



**NOTTINGHAM CITY COUNCIL**  
**HEALTH AND WELLBEING BOARD**

**Date:** Wednesday, 25 November 2015

**Time:** 1.30 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**

**Corporate Director for Resilience**

**Governance Officer:** Phil Wye **Direct Dial:** 0115 8764637

**AGENDA**

**Pages**

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| <b>1</b> | <b>APOLOGIES FOR ABSENCE</b>  |         |
| <b>2</b> | <b>DECLARATIONS OF INTEREST</b>   |         |
| <b>3</b> | <b>MINUTES OF THE LAST MEETING</b><br>To confirm the minutes of the last meeting held on 30 September 2015  | 5 - 14  |
| <b>4</b> | <b>HEALTH AND WELLBEING BOARD COMMISSIONING SUB-COMMITTEE REVISED TERMS OF REFERENCE</b><br>To approve a change to the Health and Wellbeing Board Commissioning Sub-Committee's Terms of Reference, in order to align with NHS England financial reporting deadlines. | 15 - 16 |
| <b>5</b> | <b>MINUTES OF THE HEALTH AND WELLBEING BOARD COMMISSIONING SUB-COMMITTEE</b><br>From the meetings held on 8 September 2015 and 13 October 2015 (for information as required by the Commissioning Sub-Committee's Terms of Reference)                                  | 17 - 24 |
| <b>6</b> | <b>TEENAGE PREGNANCY IN NOTTINGHAM</b><br>Joint report of the Corporate Director for Children and Adults and the Director of Public Health  | 25 - 30 |

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<b>e</b>	<b>Clinical Commissioning Group</b>	

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

CITIZENS ATTENDING MEETINGS ARE ASKED TO ARRIVE AT LEAST 15 MINUTES BEFORE THE START OF THE MEETING TO BE ISSUED WITH VISITOR BADGES

CITIZENS ARE ADVISED THAT THIS MEETING MAY BE RECORDED BY MEMBERS OF THE PUBLIC. ANY RECORDING OR REPORTING ON THIS MEETING SHOULD TAKE PLACE IN ACCORDANCE WITH THE COUNCIL'S POLICY ON RECORDING AND REPORTING ON PUBLIC MEETINGS, WHICH IS AVAILABLE AT [WWW.NOTTINGHAMCITY.GOV.UK](http://WWW.NOTTINGHAMCITY.GOV.UK). INDIVIDUALS INTENDING TO RECORD THE

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**NOTTINGHAM CITY COUNCIL**

**HEALTH AND WELLBEING BOARD**

**MINUTES of the meeting held at Loxley House, Nottingham on 30 September 2015 from 1.37pm - 3.31pm**

**Membership**

**Voting Members**

Present

Dr Marcus Bicknell  
Alison Challenger  
Martin Gawith  
Helen Jones  
Councillor Sally Longford  
Alison Michalska  
Dr Hugh Porter  
Dawn Smith  
Dr Ian Trimble (Chair)

Absent

Councillor Steve Battlemuch  
Councillor David Mellen  
Councillor Alex Norris  
Vikki Taylor

**Non-Voting Members**

Present

Lyn Bacon  
Candida Brudenell  
Ruth Hawkins  
Leslie McDonald  
Lorraine Raynor (substitute)

Absent

Mike Manley  
Peter Homa  
Gill Moy  
Jean Sharpe

**Colleagues, partners and others in attendance:**

Alison Ellis	- Nottinghamshire Local Pharmacy Committee
Sue Fielding	- Department for Work and Pensions
Elaine Fox	- Policy Officer
Trevor Illsley	- Bayer
Pete McGavin	- Healthwatch Nottingham
Colin Monckton	- Director of Commissioning, Policy and Insight
Helen Ross	- Insight Specialist, Public Health
Vinay Shankar	- GP Fellow, Nottingham City CCG
Marian Taylor	- Taylored2you
Kate Thompson	- Smokefree Nottingham Coordinator
Steve Thorne	- Communications and Marketing Specialist
Sandy Utton	- Zest for Independence
Dot Veitch	- Partnership Support Officer
John Wilcox	- Insight Specialist, Public Health
Phil Wye	- Governance Officer

## **19 APOLOGIES FOR ABSENCE**

Councillor Steve Battlemuch (other business)  
Councillor David Mellen (other business)  
Councillor Alex Norris (other business)  
Simon Smith  
Peter Homa  
Michael Manley  
Chris Packham

## **20 DECLARATIONS OF INTEREST**

None

## **21 MINUTES**

The Board confirmed the minutes of the meeting held on 29 July 2015 as an accurate record and they were signed by the Chair.

## **22 FORWARD PLAN**

The following items were suggested as possible additions to the forward plan:

- a first draft of the Health and Wellbeing Strategy;
- an item on the impact of devolution;
- an item on the impact of migrants to the city.

**RESOLVED to note the forward plan**

## **23 HEALTH AND WELLBEING STRATEGY REFRESH UPDATE**

Colin Monckton, Director of Commissioning, Policy and Insight presented the report providing an update on the outcomes of the Health and Wellbeing Board development session held on 24 August 2015, and the engagement and consultation strategy. Colin highlighted the following:

- (a) there has been consensus around an alternative approach for developing the strategy based on outcomes rather than priorities and themes;
- (b) a draft engagement and consultation strategy has been developed, with the aim of engaging with as many citizens, interest groups and front line workers and practitioners as possible;
- (c) three public events are planned at Bulwell Riverside, Clifton Cornerstone and the Council House Ballroom;
- (d) the vision of the strategy must be clear, and suggestions for its title are Nottingham will be a place where we all enjoy Health and Wellbeing, or Healthier and Happier Lives;

The following answers were given in response to questions from members of the Board:

- (e) the Board will decide whether the strategy is given a strong brand. This may be helpful to demonstrate strong ownership of the strategy, but it should not detract from the fact that it belongs to the city;
- (f) some of the venues for the public consultation are quite small, but the majority of consultation will be within existing networks rather than with large numbers of citizens.

**RESOLVED to**

- (1) note the outcome of the initial engagement with the Board members on the development of the refreshed Joint Health and Wellbeing Strategy;**
- (2) endorse the outcomes of the Health and Wellbeing Board development session in regards to the development of the Joint Health and Wellbeing Strategy;**
- (3) note the project plan attached to the report;**
- (4) endorse the draft engagement and consultation strategy and support the delivery of engagement events (in particular the three bespoke public events);**
- (5) support nominated officers in the development of the front-line workforce focus groups.**

**24 ANNUAL REPORT ON THE JOINT STRATEGIC NEEDS ASSESSMENT 2015**

Colin Monckton, Director of Commissioning, Policy and Insight presented the report providing information on the progress and development of the Joint Strategic Needs Assessment (JSNA) for Nottingham City during 2015/16. The JSNA evidence contributes towards improving health and wellbeing and reducing inequalities. Colin highlighted the following:

- (a) 34 chapters of the JSNA are being updated this year. So far, 7 of these have been published, with 24 in progress. It is proposed that children's and adult dental health and child poverty are rolled forward to next year to ensure available capacity;
- (b) a review has been carried out by public health on how well protected groups (e.g. ethnicity, sexual orientation and disability) are considered in the JSNA. The findings were that Nottingham's coverage is broadly average, and so a need has been identified to improve this;
- (c) a summary of the chapters is also being developed which will be a useful tool for future work.

**RESOLVED to**

- (1) note the progress which has been made to ensure the continual refresh and quality improvement of the Joint Strategic Needs Assessment;**
- (2) endorse the proposed plans for further development of the Joint Strategic Needs Assessment.**

**25 TOBACCO CONTROL STRATEGY**

Alison Challenger, Interim Director of Public Health introduced the report presenting the final version of the Tobacco Control Strategy for Nottingham City 2015-2020, which supports the vision of a smokefree generation and a reduction in exposure to second hand smoke.

John Wilcox, Insight Specialist, and Kate Thompson, Smokefree Nottingham Coordinator, then gave a presentation, highlighting the following:

- (a) smoking is still a major issue in Nottingham. Adult smoking is at the same level in Nottingham as it was in the UK as a whole 20 years ago, with 27% of adults being smokers. Smoking is linked to high rates of lung cancer and heart disease, and has a negative impact on pregnant women and children. It also has a wider impact on the city's productivity and environment;
- (b) smoking is also linked to inequality, with it being more prevalent amongst the more deprived wards of the city, as well as amongst migrants, the unemployed, those in social housing and the LGBT community;
- (c) the Tobacco Control Strategy has been developed using analysis of the Joint Strategic Needs Assessment (JSNA). It is a partnership strategy, involving not just the council but a wide range of partners. Consultation has been carried out with Health and Wellbeing Board member organisations, representatives from across the public sector and the voluntary sector;
- (d) the vision of the strategy is to reduce adult smoking to 20% by 2020 and to eventually have a smoke free generation;
- (e) the key priorities of the strategy are:
  - protecting children from the harmful effects of smoking;
  - motivate and assist every smoker to quit;
  - reduce the supply and demand of illegal tobacco;
  - multi-agency partnership working and leadership;
- (f) the council signed the Local Declaration on Tobacco Control a year ago, and is now extending this to local partners to sign, to support at a local level and promote strong partnership working.



The following comments were made by members of the Board:

- (g) close working with the police will be important, especially around areas where smoking is illegal including the new legislation around smoking in a car with a child present;
- (h) the council should approach universities and FE colleges for their support , and possible signing of the Tobacco Community Declaration;
- (i) expertise from other areas which have had successful initiatives to reduce smoking, such as Glasgow, should be researched and used;
- (j) the hard work of the Nottingham University Hospitals NHS Trust is acknowledged. However, the smoke-free hospitals can push staff to smoking offsite which can affect the surrounding areas;
- (k) guidance should be given to members of 3<sup>rd</sup> sector organisations on how they can support and help with the strategy.

**RESOLVED to**

- (1) approve the final version of the Tobacco Control Strategy for Nottingham City 2015-2020, and to take forward the strategy through collective leadership;**
- (2) sign the Nottingham and Nottinghamshire Community Tobacco Control declaration.**

**26 SUSTAINABLE HEALTH AND CARE**

Helen Ross, Insight Specialist, Public Health presented the report updating the Committee on the outcomes of the Nottingham City Health and Wellbeing Board development session for the Sustainable Health and Care Local Plan held on 24 August 2015. Helen highlighted the following:

- (a) sustainable development is about meeting the needs and developing the assets of people and communities now without compromising the ability of others in the future to meet their own needs, and to live a life of comparable quality and value;
- (b) the next step following the development session will be the establishment of a small working group to develop an agreed plan. This will then be consulted with citizens and colleagues;
- (c) sustainable development should be incorporated into the Health and Wellbeing Strategy as a theme, and as part of the consultation with citizens and colleagues;

**RESOLVED to**

- (1) note the outcomes of the session;**
- (2) agree the draft action plan that emerged from the session;**
- (3) establish a small working group to lead on implementation of the Nottingham City Health and Wellbeing Board’s Sustainable Health and Care Local Plan;**
- (4) develop the Health and Wellbeing Strategy using a sustainability lens with the support of One Nottingham’s Green Theme Partnership as a critical friend.**

**27 JOINT HEALTH AND WELLBEING STRATEGY 2 YEAR PROGRESS REPORT - CHAIR AND VICE CHAIR REVIEW**

John Wilcox, Insight Specialist, Public Health presented the report, updating the Committee on the revised RAG ratings on the progress on delivery of strategy actions and outcomes submitted by officers at two years of the Joint Health and Wellbeing Strategy, agreed by the Chair and Vice Chair, along with officer responses.

**RESOLVED to**

- (1) agree the Chair and Vice Chair’s revised RAG rating of delivery of strategy actions and outcomes at 2 years;**
- (2) omit the following actions from future reporting as further scrutiny has demonstrated that they do not provide a meaningful metric for assessing progress on strategy delivery:**

<b>Priority</b>	<b>Action</b>
<b>Alcohol Misuse Priority</b>	<b>Secondary outcome – Lower rates of alcohol and attributable crime</b>
	<b>Secondary outcome – Fewer alcohol related deaths</b>
<b>Early Intervention: Improving Mental Health – Improving early years experiences to prevent mental health problems in adulthood</b>	<b>Secondary outcome – the number of children and families affected by behavioural problems will decrease</b>
	<b>Secondary outcome – the number of children going on to develop mental health problems in adulthood will decrease</b>
<b>Early Intervention: Improving Mental Health – Mental Health and Employment</b>	<b>Secondary outcome – Increase the proportion of people living with diagnosed mental health conditions who are in employment</b>

## **28    UPDATES**

### **a        CORPORATE DIRECTOR FOR CHILDREN'S SERVICES**

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

- (a) Helen Jones will be formally fulfilling the statutory role of Director for Adult Social Services, with strategic responsibility and accountability for the planning, commissioning and deliver of social services for all adult client groups and with a leading role in delivering the wider vision for social care and combating social exclusion;
- (b) the new Chairs of the Children's and Adults' Safeguarding Boards, Chris Cook and Malcolm Dillon, have now begun in their new roles and had their first meetings this month;
- (c) during August 2015 there was a regional peer review of thresholds and decision making in Social Care and Early Help, involving colleagues from Leicestershire, Nottinghamshire and Derby City. Peer reviewers felt that the ambition for change is good and that the authority is on the right trajectory;
- (d) there has been a mixed picture regarding GCSE results, with some increases but also some unexpected drops in performance;
- (e) the Self-Harm Awareness and Resource Project (SHARP) team will provide the Self-Harm Pathway commissioned by the Clinical Commissioning Group for the next 3 years;
- (f) an Information Sharing Protocol has been signed with Nottingham Citycare which will make information sharing easier, as it can be a challenge due to data protection.

### **b        DIRECTOR OF ADULT SOCIAL CARE**

Helen Jones, Director of Adult Social Care, gave the following update:

- (a) it has been agreed that Nottinghamshire and Nottingham City will be a part of a pilot scheme to implement recommendations of the 'Transforming Care for People with Learning Disabilities Next Steps' report, to improve care for people with learning disabilities and/or autism and learning disabilities;
- (b) self-help training for over 1000 front-line workers across health and social care, councillors and community navigators has had smoking cessation, trips and falls and social isolation embedded into it, to promote health and wellbeing more effectively in a time of shrinking resources;

- (c) Citycare and the city council have agreed to combine urgent and reablement homecare services under a joint venture agreement, which is a positive step forward in local integration arrangements.

c HEALTHWATCH NOTTINGHAM

Martin Gawith of Healthwatch Nottingham gave the following updates:

- (a) Healthwatch has collected responses from almost 600 young people across the city about their experiences of seeking support for mental health issues. These are being analysed with a view to producing a report before the end of the year;
- (b) a new insight project to explore patients' experiences of mental health crisis services across the city and county is planned, following concerns from people in the county;
- (c) there are concerns around the number of calls to the Healthwatch information line from people needing access to an NHS dentist and the number of negative experiences reported;
- (d) Pete McGavin is the new Chief Executive of Healthwatch Nottingham, replacing Ruth Rigby

d DIRECTOR OF PUBLIC HEALTH

Alison Challenger, Interim Director of Public Health gave the following updates:

- (a) a new law has come into force where cars must be smoke free where children are present;
- (b) Stoptober has had a high number of people signing up in Nottingham. The Stop Smoking service will be promoted alongside this;
- (c) international older peoples day is on 1 October which will be marked with events across the city. Nottingham has developed an older citizens' charter that demonstrates the values and standards that older citizens expect from Nottingham City Council and partner organisations;
- (d) sexual health services in Nottingham are being reprocured, but the provider has not yet been announced.

e CLINICAL COMMISSIONING GROUP

Dawn Smith, Chief Operating Officer, Nottingham City Clinical Commissioning Group gave the following updates:

- (a) two GP practices in Nottingham have received an overall rating of 'outstanding' following an inspection by the Care Quality Commission. These are the University of Nottingham Health Service and the NEMS Platform One practices;

- (b) a report entitled 'Future in Mind – Promoting, Protecting and Improving our Children and Young People's Mental Health and Wellbeing' considers ways of making it easier for children, young people, parents and carers to access help and support when needed and to improve how children and young peoples' mental health services are organised, commissioned and provided. To meet the requirements of the report, the CCG is required to have specific specialist services in place including a CAMHS eating disorder service and a CAMHS crisis service.

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## **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 and to agree changes to that plan based on monitoring and performance management considerations;
- (c) To take strategic funding decisions relating to the Better Care Fund and Domestic Violence pooled budgets, including Key Decisions and decisions relating to schemes funded through such mechanisms, as agreed in the Section 75 Agreement;
- (d) To provide strategic oversight of the Priority Family Health and Wellbeing 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 quarterly basis. Extraordinary meetings of the Health and Wellbeing Board Commissioning Sub-Committee may be called if a decision is required urgently.

The quorum for the meeting is 2 voting members, one of whom must represent the City Council and one of whom must represent the Clinical Commissioning Group.

The meeting will be chaired in rotation by the Strategic Director for Early Intervention and the Director of Primary Care and Service Integration. In the absence of both of these members, the Chair will pass to the voting member present from the body next due to chair the meeting.

The chair of the meeting will not have a casting vote. In the event that agreement cannot be reached on a decision to be taken by the sub-committee, the matter will be referred to a meeting of the sub-committee which will be convened within the next 10 working days for this purpose by the Acting Corporate Director of Resources.

### **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)

The City Council and Clinical Commissioning Group have one vote each, shared between its voting members.

**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 provided that the Chair is notified of the substitution in advance of the meeting. .

**Minutes of Sub –Committee Meetings**

The Health and Wellbeing Board will be informed of the sub-committee’s decisions by the inclusion on its agenda of the minutes of the sub- committee’s meetings



**NOTTINGHAM CITY COUNCIL**

**HEALTH AND WELLBEING BOARD COMMISSIONING SUB COMMITTEE**

**MINUTES of the meeting held at Ground Floor Committee Room - Loxley House, Station Street, Nottingham, NG2 3NG on 8 September 2015 from 14.04 - 14.32**

**Membership**

Present

Maria Principe (Chair)  
Candida Brudenell (NCC)  
Colin Monckton (NCC)  
Martin Gawith (Healthwatch)

Absent

Councillor Alex Norris  
Dr Ian Trimble (CCG)  
Alison Michalska (NCC)  
Katy Ball (NCC)  
Alison Challenger (NCC)  
Lucy Davidson (CCG)

**Colleagues, partners and others in attendance:**

Antony Dixon - Strategic Commissioning Manager, Nottingham City Council  
Michelle Forbes - Business Support Officer, Nottingham City Council  
Lynne McNiven - Public Health  
Jo Williams - Assistant Director Health and Social Care Integration, CCG  
Peter Blackburn - Nottingham Evening Post  
Phil Wye - Constitutional Services Officer

**12 APOLOGIES FOR ABSENCE**

Dr Ian Trimble (CCG)

**13 DECLARATIONS OF INTEREST**

None

**14 MINUTES OF THE LAST MEETING**

The minutes of the meeting held on 14 July 2015 were confirmed and signed by the chair.

**15 PROPOSALS FOR THE DEVELOPMENT OF SEVEN DAY COMMUNITY HEALTH & SOCIAL CARE SERVICES**

Jo Williams, Assistant Director Health and Social Care Integration, CCG presented her report seeking approval to implement a number of seven day working proposals and agree to release funding from the Better Care Fund (BCF) budget for seven day services in year in accordance with BCF planning requirements.

Jo highlighted the following points:

- (a) extension of the Community Matrons service and the Care Homes Nursing Team to seven days per week has been given priority as these services manage complex, vulnerable patients and have high admissions over the weekend;
- (b) the Care Co-Ordinator service releases clinicians from administrative work which has proved invaluable;
- (c) Adult Assessment require a manager to help them to implement 7 day working by April 2016;

**RESOLVED to**

- (1) extend the Community Matrons service to operate seven days per week at a cost of £24,704;**
- (2) extend the Care Homes Nursing Team service to seven days per week at a cost of £85,488;**
- (3) extend the Care Co-Ordinator Service to operate seven days per week at a cost of £422,186;**
- (4) extend opening hours for the Integrated Community Equipment Loan Service (ICELS) at a cost of £45,357;**
- (5) approve project management to facilitate delivery of 7 day working within Adult Assessment at a cost of £11,500;**
- (6) consider the wider use of the budget for developing seven day services to support other integration projects which promote early intervention.**

**16 BETTER CARE FUND - PERFORMANCE REPORT**

Jo Williams, Assistant Director, Health and Social Care Integration, Nottingham CCG presented the joint report of the Director of Primary Care Development and Service Integration and the Director of Quality and Commissioning which provided information on the performance of the Better Care Fund (BCF).

Jo highlighted the following to the sub-committee:

- (a) the return is positive in comparison to regional peers, the Section 75 agreement is now in place and Nottingham is on track for all 7 national conditions;
- (b) the targets vary over time as they are sensitive to small changes;
- (c) the outcomes of Quarter 2 are currently not looking as positive as Quarter 1 after one month.

**RESOLVED to**

- (1) approve the quarterly return (Q1) submitted to NHS England on 28 August 2015;**
- (2) note current performance in relation to BCF metrics;**
- (3) investigate the reasons why Quarter 2 outcomes are looking poorer with the aim to steer towards an improvement.**

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## NOTTINGHAM CITY COUNCIL

### HEALTH AND WELLBEING BOARD COMMISSIONING SUB COMMITTEE

**MINUTES of the meeting held at LH 2.32 - Loxley House, Nottingham on 13 October 2015 from 2.08 - 2.33**

#### **Voting Members**

##### Present

Colin Monckton (Substitute voting member and Chair)(NCC)  
Maria Principe (CCG)  
Dr Ian Trimble (CCG)

##### Absent

Candida Brudenell (NCC)  
Councillor Alex Norris (NCC)

#### **Non-Voting Members**

##### Present

Lucy Davidson (CCG)  
Martin Gawith (Healthwatch)

##### Absent

Katy Ball (NCC)  
Alison Michalska (NCC)  
Alison Challenger (NCC)

#### **Colleagues, partners and others in attendance:**

Helene Denness - Consultant in Public Health (NCC)  
Antony Dixon - Strategic Commissioning Manager (NCC)  
Darren Revill - Finance Analyst (NCC)  
Jo Williams - Assistant Director Health and Social Care Integration, (CCG)  
Phil Wye - Constitutional Services Officer

#### **17 APOLOGIES FOR ABSENCE**

Councillor Alex Norris  
Candida Brudenell

#### **18 DECLARATIONS OF INTEREST**

None

#### **19 MINUTES OF THE LAST MEETING**

The minutes of the meeting held on 8 September 2015 were confirmed and signed by the Chair.

#### **20 BETTER CARE FUND QUARTER 2 BUDGET MONITORING REPORT**

Darren Revill, Finance Analyst, presented the joint report of the Director of Finance and the Corporate Director for Children and Adults, summarising the second quarter

Better Care Fund (BCF) Monitoring Report and updating the Commissioning Sub-Committee on the pay for performance element of the fund.

There is a forecasted underspend in 2015/16 of £2.348 million. Applying the agreed approach to meet any pay for performance shortfall from underspends within the pooled fund, this figure is reduced to £1.834 million.

**RESOLVED to**

**(1) note the cash flow position of the BCF Pooled Fund as at Quarter 2 of 2015/16:**

	<b>Cash Flow at end of Quarter 2</b>
<b>Funding into Pool:</b>	
CCG Baseline (Minimum Contribution)	£10,711,000
Other CCG Allocation	£916,000
NEL Adjustment	£153,000
<b>CCG Sub-Total</b>	<b>£11,474,000</b>
Disabled Facilities Grant	£507,000
Social Care Capital Grant	£432,000
Social Care Contribution	£358,000
<b>City Council Sub-Total</b>	<b>£1,296,000</b>
<b>Total Income</b>	<b>£12,770,000</b>
<b>Funding out of Pool:</b>	
<b>CCG</b>	<b>£4,916,000</b>
<b>City Council</b>	<b>£6,772,000</b>
<b>Total Expenditure</b>	<b>£11,688,000</b>
<b>Fund Balance</b>	<b>£1,082,000</b>

**(2) note the forecast position of the BCF Pooled Budget as at Quarter 2 of 2015/16 as an underspend of £1.834 million;**

**(3) note the updated position in relation to the Pay for Performance element of the fund:**

<b>BCF Period</b>	<b>Measurement Period</b>	<b>NEL Target</b>	<b>Value of Pay for Performance</b>	<b>Achieved</b>	<b>Shortfall</b>
Quarter 1	January to March 2015	-3.5%	£361,000	£208,000	£153,000
Quarter 2	April to June 2015	-1.6%	£184,000	£184,000	£0
Quarter 3	July to September 2015	-1.6%	£180,000		
Quarter 4	October to December	-1.6%	£180,000		
<b>Total</b>			<b>£905,000</b>	<b>£392,000</b>	<b>£153,000</b>

## **21 BETTER CARE FUND (BCF) 15-16 UNDERSPEND PROPOSALS**

Antony Dixon, Strategic Commissioning Manager, presented the report of the Corporate Director for Children and Adults, updating the Sub-Committee on proposals for utilisation of the Better Care Fund (BCF) underspend, which will support the delivery of BCF metrics, support further integration of Health and Social Care provision in the city and improve outcomes for vulnerable older citizens and those with long-term conditions.

Antony highlighted the following:

- (a) a substantial in-year underspend of the BCF pooled budget against agreed funding has been identified, predominantly due to delay in implementing seven day service provision;
- (b) eight proposals have been made in order to ensure continued delivery against BCF metrics and improve citizen outcomes. These are all short-term measures that require funding in-year;
- (c) the first proposal is for a contingency fund to mitigate against any failure to deliver pay for performance targets. As guidance in relation to future pay for performance elements of the BCF is not yet available, if there is no future pay for performance element of the BCF this will be released back into the underspend;

The following answers were given in response to questions from the Sub-Committee:

- (d) the minimum wage uplift will raise the hourly rate of Care at Home Framework providers earlier than the original intention of April 2016. This will assist in recruiting new workers in an increasingly competitive area;
- (e) the proposals for reducing unnecessary delays were clarified. This is a proposal to apply mental health principles to the care of physical health patients, in particular post-operative period to reduce length of stay. The Sub-Committee felt that the language used for this was subjective and could be improved;
- (f) the outcomes from the pilots will be reported back at different times depending on their timescales;
- (g) the full contract value of the proposal for Care at Home Framework 24 Hour Pick Up is £201,541, however the estimated cost to the pooled fund is £85,153.

### **RESOLVED to**

- (1) approve proposals for utilisation of 2015/16 BCF underspend and approve spend to the value of £1,013,906 as detailed below:**

<b>Proposal</b>	<b>Value of proposal</b>
Contingency fund for 2016/17 Pay for	£400,000

Performance	
Care at Home Framework – Winter Wage Uplift	£140,000
Reducing unnecessary delays	£37,850
Care at Home Framework – 24 hour pick up	£201,541
Care at Home reviewer pilot	£68,814
Community Navigator pilot	£35,000
Extension of Nottingham Health and Care Point	£94,820
Extension of Urgent Care Interim Homecare	£35,881
<b>Total</b>	<b>£1,013,906</b>

**(2) approve dispensation from section 5.1.1 of the council’s contract procedure rules in accordance with section 3.29 of the council’s financial regulations in relation to the award of contracts for 24 hour Care at Home urgent pick up pilots to Nottingham City Council Care Bureau;**

**(3) approve dispensation from section 5.1.1 of the council’s contract procedure rules in accordance with section 3.29 of the council’s financial regulations in relation to the extension of a contract for the Community Navigator pilot to Bestwood Directions;**

**(4) approve carry forward of BCF underspend to meet the cost of these proposals, currently estimated at £537,000.**

**22 EXCLUSION OF THE PUBLIC**

**RESOLVED to exclude the public from the meeting during consideration of the remaining item in accordance with section 100a(4) of the Local Government Act 1972 on a basis that, having regard to all the circumstances, the public interest in maintaining the exemption outweighed the public interest in disclosing the information.**

**23 BETTER CARE FUND (BCF) 15-16 UNDERSPEND PROPOSALS - PROCUREMENT AND LEGAL COMMENTS**

The sub-committee noted the information in the exempt appendices.

**DATES OF FUTURE MEETINGS**

The Sub-Committee agreed that, From January 2017, they will meet quarterly on the third Wednesday of the month. These dates will be confirmed with Sub-Committee members in due course.



**HEALTH AND WELLBEING BOARD - 25<sup>th</sup> November 2015**

<b>Title of paper:</b>	Teenage Pregnancy in Nottingham	
<b>Director(s)/ Corporate Director(s):</b>	Alison Michalska, Corporate Director for Children & Adults, Nottingham City Council Alison Challenger, Director of Public Health (Interim), Nottingham City Council	<b>Wards affected:</b> All
<b>Report author(s) and contact details:</b>	Lynne McNiven, Consultant in Public Health, Nottingham City Council <a href="mailto:lynne.mcniven@nottinghamcity.gov.uk">lynne.mcniven@nottinghamcity.gov.uk</a> Marie Cann-Livingstone, Teenage Pregnancy and Early Intervention Specialist, Nottingham City Council <a href="mailto:marie.cann-livingstone@nottinghamcity.gov.uk">marie.cann-livingstone@nottinghamcity.gov.uk</a>	
<b>Other colleagues who have provided input:</b>		
<b>Date of consultation with Portfolio Holder(s) (if relevant)</b>	November 2015	
<b>Relevant Council Plan Strategic Priority:</b>		
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		
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		X
Deliver effective, value for money services to our citizens		
<b>Relevant Health and Wellbeing Strategy Priority:</b>		
Healthy Nottingham: Preventing alcohol misuse		
Integrated care: Supporting older people		
Early Intervention: Improving Mental Health		X
Changing culture and systems: Priority Families		X
<b>Summary of issues (including benefits to citizens/service users and contribution to improving health &amp; wellbeing and reducing inequalities):</b>		
<p>Nottingham has made good progress in reducing rates of unplanned teenage pregnancy but, the rate still remains significantly above the England average. Teenage pregnancy is a complex social problem and having children at a young age can adversely influence the health and wellbeing of young women, severely limit their education and career prospects as well as result in poorer outcomes for their children who are significantly more likely to become teenage parents themselves. In Nottingham, efforts to reduce rates of teenage pregnancy and support teenage parents is delivered through a partnership approach conveying the message that reducing unplanned teenage conceptions is everyone's business. Early intervention and primary prevention are integral to the Teenage Pregnancy Plan and are central to our approach to support parents to make positive decisions and ensure the best possible start in life for their children.</p>		
Page 25		

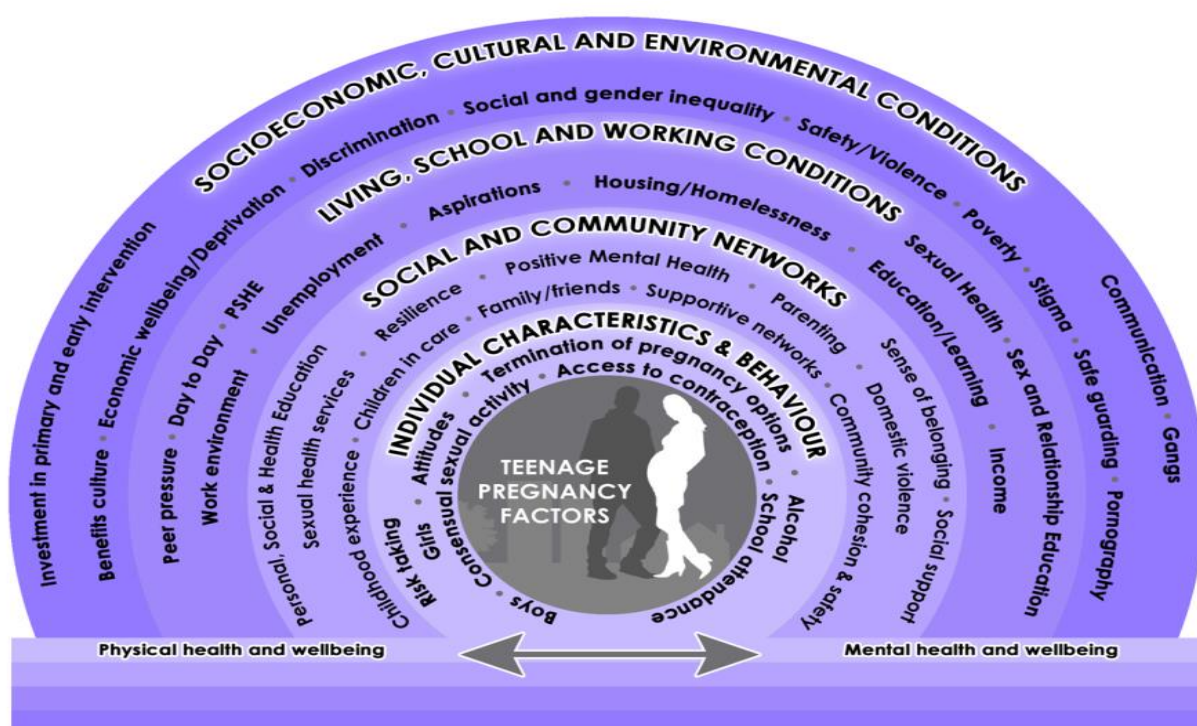
<b>Recommendation(s):</b>	
<b>1</b>	The Health and Wellbeing Board is requested to commit to the Nottingham Plan objective to reduce the rate of teenage pregnancy by a further third through collective leadership.
<b>2</b>	Individual organisations represented on the Health and Wellbeing Board will: <ol style="list-style-type: none"> <li>1. Support the work of the Teenage Pregnancy Taskforce and receive regular updates from the Taskforce at Health and Wellbeing Board meetings.</li> <li>2. Explore how their organisations can support the work of the Teenage Pregnancy Taskforce in supporting the TP Plan 2014-16.</li> <li>3. Commit to support the reduction of unplanned teenage pregnancy and support teenage parents.</li> </ol>

## 1. REASONS FOR RECOMMENDATIONS

The Teenage Pregnancy Taskforce, chaired by Councillor Norris, has been in existence for almost eight years. It is proposed that the Teenage Pregnancy Taskforce has a formal link to the Health and Wellbeing Board, reporting regularly on the Teenage Pregnancy Plan 2014-16 and associated action plan.

