

NHS Rotherham Clinical Commissioning Group

Governing Body 2nd September 2020

NHS Rotherham Clinical Commissioning Group Safeguarding Annual Report 2019/2020

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 2019 to the end of March 2020 and the CCG's vision and objectives for the year 2020/2021 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, generally utilising the "Signs of Safety" format. Signs of Safety is a tool intended to help practitioners risk assess and plan in safeguarding. Its purpose is to enable practitioners across different disciplines to work collaboratively and in partnership understanding one another's strengths and challenges. The model is designed to identify areas that need change while focusing on strengths, resources and networks.

Analysis of key issues and of risks
<p>The most significant areas in 2019/20 for safeguarding have been:</p> <ul style="list-style-type: none"> • <u>Rotherham Safeguarding Children Partnership Multi-Agency Arrangements for Safeguarding Children</u> published June 2019 • <u>Safeguarding Children, Young People and Adults at Risk in the NHS: Safeguarding Accountability and Assurance Framework</u> (SAAF) updated in August 2019. The SAAF now becomes a joint NHS England and NHS Improvement Framework and builds on its predecessor by strengthening the NHS commitment to promoting the safety, protection and welfare of children, young people and adults. • <u>South Yorkshire Partnership to tackle Modern Slavery launched</u> in May 2019 – a regional response to tackling modern slavery. • Health & Justice Board Sexual Assault & Abuse Strategy High Volume Fund – funds secured for the innovative Rotherham Trauma & Resilience Service (TRS) in order to continue the work of supporting and delivering a wraparound health and wellbeing offer to victims/survivors of historic sexual exploitation. • <u>Know the line campaign</u> launched September 2019 asking individuals to: SEE IT, CALL IT, STOP IT. A short video highlighting woman's experiences of sexual harassment can be found at: https://youtu.be/Jld0LBuYIUQ • Covid-19 – On 23rd March the country went into lockdown but 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>Strategic Clinical Executive (Virtually) 26th August 2020 AQuA 1st September 2020 Governing Body 2nd September 2020 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 2019/2020. • Note objectives for 2020/2021. • Agree publication of the Safeguarding Annual Report on internet and intranet site and sharing with partner agencies.

Safeguarding Annual Update

1st April 2019 to 31st March 2020



CONTENTS

Foreword	3
Introduction.....	4
Accountability And Structure	5
Monitoring and Commissioning of Services.....	6
Information Sharing.....	7
Mandatory and Statutory Training (MAST).....	8
Multi-Agency Working / Training.....	9
Safeguarding Adults.....	10
Mental Capacity Act	10
Domestic Abuse	11
Modern Day Slavery	11
Safeguarding Children	12
Injuries and Bruises in Babies	13
Working Together To Safeguard Children	14
Child Death Overview Panel (CDOP)	15
Child Criminal Exploitation (CCE).....	16
Looked After Children (LAC) and Care Leavers (CL)	18
Contextual Safeguarding	20
Sexual Assault & Abuse Strategy	21
Rotherham Trauma Partnership.....	22
Adverse Childhood Experiences (ACE).....	23
Multi-Agency Safeguarding Hub (MASH)	24
Missing	25
Female Genital Mutilation (FGM).....	26
Priorities	27
Conclusion	29
Abbreviations.....	30
Safeguarding Flowchart For Referrals	31

Foreword

Foreword from our Chief Nurse



'NHS Rotherham Clinical Commissioning Group will continue to improve our safeguarding commitment to the people of Rotherham. I will ensure that safe healthcare delivery is firmly embedded within our core

commissioned services and that we continue to develop as a learning organisation.'

Sue Cassin, Chief Nurse

As Chief Nurse and Executive Lead for safeguarding adults, children and young people and children in care for NHS Rotherham Clinical Commissioning Group (NHS Rotherham CCG), I am delighted to publish this report.

This report demonstrates NHS Rotherham CCG's ongoing commitment to safeguarding and children in care. This safeguarding work is supported by my team of dedicated staff, including Designated Doctors, Nurses and support officers. Together with our health colleagues across Rotherham we will endeavour to promote and protect individuals from abuse and/or neglect.

As a CCG we will continue to learn and develop our practice, firmly embedding within our core duties and functions our belief that everyone has a right to a safe and healthy life.

2019/2020 has been a year of great change, particularly in safeguarding children and young people; we have embedded statutory changes and worked alongside partners to improve safeguarding standards. The report highlights that my safeguarding team continue to embed 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 evolve and NHS Rotherham CCG will remain proactive in our promise to embed safeguarding firmly into healthcare practice.

Foreword from our Chief Executive



'Our commitment to working as a safeguarding partner has never been stronger. Together we can develop more robust systems and processes to better protect the vulnerable, promoting health and wellbeing for all.'

Chris Edwards, Chief Officer

I would like to start by thanking our local workforce without whom none of this would be possible. Their commitment to improving safeguarding across the borough whilst maintaining people's right to choose their own path is phenomenal. The report clearly identifies how NHS Rotherham CCG safeguarding team strive to work in partnership with the voluntary and statutory organisations, making safeguarding personal and embedding that principle into all our work streams.

This report not only presents the opportunity to highlight how we have fulfilled our statutory duties it showcases some of the work we have undertaken over the last year to meet the needs of the people we serve across Rotherham.

NHS Rotherham CCG is forward thinking and we relish the opportunities afforded to us by the changing landscape of place-based system leadership with the introduction of Integrated Care Systems (ICSs) and Primary Care Networks (PCNs). Safeguarding has and will continue to be considered in these new integrated systems, however, currently the responsibility to provide safeguarding services still sits with CCGs.

NHS Rotherham CCG Designated Professionals for Looked After Children (LAC) are clear in their belief that in order to deliver quality outcomes for children in care we must be strong and committed in Rotherham as a place and across the ICS. To date, their commitment to our children is making a real difference to children's lives.

Whilst keeping people safe is everybody's business, as Chief Officer I seek assurance that all my staff know what to do and who to go to if they are concerned; I am assured that 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.

Introduction

In Brief

NHS Rotherham Clinical Commissioning Group (CCG) is responsible for commissioning significant aspects of healthcare for 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.

This annual update offers a flavour of our commitment to drive up standards across all agencies. 2019/2020 was a particularly busy year in a number of safeguarding areas, leading to objectives being set for 2020/2021 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) (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 Childrens Partnership \(RSCP\)](#) ; [Rotherham Safeguarding Adults Board \(RSAB\)](#) and South Yorkshire and Bassetlaw [Child Death Overview Annual Report](#) are incorporated into the NHS reporting and planning process.

In 2020/21 we will continue to share information and develop safeguarding tools to support our staff in their roles.

Details of NHS Rotherham 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/ Publications

[Rotherham Safeguarding Children Partnership Multi-Agency Arrangements for Safeguarding Children](#) published June 2019

[Safeguarding Children, Young People and Adults at Risk in the NHS: Safeguarding Accountability and Assurance Framework](#) (SAAF) updated in August 2019. The SAAF now becomes a joint NHS England and NHS Improvement Framework and builds on its predecessor by strengthening the NHS commitment to promoting the safety, protection and welfare of children, young people and adults.

[South Yorkshire Partnership to tackle Modern Slavery launched](#) – On Wednesday, 22 May, 2019 key statutory, third sector and private sector organisations united at the New York stadium in Rotherham to launch the South Yorkshire Modern Slavery Partnership – a regional response to tackling modern slavery.

[Health & Justice Board Sexual Assault & Abuse Strategy High Volume Fund](#) – funds secured for the innovative Rotherham Trauma & Resilience Service (TRS) in order to continue the work of supporting and delivering a wraparound health and wellbeing offer to victims/survivors of historic sexual exploitation.

[Know the line campaign](#) was launched on 10th September 2019 at New York Stadium asking individuals to: **SEE IT, CALL IT, STOP IT**. A short video highlighting woman's experiences of sexual harassment can be found at: <https://youtu.be/Jld0LBuYIUQ>

Covid-19 – On 23rd March the country went into lockdown but our safeguarding work continued virtually with partners across Rotherham and the wider SY&B ICS footprint.

