

People of Rotherham are able to live a life free from harm where all organisations and communities

- Keeping people safe from abuse is everyone's business
- Work together to prevent abuse
- Knows what to do when abuse happens



ANNUAL REPORT

2018/19

INTRODUCTION BY MOIRA WILSON

Rotherham Safeguarding Adults Board Independent Chair



As the new Independent Chair of Rotherham Safeguarding Adults Board I am pleased to present the Annual Report for 2018/19.

I would like to express my thanks to the

previous Chair Sandie Keene CBE under whose leadership the Board made much progress over the past year.

The report demonstrates the commitment of all partners to work together to ensure that adults who may be at risk of abuse or neglect are protected and safeguarded. This has included awareness raising through events such as Safeguarding Adults Week, training and development for staff, working with voluntary

and community partners, and strong partnership working with health, police and other agencies in responding to safeguarding concerns and enquiries.

The Board has also looked at how it works together, streamlining the arrangements for the Board and its subgroups to maximize the effectiveness of partnership working.

Looking forward, the new strategic plan for 2019 – 2022 sets out our priorities for preventing and reducing the risk of abuse or neglect, continuing to embed Making Safeguarding Personal, assuring quality in all our safeguarding work, and strengthening our engagement with service users. I look forward to working with all Board partners in Rotherham to deliver these priorities.

MESSAGE FROM Cllr DAVID ROCHE

Chair of the Health and Wellbeing Board



Safeguarding is everyone's business and only by working together will we raise the awareness of safeguarding and ensure that the vulnerable and those who lack the

mental capacity to make the right decisions are supported, safeguarded and protected from harm.

The Rotherham Safeguarding Adults Board brings partners together and promotes true partnership working across all agencies to ensure that safeguarding is embedded in all aspects of working life. This Safeguarding Annual Report for 2018/19 reflects the work that is done across Rotherham by all partners and organisations to help protect the vulnerable.

It gives me great pleasure to take this opportunity to acknowledge the commitment of all the board partners including the statutory, independent and voluntary community sector, we look forward to another year of working together and raising the awareness of safeguarding.

Keeping people safe from abuse is everyone's business RECOGNISE · RESPOND · REPORT

The Rotherham Safeguarding Adults Board works to protect adults with care and support needs from abuse and neglect.

The RSAB's objective is to ensure that local safeguarding arrangements and partnerships act to help and protect adults at risk or experiencing neglect and/or abuse. The RSAB is a multi-agency strategic, rather than operational, partnership made up of senior/lead officers within adult social services, criminal

justice, health, housing, community safety, voluntary organisations.

It coordinates the strategic development of adult safeguarding across Rotherham and ensures the effectiveness of the work undertaken by Partner Agencies in the area. The Rotherham Adult Safeguarding Partnership Board ('RSAB') aims to achieve those objectives whilst supporting individuals in maintaining control over their lives and in making informed choices without coercion.

Who is at risk?

An adult at risk is someone who is aged 18 or over who:

- Has needs for care and support
- Is experiencing or is at risk of abuse or neglect.
- As a result of those needs is unable to protect themselves against abuse or neglect or the risk of it.

What is abuse?

Abuse can be:

- Something that happens once
- Something that happens repeatedly
- A deliberate act
- Something that was unintentional, perhaps due to a lack of understanding
- A crime

Abuse can happen anywhere, at any time and be caused by anyone including:

- A partner or relative
- A friend or neighbour
- A paid or volunteer carer
- Other service users
- Someone in a position of trust
- A stranger

Types of abuse:

Physical abuse

Hitting, kicking, punching, kicking, inappropriate restraint

Domestic violence or abuse

Psychological, physical, verbal, sexual, financial or emotional abuse by a current or former partner or family member

Organisational or institutional abuse

Poor treatment in a care setting

Financial or material abuse

Theft, fraud, misuse of someone else's finances.

Sexual abuse

Being made to take part in a sexual activity without consent

Discriminatory abuse

Harassment based on age, gender, sexuality, disability, race or religion

Neglect or acts of omission

Failure to provide care or support

Psychological and emotional abuse

Shouting, ridiculing or bullying

Modern slavery

Human trafficking and forced labour

Self-neglect

Declines essential care support needs, impacting on their overall wellbeing

Doing nothing is not an option!



ROTHERHAM SAFEGUARDING ADULTS REVIEW of 2018/19

During 2018/19 Rotherham's Safeguarding Adults Board (RSAB) continued to work with partners to protect adults at risk of abuse or neglect in Rotherham and during July 2018 they all came together to promote Safeguarding Awareness Week. The board meetings were moved to a quarterly basis with the added governance of an Executive Sub Group that brings together all statutory partners to ensure the RSAB receive quality and timely information.

Safeguarding Awareness Week was held in July 2018 and saw a powerful launch event at Rotherham Town Hall that focused on domestic abuse, guest speakers included a survivor of abuse and pupils from Rotherham College performed a short drama that highlighted abuse and control in a teenage relationship. There were 60 safeguarding awareness events delivered throughout the week, including 39 community events. Over 1180 people saw messages on Facebook about the week and over 19,000 people viewed tweets (#SAW18).

The Awareness Week Plans for 2019 are hopefully going to be bigger and better and reach as many people as possible.

In June 2018 the RSAB commissioned its third Safeguarding Adults Review, an independent author worked with agencies involved and in January the completed review was presented to the RSAB along with recommendations for the board to oversee the implementation of.

After many months of joint working with Sheffield, Doncaster and Barnsley the revised South Yorkshire Safeguarding Adults Policy and Procedure document was finalised and all four Safeguarding Adults Boards will adopt the new policy in the spring of 2019. The four boards will continue to work together to ensure the policy stays up to date and relevant.

The Adults and Childrens safeguarding boards have collaborated to bring the adults self-assessment and the children's safeguarding audit (section 11) together in the form of an electronic self-assessment tool for all partners to complete. The new process will make the assessment process easier and more efficient for all partners and avoid any duplication, the process will go live in August 2019.

The RSAB held a board development day in November 2018 to establish the new strategic priorities for the next three years, these priorities provide the board and its sub groups with the foundations to build their work plans and ensure the board is focused on what it wants to achieve and how its going to do it.

January 2019 saw the Independent Chair Sandie Keene CBE chaired her last board meeting, Sandie had decided after three and a half years to resign from the role as chair and although her involvement continued until the end of March, January was her last chance to say her farewells to many of the partners. A recruitment process began to find a new Independent Chair and in March 2019 Moira Wilson accepted the position, Moira was previously a Strategic Director of Adult Social Services and currently works as a Care and Health Improvement Advisor in Yorkshire and Humber. She also chairs North Lincolnshire's Safeguarding Adults Board.

The priorities for the board were:

Priority	Resulting Action
Revise and refresh the South Yorkshire Safeguarding Adults Policy and Procedures with Sheffield, Barnsley and Doncaster to ensure a consistent approach to safeguarding across South Yorkshire.	Working together the four Safeguarding Boards have agreed a new policy and procedure and the summer of 2019 will see a joint launch of the revised procedures.
Develop a Joint Self-Assessment process for partners of the Adults and Childrens Boards.	An electronic self-assessment tool has been developed and will be implemented by partners in Autumn 2019.
Refresh the Rotherham Safeguarding Adults Board Strategic Plan for 2019/21	November 2018 saw all partners together for a development session to reflect on the last three years and plan for the future three years. The group developed the four new strategic aims for the RSAB for 2019-22.

