Nottingham City Council

NOTTINGHAM CITY COUNCIL
HEALTH AND WELLBEING BOARD

Date: Wednesday, 28 January 2015

Time: 2.30 pm

Place: Ground Floor Committee Room - Loxley House, Station Street, Nottingham, NG2 3NG

Councillors are requested to attend the above meeting to transact the following business

Acting Corporate Director for Resources

Governance Officer: **Direct Dial:** 0115 8764315

AGENDA **Pages**

8	**THE CHILDREN WITH DISABILITY CHARTER** Report of the Director of Public Health	191 - 220
9	**FORWARD PLAN**	221 - 224
10	**UPDATES**	
a	**Healthwatch Nottingham** Presentation from the Chair of Healthwatch Nottingham	
b	**Corporate Director for Children and Families**	225 - 228
c	**Director of Public Health** Verbal Update	
d	**Chief Officer, Nottingham City Clinical Commissioning Group** Verbal Update	
e	**Care Act 2014** Verbal Update	
11	**CANCELLATION OF APRIL MEETING** To agree to the cancellation of the meeting scheduled to be held on 29 April 2015.	

IF YOU NEED ANY ADVICE ON DECLARING AN INTEREST IN ANY ITEM ON THE AGENDA, PLEASE CONTACT THE GOVERNANCE OFFICER SHOWN ABOVE, IF POSSIBLE BEFORE THE DAY OF THE MEETING

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NOTTINGHAM CITY COUNCIL

HEALTH AND WELLBEING BOARD

MINUTES of the meeting held at on 29 October 2014 from 13.30 - 15.45

Membership
Voting Members

Present

Councillor Alex Norris (Chair)	Portfolio Holder for Adults, Commissioning and Health
Dr Ian Trimble (Vice Chair)	NHS Nottingham City Clinical Commissioning Group
Martin Gawith	Healthwatch Nottingham
Councillor Nicola Heaton	Portfolio Holder for Community Services
Chris Kenny	Director of Public Health
Alison Michalska	Director of Adult Social Services/ Director of Children's Social Services
Dr Hugh Porter	NHS Nottingham City Clinical Commissioning Group
Dr Arun Tangri	NHS Nottingham City Clinical Commissioning Group
Vikki Taylor	NHS England

Absent

Councillor Sally Longford	Nottingham City Councillor
Councillor David Mellen	Portfolio Holder for Children's Services
Dawn Smith	Chief Operating Officer, NHS Nottingham City Clinical Commissioning Group

Non-Voting Members

Present

Gill Moy	Nottingham City Homes
Christine Oliver (for Peter Moyes)	Crime and Drugs Partnership

Absent

Lyn Bacon	Nottingham CityCare Partnership
Steven Cooper	Nottinghamshire Police
Michele Hampson	Nottinghamshire Healthcare NHS Trust
Peter Homa	Nottingham University Hospitals NHS Trust

Colleagues, partners and others in attendance:

Phyllis Brackenbury	-	Nottingham CityCare Partnership
Candida Brudenell	-	Nottingham City Council
Laura Catchpole	-	Nottingham City Council
Alison Challenger	-	Nottingham City Council
Stephanie Cook	-	NHS England
Antony Dixon	-	Nottingham City Council
Jane Garrard	-	Nottingham City Council
Marie Halford	-	Nottingham City Council
Dawn Jenkin	-	Nottinghamshire County Council

Helen Jones	-	Nottingham City Council
Mirth Parker	-	Nottingham City Council
Ruth Rigby	-	Healthwatch Nottingham
Richard Taylor	-	Nottingham City Council
Dot Veitch	-	Nottingham City Council
Chris Wallbanks	-	Nottingham City Council
Joanne Williams	-	NHS Nottingham City Clinical Commissioning Group

24 APOLOGIES FOR ABSENCE

Peter Homa, Nottingham University Hospitals NHS Trust
Peter Moyes, Crime and Drugs Partnership
Dawn Smith, Nottingham City Clinical Commissioning Group

25 DECLARATIONS OF INTERESTS

None

26 MINUTES

Subject to amending the wording of Minute 17 'Nottingham Plan 2013-14 (Year 4): Healthy Nottingham Targets Performance' para (f) to better reflect achievements in people completing drug treatment programmes, the Board confirmed the minutes of the meeting held on 27 August 2014 as an accurate record and they were signed by the Chair.

27 MEMBERSHIP

The Board noted that Councillor Heaton, Portfolio Holder for Community Services, and Councillor Longford, City Councillor, had been appointed to the Board, replacing Councillor Collins, Leader of the Council, and Councillor Liversidge, Portfolio Holder for Community Safety, Housing and Voluntary Sector.

28 BETTER CARE FUND

Councillor Norris advised the Board that colleagues were awaiting confirmation of approval of the City's Better Care Fund plan, and that this news would be circulated to Board members when available. He thanked colleagues for their hard work in developing the plan.

Joanne Williams, Programme Manager for Adult Integrated Care, Nottingham City Clinical Commissioning Group, introduced the report updating on the revised Better Care Fund (BCF) plan. She highlighted the following points:

a) An original version of the BCF plan came to the Board in February 2014. Since then national guidance had been revised and, in accordance with this revised guidance, the plan was re-submitted in September 2014, having been signed off at Executive level.
b) Significant changes since the original BCF submission in April 2014 were:
   i. Total emergency admissions had replaced the original metric of avoidable emergency admissions;

ii. Of the £1.9bn additional NHS contribution to the BCF, £1bn would remain within the BCF but now be either commissioned by the NHS on out-of-hospital services or linked to a reduction in total emergency admissions (as in Nottingham). This replaced the 'pay for performance' fund; and
iii. The need to clarify the level of protection of social care from the £1.9bn NHS additional contribution to the BCF, including identification of contribution to implementation of the Care Act.

c) The plan was re-submitted in September 2014 within required timescales and the assurance process was currently underway.
d) Work had commenced on how to implement the BCF plan, including possible development of a joint decision making process for managing the pooled budget and mechanisms for monitoring performance and finance.

RESOLVED to approve the revised Better Care Fund plan for 2014/15 and 2015/16

29 INTEGRATED CARE FOR ADULTS UPDATE

Joanne Williams, Programme Manager for Adult Integrated Care, Nottingham City Clinical Commissioning Group, introduced the report updating on the Integrated Care Programme for Adults and the progress against relevant actions within the Joint Health and Wellbeing Strategy. She highlighted the following points:

a) The Better Care Fund plan is based on the Adult Integrated Care Programme.
b) The aim of the Programme is to enable people to live longer, be healthier and have a better quality of life through removing barriers to provide more joined up services and co-ordinated care, with the citizen at the centre of provision.
c) The first phase of implementation of the Programme focused on the structural work necessary to better co-ordinate care. There are now 8 Care Delivery Groups in operation; intermediate care services, crisis response and local authority reablement and emergency home care services have been reconfigured and processes aligned to support the independence pathway; and the use of assistive technology has been expanded. This work has been successful but services are still a long way from being fully integrated. In particular, the need for cultural change to facilitate the move away from silo working has been highlighted.
d) The Programme is now in phase 2 of implementation. Work in this phase will include:
   i. A review of specialist services
   ii. Choose to admit/ transfer, to change the relationship with secondary care
   iii. Seven day working
   iv. Development of joint assessment and care planning approaches
   v. Further expanding the use of assistive technology
   vi. Further developing links with the community and voluntary sector.
e) Progress against all relevant actions within the Joint Health and Wellbeing Strategy is currently on track and where appropriate the Programme is linking with other areas of work e.g. implementation of the Care Act.

During discussion the following points were made:

f) Current ways of commissioning to support integration aren't working as well as they could and this is being reviewed.
g) A project plan and timescales for IT integration are in place as part of the Better Care Fund plan. Work is linked to the Connecting Nottinghamshire programme.
h) The Five Year Forward View recently published by NHS England's Chief Executive Simon Stevens shows that NHS England is keen for local innovation to flourish.

RESOLVED

1) to note the progress of the Adult Integrated Care Programme; and
2) to note the progress against the Joint Health and Wellbeing Strategy actions related to the Adult Integrated Care Programme.

30 HEALTH VISITOR IMPLEMENTATION PLAN AND TRANSFER OF COMMISSIONING RESPONSIBILITIES TO NOTTINGHAM CITY COUNCIL

Stephanie Cook, NHS England Area Team, and Phyllis Brackenbury, Nottingham CityCare Partnership, introduced a report updating on work to increase the number of health visitors in the City; and informing the Board that Nottingham City Council will take on responsibility for commissioning children's public health services 0-5 years with effect from 1 October 2015 and outlining the work taking place to transfer these responsibilities. They gave a presentation which highlighted the following points:

a) In Nottingham the health visiting service and Family Nurse Partnership is provided by Nottingham CityCare Partnership.
b) Following the national Call to Action in February 2011, the Government set out a commitment to deliver a larger re-energised health visiting service. The Prime Minister made a commitment to increase the size of the health visiting workforce. For Nottingham this meant an increase from 69.4 Whole Time Equivalent (WTE) in 2010 to a target of 154.7 WTE to be reached by March 2015. This target represented the third largest increase in the country.
c) It has been challenging to achieve this target for a number of reasons including:
    i. The limited capacity of the provider to train students with such a low WTE starting point;
    ii. The need to revise training methodologies to support the increased number of students;
    iii. Ensuring sufficient numbers of planned places for students;
    iv. Ensuring the retention of students within the City post qualification;
    v. Limited numbers of suitably qualified and experienced nurses and midwives to complete further degree level training; and
    vi. The loss of existing experienced health visitors to retirement or other disciplines.
d) By the end of August 2014 there were 92.9 WTE in post. September 2014 students plus external recruitment will see an increase of 9.36 WTE, and a

further 3 WTE are expected to join the workforce in October 2014. There will be further recruitment from students in January 2015 and it is anticipated that there will be oversupply from neighbouring areas that can potentially join the workforce in Nottingham.

e) There has been national investment to deliver an increased number of health visitors but there has been no further investment in the Family Nurse Partnership.

f) The Healthy Child Programme operates at 4 levels of service provision. Consultation with families about provision found that families liked the service but they did not receive sufficient support when dealing with specific issues. This resulted in changes to the service including targeting of resources to the most deprived areas; health visitors trained to deliver minor ailment clinics; developing the GP core offer. These changes have received national and local recognition.

g) A key challenge for the Healthy Child Programme is workforce retention.

h) Discussions are underway locally between NHS England and Nottingham City Council and nationally between the Local Government Association and the Department of Health to ensure a smooth transition of responsibilities and funding for children's 0-5 years public health commissioning on 1 October 2015.

During discussion the following comments were made:

i) There was support from members of the Board for the important work of the health visiting service and recognition of the impact that it has on the lives of children and their families.

j) It is important to not just focus on meeting the numerical target for increasing the size of the health visiting workforce but also to make sure that it is a good quality service meeting local need.

k) There is a lot of work taking place within the City Council to ensure a smooth transfer of responsibilities for children's 0-5 years public health commissioning. It forms part of longer term goals for early intervention and health and wellbeing integration.

l) Funding for 0-5 years public health commissioning has not been formally identified yet. However there is a clear expectation that the investment to increase the health visiting workforce should be maintained and that there should be no risk to the increased workforce size.

m) There were no blockages to achievement of the target for increasing numbers of health visitors that other partners on the Board were responsible for and needed to address.

RESOLVED

1) to note the progress with the Health Visitor Implementation Programme through increased numbers of health visitors, service transformation and implementation of the Healthy Child Programme; and

2) to note the transfer of commissioning responsibilities for children's public health services 0-5 years with effect from 1 October 2015 and the roles and responsibilities and implications to Nottingham City

Council for future service provision in accordance with the mandation instructions.

31 0-25 SPECIAL EDUCATION NEEDS AND DISABILITIES REFORMS (SECTION 3 OF CHILDREN AND FAMILIES ACT 2014)

Mirth Parker, Head of Inclusion and Disability, and Marie Halford, Disability Service Manager, Nottingham City Council introduced a report updating on progress in responding to reforms in Special Educational Needs and Disability (SEND) contained within the Children and Families Act 2014. They also gave a presentation on demographic demand analysis of children and young people with SEND. They highlighted the following information:

a) The Children and Families Act covers a range of changes to improve services for vulnerable children including those with special educational needs and/ or disabilities.
b) Nottingham is not a pathfinder authority but many of the outcomes achieved so far in the City are comparable to the pathfinder authorities who commenced implementation at an earlier stage.
c) The minimum requirements with a deadline of September 2014 have all been met. This included the launch of a Local Offer website providing guidance and information as well as a directory of services; a multi-agency personal budgets offer giving children and families more choice in the services that best support their needs; and the introduction of a multi-agency key worker service to provide children and their families with a single point of contact.
d) Phase 2 of implementation requires more significant reform. It will be linked to work taking place to implement the Care Act to ensure a joined-up approach across children and adults and make best use of resources and governance arrangements.
e) There are a number of demographic challenges to be met in implementing phase 2. For example, locally there is a higher rate of SEN than nationally and a rising population of disabled young people.
f) Many of the changes require integrated IT solutions, which currently do not exist.

During discussion the following points were made:

g) There is now a more transparent process for parents to understand whether a Statement is needed or not, and personal budgets enable them to buy the services that they believe best meets their child's needs. This process is robust.
h) Nottingham is a low Statementing authority but this is supported by mainstream support.
i) Costs of implementation have so far been met through transitional grants. Demographic challenges suggest future demand pressures but the longer term costs pressures aren't yet known, for example there is no national evidence about the likely take up of children's personal budgets.

RESOLVED

1) **to note the progress and achievements that have been made under the Special Educational Needs and Disability reforms outlined in Section 3 of the Children and Families Act 2014**;
2) **to note the demographic demand challenges facing these services supporting children and young people with disabilities and special educational needs**;
3) **to note the future recommendations to progress the Special Educational Needs and Disability reforms; and**
4) **to support the ongoing commitment to these reforms through strong partnership working, in particular the ongoing work within Adult Social Care to meet the requirements identified in the Care Act due to come into force in April 2015.**

32 CARE ACT 2014: IMPLICATIONS

Helen Jones, Director of Adult Social Care, and Laura Catchpole, Policy Officer, Nottingham City Council introduced a report and gave a presentation on the key implications of the Care Act 2014 for Nottingham City Council and its partners. They highlighted the following information:

a) The Care Act 2014 requires greater integration and co-operation between health, care and support and the wider determinants of health such as housing. Some of the provisions of the Act reinforce current initiatives and ways of working, while others have a more significant transformational impact.
b) The final guidance on implementation of the Care Act has only just been issued and is still being considered.
c) Key implications of the Act include:
    i. Need to identify gaps in the provision of information and advice, and where appropriate redesign or commission new services;
    ii. Likely increase in assessments for care accounts;
    iii. Likely increase in carers assessments, and the need to meet their eligible needs;
    iv. Increased administrative burden arising from a citizen's ability to defer payments;
    v. Increased administrative and financial burdens arising from the cap on care costs. The implications for working age citizens is not yet known;
    vi. Need to refresh care and support plans and direct payment policies;
    vii. Need to consider how best to deliver care assessments in secure settings; and
    viii. Need to check some current ways of working for compliance.
d) Duties under the Care Act will increase adult social care costs considerably with potentially high set up costs for IT systems, increased number of assessments, increased administrative burdens and workforce skills and training.
e) Corporate risks have been identified.

During discussion the following points were made:

f) Implementation is being overseen by a local authority programme board and other organisations are being engaged through specific work streams. If an organisation has an issue or concern, these can be raised through the Commissioning Executive Group which is reviewing progress in implementation.
g) It would be useful for the Board to have a better understanding of the citizen perspective in future updates on implementation.
h) It is important to continue focusing on public health preventative work e.g. reducing tobacco use and cutting obesity to minimise future demand pressures.
i) Some early modelling of future cost of care gaps has taken place but currently it is not possible to know how many people will come forward. The Association of Directors of Adult Social Services has stated that there is sufficient funding within 2015/16 funding settlements to cover costs; but there are significant concerns about 2016/17 and beyond.
j) The NHS England Area Team has links with prisons and can provide support on the work stream looking at the implications for those in secure settings.

The Chair suggested that it would be useful to have regular updates on implementation of the Care Act at future meetings of the Board.

RESOLVED

1) that partners understand the implications of the Care Act 2014 for their organisations and the contribution they can make to implementation of the Act;
2) to request that the Commissioning Executive Group monitor progress towards the implementation of the Care Act 2014 at their monthly meetings; and
3) to receive regular updates on progress towards implementation of the Care Act 2014 at future meetings of the Board.

33 AIR QUALITY AND HEALTH: DELIVERING LONGER, HEALTHIER LIVES IN NOTTINGHAM CITY

Richard Taylor, Nottingham City Council, and Dawn Jenkin, Nottinghamshire County Council introduced a report and gave a presentation on the links between air quality and health, and actions being taken to improve air quality. They highlighted the following information:

a) Approximately 70% of air pollution in urban areas is linked to traffic emissions.
b) Air quality pollutants have changed over recent decades and air quality is now largely an invisible issue because many of the pollutants are gases or very small particles.
c) There is a strong evidence base that air quality is a significant determinant of health. This makes it a public health problem, with good evidence that

air pollution causes or contributes to disease processes which lead to premature deaths.

d) Local authorities have a statutory responsibility to improve air quality, and gather data on air pollution. If levels exceed certain thresholds then further more detailed assessment has to be carried out. Where necessary Air Quality Management Areas have to be established and Air Quality Action Plans developed.

e) Air pollution in the City also impacts on the wider conurbation. Local authorities in the City and County are working together, with other partners, to reduce emissions to improve air quality.

f) The Nottinghamshire Environmental Protection Working Group is about to review the local Air Quality Improvement Strategy.

During discussion the following comments were made:

g) There is a need to make information about air pollution meaningful for citizens in order to communicate the public health messages effectively.

h) There are cost implications of large-scale communication campaigns but there could be scope to co-ordinate this with other public health messages, for example reducing sedentary lifestyles, or work with the third sector to communicate messages to particular groups.

i) Nottingham's focus on developing public transport supports work to reduce air pollution from traffic.

j) Data about air pollution could be cross-referenced with information held about citizens with respiratory problems.

RESOLVED

1) to note the public health significance of good air quality and that the adverse health impact on residents of long term exposure to air pollution can be modified through realistic and practical steps; and

2) that partners exercise patronage of the work of the Nottinghamshire Environmental Protection Working Group, to ensure that they are able to secure the engagement of all relevant parties to review the Nottinghamshire Air Quality Improvement Strategy.

34 CHILDREN'S PARTNERSHIP BOARD UPDATE

Chris Wallbanks, Nottingham City Council, presented the report on behalf of Councillor David Mellen (Chair of the Children's Partnership) highlighting the following points:

a) The Children's Partnership oversees services for children, young people and families in the City. It is the key Children's Trust mechanism to support partners to work together to deliver a joined up vision.

b) In terms of the Safeguarding priority of the Children and Young People's Plan (CYPP), there has been an increase in demand in areas such as child protection enquiries and numbers of children in care. The recent OFSTED inspection of 'services for children in need of help and protection, children looked after and care leavers' concluded that Nottingham children remain

safe but the Council and Safeguarding Children Board received a judgement of 'Requires Improvement'. The recommendations of the inspection will be reflected in the refreshed CYPP.

c) In terms of the Healthy Living priority of the CYPP, the school nursing service has been reviewed and a new model implemented from September 2014; child obesity continues to be a priority issue; oral health promotion services are due to be re-commissioned in 2015; and although there has been good progress challenges remain in terms of teenage pregnancy.

d) In terms of the Reducing Substance Misuse priority of the CYPP, actions have included continuation of the DrugAware programme; development of a clearer signposting pathway; and a review of the young people's substance misuse system. Findings from this review will be incorporated into the refreshed CYPP.

e) In terms of the Raising Educational Attainment and Improving Attendance priorities of the CYPP, work is taking place to support secondary schools, particularly following recent OFSTED inspections that judged a number of the secondary schools as 'Inadequate'. Further development of the Schools Challenge Board continues to take place. There has been a high profile campaign to improve school attendance but issues remain and action plans have been refreshed.

f) Overall there have been a number of successes in delivery of the CYPP, including a reduction in the teenage pregnancy rate, a fall in youth crime, improvements in educational attainment and a fall in NEET 'Not Knowns'.

g) A number of challenges remain, including increased demand for social care and safeguarding services, increased demand for children in care services, partner 'buy-in' to the Common Assessment Framework (CAF) process, and educational attainment remains relatively low. These challenges will be reflected in the refreshed CYPP.

h) It is intended that consultation on refreshing the CYPP will be carried out in January and February 2015, with final sign off by the Children's Partnership Board in March 2015.

During discussion the following comments were made:

i) It is likely that the refreshed CYPP will continue with the same priority areas but it needs updating to reflect new legislation and the need for revised indicators.

j) Schools are making progress in improving attainment but not as quickly as other areas. Progress has also been made in improving attendance but again performance remains low compared with other areas. Schools are constantly being challenged to do better and the recent series of OFSTED inspections gave a renewed focus for this. There are issues for schools in terms of financial investment and recruitment challenges.

k) Despite early intervention activity and higher levels of adoption there are still approximately 580 children in care. This number has remained relatively stable over time even though the child population has increased. Those children now in care tend to have more complex problems and/or are older children – typically these are the more expensive cases to deal with and this is a real pressure on the system.

RESOLVED

1) **to note the activity within the Children's Partnership;**
2) **to note the progress against the Children and Young People's Plan priorities; and**
3) **to support the development of a new Children and Young People's Plan for 2015.**

35 FORWARD PLAN

The Board considered its Forward Plan. It was noted that under a previous agenda item the Board had requested regular updates on implementation of the Care Act.

RESOLVED to amend the Forward Plan to include regular updates on implementation of the Care Act at future meetings of the Board.

36 HEALTHWATCH NOTTINGHAM UPDATE

Martin Gawith, Chair of Healthwatch Nottingham, introduced a report outlining the current activity and findings of Healthwatch Nottingham since the last report to the Board in August, and plans for future work. He highlighted the following points:

a) Healthwatch Nottingham is developing a new website.
b) Members of the Board have been invited to attend the launch of the new informatics system to understand more about the information Healthwatch holds.
c) The Talk to Us points have been successful in gathering views and raising the profile of Healthwatch.
d) Healthwatch Nottingham intends to develop better links with local councillors as a way of understanding local, community issues and local people's concerns.
e) Healthwatch Nottingham is trying to address a current gap in getting regular contact from the public in relation to social care issues.
f) Current priority areas for Healthwatch Nottingham are care home quality, access to GP services and mental health services for young people.
g) Healthwatch England recently published a report looking at the health and social care complaints system. Healthwatch Nottingham will raise the issues outlined in the report with local health and social care commissioners and providers.

RESOLVED to note the update.

37 STATUTORY UPDATES

The Board received the following updates:

a) Corporate Director for Children and Adults, Nottingham City Council

Alison Michalska, Corporate Director for Children and Adults, gave the following update:

a) There have been a number of changes to the Children and Families structure including in the following areas: Vulnerable Children and Families Directorate, children's social care and education;
b) The Council is working with the Police, Nottinghamshire County Council and other partners on investigations into historic abuse in children's homes. The Police and Crime Commissioner has called for an independent review to look at how the Police and local authorities have worked together, and the Council is involved in scoping this.
c) Following the publication of the report examining the incidence of child sexual exploitation in Rotherham, the Council is reviewing the recommendations to ensure that everything possible is done to avoid this happening in Nottingham. Through the Safeguarding Children's Board, the Council is working with partners across the City on this.
d) The Care Quality Commission has confirmed that the Shared Lives Service is fully compliant with its requirements.
e) The Priority Families Programme won an Association for Public Service Excellence (APSE) award for its work helping some of the City's most challenging families into work and training.
f) The number of adoptions secured for children in care this year has significantly increased compared with the previous year.

b) Director of Public Health, Nottingham City and Nottinghamshire County Councils

Chris Kenny, Director of Public Health, gave the following update:

a) The current risk of having any Ebola cases in the UK is low, but work is taking place at a national level in relation to managing risks, and ensuring preparedness for any Ebola cases that do occur. The UK has good infection control mechanisms and is fully prepared to deal with any incidents.
b) In September Full Council had a debate about the importance of reducing tobacco use and addressing illicit and counterfeit tobacco trade. Council agreed to endorse the Local Government Declaration on Tobacco Control. Tobacco use will be considered at the Health and Wellbeing Board Development Session in November.

c) Chief Officer, NHS Nottingham City Clinical Commissioning Group

Dr Hugh Porter, Nottingham City Clinical Commissioning Group, gave the following update on behalf of Dawn Smith, Chief Operating Officer, Nottingham City Clinical Commissioning Group:

a) NHS England's Chief Executive Simon Stevens recently launched the Five Year Forward View for the NHS. It sets out why change is needed, what that change might look like and how it can be achieved. It is a permissive document regarding the establishment of new models of care.
b) The Clinical Commissioning Group had its quarterly assurance meeting with the NHS England Area Team. It was 'assured' against all six domain headings but the significant pressures around consistent failure to meet the four hour Accident and Emergency standard were highlighted and

contributed to domain one (Are patients receiving clinically commissioned, high quality services?) being ‘assured with support’.

c) NHS England is restructuring its Area Teams and as a result Nottingham will be part of a Derbyshire, Nottinghamshire, Shropshire and Staffordshire Area Team. It is expected that the changes will be complete by 31 March 2015.

d) The Crisis Concordat has been launched setting out how public services should work together to respond to people who are in mental health crisis. An action plan needs to be agreed and submitted nationally by the end of November 2014.

RESOLVED to note the updates.

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HEALTH AND WELLBEING BOARD - 28th January 2015

Title of paper:	**Sexual Health in Nottingham City**	
Director(s)/ Corporate Director(s):	Dr Chris Kenny Director of Public Health	**Wards affected:** All
Report author(s) and contact details:	Alison Challenger Consultant in Public Health, Nottingham City Council Loxley House, Station Street, Nottingham NG2 3NG	
Other colleagues who have provided input:	Carl Neal, Public Health Manager, Nottingham City Council Jonathan Gribbin, Consultant in Public Health Nottinghamshire County Council	
Date of consultation with Portfolio Holder(s) (if relevant)		

Relevant Council Plan Strategic Priority:	
Cutting unemployment by a quarter	☐
Cut crime and anti-social behaviour	☐
Ensure more school leavers get a job, training or further education than any other City	☐
Your neighbourhood as clean as the City Centre	☐
Help keep your energy bills down	☐
Good access to public transport	☐
Nottingham has a good mix of housing	☐
Nottingham is a good place to do business, invest and create jobs	☐
Nottingham offers a wide range of leisure activities, parks and sporting events	☐
Support early intervention activities	☒
Deliver effective, value for money services to our citizens	☒
Relevant Health and Wellbeing Strategy Priority:	
Healthy Nottingham: Preventing alcohol misuse	☐
Integrated care: Supporting older people	☐
Early Intervention: Improving Mental Health	☐
Changing culture and systems: Priority Families	☐

Summary of issues:

Sexual health is an important public health issue for Nottingham City

Progress has been made against a number of sexual health indicators though further development is needed in order to improve sexual health outcomes in Nottingham

As a result of the Health and Social Care Act (2012), Local authorities now have a mandate to commission sexual health services appropriate to local need as part of their public health responsibilities

Nottingham has a comprehensive range of free, open access services to support improvement of positive sexual health including education, prevention, testing, treatments and contraception

Nottingham City Council is committed to making further improvements in the accessibility and range of sexual health services to meet the needs of the population

Recommendation(s):	
1	To acknowledge the importance of sexual health as a key individual and public health issue for Nottingham Citizens
2	To note the key areas for development and offer comment on how the Board may support progression and delivery of local interventions to improve sexual health outcomes for local people
3	To facilitate the collaboration between organisations to ensure services are comprehensive, of high quality, not fragmented and appropriate to local need
	How will these recommendations champion mental health and wellbeing in line with the Health and Wellbeing Board aspiration to give equal value to mental health and physical health ('parity of esteem'): Good sexual health is an important aspect of health and wellbeing; it is vital that people have the information, the confidence and the means to make choices that are right for them, and to develop positive relationships. Sexual health services support positive mental health and physiological wellbeing by addressing issues relating to low self-esteem, risk taking behaviours and positive reinforcement of sexual orientation. In additional, sexual health services are important to address issues relating to safeguarding, consent, abuse and exploitation. People with mental health problems may be at higher risk of sexual ill health and may face additional challenges in having their needs met. This group will be included in any assessment of equality of access to sexual health services and the Health and Wellbeing Board will facilitate a partnership approach towards ensuring gaps in need are addressed.

1. REASONS FOR RECOMMENDATIONS

Health and Wellbeing Boards assess current and future local need through Joint Strategic Needs Assessments and ensure local plans reflect those needs across the health and social care community.

The Health and Wellbeing Board is therefore integral to the improvement of sexual health outcomes locally and needs to be appraised of the plans to support development across Nottingham City.

2. BACKGROUND

Good sexual health is an important part of physical, mental and social wellbeing, requiring a positive and respectful approach to sexuality and sexual relationships as well as the potential to have pleasurable and safe sexual experiences which are free of coercion, discrimination and violence.[1] It is therefore important to have the right support and services to promote good sexual health.

[1] http://www.who.int/topics/sexual_health/en/ accessed 10th January 2015

Sexually transmitted infections including HIV remain one of the most important causes of illness due to infectious disease among young people (aged between 16 and 24 years old). If sexual infections including HIV are not diagnosed and treated early, there is a greater risk of onward transmission to uninfected partners, and a greater risk that complications might occur. Many have long-term effects on health, for example chlamydia can lead to infertility and some infections are associated with cervical cancer.[2]

There is a clear relationship between sexual ill-health, poverty and social exclusion with the highest burden of sexually related ill-health borne by groups who often experience other inequalities in health. Many sexually transmitted infections can have adverse long-term effects on health and are linked to wider determinants and health and social well-being.

Sexual health needs vary according to factors such as sexuality, gender and ethnicity, with some groups particularly at risk of poor sexual health. Groups most at risk of poor sexual health may experience barriers to accessing services and often face multiple disadvantages.

The public health significance of the overall sexual health agenda is underlined by the inclusion of several indicators in the Public Health Outcomes Framework (PHOF)[3]:

a. **Under 18 conceptions** (Domain 2, Health Improvement): children born to teenage mothers are much more likely to experience a range of negative outcomes in later life, such as developmental disabilities, behavioural issues and poor academic performance.

b. **Chlamydia diagnoses in people aged 15-24 years** (Domain 3, Health Protection): if untreated, between 10-20% of chlamydia cases result in infertility due to pelvic inflammatory disease.

c. **People presenting with HIV at a late stage of diagnosis** (Domain 3, Health Protection): Individuals with a late HIV diagnosis carry a tenfold increased risk of dying within a year of diagnosis, compared to those diagnosed early. In addition to the poor health outcomes for the individuals concerned, late diagnosis also results in increased risk of onward transmission as individuals are unaware of their HUV status, combined with increased, clinical and social care costs.

Sexual health services cover the provision of advice and services around contraception, relationships, sexually transmitted infections, (including HIV) and abortion. Provision of sexual health services is complex and there is a wide range of providers, including general practice, community services, acute hospitals, pharmacies and the voluntary, charitable and independent sector. [4]

From April 2013, the commissioning responsibilities for sexual health and reproductive health services have been split across Local Government, Clinical Commissioning Groups

[2] A Framework for Sexual Health Improvement in England (DH 2013) https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/142592/9287-2900714-TSO-SexualHealthPolicyNW_ACCESSIBLE.pdf

[3] Public Health Outcomes Framework 2013-2016 https://www.gov.uk/government/publications/healthy-lives-healthy-people-improving-outcomes-and-supporting-transparency accessed 10th January 2015

[4] A Framework for Sexual Health Improvement in England (DH 2013) https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/142592/9287-2900714-TSO-SexualHealthPolicyNW_ACCESSIBLE.pdf

(CCGs) and NHS England. The majority of services are commissioned by the Local Authority. (Appendix 1)

Local Authorities are mandated to commission confidential, open access sexual health services and interventions from the Public Health grant. These include most contraceptive services and all prescribing costs, sexually transmitted infections testing and treatment, chlamydia screening and HIV testing; specialist services, including young people's sexual health, teenage pregnancy services, outreach, HIV prevention, sexual health promotion, services in schools, college and pharmacies

Clinical Commissioning Groups commission termination of pregnancy, sterilisation, vasectomy, non-sexual-health elements of psychosexual health services and gynaecology, including any use of contraception for non-contraceptive purposes.

NHS England commissions HIV treatment and care, sexual health elements of prison health services, sexual assault referral centres and cervical screening.

These new commissioning arrangements require close working between the various organisations to ensure that the care and treatment people receive is of a high quality and is not fragmented. (Appendix 2)

Sexual Health in Nottingham City

In recognition of the extent to which good sexual health contributes to health and wellbeing, the Nottingham Plan to 2020[5] includes the priority to reduce the rates of teenage pregnancy and sexually transmitted infections. A wide range of free open access services are in place to address local need. (Appendix 3)

The Public Health England Sexual Health Profiles for Nottingham City identify that for a number of key sexual health indicators the City is performing well and are better than the England average.[6] :

1. The teenage pregnancy rate in Nottingham continues to fall, down this year to 38 per 1,000 amongst 15-17 years old girls, a reduction of 24% from the 2010 rate and over 50% since 1998. The Teenage Pregnancy Taskforce in Nottingham has been successful in bring a range of stakeholders together to collectively address activity across the health community. Continuing efforts need to be made as the rate is still above that of the England average of 27.7 per 1,000.

2. The latest available data for HIV prevalence in Nottingham City identified a fall in HIV prevalence from 2.78 to 2.41 per 1,000 population aged 15-59 years. This is still above the England average and efforts are being focused on increasing access and take-up of HIV testing, including Point of Care Testing (POCT) which can take place in non-clinical settings including outreach in a range of venues and community settings.

3. As in a number of other local authorities, late diagnosis of HIV remains a challenge. In Nottingham City 63.9% of adults newly diagnosed with HIV were diagnosed after the point at which initiation of treatment should have occurred compared with the

[5] http://www.onenottingham.org.uk/CHttpHandler.ashx?id=13455&p=0 accessed 10th January 2015
[6] http://fingertips.phe.org.uk/profile/sexualhealth/data#gid/8000057/pat/6/ati/102/page/0/par/E12000004/are/E06000018 accessed 12th January 2015

England rate of 45%. There are a number of reasons that may account for this including those who may have had the initial diagnosis in another country. It will be a key and ongoing priority for commissioners and providers to improve the uptake to testing and enable earlier diagnosis and access to treatment.

4. Nottingham City has continued to effectively target Chlamydia testing at key vulnerable groups. Latest data indicates that Nottingham City exceeded the national targets of 2,300 per 100,000 populations for Chlamydia diagnosis. For 2013, Nottingham City was 2,893 per 100,000 population, indicating the City is accurately testing and diagnosing those groups most likely to be affected and thus reducing the risk of onward transmission.

Examples of projects and work undertaken and initiated in 2014/15

- An insight into the sexual health and contraceptive needs, priorities and preferences of local residents within the Aspley ward
- Investigation into the Sex and Relationship Educational (SRE) needs and guidance across Nottingham
- Healthy Schools - Personal, Social, Health Education and SRE development
- Health Improvement Facilitators support to the SRE agenda in schools
- Investigation into rates of sexual infection
- Sexual health website for young people
- Evaluation of sexual health outreach and contraceptive clinics
- User and public engagement on services
- Improving access to HIV testing

Taking account of the sexual health needs for Nottingham City, as identified within the Joint Strategic Needs Assessment, the recommended focus for Nottingham City in 2015 includes:

- An increase in HIV testing to achieve a reduction of HIV prevalence and reduction in late HIV diagnosis.
- Development of quality sexual health services to include an increased emphasis on prevention of sexually transmitted infections including a strengthened focus on health promotion.
- Support the development of Sexual and Relationship Education (SRE) within schools. This includes work undertaken by local authority colleagues to develop an SRE audit within secondary schools

3. OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS

The risks of failing to improve sexual health provision would result in a continued increase in sexual transmitted infections, including HIV prevalence, as well as limiting access to a full range of effective contraception methods.

4. FINANCIAL IMPLICATIONS (INCLUDING VALUE FOR MONEY/VAT)

The combined value of sexual health services in Nottingham is around £4m. It is intended that the current contractual arrangement for providing GUM and CASH services in Nottingham City will continue to 31 March 2016. Options for procurement and available funding beyond this period are being explored, including service reviews, evaluation; including engagement with service users, local communities and stakeholders. Benefits of

investment and value for money are fundamental and considered in the design of local services. (Appendix 4)

5. RISK MANAGEMENT ISSUES (INCLUDING LEGAL IMPLICATIONS AND CRIME AND DISORDER ACT IMPLICATIONS)

6. EQUALITY IMPACT ASSESSMENT

Has the equality impact been assessed?

Not needed (report does not contain proposals or financial decisions) ☐

No ☐

Yes – Equality Impact Assessment attached ☐

Due regard should be given to the equality implications identified in the EIA.

7. LIST OF BACKGROUND PAPERS OTHER THAN PUBLISHED WORKS OR THOSE DISCLOSING CONFIDENTIAL OR EXEMPT INFORMATION

8. PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPORT

Chlamydia Testing Activity Dataset (CTAD) and Sexually Transmitted Infection (STI) dataset
http://www.hpa.org.uk/web/HPAweb&Page&HPAwebAutoListName/Page/1201094610372

Department of Health (2013) A Framework for Sexual Health Improvement in England.
https://www.gov.uk/government/publications/a-framework-for-sexual-health-improvement-in-england

Health Protection Agency (2013). HIV in the United Kingdom: 2013 Report.
http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1317140300680

Nottingham City JSNA, (2014) accessed through Nottingham Insight
http://jsna.nottinghamcity.gov.uk/insight/Strategic-Framework/Nottingham-JSNA/Adults/Sexual-Health-and-HIV.aspx

Public Health England: data
http://www.nepho.org.uk/pdfs/sexualhealth/E06000018.pdf
http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/HIV/
http://www.hpa.org.uk/sexualhealthprofiles
http://fingertips.phe.org.uk/profile/sexualhealth/data
http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000043/pat/6/ati/102/page/3/par/E12000004/are/E06000018

Public Health England (2013) Health Protection Report, Volume 7 Number 23
http://www.hpa.org.uk/hpr/archives/2013/hpr2313.pdf

Public Health England (2014). HIV in the United Kingdom: 2014 Report
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/377194/2014_PHE_HIV_annual_report_19_11_2014.pdf

Public Health Outcomes Framework
https://www.gov.uk/government/publications/healthy-lives-healthy-people-improving-outcomes-and-supporting-transparency

Appendix 1. Commissioning Responsibility for sexual health, reproductive health and HIV[7]

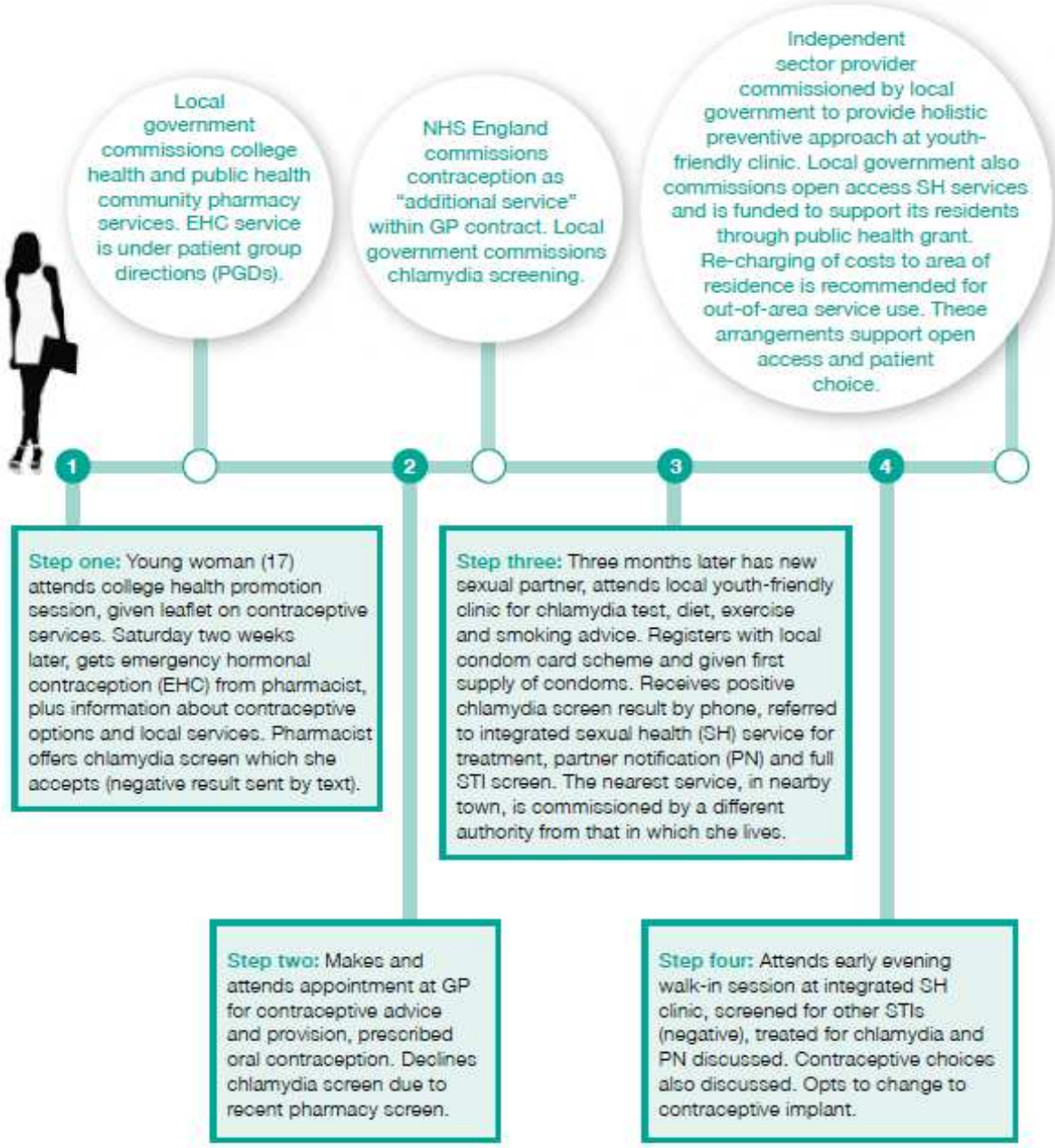
Local Authorities	CCGs	NHS England
• Contraception • STI testing and treatment • Chlamydia testing as part of the National Chlamydia Screening Programme • HIV testing • Sexual health aspects of psychosexual counselling • Sexual services including young people's sexual health, teenage pregnancy services, outreach, HIV prevention and sexual health promotion work, services in schools, colleges and pharmacies	• Abortion services • Vasectomy • Non sexual health elements of psychosexual health services • Gynaecology including use of contraception for non-contraception purposes	• Contraception provided as an additional service under the GP contract • HIV treatment and care including post-exposure prophylaxis after sexual exposure • Promotion of opportunistic testing and treatment for STIs • Sexual health elements of prison health services • Sexual Assault Referral Centres • Cervical screening • Specialist foetal medicine

[7] The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013.

Appendix 2 Three people's sexual health journeys (DH 2014)

A young woman's journey

The first service user journey describes a young woman's use of open access sexual health services. It illustrates the need to provide information, advice and care that support her positive sexual health. To avoid unwanted pregnancy and treat an STI, she uses services commissioned by two local authorities and NHS England. Her story underlines the importance of open access and confidential, young person-friendly services.



A woman's journey

The third service user journey is that of an adult woman who has an unplanned pregnancy. The services she accesses are commissioned by a CCG and a local authority. She has wider health needs but these are poorly catered for as she is not able to access a range of other, disparate services. The opportunity to meet her needs in an integrated way is therefore lost.

Local government commissions open access integrated SH service.

CCG commissions abortion service.

Local authority and CCG should ensure service and contracting arrangements support an effective integrated pathway for service users.

1 2 3 4

Step one: Woman (37) attends integrated SH service for pregnancy test (positive result), has full STI screen including HIV test (all results negative), and receives advice on choice of contraception. After discussion, seeks referral to abortion service.

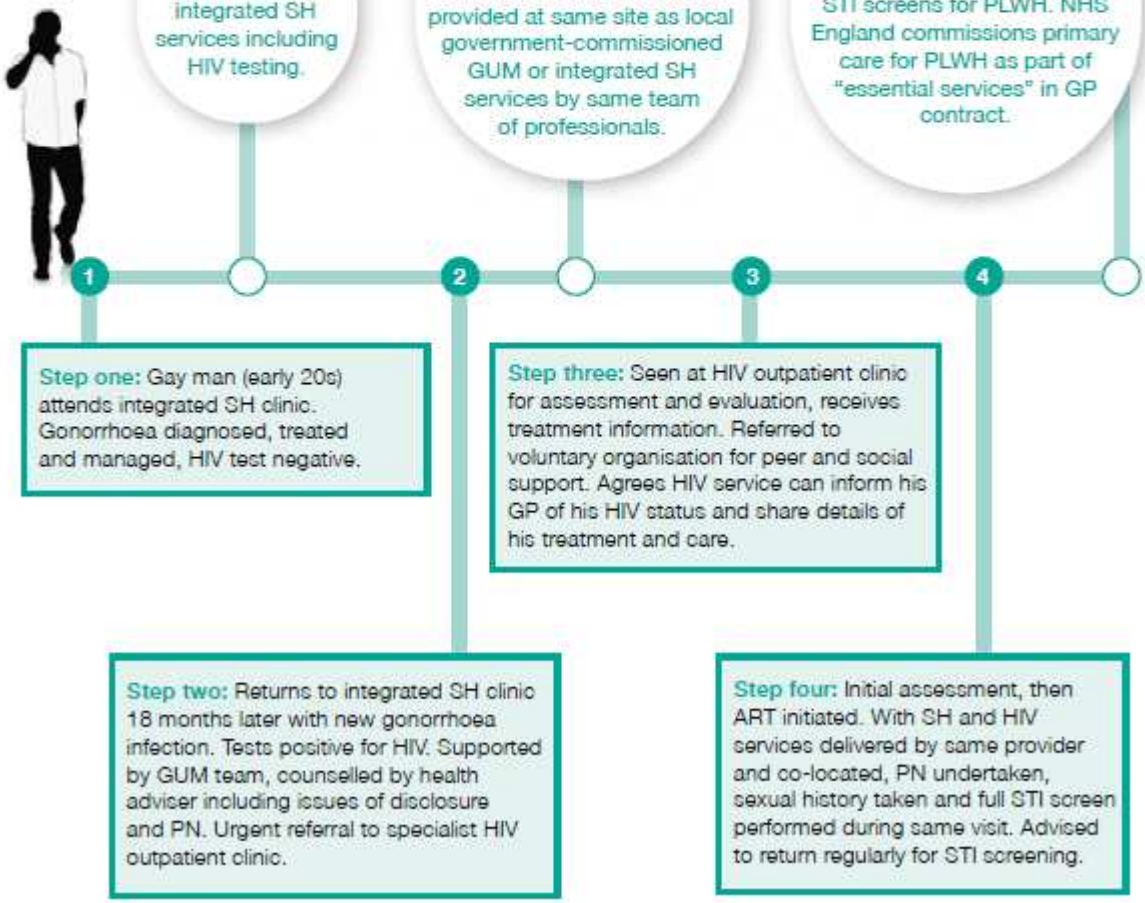
Step two: Attends abortion service, discussion with clinician identifies problems with alcohol use, opts for termination of pregnancy and given appointment.

Step three: Attends for day case abortion, requests condoms, sees counsellor within the service who encourages return to integrated SH service for further contraceptive advice. Also referred to women's alcohol advice service.

Step four: Does not return to SH service nor attend appointment at alcohol advice service. No mechanism exists for follow-up between different services and opportunities to support this woman are lost.

A gay man's journey

The second service user journey describes the sexual health needs of an HIV positive gay man. It underlines the importance of linkages and referral pathways between sexual health and HIV services. It also illustrates the wider needs of people living with HIV (PLWH) for treatment information and social support, which they may seek outside their local authority of residence to maintain confidentiality. Flexible funding mechanisms are required which match patterns of service usage.



