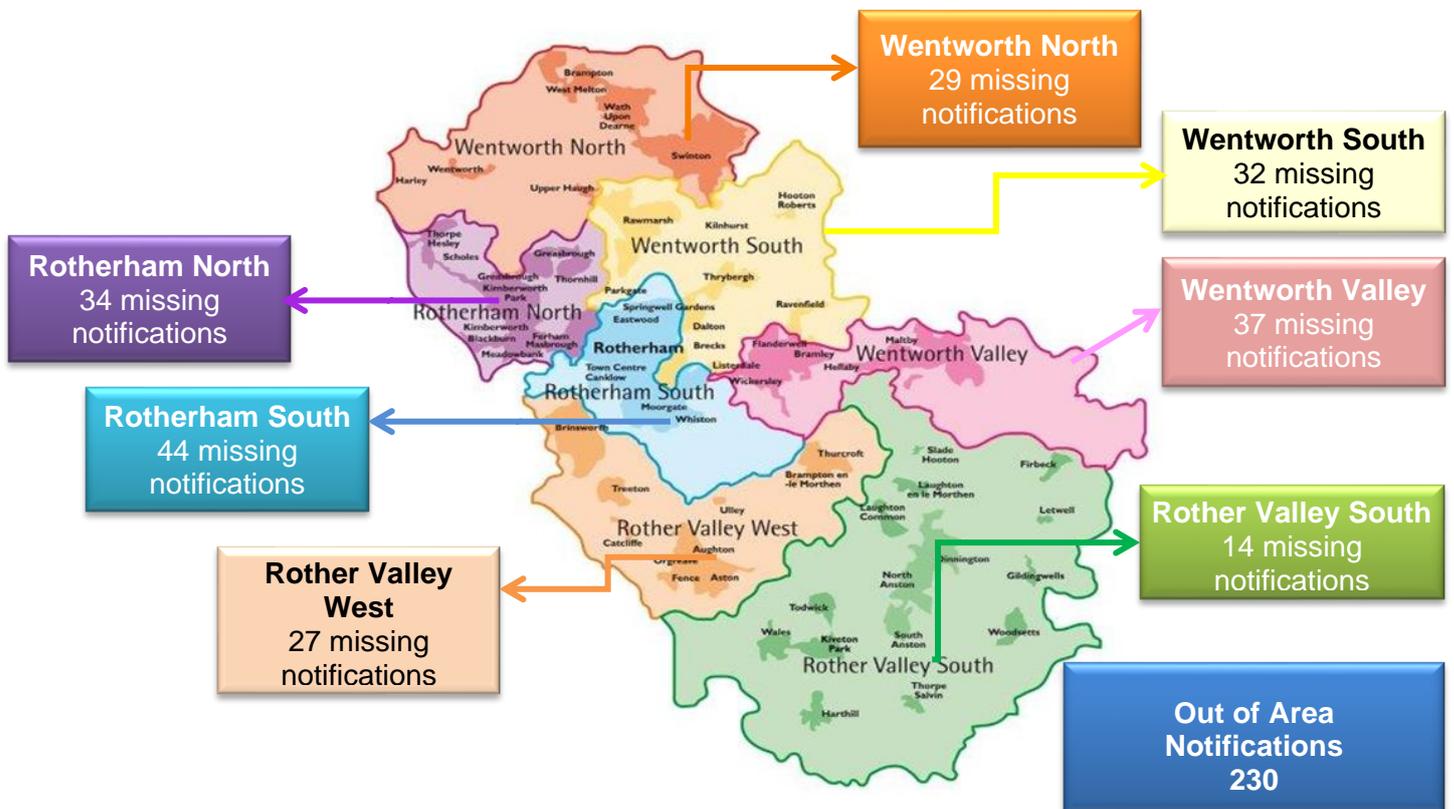
Total Number of Children related to the referrals received into MASH Health for information sharing: **2672**



Missing

NHS Rotherham CCG continued to provide the lead for health in Rotherham for the management of 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. This is now reported to health professionals in the MASH. 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.