The Safeguarding Adults Board has four sub groups to ensure the priorities of board are delivered. The Sub-Groups each have a work plan and during 2018/19 they were able to deliver the following specific pieces of work:

Performance and Quality Sub Group

Priority	Resulting Action
To further discuss a joint Self-Assessment with LSAB and RSAB.	During 2018/19 the Childrens and Adults Safeguarding Boards have developed an electronic joint self-assessment process. All partners will complete their first online assessment in 2019, this assessment will provide both boards with all the information they need to check and challenge organisations.
Continue to develop a Public Involvement strategy.	South Yorkshire Safeguarding teams across Adults and Childrens services came together to raise awareness of all Safeguarding and promote the work of the Safeguarding Boards.
Continue to develop the performance reporting framework for Safeguarding.	The performance dashboard continues to develop and evolve. The regional board managers group looked at all 15 Safeguarding Adult Boards reports and developed a Top Ten Tips that Rotherham plan to incorporate in their performance report framework during 2019/20.

Training and Development

Priority	Resulting Action
Assure the RSAB that all partners are raising awareness through training and education in <ul style="list-style-type: none"> • Self-neglect • Human Trafficking/Modern Slavery 	Self-neglect eLearning is now available via the virtual college.. Self-neglect training available via eLearning and shared across all partner organisations.
Identify areas where cross sector training would enhance the application of the safeguarding process and achieve improved outcomes for Service Users	Multi-agency Training Needs Analysis commenced April 2018. Results were shared at the board. This will ensure that multi-agency training is pitched at the appropriate level and specialist training is available where required in line with the Care Act.

Policy and Procedures

Priority	Resulting Action
Develop/refresh the South Yorkshire Safeguarding Policy and Procedures	The refreshed Joint Multi Agency Safeguarding Adults Policy and Procedures were completed in April 2019. All four Safeguarding Boards will sign off the procedures and will agree to continue to keep them up to date and in line with legislation.

Safeguarding Adults Review

Priority	Resulting Action
Commissioning and overseeing Safeguarding Adults Reviews (SAR's) and any other reviews agreed by the Chair.	During 2018/19 one Safeguarding Adults Review was completed, with publication was in early June 2019. The board worked with the local Coroner's Office and the SAR report will feature during the pending inquest. The SAR sub group agreed to a Lessons learnt following the death of an adult who although did not receive services from adult social care was known by children and adult services. The reviewers of this case are the Principal Social Workers from Adult and Children's Services and will complete later in 2019.

LOOKING FORWARD to 2019/20

Rotherham Safeguarding Adults Board have launched a new strategic plan for 2019-2022, this plan was developed in consultation with all board partners and included service users for learning disabilities and providers from adults social care.

Rotherham Safeguarding Adults Board – Aspiring to be the Best that we can be Strategic Plan 2019 to 2022

Our Strategic Priorities	Year 1	Year 2	Year 3
<p>PREVENTION AND EARLY INTERVENTION</p> <p>Working with partners to develop preventative strategies that work to reduce the risk of abuse and neglect.</p>	Continue to strengthen links and work closely with all partners to provide assurance that the preventative strategies are effective via self-assessment and joint learning events.	Joined up partnership working to target areas of service to improve awareness and guidance for service users and staff.	Develop methods of sharing and embedding learning for reviews and lessons learnt.
<p>MAKING SAFEGUARDING PERSONAL</p> <p>Continue to develop and assess the effectiveness of MSP, ensuring a high quality, personalised safeguarding response as the norm in Rotherham</p>	Ensure that all partners are working with the Making Safeguarding Personal agenda and delivering a person centred approach to safeguarding with appropriate use of advocacy.	Ensure training and learning materials, guides and toolkits are available to partners to fully support Making Safeguarding Personal agenda.	Work with national guidance to measure the effectiveness and impact of MSP to ensure Rotherham are 'getting it right'.
<p>QUALITY ASSURANCE</p> <p>Ensure the quality of Safeguarding within Rotherham is timely and proportionate and individual's outcomes are realistically achieved</p>	Continue to develop a robust audit programme and capture intelligence data to shape service provision.	Monitor and assure the governance and effectiveness of the Adult Safeguarding Board.	Commission a Peer Review of the Rotherham Safeguarding Board.
<p>SERVICE USER ENGAGEMENT</p> <p>Full and real user involvement across all service groups. Bring the voice of the service user to the board.</p>	Develop ways of gaining the views of people who have experienced and worked with the safeguarding service.	Ensure RSAB's Communication Strategy is relevant, up to date and effective and has community involvement.	Engage with networking events across the borough and South Yorkshire to share and learn from peers.

The strategic plan will provide the board and the subgroups with the strategic aims to develop an action plan, each sub group will adopt actions to deliver during the year to ensure the Board is meeting its commitments.

Performance and Quality

- Adopt a framework across all partners to measure the effectiveness of Making Safeguarding Personal (MSP).
- Support partners to self-assess their MSP in practice.
- Adopt a practice model to ensure MSP information is recorded and included in performance data.
- Review recording systems across the partnership.

Training and Development

- Ensure the development of the Safeguarding Board training plan has MSP at its centre and is fully embedded across the partnership in both single, multi-agency and any specialist training.
- Enhance the training on offer across the partnership by the use of Customer Stories; collate a library of resources to ensure the customer voice is heard that will be available via the RSAB Website.

Policy and Practice

- Collate and audit information advice and guidance on
 - what is abuse
 - recognise the signs
 - how to report
 - next steps
- Develop an easy read guide to Safeguarding for use across the partnership including information on
 - Outcomes
 - Advocacy
- Agree as a partnership a Quality Assurance Framework to ensure consistency within Safeguarding
 - Timescales
 - Section 42 enquires
 - No Further Action

Safeguarding Adults Review

- Continue to make timely recommendations to the Chair in respect of whether a review should be commissioned.
- Commissioning and overseeing SARs and any other reviews agreed by the Chair.
- Continue to ensure that recommendations arising from each SAR are communicated to all agencies and are subject to review of implementation.

KEY PARTNERSHIP CONTRIBUTIONS 2017/18

Rotherham Council

Safeguarding Vulnerable Adults:

Staff across Rotherham Council provide a safeguarding response to ensure that vulnerable adults are safe and protected. Safeguarding is everyone's business and to achieve this we ensure that our staff receive the appropriate level of training and support to equip them within their roles to make sure that staff are skilled, knowledgeable and confident and to equip them to recognise and to respond effectively to any safeguarding concern.

To achieve safeguarding vulnerable adults staff monitor and manage all safeguarding concerns from initial contact or concern, working with the person to identify personal outcomes and ensuring risk is reduced or removed and individual outcomes are achieved.