Accountability And Structure

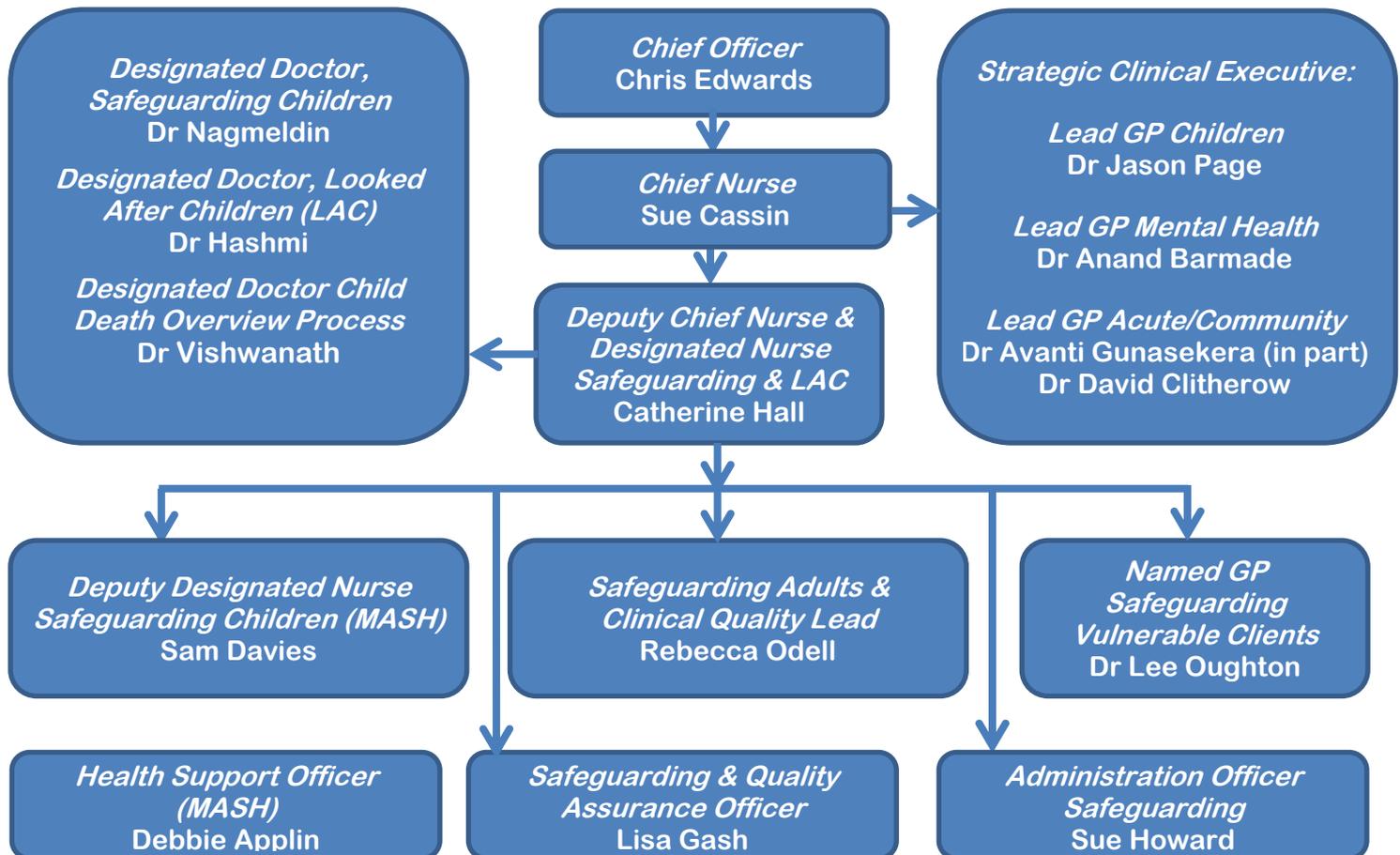
The Chief Officer, as executive lead for NHS Rotherham CCG's safeguarding agenda has the responsibility for ensuring the contribution by health services to safeguarding and for promoting the safety of vulnerable people. It is also the Chief Officer's responsibility to ensure that safeguarding is embedded 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 119 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 at April 2019.



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 the past each board has asked for a separate self-assessment. For the 2019/20 year, in order to support a more comprehensive assessment, the two local safeguarding boards have worked collaboratively to develop one joint safeguarding self-assessment framework. This recognises the many links between safeguarding adults and safeguarding children, particularly in relation to transition from childhood to adulthood. The new safeguarding self-assessment tool has been developed as an easy to use online tool, enabling key stakeholders within organisations to have easy access to a central 'master' copy. It will also encourage the self-assessment process to be more dynamic rather than something only completed periodically.

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 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 2019-20 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 NHS Rotherham 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 NHS Rotherham 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.

Information Sharing

In 2019/20 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 2019 20](#)

Some of the information shared:



Published a range of 7 Minute Briefings (based on a technique that supports learning), including NHSE&I 7 Minute Briefings in relation to national learning from Serious Case Reviews (SCRs) and Serious Adult Reviews (SARs).



RCGP Veteran Friendly GPs

The Royal College of General Practitioners is working with NHS England and NHS Improvement to accredit GP practices as 'veteran friendly'.

Whilst this is a voluntary initiative, this is a key commitment in the NHS Long Term Plan.



“**Lift the Baby**” campaign for dads, aiming to reduce infant deaths. <https://liftthebaby.org.uk/>

PREVENT - where there are risks of children, young people or adults being drawn into, or influenced by extremism or terrorism. The aim is to identify early signs and to share concerns, thus enabling support and interventions to be put in place to safeguard the individuals.



NHSE Prevent Grab Guide- Information Sh

Real Safeguarding Stories is a video resource for safeguarding professionals and the wider community where survivors' stories are central to tackling abuse in society. **Real Safeguarding Stories** – useful website for training through survivor stories. The videos are used by professionals as part of safeguarding training and public awareness and cover a range of safeguarding topics.

Form **National referral mechanism guidance: adult (England and Wales)**

Updated 29 November 2019

National referral mechanism guidance: adult

(England and Wales), updated 29th November 2019. National Referral Mechanism (NRM) is a framework for identifying and referring potential victims of modern slavery and ensuring they receive the appropriate support. [NRM guidance, referral, assessment for victims of modern slavery](#)



Template Guidance circulated

GPs to adopt as good practice asking GPs to change codes for children who are not brought to appointments

as 'Child was not brought' rather than 'Did not Attend'. This fresh thinking approach has encouraged a more critical evaluation of missed appointments by children, and has resulted in more appropriate follow up and referrals. This also applies to adults in need. Links to useful video clips: [Missing Appointments Matter](#). [Was Not Brought \(including adults in need\)](#)

Sexual Harassment www.knowtheline.org **Know where the line is**

Know the line campaign was launched on 10th September 2019 at New York Stadium. The campaign targets three audiences:

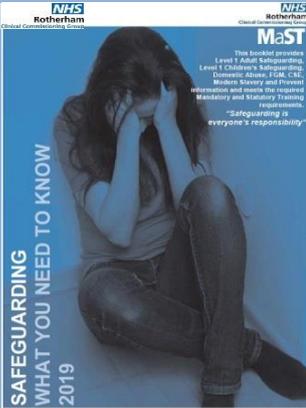
- men and boys who think it's ok to pester, harass and abuse someone just because they are female
- women and girls whose lives are affected by this abusive behaviour
- bystanders – we are all bystanders all of the time and can call out unacceptable behaviour

Click to view [a short video](#) highlighting woman's experiences of sexual harassment.

Further information: <https://knowtheline.org/>

Mandatory and Statutory Training (MAST)

Annual Safeguarding Update



NHS Rotherham 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 2019 and circulated widely, covering all statutory safeguarding requirements. The 2019/2020 leaflet complimented the TRFT and General Practice leaflet, ensuring that all staff have the same safeguarding information.

November 2019 saw NHS Rotherham 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.

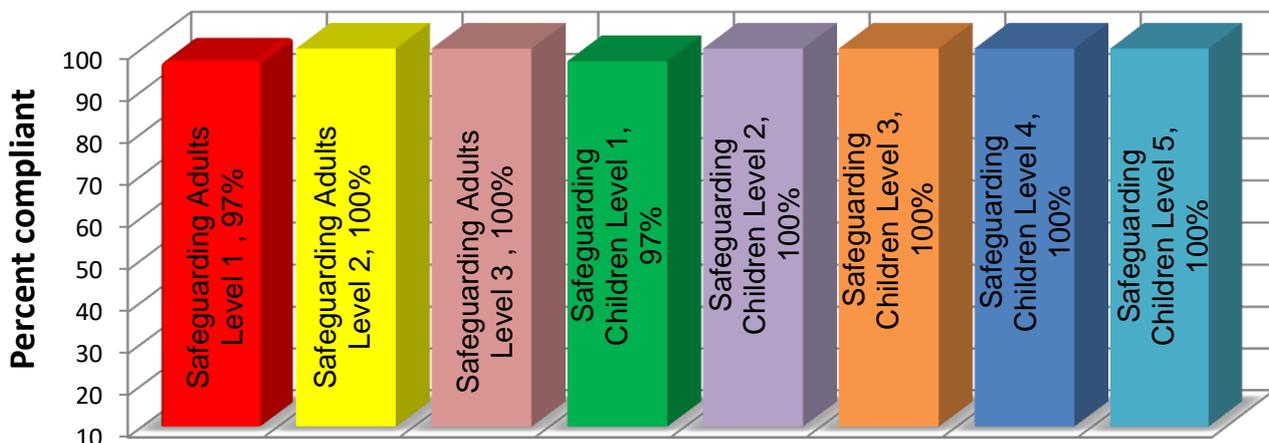
Staff training requirements (from Intercollegiate documents)

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

97% Mandatory training for Safeguarding Adults and Children Level 1 remain 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.

NHS Rotherham CCG Staff Mandatory Training



Multi-Agency Working / Training

Multi-agency partnership working is key for health and social care in Rotherham. NHS Rotherham CCG work closely with partners, some examples of this are:

- NHS Rotherham CCG receives notification of safeguarding serious incidents that happen in the borough and participates in safeguarding reviews along with multi-agency partners. These include Serious Adult Reviews (SARs), Domestic Homicide Reviews (DHRs), Serious Case Reviews (SCRs) and Mental Health Homicide Reviews (MHHRs).
- LeDeR (Learning Disability Mortality Review) programme has been embedded. 8 cases are identified and reviewed with learning shared.
- Prevent/Channel – remains a high priority with multi-agency work continuing at local, regional and national levels. NHS Rotherham CCG officers are committed members of the Prevent/Channel forums and the Safer Rotherham Partnership, practicing within legalisation of the Home Office's Prevent Duty.
- Domestic Abuse Priority Group (DAPG) – NHS Rotherham CCG officers are active members of this multi-agency group, which supports and informs the work of the Safer Rotherham Partnership. Victims identified at high risk of domestic homicide are referred to MARAC and IDVAS to reduce risk.
- Multi Agency Domestic Abuse (MADA) meetings attended daily by CCG MASH.
- Multi Agency Public Protection Arrangements (MAPPA) – oversight and assurance of NHS Rotherham CCG's commissioned health services within individual cases.
- Multi Agency Risk Assessment Conference (MARAC) – these are provider meetings which NHS Rotherham CCG only attend when required.