Appendix 3 Summary of current contracts for Sexual Health Services

Local Authority Commissioned Services – Sexual Health	
Type of Service	**Provider**
CASH Service	
Nottingham City (& South County) CASH Clinics including community and outreach provision)	Nottingham University Hospitals
GU Medicine	
City Hospital and community provision	Nottingham University Hospitals
CASH in the city	
Health Shop Sexual Health Service - accessed by City (& South County) Service Users, positive engagement with people increased sexual health needs/risks	Nottinghamshire Healthcare Trust (NHT)
LARC - Long Acting Reversible Contraception	
Intra Uterine Contraceptive Devices (IUCD's)	LCPHS – GPs and in CASH
Contraceptive Implants (Sub-Dermal Implants)	
STI and Chlamydia Testing	
Sexual Transmitted Infections (Chlamydia, Gonorrhoea, Syphilis; HIV)	LCPHS – GPs and Community Pharmacies and in CASH
Chlamydia Screening and Treatment	LCPHS – GPs and Community Pharmacies and in CASH Prevent home testing for chlamydia testing
Emergency Contraception	
Emergency Hormonal Contraception	Community Pharmacies and in CASH
HIV Prevention and Testing	
Outreach advice and HIV Point of Care Testing (POCT)	Terence Higgins Trust
Health Promotion and advice Young People	
C Card Scheme	Available at various locations across the City
Out of Area GUM and Out of Area CASH	
Nottingham City residents can use any open access out of area services when out of area and the respective provider invoices the relevant LA	Any CASH or GUM provider within England
KEY: **CASH** – Contraceptive and Sexual Health Service **GU Med** – Genito-Urinary Medicine (sometimes referred GUM) **GPs** – General Practitioners **LCPHS** –Locally Commissioned Public Health Services **C –Card Scheme** access to condoms for young people and signposting to CASH and GUM	

Appendix 4 - Benefits of investment in effective SH services (DH 2014)

Key objectives in 'A Framework for Sexual Health Improvement in England'	Benefits at the individual level	Benefits at the public health/population level	Other benefits (economic, health and social outcomes) ✓=benefit for specified commissioner(s)
Objective: Continue to reduce the rate of under 16 and under 18 conceptions Commissioning intention: Ensure choice and timely access to young people-friendly reproductive health services and all methods of contraception	Control over fertility through increased use of contraception Greater ability to pursue educational and employment opportunities Improved self-esteem Improved economic status/reduction in family and child poverty	Fewer unwanted pregnancies Improved health outcomes for mothers and babies Better educational attainment Better employment and economic prospects	Improved infant mortality rates ✓CCGs Reduced A&E admissions/childhood accidents ✓CCGs Decrease in abortions ✓CCGs Reduced use of mental health services ✓CCGs Reduced use of social services ✓LAs Fewer young people not in education, employment or training ✓LAs Reduction in family and child poverty ✓LAs
Objective: Reduce rates of STIs among people of all ages Commissioning intention: Encourage uptake of chlamydia screening and testing for under 25 year olds	Treatment of STIs Reduced risk of other health consequences (eg pelvic inflammatory disease, tubal-factor infertility, ectopic pregnancy)	Reduction in prevalence and transmission of infection Opportunities to test for other STIs/HIV in those diagnosed with chlamydia Reaching young people with broader sexual health messages Increased uptake of condom use	Reduced use of gynaecology services (to manage other health consequences) ✓CCGs Increased uptake of sexual health services by young people ✓LAs Increase in chlamydia diagnoses enabling more treatment and consequent reduction in prevalence ✓Las
Objective: Reduce onward transmission of HIV and avoidable deaths from it Commissioning intention: Ensure access to high quality reproductive health se4rvices for all women of fertile age	Access to treatment Better treatment outcomes/prognosis Improved ability to protect partner from HIV	Fewer people acquiring HIV Greater contribution of people living with HIV to workforce and society Less illness and fewer avoidable deaths	Lower health and social care costs for HIV ✓NHS England, CCGs and LAs Lower healthcare costs for associated conditions and emergency admissions ✓CCGs Enhanced public health/prevention ✓LAs

Key objectives in 'A Framework for Sexual Health Improvement in England'	Benefits at the individual level	Benefits at the public health/population level	Other benefits (economic, health and social outcomes) ✓=benefit for specified commissioner(s)
Objective: Reduce unintended pregnancies among all women of fertile age Commissioning intention: Ensure access to high quality reproductive health services for all women of fertile age	Better control over fertility for women at all life stages, through access to choice of full range of contraceptive methods Optimisation of health for women prior to becoming pregnant Fewer abortions and repeat abortions for individual women Improved quality of family life	Fewer unwanted pregnancies Improved pregnancy outcomes Improved maternal health and reduced maternal mortality	Investment in contraception is cost effective in reducing pregnancies and abortions ✓CCGs Lower healthcare costs through reduced antenatal, maternity and neonatal costs due to better management of pregnancy and improved outcomes ✓CCGs Reduced social care costs for infant and child care ✓LAs

HEALTH AND WELLBEING BOARD - 28th January 2015

Title of paper:	**Health and Wellbeing Strategy Alcohol Misuse Priority update**	
Director(s)/ Corporate Director(s):	**Candida Brudenell Strategic Director of Early Intervention** **Chris Kenny, Director of Public Health**	**Wards affected:** **All**
Report author(s) and contact details:	**Ian Bentley; Strategy and Commissioning Manager, Crime and Drugs Partnership, 0115 8765701.** **Ian.bentley@nottinghamcity.gov.uk** **John Wilcox, Public Health Manager, Nottingham City Council** **John.wilcox@nottinghamcity.gov.uk**	
Other colleagues who have provided input:	**Alison Challenger, Consultant in Public Health, Nottingham City Council** **Alex Castle-Clarke; Acting Senior Performance Policy and Insight Manager, Crime and Drugs Partnership.** **Christine Oliver; Head of Service Crime and Drugs Partnership**	
Date of consultation with Portfolio Holder(s) (if relevant)	**6th January 2015**	

Relevant Council Plan Strategic Priority:	
Cutting unemployment by a quarter	☐
Cut crime and anti-social behaviour	☒
Ensure more school leavers get a job, training or further education than any other City	☐
Your neighbourhood as clean as the City Centre	☐
Help keep your energy bills down	☐
Good access to public transport	☐
Nottingham has a good mix of housing	☐
Nottingham is a good place to do business, invest and create jobs	☐
Nottingham offers a wide range of leisure activities, parks and sporting events	☐
Support early intervention activities	☒
Deliver effective, value for money services to our citizens	☒
Relevant Health and Wellbeing Strategy Priority:	
Healthy Nottingham: Preventing alcohol misuse	☒
Integrated care: Supporting older people	☐
Early Intervention: Improving Mental Health	☐
Changing culture and systems: Priority Families	☐

Summary of issues (including benefits to citizens/service users and contribution to improving health & wellbeing and reducing inequalities):

Alcohol misuse can impact on the health and wellbeing of the drinker, their family, friends and wider community within the city. It also contributes to crime and antisocial behaviour and loss of economic productivity. These effects of alcohol misuse, affect both less and more affluent people in different ways, and the relationship with mental health is a particular concern.

Rates of alcohol related hospital admissions, alcohol specific mortality, and binge drinking are significantly higher in the city than the England average.

The Joint Nottingham City Health and Wellbeing Strategy 2013-2015 sets out a range of actions to address alcohol misuse that complement those in the Nottingham Plan, the City's Alcohol Strategy and the Nottinghamshire Police and Crime Commissioner's Alcohol Strategy and Action Plan.

These include tendering alcohol services in 2014 with an anticipated spend in 2015/16 of £1,483,593, becoming a Local Alcohol Action Area receiving support from the Home Office, working with partners on the Alcohol Strategy. Working with Opportunity Nottingham, a Big Lottery funded project of just under £10m over eight years and working intensively in the night time economy to reduce alcohol related harm.	
Recommendation(s):	
1	**To note the progress against the Health and Wellbeing strategy actions for addressing alcohol misuse.**
	How will these recommendations champion mental health and wellbeing in line with the Health and Wellbeing Board's aspiration to give equal value to mental health and physical health ('parity of esteem'): The reasons people drink alcohol and the consequences of excessive drinking are linked to our mental health. People drink alcohol to change how they feel at different times and situations. People can drink to help deal with anxiety and depression which can develop into alcohol dependence through the self-medication of alcohol. The link between alcohol use, mental health problems and the local support services should be communicated to citizens through the implementation of the Health and Wellbeing strategy. The prevalence of alcohol dependency among people with severe mental illness is twice as high as the general population, therefore it is important that commissioners and providers of alcohol treatment and mental health services work closely together to support patients with this "dual diagnosis". As part of the needs assessment currently underway, the CDP is exploring prevalence of mental health and lower level psychological / behavioural issues among the substance misuse cohort in Nottingham City. The needs assessment will incorporate consultation with service users and will map current accessibility to mental health and psychological support for the substance misuse client group. Findings will be used to inform action planning as part of the Nottinghamshire Crisis Concordat and also to inform the future redesign and re-commissioning of the substance misuse system.

1. REASONS FOR RECOMMENDATIONS

To note the progress against the Health and Wellbeing strategy actions for addressing alcohol misuse.

There is a duty through the Health and Social Care Act 2012 on Local Authorities and Clinical Commissioning Groups to produce a Joint Health and Wellbeing Strategy. In Nottingham City, the statutory Health and Wellbeing Board has delegated responsibility to develop and oversee the Joint Health and Wellbeing Strategy, and is therefore the appointed body to endorse the strategy.

The Health and Wellbeing Board agreed four priorities in the Nottingham City Joint Health and Wellbeing Strategy 2013-2016. Preventing alcohol misuse to reduce the number of citizens who develop alcohol related diseases is the first such priority.

The Board requested that lead officers prepare performance reports at regular intervals to enable the board to effectively oversee and monitor the delivery of the strategy.

2. BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION)

Alcohol consumption, health and crime in the city

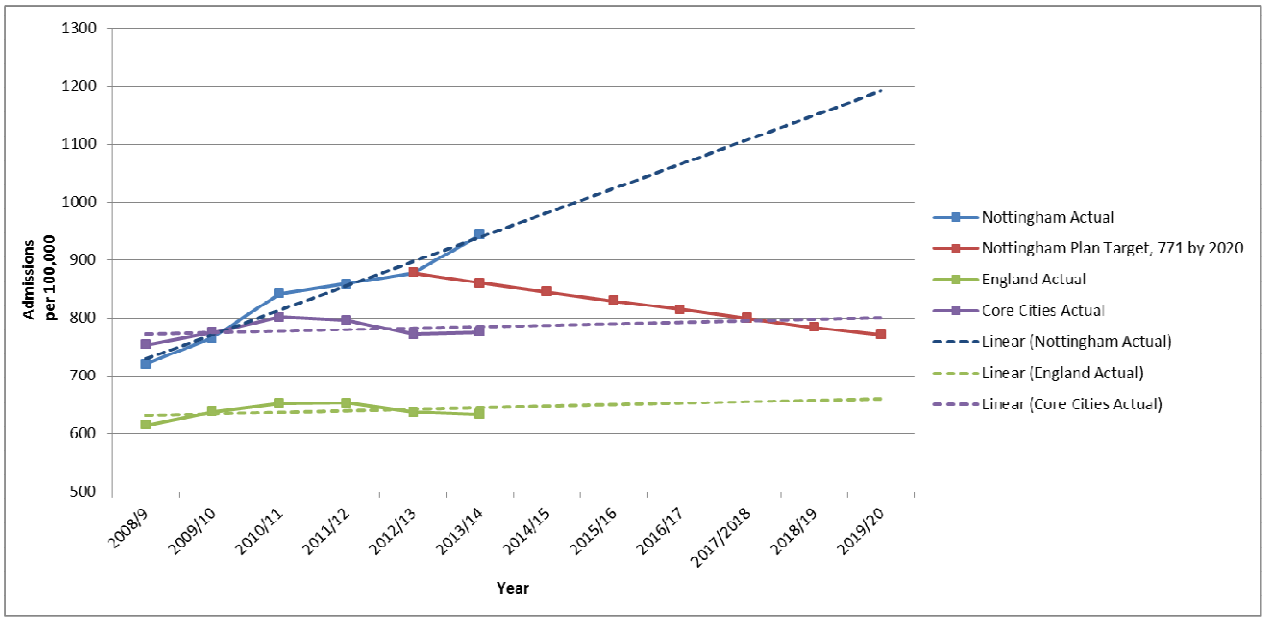
Drinking alcohol plays an important cultural and economic role in society and Nottingham has a thriving night-time economy that draws numerous visitors to the city and makes a significant contribution to the local economy. The Nottingham Citizen Survey 2013

indicates that 62.4% of the respondents drink alcohol and that alcohol drinking is highest in Wollaton west and east, Lenton Abbey, Basford and Bestwood.
Binge drinking is defined as men drinking eight or more units in one session and women drinking six or more units in one session. Of the respondents to the Nottingham Citizen's Survey 23% reported that they binge drink; a slight but not significant fall, but Nottingham City is still above the national average. The survey established that around 12% of adults who drink alcohol, do so at levels which put them at increased or higher risk of developing alcohol related diseases. The proportion of citizens drinking at this level is estimated to be statistically similar to the England average (Local Alcohol Profiles).

Estimated alcohol related hospital admissions in Nottingham for 2012/13 were significantly higher than the England average (878 vs 646 per 100,000 citizens), and are the highest in the East Midlands. The local Nottingham Plan 2020 target was changed in 2014 to 771per 100,000 citizens, which was the 2012/13 average rate for core cities.

Alcohol-related hospital admissions are used as a way of understanding the impact of alcohol on the health of a population. Hospital admissions are coded to show the main and secondary reasons why people have been admitted to hospital. The extent to which alcohol contributes to a health outcome such as an unintentional or intentional injury is called an Alcohol Attributable Fraction (AAF) this is measured by calculating the percentage of cases that can be attributed to alcohol and applying this as a fraction. 100% of cases of alcohol poisoning can be attributed to alcohol so that is given a fraction of 1.0, 25% of non- alcoholic poisoning is attributable to individuals being under the influence of alcohol when the poisoning occurred so the fraction is 0.25. New versions of this calculation were published in 2014: a 'broad' definition includes all codes that can be linked with alcohol; and a new 'narrow' definition is used in the Public Health Outcomes Framework (PHOF) which seeks to count only those admissions where the *primary code* has an Alcohol-Attributable Fraction.

The Nottingham Plan uses this PHOF indicator for the 'narrow' definition of alcohol related hospital admissions. The 2020 refreshed target is to reduce the rate in Nottingham City from (878 per 100,000 citizens) to the mean rate for core cities (771 per 100,000 citizens).



In England the mortality rate for alcohol related liver disease (ARLD) is rising especially amongst women, and people are dying younger. Liver disease, to which alcohol misuse is a major contributor, is the only one of the major diseases in the UK for which mortality is increasing. Cirrhosis deaths are rising across the UK whilst decreasing in most other EU countries. Liver disease mortality in people aged less than 75 years in Nottingham (28.6 per 100,000) is significantly higher than the England average (17.9 per 100,000).

Despite an increase in violence overall violence in the night-time economy (NTE) has remained relatively stable over the period October 2013 – November 2014. Approximately 15% of all violent crimes take place in the city centre with 60% linked to the NTE. The majority (46%) of both victims and offenders are aged 18 to 25, with students accounting for 23% of victims. The city centre continues to present a particular challenge as Nottingham has one of the largest concentrations of on-licence premises outside of London

Strategy Progress

We will reduce the proportion of adults who drink at harmful levels by a third

We will aim to achieve the following outcomes:

- Reduced alcohol-related anti-social behaviour including street drinking
- Fewer adults binge drinking
- Lower rates of alcohol-attributable crime
- Fewer alcohol-related deaths

Progress

- *The proportion of adults consuming alcohol at increasing and higher risk levels as reported in the Citizen's Survey remained at 12% in 2013 as in 2012. Results from the 2014 survey are expected in January 2015.*
- *This data is collected by Community Protection and analysis detailing progress against this outcome will be available in due course.*
- *The proportion of adults consuming alcohol in binge drinking patterns as reported in the Citizen's Survey decreased from 24% in 2012 to 23% in 2013, this change is not statistically significant. Results from the 2014 survey are expected in January 2015.*
- *The latest published data is for 2012/13. When the alcohol-attributable crime rate was 9.7 per 1000 population. This rate is higher, but not statistically significantly higher than the England rates*

The actions we will take to achieve these ambitions are:

A complete ban on street drinking across the city.

Progress:

- *In October 2014 the Designated Public Place Orders (DPPO) migrated to a Public Space Protection Order (PSPO) under the Anti-Social and Policing Act of 2013. The change allowed the police and community protection officers to confiscate alcohol that is being consumed in a public place; a review will be undertaken and reported on to consider the effect of this order.*
- *The Street drinkers and beggars case conferencing group worked to identify the different cohorts of street drinkers and beggars to consider individual problematic behaviour and again this will be reported on.*
- *Led by Community Protection, the DPPO have been employed effectively; while training to enforcement staff ensures that risks to dependent drinkers are understood and addressed. This training is delivered by Framework's Last Orders, one of the commissioned services.*

- *Nottingham City also uses the Alcohol Diversion Scheme, a project that was set up by Framework, the Police and the CDP to address those in the city who are drunk and disorderly. The issuing of a Fixed Penalty Notice generates an £80 fine for offenders; the diversion scheme allows this to be halved and the remaining amount to be used to fund costs and a one off advice intervention on alcohol. The scheme has been running for nearly three years and has maintained a 0% level of re-offending and hospital attendance for alcohol related issues.*

Ensure that the recovery of those in treatment is supported by addressing wider factors associated with dependency, including housing and social care needs, employability, family support needs and domestic violence

Progress

- *The recent re-commissioning of the alcohol service pathway has resulted in Last Orders providing all services across the pathway.*
- *Last Orders are part of the Framework Housing Services who have vast experience in identifying and delivering housing support and social care needs advice.*
- *The CDP have commissioned Lifeline to deliver family support and carers support for this cohort.*
- *Framework has now been identified as alcohol leads for the Multi Agency Risk Assessment Conference (MARAC) which deals with domestic violence from a victim, perpetrator and childrens' perspective.*
- *Framework has been selected to deliver Opportunity Nottingham, worth £9.8 million to the city, by the big lottery funding. Opportunity Nottingham considers the needs of the most vulnerable individuals and delivers or directs the beneficiaries into the correct level of care/support*

Support families, and their carers to reduce their drinking, and join up referral between alcohol health promotion, treatment and aftercare services

Progress

- *The CDP commission Lifeline to deliver "Explore Family" which is a family and carers support service to deliver advice and information to the family and carers of those with substance misuse problems.*
- *All current services across the spectrum of substance misuse have protocols in place to link up with and share information with the Explore Family service.*

Raise awareness of the risk of excessive alcohol consumption among students through targeted health promotion work to the wider 18-29 year olds age group.

Progress

- *The Last Orders service actively undertake dedicated outreach to the students of both Nottingham Universities*
- *The outreach service is supported by the Ending Alcohol Harm Campaign that is co-ordinated by the CDP.*

Students account for 23% of the victims of alcohol related crime.

Provide universal good quality drug and alcohol education and deliver effective harm reduction messages to children & young people.

Progress

- *Ending Alcohol Harm is linked up with the Drinkaware's Parents campaign which looks at the effect of the parent's drinking on their children to promote education and advice.*

- *Ending Alcohol Harm and Foetal Alcohol Spectrum Disorder are working together to develop a new campaign to offer education concerning drinking when pregnant.*
- *Nottingham currently employs the DrugAware scheme to schools in the city which delivers drugs and alcohol education to children and young people in an educational setting. The scheme has been evaluated to ensure that it is functioning as effectively as possible. Of 103 primary and secondary schools in Nottingham 74 currently deliver the DrugAware scheme. Work between NCC Children and Adults Directorate and the CDP is underway to ensure take-up of the service across all of the city's schools. In April 2014 DrugAware was awarded a PSHE Quality Mark.*

Support professionals working with citizens to identify harmful levels of drinking and signpost to and support a healthier approach to alcohol consumption

Progress
- *Last Orders continue to deliver Identification and Brief Advice (IBA) training to a wide number of professionals working with alcohol problems across the city.*
- *Last Orders are currently training the fire and rescue service to deliver IBA and alcohol awareness to a very vulnerable cohort of people.*

Extend to neighbourhoods the successful schemes which encourage responsible drinking and enforcement, so that alcohol-related harm is reduced across the whole city, such as the introduction of the voluntary "super strength free" code for off-licences

Progress
- *The Super Strength Free campaign was extended beyond the City Centre to the neighbourhoods but has been less successful in take up.*
- *The cumulative Impact Policy (saturation zone) has been extended to cover Sneinton Market creative quarter and the Castle area.*

Work towards a net reduction in the number of licensed premises and off-licences

Progress
- *The Local Alcohol Activity Area partners are looking to have health as a licence objective with consideration of the impact on a neighborhood health with the granting of licences.*

Support national campaigns to tackle alcohol misuse, such as introducing a minimum unit price for alcohol

Progress
- *The Police and Crime Commissioner on behalf of the Crime & Drugs Partnership Board wrote in 2013 to the Prime Minister expressing the disappointment of local partners that minimum unit pricing would not be implemented in England and Wales further to the government's National Alcohol Strategy. Partners have* ***consistently demonstrated*** *their support for this proposed approach through consultation with central government.*

3. OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS

Do nothing. A substantial amount of work has taken place in the partnership relating to alcohol in the last year, doing nothing was not a preferred option.

4. FINANCIAL IMPLICATIONS (INCLUDING VALUE FOR MONEY/VAT)

Alcohol treatment services
Background; In April 2013 the management of the alcohol service contracts transferred from the Clinical Commissioning Group (CCG) to the CDP. Notice was issued to all the alcohol services and re-commission on a short term contract of one year with an option of a six month extension. This exercise was completed to allow for a full evaluation of the alcohol pathway whilst reducing financial pressures. A full review will be published in a timely manner and recommendations from that review will inform the next round of commissioning in 2015.
Evaluation of the alcohol pathway will also contribute to the financial savings that are expected in 2016; the task is to consider the necessary service with minimum impact on patients. Financial pressures on the city council and partners will continue to present a risk to the delivery of prevention, intervention and enforcement of alcohol related issues and services.

5. RISK MANAGEMENT ISSUES (INCLUDING LEGAL IMPLICATIONS AND CRIME AND DISORDER ACT IMPLICATIONS)

6. EQUALITY IMPACT ASSESSMENT

Has the equality impact been assessed?

Not needed (report does not contain proposals or financial decisions) ☐

- ✓ **No. Existing Equality and Impact assessments were used in the commissioning of the new treatment system because of the short contract and the short procurement period. A full EIA will be conducted as part of the new procurement process in 2015.**

☐

Yes – Equality Impact Assessment attached ☐

Due regard should be given to the equality implications identified in the EIA.

7. LIST OF BACKGROUND PAPERS OTHER THAN PUBLISHED WORKS OR THOSE DISCLOSING CONFIDENTIAL OR EXEMPT INFORMATION

None

8. PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPORT

Nottingham Joint City Health and Wellbeing Strategy 2013-2016.
Nottingham City Health and Wellbeing Board Report – June 2013. Joint Health and Wellbeing Strategy 2013-16.
Public Health Outcomes Framework.
Local Alcohol Profile for Nottingham City.
Mental Health Foundation. Understanding the relationship between alcohol and mental health

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HEALTH AND WELLBEING BOARD – 28 JANUARY 2015

Title of paper:	**Health and Wellbeing Board Governance Changes**	
Director(s)/ Corporate Director(s):	Head of Democratic Services	**Wards affected:** All
Report author(s) and contact details:	Kim Pocock, Constitutional Services Manager Tel: 0115 8764313 Email: kim.pocock@nottinghamcity.gov.uk	
Other colleagues who have provided input:	Antony Dixon, Strategic Commissioning Manager Jane Garrard, Senior Governance Officer	
Date of consultation with Portfolio Holder(s) (if relevant)		

Relevant Council Plan Strategic Priority:	
Cutting unemployment by a quarter	☐
Cut crime and anti-social behaviour	☐
Ensure more school leavers get a job, training or further education than any other City	☐
Your neighbourhood as clean as the City Centre	☐
Help keep your energy bills down	☐
Good access to public transport	☐
Nottingham has a good mix of housing	☐
Nottingham is a good place to do business, invest and create jobs	☐
Nottingham offers a wide range of leisure activities, parks and sporting events	☐
Support early intervention activities	☐
Deliver effective, value for money services to our citizens	☐
Relevant Health and Wellbeing Strategy Priority:	
Healthy Nottingham: Preventing alcohol misuse	☐
Integrated care: Supporting older people	☐
Early Intervention: Improving Mental Health	☐
Changing culture and systems: Priority Families	☐

Summary of issues (including benefits to citizens/service users and contribution to improving health & wellbeing and reducing inequalities):

The report asks the Health and Wellbeing Board to note changes to the individuals nominated to represent their organisation on the Board, and proposes the following changes to the governance arrangements of the Health and Wellbeing Board:

- Changes to membership and voting arrangements of the Board; and
- Establishment of a sub-committee of the Board to performance manage and agree changes to the Health and Wellbeing Commissioning Plan and pooled budget arrangements, including the Better Care Fund. The proposed terms of reference, membership and voting arrangements for the sub-committee are set out in the appendix.

Recommendation(s):

1 To note the following changes to individuals nominated to represent their organisation on the Health and Wellbeing Board:

a) Dr Marcus Bicknell replacing Dr Arun Tangri as one of the NHS Nottingham City CCG representatives

b) Ruth Hawkins replacing Michele Hampson as Nottinghamshire Healthcare NHS Trust representative

	c) Jean Sharpe, District Operations Leader for Nottingham City and Conurbation, replacing Annette Pottinger as JobCentre Plus representative d) Leslie McDonald, Executive Director, Nottingham Counselling Centre replacing Sarah Collis as Nottingham Third Sector Health and Wellbeing Provider Forum representative.
2	To note that the Nottingham City Council posts of Director for Adult Provision and Health Integration and Director for Family Community Teams no longer exist and have therefore been removed as non-voting members of the Health and Wellbeing Board.
3	To recommend to Full Council that membership and voting arrangements for the Health and Wellbeing Board are amended to: a) add the Nottingham City Council Strategic Director for Early Intervention as a non-voting member of the Health and Wellbeing Board; and b) add the Nottingham City Council Director for Adult Social Care as a voting member of the Health and Wellbeing Board (taking the director for adult social services vote), leaving the Nottingham City Council Corporate Director for Children and Families with one vote (as the Director for Children's Services).
4	To establish a sub-committee of the Health and Wellbeing Board called the Health and Wellbeing Board Commissioning Sub-Committee with the terms of reference as set out in Appendix 1.
5	To recommend to Full Council that the voting arrangements for the Health and Wellbeing Board Commissioning Sub-Committee be approved as set out in Appendix 1.
	How will these recommendations champion mental health and wellbeing in line with the Health and Wellbeing Board aspiration to give equal value to mental health and physical health ('parity of esteem'): The recommendations relate to governance of the Health and Wellbeing Board, which aims to ensure that the Board is operating appropriately so that it can carry out its role and responsibilities, including fulfilling its aspiration to give equal value to mental health and physical health.

1. REASONS FOR RECOMMENDATIONS

1.1 Changes to the membership and representation on the Health and Wellbeing Board need to be made to reflect organisational and personnel changes within individual organisations. Changes to voting arrangements can only be made by Full Council, in consultation with the Board.

1.2 In order to ensure timely and appropriate consideration of commissioning plans and pooled budget arrangements, including the Better Care Fund, it is proposed that the Board establishes a sub-committee to delegate some of its functions to. The detailed arrangements for this sub-committee are set out at Appendix 1.

2. BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION)

2.1 The Health and Wellbeing Board was established by the Full Council of Nottingham City Council. Amendments to the voting arrangements of the Board can only be made by Full Council, but the Health and Wellbeing Board must be consulted on proposed changes before they are made. Proposed amendments to membership and voting arrangements are set out below. The Board is asked to consider these

proposals and recommend that the changes are made by Full Council at its next available meeting on 9 March 2015.

2.2 It is proposed that the Nottingham City Council Strategic Director for Early Intervention is added as a non-voting member of the Health and Wellbeing Board.

2.3 The Health and Social Care Act 2012 requires that the core membership of Health and Wellbeing Boards must include the Director of Adult Social Services and the Director of Children's Services. Currently, in Nottingham City Council these statutory roles are held by the same post holder (Corporate Director for Children and Families) and therefore until now that post holder has had two votes on the Board. It is proposed to split these votes so that the Corporate Director for Children and Families has one vote (as Director of Children's Services) and the Nottingham City Council Director for Adult Social Care is added to the membership as a voting member (taking the Director of Adult Social Services vote).

2.4 The Health and Wellbeing Board can decide to establish, and delegate any of its functions to a sub-committee. It is proposed to establish a Health and Wellbeing Board Commissioning Sub-Committee and delegate functions relating to performance management of the Health and Wellbeing commissioning plan and agreeing changes to the commissioning plan and pooled budget arrangements, for example the Better Care Fund. Detailed terms of reference, and proposed membership and voting arrangements are set out in Appendix 1. The Health and Social Care Act 2012 directs that all members of a Health and Wellbeing Board and its sub-committees are voting members unless decided otherwise by Full Council. Therefore while the Board can establish the sub-committee, it needs to recommend the proposed voting arrangements to Full Council for approval at its next available meeting on 9 March 2015. The informal Commissioning Executive Group (CEG) will continue to exist alongside this formal sub-committee with its existing terms of reference and membership.

2.5 In light of structural and personnel changes within some organisations who are members of the Health and Wellbeing Board, the Board is asked to note the following changes to organisational representation at Board meetings:

a) Dr Marcus Bicknell replacing Dr Arun Tangri as one of the NHS Nottingham City CCG representatives
b) Simon Smith (with Chris Packham as substitute) replacing Michele Hampson as Nottinghamshire Healthcare NHS Trust representative
c) Jean Sharpe, District Operations Leader for Nottingham City and Conurbation, replacing Annette Pottinger as JobCentre Plus representative
d) Nottingham City Council posts of Director for Adult Provision and Health Integration and Director for Family Community Teams no longer exist and therefore have been removed as non-voting members of the Board.

3. OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS

3.1 Retaining the current position in which the Nottingham City Council Corporate Director for Children and Families holds two votes (by virtue of holding both statutory roles of director of adult social services and director of children's services). The preferred option is to split these two votes between the Corporate Director for Children and Families (director of children's services vote) and Director for Adult Social Care (director of adult social services vote) to provide greater clarity about voting arrangements.

3.2 The Health and Wellbeing Board could retain all of its functions for itself rather than delegating them to a sub-committee. This presents risks in terms of the ability of the Board to give timely consideration to specific issues, for example in relation to the Better Care Fund; and the appropriateness of the full Board membership being involved in commissioning decisions.

4. FINANCIAL IMPLICATIONS (INCLUDING VALUE FOR MONEY/VAT)

4.1 Formal meetings of the Health and Wellbeing Board Commissioning Sub-Committee will be supported by the Nottingham City Council Constitutional Services Team from within existing resources.

5. RISK MANAGEMENT ISSUES (INCLUDING LEGAL IMPLICATIONS AND CRIME AND DISORDER ACT IMPLICATIONS)

None

6. EQUALITY IMPACT ASSESSMENT

Has the equality impact been assessed?

Not needed (report does not contain proposals or financial decisions)	✓
No	☐
Yes – Equality Impact Assessment attached	☐

Due regard should be given to the equality implications identified in the EIA.

7. LIST OF BACKGROUND PAPERS OTHER THAN PUBLISHED WORKS OR THOSE DISCLOSING CONFIDENTIAL OR EXEMPT INFORMATION

None

8. PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPORT

Health and Social Care Act 2012

The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013

Nottingham City Council Constitution

APPENDIX 1

Health and Wellbeing Board Commissioning Sub Committee
Terms of Reference

The role of the Health and Wellbeing Board Commissioning Sub Committee is:

(a) To provide advice and guidance to the Health and Wellbeing Board in relation to strategic priorities, joint commissioning and subsequent action plans and commissioned spend and strategic direction;

(b) To performance manage the Health and Wellbeing Board commissioning plan. To agree changes to the Health and Wellbeing commissioning plan based on monitoring and performance management considerations;

(c) To agree changes to pooled budget arrangements, including Better Care Fund and Domestic Violence Commissioning arrangements, incorporating decisions relating to schemes funded through such mechanisms;

(d) To provide strategic oversight of the Priority Family Health and Well Being Strategy priority including implications for integrated children and families commissioning and funding decisions relating to Priority Families' schemes.

The Health and Wellbeing Board Commissioning Sub-Committee will meet on a bi monthly basis in the same month as the Health and Well-Being Board.

The quorum for the meeting is three voting members.

The meeting will be chaired in rotation by the Strategic Director for Early Intervention and the Director of Primary Care and Service Integration.

Membership

Voting Members
- Portfolio Holder for Adults Commissioning and Health (City Council)
- Strategic Director of Early Intervention (City Council)
- Director of Primary Care and Service Integration (Clinical Commissioning Group)
- GP Lead (Clinical Commissioning Group)

Non Voting Members
- Director of the Crime and Drugs Partnership
- Director of Public Health
- Assistant Director of Commissioning – Mental Health and Community Services (Clinical Commissioning Group)
- Assistant Strategic Director Commissioning, Policy and Insight (City Council)
- Director for Procurement & Children's Commissioning (City Council)
- Healthwatch

Substitution for voting members is permissible by prior arrangement with the Chair.

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HEALTH AND WELLBEING BOARD - 28 January 2015

Title of paper:	NCSCB AND NCASPB ANNUAL REPORT 2013/14	
Director(s)/ Corporate Director(s):	Alison Michalska (Corporate Director, Children and Adults)	**Wards affected:** All
Report author(s) and contact details:	Paul Burnett (Independent Chair – Nottingham City Safeguarding Board and Adult Safeguarding Partnership Board)	
Other colleagues who have provided input:		
Date of consultation with Portfolio Holder(s) (if relevant)		

Relevant Council Plan Strategic Priority:	
Cutting unemployment by a quarter	☐
Cut crime and anti-social behaviour	☑
Ensure more school leavers get a job, training or further education than any other City	☐
Your neighbourhood as clean as the City Centre	☐
Help keep your energy bills down	☐
Good access to public transport	☐
Nottingham has a good mix of housing	☐
Nottingham is a good place to do business, invest and create jobs	☐
Nottingham offers a wide range of leisure activities, parks and sporting events	☐
Support early intervention activities	☑
Deliver effective, value for money services to our citizens	☐
Relevant Health and Wellbeing Strategy Priority:	
Healthy Nottingham: Preventing alcohol misuse	☐
Integrated care: Supporting older people	☐
Early Intervention: Improving Mental Health	☐
Changing culture and systems: Priority Families	☐

Summary of issues (including benefits to citizens/service users and contribution to improving health & wellbeing and reducing inequalities):

The Safeguarding Boards key purposes are to secure effective safeguarding arrangements for the citizens of Nottingham and to secure effective co-ordination between all agencies responsible for safeguarding.

Recommendation(s):

1	To consider the annual report and identify any comments, proposed additions or amendments that the Board would wish to identify.
2	Subject to any comments, proposed additions or amendments to agree the Annual Report.
3	To identify any issues arising from the Annual that will be built into the Strategic Commissioning Plan formulated by the Health and Well-Being Board.

	How will these recommendations champion mental health and wellbeing in line with the Health and Wellbeing Board aspiration to give equal value to mental health and physical health ('parity of esteem'): Both safeguarding boards have included mental health and well-being as key priorities in their Business Plans since mental health can be a critical risk factor in safeguarding not just for individual children or adults but in the wider family and community context. The Boards are driving to secure stronger safeguarding practice in relation to mental health to reduce risk and to improve safeguarding outcomes.

1. REASONS FOR RECOMMENDATIONS

1.1 It has been agreed that the Health and Well-Being Board will be a partnership board that receives the Safeguarding Boards' Annual Report as part of the annual consultative process. In addition, it has been agreed that the Health and Well-Being Board will consider how the key objectives in the Safeguarding Boards Annual Report will be built into their own Strategic Commissioning Plans. The Annual Report was presented to the Commissioning Executive Group at its meeting on 6th January 2015 and comments made will be included in the minutes of that meeting.

2. BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION)

2.1 It is a statutory requirement that the Nottingham City Safeguarding Children Board produce an Annual Report setting out its performance against key objectives and priorities for action in the Board Business Plan. Whilst it is not yet a statutory responsibility to produce an Annual Report for the Safeguarding Adult Board it has been agreed that this should be produced in Nottingham City as a matter of good practice. The production of an Annual Report for the Safeguarding Adult Board will become a statutory requirement from April 2015 as a result of the Care Act 2014.

2.2 The main purpose of the annual report is to assess the impact of the work we have undertaken in 2013/14 on service quality and effectiveness and on outcomes for children, young people and adults in Nottingham City. Specifically it evaluates our performance against the priorities that we set in our Business Plans 2012/13 and other statutory functions that the LSCB must undertake.

2.3 The Annual Report 2013/14 is attached as appendix 1 to this report. As a result of the closer alignment of the NCSCB with the Nottingham City Adult Safeguarding Partnership Board we have, for the first time, combined the annual reports. This decision is under review given the fact that Adult Safeguarding Boards will become statutory entities from March 2015 with their own annual review framework set out in legislation and guidance.

2.4 The Annual Report covers a range of issues including:

- An outline of the local area safeguarding context setting out some core statistical and socio-economic profile information;
- The governance and accountability frameworks within which the Boards operate including the relationship between the two safeguarding boards and the Health and Well-Being Board and steps that have been taken to clarify inter-relationships between the safeguarding boards and the wider partnership geography in the city, such as the Children's Partnership Board and the Community Safety Partnership;

this part of the annual report also sets out attendance at the board, an account of our annual expenditure and an analysis of the effectiveness of the Boards;

- Performance against the Business Plan for 2013/14 that analyses what we did and its impact on outcomes in relation to service effectiveness and outcomes for service users; this includes outlines of key work undertaken in safeguarding priority areas such as: sexual abuse; domestic violence (including the launch of DART); Missing Children; Child Sexual Exploitation; PREVENT; Private Fostering; Allegations Management; safeguarding policies and procedures; safeguarding training and development activity; safeguarding in childcare and early years settings; safeguarding in schools and education settings;
- Specific reports from the Serious Case Review and Child Death Overview sub-groups of the Children's Safeguarding Board;
- An outline of individual partner agency safeguarding performance during 2013/14;
- A digest of the future challenges facing the Boards including our Business Plan for 2014/15.
- Analysis of the Board's quality assurance and performance management work in 2013/14 is set out in relevant sections of the report

2.5 The report recognises much positive progress in relation to priorities set in the Business Plan 2013/14 highlights of which include:

- **In relation to children and young people:** work to support the development of the early help offer; the introduction of a single assessment framework, threshold protocol and learning and development framework as required by Working Together 2013; further developments in work to address children missing and those at risk of child sexual exploitation.
- **In relation to adults:** securing assurance of effective local responses to the Winterbourne View and Francis Reports; monitoring the implementation of the mental capacity act and Deprivation of Liberty Safeguards (DoLS) specifically in response to the Cheshire West judgement; the impact of personalised budgets/self-directed support on safeguarding risk; safeguarding in residential and nursing home provision;
- **Across the boards:** there has been a strengthening of quality assurance and performance management arrangements extending beyond quantitative data and developing a rich mix of multi-agency audits to gauge the quality of safeguarding of safeguarding work and the inclusion of front-line staff perspectives in evaluating progress and performance; monitoring and evaluation of domestic abuse; consideration of issues relating to transitions.

2.6 Data analysis has revealed a number of important trends that will continue to be the focus of the Board's work in the coming year. For example:

- An increase in the number of children with child protection plans;
- Children's referral rates that are higher than our statistical neighbours;
- Drug and alcohol related issues remaining a key concern in safeguarding referrals;
- An increase in the number of children in care;
- Continued increases in the number of adult safeguarding alerts;
- Rises in the number of DoLS referrals;

- Continuation of the trend of adult safeguarding alerts in residential and care settings exceeding the number reported from the community.

2.7 The Annual Report also sets out the priorities for action in the current year which have been incorporated into the business plan for 2014/15. Given the timing of the Ofsted inspection in the spring of 2014 the NCSCBs business priorities have been significantly influenced by the recommendations of that process. Clearly the areas for improvement for the Board itself that are reported on below are key priorities in the current year. In addition the NCSCB will take a role in monitoring and evaluating the performance of the local authority and its partners in response to the Ofsted inspection and, indeed, inspection undertaken by other inspectorates such as CQC and HMIC which are referred to below.

2.8 The Business Plan for 2014/15 has already been considered by the Health and Well Being Board. It sets out priorities for action for the current year and sets out both the quality assurance and performance management indicators that will be applied to assess impact against each of the priorities and the actions that will be undertaken to support the achievement of these impacts and outcomes.

3. OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS

3.1 There are no other options presented.

4. FINANCIAL IMPLICATIONS (INCLUDING VALUE FOR MONEY/VAT)

4.1 Both the NCSCB and NCASPB are funded through a budget to which all statutory partners contribute through a formula agreed by the Board. These contributions have been agreed and there are no financial implications specifically for the Health and Well-Being Board.

5. RISK MANAGEMENT ISSUES (INCLUDING LEGAL IMPLICATIONS AND CRIME AND DISORDER ACT IMPLICATIONS)

5.1 The NCSCB and NCASPB operate their own risk registers that are monitored by both the Quality Assurance Sub-Group and the Operational Management Group.

6. EQUALITY IMPACT ASSESSMENT

Has the equality impact been assessed?

Not needed (report does not contain proposals or financial decisions)	☑
No	☐
Yes – Equality Impact Assessment attached	☐

Due regard should be given to the equality implications identified in the EIA.

7. LIST OF BACKGROUND PAPERS OTHER THAN PUBLISHED WORKS OR THOSE DISCLOSING CONFIDENTIAL OR EXEMPT INFORMATION

7.1 The Annual Report is attached as Appendix 1.

8. PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPORT

8.1 The NCSCB Business Plan is required by Working Together 2013 published by the Department for Education.

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NOTTINGHAM CITY
Safeguarding
Children BOARD

Nottingham City
Adult Safeguarding
Partnership Board

ANNUAL REPORT
2013-14

FOREWORD FROM THE INDEPENDENT CHAIR

Iampleasedtopresentthe first combined AnnualReportfortheNottingham City Safeguarding Children Board and Adult Safeguarding Partnership Board. The combined report reflects the fact that we issued our first combined Business Plan in 2013/14.

PublicationofanannualreportforLSCBsisastatutoryrequirement.Whilstitisnotyet arequirementtopublishtheannualreportfortheSABwebelievethisisgoodpracticeandreflectiveofouraimtobeopenandtransparentinourbusinessandassessmentofperformance. Such reports will become a requirement of the Care Act 2014.

Thekeypurposeofthereportistoassesstheimpactoftheworkwehaveundertakenin2013/14onservicequalityandeffectivenessandon safeguarding outcomesforchildren,youngpeopleandadults in Nottingham City.SpecificallyitevaluatesourperformanceagainsttheprioritiesthatwesetinourBusinessPlans 2013/14andotherstatutoryfunctionsthattheLSCBinparticularmustundertake.

Thelasttwelvemonthshavewitnessedsomesignificantchangesinthewayweoperateasa Board. At national level Working Together 2013 revised the statutory framework within which LSCBs operate and set in train a range of work to ensure our compliance with these new expectations. The introduction of new Ofsted inspection arrangements including formal reviews of LSCB performance has similarly impacted on our work with the Safeguarding Children Board being subjected to such a review in February 2014.. In the Adult Safeguarding arena we have continued to assess the potential impact of the Care Bill (now the Care Act 2014) on the Board's work and to take steps to ensure readiness for the statutory arrangements for Boards that will arise from this new legislation in 2015.

At local level we have continued our vigilance in assessing the impact of the financial constraints within which partner agencies have operated and the structural and organisational changes that have taken place in response to both national reforms (e.g. in the Police and Health Sectors) and local strategies to secure efficiencies. We have in addition continued to consider the implications of major national reviews for local safeguarding practice – including the implications of the Winterbourne Review and the Francis Report in the adult arena and high profile serious case reviews such as those relating to the deaths of Daniel Pelka and Hamzah Khan in the children's safeguarding arena.

Iampleasedthatthisreportpresentsaconsiderablerangeofsuccessandachievement for the

two Boards. The assessment of our performance also indicates areas for further development and improvement, a number of which are driven by the findings of the Ofsted review, which have been incorporated into our Business Plan for 2014/15.

IwouldliketotakethisopportunitytothankallBoardmembersandthosewhohaveparticipatedinSubgroupsfortheircontinued commitmentin2013/14.InadditionIwouldliketothankstafffromacrossourpartnershipsfortheirmotivation,enthusiasmand continuedcontributiontokeepingthepeopleofNottinghamsafe.

Safeguardingiseveryone'sbusiness.TheachievementssetoutinthisAnnualReporthavebeenachievednotjustbythe two SafeguardingBoardsbutbystaffworkingintheagenciesthatformourpartnership.Thefurther improvements weseektoachievein 2014/15willrequirecontinuedcommitmentfromallandIlookforwardtocontinuingtowork withyounext year inensuringthat children, youngpeopleandadultsinNottinghamaresafe.

Icommendthisreporttoallourpartneragencies.

PaulBurnett, IndependentChair,Nottingham City Safeguarding Children Board and Nottingham City Safeguarding Adults Partnership Board.

CONTENTS

CHAPTER 1

LOCAL SAFEGUARDING CONTEXT

The Nottingham City Safeguarding Children Board (NCSCB) and the Nottingham City Adult Safeguarding Partnership Board (NCASPB) serve the City of Nottingham.

The population of Nottingham at the time covered by this report was around 308,700.

The number of children and young people aged 0-18 years is was approximately 62,394 which represents around 20% of the total City population.

Demographic, social and economic context

The population is growing and has risen by almost 5000 since the census of 2011. International migration (recently from Eastern Europe) and an increase in student numbers are the main reasons for the population growth since 2001, together with an excess of births over deaths.

28% of the population are aged 18 to 29 – full-time university students comprise about 1 in 8 of the population.

In the short to medium term, the City is unlikely to follow the national trend of seeing large increases in the number of people over retirement age, although the number aged 85+ is projected to increase.

The number of births has risen in recent years although the latest figures show a small decline.

The 2011 Census showed 35% of the population as being from black minority ethnic (BME) groups; an increase from 19% in 2001.

Despite its young age-structure, Nottingham has a higher than average rate of people with a limiting long-term illness or disability.

White ethnic groups have higher rates of long term health problems or disability overall, although this varies with age, with some BME groups having higher rates in the older age-groups.

The City gains young adults due to migration, both international and within Britain, whilst losing all other age groups - this includes losing families with children as they move to the surrounding districts.

There is a high turnover of population

From a social and economic perspective Nottingham is ranked 20th most deprived district in England in the 2010 Indices of Multiple Deprivation (IMD), a relative improvement on 7th in the 2004 IMD.

39.3% of children and 29.1% of people aged 60 and over are affected by income deprivation.

Crime is the Index of Deprivation domain on which Nottingham does worst, followed by Education, Skills & Training and Health & Disability.

Nottingham ranks 346th out of the 354 districts in England in the 2009 Child Wellbeing Index - effectively the 9th worst district for Child Well-being in the Country.

A higher proportion of people aged 16-64 in Nottingham claim some form of benefit than regionally and nationally.

The unemployment rate is lower than the recent peak in March 2012, but remains higher than the regional and national average.

Specific safeguarding context

Children and Young People

Approximately 35% of the local authority's children are living in poverty.

The proportion of children entitled to free school meals:

- in primary schools is 32.3% (the national average is 18%)
- in secondary schools is 29.8% (the national average is 15%)

45.9% of children and young people are from minority ethnic groups

Child protection in this area

At 31 March 2014:

- 2,713 children had been identified through assessment as being formally in need of a specialist children's service. This was anincrease from 2,207 at 31 March 2013.
- 479 children and young people were the subject of a child protection plan. This was an increase from 440 at 31 March 2013.
- 14 children lived in a privately arranged fostering placement. This is a reduction from 16 at 31 March 2013.

Children looked after in this area

- 584 children are being looked after by the local authority (a rate of 93 per 10,000 children). This is an increase from 561 (89 per 10,000 children) at 31 March 2013. Of this number:

    - 334 (or 57%) live outside the local authority area
    - 74 live in residential children's homes, of whom 56% live out of the authority area
    - six lived in residential special schools and all are out of the authority area
    - 415 live with foster families, of whom 65% live out of the authority area
    - five live with parents
    - seven children are unaccompanied asylum-seeking children.

In the last 12 months:there have been:

- 42 adoptions
- 43 children became subject of special guardianship orders
- 259 children ceased to be looked after, of whom 6.9% subsequently returned to be looked after
- 26 children and young people ceased to be looked after and moved on to independent living
- nine children and young people ceased to be looked after and are now living in houses of multiple occupation.

Vulnerable adults

CHAPTER 2

GOVERNANCE AND ACCOUNTABILITY

The NCSCB and NCASPB have been aligned since March 2012 and since that time have had the same Independent Chair, Paul Burnett. The purpose of this was to ensure effective coordination of the safeguarding agenda, develop consistency in approach and develop efficient ways of working across the boards and all agencies working within them. A specific ambition was to secure a collective approach to safeguarding where safeguarding, whether for children or adults, was seen as everyone's business.

It is important to emphasise that the two Board remain distinct entities with their own constitutions, governance and memberships. This reflects the differing statutory status of the Boards.

The **Nottingham City Safeguarding Children Board**is a statutory body established in compliance with The Children Act 2004 (Section 13) and The Local Safeguarding Children Boards Regulations 2006. The work of the Board is governed by Working Together 2013 which was issued in March of that year. A key priority of the NCSCB during 2013/14 has been to review and revise its arrangements to secure compliance with Working Together 2013 and the outputs and outcomes of this work are set out in later in this Annual Report.

The statutory objectives and functions of LSCBs are set out in Section 14 of the Children Act 2004 and are:

(a) to coordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area; and

(b) to ensure the effectiveness of what is done by each such person or body for those purposes.

The key functions of the LSCB as set out in Regulation 5 of the Local Safeguarding Children Boards Regulations are as follows:

- developing policies and procedures for safeguarding and promoting the welfare of children in the area of the authority, including policies and procedures in relation to:

  (i) the action to be taken where there are concerns about a child's safety or welfare, including thresholds for intervention;

(ii) training of persons who work with children or in services affecting the safety and welfare of children;

(iii) recruitment and supervision of persons who work with children;

(iv) investigation of allegations concerning persons who work with children;

(v) safety and welfare of children who are privately fostered;

(vi) cooperation with neighbouring children's services authorities and their Board partners;

- communicating to persons and bodies in the area of the authority the need to safeguard and promote the welfare of children, raising their awareness of how this can best be done and encouraging them to do so;
- monitoring and evaluating the effectiveness of what is done by the authority and their Board partners individually and collectively to safeguard and promote the welfare of children and advising them on ways to improve;
- participating in the planning of services for children in the area of the authority; and
- undertaking reviews of serious cases and advising the authority and their Board partners on lessons to be learned.

LSCBs have responsibilities to review child deaths in the areas for which they are responsible. They are also expected to engage in any other activity that facilitates, or is conducive to, the achievement of its objectives.