The information below has been collated by the Health MASH team and relates to notifications received from 1st April 2020 to 31st March 2021

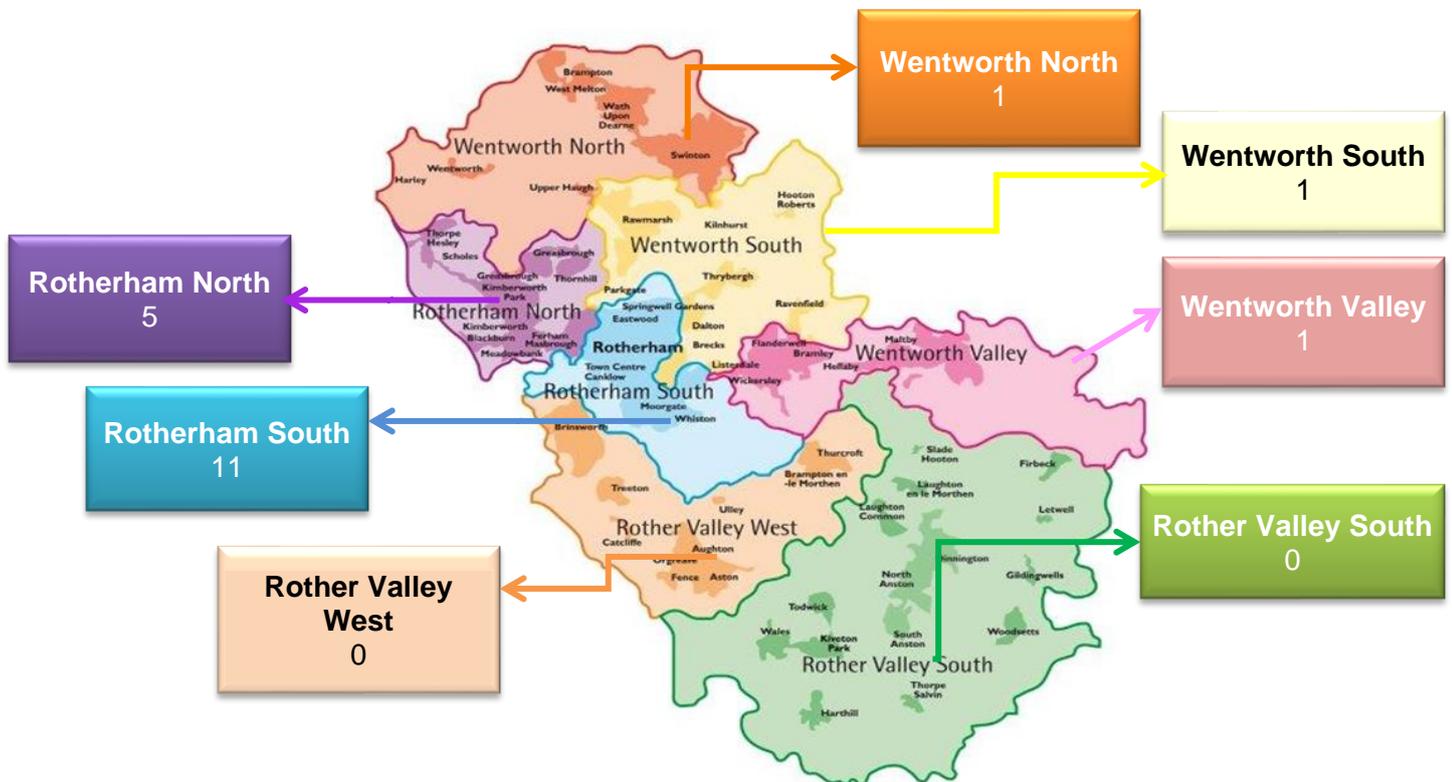


Female Genital Mutilation (FGM)

Shown below are the FGM referrals received into Health MASH according to individual ward areas for the period 1st April 2020 to 31st March 2021.