In addition to multi-agency events, NHS Rotherham 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:



Looked After Children South Yorkshire & Bassetlaw Multi-Agency Training Conference March 2020

72 people attended the conference with representation from health and social care professionals who work with looked after children and care leavers across the SYB footprint.

The event was funded by NHSE/I (North), and was facilitated by NHS Rotherham CCG Looked After Children Team. There were some exceptional and inspiring speakers during the morning followed by interactive workshops in the afternoon resulting in knowledge and evidence of how to take our shared training and development needs forward. Feedback on the day was very positive with some professionals saying ‘it was one of the best conferences they had attended’.

Further “Total Respect” and “Hear Me” training has been commissioned from Rotherham and Doncaster LAC Young people’s Councils along with a training package from Sheffield Children In Care Council. We were also in the process of arranging/considering an all SYB LAC Health Staff forum prior to CoVID-19.

Safeguarding Adults

NHS Rotherham CCG safeguarding adults lead works at national, regional and local level to inform the safeguarding agenda. NHS Rotherham CCG has joined NHSE&I Safeguarding Adults National Network (SANN), providing close involvement with national developments, including themes and trends, feeding directly into the national network. Regional work includes representation at: the NHSEI North regional safeguarding leads meeting; South Yorkshire Modern Slavery Partnership; and the South Yorkshire & Bassetlaw ICS, supporting cross-boundary working, and development of regional policy and practice.

Continued work at place includes working with partners, and key organisations including: RSAB, Safer Rotherham Partnership, RDASH, TRFT, South Yorkshire Fire and Rescue, and third sector organisations.

Close links have been forged with Rotherham Hospice allowing sharing of skill and expertise.

NHS Rotherham CCG is a statutory partner of the Rotherham Safeguarding Adult Board (RSAB), having executive representation at the Board. NHS Rotherham CCG sits on all 4 subgroups of the RSAB.

Practice and Policy - Through partnership working the Practice and Policy sub-group have evolved the Safeguarding Adults South Yorkshire Procedures. We continue to work together on multi-agency policies including Self-neglect; Hoarding; and Persons In a Position Of Trust (PIPOT)

Safeguarding Adult Reviews - There has been 1 SAR in the year 2019/20 with the full engagement of NHS Rotherham CCG. Learning from Safeguarding Adult Reviews is shared and 7 minute briefings are utilised to support this. SAR action plans are monitored via the RSAB performance & quality sub group with NHS Rotherham CCG engaged as appropriate.

Workforce Development - NHS Rotherham CCG has continued working together on the RSAB training strategy, embedding the “**Safeguarding Adults: Roles and competences for health care staff – Intercollegiate Document 2018**” in to the strategy.

It has seen the delivery of multi-agency training, supporting the vision of equipping the workforce with the knowledge, skills and behaviours to carry out their role to safeguard adults from abuse and/or neglect.

Performance and Quality - working together towards the completion of the Safeguarding Self-Assessment. In order to support a more comprehensive assessment, the two local safeguarding boards have worked collaboratively to develop one joint safeguarding self-assessment framework. This recognises the many links between safeguarding adults and safeguarding children, particularly in relation to transition from childhood to adulthood. The new safeguarding self-assessment tool has been developed as an easy to use online tool, enabling key stakeholders within organisations to have easy access to a central ‘master’ copy and will encourage the self-assessment process to be more dynamic rather than something only completed periodically.

Mental Capacity Act

NHS Rotherham CCG continues to embed MCA into healthcare practice 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 remains unclear and close working with partners is taking place to ensure a smooth transition and effective implementation of the amendments to the Act. NHS Rotherham 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 Continuing Health Care and the Local Authority to establish a system to identify individuals that will require LPS.

Domestic Abuse

NHS Rotherham CCG continues to work closely with the Safer Rotherham Partnership on the 2021 Domestic abuse strategy.

NHS Rotherham CCG is committed to supporting the domestic abuse strategy with attendance at the Domestic Abuse Priority Group and take seriously our commitment to this.

Following publication in June 2018 of the Domestic Abuse Toolkit for Employers, NHS Rotherham CCG's HR and safeguarding team put together a policy/guidance. All employees who experience abuse should be supported regardless of gender and the type of abuse. This policy was shared as a tool for GPs to utilise.

NHS Rotherham CCG continues to: advertise the HARKs information, promote the Inspire to Change program and share information with colleagues.

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](#)

NHS Rotherham CCG offer specific training for GP's on Domestic abuse. In December 2019 NHS Rotherham CCG held a supported learning event for General Practitioners facilitated by NHS Rotherham CCG, alongside the Safer Rotherham Partnership and providers.

Modern Day Slavery

Modern slavery includes slavery, servitude, forced or compulsory labour, and human trafficking. Often victims of modern slavery experience multiple forms of exploitation and/or abuse (including but not limited to: sexual exploitation; labour exploitation; forced criminality; domestic servitude; organ harvesting).

The introduction of the UK Modern Slavery Act in 2015 brought about a number of changes to drive the national response to modern slavery.

NHS Rotherham CCG acknowledges the National Referral Mechanism (NRM) guidance: adult (England and Wales) Updated 29th November 2019. This is a framework for identifying and referring potential victims of modern slavery and ensuring they receive the appropriate support. NRM guidance, referral, assessment for victims of modern slavery.

NHS Rotherham CCG works closely as a NHS partner with the South Yorkshire Modern Slavery Partnership (SYMSP). The Partnership was launched in 2019. NHS Rotherham CCG fully support the SYMSP Priorities:-

PREPARE: Improve partnership working across South Yorkshire,

PREVENT: Increase awareness of modern slavery and human trafficking,

PROTECT: Improve identification and enhanced support for survivors,

PURSUE: Increase detection and prosecution of perpetrators.

Since its launch the SYMSP has worked together to create the SYMSP Pocketbook for Professionals, develop a website and deliver online training for Health and Social Care professionals.

<http://southyorksmsp.co.uk/>

Safeguarding Children

Partnership working

New multi-agency arrangements for safeguarding children, established in accordance with the Children and Social Care Act 2017 and Working Together to Safeguard Children 2018, updated in February 2019.

The working together of three statutory agencies to safeguard children :-

- NHS Rotherham CCG
- Rotherham Metropolitan Borough Council
- South Yorkshire Police

NHS Rotherham CCG committed to and began the process by:

- Engaging in all planning and development for the new partnership
- Ensuring openness and transparency
- Responding to children and family's needs
- Providing a strong oversight of performance and safeguarding practice
- Allocating resources and expertise
- Advocating for and providing learning opportunities

Meetings and engagement

NHS Rotherham CCG have ensured engagement in and attendance at the following meetings:

- Rotherham Safeguarding Children Partnership (RSCP) – Executive group & working groups
- Multi-agency Review Panel – strategic review of complex cases requiring innovative and jointly agreed solutions to safeguard children and young people
- The CCG has chaired the RCCP Quality and Assurance working group

Policies and Procedures

NHS Rotherham CCG ensured the updating of policies and procedures to include:

- Working Together to Safeguarding Children
- Safeguarding Children & Young People: Roles and competencies for healthcare staff (2019)
- Referral Pathways
- General Data Protection Regulations (GDPR) 2018

Sharing Good Practice:

Adopted from Sheffield CCG

Was Not Brought to appointments, shared with Rotherham GPs This also applies to adults in need.

[Missing Appointments Matter.](#)

[Was Not Brought \(including adults in need\)](#)

Safeguarding Children and working with Providers

Safeguarding Children Professionals have supported partnership working with providers through:

- Attendance at TRFT strategic and operational safeguarding children meetings
- Attendance at RDASH safeguarding strategic meetings
- Providing safeguarding children one-to-one sessions and supervision to Named Professionals
- Developed jointly agreed KPI's
- Developed jointly agreed safeguarding standards

Injuries and Bruises in Babies

Background	What we did
<p>Following a Practice Review Panel by the RSCP to consider a serious injury to an infant, 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?</p> <p>Whilst there can be a number of clinical reasons 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.</p> <p>Outcome of discussions:</p> <ul style="list-style-type: none">• Let us remain vigilant and be sure to consider other injuries• Evaluate head to toe and look for other injuries• Consider using a body map• History and context obviously plays an important role in helping to understand causation.• Knowing the developmental milestones can help determine whether a reported cause of injury would be reasonable.	<p>NHS Rotherham CCG's Safeguarding Team held a supported learning event "Not Cruising? Not Bruising!" following recommendations from a Serious Case Review.</p> <p>In April 2019 we:</p> <ul style="list-style-type: none">• Re-circulated the learning outcomes from this event.• Emphasised the importance of evaluating injuries in non-mobile children.• Promoted the monthly offer of 1:1 and group safeguarding supervision with the Named GP for Safeguarding.• Promoted the offer to provide training material which can be utilised for 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. This animation provides advice to practitioners about seeking an explanation from the babies' carers and what action to take if no explanation is provided, or if an unlikely or inadequate explanation is given.• Shared 7 Minute Briefing: Bruising in Non-Mobile Children



Working Together To Safeguard Children

Background

Working Together to Safeguard Children (July 2018) is statutory guidance that focuses on 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 NHS Rotherham Clinical Commissioning Group (NHS Rotherham 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 that from serious child safeguarding incidents.

To fulfil this role, the three safeguarding partners must set out how they will work together and with which 'relevant agencies'. For NHS Rotherham 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, as this includes bringing together various organisations and agencies to protect and promote child welfare.

For NHS Rotherham CCG the lead is 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 would take 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](#)

Transitional Guidance: [Working Together transitional guidance.pdf](#)

Information Sharing Advice: [Information sharing advice practitioners safeguarding services.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 now need to be formally agreed. To achieve these changes the three safeguarding partners commissioned a delivery group, made up of senior colleagues in all three statutory agencies. This group has been chaired by the Independent Chair of the Local Safeguarding Children Partnership (LSCP).