## 2. BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION)

Teenage pregnancy is a complex social problem. Having children at a young age can influence young women's health and well-being, severely limit education and career prospects and result in poorer outcomes for their children; who are significantly more likely to become teenage parents themselves. There are also strong associations between high under-18 conception rates and low educational attainment, low aspirations, poor attendance at school, being in public care, being the daughter of a teenage mother, having mental health problems, having experienced sexual abuse or being involved in crime. Teenage pregnancy is, therefore, a key driver for health inequalities and social exclusion. Achieving the Nottingham Plan target of a reduction of a further third in the teenage pregnancy rate requires a high level, strategic commitment from all members of the Health and Wellbeing Board.



Nationally, the under 18 conception rate is at its lowest level since 1969. In 2013, the England under 18 conception rate was 24.3 per 1000 girls aged 15-17 as compared to 27.7 for 2012; demonstrating a continued downward trend. This equates to approximately 24 000 under 18 conceptions in England during 2013.

There has been good progress made in reducing under 18 conception rates in Nottingham; the 1998 baseline year under 18 conception rate was 74.7 per 1000 girls aged 15-17 and this has more than halved over the subsequent 16 years. For the latest full year of data, 2013, Nottingham's rate was 37.5 as compared to 37.7 during 2012. The latest rolling, in year, provisional data for the 12 months to June 2014 (up to the end of quarter two 2014) shows that the under 18 conception rate was 35.8 per 1000; indicating that Nottingham City has maintained its rate of teenage conceptions compared to the same period in 2013.

The continuation of the reduction in teenage conception rates relies on partnership working and strategic planning. Joint implementation of the Teenage Pregnancy Plan is key to this, in particular developing age appropriate SRE within all Nottingham schools, raising awareness of child sexual exploitation, targeting support to vulnerable groups such as looked after young people and working with emerging populations who may not access services and have different cultural norms such as refugee or migrant populations.

## **Services in Nottingham**

Work to tackle teenage pregnancy is delivered through both universal services for children, young people and families as well as through targeted support to those most at risk.

We have a local commitment to 'You're Welcome' standards and many of our City services work towards this accreditation to ensure that their services are young-people friendly.

### **Primary Prevention includes:**

- Nottingham City's Sexual Health Services for young people deliver accessible and integrated sexual health services within the community, focusing on those that are aged 13-25 and at risk of poor sexual health. Sexual Health Services are delivered by Nottingham University Hospitals Trust and are available in a multitude of locations e.g. schools, health centres, colleges, children's centres etc. and offer advice and support on the full range of contraceptive services, providing condoms through the C-Card scheme, emergency contraception and making referrals as appropriate.
- General Practitioners provide information and contraception including Long Acting Reversible Contraception (LARC).
- Pharmacies across Nottingham provide a range of services including emergency contraception and pregnancy testing.
- The 'Public Health Nursing for school-aged children and young people' service is central to supporting the reduction in teenage pregnancies by providing information and practical support through the delivery of 'Clinic in a Bag'.
- The delivery of effective Sexual and Relationship Education (SRE) is encouraged in all schools as an evidence-based approach to reducing pregnancy rates.
- Family and Community Teams support activities for children, young people and families and are based in Children's Centres. The teams have staff trained to deliver

sexual health, contraceptive and positive relationships advice as well as support to young people and adults aged 13-25.

- Universal and targeted youth provision carries out project work to raise aspirations and promote positive relationships.

### **Early Intervention includes:**

- The Family Nurse Partnership is a licensed, intensive home visiting programme working with teenage parents to improve pregnancy outcomes, child health and development as well as aspirations for parents and their baby. The Family Nurse visits from early pregnancy until the child is two years old developing relationships with the mother, father and family to support and educate on parenting and any issues that concern the young woman. Approximately 40% of pregnant teenagers have a Family Nurse.
- The Teenage Pregnancy Midwifery service is available to support all pregnant under-18s (and for under-19s with additional needs). The majority of these young women will have a Family Nurse Partnership nurse and access the generic maternity service too.
- The generic midwifery and health visiting services support all young parents
- The Education Support Officer (Teenage Pregnancy) co-ordinates and monitors the participation and attainment of all pregnant teenagers and school-age parents, assisting them to overcome barriers to accessing education and prevent social exclusion.

### **Conclusion**

The continual reduction of teenage pregnancy rates is not easy to achieve and the evidence clearly shows that any one organisation on its own will not have sufficient impact to guarantee a year-on-year reduction. The examples of current services and strategic drivers within this paper illustrate that plans and actions should be developed and delivered in partnership in order to improve outcomes for all young people.

### **3. OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS**

None to report.

### **4. FINANCE COMMENTS (INCLUDING IMPLICATIONS AND VALUE FOR MONEY/VAT)**

None to report.

### **5. LEGAL AND PROCUREMENT COMMENTS (INCLUDING RISK MANAGEMENT ISSUES, AND LEGAL CRIME AND DISORDER ACT AND PROCUREMENT IMPLICATIONS)**

None to report.

### **6. EQUALITY IMPACT ASSESSMENT**

Not needed.

### **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 Teenage Pregnancy Plan 2014-16 [Teenage Pregnancy Plan 2014 - 2016](#)

A Framework for Sexual Health Improvement in England *Department of Health* 15 March 2013  
<https://www.gov.uk/government/publications/a-framework-for-sexual-health-improvement-in-england>

Tackling teenage pregnancy: Local government's new public health role *Local Government Association*  
March 2013  
[http://www.local.gov.uk/web/guest/publications//journal\\_content/56/10171/3964823/PUBLICATION-TEMPLATE](http://www.local.gov.uk/web/guest/publications//journal_content/56/10171/3964823/PUBLICATION-TEMPLATE)

Public Health Outcomes Framework for England 2013-16 *Department of Health* January 2012  
<https://www.gov.uk/government/publications/healthy-lives-healthy-people-improving-outcomes-and-supporting-transparency>

Conception statistics England and Wales 2013

[Conception Statistics, England and Wales, 2013 - ONS](#)

Quarterly conceptions to women aged under-18, England and Wales Q2 2013

[Quarterly Conceptions to Women Aged Under 18, England and Wales, Quarter 2 April to June 2014 - ONS](#)

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**HEALTH AND WELLBEING BOARD - 25<sup>th</sup> November 2015**

<b>Title of paper:</b>	Wellness in Mind: Mental Health and Wellbeing Strategy, Year 1 report	
<b>Director(s)/ Corporate Director(s):</b>	Alison Challenger, Director of Public Health (Interim)	<b>Wards affected:</b> All
<b>Report author(s) and contact details:</b>	Helene Denness, Consultant in Public Health, Nottingham City Council	
<b>Other colleagues who have provided input:</b>	Lucy Davidson, Liz Pierce, Sarah Quilty, Sharan Jones, Uzmah Bhatti,	
<b>Date of consultation with Portfolio Holder(s) (if relevant)</b>	Chair's Briefing, 11/11/2015	
<b>Relevant Council Plan Strategic Priority:</b>		
Cutting unemployment by a quarter		<input type="checkbox"/>
Cut crime and anti-social behaviour		<input type="checkbox"/>
Ensure more school leavers get a job, training or further education than any other City		<input type="checkbox"/>
Your neighbourhood as clean as the City Centre		<input type="checkbox"/>
Help keep your energy bills down		<input type="checkbox"/>
Good access to public transport		<input type="checkbox"/>
Nottingham has a good mix of housing		<input type="checkbox"/>
Nottingham is a good place to do business, invest and create jobs		<input type="checkbox"/>
Nottingham offers a wide range of leisure activities, parks and sporting events		<input type="checkbox"/>
Support early intervention activities		<input checked="" type="checkbox"/>
Deliver effective, value for money services to our citizens		<input checked="" type="checkbox"/>
<b>Relevant Health and Wellbeing Strategy Priority:</b>		
Healthy Nottingham: Preventing alcohol misuse		<input type="checkbox"/>
Integrated care: Supporting older people		<input type="checkbox"/>
Early Intervention: Improving Mental Health		<input checked="" type="checkbox"/>
Changing culture and systems: Priority Families		<input type="checkbox"/>
<b>Summary of issues (including benefits to citizens/service users and contribution to improving health &amp; wellbeing and reducing inequalities):</b>		
<p>In August 2014 the Health and Wellbeing Board approved the Nottingham City Mental Health and Wellbeing Strategy, Wellness in Mind. Wellness in Mind brings together the vision for improved mental health and social inclusion across the life course under five priorities.</p> <ol style="list-style-type: none"> <li>1. Promoting mental resilience and preventing mental health problems</li> <li>2. Identifying problems early and supporting effective interventions</li> <li>3. Improving outcomes through effective treatment and relapse prevention</li> <li>4. Ensuring adequate support for those with mental health problems</li> <li>5. Improving the wellbeing and physical health of those with mental health problems.</li> </ol> <p>Since the publication of the strategy a Mental Health Steering Group, made up of champions from member organisations of the Health and Wellbeing Board has been established and has met regularly to consider themed aspects of mental health and wellbeing in Nottingham. The strategy has provided a framework to ensure that a wide range of partners are encouraged to be part of improving mental health in Nottingham. Wellness in Mind has informed key developments over the year, including the Nottinghamshire Crisis Coping Plan, the Nottingham City Suicide Prevention</p>		

Strategy and the plans for the Nottingham response to Future in Mind.	
<b>Recommendation(s):</b>	
<b>1</b>	The Health and Wellbeing Board to note the range of activity to improve mental health that has taken place in the past year and consider how the 2016 Health and Wellbeing Strategy will reflect the aspirations of Wellness in Mind.
<b>2</b>	Member organisations of the Health and Wellbeing Board to consider their own commitment to the strategy and ensure their actions are reflected in the action plans.
<b>3</b>	Health and Wellbeing Board members to commit to work together to find solutions to issues that need improved partnership working, for example the mental health needs of the homeless population.
<b>4</b>	The Health and Wellbeing Board to support strategies to ensure synergy between mental health strategies including Wellness in Mind, Future in Mind, Suicide Prevention Strategy and the Nottinghamshire Crisis Concordat
<p><b>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'):</b></p> <p>Parity of esteem is a core principle of Wellness in Mind. It presents a shared vision for improving mental health and wellbeing across the life course, and for improving outcomes for those experiencing mental health problems. It acknowledges the interdependence of mental and physical health and takes a strategic approach to make connections across both the commissioning and provision of physical and mental health services. It was specifically considered by the Mental Health Steering Group as an agenda item.</p> <p>The Nottingham City Health and Wellbeing Board requirement to report on mental health and wellbeing aspects of all reports has been described as an example of good practice at the East Midlands Strategic Clinical Network. To date it has prompted consideration related to both the mental health aspects and equality of outcome for people with mental health problems in a number of policy areas, for example tobacco control, sexual health and substance misuse.</p> <p>The recommendations request that Wellness in Mind be considered by all member organisations, not only those specialising in mental health, with regard to promoting mental health and the inclusion of those with mental health problems, whether citizens or employees. Parity of esteem also highlights the importance of valuing the physical health of those with mental health problems; one of the main priorities of the strategy.</p>	

## **1. REASONS FOR RECOMMENDATIONS**

The Nottingham City Health and Wellbeing Board approved Wellness in Mind, the Nottingham City Mental Health and Wellbeing Strategy in August 2014. Over the past year there have been specific reports to the Board on a number of related aspects, specifically suicide prevention and updates on the related actions of the Joint Health and Wellbeing



Strategy (early intervention in children, and mental health and employment). This report aims to give an overview to the Board of the breadth of activity since the approval of Wellness in Mind, the opportunity to shape the second year implementation of the Strategy, and to reflect on opportunities for improved partnership working in this area.

## 2. BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION)

### Background

In recognition that ‘there can be no health without mental health’ and in line with the aspiration to value mental health equally with physical health, *Wellness in Mind, the Nottingham City Mental Health and Wellbeing Strategy* was launched in October 2014, following approval by the Health and Wellbeing Board in August 2014. This report updates the Board on key aspects of partnership activity over the first year of the strategy.

### Taking forward the 5 priorities of Wellness in Mind

In addition to the 5 priorities of Wellness in Mind a number of cross cutting themes have emerged to shape activity (see diagram below) with key principles of mental health literacy, reducing stigma, and equality underpinning the strategy.

Wellness in Mind - cross cutting themes

	Priority 1 Mental resilience, prevent mental health problems	Priority 2 Early intervention- Identify problems early, access to support	Priority 3 Effective mental health treatment	Priority 4 Support for those with mental health problems	Priority 5 Improved physical health for those with mental health problems
Mental health literacy Reducing stigma Equity of access and outcome	Children and young people’s mental health and wellbeing ; Future in Mind				
	Suicide prevention strategy and ‘Crisis concordat’ ensuring public services work together to respond effectively to mental health crisis, and reduce risk of suicide				
	Responsive, quality services for people with mental health problems ,their carers and children				
	Employment/unemployment and mental health				
	Relationship between physical and mental health - ‘Parity of Esteem’				
	Wider infrastructure eg natural environment, housing and transport				
	Community safety and criminal justice system				

### Update on key areas of development during year one

#### Governance

The following structures have been established to support the delivery of Wellness in Mind:

- Mental Health steering group with representative champions of Health and Wellbeing Board members. Regular themed meetings chaired by Councillor Alex Norris, Portfolio holder for Adults, Health and Communities. This group reports to the Health and Wellbeing Board
- Mental Health Joint Commissioning Group

- Planning groups cross City/County for specific themes; Future in Mind, Suicide Prevention; Crisis Concordat

### **Understanding needs**

- Overview of mental health data across the strategy reported to the steering group
- An audit of information related to suicide and self-harm deaths is being undertaken in partnership with the Coroner's Service and Nottinghamshire County Public Health
- Work to update JSNA chapters on mental health, including children and young people, adults, suicide, mental wellbeing, physical health of people with mental health problems
- Plans to improve understanding of social care needs through Project Evolution
- Listening to the concerns of citizens and partners regarding mental health issues in Nottingham e.g. bed cuts

### **Mental Health Literacy (Improved understanding and awareness of mental health)**

- Public Health Forum to launch the strategy with over 80 attendees
- Joint commissioning of a programme of free mental health training by Nottingham City Council and CCG to be delivered by Harmless
- 'Every Colleague Matters' series of workshops and events with attendance of over 600 people in line with Mental Health Awareness Weeks 2015
- Nottingham City agreed to be part of the national 'Time to Change' Alumni programme, highlighting good practice in reducing mental health stigma and identifying local mental health champions in the workforce

### **Children and Young People**

- Commissioning of the 'Behavioural, emotional and mental health pathway'
- Health promotion role working within school health focussed on emotional health and wellbeing.
- Online counselling service commissioned for young people.
- Suicide prevention/postvention and self-harm support commissioned
- Planned activity detailed in the 'Future in Mind' Transformation Plan, that was submitted in mid-October focussing on improving the emotional wellbeing and mental health of children and young people in Nottingham.
- Work being undertaken to review perinatal mental health pathway and increase awareness of primary care psychological therapies for women with mild to moderate anxiety or depression.
- Work by Healthwatch to gather information from children and young people on their experiences of mental health services in Nottingham. This work has reported the views of 588 young people about their experiences and needs of mental health services.

### **Crisis care**

- Crisis Care Concordat signed and action plans developed by cross City/County group
- A Crisis House and enhanced community crisis and home treatment team has been commissioned.
- Closer working with Nottinghamshire Police including Street Triage Team leading to a drop in detentions by the Police under the Mental Health Act
- 'Criminal Justice Liaison and Diversion' teams to offer mental health support in custody suites commissioned by NHS England and identify those needing additional support.

## **Suicide Prevention**

- Approval of the Nottingham City Suicide Prevention Strategy by the Health and Wellbeing Board in February 2015 following public consultation.
- Multi-agency action plan drawn up to improve outcomes for those at risk and those affected by suicide, with a broad partnership across both City and County.
- Audit of deaths by suicide or self-harm to improve local understanding of needs

## **Mental Health and Employment**

- This is one of the four priorities of the Health and Wellbeing Strategy and the Board has received detailed updates during the year. This has included reporting on activity under the Nottinghamshire Fit for Work service, commissioned by Nottingham City Council and CCG, to support people remain in employment or move towards employment where health is a barrier to work.
- Nottinghamshire Healthcare Trust adopting evidence based model, Individual Placement Support, to support those with long term mental health problems known to their services.
- Partnerships formed with the Employment and Skills section of Nottingham City Council to support Local Enterprise Partnership priorities and emerging devolution proposals with regard to prioritising employment and mental health
- Programme called 'Building Health Partnerships' funded by NHS England brought together local partners from across the sectors of skills, employment and mental health to identify support structures and learn from other areas.
- A survey was undertaken across the voluntary and community sector which identified a wide range of support to build skills and confidence, for example through volunteering.
- Some services to support placement into work for people with mental health problems are not used enough in Nottingham, for example the Access to Work scheme
- Mental Health steering group members aspire to be exemplar employers with regards to mental health and have shared details of policies with regard to staff mental health and wellbeing.
- Better understanding of national measures with regard to mental health and employment.- demonstrating over half of those on Employment Support Allowance in Nottingham are due to mental health disorders (DWP definition)
- Better understanding between mental health systems and services for those in financial difficulties explicit in the recommissioning of advice services.

## **Homelessness and Mental Health**

- Closer working with the Homelessness Strategy Implementation Group members to highlight issues of supporting those with serious mental illness who are homeless
- A themed session of the Mental Health Steering Group heard evidence of high levels of serious mental health problems in the homeless population and a task and finish group is being set up to identify improvements to the pathways of care
- A research proposal has been agreed by the CCG on the mental health needs of homeless people in Nottingham to inform future action

## **Relationship between physical health and mental health**

- Prioritisation of support to reduce smoking based on national and local evidence
- Nottinghamshire Healthcare NHS Foundation Trust ( NHFT) has agreed to be smokefree from April 2016 and are being supported by local stop smoking services

- A local 'Physform' was implemented with the objective of implementing health checks and improving communication of health needs between secondary mental health services and primary care.
- Training and support to mental health staff to promote better physical health are ongoing by a dedicated team.
- NHFT are investigating low levels of cancer screening with their patients and have championed this work in adult mental health services through the appointment of a screening nurse in the physical healthcare team.

### **Improving care, support and treatment services**

- Wide consultation regarding the community mental health and wellbeing support pathway during 2014/15 which has led to establishment of a new model that is being commissioned from April 2016 in response to concerns that access to mental health services is confusing and the system difficult to navigate
- Work to meet the needs of all citizens with mental health needs, including BME communities, and reach more people through increased access to primary care psychological therapy services
- Greater Nottingham identified as an NHS England urgent and emergency care vanguard which includes a strong focus on enhancing mental health services in the community and extension of the pilot to link 111 to mental health services.
- Review of outcomes following changes made to mental health accommodation pathway
- Shared priority across the health and social care system to ensure people don't stay in hospital longer than necessary (delayed transfers of care)
- Work to develop stronger partnership working at Care Delivery Group level that includes mental health services
- Consideration of implication of the Care Act in terms of prevention, promoting wellbeing, carers' needs

### **3. OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS**

#### **4. FINANCE COMMENTS (INCLUDING IMPLICATIONS AND VALUE FOR MONEY/VAT)**

This report is a strategic update to the Board. There are no immediate additional financial implications for Board members resulting from the recommendations of this report. The focus is on optimising ways of working across organisations in order to produce the desired outcomes

#### **5. LEGAL AND PROCUREMENT COMMENTS (INCLUDING RISK MANAGEMENT ISSUES, AND LEGAL CRIME AND DISORDER ACT AND PROCUREMENT IMPLICATIONS)**

No issues identified.

#### **6. EQUALITY IMPACT ASSESSMENT**

Has the equality impact been assessed? Page 36

- 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**

Wellness in Mind: Nottingham City Mental Health and Wellbeing Strategy  
<http://www.nottinghamcity.gov.uk/CHttpHandler.ashx?id=54631&p=0>

Nottingham City Suicide Prevention Strategy  
<http://www.nottinghamcity.gov.uk/CHttpHandler.ashx?id=56437&p=0>

Crisis Concordat  
<http://www.crisiscareconcordat.org.uk/areas/nottingham/>

Future in Mind  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/414024/Childrens\\_Mental\\_Health.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf)

Nottingham City Joint Health and Wellbeing Strategy  
<http://www.nottinghaminsight.org.uk/d/103203>

NHS England: Urgent and Emergency Care Vanguard Sites  
<https://www.england.nhs.uk/ourwork/futurenhs/new-care-models/uec/#thirty>

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**HEALTH AND WELLBEING BOARD – 25<sup>th</sup> November 2015**

<b>Title of paper:</b>	<b>Health and Wellbeing Strategy Refresh Update</b>	
<b>Director(s)/ Corporate Director(s):</b>	Alison Michalska Corporate Director for Children & Adults, Nottingham City Council. Colin Monckton, Director of Commissioning, Policy and Insight, Nottingham City Council. Alison Challenger, Interim Director of Public Health, Nottingham City Council. Dawn Smith, Chief Operating Officer, Nottingham City Clinical Commissioning Group.	<b>Wards affected: All</b>
<b>Report author(s) and contact details:</b>	James Rhodes, Strategic Insight Manager, Nottingham City Council <a href="mailto:James.rhodes@nottinghamcity.gov.uk">James.rhodes@nottinghamcity.gov.uk</a>	
<b>Other colleagues who have provided input:</b>	John Wilcox, Insight Specialist – Public Health, Nottingham City Council. Helen Hill, Research, Engagement & Consultation Manager, Nottingham City Council.	
<b>Date of consultation with Portfolio Holder(s) (if relevant)</b>	11 <sup>th</sup> Nov 2015	
<b>Relevant Council Plan Strategic Priority:</b>		
Cutting unemployment by a quarter		<input type="checkbox"/>
Cut crime and anti-social behaviour		<input type="checkbox"/>
Ensure more school leavers get a job, training or further education than any other City		<input type="checkbox"/>
Your neighbourhood as clean as the City Centre		<input type="checkbox"/>
Help keep your energy bills down		<input type="checkbox"/>
Good access to public transport		<input type="checkbox"/>
Nottingham has a good mix of housing		<input type="checkbox"/>
Nottingham is a good place to do business, invest and create jobs		<input type="checkbox"/>
Nottingham offers a wide range of leisure activities, parks and sporting events		<input checked="" type="checkbox"/>
Support early intervention activities		<input checked="" type="checkbox"/>
Deliver effective, value for money services to our citizens		<input checked="" type="checkbox"/>
<b>Summary of issues (including benefits to citizens/service users):</b>		
At the Health and Wellbeing Board (30 <sup>th</sup> Sep) the project plan and the engagement strategy for developing the refreshed Health and Wellbeing Strategy were agreed. Since that time, engagement activity is being undertaken and the results, along with summary evidence from the JSNA will be presented back to the Health and Wellbeing Board Development session in December.		
<b>Recommendation(s):</b>		
<b>1</b>	To note the engagement activity being undertaken so far.	

## 1. **REASONS FOR RECOMMENDATIONS**

- 1.1 To update date the Board on progress being made towards developing the next Health and Wellbeing Strategy.

## 2. **BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION)**

- 2.1 A proposal for developing the next strategy was agreed by the Nottingham City Health and Wellbeing Board (HWB) at its meeting on 29<sup>th</sup> July 2015. The Board endorsed the project plan and engagement strategy in September<sup>1</sup>.

### **PRESENT POSITION**

- 2.2 In summary the engagement approach is broadly divided into two phases:

Phase 1: Engagement - Opportunity for everyone to input their thoughts about health and wellbeing. The information from this phase will be analysed and fed into the development of the initial draft of the new Health & Wellbeing Strategy

Phase 2: Consultation on the draft Health & Wellbeing Strategy

- 2.3 The engagement strategy was developed based on the outcome of a citizen focus group and the intention is engage with as many citizens, interest groups and front-line workers/ practitioners as possible. The approaches been adopted are outlined below:

<b>Target Group</b>	<b>Methodology</b>
<b>Interest Groups</b>	<ul style="list-style-type: none"><li>• <b>Existing meetings and networks</b> – depending on available time on the agenda the session will either be a focus group exercise or sign-posting to larger public events and the offer to use a <b>toolkit</b> for groups to run their own sessions and submit the results.</li><li>• <b>Existing events</b> – world café/ pop up research approach</li><li>• <b>On-line survey and toolkit</b></li></ul>
<b>Citizens</b>	<ul style="list-style-type: none"><li>• <b>3 bespoke events across the city</b> – focus groups</li><li>• <b>On-line survey</b></li></ul>
<b>Workforce</b>	<ul style="list-style-type: none"><li>• <b>Focus groups made up of staff from across partner agencies and CVS</b></li></ul>

- 2.4 The dates for the three public events are as follows:

<b>Venue</b>	<b>Provisional Dates</b>	<b>Time</b>	<b>Room capacity</b>
<b>Bulwell Riverside</b>	Monday 9 November	5.15pm- 7.15pm	<b>50</b>
<b>Clifton Cornerstone</b>	Tuesday 3 November	1pm-3.30pm	<b>40</b>
<b>Council House Ballroom</b>	Wednesday 4 November	4pm-7pm	100+



2.5 To-date, the following sessions have been carried out:

- Voluntary Sector Ending Youth Violence Network
- Disability Involvement Group
- Mental Health Strategy Group
- NCH Frontline Workforce Focus Group
- Children in Care Council
- NCC Adult Services Frontline Workforce
- Health and Wellbeing Board Third Sector Forum (HWB3)
- Youth Council
- Drug and Alcohol Service User Forum
- Small Steps Big Changes Focus Group
- Youth Cabinet

2.6 Where it was not possible to carry out engagement activity with existing groups/networks (due to time restrictions), signposting to other events was carried out. So far sign-posting has taken place at:

- Homeless Prevention Strategic Interest Group
- Adults and Children's Safeguarding Operational Management Group
- Lesbian, Gay, Bisexual and Transgender (LGBT) Consultative and Scrutiny Forum
- Area Committees

2.7 The results of the sessions are still be collated and coding of the results will begin shortly. The following provides some of the issues that are being highlighted so far:

- The built environment is a key theme with people highlighting that Nottingham's physical infrastructure and appearance needs to be conducive towards people living healthier lives (less cars on the road, less pollution, good and safe bike lanes, more people walking or on public transport, green spaces etc.);
- Diet and healthy eating. Some perception that healthy option is not cheap and that more should be done to encourage people to make different choices. Some other parts of the country highlighted as using planning powers to restrict fast food outlets. Comments included: "Eating well takes effort (cooking) and is often more expensive. Convenient and inexpensive foods are often the least healthy. When people are busy / struggling or don't have much money, their diet is likely to suffer"; "Cheap food is junk food"; "People often don't have the skills to cook a healthy meal";
- Many comments around poverty and deprivation but also balanced by the view that healthy choices do not have to be expensive or out of the reach of people if people make the prioritise and budget properly: "Not having money isn't necessarily the issue, it's budgeting skills and money management, people making bad choices with their money because they don't know how to budget it";
- Employment highlighted as a key factor, not only in relation to poverty and deprivation, but the overall impact that having a routine has on an individual's physical and mental health;
- Social isolation and community highlighted by most groups particularly in regards to mental health. Culture of an area or social group also highlighted with one person saying that "if 90% of the street is unemployed you're more likely to be unemployed, you do what the group do";
- Cuts to services;

- Smoking highlighted and also some comments around having smoke free environments;
- Housing seen as a key issue with some views that the quality of housing for some people is very low. Additional, it has been highlighted that those who do have multiple problems in relation to housing, employment etc. are not likely to have their health at the top of their list of priorities.

2.8 A summary report of the overall results will be produced once the engagement period closes (27<sup>th</sup> Nov 2015).

### **NEXT STEPS**

- Production of Engagement Summary Report;
- Results of the engagement and evidence from the JSNA presented to the Health and Wellbeing Board Development Session in December with a view to developing some headline outcomes, priorities and measures upon which the draft strategy will be based.