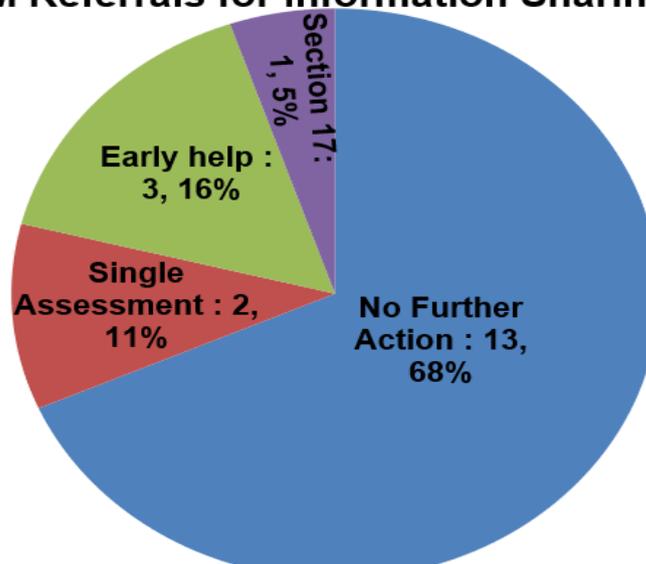
No. of episodes reported into Health MASH		Associated Children	
19		38	
Involving			
6	15	17	
Female Children	Male Children	Unborn Babies	

Source of Referral	Number
GP	1
Education	1
MASH	3
TRFT	14



Below are the Outcomes to the FGM referrals received in to Health MASH requesting information sharing.

FGM Referrals for Information Sharing



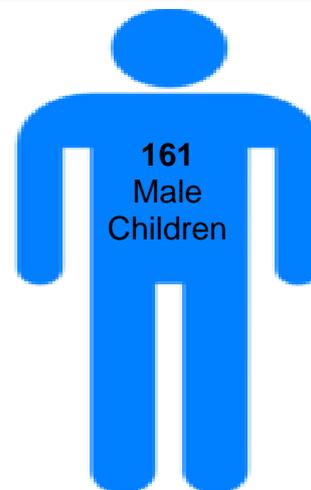
Child Criminal Exploitation (CCE)

During 2020 and 2021 the multi-agency partnership continued to respond to referrals received regarding risks associated with child criminal exploitation. Under new safeguarding partnership arrangements, the delivery group for child exploitation continued to meet regularly, ensuring further learning opportunities for all professionals. NHS Rotherham CCG had a representative attending the group.

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.

Number of Referrals received for information sharing.
112

Involving
273
Children. (including siblings of the subject children)



Source of Referral	Number of Referrals
Police	47
MASH	28
Education	4
Evolve	5
Early Help	7
RMBC	12
TRFT	4
National Crime Agency	4
Strategy Meeting	1

The age ranges for the children named on the referrals relating to CCE are: 2002 – 2019