A proposal for the way forward was co-produced and was formally presented to the full LSCP on 6 June 2019. Rotherham published their safeguarding arrangements well within the governments expected date. Following publication of our arrangements, Safeguarding Partners had three months to implement arrangements. Changes to the **Child Death Review process** also required work across South Yorkshire and Bassetlaw due to the expectation that each area will present information centrally that relates to over 60 child deaths per annum. To date the Child Safeguarding Practice Review 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	<p>In 2018 the Government published its new arrangements for reviewing the death of all children, ‘Child Death Review, Statutory and Operational Guidance [England] (HM Government 2018)’ Following the change, responsibility was transferred from the Department of Education to the Department of Health and Social Care.</p> <p>In response to the need for Child Death Review Panels to consider over 80 deaths per annum, the four Clinical Commissioning Groups and Local Authorities of South Yorkshire, namely Barnsley, Doncaster, Rotherham and Sheffield agreed their arrangements. These were submitted to the Department of Health and Social Care (DHSC) in June 2019 for implementation in September 2019. The agreement highlighted a key focus on identifying shared learning that may help to prevent future child deaths across South Yorkshire. Also highlighted was a commitment that South Yorkshire Child Death Overview Partnership (SYCDOP) would contribute to local, regional and national initiatives to improve learning from all child death reviews.</p>
Local Picture	<p>In South Yorkshire there are on average between 80 and 100 child deaths per year; the four areas working together provide a larger cohort of data, to enable improved identification of themes, trends and shared learning. The first South Yorkshire Child Death Annual Report was published and gave light to a number of themes.</p> <p>During 2019/20 Rotherham had a total of 13 child deaths; 8 of which were unexpected deaths. The process of expertly reviewing all children’s deaths is grounded in deep respect for the rights of children and their families, with the intention of preventing future child deaths. These reviews have enabled learning to take place and through the National Child Mortality Database, have identified learning at a national level to inform changes in policy and practice. In 2019/2020 the two key themes identified for South Yorkshire were:</p> <ol style="list-style-type: none"> 1. Safe Sleeping. The outcomes were: <ul style="list-style-type: none"> • A very successful South Yorkshire wide Safe Sleeping Steering Group was established and co-ordinated a consistent approach to 2020 Safe Sleeping awareness week (9th – 15th March 2020). • More Safe Sleeping champions identified outside of health agencies, eg Social Care. • South Yorkshire wide communications were planned for throughout 2020; including twice yearly promotions as a minimum, and targeted communications through infant mortality groups. 2. Suicide: A total of nine children were recorded; five of the cases were female and four male with ages ranging from 14 years 10 months to 17 years 6 months. (Sheffield 5; Doncaster 3; Barnsley 1; and Rotherham 0). The key learning points noted: <ul style="list-style-type: none"> • An issue was identified across all four areas regarding parents and young people having easy access to services for lower levels of mental health support. • Parents had identified particularly not knowing how to access services and where to go for support for their children. • Self-harm is an indicator. • Bullying; children “feeling different”; social isolation; and having small friendship groups are all common themes. <p>Adverse Childhood Experiences (ACE) patterns were noted in some cases.</p>
Moving Forward	<p>For 2020/2021 the hosting arrangements will be facilitated by Sheffield CDOP and chaired by the Director of Public Health. This is in line with the agreed rotation of a local authority area hosting the quarterly meetings and facilitating the shared learning reviews throughout an annual reporting year.</p> <p>In addition to the collective work the four areas will continue with their local Child Death Overview Panel (CDOP) systems and the continued development of supporting families during this tragic and challenging process.</p>

Child Criminal Exploitation (CCE)

During 2018 and 2019 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.

Source of Referral	Number of Referrals
Early Help	5
Education	16
MASH	23
National Crime Agency	1
Police	38
RDaSH	1
RMBC	1
Strategy Meeting	5
TRFT	1

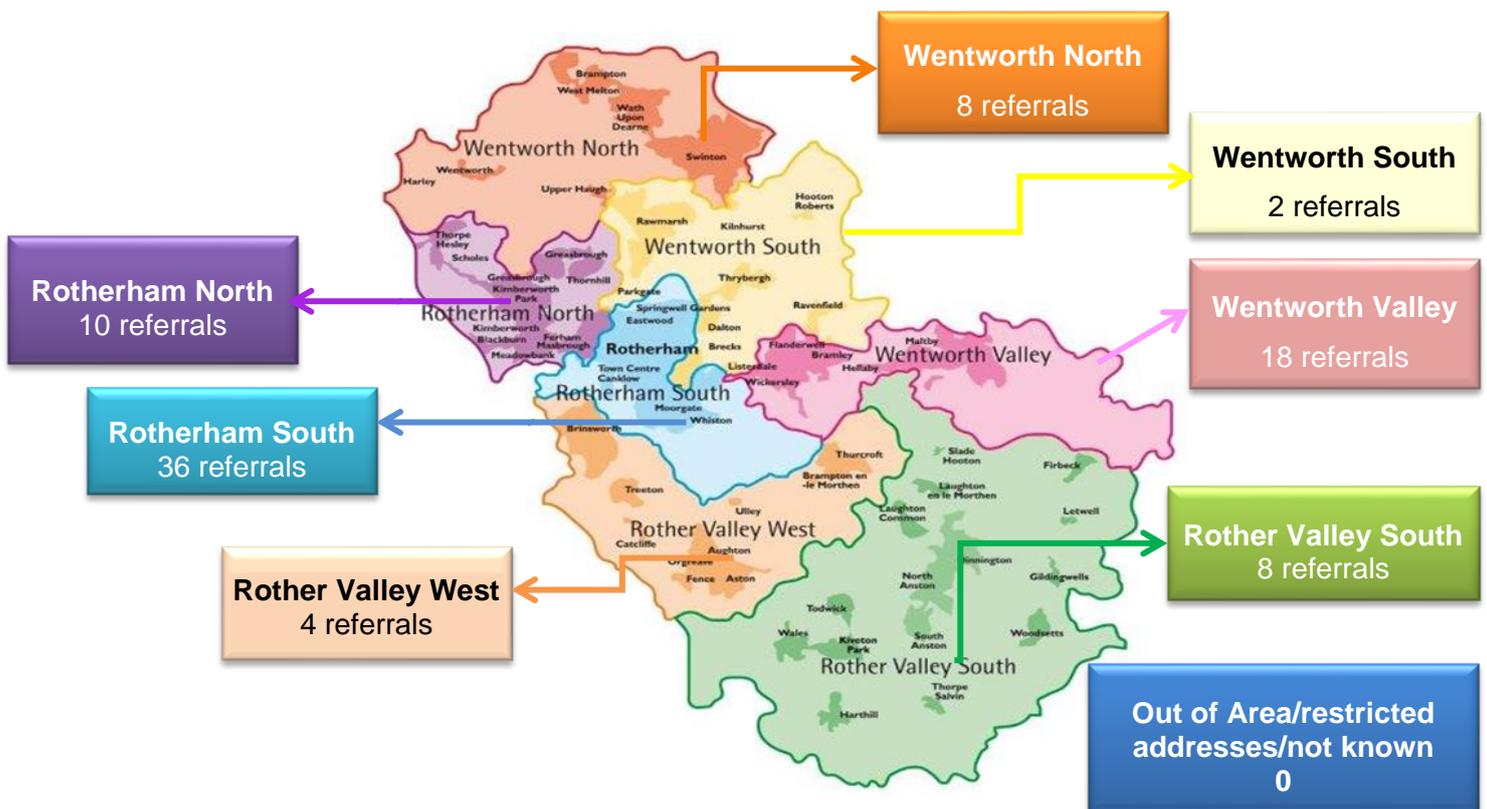
Number of Referrals received for information sharing.
91

Of which **78** are female

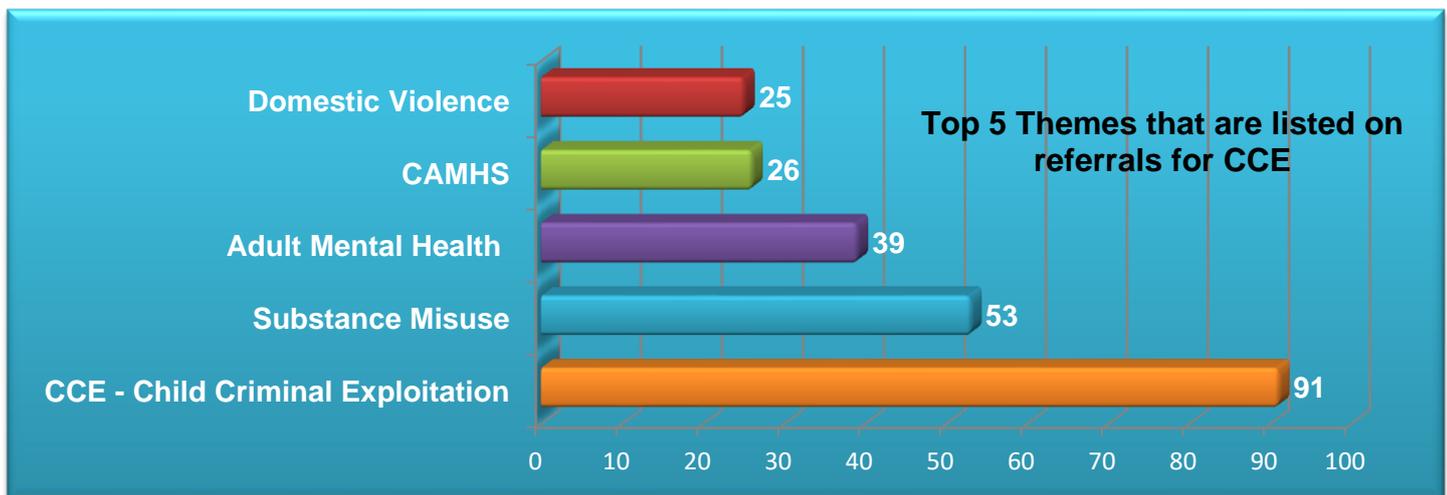
Involving **204** Children.(including siblings of the subject children)

And **126** were male.