### **3. OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS**

3.1 None.

### **4. FINANCE COMMENTS (INCLUDING IMPLICATIONS AND VALUE FOR MONEY/VAT)**

4.1 Not applicable

### **5. LEGAL AND PROCUREMENT COMMENTS (INCLUDING RISK MANAGEMENT ISSUES, AND LEGAL, CRIME AND DISORDER ACT AND PROCUREMENT IMPLICATIONS)**

5.1 Not applicable

### **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 None

8. **PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPORT**

Health and Wellbeing Report: Health and Wellbeing Strategy Refresh Update (30<sup>th</sup> Sep 2015)

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**HEALTH AND WELLBEING BOARD – 25<sup>th</sup> November 2015**

<b>Title of paper:</b>	<b>The Role of the Fire and Rescue Service in Health and Wellbeing</b>	
<b>Director(s)/ Corporate Director(s):</b>	Alison Challenger, Director of Public Health (Interim)	<b>Wards affected: All</b>
<b>Report author(s) and contact details:</b>	Wayne Bowcock, Deputy Chief Fire Officer 0115 9670880	
<b>Other colleagues who have provided input:</b>		
<b>Date of consultation with Portfolio Holder(s) (if relevant)</b>		
<b>Relevant Council Plan Strategic Priority:</b>		
Cutting unemployment by a quarter		<input type="checkbox"/>
Cut crime and anti-social behaviour		<input type="checkbox"/>
Ensure more school leavers get a job, training or further education than any other City		<input type="checkbox"/>
Your neighbourhood as clean as the City Centre		<input type="checkbox"/>
Help keep your energy bills down		<input type="checkbox"/>
Good access to public transport		<input type="checkbox"/>
Nottingham has a good mix of housing		<input type="checkbox"/>
Nottingham is a good place to do business, invest and create jobs		<input type="checkbox"/>
Nottingham offers a wide range of leisure activities, parks and sporting events		<input type="checkbox"/>
Support early intervention activities		X
Deliver effective, value for money services to our citizens		X
<b>Relevant Health and Wellbeing Strategy Priority:</b>		
Healthy Nottingham: Preventing alcohol misuse		X
Integrated care: Supporting older people		X
Early Intervention: Improving Mental Health		X
Changing culture and systems: Priority Families		X
<b>Summary of issues (including benefits to citizens/service users and contribution to improving health &amp; wellbeing and reducing inequalities):</b>		
<p>The Fire and Rescue Service holds a trusted position within society allowing access and interaction with broad and diverse communities. Through our long standing experience of prevention work, early intervention is at the heart of our service delivery and vision to 'create safer communities'. Our services do not discriminate and our targeting focuses on those most vulnerable and at risk in our communities. We know that addressing root cause health inequalities leads to a reduction in demand for the responsive element of fire and rescue services. There are more opportunities available for the fire and rescue service to contribute to improving health and wellbeing and reducing inequality. This paper outlines the effective prevention work to date, 30000 down to 10000 calls in around a decade. The capacity to support more partnership working and nationally the 670000 engagement opportunities per year which can be broadened further to support a range of health and wellbeing objectives to create safer, healthier communities and further reduce demand on public services.</p>		
<b>Recommendation(s):</b>		
<b>1</b>	That the Board note the report and comment on or question the content.	
<b>2</b>	That the Board supports a workshop to be held with Board members and wider partners to	

	discuss a plan for the service to work collaboratively in Nottingham and Nottinghamshire to improve health and wellbeing.
	<p><b>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'):</b></p> <p>Through being positive role models, and effective ambassadors for the public sector fire and rescue staff can help address early low level mental health and wellbeing concerns and appropriately signpost more serious concerns in a timely and compassionate way.</p>

## **1. REASONS FOR RECOMMENDATIONS**

To Provide the Health and Wellbeing Board with an overview of the current and potential role of Nottinghamshire Fire and Rescue Service in health and wellbeing

## **2. BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION)**

- 2.1 The role of the Fire and Rescue Service has changed over the last thirty years. The number of fires has decreased in Nottinghamshire from around 30,000 per year in the 1990's to around 10,000 per year today. This decrease has been the result of changes to the services which has shifted from responding to demand to focussing on prevention.
- 2.2 The decrease in the demand for the service has resulted in changes in the way that the workforce are utilised, with staff spending less time responding to incidents with more capacity to support prevention and improving community wellbeing.
- 2.3 The fire service is a trusted profession which has respect across all age groups and in a diverse range of communities. This has been an important aspect of the prevention work undertaken by the service. Nationally around 39% of home fire safety checks were targeted at elderly people and over 16% at disabled people.
- 2.4 Nationally there is a debate about the future utilisation and function of the fire and rescue service. The operational priority of the service remains the need to respond to fire and rescue incidents. In order to retain capacity to respond to these incidents staffing levels need to be maintained. Minimising staff turnover is also essential in order to retain skilled and experienced staff which requires remuneration to be upheld.
- 2.5 The position in Nottinghamshire mirrors the national situation. Staffing levels must be maintained in order to respond to incidents but there are opportunities to utilise firefighters in different and innovative ways to help support the prevention agenda, including health and wellbeing.
- 2.6 There may also be opportunities to learn from the experience of the service in changing its focus from reacting to demand to prevention.
- 2.7 In order to continue to deliver effective services and the downward trend in demand for a responsive Fire and Rescue Service whilst at the same time support the City Council's forward plan; Nottinghamshire Fire and Rescue Service recognises the opportunity of even greater collaboration and support for partners.

- 2.8 Nottinghamshire Fire and Rescue Service would welcome opportunities to work collaboratively with other public services, utilising skills around prevention and early intervention to improve all aspects of health and wellbeing.
- 2.9 Capacity is available within the fire fighter workforce as well as other functions such as call handling.
- 2.10 Options to support other emergency services are being considered, including co-responding with ambulance services.
- 2.11 Nottinghamshire Fire and Rescue Service would also welcome opportunities to work with wider partners to improve health and wellbeing. Nationally the service undertakes over 670,000 home safety checks with a focus on vulnerable groups such as the over 65's or disabled people. Visits in other areas already include some health interventions like hearing tests to check fire alarms can be heard, to assessing risks of falls and trips and fitting equipment if necessary.
- 2.12 Some areas have extended these checks into 'safe and well' visits to identify wider health and care support needs that the fire and rescue service can provide or through referral on to wider public services. Particularly areas such as mental health, childhood obesity, smoking cessation, isolation, fuel poverty and health inequalities associated winter pressures.
- 2.13 Nottinghamshire Fire and Rescue Service would welcome an opportunity to develop a plan to work collaboratively with wider public services in Nottingham and Nottinghamshire to make the most efficient use of the available workforce and to utilise the experience and success of the service in prevention.

### **3. OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS**

None

### **4. FINANCE COMMENTS (INCLUDING IMPLICATIONS AND VALUE FOR MONEY/VAT)**

None

### **5. LEGAL AND PROCUREMENT COMMENTS (INCLUDING RISK MANAGEMENT ISSUES, AND LEGAL CRIME AND DISORDER ACT AND PROCUREMENT IMPLICATIONS)**

- 5.1 This report has been compiled after consideration of implications in respect of fire and rescue services act 2004, crime and disorder act, finance, human resources, human rights, the NHS Constitution (Public Health only), the public sector equality duty, safeguarding of children and vulnerable adults, service users, sustainability and the environment.
- 5.2 The contents of the report outline how the role of the Nottinghamshire Fire and Rescue Service continues to meet statutory requirements, which includes prevention, and can add further value to the citizens and communities of Nottingham by supporting the objectives of the Joint Health and Wellbeing Strategy, including mental health and Sustainable Community Strategy.

**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**

[Fire works: a collaborative way forward for the fire and rescue service](#)

New Local Government Network

[Beyond fighting fires: the role of the fire and rescue service in improving the public's health](#)

Local Government Association



**HEALTH AND WELLBEING BOARD - 25th November 2015**

<b>Title of paper:</b>	<b>Integrated care: Supporting older people update</b>	
<b>Director(s)/ Corporate Director(s):</b>	Maria Principe, Director Primary Care Development and Service Integration, NHS Nottingham City CCG Candida Brudenell, Assistant Chief Executive, NCC	<b>Wards affected: All</b>
<b>Report author(s) and contact details:</b>	<b>Jo Williams</b> , Assistant Director Health and Social Care Integration, NHS Nottingham City CCG and Nottingham City Council <a href="mailto:Joanne.Williams@nottinghamcity.nhs.uk">Joanne.Williams@nottinghamcity.nhs.uk</a>  <b>Antony Dixon</b> , Strategic Commissioning Manager, Nottingham City Council <a href="mailto:Antony.Dixon@nottinghamcity.gov.uk">Antony.Dixon@nottinghamcity.gov.uk</a>	
<b>Other colleagues who have provided input:</b>		
<b>Date of consultation with Portfolio Holder(s) (if relevant)</b>		
<b>Relevant Council Plan Strategic Priority:</b>		
Cutting unemployment by a quarter		<input type="checkbox"/>
Cut crime and anti-social behaviour		<input type="checkbox"/>
Ensure more school leavers get a job, training or further education than any other City		<input type="checkbox"/>
Your neighbourhood as clean as the City Centre		<input type="checkbox"/>
Help keep your energy bills down		<input type="checkbox"/>
Good access to public transport		<input type="checkbox"/>
Nottingham has a good mix of housing		<input type="checkbox"/>
Nottingham is a good place to do business, invest and create jobs		<input type="checkbox"/>
Nottingham offers a wide range of leisure activities, parks and sporting events		<input type="checkbox"/>
Support early intervention activities		x
Deliver effective, value for money services to our citizens		x
<b>Relevant Health and Wellbeing Strategy Priority:</b>		
Healthy Nottingham: Preventing alcohol misuse		<input type="checkbox"/>
Integrated care: Supporting older people		x
Early Intervention: Improving Mental Health		<input type="checkbox"/>
Changing culture and systems: Priority Families		<input type="checkbox"/>
<b>Summary of issues (including benefits to citizens/service users and contribution to improving health &amp; wellbeing and reducing inequalities):</b>		
<p>The report provides an update on the Integrated Care Programme for adults and details progress against the Health and Wellbeing Strategy actions.</p>		
<b>Recommendation(s):</b>		
<b>1</b>	Note the progress of the Integrated Adult Care Programme.	
<b>2</b>	Note the progress against the Health and Wellbeing Strategy actions.	

	<p><b>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'):</b></p> <p>The next stage of the Programme includes the integration of mental health services into Care Delivery Groups, this will ensure that both physical and mental health needs are managed comprehensively.</p>
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**1. REASONS FOR RECOMMENDATIONS**

The Integrated Care Programme for adults was established in July 2012 and is one of four priorities within the Health and Wellbeing Strategy with an aim “to improve the experience of and access to health and social care services for citizens who are elderly or who have who have long term conditions.”

Implementation of the integrated model of care is progressing well; the Board are asked to note progress against the health and wellbeing strategy actions.

**2. BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION)**

The vision for Nottingham is to improve the experience of, and access to, health and social care services for citizens. To deliver this vision an extensive system wide programme of change is underway which aims to reshape local services to deliver joined up care. The emphasis is to be on a more generic model of care across the health and social community rather than single disease specific care pathways. Through this patients should be managed in the community more effectively and efficiently, reducing emergency admissions, re-admissions and supporting the discharge pathway.

The integrated care model is a whole system model with the citizen at the centre. It includes simplified access and navigation, equitable access to reablement, an effective response in a crisis situation and Care Delivery Groups offering a proactive / multi-disciplinary approach including primary care and social care. Links to the community and voluntary sector to ensure on-going support for our citizens is in development. The model also describes a new relationship with secondary care whereby citizens only go into hospital when they have a medical need that cannot be met in the community and their care is transferred back into the community as soon as they are medically stable.

Our programme approach has been to deliver the new care model through joint leadership, clinical engagement and patient and carer involvement. Work streams and projects have been established to deliver the model and are supported by robust governance.

The integrated care programme is building up a number of notable successes according to the latest independent evaluation report. The report, commissioned from the Office for Public Management (OPM), highlights the scale, ambition and scope of the programme and picks out the enthusiasm and commitment of partner organisations. It also praises the governance of the programme, implementation of multi-disciplinary meetings (MDTs), co-location of teams, and the impact of the care co-ordinator roles.

This is the second interim report received from OPM, with six months of their programme evaluation still due to run. The external company has drawn on a number of sources to inform the emerging findings, including staff and GP interviews and surveys and patient/citizen interviews and surveys. The report authors are keen to stress that many of the outcomes and impacts of the integrated care programme are likely to take months, if not years, to be fully realised. They have also put forward several recommendations to help the programme as it continues to roll out. These include the need to review the

impacts being made at MDT meetings, consider any issues of capacity and ensure that citizens understand their care plans.

### **Progress against Health & Well Being Strategy Actions**

**We will improve the experience of and access to health and social care services for citizens who are elderly or who have who have long term conditions**

We will also aim to achieve the following outcomes:

- More elderly citizens will report that their quality of life has improved as a result of integrated health and care services

***Progress: A patient metric 'Proportion of citizens with long term conditions reporting improved experience' has been developed as part of the evaluation of the Programme. An initial set of questionnaires were received from 213 responders between November 2014 and February 2015. A further set of 254 questionnaires were received between June and August 2015, combined figures provide a baseline of 81%. The patient questionnaire covers a range of areas such as quality of life, experience of health and social care services, planning your care and managing your care. The overwhelming majority of respondents receiving services from Nottingham CityCare Partnership and Nottingham City Council remain satisfied with the care they have received. In particular, over 90% of service users believe they are treated with dignity and respect, and over three-quarters believe the people providing their care understand their needs and their condition. This correlates with 83% of all respondents agreeing that they would recommend the service to friends or family.***

***It was apparent across both surveys that while some of the qualitative comments made by respondents highlight possible areas for improvement or variability in the quality of services, most respondents' comments focused on positive aspects of their service experience.***

- The number of older citizens remaining independent after hospital admission will increase

***Reablement and urgent care services are being redesigned to ensure equitable access for all citizens who could benefit from a period of reablement or rehabilitation; this will result in more citizens remaining independent at home. Plans to fully integrate reablement and urgent care services through a Joint Venture have been approved.***

***The Joint Venture will also support an integrated access point based on citizen's needs. This will simplify navigation through services and means that citizens will no longer need to differentiate between health and social care. The community triage hub is operational and acts the triage point for independence pathway services.***

The actions we will take to achieve these ambitions are:

- Develop community health services with social care support linked to groups of GP practices working in geographically proximate areas

***Progress: Eight care delivery groups are operational across the city; operational processes are being further developed to support this new way of working and a shift to more proactive care. For example the social care link worker role is being developed to offer community based clinics in an attempt to see citizens as early as possible and offer preventative interventions.***

**Following a review of all specialist services in the community the integration of the falls and bone health service and end of life service into neighbourhood teams is complete. The planning to integrate mental health services into CDGs has been initiated and is supported by the Nottinghamshire Healthcare Trusts review of community services.**

- Provide better information about services and how to contact them so that citizens know what health and social care choices are available locally and who to contact when they need help

**Progress: The City Council, in partnership with the CCG has undertaken a review of current information and advice provision to ensure that it is Care Act compliant and meeting the requirements of Nottingham's citizens. This review is being informed by the development of the CDG Self Care pilot (see below). Proposals for the commissioning of a new model of information and advice provision to fulfil this objective will be taken to the Health and Well Being Board Commissioning Executive Group in December.**

- Develop a process to identify individuals who will benefit from earlier intervention as well as those requiring support from health and social care services, building on risk stratification, risk registers and data held by relevant agencies

**Progress: Multi-disciplinary team meetings using risk stratification are established across CDGs. Planning is underway to support CDGs to target the most complex patients and highest users of services utilising 'right care' data which shows that in the last 6 months 259 patients have had 4 or more emergency admissions. Care coordinators are auditing the top 49 patients who make up 15% of these admissions; an action plan will then be agreed through MDT meetings.**

- Support citizens to maintain their independence and manage their own care through the creation of effective networks with community, housing and health support services

**Progress –**

**A self-care pilot is currently underway in CDG 1(Bulwell) Services include:-**

- **Social prescribing – GPs / nurses identifying a citizen's broader needs and completing a social prescription for a Care Coordinator to action;**
- **Community Navigators – volunteers to help citizens access support services they need;**
- **Click Nottingham – community pioneers who help connect citizens to social support;**
- **Rally Round – an app which coordinates who is doing what to help someone;**
- **Web-based directory of services – providing advice and information;**
- **Self-care hubs – housing the directory of services and placed in key locations for those who do not have access to their own IT.**
- **Further development of the care co-ordinator role in the neighbourhood teams, to support them to become experts in self-care, help to identify people with self-care needs to support them to: Become experts in self-care; Help identify people with self-care needs; Support the clinical team in accessing self-care services.**

**All staff directly involved in the pilot and the broader self-care developments across the City will be offered training in self-care support from Self-Help Nottingham, incorporating principles of the Care Act.**

**The pilot has been developed in conjunction with the voluntary sector, it also supports elements of the Nottingham City Council Looking After Each Other (LAEO) programme.**

**Two housing / health coordinator posts have been funded for 12 months to provide housing support to integrated care teams in CDGs 6 and 8 initially.**

- Ensure that there is a single person responsible for coordinating the care of citizens with complex needs

**Progress – The care coordinator role has been successfully implemented in Care Delivery Groups. The role is under further development and will support patients and carers directly; the service will also operate over 7 days to ensure consistency of care wherever possible.**

- Restructure and skill up our workforce so that health and social care services work better together to deliver the right care at the right time

**Progress – JSNA chapters for each care delivery group have been produced and support the on-going analysis of workforce capacity to ensure that it is aligned to health prevalence. External support on leadership and culture change is being progressed through the Integrated Care pioneer support package.**

**Many services are reviewing their provision and considering how 7 day working can be introduced as they are re-commissioned. There will therefore be a gradual migration towards 7 day working rather than having achieved this by a fixed date. A report was presented to Health and Well-being Board Commissioning Sub-committee in September covering some initial proposals including piloting Community Matron 7 day working in 2 CDG areas, consideration of the need for a 24 hour urgent care service (already operating 7 days) and scoping the potential for 7 day working within social care hospital discharge and rapid response.**

- Develop a range of transparent quality measures appropriate to the service being delivered and publish the results so that citizens know what standards of service that they can expect and how this is improving

**Progress – KPIs for the reconfigured and aligned services have been agreed. Quality & Commissioning are working to develop a range of standardised outcomes measures that will be applied to all NCC contracted provision.**

- Increase the number of people signing up to the Nottingham Circle and develop other provision to address social isolation and loneliness

**Progress – Nottingham Circle has been rebranded to Click Nottingham and is now funded through the Integrated Adult Care Programme Budget as part of the Self Care Pilot. The Better Connecting Need and Support strand of the Looking After Each Other Programme continues to investigate ways of addressing social isolation. Current activity is focused on Bulwell (linking in with the Self Care Pilot) and an interim evaluation is due in February which will inform consideration of scaling up the approach to other localities**

**3. OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS**

Continuation of the current system of commissioning and service delivery for people with long term conditions and older frail people will result in difficulty meeting the needs of this population as well as difficulty managing the increasing demand on current service provision.

**4. FINANCE COMMENTS (INCLUDING IMPLICATIONS AND VALUE FOR MONEY/VAT)**

An economic evaluation of the impact of the programme is currently underway and will inform future expansion of the approach.

**5. LEGAL AND PROCUREMENT COMMENTS (INCLUDING RISK MANAGEMENT ISSUES, AND LEGAL CRIME AND DISORDER ACT AND PROCUREMENT IMPLICATIONS)**

All risks are managed through the Integrated Care Programme Board.

**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**

Health and Wellbeing Board - Integrated Care for Adults Update, October 2013.

**8. PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPORT**

**HEALTH AND WELLBEING BOARD – 25<sup>th</sup> November 2015**

<b>Title of paper:</b>	NCSCB and NCASPB Annual Reports 2014/15	
<b>Director(s)/ Corporate Director(s):</b>	Alison Michalska (Corporate Director, Children and Adults)	<b>Wards affected:</b> All
<b>Report author(s) and contact details:</b>	Paul Burnett (Independent Chair – Nottingham City Safeguarding Board and Adult Safeguarding Partnership Board)	
<b>Other colleagues who have provided input:</b>	Safeguarding Boards Business Office	
<b>Date of consultation with Portfolio Holder(s) (if relevant)</b>		
<b>Relevant Council Plan Strategic Priority:</b>		
Cutting unemployment by a quarter		<input type="checkbox"/>
Cut crime and anti-social behaviour		<input checked="" type="checkbox"/>
Ensure more school leavers get a job, training or further education than any other City		<input type="checkbox"/>
Your neighbourhood as clean as the City Centre		<input type="checkbox"/>
Help keep your energy bills down		<input type="checkbox"/>
Good access to public transport		<input type="checkbox"/>
Nottingham has a good mix of housing		<input type="checkbox"/>
Nottingham is a good place to do business, invest and create jobs		<input type="checkbox"/>
Nottingham offers a wide range of leisure activities, parks and sporting events		<input type="checkbox"/>
Support early intervention activities		<input checked="" type="checkbox"/>
Deliver effective, value for money services to our citizens		<input type="checkbox"/>
<b>Relevant Health and Wellbeing Strategy Priority:</b>		
Healthy Nottingham: Preventing alcohol misuse		<input type="checkbox"/>
Integrated care: Supporting older people		<input type="checkbox"/>
Early Intervention: Improving Mental Health		<input type="checkbox"/>
Changing culture and systems: Priority Families		<input type="checkbox"/>
<b>Summary of issues (including benefits to citizens/service users and contribution to improving health &amp; wellbeing and reducing inequalities):</b>		
<p>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.</p>		
<b>Recommendation(s):</b>		
<b>1</b>	To consider the annual report and identify any comments, proposed additions or amendments that the Board would wish to identify.	
<b>2</b>	Subject to any comments, proposed additions or amendments to agree the Annual Report	
<b>3</b>	To identify any issues arising from the Annual Report that will be built into the Strategic Commissioning Plan formulated by the Health and Well-Being Board.	

<b>4</b>	
	<p><b>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'):</b></p> <p>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.</p>

## **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 Business Plans will be built into their own Strategic Commissioning Plans.

## **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. On 1<sup>st</sup> April 2015, as a result of the Care Act 2014, it became a statutory responsibility to produce an Annual Report for the Safeguarding Adult Board though this requirement would apply to the year 2015/16. It has always been our practice in Nottingham City to produce an annual report for the Adult Safeguarding Board even though this has not been a statutory requirement.
- 2.2 The main purpose of the annual reports is to assess the impact of the work we have undertaken in 2014/15 on service quality and effectiveness and on outcomes for children, young people and adults in Nottingham City. Specifically the annual reports evaluate our performance against the priorities that we set in our Business Plans 2014/15 and other statutory functions that the LSCB must undertake.
- 2.3 Last year we combined the annual reports of the safeguarding boards into one report. This year we have reverted to presenting separate annual reports for the NCSCB and the NCASPB. The reasons are twofold. First there have been changes to the statutory frameworks within which both Boards work that underline the need for bespoke annual reports. Second, feedback from readers of last years' annual report suggested that the combined report was too complex and lengthy and risked diverting attention from key issues in the children and adult safeguarding arenas. For this reason two separate annual reports are being produced for presentation to the Health and Well-Being Board, the Scrutiny Committee, and the Children's Partnership Board. In addition there is an expectation that the Annual Reports will be presented to key strategic forums within those organisations that are members of the safeguarding boards.



## 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 Plans for 2014/15 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 Mental Capacity Act and Deprivation of Liberty Safeguards, 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 2014/15;
- A digest of the future challenges facing the Boards including our Business Plan for 2015/16.
- Analysis of the Board's quality assurance and performance management work in 2014/15 is set out in relevant sections of the report

## 2.5 Each report recognises much positive progress in relation to priorities set in the Business Plans 2014/15. In addition the reports identify areas for development and improvement. Headlines include:

### **In relation to children and young people:**

#### Strengths

- Continued commitment and engagement from the majority of partners on the Board and its constituent committees – including sharing of the chairing of sub-groups across agencies;
- Effective interfaces between NCSCB and the Children's Partnership Board and with the wider partnership geography through the Safeguarding Assurance Forum;
- Formulation and revision of practice guidance to ensure effective safeguarding and reflect national and local learning from reviews including serious case reviews;
- Significant focus on areas of improvement identified in the Ofsted inspection 2014 with some measure of success in many areas:
- Further embedding of 'Signs of Safety'
- Remodelled structures and organisational arrangements including review 'Front Door' arrangements and co-location of early help, targeted support/youth

offending service and children's social care in one Directorate better to promote co-ordination of delivery and processes;

- CSE strategy and action plans have been health checked against the learning from national reviews in Rotherham, Oxfordshire and through Ofsted and action taken to address any areas of improvement that need to be applied in Nottingham City;
- A range of CSE training and awareness including the Pint Sized Theatre production LUVU2 in schools;
- The Concerns Network has supported the development of cross-agency co-ordination and collaboration in relation to CSE;
- Work with schools in relation to domestic violence including the Great programmes and the implementation of the early alert system;
- Work of the Domestic Abuse Response Team which received positive evaluation from Ofsted;
- Major review and revision of cross-authority multi-agency safeguarding procedures to ensure that they are Working Together 2013/2015 with positive reviews of impact from subsequent audit processes;
- Creation of a Communication and Engagement Sub-Group, launch of new NCSCB bulletin and identification of engagement initiatives across the partnership that can provide the basis for wider engagement of children and young people;
- Extensive programme of training and development from which 'end of course' evaluation evidence high levels of satisfaction;
- Publication of two serious case reviews and the implementation of recommendations for these and four learning reviews – the impact of which will be tested through the Quality Assurance Framework in 2015/16;
- Effective CDOP arrangements that have led to improvements in services and impact on 'avoidable' deaths.

#### Key areas for development and improvement

- Improved attendance and engagement from NHS England and from schools
- Recruitment of new lay members
- Consistency of attendance at subgroups most importantly the Quality Assurance Subgroup which has failed to secure quoracy on a number of occasions during 2014/15;
- Secure full compliance with the new budget contribution formula which requires either a reduction in overall budget or an increase in the level of contribution from the City Council;
- Further test the impact and effectiveness of the assessment framework, threshold protocol (Family Support Pathway) and Learning and Improvement Framework that was introduced post-Working Together 2013;
- Improved engagement of partners in the provision of quality assurance and performance management information for the Board to ensure that it is effectively able to test its impact;

- Extension of the Board's engagement with children and young people to ensure that their views and opinions shape the work of the NCSCB;
- Improvements in the provision of data for CSE and a greater emphasis on prosecutions of CSE perpetrators
- The appointment of a CSE Co-ordinator
- Greater interaction between the NCSCB and the Priority Families Programme;
- Finalise the safeguarding competency framework against which the longer term impact of training and development activities are evaluated;
- Act on the areas of improvement identified in SCRs and other learning reviews including: the impact of emotional health and well-being/emotional abuse on safeguarding risk; escalation; children places on special guardianship orders; quality of assessments; responses to families out of hours. Further factors are also touched on in the main report;

These and other priorities for action are set out in the Business Plan 2015/16 which features as an appendix to the Annual Report

### **In relation to adults:**

#### Strengths

- Continued commitment and engagement from the majority of partners on the Board and its constituent committees including those that now have a statutory duty to attend safeguarding adult boards – the City Council, Nottinghamshire Police and the CCG;
- Sharing of subgroup chairing responsibilities across the adult safeguarding partnership
- Effective interfaces between the NCASPB and other strategic partnership forums driven through the Safeguarding Assurance Forum and through regular reporting between NCASPB and the Health and Well-Being Board;
- Planned for and secured compliance with the new statutory requirements for Safeguarding Adults Boards created through the Care Act 2014 supported by the Care Act Task and Finish Group;
- In support of the expectations of the Care Act the NCASPB has supported: revision of cross-authority multi-agency procedures; development of Safeguarding Adult Reviews (SARs) procedures; formulated a training strategy; identified Designated Adult Safeguarding Managements in relevant partner agencies; secured assurance that contracts with providers have robust safeguarding clauses including the duty to share information; partners have secured Care Act compliance;
- Updated the Safeguarding Audit Framework to reflect Care Act expectations – next SAF will be completed during 2015/16;
- The Domestic Abuse Stalking Harassment and Honour Based Violence(DASH) and Risk Identification Checklist (RIC) has been revised;
- Learning from national Safeguarding Adult Reviews was used to support improvement in Nottingham City included learning from the SAR on Orchid View in East Sussex

- A communication and engagement subgroup has begun to support the NCASPB objective of hearing the voice of the service user in both planning, delivering and evaluating safeguarding arrangements. This included the formulation of a new communication and engagement strategy;
- An adult safeguarding Learning and Improvement framework was developed and agreed;
- All Board training materials and quality assurance arrangements were updated including revisions to secure compliance with Care Act expectations;
- The SAF evidenced that all agencies have safe recruitment processes in place
- Evaluations of training provision were positive

#### Key areas for development and improvement

- Continued implementation of the expectations of the Care Act in respect of the Safeguarding Adults Board;
- Effective scrutiny, challenge, quality assurance and performance management of the safeguarding implications of the Care Act on constituent organisations both individually and collectively;
- Integrate quality assurance and performance management arrangements into core subgroup activity rather than operating a separate Quality Assurance Subgroup;
- Establish a data and reporting group for Domestic Violence data to support Board strategic decision making in a more meaningful including the identification of key themes and trends;
- Further extend the engagement of service users in the work of the Board;

These and other priorities for action are set out in the Business Plan 2015/16 which features as an appendix to the Annual Report

#### **Across the boards:**

##### Strengths

- Steps taken to improve cross-reporting between children and adult services where each identifies safeguarding concerns in relation to service users in the other;
- A transitions document has been formulated with the County Council supported by a good practice guidance document – this is now being reviewed in the light of the Care Act
- Targets met through the Priority Families programme have supported the reduction in safeguarding risk for some families in the City

#### Key areas for development and improvement

- Ensure that the new Board arrangements with two Independent Chairs secure improved focus on children and adult safeguarding whilst continuing to ensure cohesion and co-ordination across the safeguarding agenda as a whole;

- Improve the interface between the two safeguarding boards and the Priority Families Programme to maximise improved performance that might have mutual benefit;

2.6 **Safeguarding performance** as evidenced through the quality assurance framework employed by the two Boards presents a mixed picture. Set out below are some of the headlines in relation to both children and adult safeguarding:

### **Safeguarding of Children and Young People – Performance across the Child’s Journey**

- Reduction in number of contacts – targets met;
- Assessments undertaken within 45 days (85%) which is above target and average for statistical neighbours;
- Reduction in the number of CAFs has caused a concern though we witnessed an increase in the last quarter of the year;
- 80% of CAFs record positive outcomes but there has been an increase in the number of cases escalating to social care which will be something that requires careful monitoring during 2015/16;
- The number of children subject to a Child Protection Plan has risen;
- 99% of child protection cases have been reviewed within timescale;
- The number of children in care has reduced slightly – and performance on key indicators is better than statistical neighbours
- The % of care leavers in suitable accommodation has reduced from 89.6% to 84.9%. The number of care leavers in suitable education, employment and training presents a challenge but does match statistical neighbours and is a 7% improvement on the previous year.

During the year two Serious Case Reviews were published, two were commissioned and one learning review was commissioned. There is strong evidence to show that learning from these reviews has been implemented and impact will be tested through the quality assurance framework

### **Safeguarding Adults**

- the number of safeguarding investigations has remained similar to that recorded in 2013/15 – though the distribution of investigations across the four quarters of the year is more even;
- Over 75% of citizens against which alleged abuse took place were over 61 and there was an increase in the proportion over 81:
- The most common form of abuse cited in investigations is neglect or omission (44% of investigations) but financial abuse is a growing area of concern. Physical and psychological abuse also account for a significant proportion of investigations
- 37% of investigations related to abuse in the citizens own home and 39% are in residential or nursing home provision. Proportionately this is similar to last year. The proportion of ‘unknowns’ is a concern and we will need to seek more robust recording to ensure our knowledge of location is clear.
- 49.3% of investigations were substantiated – this is similar to the rate recorded in 2013/14 but higher than in previous years. 5% were partially substantiated.
- The significant increase in DoLS (deprivation of liberty safeguards) referrals is continued placing considerable pressure on resources and on responding to referrals within expected timescales

It is important to note that the programme of audits to test the quality of service relating to the data above did not proceed as planned due to service pressures created by the Care Act. This work has been remitted to the Business Plan 2015/16 and will be an important improvement to the quality assurance and performance management role of the NCASPB next year.

- 2.7 Both Annual Reports set out the priorities for action in the current year (2015/16) and these have been incorporated into the business plans for 2015/16. Clearly the areas for improvement for the Board itself that are reported on within the annual reports 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 of 2014 and, indeed, inspection undertaken by other inspectorates such as CQC and HMIC. There is an expectation that an integrated inspection regime will be introduced in the near future in the children's services arena.
- 2.8 The Business Plan for 2015/16 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. FINANCE COMMENTS (INCLUDING IMPLICATIONS AND 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. LEGAL AND PROCUREMENT COMMENTS (INCLUDING RISK MANAGEMENT ISSUES, AND LEGAL CRIME AND DISORDER ACT AND PROCUREMENT 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 NCSCB Annual Report is attached as Appendix 1. The NCASPB Annual Report is attached as Appendix 2.

**8. PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPORT**

- 7.1 The NCSCB Annual Report is attached as Appendix 1. The NCASPB Annual Report is attached as Appendix 2.

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NOTTINGHAM CITY  
**Safeguarding**  
**Children** BOARD

# **ANNUAL REPORT**

## **2014-15**

# FOREWORD FROM THE INDEPENDENT CHAIR



I am pleased to present the Annual Report for the Nottingham City Safeguarding Children Board (NCSCB) 2014/15.