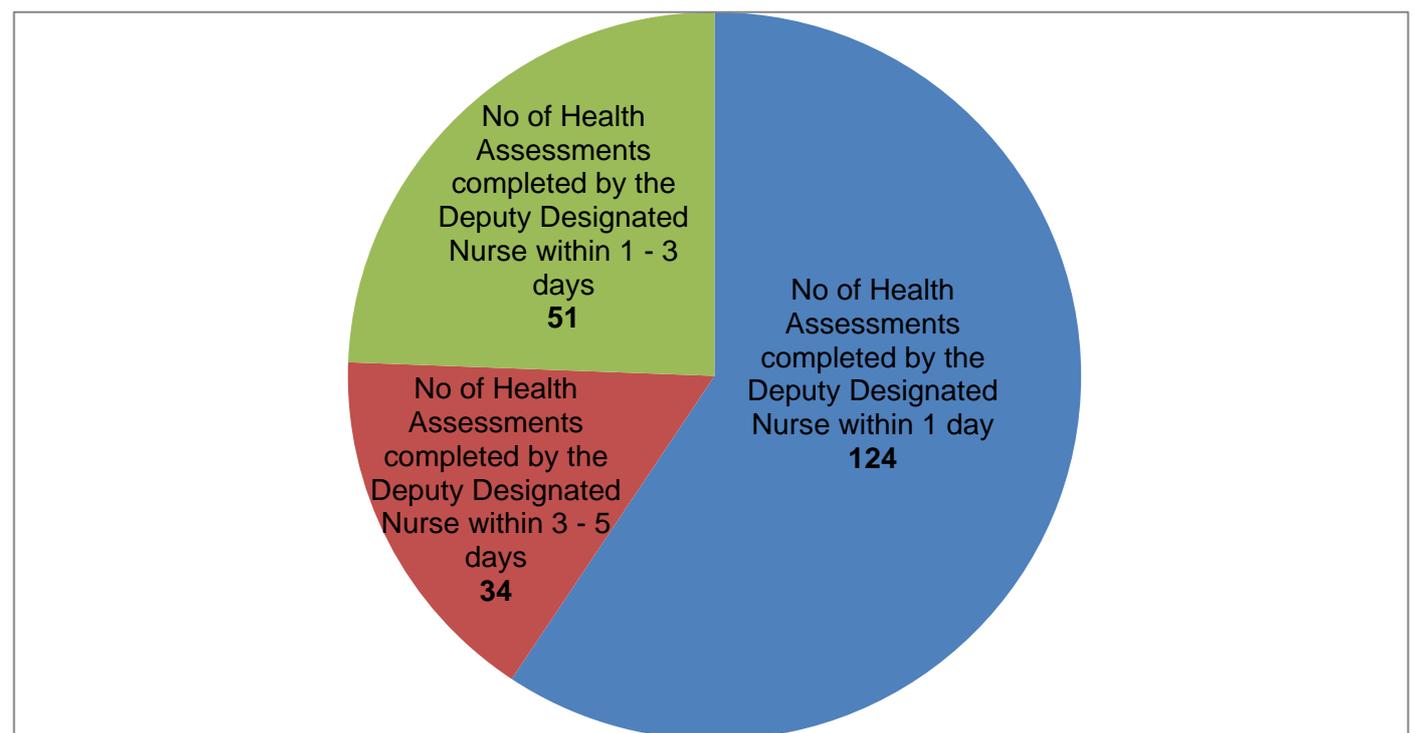
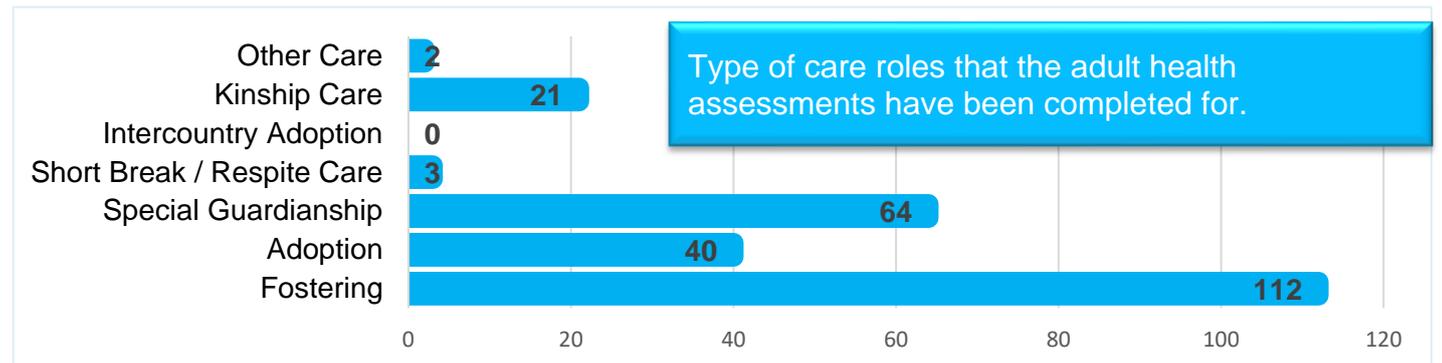
Fostering and Adoption Adult Health Assessments

During 2020/21 through the pandemic, Rotherham multi-agency teams worked together to deliver adult medicals for Foster Carers and prospective Adopters. These were unprecedented times and required staff to all pull together in the interest of our children and families.