The age ranges for the children named on the referrals relating to CCE are: 2001 – 2019



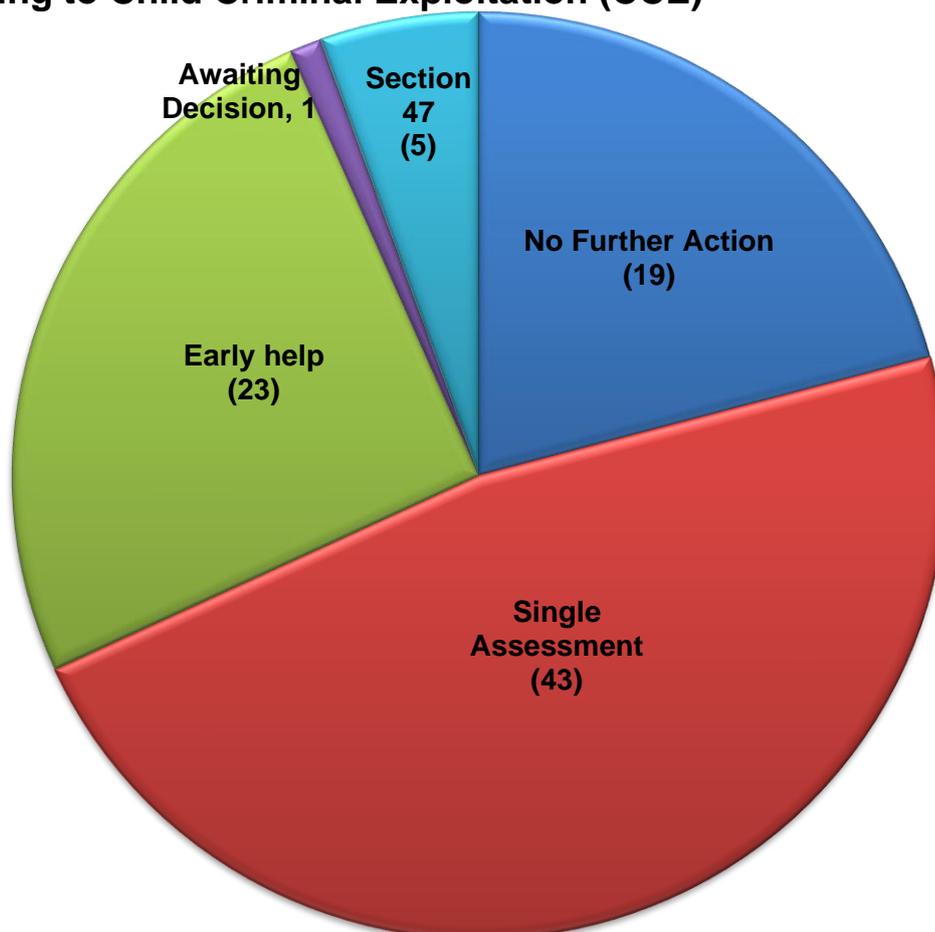
Top 5 Themes listed on referrals



Outcomes of Referrals

Below are the Outcomes to the referrals received in to Health MASH for information sharing which relates to the CCE theme.

Outcomes for Health MASH information sharing requests relating to Child Criminal Exploitation (CCE)



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

[7 Minute Briefing: LAC & CL](#)

Background

Our healthcare duty, with regard to LAC, must be undertaken in accordance with the relevant regulations – **'The Care Planning, Placement and Case Review (England) Regulations 2010'** and the **'Promoting the Health and Wellbeing of looked after children: Statutory Guidance for local authorities, clinical commissioning groups and NHS England' 2015**. These regulations include the need for statutory initial and health reviews and a health plan for all children in care. Equally as critical to our statutory duties there is a need for all health professionals to appreciate that we are acting as these children's corporate parent and as such we must strive to provide the healthcare we would want and expect for our own children.

Local Context

Rotherham health and social care practitioners have continually worked to improve their commitment to our children in care. The appetite across Rotherham to deliver a quality health and wellbeing service has been demonstrated in our passion and drive to ensure that within the borough our children in care have robust and sustainable healthcare packages. For example, changes to healthcare practice have included consultation with the LAC Council in order to better provide bespoke training for health staff across South Yorkshire and Bassetlaw, see table below.



72 people attended the conference with representation from health and social care professionals who work with looked after children and care leavers across the SYB footprint.



The event was funded by NHSE/I (North), and was facilitated by NHS Rotherham CCG Looked After Children Team. There were some exceptional and inspiring speakers during the morning followed by interactive workshops in the afternoon resulting in knowledge and evidence of how to take our shared training and development needs forward. Feedback on the day was very positive with some professionals saying 'it was one of the best conferences they had attended'.



Further "Total Respect" and "Hear Me" training has been commissioned from Rotherham and Doncaster LAC Young people's Councils along with a training package from Sheffield Children In Care Council. We were also in the process of arranging/considering an all SYB LAC Health Staff forum prior to CoVID-19.

Nationally we have presented to NHS E&I (North) the need for bespoke training for our health LAC teams.

What we have done

2019/2020 has been an exciting time where we as a CCG were able to implement the areas that the LAC Council raised with us in 2018. Initial Health Assessments (IHAs) are now undertaken in a more 'user friendly' manner; with appointments for school age children being outside of school hours and a number of clinics being held in alternative venues. 2020/2021 will see the full implementation of a personalized LAC nursing team which has been commissioned by RMBC and NHS Rotherham CCG to focus on improving health outcomes. This team will be fully established by August 2020 and will make a huge difference to our children in care health and welfare issues.

Proactive senior leadership within NHS Rotherham CCG and RMBC has provided both grip and traction on challenges within the borough. The next steps from a Rotherham perspective is to consider a wider health and social care footprint and drive up the standard of healthcare for our children placed out of authority.

Numbers of children in care remains high. The LAC health team are increasing paediatric time by appointing a Named Doctor for LAC. This appointment is imminent and adds to our desire to improve LACs wellbeing as we are all aware that national research states:

- 66% of all LAC have at least one physical health complaint,
- LAC are around 10 times more likely than their peers to have significant learning difficulties,
- LAC and Care Leavers are between 4 and 5 times more likely to self-harm,
- 11% of LAC aged 16/17 years old identify as having a substance misuse problem,
- Almost 25% of LAC girls became teenage mothers,
- Young people who have been LAC are 3 times more likely to be a parent by 18.

The Designated Nurse for LAC in NHS Rotherham CCG has continued to chair a meeting across the 5 CCGs in SY&B to consider that wider footprint and to develop a forum where commissioner and provider organisations share best practice whilst remaining dedicated to the children we are responsible for. This group continues to challenge process and develop new ways of working. To fulfil our joint responsibilities and meet our corporate parent accountabilities we will ensure that across SY&B we will:

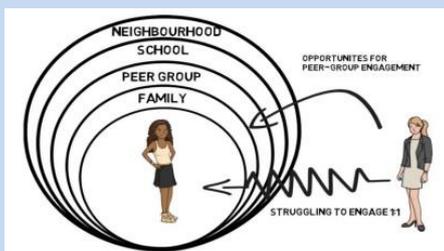
- Commission effective services,
- Deliver through provider organisations the same best practice across the area,
- Monitor key performance indicators in the same robust manner, and
- Provide professional challenge across South Yorkshire and Bassetlaw by sharing best practice and taking forward innovative practice.

2020/2021 will see us strive to be a strong position in readiness for the anticipated developments and opportunities that an Integrated Care System can give.

Numbers of Children requiring initial health assessments

	2013/14	2014/15	2015/16	2016/17	2017/18	2018/2019	2019/2020
Apr	5	18	17	17	25	16	17
May	8	6	22	18	13	37	25
Jun	14	12	22	18	34	19	22
Jul	5	22	25	21	17	34	17
Aug	13	11	6	30	13	22	12
Sep	11	12	11	24	34	16	24
Oct	4	16	23	30	19	23	14
Nov	7	19	25	30	41	17	10
Dec	8	6	20	21	36	9	19
Jan	20	24	10	9	26	20	19
Feb	10	14	19	26	17	31	8
Mar	11	12	20	22	41	14	14
Total	116	172	220	266	316	258	201
Average	10	14	18	22	26	22	17

Contextual Safeguarding



As a CCG and as front line NHS practitioners we need to be aware of emerging challenges within safeguarding; for staff working with children and families the new concept during 2019/20 was “**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 need to recognise that assessment of, and intervention with these are a critical part of safeguarding practices.

Contextual Safeguarding expands the objectives of the child protection systems in recognition that young people are vulnerable to abuse in a range of social contexts.

Within Rotherham we are currently seeing challenges around gangs and groups involved in exploitation in its many guises. Some GP Surgeries have identified and worked with colleagues to support victims involved in contextual safeguarding and together are working with families and agencies to improve the outcomes for our young people.

[7 Minute Briefing: Contextual Safeguarding](#)

For further information visit: <https://contextualsafeguarding.org.uk/>

You may also find this short video useful: <https://m.youtube.com/watch?v=V0IE-XENewM>

ABDUCTION AND TRAFFICKING Page 7 >	SEXUAL OFFENCES Page 15 >	VICTIM CARE Page 22 >
BEHAVIOUR Page 28 >	LOCATION Page 37 >	OTHER OPTIONS Page 43 >
BEST PRACTICE	INFORMATION SHARING AND MULTI-AGENCY WORKING	INTELLIGENCE AND EVIDENCE
		FURTHER LINKS

Child exploitation disruption toolkit - The Home Office published a child exploitation disruption toolkit for professionals working with children in the UK. The toolkit sets out key legislation that can be used to disrupt the criminal and sexual exploitation of children and includes best practice guidance on information sharing and multi-agency working. To support this publication the NSPCC have also issued some learning materials which can be found at: [Protecting children from sexual exploitation](#).