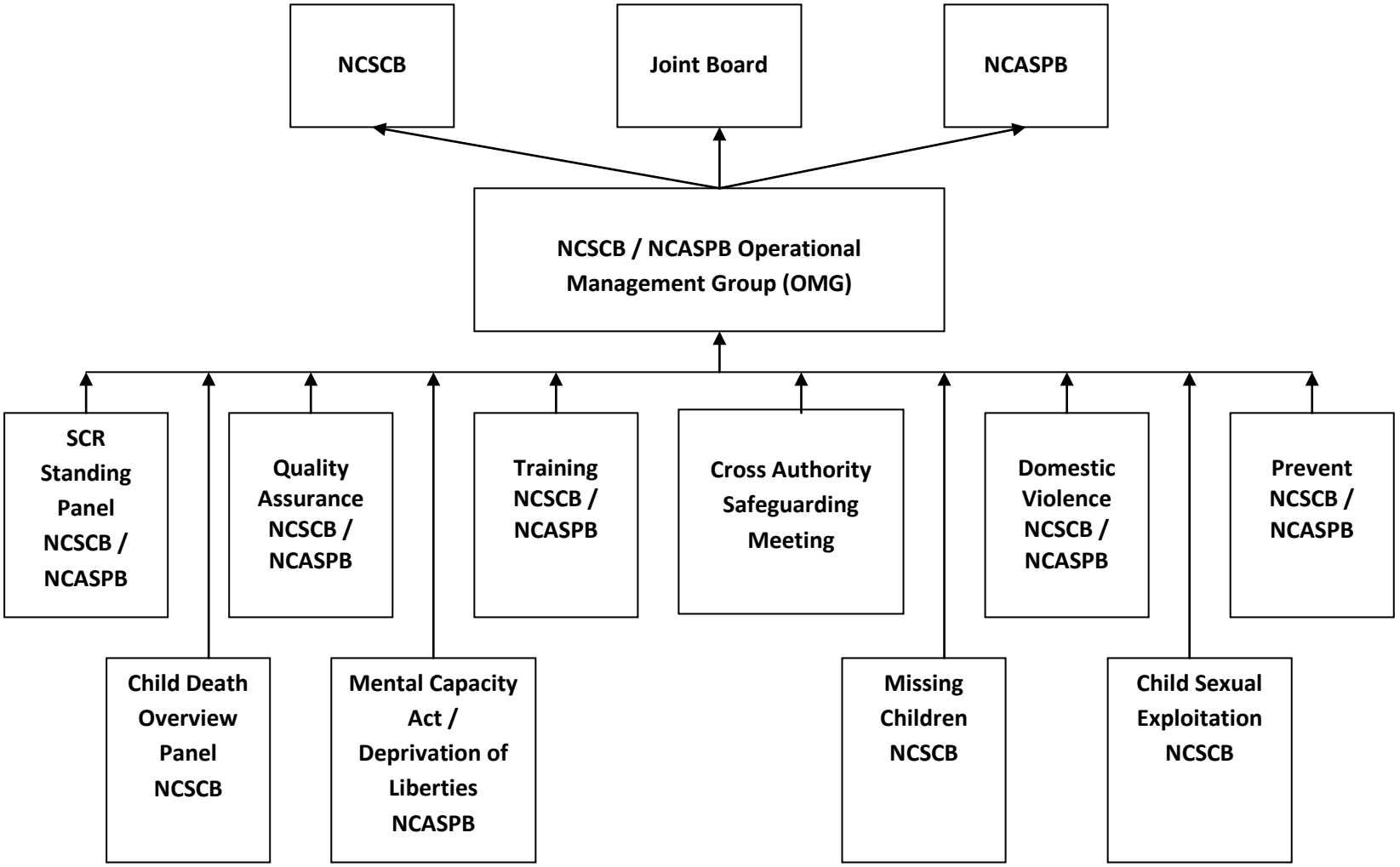
The role of the **Nottingham City Adult Safeguarding Partnership Board**is to safeguard and promote the welfare of vulnerable adults and to ensure that local agencies co-operate and work well to achieve this. At present this is not a statutory body but it will become so in April 2015 as a result of the Care Act 2014. A key priority for the NCASPB during 2013/14 has been to remain alert to the changes being proposed through this legislation and to take proactive steps to secure compliance with statutory expectations as soon as possible. The Board continues to undertake this work in 2014/15.

The two Boards meet four times a year, each Board meeting comprising a children's board meeting, an adult board meeting and a joint meeting of the two Boards.

An Operational Management Group (OMG) was established in 2012 following the decision to align the two safeguarding boards. OMG covers business relating to children and adult safeguarding. The OMG is also chaired by Paul Burnett and all the chairs of the NCSCB /NCASPB Sub Groups are members of the OMG, both to represent their agency and to report on the work of the subgroup. Any agencies whoprovide services to children or vulnerable adults with significant involvement in safeguarding who not represented through the chairing of sub groups are invited to become member of the OMG. All of the sub groups work towards the priorities of the

Business Plan and some of them work to both boards, as described in the diagram below.

BOARD GOVERNANCE AND ACCOUNTABILITY ARRANGEMENTS 2013/14



The NCSCB, NCASPB, Operational Management Group and each of the Sub Groups have their own Terms of Reference, work plans and reporting expectations. Each group is chaired by an agency representative, has multi-agency membership and is supported by the NCSCB / NCASPB Business Office where possible.

The Operational Management Group receives reports from all the sub groups on a regular basis and makes a full report to the NCSCB Strategic Board on progress, exceptions and risk.

All constitutions, governance arrangements, memberships and terms of reference have been kept under review to secure compliance with Working Together 2013 and to pre-empt expectations in the Care Act 2014. Clearly further work will be required during 2014/15 in respect of the Care Act 2014 since further guidance will be issued before expectations relating to safeguarding adults boards take effect in April 2015.

Independent Chair

The NCSCB and the NCASPB continue to be led by a single independent chair. This has been the case since March 2012. It is a requirement of Working Together that the NCSCB appoint an independent chair and we took a local decision to adopt the same practice for the NCASPB. The Care Act 2014 is likely to lead to this being a requirement for adult safeguarding boards from April 2015.

Independent Chair arrangements enable more objective scrutiny and challenge of agencies that are members of the Boards and better enable each individual agency to be held to account for its safeguarding performance and its contribution to co-ordinated safeguarding arrangements.

The Independent Chair is Paul Burnett. He is a former Director of Children's Services in two local authorities and an experienced independent chair. During 2013/14 he chaired four LSCBs and two Adult Safeguarding Boards including those in Nottingham City.

As a result of Working Together 2013 line management arrangements for the Independent Chair transferred to the Chief Executive of Nottingham City Council. To reflect this change the Independent Chair now has quarterly performance management meetings with the Chief Executive and the Corporate Director for Children and Adults. The independent chair has agreed performance targets that are monitored through this meeting. It also provides an opportunity to address strategic issues including the inter-relationships between the safeguarding boards and other partnerships.

In their 'Inspection of services for children in need of help and protection, children looked after and care leavers' Ofsted commented positively about these management arrangements by stating that:

'The Chief Executive has good oversight of the work of the NCSCB. He meets regularly with the independent chair of the NCSCB and the DCS and there is good evidence of two-way challenge.'

Membership

The NCSCB and NCASPB membership for 2013 – 14is set out below including the attendance levels of constituent members/agencies. Two lay members were appointed to the NCSCB during the year and are playing an active role in the work of the Board.

NCSCB Strategic Board Membership / Attendance

Name	Organisation	Role	Attendance
Paul Burnett		Independent Chair	100%
Candida Brudenell/ Alison Michalska	Nottingham City Council	Corporate Director Children & Families	66%
Cllr David Mellen	Nottingham City Council	Lead Member	66%
Helen Blackman	Nottingham City Council	Director of Childrens Safeguarding, Children & Families	100%
Supt Helen Chamberlain (Vice Chair)	Nottinghamshire Police	Head of Public Protection	66%
Sally Seeley/ Teressa Cope	NHSNottinghamCity Clinical Commissioning Group	Assistant Director of Quality Governance	100%
Julie Gardner	Nottinghamshire Healthcare NHS Trust	Associate Director of Safeguarding and Social Care	100%
Sarah Kirkwood/ PhylisBrackenbury	NottinghamCityCare Partnership CIC	Director of Governance and Nursing	100%
Dr Stephen Fowlie	Nottingham University Hospitals Trust	Medical Director	100%
Nigel Hill	Nottinghamshire Probation Trust	Director	100%
Alastair Mclachlan	GP Safeguarding Lead	Clinical Commissioning Group	66%
Peter Moyes	Crime and Drugs Partnership	Director Neighbourhood, Crime and Justice	0%
Tracey Ydlibi	Schools - Special	Headteacher - NethergateSchool	66%
Carol Fearria	Schools - Secondary	Headteacher – NottinghamEmmanuelSchool	66%
Sue Hoyland	Schools	Headteacher – ForestFieldsPrimary School	33%
Liz Tinsley	NSPCC	Service Manager	66%
Karen Moss / Marcia Lennon	CAFCASS	Regional Manager	100%
Claire Knowles	Legal & Democratic Service Directorate	Nominated Solicitor	Papers Only
Dorne Collinson/ Hayley Frame	Adult and & Children's Safeguarding	Head of Safeguarding & Quality Assurance	100%

Dr Caroline Brown / Dr Damian Wood	NHSNottinghamCity	Consultant Paediatrician, Designated Doctor for Safeguarding	66%
Anne Partington/ Yvonne Cherrington	Children & Families	Safeguarding Partnerships Service Manager	100%
Christen Parker	NCSCB Lay Member	NCSCB	66%
Barbra Coulson	NCSCB Lay Member	NCSCB	66%

NCASPB Strategic Board Membership / Attendance

Name	Organisation	Role	Attendance
Paul Burnett		Independent Chair	100%
Candida Brudenell/ Alison Michalska	Nottingham City Council	Corporate Director Children & Families	66%
Cllr Liversidge/Cllr Norris	Nottingham City Council	Portfolio Holder for Adult Services & Health	66%
Helen Jones Rep sent	Nottingham City Council	Director Adult Assessment	100%
Supt Helen Chamberlain	Nottinghamshire Police	Head of Public Protection	66%
Sally Seeley/ Teressa Cope	NHSNottinghamCity Clinical Commissioning Group	Assistant Director of Quality Governance	100%
Julie Gardner	Nottinghamshire Healthcare NHS Trust	Associate Director of Safeguarding and Social Care	100%
Sarah Kirkwood/ PhylisBrackenbury	NottinghamCityCare Partnership CIC	Director of Governance and Nursing	100%
Dr Stephen Fowlie	Nottingham University Hospitals Trust	Medical Director	100%
Nigel Hill	Nottinghamshire Probation Trust	Director	100%
Alastair Mclachlan	GP Safeguarding Lead	Clinical Commissioning Group	66%
Peter Moyes	Crime and Drugs Partnership	Director Neighbourhood, Crime and Justice	0%
Karen Moss / Marcia Lennon	CAFCASS	Regional Manager	100%
Claire Knowles	Legal & Democratic Service Directorate	Nominated Solicitor	Papers Only
Dorne Collinson/ Hayley Frame	Adult and & Children's Safeguarding	Head of Safeguarding & Quality Assurance	100%
Dr Caroline Brown / Dr Damian Wood	NHSNottinghamCity	Consultant Paediatrician, Designated Doctor for Safeguarding	66%
Anne Partington/ Yvonne Cherrington	Children & Families	Safeguarding Partnerships Service Manager	100%
Rob Gardiner	Carers Federation	Deputy Chief Executive	66%
Rob Morris	Nottingham University Hospitals NHS Trust	Consultant Physician & Pathway Lead Clinician for OP	33%

The NCSCB membership complies with the expectations of Working Together 2013 in terms of both the representation expected and the levels of seniority that enable members to:

- speak for their organisation with authority;
- commit their organisation on policy and practice matters; and
- hold their own organisation to account and hold others to account.

In the Ofsted review of the NCSCB in March 2014 inspectors commented that:

> *'Governance arrangements of the NCSCB are well established, effective and ensure compliance to statutory responsibilities. Attendance by agency representatives is good with the large majority of members attending all board meetings, which indicates the seriousness and priority that partners give to the NCSCB. No agency has left themselves unrepresented where changes in personnel have occurred and all members hold sufficiently senior posts within their own agency to deliver on the key priorities of the well-developed and targeted NCSCB business plan. Recruitment of lay members has been specifically targeted to bolster and support the further engagement of schools with the NCSCB, although it is too early to see the impact of this approach.'*

The continued commitment of partners at times of significant change and re-organisation provides strong evidence of cross-agency commitment to safeguarding.

Attendance at the NCASPB has similarly been strong. The membership of the NCSASPB has been kept under review as the passage of the Care Bill, now the Care Act 2014, has clarified proposals about the future statutory status and expectations of adult safeguarding boards. Clearly further guidance will be issued during 2014/15 and the membership and operation of the NCASPB will be kept under constant review as requirements become clearer.

The Lead Member

The NCSCB Lead Member continues to be Councillor David Mellen, the portfolio holder for Children's Services, who has been a regular attendee and contributor at the NCSCB Strategic Board, providing consistent political support and challenge to the board. He chairs the Children's Partnership Board and provides support to the inter-relationship and cross-scrutiny and challenge between the two Boards. This has been particularly helpful in managing the development of the Assessment Framework, Threshold Protocol (which is incorporated into the

Family Support Strategy) and the Learning and Improvement framework –to which both Boards have made a contribution.

The Lead Members for Adult Services have similarly been active members of the NCASPB. Councillor Dave Liversidge and Councillor Alex Norris have held the lead role for adult services during 2013/14 and both have attended Board meetings regularly. Councillor Norris was also chair of the Health and Well-Being Board and this has assisted in the development of the relationship between the safeguarding boards and the Health and Wellbeing Board as set out below.

Budget

To function effectively the NCSCB and NCASPB needs to be supported by member organisations with adequate and reliable resources. Contributions from the three key agencies (Nottingham City Council, Nottinghamshire Police and NHS Nottingham City CCG on behalf of all health trusts) were agreed for 2013/14.

The NCSCB Business Office resources are spilt between both boards with each having a dedicated Board Officer, a shared Service Manager, Training Coordinator and administration. The budgets for both boards have also been amalgamated.

The total budget to support NCSCB / NCASPB activity in 2012/13 was £369,307. Partner agency contribution was made up as follows:

Nottingham City Council	£116,426	29.2%
Health	£232,476	58.2%
Education (via Schools Forum)	£30,000	7.5%
Police	£17,019	4.3%
Probation	£2,836	0.7%
Cafcass	£550	0.1%
Total	**£399,307**	

3.35 Budget allocation for both NCSCB and NCASPB 2013 – 14 were:

Staffing Costs	£160, 000
Independent Chair	£30, 000
Lay Members	£2, 000
Training	£10, 000
SCIMT	£122, 000
Communications & Publicity	£5, 000
Participation Strategy	£5, 000

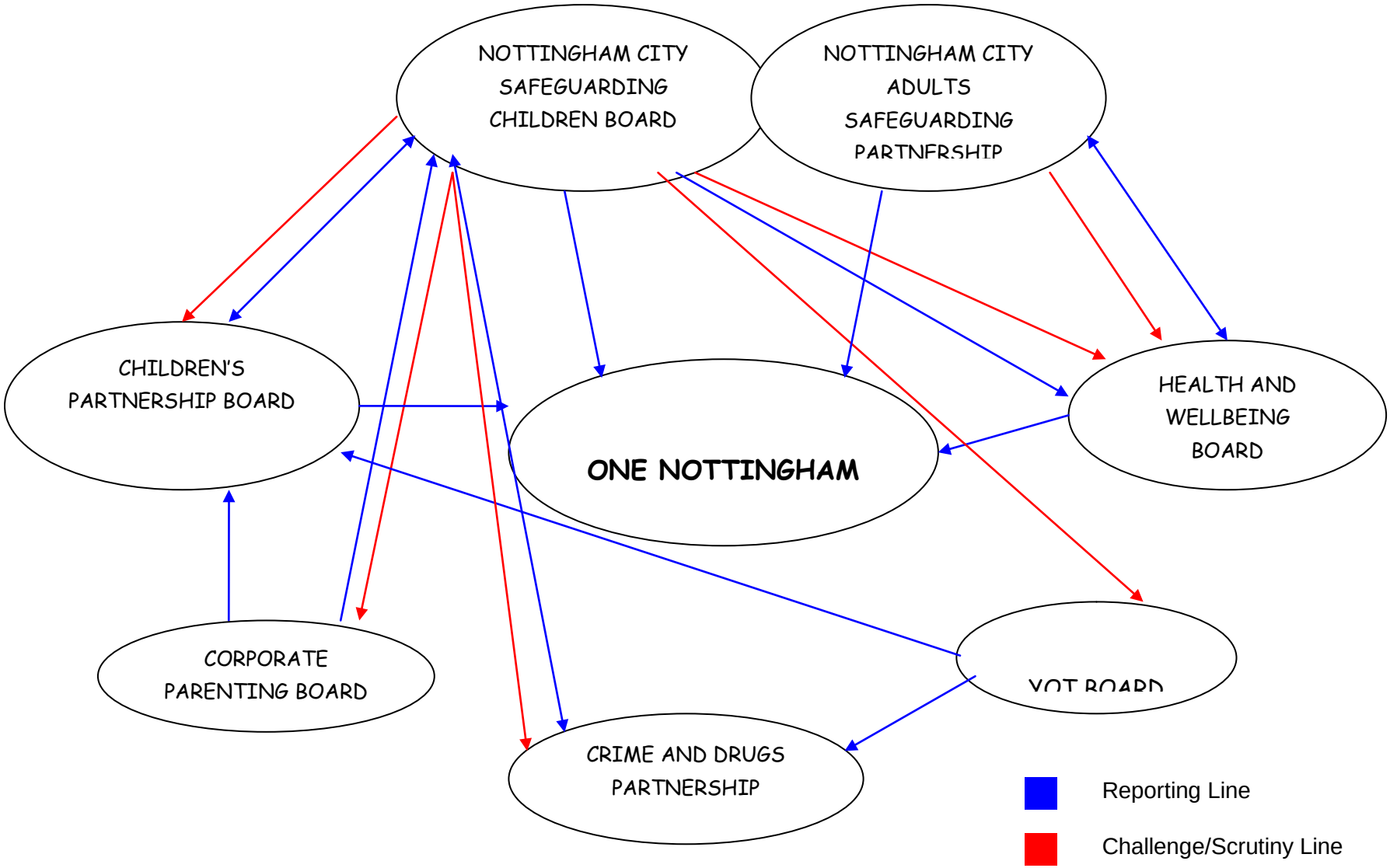
Additional costs included the development of Policy, Procedures and Practice Guidance, Serious Case Reviews and Publicity / Communications are agreed as required.

Relationships with other Partnership bodies

To maximise their effectiveness, specifically in relation to their scrutiny and challenge roles, the NCSCB and NCASPB have developed robust protocols and arrangements to secure effective inter-relationships with other key partnership bodies including One Nottingham, the Health and Wellbeing Board, the Children's Partnership Board and a range of other key partnership groups. A diagram illustrating the inter-relationships between these bodies is set out on the next page.

In their 'Inspection of services for children in need of help and protection, children looked after and care leavers' Ofsted commented positively about these management arrangements by stating that:

> 'The strategic and governance framework between partners is well developed. There are clear links between One Nottingham, the Children's Partnership Board, the Health and Well-being Board, Nottingham City Safeguarding Children's Board (NCSCB) and the Corporate Parenting Board, with robust reporting arrangements in place.'


NOTTINGHAM CITY SAFEGUARDING CHILDREN BOARD
NOTTINGHAM CITY ADULTS SAFEGUARDING PARTNERSHIP
CHILDREN'S PARTNERSHIP BOARD
ONE NOTTINGHAM
HEALTH AND WELLBEING BOARD
CORPORATE PARENTING BOARD
YOT BOARD
CRIME AND DRUGS PARTNERSHIP
Reporting Line
Challenge/Scrutiny Line

I

Safeguarding Assurance Group

Strategic co-ordination across the partnership geography of Nottingham City is driven through the Safeguarding Assurance Group. This group comprises the Chairs of all the key partnerships together with the Corporate Director for Children and Adults and key officers. The Group was established to enable discussion of key safeguarding matters in the City and to determine how these would be addressed through the various partnership bodies. An important priority was to secure clarity in the roles and responsibilities of each partnership body in improving safeguarding in the city, to secure coherence and co-ordination in this activity and to avoid duplication.

The Health and Wellbeing Board.

The Health and Wellbeing Board was established in shadow form in 2011 and became a formal committee of the City Council in April 2013. It leads and advises on work to improve the health and wellbeing of the population of Nottingham City and specifically to reduce health inequalities. The Board is responsible for agreeing the Joint Strategic Needs Assessment (JSNA) for Health and Social Care, agreeing a statutory Health and Wellbeing Strategy and promoting the integration of health and social care services for the benefit of patients and service users.

In Nottingham City we have agreed the need for a robust inter-relationship between the Health and Wellbeing Board and the two safeguarding boards based on reciprocal scrutiny and challenge. Clearly the safeguarding boards will wish to be assured that the Health and Wellbeing Strategy appropriately reflects and supports the achievement of safeguarding priorities for the city as set out in the annual safeguarding board business plans. Equally the safeguarding boards need to recognise the outcomes of the Joint Strategic Needs Assessment and the priorities set in the annual Health and Wellbeing Strategy when formulating their annual business plan.

The opportunities presented by a formal working relationship between the Nottingham City Health and Wellbeing Board and the NCSCB and NCASPB can be summarised as follows:

- Securing an integrated approach to the JSNA, ensuring comprehensive safeguarding data analysis in the JSNA, in line with Working Together guidance
- Aligning the work of the NCSCB and NCASPB business plan with the HWB Strategy and related priority setting.
- Ensuring safeguarding is ‘’everyone’s business’’, reflected in the public health agenda and related determinant of health policies and strategies.
- Evaluating the impact of the Health and Wellbeing Strategy on safeguarding outcomes, and of safeguarding on wider determinants of health outcomes
- Identifying coordinated approach to performance management, transformational change and commissioning
- Cross Board scrutiny and challenge and ‘’holding to account’’: the Wellbeing Board for embedding safeguarding, and the Safeguarding Boards for overall performance and contribution to the HWB Strategy.

In order to secure the opportunities identified above we have agreed that the following arrangements would be put in place to ensure effective co-ordination and coherence in the work of the three Boards.

1. Between September and November each year the Independent Chair of the two Safeguarding Boards would present to the Health and Wellbeing Board their Annual Reports outlining performance against Business Plan objectives in the previous financial year. This would be supplemented by a position statement on the Boards' performance in the current financial year. This would provide the opportunity for the Health and Wellbeing Board to scrutinise and challenge the performance of the Boards, to draw across data to be included in the JSNA and to reflect on key issues that may need to be incorporated in the refresh of the Oxfordshire Health and Well-Being Strategy.

2. Between October and February the Health and Wellbeing Board to present to the safeguarding boards the review of the Health and Welbeing Strategy, the refreshed JSNA and the proposed priorities and objectives for the refreshed Health and Wellbeing Strategy to enable the safeguarding boards to scrutinise and challenge performance of the Health and Well-Being Board and to ensure that their refreshed Business Plans appropriately reflect relevant priorities set in the refreshed Health and Wellbeing Commissioning Strategy.

3. In April/May the Boards will share their refreshed Plans for the coming financial year to ensure co-ordination and coherence.

These arrangements have been put in place for the first time during 2013/14 and will be reviewed when the annual reporting process takes place during 2014/15.

The Children's Partnership Board

The Nottingham Children's Partnership Board (CPB) formulate, implement and review the Nottingham Children and Young People's Plan and the services provided to all children and young people in the city. The partnership has remained the key mechanism to support all partners to work together to deliver a joined up vision for children, young people and families, through the Children and Young People's Plan (CYPP), which has been sustained despite the change in legislation removing the statutory functions of this board. The plan sets out the collaborative work programme and priorities across all partners responsible for providing services to children, young people and families. All partners are accountable for the delivery of its priorities, objectives and specified targets. The Children's Partnership directs the required integrated working, joint planning, commissioning and resource allocation to achieve this. This focus on collective, co-ordinated working is key driver for the need for a robust and rigorous relationship between the NCSCB and the CPB.

As in the case of the Health and Wellbeing Board there are arrangements in place to secure an effective relationship between the NCSCB and the CPB. The Independent Chair of the safeguarding board attends the CPB twice a year to report to the CPB on the work of the NCSCB and the work of the partner agencies in safeguarding children. The Chair also presents the NCSCB Annual Report to the Children's Trust. The Independent Chair receives all minutes, agendas and papers for all meetings of the Trust and can make representation on matters arising.

These arrangements are reciprocated by the fact that the Chair of the CPB, Councillor Mellen, sits as an observer in his capacity as lead member for children and young people on the NCSCB.

Additionally the Corporate Director for Children and Adults also sits on both bodies. This enables reporting from the CPB to the NCSCB in relation to the formulation and review of the Children and Young People's Plan and its impact. Stronger safeguarding remains a key strategic priority in this Plan.

A key area on which the two Boards have collaborated this year has been the review of thresholds triggered by Working Together 2013 which required the NCSCB to issue a threshold protocol. In Nottingham City this is incorporated within the Family Support Pathway – this is referred to in more detail later in this annual report.

Looking Forward

In setting our Business Plan for 2014/15 we have elected to draw together our work to improve the effectiveness and impact of the Board under the heading 'Safeguarding is Everyone's Business'. This is set out as Priority 1 in our Business Plan and includes actions to improve the effectiveness of the Board, strengthen its influence with other partnerships and ensure its ability to secure and evidence impact.

The key outcomes sought are to:

- Ensure Boards' and partner agency compliance with Working Together 2013 (WT13) and the Care Act.
- Ensure full agency compliance in Section 11 and SAF Audit processes.
- Ensure that the Board, OMG and Subgroups:
    a. have appropriate and regular attendance rates,
    b. have capacity to deliver Business Plan expectations
- Ensure the Board drives partnerships and partner agencies to own, prioritise, resource, improve and positively impact on safeguarding.
- Ensure the Board receives management information to evidence, scrutinise and challenge performance so that it knows the safeguarding strengths and weaknesses of agencies, both individually and collectively, and the safeguarding outcomes for service users.
- Secure the effective implementation of new practice guidance issued in 2014.
- Implement the Information Sharing Protocol.
- Ensure that safeguarding roles and responsibilities and outcomes are explicit in the commissioning, contracting, delivery, monitoring and review of services.
- Ensure that the 'voice' of children, young people, adults and practitioners is heard and acted on across all priorities.

These are set out in the Business Plan at appendix 1 together with the means by which performance against these goals will be tested.

CHAPTER 3:

BUSINESS PLAN PERFORMANCE 2013/14

The Business Plan for 2013/14 was the first integrated plan for the NCSCB and NCASPB.

We identified four priorities for our work over the period 2013/17 which were:

- To ensure effective coordination of multi-agency safeguarding services for children, young people and vulnerable adults and deliver a robust governance system for the NCSCB / NCASPB that is able to respond to local and national developments in safeguarding as required.

- To monitor the development of early help for children, young people and vulnerable adults and quality assure the effectiveness of this.

- To continually improve multi-agency work to safeguard and protect children, young people, and adults and drive excellence in the system.

- To embed a learning system within the NCSCB and NCASPB and quality assure these within partner agencies.

In addition we had flagged the need to be ready to respond to local and national developments given the publication of Working Together 2013 in March 2013 (after the Business Plan was first formulated), emerging messages about the impact of the Care Bill (now the Care Act 2014) on the statutory position of adult safeguarding board and the likely introduction of a new Ofsted framework during the year. Each of these did impact on the work of the Boards in 2013/14 and the actions taken in response are included in this account of our Business Plan performance.

BUSINESS PLAN PRIORITY 1

To ensure effective coordination of multi-agency safeguarding services for children, young people and vulnerable adults and deliver a robust governance system for the NCSCB / NCASPB that is able to respond to local and national developments in safeguarding as required.

What we planned

Implementation of Working Together 2013 and the Care Bill/Act 2014

Assurance that actions arising from Eileen Munro's Action Plan are in place and being implemented across the partnership

Ensure Sexual Abuse is effectively managed by partner agencies, including the Identification & management of Sexual Abuse and Child Sexual Exploitation.

To strengthen inter-agency working and recognise domestic violence as a priority safeguarding concern. For work in this area to consider issued of sexual violence, forced marriage, FGM and trafficking

Ensure safeguarding practice and processes are in place for children, young people and vulnerable adults who:

- Go missing from home
- Go missing from school

To work to a Code of Practice and Safeguarding Procedures that are up to date and fit for purpose
Assurance that risks associated with self-directed support and personal health budgets have been identified and support for the safe management of these is in place.

Assurance that all commissioning of services for children, young people and vulnerable adults includes robust arrangements to safeguard and promote the welfare of children, young people and vulnerable adults.

Review and evaluate governance arrangements.

Be assured that children, young people and vulnerable are involved in decisions made about them and care planning process.

Raise awareness of safeguarding issues and the responsibilities of the
NCSCB / NCSAPB partner agencies and the wider community in safeguarding

Effective information sharing across all NCSCB / NCASPB Business

What we did

Working Together 2013

The Boards' constitutions and the OMG and Sub-Groups terms of reference have all been reviewed and revised to ensure that they are Working Together 2013 compliant, Care Bill ready and best placed to secure improved ways of working as identified at our Development Day in January 2013.

With regard to Working Together 2013 the NCSCB has undertaken extensive work to produce a Threshold Protocol and Learning and Improvement Framework and to scrutinise that challenge the local authorities new Assessment Framework as required. All three documents were produced and agreed to the deadline of March 2014 and will be rigorously monitored in terms of impact as part of our quality assurance and performance management arrangements in 2014/15.

The LSCB Threshold Document is incorporated within the Family Support Strategy as it has always been. A number of revisions were made to the existing framework however, most particularly to clarify thresholds and expected service responses for those children deemed 'children in need' under Section 17 of the Children Act. There had been concern that this specific part of the threshold and service continuum had not been clear and this was reflected in comments made by inspectors in March 2014. The Family Support Strategy has been revised to address this matter and to ensure all elements of Working Together 2013 are incorporated.

The Care Bill/Act

Throughout 2013/14 the NCASPB has tracked the potential implications of the Care Bill (now the Care Act 2014) specifically in relation to its proposals to place Safeguarding Adults Boards on a statutory footing and to set out expectations relating to their constitution and operational frameworks.

At the time of writing this Annual Report there is still no absolute clarity about the statutory frameworks and regulations under which adult safeguarding boards will operate. As a proxy measure of effectiveness the Board undertook a self-assessment of its effectiveness against the 'Top Ten Tips' included in the ADASS document entitled 'Safeguarding Adults: Advice and Guidance for Directors of Adult Social Services' that was issued in March 2013. This was included as part of our Development Day in January 2014. In addition the Board has reviewed both its membership and its terms of reference in line with information that has been available.

Assurance that actions arising from Eileen Munro's Action Plan are in place and being implemented across the partnership

The revision of the Board's Quality Assurance and Performance Framework to extend reporting beyond quantitative data to a range of qualitative performance information was a key means of reflecting the recommendations of the Munro report to focus on quality of work across the safeguarding partnership.

During 2013/14 the NCSCB reviewed and updated the process by which the audits are undertaken, whilst maintaining a commitment to the process. This review was in part a response to concerns that had been raised by the health sector in relation to information governance.These concerns did lead to some delay in the implementation of the multi-agency audit programme which was reflected in comments in the Ofsted inspection. However, agreement to the revised audit approach did enable the programme to proceed. Partner agencies have committed significant resources to the NCSCB Multi Agency Audit process to ensure a robust process is implemented that is compliant with all legislation, policy and procedures. The NCSCB Business Office has supported all parts of the process.

The 4 audits undertaken in during 2013 / 14 focused on:

- Domestic Violence
- Children in care placed in external residential placements.
- Quality of Initial Child Protection Conferences (ICPCs)
- Early help and the quality of CAF assessments.

The outcomes of the fourth of these audits were not reported at the time this annual report was written since it only completed in June 2014.

The outcomes of the first three are set out in the impact section below.

Ensure Sexual Abuse is effectively managed by partner agencies, including the Identification & management of Sexual Abuse and Child Sexual Exploitation.

Policy and practice guidance on responding to and tackling sexual abuse was reviewed and revised alongside the family of policy and practice guidance documents that were revised and re-issued in the wake of the publication of Working Together 2013. The new policies and guidance are available on the NCSCB website.

Child Sexual Exploitation has been a key priority for the NCSCB since the publication of the DfE National Action Plan on CSE issued in November 2011. In recognition of the priority placed on this work a cross-authority sub-group has been in place with Detective Inspector from Nottinghamshire Police as its chair.

There are sixteen members of the group from the following organisations:

Nottinghamshire Police (Sexual Exploitation Investigation Unit)
Nottinghamshire Police (Children in Care)
NSPCC
Nottinghamshire Safeguarding Children Board
Nottinghamshire Children, Families & Cultural Services
Nottinghamshire County Families and Cultural Services (Social Work)
Nottinghamshire County Targeted Support & Youth Justice Services
Nottinghamshire County Health Partnerships
Nottingham City Children's Safeguarding Board
Nottingham City Schools & Education Safeguarding
Nottingham City Care Partnership
Nottingham City Children's Social Care
Nottingham City Family Community Teams

The aim of the sub-group is to meet the LSCB responsibilities outlined in the National Tackling Child Sexual Exploitation Action Plan (December 2011).The group meets on a three monthly basis and has been very well attended.

Key objectives during 2013/14 have been to:

1. Establish a training working group to:

a) Develop a training programme which is suitable for use across the agencies
b) Identify which agencies and groups of workers need to have training & who will deliver it
c) Specifically identify how to engage with school staff & governors
d) Identify mechanisms for rolling out training

2. Identify how to engage with young people

3. Identify how to minimise the risks facing looked after children living in residential homes

4. Identify the proliferation of CSE within girls in gangs

5. Map the levels of CSE and related data within the Police, City & County to include:

a) Referral data related to Police & Local Authorities
b) Outputs
c) Cross reference to missing children & other related data.

6. Work towards the establishment of a cross-authority co-located multi-agency team with:

a) LSCB support
b) Standard operating protocols
c) Establish who will be partners

7. Develop improved working practises between agencies to strengthen investigations and prosecutions.

8. NSPCC Seminar to be held again in November 2013

9. Develop engagement with communities for the to be involved in the awareness and prevention of CSE

These issues have formed the key focus of the work of the group and progress made is set out in the 'impact' section below.

<u>To strengthen inter-agency working and recognise domestic violence as a priority safeguarding concern. For work in this area to consider issued of sexual violence, forced marriage, FGM and trafficking</u>

The Domestic and Sexual Violence Strategy Group has reported regularly to OMG throughout 2013/14 and there has been more robust monitoring and evaluation of performance data emerging from this and its supporting groups to enable the safeguarding boards to monitor levels of domestic abuse and the effectiveness of responses both in relation to victims and perpetrators.

The key priorities of the group this year have been:

- To ensure effective coordination of multi-agency safeguarding services for children, young people and vulnerable adults; deliver a robust governance system for the NCSCB / NCASPB that is able to respond to local and national developments in safeguarding as required.
- To embed a learning system within the NCSCB and NCASPB and quality assure these within partner agencies

Key work undertaken during 2013/14 has included:

1. Analysis and review of Domestic and Sexual violence data reporting
2. Development of the Domestic Homicide Review Assurance and Learning Implementation Group
3. Ongoing quality assurance of Domestic and Sexual Violence Sub Groups

4. Overview of awareness raising and domestic and sexual violence campaigns across Nottingham City
5. Receive feedback from the Safer Nottingham Board and Nottinghamshire County Reviews

The impact of the work is set out later in this report.

Ensure safeguarding practice and processes are in place for children, young people and vulnerable adults who:

- Go missing from home
- Go missing from school
- Go missing from care

Work to address the 'Missing' agenda in the children's arena has been led by the Missing Children Task and Delivery Group.

The overall aim of the group is to contribute to the safeguarding of children who go missing in Nottingham City by ensuring the development, implementation and review of effective arrangements across partner agencies, within the context of the national strategy to reduce the number of children and vulnerable adults who go missing from home or care – Missing Children and Adults – A Cross Government Strategy, 2011.

The role and functions of the group are:

- To quality assure the work being undertaken in relation to missing children in Nottingham City, identify gaps in service provision and propose action to address these.
- To receive and interrogate data regarding missing children and identify an appropriate forum to ensure children are safeguarded.
- To performance manage the Missing Children Service.
- To identify and report trends in relation to missing children.
- To benchmark data against other local authorities.
- To identify barriers to good practice.
- To identify trends in relation to missing children.
- To identify resource issues.
- To brief group members in relation to research findings/ best practice.
- To direct activity of sub groups.
- To recognise the relationship between missing children and child sexual exploitation and to maintain close working links with the CSE Cross Authority Group.
- To take a strategic lead in the co-ordination of children who go missing from home and school.
- Scrutinise performance taking a robust approach to data collation and analysis to inform practice

Work undertaken during 2013/14 included:

- The development of robust systems for the effective management and tracking of missing children
- Monthly meetings with the Police and the County to discusses the top 5 repeat multiple missing young people in each local authority to quality assure the interventions.
- Ensuring robust systems are in place for the management and tracking of children missing from Nottingham City local authority care.
- Ensuring timely notifications of missing episodes by Police to Nottingham City
- Implementing robust systems for the management and tracking of children missing from Nottingham City LAC placed out of the City
- Ensuring systems for the management and tracking of children missing from home service that has resulted in 100% completion of return interviews where one is assessed as required
- Securing partnership working with social care to improve the recording of return interviews with children who are open to them.

The impact of this work is set out in the 'Impact' section below.

<u>To work to Codes of Practice and Safeguarding Procedures which are up to date and 'fit for purpose'.</u>
In the light of Working Together 2013 it was agreed that we should undertake a comprehensive review of our safeguarding policies and practice guidance. This was undertaken and completed during 2013/14 and the outcomes are set out in the 'Impact' section below.

<u>Assurance that risks associated with self-directed support and personal health budgets have been identified and support for the safe management of these is in place.</u>

Adult Social Care has joined the 'Making Safeguarding Personal' programme led by ADASS and the Local Government Association. The purpose is to develop an outcomes focussed, person centred approach to safeguarding. The aim will be to:

- Ensure that citizens referred for services define the outcomes they want as a result of the safeguarding intervention (or outcomes that are defined through Best Interest Assessments or with representatives or advocates if people lack capacity)
- Measure and evidence the amount of citizens whose expressed outcomes are fully or partly met.

In addition steps are being taken to ensure that there are appropriate 'checks and balances' in place to ensure that where people have personal budgets and self-directed support are appropriately enabled to safeguard themselves and be safeguarded by those providing their services.

<u>Assurance that all commissioning of services for children, young people and vulnerable adults includes robust arrangements to safeguard and promote the welfare of children, young people and vulnerable adults.</u>

There has been considerable work undertaken this year to work with the Health and Well-Being Board and with individual commissioners at ensuring that there are robust and effective mechanisms in place to secure effective safeguarding through commissioning. This has been set in the context of the 'Think Family' concept whereby safeguarding needs are understood in the wider family and community context.

Specifically the NCASPB has received regular reporting on the action taken by relevant partner agencies in response to the Winterbourne View and Francis Reports to provide assurance that appropriate and robust action has been taken to address the learning arising and the expectations of services set out by Government.

There has similarly been specific focus in the NCASPB on the quality of care and safeguarding in residential care and nursing homes some of which have caused concern in terms of safeguarding performance, particularly those that have featured in SCRs and SILPs. CQC has engaged in these discussions and has attended NCASPB meetings to contribute to the planning and developments to improve performance in this area.

Review and evaluate governance arrangements.

Three specific strands of activity were undertaken this year to ensure governance arrangements remain strong and robust particularly at a time of legislative change.

First, the annual development day included a session to review the aligned governance arrangements that had been put in place to better co-ordinate the work of the NCSCB and the NCASPB.

Second, a self-assessment against the new Ofsted framework in preparation for the inspection that took place in March 2014 included consideration of how well the NCSCB governance matched the requirements and expectations of Working Together 2013.

Third, a self-assessment of the NCASPBs ability to meet the emerging requirements of the Care Bill/Act was undertaken to test projected compliance.

Be assured that children, young people and vulnerable are involved in decisions made about them and care planning process.

The NCSCB secures assurance in this area of work from the annual reporting of the IRO service. This is set out in detail in the section on 'Business Priority 2' later in this report.

Raise awareness of safeguarding issues and the responsibilities of the NCSCB / NCSAPB partner agencies and the wider community in safeguarding

A new communication strategy was developed during 2013/14 but the actions arising from this have yet to be rolled out and are a key feature of the Business Plan for 2013/14.

In addition the Training and Development Programme is a key means of disseminating key messages particularly those from learning processes such as SCRs, SILPs and other forms of review and audit. The Training and Development Programme is covered in greater detail under the section entitle 'Business Plan Priority 4' below.

Effective information sharing across all NCSCB / NCASPB Business

The information sharing protocol was reviewed and revised as part of the wider review of policy and practice guidance mentioned above.

What has been the impact

Working Together

All the requirements of Working Together 2013 have been acted on and arrangements put in place by the expected deadlines including the publication of the assessment framework, threshold protocol and learning and improvement framework. Since these were all approved in March 2014 their impact cannot be assessed as part of this annual report. However, monitoring and evaluation of the impact of all three arrangements is integrated into our quality assurance and performance management arrangements for 2014/15.

In terms of overall governance Ofsted commented that Governance arrangements of the NCSCB were well established, effective and ensured compliance to statutory responsibilities.

Ofsted also commented positively on the early impact of the Learning and Improvement Framework as follows:

> 'The NCSCB is supported by a recently developed Local Learning and Improvement Framework, which appropriately co-ordinates learning activity from serious case reviews (SCRs), Significant Incident Learning Process (SILPs) audit activity, data analysis and local intelligence. Since January 2013, five serious incident notifications have been made to Ofsted by Nottingham City. Serious incident notifications are managed effectively, with recorded outcomes for all five that have led to SCRs, SILPs, single agency reviews or been appropriately managed via the Child Death Overview Panel (CDOP).'

The Care Bill/Act

As set out above the NCASPB has assessed its readiness for the Care Act 2014 against the ADASS 'Top Ten Tips' framework but little change has yet been implemented since further information is yet to be published by the Department of Health before we can have absolute clarity about expectations.

Assurance that actions arising from Eileen Munro's Action Plan are in place and being implemented across the partnership

We have used the multi-agency audit processes to test effectiveness in this domain.

A number of general points arose from the multi-agency audit processes as follows:

- There was evidence in all audits undertaken of proactive multi-agency information sharing and of agencies working together in the majority of cases.

- There was however mixed evidence in relation to the impact of early intervention and the use of CAF in a number of the cases. This coincided with lack of knowledge of the Family Support Strategy & Pathway and which agency / practitioner should take responsibility for initiating / leading this work. This is also a feature within a recent Serious Case Review completed by NCSCB. These findings also resonated with some of the conclusions reached by Ofsed in their inspection in March 2014.

- The quality of assessments, recording and understanding of risk varied across the cases.

Action plans arising from each audit have been developed. It is evident that several actions are already being addressed via other quality assurance processes, such as the learning arising from serious care reviews and the children in care project.

There were also some specific issues arising from the multi-agency audit programme as follows:

Domestic Abuse Multi-Agency Audit

This audit identified a number of strengths. There was evidence of good communication between agencies, and professionals demonstrated confidence in challenge and used escalation processes effectively. In one case, a routine enquiry about Domestic Violence led to disclosure and subsequent interventions. This demonstrated the value of routine enquiry. In another case, safeguarding processes were timely including early strategy discussion and a discharge planning meeting be held.

The audits highlighted the complexity of domestic violence and its potential impact on agencies' ability to work positively to protect children. There was evidence of perpetrators being manipulative in relation to agency involvement, which attempted to divert the focus away from the safeguarding concerns. Particular care was required when using interpreters to ensure that the perpetrator did not manipulate that service. In addition, there was evidence of an over optimistic view of family members ability to protect in cases of domestic abuse.

The impact of additional vulnerabilities in relation to learning difficulties, substance use, language and age was evident from the audits and it was recognised that these factors must be considered in all risk assessments.

Children in Care in Private Residential Establishments

Again this audit identified a number of strengths and some areas for development. There was evidence of regular consultations held with CAMHS and in one case there was evidence of a good package of support for the young person emotional wellbeing including YOT, CAMHS and substance misuse services. Preventative work completed by the Family Community Teams and Targeted Support Team was found to be of a high standard and there was evidence of a through CAF being completed.

In addition, there was evidence of identifying the need to place children outside of Nottingham City as a result of safeguarding needs. In both cases, these decisions were reviewed appropriately and regularly and in the case of one child, a return to Nottingham was sought and secured in a timely manner once the safeguarding issues were addressed.

With regard to areas for development, there was a lack of evidence of a full assessment being undertaken and used to understand the children's support needs in care and to match them individually to the private residential placements. Assessments were not reviewed following admission to care and there was evidence in one case of health assessments not being completed in a timely way.

The audits found that regular, formal information sharing between the private residential establishments and Nottingham City Council (both Social Workers and the Placement Team) is essential, particularly in relation to behaviour management (including models and use of restraint) and safeguarding issues. This should be clearly recorded in the young person's file.

The importance of health assessments and support, particularly when children are living away from Nottingham City, was highlighted, with the need to ensure health agencies are informed of the placement in timely way.

Initial Child Protection Conferences (ICPCs)

The audit focusing on the quality of ICPCs included the development of a specific process and bespoke tools to measure effectiveness against the following standards:

- The threshold for ICPC
- Appropriate agencies being invited and attending
- The timescale between section 47 enquiries being initiated and ICPC being held
- Multi-agency sharing of information
- Participation of child / family
- Child focused and considering individual children in the family separately
- Decision making regarding child protection plan, the evidence for this decision and agency agreement.
- Appropriate outline Child Protection Plan, involving all agencies and the family
- Appropriate recommendations that are SMART and outcomes focused
- Identification of contingency plans
- The timescale of the first Core Group, inclusion of appropriate agencies and presence of a full child protection plan.

The audit found that timescales for child protection processes and ICPCs were generally adhered to, strategy discussions were held between Police and Social Care and ICPCs were quorate, with a broad variety of appropriate agencies invited and attending. Further development of strategy discussions to include health colleagues was identified within the audits.

The threshold for ICPC was met in all cases and the children became subject to plan in all cases.

No children attended the ICPCs audited, generally because they were either too young or the conference related to an unborn child. However, where the children were old enough, which was in 3 of the 10 cases, there was no explanation recorded as to whether they were invited or not. There was very little evidence of the consideration of children requiring advocacy support and services. In the majority of cases the mother or father attended the conference and in 3 cases, both parents did. There was evidence that further consideration of the management of ICPCs when domestic violence is a factor and the perpetrator attends would be beneficial and ensure that the survivor is able to contribute fully and risk appropriately assessed.

Social Workers attended all ICPCs and on a number of occasions, both the team responsible for bringing the case to conference and the team responsible for work going forward were in attendance, providing a robust handover and understanding of the case. For those ICPCs considering unborn babies, it would be useful to have both the midwife and the health visitor in attendance at the ICPC and the Core Group to ensure information is known to both agencies. There was no GP attendance at any of the ICPCs sampled. It was not always clear whether they were invited, if they sent apologies and how information will be fed back to them. The recording of ICPC's did not make it clear which agencies / individuals were invited, whether apologies were sent and which agencies submitted reports.

In those cases where the IRO started the conference by asking the parents why they thought the meeting had been called, this resulted in a positive discussion about the potential safeguarding risks present for the children. Signs of Safety was used in 4 ICPCs and provided good evidence for all agencies views of the specific risks and protective factors.

Religion was not recorded for any of the children in any agency records and there was little evidence in the ICPC minutes directly addressing the individual needs of the child(ren) in relation ethnicity, gender, disability.

Social Care records and ICPC minutes show evidence of discussing the assessments, the outcome of ICPCs and safeguarding risks with parents. However it was found that reports from social care were often not available until the day before the ICPC and were not always shared with parents beforehand. Further exploration of partner agencies role within these discussions would support the development of robust, multi agency, safeguarding interventions. Following the ICPC, it is not evident that it is routine practice for the Social Worker to visit the parents / children to confirm the decisions of the ICPC to ensure they understood the issues and their role in the Child Protection Plan.

Ensure Sexual Abuse is effectively managed by partner agencies, including the Identification & management of Sexual Abuse and Child Sexual Exploitation.

To reflect the importance of this area of work the CSE Action Plan has been included as appendix 3 to present a detailed account of progress that has been made against key priorities.

Some challenge has presented to the sub-group by the fact that it is cross authority sub-group and reports into two LSCBs. This has caused difficulty at times in the progression of the action plan as a result of the differing needs of the two boards. Reporting to the two boards has risked delay in decision making for the group and support for recommendations. The working timescales of both boards can work differently at times and again this causes difficulty when we are trying to progress actions consistently across the board. These are matters that are being addressed through the creation of a cross-authority strategic group that will operate in 2013/14.

It is evident over the last year that referrals relating to organised CSE have decreased which is recognised in the data held by both Police and Children's Social Care. Service delivery has improved due to a closer working relationship between the Police, Children's Social Care and the Local Authority. There is better link up in relation to information sharing. Awareness of CSE has vastly improved due to the training events set up by the group and the productions of the theatre project to schools.

There is certainly an increased awareness of CSE around the City and request for information are increasing by the day. The group has also received a number of requests for presentations around CSE to various organisations. This is a clear indication that the word is spreading and interest increasing. This does rise and fall with any media coverage of CSE cases which recently have been low.

Since the creation of CSECAG in January 2012 considerable work has been completed around the action plan and the priorities areas of work have been completed or are ongoing. The awareness training for professionals is now set within safeguarding training and we are looking to provide assessment to see if we are reaching the target audience.
The theatre production of LUVU2 is of great credit to the group in these times of austerity but critical in providing support to children and young people. The support of both Boards around this item has been well received and allowed us to progress the full production to all schools with the City Authority this year. This will probably be the last time that LUVU2 is employed for awareness input to children.