The information below has been collated by the Health MASH team and relates to adult health assessments completed between 1st April 2020 and 31st March 2021.

Number of adult health assessments completed 209	Of which 115 were female applicants	And 94 were male applicants	Agency	Number Received
			Sheffield	9
			RMBC	200

Timeframe for the Adult Medical Assessments being Completed	Number of Assessments
Less than 3 Days	41
3-5 Days	33
5-10 Days	55
Over 10 Days	65
Awaiting Information	15



What Went Well in 2020/2021

- Together We are Stronger - Rotherham Safeguarding Children partners undertook a “what went well” exercise around COVID-19, resulting in the one-page “Together We Are Stronger” article with actions to be taken “Going Forward”.
- Rotherham multi-agency teams working together innovatively to deliver adult medicals for Foster Carers and prospective Adopters. In unprecedented times staff pulled together in the interest of our children and families.
- The CCG responded to a concern related to a perceived increase in teenage pregnancies during the ‘lock down’. RMBC, CCG, TRFT and Public Health came together to review the concerns, and identified areas that could be further developed, that being the teenage pregnancy pathway, and services available to young parents as well as clarifying and promoting access to contraception and sexual health services. Initial yearly figures found that there was no significant increase compared to the previous 4 years, however raising the concern enabled increased working together with a formulated action plan to support teenage mothers and their partners.
- 2020/21 has been a busy year for safeguarding in Rotherham. In March 2020 we started to see the pandemic Covid-19 causing all agencies to begin to work differently. Commitment to safeguarding amongst partners remained a priority and throughout Rotherham has demonstrated that children, young people and adults at risk of harm are best supported and kept safe when professionals, agencies and communities through:
 - Sharing information routinely, accurately, with consent wherever possible and in accordance with local protocols and legal standards.
 - Sharing intelligence, skills and expertise and actively learning together.
 - Collaborating to ensure individual as well as organisational assessments reflect strengths as well as gaps/weaknesses.
 - Demonstrating professional curiosity, respectful challenge coupled with proactive management across and within agencies and different professionals to bring a depth and wealth of knowledge and skills. Together we became stronger and therefore more able to protect the people of Rotherham.
- In 2020/2021 NHS Rotherham CCG sought additional assurance via a 360 Assurance Audit as part of its on-going and transparent commitment. The overall objective of 360 Assurance is to provide an independent opinion on the systems and processes NHS Rotherham CCG has in place for safeguarding children. The Assurance Audit provided a rating of “Significant Assurance and can be read in full here:

[Safeguarding Children 360 Audit Assurance](#)

Priorities 2021/2022

Priorities for 2021/22 were set in line with guidance, where a phased approach is being taken to get services back to pre-covid functioning. This will run alongside our commitment to ensure the safeguarding of our most vulnerable remains a priority.

In addition to ensuring quality and re-establishing services, the footprint of the NHS is changing. From 1st April 2022 we will move from Clinical Commissioning Groups to an Integrated Care System (ICS).

Integrated care systems (ICSs) are partnerships that bring together providers and commissioners of NHS services across a geographical area with local authorities and other local partners to collectively plan health and care services to meet the needs of their population. For Rotherham CCG that partnership includes all of South Yorkshire (Barnsley, Doncaster, Rotherham, and Sheffield) and covers a population of circa **1,470,177**.