Useful website for young people: www.disrespectnobody.co.uk/

This website contains information about healthy relationships and consent, rape and porn. It can be a useful website to explore when discussing healthy relationships with young people.

What is Sexting?	What is Relationship Abuse?	What is Consent?	What is Rape?	What is Sexual Harrassment?
------------------	-----------------------------	------------------	---------------	-----------------------------



Fearless is a site where young people can access non-judgemental information and advice about crime and criminality. It provides a safe place to give information to them about crime - 100% anonymously. With a similar concept to CrimeStoppers, young people can make a report without giving personal information. Obviously, if you have concerns about a young person you should always consider your safeguarding duty. The hope is that practitioners will be able to make young people aware of this website so they may be able to raise concerns that would otherwise have remained undisclosed.

Sexual Assault & Abuse Strategy

Approved Request For Support From The Health & Justice Board Sexual Assault & Abuse Strategy High Volume Fund

NHS Rotherham CCG were delighted to hear the news on 18th October 2019 that the request for financial support had been approved by NHSE&I, Health and Justice.

The application had been made to the further fund the innovative Rotherham Trauma and Resilience Service (TRS) in order to continue this work of supporting and delivering a wraparound health and wellbeing offer to victims/survivors of historic sexual exploitation. Senior colleagues from NHSE&I followed up the request with a visit to our partnership. This enabled colleagues to showcase the on-going multi-agency, multi-professional offer. NHSE&I acknowledge that the principles of partnership and collaboration were evident and well embedded in Rotherham. The absolute commitment to supporting survivors, victims and their families across Rotherham was also evident.

Confirmation was received on 18th October supporting the request for funding to the amount of £500k annually for 3 years; following which the position will be reviewed to confirm that outcomes are being met. This guarantee of 3 years funding affords us the opportunity to develop and embed within the voluntary and statutory sectors across the borough a 'Trauma Informed Rotherham'. The ultimate aim for Rotherham being to work towards a pathway of trauma informed services (specialist and business as usual services) that are inter-dependent and collaborative.

Our understanding of trauma has its foundations in an appreciation of Adverse Childhood Experiences (ACEs) which is a broad based view and life cycle approach. TRS aims to support those suffering from profound trauma that affects their ability to relate to themselves, their children and society, therefore some funding and TRS support has been allocated to the Pause project. This project supports families in addressing ACE's before having their own families.

TRS accept the need to work with a population preventative approach, namely schools to facilitate a cultural and societal change. This funding will be used to create services that provide the core of this vision enabling growth through training and support to incrementally widen this circle of knowledge until we have achieved a 'Trauma Informed Rotherham'.

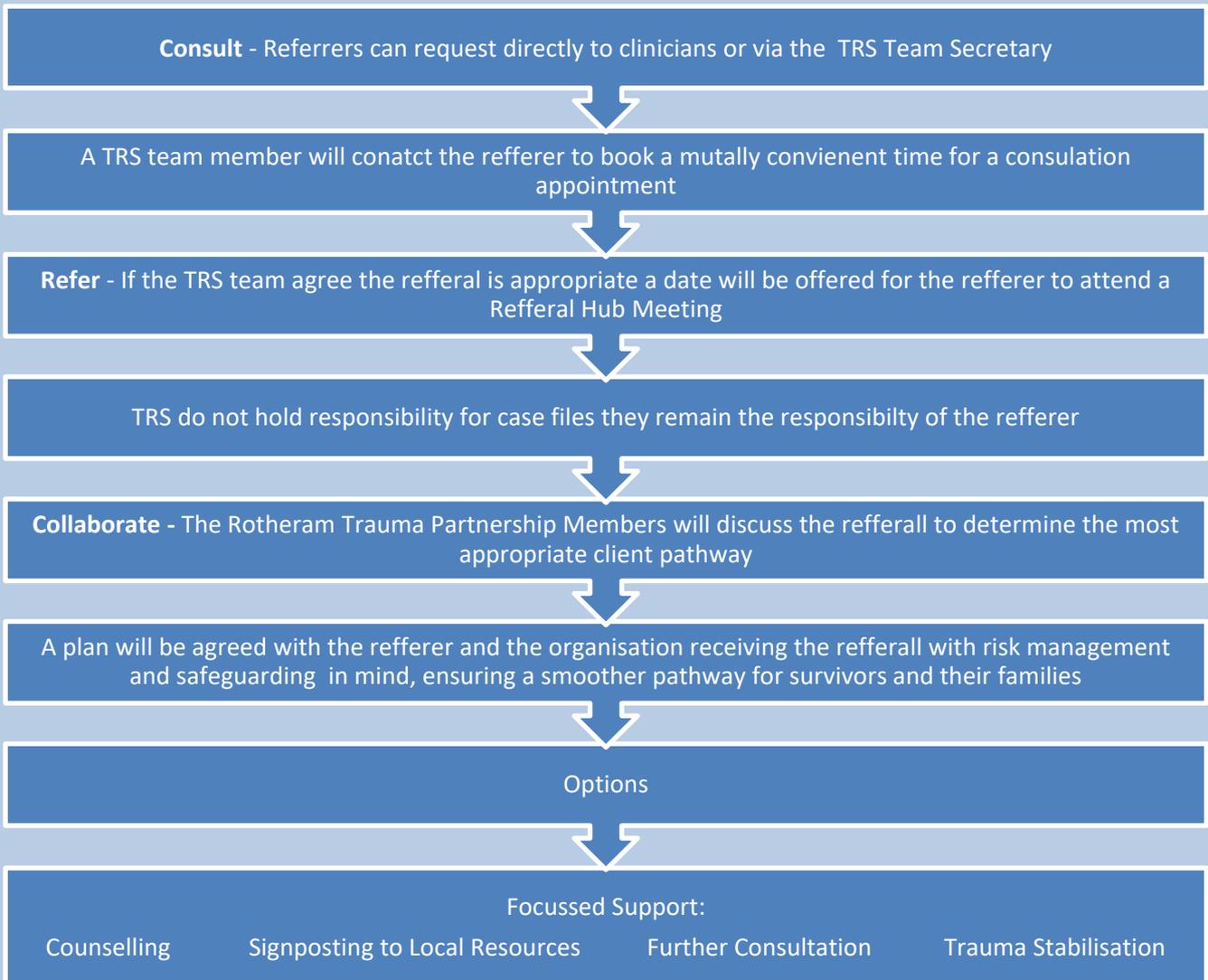
To this end TRS are commissioned to influence services as diverse as mental health to housing; schools to churches and GPs to hospitals, so that all services can build resources and a level of resilience for those suffering from sexual harm, which is one of the main ACEs.

See Rotherham Trauma Partnership details below for further information.

Rotherham Trauma Partnership

7 Minute Briefing: Trauma & Resilience

The partnership has representation from the following organisations: The Trauma and Resilience Service (TRS); Rotherham Rise; GROW; and the Rotherham Abuse Counselling Service (ROTHACS). The aims of this partnership hub are to reduce the potential for gaps and fragmentation between local services in Rotherham; to offer choice around locally available resources and interventions without delay; and to reduce waiting times, enhance integration, and improve the experience of survivors. The referral process is shown in the following flowchart.



Adverse Childhood Experiences (ACE)

ACEs are related to short and long-term negative physical and mental health consequences among children and adults. Studies of the last three decades on ACEs and traumatic stress have emphasised their impact and the importance of preventing and addressing trauma across all service systems utilising universal systemic approaches.

Despite efforts in adult medical care, early identification of childhood trauma in children still remains a significant public health need. Childhood adversity and traumatic toxic stress, presents epidemiologic data on prevalence and their physical and mental health impacts.

Adversity may include discrete events or ongoing circumstances that are outside of the child's control and are perceived as negative by the child. Cumulative or one off events has been shown to cause negative effects on physiological, cognitive, behavioural and psychological functions.

The top 10 reasons for ACEs include child abuse (emotional, physical, or sexual), child neglect (emotional or physical), and household dysfunction (domestic violence, substance abuse, mental illness or criminal activity, or parental absence). In addition extreme economic adversity, bullying, school violence, and community violence have been described to be other commonly encountered ACEs.

“A program, organisation, or system that is trauma-informed realises the widespread impact of trauma and understands potential paths for recovery; recognises the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatisation.”

In Rotherham, our understanding of trauma has its foundations in an appreciation of ACEs and life cycle. With this in mind TRS will work in collaboration with Rotherham Metropolitan Borough Council (RMBC) Pause Programmet. Pause, works with women who have experienced, or are at risk of, repeat pregnancies which result in children needing to be removed from their care. Through their work they aim to reduce the number of children being taken into care.

Pause helps women to take control of their lives, putting in place strong foundations on which they can build a more positive future for themselves. They aim to break transgenerational cycles and support vulnerable women to develop a sense of self-worth with significant improvements to substance abuse, domestic violence and mental health, as well as improving contact with children and gaining access to services. TRS have a similar vision and will work collaboratively together toward that aim of self-empowerment for individuals whilst breaking the cycle of need.

TRS will enable growth through training and support to incrementally widen this circle of knowledge around the impact of trauma until we have achieved a 'Trauma Informed Rotherham'. To this end TRS are influencing services as diverse as mental health to housing; schools to churches and GPs to hospital, so that all services can build resources and a level of resilience for those suffering from sexual harm, which is one of the main ACEs

MASH health colleagues have been collecting data around ACEs 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.