Publication of an annual report is a statutory requirement of LSCBs as set out in Working Together to Safeguard Children 2015. Last year we published a combined annual report for the Children and Adult safeguarding boards. Changes to the statutory frameworks for the two Boards together with feedback from stakeholders has resulted in our reverting to the publication of two annual reports, one for the NCSCB and the other for the Nottingham City Adult Safeguarding Partnership Board (NCASPB). Some parts of the annual reports are shared since a key part of our Business Plan was to secure effectiveness across the children and adult arenas, reflecting our aim to 'think family' in the delivery of our work.

The key purpose of the report is to assess the impact of the work we have undertaken in 2014/15 on service quality and effectiveness and safeguarding outcomes for children and young people in Nottingham City. Specifically it evaluates our performance against the priorities that we set in our Business Plans 2014/15 and other statutory functions that the LSCB must undertake.

The last twelve months have witnessed some significant changes in the way we operate as a Board. At national level the implementation and embedding of the revised statutory framework established through Working Together 2015 has been a key focus. In addition the major focus and reporting on child sexual exploitation has been a key influence and driver for our work. Historic abuse has similarly been a key area of focus. In addition we have closely monitored outcomes of Ofsted reviews of LSCBs in other parts of the country to ensure that we learn from those judgements and build that learning into our own improvement strategies.

At a local level, a key focus has been the recommendations arising from the review of the LSCB carried out by Ofsted in early 2014. I am pleased that the majority of these recommendations have now been successfully addressed. Alongside this we have scrutinised progress on the outcomes and recommendations of inspections carried out in partner agencies by, for example, Ofsted, CQC and HMIP. 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 and local strategies to secure efficiencies. The Board has been closely monitoring

and evaluating these initiatives specifically to test their impact on the numbers entering child protection and care arrangements.

I am pleased that this report presents a considerable range of success and achievement for the Board. The assessment of our performance also indicates areas for further development and improvement, which have been incorporated into our Business Plan for 2015/16.

Many of you will know that this will be my last Annual Report since I am stepping down from the Independent Chair role in the early autumn of 2015. I would like to take this opportunity to thank all Board members and those who have participated in Subgroups for their continued commitment, not just in 2014/15 but across the three years in which it has been my privilege to chair the NCSCB. In addition I would like to thank staff from across our partnerships for their motivation, enthusiasm and continued contribution to keeping the children and young people of Nottingham safe.

Safeguarding is everyone's business. The achievements set out in this Annual Report have been achieved not just by the two Safeguarding Boards but by staff working in the agencies that form our partnership. The further improvements we seek to achieve in 2015/16 will require continued commitment from all.

I commend this report to all our partner agencies.

A handwritten signature in black ink, appearing to read 'P. R. Burnett', with a large, sweeping flourish underneath.

Paul Burnett, Independent Chair, Nottingham City Safeguarding Children Board and Nottingham City Safeguarding Adults Partnership Board.

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Chapter 6: Future Challenges: Our Business Plan for 2015/16

Appendices:

Appendix 1: Business Plan 2015/16

Appendix 2: CSE Action Plan 2014/15 Report

# CHAPTER 1

## LOCAL SAFEGUARDING CONTEXT

The Nottingham City Safeguarding Children Board (NCSCB) serves the City of Nottingham.

The population of Nottingham at the time covered by this report was around 314,268 (mid-year population estimate 2014).

The number of children and young people aged 0-18 years is approximately 64,978 which represent 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.

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 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 2015:

- 4927 completed children's assessments identified the need for children's service. This was an increase from 4652 at 31 March 2014.
- 1211 section 47 assessments were completed compared to 1011 at 31 March 2014.
- 875 Initial Child Protection Conferences were held during the year. This was an increase from 535 in the preceding year.
- 548 children and young people were the subject of a child protection plan. This was an increase of 14.4% from 479 at 31 March 2014.
- 18 children placed in new private fostering arrangements. This is a reduction from 21 at 31 March 2014.

### Children looked after in

- ON 31<sup>st</sup> March 2015 575 children were being looked after by the local authority (a rate of 90 per 10,000 children). This is a decrease from 584 (93 per 10,000 children) at 31 March 2014. Of this number:
  - 339 (or 59%) live outside the local authority area
  - 78 live in residential children's homes, of whom 44 (56.4%) live out of the authority area (this includes those in internal residential homes)
  - 2 lived in residential special schools both of which were out of the authority area
  - 416 live with foster families, of whom 66.3% (276) live out of the authority area
  - 7 live with parents
  - 10 children are unaccompanied asylum-seeking children.

In the 12 months from 1<sup>st</sup> April 2014 – 31<sup>st</sup> March 2015 there have been:

- 70 adoptions (42 in 2013/14)
- 44 children became subject of special guardianship orders (43 in 2013/14)
- 292 children ceased to be looked after, of these 6.8% (20) returned to be looked after within the year.

On 31<sup>st</sup> March 2015:

- 87.4% care leavers were in suitable accommodation (83.4% in 2013/14)

## 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 where safeguarding, whether for children or adults, is seen as everyone's business.

The two Boards have always remained distinct entities with their own constitutions, governance and memberships. This reflects the differing statutory status of the Boards. A decision was taken in January 2015 to more clearly distinguish between the two Boards and steps will be taken to recruit independent chairs for each Board during 2015/16.

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 2015 which was issued in March of that year.

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 Board in Nottingham meets 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.

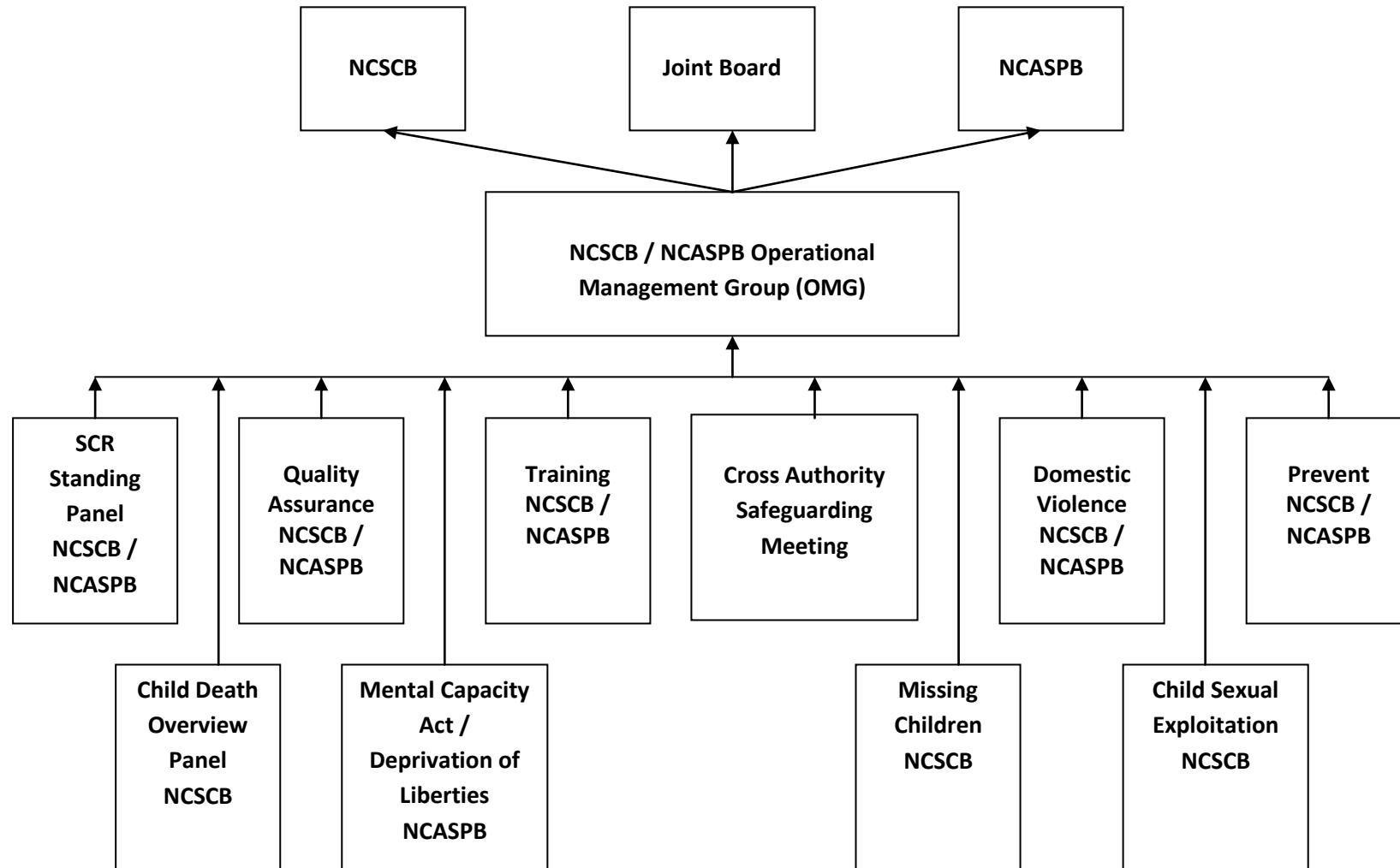
An Operational Management Group (OMG) was established in 2012 following the decision to align the two safeguarding boards. OMG covers business relating to children and adult safeguarding. The OMG is also chaired by the Independent Chair and all the chairs of the NCSCB /NCASPB Sub Groups are members, both to represent their agency and to report on the work of the subgroup. Any agencies which provide services to children or vulnerable adults with significant involvement in safeguarding who are 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 2014/15



The NCSCB, OMG 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 OMG 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 2015.

Work will be undertaken during 2015/16 to review the OMG arrangements in light of the decision to more clearly distinguish between the work of the two safeguarding Boards.

### **Independent Chair**

It is a requirement of Working Together 2015 that the NCSCB appoint an independent chair.

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 during 2014/15 was Paul Burnett. He is a former Director of Children's Services in two local authorities and an experienced independent chair. During 2014/15 he chaired three other LSCBs and Adult Safeguarding Boards as well as 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.

## Membership

The NCSCB membership for 2014-15 is set out below including the attendance levels of constituent members/agencies. Two lay members were appointed to the NCSCB during the year.

### NCSCB Strategic Board Membership / Attendance

Name	Organisation	Role	Attendance
Paul Burnett		Independent Chair	100%
Alison Michalska	Nottingham City Council	Corporate Director Children & Families	100%
Cllr David Mellen	Nottingham City Council	Lead Member	75%
Helen Blackman	Nottingham City Council	Director of Children's Safeguarding, Children & Families	100%
Supt Helen Chamberlain (Vice Chair)	Nottinghamshire Police	Head of Public Protection	100%
Sally Seeley/ Teressa Cope	NHS Nottingham City 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/ Tracy Tyrell	Nottingham City Care Partnership CIC	Director of Governance and Nursing	75%
Dr Stephen Fowlie	Nottingham University Hospitals Trust	Medical Director	75%
Nigel Hill	Nottinghamshire Probation Trust	Director	75%
Alastair Mclachlan	GP Safeguarding Lead	Clinical Commissioning Group	25%
Tracey Ydlibi	Schools - Special	Headteacher - Nethergate School	0%
Carol Fearria	Schools - Secondary	Headteacher – Nottingham Emmanuel School	100%
Sue Hoyland	Schools	Headteacher – Forest Fields Primary School	0%
Liz Tinsley	NSPCC	Service Manager	100%
Karen Moss / Marcia Lennon	CAFCASS	Regional Manager	50%
Claire Knowles	Legal & Democratic Service Directorate	Nominated Solicitor	75%
Dorne Collinson/ Hayley Frame/ Clive Chambers	Adult and Children's Safeguarding	Head of Safeguarding & Quality Assurance	100%
Dr Caroline Brown / Dr Damian Wood	NHS Nottingham City	Consultant Paediatrician, Designated Doctor for Safeguarding	100%
Yvonne Cherrington/ Nicola McGrath	Children & Families	Safeguarding Partnerships Service Manager	100%
Christine Parker	NCSCB Lay Member	NCSCB	0%
Barbra Coulson	NCSCB Lay Member	NCSCB	75%
Alfonzo Tramontano	NHS – England	ASSISTANT DIRECTOR OF NURSING	0%

The NCSCB membership complies with the expectations of Working Together 2015 in terms of both the representation and the levels of seniority expected.

The significant commitment of partners at times of significant change and re-organisation provides strong evidence of cross-agency commitment to safeguarding. Where attendance has been identified as an issue work will be undertaken to address this during the course of 2015/16. This will include

- Developing a wider engagement strategy with schools through the development of a network of Designated Safeguarding Leads
- Recruitment of new lay members

### **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.

### **Budget**

To function effectively the NCSCB (and the 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 2014/15.

The NCSCB Business Office resources are split 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 2014/15 was £336,159. Partner agency contribution was made up as follows:

Nottingham City Council – Children's Services	£116,426
Health	£181,833
Nottingham City Homes	£ 4,260
Police	£ 32,698
Probation	£ 2,392
Cafcass	£550
<b>Total</b>	<b>£336,159</b>

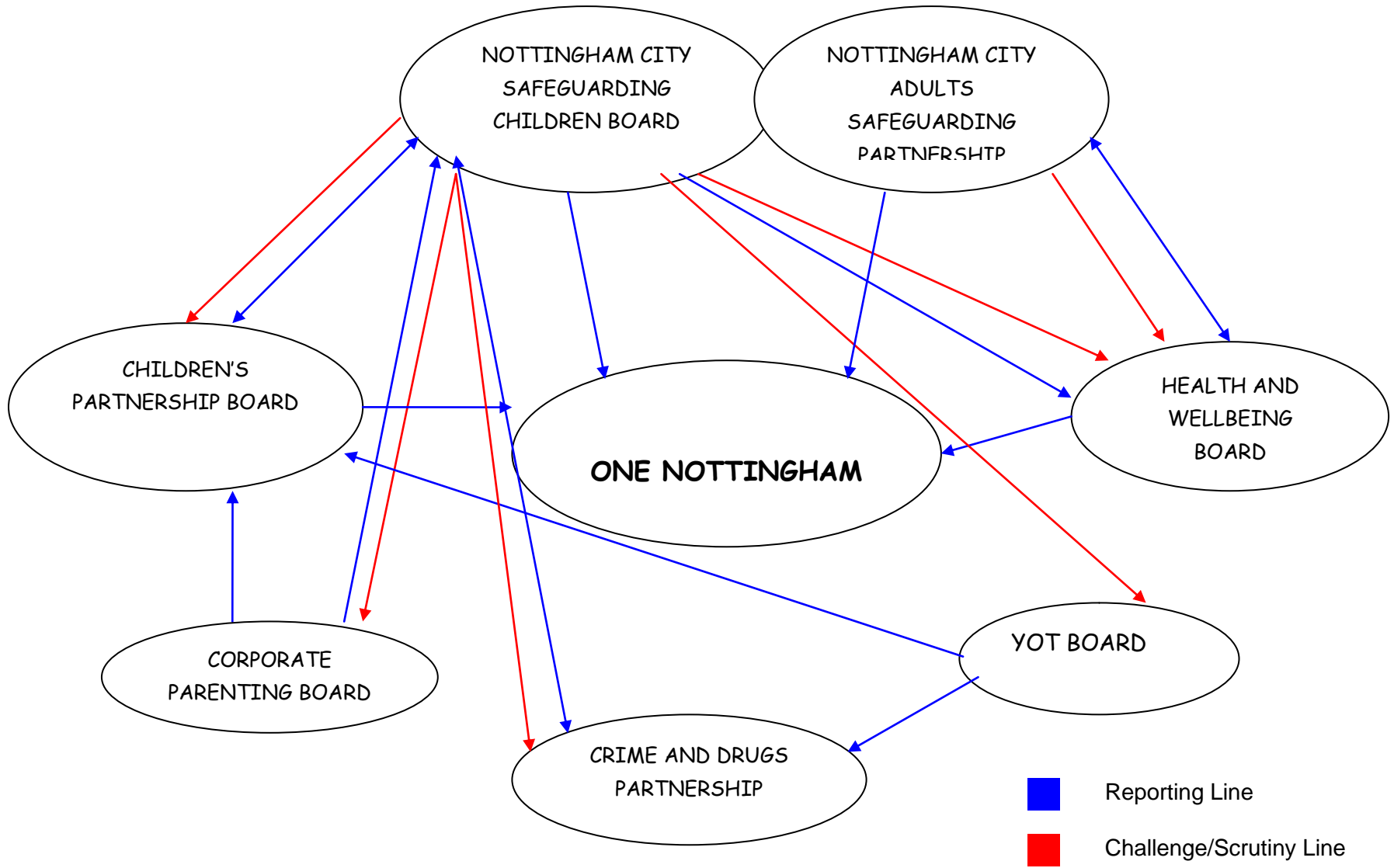
Expenditure for both NCSCB and NCASPB 2014 – 15 was:

Staffing Costs	£218,043
Training	£ 3,387
SCIMT	£ 74,650
Other non-pay costs	£ 54,036
<b>Sub total</b>	<b>£350,116</b>
Income from training	-£ 22,321
<b>Total</b>	<b>£327,795</b>

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 our effectiveness, specifically in relation to their scrutiny and challenge roles, the NCSCB has 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.





## **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), 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. The safeguarding boards seek assurance 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.

To ensure effective co-ordination and coherence in the work of the three Boards, it has been agreed that:

1. Between September and November each year the two Safeguarding Boards will present their annual reports for the previous financial year to the Health and Wellbeing Board. This would be supplemented by a position statement on the Boards' performance for the current financial year. This provides them the opportunity 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 Health and Well-Being Strategy.
2. Between October and February the Health and Wellbeing Board will present to the safeguarding boards the review of the Health and Wellbeing Strategy, the refreshed JSNA and their proposed priorities and objectives. This will enable the safeguarding boards to scrutinise and challenge the performance

of the Health and Well-Being Board and to ensure that the Board Business Plans appropriately reflect their priorities.

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

### **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 2015/16 we have continued 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 2 in our 2015/16 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 detail of these objectives and the actions to support their achievement 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 2014/15 was the second integrated plan for the NCSCB and NCASPB. Given that we have now adopted separate annual reporting arrangements this section of the NCSCB Annual Report focuses only on those parts of the Business Plan that related to children and young people's safeguarding and to cross-cutting elements of the Business Plan.

We identified the following priorities for our work over the period 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 across the child's journey including the transition to adult services.
- Priority 2c: To be assured that safeguarding services are effectively coordinated 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.

#### BUSINESS PLAN PRIORITY 1

To be assured that 'Safeguarding is Everyone's Responsibility'

##### What we planned

- 1.1 Ensure Board 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 The Board 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, monitoring and review of services.
- 1.9 The 'voice' of children, young people, adults and practitioners is heard and acted on across all priorities.

### What we did

The key requirements of Working Together 2013 – the Single Assessment Framework, the Threshold Protocol and the Learning and Improvement Framework - were prepared for implementation by April 2014 as required. 2014/15 has, therefore been focused on the roll out of these three key strands of activity.

The NCSCB met four times during 2014/15. Attendance at Board meetings has been commented on in the preceding section. Membership continues to meet Working Together 2013/15 requirements. Indeed membership extends beyond the statutory requirement.

The Board is also supported by the range of expected designated safeguarding leads and legal advice that is expected.

The OMG and Subgroups have also operated effectively and sustained relevant membership and, in most cases, good levels of attendance. Difficulties have been experienced in sustaining quoracy at the Quality Assurance Subgroup.

The chairing of subgroups is well distributed across partner agencies as is set out in detail in the impact section below.

The NCSCB has continued to play a robust role in the partnership geography of Nottingham City. The Independent Chair has attended all meetings of the Safeguarding Assurance Forum that brings together the chairs of key partnership bodies in the City. In addition the business plans and annual reports of the NCSCB have been presented to the Children and Young People's Partnership Board, the Health and Well-Being Board and the Nottingham City scrutiny committee.

The Board has received a range of management information enable it to evidence, scrutinise and challenge performance including:

- Annual safeguarding reports from all constituent agencies most of which are headlined in Chapter 5 of this report

- The annual reports of the IRO service and the LADO – featured later in this report

As mentioned above, however, securing regular meeting of the Quality Assurance Sub-Group has presented a challenge primarily from the perspective of quoracy but also in terms of securing comprehensive submission of performance information. This is commented on further in the impact section below.

The NCSCB has continued to link to the Young People’s Council to ensure that the views of children and young people in the City are heard and acted on. Young people were asked to identify their key safeguarding priorities and these were incorporated into the NCSCB Business Plan. The voice of children and young people is also commented on in every multi-agency audit led by the Board. The key issue identified by young people is e-safety.

In addition the Communications and Engagement Sub-Group was established during 2014/15 to drive forward improvements specifically in relation to the engagement of children and young people. The work undertaken by this group is outlined in the section below.

During the course of 201/15 we have reviewed and updated practice guidance in relation to the following areas of practice.

- Emotional abuse
- Sexual Abuse
- Self-harm
- Domestic abuse.

The revisions were made to reflect national and local learning, including learning from Serious Case Reviews and Learning Reviews. The domestic abuse practice guidance was streamlined in response to feedback from staff. All of the updates were developed with input from subject specialist from key local agencies.

Revised practice guidance was launched through seminars and other methods of communication. All local practice guidance is published on the NCSCB web pages, along with the local multi-agency Safeguarding Children Procedures.

## What has been the impact?

The impact of the single assessment framework and the revised threshold protocol has been monitored through the quality assurance and performance framework and are covered in the analysis of performance in part 2 of this annual report.

As stated above attendance at NCSCB has, in the main, continued to be strong. Attendance levels for 2014/15 were set out Chapter 2: Governance and Accountability. One key concern has been the representation of NHS England. Since the organisational changes of 2013/14 that created the new NHS structures, NHS England has not been represented at the board despite expressions of concern to local area management. In addition one of our lay members has been unable to attend a meeting with the other having decided now to resign for health reasons. We will need to recruit new lay members in 2015/16.

At the annual development session held in January 2015 NCSCB members, alongside their counterparts on the NCASPB, reviewed the governance arrangements that have been in place for the past two years. Reflections on NCSCB arrangements were positive and there was recognition that the refocusing of Board and OMG agendas in the past year had enabled the Board better to focus on key strategic issues and decision-making with OMG focusing on the operational implementation of decisions and on managing Board agendas to sustain strategic focus. Outcomes from the Peer Review of adult safeguarding had, however, led to a review of the alignment of the NCSCB and NCASPB. Whilst it was felt important to sustain a focus on shared safeguarding priorities through the creation of a shared element of the new Business Plan for 2015/16 and for the two Boards to meet together on a regular basis during 2015/16, it was also agreed that greater distinction between the work of the two Boards be secured and this has subsequently resulted in the appointment of different chairs for the NCSCB and the NCASPB following the decision of the current chair to stand down.

OMG has similarly been well attended and received positive evaluation in the governance review at the Development Day.

At sub-group level we have sustained partnership engagement in the chairing of meetings. During 2014/15 chairing has been shared across the partnership as follows:

SCR Standing Panel	Mel Bowden, Nottinghamshire Police who took over from Helen Blackman during the course of 2014/15.
Child Death Overview Panel Quality Assurance Subgroup	Dr Caroline Brown, Designated Doctor, NHS Sarah Kirkwood CityCare Partnership /Sandra Morell, CCG

Training Subgroup	Janet Lewis,VCS
Missing Children Subgroup	Viv McCrossen, Nottingham City Council, replaced by Clive Chambers, Nottingham City Council in February 2015, after Ms McCrossen had left
Domestic Violence Subgroup	Tracey Nurse, Nottingham City Council
CSE Subgroup	Martin Hillier, Nottinghamshire Police

In the main attendance at subgroups has remained strong but in a minority of cases attendance has been less consistent. The most notable example is the Quality Assurance Subgroup which had to be cancelled on occasion due to both quoracy issues and a lack of data submitted. This has been a key concern for the Board particularly since this has prevented both OMG and the Board having up-to-date performance reporting against which to test business plan impact. Steps have now been taken to secure more regular meetings and compilation of performance reports. Critical to this will be re-establishing separate groups to focus on both children and adults at risk.

Dialogue through other partnerships has resulted in a range of actions and impacts that evidence the influence of the NCSCB in driving safeguarding improvement and effectiveness. Examples include:

- The Children and Young People’s Partnership’s work to enhance and develop early help provision;
- The Children and Young People’s Partnership’s leadership of the revision of thresholds in response to both Ofsted recommendations and Working Together 2013 expectations through their work on the Family Support Strategy and Pathways;
- The Health and Well-Being Boards considerations of means of strengthening the inclusion of safeguarding requirements within commissioning and contracting arrangements across the City;
- The work of the Nottingham Priority Families initiative.

**1.10** 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.

The Board has received a range of performance data, primarily through the sub-group infrastructure. This includes information about return interviews, domestic abuse, missing children etc.

In addition to performance information the Board conducts biennial audits of compliance with the requirements of Section 11 of the Children Act 2004,



which sets out the arrangements agencies must have in place with regard to safeguarding and promoting the welfare of children and young people. The section audit considers 10 areas and uses specific criteria to enable agencies to make a judgement about compliance against each of these. The findings of the section 11 audit are set out below.

<b>Category of standards</b>	<b>% of agencies reporting full compliance with every standard within the category</b>
Leadership and Organisational Accountability	95% Health only section: 100%
Serious Case Reviews	90%
Safer Working Practices	95%
Training	87%
Supervision	86%
Policies and Procedures	96% Health only section: 100% Health and Police: 100% Health and children's social care: 100%
Whole Family/Think Family Approach	93%
Voice of Children	71%
Environment	100%
Local Standards	90%

**1.11** The Board secures the effective implementation of new practice guidance issued in 2014.

As already indicated all new practice guidance was launched alongside seminars to promote learning and engagement.

**1.12** Formulate and implement the Information Sharing Protocol.

We have an info sharing protocol but recognise the need to refresh and update it.

A Communication and Engagement Subgroup was established during 2014/15 primarily targeted at enhancing the 'voice of the child' in the work of the NCSCB. Work undertaken during 2014/15 included:

- Formulation and agreement of a revised communication and engagement strategy for the NCSCB and NCASPB;

- An audit of existing engagement work across the partnership in relation to the three key engagement levels: strategic engagement; community of interest engagement and; engagement at service delivery level;
- Commissioning of activity to secure feedback from children and young people on their safeguarding priorities through existing mainstream engagement initiatives.

The drafting of our business plan for 2015/16 reflected the priorities that had been identified, primarily through work undertaken with the Nottingham City Youth Council.

### **What do we need to do in the future?**

Work will be undertaken during the course of 2015/16 to update the Local Multi-Agency Child Protection Procedures. This will be undertaken address the changes resulting from the 2015 version of Working Together to Safeguard Children and incorporate learning from national and local processes such as Serious Case Reviews. We will also evaluate the impact of the revised practice guidance published during 2014/15 both through the multi-agency audit programme and seeking feedback from staff.

We will liaise with all agencies who undertook the Section 11 audit and seek confirmation that action is being taken to address issues of non-compliance where these were identified.

Priority 2 of the Business Plan for 2015/16 identifies key priorities that have arisen from our analysis of performance in 2014/15 that relate to our objective of making safeguarding everyone's business.

The key priorities identified for next year are:

- Testing the impact of implementing Working Together to Safeguard Children (2015) and the Family Support Pathway
- Improving performance & demonstrating impact – Section 11, staff survey, multi-agency audits, Serious Case Reviews (SCRs)
- Further enhancing the Voice of the Child in the work of the NCSCB
- Improving engagement with schools

Full details of the work intended to be carried out are set out in the Business Plan that is set out at appendix 1.

## **BUSINESS PLAN PRIORITY 2a**

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

### **What we planned**

- 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
- 2a.5** That children subject to child protection plans and those in need have high quality multi-agency support that reduces risks.
- 2a.6** Children at high risk/vulnerable are being identified and risks managed to secure positive outcomes. The groups that we prioritised for 2014/15 were: 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 deliver effective safeguarding.

### **What we did**

There has been a considerable amount of activity coordinated through the action plan that was developed to address issues identified in the Ofsted inspection of safeguarding, looked after services, services to care leavers and the effectiveness of the Safeguarding Children Board that took place in March 2014. Given that the previous annual report focussed on the findings of that inspection this report will summarise the actions taken to deliver this improvement. These have included:

- A review of the quality assurance framework and audit process/structure.
- A new Social Care case recording system has been commissioned and considerable work is being undertaken to prepare for the implementation of this in April 2016. It is anticipated this will significantly improve the efficiency

of our services and support improvements in key practice areas, including the preparation of chronologies.

- There has been significant work to further embed the use of the Signs of Safety model across the directorate. This has included the re-design of a number of forms and templates to more adequately reflect the key principles of the model and encourage a greater focus on the voice of the child/young person.
- Work to promote the voice of the child at a strategic level has included:
  - The Participation Sub-Group has been reconvened as a regular standing group with representative membership from a cross children's social care, including extensive and specialist services. A work plan for 2015-16 covering priorities for participation has been developed
  - The Children in Care council has led work on the Have your Say survey, which seeks the views of looked after children about the support they receive. The outcomes from the survey have subsequently been reported back to the Corporate Parenting Panel
- The fostering and adoption service has been remodelled.
- A new system has been introduced to enable the Independent Reviewing Service to monitor and report on outcomes for looked after children and those subject to a protection plan.

In addition to this there has been a re-structuring exercise in the City Council which has located Children's Social Care, Early Help, Targeted Support and the Youth Offending Service within the same directorate. This will promote a more joined up approach to families and reduce barriers to transitions between services as part of step up or step down processes.

Some headline developments across the child's journey include:

### **Early Help/Specialist Support for vulnerable families and Children in Need**

- **Youth Offending Team bid** Nottingham City is part of a national partnership led by the NSPCC developing and testing an operational framework for children and young people who sexually harm
- **Schools** have committed to maintaining a number of children centres sites to help sustain outreach across city
- **A review of the "front-door" arrangements for children's services in the City Council** will Integrate social workers and early help specialists at Front Door / establish a consultation line for key professionals
- **Multi-Systemic Therapy (Child Abuse and Neglect) MST-CAN** £90k grant secured to treat trauma in neglectful parents and strengthen families

- **Safer Families for Children Project-** Support for families in Need- including family mentor and Host family to provide overnight stays –reduce family stress and prevent escalation

### **Children in Need/Child Protection/Looked After Children**

- 10 additional newly qualified social workers have been recruited to children's social care teams.
- An Independent Reviewing Officer has been seconded for 3 months to lead on exit planning for Children in Need/Focus on through-put of CIN cases
- Senior managers focus on front door/First Response Team to divert contacts away from duty/reduce numbers of open assessments in duty
- Recruit more agency staff to reduce numbers of unallocated cases
- Council committed additional pay for social work retention

### **What was the impact of work undertaken?**

Key achievements during the course of 2014/15 included:

- 80% of CAFs are closed with the identified needs of the family being met
- 85% of Children's Assessments completed in Children's Social Care were completed within timescale
- 99% of Child Protection reviews were held within timescale
- Only 7.9% of children who became the subject of a protection plan had been subject to a plan in the preceding two years.
- 17 new schools have been supported to achieve the Drug Aware standard. This is a robust standard of excellence in drug education and policy. Work continues on reaccreditation for schools who have previously achieved the standard.
- A pilot project has been established to test if education sessions led by Peer Mentors (previously homeless young people) can impact on the attitudes and eventual number of young people presenting as homeless in Nottingham.
- Although the overall numbers of first time entrants into the Youth Justice System remain high over the last year we have had a 22.4% reduction from the previous year compared with a 10.0% reduction for Statistical Neighbours and 14.4% nationally.

Clearly the key test of the impact of the NCSCB in this area of priority has been the effect of work on the child's journey through services. It is important here to both outline performance across this journey and highlight both areas of success and areas for further development and improvement.

### **Contacts, referrals and assessment**

Performance in this area remains positive and contacts have decreased and targets met. The number of contacts has reduced to 4084 from 6330 in the previous year. There has been a 35% reduction in contacts when compared to 2013/14.

The number of assessments authorised has risen from 4651 in 2013/14 to 4927 in 2014/15.

The % of assessments authorised within 45 days is 84.9% which is above target and the average for statistical neighbours.