Partnership Working

Rotherham Council is committed to strong partnership working with the Clinical Commissioning Group (CCG), Rotherham Hospital leads (TRFT), the Public Protection and Safeguarding Adults Team (Police), fire and rescue, the ambulance service and our counterparts in the mental health sector (Rotherham, Doncaster and South Humber RDaSH). There are also strong links with the A Multi Agency Risk Assessment Conference (MARAC), Vulnerable Adults Risk Management meetings (VARM) and multi-agency public protection arrangements (MAPPA). There is also a strong partnership relationship with the voluntary and third sector.

Making Safeguarding Personal (MSP) was introduced in to practice in April 2015 after the implementation of the Care Act 2014. This continues to be developed to ensure safeguarding tailors its approach to the requirements of the individual, focusing on achieving outcomes for individuals and reducing or removing risks. The

safeguarding adult team has developed knowledge in their chosen area, such as the field of financial matters, organisational issues, matters attaining to Court of Protection. In embedding this in practice, the team supports the wider service in the application of MSP and provides advice accordingly.

Staff within Rotherham Council remain focused on delivering outcomes for the adult at risk and, ensures the source of harm is addressed within legislative frameworks, thus supporting disciplinary/practice sanctions, referring to the disclosure and barring service and other governing bodies such as The Health and Care Professions Council (HCPC) or The Nursing and Midwifery Council (NMC).

Staff oversee the Section 42 concerns involving provider services such as domiciliary care, residential and nursing establishments, this has proven valuable as intelligence gathering and has supported in best practice and preventative work. Staff seeks to maintain a high expectation in standards of provider services, continue to forge good working relationships with providers and, work on preventative measures when low level Safeguarding trends occur. To achieve this, the team work closely with contracting compliance officers as well as the commissioning sector and the Care Quality Commission (CQC).

In 2017/18 2,113 alerts were reported to the safeguarding team. 724 of these alerts became section 42 enquiries, this is where an investigation begins and further enquiries are made. From the enquiries that progressed to a Decision Making Meeting (DMM), 10 cases continued to an Outcome meeting.

Bi-monthly meetings between Safeguarding, Commissioning, Contracts, CQC, Health and RDaSH ensure information is shared to support with raising standards of providers and supporting with the prevention of providers declining in their duty of care thus resulting in Safeguarding concerns being raised.

CASE STUDY

The Safeguarding team received a concern from District Nursing Services in relation to a patient living at home and being cared for by her family. The concerns related to the administration of medication and management of diet and fluids. The social worker ascertained from the District Nurse that the patient had capacity in relation to understanding her care regime. To Make Safeguarding Personal, we needed to ascertain the person's outcomes. The social worker visited the person at home and discussed her care and support needs, which ascertained her capacity in relation to making a decision regarding how her needs would be met. During the discussion, the social worker informed of the concerns by the District Nurse, to which the person was clear that she wished for the family member to continue providing the support. In making safeguarding personal, the person's primary outcome was for the family member to continue in the role. In addressing this outcome, we discussed other support networks to work with the family to achieve safe practice; therefore a referral was completed to both dietician and speech and language therapy services to address diet and fluid with family. The concern regarding administration of medication by family was addressed by the CCG working with the GP and district nurses to put in place a medication protection plan.

The social worker applied a risk management model and protection plan that maintained the person's outcomes at the centre of the process. Through social work coordination, a multi-disciplinary approach and, case management monitoring, the person continued to be cared for by her family. The safeguarding was closed, as the risks were addressed through case management and the person's outcomes being met. This case evidences how a Multi-Disciplinary approach to safeguarding can result in positive outcomes for a person's health and well-being and, meet their own outcomes of maintaining family relationships.



Domestic Abuse Service:

The Independent Domestic Violence and Advocacy Service (IDVAS) are integrated within Safeguarding Adults in Rotherham. This has ensured that Domestic Abuse is seen as a local Safeguarding priority, also reflecting that Domestic Abuse has been added under the new category of abuse in The Care Act 2014.

Between April 2017 and March 2018 the service received 435 referrals and supported 436 Multi Agency Risk Assessment Conference cases (MARAC). The IDVA's also provide court support to individuals in which they seek to make the court process more understandable as well as providing emotional support, putting special measures in places and supporting clients to express their wishes to the court.

CASE STUDY

C, 56 was referred into IDVAS in February 2018 following a high risk repeat incident with her ex-partner. The abuse has been ongoing for 15 years and involved physical violence and persistent stalking and harassment. C is disabled and has epilepsy, diabetes, arthritis, deformity in her feet; she requires carers daily. She reported feeling low in mood relating to the abuse she has suffered.

C didn't feel safe where she was living due to her ex-partner attending her property uninvited and she also reported feeling isolated in her current location. IDVA contacted the housing officer and advocated for her to be re-housed, her case was referred to the housing panel and she was awarded priority. C has now moved to a safe location, she is closer to her family and friends and feels safer and happier. IDVA has completed a referral for extra security on this home. C's ex-partner was charged with breach of restraining order and pleaded guilty; IDVA liaised with magistrate's court to establish the outcome and passed this onto C.

IDVA has referred her to Rotherham women's counselling service and Rotherham Rise for continued support for the abuse she has experienced. IDVA has liaised with C's social worker to ensure they are aware of the situation and in order to offer support where required.

Contract Compliance Team:

During 2018/19 the Contract Compliance Team has undertaken a program of self-assessment with all registered providers in order to inform the planned work for 2019/20. This exercise has enabled the compliance team to determine the risk status of each provider (Low Medium or High). The provider risk status influences the annual program of monitoring undertaken by the compliance officer; those providers rated as low risk will receive a "light touch" with two planned visits taking place during the financial year, medium risk providers will be seen quarterly and high risk monthly, unless

they are in contract default when the established process will be implemented. This will enable the most effective use of the limited resources available to the contract compliance team.

The compliance team have moved away from "action Plans", and have adopted "Improvement Plans". The improvement plan is the first step in the process of addressing quality and compliance shortfalls. Whilst it is seen as an informal process it is more effectively managed by the team. Each improvement plan is issued to the provider with a supporting letter explaining what is required and a completion date is established (usually six weeks).

Providers are then notified that failure to make the necessary improvements could result in the issue of a contract default. This process has shown positive improvements being made in a timely fashion without the need to take the more punitive action of issuing a contract default.

Compliance Issues:

A period of compliance activity to improve three services concluded in the failure of the services to respond appropriately. A multi-disciplinary approach was undertaken with the Safeguarding Team, Independent Living and Support, the Care Quality Commission and key stakeholders from placing authorities. A decision was taken by Rotherham Council to terminate two of the Residential care contracts due to the serious nature of the issues identified and a failure of the provider to make sufficient improvements to ensure resident safety.

Contract enforcement action as a result of quality issues in the independent sector:

- Contract Default = 7 Care Homes (6 Older People and 1 LD Specialist)
- Contract Termination = 2 Care Homes (1 Older People and 1 LD Specialist)

The Contract Compliance Team dealt with 565 Contract Concerns which is a decrease of 7.5% on the previous year and is as a result of increasing collaborative work with colleagues throughout social care, safeguarding and health to improve quality monitoring across all services. 298 (52.7%) were substantiated and 245 (43.4%) were unsubstantiated, 22 (3.9%) were still under investigation at year end. The majority of these concerns had multiple threads which required investigation by the Contract Compliance Officer and the Provider. Of the 565 concerns received approximately

- 45.5% (257) related to Community Home Care Services (CHCS),

- 3.6% (190) related to Adult Residential and Nursing Care Providers,
- 8.7% (49) related to Specialist Supported Living,
- 6.4% (36) related to Specialist Residential and Nursing Care
- 5.9% (33) related to the remaining provider groups including the Voluntary and Community Sector (VCS).