The aim of the ICS is to integrate care across different organisations and settings, joining up hospital and community-based services, physical and mental health, and health and social care. All parts of England are now covered by one of 42 ICSs. Their establishment will bring about major changes in how health and care services are planned, paid for and delivered and are a key part of the future direction for the NHS as set out in the [NHS Long Term Plan](#). [ICSs will become a vehicle](#) for achieving greater integration of health and care services; improving population health and reducing inequalities; supporting productivity and sustainability of services; helping the NHS to support social and economic development.

ICSs are part of a fundamental shift in the way the health and care system is organised. Priorities for Safeguarding 2021/2022 are about services returning safely, ensuring that quality is maintained whilst moving into the new world of an ICS.

The case for collaborative working in the health and care system has been strengthened by the experience of the Covid-19 pandemic, as the response has rested on different parts of the system working together to address this ongoing public health emergency. Together we have provided essential services, supported people to remain safe and well in their communities and learned a greater respect for each other's different but interlinked roles. Together we have been stronger across Rotherham.



Conclusion

2020/21 has been an unusual and busy year for safeguarding in Rotherham and the start of 2021/2022 doesn't appear to show any relaxation in that. At the beginning of March 2020, we saw the pandemic Covid-19 causing all agencies to begin to work differently as the country went into lockdown. This resulted in vulnerable people not being 'seen' by services and meant we all had to think and act differently. NHS Rotherham CCG's commitment to safeguarding alongside voluntary and statutory partners had to work differently in order to safeguard and promote wellbeing.

In this report NHS Rotherham CCG has demonstrated that children, young people and adults at risk of harm are best supported and kept safe when professionals, agencies and communities:

- Share information effectively, with consent wherever possible and in accordance with local protocols and legal standards.
- Share intelligence, skills and expertise and actively learn together.
- Collaborate to ensure individual as well as organisational assessments reflect strengths as well as gaps/weaknesses.
- Demonstrate professional curiosity, respectful challenge coupled with proactive management across and within agencies and different professionals to bring a depth and wealth of knowledge and skills.

Messages were reinforced to all professionals either working for NHS Rotherham CCG or commissioned by them around our expectations:

- Person-centred and to prioritise the person's best interests.
- Rooted in and informed by evidence.
- Aware of information gathered systematically, and to have checked with the person and others; with differences of opinion or contradictory information recorded.
- Analytical, considering impact of what is happening and evidence professional working knowledge
- Outcome focused not process driven.
- Aware of diversity, avoiding 'one size fits all' assumptions.
- Cognisant to strengths and promote resilience, as well as identifying risk and needs.
- Transparent and open to challenge. Mature conversations and collaborations with other agencies, statutory and voluntary became the norm.

In conclusion, this year taught us that together we are stronger and this supports us in protecting the wellbeing of the people of Rotherham. Health agencies continue to experience significant challenges related to the Covid Pandemic, however alongside our commitment to keep the people of Rotherham safe; NHS Rotherham CCG will continue its commitment to safeguarding.



Abbreviations

ACE	Adverse Childhood Experience
CCE	Child Criminal Exploitation
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
LPS	Liberty Protection Safeguards
MADA	Multi Agency Domestic Abuse meetings
MARAC	Multi Agency Risk Assessment Conference.
MAPPA	Multi Agency Public Protection Arrangements
MASH	Multi Agency Safeguarding Hub
MHR	Mental Health Homicide Review
MCA	Mental Capacity Act 2005
NHSE/I	NHS England/Improvement
NHS Rotherham 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)
RSCP	Rotherham Safeguarding Children Partnership
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

<u>Worried about an Adult or Child Flowchart</u>		
<u>Report suspected abuse of a child/young person</u>	<u>Rotherham Safeguarding Children's Partnership website</u>	<u>Rotherham Safeguarding Children's Partnership Procedures Online</u>
<u>Report suspected abuse or neglect of an adult</u>	<u>Rotherham Safeguarding Adults Board website</u>	<u>South Yorkshire's Adult Protection Procedures</u>
<u>Professionals Eyes and Ears Form</u>	<u>Covid-19 Multi-Agency Virtual Working Aid Memoire</u>	<u>CYP Consortium Map of Services on a page October 2020</u>

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