Demand for social care services remains high and, in some aspects of performance in this critical service area, has increased where the plan was to look to reduce this, as indicated in the section re Child Protection below. A Peer Review will take place in the second quarter of 2015/16 which will examine social care thresholds in order to ensure these are consistently applied and understood. The findings of this review will be reported back to the Board and will be incorporated into the Business planning and audit cycle.

### **Early Help**

The NCSCB supported targets to increase the number of CAFs initiated as a means of both meeting needs earlier but also of reducing the number of children whose case escalates to formal child protection or care provision.

After three consecutive years of increases in the number of CAFs however (511, 801 and 1180 in each of the previous three financial years) the number has reduced to 939. This means that whilst there has been an increase in CAFs being initiated in Quarter 4, the year on year increase (Year 2013/14 to Year 14/15) has not been achieved. Data cleansing activity is still taking place to check that this is indeed an accurate picture. This will also consider the impact of the Priority Families programme, which uses a specific assessment tool to inform the work undertaken with highly vulnerable children, young people and adults.

In addition the number of CAFs closing and escalating to Social Care has increased though the overall proportion has reduced in the fourth quarter. Cases where increased risk is identified should rightly be escalated to Social Care and those that can be safely managed within vulnerable children and family services with extensive support will reduce the need to escalate.

On a positive note there has been an increase in the latter half of the year in the number of CAFs closing with an outcome of "Needs met". This suggests that early help when provided is proving effective in meeting needs and preventing cases escalating.

## **Child Protection**

Referrals to social care have risen slightly from 5007 in 2013/14 to 5136 in 2014/15. The target was to secure a reduction in referrals particularly in light of the focus on early help interventions.

Levels of referral and demand remain high against statistical neighbours.

The Duty Service has been through a period of remodelling and Qualified Social Workers (QSWs) have been placed within screening to make this more robust. There have been some issues around implementation which are being proactively managed and this has impacted on the Service. It is hoped that once these changes are embedded we will see a reduction in the number of referrals coming into Children's Social Care (CSC). Work is also taking place to look at remodelling the Front Door and this too should have an impact on number of referrals coming into the Social Care system

The number of re-referrals has remained relatively static with a very minor reduction in the final quarter of the year. Re-referral rates remain the same as the 2013/14 outturn figure. The re-referral rate target has been revised to reflect benchmarking data on this new national measure. Local performance is 3% above the SN average which is nearly on target. This measure can indicate work being closed prematurely but as a responsive service Nottingham accepts more referrals than like authorities (judged appropriately so by Ofsted). There is a greater potential for increased re-referrals as any further contacts with the service become re-referrals.

The number of children subject to a Child Protection (CP) Plan in Q4 increased from 84 per 10,000 to 86 per 10,000. The high demand remains evident across the system. Ongoing work with the Signs of Safety model should serve to build resilience in families and increase protective factors. This needs to be embedded across Vulnerable Children & Families (formerly FCT) and the partnership to address need earlier and prevent escalation, and in children's social care to either act decisively for children in need of enduring alternate care or to secure better outcomes.

99% of child protection cases have been reviewed within timescale which is an increase of 3% on performance in the previous year, matches target and exceeds the average for statistical neighbours. Performance has been maintained consistently above the target throughout the year.

In terms of the proportion of children that have a second child protection plan within a two year period the target of 8% has been met – the end of year figure is 7.9%.

Performance in this area has shown sustained improvement over the last two years and we are currently exceeding our target. This is indicative that de-planning decisions are becoming increasingly robust and appropriate.

With regard to the number of child protection plans lasting over two years performance is the same as last year and on target. This performance indicates that we are intervening earlier and taking robust effective safeguarding decisions. The improvement highlighted in the previous quarters report has been sustained and delivered an annual performance rate that is comfortably within the agreed target.

## **Children in Care**

The number of children in care has reduced from 584 to 575.

Demand has remained high but performance is better than statistical neighbours and meets the target set of 90 per 10,000 population. The 70 adoptions achieved represent a significant increase on the 2013 /14 data. Performance is currently strong; however the ending of adoption reform grant in April 2015 will provide a resource challenge. Special Guardianship Orders (SGO) ended the year at a total of 44 which represents a strong performance. There is a new focus on support legacy issues related to SGO in terms of both safeguarding and financial responsibilities of the Council post SGO.

The number of children in care with personal education plans (PEP) has similarly improved and matches that of our statistical neighbour group. The Virtual School Head, the governing body, and the Virtual school PEP co-ordinator continue to hold regular meetings with the Children in Care management team to discuss the PEP completion rate and identify where PEPs are incomplete. Under the latest Department for Education conditions of offer, the Virtual School head will expect all schools to demonstrate how they will use the new Pupil Premium funding to close the gap for all Look After Children (LAC) pupils. One to one tuition for pupils in Year 6 and Year 11 will continue, with an increased focus on analysis of impact.

There are a number of areas where performance has not met targets set notably:

- The percentage of children in care with a pathway plan reviewed within the last six months, although performance has improved in this regard
- The number of children placed for adoption within 426 days of being taken into care
- The number of children matched for adoption purposes within 121 days

The percentage of care leavers in suitable accommodation at age 19 has fallen from 89.6% to 84.9%. There is a robust protocol in place with Nottingham City Homes to prevent eviction and homelessness. Performance has also declined across our statistical neighbourhood group.

With regard to the number of care leavers in suitable education, employment and training performance continues to present a challenge. However there is now an



increasing focus on vocational training from government which should help with the provision of opportunities for our young people. The figure for the year does match that of our statistical neighbours and is an improvement of 7% on the 2013/14 data.

## **Workload**

There has been significant investment in increased capacity in Children's Social Care. This has included the creation of additional social work posts and increased capacity in the Independent Reviewing Service. Despite this, retaining experienced staff continues to be a real challenge. This challenge is being partially addressed through the deployment of agency workers but this is an expensive, short term solution.

### **What are the challenges?**

- The key challenge we have encountered is in the area of demand and capacity in specialist services. Although the number of CAFs has continued to increase, the rate of this increase has slowed down. During the same period the number of contacts to Children's Social Care has reduced, however the proportion of these which become referrals and go on to require some form of further assessment or intervention has significantly increased. There are increased demands across Children's Social Care which is reflected for example in an increase in the number of children subject to a protection plan and looked after.
- As part of the response to this a Resourcing and Retention Strategy has been developed following a specialist pilot to examine and address the Recruitment and Retention issues with Social Workers. Following this review a range of interventions have taken place to better recruit and retain social work staff. This has included a focus on the recruitment and retention of Independent Reviewing Officers. Temporary agency social workers have been recruited to fill gaps given the significant increases in work across the whole service. This has been impacted by other factors, e.g. more experienced workers having left to take up posts elsewhere in the Council. We are also recruiting to increase capacity. 10 new social workers have been recruited to train in duty before replacing agency workers in long term teams in 6 months. This is a challenging time but investment in SOS and more coordinators to support reflective case mapping will help with confidence. That said capacity in Children's Social Care remains a real challenge for the partnership. The work planned to undertake a Peer Review of thresholds will therefore be critical in ensuring that those children who require specialist services are referred for this type of support and that the needs of children and young people who do not require social care input are met through other means.

**Children at high risk/vulnerable are being identified and risks managed to secure positive outcomes: CSE; Missing; Domestic Violence/Abuse; Self-Harm.**

### **Child Sexual Exploitation (CSE)**

Child Sexual Exploitation has been a priority in the NCSCB Business Plan for some years and work has been led by the Child Sexual Exploitation Cross-Authority Group (CSECAG) working across the Nottingham City and Nottinghamshire County Council.

The chair of CSECAG has changed recently following the retirement of DI Martin Hillier. The new chair is DCI Melanie Bowden from the Police Public Protection.

There has been considerable progress made by CSECAG during 2014/15 in driving the main work streams from the national action plan and our local strategy and action plan. This has included reviewing all recommendations from high profile publications over that period of time. The reports are all reviewed by CSECAG at the quarterly meetings and new recommendations will be included into the current work plan.

In the last year the main publication affecting the work of CSECAG has been the Rotherham report. It is fair to say that this report significantly impacted on the national perspective and focus in terms of child sexual exploitation and the working processes required to prevent and detect offending against children. There has been extensive media coverage around the issues raised which has raised the profile of CSE dramatically over the last year both nationally as well as locally. There has been intense scrutiny of our work in Ofsted, HMIC, College of Policing and DCLG inspections that all agencies have contributed to over the last year. These inspections provided a generally positive analysis of the work that has been undertaken across the partnership. That said they have highlighted opportunities to further strengthen our approach which have been included within the work plan.

### **What has been done during 2014/15?**

#### **A training programme across the agencies**

This work stream is now established and is included in both Safeguarding Boards' training. It consists of one full days training that is aimed at professionals who come into direct contact with children vulnerable to child sexual exploitation. These events are multi-agency, cross authority and are run by practitioners from all agencies. The feedback from this training is positive with one of the major plus points being that practitioners experienced in this are involved directly with the training input.

This training is free and held at various locations around the City & County. During the course of 2015/16 we plan to complement this with the provision of e-learning.

Nottinghamshire Police have now introduced mandatory e-learning for all front line staff. This comprises of the College of Policing “Missing Daughter” e-learning package which a number of Police Forces have also adopted as the most appropriate e-learning package.

Further training sessions are now being targeted at General Practitioners and Fostering Dimensions including staff working with 16/17 year olds living in semi-independent accommodation. CSE training is also being planned for Community Protection officers in the City which will include training to the Street Pastors.

We will also specifically address issues linked to CSE in the termly sessions with Designated Safeguarding Leads in Schools (CDSLS).

### **Engaging with young people and raising awareness of CSE**

The 2014/2015 tour of the Pint Sized Theatre production of “LUVU2” was well received. The overall feedback from the schools, students and professionals has been extremely positive and we have re-commissioned this in 2015/16 and increased the number of available performances.

There was a performance of LUVU2 at the recent CSE Seminar at Trent University in front of Councillors and the Sheriff of Nottingham. BBC East Midlands were present and recording highlights of the show. Ian Court and one of the actors were also interviewed by Jeremy Ball and it featured on the local news.

Children and Young People who have experienced Sexual Exploitation are referred for support to the NSPCC Protect and Respect Service. This service is fully funded by the NSPCC and works across Nottingham to provide specialist support and input.

### **Developing a pathway and research for information and intelligence from all organisations around CSE issues.**

The Concerns Network (CN) has increased its membership from a number of both statutory and non-statutory organisations. The latest addition to the group is sexual health. The SEIU referral officer from Nottinghamshire Police provides the pathway for any information or intelligence relating to CSE to be received by the Police.

The Concerns Network meetings take place bi-monthly and are currently centred towards the City area although they are cross-authority.

The Concerns Networks main aim is to raise awareness of CSE and assist in the prevention, disruption and prosecution stages. Currently hotels, the street pastors, pubs and shops will be offered training in relation to CSE and the use of the CN form.

### **CSE awareness input to hotel and accommodation provider staff**

The multi-agency meetings for the above have already started utilising the National Working Group (NWG) package of “See More Hear More”. The meetings are being chaired by the City Neighbourhood Policing Team and Community Protection. Members of CSECAG are linked into that group and will feedback into CSECAG meetings on the progress.

### **CSE awareness input and safeguarding training for taxi drivers**

Consultation has taken place between taxi licensing, Community Protection and Nottinghamshire Police. The intention is to develop safeguarding training for all taxi drivers and new licence holders.

### **Develop engagement with communities for the to be involved in the awareness and prevention of CSE**

The Community Cohesion team at Central Police Station who are part of Community Protection have brought together a multi-agency group including the Nottingham Women’s Muslim Network and CSECAG. The idea is to develop an action plan to progress this area of work as a matter of urgency.

One of the first actions of the group is to complete a survey of NGOs to establish their awareness of CSE and to look how to improve community awareness of CSE. We have sought to involve the widest possible range of voluntary sector organisations in our response to CSE and specifically held a meeting for this sector to this end.

### **What has been the impact?**

#### **Mapping the levels of CSE and related data across the City**

The scoping and monitoring forms introduced last year are now being completed by all the Independent Reviewing Officers at the start of all CSE strategy meetings. This document should follow the child throughout the whole journey of the referral and should be updated regularly. The information from the document is being recorded in the CARoSE (Children at Risk of Sexual Exploitation) database by the referral officer from the SEIU.

The data is shared on a monthly basis to all agencies for their information. The idea behind CAROSE is that it is child centred and should include all information known around that child to inform action to prevent or address CSE.

The database now includes four risk levels to align with the definition of Child Sexual Exploitation and inform the necessary trigger plan for each level of risk. This data is

being recorded into both County and City. It has also been agreed that the database will be shared with Health.

In terms of the post of a CSE Coordinator the City will make an appointment in 2015/16. This post is funded directly by the NCSCB.

Work is underway to further develop the local problem profile in relation to CSE. All the information is being captured under the title of Operation STRIVER. It is recognised that there needs to be improved provision of data to inform and produce a CSE profile for the City and County. This should include data from all areas and agencies, currently the majority of data/referral information is provided by the Police and local authority. We anticipate the appointment of a CSE Coordinator will strengthen work in this area.

### **Children Missing**

Work on children missing is overseen by the Missing Children Subgroup. The subgroup is very well attended and has membership from a range of agencies.

The Nottingham City Strategy for Missing Children has three core aims:

- Prevention
- Protection
- Provision

The key strategic priorities are to:

- Map data and needs in relation to levels of missing children
- Put systems in place to effectively respond to children who go missing or absent.
- Offer children who go missing or are absent a return interview in a timely manner (in line with the Joint Missing protocol).
- Increase understanding & awareness of missing children issues among children, their parents and carers as well as with professionals.
- To ensure that the voice of the young person is heard and responded to.
- To ensure a multi-agency response to meeting the needs of children and young people who are missing or absent.

There is a clear interface between this subgroup and the work of both the Cross Authority Child Sexual Exploitation Group and a cross authority group that meets monthly to look at the needs of individual children who have been reported missing on multiple occasions.

The subgroup meets quarterly.

### **What we did**

The key objectives of the work plan for 2014/15 were:

- Reducing the number of children who go missing
- Reducing the risk of harm to those who go missing
- Providing missing children & families with support and guidance

In order to deliver the above an action plan was developed setting out a range of measures, which included:

- Ensure there is a clear local protocol in place which reflects national guidance in terms of identifying, responding and safeguarding children who are Missing/Absent.
- Establish robust information sharing processes between agencies.
- Have an understanding/knowledge of children who go missing/ absent repeatedly in order to reduce further episodes and safeguard them.
- Ensure Nottingham City children placed out of the city are supported appropriately and placement provider compliant with the protocol.
- Return Interviews to be completed on all children who go missing / absent. Ensure Independence of interviewer.
- Ensure compliance with missing protocol regarding repeated episodes of missing/ absent.
- Ensure there is a performance/data framework fit for purpose in terms of evidencing compliance with joint strategy and action plan.
- Raise awareness amongst C+F regarding support available.

The work of the subgroup addresses the following quadrants of the Quality Assurance Framework

- Quantitative – through the analysis of a range of data
- Engagement with front line practitioners –through the range of agencies represented and the connectivity with the CSESAG and Missing “hotspot” meetings

The sub-group also has the potential to bring service user perspectives through the work undertaken in relation to return interviews but does not currently maximise the benefit of these.

## **What is the impact?**

The subgroup receives a range of data.

Work has been undertaken against all of the group's objectives, although some remain work in progress. Key achievements to date have included:

- The local cross-authority protocol has been updated in line with national guidance.
- Information sharing between the Police, City Council and other agencies enables a focus on both strategic/performance issues and the needs of individual children and young people.
- There is a clear process in place for return interviews and compliance with this is monitored through the sub-group. Return interviews are used to signpost those children and young people who need this to further support. Return interviews are used to assist early identification of those who are at risk of increased vulnerability and signposting them for earlier help.
- Awareness raising for staff is delivered through a range of training opportunities.
- There is a clear process in place to identify children and young people who are vulnerable as a consequence of, or as highlighted by, them going missing on multiple occasions.
- Children who are missing education are monitored until they are located. This work is linked to work to support those children who are without a school place.

## **What is planned for the future?**

The Action Plan for 2015/16 is likely to include aims to:

- Finalise the agreed format for presenting management information regarding children who go missing, including the data regarding children missing education.
- Ensure that the commissioning arrangements for external placements enable the sub-group to evaluate the response to children looked after by Nottingham City Council but placed outside of the City who go missing.
- Ensure that the potential insights into children's experiences through return interviews are maximised and reported on systematically.
- Working with the Communication and Engagement sub-group review the information for children who go missing and their families.

## **Children and Domestic Abuse**

Chairing arrangements for this sub-group have changed during the course of this year. The sub-group is very well attended and has membership from a range of agencies.

The Nottingham multi-agency response to domestic violence and abuse seeks to support survivors and their children and hold perpetrators to account. The objectives are as follows:

- To reduce the impact and prevent further incidents of domestic violence with a focus on early intervention
- To ensure provision of services for children and young people.

The NCSCB Domestic Violence sub-group promotes these objectives by co-ordinating, performance managing and reviewing data and local activity.

The subgroup meets quarterly.

### **What we did**

The key objectives of the work plan for 2014/15 were:

- To reduce the impact and prevent further incidents of domestic violence with a focus on early intervention.
- To ensure that there is adequate provision of services for children and young people to safeguard them and promote their emotional mental health needs.
- To ensure an early alert to schools and early years settings of all incidents of DV where children and young peoples are present.
- To ensure that all services that are working with children and young people are appropriately trained to recognise the signs of domestic abuse and are able to support them effectively.
- To ensure that there is a link between adults and children's services where domestic violence occurs.

In order to deliver the above an action plan was developed setting out a range of measures, which included:

- All schools to access the GREAT and EQUATE programme (healthy relationship programmes delivered by Equation)
- Develop an effective screening/data tool to alert schools, colleges and early years settings



- Ensure that there is a mandatory expectation that staff working with children and young people are trained to recognise the signs and symptoms of DV and to know what to do about it
- Ensure that working with perpetrators is addressed

The work of the subgroup addresses the following quadrants of the Quality Assurance Framework:

- Quantitative – through the analysis of a range of data but primarily that linked to the DART.
- Engagement with front line practitioners – through the range of agencies represented and the connectivity with the DART

### **What was the impact**

The subgroup receives a range of data. A key source of performance and activity data is the Domestic Abuse Referral Team.

Key achievements to date have included:

- The number of schools who have accessed the Great and Equate programmes has increased. Work is underway to finalise a list of all schools that have accessed these programmes in order to support a targeted approach to further extending delivery.
- Funding has been agreed to implement a pilot of an Early Alert system for schools that will be undertaken during the course of 2015/16. The results of this pilot will be fed back both to the sub-group and OMG.
- Capacity in the Domestic Abuse Referral Team has been increased.
- Training regarding domestic abuse is promoted through a number of avenues and forms a core component of the training Quality Assurance Framework adopted by the NCSCB and Nottinghamshire Safeguarding Children's Board (NSCB). This work will be further strengthened by work which is nearing completion to identify core competencies for staff who work with children and young people.
- A pilot project has been established to support staff working with both survivors and perpetrators of domestic abuse in the St Anns area.

The key challenge that has been identified by the work of the group is the volume of domestic abuse and therefore the demand on services. This has a number of consequences. One of the more significant of these is a significant backlog of standard risk assessments in the DART. Although capacity has been recently increased the level of demand will make both addressing this backlog and ensuring

that there is no further issue challenging. This issue is exacerbated by the temporary nature of elements of some of the funding for the DART. Work will be undertaken in 2015/16 to review the role and remit of the DART.

The quality of the work undertaken by Equation through the programmes that they deliver in schools has been evidenced both through external evaluation and the fact that interest in rolling out similar programmes has been received from other areas.

The work of the DART was positively viewed in the Ofsted inspection. Although this inspection took place in March 2014 this would not have been reported in the previous Annual report of the sub-group as the report was not published.

The work plan of the subgroup has been instrumental in supporting the development of two key developments which will improve the service offered to those impacted by domestic abuse, such as the development of the pilot for next day notification and the work with survivors and perpetrators in St Anns. The work of the group and sub-group members also supported the proposal to increase capacity in the DART.

### **What do we need to do in the future in relation to Domestic Abuse**

The plans for 2015/16 include actions to:

- Ensure that work planned to review the initial response systems in Nottingham City Council considers the impact of the volume of reported domestic abuse and, in partnership, with other key agencies, identifies measures to manage this.
- Linked to the previous point, continue to address the capacity issue in the DART and monitor/report on any impact of the fact that elements of funding are not permanent.
- Ensure the learning from the Perpetrator/Survivor project and next day notification pilots are fully evaluated and feedback, through the sub-group, to the Board.

### **What do we need to do in the future in relation to the whole of Priority 2a?**

The new Business Plan sets out our priorities for action in relation to assuring ourselves that children and young people in Nottingham City are safe across the child's journey.

Priority 1 in the new Business Plan is entitled: 'To be assured that children and young people are safe across the child's journey'. The key priorities for action are listed as:

- Thresholds – Family Support Pathway
- Escalation
- Private Fostering

- Child Sexual Exploitation (CSE)
- Self-harm and wellbeing
- Missing
- Neglect
- Signs of Safety (SOS)
- Child Death Overview Panel (CDOP)

The detailed actions to be undertaken are set out in Appendix 1 to this report

## **BUSINESS PLAN PRIORITY 2c**

**To be assured that safeguarding services are effectively coordinated across children and adult services – applying the ‘Think Family’ concept**

### **What we planned**

- 2c.1** Adult services consistently to 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 consistently to 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

In order to provide a regular monitoring sample of cases to test out the above the generic multi agency audit tool developed in early 2015 includes a specific section for adult services to complete. It focuses not only on adult services recognising the need for children’s safeguarding referrals, but also on their engagement in cases, for example attendance at multi agency meetings, information sharing across adult and children’s services and involvement in strategy discussion where appropriate. This will allow us to build over time an ongoing picture of the safeguarding of children by adult services.

Audits completed so far have been positive in these aspects and no immediate risk factors have been identified.

2c.2 is an area where we have not been able to commit further attention and resources during 2014/15 and this activity has been remitted to the 2015/16 Business plan.

In April 2015 Nottingham City Priority Families reported that the programme had achieved its national targets six months ahead of schedule. This programme is now in phase two of a five year development plan and have put down great foundations to build on in the future. The NCSCB QA subgroup is due to receive a full report from the Priority Families programme in January 2016.

In addition during 2014/15 the Nottinghamshire Healthcare Foundation Trust has been working on their Think Family strategy due to be implemented in May 2015.

### **What do we need to do in the future?**

It is clear that this is an area for further work in 2015/16, and that it will need to be considered alongside the Nottingham City Partnership Board (NCASPB).

The NCSCB needs to ensure that a report requested from Vulnerable Children and Families Services is received and that it includes detail on evaluation of the impact of the Priority Families service against the four quadrants of the Quality Assurance Framework. This report should provide a comparative analysis of the impact of the service in working with adults at risk.

### **BUSINESS PLAN 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.**

### **What we planned**

- 3.1 Ensure learning from national, regional and local SCRs and other review/audit processes is incorporated into the practice of partner agencies and the partnership as a whole.

See Chapter 4 for what we did, its impact and what we need to do in the future.

- 3.2 Ensure the effectiveness of CDOP and lessons from child deaths are understood and consistently acted upon.

See Chapter 4 for what we did, its impact and what we need to do in the future.

- 3.3 Review safeguarding procedures and practice guidance to ensure they are 'fit for purpose' and reflect current learning and best practice.

### **What we did**

A major review and restructure of the Cross Authority (in partnership with NSCB) Multi-agency Safeguarding Children Procedures was undertaken during this year, in order to become Working Together 2013 compliant, improve accessibility, accuracy and appropriateness of content. As a result, new web based procedures were launched in May 2014, with a number of launch events and an awareness raising programme.

### **What was its impact?**

A review of the new procedures was undertaken after 6 months, resulting in positive feedback from partners that they were much more 'fit for purpose', and identifying minor improvements and additions required. Reviewed procedures were relaunched in November 2014.

### **What do we need to do in the future?**

The following actions are planned for 2015/16:

- Collect and report on Google analytics data indicating levels of access of the procedures, which sections most accessed and from where.
- Collate and report on feedback received through the annual staff survey and other questionnaires.
- Continue to keep content under review.

- 3.4 Implement the communication and engagement strategy to secure awareness of safeguarding issues and the responsibilities of the Boards' partner agencies and the wider community in safeguarding.

### **What we did**

In December 2014 we held the first communication and engagement sub group chaired by Paul Burnett. This group brought together key communication leads and participation leads from across the partnership.

The sub-group has established a meeting schedule, agreed terms of reference and ratified a communication protocol. In addition it has prepared the first NCSCB Independents Chair's newsletter, for circulation in June 2015, and completed mapping exercises for both communication pathways and participation opportunities.

NCSCB have participated in the Youth Council and the Primary Parliament to facilitate direct dialogue with children and young people.

### **What was its impact?**

Links have been strengthened directly with organisations leads for communication and participation which has resulted in improved dissemination and cascading of key messages.

Work with the Youth Council and the Primary Parliament resulted in meaningful contributions from young people into the NCSCB 2015/16 business plan, particularly in relation to e-safety.

### **What do we need to do in the future?**

The following actions are planned for 2015/16:

- Consolidate membership and achieve consistent membership.
- Publish 1<sup>st</sup> NCSCB newsletter, and establish a schedule of regular publication
- Use the data available from the engagement of the newsletter to inform future activity
- Identify a new Chair
- Build momentum to sustain ongoing activity of the sub-groups, and implementation of the communication protocol.

- 3.5 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.

There were two aspects of the work of the NCSCB Training Sub Group which addressed this objective during 2014/15. Firstly the training programme delivered by the NCSCB:

### **What we did**

An extensive programme of multi-agency safeguarding children training programme was delivered with a total attendance of 852 people attending 39 courses and 9 half day seminars. Whilst the largest attender at these courses continues to be the voluntary sector, there has been a marked increase in attendance from City Council, NUHT, the Police, primary schools and other City Council Departments, and with a minimum of 20% of those coming from Adult Services.

### **What was its impact?**

End of course evaluations for children's safeguarding training demonstrate a high level of satisfaction with courses (average of 91% saying they were

good or very good across all criteria) and provide evidence of significant increase in confidence of participants. Whereas 57% of participants rated their level of confidence as good / very good before the courses, this increased to 98% after the courses.

In addition, some post course evaluation was undertaken and this further demonstrated increased confidence in those who attended, with an average of 95% of respondents reporting this and many providing specific examples to support their response.

The second aspect of the work of the Training Subgroup was the quality assurance of single agency training:

### **What we did**

The Safeguarding Training Quality Assurance Scheme was established in 2012, in partnership with NSCB, and all single agency training being delivered by NCSCB partner organisations was quality assured and validated during the initial roll out of the scheme. During 2014 /15, the scheme was reviewed and updated, with an annual review process introduced to ensure ongoing review and validation of partner agency training content. In addition, initial work was undertaken to introduce an annual reporting process which will furnish the NCSCB with information about single agency attendance and evaluation at their training.

### **What was its impact?**

The NCSCB has been assured that all partner organisations are delivering training materials for their introductory level safeguarding children training that are up to date and fit for purpose.

### **What do we need to do in the future?**

Key areas for improvement identified for 2015/16 are:

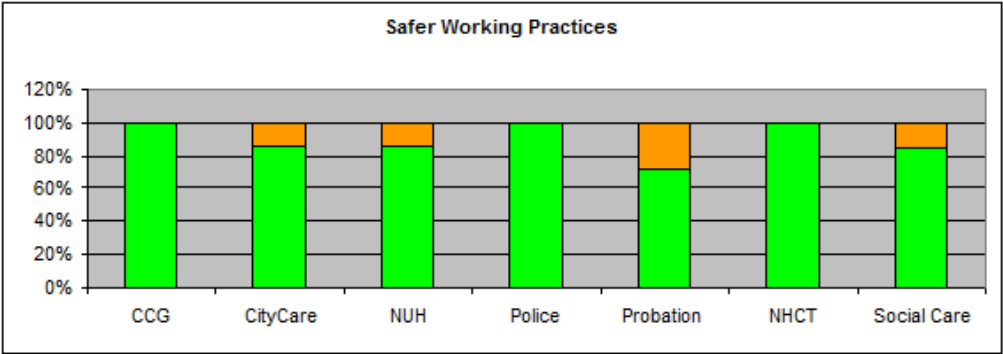
- A review of membership of the Training Sub group to ensure the right representation of partner agencies and improved attendance.
- Increased participation of Sub Group members in leading on particular work streams.
- Board partners to be challenged to ensure staff co-operate with requests for evidence of the impact of training and other work of the sub group.
- The establishment of an Adult Safeguarding training pool, to ensure sustainable delivery of a programme of training for the PVI sector.
- To effectively implement the Learning & Improvement Process.
- To finalise and agree Competence / Capability frameworks for both Adult and Children Safeguarding and collect information from partner agencies regarding competence levels of their staff teams.



- 3.6 Workforce is safely recruited.
- 3.7 Allegations made against people who work with children and adults are dealt with effectively

**What we did**

Safer recruitment and wider safer working practice is one of the issues specifically covered in the Section 11 audit.



Where agencies had rated themselves as amber the issues were as follows

- The CityCare Policy re liaison with the LADO required updating
- NUH were exploring the misappropriate mechanism for providing an annual report from their Named Senior Manager
- Work was under way in Social Care to specifically include requirements with regard to safeguarding in contract, although it was acknowledged that there were national standards and organisational policies already in place that required this.

The LADO and team dealt with 321 referrals during 2014 / 15. The largest number of referrals were received from education (27%), with the second largest received from Children’s Social Care (13%). Although 25% of referrals were received from the Police, these were largely historical. The rest came from a wide range of public and voluntary organisations.

The largest proportion of allegations were related to sexual abuse (48%), with physical abuse accounting for 36%, emotional 6%, neglect 5% and behaviour in private life accounting for another 5%.

222 of the referrals were identified as meeting the threshold for a strategy meeting, whereas 99 were handled through consultations which involve

providing the referrer with advice and guidance about how to handle the concern.

### **What was its impact?**

Of the cases that were closed during the year, 17 were resolved within a month, a total of 61 were resolved within a year and a further 35 took over a year to resolve. Other referrals have been carried forward, being raised at different times within the year. It is important to note that some of the delays will occur due to police investigations, particularly those involving online abuse as the forensic analysis of computers, mobile phones etc can take considerable time. Delays are also caused within courts, with trial dates being set up to six months from initial plea and case management hearings. However, overall the statistics demonstrate that the majority of cases are dealt with in a timely manner where possible.

In terms of the outcomes of allegations, 47% were categorised as substantiated, 32% as unsubstantiated, 3% were malicious and 18% as unfounded. Six cases resulted in criminal convictions (with others currently awaiting the outcome of current court proceedings), and eight members of staff resigned during the investigation of the allegation.

A total of 20 cases were recommended to be referred to the Disclosure and Barring Service by the employing organisation.

### **What do we need to do in the future?**

The following actions are planned for 2015/16:

1. Implementation of evaluation sheet (to be sent out once a case is concluded). Feedback on this will be reported in 2015/2016.
2. Ensure that the current data is stored effectively to ensure management information is accurate and easily accessible for the future. This will be linked to the development of a new social care recording system.
3. Aim to meet timescales as set out to ensure that all investigations are dealt with as quickly as possible.
4. Report on consultations more effectively.
6. Existing historical abuse processes to be refined.
7. Introduce 'False' category for education.
8. Highlight LADO role to those agencies that did not make a referral to LADO.
9. Offer workshops for foster carers to raise awareness about allegations and how to keep themselves safe.

10. Share information with regional group and analyse information to have comparative statistical data. Work with regional group regarding 'thresholds'.
12. Liaise with Nottingham City regarding creating a bespoke LADO web page.

## CHAPTER 4

# SERIOUS CASE REVIEWS AND CHILD DEATH OVERVIEW REPORT

### **Serious Case Review Standing Panel (Children)**

Nottingham City Serious Case Review Standing Panel (SCR SP) experienced a number of changes in chairing arrangements during 2014/15 and is now chaired by DCI Melanie Bowden from Nottinghamshire Police. The sub-group has membership from all key agencies.