The top four categories for Contract Concerns for 2018/19 were:

- Quality – 147 166 concerns reported (Residential/Nursing 66, CHCS 58, Others 33) – an decrease of 12.1% on 2017/18
- Late/Missed calls – 106 116 concerns reported (all CHCS) – a decrease of 9% on 2017/18
- Medication – 85 63 concerns reported (Residential/Nursing 46, CHCS 29, Others 10) – an increase of 29.7% on 2017/18
- Staffing – 61 50 concerns reported (Residential/Nursing 30, CHCS 29, Others 2) – an increase of 19.1% on 2017/18

Other Contract Compliance Activity:

Members Seminar:

In April 2018 a presentation was made to the Health Select Committee regarding the monitoring/quality assurance of care homes and the work of the Quality Board. This provided members with a clear understanding of the standards expected from commissioned providers and the framework that would be in place to monitor compliance with the Rotherham contract and quality provision. It was identified that quality feedback from service providers required strengthening, and that this was being addressed through Team Planning.

• **Adult Services Consortium (ASC)**

In August 2018 a presentation was given to the ASC regarding the role of Contract Compliance and informing members of methods of reporting concerns, how these are monitored and what action takes place from the point of reporting to the conclusion of any investigation.

Focused Audits undertaken during 2018/19:

- Complaints Policy and Procedures
– April 2018
- Business Continuity Plans
– April 2018
- Legionella certification and compliance
– April 2018
- IPC Champions Workshop
– May 2018 and March 2019
- Provider GDPR preparation and compliance
– May 2018
- CHCS (Community and Home Care Services) skills/qualifications audit
– June 2018
- Provider Heatwave Plans
– July 2018
- CHCS (Home Care) provider Call clipping
– August 2018
- Pressure Care (React to Red audit)
– August 2018
- IPC Champions nominations
– November 2018
- Preparation for Brexit – Continuity Plans

• **Emergency Planning**

Heavy snow in the South Yorkshire region in February 2018 resulted in many roads being closed, or having reduced access. Rotherham was affected during this period, as a result the Commissioning team utilised all of their available resources and liaised directly with providers to ensure that they were implementing their adverse weather plans. Lists of those who were known to be most vulnerable were cross referenced to ensure that no-one was missed. Family members were involved in cases where providers could either not attend or where there would be significant delays and throughout this short period of disruption essential care was provided to all of those who needed it.

Following a gas explosion in a residential area of Rotherham in July 2018, all available resources within the Commissioning team (Commissioners, compliance officers and brokers) undertook work to ensure that those vulnerable adults in that catchment area were safe and well. Liaison with care providers ensured safe and well checks were completed and additional calls were supplied if necessary.

• **Public Health:**

Work undertaken by Contract Compliance and Public Health colleagues, in response to Infection Prevention and Infection control issues has seen the development of a local network of infection Prevention champions. The development of regular professional IPC meetings and learning opportunities for provider IPC champions through networking and attendance at Rotherham Council hosted workshops.

In October 2018 contract compliance officers liaised with Public Health colleagues and all providers to assist with organisation/roll out of seasonal flu vaccination program.

Rotherham NHS Foundation Trust:

The Rotherham NHS Foundation Trust (TRFT) Adult Vulnerabilities Team provide a service across all Trust disciplines to ensure that adults that we care for are safe and are protected from harm.

To achieve this, it is our role to ensure that our staff receive appropriate training to equip them with the skills and knowledge that they need to enable them to recognise and respond to concerns regarding an adult at risk. Training is provided across a wide range of topics to address all aspects of adult safeguarding, including the Mental Capacity Act and Deprivation of Liberty Safeguards, Learning Disability, Human Trafficking, Modern Slavery, Exploitation and Female Genital Mutilation.

Partnership Working

TRFT Adult Vulnerabilities Team is an active partner in ongoing work with Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH) to ensure the safe and lawful application of the Mental Health Act within the Trust.

TRFT provides representation at the Multi-Agency Risk Assessment Conference (MARAC) and has been involved in working toward improved services for victims of domestic abuse in Rotherham as a partner in the Safer Rotherham Partnership. We have introduced a new, brief assessment process which is supporting our colleagues to recognise and respond to concerns regarding domestic abuse.

Support

The Adult Vulnerabilities Team offer advice and support to all TRFT staff in managing adult safeguarding concerns about vulnerable people. This can range from telephone support through to supervision sessions with either individual practitioners or groups.

Governance

TRFT Safeguarding Team have developed a suite of policies to support our staff and volunteers in working with our patients. These clarify the responsibilities of all TRFT staff and volunteers. They are updated as required to reflect changes in legislation and practice.

Key Performance Indicators information is shared with our partner agencies quarterly, who have the opportunity to scrutinise and question Trust practices and receive supporting evidence.

Development

The Safeguarding Team continues to develop practice and procedure across the Trust.

Our work to improve the implementation of the Mental Capacity Act (MCA) across the Trust is ongoing and has shown a significant improvement across the year.

Further work is in progress to respond to the Mental Capacity (Amendment) Bill which is expected to receive Royal Assent in the near future.

CASE STUDY

J attended the Urgent and Emergency Care Centre (UECC) at 10.30 one morning during winter. J was known to have a mild learning disability, although this did not impact on his capacity to make decisions regarding his lifestyle.

He was seeking treatment for his arm, which he said had been painful since he had got up that morning. On examination a fracture was suspected and J was sent for X-ray, which confirmed this diagnosis.

During her consultation with J the nurse noted that he was very anxious and upset. His history of the event changed several times while he was speaking to the nurse and he repeated several times that he had to get back as his girlfriend was waiting for him. This combined with J's general presentation – he was unkempt, and had many bruises and burns of different ages on his legs, chest and arms – raised concerns with the nurse that someone may be hurting him.

In view of this, the nurse sensitively questioned J about his home life and whether someone was hurting him. He said his girlfriend was stressed and that she sometimes took this out on him. He was keen to stress that 'she didn't mean it' and that she was always sorry afterwards. The nurse spoke to J about safeguarding and how this may be able to help him, He agreed to a concern being raised but did not want to tell his girlfriend.

J was transferred to a ward and the concerns were handed over to ward staff. Staff were sensitive to J's needs and gave him the opportunity to share his concerns. Whilst on the ward he disclosed a long history of domestic abuse from his girlfriend. The outcome he wanted was to live in peace with no trouble and no one hitting him.

Staff completed a DASH (a risk assessment) form and liaised with the Independent Domestic Violence Advocates (IDVAs) to consider how best to protect John.

They supported with a plan to offer John emergency accommodation and would ensure additional services were put in place to help him to live independently.