The development of both the Practitioners Group and the Concerns Network from CSECAG is a major step in the improvement of multi-agency working for CSE and will develop further to the possibility of co-located teams. The virtual team process is also being developed as an interim measure.
The agreement to appoint CSE Coordinators is also a major step forward in allowing the centralisation of recorded data around CSE. At present this work is being undertaken by the Police and shared to other organisations. The role of the coordinator will enhance this process and develop the production of relevant data for monitoring the extent of CSE within the City.

The action plan is constantly reviewed to include any recommendations from the number of reports around CSE to make sure that it is current and appropriate and the work is necessary in the overall picture for CSE.

To strengthen inter-agency working and recognise domestic violence as a priority safeguarding concern. For work in this area to consider issued of sexual violence, forced marriage, FGM and trafficking

The Domestic and Sexual Violence Strategy Group held a development eventto review the purpose and function of the group to ensure that the agenda continues to move forward. As a result of this, an action plan was been developed and additional sub groups are to be established.

The Ofsted inspection of Nottingham City highlighted good practice and partnership working in relation to the MARAC and DART.

A Joint Commissioning Group has been established to look at the future commissioning arrangements in relation to the Domestic Abuse agenda.

Domestic and Sexual Violence Data

Sexual Violence Offences												
Cumulative	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**
2012/13	23	47	91	126	147	170	195	225	267	297	331	359
2013/14	24	55	92	140	161	193	218	243	275			
+/- Target (12/13)	1	8	1	14	14	23	23	18	8			
% +/- Target	4.3%	17.0%	1.1%	11.1%	9.5%	13.5%	11.8%	8.0%	3.0%			

Sexual Assault												
Cumulative	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**
2012/13	9	20	43	58	66	81	95	118	141	159	175	191
2013/14	11	25	40	72	81	103	117	131	150			
+/- Target (12/13)	2	5	-3	14	15	22	22	13	9			
% +/- Target	22.2%	25.0%	-7.0%	24.1%	22.7%	27.2%	23%	11%	6%			

Rape												
Cumulative	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**
2012/13	14	27	48	68	81	89	100	107	126	138	156	168
2013/14	13	30	52	68	80	90	101	112	125			
+/- Target (12/13)	-1	3	4	0	-1	1	1	5	-1			
% +/- Target	-7.1%	11.1%	8.3%	0.0%	-1.2%	1.1%	1.0%	4.7%	-0.8%			

There were 275 Sexual Violence Offences recorded which shows an increase of 8 more offences. However the increase has declined since September from 13.5% to 3%.

Sexual Assaults indicate a 6% increase of 150 offences which is 9 more than last year.

Rape and Attempted Rape show 125 being reported from April to December which is one fewer than last year.

Domestic Incident Calls to the Police												
Cumulative	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**
2012/13	940	1981	2986	4058	5071	6007	6892	7827	8822	9824	10736	11745
2013/14	991	2067	3195	4498	5719	6771	7741	8727	9837			
+/- Target (2012/13)	51	86	209	440	648	764	849	900	1015			
% +/- Target	5.4%	4.3%	7.0%	10.8%	12.8%	12.7%	12.3%	11.5%	11.5%			

Domestic Violence Calls, Crimes and Detections have seen significant increases in April to December 2013/14.

Survivor Offender Relationship by Gender and Age			Offender															
			Female								Male							
			16-17	18-24	25-31	32-38	39-45	46-52	53-59	60+	16-17	18-24	25-31	32-38	39-45	46-52	53-59	60+
Survivor	Female	16-17										2	1					3
		18-24		1			1	1				44	18	9	2			76
		25-31		2		1						5	21	7		1		37
		32-38			1						2	2	8	15	5	1		34
		39-45		4							1	8	5	10	14	2	2	1	47
		46-52			2			2		1		5	7	2	12	11	1		43
		53-59			1	1					1	2		1	1		3	1	11
		60+		1		1	1					2		5			1	1	12
	Male	16-17																	0
		18-24		2	5		1					1	6			1			16
		25-31		6	1							1	1	1					10
		32-38			3	3						1							7
		39-45	2	2	2	3	3	2			2	1		1			1		19
		46-52			1		1		1		1	2		2				1	9
		53-59				2		1	1										4
		60+				1				1		3							5
			2	18	16	12	7	6	2	2	7	79	67	53	34	16	8	4	

The most common survivor/offender demographic for Domestic Violence between partners continues to be male offenders aged 18-24 against female survivors aged 18-24.

Aspley continues to be the Ward with the highest level of reported Domestic Violence Calls and Crimes; however, a 6% reduction has been seen in the volume of reported Domestic Violence crimes in the Ward.

Aspley may be showing a reduction in repeats due to the Aspley Project (50K home office funding for Equation to deliver prevention work in the area, led by Mark Andrews from Nottingham City Council, Children's Services).

The two Wollaton Wards have consistently shown the lowest volume of Domestic Violence Calls and Crimes in the Division. Dunkirk and Lenton has also seen a comparably low volume of reported Domestic Violence Crimes.

All Wards, with the exception of Arboretum, Bridge, Clifton North, Dunkirk and Lenton, Wollaton West and Wollaton East and Lenton Abbey, have seen increases in reported Domestic Violence Calls when compared to the same period the previous year.

Dunkirk and Lenton and Aspley have seen reductions in Domestic Violence Crimes, where the volume of Calls has remained stable or also seen a reduction. The level of reported Domestic Violence Crimes in Clifton North has remained static.

Domestic Violence Crimes figures have reduced in the City Centre. 57.03% of these Crimes were reported as being connected to the Night Time Economy (73 crimes).

Ensure safeguarding practice and processes are in place for children, young people and vulnerable adults who:

- Go missing from home
- Go missing from school
- Go missing from care

We have continued to develop our performance data so that we can identify whether or not repeat missing incidents are reducing. We have continued to focus on high profile LAC and scrutinise specific placement types to enable full analysis or conclusions to be drawn, for example about where children are more likely to run away from or whether or not being in or out of the County is relevant

Achievements to date include:

- A developing performance framework and a 70% increase in return interviews of children known to services.
- 100% return interviews of children not known
- Strong partnership working to safeguard
- CAF initiation in families where further support has been identified
- Robust sub group activity to ensure compliance across the services in keeping children safe
- Initial agreement from the Police to place a Missing Co-ordinator with the Missing team at Loxley House.

Further improvements identified include:

- Ensuring that social workers complete the return interviews in a timely fashion;
- Ensuring that the data system is aligned within Carefirst so that it is possible to report on missing children and produce performance reports that can flag concerns and success.

The data from October –March 2013/14 compared with the same period 2012/13 shows a 27.8% rise in missing episodes and 10.1% rise in numbers of children who have gone missing. There has been a large increase; however this may be explained to some degree by better reporting and data capture. Broadly speaking there is little evidence of improving trends in relation to missing children.

Given the evidence from research on the risks and negative outcomes associated with missing children this picture suggests that much more needs to be done both in terms of policy and practice to tackle the issue of young people going missing.

There is a need for focused family interventions to reduce running away.Research has highlighted the strong links between family experiences and running away. This has firmly identified running away as a response to family difficulties (in contrast to the earlier tendency in US research to seek individual psychological explanations for running away behaviour).
In particular it suggests the need for targeted support for young people who are experiencing family change, and are living in high conflict and/or low warmth family environments. Where more than one of these factors coexist, the likelihood of running away is very much higher than average. A preventative strategy around running away needs to address these key, running away should be seen as a trigger for early intervention.

Research has also significantly strengthened the case for running away to be seen as a trigger for an early intervention in young people's lives. A previous history of going missing is associated with significantly lower than average current levels of well-being. This is important because it indicates that running away is not just a temporary issue – young people who run away repeatedly are young people who have ongoing negative experiences in their families, with their friends, at school and in their lives in general.
Previous research has shown that these types of findings hold true even for young people who may only have ever run away once or twice and did not stay away overnight. It is important therefore that professionals view any incident of running away, however time-limited, as an indicator of potential longer-term harm.

Clearly all of the above must be seen in terms of LAC children and those who remain at home. I believe it shows that our response to first time missing is a significant opportunity to engage and make a difference.

To work to a Code of Practice and Safeguarding Procedures that are up to date and fit for purpose
As mentioned earlier in this report a comprehensive review and revision of Board policies and practice guidance was undertaken in 2013/14 and the new frameworks were all issued in April 2014.

Assurance that risks associated with self-directed support and personal health budgets have been identified and support for the safe management of these is in place.

This is covered under 'Business Priority 2' later in this report.

Assurance that all commissioning of services for children, young people and vulnerable adults includes robust arrangements to safeguard and promote the welfare of children, young people and vulnerable adults.

The Board has received assurance that steps taken in Nottingham City to address the post-Winterbourne View and post-Francis Report expectations in relation to safeguarding have been taken and have proven effective. These positions continue to be monitored.

Review and evaluate governance arrangements.

As set out earlier in this report Ofsted commented positively on the governance arrangements that are in place for the NCSCB.

The NCASPB arrangements were self-assessed to place us in a strong position to implement the requirements of the Care Act 2014 but we have yet to see detailed guidance to enable us to complete our assessment and put in place any actions that require attention.

Be assured that children, young people and vulnerable are involved in decisions made about them and care planning process.

This is covered under ‘Business Priority 2’ below.

Raise awareness of safeguarding issues and the responsibilities of the NCSCB / NCSAPB partner agencies and the wider community in safeguarding

This is covered under ‘Business Priority 4’ later in this report.

Effective information sharing across all NCSCB / NCASPB Business

The review of the information sharing protocol was completed and the impact of this will be monitored and evaluated during 2014/15

What do we need to do in the future?

Working Together

The key priority for 2014/15 is to monitor and evaluate the impact of the new Working Together 2013 arrangements most particularly the impact of the assessment framework, the threshold protocol and learning and improvement framework.

In addition the NCSCB has formulated an action plan to address the areas for improvement identified in the Ofsted review of the LSCB and this will be a key focus in our quality assurance and performance management arrangements.

The Care Bill/Act

A key priority in our Business Plan for 2014/14 is to implement the expectations of the Care Act 2014 most specifically in relation to its requirements of Safeguarding Adults Boards.

Ensure Sexual Abuse is effectively managed by partner agencies, including the Identification & management of Sexual Abuse and Child Sexual Exploitation.

Consideration will be given to amalgamating the CSE Sub-Group with the Missing sub-group . This has been proposed recently by the OMG but the initial thought is that it will make the group too large and inefficient. One thought is to join the two groups but create a separate City and County sub-group of CSE/Missing. This would assist in the alleviating the differences with the two LSCBs detailed above in point 6.

To strengthen inter-agency working and recognise domestic violence as a priority safeguarding concern. For work in this area to consider issued of sexual violence, forced marriage, FGM and trafficking

Areas of work to be taken forward in 2014/15 include

- Health Group

The CCG have proposed that the IRIS project is Citywide and extended

- LCJB Update

  The Domestic Violence Protection Orders and Domestic Abuse Disclosure scheme (Clare's Law) will be implemented nationally

- Childrens Group

  The Integrated Care Pathways will be commissioned and services will be mapped against these pathways.

- Voluntary Sector Group

  Police and Crime Commissioner will be commissioning the medium risk plus research. For a period of 18 months the University of Leicester will be looking at the best national and local practice; they will focus on assessment and response tools and delivery.

- MARAC Steering Group

  MARAC will now run all day in order to review complex cases. There are approximately 18-20 cases and outcomes monitored and actions completed.

<u>Ensure safeguarding practice and processes are in place for children, young people and vulnerable adults who:</u>

<u>- Go missing from home</u>
<u>- Go missing from school</u>
<u>- Go missing from care</u>

Priorities set for 2014/15 include:

- Establishing robust systems for the management and tracking of children missing from Nottingham City LA care.
- Implementation of the new guidance from the DFE that was released in January 2014. To develop an independent process in the return interviews that satisfy the new guidance for them to be completed by someone who is independent of case management.
- Supporting and developing practice with the aim of reducing the number of missing episodes and harm to young people. Ensuring children and young people's voices are heard voice is heard.
- Establishing an auditing programme that will enable us to quality assure the engagement within the return interview and associated processes and whether or not it has helped to support the young person to stop running away and resolve any problems. This will inform and identify what training is required and where.
- Developing a service satisfaction process through which the voice of young people are captured and implement service improvements based on feedback

<u>To work to a Code of Practice and Safeguarding Procedures that are up to date and fit for purpose</u>

During 2014/15 we need to monitor and evaluate the impact of the revised policies and practice guidance through our Quality Assurance and Performance Management framework.

Assurance that risks associated with self-directed support and personal health budgets have been identified and support for the safe management of these is in place.

This will be monitored and evaluated within our Quality Assurance and Performance Management framework during 2014/15

Assurance that all commissioning of services for children, young people and vulnerable adults includes robust arrangements to safeguard and promote the welfare of children, young people and vulnerable adults.

The NCASPB will continue to monitor performance against Government expectations in relation to the Winterbourne View and Francis Reports.

The NCASPB will also develop a means of securing assurance of improvements of safeguarding performance in residential care and nursing homes through its quality assurance and performance management arrangements.

Review and evaluate governance arrangements.

The key focus in 2014/15 will be reviewing and evaluating the governance arrangements for the NCASPB in light of the Care Act 2014.

Be assured that children, young people and vulnerable are involved in decisions made about them and care planning process.

We will continue to receive reports on progress in this area from the IRO service

Raise awareness of safeguarding issues and the responsibilities of the NCSCB / NCSAPB partner agencies and the wider community in safeguarding

The newly established Communication and Engagement Sub-Group will take the lead in promoting improvements in this field of activity.

Effective information sharing across all NCSCB / NCASPB Business

The information sharing protocol will be monitored through the quality assurance and performance management arrangements specifically through the multi-agency audit programme.

BUSINESS PLAN PRIORITY 2

To monitor the development of early help for children, young people and vulnerable adults and quality assure the effectiveness of this.

What we planned

Assurance that early help for children and young people is effective with evidence that it is being robustly monitored by partner agencies & making a difference to children and families.

Assurance that early intervention in adults safeguarding is effective.

What we did

The NCSCB has pursued three lines of activity to secure assurance of the effectiveness of early help particularly in relation to multi-agency work to support provision for children and young people:

- Extending the quality assurance and performance management framework to include key data on the number of early help referrals, the source of such referrals, the number of CAFs undertaken, the engagement of agencies in the CAF process and subsequent service responses, the impact of CAFs specifically in relation to any effect on subsequent referrals into child protection and care processes;
- Scrutinising and challenging early help strategic and service development proposals (in the context of the Family Support Strategy)that have been presented to the Children's Partnership Board both through the Independent Chair's attendance at these Board meetings and by presenting proposals to OMG and full Board meetings;
- Considering the impact and effectiveness of the Family Support Strategy and any actions required to improve cross-agency engagement in its delivery at the Safeguarding Assurance Forum.

In addition to these approaches a very specific piece of work was undertaken, partly in response to the expectations of Working Together 2013, to review and revise the Family Support Strategy as a means of developing the Threshold Protocol which became the responsibility of LSCBs. This work is outlined in greater detail in under Business Plan Priority 1 above.

In relation to early intervention for adults adult social care has led a multi-faceted Early Intervention strategy with the aim of prevention and early intervention in care settings to ensure the vulnerable adults are safeguarded and receive quality care.

The developments are:

- A jointly funded venture with the CCG to fund twoearly intervention workers to intervene, assess and support care homes when early warning triggers indicate a home is beginning to cause concerns amongst professionals involved in monitoring and regulation.
- A project led by Adult Social Care and funded by the CCG to develop a Virtual Dashboard with the aim of holding all monitoring and regulatory information from the City Council and partners in relation to registered care homes on a real time web based browser.

- The piloting of Dignity in Care Boards within care homes, which will be independently chaired and act as forums for complaints, concerns and improvements in the care home to be debated, explored and reviewed.

What was the impact of work undertaken

A key impact has been the revision of the Family Support Strategy through which we have secured greater clarity around thresholds for intervention across the continuum of provision for children and young people. This was informed by comments made by Ofsted inspectors during the inspection in March 2014. An important result of this work was to more specifically identify the thresholds and provision to be made for 'children in need' which had been a concern expressed by both the NCSCB and the Ofsted team.

In addition, monitoring of performance on early help had raised concerns about a reduction in the number of CAF referrals in the second half of 2013 and led to a review of the reasons for this reduction. Action taken in response to this scrutiny 'turned the curve' in terms of numbers of referrals – and shift recognised by the Ofsted team during the inspection.

Performance data relating to Early Help performance can be headlined as follows:

CAF Activity 2013/14

There were 1180 CAFs initiated across the partnership in 2013/14, which represents a 36.1% increase on the number initiated in 2012/13 of 867.

This is the highest figure in any given financial year of the number of CAFs initiated, eclipsing the previous highest figure of 1123 in 2011/12

The number of CAFs initiated in Quarter 1 for 2014/15 was 299 which keeps performance on track to meet the figure for last year. The figure is the highest number of CAFs initiated in quarter 1 in any previous year.

Initiation by Agency / Organisation

The largest agency increase in CAF initiation within this period was with Family Community Teams, with 643 CAFs initiated in 2013/14 compared with 375 in 2012/13 which represents an increase of 71.5%.

In 2012/13 the percentage of all CAFs initiated by Family Community Teams was 43.3%, for 2013/14 this figure had risen to 57.3%

Excluding the CAFs initiated by Family Community Teams, there has been an increase of the number of CAFs initiated between 2012/13 and 2013/14 of 9.1%

Outside of Family Community Teams, the other largest service/organisation initiators of the CAF are Health Visiting and Primary and Secondary Schools.

Between 2012/13 and 2013/14 there was a 19.7% increase in the number of CAFs initiated by Primary Schools (147 to 176), but a decrease of 13.2% of those initiated by Secondary Schools between those periods (91 to 79)

During this period there was also an increase of 31.9% of the number of CAFs initiated by Health Visiting from 116 to 153.

Initiation by Reason

The largest area of CAFs initiated in 2013/14 against the Family Support Pathway dimensions were within Education and Learning with 318 (27%). The other 3 most significant areas were Basic Care and Protection with 201 (17%), Emotional and Behavioural Development with 191 (16.2%) and Health with 181 (15.3%)

This is a pattern reflected in the previous year with the above 4 dimensions been the most prevalent. Education and Learning was similarly the largest with 268 (30.9%) of the initiations.

In regards to the four main service / organisation initiators of CAF against those main initiation reasons there is a degree of variation in terms of proportion,

Within Family Community Teams, 30.5% of CAF initiations for 2013/14 are within the area of Education and Learning, for Health Visiting it is lower at 11.1%, for Primary Schools 31.8% of CAF initiations are within Education and Learning and with Secondary Schools it is 41.8%

In respect of Basic Care and Protection, 19.6% of FCT CAF initiations for 2013/14 were within that area, for Health Visiting it was 28.8%, for Primary Schools it was 8.5% and for Secondary Schools it was 1.3%.

In respect of the Health dimension, 11% of FCT CAFs initiated were in respect of this area, for Health Visiting it was 18.3%, for Primary Schools it was 19.9% and for Secondary Schools it was 2.5%

In regards to the Emotional and Behavioural Development dimension, 13.8% of CAFs initiated by FCT were in this area, for Health Visiting it was 17.6%, for Primary Schools it was 15.9% and for Secondary Schools it was 30.4%.

Outcomes

Across the partnership as a whole, using the new closure reasons, the percentage of cases closed where needs were identified as being met was 62.3% for 2013/14 which is an increase on 2012/13 where needs met was 60.5%.

Into quarter 1 for 2014/15 there has been further improvement with 70.5% of cases closed with needs met.

The proportion of cases closed in 2013/14 due to increased risk/need was 19.4%. Increased risk / need covers escalation to a range of specialist services, the majority of which is escalation to Children’s Social Care but also covers transfer to YOT, FIP and Specialist CAMHS.

The percentage of those closed due to increased risk / need is slightly higher compared with the previous year, with 18.5% closing with increased risk / need in 2012/13.

For quarter 1 of 2014/15 this figure has reduced to 18.4%.

The proportion of cases closing due to non-engagement is largely static in 2013/14 (12.7%) compared to the previous year (12.8%). There is a greater reduction in quarter 1 for 2014/15 in closure for non-engagement at 9.2%

Outcome by Agency/Organisation

In regards to the outcomes achieved for the specific services / organisations, there has been a trend of increased needs met across most of the major initiators of the CAF between 2012/13 and 13/14.

There is also a pattern of increasing needs met into quarter 1 of 2014/15 across most of the main initiators of the CAF.

The proportion of cases closing with needs met from Family Community Teams increased to 65.1% in 2013/14 from 64.0% in 2012/13. For Q1 2014/15 this has risen further to 66.7%

The proportion of cases closing with needs met from Primary Schools has increased to 60.9% in 2013/14 from 46.5% in 2012/13. The figure has risen even further for quarter 1 of 2014/15 with 93.8% of cases closing with needs met (15 out of 16).

The proportion of cases closing with needs met from Secondary Schools has increased to 70.1% in 2013/14 from 67.1% in 2013/14. For quarter 1 of 2014/15 this has dipped to 55.6%

The proportion of cases closing with needs met from Health Visiting has risen from 50.7% in 2012/13 to 52.0% in 2013/14. For quarter 1 2014/15 this has increased to 69.2%

Outcome by Ethnicity

In respect of outcomes by ethnicity, the proportion of cases classified as White British closing with needs met in 2013/14 was 60.02% (295/490), for White Other it was 70.05% (24/34), for Asian background it was 79% (49/62), for Black background it was 67.8% (40/59), for Mixed Race it was 58.7% (64/109).

In the majority of ethnic groups, this was higher than in the previous year, reflecting the overall pattern of increased needs met. The only group that saw a decrease was for children of mixed race where the proportion closing with needs met for 2012/13 was 66.1%.

For 2012/13, the proportion of White British cases closing with needs met was essentially the same at 60.07% (254/418). For White Other it was lower at 47.8% (11/23). For Asian Background it was also lower at 71.8% but was still the highest ethnic group closing with needs met in that year. For Black British, the percentage was lower at 61.1%

Outcomes by Age

For 2013/14 the age groups with the highest level of needs met is for 10 and 11 year olds with 100% and 90% needs met respectively.

The ages with the lowest level of needs met is for 14 and 15 year olds with 35.7% and 35.3% needs met respectively. This is however followed by 69.2% of 16 year olds closing with needs

met (which is a higher percentage than 10 of the other ages) so this does not appear to indicate a particular pattern. In 2012/13, the percentage of 15 year olds closing with needs met was 82.4% which again suggests that there is not a particular age range that the data is identifying where the outcomes are markedly worse in a consistent way.

Outcomes by Initiation Reason

In 2013/14, the dimension where most needs were met was in Identity with 80.3% of cases closing with needs met. The dimension where cases closed with the least amount of needs met was Community Resources at 48.4%.

The data does not suggest that is a particular pattern. In 2012/13 55.1% of those under the Identity dimension closed with needs met whilst 71% of those under Community Resources closed with needs met.

Adult Services

The developments in adult services set out above were at an early stage of development in the year in 2013/14 but will be closely monitored and evaluated in 2014/15.

What do we need to do in the future?

A key priority for the NCSCB in the Business Plan for 2014/15 is to monitor and evaluate the impact of the Family Support Strategy in its guise as Threshold Protocol for the Board. Priority 2a in the Business Plan sets out four key actions that we intend to pursue in relation to Early Help. These are:

2a.1 The Local Authority Assessment Protocol is effectively implemented and secures impact.

2a.2 Thresholds for safeguarding children are clear, understood and consistently applied across the Partnership.

2a.3 That children receive the help and support they need at the earliest possible stage.

2a.4 That all children requiring protection and/or care have had the benefit of help and intervention at the earliest stage possible

The NCASPB has set out its intentions in priority 2b of the new Business Plan as follows:

2b.1 Vulnerable adults are receiving the support they need at the earliest possible stage and any safeguarding concerns are appropriately identified and referred.

BUSINESS PLAN PRIORITY 3

To continually improve multi-agency work to safeguard and protect children, young people, and adults and drive excellence in the system.

What we planned

Contribute towards the planning and commissioning of services for children, young people and vulnerable adults.

Ensure compliance with Working Together 2013 in relation to NCSCB Serious Case Reviews and implement actions effectively

Ensure NCASPB / NCSCB Serious Case Reviews and Significant Incident Learning Processes (SILPs) are undertaken in accordance with national guidance, best practice and the Board's practice guidance

Ensure compliance with Working Together 2013 in relation to Child Deaths and implement actions effectively

To ensure governanceand scrutiny of statutory duties in Nottingham in relation to the Deprivation of Liberty Safeguards Addendum (2007) to the Mental Capacity Act (2005)

To ensure that all agencies adhere to the principles of the Mental Capacity Act when working with adults who may lack capacity.

To ensure that safeguarding activity is monitored and recorded to meet national reporting requirements and to analyse an agreed set of common performance indicators to improve performance in all partner agencies.

Monitor the effectiveness of the safeguarding activity across partner agencies and support partner agencies tocontinually improve their safeguarding arrangements.

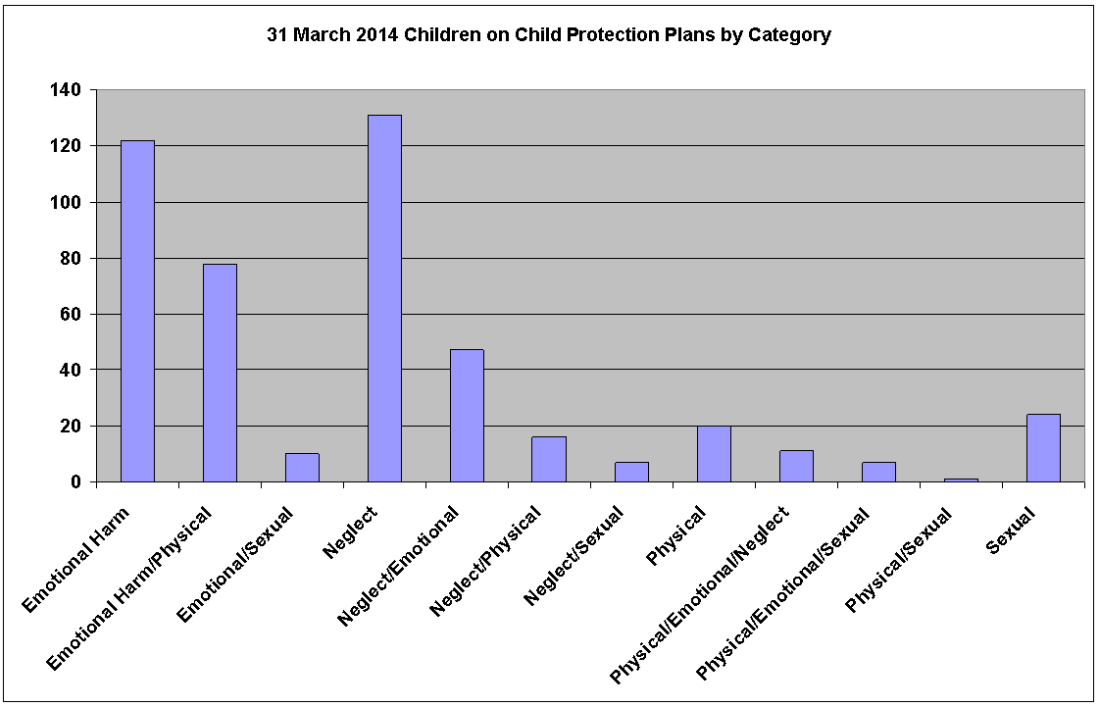
What we did and what was its impact

Child Protection

Children subject to Child Protection Plans

As of 31st March 2014 there were **479** children who were subject to a Child Protection Plan. This is an increase from March 2013 when there were **440** children subject to plans.

The breakdown with regard to types of plans are as follows:



Emotional Harm	122
Emotional Harm/Physical	78
Emotional/Sexual	10
Neglect	131
Neglect/Emotional	47
Neglect/Physical	16
Neglect/Sexual	7
Physical	20
Physical/Emotional/Neglect	11
Physical/Emotional/Sexual	7
Physical/Sexual	1
Sexual	24
Total	474

Neglect and Emotional harm figures are similar to national statistics. Figures from Department of Education for March 2013 show that children were deemed to be at risk of neglect in 41% of cases reflecting over 20,000 children, whilst for emotional harm that figure stood at 31.7% or over 16,000 children.

Figures for sexual harm have reduced from 27% [1994] to currently 2%. It is unlikely that this reflects a reduction in sexual harm, but perhaps a different focus nationally and locally for professionals, with Domestic Abuse, Neglect. Child Sexual Exploitation [a form of sexual harm] being the focus of national policy.

The above figures also highlight that there are 89 children subject to multiple categories of abuse; this is not common practice in many other local authorities. As conference chairs – the IRO has to establish where the risk is greatest and multiple categories risks minimising the purpose of having them.

Only 2.8% of children were subject to a safeguarding plan for 2 or more years. This compares favourably with 5.2% with our statistical neighbours and 4.8% of children subject to plans 2012/13. This is a positive trend and reflects the impact of earlier legal planning meetings and Public Law Outline.

Quality Assurance

High caseloads have limited the IROs capacity to fulfil their quality assurance function.

As mentioned earlier in this report case audits were undertaken in 3 social care teams: Screening and Duty, Care leavers and Disabled children team. The Principal Manager also audited IRO minutes and observed meetings.

Within Duty and Screening 15 cases were audited and the draft screening and duty tool kit was used. This tool focuses upon management oversight both at point of contact and referral, timeliness of assessments and the completion of checks, timeliness of transfer or closing of the case and outcome letters to referrers.

In almost all of the cases no concerns were noted with regards to management oversight, children were seen, there was evidence of agency checks undertaken and assessments were completed. Any concerns noted were case specific and these were shared with the team managers and Service Manager for action.

Within the Care Leavers team 7 cases were audited. These cases had not been audited before and it was important to establish that:

- the young person was clear about their pathway plan and level of support being offered
- the young person had a network of support external to social care and that they were prepared for independence
- that they were living in safe and secure accommodation

- that they are accessing training education or employment
- for those in custody that there were plans in place for their release and that they had been visited

There was evidence of good pathway plans and good analysis on the system. There was evidence that some plans had clearly been reviewed 6 monthly, and from the cases audited all young people were aware of their plan and the support to be given or being given. It was not possible to access the supervision records as they were not saved on the young person's file – this was raised with the managers for immediate action

Within the Disabled Children's Team 6 cases were audited. The use of the strength and difficulties questionnaire was commended, alongside clear evidence of statutory visits undertaken and records that reflected the child's story rather than correspondence.

Areas of improvement highlighted to the manager included;

* Recording for siblings to be separated onto the correct files

* Limited evidence of unannounced visits for child protection

* Supervision records not on file.

As highlighted within the Ofsted report, IRO minutes required 'smart' recommendations. Some minutes have read as a list of tasks for the social worker or core group to complete, and on occasion felt more like supervision and case planning rather than review.

Re-registrations have been a concern. In one instance the new child protection plan was commenced 6 months after the previous plan ceased. There has been discussion in team meetings and supervision regarding the sustainability of plans.

Use of the phrase 'by next review' is being challenged with some IROs setting clear timescales and actions. In LAC minutes there is evidence of the IRO seeing the child or young person before the review and participation continues to be positive.

The embedding of Signs of Safety and smarter plans should mean that over the next year it will be easier to evidence the needs of the child, what needs to change, by whom and when what the outcome was.

Private Fostering

A private fostering arrangement is one that is made privately (i.e. without the involvement of a Local Authority) for the care of a child under the age of 16 (under 18 if disabled) by someone other than a parent or close relative for 28 days or more.

Nottingham City Safeguarding Children Board has a responsibility to oversee private fostering arrangements within Nottingham and monitor the Local Authority's compliance with their duties and functions. In discharging this responsibility, an annual report is presented to the NCSCB Steering Group by the Local Authority Officer with lead responsibility for private fostering.

The figures in the table below show the Nottingham City figures for Private Fostering for the last 4 years are set out below:

	2010/11	2011 / 12	2012 /13	2013/14
Number of new Private Fostering arrangements	38	27	27	21
Number of cases where visits were within Private Fostering Regulation 4 requirements	3	27	27	17
Of these, the number of cases where this action was taken within 7 working days of receipt of notification of the Private Fostering arrangements	2	26	26	14
Number of new arrangements that began during the year	37	25	25	6
Number of PF arrangements that ended during the year	35	30	33	
As at 31st March - Number of children under Private Fostering arrangements	23	22	15	16

With the continuation of the performance monitoring system and management oversight, children being seen in timescales for those
beginning arrangements in the financial year has reduced from 96% to 81%

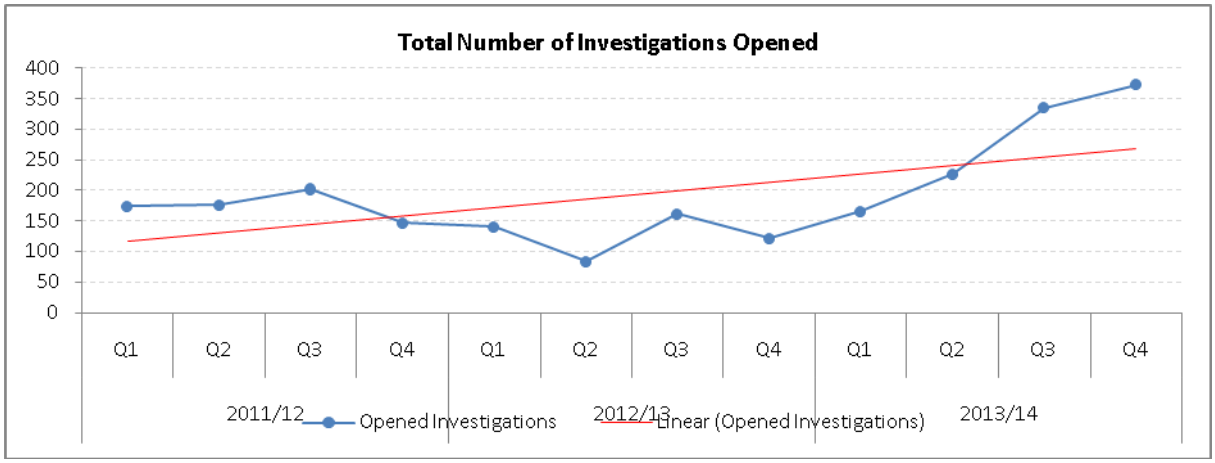
The overall number of children in private fostering is one higher than last year but much lower than in the previous two years.

The data relating to Private Fostering has been set out above. The Board remains concerned that there may be under-reporting of private fostering arrangements in the City and that despite earlier awareness raising programmes numbers are lower than historic data and have changed little on the performance in 2012/13. In addition the Board has sought improvements in performance against timescales given the data set out above.

Adult Safeguarding Performance Analysis

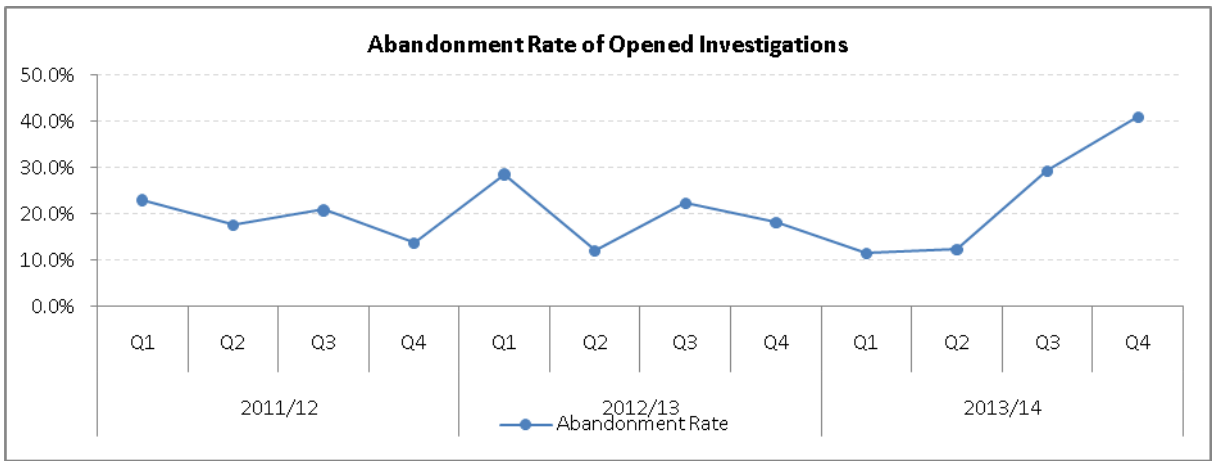
There were a total of 1,101 safeguarding investigations opened in 2013/14, with an upward trend in the last three quarters of the year (see chart 1). This upward trend is mainly due to multiple cases of abuse in a single location, such as a care home, taking place in quarter 3 and quarter 4 of 2013/14, therefore increasing the over total of investigations opened in these quarters.

Chart 1: Total Number of Investigations Opened



A further reason for this upward trend is that a number of investigations were abandoned in the final two quarters of 2013/14, with nearly 30.0% abandoned in quarter 3 and over 40.0% abandoned in quarter 4 (see chart 2). This increased level of abandonment suggests that a large proportion of contacts regarding safeguarding were found to be unwarranted after preliminary fact finding. It is unclear as to exactly why such an increase in abandonment has been recorded however high profile cases of abuse in the media could be one possible cause of a large amount of unwarranted contacts being made.

Chart 2: Abandonment Rate of Opened Investigations



Examining the demographics of the vulnerable adult that the alleged abuse took place against reveals that the majority of citizens were of a white ethnicity (83.2% of all investigations opened), a similar pattern to that seen in previous years (although in both 2011/12 and 2012/13 the percentage is slightly higher at 86.6% and 86.4% respectively). Citizens of a black/black British ethnicity account for 6.2% of opened investigations, a slight increase on the 5.5% recorded in the previous year, which in turn was an increase on the 4.7% recorded in 2011/12. 4.9% of citizens also had an unknown ethnicity, an increase of 1.5% compared to the previous two years, both 3.4%. Please see charts 3 and 4 for further details of opened investigation by ethnicity.

Chart 3: Opened Investigations by Ethnicity (Volume)

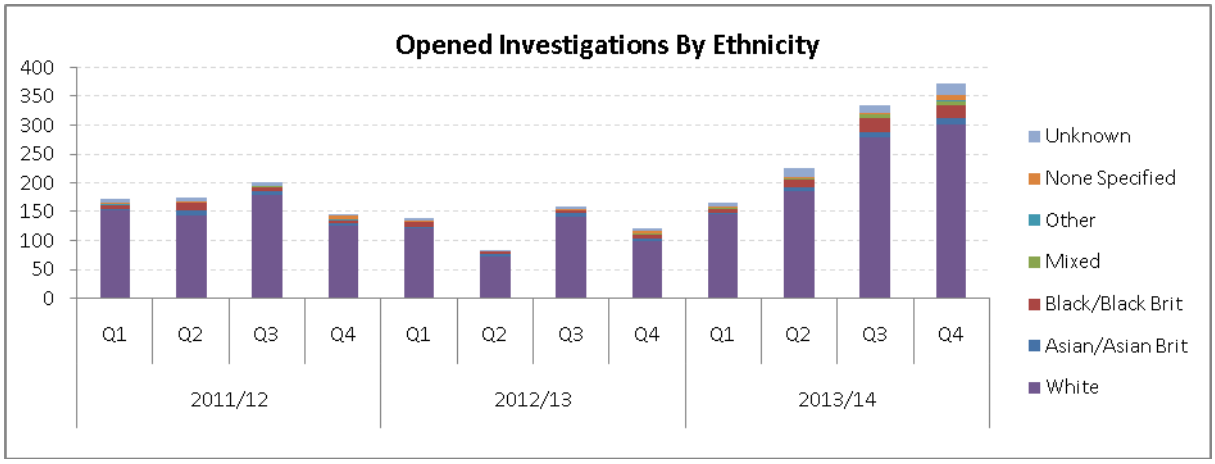
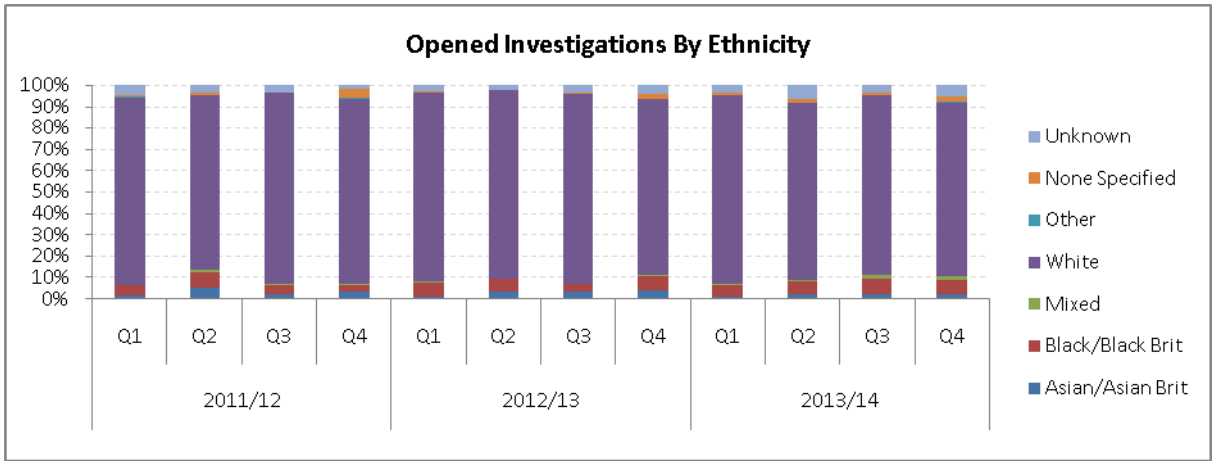
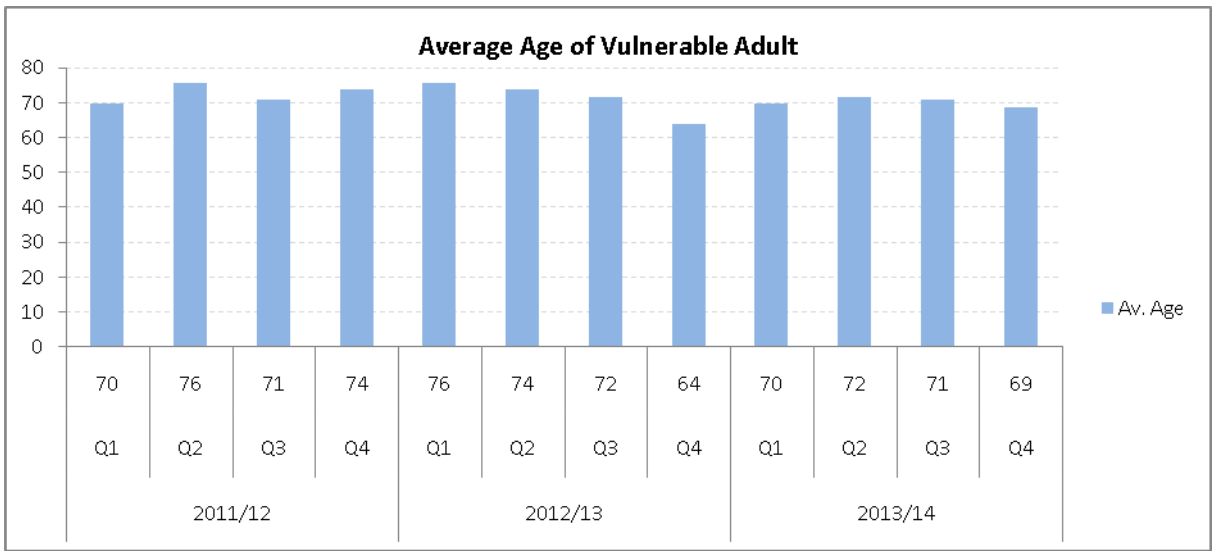


Chart 4: Opened Investigations by Ethnicity (Percentage)



In terms of age the majority of vulnerable adults that alleged abuse took place against are aged eighty one and over, with 41.3% of citizens within this age range. This is a decrease compared to the previous two years when 44.7% of citizens were aged eighty one or over in 2012/13 and 50.7% of citizens were aged eighty one or over in 2011/12. 19.8% of vulnerable adults that alleged abuse took place against were aged between seventy one and eighty, the seconded largest proportion in 2013/14. This is an increase compared to the previous two years, 17.6% in 2013/12 and 13.8% in 2011/12, and follows a similar pattern to the age range sixty one to seventy. This indicates that in 2013/14 a higher proportion of younger vulnerable adults (although still aged sixty one or over) had alleged abuse committed against them than in previous years and this can be seen in chart 5 with the average age of the four quarters in 2013/14 consistently lower than in previous years (excluding quarter four of 2012/13).

Chart 5: Average Age of Vulnerable Adult for Opened Investigations



In terms of Primary Client Category (PCC) of the vulnerable adult that the alleged abuse has taken place against the highest proportion of citizens have a PCC of physical disability, with 24.4% of citizens recorded as such. A significant number of citizens have a PCC of dementia, 22.8% of total citizens, meaning that nearly half of the vulnerable adults with alleged abuse committed against them have a PCC of either physical disability or dementia. This is a common theme seen throughout the previous two years. Within the last two quarters of 2013/14 a higher proportion of citizens with a PCC of mental health, learning disabilities and frailty and/or temporary illness has been recorded (please see charts 6 and 7), possibly indicating a change in profile, however it may not be possible to monitor this going forward as PCC is being replaced by Primary Support Reason (PSR) in 2014/15 and the categories in each may not match in order for a like for like comparison to be made.

Chart 6: Opened Investigations by PCC (Volume)

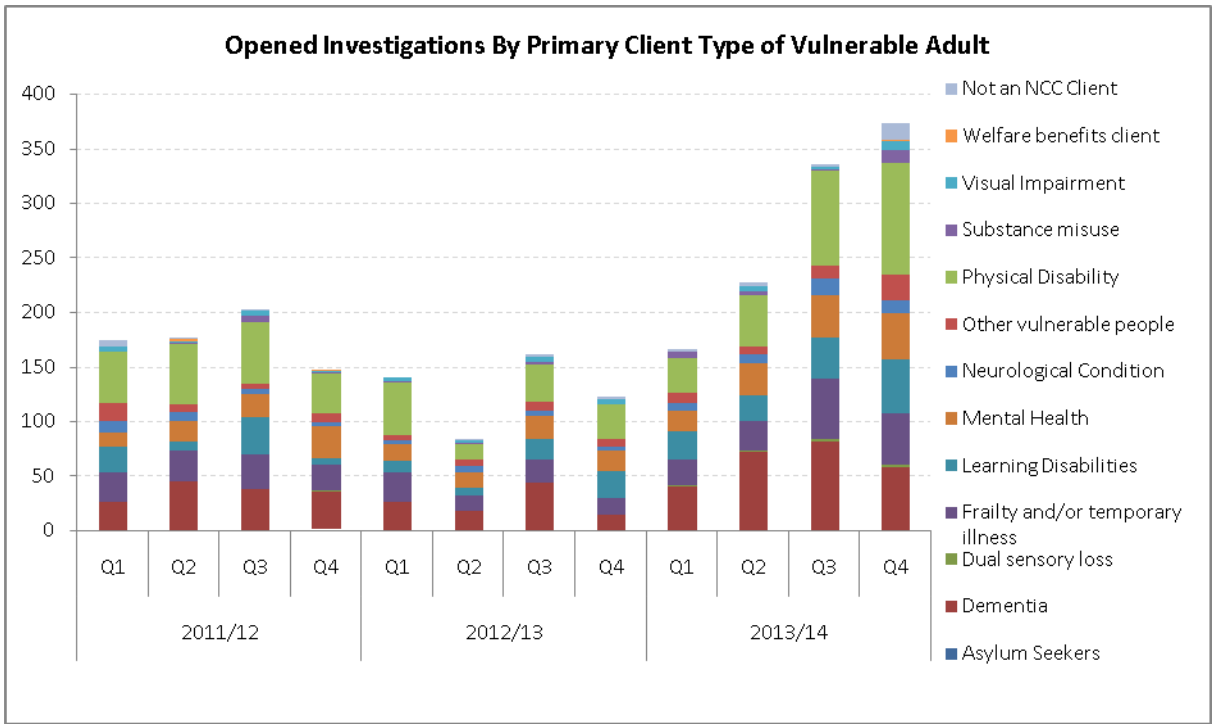
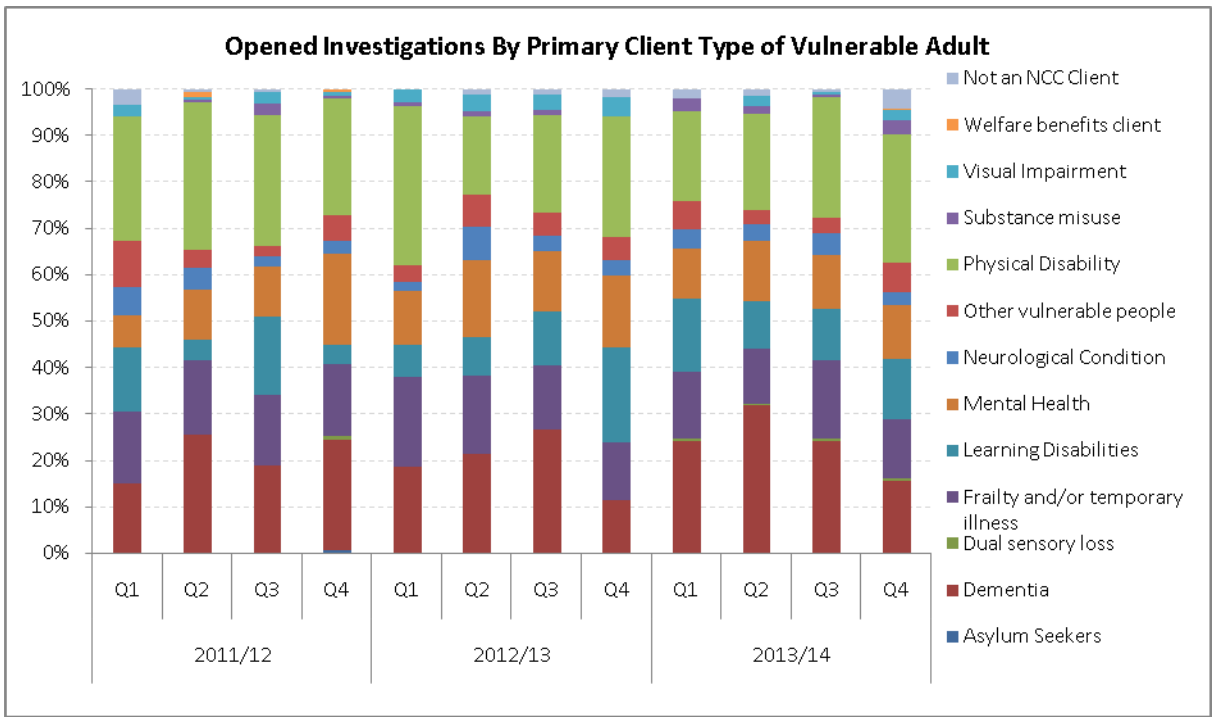


Chart 7: Opened Investigations by PCC (Percentage)



Before examining the type of alleged abuse in opened investigations, please remember that more than one type of abuse can be alleged in an investigation and so percentages described in the below section may not add up to one hundred percent. The most common types of alleged abuse in 2013/14 are neglect (alleged in 32.5% of cases), physical (alleged in 23.9% of cases), and financial abuse (alleged in 18.1% of cases). Alleged cases of abuse and neglect have made up the majority of opened investigations in previous years; however chart 8 shows that in 2013/14 cases of financial abuse increased substantially, particularly in quarters two and three. However the overall proportion that financial abuse represented in 2013/14 was broadly similar to that recorded in the previous two years (see chart 9).