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

The SCRSP meet monthly throughout the whole year and 12 meetings have taken place in 2014/15 in line with expectations.

The overall aim of the SCRSP is to ensure that lessons learned from Serious Case Reviews (SCR) and other types of review are shared with agencies and individuals to positively influence practice, improve the way in which they work, both individually and collectively, and to safeguard and promote the welfare of children.

The SCRSP seeks 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 2015 and each local authority must have in place a framework for identifying cases that meet the statutory criteria for SCR. The SCRSP fulfils this requirement in Nottingham City.

In addition the SCRSP ensures Learning Reviews are conducted where there is identified multi-agency learning but the threshold for SCR is not met. This provides a process for robust challenge and effective identification/co-ordination of learning

The SCRSP is a critical contributor to the NCSCB Learning and Improvement Framework.

### **What has been undertaken in 2014/15?**

During 2014/15 the SCR Panel received 4 new SCR referrals - a reduction of 2 from the previous year. As a result of the four referrals:

- 2 SCRs were commissioned

- 1 learning review was commissioned
- 1 case resulted in no further action. (on receipt of full medical reports and judgment in proceedings it was clear that this case did not meet the criteria for SCR)

In addition work was completed on cases initiated in the previous year as follows:

- Completion and sign off for the SCR strategic action plan for child G
- Monitoring and completion of action plans for four learning reviews
- Monitoring of SCR strategic and combined action plans for Child H
- Completion of one learning review and monitoring of resulting action plan.

Two SCRs have been published, one on Child G in February 2015 and that on Child H in March 2015.

The SCRSP has responded to the recent consultation on Working Together 2015 most notably the consideration for clearer definitions of *Serious Harm*.

All SCR and learning reviews have where appropriate included engagement with the family. Careful and sensitive preparation of family members has taken place in respect of the two SCR published earlier this year.

### **What has been the impact of the work undertaken?**

As noted above there has been a reduction in the number of referrals this year, with 3 reviews being commissioned; 2 SCR and 1 Learning Review. All these are in process.

We have completed a comparison exercise with statistical neighbours and core cities, asking them about SCR activity since April 2013. The responses were varied with 5 being the highest number completed in one area; three safeguarding boards not undertaking any; and the others completing either 3 or 4. Nottingham City has commissioned 3 since April 2013 indicating we are not disproportionately high in comparison.

In relation to other types of Learning Reviews two safeguarding boards registered an increase in alternative types of reviews; the others stated that it was consistent with numbers prior to April 2013. Nottingham City have initiated 3 multi-agency learning reviews, 2 single agency reviews and 1 dual agency review, during this period. This is an increase for NCSCB.

## ACHIEVEMENTS

The SCRSP have fulfilled their statutory responsibility on behalf of the NCSCB in relation to Serious Case Reviews.

The work of the SCRSP has been led by the reviews commissioned and the sub-group work plan. The work plan activity is all assessed as green with the exception of agency capacity to engage in SCR activity. Some partner agencies have experienced difficulty in returning requested information and reports in timescales, in part this has been due to the complexity of some of the cases but also agencies have identified capacity to meet the demand across adults and children reviews as having an impact.

Outputs and activity as a result of reviews commissioned include:

- Work undertaken to develop an Out of Hours Protocol between the Police, Children's Social Care and Health Colleagues.
- Multi-agency CAF training has resumed in Nottingham City under the remit of the NCSCB training programme.
- Multi-agency guidance produced and circulated in relation to conducting effective multi-agency meetings.
- Revision and update of the *Excellence in Safeguarding* guidance.
- A series of Learning briefings delivered to front line practitioners by Children's Social Care and more planned in conjunction with Vulnerable Children and Families practitioners.
- Awareness work with GPs in respect of guidance for prescribing anti-psychotic medication.
- Work to improve the effectiveness of *Red Card* concerns meetings within GP practices.
- Training for health visiting in respect of paternal mental health strengthened through mandatory training programme.
- Revised and improved Strategy Meeting template for use in Children's Social Care.
- New supporting guidance produced in respect of bruising to non-mobile babies agreed.
- Promoted the delivery of cross authority seminars on physical, emotional and sexual abuse.

- Changes to paperwork in acute services in respect of capturing caring responsibilities, and parenting responsibilities of patients in receipt of acute services.
- Following findings of one review *Think Family* training delivered as part of Level 1 and level 2 safeguarding training Nottinghamshire Healthcare Trust.
- Nottinghamshire Healthcare Trust has also developed information leaflets for clients in respect of historic abuse.

Themes emerging from reviews are identified as:

- Emotional Abuse - a continuing theme from the previous year, but cases reviewed have covered similar time frames. It is anticipated that the impact of new practice guidance, training and staff briefings will begin to be evidence in current cases. The Quality Assurance sub-group have undertaken an audit focussing on emotional abuse and they will be reporting the findings.
- Other themes emerging are
  - Failure to adhere to procedures
  - Non-attendance at medical appointments
  - The quality of assessments
  - Poor use of escalation processes
  - Children placed on Special Guardianship orders (SGO)

Children's Social Care is completing a full review of all children placed under a Special Guardianship Order; and the process for supporting them. The review is being conducted through a multi agency working group, chaired by a Head of Service, with a named Independent Reviewing Officer. The group meet monthly and have an action plan covering all aspects of SGO; the findings of which will be made available to the NCSCB.

The SCRSP has experienced some challenges in relation to the dissemination of learning despite the production of key learning briefing notes, guidance and tools being developed and distributed and NCSCB Seminars being delivered. We have struggled to identify evidence of impact on practice and outcomes despite key messages being incorporated into training and requests being sent to partner agencies for impact evidence. Some agencies have begun to deliver direct workshops to staff; this is seen as a positive way forward.

The SCRSP will be considering this in 2015/16 particularly in respect of developing recommendations and activity following the conclusion of all types of reviews.

Commissioning Lead Reviewers and Authors has in recent months been problematic and caused some delay in the initiation of reviews. Experienced and recommended reviewers are extremely busy and are declining approaches to submit expressions of interest to conduct reviews.

Work commissioned by the SCR SP has also had to be carefully managed alongside criminal investigations and court proceedings.

It is always the intention of the SCRSP to influence practice in relation to learning from SCR, to strengthen the multi-agency understanding and response to findings from reviews. This includes understanding the child / family experiences and incorporating them where possible into reviews. Combined this will ultimately improve outcomes. Outcomes for this year will be:

- Greater understanding of the complexities of Emotional Abuse
- Improved assessments in cases involving Emotional Abuse.
- Strengthened multi-agency (Police, health, Social Care) responses to families during *out of hours* service.
- Greater adherence to procedures.
- Routine use of reference points / use of quality assurance tools by individual practitioners. (such as the case briefing notes and excellence in safeguarding guidance)
- Improved response by Health Visitors to poor maternal mental health
- Improved dialogue between GP's and Health Visitors in respect of safeguarding concerns.
- Greater awareness for GPs in relation to prescribing guidelines.
- Improved recognition of caring responsibility, including parental responsibilities in acute medical services.
- Increased awareness across adult and children's services of potential safeguarding concerns and responses required

### **What do we plan to do in the future?**

Recommendations for work in 2015/16 are:

- Continued development of effective participation in the Learning and Improvement Framework by developing new methods to disseminate learning; to ensure we can evidence impact.



- Exploration and identification of issues in relation to multi-agency engagement in escalation processes.
- Identification and greater understanding in relation to the impact of non-attendance at medical appointments and the impact of this on safeguarding.

Following positive feedback from the SCRSP members it is intended to conduct a development session on 1<sup>st</sup> May 2015. The key components of the agenda for this session have been agreed as:

- Exploring and learning more about models for conducting SCR
- Embedding learning and measuring impact
- Sharing models for multi-agency learning
- Escalation- exploring and identifying the issues

## **REPORT FROM THE CHILD DEATH OVERVIEW PANEL (CDOP)**

The Chair of the Child Death Overview Panel (CDOP) is Caroline Brown, Designated Doctor for Safeguarding for the City. The sub-group comprises all key partner agencies across Health, Local authority, Police and Public Health.

The key aim of CDOP is to review child deaths so learning can be identified and actions undertaken to prevent future death or ill health to children and young people and contribute to the Learning and Improvement Framework. CDOP meets 12 times a year, plus two joint meetings with Nottinghamshire County CDOP.

CDOP is a statutory requirement under Working Together 2015. Its key objectives are to:

- Ensure compliance with Working Together 2015 in relation to Child Deaths.
- Ensure that lessons from national, regional and local CDOP are incorporated into the practice of partner agencies and the partnership as a whole.
- Provide learning to NCSCB to support the priority: To be assured that children and young people are safe across the child's journey

### What we did

CDOP has met their full commitment of meetings and reviewed all cases promptly as soon as all required information has been made available. Reviews have effectively incorporated findings 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 directly incorporate into training for practitioners.

Work at CDOP has covered all four quadrants of the Performance Framework in the following ways:

- Quantitative: collection and comparison of data, includes statistical return to DfE annually.
- Qualitative: Case information gathered to support each review is detailed and descriptive in relation to information shared by partner agencies and in reviews there is much discussion about case management and findings.
- Engagement with frontline practitioners: They 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, coroners officers, and the Rapid Response Team feed this into the case review

What was the impact of work undertaken?

## **STATISTICAL / COMPARATIVE INFORMATION**

Data from 2014/15 shows:

- Number of deaths 42, of which 11 were unexpected deaths
- Number of cases reviewed and ratified 45 including 14 modifiable deaths, this is an increase of 13 reviews on the previous year.

National data for 2014/15 was released in July 2015 which shows a continuation of national trends; in that the decrease in child death reviews per year is consistent with a decrease in the number of registered deaths.

Nottingham is bucking this trend with an increase in deaths for the year and in the number of reviews completed. However it is significant that of the 45 cases reviewed, 24 were Neonatal deaths and 9 were of children with life limiting conditions, equating to 73% of deaths reviewed. This indicates that the figures should be treated with caution. This is further evidenced by 18 of the 24 Neonatal deaths (75%) being non modifiable.

Where Nottingham does excel is in the swift review of cases, with 32 cases (71%) reviewed in under 6 months against the national average of 32%; with only 3 cases (6%) taking longer than a year, against the national average of 30%. Regional data also supports this.

This means that any learning is quickly identified and learning disseminated.

## OTHER ACHIEVEMENTS

CDOP processes have run in line with Working Together 2015. Learning is identified and reviewed on a 6 monthly basis.

Two key pieces of work have been ensuring evaluation of service provision by Midwifery and Public Health in relation to antenatal care for smoking and maternal obesity; and furthering local understanding of possible ways to reduce consanguinity and the effect of this on mortality and morbidity.

Review of the learning from 2013/14 has established impact in the following areas:

- Guidance for detection of Herpes Simplex Virus antenatal being developed in NUH and training for postnatal detection delivered.
- Better understanding and improved resources in relation to suicides across City/County
- Better understanding of access to health promotion antenatally
- Better use of interpreting services within NUH

CDOP has been involved with a number of changes in practice across partner agencies. Where key health guidelines have been implemented we rarely see similar cases coming through.

We have made a difference to the bereavement support and planning for expected child death through supporting commissioning change.

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.

CDOP continues to fulfil its statutory function for NCSCB, with good representation from partnership agencies, positive links with the Nottinghamshire CDOP, and improved practice in relation to learning and disseminating lessons

### What do we need to do in the future?

The main barrier to the work of CDOP is time and capacity. 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. Due to capacity our plan to review data from 2008 onwards has not happened. This is on the new work-plan for 2015/16.

Recommendations for action in 2015/16 are as follows:

- That dedicated business office time is allocated to a full review of data of the Nottingham City CDOP to ensure no loss of learning due to small case numbers.
- A working group is established to review “safe” sleeping deaths and agree local response alongside Nottingham County CDOP.
- Public Health to review local data alongside national findings and give consideration to including in the Joint Strategic Needs Assessment.

## **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.

The information provided in these reports is set out in Appendix 3 to this report.

## CHAPTER 6

# FUTURE CHALLENGES: OUR BUSINESS PLAN FOR 2014/15

The Business plan for 2015/16 has been agreed by the Board and is attached to this report as an appendix (Appendix 1). We have maintained the approach of having the plan in two parts, one of which is shared with the Nottingham City Safeguarding Adult Partnership Board. As will be seen there are four overarching priorities set out in the Business plan, each of which has a number of associated actions. The overarching priorities are:

- To be assured that children and young people are safe across the child's journey
- To be assured that safeguarding is everyone's responsibility
- To be assured that safeguarding services are effectively coordinated across children and adult services ('Think Family')
- 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

There are a number of issues which are critical to the successful implementation of this business plan. Changes to the Board structures and operating processes will be introduced through the new chairing arrangements and will need to be implemented effectively. It is likely that a revised constitution for the Board will be required that reflects the new way of working. In drafting this and managing the transition, careful consideration will be given to ensure that the current commitment from agencies and individuals is maintained and built upon.

This is directly related to an issue that has a wider and more direct relevance, which is the issue of capacity. We are fortunate in Nottingham City to have across the partnership a workforce that is, in the main, hard-working and dedicated to safeguarding and promoting the welfare of children and young people. We know that many of these services are experiencing significant and increasing demand and this appears unlikely in the short-term to be reduced. Ensuring that there is sufficient capacity in critical services for vulnerable children and families will be challenging given the current financial situation in the public sector which sees all agencies needing to deliver efficiency savings.

The Board will monitor this issue, along with the specific issues set out in the Business plan. Although this will be a challenge my experience during the period I have been the Independent Chair of the NCSCB gives me great confidence that this

is an issue which is understood by Senior Managers and Politicians, who are fully committed to ensuring that families receive the right help at the right time.

**Paul Burnett**

**Independent Nottingham** **Chair, Nottingham City** **Nottingham City Adult** **Nottingham City Safeguarding** **Nottingham City Safeguarding** **Children Board and** **Partnership Board**

# APPENDICES

- Appendix 1: NCSCB Business Plan 2015/16**
- Appendix 2: NCSCB and NCASPB Joint Business Plan 2015/16**
- Appendix 3: Individual Agency reports**



Appendix 1

# **NOTTINGHAM CITY SAFEGUARDING CHILDREN BOARD**

## **BUSINESS PLAN 2015/16**

## **Nottingham City Children's Safeguarding Board Business Plan 2015/16**

### **Priority 1: To be assured that children and young people are safe across the child's journey**

- Thresholds – Family Support Pathway
- Escalation
- Private Fostering
- Child Sexual Exploitation (CSE)
- Self-harm and wellbeing
- Missing
- Neglect
- Signs of Safety (SOS)
- Child Death Overview Panel (CDOP)

### **Priority 2: To be assured that safeguarding is everyone's responsibility**

- Impact of implementing Working Together to safeguard Children (2015) and the Family Support Pathway.
- Improving performance & demonstrating impact – Section 11, staff survey, multi-agency audits, Serious Case Reviews (SCRs)
- Voice of the Child
- Improved engagement with schools

No.	What do we want to achieve?	How are we going to do it?	Who will lead?	How will we know we have achieved our goal?	When are we going to achieve this?	Comment on Progress	RAG rating
1.1	Thresholds across the spectrum of children's services are being applied in line with the Family Support Pathway by all agencies across the partnership.	Request a report from Vulnerable Children and Families Services evaluating the impact of the CAF process against the four quadrants of the Quality Assurance Framework. This report should provide a comparative analysis of CAFs undertaken by all partner agencies.	Children's QA subgroup	Quarterly CAF report received by Children's QA subgroup	<b>July 15</b> <b>Oct 15</b> <b>Jan 16</b>		
				Children's QA subgroup report to OMG	<b>Oct 15</b> <b>Dec 15</b> <b>Feb 16</b>		
		Monitor and evaluate the application of thresholds across the child's journey through the QA and PM framework	Children's QA subgroup	Children's QA subgroup report to OMG	<b>July 15</b> <b>Oct 15</b> <b>Dec 15</b> <b>Feb 16</b>		

		Finalise a standard Board audit tool ensuring that this consistently captures information regarding the use of the Family Support Pathway in order to enable this to be fed back to the Board.	Children's QA subgroup	Use of standard tool in multi-agency audits	<b>June 15</b>		
<b>1.2</b>	Single agency whistle blowing arrangements and escalation procedures reflect the escalation process set out in the Family Support Pathway	Ensure that all Board partner agencies have whistle blowing and escalation processes that reflects the principles of the Family Support Pathway and that there is a mechanism for ensuring compliance	NCSCB Strategic Board Members	Assurance reports received by OMG from individual agencies	<b>Dec 15</b>		
		Evaluate impact through the multi-agency audit programme	Children's QA subgroup	Children's QA subgroup report to OMG	<b>July 15</b> <b>Oct 15</b> <b>Dec 15</b> <b>Feb 16</b>		

<b>1.3</b>	The needs of children who are privately fostered are recognised and that they receive appropriate and timely support	Analyse numbers of private fostering arrangements and referral sources in order to develop a more informed hypothesis regarding professional and community understanding.	Children's QA subgroup	Report received by Children's QA subgroup	<b>Oct 15</b>		
				Children's QA subgroup report to OMG	<b>Dec 15</b>		
	Scrutinise local practice to ensure that national indicator targets are met in relation to assessments and visiting timescales.	Children's QA subgroup	Report received by Children's QA subgroup	<b>Oct 15</b>			
			Children's QA subgroup report to OMG	<b>Dec 15</b>			

		Support the work of the Lead Officer in undertaking a publicity campaign aimed at schools, GPs, early years and youth agencies with a view to increasing the number of private fostering notifications received.	Lead Officer/Comms and engagement group	Comms and engagement report to OMG	<b>March 16</b>		
<b>1.4</b>	The needs of children who are, or are at risk of becoming, sexually exploited are proactively recognised and that they receive appropriate and timely support	Through the delivery of the cross authority CSECAG subgroup work plan and securing the targets set out in relation to: <ul style="list-style-type: none"> <li>○ Prevention and response</li> <li>○ Safeguarding and Protection</li> <li>○ Bringing offenders to justice</li> <li>○ Public confidence</li> </ul>	CSECAG group	CSECAG group will provide regular updates to OMG on the delivery of their plan.	<b>July 15</b>  <b>Dec 15</b>		
		NCSCB will provide an analysis of local performance in	Independent Chair	Annual Report	<b>July 2015</b>		

		addressing CSE					
		Delivery of Missing work plan	Missing subgroup	Missing subgroup will provide regular updates to OMG on the delivery of their plan.	<b>Oct 15</b> <b>Feb 16</b>		
<b>1.5</b>	Signs of safety is understood and used where appropriate across the partnership.	Develop a multi-agency implementation plan in order to ensure all partner agencies are engaged with this model	NCSCB	Report received by OMG from Mandy Goodenough	<b>July 15</b>		
		Delivery of SOS training programme with a view to this becoming multi-agency led.	Training subgroup	Training subgroup report to OMG	<b>Oct 15</b>		
		Audit work will consider the extent to which SOS is rolled out across the child's journey and that there is consistency of	Children's QA subgroup	Children's QA subgroup to OMG	<b>Feb 16</b>		

		application					
1.6	Lessons from child deaths are understood and consistently acted upon.	Delivery of CDOP subgroup's work plan.	CDOP	CDOP will provide regular updates to OMG on the delivery of their plan.	July 15 Dec 15		
		Review the local prevalence and offer for children who self-harm by scrutinising the evaluation of the impact of the Nottingham City Pathway for Children and Young People with Behavioural, Emotional or Mental Health Needs 2014	CDOP Chair	CDOP will provide regular updates to OMG on the delivery of their plan.	July 15 Dec 15		
1.7	Local procedures are fully compliant with national statutory guidance	Work with Tri-X to update the local Child Protection procedures to reflect the changes to Working Together to Safeguard Children 2015		Report to Board highlighting changes  Memo to all	July 2015		



				staff setting out the changes	<b>July 2015</b>		
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Priority 2: **To be assured that safeguarding is everyone's responsibility**

No.	What do we want to achieve?	How are we going to do it?	Who will lead?	How will we know we have achieved our goal?	When are we going to achieve this?	Comment on Progress	RAG rating
2.1	The learning and improvement framework is having a positive impact on local practice.	Develop plans of action to address the outcomes of learning and improvement undertaken in 2014-15.	Training subgroup	Training subgroup report to OMG	<b>July 15</b>		
		Relaunch Excellence in Safeguarding tool	Comms and Engagement group	Comms and Engagement group to OMG	<b>Oct 15</b>		
		Audit programme to be designed to evaluate impact of learning and improvement framework.	Training subgroup	Training subgroup report to OMG	<b>Oct 15</b>		

<b>2.2</b>	The challenge and scrutiny function of the board leads to improved outcomes for vulnerable children and families	Reinvigorate the QA subgroup and ensure it provides information that enhances the Board's capacity to scrutinise and challenge performance of both individual agencies and multi-agency safeguarding arrangements.	Children's QA subgroup	Children's QA subgroup report to OMG	<b>July 15</b>		
					<b>Oct 15</b>		
					<b>Dec 15</b>		
					<b>Feb 16</b>		
		Delivery of the core functions of the QA subgroup - section 11, staff survey and audit programme	Children's QA subgroup	Children's QA subgroup report to OMG	<b>July 15</b>		
					<b>Oct 15</b>		
					<b>Dec 15</b>		
					<b>Feb 16</b>		

		Develop Annual programme for the QA subgroup in order that all agencies are clear what is required to be submitted, when and what will happen if we do not comply with this.	Children's QA subgroup	Children's QA subgroup report to OMG	<b>April 15</b>		
<b>2.3</b>	Voice of the child is heard and acted upon	Engagement strategy agreed and implemented.	Comms and Engagement	Comms and Engagement group to OMG	<b>Oct 15</b>		
		Identify evidence that the views and opinions of children and young people have impacted on business plan priorities and actions.	Comms and Engagement	Comms and Engagement group to OMG	<b>March 16</b>		
		Audit work will consider the extent to which the voice of the child is heard and acted upon.	Children's QA subgroup	Children's QA subgroup report to OMG	<b>July 15</b> <b>Oct 15</b> <b>Dec 15</b>		

					<b>Feb 16</b>		
<b>2.4</b>	Improved engagement with schools ensures that this critical sector is fully engaged in work to safeguard children and young people	Attendance at board, OMG and other appropriate board meetings.	Board Manager	Report to NCSCB	<b>Sept 15</b>		
		Engagement in the multi-agency audit process.	Education Safeguarding Coordinator	Children's QA subgroup report to OMG	<b>July 15</b> <b>Oct 15</b> <b>Dec 15</b> <b>Feb 16</b>		
		Review and update the compliance checklist and process.	Education Safeguarding Coordinator	Children's QA subgroup report to OMG	<b>June 15</b>		

		Undertake further work with schools to embed the principles of escalation.	Children's Board Officer	SCRSP subgroup report to OMG	<b>July 15</b>		
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RAG Rating key	
Clear	Work is underway and, in the judgement of the lead individual/subgroup, is expected to be completed within the agreed timescale
Red	Work is underway however, is not expected to be completed within the agreed timescale. In the judgement of the lead individual/subgroup either <ul style="list-style-type: none"> <li>• The deadline will be missed by more than 3 months and/or</li> <li>• The impact of missing this deadline is likely to be significant</li> </ul>
Amber	Work is underway however, is not expected to be completed within the agreed timescale. In the judgement of the lead individual/subgroup either <ul style="list-style-type: none"> <li>• The deadline will be missed by less than 3 months and</li> <li>• The impact of missing this deadline is unlikely to be significant</li> </ul>
Green	Action completed
Blue	Impact of the action has been evaluated and found to have addressed the issue identified

**NOTTINGHAM CITY SAFEGUARDING  
CHILDREN BOARD AND ADULT  
SAFEGUARDING PARTNERSHIP  
BOARD**

**JOINT BUSINESS PLAN 2015/16**

Nottingham City Children's and Adults Safeguarding Board

Priority 1: **To be assured that safeguarding services are effectively coordinated across children and adult services ('Think Family')**

DV, modern slavery and FGM

Priority Families

Transitions

Information sharing

Priority 2: **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**

To be assured that the workforce across all partner agencies has adequate basic knowledge and that this has been effective in improving practice, responding to areas of improvement identified.

Ensure learning is identified and disseminated from and between partner agencies, including how this will be embedded into practice.

Measuring the impact on practice and outcomes for children, young people and adults, basic and improved knowledge, demonstrated through a mechanism with clear outcomes identified.

Improvement of citizen awareness of their responsibility for the welfare of children and adults.



No.	What do we want to achieve?	How are we going to do it?	Who will lead?	How will we know we have achieved our goal?	When are we going to achieve this?	Comment on Progress	RAG rating
1.1	Effective safeguarding arrangements in relation to domestic abuse are in place across the partnership.	Delivery of the domestic violence strategic group and action plan.	DVSG chair	DV strategic group reports to OMG	<b>Oct 15</b>  <b>Feb 16</b>		
		Delivery of the domestic abuse and children subgroup's work plan.	DA Children's subgroup chair	DV children's subgroup reports to OMG	<b>Oct 15</b>  <b>Feb 16</b>		
		Establish effective lines of connectivity with adult safeguarding board to reflect the requirements of the Care Act.	Care Act task and finish group	Care Act task and finish group reports to OMG	<b>July 15</b>  <b>Dec 15</b>		
1.2	The Boards receive a report	Liaise with DVSG chair to add indicators to DV data	DVSG/Board	DV strategic group reports	<b>Oct 15</b>		

	on current intelligence in relation to modern slavery and identify further action that may be required in response.	regarding how many case of modern slavery there are and what action was taken.	manager	to OMG	<b>Feb 16</b>		
<b>1.3</b>	The Boards are assured that work in relation to FGM is addressing key expectations in relation to awareness raising, identification and response.	Delivery of the FGM board work plan.	Chair of the FGM board	FGM update to Board	<b>April 15</b>  <b>Oct 15</b>	<b>Green</b>	

1.4	The Priority Families programme incorporates robust safeguarding arrangements and coordinates effectively with formal safeguarding processes where appropriate.	The board will receive a report from Vulnerable Children and Families Services evaluating the impact of the Priority Families service against the four quadrants of the Quality Assurance Framework. This report should provide a comparative analysis of the impact of the service in working with adults at risk.	Children's QA subgroup	Report received by Children's QA subgroup	Jan 16		
				Children's QA subgroup report to OMG	Feb 16		
			Care Act task and finish group	Report received by Care Act task and finish group	Dec 15		
				Care Act task and finish group report to OMG	Feb 16		

<b>1.5</b>	The Board is assured that agencies are successfully transitioning individuals from children's to adults services, applying best practice principles.	Health, social care and education provide evidence that SEND forms are being completed and are effective.	Children's QA subgroup	Report received by Children's QA subgroup	<b>Oct 15</b>		
				Children's QA report to OMG	<b>Dec 16</b>		
		The transitions document is updated in line with the Care Act.	Care Act task and finish group	Care Act task and finish group report to OMG	<b>July 15</b>		
		The transitions document in publicised.	Comms& Engagement task and finish	Comms and Engagement report to OMG	<b>Oct 15</b>		
	Boards receive reports from Children's social care setting out the efficacy of local arrangements to support care	OMG/Head of Safeguarding	Report to NCSCB	<b>Jan 15</b>			

		leavers. The Board will then formally communicate its views regarding these arrangements to the Corporate Parenting Panel.					
<b>1.6</b>	Information sharing protocols are fit for purpose	Information sharing protocol for children's amended in light of revised statutory guidance required in line with TriX updates.	Board Service Manager	Report on TriX updates to OMG	<b>July 15</b>		
		Information sharing protocol for adults benchmarked against requirements of the Care Act and amended if necessary.	Care Act task and finish group	Care Act report to OMG	<b>July 15</b>		

<p><b>1.7</b></p>	<p>The Boards are assured that work in relation to children and vulnerable adults at risk of radicalisation is robust and effect in diverting and supporting the individuals and their families</p>	<p>The board will receive a report from local Prevent Leads evaluating the impact of local practice against the four quadrants of the Quality Assurance Framework. This report should provide analysis of the efficacy of local Chanel Panel arrangements</p>	<p>OMG/Head of Safeguarding</p>	<p>Report to NCSCB</p>	<p><b>Oct 15</b></p>		
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**Priority 2: 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**

No.	What do we want to achieve?	How are we going to do it?	Who will lead?	How will we know we have achieved our goal?	When are we going to achieve this?	Comment on Progress	RAG rating
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1.8	The Board is assured that the learning and Improvement Framework enables staff and volunteers to identify safeguarding risks for both children and	Embed the function of the Learning and Improvement process.	Training subgroup	Training subgroup report to OMG	Oct 15		
		Test that the training and development programme reflects key Business plan priorities and the recommendations arising from SCRs, SILPs and other	Training subgroup	Training subgroup report to OMG	Oct 15		

	adults, and act accordingly	reviews.					
		Strengthen the training and development evaluation process to test impact on service quality and safeguarding outcomes for children, young people and adults at risk including a safeguarding competence framework.	Training subgroup	Training subgroup report to OMG	<b>July 15</b> <b>Oct 15</b> <b>Feb 16</b>		
		Ascertain numbers of referrals from children's services to adult services.	Children's QA subgroup	Children's QA subgroup report to OMG	<b>Oct 15</b>		
		Ascertain number of referrals from adult services to children's services.	Care Act task and finish group	Care Act task and finish group report to OMG	<b>Oct 15</b>		

**RAG Rating key**



Clear	Work is underway and, in the judgement of the lead individual/subgroup, is expected to be completed within the agreed timescale
Red	Work is underway however, is not expected to be completed within the agreed timescale. In the judgement of the lead individual/subgroup either  The deadline will be missed by more than 3 months and/or  The impact of missing this deadline is likely to be significant
Amber	Work is underway however, is not expected to be completed within the agreed timescale. In the judgement of the lead individual/subgroup either  The deadline will be missed by less than 3 months and  The impact of missing this deadline is unlikely to be significant
Green	Action completed
Blue	Impact of the action has been evaluated and found to have addressed the issue identified



## **APPENDIX 3: INDIVIDUAL AGENCY REPORTS**

### **DERBYSHIRE, LEICESTERSHIRE, NOTTINGHAMSHIRE AND RUTLAND COMMUNITY REHABILITATION SERVICE**

On 1 June 2014, responsibility for the provision of probation services in Nottinghamshire was transferred from the Nottinghamshire Probation Trust to two, newly created organisations: the National Probation Service and the Derbyshire, Leicestershire, Nottingham and Rutland Community Rehabilitation Company Limited (DLNR CRC). The DLNR CRC is responsible for the supervision of offenders assessed as presenting a low or medium risk of harm. The National Probation Services provides services to Courts, including the preparation of reports, and the supervision of offenders assessed as high risk of harm.

The CRC is committed to working in partnership with other agencies. Arrangements are in place to reflect the importance of safeguarding and promoting the welfare of children. All members of staff are aware that safeguarding is everybody's responsibility. An Assistant Chief Officer has responsibility for safeguarding.

#### **What the agency planned to do -**

Develop harmonised policy and practice in relation to all safeguarding matters, across the three areas which came together to form the DLNR CRC: this work will be completed in the next few months.

A priority for the newly formed organisation was to ensure that all staff were trained in safeguarding matters.

The annual Learning and Development Plan included the delivery of Introductory Safeguarding Children and Adults training through a blended learning approach composed of e-learning and face to face training.

#### **What we did.**

The CRC took part in a Section 11 Children Act 2004, self-assessment audit and is making progress with the areas identified for development (i.e. ensuring that a whole family approach is incorporated into training programmes and evidenced in referrals, work in relation to attendance at safeguarding and multi-agency meetings, an audit of complaints by children and families and contracts in view of organisational changes).

Attendance at Child Protection Conferences by Offender Management staff was monitored. The multi-agency child protection report template was embedded in practice, with positive results.

We delivered Introductory Safeguarding Children and Adults training to new starters within their first 3 months in post. Local Safeguarding Children and Adult Boards' training was advertised to all relevant colleagues, and attendance was monitored and supported. Training materials were reviewed and updated in light of national and local guidance and legislation.