Other agencies were involved to ensure J's immediate protection needs would be met and he was discharged from the hospital. The safeguarding investigation was closed as J's needs could be met through the Domestic Abuse pathway.

J was happy when discharged, and was made aware that the safeguarding concern would exit the safeguarding process. He was in agreement with this.

This process is consistent with the principles laid out in the Care Act 2014 which highlights the Making Safeguarding Personal approach.

NHS Rotherham Clinical Commissioning Group – RCCG

NHS Rotherham Clinical Commissioning Group (NHSR CCG) firmly believes that every person has the right to live a life free from abuse and neglect. With this in mind NHSR CCG will continually develop the organisation's safeguarding agenda, with Safeguarding Adults as a high priority.

Governance

Robust governance arrangements are in place to ensure that the CCG's own safeguarding structures and processes are evident and that agencies from which they commission services meet the required standards. Monitoring of commissioned services includes robust safeguarding standards within contracts and key performance indicators (KPIs).

NHSR CCG publishes an annual safeguarding report which demonstrates how the CCG continues to drive its commitment to safeguarding and promoting the welfare of all residents in the borough. NHSR CCG also strives towards the highest possible standard of care, taking on board the national and local drivers for change in safeguarding. It provides assurance that commissioned health services are working collaboratively to safeguard those at risk. More so it provides assurance of how NHSR CCG carries out its safeguarding roles and responsibilities.

Safeguarding activity is reported to NHSR CCG's Governing Body within the monthly Quality and Safety report.

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

In August 2018 the much awaited "Safeguarding Adults: Roles and competences for health care staff – Intercollegiate Document" was published. The document highlights competencies required to support adult safeguarding and focuses on the knowledge and skills needed to ensure adults receive proactive and high quality safeguarding. All health care organisations have a duty outlined in legislation to make arrangements to safeguard and to co-operate with other agencies to protect adults at risk from harm abuse or neglect and NHSR CCG continually seek assurance via contracts that all commissioned services meet this requirement.

Training

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

In September 2018 NHSR CCG held a multi-agency safeguarding event at Magna Science Centre which focused on Male Abuse.

Around 800 multi-agency staff attended this event which received excellent feedback.

Powerful speakers shared their personal experiences of abuse, along with updates from the National Crime Agency (NCA) around Operation Stovewood and the Impact of Human Trafficking/Modern Slavery from the National Referral Mechanism (NRM)

On 14th February 2019 NHSR CCG undertook a 3 step learning process focusing on early help. This approach significantly supported GP practices in assessing their processes for recognition and signposting/ referral of families who would benefit from early health services/intervention.

Early Help 3 Step Learning Process:

- **Step 1** – Self-assessment.
- **Step 2** – GP Peer Review to share learning and respectfully challenge practice and processes.
- **Step 3** – GP Safeguarding Leads offered supervision sessions with the Named GP for Safeguarding for Vulnerable Clients. This support is on-going.

During 2018/19 NHSR CCG furnished staff and GP surgeries with information on key developments in the safeguarding arena. Safeguarding updates and current trends/information were shared via

the RCCG newsletter (circulated to GP surgeries and CCG staff) along with e-mails to safeguarding leads and practice managers.

Key Achievements 2018/19

- NHSR CCG has remained firm in its commitment to the Rotherham Safeguarding Adult Board at a senior and executive level
- Participation at regional and local safeguarding networks to share best practice
- Participation at RSAB and sub groups
- Safeguarding assurance sought at provider contract quality meetings
- Attendance at TRFT strategic safeguarding meetings
- Participation in Domestic Homicide Reviews
- Facilitated peer review and safeguarding supervision sessions supporting GP practices
- Safeguarding multi-agency conference focusing on male abuse
- Trauma and Resilience Service commissioned through RDaSH, supporting victims/survivors of historical CSE by wrapping a trauma stabilization workforce around them, supporting and developing seamless pathways to and from organisations

Prevent

The Prevent Duty remains a high priority for NHSR CCG with mandatory Healthwrap training for all staff with three yearly updates as stipulated in the NHS England Prevent Framework. GPs receive regular updates regarding their training requirements and how to access the NHS England Prevent eLearning package.

Safeguarding Adult Reviews

NHSR CCG contribute to Safeguarding Adult Reviews (SARs), action plans are monitored via the performance and quality sub group with the CCG engaged as appropriate.

Learning Disabilities Mortality Review

(LeDeR) Programme was commenced in November 2016 following the Confidential Enquiry into the Premature Deaths of People with Learning Disabilities. During 2018/2019 NHS RCGG have established a LeDeR process with 22 Rotherham residents referred onto the programme. The reviews will highlight best practice; potentially avoidable contributory factors and action plans/ lessons learnt necessary to change health and social care service delivery for those with a learning disability.

Stovewood – Trauma and Resilience Service (“TRS”)

The TRS support victims progressing to functioning survivors by wrapping a trauma stabilisation workforce around them, supporting and developing seamless pathways to and from organisations.

TRS sits within a multi-agency and community setting (within the same building as Rotherham RISE) and have been active within Rotherham with over 2,000 staff and volunteers trained.

TRS are now developing and managing a trauma stabilisation programme for the voluntary sector; ensuring a standard, non-fragmented approach to trauma support across Rotherham.

Trauma and Resilience Service

- Rotherham Partners aspire to having trauma informed services that support the victims and survivors who are known to us and those who still do not feel confident enough to tell their story.
- A whole service co-ordination over the Rotherham footprint of CSE support service is key for the future

Next Steps

The world of Adult Safeguarding is constantly developing in terms of case law, legislation and categories of abuse. NHSR CCG will continue to work in conjunction with statutory partners and be responsive to changes and developments.

The CCG will not be complacent in its commitment to safeguarding which is demonstrated by including Safeguarding as one of the four priorities in the commissioning plan 2016-2020 – Your life, Your health.



Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH):

A culture that safeguarding children and adults is everybody's responsibility, permeates across all RDaSH teams and the individuals who work in them. RDaSH is committed to working with partners in order to safeguard and promote the wellbeing of children and adults in Rotherham.

The Trust is committed to demonstrating transparency and the delivery of well led services, cooperating with external scrutiny through:

- An annual safeguarding self-declaration to the Trust Board and the Clinical Commissioning Group.
- Annual section 11 self-assessment/ assurance for the SAB/LSCB.
- Contribution to Safeguarding Adult Board groups that are part of the local governance and delivery arrangements to achieve the vision and objectives of the SAB plan.
- Contribution to multi agency audits of practice, learning, delivery of professional training and development, quality assurance and scrutiny.

The Trust is subject to an inspection regime by the Care Quality Commission. The last Quality inspection of RDaSH was June 2018 and the overall rating was Good. The Trust consistently demonstrates through self- declarations and audit that:

- There is a strong commitment to safeguarding across the Trust.
- There is robust leadership and governance arrangements in respect of safeguarding are in place.
- There is a culture of learning and appreciative inquiry underpins learning and development and staff are committed to the ongoing development and delivery of excellent care.
- There is effective cooperation with partners to safeguarding individuals in complex situations.