Chart 8: Opened Investigations by Alleged Abuse (Volume)

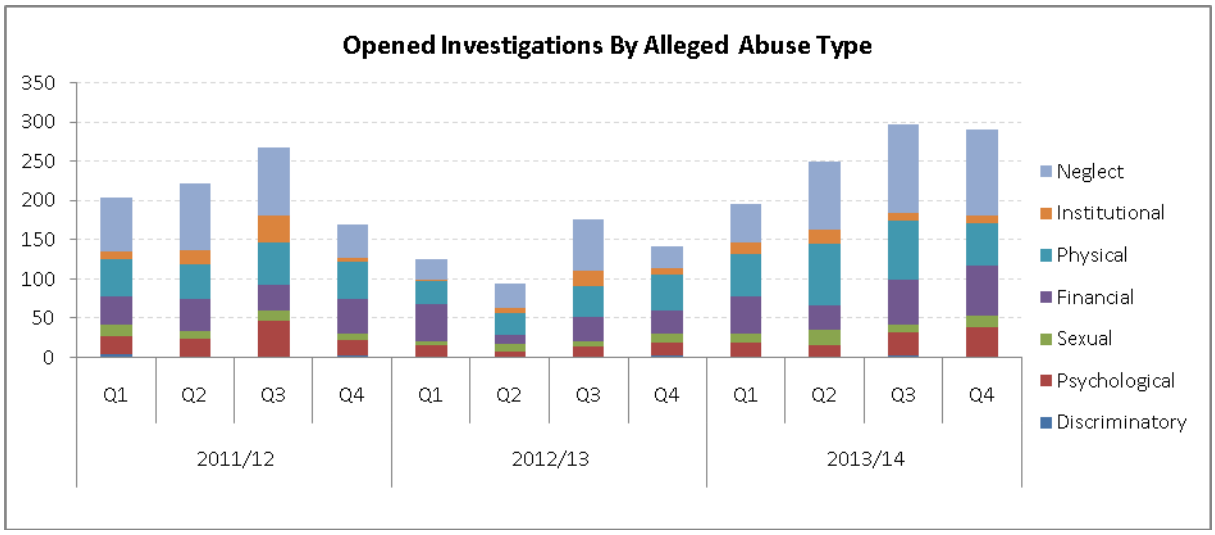
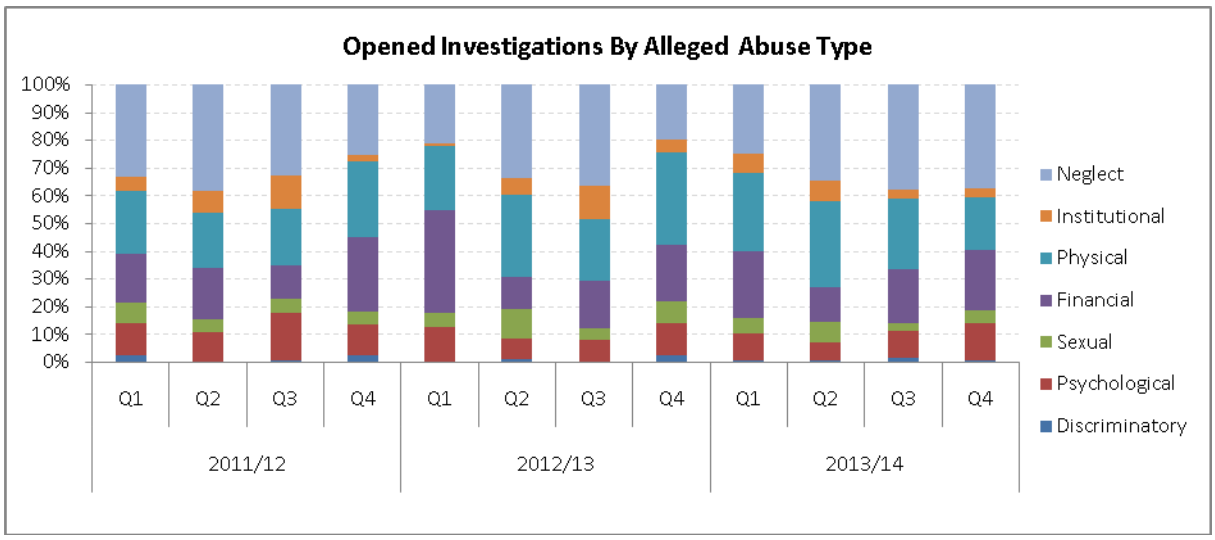


Chart 9: Opened Investigations by Alleged Abuse (Percentage)



In terms of the outcomes of those investigations that were not abandoned, 49.0% were substantiated, 37.2% were not substantiated, 0.8% were partially substantiated (although it was only possible to partially substantiate an investigation in the fourth quarter of 2013/14), and 13.1% were not determined/inconclusive. Comparing this performance to previous years shows a higher rate of investigations substantiated in 2013/14 than in both 2012/13 (45.7% of investigations substantiated) and 2011/12 (42.4% of investigations substantiated). Having said this a higher percentage of investigations were not substantiated in 2013/14 than in the previous two years, with more investigations in both 2012/13 and 2011/12 recording an outcome of not determined/inconclusive. For further details of investigation outcomes please see charts 10 and 11.

Chart 10: Concluded Investigations by Investigation Outcome

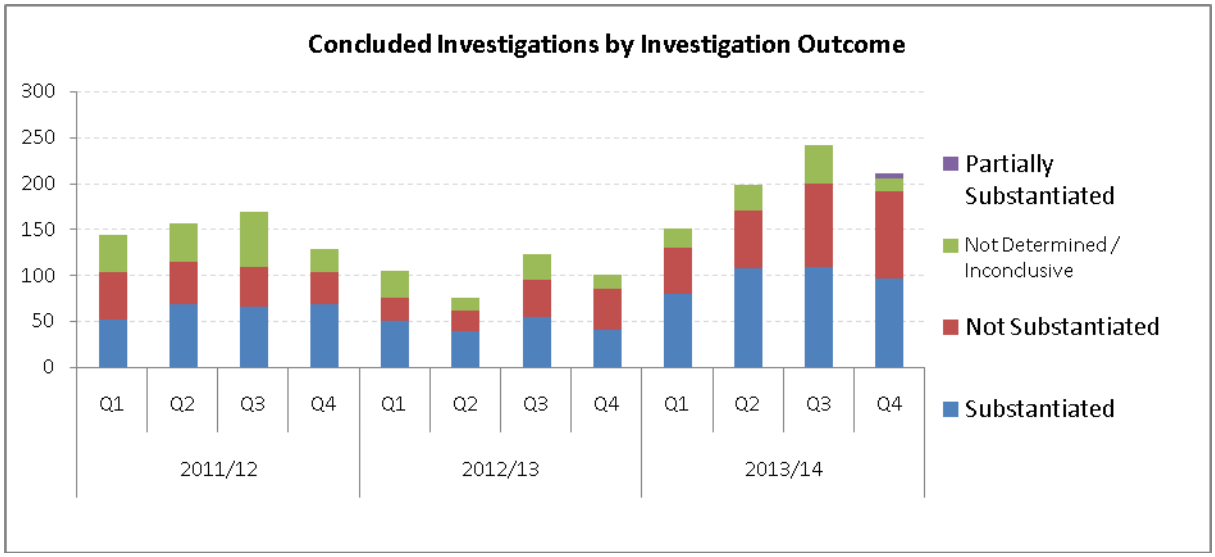
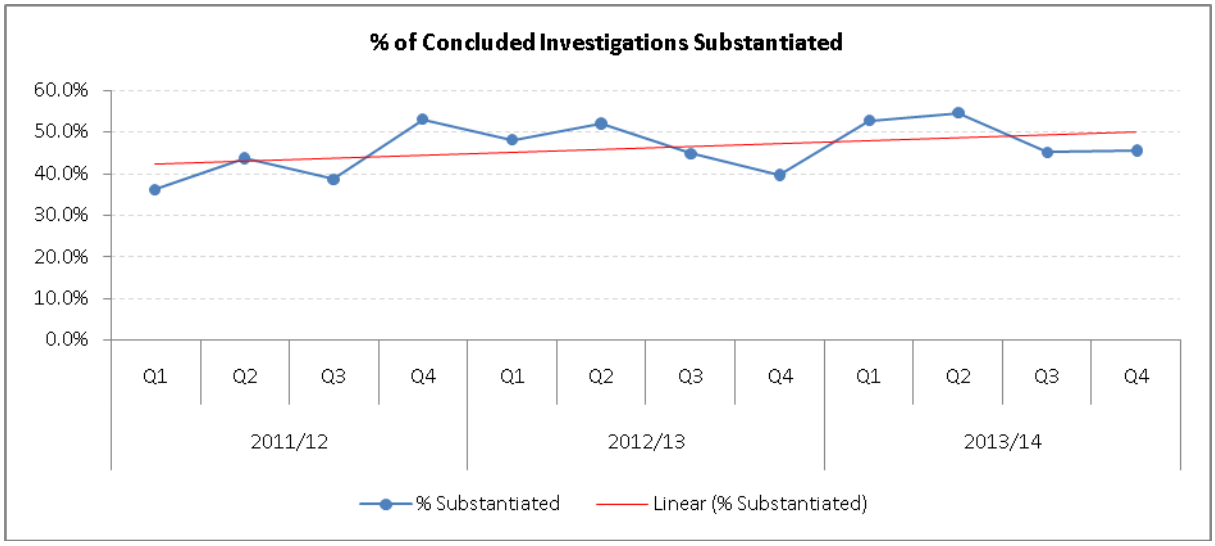


Chart 11: Percentage of Concluded Investigations Substantiated



Mental Capacity Act and Deprivation of Liberty Safeguards

MCA and DoLs was a priority area for action set by the NCASPB in its Business Plan 2013/14 but has further raised its profile in the light of the supreme court judgement following a case in Cheshire West.

The MCA/Dolssubgroup meets quarterly and its aims are to identify appropriate assurance processes to enable Nottingham City Adult Safeguarding Partnership Board (NCASPB) to be assured that the Mental Capacity Act (MCA) is being implemented in line with best practice and to provide oversight and strategic direction of the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS).

During 2013/14 the sub-group has undertaken a range of functions and activities with oversight of the statutory returns for Dols data and strategic oversight of the Mental Capacity Act and Dols implementation

The key objectives in the groups' workplan for 2013-14 were:

- To ensure governance and scrutiny of statutory duties in Nottingham in relation to the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards Addendum (2007)
- To ensure that all agencies adhere to the principles of the Mental Capacity Act when working with adults who may lack capacity.
- To ensure that local MCA and DoLS procedures are current and up to date.
- To present an Annual Report to the NCASPB.

Activity undertaken to support these objectives is as follows:

- Dols data presented to the group on a quarterly basis to be scrutinised by members with issues identified and action taken. For example, if there are any unauthorised Dols, the subgroup requests assurance reports from agencies involved to ensure they are taking appropriate action.

- A scoping exercise in relation to the Mental Capacity Act and the subgroup sent out a template to be completed and returned by partner agencies to inform the group and assure them that agencies had in place appropriate mechanisms to be implementing the MCA. This is an ongoing piece of work as issues have been identified around training and implementation of MCA in probation and the Police.
- Receiving regular updates on the progress of updating the MCA policy and procedure from Adult Assessment who are the lead agency in completing this piece of work.
- Presentation from Age Concern regarding a piece of work they undertook in residential homes where they identified training on Dols as an issue and feedback that residential managers were not confident in applying the principles of Dols.

The work of the MCA/Dols subgroup falls under the sections of 'analysis of qualitative data' and 'engagement with frontline staff'. At each meeting, data on Dols is presented to the group which is analysed and assessed for action to be taken. The staff survey specifically asks staff about their understanding of MCA and Dols. The information from this formed part of the scoping exercise for MCA implementation. The group were presented with information from frontline residential managers via Age Concern and receive a presentation on an annual basis from the IMCA providers to inform the group of how well the uptake of IMCA's is and if they are meeting the MCA requirements.

Achievements to date include:

- The group completed a scoping exercise. Based on the results, further assurance has been sought from the Police and Probation.
- The Dols data has been analysed and highlighted issues around extensions. The group also explored an unauthorised DoI and sought assurance that the reason for this had been explored and appropriate action taken. As a result of this, the procedure for authorising a DoI has been revised and more signatories have been trained.
- The group has improved practice around signing off and authorising Dols.
- As a result of the work with Probation on MCA, they will be updating their vulnerable adults procedure to include MCA processes.

In conclusion, the MCA-Dols subgroup has secured good attendance from partner agencies, successfully impacted on practice with a change in the process around signing off Dols authorisations and has completed an MCA scoping exercise which has identified and acted on areas of concern. However, concerns have been noted around links to the Dols Operational group, which is currently suspended because of capacity issues as a result of the Cheshire West judgements. We intend to improve links to the Operational Group once the group restarts to monitor implementation and performance.

What do we need to do in the future?

Our new Business Plan aims to focus our activity on assuring that children and adults are safe whilst ensuring that safeguarding services are effectively co-ordinated across children and adult

services thus maximising the impact of our alignment of the children and adult safeguarding boards.

Our new priorities will be as follows:

To be assured that children and young people are safe across the child's journey including the transition to adult services we will ensure:

- That children subject to child protection plans and those in need have high quality multi-agency plans in place.
- Children at high risk/vulnerable are being identified and risks managed to secure positive outcomes. The groups that we have prioritised for 2014/15 are: CSE; Missing; Domestic Violence/Abuse; Self-Harm.
- Effective transitions from children to adult services where appropriate.
- Children/young people who are privately fostered are identified and supported
- The workforce has capacity to safeguard individuals effectively.
- Adults who are assessed as posing risk to children and young people in need of safeguarding are effectively managed through MAPPA and MARAC and that risk to others is mitigated.

To be assured that adults in need of safeguarding are safe we will ensure that:

- Thresholds for safeguarding adults are clear, understood and consistently applied across the partnership.
- The followings groups that have been previously identified at risk are adequately safeguarded:
    a. those receiving self-directed support and personal health budgets & those adults living with or receiving services from registered providers;
    b. those affected by MCA/DoLS
    c. those experiencing domestic abuse;
- The workforce has capacity to safeguard individuals effectively.

To be assured that safeguarding services are effectively coordinated across children and adult services – applying the 'Think Family' concept – we will ensure that:

- Adult services to consistently consider the safeguarding of children in households where they areworking with an adult and make referrals for support and intervention where necessary.
- Children's services to consistently consider the safeguarding of adults in households where they are working with children and make referrals for support and intervention where necessary.
- Services that work with "whole" families are effectively coordinated (e.g. Priority Families) and secure added value in ensuring and co-ordinating effective safeguarding.

<u>Private Fostering</u>

NCSCB agreed that following priorities for 2014/15

- to raise the profile of private fostering arrangements to ensure we are capturing the private fostering arrangements in the city.

- support the private fostering arrangements currently held within the community teams so that they continue to remain within timescale
- to link in with regional and national focus groups/training/briefings to keep up to date with current themes, issues and best practice in relation to this group of children.

BUSINESS PLAN PRIORITY 4

To embed a learning system within the NCSCB and NCASPB and quality assure these within partner agencies.

What we planned

Ensure the learning from SCRs, CDOP, SILPs and audits are embedded into safeguarding practice to maintain a skilled and competent workforce & continually develop the way that agencies work together: promoting the protection, wellbeing, dignity and security of children, young people and vulnerable adults.

What we did

The key work undertaken in support of this priority has been done by the Training and Development Sub-Group

The Sub Group key priorities for 2013 / 14 were to:

- Establish a Joint Children & Adult Training Sub Group
- Develop a multi-agency Children's Safeguarding Learning & Improvement Framework
- Effectively deliver and evaluate a programme of multi-agency safeguarding children training
- Engage with and contribute to the wider children's workforce strategy
- Establish an Adult Safeguarding Training Plan to ensure agencies have access to appropriate training opportunities.
- Quality assure both children and adult safeguarding training materials being used by partners agencies and the Boards.

What was the impact of work undertaken

Headline achievements in 2013 / 14 against the objectives above:

- Joint Training Sub Group established in June 2013 and met twice
- Cross Authority Learning & Improvement Framework agreed and to be published as part of Procedures in May 2014.
- Outline for Learning & Improvement Implementation Plan agreed
- Multi-agency safeguarding children training programme delivered with a total attendance of 661 people with the majority of places being taken by the voluntary sector (See full attendance statistics in Appendix 1)
- End of course evaluations for Board Children's safeguarding training demonstrate a high level of satisfaction with courses (average of 91% across all criteria) and provide evidence of significant increase in confidence of participants. (See detailed analysis in Appendix 2)

- Post course questionnaires for Board Children's safeguarding training, to collect evidence of impact of the training were further piloted.
- All partner agencies of both Children and Adult Boards have assured the Boards that their training materials (being delivered during this year) meet agreed minimum standards through the Training Quality Assurance Scheme (See details in Appendix 3)
- Web page signposting agencies and individuals to appropriate adult safeguarding training published
- Service Level Agreement with City Council Talent & Skills delivered 'Raising a Concern' courses for the PVI sector.

Analysis of training provision in 2013/14

1. **Attendance at training delivered by the NCSCB**

Course title	**No of courses delivered 2013/14**
Introduction to safeguarding	11
Safeguarding Update / What's New	3
Working Together	10
Rapid Response	1
Child Sexual Exploitation	2
Total No of courses	**27**

Seminar title	**Date**
Learning from SCR's	13 September 2013
Improving practice when working with Neglect	29 November 2013

Course and seminar attendance by sector April 2013 – March 2014

This year, in addition to the core courses of Introduction, Working Together and What's New / Refresher and Rapid Response training, a series of Cross Authority Child Sexual Exploitation courses were delivered.

Although all Introductions were fully booked, there were still late cancellations and no shows.

The average attendance for Introduction courses decreased from 27 to 22 per course, and for Working Together decreased from 19 to 18 per course. Average attendance for the What's New / Refresher half day seminars decreased from 37 to 29 per course.

There was a total attendance of 591, plus 70 at the two seminars, so a total of 661 over the year, compared to 609 at courses and 83 at seminars, a total of 692 in 2012/13.

Overall, average attendance per course has decreased to 21 compared to 25 the previous year.

The following table breaks down attendance for both courses and seminar for the year by sector. The voluntary sector is still by far the largest user of our courses and this reflects our policy to only make our introduction courses available to the private and voluntary sectors, providing 45% of attendees overall, and 76% of attendees on the Introduction course.

Agency Attendance on NCSCB Training April 2013 - March 2014

Agency	Introduction	What's New / Refresher	Working Together	Rapid Response	Neglect Seminar	SCR seminar	CSE Training	Total
Schools & Learning	4	3	4					11
Quality & Commissioning	1							1
Safeguarding	2		4	5	6	5	17	39
Family Community Teams	13	29	20	3	8	10	16	99
Young People Learning & Skills								0
Probation		14	20			8	2	44
Nottingham Futures								0
CityCare Partnership					7	1		8
NUHT			1	8		3		12
NHCT		1	7		2	2		12
EMAS						1		1
NHS Nottingham (Commissioning)	1						3	4
NHS Treatment Centre								0
Nottingham City Homes		1	2		1	2		6
Police	1		1	10			2	14
CAFCASS						2		2
Fire & Rescue								0
Further & Higher Education	7	2	2					11
LMC					2	3		5
Primary schools	1		15					16
Secondary schools	5		5					10
Acadamies			10					10
Special schools			1					1
Independent schools	2		3		2			7
Voluntary Sector	183	30	67		3	2	10	295
Private	16	4	12					32
Other	5	3	9				4	21
Total Attendance	**241**	**87**	**183**	**26**	**31**	**39**	**54**	**661**

Attendance at 'Raising a Concern' adult safeguarding training delivered by Nottingham City Council but commissioned by the NCASPB

4 Courses were delivered between October 2013 to March 2014

72 people attended from the following organisations, so an average attendance per course of 18 people. 65% of attendees were from the voluntary sector, 26% from the private sector and 9% from other. The breakdown of attendance by organisation is as follows. :-

Employer/Organisation	Attendance
Framework	12
Places for People, Mellors Lodge	11
Carers Federation	8
Abbeyfield Society (Sherwood)	9
Wycar Leys	4
Hanover Housing Association	4
NACRO	4
West Area Project	3
Direct Health	3
Housing 21, 20 Sharratt Court	2
Nottinghamshire County Council	2
EVE Trades CIC	2
Radford Care Group	1
Alzheimer's Society	1
Women's Aid Integrated Services	1
NORSACA	1
The Conifers Rest Home	1
NottinghamNightStop	1
Action for Young Carers	1
Nottingham MENCAP	1

Qualitative Evidence

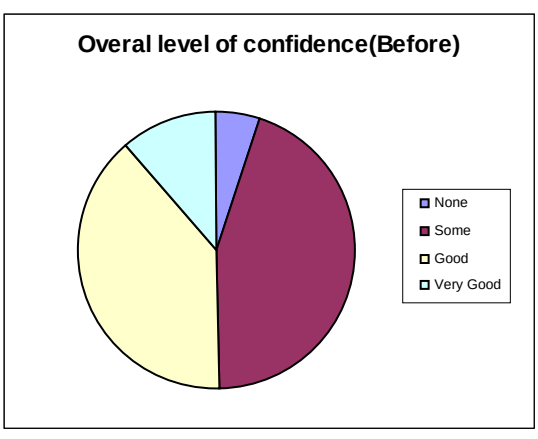
There were two elements to the qualitative evidence provided this year:

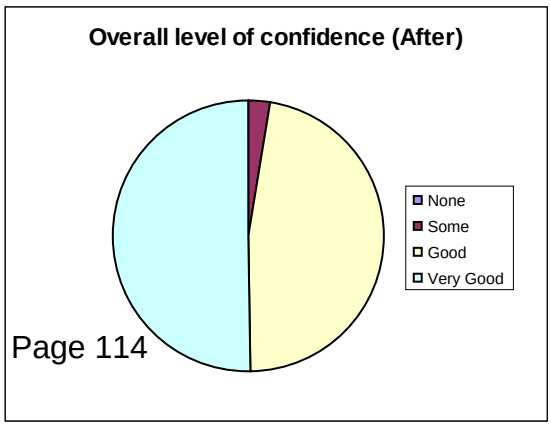
1. End of course evaluations for both the children's training delivered by NCSCB and 'Raising a Concern' delivered by Nottingham City Council.
2. Quality assurance of the children and adult safeguarding training materials used by Partner agencies.

Attempts to collect some evidence of the impact of training on practice have been largely unsuccessful and this is an area for development and improvement in 2014 / 15.

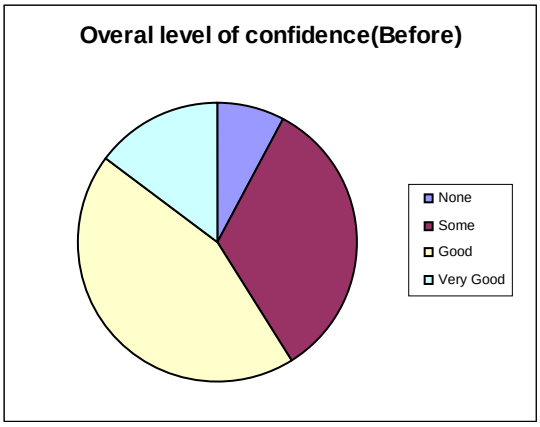
Details of the qualitative evidence are set out in the detailed annual report of the Training and Development Sub-Group. The headline data is as follows:

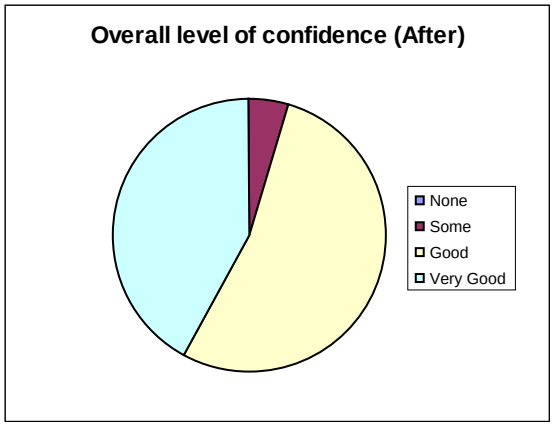
Introduction to Safeguarding Children :





Working Together:





Analysis of course evaluations (Adult 'Raising a Concern' safeguarding training)

The following online end of Council data is based on the responses to an course evaluation provided within the City Learning Zone and is base on 58 responses.

Overall opinion of the course:(% of participants)

On a scale of 1 to 5

1	0%
2	0%
3	28%
4	41%
5	31%

Therefore, the data shows that:

- There was an significant increase from 38% to 93% of participants that felt they had a high or very high level of knowledge and skill after the course
- There was a significant increase from 52% to 88% of participants that felt a high or very high level of confidence after the training
- 72% of participants had the opinion that the course was good or very good, with 28% saying it was average.

Adult safeguarding training

The quality assuring of adult safeguarding training started later than the childrens training, in 2012/13. Since then the following agencies received validation of their 'Alerter' (now 'Raising a Concern') training and 'Referrer' training for those who deliver it:

Nottinghamshire HealthCare Trust

NottinghamUniversityHospital Trust

NottinghamCity Talent & Skills

Nottinghamshire Probation Trust

Nottinghamshire Police

Cross authority training pack issued to people undertaking the Training the Trainer programme.

East Midlands Ambulance Service

The following partners material has not been quality assured for the reasons provided:

Agency	Reason
NottinghamCityCare Partnership	Awaiting re-organisation
Nottingham City Homes	No training being delivered, but to be kept under review.
Nottinghamshire Fire & Rescue	Delivering a joint adult / children basic introduction, not at present a match for the QA criteria.
Nottinghamshire Partnership for Social Care Workforce Development (now Optimum)	Not submitted

What do we need to do in the future?

- Some changes to the membership of the Sub Group are being made, specifically to address more appropriate and available representation from adult services and to ensure closer liaison with schools and childcare and early years safeguarding co-ordinators.
- Increased participation of Sub Group members in leading on particular work streams.
- Board partners to be challenged to ensure staff co-operate with requests for evidence of the impact of training and other work of the sub group.
- Alternative arrangements need to be made for the provision of 'Raising a concern' training for the PVI sector.

ALLEGATIONS MANAGEMENT – the report of the LADO

A further element of the NCSCBs workforce monitoring relates to allegations management work that is overseen by the Local Authority Designated Officer (LADO).

There has been a part time LADO in post in Nottingham City since June 2013; this post is supported by the Education Safeguarding Coordinator and an Early Years Safeguarding Coordinator post, both of which have LADO responsibilities. Agreement has been given to fund a full-time LADO post from April 2014.

Set out below are the data and statistics relating to reported allegations against staff during 2013/14 with comparisons with the previous year to illustrate any changes in the profile of allegations reporting.

Total number of allegations referred to allegations management team

Agency	Total Number of allegations 2012/2013	Number of allegations 2013 / 2014
Children and families (inc. internal residential)	2	7
Private residential	2	3
Education (including teaching assistants, teachers and alternate education providers	19	19
Foster carers	8	16
Other local authorities	1	2
Health	2	4
Police	0	1
Faith groups	3	4
Childcare sector (including childminders)	6	7
Voluntary sector	3	3
Other	0	6
TOTAL	**46**	**72**

As the data indicates there has been an increase in the number of referrals relating to allegations. There is a noticeable increase in referrals regarding foster carers. The other category includes Social Work students who are currently studying whose children have been identified as having a safeguarding concern. These figures require further scrutiny to identify specific trends.

The number of referrals has continued to rise throughout this reporting period but this is likely to be a result of managers being more aware of when to make allegations referrals rather than evidence of an increase in abusive and inappropriate behaviour. There has been a marked increase in the complexity of the cases that have come to our attention.

Categories of abuse to which allegations have related

Category of abuse	2012/2013	2013/to 2014 (12 months)
Physical abuse	20	26
Sexual abuse	12	9
Emotional abuse	0	6
Neglect	7	2
Online	0	0
Restraint	2	4
Other (including conduct, substance abuse)	5	14

The largest category of allegations by type is physical abuse. This primarily occurred in educational and residential settings. In particular the issue of appropriate restraint and personal protection by teachers was a feature of a significant number of the allegations investigated.

The majority of the other referrals investigated related equally to significant harm concerning sexual abuse and unsuitability to work with children i.e. may pose a risk of harm with children (Working together, 2013). Two of the sexual abuse allegations related to historical allegations the other two are in relation to the adult's questionable behaviour in their private life.

Case outcomes

The outcome of allegations investigation have been as follows:

Outcome	Number of cases 2012/2013	Number of cases 2013/ 14
No further action	6	2
Unfounded	5	1
Unsubstantiated	5	4
Substantiated	19	12
Convicted	2	3
Suspended pending investigation	8	6

Subject to disciplinary procedures	13	15
Dismissed	11	5
Resigned	1	3
Received written warning	2	0
Attended training	4	11

In the 12 months reporting period twenty nine of the allegations taken to a strategy meeting were substantiated. Two of these have led to a criminal prosecution and another where we are still awaiting the outcome of the proceedings. Six cases were deemed unsubstantiated, of which one was found to be malicious.

It should be noted that when an allegation is deemed to be unsubstantiated this does not necessarily equate to be unfounded, but rather there is insufficient evidence to substantiate the allegation.

Case resolution timescales

Timescales	**Number of cases 2012/2013**	**Number of cases 2013/14**
One month	13 (38%)	9 (12.5%)
Within three months	12 (35%)	26 (36%)
Within twelve months	7 (21%)	37 (51%)

Consultations

Agency	**Number of consultations 2012/2013**	**Number of consultations 2013/ 14**
Children and families	5	11
Education (including alternate education providers)	34	43
Private residential	3	6
Childcare sector (including	14	27

childminders)		
Foster carers	3	8
Health	3	2
Voluntary/Private sector	5	16

Since April 2013 referrers have consulted with the allegations management team on a regular basis. The allegations management team provides advice and guidance during consultations with the referrer. The possible outcomes of the consultation are broadly captured under three headings.

- The allegation meets the threshold (section 47).
- Employer to address e.g. through staff training.
- Employer to take further action e.g. disciplinary procedures in consultation with HR.

The majority of consultations came via the education and childcare sectors. Concerns ranged from teachers and childcare staff's behaviour to alleged injuries received by children where the parent felt inappropriate action was taken. Whilst some of the behaviours may have been inappropriate, in the majority of the cases it was an issue for the management to address via staff training and development, or at a more serious level the capability or disciplinary process.

Priorities for the future

Having considered the annual report of the LADO the NCSCB has agreed the following actions for improvement in 2014/15111;

- ICS system to include a dedicated secure LADO workspace so that the LADO data is kept on the ICS system, replacing the separate database currently used.
- Minutes to be shared with meeting participants within 5 working days.
- Recruit to the full time LADO post that has been approved. (Consideration of further development of the capacity of the LADO role)
- Ensure the implementation of a referral form for LADO information across all referring agencies.
- Implement Quality Assurance Tool, and analyse findings to support reporting to the Board.
- Secure funding for an information leaflet that will provide information regarding the role of the LADO and its responsibilities.
- Evidence the need for developing LADO training for all agencies including the voluntary and private sectors.

ENGAGEMENT OFSERVICE USERS

During 2013/14 the NCSCB and NCASPB aimed to extend our ability to hear the voice of service users in both setting our priorities for action and in evaluating performance of services and the Boards themselves. This was reflected in the adoption of our '4 Quadrant' model of quality assurance and performance management with one quadrant focusing on the views of service uses and the voice of the child.

Work to develop this strand of activity was in its early stages in 2013/14. Two meetings were held with the Nottingham City Youth Council both to raise awareness of the NCSCB but also to discuss with young people safeguarding risks that they would identify as priorities for action.

The outcomes of this work identified three key priorities:

- e-bullying
- self-harm and building resilience amongst young people
- risk in public areas such as parks

These priorities were fed into the business planning process and are included in the work taking place under priority 2 of the new Business Plan.

There is much, however, to be done to extend work in this area as identified in the Ofsted inspection 2014.

CHAPTER 4

SERIOUS CASE REVIEWS AND CHILD DEATH OVERVIEW REPORT

REPORTS FROM THE SERIOUS CASE REVIEW PANELS

Serious Case Review Standing Panel (Children)

Nottingham City Serious Case Review Standing Panel (SCR SP) is chaired by the director for Children's Social Care, Helen Blackman, and is supported by full partnership membership from

- Nottingham City Council
  - Children's Social Care (Tracey Nurse)
  - Family Community Team (Mark Andrews)
  - YOT and YOT board (Bob Uden)
- Nottinghamshire Police (DCI Mel Bowed Public Protection.)
- Nottinghamshire Health Care Trust (Tina Hymas- Taylor)
- Nottinghamshire Probation Service (Beverley Caesar)
- Cafcass (Karen Moss)
- City Care Partnership (Sue Barnitt)
- Nottingham University Hospital Trust (Alyson Packham)
- Clinical Commissioning Group (Sandra Morrell)
- Designated Doctor (Damian Wood)
- Legal Advisor (Claire Knowles)
- NCSCB Children's Officer (Mandy Smith)

The membership has been enhanced this year with the decision to include provider agencies as well as commissioners, namely Nottingham University Hospital Trust, and more recently City Care Partnership. The decision to include them was based on the need to enhance the effectiveness of action plan monitoring and reduce the amount additional activity with providers outside of the meetings. We have also made an agreement that the Education Safeguarding Co-ordinator will attend SCR when we have referral.

Attendance at Panel Meetings is regular and consistent. Colleagues are proactive in identifying representation when they cannot attend, any partner agencies not being represented is rare. (see appendix ONE)

<u>Aims of the sub-group</u>

The overall aim of the SCRSP is to ensure that agencies and individuals learn lessons to improve the way in which they work both individually and collectively, to safeguard and promote the welfare of children. The SCRSP will seek to continually develop Review Processes in line with local and national best practice, and consider themes or trends in serious incidents.

The SCR Process is a statutory requirement under Working Together 2013 and each local authority must have in place a framework for identifying cases that meet the statutory criteria for SCR. The SCR SP fulfils this requirement in Nottingham City.

In addition the SCR SP ensures Significant Incident Learning Processes (SILP) or alternative reviews are conducted where there is identified learning but the threshold for SCR is not met. This provides a process for robust challenge and effective identification and co-ordination of learning

Work undertaken in 2013/14

During 2013 /14 received 6 new referrals for SCR. The outcomes of these referrals were:

- One SCR (Child H) commissioned in October 2013 - due to be submitted to DfE on 30th June 2014
- One SILP commissioned and completed - Child T (VF)
- One SILP commissioned and in progress – Child V (JK)
- One joint Health and Children's Social Care Learning review – Child S (JaC)
- One Children's Social Care internal learning review – Child N (MB)
- One NHCT Learning Review - Child R (JyC)

Work completed that was initiated in the previous year

- Two SILPs, one concluded and one completed which including a follow up session to consider impact – Child Y (CW) and Child Z (DL)
- One analytical review (comparison exercise) Child W (MC)
- The Submission of SCR on Child G to the DfE (May 31st 2014).
- Completion of combined action plan in relation to Child G, plus near completion of the strategic action plan, only Recommendation 2 outstanding

Working Together 2013 Compliance

The SCR SP has contributed to the following two pieces of work in relation to the safeguarding boards response to WT 2013.

1 New Cross authority SCR process developed and agreed; this new process includes the involvement of **frontline practitioners directly** in the SCR process with direct access to the Lead Reviewer and author. This supports greater understanding of the context within which they were working, making decisions and what was influencing them.

2 The Chair of the SCR SP also chaired the cross authority working group that initiated and developed the cross authority Learning and Improvement Framework.

Development Day

The Panel also held a Development day to consider the impact of the new SCR criteria in WT 2013, as this had been presenting some difficulties and discrepancies in application. The development day also facilitated a review of:

- Membership
- Referral Forms
- Referral process and clarity of role of SCR SP members
- Initial information gathering template and process for circulation
- Considered and contributed to the new cross authority SCR Process and Learning and Improvement Framework

SCR Model

All SCRs and SILPs have taken into consideration how the **family can be appropriately included,** where this is possible it has occurred. Where it has not been possible it has been reviewed during the process in response to changing circumstances.

Using key trusted practitioners to engage with the family has been a successful model used within one SILP and our aim will be to replicate this.

Statistical / comparative information**.**

The Standing Panel has only commissioned one SCR in the year 2013/14 this case was completed and ready for submission within the 6 month guidelines; however an adjustment to the project plan was agreed by the NCSCB supported by the Independent Chair to enable the inclusion of the outcome of the Criminal Trial and associated psychiatric reports. The DfE were informed of this decision and supported the rational for it.

Currently we have not undertaken any comparison exercise with other LSCBs to establish if our activity in relation to SCR and SILPs as indicated above is in line with similar areas, this may be something we wish to consider in the coming year.

Achievements to date

Themes emerging from learning reviews

The SCRSP has taken an overview of repeated themes developing overriding training and learning tools that cut across a number of issues. The excellence in safeguarding tool and specific training events have been designed to highlight cross-cutting themes, areas of concern and provide advice to improve practice.The two most significant issues have been prioritised for additional activity across the partnership. These are:

1 Emotional Harm / Distress and self-harm:

This has featured in a number of reviews and has led to a revision of the NCSCB/ NSCB cross authority practice guidance, which includes a specific assessment tool to support the evidencing of emotional harm. A training session has been delivered by specialist to the city Children's Legal Team and their colleagues in the county to support effective representation of emotional abuse cases when in proceedings.

2 Self-Harm:

The NCSCB/ NSCB Practice Guidance has been updated with a practical tool to support practitioners who are working directly with young people.

Developments locally have included a new service SHARP, specifically to support children with self-harming behaviours, a review of supports by Public Health, a new procedure for Children's Social Care in response to safeguarding referrals where self-harming is also present; these are now subject to joint assessments by the duty worker and a member of the SHARP team. This has also been the focus of CDOP work.

Key changes to practice as a result of learning

Below are further examples in addition to the two detailed above:

- Excellence in safeguarding tool developed incorporating learning from all SCRs and SILPs and distributed to all partnership agencies for use
- Each SILP has resulted in an action plan and Learning Briefing sheet that has been distributed to all agencies within the partnership.
- Safe Discharge Planning Procedure across health and Children's Social Care has been reviewed and updated.
- Established new procedure for initial assessments between Duty Social care and Self-harm team (SHARP) when the referral includes elements of self-harm alongside safeguarding concerns.
- Strengthen the DART processes to include probation as a recommendation from Child G SCR action plan.
- Follow up work to ensure safe and appropriate placements are secured for young people in residential care. This was the result of work initiated following Child E and subsequently JW
- YOT critical indents reports are now reviewed by SCR SP to ensure shared learning and cross referencing of services where applicable.
- Cross authority seminar Sept 2013 on Learning from SCRs and other reviews.
- Attendance at the GP seminar in Nov 2013 by the Children's Social Care panel rep and the NCSCB Board Service Manager
- Supporting individual agencies to deliver in house briefings, and agency specific learning.
- Improved process for parents accessing support from CAMHS through FCT to set up initial assessments
- The work of the SCR through the learning obtained from SCR's and SILPs has influenced the review of new cross authority practice guidance for sexual and Emotional abuse.
- Raised the issue of lack of access to CAF training across the partnership
- Internal process changes within Children's Social Care have resulted from the various reviews conducted, including the sign off by Team Managers if contacts and referrals.
- Review and update of the mobile families' policy.
- Strengthening of the process for sharing of medical reports and strategy meeting minutes following injury to a child.

Barriers encountered

Challenges

New Criteria - working with and adjusting to the new SCR criteria in Working Together 2013 has required a positive and proactive approach by the Panel and through their development day a consensus view was achieved. This has been communicated to the National Panel.

Interface with the Coroner

Requests from the Coroner in relation to access to SILP reports has been something new that the Panel have needed to address along with the Head of Service for safeguarding. This has been worked through with a positive outcome in the relevant 2 cases. Further work with the coronerwill take place during 2014/15 to consolidate and formalise this interface.

Evidencing Impact

Through their work the SCR SP has identified key themes in practice and key issues in service delivery. These have been incorporated into the various outputs descried above in section 4.

The challenge for the SCR SP is to establish the difference their work will make to the practice of workers, and to the families in receipt of services. The Panel will need to formulate creative and robust methods to capture impact and to be assured that workers are receiving and implementing any new guidance tools or procedures. Impact will need to be considered for each Action plan drawn up, and the partnership will need to support the panel by delivering the evidence of impact within their service.

The difference the work of the SCR panel has / will make?

Our aim is that through things such as the learning briefings, and excellence in safeguarding tool individual practice will be influenced, team managers will use the tools as an effective supervision prompt. The challenges of this are outlined above.

Some examples where we have made a difference are listed below:

- Quality assurance processes in residential settings have been significantly strengthened.
- Our SCR and SILP processes have become more effective with the inclusion of practitioners.
- DART processes have been strengthened by the work to include probation and this will continue in 2014/15
- Safer discharge of babies and children following hospital admission.
- More effective assessment of children who are referred to Children's Social Care who self-harm and there are also Child Protection concerns.

Conclusion and recommendations from SCR panel

This has been a busy year for the SCR SP who have overseen a high level of activity. They have been committed to monitoring action plans and holding agencies to account where changes have been identified. They have been successful in addressing concerns in relation to the application of the SCR Criteria and met their statutory requirements

Recommendations for work in 2014/15

1. To develop the thematic analysis of reviews undertaken and ensure that learning tools/ training priorities these areas.

2. To work with the Coroner to ensure that information and learning is shared efficiently and to the benefit of both processes.

3. To focus on evidencing impact from learning across the Partnership

4. NCSCB Children's Officer for the SCR SP to undertake some benchmarking with other SCR SP – Considering cross authority practice, learning and comparators for volume / activities.

SCR Standing Panel (Adults)

The chair of the SCR Panel (Adults) is the Safeguarding Adults and Consent Matron for Nottingham University Hospitals and the Safeguarding Adults Lead of Nottingham City CCG.

The SCR subgroup meets bi-monthly. The aims and objectives of this group are:

- To ensure the multi-agency protocol for the commissioning andundertaking of a 'Safeguarding Adults' serious case review is fit forpurpose;
- To discharge serious case reviewfunctions on behalf of the Nottingham City Adult PartnershipSafeguarding Board to an Independent Chair;
- Manage serious case review processes and provide information andsupport to panel members and overview authors;
- Receive and consider reports on serious case reviews and ensure thataction plans from the findings and recommendations of case reviewsand audits are implemented;
- Create or contribute to revised and or new policies and proceduresfollowing the recommendations of a Serious Case Review from eitherNottingham or from other Local Authorities;
- Consider the impact of a local Serious Case Review and work closelywith the Communication and Publicity sub group to ensure robustmedia management protocols are included in the Communication Strategy;
- Explore the funding implications of Serious Case Review Investigationsand report these findings to the Task and Finish Finance group;
- Share findings of Serious Case Review investigations conducted in Nottingham as appropriate including other Adult and/or Children's Safeguarding Boards;
- To ensure a quorum is clarified in the Serious Case Review Terms of Reference as noted below.

<u>Scope of theSCR Panel's work</u>

At the time of writing, there is not a statutory requirement for the work of the SCR subgroup. However, once the Care Act comes into effect, the Nottingham City Adult Safeguarding Partnership Board will have a statutory requirement to undertake Safeguarding Adults Reviews.

Key priorities for the group are to continue to assess SCR referrals appropriately, identify and disseminate learning from local and national reviews and to update the SCR policy and process.

The SCR subgroup have action plans to monitor and agencies provide assurance to the SCR group that these are complete.

A SILP was undertaken in September 2012 and learning for agencies was agreed by SCR subgroup in February 2013. A main recommendation from this process was that the MCA policy and procedures be updated this was a cross authority piece of work which has not yet been completed.

Training was updated within partner agencies to reflect the recommendations made in the GE action plan and the RP SILP action plan.

A small cross county working group looking at the transition process has been set up.

The SCR and SILP processes require engaging practitioners so that their perspective can contribute to identifying the necessary learning. Staff are interviewed as part of the IMR writing process for SCR's and the SILP is a practitioner based event to which practitioners are invited to and form a vital part of the process.

Statistical / comparative information**.**

Since the current subgroup is non-statutory at this present time, the SCR subgroup is unable to provide any comparative data that is meaningful.

Achievements in 2013/14

The SCR subgroups achievements for 2012-13 include:

- Initiating and successfully completing its first Serious Incident Learning Process (SILP) in June 2013.
- Assessing four serious case review referrals and unanimously agreeing to initiate two serious case reviews, one SILP and one multi-agency learning review to be undertaken by health agencies.
- Identifying the learning from national serious case reviews and ensuring the learning has been implemented.

Challenges and barriers encountered

The SCR subgroup has identified a number of barriers but has worked to overcome them as outlined below:

- The SCR subgroup agreed to a pilot using a member of the Safeguarding Support staff to write the Overview report for a serious case review due to financial constraints. Although successfully completed, it is not possible for this to become the 'norm' due to time pressures and the level of responsibility this entails.
- An ongoing police investigation has proved problematic to initiating a serious case review and has caused delays to the process. This issue is ongoing but is being resolved through open dialogue between the chair of the subgroup, the chair of the review, the Police and the Safeguarding team.
- Due to capacity issues, there have been delays to updating the serious case review process. This has proved problematic with completing reviews effectively.
- Capacity issues within other service areas have impacted on the completion of SCR/SILP action plans.

The difference the work of the subgroup has / will make

The group asked for a piece of work to be completed following a referral in regards to a patient with Huntington's. There was a clear action plan from health agencies. This has resulted in a change to the management of patients with Huntington's.
All patients with a chronic neurological condition have been reviewed to ensure they are receiving appropriate support.

Conclusions and recommendations
The SCR subgroup is an effective group that has good attendance and meets on a regular basis. There is good interaction and challenge between members of the group. During 2013-14, the SCR subgroup has introduced new processes to capture learning from serious incidents and has recognised that the impact of this learning needs to be evidenced. Two serious case reviews and one SILP have been initiated in year. This has highlighted an urgent need to update the SCR processes. Capacity issues and financial constraints are two issues that have been highlighted and require resolution.

The SCR subgroup has made the following recommendations for 2014:

- A member of the Safeguarding support staff should not write Overview reports for SCR's.
- The SCR process needs revising in line with the Care Act.

REPORT FROM THE CHILD DEATH OVERVIEW PANEL (CDOP)

The Chair of CDOP is Dr Caroline Brown, Designated Doctor for Safeguarding for the City. CDOP comprises all key partner agencies and includes representation from Health: Nottingham City CCG, Nottingham University Hospitals Trust through lead nurse for Child Death and midwifery, Designated Paediatrician for Unexpected Death; Local Authority: Social Care through service manager for Duty, and EDT, Family and Community Teams through Team Manager, Disabled Childrens Team through lead practitioner, Public Health and; Police: DCI representation

What we did

CDOP meets 12 times a year. Of these 3 include joint meetings with the Nottinghamshire County CDOP.

CDOP met their full commitment of meetings in 2013/14 and reviewed all cases promptly as soon as all required information had been made available. Reviews have effectively incorporatedfindings from SCR, SILP and other learning reviews (multi and single agency) Improved links have been made with the training sub group to ensure partner agencies training leads have access to any key learning to incorporate into direct training for practitioners.

Work in the CDOP covered all four quadrants of the Performance Framework in the following ways:

- Quantitative: collection and comparison of data, includes the statistical return to theDfE annually.
- Qualitative: Case information is gathered to support each review and is detailed and descriptive in relation to information shared by partner agencies and in reviews and there is much discussion about management and findings.
- Engagement with frontline practitioners: there is feedback directly in the rapid response procedures through initial and final case discussions, completion of

Information collection for expected deaths, increasing involvement with agreement and development of recommendations and desirable outcome

- Engagement with service users: parents and families are asked directly for feedback about care and support processes received by bereavement nurses, coroner's officers, and the Rapid Response team feed into the case review.
-

What was the impact of work undertaken

STATISTICAL / COMPARATIVE INFORMATION

30 deaths were investigated of which 12 were unexpected deaths

29 cases were reviewed and ratified including 9 modifiable deaths

National data is released in July so was not available at the time this Annual Report was produced. A comparative review from last year identified a significantly higher death rate per population than the national average; although it should be noted numbers are extremely low so statistical comparison may be invalid. This information was previously shared with OMG in October 2013.