The revised guidance and legislative changes were communicated to all colleagues via email, Leadership Forums and local intranet. To support this further and help embed learning into practice a series of Leadership Forum presentations and workshops were delivered to managers and relevant colleagues. These included Child Sexual Exploitation, Safeguarding Adults, The Care Act, Risk of Harm and Safeguarding Children (including finding from serious case reviews and domestic homicide reviews).

We have a designated safeguarding page on our intranet, accessible across the CRC. This also has links to relevant partnership websites, guidance, procedures, policies best practice toolkits and other useful learning material. This resource supports the organisation's commitment to safeguarding and continuous professional development. Recently it has been updated to include guidance in relation to Child Sexual Exploitation and Female Genital Mutilation.

The DLNR CRC established a Quality Improvement Group which will monitor practice and develop an improvement plan which will respond to the findings of Serious Case Reviews and Stakeholder feedback as well as Focus Groups, the findings from Serious Further Offence investigations, Case Audits and inspections of DLNR CRC practice. The Quality Improvement Group meets regularly.

### **What has been the impact of that work?**

DLNR CRC are committed to ensuring that learning from inspections, reviews and training is embedded within the organisation through continuous improvement at both organisational and individual levels. Professional development is monitored through the learning and development team's training database and in practitioners' supervision and appraisal. Organisational level development is tracked through the safeguarding deliverable of the Quality Improvement Group which is 100% complete.

DLNR CRC undertook an audit of risk registers in January 2015 to ensure a harmonised understanding across the three merging areas. Case records, as at May 2015, show that DLNR (Nottinghamshire cluster) are currently managing nearly 1000 cases with a current domestic violence risk indicator, 124 cases with a current child protection plan and 159 other cases who were identified as presenting a risk to children (average caseload 2900).

### **What we need to do in the future.**

- DLNR CRC will continue to embed learning from serious case and other reviews.
- Implementation of the Care Act will continue to be monitored.
- DLNR CRC will play an active role in the local prioritisation of the CSE agenda.
- Safeguarding training will remain the cornerstone of individual practitioner's competency to work with cases with a safeguarding or associated concern.
- Frontline practice will be enhanced by a review of the three merging areas' safeguarding policies to produce one harmonised version of best practice.
- Internal audit of safeguarding cases through the DLNR CRC Quality Improvement Group.

## **NOTTINGHAM CITY CLINICAL COMMISSIONING GROUP**

This report outline safeguarding arrangement across the local health community and the mechanisms used to quality assure safeguarding standards within the services it contracts and commissions. The report is an overview of the work during 2014/15 to safeguard children and young people and highlights risk, challenges and a specific area for development during 2015/16.

### **What the agency planned to do**

During 2014/15 the CCG planned to focus on the following risk and challenges:

- Information and Technology Systems –
- Discharge of Statutory Duties and Functions for Safeguarding
- Suicide and Self Harm of Young People in Nottingham City
- Embed the Think Family Approach across Service Delivery and Commissioning
- Domestic Violence
- Equality and Diversity
- Audit, Review and Inspection Priorities for 2014 / 2015 by maintaining and strengthening assurance processes.
- GP training and development through safeguarding leads meetings in accordance with the General Practitioner training Strategy and its effectiveness audited.

### **What we did**

- CPIS - NHS Nottingham City CCG with Health Providers are currently working with the local authority to embed the Child Protection – Information Sharing project (CPIS) which for the first time will share child protection information at a national level. This continues to challenge how information is shared and stored about children and is recorded on NHS Nottingham City Risk Register although recognised as a longstanding, national issue. The development of a cross authority working group has developed an action and Nottingham City is progressed the project. It was highlighted in the CQC action plan
- The CCG continued to review the discharge of functions in the continuing development of NHS Nottingham City delivery of care. The key priority is to ensure compliance with “Safeguarding Vulnerable People in the Reformed NHS Accountability and Assurance Framework” and “Working Together to Safeguard Children 2013” both published in March 2013.
- NHS Nottingham CCG reviewed through an audit requested by the internal Quality Improvement Committee the cases identified within the city. The findings, although limited by cases, suggests there is nothing identified that differs from the information known locally or nationally.
- It has been acknowledged in multi-agency reviews that further work is required and there is further work required to continue to focus how providers can identify further opportunities for this.
- Domestic Violence information is shared with GP practices and cases of concern for health need to be discussed with other health professionals via the Red Card meetings as a minimum. GP leads have received information on the DART process at meetings and advised to cascade in practices.
- Work will continue to embed issues of equality and diversity into the all agendas when developing any key messages from the safeguarding arena.
- The quality and information schedule of the NHS standard contract and service specifications contain standards for safeguarding which are monitored regularly via Quality and Contract Reviews meetings. This will include receipt of annual safeguarding reports and self-assessment audit tools, and scrutiny of declarations which, as previously mentioned, are required to be completed by all NHS organisations, quality and contract monitoring will continue to monitor performance against agreed performance indicators, and progress on action plans arising from incident reporting and case reviews. The development of the Safeguarding Health Overview Group (SHOG) has now begun to formalise a plan of work to identify areas for action in relation to health issues. This can be utilised to give consistent to the Quality Assurance Sub –group of the LSCB. The CCG are scrutinising the updates from the CQC report Safeguarding and Looked after Children from June 2014 by implementing the recommendations within an action plan devised and quarterly updates are reviewed, with a plan to look at evidence and impact as actions are reported to be completed.

- GP leads meetings continue quarterly in nominated clusters and there continues to be increased attendance and a variety of speakers have further enhanced the learning of the wider safeguarding agenda. The group has continued to develop the agenda with a Think Family focus and have forged strong links with the local authority within children and young people's department in attending the meetings and it is envisaged to further develop this with the adults. A training event to GP practices which included all Primary care staff was delivered with updates in both the children, young peoples and adult arena of safeguarding. Additionally there was training delivered on the Prevent agenda. The CCG are also encouraging the use of e-learning packages and these are regularly disseminated via the GP leads and practice managers.
- The CCG staff have also been trained to the level of safeguarding for children and adults as part of the mandatory input for training requirements.

### **What has been the impact of that work?**

There has continued to be a high priority given to the recognition of keeping children safe in our community and through the continued development of the Safeguarding leads meeting and the PLT training events this has further enhanced the knowledge and skill of our Primary Care teams. It is recognised there is need to further develop other key professionals in primary care teams who have significant contacts with children and young people.

The CCG has led on the action plan formulated post the CQC inspection of Safeguarding and Looked after Children in June 2014. The actions are monitored through quarterly reports and the embedding and impact of the developments has noted the themes which have been highlighted within reviews and audits as improving the care delivery to the most vulnerable children and young people we are responsible for.

Within the CCG quality monitoring has embedded safeguarding questions in all reviews and visits and the designated professionals engaged in visits when the services commissioned has significant contacts with children and young people.

### **What agencies need to do in the future?**

The CCG will continue to review all areas of safeguarding in the health community of Nottingham relating to children and young people. The review of the think family agenda will be considered further as the Safeguarding team at the CCG.

Other priorities will be developed as the co-commissioning arrangements for GP's is now developed within the CCG.

Embed the Prevent agenda with the arrangements for reporting to the CCG in Nottingham City.

Review the reporting for FGM with the development of the Dataset and reporting required by acute trusts, mental health trusts and GP's by October 2015.

## **NOTTINGHAM CITY COUNCIL, CHILDREN AND VULNERABLE FAMILIES DIRECTORATE**

### **Action taken over the past year**

Much of the work of the directorate has already been incorporated into the main body of the report. This is a reflection of the nature of services which are delivered across the Directorate. There has been a considerable amount of activity coordinated through the action plan that was developed to address issues identified in the Ofsted inspection of safeguarding, looked after services, services to care leavers and the effectiveness of the safeguarding children board that took place in March 2014.

### **What will be the focus for 2015/16?**

Our priorities and plans for the coming year are set out in detail in a document entitled Early Help, Safeguarding and Family Support Services: who we are and what we do. The priorities feed directly into the wider priorities of the Council and fall within the following themes

#### **Priority 1 - "A Learning City"**

We will play an active role in supporting families to address the issues which can become barriers to learning and aspiration in children, young people and their parents/carers. We will work with education colleagues to support vulnerable learners, including looked after children. This will contribute to the successful delivery of Nottingham City's Education Improvement Strategy. We will promote a learning culture within our services that ensures our practice is informed by a strong evidence-base, emerging best practice and learning from Serious Case Reviews (SCRs) and other serious incidents. We will act on the findings of inspections, peer reviews, audit activity and our regular performance monitoring. We will deliver a number of improvements in this priority, including

- Implementation of the recommendations in the Child Development Review to create an evidence-based menu of interventions for practitioners and families.
- Review and refresh the Family Support Strategy and Pathway to ensure it reflects the needs of our local community, learning from SCRs, inspection and describes new ways of working based on good practice.
- Create an integrated Learning and Improvement Framework for Safeguarding and Family Support Services.



## **Priority 2 - “Resilience in Children, Families and Communities”**

We will provide early help, parenting and family support, targeted interventions and specialist services to build resilience, not dependence, in the children and families we serve. We will work with our communities to build their capacity to support one another. We will work to safeguard children and young people from harm, abuse and exploitation and we will support children who are in our care and their carers. We will use restorative approaches with young offenders to enable them to make a positive contribution to their communities. We will deliver a number of improvements in this priority, including

- Continue to roll-out Signs of Safety as a consistent and strength based approach across the partnership.
- Successfully turn around 1200 families through delivery of Phase 2 of the Priority Families programme
- Supporting the deliver the Small Steps, Big Changes programme in 4 areas of the City to improve early social and emotional development, communication and language and nutrition.
- Improve front door arrangements to ensure children and families get a timely and proportionate support
- Develop more collaborative locality-based approach between our family support and child protection services to better manage the needs of the children and work with their families
- Develop packages of support for those young people leaving custody (particularly those identified from vulnerable groups) within the East Midlands Resettlement Consortia.

## **Priority 3 - “Healthy Minds and Relationships”**

We will work with our partners to ensure children and young people have the self-esteem, confidence and knowledge to keep themselves safe in their relationships, seeking help when needed. We will, at the earliest opportunity, directly support children, young people and their families that are struggling with significant mental health issues that may result in harm to themselves or others. We will deliver a number of improvements in this priority, including

- Develop the youth and play offer (both commissioned and provided by NCC) to provide effective open access and targeted provision which delivers early identification and support.

- Further strengthen our local multi-agency practice to identify and support children who may be vulnerable to or who are at risk of child sexual exploitation.
- Develop and deliver a pilot of advocacy services for children with mental health needs

These priorities will be based on six key principles

- 1. Ensure the right children get the right support at the right time**
- 2. Create a responsive and flexible system**
- 3. Help families to help themselves**
- 4. Work in partnership with children and their families**
- 5. Focus resources on what will make a positive difference**
- 6. Ensure a balance between professional autonomy and accountability**

## **NOTTINGHAMSHIRE POLICE**

### **WHAT WE PLANNED TO DO**

- Exercise the duties imposed by sections 10 and 11 of the Children Act, at both a strategic and tactical/operational level. The 5 year strategic policing plan 2013-15 references safeguarding within the section 'Protect, support and respond to victims, witnesses and vulnerable people'.
- Maintain strong governance through the ACC lead and Head of Public Protection.
- Work closely in partnership with other statutory and voluntary agencies. Be active members of the Nottingham City Safeguarding Adult and Children's Boards plus associated sub-groups.
- Bring offenders to justice and continually strive to improve the outcomes for victims and their families.
- Actively participate in multi-agency audits, serious case and learning reviews.
- Disseminate key learning through briefings and use of an internal police website. Ensure that learning is incorporated into policy and procedural rewrites/updates.
- Promote the escalation policy in line with local procedures.

- Ensure all Nottinghamshire Police employees undergo rigorous vetting processes at the appropriate level for their role.
- Work with partners in the development and delivery of joint training events. Ensure all front-line officers complete a mandatory e-learning on child safeguarding. Deliver bespoke training to Child Abuse Detectives following judicial feedback on the length of the visually recorded interviews and also to promote greater understanding, awareness and use of the witness intermediaries.
- Complete a CSE Problem Profile and develop local/Force/Regional CSE Tasking Mechanism through corresponding intelligence units. Develop an external and internal media/communications strategy to raise awareness. Work collaboratively with NCA/CEOP.
- Secure departmental growth in Sexual Exploitation Investigation Unit and develop on-line and CSE teams within SEIU
- Undertake customer satisfaction surveys and utilise third sector support agencies to seek feedback from service users.
- Ensure historic abuse is accurately recorded and investigated
- Ensure child abuse crimes are accurately recorded in line with National Crime Recording Standards
- Create a centre of expertise for the investigation of child deaths
- Improve the connectivity between child abuse and domestic abuse.

## **WHAT WE DID**

- Conducted a self-assessment for the HMIC and a series of audits
- Reviewed the internal police processes within the MASH to reduce the amount of double keying and improve the timeliness of information transfer.
- Secured assistance with other teams outside of Public Protection to assist with crime recording compliance.
- Implemented daily domestic violence meetings in the County and assisted with the implementation of Operation Encompass (schools project).
- Rolled out awareness sessions to all control room operatives to reinforce the need to 'flag' incidents where children reside or frequent domestic abuse households.

- Created a specialised cadre of on-call Detective Inspectors available 24/7 from Public Protection to take primacy for dealing with child deaths and associated investigations.
- Implemented the victim's code throughout the force. Mandatory e-learning to be completed by all officers.
- A CSE problem profile has been commissioned that will encompass both the City and County. This should be completed by end of June/early July 2015.
- The Force commissioned a peer review which was undertaken by the College of Policing on 1st-3rd December 2014.
- Regional CSE Strategic Governance Group established chaired by Supt Chamberlain. Operation Striver developed designed to identify CSE derived intelligence.
- The external media can be found here <http://www.nottinghamshire.police.uk/advice/cse>
- The force has established and maintained productive relations with CEOP/NCA who have lead on a number of national operations.
- The staffing establishment for Public Protection has increased with the creation of an additional Detective Sergeant and 4 full time equivalent officers for SEIU alone. This has allowed the creation of an additional team for on-line CSE investigations.

## **WHAT HAS BEEN THE IMPACT OF THAT WORK**

- HMIC identified areas of vulnerability for the organisation and this has enabled a targeted action plan to be developed.
- Robust and accurate recording in line with NCRS, ensuring victims of abuse are afforded all of the rights with victim code.
- Op Encompass - improved communication between police social care and health
- Professionalising investigations into child death, improving the investigation vs. sensitivity, quality of coroners communications and consistent commitment to the child death process - very positive feedback from professionals and bereaved families
- Development of a Strategic Management Group to oversee the work of the two historic child abuse enquiries (Operation Daybreak and Xeres) and for the development of best practice, nationally and locally.

- The impact of the CSE profile work is yet to be determined however it is anticipated that the problem will drive CSE business by ensuring that proactive resources are directed toward the people and places most vulnerable to risk, threat and harm.
- The findings of the peer review are defining the Force action plan which is currently in development. The Force action plan will also lean upon the CoP action plan and the Jay report into CSE in Rotherham.
- Regional CSE Strategic Governance Group has ensured that, following the identification of CSE as a Force priority it has equally become a regional priority for the ROCU (Regional Organised Crime Unit). It has provided a forum for sharing best practice and lead to the establishing of Regional CSE Coordinator Dedicated CSE Analyst post (advertised) that will sit within the Regional Intelligence Unit, draw from National experience/best practice and disseminate and co-ordinate cross border law enforcement activity in relation to CSE.
- CSE intelligence submissions have increased month on month since January 2015 demonstrating a broader understanding among frontline officers of the risk indicators to CSE. A process is now in place between Public Protection and divisional intelligence units which ensure that this intelligence is actioned (where necessary) and is not missed by one thinking the other is addressing it. This represents a cohesive approach spanning from Neighbourhood Policing Teams locally to Specialist Units (SEIU) with Force responsibility.
- The Force was a pilot for Operation Notorise, a National CEOP co-ordinated investigation into the distribution of Indecent Images of Children. Similarly, the Force has lead on Operation Nautilite, assisted by CEOP nationally and internationally.
- The unit has greater capacity to deal with the increased demand symptomatic of the broader understanding of CSE post Rotherham which has led to an increase in public reporting, an increase in multi-agency referrals and increase in officers identifying children potentially at risk.
- Investigations receive increased internal scrutiny so as to ensure that all reasonable opportunities for disruption/prosecution are pursued. The department can now attribute the officers with the correct skill set to the most appropriate investigation type.

## **WHAT WE NEED TO DO IN THE FUTURE**

- In the backdrop of financial restraint work more constructively with our partners to identify ways of enhancing the journey for victims of abuse and ensure the best possible outcomes.

- Reflect on the lessons learnt from previous reviews and inspections and avoid ways of duplicating effort
- Work smarter and think innovatively. Public Protection terms of reference will expand and the challenge is to ensure the quality of service does not reduce.
- Explore ways to modernise the workforce and create Omni competence.
- Review attendance at ICPC and related meetings
- Produce an Adult at Risk Safeguarding Procedure following the Care Act.
- Promote and establish a Concerns Network in the County
- Develop pro-active safeguarding opportunities through better use of intelligence
- Narrow the gap between missing children investigations and CSE investigations and ensure return interviews are used as intelligence gathering opportunities.
- Make better use of OCG mapping
- Develop opportunities for perpetrators lead investigation to avoid investigation being disproportionately directed toward children who have been identified at risk and interventions undertaken rendering them safe whilst perpetrator's, sometimes unidentified continue to potentially offend.
- Improve the number of joint and police led investigations and speed in which they move through the referral/MASH process.
- Improve the quality of strategy discussions
- Ensure Education is engaged and aware when a child is being exposed to domestic abuse.

## **NOTTINGHAM UNIVERSITY HOSPITALS TRUST**

### **What the agency planned to do.**

In 2014-2015 Nottingham University Hospitals NHS Trust devised a work plan to deliver its requirements under the safeguarding children's agenda and submitted a Safeguarding report to the Trust Board (January 15 ) detailing activity and outlining the priorities for 2015.

### **Training**

Deliver safeguarding mandatory training to all relevant staff to meet the requirements of the Intercollegiate Document and the Think Family agenda

Ensure learning from all reviews are disseminated across NUH and embedded into practice.

### **Supervision**

Increase uptake of safeguarding supervision to relevant practitioners

### **Statutory Requirements and Assurance**

To ensure that NUH is compliant with its statutory duties under Section 11 of the Children Act and Working Together 2015

### **Multi-agency work**

Ensure robust representation at local safeguarding boards and relevant subgroups.

## **What we did**

### **Training**

Training at NUH met trajectory at year end March 2015.

The mandatory Training programme and material was reviewed and updated to include the Think Family and Prevent agenda

### **Supervision**

Policy updated in 2014. Planned sessions are delivered; the focus is on delivery to midwives and specialist nursing teams. The safeguarding team are also available to provide advice and support on an ad hoc basis. For medical staff involved in safeguarding monthly peer review sessions take place to promote discussion and learning.

### **Statutory Requirements and Assurance**

Internally NUH has a regular Safeguarding Children's Committee and an Safeguarding Annual report is submitted to the Trust Board, with a half annual report submitted to the Quality Assurance Committee.

NUH has robust internal governance arrangements and provides assurance to the local safeguarding board in the form of the completion of the safeguarding Section 11 and Markers of Good practice assurance framework.

### **Multi-agency work**

Multi-agency work continues as a priority. NUH is represented and are active members SCRSP, Quality Assurance, Audit and training committees.

### **Learning from reviews**

NUH has a subgroup of the safeguarding adults and children’s committee which terms of reference include to monitor NUH action plans from safeguarding reviews (adults and children) and domestic homicide reviews.

As a result of reviews during 2014-15 training has been reviewed to include a focus on ‘think family’ and ascertaining carers and those with caring responsibilities.

**What has been the impact of this work?**

Each year during November and December NUH completed the Safety of the Vulnerable Patients benchmark. Year on year this demonstrates improvement and this year has been no exception.

In order to gain a better understanding of staff knowledge across the trust, minimal changes were made to the benchmark since it was last scored in 2013

**Safety of Vulnerable Patients - Children’s Benchmark**

12 of the 13 children’s areas scored Gold or Green. Table 1 shows the indicators of best practice for children’s. All of the indicators of best practice were achieved by at least 90% of children’s areas

**Table 1: Indicators of Best Practice – Safety of Vulnerable Patients (Children) 2014**

1	Staff are aware of types of abuse and potential indicators of abuse.
2	Staff are aware of how to make a safeguarding children or adults referral.
3	Staff are aware of the NUH restraint policy and have an understanding of what constitutes proportional restraint.
4	The Ward/ Department has a Safeguarding folder, which is accessible to all staff OR staff are aware how to access information in the ‘virtual folder’ on the safeguarding vulnerable adults or children’s intranet sites.
5	Staff are aware of who the safeguarding Champions/leads are for both: <ul style="list-style-type: none"> <li>• The clinical area</li> <li>• The Trust</li> </ul>
6	Staff know how to access the Mental Capacity Act/Deprivation of Liberty Safeguards policies and how to contact the Adult SG Team for advice.
7	Staff awareness and acknowledgment of importance of clarifying who has parental responsibility and how this can be determined if adult is unsure.
8	Staff understand the importance of robust, accurate, timely record-keeping when it comes to dealing with safeguarding concerns.



## What we need to do in the future

Continue to promote the Think family approach to safeguarding and working to amalgamate the Children and Adult safeguarding teams.

Improve data collection systems for safeguarding and recording of referrals and continue work towards the CPIS information sharing system

Improve sharing and learning from SCRs and audit implementation of actions

Develop a system for recording of FGM in line with national requirements

Develop e-learning to support face-to-face training.

## CITYCARE PARTNERSHIP

During the last year we have achieved the following:

### Safeguarding Children

- The roll out of the 'Think Family' safeguarding group supervision model commenced in the summer of 2014 and has been positively received by staff undertaking the supervision model.
- An audit of the 1:1 supervision model via focus group and questionnaire to both supervisors and supervisees, implemented early in 2014, has been completed and a report of the findings is being compiled.
- The Safeguarding Children policy has been rewritten to provide staff with practice guidance on dealing with safeguarding concerns and to ensure that internal procedures are compliant with Working Together to Safeguard Children (2015) and Care Act requirements, specifically in relation to transition to adult services.
- CityCare completed Individual Management Reviews for several Serious Case Reviews (SCR) / Serious Incident Learning Process (SILP).
- Development and roll out of training programme in relation to Child Sexual Exploitation.
- Completion of Section 11 Self-Assessment Framework
- Organisational process and pathways developed to respond to 'Children Missing from Home' and 'Home Educated Children' agenda.
- Targeted awareness raising within CityCare Children's services of the updated Local Authority Family Support Pathway

### Domestic Abuse

- Review of Domestic Abuse Referral Team Pathways and procedures

- Implementation of the Domestic Violence Disclosure process (DVDS – previously referred to as Claire’s Law)
- Domestic Abuse Nurse Specialist gained accreditation as a trainer for Honour based Violence and Forced marriage.

## **PREVENT**

- Following the completion of the PREVENT ‘Train the Trainer’ course, the accredited trainers have delivered PREVENT training to over 300 staff since July 2014. A rolling programme of PREVENT training is in place as part of the safeguarding ‘Think Family’ training matrix.
- The PREVENT lead has supported practitioners with managing a number of PREVENT concerns that have been raised by frontline staff, liaising with statutory organisations to ensure a co-ordinated multi-agency response is in place.

## **Strategic work**

- Introduction of the Serious Incident Review Group (SIRG) which is a sub group to the Safeguarding Group, tasked with reviewing and implementing recommendations from serious safeguarding incidents (including SCR / SILP).
- Development of the CityCare safeguarding intranet pages – a one stop shop for policy and guidance documents (internal, local and national documents) relating to safeguarding.
- Development of a Carers strategy and ‘Supporting Carers’ factsheet for frontline staff
- Development of the ‘Think Family’ factsheet for frontline staff



## **Key Priorities for 2015/16**

- Development of level 2 Safeguarding Adults and Safeguarding Children training for identified Adult Services staff
- Safeguarding Conference for CityCare staff

- Safeguarding Champions Network
- Completion of Safeguarding Adults Self-Assessment Framework
- Appointment of designated MCA Lead Practitioner role
- Development and Implementation of Safeguarding Adults service
- Audit of 'Think Family' group supervision model

## **NOTTINGHAMSHIRE HEALTHCARE NHS FOUNDATION TRUST**

The Nottinghamshire Healthcare NHS Foundation Trust sees an effective safeguarding service as one that ensures that vulnerable people, whether our patients, their carers, or our staff and their relatives, are kept safe and have the best possible experience whilst in our care.

### **What NHCT planned to do?**

Nottinghamshire Healthcare's Business Plan was developed to cover a three year period 2012 – 2015

### **What we did this year;**

- Review the recommendations that have emerged from reviews, reports and other national enquiries
- Embed and consolidate our approach to domestic violence and abuse by ensuring that it is aligned to that of our partners in order to avoid duplication of effort and maximise our effectiveness.
- Ensure organisational learning from internal and external issues, Serious Case Reviews, Domestic Homicide Reviews, alternative reviews and audit is embedded and evaluated against impact and sustainability
- Develop new, imaginative and innovative ways of extending learning and development.
- Refresh our approach to Think Family 'in order to support the implementation of the Trust's first 'Think Family Strategy'.
- Improve our involvement with members, service users and carers to guide our development and measure our effectiveness
- Align our programme to the Strategic Objectives of the Trust and the identified priorities of the Local Safeguarding Adults and Children's Boards.
- Deliver a robust governance system and continue to develop our methods of reporting to reflect the quality of the service we deliver.
- provide a greater focus on the quality of safeguarding leadership and integration to ensure that all our staff are supported, confident and well-equipped to meet the demanding challenges of the safeguarding responsibilities they undertake on behalf of users of our services and their families

### **What has been the impact?**

The plan between 2012 and 2015 has been reviewed and established that all the actions planned for completion by the end of 2015 have been achieved on time or have been embedded into our longer term and ongoing activities.

Highlights this year include

- Our active participation on LSBs / DV multi – agency executive Groups and sub structures
- Robustly responding and adapting National, regional , local changes and emerging themes - including , e safety , modern slavery , child sexual exploitation
- Delivering a Trust wide Think family approach, in everything we do
- The delivery of high quality accessible training , supervision and support
- Consolidation of our approach to Domestic Violence & Abuse including sexual violence
- Engagement in safeguarding research
- Development of the first Trust wide Quality and Performance framework
- Producing high quality individual and multi - agency investigation reports such as SCRs SARS and DHRs to ensure learning is timey , effective and respectful to the Service user, their family and our staff

### **What we need to do in the future**

The year ahead sees the launch a new phase in our work , a refreshed 5 year plan with an emphasis on leadership , learning and improvement and a commitment to strengthen of our ability to evidence we are making a difference,

**Priority 1:** To demonstrate Nottinghamshire Healthcare has a strong integrated and sustainable culture of both safeguarding leadership and strategic and operational working across the Trust.

**Priority 2:** To demonstrate that we are assured that safeguarding is everyone's responsibility and we are able to evidence that we are making a difference.

**Priority 3** To demonstrate that we are assured that learning and improvement is raising the awareness and the quality of safeguarding practice and ensure that training, procedures and guidance support improvements in safeguarding children and adults.

This approach is in line with the POSITVE values and vision of Nottinghamshire Healthcare Foundation Trust. Furthermore it encompasses a clear overarching message and framework for all staff which ensures safeguarding is

**'Everyone's business.'**





**Nottingham City**

**Adult Safeguarding**

**Partnership Board**

# **ANNUAL REPORT**

## **2014-15**

# FOREWORD FROM THE INDEPENDENT CHAIR



I am pleased to present the Annual Report for the Nottingham City Adult Safeguarding Partnership Board (NCASPB) for 2014/15. Publication of annual report for Safeguarding Adult Boards became a statutory requirement following the implementation of the Care Act 2014 from 1st April 2015. In Nottingham City we have been publishing such reports for some years. Last year we published a combined annual report for the Children and Adult Safeguarding Boards.

Changes to the statutory frameworks for the two Boards together with feedback from stakeholders has resulted in our reverting to the publication of two annual reports, one for the Nottingham City Safeguarding Childrens Board and the other for the NCASPB. Some parts of the annual reports are shared since a key part of our Business Plan was to secure effectiveness across the children and adult arenas, reflecting our aim to ‘think family’ in the delivery of our work.

The key purpose of the report is to assess the impact of the work we have undertaken in 2014/15 on service quality and effectiveness and on safeguarding 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 2014/15.

The last twelve months have witnessed some significant changes in the way we operate as a Board. At national level the implementation of the Care Act 2014 has moved the NCASPB on to a statutory footing and a key focus of our work in 2014/15 was to prepare the Board for the expectations of this new legislation that ‘went live’ in April 2015. In addition, the NCSAPB has closely monitored the impact of the Supreme Court judgement relating to Mental Capacity Act/Deprivation of Liberty Safeguards (MCA/DoLS) application and the resulting significant increases in DoLS referrals. The Board has continued the work it began in 2013/14 in monitoring local implementation of recommendations arising from the Winterbourne View and North Staffordshire Hospital review recommendations as they apply to safeguarding practice.

At a 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 and local strategies to secure efficiencies. In addition we have



focused on adapting our operations to reflect changes flowing from the Care Act. This has included closer working with Prisons and their engagement in the work of the NCASPB. The Board has been closely monitoring and evaluating these initiatives.

I am pleased that this report presents a considerable range of success and achievement for the Board. The assessment of our performance also indicates areas for further development and improvement which have been incorporated into our Business Plan for 2015/16.

Many of you will know that this will be my last Annual Report since I am stepping down from the Independent Chair role in the early autumn of 2015. I would like to take this opportunity to thank all Board members and those who have participated in Subgroups for their continued commitment not just in 2014/15 but across the three years in which it has been my privilege to chair the NCASPB. In addition I would like to thank staff from across our partnerships for their motivation, enthusiasm and continued contribution to keeping the people of Nottingham safe.

Safeguarding is everyone's business. The achievements set out in this Annual Report have been achieved not just by the two Safeguarding Boards but by staff working in the agencies that form our partnership. The further improvements we seek to achieve in 2014/15 will require continued commitment from all to ensure that adults in Nottingham are safe.

I commend this report to all our partner agencies.

A handwritten signature in black ink, appearing to read 'P. R. Burnett', with a large, sweeping flourish underneath.

Paul Burnett, Independent Chair, Nottingham City Safeguarding Children Board and Nottingham City Safeguarding Adults Partnership Board.

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Chapter 6: Future Challenges: Our Business Plan for 2015/16

Appendices:

Appendix 1: Business Plan 2015/16

# CHAPTER 1 LOCAL SAFEGUARDING CONTEXT

## 1.1 Introduction

- 1.1.1 The Nottingham City Safeguarding Adults Partnership Board (NCASPB) serves the City of Nottingham.
- 1.1.2 The population of Nottingham at the time covered by this report was around 308,700.
- 1.1.3 The number of adults 18+ living in the City is approximately 246,306 which represents around 80% of the total City population.

## 1.2 Demographic, social and economic context

- 1.2.1 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.
- 1.2.2 The 2011 Census showed 35% of the population as being from black minority ethnic (BME) groups; an increase from 19% in 2001.
- 1.2.3 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.
- 1.2.4 The City gains young adults due to migration, both international and within Britain, whilst losing all other age groups. There is a high turnover of population.
- 1.2.5 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. Crime is the Index of Deprivation domain on which Nottingham does worst, followed by Education, Skills & Training and Health & Disability.
- 1.2.6 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.