Over the last year the Trust has focused on the following priorities in respect of safeguarding adults:

- Further enhancement of the Think Family Approach across the Trust, and the lifespan approach which is underpinned by Adverse Childhood Experiences methodology.
- Further enhanced awareness of Female Genital Mutilation across the children and adult workforce.
- Review and development of our approaches to learning and development.
- Working with Local Authorities to ensure that the thresholds for safeguarding enquiries continue to be applied effectively.
- Continued work to embed making safeguarding personal across adult safeguarding.

The main achievements over the last year related to these priorities have been:

- Contribution to the ADASS commissioned survey on Making Safeguarding Personal which demonstrates MSP is incorporated into policy, procedure and practice.
- Collaboration with patients using MSP which resulted in development of patient defined MSP principles, which have been incorporated into training and policy.
- Work with patients to understand their experiences of safeguarding and share these experiences to further develop practice. These have been shared at an RDASH conference, regional ADASS conference and Rotherham Safeguarding Adult Board. In addition the voice and experience of patients has been incorporated into safeguarding adult training.
- Work with a group of patients to produce a safeguarding handbook for patients, which will be published in 2019.
- Development of a Safeguarding Training Offer, in line with the most recently published Intercollegiate documents.
- FGM embedded into all training, leaflet produced and information disseminated through newsletters, training and practice forums.
- Development and approval of guidance for responding to non recent allegations of sexual abuse.
- Operation Stovewood Trauma and Resilience service in place supporting victims of CSE.



South Yorkshire Fire and Rescue Service (SYFR):

South Yorkshire Fire and Rescue has completed a number of Self-Assessments and attended Challenge Meetings across the county to provide evidence and assurances that the service is compliant with statutory safeguarding requirements.

SYFR are preparing for HMICF&R Inspection and there is a specific line of enquiry relating to the identification of those with vulnerabilities and Fire and Rescue Safeguarding arrangements.

SYFR are also contributing to the National Fire Chief Council safeguarding Work Stream, which includes national standardisation of policy and training.

An internal Safeguarding Executive Board and Reference subgroup continues to provide internal governance and a number of related action plans

demonstrate ongoing learning and improving in our multiagency working e.g. Child Fire Setters, Business Fire Safety relating to care homes, coordination of referrals from IDVAS and SYP Domestic Abuse Advisors and High (Fire Risk) Practice group.

The SYFR Safeguarding Officer in Quarter 4, presented to the Fire Authority Scrutiny Board to provide assurances on SYFR Safeguarding arrangements and a similar meeting has taken place with the Police and Crime Commissioner.

Further to a number of Fire Fatalities across the county, SYFR have made a number of SAR requests and has conducted a Learning Review on behalf of one of the Boards. The majority of these cases have been as a result of self – neglect (unsafe smoking/cooking) and some linked with hoarding behaviours and as a result SYFR have contributed to local and regional policy and learning events.



CASE STUDY

At the request of SYP crews attended to gain entry to a property, where an elderly lady had been reported as being locked in.

The lady presented as somewhat confused and unable to locate any door keys and seemingly no means of contacting anyone. Neither, police or ambulance would be required to attend and no other agency or family contact details could be found.

The attending Fire Fighters quickly assessed the concerns and risks and raised these as per the SYFR Safeguarding pathway. The Adult Single Point of Access in Rotherham was contacted, the lady had refused the offer of care and support in 2016 when she had been deemed to have had Mental Capacity. SYFR had previously carried out a Home Safety Check in 2013.

Information provided by the Fire Fighters indicated that the lady's cognitive ability had become significantly impaired and an urgent Care Act Assessment required by Adult Social Care (mouldy food had been found in the house).

The dilemma was – should they leave the occupant – she would have no keys and unable to get out in the event of a fire. The alternative was to replace the lock and provide her with a key. On both counts it was rather uncertain as to whether or not she was able to understand any advice given about fire safety and escape plans. As part of the Social Care Assessment, a Telecare Alarm would be recommended, should she remain in her own home

To address the immediate risks, and further to conversations with SYP, the SYFR Duty Officer and Safeguarding Officer the locks were changed, a key given to the neighbour that had reported this to police, a key provided to the local police station and a key left with the lady and a note to son/grandson to contact SYFR Control.

There has since been ongoing communication with Adult Social Care - Control Staff (Sarah – White Watch) was really helpful in providing additional information from the Incident Log - awaiting a joint visit to carry out an HSC/HSC3 if further to a Mental Capacity Assessment and Best Interest meeting, the lady is safely able to remain in her own home.

South Yorkshire Police:

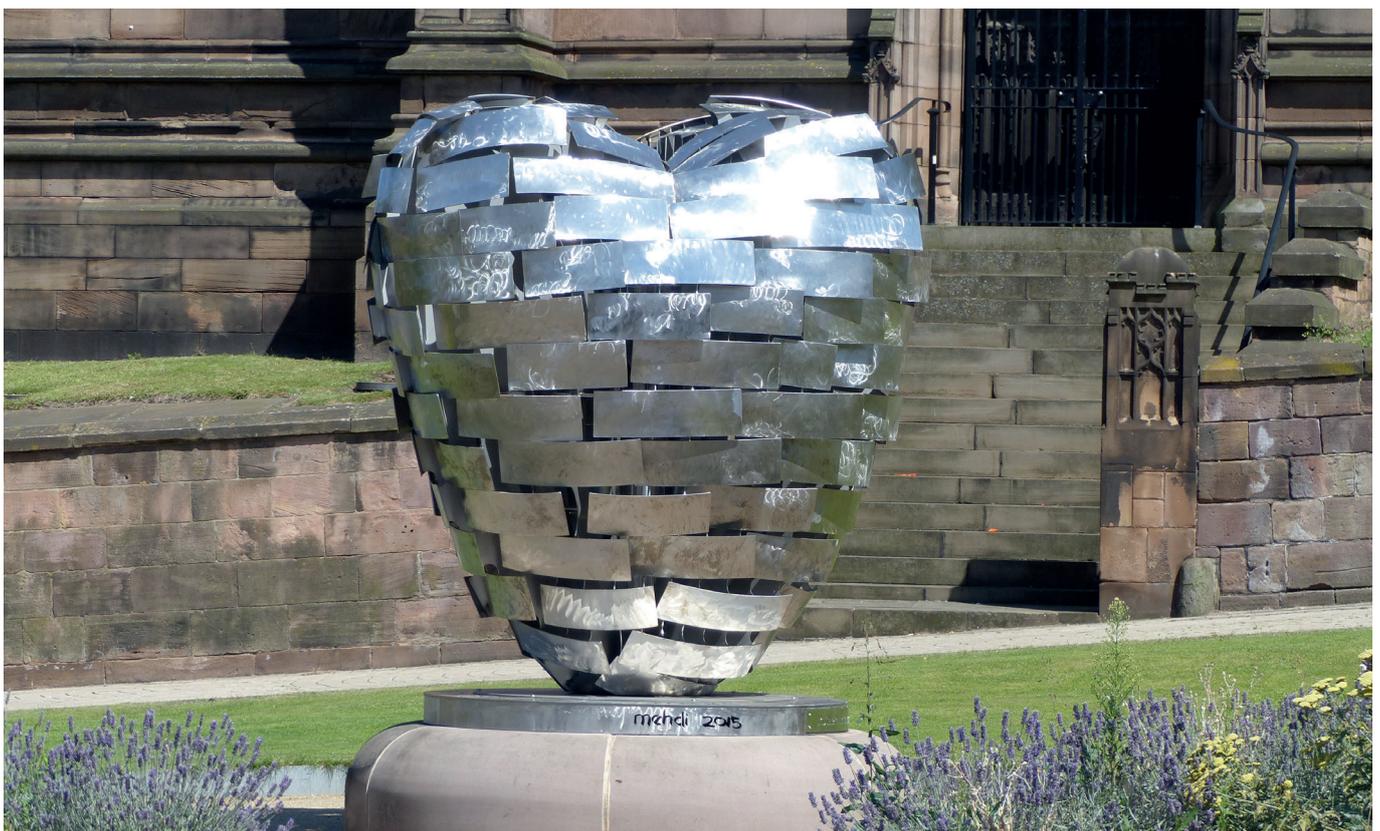
In last year's report, we described the introduction of the borough's Safer Neighbourhood Service (SNS). Our SNS brings together specialists in protecting the most vulnerable; reducing risks and demands. During May 2018 police officers and units came together within Riverside House to work with counterparts from Rotherham Council. Those officers included people dedicated to reducing the frequency and risk from Missing From Homes; investigating complex financial abuse; hate crime; licensing and Designing Out Crime. Since, we have strengthened our commitment, growing from one PC to three for the role of Anti-Social Behaviour enforcement. One Missing From Home co-ordinator has become three.