ACHIEVEMENTS TO DATE

Processes are run in line with Working Together 2013. Learning is identified clearly and reviewed on a 6 monthly basis. Two specific pieces of work are being undertaken in relation to domestic violence and suicide. These pieces of work are nearing completion. The work on domestic violence and prevalence in child death will be shared with the DV work stream from the NCSCB and the suicide data has informed collection of data about these cases and provided reassurance that these extremely sad deaths are reviewed extensively almost always through a SCR or SILP.

BARRIERS ENCOUNTERED

The main barrier to the work is time. The majority of the Panel have no formal time identified in their day to day role to attend and undertake work both in reviewing cases and follow up of key learning to ensure significant distribution and change in practice. This is the key objective over the next year.

THE DIFFERENCE CDOP WORK HAS MADE

Since inception in 2008 CDOP has been involved with a number of changes in practice across partner agencies. These include guideline development and change in process for partners in supporting families in need of help for their children and young people. Given the number of deaths is so small across the 6 years it is possible changes implemented have not yet had chance to make a significant difference. However we rarely see similar cases coming through where key health guidelines have been implemented. During 2011-12 we had a number of cases where there were concerns about the use of interpreters within the acute hospital trust and this has significantly reduced. There have been many changes in process which has seen a more streamlined approach to data collection, and sharing of information.

CDOP Reviews provide the opportunity to make a difference to the lives for the communities as we share learning with Public Health, research programmes and service providers. Ultimately this supports a reduction in deaths where there are modifiable factors and aims to reduce ill health and enable earlier identification of need for intervention.

CDOP Data feeds into the national picture in relation to child deaths, including patterns and trends. Locally the numbers are too small to draw any significant conclusions

STATUTORY REQUIREMENTS

CDOP continues to fulfil its statutory function for the NCSCB, with good representation from partnership agencies, positive links with the Nottinghamshire CDOP, and improved practice in relation to learning collation and dissemination.

What do we need to do in the future?

The key recommendations made by CDOP in their annual report and approved by the NCSCB are:

- that work is undertaken to assess the impact of changes made directly as a result of CDOP learning.
- that dedicated business office time is allocated to a full review of data of the Nottingham City CDOP since 2008, to support the recommendation above.
- that the DfE consider the inclusion on non-viable infants in the Review process as these impact on the numbers of deaths.
- That Public Health review data in the light of national findings and give consideration to our deaths from less common causes to enable appropriate service change

CHAPTER 5

INDIVIDUAL AGENCY PERFORMANCE

Whilst the Annual Report focuses on multi-agency priorities set out in the Business Plan safeguarding effectiveness in individual agencies is, nonetheless, an important facet of performance. Indeed effective partnership working to secure effective safeguarding relies heavily on the quality of safeguarding practice and performance in individual agencies that form the Board partnerships.

This section of the Annual Report draws on the annual reports of constituent agencies and headlines key safeguarding achievements and issues that have arisen in 2013/14.

EAST MIDLANDS AMBULANCE SERVICE

East Midlands Ambulance Service NHS Trust {EMAS) continues to prioritise safeguarding as a critical part of providing high quality care. Their approach to safeguarding is based on promoting dignity, rights and respect, helping all people to feel safe and making sure safeguarding is 'everyone's business'. Over the past 4 years the Safeguarding agenda has continued to grow across EMAS from Board to frontline staff.

The purpose of this summary is to inform the EMAS Trust Board and Local Safeguarding Boards of safeguarding activities which took place from April 2013 to March 2014. This EMAS Safeguarding Annual Report demonstrates that staff recognise their safeguarding responsibilities and respond effectively to concerns. This is validated through audit analysis and referral activity.

Key Achievements

During 2013-2014 there have been a number of key achievements in relation to safeguarding:

- On-going Board to frontline engagement with the Department of Health Prevent agenda, this is delivered within Corporate Induction
- EMAS can demonstrate compliance with both national requirements and local arrangements for safeguarding adults and children-the workforce has completed the relevant safeguarding education
- Delivery of Suicide and Self-harm within Essential Education for safeguarding adults and children 2013/2014
- Positive feedback from coordinating commissioners (Erewash Clinical Commissioning Group) assurance visits such as Markers of Good Practice for children and Self-Assessment Assurance Framework for adults
- Positive feedback from National Ambulance Safeguarding Peer review visit by North West Ambulance Service

- Active involvement in the local safeguarding *boards,* regional and local multiagency groups has helped the organisation's capacity to protect vulnerable people from abuse
- Introduction and migration to SystemOne electronic referral system

Going forward the Trust must continue to be vigilant about the evolving safeguarding agenda. Early identification and effective information sharing is key to ensuring EMAS remains compliant and reacts appropriately to safeguarding our patients. Alongside education delivery, the Trust has an active communication plan, governance framework and strong leadership to ensure the safeguarding agenda continues to be integral to patient safety and high quality care at EMAS.

Risks

The completion of Individual Performance Reviews {IPR) and Essential Education attendance for all staff- Divisions have set trajectories for achievement which will be monitored in year - in addition the safeguarding team will hold locally based drop in sessions to support local induction and updates

Lack of capacity for increasing safeguarding activity. There is a planned review of the capacity and governance arrangements within the Clinical Assessment Support Tea m within the Emergency Operating Centre (EOC) to address potential delays in safeguarding referrals and care concern.

Safeguarding Priorities for 2014/15:

- Review and respond to imminent statutory safeguarding adult guidance/legislation as a result of the implications of Care Act (2014)
- Review of the Clinical Assessment Support (safeguarding) desk to address capacity, workload, governance and management issues to reduce delays in frontline staff making safeguarding referral/care concerns and build resilience into the service
- Continued Mental Health Awareness including Dementia *care,* Mental Capacity Act and Dignity in Care
- Raise staff knowledge and awareness via safeguarding essential education 2014/15 on safeguarding being part of a continuum of need-from early intervention, identification of need and statutory child and adult protection processes this fits with the new Ofsted inspection methodology of safeguarding and looked after children services
- Raise staff knowledge and awareness via safeguarding essential education 2014/15 the vulnerabilities of Looked after Children and those Privately Fostered Children and recognise when they need to be protected and safeguarded
- Continued involvement with the National Ambulance Safeguard ing Peer Review
- Continuing multi-agency engagement with particular focus on representation at Local Safeguarding Adult Boards/LocalSafeguarding Children's Boards
- Continuing to work with Local Authorities on establishing effective reporting mechanisms -follow-up/closing the loop
- Strengthening information sharing - embedding of SystmOne (IT system to log and report safeguarding concerns)
- The Trust is reviewing all third party contracts to ensure that the quality schedule, of whichsafeguarding is a part, is being utilised and robustly monitored.

NOTTINGHAM CITY COUNCIL ADULT SOCIAL CARE

The Adult Social Care Directorate is responsible for assessing and commissioning services to some of the City's most vulnerable adults. The Council must make sure that the services provided, are consistently safe and of high quality and that customers, carers and residents can rely upon this

Developments in 2013 – 14

<u>Restructure</u>

Adult Social Care implemented a major restructure of its business processes in December 2013. The key changes in relation to Adult Safeguarding were;

- A Single Safeguarding Team to screen and investigate all Safeguarding concerns received, except for those in mental health and learning disability services
- A single Community Review Team, to improve and maintain the throughput of reviews
- A dedicated Placement Review Team to bring greater efficiency and effectiveness to safeguarding citizens in adult residential care, regular oversight and joint venture opportunities

Quality Assurance

The Adults Safeguarding Quality Assurance Team continued to co-ordinate and chair investigations in Regulated Provider investigations. The team have led and co-ordinated several provider closures which has demonstrated the effectiveness of a specialist team overseeing the complicated task of relocating vulnerable adults to new care settings.

The Adult Safeguarding Quality Assurance Team acts as a specialist advice resource both to NCC, and partners; Networks are strong and all Adult Safeguarding Leads across Nottingham city liaise regularly in identifying, addressing and debating complex Safeguarding issues.

A monthly safeguarding Case file audit is routine business within Adult Social Care and the findings are analysed on a six monthly basis and inform future training and development. Individual practice issues are shared with the appropriate line manager.

Proactive Partnership working

Nottingham can demonstrate a strong partnership in keeping people safe. A monthly Quality Information Sharing Meeting is led by the Quality Assurance team where all key professionals from partner agencies involved in the contract monitoring, regulation and safeguarding investigations share information to risk assess current concerns and plan multi-agency interventions. This information is then cascaded to front line practitioners in Social Care and Health in order that they are aware of the current position with Care Providers.

The Adult Safeguarding Lead initiated and gained funding from the CCG to hold 6 ‘Smarter Safer Stronger’ Networking events for practitioners involved in Safeguarding vulnerable adults which was launched in Jan2014 and oversubscribed with 100 health and social care professionals attending and positively evaluating the content. The aim is for attendees to learn about the teams and resources they can utilise to intervene early when concerns are identified in relation to a vulnerable adult, and share information proactively.

Citizen Involvement and Advocacy

Questionnaires are frequently utilised during Regulated Provider Investigations to ensure that residents and relatives views form part of the investigative process and evidence base for tackling poor service provision. A recent development has been the forging of a strong link with the Age UK advocacy, who link with the Quality Assurance Team when a provider is being investigated and hold surgeries and attend residents meetings to ensure the residents voice is heard independently.

Learning from Practice

The Adult Safeguarding Lead regularly holds multi-agency debriefs and Lessons Learned following significant Provider Investigations and other critical incidents.Two such events were held in 2013 following the closures of two nursing providers in quite different circumstances. Action plans have been implemented from both events and have informed the development of some key projects which were initiated in 2013. The Adult Safeguarding Quality Assurance team are currently reviewing the recommendations from the Orchid View Serious case Review in order to identify if there are any areas which require attention by Nottingham City and their partners.

A Skilled and knowledgeable workforce

Adult Social Care benefits from a Specialist Safeguarding Learning & Development Officer responsible for a Training plan which includes procedural training, bespoke briefings and training to partners.

The success of the reflective Adult Safeguarding Manager Forum has now been expanded, and a Practitioner Forum takes place for Social workers to reflect and learn from practice.

Developments in 2014 - 15

Early Intervention strategy

Adult social care is leading is leading a multi-faceted Early Intervention strategy with the aim of prevention and early intervention in care settings to ensure the vulnerable adults are safeguarded and receive quality care.

The developments are;

- A joint funded venture with the CCG to fund 2 Early intervention workers to intervene, assess and support care homes when early warning triggers indicate a home is beginning to cause concerns amongst professionals involved in monitoring and regulation.
- A project led by Adult Social Care and funded by the CCG to develop a Virtual Dashboard with the aim of holding all monitoring and regulatory information from the City Council and partners in relation to registered care homes on a real time web based browser.
- The piloting of Dignity in Care Boards within care homes, which will be independently chaired and act as forums for complaints, concerns and improvements in the care home to be debated, explored and reviewed.

Academic Links

Adult Social care and Nottingham Trent University are building on the links established in 2013 and are looking forward to a close relationship with our local Social work academics. It is anticipated that we will be working together in 2014-15 to develop research programmes which will explore Adult Safeguarding interventions, measure outcomes and influence future practice.

Making Safeguarding Personal

Adult Social Care has joined the 'Making Safeguarding Personal' programme led by ADASS and the LGA. The purpose is to develop an outcomes focussed, person centred approach to safeguarding. The aim will be to;

• Ensure that citizens referred for services define the outcomes they want as a result of the safeguarding intervention (or outcomes that are defined through Best Interest Assessments or with representatives or advocates if people lack capacity)

• Measure and evidence the amount of citizens whose expressed outcomes are fully or partly met.

Procedures

Adult Social Care will implement an Internal Adult Safeguarding procedure in

2014-15 which reflects the new processes following the restructure. We will ensure that this meets any of the requirements of the Care Act, and will be shared with partners to improve understanding and appropriate challenge of our processes.

Community thresholds

A significant amount of work has taken place in ensuring there is consistent application of the significant harm threshold in safeguarding investigations in care settings.

It is planned in 2014-15 for a similar strategy to be implemented in improving the application of this threshold in community based safeguarding investigations.

NOTTINGHAM CITY CLINICAL COMMISSIONING GROUP (CCG)

Overview

2013/14 saw major changes in the local and national landscape of the NHS, with the creation of Clinical Commissioning Groups and NHS England and the abolition of Primary Care Trusts and Strategic Health Authorities. This, along with national media coverage about child deaths and failings in adult care provision has led to increasing scrutiny of the arrangements in place to safeguard within public bodies.

In preparation for NHS reform in April 2013, the NHS Commissioning Board issued safeguarding guidance*'Safeguarding Vulnerable people in the Reformed NHS: Accountability and Assurance Framework'* (March 2013). This guidance set out roles and responsibilities in the new NHS architecture and was intended to provide a shared understanding of how the system will operate and outlined a series of principles and ways of working.

The '*Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry'* highlighted the need to 'end decades of complacency about poor care, detect and expose unacceptable care quickly' and ensures the system takes responsibility to remedy poor practice. *'Everyone Counts: Planning for Patients 2014/15 to 2018/19'* mandates that CCG's local plans must demonstrate how safeguarding duties will be discharged and that continuous assurance will be sought on this.

In 2013/14 NHS Nottingham City Clinical Commissioning Group (CCG) set out its priorities for safeguarding adults and children and has focused on the quality and safety of safeguarding arrangements across the health community.

Exercise of its Safeguarding Roles and Functions

Commissioning and contract management

NHS Nottingham City CCG ensures that all health providers from whom it commissions services are compliant with statutory responsibilities and that safeguarding and promoting the welfare of children and adults are integral to clinical governance and audit arrangements. Whilst no longer a requirement the CCG has continued to use the 'Markers of Good Practice' framework to monitor the safeguarding effectiveness of provider organisations from which it commissions services. All providers were assessed which includedCircle, (previously Nations Healthcare) and the outcomes provided significant assurance to NHS Nottingham City CCG that Provider safeguarding arrangements were robust.

Continued compliance with the Markers of Good Practice and the SAAF has been included in contracts with Nottingham CityCare Partnership, Nottinghamshire Healthcare NHS Trust and Nottingham University Hospitals NHS Trust. TheMarkers of Good Practice review in 2014/15 will take place after the Section 11 declaration of compliance of the Children Act 2004 to the Local Safeguarding Children Board.

With regard to its Children in Care Services an analysis from the activity of 2013/14 has noted the following:

- The numbers of children entering care in Nottingham City continues to rise
- There has been a considerable rise in the numbers of children, we are aware of, who are living in the city from other authorities
- There appears to be a drop in the numbers placed in the city and out of County and a rise in the numbers of children placed in the county
- There is a noted rise in the numbers of children seen within time frames for their Initial Health Assessments (IHA)
- Registration with a GP remains consistently high, but registration with a dentist has not seen the same improvements
- The numbers of Strengths and Difficulties Questionnaires (SDQ's) received with the Routine Health Assessments (RHA) paperwork remains low

Independent Contractors

General Practitioner surgeries have nominated leads for safeguarding children and the Named Doctor for Safeguarding co-ordinates a quarterly meeting across the City to update and develop the Lead Safeguarding GP role. This has been developed over the year and is multiagency which enables a collaborative approach to safeguarding children and young people.

Safeguarding procedures and processes are assessed during Practice Performance development visits and feedback is given. The GP lead for Safeguarding has been

instrumental in ensuring that safeguarding and learning and sharing of learning has been embedded into practice.

Outcomes for Children and Young People

The Munro review of child protection clearly indicated the need to demonstrate measurable outcomes for children and young people. As a result, NHS Nottingham City CCG in collaboration with partners developed a multi-agency audit group which audits practice and outcomes for children of the key areas identified through learning in multiagency reviews. During the year, the Common Assessment Framework (CAF/Early Help,ICPC (initial child protection conference), Domestic Violence and Children in Care in private and residential establishments have been audited and recommendations to improve practice developed

Information Sharing and Reporting Pathways

Nottingham City CCG has developed and implemented a range of arrangements to ensure that safeguarding children remains a high priority across the health community. It has in place an information sharing and reporting pathway. These reporting mechanisms have been embedded to ensure that the CCG Governing Body receives assurance that controls established to safeguard children are operating effectively. There is also a robust audit trail in place evidencing the receipt of information by the CCG internal Safeguarding Children Steering Group from the Nottingham City Safeguarding Children Partnership and Provider Safeguarding Children Fora.

The CCG Safeguarding Steering Group meets bi-monthly, and is now well-established for children but in 2013/14 has incorporated the adult agenda making a cohesive team in conjunction with considering the development of the Think Family approach.

A comprehensive work plan is in place which includes key areas, such as assurance processes and training.

Compliance with Section 11 of the Children's Act 2004

Nottingham, City Safeguarding Children Board

NHS Nottingham City CCG and key health providers are required to submit their annual self-assessment of compliance with Section 11 responsibilities to Nottingham City Safeguarding Children Board. In 2013/14 the CCG reviewed the self-assessment tool and any associated outcomes and subsequent action plans regularly at the Safeguarding Steering Group. There are no outstanding issues to report from this and in areas where full assurance was not provided there was evidence to demonstrate actions were in place and progress was being made, for example NHCT have provided assurance of changed arrangements in the supervision model used in divisions and safeguarding forums established.

Child Death Overview Panel

Please see Chapter 4 for the report on CDOP activity

Compliance with the SAAF

NHS Nottingham City CCG reviewed compliance and submitted its self-assessment against the relevant SAAF indicators. The overall assessment was that compliance was achieved with the requirements in the commissioning domain.

Contest and PREVENT

CONTEST is the Government's national counter terrorism strategy which aims to reduce the risk to the United Kingdom and its interests overseas from international terrorism, ensuring people can go about their lives freely and with confidence.

Nottingham City CCG has a PREVENT strategy and is expected to be involved in delivering objectives of this. The Designated Nurse and Safeguarding Adult Lead have been trained in the delivery of the key messages One of the Associate Designated Nurses is the Prevent lead and will advise as and when relevant national information is cascaded..

Outcomes of Inspections

CQC

NHS Nottingham City CCG did not receive a Safeguarding and Looked after Children Inspection during 2013/14. However, in preparation for the new inspection methodology, the Designated Professionals in the City and County held meetings with providers to identify a process for collating information on cases as significant challengeshad been noted in identifying possible cases using the tracking template from other local areas inspected by CQC. The process was also reviewed at a meeting of the Safeguarding Steering Group along with the themes from reviews of other areas.

Ofsted

As outlined elsewhere in this Annual Repiort an inspection by Ofsted of Nottingham City's Services for Children in Need of Help and Protection, Children Looked After and Care Leavers (including a Local Safeguarding Children's Board Review)was conducted in March 2014 .

During the inspection cases were trackedand health providers were involved inmeetings and contacts during this process. Alongside the overall inspection there was a review of the effectiveness of the Local Safeguarding Children's Board (LSCB).

As key partners NHS Nottingham City CCG and health providers wereinvolved in the multi-agency approach to collating information on the tracked casesinitially identified by the inspection team on arrival. It has to be acknowledged all health partners invested significant time and resource into the inspection process evidencing the journey of the child through health records.Health partners as members of the

Nottingham City Safeguarding Children's Board and subgroups contributed to the review of the LSCB and the role and effectiveness of the partnership.

Implementation of Learning from Serious Case Reviews and Significant Incident Learning Processes

Serious Case Reviews(SCR) for Children and Young People

The following has been undertaken in 2013/14:

- One commissioned but not completed
- One commissioned and completed

For the completed case, NHS Nottingham City CCG was responsible for commissioning both the IMR which included the involvement of the primary care services and the health overview report. The findings and recommendations of these have become part of the action plan and potentially will have outcomes for commissioners and providers. Some of the key issues raised were:

- Impact of Domestic Violence
- Impact of Parental mental health
- Self-harm and suicidal thoughts in young people
- Impact of adult physical health on a family.

SCR for Adults

The following has been undertaken in 2013/14:

- One commissioned and completed
- One commissioned but not completed

For the completed and not completed case, NHS Nottingham City CCG was responsible for commissioning both IMR's which included the involvement of the primary care services. For the not completed case, an IMR for the CCG as a commissioning organisation was also completed. The findings and recommendations of these will become part of the action plan and potentially will have outcomes for commissioners and providers. Some of the key issues raised were:

- Carers assessments
- Knowledge and awareness of the Mental Capacity Act and Best Interests decision making
- Role of lead professionals
- Documentation and information sharing

Significant Incident Learning Process (SILP) for Children and Young People

There have been two SILP's started in 2013/14 on children and young people. These alternative reviews have been introduced to enable learning to be gained from cases

when either the criteria for a Serious Case Review are not met, or it is agreed that there would be valuable learning to be gained by reviewing a particular case where there has been some multi-agency safeguarding issues identified. The Practitioner event has given key health professionals opportunity to be able to give the journey for the child as noted in their agency files but also to stimulate the learning from a frontline practitioner perspective. General feedback is this enhances the reason for practitioners about the reasons for the process and actions are noted through the need to change practice.

SILP for Adults

The Nottingham City Adult Safeguarding Board (NCASB) commissioned a SILP for a vulnerable adult who died at home. The learning event was attended by practitioners from all agencies involved in the deceased care. The CCG commissioned an IMR from the GP service and they will be in attendance at the SILP. Learning and best practice will be identified at the event and this will then be shared through the various Safeguarding/training forums.

Achievements and Work Undertaken in 2013/14

GP leads forum

The forum continues to develop links with other key agencies who can contribute to the learning and development of the wider network of Safeguarding and this has been achieved by having a key speaker at the forum. The forum initially focussed on safeguarding of Children and Young People but considering the wider Think Family agenda and the development of the Safeguarding team the support can now be broadened by including the Safeguarding Adult Practitioner. The forum continues to develop strong links with our key partners in the local authority within children and young people's departments and it is envisaged this will reciprocate with the adult links.

GP Training

Training events continue to be shared with Leads and the Named Doctor has been proactive in continue to develop training sessions with Safeguarding team for Nottingham City Care and also with other key agencies. Training sessions on Systmone with a focus on Safeguarding information and Signs of Safety training has been delivered and the programme of training for GP's continues to be developed

Safeguarding App

The App is currently being developed in conjunction with the Named Doctor for Safeguarding. This will contain information for Nottingham City and Nottinghamshire County but will be a valuable resource in line with competing access to information readily in the world of technological innovation

Effectiveness of Safeguarding Children Training Programmes

Mechanisms are in place to provide assurance to Nottingham City CCG that staff in provider organisations have received safeguarding children and adults training. These include the receipt of annual safeguarding reports and also via the self-assessment audit tools which are required to be completed by all NHS organisations.

Nottingham City CCG training requirements are in accordance with the national 'Safeguarding Children and Young People: Roles and Competencies for Health Care Staff Intercollegiate document' September 2010 and the Safeguarding Children Training Directory developed by the Department of Health, March 2012. All eligible Nottingham City CCG staff have been provided with training that is commensurate with their duties. In September 2012 the training figures for staff was recorded at 62%, currently figures now indicate 91% for adults and 87% for childrenThe Safeguarding team are currently reviewing the training package to incorporate current themes and for Children and Young People in accordance with the revised Intercollegiate document March 2014

Appointment of Designated Nurse and Associate Designated Nurse Posts

In 2013 following the resignation of the existing post holder Nottingham City CCG commissioned a review of the arrangements for safeguarding children as increasing pressures and competing demands within the City population had challenged the capacity of the Designated Nurse. The reviewer was asked to explore possibilities for alternative ways of working which concluded that there was benefit to buying in expertise although it also recommended that the substantive Designated Nurse post within the CCG should be retained.

There were particular benefits for safeguarding children from this combined approach as follows:

- Succession planning into Designated Nurse roles whilst retaining and drawing upon local experience and knowledge
- Enabling health partners to challenge and support partner agencies from a coordinated perspective where necessary.
- Integrated safeguarding service across the Nottingham City Health community, with safeguarding views from within provider services
- Opportunities to further develop quality governance, ensuring that monitoring tools were comprehensive and used consistently across the health economy.

A service level agreement was developed and Nottingham University Hospitals NHS Trust and Nottinghamshire Healthcare Trust now provide the associate designated nursing posts to the CCG.

A substantive Designated Nurse has also been recruited and the CCG has been able to secure additional resources from those that were available in the Primary Care Trust and the designated nursing team now consists of:

- Designated Nurse – 1 WTE
- Associate Designated Nurse – 0.4 WTE (2 individuals)
- Appendix Six demonstrates how the team structures lies within the Quality Governance Team of the CCG.

Adult Safeguarding Leads

The workloadand agenda for safeguarding adults increasedsignificantly in 2013/14, mainly due to the numbers of serious case and domestic homicide reviews.

Instead of recruiting to a CCG specific post, it was felt that there would be benefits across the health economy from buying in expertise including:

- A strengthened health relationship will ensure that safeguarding services provided for the people within Nottingham City are effective and client centred
- Providing the CCG with invaluable knowledge and expertise of skilled practitioners from a range of backgrounds
- Integrated working allows for economies of scale and effective use of staff time when attending meetings and events
- Development opportunities for practitioners and allowing them to experience working in a CCG
- Opportunities to strengthen the health partnerships within Nottingham City and working together to develop the safeguarding agenda throughout Nottingham City

A service level agreement was developed and Nottingham University Hospitals NHS Trust now provides the safeguarding adult expertise for the CCG (in addition to the resources available for care home quality monitoring).

The CCG has been able to secure additional resources from those that were available in the Primary Care Trust and the team consists of:

- Safeguarding Adults and MCA Lead – 0.4 Whole Time Equivalent (WTE)
- Safeguarding Adults and MCA Practitioner – 1 WTE

As a result of this, our approach to safeguarding vulnerable adults is more robust and client centred and we are able to expand some areas of practice from Children into adults, for example GP leads and training for staff.

Safeguarding Health Overview Group

Plans to form a Safeguarding Health Overview Group were made during 2013/14 with the first meeting held in April 2014. This has been identified as a mechanism to bring health actions collectively together from the CCG and health providers and to maintain and review the learning from significant cases that have necessitated actions plans. This should identify gaps in provision and commissioning of services.

Priorities, Risks and Challenges for 2014/2015

The areas of focus, risks and challenges for 2014/15 are:

- Information and Technology Systems
- Discharge of Statutory Duties and Functions for Safeguarding
- Suicide and Self-Harm of Young People in Nottingham City

- Safeguarding Arrangements in the New System
- Strategic Review of the Care Home Sector
- Care Home Quality
- Raising the local profile of Adult Safeguarding with the Area Team and GPs
- Impact of the Care Act on the delivery of services and contracts
- Embedding the Think Family Approach across Service Delivery and Commissioning
- Domestic Violence
- Equality and Diversity

Audit, Review and Inspection Priorities for 2014/2015

The Audit, review and inspection priorities for 2014/2015 are to:

- Maintain and strengthen assurance processes
- Support NHS England in the development of GP's and their training
- Implement any recommendations from the CQC Safeguarding and Looked after Children Inspection
- Work in partnership, to deliver the Strategic Business plan for the Safeguarding Adults and Children's Partnership Boards

Conclusion

The last year has continue to see significant change for the National Health Service, with pressures of budget reductions, service and structure reviews and developments in national and local policy agendas. NHS Nottingham City CCG and health partners have continued to rise to challenges continuing to provide effective support and safeguarding services to the most vulnerable children and families in the health community and the on-going health and wellbeing of all children and families.

NHS Nottingham City CCG continues to prioritise the work of Safeguarding and works with the challenges and risks this identifies. As with all safeguarding work this cannot be in isolation and in partnership with our wider health and social care community, including out Local Safeguarding Boards priority areas will successfully be delivered.

NOTTINGHAMSHIRE FIRE AND RESCUE SERVICE

Key issues relating to 2013/14 are:

- The Deputy Chief Fire Officer now has the Principal Officer Responsibility for Safeguarding for the Service.

- During the period April 2013 to March 2014, 350 firefighters have received the basic Safeguarding Training with 6 Group Managers receiving referral training. This training is on-going and will continue to be delivered throughout the organisation.

- Although the number of visits that Nottinghamshire Fire and Rescue (NFRS) conduct (for home fire safety checks) have reduced over the last 5 years, due to a targeted approach, the majority of the client group are now a higher risk so the number of referrals have remained constant.

- NFRS are currently awaiting secure e-mail capability before becoming an operational member of the County MASH.

- NFRS are now receiving data from Adult Social Care in the County in order to identify and respond to the at risk elderly that are responsible for a greater proportion of domestic fires.

NOTTINGHAMSHIRE POLICE

The role of Nottinghamshire Police within safeguarding is to exercise its duties under sections 10 and 11 of the Children Act 2004. It has a responsibility for the investigation of criminal activity against the vulnerable and those in need of safeguarding. Nottinghamshire Police also must offer support, advice and assistance to other agencies in carrying out their safeguarding responsibilities.

Police officers and employees are well placed to identify risk and need to be aware of other incidents that they attend that could detrimentally impact on the most vulnerable in our community. Police officers and staff must also be cognisant of safeguarding when dealing with children and vulnerable adults as offenders. Police Officers hold the emergency powers of police protection under section 46 of the Children Act 1989.

Police hold a wealth of information that needs to be shared with other agencies in order to appropriately safeguard the vulnerable.

Compliance with Section 11 of the Children Act 2004 **(Childrens Only)**

All frontline police officers and staff have been required to complete at NCALT E-learning package on Safeguarding Children. Officers have also undergone the Introduction to Public Protection training through the College of Policing

The Nottinghamshire MASH remains the point of contact for central management and supervisory oversight of safeguarding concerns for both Child and Adult safeguarding concerns across both the City and County Local Authorities.

The internal notification process has been revised, whereby an officer with a safeguarding concern in relation to a child or adult can complete one notification which is routed to the police team in the MASH. This is then risk assessed and disseminated to appropriate services.

Nottinghamshire Police has invested greatly in educating all police officers and frontline staff in relation to domestic abuse. The DASH risk assessment form that officers are required to complete has a section specifically to detail children who may be in need of safeguarding connected with the victim or perpetrators of domestic violence. We reviewed our processes and form January 2nd 2014 we have created greater officer professional judgement allowing for the completion of DASH where it is deemed mandatory and a process of non-mandatory completion

Safeguarding training is now delivered as part of the training programme for student officers, special constables, PCSOs and trainee detectives.

Each domestic abuse incident where children are connected is referred through to Children's Social Care via the City DART or the Nottinghamshire MASH. The City DART provides as multi-agency framework for the information exchange and early management of domestic abuse cases.

The Centralised Child Abuse Investigation Unit is expanding its terms of reference and in particular to take responsibility for the investigation of child deaths (not road traffic).

The Child protection policy and procedure has been published after review.

Compliance with the appropriate sections of the Strategic Health Authority document 'Safeguarding Adults Self-Assessment and Assurance Framework' (SAAF)' **(Adults Only)**

The 5year strategic policing plan 2013-18 references safeguarding within the section 'Protect, Support and respond to victims, witnesses and vulnerable people'. As part of Multi-Agency Safeguarding Hubs and working in partnership enables the police to prioritise the early identification, protection and support the response to those children and adults who are most vulnerable to crime, abuse, exploitation and repeat victimisation. The Force has developed and published its Vulnerability Policy which has also been shared with officers and staff through training days.

There is now a centralised overview and management of safeguarding concerns related to vulnerable adults, by Nottinghamshire Police. This will be further enhanced through the restructure of the public protection provision by the organisation, which will deliver a vulnerable adults team covering force wide.

Alerter and referrer training in relation to the safeguarding of vulnerable adults is being rolled out across the organisation.

Performance against national and local safeguarding indicators

The staff responsible for the investigation of child abuse investigation and protection are dedicated and committed to providing good outcomes. The level of service to the victims and families in these cases has been highlighted as excellent practise.

There is strong governance through the Force ACPO lead and Head of Public Protection. The organisation is well engaged at every level with the LSCBs.

Improvements in the handling of domestic abuse cases by Nottinghamshire police has been recognised nationally and there is daily performance management of safeguarding enquiries, referrals and domestic abuse incidents.

Recording and monitoring actions from serious case reviews are well managed.

Outcomes of audit and review activity

Nottinghamshire Police are committed to multi-agency audits in relation to safeguarding cases.

Internal audits have focussed on compliance with National Crime Recording Standards in Child Abuse Investigations and the central management and supervisory review of safeguarding cases in a timely manner

.We have reviewed, after 6 months the restructure of Public Protection which showed that the restructure was a positive move and had created better management and structures around public protection

Outcomes of Inspections

We have been inspected around Domestic Abuse in October 2013; this was part of the national thematic inspection. We attracted a number of recommendations which were commensurate with national findings and are currently working on the action plan to address

Views of staff and service users (including complaints relating to safeguarding)

The Nottinghamshire Police Intranet is used to disseminate new and important information to the widest audience and provides the opportunity to comment and feedback. Within the intranet there are dedicated pages focussed on Public Protection departments, containing a library of policy, procedure and guidance documents.

At a local level information is disseminated and feedback through daily team briefing and meetings.

There is an escalation policy in line with local procedures and most complaints are handled by the dedicated Detective Inspector. There have been no substantiated complaints to report in this period.

The organisation has a professional standards department which investigates issues of professional misconduct and a system as in place for the discreet reporting by employees.

Workforce arrangements for agency staff, contracts and any commissioning arrangements

All employees recruited to Nottinghamshire Police undergo a vetting process at the appropriate level for their role. Staff working within Public Protection are required to be cleared at Management Vetting level.

Non police personnel co-located with police or with access to police systems and information are required to be enhanced CRB checked or cleared to Non Police Personnel Vetting level 2.

Agency staff are vetted and recruited to the same standard.

Progress and achievements.

The police contribution to Nottinghamshire MASH is a strength. The discussions remain open and ongoing as to the viability of an Integrated MASH incorporating Nottingham City Adult and Children's social care.

Implementation of learning from SCRs

Specific for 2013 / 14

One SCR recommendation related to ensuring that all missing persons are recorded correctly. We have now introduced MFH coordinators and officers have been trained in how to recognise vulnerability and when to make a referral via a C51 in relation to both children and adults. In August 2013, Nottinghamshire Police commenced a new one day training delivery to all frontline police officers and police staff (Response and Neighbourhood Policing Teams). The subject matter will be 'Vulnerability' and aimed to support a holistic frontline approach to safeguarding and vulnerability, taking full consideration of mental health, substance misuse and domestic violence in both adults and children. This training has commenced and is ongoing.

FN13 – Timely and focussed police investigations and effective strategy discussions. Also effective monitoring of bail conditions including sharing the details with relevant agencies.

Risks and Challenges

There are significant risks and challenges in terms of increased workload from reports of domestic abuse, historic abuse cases and balancing that with a workforce who are managing a huge portfolio of activity and risk.

Future Developments

Audit, review and inspection priorities for the forthcoming year

The priority will be to ensure a multi-agency approach in preparing for the new programme of inspection.

Effectiveness of internal Safeguarding Training Programme

This is commented upon previous in section 2. Staff working directly within Public Protection will undergo a programme of training including the Introduction to Safeguarding courses. All staff are trained or training to become PIP 2 Detectives (Professional Investigators Programme) and will be required to undertake the SCAIDP (Specialist Child Abuse Investigators Programme.

Multi-Agency training programmes are made available and accessed where relevant to the role.

NOTTINGHAM UNIVERSITY HOSPITALS TRUST

CHILDREN'S SAFEGUARDING

Health providers must ensure that a culture exists in which safeguarding is everybody's business, and poor practice is identified and tackled. Local Safeguarding Children's Boards (LSCB) have a responsibility to ensure public agencies work together effectively to safeguard children and young people. In 2013 the updated statutory guidance "Working Together to Safeguard Children and Young People" was published. NUH is represented on Nottingham City LSCB by the Lead Director for Safeguarding, and on Nottinghamshire LSCB by members of the safeguarding team and by agreed liaison with the director-level representation from Sherwood Forest Hospitals.

Progress against key CQC national and regulatory requirements

Safe recruitment

All applicants for posts in NUH must undergo a formal selection interview. Prior to a final offer of employment the central recruitment team ensure they have evidence of the applicant's

Identity
References
Professional Registration
Qualifications
Right to Work
Disclosure and Barring Service (DBS) check (including a check against the barred lists if the work involves regulated activity)
Occupational Health clearance

Completion of pre-employment check lists is audited. A record of DBS checks is held corporately.

Effective staff training

Safeguarding training is mandatory for all NUH staff. Compliance with mandatory training in 2012-2013 was low for all topic areas. The safeguarding team have been engaged in the recovery work being co-ordinated by Learning and Organisational Development. Compliance levels are reported monthly to the Trust Board.

At the current time, a complete refresh of the training status for all staff was initiated in April 2014. From this date, all staff will have annual birthday-month anniversary training to levels 2 and 3, which exceeds national standards, as well as new starter induction training. Training is delivered in line with the Intercollegiate Guidelines 2014.

Ten Safeguarding Champions have been identified in the Children's Hospital and Maternity.

Effective supervision arrangements

The safeguarding children supervision strategy has been updated and forms part of the revised Clinical Supervision Policy. Safeguarding specialists deliver planned supervision for all relevant staff. Safeguarding supervision documentation is standardised.

Working in partnership with other agencies

The Trust fulfils its duties, attending all relevant Nottingham City and Nottinghamshire Safeguarding Children's Boards and their sub-groups.

Identification of Named Professionals for safeguarding

There are three Named Doctors for safeguarding children, each with one PA (4 hours) per week, a Named Nurse, and a Named Midwife for safeguarding unborn babies. The roles are supported by a team of 3.8 WTE safeguarding nurse/midwifery specialists.

Performance monitoring responsibilities

NUH provides CQC, Ofsted, and LSCBs (as required by Section 11 of The Children Act) with evidence that it is discharging its safeguarding duties.

The self-assessment 'Markers of Good Practice' was submitted (May 2013) to Nottingham City and Nottinghamshire County Clinical Commissioning Groups who, along with the NHS Local Area Team, have a statutory duty to gain assurance from provider organisations re safeguarding systems robustness. In the self-assessment there were no red ratings, three amber and 72 green. The amber ratings relate to

number of staff trained, audit of attendance at multi-agency training, and audit of midwifery supervision records.

In November 2013 CQC inspected NUH, including its Children's Services. Its report described no significant safeguarding issues.

Serious Case Review process

During 2013 NUH contributed Reports to three SCRs (one for Nottingham City). NUH also participated in two SILPs.

The SCRs have not yet been published but the reports from NUH did not describe serious shortcomings in NUH care or practice. The key points raised were;

Impact of domestic abuse
Impact of parental mental health
Children not brought to appointments
Self-harm and suicidal thoughts in young people
Impact of adult physical health on a family

The Safeguarding Children & Young People Committee monitors all SCR action plans to full implementation/completion. The committee reports to the Clinical Risk Committee. A new joint adult/child serious case review group will now jointly oversee NUH implementation of recommendations from SCRs.

Supporting local safeguarding

The Trust's local policy and procedure, guidance and flowcharts are consistent with local multi-agency arrangements

Safeguarding activity (including midwifery and domestic abuse contacts) increased by 28% to 2413 contacts in 2013 compared with 2012. The main increases have been in referrals for young people who have self-harmed and complex midwifery cases requiring pre-birth and post-discharge planning.

1505 contacts (62%) were to the generic Safeguarding Team, 434 (18%) to the ED domestic abuse specialist, and 474 (20%) to the safeguarding midwives. In addition there were 246 children and young people seen for child protection medicals at NUH.

The team have also been involved in circa 500 multi-agency safeguarding meetings. There has been a notable increase in Safe Discharge Planning Meetings, particularly where young people have self-harmed, and in Initial Child Protection Conferences for the Unborn.

The Safeguarding Children and Young People committeemeets quarterly with regular representation from the designated leads (medical, nursing, corporate and HR).

Monthly meetings are held with Social Care Service Managers and Leads to promote shared learning, discuss cases that have been escalated and liaise between agencies. Management of the complex midwifery caseload is supported by the multi-agency pregnancy liaison group (MAPLAG), which the Named Midwife attends.

'Prevent'. Department of Health 'Prevent' training commenced at NUH in 2013. Staff in the emergency department (ED) and the Children's Hospital have been prioritised. NUH provides a monthly report to the regional health lead.

In 2013 the Safeguarding Adults Matron referred two people to the CHANNEL group (a multi-agency PREVENT-initiated team to identify and divert people away from risk of radicalisation) following concerns raised by NUH staff: the feedback was that these were relevant referrals.

Four members of NUH staff, including a member of the safeguarding children team, have been accredited as 'Prevent' trainers.

Providing advice and expertise for fellow professionals

The safeguarding nurses and midwives provide advice and guidance to any member of NUH staff who has concerns about the safety or welfare of an unborn baby, child or young person.

Twenty two safeguarding children champions across the Trust have recently been identified across Family Health and are linking with the more established safeguarding adult champions across the Trust

Child Death Review Function

NUH is commissioned to provide the local Child Death Review process. This provides a rapid response and information-gathering after an unexpected child death in Nottingham City and Nottinghamshire County. The safeguarding Board received an Annual Report.

Priorities for 2014

There is a number of priorities established for the coming year. These are:

- Increase uptake of safeguarding supervision, particularly by generic community midwives (attendance was sporadic in 2013).
- Improve data collections systems used in Safeguarding by continuing to refine the NOTIS system (above) and using the DATIX risk reporting system to produce statistical safeguarding information not available via the NOTIS system. The Children's Hospital is also working towards Electronic Records by April 2015.

- Improve the sharing and learning from Serious Case Reviews, and audit implementation of recommendations
- Improve Multiagency audit work.

Summary

Safeguarding activity and the demand for specialist team expertise increased by 28% year-on-year.

This mirrors the experience of other agencies [see Nottingham City Safeguarding Children Annual Report (June 2013)]. In 2012/13 there was a 44% increase in commenced Child Protection Plans (600). 463 such plans were open at 31 March 2013 compared to 297 twelve months before.

A notable contributor to the increased demand on NUH safeguarding was increased mental health presentations (including self-harm) at NUH.

Despite these pressures, the Safeguarding Team provided effective specialist expertise and by training, advice and direct involvement ensured effective Trust-wide safeguarding of children and young people.

ADULT SAFEGUARDING

This section of the report provides a description of work in Nottingham University Hospitals NHS Trust (NUH) in 2013 to safeguard vulnerable adults. All health providers are required to demonstrate that they have safeguarding leadership and commitment at all levels of their organisation and that they are fully engaged and in support of local accountability and assurance structures, in particular via the local safeguarding boards (statutory bodies for safeguarding).[1]

Health providers must ensure that a culture exists in which safeguarding is everybody's business, and poor practice is identified and tackled. Local Safeguarding Adults Boards (LSAB) have a responsibility to ensure public agencies work together effectively to safeguard vulnerable adults. NUH is represented on Nottingham City Safeguarding Adults Board, by the Lead Director for Safeguarding/ Named Doctor for Adult Safeguarding.

Progress against key CQC national and regulatory requirements

<u>Safe recruitment</u>

All applicants for posts in NUH must undergo a formal selection interview. Prior to a final offer of employment the central recruitment team ensure they have evidence of the applicant's

[1]Safeguarding vulnerable people in the reformed NHS: Accountability and assurance framework, NHS Commissioning Board, published 21 March 2013

- Identity
- References
- Professional Registration
- Qualifications
- Right to Work
- Disclosure and Barring Service (DBS) check (including a check against the barred lists if the work involves regulated activity)
- Occupational Health clearance

Completion of pre-employment check lists is audited. A record of DBS checks is held corporately.

Effective training of all staff

Training figures for mandatory Level 2 safeguarding adults training were low for 2013. However, NUH is currently in a recovery phase and steps are being taken to try and rectify this performance issue. The safeguarding adults team have been very engaged in the work being co-ordinated by Learning and Organisational Development and has provided supplementary information for inclusion in the mandatory training handbook to accompany the mandatory training DVD. In areas deemed as high risk by the safeguarding vulnerable adults matron (SVAM) - for example admissions areas - key staff have been asked to complete the e-learning package written earlier this year by the SVAM. In addition to this the safeguarding adults team have been providing face to face training within the ward areas upon request and have been very proactive in offering this to meet the needs of staff. This has already had a positive impact on training figures reported to the Trust Board.

The safeguarding adults team were fully involved with the creation of the new NUH mandatory training DVD and have been asked to provide expert advice during the filming of this new DVD. This will be launched on May 1st 2014.

To help ensure clinical areas have staff who are trained to a high standard the safeguarding adults team has been delivering additional Level 3 adult safeguarding training to staff who have shown a special interest in becoming safeguarding champions in their respective directorates. This has been well received by all specialities and the Trust currently has 90 staff with up-to-date training at this level.

Effective supervision arrangements

The SVAM provides supervision for the learning disability liaison team, domestic abuse specialist nurses and adult safeguarding specialist practitioner, as well as the safeguarding lead in the south county clinical commissioning (group) CCG.

Supervision is provided on request to members of staff following a safeguarding adult incident or complex case in the form of a formal debrief.

Performance monitoring responsibilities

NUH provides Local Safeguarding adults Boards and Commissioners with a copy of the Safeguarding Adults Assurance framework. NUH is now either green or blue (excelling) in all areas of this assessment.

In November 2013 CQC inspected NUH, its report described no significant safeguarding issues and was positive.

Promoting good professional practice

Every November and December the safety of the vulnerable patient benchmark is scored.

December 2013 Results

Of the 183 areas that scored:
94 (51.4%) scored GOLD
80 (43.7%) scored GREEN
9 (4.9%) scored RED

Direct comparisons cannot be made to previous year's results due to the changes in the benchmark scoring format; however previous year's results are outlined below (Table 1).

Table 1: Comparison of scores 2009-2012

	2009	2010	2011	2012
Gold	0	16	20	68
Green	26	37	24	33
Amber	70	90	119	72
Red	26	5	14	2
Total	122	149	177	168
% of areas scoring Green/Gold	21%	36%	25%	56%

Gold Scores: Whilst direct comparison of previous scores cannot be made, there is a continuous improvement in the number of clinical areas scoring Gold or Green 174 (95.1%). All indicators scoring less than 90% are now included within the Trust Essence of Care Action Plan. This includes indicators 3, 5, 7, 9 and 10.

All the red scoring clinical areas have been followed up by the Safeguarding Team and it has been identified that there were a number of differing reasons for the red scores. Matrons are working with Ward Sisters / Charge Nurses to implement and monitor actions for sustainable improvement in these areas.

Serious Case Review process

NUH has been involved in three serious case reviews in the last 12 months (two for Nottingham City) that were commissioned by the local safeguarding adult's board. Neither of these have been published as of yet.

Supporting local safeguarding

The Trust's local policy and procedure, guidance and flowcharts are consistent with local multi-agency arrangements

In the last 12 months NUH made 138 safeguarding adults notifications to the local authorities. Despite only 32 of these going into full safeguarding adults procedures, feedback from both city and county adult social care has been very positive regarding the quality of NUH notifications.

The Deprivation of Liberty (DOL) Safeguards came into force on the 1 April 2009. These protect patients without capacity who need to be deprived of their liberty in their best interests, and provide a right of appeal through the courts.

The Trust is a 'managing authority' with respect to the DOL Safeguards by virtue of being an organisation providing care. The primary care trusts were the 'supervising authorities,' as commissioners of health care, but this responsibility moved to the local authorities from 1April 2013. A managing authority must try to ensure that all possible steps have been taken to avoid a deprivation of liberty situation occurring. However, despite these steps being taken, if a managing authority has reason to believe that a patient is currently being, or is likely within the next 28 days to be cared for in a situation that might amount to deprivation of liberty, it must seek an authorisation from the relevant supervisory body.

In 2013, fourteen urgent deprivation of liberty authorisations were submitted to the supervisory body. Of these, 14 urgent authorisations, four met the criteria for a ongoing standard authorisation.

Safeguarding vulnerable adults committee (SVAC*)* - the safeguarding vulnerable adults committee continues to develop with regular representation from the dementia steering group, social services and the safeguarding/MCA champion forum, along with the designated leads (medical, nursing, corporate and HR).

The SVAC and its children and young people counterpart have agreed to meet bi-annually. This is important to ensure the Trust follows a more ‘Think family’ approach.

‘Prevent’The compulsory Department of Health Prevent training commenced at NUH in 2013. Staff in the emergency department (ED) and the Children’s Hospital have been prioritised. Monthly reporting is now in place for Prevent Training to the regional health lead..

In 2013 the Safeguarding Adults Matron has referred two people to the CHANNEL group (a multi-agency PREVENT-initiated team to identify and divert people away from risk of radicalisation) following concerns raised by NUH staff: the feedback was that these were relevant referrals. Five members of NUH staff, including a member of the safeguarding children team, have been accredited as trainers following completion of the ‘train the trainers’ course (a process that allows training to be cascaded throughout the organisation) .

Providing advice and expertise for fellow professionals

The Trust has 50 safeguarding adult and mental capacity act champions with coverage in each directorate, including community services. Their role is to:

a) give advice and support around mental capacity and safeguarding adults to staff in their respective directorates;
b) to assist with the embedding of the Mental Capacity Act 2005 within the specialties in which they are based;
c) to drive forward the awareness of domestic and sexual abuse and the implementation of the use of the domestic violence, stalking and harassment risk assessment tool (DASHRIC).

Each safeguarding champion can now be identified by their ‘safeguarding champion’ lanyard. The safeguarding champions have clear objectives and a structured ‘message of the month’ timetable to ensure that there is consistency across the Trust in the messages delivered.

Resourcing of adult safeguarding

Last year challenges to the resourcing of safeguarding vulnerable adults function were identified. A paper was presented to CET and funding for a substantive Band 7 post to support the SVAM was agreed. This post has been recruited to.

The Trust has also recruited to a domestic abuse specialist nurse post. This post has been funded by the NUH Charity for a fixed term of two years. This post is an exciting development and is the first of its kind. The post is being evaluated formally

by a professor at the University of Nottingham. An article on this post has been submitted to the Nursing Standard and it is hoped that this will be published in 2014.

Earlier this year the safeguarding adults team at NUH was approached by the Nottingham City Clinical Commissioning Group to ask if the SVAM could be seconded to them to help set up its safeguarding adults service. As a result of this discussion, a decision was made for NUH to provide this to the CCG and a service level agreement was drawn up. To cover this service an additional 1.4 WTE posts have been recruited to, funded by the CCG. This is an exciting opportunity for the safeguarding adults team and will help build up skills and relationships with private providers of nursing care within Nottingham City.