Multi-Agency Safeguarding Hub (MASH)

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

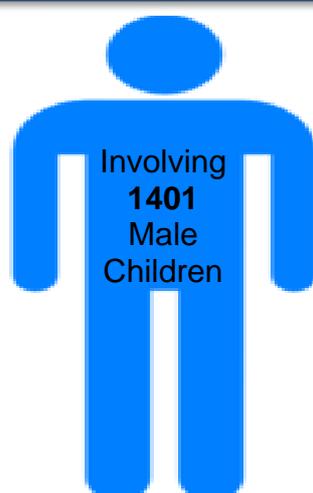
Month	Total referrals received	Total MADA Meetings	Total Strategy Meeting's	Total NCA Information requests	Total MASH Meetings
April 2019	92	8	9	9	20
May 2019	123	16	12	5	27
June 2019	65	12	4	8	9
July 2019	85	25	6	7	16
Aug 2019	76	14	6	3	6
Sep 2019	108	20	12	8	18
Oct 2019	129	15	22	5	33
Nov 2019	107	14	14	1	17
Dec 2019	90	27	14	6	13
Jan 2020	139	15	13	9	33
Feb 2020	130	17	22	2	23
Mar 2020	118	11	21	6	13

Annual total figures:

Total Number of Referrals received.	Total MADA (Multi Agency Domestic Abuse) Meeting	MADA (Multi Agency Domestic Abuse) Meeting	NCA (National Crime Agency) Information request	MASH Meeting
1262	194	155	69	228

Top 3 themes from the referrals received for information sharing	Domestic Abuse	Adult Mental Health	Substance Misuse

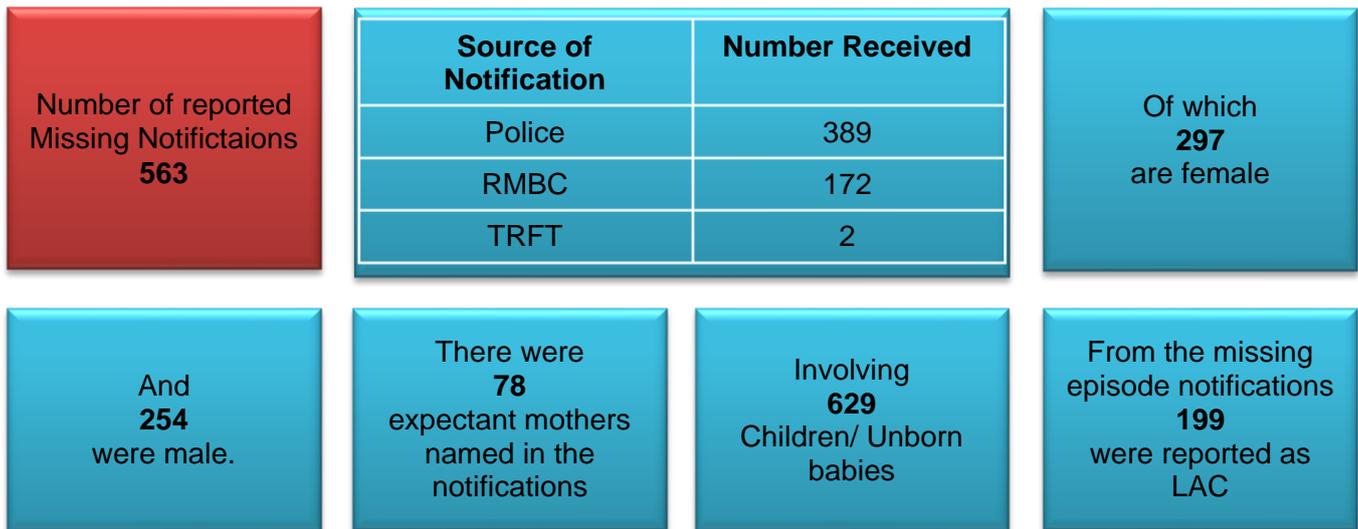
Total Number of Children related to the referrals received in to MASH Health for information sharing: **2773**