The objectives for the SNS was to improve efficiencies and effectiveness through creating synergies from across the partnership, to bring in additional services and to create a strong governance structure.

Since inception, the SNS is now strengthened by the addition of a prescribing Mental Health Nurse from RDaSH who is able to visit people in crisis, to assess their health and offer practical support. The nurse is a vital part of our joint work to counter the borough's suicide problem – Rotherham is an outlier national for this trauma.

Change, Grow, Live alcohol and drug treatment services and South Yorkshire Fire and Rescue Service have also joined the SNS, creating a strong, holistic service.

Driving activity and underpinning the group's governance is the Community Multi-Agency Risk Assessment Conference (C-MARAC). The C-MARAC has a joint agreed risk assessment protocol which brings forth individuals for joint case management. The C-MARAC's audit and action processes reduces individual and organisational risks.



CASE STUDY

RM was a young adult suffering with a number of MH issues relating back to a serious assault, the perpetrator of which was a family member. The chaos created by these issues culminated in them leaving their home and child resulting in them being reported as a missing person and being designated as high risk. This incident was extremely resource intensive and created huge demand on services. The subject was discovered safe but in obvious crisis. The initial presentation was dealt with and the subject was assessed and sent home with family. The following day the Safer Neighbourhood Service was alerted to the young person and swiftly deployed missing from home officers supported by the mental health nurse. They were offered full support from both and that support continues. There have been no further missing episodes and the subject is now more settled and certainly less chaotic.

SYP hosts and facilitate partnership structures around two key areas of risk: Organised Crime and Child Exploitation.

Organised Crime Groups (OCGs) generate crime, perpetuate victims through complex and insidious means. The process for recognising, categorisation and recording actions and outcomes is a national, structured approach. Within Rotherham there are 10 OCGs currently. Of these 10, at the most recent scoring in May, 9 out of the 10 showed reduced risk. Objectively, this describes their ability to cause harm to others is reduced.

Undoubtedly, this success is a product of a buoyant OCG partnership approach. Within the county, there have been 440 disruption interventions recorded. These disruptions include arrest, vehicles seized, benefits targeted, housing actions. Across the force, there have been 20 achieved by partners this year. 18 of those 20 were in Rotherham. The war against organised crime will continue, there is more to do from a partnership perspective, however we have a strong foundation to develop from. This is a success story for the borough's partnership approach to safeguarding.

For several years, Rotherham's partners have collaborated to counter Child Sexual Exploitation. Each week, officers come together to consider information and intelligence and to reduce risks by driving action which protects the victim; targets the offender and makes the place more safe. In April and May, the CSE group transitioned to become our Child Exploitation Tactical Group (CETG). The CETG terms of reference has grown to include harm to young people more widely, including CSE, Child Criminal Exploitation (CCE) and county lines.

Rotherham Voluntary and Community Sector:

Achievements:

- The Voluntary and Community Sector (VCS), through the Adult Services Consortium, has continued to show its commitment to Adult Safeguarding across the Borough by contributing to the work of the Adult Safeguarding Board via its nominated representatives.
- The nominated representative, who is the Chief Executive of Age UK Rotherham, attends the Safeguarding Adults Board to provide a voluntary and community sector perspective on developments. They also provide a liaison function between the wider sector and the Board to keep VCS organisations up-to-date on safeguarding issues and encourage and support their contribution to this important area of work.
- VCS organisations continue to contribute to the Safeguarding Board and Development Days as partners; in addition they act as alerters referring concerns appropriately.
- Individual VCS organisations have continued their work internally in respect of their own policies and procedures for Safeguarding, linking in to the wider Safeguarding Procedures in the Borough. Staff and Volunteers have attended training sessions raising awareness of Adult Safeguarding throughout the Borough.
- The Adult Services Consortium and Voluntary Action Rotherham (VAR) have promoted Safeguarding Week, and VCS groups are taking an active part during the week.
- VAR acts as an 'umbrella body', for administering and processing the 'Disclosure and Barring Service' (DBS) checks
- VAR promotes DBS and provides related advice and support, including carrying out the 'Enhanced DBS checks'
- VAR supports VCS with the development of Safeguarding Policies and procedures; including 'Safer Recruitment' support

RECOGNISE · RESPOND · REPORT

SAB Learning and development

Training and development

In 2018/19 the Training Sub-group ran a rolling programme of supportive training opportunities for staff, managers and volunteers on local policy, procedures and professional practice so that adults across Rotherham are protected from abuse and neglect and their wellbeing is promoted. 1,219 learners attended training courses as detailed in the table below.

Local authority	332
Independent/ Voluntary sector	589
Health	8
Housing Partners	250
Service Users / Carers	29
Other	11
Other/Housing Partner	0
	1219

The Training Sub-group continued to implement its Training Strategy and Training Plan for 2017/2020 to lead and manage training arrangements across Rotherham. To enhance the application of the safeguarding process and achieve improved outcomes for Service Users the group carried out a training needs analysis to identify cross sector training requirements. The group continues its work to develop mechanisms to measure the success and outcomes of safeguarding adults training.



KEY FACTS AND FIGURES

A Concern

A Concern is a feeling of anxiety or worry that a Vulnerable Adult may have been, is or might be, a victim of abuse. An alert may arise as a result of a disclosure, an incident, or other signs or indicators.

A total of 2113 concerns were reported through the new Safeguarding Adults Collection (SAC).

Each concern is looked at and the 3 point test is applied.