Priorities for 2014

The following priorities for action have been set for 2014/15;

- To increase uptake of mandatory training.
- To improve data collections systems using functions of DATIX risk reporting system to record feedback from adults social care and produce data;
- To improve the sharing and learning from Serious Case Reviews, and audit implementation of recommendations

Summary

In summary, the last 12 months have been very positive for adult safeguarding. The safeguarding vulnerable adults team agenda is continually evolving and will now include the application of the Mental Health Act, domestic and sexual abuse and 'Prevent' in addition to the recognised adult safeguarding agenda, implementation of the requirements of the Mental Capacity Act (including the Deprivation of Liberty Safeguards) and care for patients with learning disabilities. The increase in resources has helped enormously in driving this agenda forward.

The communications campaign has increased awareness of safeguarding adults across the Trust and the systems and processes in place for managing safeguarding adult concerns are effective. We have a really good structure within NUH which functions well from the executive lead to the safeguarding champions within the wards and departments.

CHAPTER 6

FUTURE CHALLENGES: OUR BUSINESS PLAN FOR 2014/15

The Boards have adopted a new approach to business planning for 2014/15. This aims to link the Business Plan to the quality assurance and performance management arrangement and to our risk management processes. The new Business Plan is attached as Appendix 1 to this report.

In addition the NCSCB has incorporated into its business planning the outcomes from the Ofsted review undertaken in March 2014 specifically reflecting the areas for improvement that were identified in the report. There is a distinct NCSCB Ofsted action plan that will be monitored and evaluated alongside the action plan produced by the local authority. The NCSCB Ofsted Action Plan is attached as appendix 2 for information.

In brief the key priorities set in our Business Plan are:

Priority 1: To be assured that 'Safeguarding is Everyone's Responsibility'

Priority 2a: To be assured that children and young people are safe

Priority 2b: To be assured that adults in need of safeguarding are safe

Priority 2c: To be assured that services are effectively coordinated

Priority 3: To be assured that our Learning and Improvement Framework secures a workforce fit for purpose and is raising service quality and safeguarding outcomes for children, young people and adults

Underpinning these priorities are a number of cross-cutting priorities that are intended to be delivered within all the priorities above. These are that:

- Safeguarding services are co-ordinated
- The voices of children and adults are heard
- The voices of staff are heard
- Sub-regional and regional co-ordination will be maximised – specifically to assist partners who work across local authority boundaries
- Effective communication will underpin all Board activity

As stated above a full version of the Business Plan is attached as appendix 1.

Safeguarding is everyone's business. We hope that colleagues across the NCSCB/NCASPB partnerships of agencies will support our overall objective to improve safeguarding outcomes for children, young people and adults in Nottingham. I also hope that this Plan presents a clear direction of travel and a focused set of priorities and supporting actions that will enable everyone to understand their particular role in delivering the ambitious programme of improvement that aims to keep children, young people and adults in Nottingham safe.

Paul Burnett

Independent Chair, Nottingham City Safeguarding Children Board and Nottingham City Adult Safeguarding Partnership Board

APPENDICES

Appendix 1: NCSCB and NCASPB Business Plan 2014/15

Appendix 2: NCSCB Ofsted Review Action Plan

Appendix 3: CSE Action Plan 2013/14 Report

Appendix 1

Nottingham City

Children's and Adults Business Plan 2014/15

CONTENTS

Business Plan Priorities

Section A

Priority 1: To be assured that 'Safeguarding is Everyone's Responsibility'

Priority 2a: To be assured that children and young people are safe across the child's journey including the transition to adult services.

Priority 2b: To be assured that adults in need of safeguarding are safe.

Priority 2c: To be assured that safeguarding services are effectivelycoordinated across children and adult services – applying the 'Think Family' concept.

Priority 3: To be assured that our Learning and Improvement Framework secures a workforce fit for purpose and is raising service quality and safeguarding outcomes for children, young people and adults.

Section B

Framework for Quality Assurance and Performance Management

NOTTINGHAM CITY NCSCB AND NCASPB - Business Plan Priorities 2014/15

Priority 1: To be assured that 'Safeguarding is Everyone's Responsibility'
Priority 2a: To be assured that children and young people are safe
Priority 2b: To be assured that adults in need of safeguarding are safe
Priority 2c: To be assured that services are effectively coordinated
Priority 3: To be assured that our Learning and Improvement Framework secures a workforce fit for purpose and is raising service quality and safeguarding outcomes for children, young people and adults

CROSS CUTTING

Safeguarding services are co-ordinated
The voices of children and adults are heard
The voices of staff are heard
Sub-regional and regional co-ordination will be maximised – specifically to assist partners who work across local authority boundaries
Effective communication will underpin all Board activity

Priority 1: To be assured that 'Safeguarding is Everyone's Responsibility'

The focus of this priority is on partnership and individual agency effectiveness in safeguarding delivery and developing and embedding outcomes focus across the partnerships.

Outcomes sought in 2014/15.

1.1 Ensure Boards' and partner agency compliance with Working Together 2013 (WT13) and the Care Bill.

1.2 Ensure full agency compliance in Section 11 and SAF Audit processes.

1.3 Ensure that the Board, OMG and Subgroups:

a. have appropriate and regular attendance rates,
b. have capacity to deliver Business Plan expectations,

1.4 The Board drives partnerships and partner agencies to own, prioritise, resource, improve and positively impact on safeguarding.

1.5 The Board receives management information to evidence, scrutinise and challenge performance so that it knows the safeguarding strengths and weaknesses of agencies, both individually and collectively, and the safeguarding outcomes for service users.

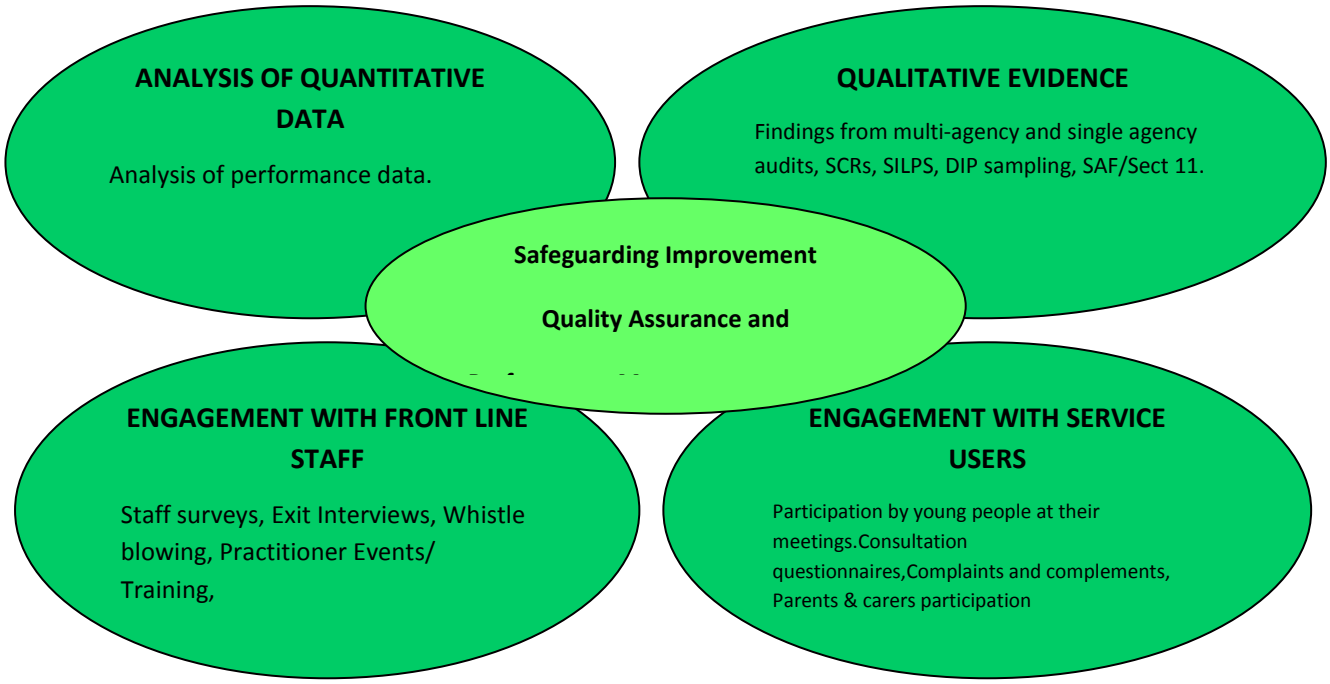
1.6 Secures the effective implementation of new practice guidance issued in 2014.

1.7 Formulate and implement the Information Sharing Protocol.

1.8 Safeguarding roles and responsibilities and outcomes are explicit in the commissioning, contracting, delivery, monitoring and review of services.

1.9 The 'voice' of children, young people, adults and practitioners is heard and acted on across all priorities.

We will evidence our performance on the above as follows:



Priority 2a: To be assured that children and young people are safe across the child's journey including the transition to adult services.

2a.5 That children subject to child protection plans and those in need have high quality multi agency plans in place.

2a.6 Children at high risk/vulnerable are being identified and risks managed to secure positive outcomes. The groups that we have prioritised for 2014/15 are: CSE; Missing; Domestic Violence/Abuse; Self-Harm.

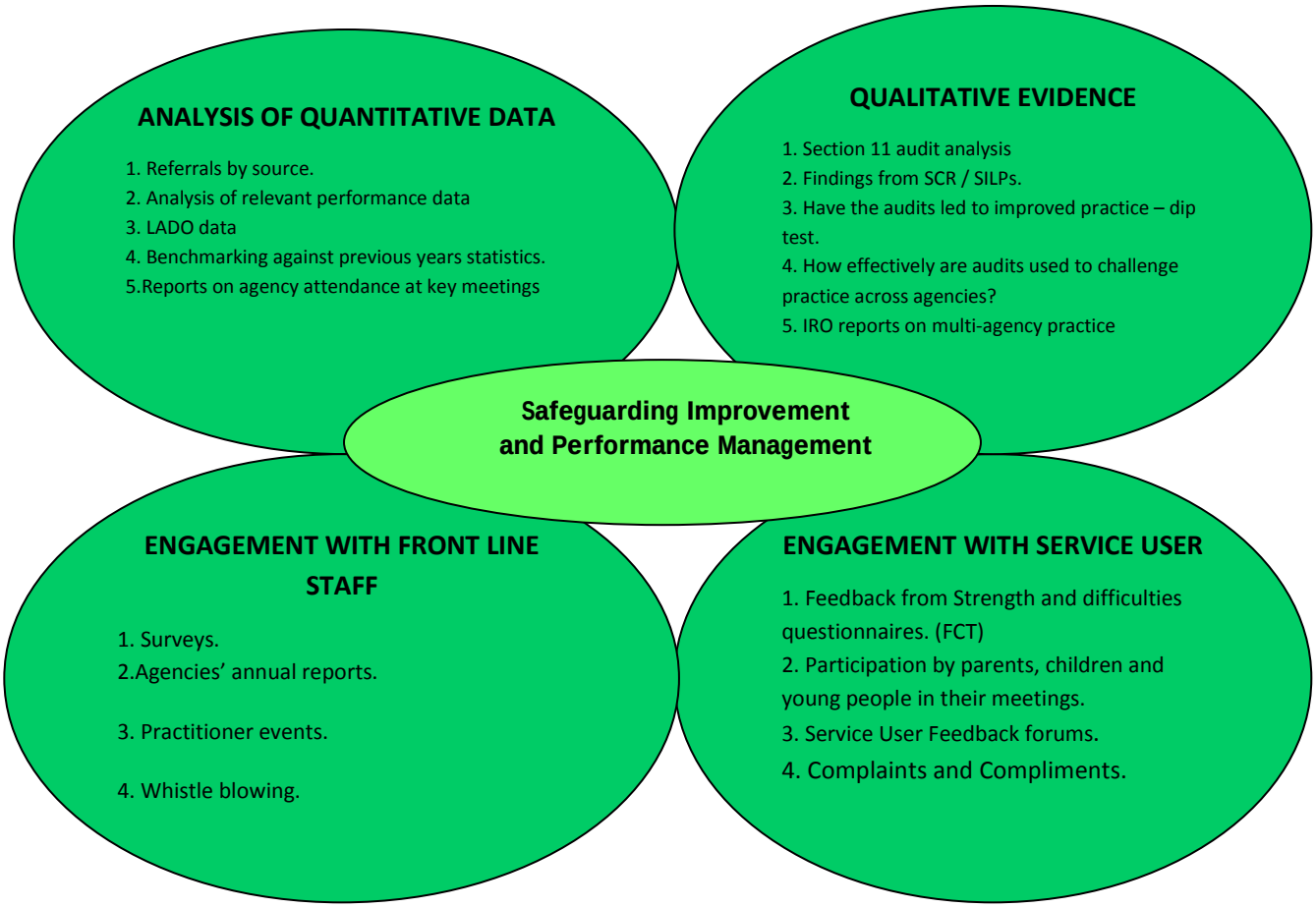
2a.7 Effective transitions from children to adult services where appropriate.

2a.8 Children/young people who are privately fostered are identified and supported.

2a.9 The workforce has capacity to safeguard individuals effectively.

2a.10 Adults who are assessed as posing risk to children and young people in need of safeguarding are effectively managed through MAPPA and MARAC and that risk to others is mitigated.

We will evidence our performance on the above as follows:



Priority 2b – To be assured that adults in need of safeguarding are safe

2b.2 Thresholds for safeguarding adults are clear, understood and consistently applied across the partnership.

2b.3 The followings groups that have been previously identified at risk are adequately safeguarded:

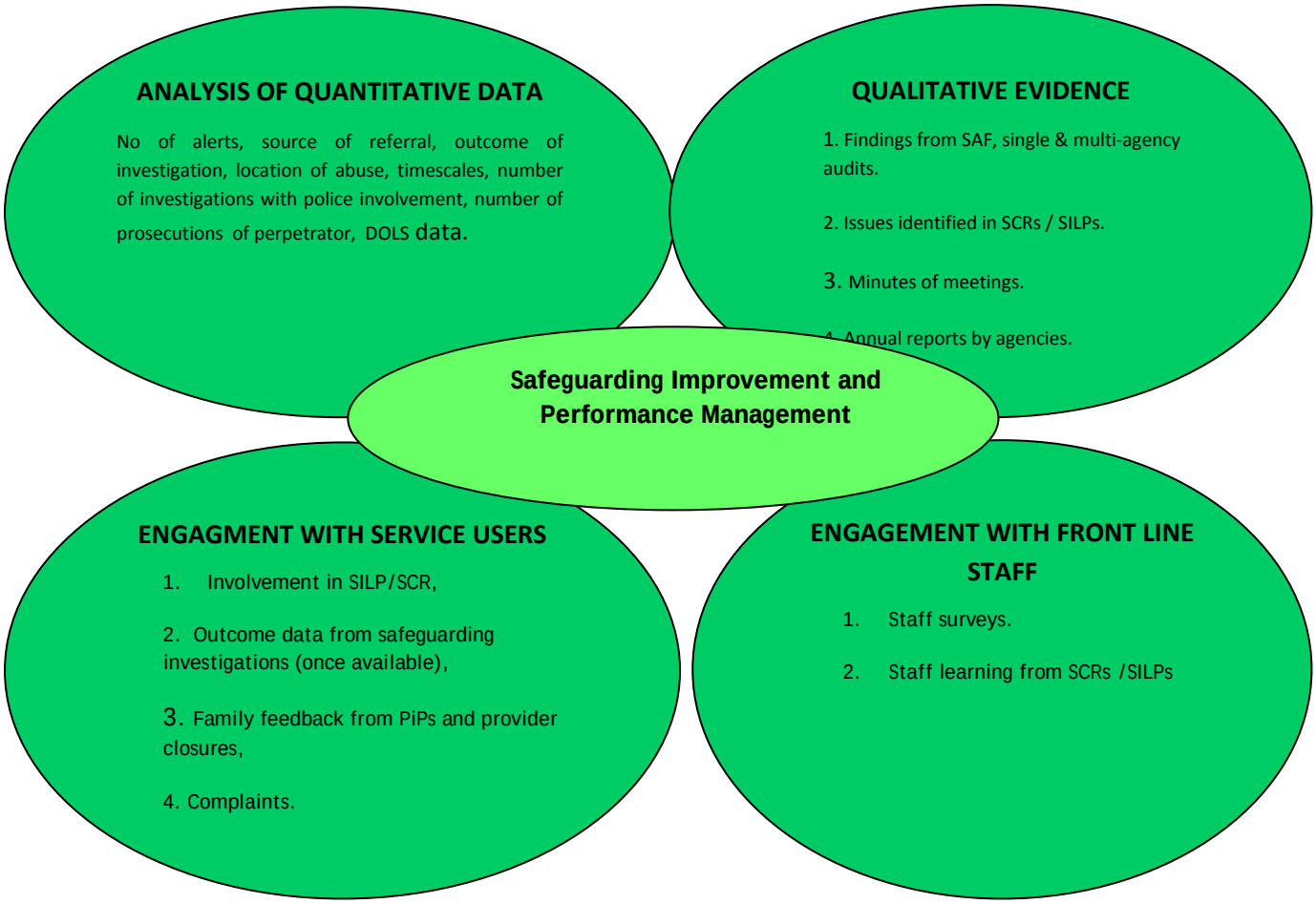
d. those receiving self-directed support and personal health budgets & those adults living with or receiving services from registered providers;

e. those affected by MCA/DoLS

f. those experiencing domestic abuse;

2b.4 The workforce has capacity to safeguard individuals effectively.

We will evidence our performance on the above as follows:


ANALYSIS OF QUANTITATIVE DATA
No of alerts, source of referral, outcome of investigation, location of abuse, timescales, number of investigations with police involvement, number of prosecutions of perpetrator, DOLS data.
QUALITATIVE EVIDENCE
1. Findings from SAF, single & multi-agency audits.
2. Issues identified in SCRs / SILPs.
3. Minutes of meetings.
4. Annual reports by agencies.
Safeguarding Improvement and Performance Management
ENGAGMENT WITH SERVICE USERS
1. Involvement in SILP/SCR,
2. Outcome data from safeguarding investigations (once available),
3. Family feedback from PiPs and provider closures,
4. Complaints.
ENGAGEMENT WITH FRONT LINE STAFF
1. Staff surveys.
2. Staff learning from SCRs /SILPs

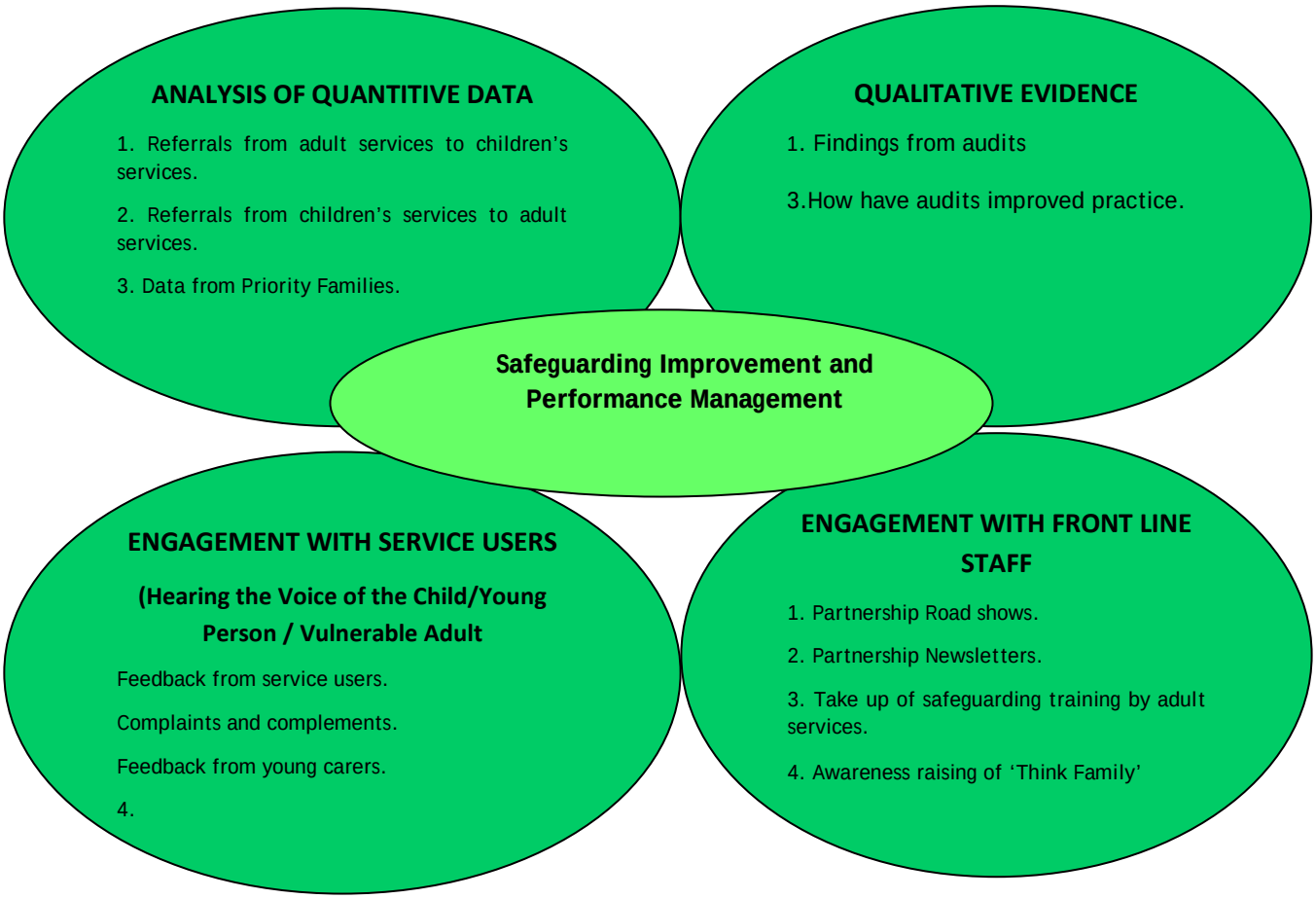
Priority 2c – To be assured that safeguarding services are effectively coordinated across children and adult services – applying the 'Think Family' concept

2c.1 Adult services to consistently consider the safeguarding of children in households where they are working with an adult and make referrals for support and intervention where necessary.

2c.2 Children's services to consistently consider the safeguarding of adults in households where they are working with children and make referrals for support and intervention where necessary.

2c.3 Services that work with "whole" families are effectively coordinated (e.g. Priority Families) and secure added value in ensuring and co-ordinating effective safeguarding.

We will evidence our performance on the above as follows:


ANALYSIS OF QUANTITIVE DATA
1. Referrals from adult services to children's services.
2. Referrals from children's services to adult services.
3. Data from Priority Families.
QUALITATIVE EVIDENCE
1. Findings from audits
3.How have audits improved practice.
Safeguarding Improvement and Performance Management
ENGAGEMENT WITH SERVICE USERS
(Hearing the Voice of the Child/Young Person / Vulnerable Adult
Feedback from service users.
Complaints and complements.
Feedback from young carers.
4.
ENGAGEMENT WITH FRONT LINE STAFF
1. Partnership Road shows.
2. Partnership Newsletters.
3. Take up of safeguarding training by adult services.
4. Awareness raising of 'Think Family'

Priority 3: To be assured that our Learning and Improvement Framework secures a workforce fit for purpose and is raising service quality and safeguarding outcomes for children, young people and adults.

How we learn, improve and test competency

3.1 Ensure learning from national, regional and local SCRs, CDOP reviews and other review/audit processes is incorporated into the practice of partner agencies and the partnership as a whole.

3.2 Ensure the effectiveness of CDOP and lessons from child deaths are understood and consistently acted upon.

3.3 Review safeguarding procedures and practice guidance to ensure they are 'fit for purpose' and reflect current learning and best practice.

3.4 Implement the communication and engagement strategy to secure awareness of safeguarding issues and the responsibilities of all agencies and the wider community in safeguarding.

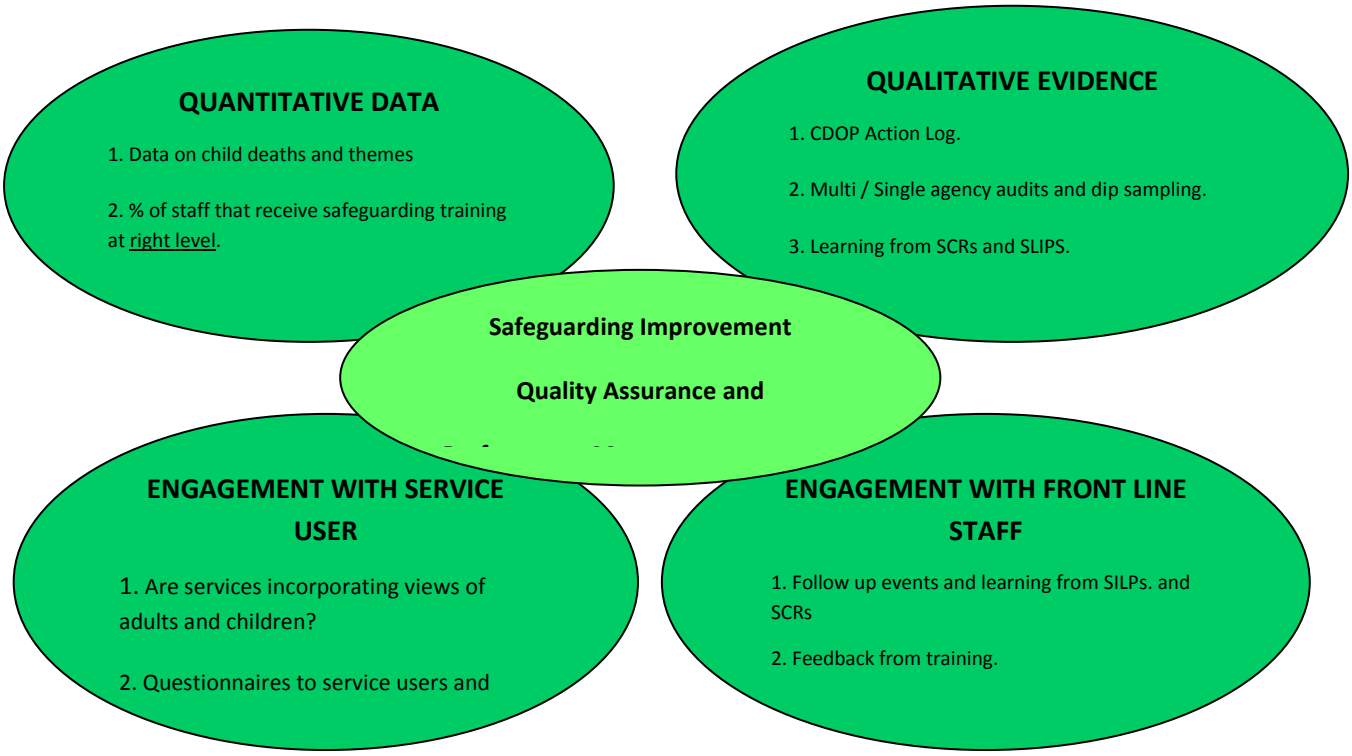
3.5 Establish a joint adult and children's learning and improvement process/strategy.

3.6 Monitor and evaluate the effectiveness of training and development in terms of the impact on the quality of safeguarding practice and outcomes for service users. Ensure feedback loops are established following each training session.

3.7 Ensure Recruitment processes meet national standards.

3.8 Allegations made against people who work with children and adults are dealt with effectively.

We will evidence our performance on the above as follows:


QUANTITATIVE DATA
1. Data on child deaths and themes
2. % of staff that receive safeguarding training at right level.
QUALITATIVE EVIDENCE
1. CDOP Action Log.
2. Multi / Single agency audits and dip sampling.
3. Learning from SCRs and SLIPS.
Safeguarding Improvement
Quality Assurance and
ENGAGEMENT WITH SERVICE USER
1. Are services incorporating views of adults and children?
2. Questionnaires to service users and
ENGAGEMENT WITH FRONT LINE STAFF
1. Follow up events and learning from SILPs. and SCRs
2. Feedback from training.

Appendix 2

Nottingham City Safeguarding Children's Board

Action No.	Issue identified	Owner	Action	By Who	By When	Monitoring	Cost	Update
Short Term Actions (0 - 6 months)								
	Clearly identify arrangements for 'Children in Need' within the Family Support Pathway	Paul Burnett	Family Support Pathway to be revised to incorporate 'children in need' into the continuum of support and threshold framework.	Simon Down/Anthony Dixon/Chris Wallbanks	31 July 2014	The NCSCB has received drafts of the revisions to the Family Support Pathway at every stage prior to its presentation to the Children and Young People's Partnership. The impact of the revised pathway document in securing improved performance in relation to 'children in need' has been incorporated into	Within Board's existing resources.	The revised document incorporating 'Children in Need' was agreed by the NCSCB at its meeting on 24th June and has subsequently been agreed by the Children and Young People's Partnership at its meeting on 2nd July. **Action Complete**

Action No.	Issue identified	Owner	Action	By Who	By When	Monitoring	Cost	Update
						the NCSCB Quality Assurance and Performance Management (QAPM) framework and will be monitored on a quarterly basis.		
	Ensure that the 2014/15 Annual Report reflects statutory requirements	Paul Burnett	A new approach has been adopted in producing the Annual Report for 2013/14 which reflects both the statutory requirements of Working Together 2014 and applies a more forensic approach to evaluating the impact of the Board against the four-quadrant QAPM framework i.e. analysis of	Paul Burnett	30 September 2014	Drafts of the annual report will be considered by the Operational Management Group (OMG) prior to its presentation to Board on 19th September 2014. The Annual Report will then be considered by a range of other bodies and this will include scrutiny and challenge in relation to its meeting Working Together requirements	Within Board's existing resources	The plan for the Annual Report was agreed at OMG at its meeting on 16th May 2014 The first draft of the Annual Report will be considered at OMG on 24th July 2014

Action No.	Issue identified	Owner	Action	By Who	By When	Monitoring	Cost	Update
			quantitative data, qualitative information such as audit, the views of children and young people and the views of staff.					
	Ensure that the Board listens to the voice of the child	Paul Burnett	The Engagement and Participation Plan will be reviewed to extend current engagement activity beyond the Youth Council and Children in Care Council. This will include: engagement with school councils; engagement with communities of interest such	Quality Assurance Sub-Group/Operational Management Group	Revised engagement plan to be presented to Board in September 2014. New engagement arrangements to 'go live' immediately following this Board meeting. Children's Voice outcomes to be reported in January 2014	Outcomes from children's voice arrangements will be reported on a quarterly bases within Quadrant 3 of the QAPM framework which is entitled 'Engagement with Service Users'.	Within Board resources	Work on the revision of the Engagement and Participation Strategy has begun.

Action No.	Issue identified	Owner	Action	By Who	By When	Monitoring	Cost	Update
			as disabled children; challenging services across the partnership to incorporate service user feedback at 'point of delivery' and feeding back analysis of this feedback into Board QAPM arrangements and into future business planning processes.		as part of Business Planning arrangements for 2015/16.			
			Action 1.9 in the Board Business Plan for 2014/15 requires that: The 'voice' of children, young people, adults and practitioners is heard and acted on	Safeguarding Leads in each partner organisation	All Board partners to report their 'children's voice' arrangements by 31 July 2014.	Outcomes from children's voice arrangements will be reported on a quarterly bases within Quadrant 3 of the QAPM framework which is entitled 'Engagement with Service Users'.	Within Board resources	Partners have been requested to submit information about their current 'children's voice 'arrangements for consideration at OMG in July 2014.

Action No.	Issue identified	Owner	Action	By Who	By When	Monitoring	Cost	Update
			across all priorities'. This sets the expectation that all partners, as part of their 'Safeguarding is Everyone's Responsibility' work will incorporate children's voice into their mainstream business.					
	Ensure that Elected Members hear directly from the Independent Chair	Paul Burnett	Independent Chair to present Annual Report to a meeting of the full Council. Independent Chair to attend Leadership Group	Paul Burnett	31 December 2014	Council and Leadership Group minutes.	Within Board resources	Dates for attendance being set
	Ensure the Overview and Scrutiny Panel	Paul Burnett	Independent Chair to present the	Paul Burnett	31 December 2014	Overview and Scrutiny minutes	Within Board resources	Dates for attendance being set

Action No.	Issue identified	Owner	Action	By Who	By When	Monitoring	Cost	Update
	are part of the Board's governance arrangements		Annual Report and the annual Business Plan to Overview and Scrutiny to enable reciprocal challenge arrangements.					
Medium Term Actions (6 - 12 months)								
	Monitor the intervention of Adults Services with service users who are parents	Paul Burnett	Monitor referrals from Adults Social Care to Children's Social Care and from Children's Social Care to Adults Social Care	Head of Safeguarding and Quality Assurance	30 September 2014	Progress to be monitored by OMG. Once arrangement is in place data will be monitored on a quarterly basis as part of QAPM arrangements	Within Board resources	
	Robustly monitor agency training evaluation	Paul Burnett	Training Sub-Group to devise extension to current training evaluation framework to secure	Chair of Training Sub-Group	31 December 2014	OMG to monitor progress of Training Sub-Group on revising training evaluation arrangements to secure recommendations	Within Board resources	Training Sub-Group has begun its revision of the training evaluation framework.

Action No.	Issue identified	Owner	Action	By Who	By When	Monitoring	Cost	Update
			improved gauging of impact of training on the quality of service delivery and safeguarding impact on children, young people and adults. This is incorporated into the Business Plan 2014/15 Priority 3: To be assured that our Learning and Improvement Framework secures a workforce fit for purpose and is raising service quality and safeguarding outcomes for children,			to Board by no later than December 2014. Training impact evaluation is already monitored on a quarterly basis within the QAPM framework and this will continue under the revised arrangements.		

Action No.	Issue identified	Owner	Action	By Who	By When	Monitoring	Cost	Update
			young people and adults. Consideration to be given to introducing Safeguarding Competency Framework to better assess impact of training on staff safeguarding performance					
Long Term Actions (12 - 18 months)								
There are no long term actions for the NCSCB								

Child Sexual Exploitation Multi-Agency Action Plan 2012-14

Working Together to Safeguard Children from Sexual Exploitation in NottinghamCity& Nottinghamshire

Overarching Strategy and Governance

Responsibility

There will be an effective local strategy to ensure there is a co-ordinated multi-agency response to Child Sexual Exploitation (CSE) based on a robust, thorough risk assessment of the extent and nature of CSE locally. The work on CSE will be monitored by the LSCBs.

Action	Lead	Due Date	Progress	RAG			
				1	2	3	4
a) Complete a Strategy Document	CSECAG	June 2012	Completed	G	G	G	G
b) Complete and agree Action Plan	CSECAG	June 2012	Completed	G	G	G	G
c) Complete Terms of Reference for the cross-authority group	CSECAG	July 2012	Completed	G	G	G	G

1. Prevention & Response

Promote awareness to improve early identification of child sexual exploitation

There is a critical need for far more awareness amongst all professionals in universal and specialist services of their role in identifying and addressing child sexual exploitation. Children and young people and their parents and carers need to have the right information to help them access support quickly and safely

Action	Lead	Due Date	Progress	RAG			
				1	2	3	4
1.1 Establish effective communication channels between LSCB and partner agencies to share information and training	Martin Hillier	30/06/13	Completed – the communication channels between LSCB and partner agencies will be facilitated through CSECAG. Relevant information/protocol/policy will be brought to the group and will be disseminated through CSECAG to leads in each agency. It will then be the responsibility of those leads to make sure the information is circulated correctly through each organisation. This process will be recorded by minute taking within CSECAG.	G	G	G	G
1.2 Establish a training working group to:							
e) Develop a training programme which is suitable for use across the agencies	Jo Williams (WGAP)	30/06/13	JW advised that the professionals training had now been rolled out, with 57 delegates at the full day training and 78 at the half day training. Approximately 30% of the Survey Monkey questionnaires had been completed, and the feedback was generally positive. It has been decided to focus on the full day sessions going forward, and further training has been planned up until February 2015. JW advised that the courses were continuing to evolve and that new materials were being incorporated. Dc Barrett from the Police had been assisting with the delivery of the training and following promotion she will be changing her role and will be replaced by Dc Cotter from SEIU. It was agreed that it would be helpful for an end of year report to be produced – highlighting any gaps in attendance from agencies, so that these could be addressed in the future.	A	G	G	G
f) Identify which agencies and groups	Jo Williams	30/06/13	As above	A	G	G	G

of workers need to have training &who will deliver it	(WGAP)						
g) Specifically identify how to engage with school staff & governors	Jo Williams (WGAP)	30/06/13	As above	**A**	**G**	**G**	**G**
h) Identify mechanisms for rolling out training	Jo Williams (WGAP)	30/06/13	Further sessions will run in the next financial year 2014 -2015.	**A**	**G**	**G**	**G**
1.3 **Identify how to engage with young people** Page 183	Judith Green & Vanessa McFarlane (WGAC)	31/12/14	Thirty two performances of LUVU2 have been given, primarily in secondary schools, throughout November and December 2013. A total of 3371 young people and 170 staff had attended. A Summary evaluation and a full Evaluation report has been completed and disseminated to key stakeholders, including presentation at both Safeguarding Boards. County have approved funding for 50 performances in the Autumn of 2014 with a view to staff training taking place in the preceding months. Awaiting the outcome for the City. The membership of the Young people's sub group is currently being revised with a view to more diverse representation from a range of relevant organisations and active membership and the Terms of Reference are being revised for 2014 – 2015. The group have a small underspend (that would have been used on the second tour) and are exploring three events, two for County and one for City focussed on the development of CSE work with Boys and Young men and including an input from the Blast project. This however will focus on the development of localised, multi agency action plans. Martin Hillier is presenting the work of the SEIU to sexual health staff in July with a view to increasing the early identification of CSE cases when presenting to sexual health services.	**A**	**A**	**A**	**G**

			It has been agreed that it would be helpful to draft a letter for schools to circulate to parents (of children in senior schools and higher primary year groups) giving information about CSE and links to the e-learning packages. TJ and RH both undertook to do this.				
1.4 **Identify how to minimise the risks facing looked after children living in residential homes**	Sam Flint (WGLAC)	31/03/14	The group has now met twice since its creation from the sub group but unfortunately, on both occasions the Ofsted representative had sent apologies at very short notice. Ofsted's involvement is key to the work of the group. SF was due to meet with David Waugh from Ofsted and Joy Chambers (City – placements) within the next couple of weeks. A further meeting of the full group would then be convened.	**A**	**A**	**A**	**A**
1.5 **Identify the proliferation of CSE within girls in gangs**	Martin Hillier	30/04/14	MH has recently had a meeting with Vanguard Plus (a multi-agency group whose remit includes preventing people being drawn into gang culture and support individuals in being able to exit gangs). He shared the Office of Children's Commissioner's report into girls and gangs and sought their assistance in identifying individuals who may be at risk. He has also been in contact with Insp Kaur from Community Protection who is also working closely with Vanguard + at present. There is a multi agency meeting which is part of VAWG and a representative from CSECAG should attend those meetings.	**R**	**A**	**A**	**A**

2. Safeguarding and Protection

Establish a clear process by which professionals respond appropriately to concerns about CSE

It is important to understand the scale and nature of the problem and there should be systems in place to monitor the prevalence and response to it. It is vital that once suspicion or actual concerns of CSE have been identified that there are clear and robust systems in place to respond to the highlighted concerns or allegations.

Action	Lead	Due Date	Progress	RAG			
				1	2	3	4
2.1 **Map the levels of CSE and related data within the Police, City & County to include:**							
a) Referral data related to Police & Local Authorities	Caroline Riley	31/01/14	The monitoring tool is now be being completed by all chairs of CSE strategy meetings. A database has now been created and primacy for recording the data is with SEIU from the Police. The contact within SEIU is Lisa Hurst and currently back record conversion is taking place to record all scoping documents that have been completed. Once this is completed a review will take place to consider the analysis required to be produced to agencies.	A	A	A	A
b) Outputs	Caroline Riley	31/03/14	The information is currently being collated by Lisa Hurst from Nottinghamshire Police – it will be shared with the two LSCBs on a monthly basis and with members of CSECAG every three months to tie in with meeting dates. This will be reviewed in terms of extended circulation.	R	R	R	A
c) Cross reference to missing children & other related data.	Caroline Riley	31/03/14	The information is already shared with the Police missings team and cross referenced to both the Compact missings system and the CATS referral system. It will also be provided to the newly formed Missings review meeting.	R	R	R	A
2.2 **This data will be monitored for prevalence and response via**	CSECAG		The data will be provided to CSECAG/CITY OMG/COUNTY EXECUTIVE on each occasion.	R	R	R	A

CSECAG and the LSCBs.							
2.3 **Work towards the establishment of a cross-authority co-located multi-agency team with:**							
c) LSCB support	Terri Johnson	30/06/14	TJ completed the recommendation report last year which has already been presented to both Boards. The Operational Management Group of NCSCB had advised that funding was being sought from statutory partners to fund a CSE coordinators post within the LA. The County are seeking to create a CSE co-ordinator post from within existing resources in the coming months on an initial pilot for one year. At present we are working to option 2 which is a stepped process towards co-location.	**A**	**A**	**A**	**A**
d) Standard operating protocols	Terri Johnson	30/06/14	As Above	**A**	**A**	**A**	**A**
c) Establish who will be partners	Terri Johnson	30/06/14	As Above	**A**	**A**	**A**	**A**
2.4 **Establish/recommend a pathway to intervention or support for the County similar to Protect & Respect in the City.**	Jenny Spencer	31/03/14	A CSE support worker from Barnardos is due to be appointed in the coming months in the county. They will be based within the Family Support Service at Mansfield and link in with the Targeted Support Service. They will undertake one to one work with young people and their families. As there will only be one worker, they will cover the northern part of the County only (excluding Broxtowe, Gedling and Rushcliffe).	**R**	**R**	**A**	**A**

3. Bringing Offenders to Justice

Improve Police and multi-agency approaches to support bringing offenders to justice.

The overall strategy, approach and response by professionals should support bringing offenders to justice. However, there are actions which the Police will employ to improve Police prosecutions.

Action	Lead	Due Date	Progress	RAG			
				1	2	3	4
3.1 Await outcome of ACPO review of the DfE Action Plan	Martin Hillier	Complete	Completed - Finalised report has been received and circulated to all members of CSECAG – it has been reviewed against the CSECAG action plan and will be aligned together.	G	G	G	G
3.2 Develop improved working practises between agencies to strengthen investigations and prosecutions.	Caroline Riley	31/01/14	The first forum has been held on 10 December 13. The theme was looking at the impact of CSE on boys. The forum is aimed at improving practice and around 15 practitioners attended from both City and County. Some managers were also present, and CR reported that this resulted in some quite challenging dynamics – especially when discussing the emotional impact that dealing with CSE cases had on individuals. It was agreed that future sessions should be for practitioners only. The next session is on 14th March 14 – 12.30pm at the Arrow Centre.	A	A	G	G

4. Public Confidence

Engage with local communities to raise awareness of CSE and how it affects individuals and communities.

Communities will be enabled to understand what the scale of the problems is and how it impacts on them individually or as a whole community. Strategies may need to be developed to engage with communities to be part of preventing or responding to the problem.

Action	Lead	Due Date	Progress	RAG			
				1	2	3	4
4.1 NSPCC Seminar to be held again in November 2013	Liz Tinsley	25/11/13	The NSPCC Conference took place on 25 November 2013 at The Arrow Centre Hucknall. Anne Partington chaired the event which again was extremely well attended by several agencies. Speakers included CEOP, NSPCC, Police, Blast and Jill Dando Institute of Security and Crime Science (JDI) at University College London (UCL).	G	G	G	G
4.2 County & City LA sign up to the Barnardo's 'Cut Them Free' Campaign' and joint media statement with the Police.	Kim Pocock	Complete	Completed	G	G	G	G
4.3 Develop engagement with communities for the to be involved in the awareness and prevention of CSE	Martin Hillier	31/03/14	It has been highlighted that little progress had been made with this action, and that there was a pressing need to ensure that communities were engaged. Neighbourhood Awareness Teams (NATs) comprise representatives from various agencies, elected members and local people, and fed into the locality boards on the City. Their main focus was around crime reduction. Contact will be made with the chairs of the 3 City NATs to ascertain if CSE could be featured as a theme in their action plans. In the County there were district Community Safety Partnerships (CSPs). Jo Bryant represents all district councils on the CSPs, and contact will be made to establish a liaison with this action	R	R	R	A

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Health and Wellbeing Board: 28th January 2015

Title of paper:	The Children with Disability Charter.	
Director(s)/ Corporate Director(s):	Dr Chris Kenny Director of Public Health	**Wards affected: all**
Report author(s) and contact details:	Lynne McNiven Lynne.McNiven@nottinghamcity.gov.uk	
Other colleagues who have provided input:	Deborah Hooton Deborah.Hooton@nottinghamcity.nhs.uk	
Date of consultation with Portfolio Holder(s) (if relevant)	**Councillor Norris: September 2014**	

Relevant Council Plan Strategic Priority:	
Cutting unemployment by a quarter	☐
Cut crime and anti-social behaviour	☐
Ensure more school leavers get a job, training or further education than any other City	x
Your neighbourhood as clean as the City Centre	☐
Help keep your energy bills down	☐
Good access to public transport	x
Nottingham has a good mix of housing	☐
Nottingham is a good place to do business, invest and create jobs	☐
Nottingham offers a wide range of leisure activities, parks and sporting events	x
Support early intervention activities	x
Deliver effective, value for money services to our citizens	x

Summary of issues (including benefits to citizens/service users):

The numbers of disabled children nationally and locally are increasing. At the moment in Nottingham City a single health and social care pathway for disabled and complex children and young people (CYP) does not exist. An in depth exploration, utilising a 'Whole Systems Approach' of the specific needs of vulnerable children and their families along with the services they access was undertaken in 2013:Integrated Children and Young People's Healthcare (ICCYPH) Programme (Appendix 1).This robust evidence will shape the next implementation phase of the project. Nottingham City Health and Wellbeing Board have been approached by the Children's Trust Tadworth to consider signing their Children with Disability Charter. There are 7 key statements for the Health and Wellbeing Board to consider:

1. *We have **detailed and accurate information** on the disabled children and young people living in our area, and provide public information on how we plan to meet their needs.*
2. *We **engage directly with disabled children and young people** and their participation is embedded in the work of our Health and Wellbeing Board.*
3. *We **engage directly with parent carers** of disabled children and young people and their participation is embedded in the work of our Health and Wellbeing Board.*
4. *We set **clear strategic outcomes** for our partners to meet in relation to disabled children, young people and their families, monitor progress towards achieving them and hold each other to account.*
5. *We **promote early intervention** and support for smooth transitions between children and adult services for disabled children and young people.*
6. *We work with key partners to **strengthen integration** between health, social care and education services, and with services provided by wider partners.*
7. *We provide **cohesive governance** and **leadership** across the disabled children and young people's agenda by linking effectively with key partners.*

The direct involvement of the Health and Wellbeing Board through the signing of the charter will help shape the overarching governance and leadership structures of the next implementation phase of the delivery of an Integrated Children and Young People's Healthcare (ICCYPH) Programme.	
Recommendation(s):	
1	Nottingham City Health and Wellbeing Board should read the attached evidence and consider signing the Children with Disability Charter.
2	**How will these recommendations champion mental health and wellbeing in line with the Health and Wellbeing Board aspiration to give equal value to mental health and physical health ('parity of esteem'):** Signing the Disabled Children's Charter and therefore agreeing to comply with the 7 statements will support improved access to services (including emotional, mental health and wellbeing services) for vulnerable children, young people and their families.

REASONS FOR RECOMMENDATIONS

The Children with Disability Charter asks that the Health and Wellbeing Board will provide evidence within 1 year against the following 7 specific statements; (supporting evidence from the Nottingham Integrated Children and Young People's Healthcare (ICCYPH) Programme (Appendix 1) is in **bold** type):

1. *We have **detailed and accurate information** on the disabled children and young people living in our area, and provide public information on how we plan to meet their needs.*

Data collection and quality remains problematic in Nottingham however, the Integrated Children and Young People's Healthcare (ICCYPH) Programme (Phase 1) for children with disability and additional health needs has significantly improved this. Data collection and analysis along with continued consultation with service users is a central element of the Phase 2 project.

2. *We **engage directly with disabled children and young people** and their participation is embedded in the work of our Health and Wellbeing Board.*

Children and families have been involved within the Phase 1 scoping stage of the review and will continue to be involved in developing the proposed integration of services. Progress on the development of the Phase 2 programme will be shared regularly with the Health and Wellbeing Board.

3. *We **engage directly with parent carers** of disabled children and young people and their participation is embedded in the work of our Health and Wellbeing Board.*

Children and families have been involved within the Phase 1 scoping stage of the review and will continue to be involved in developing the proposed integration of services. Progress on the development of the Phase 2 programme will be shared regularly with the Health and Wellbeing Board.

4. *We set **clear strategic outcomes** for our partners to meet in relation to disabled children, young people and their families, monitor progress towards achieving them and hold each other to account.*

The recommendations of the ICCYPH programme (Phase 1) have set a clear strategic vision for all partners involved. This will lead directly into the Phase 2 process of commissioning integrated services.

5. *We **promote early intervention** and support for smooth transitions between children and adult services for disabled children and young people.*

Early intervention and transition are key priorities within the ICCYPH programme.

6. *We work with key partners to **strengthen integration** between health, social care and education services, and with services provided by wider partners.*

A wide range of partners from health, social care, the third sector, private sector, education, etc. have already been closely involved with Phase 1 of the ICCYPH programme, this will continue as an integrated model of care is developed.

7. *We provide **cohesive governance** and **leadership** across the disabled children and young people's agenda by linking effectively with key partners.*

The recommendations of the ICCYPH programme (Phase 1) support a cohesive governance and leadership vision for all partners. Nevertheless, the direct involvement of the Health and Wellbeing Board through the signing of the Charter will help shape the overarching governance and leadership structures.

2. BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION)

Nationally the disabled population increased by 70% in 30 years (1976 –2006), the under 16 disabled population is growing fastest and local trends reflect this. From 2005 to 2011 the number of children having multi-disciplinary assessment and team around the child (TAC) coordination meetings in the Nottingham children's development centre (CDC) almost doubled from 65 in 2005 to 120 in 2011.

At the moment in Nottingham City a single health and social care pathway for disabled and complex children and young people (CYP) does not exist.

An in-depth examination of the specific needs of vulnerable children and their families along with the services they accessed was undertaken by Nottingham City Clinical Commissioning Group, Nottingham City Council and Nottinghamshire County Council in 2013 (final report Appendix 1 and Families statement Appendix 2). This piece of work has given us clear recommendations on how to improve the delivery of an Integrated Children and Young People's Healthcare (ICCYPH) Programme for children with disability and additional health needs: utilising a 'Whole Systems Approach'.

Nottingham City Health and Wellbeing Board have been approached by the Children's Trust to consider signing their Children with Disability Charter. (Why sign the Children with Disability Charter? Appendix 3). There are a series of 7 statements which the Health and Wellbeing Board must agree they can achieve over the next year (Disabled Children's Carter for Health and Wellbeing Boards Appendix 4).

The next development phase to integrate and streamline services is planned provisionally for 2015/16. Coupled with the work already completed in the scoping and consultation phase we suggest that the Health and Wellbeing Board should consider signing the Children with Disability Charter. The direct involvement of the Health and Wellbeing Board through the signing of the Charter will help shape the overarching governance and leadership structures.

3. OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS

N/A

4. FINANCIAL IMPLICATIONS (INCLUDING VALUE FOR MONEY/VAT)

N/A

5. RISK MANAGEMENT ISSUES (INCLUDING LEGAL IMPLICATIONS AND CRIME AND DISORDER ACT IMPLICATIONS)

N/A

6. EQUALITY IMPACT ASSESSMENT

Not needed (report does not contain proposals or financial decisions)

7. LIST OF BACKGROUND PAPERS OTHER THAN PUBLISHED WORKS OR THOSE DISCLOSING CONFIDENTIAL OR EXEMPT INFORMATION

See Appendices 1 to 4

8. PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPORT

See Appendices 1 to 4

How can we improve our services?

We need to make our services easier to get and easier to understand. We must work hard to do what children, young people and families need.

We want these services to work together more closely:

- Children's community nursing services
- Special school nursing
- Occupational therapy
- Physiotherapy
- Speech and language therapy

We will help these services make sure that they are doing the right things for the children, young people and families that they work with. They will think about the safety and mental health needs of the whole family and give them help with this as well if they need it.

All our services will help to protect children. This is also called 'safeguarding'.

We will talk to people who are working on other projects to improve services in health, education and social care. We will make sure that everyone works together to do the same things.

To help us do everything that we want to do and to make our services better we have a 'BIG ASK' – we want everyone to promise to make changes and improve services. We also have an 'EVEN BIGGER ASK' – we want everyone to help us do what we say in our vision.

If you want to find out more or help us with what we are trying to do you can send us an email. If you live in Nottinghamshire County email **childrens.commissioning@nottscc.gov.uk.**

If you live in Nottingham City email **deborah.hooton@nottinghamcity.nhs.uk.**

This report is different…

About the Joint Nottinghamshire Integrated Community Children and Young People's Healthcare Programme

NHS Nottingham City Clinical Commissioning Group
Nottingham City Council
Nottinghamshire County Council
NHS Mansfield and Ashfield Clinical Commissioning Group
NHS Rushcliffe Clinical Commissioning Group
NHS Bassetlaw Clinical Commissioning Group
NHS Nottingham North and East Clinical Commissioning Group
NHS Nottingham West Clinical Commissioning Group
NHS Newark and Sherwood Clinical Commissioning Group

Integrated Community Children and Young People's Healthcare Programme (also known as the ICCYPH Programme)

Who are we?

We are a group made up of the NHS and local councils. We support families living with a long term condition or disability by giving them 'specialist services' in the community.

Specialist services include, for example, nursing or short breaks services and therapy such as speech and language therapy, occupational therapy and physiotherapy.

'In the community' means we work with families close to their homes and in their homes to give them these services.

We have looked at how services can work together to make families' lives better and easier and called this our 'vision'.

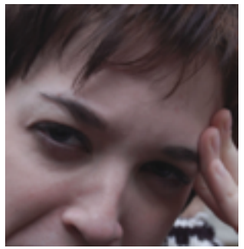
Why have we written a report about our 'vision'?

Our vision is about what we need to do. We want to give families the services that will help them to do what they want to do and make their lives better and easier.

We know that families with children and young people living with long term conditions and disabilities can need a lot of support from different services. Every year more children and families need specialised health and social care services. It is really important that services work together when there are more people to support.

What do people say about services now?

Parents and carers say it can be difficult to get the support they need to have the best health possible. They say sometimes it is hard to get services to listen to them and understand them.



Most families want to be listened to, respected and understood by the people who support them and work in health and social care. They want to enjoy normal family life.

Most families are very happy with services but those services don't talk to each other or work together very well. This can be complicated and confusing for families.

It can also be difficult to understand how they can get all the services they need.

Family doctors have asked for more training on how they can help children with a long term health condition or disability. The *Contact a Family* charity has written a guide for the doctors to help them.

Nottinghamshire Families' statement of expectations

Our values are…

1. Respect
2. Collaboration
3. Continual improvement

My family's expectations will be met when…

1. We are consulted and listened to, heard and treated with respect as experts on our/our child's condition and have our views taken into account at all times.
2. We can easily get information, advice and guidance, and the services and supplies that we need, when we need them, so that our family can enjoy the best possible health and fulfilling lives. This should enable and support our roles, lifestyle choices and aspirations.
3. There is collaborative, joined up and timely planning and service delivery, with all parts working as a whole across all organisations and agencies involved in every aspect of our children's care.
4. Each of our children is treated as an individual.
5. There is timely communication and shared documentation including core essential information about our children, their condition and their support between all those who need to be involved.
6. We are confident that there are enough staff, who have the right knowledge, skills and expertise for what they are there to do, and they demonstrate this by empathy and understanding in all contacts.
7. Our children are supported to achieve responsibility for themselves as adults and the family is supported during this period of transition to adulthood and reduced dependence on the family.
8. We can see that everyone involved in our children's care is committed to continually improving what they do.
9. Our children are seen in age appropriate environments furnished and equipped to meet their needs, this takes account of chronological and developmental age.
10. At all times our children are protected from harm.

Developed in consultation with parents and young people as guiding principles for the Nottinghamshire Integrated Community Children and Young People's Healthcare Programme

Ann Berry, Public Health Manager, Public Health Nottinghamshire
Jane O'Brien, Joint Commissioning Manager Children and Families, NHSNottinghamCity
Leads for the JointNottinghamCity, Nottinghamshire County Integrated Community children and young people Healthcare programme

Why sign the Disabled Children's Charter for Health and Wellbeing Boards?

Benefits to Health and Wellbeing Boards of signing the Charter and meeting its commitments:

- Publicly articulate a vision for improving the quality of life and outcomes for disabled children, young people and their families
- Understand the true needs of disabled children, young people and their families in your local area and how to meet them
- Have greater confidence in targeting integrated commissioning on the needs of disabled children, young people and their families
- Support a local focus on cost-effective and child-centred interventions to deliver long-term impacts
- Build on local partnerships to deliver improvements to the quality of life and outcomes for disabled children, young people and their families
- Develop a shared local focus on measuring and improving the outcomes experienced by disabled children, young people and their families
- Demonstrate how your area will deliver the shared ambitions of the health system set out by the Government in 'Better Health Outcomes For Children and Young People: Our Pledge' for a key group of children and young people[1]

Who are we talking about?

The Disabled Children's Charter for Health and Wellbeing Boards and this accompanying document have been developed to support Health and Wellbeing Boards (HWBs) meet the needs of all children and young people who have disabilities, special educational needs (SEN), health conditions, and their families. In this document, when we talk about disabled children and young people we are referring to all the children and young people in this group.

1 Department of Health (2013), Better Health Outcomes for Children and Young People: Our Pledge

Commitment 1: We have detailed and accurate information on the disabled children, young people and their families living in our area, and provide public information on how we plan to meet their needs

Statutory drivers

Health and Social Care Act 2012

Duty to prepare assessment of needs (JSNA) in relation to local authority area and have regard to guidance from Secretary of State

Information

The quality of data and information used to underpin the planning, commissioning and delivery of services for children and young people with very complex needs is often poor. The difficulty of developing accurate, robust data in a standard format about disabled children and young people is an enduring issue for local areas and for national agencies. Reliable performance information about the use and value of services is critical to commissioning decisions. The Children and Young People's Health Outcomes Forum identified the lack of accurate data as the single biggest challenge in relation to the development of outcomes for children with long-term health conditions, disabilities and life limiting conditions[2].

In March 2012, the CQC released a report entitled 'Healthcare for disabled children and young people'[3]. This report gave details of primary care trust (PCT) replies to a self assessment questionnaire on services for disabled children.

PCTs demonstrated an extremely worrying lack of awareness of the needs of local disabled children:

- **Five PCTs** claimed that **no disabled children and young people lived in their area**
- **Fifty five** PCTs **did not monitor whether services allocated as a result of Common Assessment Framework were delivered**
- **Sixty three** PCTs **didn't know how many children were referred for manual wheelchairs** and **nine said children were waiting over 51 weeks for wheelchairs**
- **Fifteen** PCTs said they **didn't provide short breaks services**

Due to the lack of reliable data on disabled children and young people, their strategic involvement and that of their parents is essential to gain a good understanding of the profile of this group

2 Children and Young People's Health Outcomes Forum (2012), Report of the long term conditions, disability and palliative care subgroup p.2

3 Care Quality Commission (2012), Healthcare for Disabled Children and Young People

and the particular challenges and experiences they face. Their views remain underrepresented in surveys and public and patient involvement in the health service.

Meeting Needs

One of the primary tools Health and Wellbeing Boards have to drive strategic commissioning in their areas is the Joint Strategic Needs Assessment (JSNA). The JSNA will assess the current and future health and care needs and assets of a local population and will underpin a Joint Health and Wellbeing Strategy (JHWS). It will interpret available data to develop an understanding of the causes of health inequalities and a narrative of the evidence.

The JSNA can only be an effective tool for evidence-based decision making if it is based on accurate and meaningful data. The bodies Health and Wellbeing Boards delegate collecting data to as part of the JSNA process, must focus on improving the quality and scope of information on disabled children and young people which they use, including: available national data sets; local information sources such as data from Common Assessment Frameworks; qualitative information from direct engagement with service users.

The JSNA process must develop an understanding of the local population which is sufficiently differentiated to understand the needs of all groups of children, particularly those who face the greatest inequalities or experience multiple disadvantages.

How to meet your Charter commitments

In order to fulfil this commitment, we would expect a HWB to be able to provide the following evidence:

- The full range of sources of information collected on disabled children, young people and their families which will be used to inform the JSNA process
- The quality assurance process used to ensure that information and data on disabled children, young people and their families used to inform commissioning is sufficiently detailed and accurate
- The way in which the JSNA will be used to assess the needs of local disabled children, young people and their families
- The way in which information on any hard to reach groups is sourced, and action taken to address any gaps of information with regard to local disabled children, young people and their families
- The way in which disabled children, young people and their families are strategically involved in identifying need, and evidence and feedback on their experiences is used to inform the JSNA process
- Public information on how the HWB will support partners to commission appropriately to meet the needs of local disabled children, young people and their families

Key resources for meeting this Charter commitment

Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies

Statutory guidance to support Health and Wellbeing Boards and their partners in understanding the duties and powers in relation to Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies.

NHS Confederation, Operating principles for Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies

Paper designed to support areas to develop successful Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies.

Child and Maternity Health Observatory: support for commissioners

Help to find the right tools, data and evidence to review, plan and improve services in your local area.

Child and Maternity Health Observatory: tools and data

ChiMat provides easy access to a wealth of data, information and intelligence through a range of online tools designed to support decision-making.

Rightcare (2012), NHS Atlas of Variation in Healthcare for Children and Young Adults

Variations across the breadth of child health services provided by NHS England are presented together to allow clinicians, commissioners and service users to identify priority areas for improving outcome, quality and productivity.

LGA (2011), Joint Strategic Needs Assessment: Data Inventory

Offers practical help to councils, clinical commissioning groups and other members of health and wellbeing boards.

Children and Young People's Health Outcomes Forum (2012), Making data and information work for children and young people

Factsheet on making data and information work for children and young people, including resources.

Contact A Family (2012), Health and Wellbeing Boards: making the case to target disabled children services

Briefing for Parent Carer Forums on the reasons why the Health and Wellbeing board in their area should target disabled children in their Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing strategy (JHWS).

Commitment 2: We engage directly with disabled children and young people and their participation is embedded in the work of our Health and Wellbeing Board

Statutory drivers

Health and Social Care Act 2012

Duty to involve third parties in preparation of the JSNA:

- Local Healthwatch
- people living or working in the area
- for County Councils – each relevant DC

Duty to involve third parties in preparation of the JHWS:

- Local Healthwatch
- people living or working in the area

Article 12 of the United Nations Convention on the Rights of the Child (UNCRC)

- The child has the right to express his or her opinion freely and to have that opinion taken into account in any matter or procedure affecting the child.

Article 7 of the UN Convention on the Rights of Persons with Disabilities (UNCRPD)

- Children with disabilities have the right to express their views freely on all matters affecting them, their views being given due weight in accordance with their age and maturity, on an equal basis with other children, and to be provided with disability and age-appropriate assistance to realise that right.

Health and Wellbeing Boards should ensure that the voice of disabled children and young people is always heard when decisions are being made that affect them. Health and Wellbeing Board members should use their influence to embed engagement with disabled children and young people throughout the health and care system and in the context of a continuous and current partnership.

The benefits of embedding participation of disabled children and young people are huge: better services will be developed driven by feedback from the people who know and use them; resources are not wasted on services that are not taken up or valued; services will be more child and young person friendly and accessible; disabled children and young people will have insight into the diverse needs and barriers faced by marginalised and vulnerable groups; improved accountability to children and young people as stakeholders; and direct benefits to disabled children and young people themselves such as increased knowledge of services,

confidence, and skills[4].

It should be recognised that many disabled children and young people may face significant barriers to their involvement, particularly in mainstream settings. Recent research from the VIPER project found that young disabled people's participation is still not embedded at a strategic, service level or individual decision-making. It found barriers to participation including a lack of understanding of what participation is and how you make it happen, lack of funding, inclusive practice, resources, time and training, and lack of consistent systems and structures[5].

All disabled children and young people communicate and have a right to have their views heard and this may require targeted approaches and the involvement of Voluntary Sector Organisations (VSOs).

How to meet your Charter commitments

In order to fulfil this commitment, we would expect a HWB to be able to provide the following evidence:

- Evidence of the way in which the HWB or its sub groups have worked with disabled children and young people in the JSNA process, and next steps for JSNA engagement
- Evidence of the way in which the HWB or its sub groups have worked with disabled children and young people in the preparation and delivery of the Joint Health and Wellbeing Strategy (JHWS), and next steps for JHWS engagement
- Evidence of partnership working with any local groups of disabled children and young people

Key resources for meeting this Charter commitment

The NHS Confederation, Royal College of Paediatrics and Child Health and Office for Public Management (2011), Involving children and young people in health services

This report highlights the key findings and recommendations from an event held in September 2011 to discuss the key priorities for child health.

VIPER (Voice.Inclusion.Participation.Empowerment.Research)

VIPER is a three-year project funded by the Big Lottery Fund, to research young disabled people's participation in decisions about services. It began in Summer 2010.

VIPER (2012), The Viper project: what we found

Findings and key messages arising from the research activities of the VIPER project.

VIPER (2012), The Viper project: what we found from the survey

Summary of the findings and key messages from the research activities. The research summarised in this report was carried out between 2010 and 2012.

4 Participation Works (2008), How to involve children and young people in commissioning, p.6.

5 VIPER (Voice, Inclusion, Participation, Empowerment and Research) (2013), Hear Us Out, p.23.

Participation Works

Enables organisations to effectively involve children and young people in the development, delivery and evaluation of services that affect their lives.

Participation Works (2008), How to involve children and young people in commissioning

An introduction to commissioning from a variety of perspectives. It describes the different parts of the process and ways to support children and young people to participate in all aspects of commissioning.

Participation Works (2008), How to build a culture of participation

Information and practical ideas about how to embed participation throughout your organisation in a way that brings about change.

Participation Works (2010), Listen and Change - a guide to children and young people's participation rights

Aims to increase understanding of children and young people's participation rights and how they can be realised in local authority and third sector settings.

Making Ourselves Heard (MOH)

MOH is a national project to ensure disabled children's right to be heard becomes a reality.

Council for Disabled Children (2009), Making Ourselves Heard

Based on a series of eight seminars with local authorities this book sets out the current policy context for disabled children and young people's participation, outlines the barriers and challenges to effective participation and highlights what is working well.

Franklin, A. and Sloper, P. (2009) Supporting the participation of disabled children and young people in decision-making

Presents research exploring factors to support good practice in participation and discusses policy and practice implications.

DfEs (2003), Building a culture of participation: research report

Many of the case studies in this research are attempting to make participation more integral to their organisation.

Commitment 3: We engage directly with parent carers and their participation is embedded in the work of our Health and Wellbeing Board

Statutory drivers

Health and Social Care Act 2012

Duty to involve third parties in preparation of the JSNA:

- Local Healthwatch
- people living or working in the area
- for County Councils – each relevant DC

Duty to involve third parties in preparation of the JHWS:

- Local Healthwatch
- people living or working in the area

The purpose of parent participation is to ensure that parents can influence service planning and decision making so that services meet the needs of families with disabled children. Effective parent participation happens when parents have conversations with and work alongside professionals, in order to design, develop and improve services[6].

The benefits of effective parent participation are well established: resources are not wasted on services that are not taken up or valued; parent carers' insight can help develop cost-effective solutions to local problems; a shared view can be developed between parents and professionals of how to support families within funding limitations; more costly interventions can be avoided in the future; and complaints can be reduced by Parent Carer Forums monitoring services and alerting commissioners and managers if problems occur. The Contact A Family resources below contain a wealth of evidence and case studies into how effective parent participation has benefited the local areas where it has been implemented.

Health and Wellbeing Boards should ensure that parent carers are involved in decisions that affect them at a strategic and service level. Health and Wellbeing Board members should use their influence to embed engagement with parent carers throughout the health and care system and in the context of a continuous and current partnership.

It should be recognised that parent carers may face significant barriers to their participation in mainstream settings but that this should not prevent their involvement in decision-making.

6 Definition from Together for Disabled Children (2010), How to guide to parent carer participation: Section 1 – parent participation as a process, p.2.

How to meet your Charter commitments

In order to fulfil this commitment, we would expect a HWB to be able to provide the following evidence:

- Evidence of the way in which the HWB or its sub groups have worked with parent carers of disabled children in the JSNA process, and next steps for JSNA engagement
- Evidence of the way in which the HWB or its sub groups have worked with parent carers of disabled children in the preparation and delivery of the JHWS, and next steps for JHWS engagement
- Evidence of partnership working with local parent groups, including the local Parent Carer Forum(s)

Key resources for meeting this Charter commitment

Together for Disabled Children (v2.0 2010), Parent carer participation: How to guide.

A guide to support parent carer forums, commissioners and managers to develop parent carer participation. It can be downloaded in the following separate sections:

Section 1 - The Process

Section 2 - producing information

Section 3 - consultation

Section 5a - successful meetings Together for Disabled Children

Section 5b - how to reach and engage parents

Section 5c - supporting parent representatives

Section 6b- for strategic leaders

How parent participation and parent carer forums leads to better outcomes for disabled children, young people and their families 2011

Contact A Family (2012), Parent Carer Participation: An overview

This short guide provides examples of successful parent carer participation

Contact A Family, Improving Health Services

Resources to support the commissioning and management of health services.

Contact A Family, Resources

Resources, case studies and information for professionals to help them improve how services are delivered, so they better meet families' needs.

Contact A Family (2013), Parent carer forum involvement in shaping health services - second report

Report into Parent Carer Forum involvement with the health service in the lead up to the new health system coming into effect.

Commitment 4: We set clear strategic outcomes for our partners to meet in relation to disabled children, young people and their families, monitor progress towards achieving them and hold each other to account

Statutory drivers

Health and Social Care Act 2012

Duty to prepare a JHWS for meeting needs included in JSNA in relation to LA area and to have regard to guidance from Secretary of State

Power of the HWB to give its opinion to the local authority which established it on whether the authority is discharging its duty to have regard to relevant JSNA and JHWS

CCG is under a duty to involve HWB in preparing or significantly revising the commissioning plan – including consulting it on whether the plan has taken proper account of the relevant JHWS

Duty to provide opinion on whether the CCG commissioning plan has taken proper account of the JHWS. Power to also write to NHS England (formerly the NHS Commissioning Board) with that opinion on the commissioning plan (copy must also be supplied to the relevant CCG). Duty to review how far the CCG has contributed to the delivery of any JHWS to which it was required to have regard and to consult HWB on this

Duty in conducting the performance assessment, to assess how well CCG has discharged duty to have regard to JSNA and JHWS and to consult HWB on its view on CCGs' contribution to delivery of any JHWS to which it was required to have regard (when conducting its annual performance assessment of the CCG)

In response to the report of the Children and Young People's Health Outcomes Forum, the Government set out its ambitions for improving health outcomes for children and young people by launching 'Better Health Outcomes For Children And Young People: Our Pledge'[7]. Health and Wellbeing Boards will play a key role in delivering on these ambitions.

Disabled children and young people will provide a crucial test of the effectiveness of the new health system and improving the outcomes they experience, including those in the NHS and Public Health Outcomes frameworks, will require concerted strategic leadership. However, if a Health and Wellbeing Board can improve integration for local disabled children and young people, who frequently test the interface between multiple services and agencies, it can deliver for all children and young people.

For the JSNA and JHWS process to make a positive impact on the outcomes faced by disabled children, young people and their families, it is essential that the evidence collected through the JSNA process reflects the outcomes that are most meaningful to them. Health and Wellbeing Boards should use the JSNA process to develop a shared understanding of the needs of disabled children, young people and their families, and the causes of the poor outcomes and inequalities

7 Department of Health (2013), Better Health Outcomes for Children and Young People: Our Pledge

they experience. They should set clear strategic outcomes for partners to meet and ensure that mechanisms are in place to measure and monitor progress towards achieving them.

The JHWS should address how the needs of disabled children, young people and their families should be met and make recommendations on cost-effective approaches to reducing the health inequalities they experience. However, if this group is not identified as a priority in the JHWS, the Health and Wellbeing Board should demonstrate how it is providing strategic direction for partners to meet the needs of disabled children and young people.

How to meet your Charter commitments

In order to fulfil this commitment, we would expect a HWB to be able to provide the following evidence:

- Public information on the status of outcomes for local disabled children and young people based on indicators such as the NHS Outcomes Framework, the Public Health Outcomes Framework, etc.
- Public information on the strategic direction the HWB has set to support key partners to improve outcomes for disabled children and young people. This may be encompassed by the JHWS, but would need to be sufficiently delineated to demonstrate specific objectives and action for disabled children and young people.

Key resources for meeting this Charter commitment

NHS Confederation (2012), Children and young people's health and wellbeing in changing times

> The purpose of this report is to support implementation of the health reforms to improve children and young people's health and wellbeing.

Report of the Children and Young People's Health Outcomes Forum (2012)

> The Children and Young People's Health Outcomes Forum was established by the Secretary of State for Health and tasked with responding to the challenges set out in Sir Ian Kennedy's report published in 2010 'Getting it right for children and young people'.

Report of the Children and Young People's Health Outcomes Forum - report of the long-term conditions, disability and palliative care sub-group (2012)

> Report discussing the challenges around improving outcomes for this group of children.

Report of the Children and Young People's Health Outcomes Forum - inequalities in health outcomes and how they might be addressed (2012)

> Report commissioned by the co-chairs of the Children and Young People's Health Outcomes Forum from Maggie Atkinson, Children's Commissioner for England.

Children and Young People's Health Outcomes Forum (2012), Health and wellbeing boards and children, young people and families

> Poster produced in June 2012 by the health and wellbeing board learning set for children and young people.

Children and Young People's Health Outcomes Forum (2012), Commissioning in the new NHS for children, young people and their families

Poster setting out the Children and Young People's Health Outcomes Forum's vision for successful commissioning for children, young people and their families in the new NHS.

Department of Health (2013), Improving Children and Young People's Health Outcomes: a system wide response

The Children and Young People's Health Outcomes Forum report made recommendations, aimed at DH, DfE and a wide range of health system organisations, to improve health outcomes for children and young people. This document contains the system-wide response setting out the action already undertaken, in progress and planned in response to the recommendations.

Department of Health (2013), Better health outcomes for children and young people: Our Pledge

Government response to the report of the Children and Young People's Health Outcomes Forum, setting out shared ambitions across the NHS to improve outcomes and services for children and young people.

Contact A family and Strategic Network for Child Health and Wellbeing in the East of England (2012), Principles for commissioning and delivering better health outcomes and experiences for children and young people so that they are comparable with the best in the world

Poster showing 6 principles for commissioning and delivering better health outcomes and experiences for children and young people, developed by the Strategic Network for Child Health and Wellbeing in the East of England.

Department of Health (2010), The NHS Outcomes Framework 2011/12

The outcomes and indicators which make up the first NHS Outcomes Framework, following the consultation Transparency in outcomes – a framework for the NHS.

Commitment 5: We promote early intervention and support smooth transitions between children and adult services for disabled children and young people

The report of the Children and Young People's Health Outcomes Forum emphasised the importance of early intervention and transitions within a life-course approach to reducing health inequalities[8]. This is particularly significant for disabled children and young people and their families, who often struggle to obtain a diagnosis and access appropriate support at an early age and when transitioning to adult services, which affects their outcomes throughout their lives.

It should be emphasised that disabled children and young people may transition to adult services up to the age of 25. Health and Wellbeing Boards should consider the needs of disabled children and young people from 0-25 as well as ensuring smooth transitions to adult services.

How to meet your Charter commitments

In order to fulfil this commitment, we would expect a HWB to be able to provide the following evidence:

- The way in which the activities of the HWB help local partners to understand the value of early intervention
- The way in which the activities of the HWB ensure integration between children and adult services, and prioritise ensuring a positive experience of transition for disabled young people

Key resources for meeting this Charter commitment

Graham Allen MP (2011), Early Intervention: The Next Steps

An independent report to Government, which argues that many of the costly and damaging social problems for individuals can be eliminated or reduced by giving children and parents the right type of evidence based programmes between 0-18 and especially in their earliest years.

Graham Allen MP (2011), Early Intervention: Smart Investment, Massive Savings

Graham Allen MP's second independent report to the Government sets out how early intervention programmes can be paid for within existing resources and by attracting new non-government money.

Child and Maternity Health Observatory, Knowledge Hub: Transitions

The transitions to adulthood hub brings together a range of resources and evidence relating to young people's transition process into the adult world. It is constantly updated with new resources.

8 Report of the Children and Young People's Health Outcomes Forum (2012), p.38

Early Support

A way of working, underpinned by 10 principles that aim to improve the delivery ofservices for disabled children, young people and their families. It enables services to coordinate their activity better and provide families with a single point of contact and continuity through key working.

Early Support (2012), Key working: improving outcomes for all - Evidence, provision, systems and structures

A summary of the key evidence and consistent elements of a key working approach. It presents an analysis of the implications of key working that cuts across health, social care and education.

Ofsted (2013), Good practice resource - Early intervention through a multi-agency approach: Sheffield City Council

Sheffield City Council has developed a creative and innovative approach across the children's workforce by introducing a multi-agency perspective in providing preventative services to children and families.

C4E0, Improving the wellbeing of disabled children through early years interventions (age 0–8)

This section contains the following resources in support of improving the wellbeing of disabled children through early years interventions (age 0–8) priority: links to online tools; key online publications from C4EO partners and other organisations.

Institute of Public Care (2012), Early Intervention and Prevention with Children and Families: Getting the Most from Team around the Family Systems

Briefing paper arguing that effective local systems to identify families who would benefit from additional support and to coordinate support from a range of agencies is as important as delivering effective services.

Transition Information Network (TIN)

An alliance of organisations and individuals who come together to improve the experience of disabled young people's transition to adulthood. TIN is a source of information and good practice standards for disabled young people, families and professionals.

TIN Resource Library

You can use the search form to find a range of resources that can help you to improve your provision for disabled young people in transition to adulthood.

Preparing for Adulthood (PfA)

A 2 year programme funded by the Department for Education as part of the delivery support for 'Support and aspiration: A new approach to special educational needs and disability' green paper. It provides knowledge and support to all local authorities and their partners, including families and young people, so they can ensure young people with SEN and disabilities achieve paid work, independent living, good health and community inclusion as they move into adulthood.

Preparing for Adulthood (2012), PfA resource list

Created for the PfA 'How are you doing?' events which took place in June and July, 2012. Resources are listed under: Paid employment; Independent living; Good health; Community inclusion.

Sloper, P., Beecham, J., Clarke, S., Franklin, A., Moran, N. and Cusworth, L. (2011) Transition to adult services for disabled young people and those with complex health needs, Research Works, 2011-02, Social Policy Research Unit, University of York, York

This research aimed to provide evidence of what works well in developing and implementing multi-agency coordinated transition services for disabled children and those with complex health needs and their families. It also assessed the costs of the services.

Commitment 6: We work with key partners to strengthen integration between health, social care and education services, and with services provided by wider partners

Statutory drivers

Health and Social Care Act 2012

Duty to encourage integrated working:

- between commissioners of health services and commissioners of social care services
- in particular to provide advice, assistance or other support for the purpose of encouraging use of flexibilities under NHS Act 2006

Power to include in the JHWS a statement of views on how the commissioning of health and social care services, and wider health-related services, could be more closely integrated – i.e. the ability for the JHWS to look more broadly than health and social care in relation to closer integration of commissioning

Disabled children and young people access services across multiple agencies, and therefore are disproportionately affected by poor integration between health and social care services and a lack of coordinated commissioning. Health and Wellbeing Boards must work with key partners to meet the needs of disabled children and young people, including: education providers and schools; safeguarding boards, local children's trust arrangements; learning disability partnership boards; and others. Health and Wellbeing Boards should make recommendations to ensure that disabled children and young people experience seamless integration between the services they access.

In particular, Health and Wellbeing Boards should consider how they engage with education services, including schools and colleges, because of the significance of joined up-working between health, education and social care to disabled children and young people's outcomes.

To promote integrated commissioning Health and Wellbeing Boards will also need to consider how specialised health services commissioned by NHS England are joined up with locally commissioned services and ensure they are taken into account by their JSNA and JHWS.

How to meet your Charter commitments

In order to fulfil this commitment, we would expect a HWB to be able to provide the following evidence:

- Details of the way in which the HWB is informed by those with expertise in education, and children's health and social care
- Details of the way the HWB engages with wider partners such as housing, transport, safeguarding and the youth justice system
- Details of steps taken to encourage integrated working between health, social care, education and wider partners in order to improve the services accessed by disabled children, young people and their families

Key resources for meeting this Charter commitment

Together for disabled children (2009), Facilitating integrated practice between children's services and health

> This report contains examples of innovative working practice where services are integrated with health.

Council for Disabled Children (2006), Pathways to success: Good practice guide for children's services in the development of services for disabled children - evidence from the pathfinder children's trusts

> This project ran from April 2004 to March 2006 and set out to work alongside the pathfinder children's trusts in developing new ways of working and to capture the learning from their work. The work covered: stratgeic planning; commissioning services, pooling budgets; joint working and co-location; assessment process and information sharing.

East Midlands, Everybody's learning (2012), Assured safeguarding: GP and Health Leader edition

> Resource to help commissioners and health providers reassure themselves they are doing everything possible to ensure that children within the services for which they are responsible are as safe as possible.

Ofsted (2012), Improving outcomes for disabled children by integrating early support and prevention services: Luton Borough Council

> Luton's services for disabled children and their families bring together practice across health, social care and education services, alongside innovative short break and early support provision. The development of an extensive range of integrated early support and prevention services is improving outcomes for disabled children and preventing situations deteriorating so that child protection or looked after services become necessary.

Commitment 7: We provide cohesive governance and leadership across the disabled children and young people's agenda by linking effectively with key partners

Statutory drivers

Health and Social Care Act 2012

Power to encourage close working (in relation to wider determinants of health):

- between itself and commissioners of health-related services
- between commissioners of health services or social care services and commissioners of health-related services

Power to appoint additional members to the board as deemed appropriate

Power for HWB to request information for the purposes of enabling or assisting its performance of functions from:

- the local authority
- certain members or those they represent with a duty to provide

Children Act 2004

Requirement for each local authority to have a children's trust board which must include representatives of the local authority and each of the children's trust 'relevant partners'

Local safeguarding children's boards put on statutory footing

Children and Families Bill 2012-13 (currently in Parliament)

(Clause 25) Local authorities must promote the integration of special education, health and care provision.

(Clause 26) Local authorities and their partner CCGs must make arrangements for the joint commissioning of education, health and care provision for children and young people with SEN.

(Clause 27) Local authorities must keep under review special education provision and social care provision for children and young people with SEN and consider the extent that it is sufficient to meet their needs.

(Clause 30) Local authorities must publish a Local Offer containing information about services available for children and young people with SEN, including education, health and care provision.

The role of the Health and Wellbeing Board must be understood in relation to new and existing partnerships, including: local children's trust arrangements; local safeguarding children's boards; learning disability partnership boards; and others. A clear local framework on how these partnerships interact needs to be established to avoid the duplication of effort or even

competing for resources.

The JSNAs and JHWS need to be aligned with other arrangements, such as: reviewing and commissioning of SEN services via the High Needs Block[9]; safeguarding arrangements; child poverty strategies; and children and young people's plans if they are still used.

Additionally, the Children and Families Bill currently in Parliament contains clauses for promoting integration between special educational provision, health and social care provision (25), making joint-commissioning arrangements (26), keeping education and care provision under review (27), and producing a local offer (30), for children and young people with SEN. These new duties on local authorities all have a clear relevance to the functions of the Health and Wellbeing Board to encourage integrated working, promote close working and undertake a JSNA and JHWS. This is particularly important as CCGs will be under a new duty to secure specific services in education, health and care plans for children and young people with SEN[10]. Indicative regulations also make clear that local authorities must consult Health and Wellbeing Boards when preparing and reviewing its Local Offer[11].

How to meet your Charter commitments

In order to fulfil this commitment, we would expect a HWB to be able to provide the following evidence:

- Information on links to other local integration forums which set strategic direction for disabled children's services, e.g. the local children's trust arrangements, the local safeguarding board, the learning disability partnership board, the school forum, etc.
- Evidence of how the JSNA and JHWS is aligned with other arrangements, such as: reviewing and commissioning of SEN services via the High Needs Block; safeguarding arrangements; child poverty strategies, etc.

Key resources for meeting this Charter commitment

NHS Confederation (2012), Children and young people and health and wellbeing boards: putting policies into practice

Developed by the health and wellbeing board learning set for children and young people, part of the National Learning Network for health and wellbeing boards, to give HWB members some ideas of how other boards are organising themselves to deliver coordinated services for children and young people.

9 See Department for Education (2012), School funding reform 2013-14, pp. 16-20

10 See Department for Education website (2013), Children and young people with special educational needs to benefit from new legal health duty

11 The Special Educational Needs (Local Offer) (England) Regulations 2014: http://media.education.gov.uk/assets/files/pdf/c/clause%2030%20draft%20regulations%20sen%20local%20offer.pdf

Children and Young People's Health Outcomes Forum (2012), Health and wellbeing boards and children, young people and families

Poster produced in June 2012 by the health and wellbeing board learning set for children and young people.

Easton, C.; Hetherington, M., Smith, R., Wade, P., Aston, H. and Gee, G. (2012). Local Authorities' Approaches to Children's Trust Arrangements (LGA Research Report)

The Local Government Association commissioned the National Foundation for Educational Research (NFER) to investigate local authorities' approaches to their children's trust arrangements and how they are fulfilling their duty to promote cooperation with partners to improve children and young people's health and wellbeing.

General resources

The Marmot Review (February 2010), Fair Society, Healthy Lives: A Strategic Review of Health Inequalities in England Post-2010

Professor Sir Michael Marmot was asked by the then Secretary of State for Health to chair an independent review to propose the most effective evidence-based strategies for reducing health inequalities in England.

Kennedy, Prof Sir Ian (September 2010) Getting it right for children and young people: Overcoming cultural barriers in the NHS so as to meet their needs

An independent review of services provided by the NHS to children and young people, concentrating on understanding the role of culture in the NHS. It focuses on areas where there are cultural barriers to change and improvement and makes recommendations.

NHS Confederation - Resources for Health and Wellbeing Boards

The NHS Confederation has been working with each health and wellbeing board learning set in collaboration with the NHS Institute for Innovation and Improvement, Department of Health and Local Government Association to produce publications which summarise their key points of learning and which will be shared with other shadow health and wellbeing boards.

NHS Confederation (2012), Children and young people's health and wellbeing review of documents

Briefing summarising the key policy documents on children and young people's health and wellbeing that have been published over the last two years."

NHS Confederation (2012), Support and resources for health and wellbeing boards

Summary of the support available to spread networking and learning opportunities for Health and Wellbeing Boards

NHS Confederation (2012), National learning network for health and wellbeing board publications 2012

A list of publications produced by The National Learning Network for health and wellbeing boards to share learning and support the establishment of well functioning boards.

Local Government Associaton - Resources for Health and Wellbeing Boards focusing on children, young people and family issues

The Health and Wellbeing Board learning set for children and young people looked at the issues important to the development of Health and Wellbeing Boards. The learning sets are a part of the Department of Health's development and support programme for Health and Wellbeing Boards which is supported by the LGA, NHS Confederation and NHS Institute. Nine learning sets focused on a number of themes including governance, resources and public engagement.

Getting the Best Out of Your Health and Wellbeing Board Leadership Development Offer - Health and Wellbeing Board Information Resource

This document brings together information about publications and websites which should be of value to Health and Wellbeing Boards.

Child and Maternity Health Observatory

ChiMat was established in 2008 as a national public health observatory to provide wide-ranging, authoritative data, evidence and practice related to children's, young people's and maternal health.

National Voices

The national coalition of health and social care charities in England. They work together to strengthen the voice of patients, service users, carers, their families and the voluntary organisations that work for them.

Regional Voices

Supports the voluntary sector to successfully influence local strategic decision making in health and social care. This group of pages links to a variety of resources to support you develop strategies to influence in your local area.

About Us

Every Disabled Child Matters is the national campaign to get rights and justice for every disabled child. It is run by four leading organisations working with disabled children and their families: Contact a Family, Council for Disabled Children, Mencap and the Special Educational Consortium.

The Children's Trust, Tadworth is the leading UK charity for children with acquired brain injury, multiple disabilities and complex health needs. The Trust's services include the UK's largest rehabilitation centre for children and young people with acquired brain injury, nursing care for technology-dependent children, and education for children and young people with profound and multiple learning difficulties and complex health needs.

Disabled Children's Charter
for Health and Wellbeing Boards

The ..... **Health and Wellbeing Board** is committed to improving the quality of life and outcomes experienced by disabled children, young people and their families, including children and young people with special educational needs and health conditions. We will work together in partnership with disabled children and young people, and their families to improve universal and specialised services, and ensure they receive the support they need, when they need it. Disabled children and young people will be supported to fulfil their potential and achieve their aspirations and the needs of the family will be met so that they can lead ordinary lives.

By [date within 1 year of signing the Charter] our Health and Wellbeing Board will provide evidence that:

1. We have **detailed and accurate information** on the disabled children and young people living in our area, and provide public information on how we plan to meet their needs
2. We **engage directly with disabled children and young people** and their participation is embedded in the work of our Health and Wellbeing Board
3. We **engage directly with parent carers** of disabled children and young people and their participation is embedded in the work of our Health and Wellbeing Board
4. We set **clear strategic outcomes** for our partners to meet in relation to disabled children, young people and their families, monitor progress towards achieving them and hold each other to account
5. We **promote early intervention** and support for smooth transitions between children and adult services for disabled children and young people
6. We work with key partners to **strengthen integration** between health, social care and education services, and with services provided by wider partners
7. We provide **cohesive governance** and leadership across the disabled children and young people's agenda by linking effectively with key partners

Signed by ..... **Date** .....
Position: Chair of Health and Wellbeing Board.

For guidance on meeting these commitments, please read the accompanying document: Why sign the Charter?

every disabled child matters

Every Disabled Child Matters (EDCM) is the campaign to get rights and justice for every disabled child. It has been set up by four leading organisations working with disabled children and their families – Contact a Family, the Council for Disabled Children, Mencap and the Special Educational Consortium. EDCM is hosted by the National Children's Bureau, Charity registration number: 258825.

The Children's Trust, Tadworth is a national charity providing specialist services to disabled children and young people across the UK. These services include rehabilitation and support for children with acquired brain injury, expert nursing care for children with complex health needs, and residential education for pupils with profound and multiple learning difficulties at The School for Profound Education. Charity registration number: 288018. Find out more about the work of The Children's Trust, Tadworth at www.thechildrenstrust.org.uk

The Children's Trust Tadworth
For children with multiple disabilities

15.01.2015

HEALTH AND WELLBEING FORWARD PLAN 2014/2015.

All future submissions for the FWD plan should be made at the earliest stage through Dot Veitch: dot.veitch@nottinghamcity.gov.uk

For information on development sessions please contact Michelle Ball: michelle.ball@nottinghamcity.gov.uk

25 February 2015			
Area	**Report Title**	**Report Author**	**CEG**
Public Health topic: Director of Public Health	Suicide Prevention Strategy	Liz Pierce, Public Health, NCC Liz.pierce@nottinghamcity.gov.uk	6/9/14
Health and Wellbeing Strategy (HWS), Nottingham Plan, and other Key Strategies: Nottingham Plan Programme Group, HWS Accountable Board members	HWS Overall 18 month Report HWS Priority Families Theme update.	John Wilcox, City Public Health. John.Wilcox@nottinghamcity.gov.uk Nicky Dawson, Priority Families, NCC Nicky.dawson@nottinghamcity.gov.uk	03/02/15 2/12/14
Commissioning and JSNA: Nottingham City Council Clinical Commissioning Group, NHS Commissioning Board Commissioning Executive Group	HWB CEG Commissioning Intentions Pharmaceutical Needs Assessment Sign Off.	Candida Brudenell, Early Intervention Directorate, NCC Candida.brudenell@nottinghamcity.gov.uk Maria Principe CCG,NHS Maria.principe@nottinghamcity.nhs.uk Jean Robinson, Public Health, NCC Jean.robinson@nottinghamcity.gov.uk	03/02/15 03/02/15
Other relevant reports (safeguarding and social determinants of health): Safeguarding Boards Provider organisations and council services relating to the social determinants of health	The South Nottinghamshire Transformation Programme Partnership Compact	Jane Laughton Jane.Laughton@nottinghamcity.nhs.uk	NR NR
Standing items	Corporate Director of Children and Families Director of Public Health Healthwatch Nottingham Clinical Commissioning Group The Care Act	Alison Michalska Alison.michalska@nottinghamcity.gov.uk Chris Kenny chris.kenny@nottscc.gov.uk Martin Gawith martin.gawith@healthwatchnottingham.co.uk Dawn Smith Dawn.Smith@nottinghamcity.nhs.uk Helen Jones Helen.jones@nottinghamcity.gov.uk	

March 16th 1 – 4 pm	**Loxley House Room 2.13**	**HWB development Session**	**Integrated Care**

29 April 2015	**THIS MEETING MAY BE CANCELLED AND ITEMS TRANSFERRED TO THE MAY MEETING (AWAITING THE BOARD'S AGREEMENT)**		
Area	**Report Title**	**Report Author**	**CEG**
Public Health topic: Director of Public Health	Health Protection Assurance Statement	Jonathan Gribbin Jonathan.Gribbin@nottscc.gov.uk	
Health and Wellbeing Strategy (HWS), Nottingham Plan, and other Key Strategies: Nottingham Plan Programme Group HWS Accountable Board members			
Commissioning and JSNA: Nottingham City Council Clinical Commissioning Group, NHS Commissioning Board Commissioning Executive Group	Better Care Fund. DSV Specialist Services	Maria Principe CCG,NHS Maria.principe@nottinghamcity.nhs.uk Antony Dixon, Quality and Commissioning. Antony.dixon@nottinghamcity.gov.uk Tim Spink, Joint Interim Director CDP tim.spink@nottinghamcity.gov.uk Sarah Wells, Crime & Drugs Partnership, NCC sarah.wells@nottinghamcity.gov.uk	tbc
Other relevant reports (safeguarding and social determinants of health): Safeguarding Boards Provider organisations and council services relating to the social determinants of health	Housing & Health Outcomes Fit for Work	Gill Moy, Director of Housing Services, NCH Gillian.Moy@nottinghamcityhomes.org.uk Charlotte Reading Charlotte.reading@nottinghamcity.nhs.uk	NR
Standing items	Corporate Director of Children and Families Director of Public Health Healthwatch Nottingham Clinical Commissioning Group The Care Act	Alison Michalska Alison.michalska@nottinghamcity.gov.uk Chris Kenny chris.kenny@nottscc.gov.uk Martin Gawith martin.gawith@healthwatchnottingham.co.uk Dawn Smith Dawn.Smith@nottinghamcity.nhs.uk Helen Jones Helen.jones@nottinghamcity.gov.uk	
Monday 22nd June		**Loxley House room 2.13**	**1 - 4**
Monday 24th August		**Loxley House room LB31**	**1 - 4**
Monday 19th October		**Loxley House room 2.13**	**1 - 4**

Wednesday 16th December		**Loxley House room 2.13**	**1 - 4**
Monday 22 Feb 2016		**Loxley House room tbc**	**1 - 4**

Notes on the new format:

Column 2: report title this will enable board members to identify items which are of specific interest to them and may require prior work or contact to support the item.

Column 3: contains the contact details. This will enable board members to contact the report writer for key areas on which they may wish to consult their members prior to the meeting.

Column 5. This will be a cross reference against the CEG forward plan.

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Statutory Officers Report for Health and Wellbeing Board

Corporate Director of Children and Adult Services

January 2015

Children and Adults Staffing Changes

Children's Social Care

Steve Combs joined Nottingham City Council on 5th January 2015 as our new Head of Children in Care.

Clive Chambers has been appointed as Head of Safeguarding Quality Assurance and will join the authority next month.

Vulnerable Children and Families Directorate

Tajinder Madahar was appointed to the role of Interim Head of Extensive and Specialist Services. Shelley Nicholls will be leading the FIP and YOT services during this interim period.

Following Mark Andrews departure earlier this month, Aileen Wilson has been confirmed as the interim Head of Early Help

Early Intervention Directorate

Pete Moyes left Nottingham City Council at the end of last year, his Heads of Service Christine Oliver and Tim Spink have been jointly confirmed as Interim Directors.

Following structural changes within the Early Intervention Directorate, Katy Ball and Colin Monckton are now confirmed as Directors.

Budget

The financial situation faced by local government over the last few years has been extremely difficult and is getting harder each year. On current projections, Nottingham settlement will have reduced by **c£100m** between 2010/11 and 2015/16 creating a budget gap for 2015/16 of £27.125m increasing to £62.950 in 2017/18.

During the budget process colleagues and councillors have worked together to identify proposals totalling £21.800m which, when taken together, direct funding into the Council's priorities of supporting the most vulnerable, local jobs, and enjoying Nottingham and balance the budget.

Resources are proposed to be redirected by:

- Reducing demand and reviewing the way we commission our services.
- Reviewing and optimising income streams of all kinds
- Redesigning and modernising our service provision / identifying efficiencies

In addition the Council will continue its focus on regeneration and growth through its Capital Investment Strategy.

This leaves a gap in 2015/16 of over **£5m** where savings proposals are yet to be finalised. Further proposals will be released and form part of the final budget report in February.

Information has been made available to citizens on our website to allow them to comment on the proposals.

Peer Review of Adults Services

During November we had a three day Peer Review of our Adults Safeguarding Board and Homecare Services. The feedback was extremely helpful and provided assurance that our areas for development will deliver the improvements which we have already identified. One of the big priorities we'd already identified was strengthening arrangements for our Adult Safeguarding Board in light of the requirements of the Care Act. We will be exploring this further with the Safeguarding Board. We need to ensure everyone is aware of the high priority it should be given.

Nottingham City Schools Making Good Progress

All seven of the City's secondary schools and academies who were placed in Special Measures by Ofsted in November last year have now been judged by Ofsted to be making 'reasonable progress' towards improvement.

We've worked really hard with these schools and academies over the last twelve months on a range of issues including behaviour and attendance, including our high profile 'I'm in School' attendance campaign. The schools themselves have been committed to improving and working with us and have done really well.

There's still more work to do to ensure the improvements continue and our Joint Directors of Education, Pat and Sarah Fielding are driving this. Part of the work includes the revised Education Improvement Board with a new independent Chair and work streams.

Children and Adults IT Update

We have produced a Requirements Specification to develop a new Social Care system, this is currently being finalised by procurement and is going through our legal processes in the hope that we can go out to tender as soon as possible.

We're also continuing to carry out improvements and changes to CareFirst and Castle. There's an approved list of changes that we need to make in order to meet the recommendations from our recent Safeguarding Inspection, as well as to ensure we're ready to meet the needs of the Care Act in April 2015, and to generally make our systems better and faster.

Child Sexual Exploitation

Nottingham City is hosting a visit from the Department for Communities and Local Government regarding child sexual exploitation on the 12th January

2014. This is a great opportunity to highlight the great work that already happens in the City, coordinated through the Child Sexual Exploitation Cross Authority Group (CSECAG), a sub-group of the Nottingham City Safeguarding Children's Board (NCSCCB). This visit will also help us to identify further areas of development, which can be reported to a future Health and Wellbeing Board meeting.

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