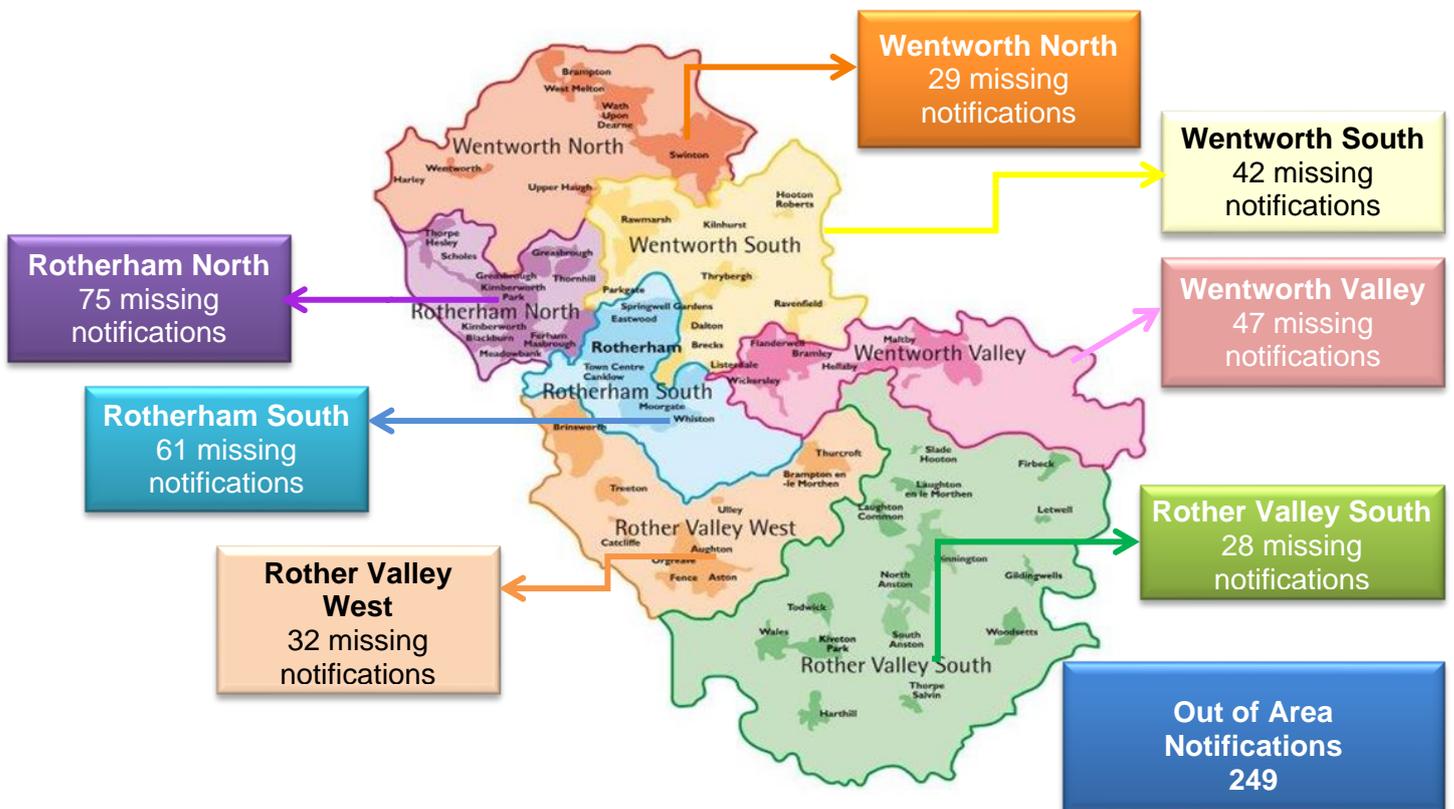
Missing

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 2019 to 31st March 2020



Youngest child was born in 2020 : Oldest child was born in 2001

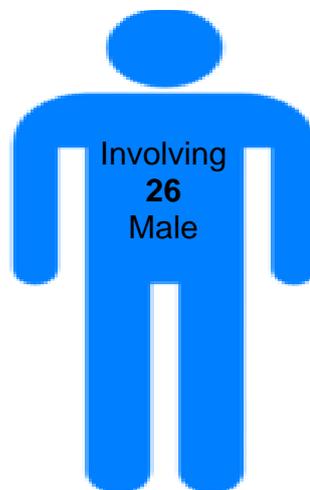
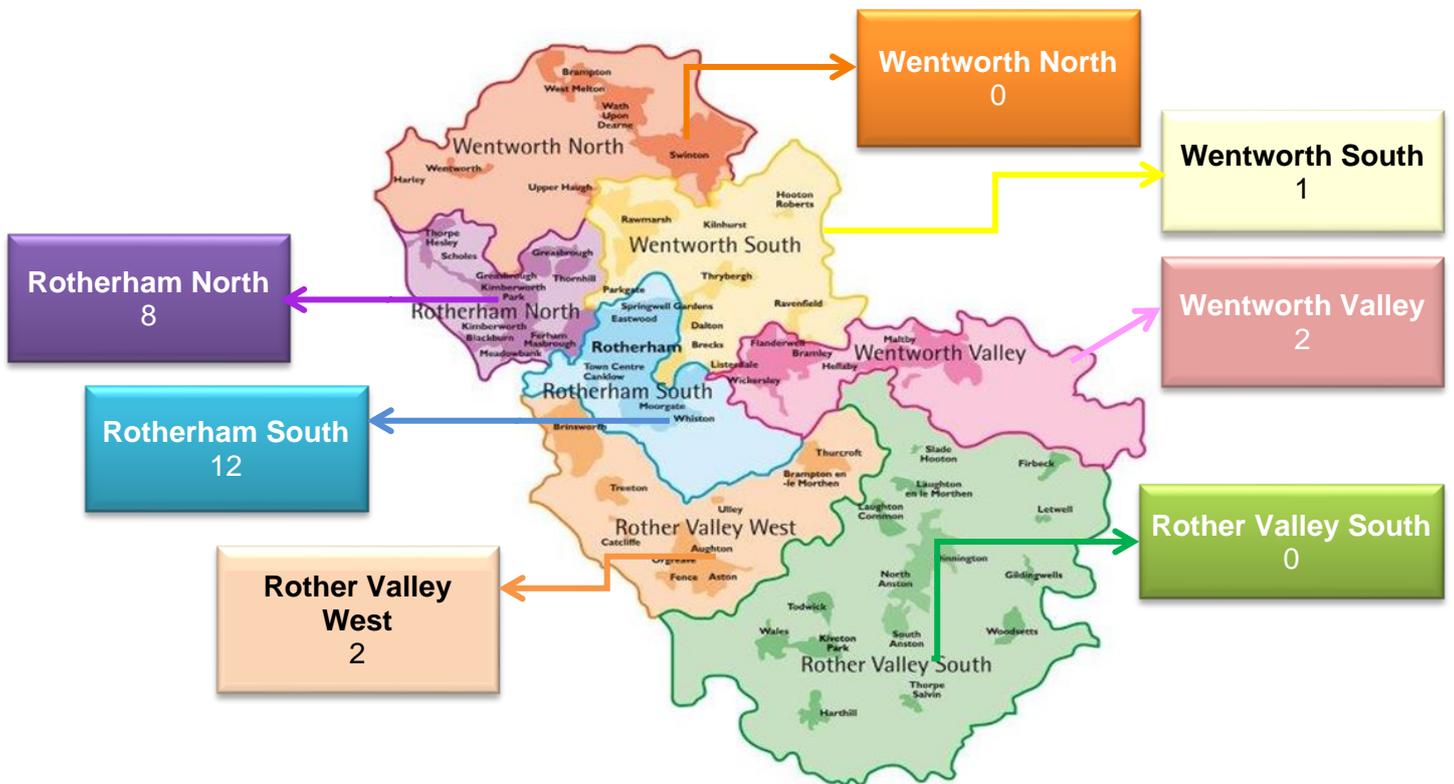


Female Genital Mutilation (FGM)

Shown below are the FGM referrals received in to Health MASH according to individual ward areas for the period 1st April 2019 to 31st March 2020.

No. of episodes reported into Health MASH	Associated Children
25	64

Source of Referral	Number
GP	2
Education	3
MASH	3
TRFT	16
Strategy Meeting	1



Priorities

2019/2020 was a particularly busy year in a number of safeguarding areas, leading to objectives being set for 2020/21 taking account of emerging safeguarding themes and drivers for change. The Annual Report highlights key areas of progress and key areas that require further attention, generally utilising the “Signs of Safety” format. The Safeguarding Team provides assurance via the patient safety report to Governing Body that NHS Rotherham CCG is fulfilling its statutory safeguarding responsibilities and that safeguarding is fundamental to all that we do as a CCG.

The landscape of safeguarding is always changing and we promise to change and adapt with it. We endeavour to keep the health economy and public as up to date with safeguarding as possible. 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. Above all, we are committed to ensuring that we listen to the voices of the vulnerable and act on what we hear.

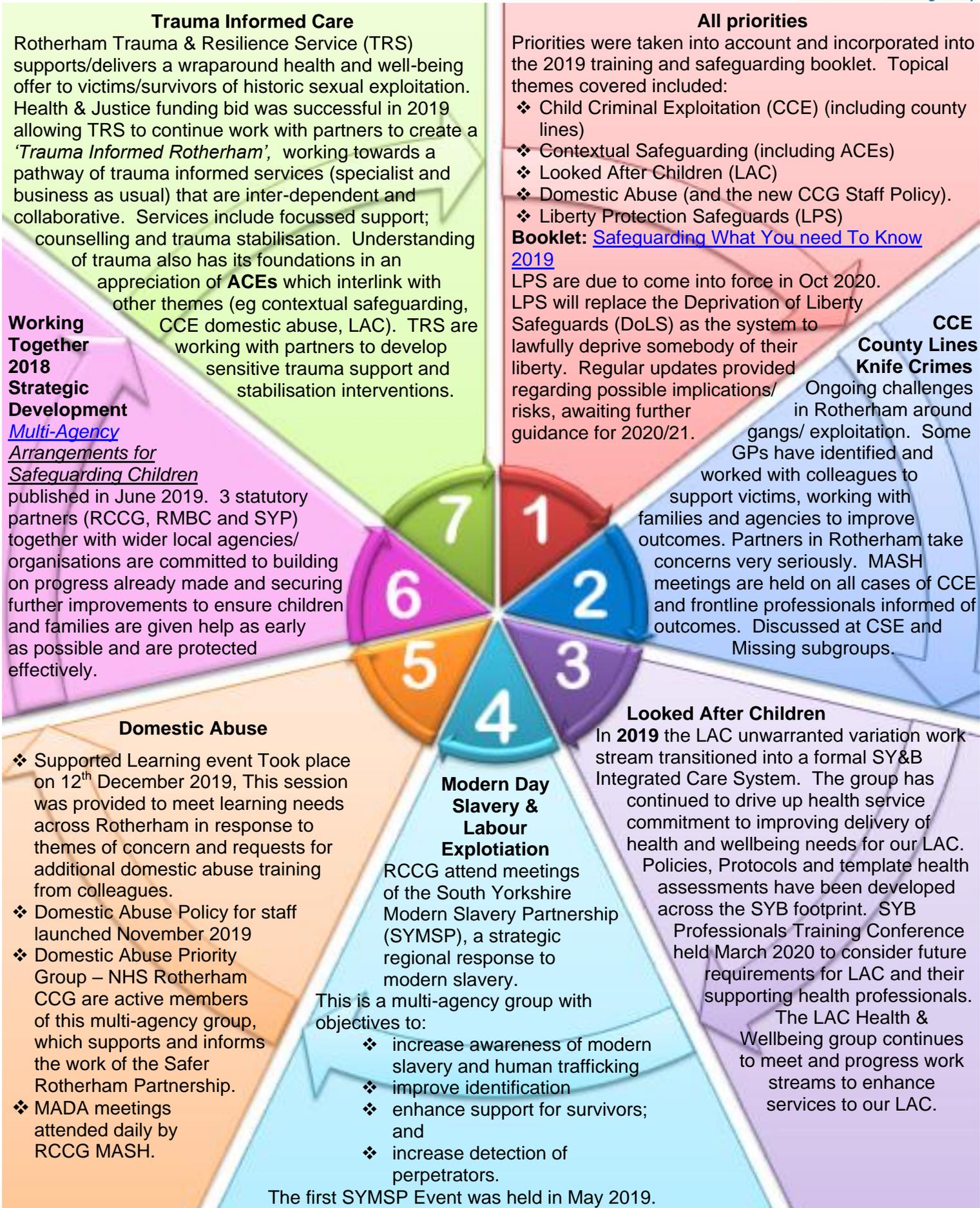
2019/20 priorities for the Safeguarding Team have been taken forward and monitored during the year (**control + Click on headings to go to each section**).

Proactive safeguarding interventions	Developing Areas & Strengthening Practices	Exploitation
Trauma Informed Care	Looked After Children - developing integrated tools and templates	Child Criminal Exploitation (County Lines/Knife Crimes)
Contextual Safeguarding	Working Together 2018 - strategic development	Modern Day Slavery
Domestic Abuse	Adverse Childhood Experiences (ACE) - multi-agency approach	HR processes/ National concerns labour exploitation/ embedding changes into practice.
	Liberty Protection Safeguards (LPS)	

Priorities for 2020/21 are a little different due to the pressure of Covid-19. In line with guidance, 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.



Briefing : update on priorities 2019/20



Conclusion

2019/2020 has been a busy year for safeguarding in Rotherham and the start of 2020/2021 there doesn't appear to be any relaxation in that. At the beginning of March 2020 we are seeing the pandemic Covid-19 causing all agencies to begin to work differently. The only area that will not change is in NHS Rotherham CCG's commitment to safeguarding.

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 routinely, accurately, 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. Together we are stronger and therefore more able to protect the people of Rotherham.

All health professionals either working for NHS Rotherham CCG or commissioned by them are expected to be:

- 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.
- Aware and reflective if/when new information is provided.

2020/2021 will see NHS Rotherham CCG further embed these expectations whilst continuing to protect and promote healthcare for all. In recent years NHS Rotherham CCG has needed to ensure that it complies with the plethora of legislation and guidance providing assurance internally and externally on their commitment to safeguard and promote welfare in the borough. This has included multi-agency assurance based on Section 11 of the Children Act 1989 and 2004 and compliance with the Royal Colleges expectations on staff training, development and competence of the workforce. For 2020/2021 NHS Rotherham CCG will seek 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. As such the result of the audit will be central to next year's annual report.



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	<p>H Humiliation A Afraid R Rape K Kick S Stalking and coercive control</p> <p>Used in the General Practitioner Quick Reference Guidance when asking and responding to domestic abuse</p>
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

NHS Safeguarding app*

*Available on Apple and Android devices



Worried about an Adult or Child Flowchart

<u>Report suspected abuse of a child/young person</u>	<u>Rotherham Safeguarding Childrens Partnership website</u>	<u>Rotherham Safeguarding Childrens 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>Safeguarding Useful Contacts</u>

NHS Rotherham Clinical Commissioning Group Safeguarding Team
 Website Staff: <http://intranet.rotherhamccg.nhs.uk> Website Public: <http://www.rotherhamccg.nhs.uk>
 E-mail: roccg.safeguardingrotherhamccg@nhs.net

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.
- contribute to single assessment in line with inter-agency procedures: <http://www.rscb.org.uk/> .

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