The safeguarding duties apply to an adult who:

1. Has needs for care and support (whether or not the local authority is meeting any of those needs)
2. Is experiencing, or at risk of, abuse or neglect
3. As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

If the concern does not meet the criteria of the 3 point test the case may be signposted to a different team such as the vulnerable person's team or maybe a care assessment is needed. We will always ensure the person is safe and not in any danger.

Section 42 Enquiry

A Section 42 Enquiry is the next step, the concern progresses and an investigation / assessment begins.

At any point during this investigation a case can exit the safeguarding process.

The subject of the investigation must be aware and in most cases agree to the safeguarding enquiry unless capacity is lacking or a crime has been committed.

724 Section 42 enquiries began 2018-19

Decision Making Meeting (DMM)

The DMM will bring all relevant people together to ensure that, if the investigation continues, the right questions will be asked of the right people. The voice of the person at risk of harm must be heard. Plan the way forward, look at who is best placed to investigate the concern.

This meeting may be held virtually, to ensure it happens in a timely manner.

Outcomes Meeting

The Outcome meeting will bring all interested parties together including the individual if they wish to attend. Support from friends, advocacy or family is also encouraged. The voice of the person at risk of harm must be heard throughout the meeting and they must be given the opportunity to tell their story.

The meeting will bring the investigation to a conclusion and recommendations must be agreed by all interested parties and timescales and expectations clearly identified.

10 Outcome Meetings Convened 2018-19

Safeguarding Adults Review – (SAR)

A Safeguarding Adults Review must be carried out if

- A vulnerable adult dies (including death by suicide) and abuse or neglect is known or suspected to be a factor in their death. In such circumstances the SAB should always conduct a review into the involvement of agencies and professionals associated with the vulnerable adult.
- A vulnerable adult has sustained a potentially life-threatening injury through abuse or neglect, serious sexual abuse, or sustained serious and permanent impairment of health or development through abuse or neglect, and the case gives rise to concerns about the way in which local professionals and services work together to safeguard vulnerable adults.
- Serious abuse takes place in an institution or when multiple abusers are involved, the same principles of review apply. Such reviews are, however, likely to be more complex, on a larger scale, and may require more time. Terms of reference need to be carefully constructed to explore the issues relevant to each specific case.

The SAR is commissioned by the SAB and all partners who have had involvement with the subject of the enquiry will be required to participate in the review. The results of the review are published by the SAB in the form of a final report.

Number of SAR's Commissioned 2018-2019

1 SAR was commissioned in 2018/19.

Number of SAR's Completed 2018-2019

1 SAR was completed in 2018/18. Published June 19 (Sheila)

SAR Sheila

Sheila was a 99 year old deaf lady who lived alone; she had received support services since 2015 commissioned by Rotherham MBC. A domiciliary care support package was provided by an independent healthcare provider which consisted of four visits each day. She also received a pendant alarm from Rothercare. She received support with all her personal care and nutritional needs.

Following a stay in hospital Sheila was discharged back to her home from hospital in December 2017. 13 days later Sheila's daughter found her deceased at her home. It was evident that Sheila had not received any support from her discharge from hospital.

A SAR was commissioned early in 2018 to review how a break down in communications during hospital discharge had resulted in the tragic death of Sheila.

Findings/Recommendations

Agencies commissioned to deliver domiciliary care packages will be made aware of and contracted to work with the hospital discharge pathway to ensure that processes within the respective agencies comply with discharge pathway requirements and expectations.

Review the Hazards tool, which is used to identify high risk discharges, to consider whether this could be used or adapted to assist the discharge pathway.

The Integrated hospital discharge team continues to carry out check calls to individuals at high risk following their discharge from hospital whether they are received new care packages or restarts of existing packages.

Rotherham Council review and determine how to ensure that at risk individuals are provided with their pendant alarm on discharge from hospital and who takes responsibility for this.

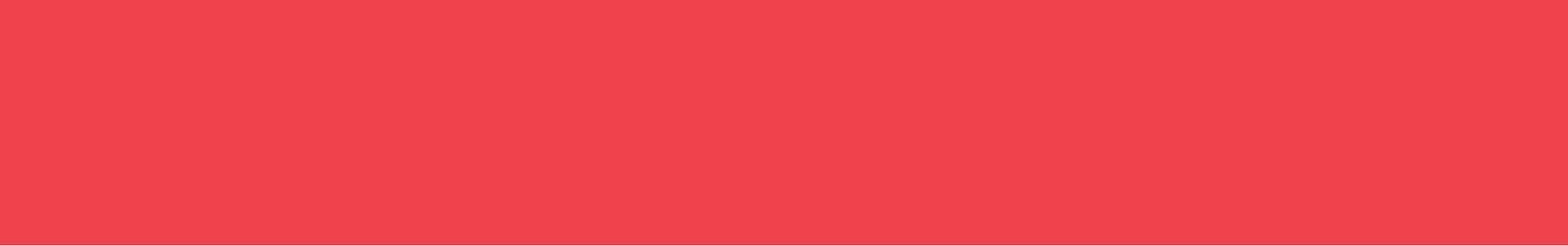
APPENDIX 3 ROTHERHAM SAFEGUARDING ADULTS BOARD ATTENDANCE

Date of Safeguarding Adults Board Meeting (excludes e-learning)

	July 2018	October 2018	January 2019
South Yorkshire Police	✓	✓	✓
The Rotherham Foundation Trust	✓	✓	✓
Clinical Commissioning Group	✓	✓	✓
Rotherham Council Director of Social Services	✓	✓	✓
Rotherham Council Children's Service	✓	Apologies	✓
South Yorkshire Fire and Rescue	✓	Apologies	✓
NHS England	✓	✓	Apologies
RDASH	✓	✓	✓
Rotherham Council Services	✓	✓	✓
Healthwatch	✓	Apologies	Apologies
Voluntary Sector	Apologies	✓	✓
National Probation Service	✓	✓	✓
Community Rehabilitation Company	✓	✓	✓
Cabinet Member for Adult's Services	✓	✓	✓

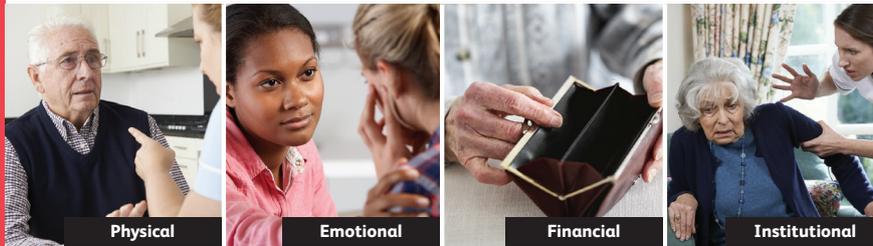
Due to the appointment of the new Chair, the meetings dates were adjusted which meant only three board dates fell within 2018/19.

Rotherham Council's Cabinet Member for Adults Services supports the work the Safeguarding Adults Board with a visible presence at events and discussions throughout the year and is provided with monthly updates on all safeguarding adults issues as well as the work of the board.





Do you know the signs of adult abuse?



Recognise • Respond • Report

Rotherham Council 01709 822330
Police non emergency: 101 or emergency: 999

Keeping people safe from abuse is everyone's business

For more information about types of abuse
www.rotherham.gov.uk/abuse