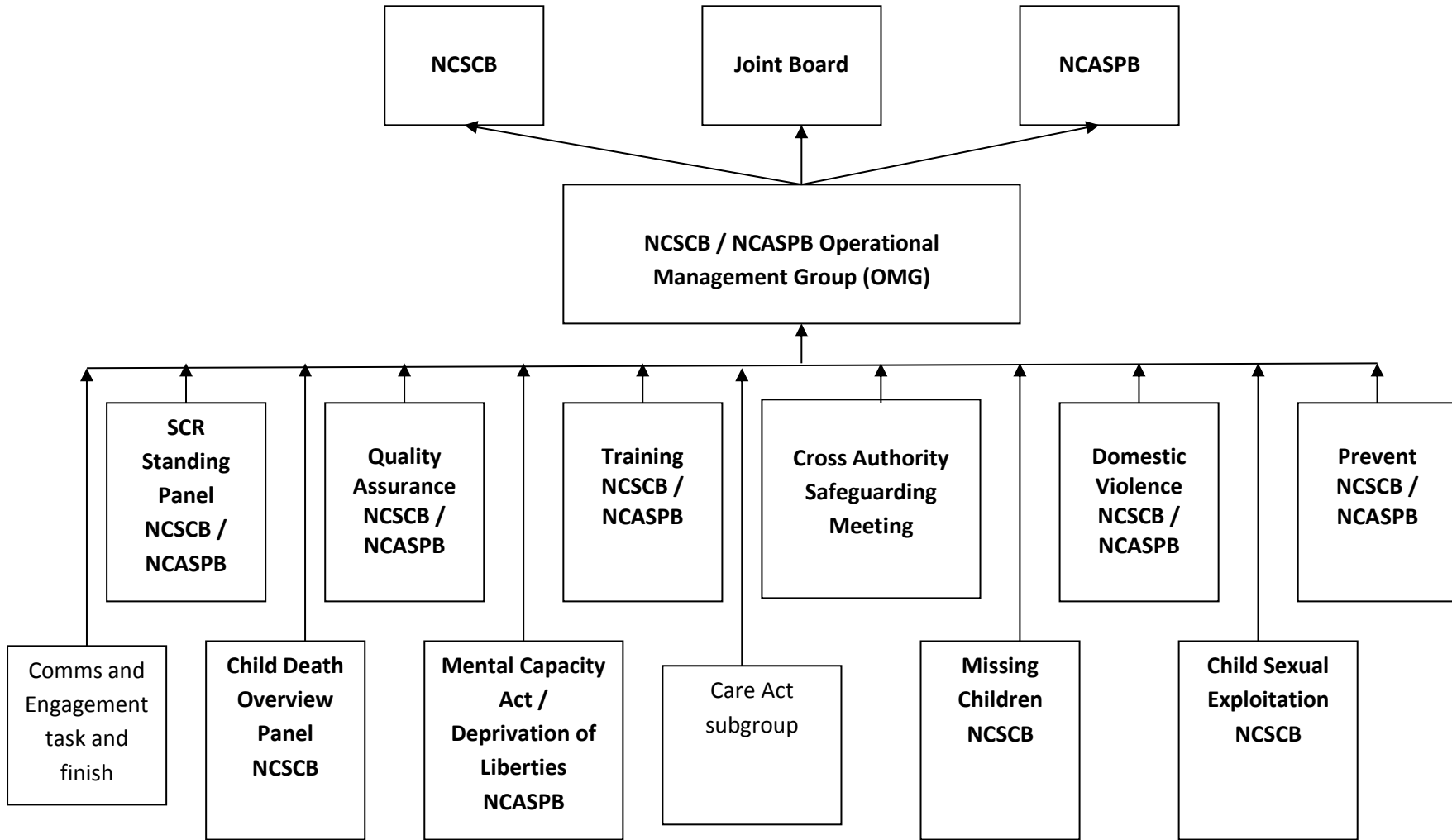


# CHAPTER 2 GOVERNANCE AND ACCOUNTABILITY

## 2.1 Introduction

- 2.1.1 The Nottingham City Children's Safeguarding Board and NCASPB have been aligned since March 2012 and since that time have had the same Independent Chair, Paul Burnett.
- 2.1.2 The two Boards have always remained distinct entities with their own constitutions, governance and memberships. This reflects the differing statutory status of the Boards. A decision has been taken in January 2015 to more clearly distinguish between the two Boards and steps will be taken to recruit independent chairs for each Board during 2015/16.
- 2.1.3 The NCASPB became a statutory body on 1<sup>st</sup> April 2015 as a result of the Care Act 2014. The role of the NCASPB has been to safeguard and promote the welfare of vulnerable adults and to ensure that local agencies co-operate and work well to achieve this. A key priority of the NCASPB during 2013/14 has been to review and revise its arrangements to secure compliance with the Care Act. The Board continues to undertake this work in 2015/16.
- 2.1.4 The Board has met four times during 2014/15. Each Board meeting has comprised a meeting of the NCASPB together with a joint meeting with the NCSCB to focus on those elements of our Business Plan that cross-cut. Changes to these arrangements may result from the appointment of new chairs during 2015/16.
- 2.1.5 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 the Independent Chair 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 which provide services to children or vulnerable adults with significant involvement in safeguarding who are 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 2014/15



- 2.1.6 The NCASPB, OMG 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.
- 2.1.7 The OMG receives reports from all the sub groups on a regular basis and makes a full report to the NCASPB Strategic Board on progress, exceptions and risk.

## **2.2 Independent Chair**

- 2.2.1 During 2014/15 the NCSCB and the NCASPB continued to be led by a single independent chair. The Independent Chair during 2014/15 was Paul Burnett. He is a former Director of Children's Services in two local authorities and an experienced independent chair.
- 2.2.2 Line management arrangements for the Independent Chair transferred to the Chief Executive of Nottingham City Council. The independent chair has agreed performance targets that are monitored through quarterly meetings. It also provides an opportunity to address strategic issues including the inter-relationships between the safeguarding boards and other partnerships.

## **2.3 Membership**

- 2.3.1 The NCASPB membership for 2014 – 15 is set out below in Fig 1 including the attendance levels of constituent members/agencies.

Fig 1 - NCASPB Strategic Board Membership / Attendance

<b>Name</b>	<b>Organisation</b>	<b>Role</b>	<b>Attendance</b>
Paul Burnett		Independent Chair	100%
Alison Michalska	Nottingham City Council	Corporate Director Children & Families	100%
Cllr Liversidge/Cllr Alex Norris	Nottingham City Council	Nottingham City Council Portfolio Holder for Adult Services & Health	75%
Helen Jones	Nottingham City Council	Director of Adult Services	100%
Supt Helen Chamberlain (Vice Chair)	Nottinghamshire Police	Head of Public Protection	100%
Sally Seeley/ Teresa Cope (Vice Chair)	NHS Nottingham City 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/ Phylis Brackenbury	Nottingham City Care Partnership CIC	Director of Governance and Nursing	75%
Dr Stephen Fowlie	Nottingham University Hospitals Trust	Medical Director	75%
Nigel Hill	National Probation Service	Nottinghamshire Director	75%
Alastair Mclachlan	GP Safeguarding Lead	Clinical Commissioning Group	25%
Peter Moyes	Crime and Drugs Partnership	Director, Neighbourhood, Crime and Justice	25%
Claire Knowles	Legal & Democratic Service Directorate	Nominated Solicitor	75%
Hayley Frame/Clive Chambers/	Children's Safeguarding	Head of Safeguarding & Quality Assurance (Children)	100%
Julie Sanderson	Adult Safeguarding	Head of Safeguarding & Quality Assurance (Adults)	100%
Nicola McGrath	Children & Families	Safeguarding Partnerships Service Manager	100%

2.3.2 The NCASPB membership complies with the expectations of the Care Act 2014 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.

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



## 2.4 The Lead Member

2.4.1 The NCASPB Lead Member transferred from Councillor Liversidge to Councillor Norris, and both have been regular attendees and contributors at the NCASPB, providing consistent political support and challenge to the board. Councillor Norris chairs the Health and Well-Being Board and provides support to the inter-relationship and cross-scrutiny and challenge between the two Boards.

## 2.5 Budget

2.5.1 To function effectively the 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 2014/15.

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

2.5.3 The budget statement for 2014-15 is in Fig 2:

Fig 2 – Budget statement for 2014-15

### **NOTTINGHAM CITY CHILDREN/ADULT SAFEGUARDING BOARD**

#### **FINANCIAL STATEMENT FOR THE YEAR 2014-15**

#### **SAFEGUARDING BOARD CONTRIBUTORS**

	£
NOTTINGHAM HEALTH	181,833
POLICE	32,698
NATIONAL PROBATION SERVICE	2,392
NOTTINGHAM CITY - HOUSING	4,260
NOTTINGHAM CITY - CHILDRENS SERVICES	114,426
CAFCASS	550

<b>TOTAL INCOME</b>	<b>336,159</b>
---------------------	----------------

	<u>Budget</u>	<u>Actual</u>	<u>Variance</u>
		<u>Expenditure</u>	
	<u>2014/15</u>	<u>2014/15</u>	
<b><u>Safeguarding Children Information Management Team</u></b>	£	£	
<u>EXPENDITURE</u>			
STAFFING	92049	74,650	17,400
NON PAY COSTS:	260	260	0
<b>TOTAL</b>	<b>92,309</b>	<b>74,910</b>	<b>17,400</b>
	<u>Budget</u>	<u>Actual</u>	<u>Variance</u>
		<u>Expenditure</u>	
	<u>2014/15</u>	<u>2014/15</u>	
<b><u>CHILDREN/ADULTS SAFEGAURDING BOARD</u></b>	£	£	
<u>EXPENDITURE</u>			
STAFFING	212,008	218,043	-6,035
NON PAY COSTS:	53,940	53,776	164
LESS INCOME RECEIVED RE TRAINING COURSE		-22,321	22,321
<b>TOTAL</b>	<b>265,948</b>	<b>249,499</b>	<b>16,449</b>
	<u>Budget</u>	<u>Actual</u>	<u>Variance</u>
		<u>Expenditure</u>	
	<u>2014/15</u>	<u>2014/15</u>	
<b><u>SAFEGUARDING BOARD - TRAINING</u></b>	£	£	
<u>EXPENDITURE</u>			
STAFFING - under Safeguarding Board Staffing			
NON PAY COSTS:	10,210	3,387	6,823
<b>TOTAL</b>	<b>10,210</b>	<b>3,387</b>	<b>6,823</b>
<b>BOARD TOTAL EXPENDITURE FOR 2014-15</b>	<b>368,467</b>	<b>327,795</b>	<b>40,672</b>

## **2.6 Relationships with other Partnership bodies**

2.6.1 To maximise their effectiveness, specifically in relation to their scrutiny and challenge roles, the NCASPB has developed robust protocols and arrangements to secure effective inter-relationships with other key partnership bodies including One Nottingham, the Health and Wellbeing Board and the Children's Safeguarding Board

## **2.7 Safeguarding Assurance Group**

2.7.1 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.

## **2.8 The Health and Wellbeing Board.**

2.8.1 The Health and Wellbeing Board 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.

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

- Securing an integrated approach to the JSNA, ensuring comprehensive safeguarding data analysis in the JSNA
- Aligning the work of the 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

## **2.9 Children’s Safeguarding Board**

2.9.1 As outlined above, the children’s and the adults safeguarding boards have the same independent chair to allow for joint working across the two boards. This has resulted in a joint action plan for cross cutting themes such as domestic abuse, priority families and transitions.

# CHAPTER 3: BUSINESS PLAN PERFORMANCE 2014/15

## 3.1 Introduction

3.1.1 The Business Plan for 2014/15 was the second integrated plan for the NCSCB and NCASPB. The following priorities were identified for the period 2014/15:

- Priority 1: To be assured that 'Safeguarding is Everyone's Responsibility' (shared with the NCSCB)
- Priority 2b: To be assured that adults in need of safeguarding are safe.
- Priority 2c: To be assured that safeguarding services are effectively coordinated 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.

## 3.3 Business Plan Priority 1 - To be assured that 'Safeguarding is Everyone's Responsibility'

Ensure Boards' and partner agency compliance with the emerging expectations of the Care Bill – now the Care Act 2014

3.3.1 A key element of the Board's work during 2014/15 has been preparation for the implementation of the Care Act 2014. This key piece of legislation had major implications for the work of the NCASPB and as a result it was agreed to establish a Care Act Task and Finish Group to ensure focus on key issues and prepare the NCASPB for implementation of and compliance with the new legislation. The Care Act makes it a statutory requirement that Local Authorities set up a safeguarding board and Boards now have a statutory duty to hold safeguarding adult reviews and to hold partner agencies to account regarding information sharing.

3.3.2 The subgroup is a multi-agency group that meets monthly and is well attended. The functions of the Care Act task and finish group are:

- To agree and implement the project plan for ensuring the NCASPB is compliant
- To ensure delivery of work required to update and amend policy and procedures

- To make recommendations on further work required of the NCASPB

3.3.3 The group has had 4 meetings since inception. The phase 1 project plan has been completed within timescales and phase 2 is in development. The following tasks have been completed:

- Multi-agency procedures and guidance and the SAR procedures have been amended and created as cross authority documents
- A training strategy has been written, training has been updated in line with Care Act requirements and agencies have been asked to submit evidence that their training has been updated as part of the training QA scheme
- DASMs and safeguarding leads have been identified in relevant partner agencies and this is reflected in the Governance document
- Assurance has been given that contracts with providers have safeguarding clauses including a duty to share information
- If necessary advocates can be commissioned to support citizens during the SAR process
- Partner agencies have submitted a statement of assurance stating that they are compliant with Care Act requirements

3.3.4 No barriers to progress have been encountered. Partner agencies are committed to ensuring the Care Act is implemented within their own organisations as well as Board compliance. Cross authority working with Nottinghamshire County has been successful in the completion of cross authority Multi-agency Adult Safeguarding Procedures and Guidance and the cross authority Safeguarding Adults Review (SAR) Process.

Ensure full agency compliance in Safeguarding Adult Assurance Framework (SAAF) Audit processes

3.3.5 In 2013-14, the NCASPB agreed that the Safeguarding Adult Assurance Framework (SAAF) would take place on a biannual basis. Having been completed in 2013-14, agencies that reported to be working towards an objective produced and completed an action plan within 2014-15. Action plans were requested from the Police, Nottingham Healthcare Trust and Nottingham University Hospital Trust, and in May 2014, these agencies were able to report that they were delivering against all objectives in the SAAF.

3.3.6 The SAAF has been updated in line with Care Act requirements and will be completed within 2015-16 to be reported on in the next Annual report.

Ensure that the Board, OMG and Subgroups:

a. have appropriate and regular attendance rates

b. have capacity to deliver Business Plan expectations

3.3.7 The NCASPB met four times during 2014/15 and attendance at Board meetings has continued to be strong. Membership meets the new Care Act requirements and extends beyond the statutory requirement. Attendance levels at NCASPB are reported in Chapter 2.

3.3.8 The OMG and Subgroups have also operated effectively and sustained relevant membership and, in most cases, good levels of attendance. Difficulties have been experienced in sustaining quoracy at the Quality Assurance Subgroup.

3.3.9 The chairing of subgroups is well distributed across partner agencies as is set out in detail in the impact section below.

The Board drives partnerships and partner agencies to own, prioritise, resource, improve and positively impact on safeguarding

3.3.10 The NCASPB completes an organisational audit (the SAAF) on a biannual basis as mentioned in 1.3. The purpose of the audit is to ensure that there are effective safeguarding mechanisms across the partnership.

3.3.11 The NCASPB also initiates Serious Case Reviews (SCRs) where the criteria is met which focuses partner agencies on identifying where there are issues with safeguarding mechanisms and ensures these are addressed. Other learning processes are instigated where SCR criteria are not met but there is learning to be identified. Further details on SCRs are included in chapter 4.

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

3.3.12 The Board has received a range of management information to enable it to evidence, scrutinise and challenge performance including:

- Annual safeguarding reports from all constituent agencies (in Chapter 5 of this report)
- Reports on the implementation of the Care Act
- Reports on MCA/DoLS including performance data on Dols
- Staff survey

- Organisational audit (SAAF)

3.3.13 Securing regular meetings of the Quality Assurance Sub-Group has presented a challenge primarily from the perspective of quoracy but also in terms of securing comprehensive submission of performance information. This is commented on further in the impact section below. Action is planned which will address this issue moving forward.

Secures the effective implementation of new practice guidance issued in 2014

3.3.14 Transitions good practice guidance has been issued within 2014-15 as a result of an action from a Nottinghamshire County SCR. The document is a joint document across Nottingham City and Nottinghamshire County, and has been disseminated to partner agencies. The document will be updated in line with the Care Act.

3.3.15 Work began on amending the Nottingham and Nottinghamshire multi-agency procedures to ensure they are compliant with the Care Act and the amended versions were issued on 1<sup>st</sup> April 2015.

3.3.16 The SCR procedures were amended as a cross authority document with Nottinghamshire County to ensure they are compliant with the Care Act.

Formulate and implement the Information Sharing Protocol

3.3.17 The NCASPB works to the Nottingham and Nottinghamshire Information Sharing Protocol which most statutory partner agencies of the Board are signed up to. The Police were identified as not forming part of the protocol but they signed up to the protocol in March 2015. Work will be undertaken in 2015-16 to ensure that the protocol is still fit-for-purpose and meets the requirements of the Care Act.

Safeguarding roles and responsibilities and outcomes are explicit in the commissioning, contracting, monitoring and review of services

3.3.18 In response to an action from a SCR and in preparing for the Care Act, assurance was sought from the Local Authorities commissioning department and from the Nottingham CCG that safeguarding is built into the commissioning and contracting processes where appropriate. Assurance was given in response and accepted by the relevant subgroups.

The 'voice' of adults and practitioners is heard and acted on across all priorities

3.3.19 It is standard practice within SCRs and other learning reviews that the views of the adult, if possible, and/or their family members are sought for inclusion in



the review. It is also standard practice to ensure that practitioners' voices are sought in reviews, not only to ensure that reviews are thorough and take into account all opinions, but also to improve communication between frontline staff and strategic managers. During 2014-15, one SCR and one learning review took place and in both, views of the subject and/or their family and practitioners were sought as appropriate.

3.3.20 A staff survey takes place on an annual basis. This is the second year the staff survey in adults has been completed. The key headlines are as follows:

- There has been a significant drop in the number of responses from 552 in 2013 to 382 in 2014. Two agencies to increase their number of responses were the Police and Nottingham City Homes. There was a significant reduction in responses from all health agencies except NUH.
- The number of practitioners aware of the multi-agency procedures and guidance has dropped. This could be because the procedures have not been publicised recently; however, they have been refreshed as part of the work on the Care Act so we should see an increase next year.
- Although nearly 30% of practitioners have never referred to the multi-agency procedures and guidance, nearly all practitioners are aware of their agency's internal safeguarding procedures.
- The number of practitioners who have completed a DASH RIC assessment and feel confident in doing so has increased.
- The number of practitioners aware of DOLs has increased which could relate to the publicity around Cheshire West.

3.3.20 Some progress has been made in securing greater engagement of service users. The Communications and Engagement Sub-Group was created during 2014/15 to drive forward improvements specifically in relation to the engagement of adult service users and opportunities for Service User engagement has been mapped out across Nottingham City.

### **What has been the impact?**

3.3.21 As stated above attendance at NCASPB has, in the main, continued to be strong. Attendance levels for 2014/15 were set out Chapter 2: Governance and Accountability. One key concern has been the representation of NHS England. Since the organisational changes of 2013/14 that created the new NHS structures, NHS England has not been represented at the board despite expressions of concern to local area management.

3.3.22 At the annual development session held in January 2015 NCASPB members, alongside their counterparts on the NCSCB, reviewed the governance arrangements that have been in place for the past two years. Reflections on

NCASPB arrangements were positive and there was recognition that the refocusing of Board and OMG agendas in the past year had enabled the Board to better focus on key strategic issues and decision-making with OMG focusing on the operational implementation of decisions and on managing Board agendas to sustain strategic focus. However, outcomes from the Peer Review of adult safeguarding, led to a review of the alignment of the NCSCB and NCASPB (see appendix A). Whilst it was felt important to sustain a focus on shared safeguarding priorities through the creation of a shared element of the new Business Plan for 2015/16 and for the two Boards to meet together on a regular basis during 2015/16, it was also agreed that greater distinction between the work of the two Boards be secured. This has subsequently resulted in the appointment of different chairs for the NCSCB and the NCASPB following the decision of the current chair to stand down.

3.3.23 OMG has similarly been well attended and received positive evaluation in the governance review at the Development Day.

3.3.24 At sub-group level we have sustained partnership engagement in the chairing of meetings. During 2014/15 chairing has been shared across the partnership as follows:

- |   |  |
|---|--|
| ○ SCR Subgroup                              | Bella Furse, NUH                       |
| ○ Quality Assurance Subgroup<br>Partnership | Sarah Kirkwood/Sandra Morell, CityCare |
| ○ Training Subgroup                         | Janet Lewis, VCS                       |
| ○ Domestic Violence Subgroup                | Sue Barnett, CityCare Partnership      |
| ○ MCA/DoLs Group                            | Steve Oakley, Nottingham City Council  |
| ○ Care Act subgroup                         | Hayley Frame, Independent              |

3.3.25 Dialogue through other partnerships has resulted in a range of actions and impacts that evidence the influence of the NCASPB in driving safeguarding improvement and effectiveness. Examples include:

- The Health and Well-Being Board's considerations of strengthening the inclusion of safeguarding requirements within commissioning and contracting arrangements across the City;
- The work of the Nottingham Priority Families initiative
- A Communication and Engagement Subgroup was established during 2014/15 primarily targeted at enhancing the 'voice of the service' in the work of the NCASPB.

### 3.4 Business Plan Priority 2b: To be assured that adults in need of safeguarding are safe

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

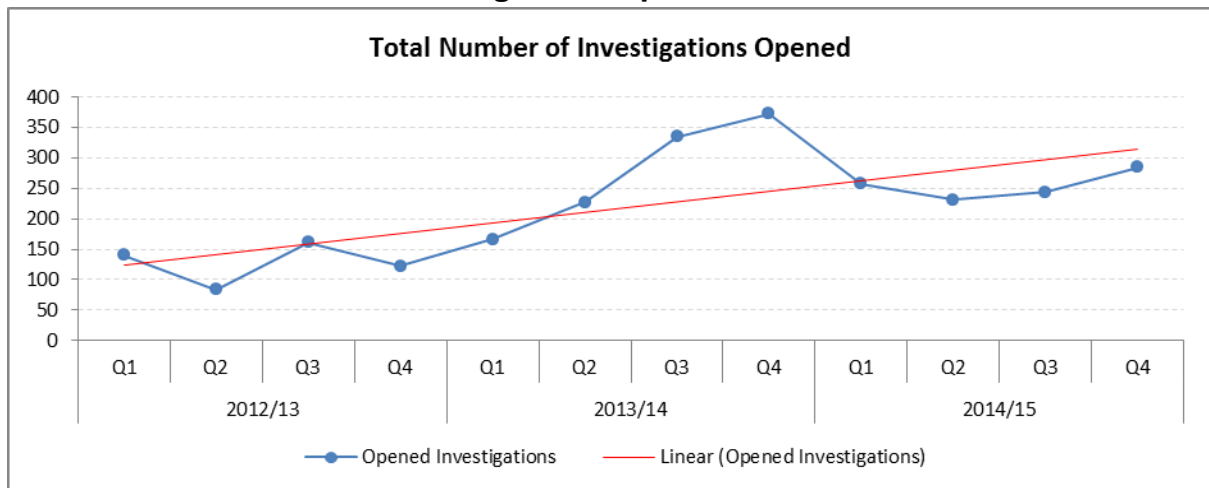
3.4.1 At the beginning of April 2014 the way in which safeguarding alerts and investigations were recorded changed. Instead of separate alert and investigation forms, a single safeguarding referral form was designed and built, allowing for a more streamlined approach to recording safeguarding. The new process means that the 2014/15 is not comparable to previous data.

3.4.2 The following data was received by the NCASPB to provide assurance that safeguarding alerts and investigations were being processed as appropriate.

#### Adult safeguarding data

3.4.3 There were 1,017 investigations opened in 2014/15, with a slight upward trend in quarter 3 and quarter 4 (see chart 1). This is a similar number to that opened in 2013/14; however the distribution of opened investigations is more even across the four quarters than in the previous year, when there was a large increase recorded in quarters three and four.

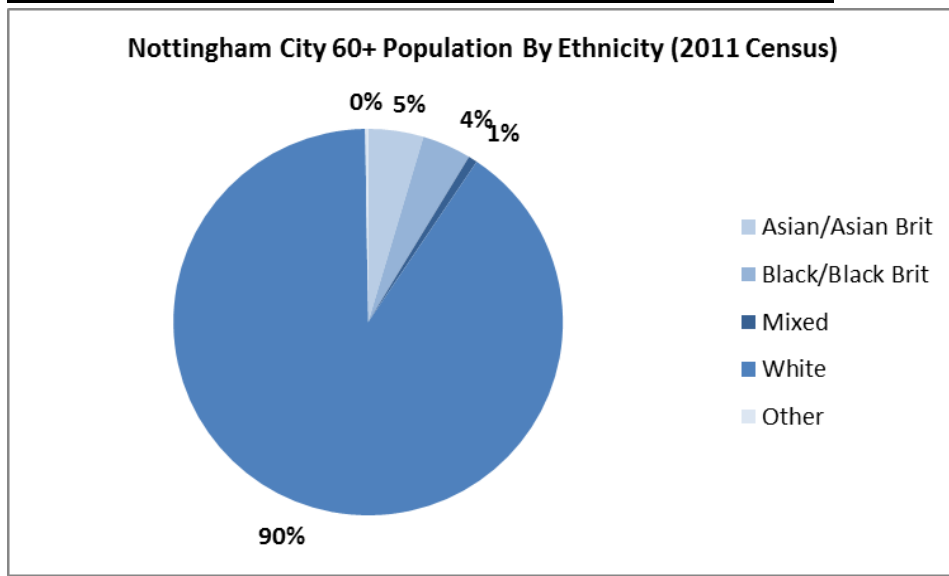
**Chart 1: Total Number of Investigations Opened**



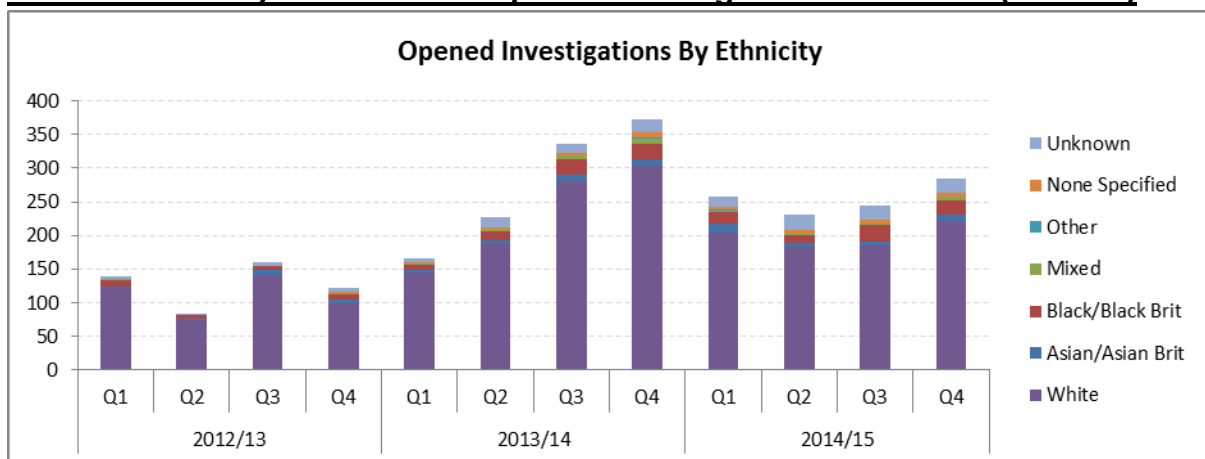
3.4.4 Examining the demographics of citizens that alleged abuse took place against shows that the majority were of a White ethnicity (78.2%), a marked reduction in the percentage recorded in the three previous years (2011/12 – 86.6%, 2012/13 – 86.4%, 2013/14 – 83.2%). Citizens of a Black/Black British ethnicity account for 7.5% of citizens, an increase of 1.3% from the previous year, with citizens of an unknown ethnicity also accounting for 7.5% of

citizen's ethnic make-up. Comparing this to the ethnic make-up of the older local population (60+), as supplied by the 2011 census, shows that the high proportion of citizens with a white ethnicity is representative of the population as a whole. The increase in numbers from BME background could be indicative of an increase in awareness. This is an issue which will be further explored in 2015/16. Please see charts 2, 3 and 4 for further details.

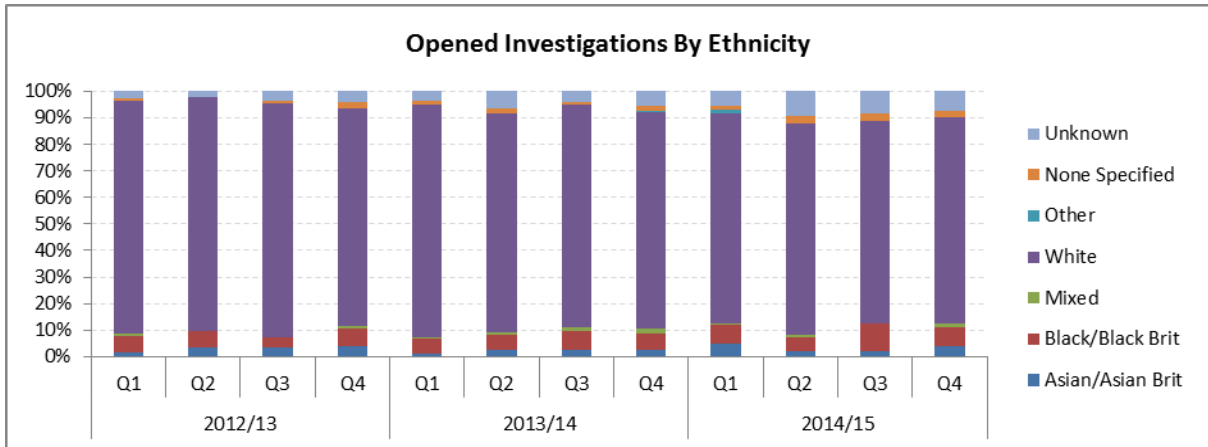
**Chart 2: Nottingham City Population by Ethnicity (60+)**



**Chart 3: Ethnicity of Citizen for Opened Investigations in 2014/15 (Volume)**

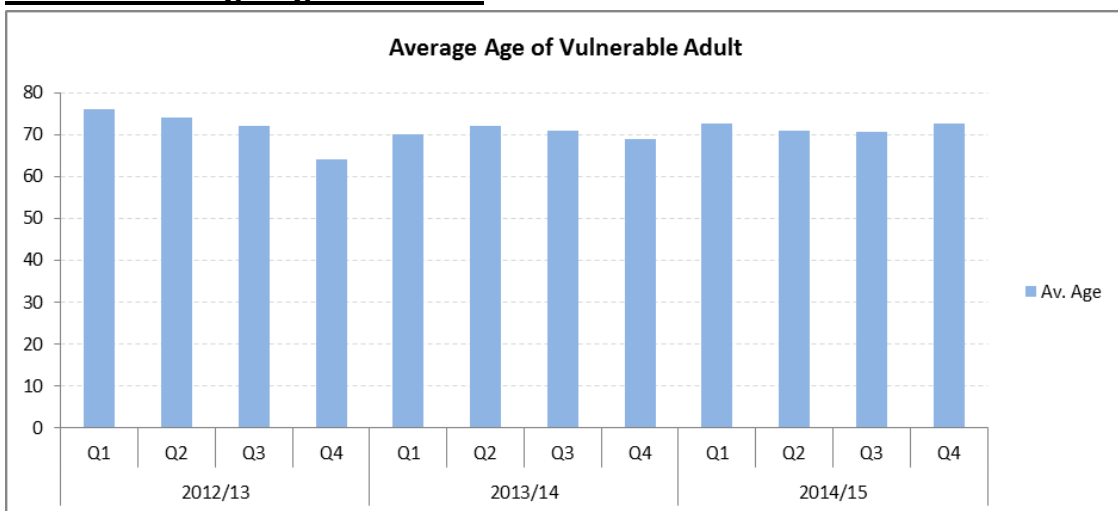


**Chart 4: Ethnicity of Citizen for Opened Investigations in 2014/15 (Percentage)**

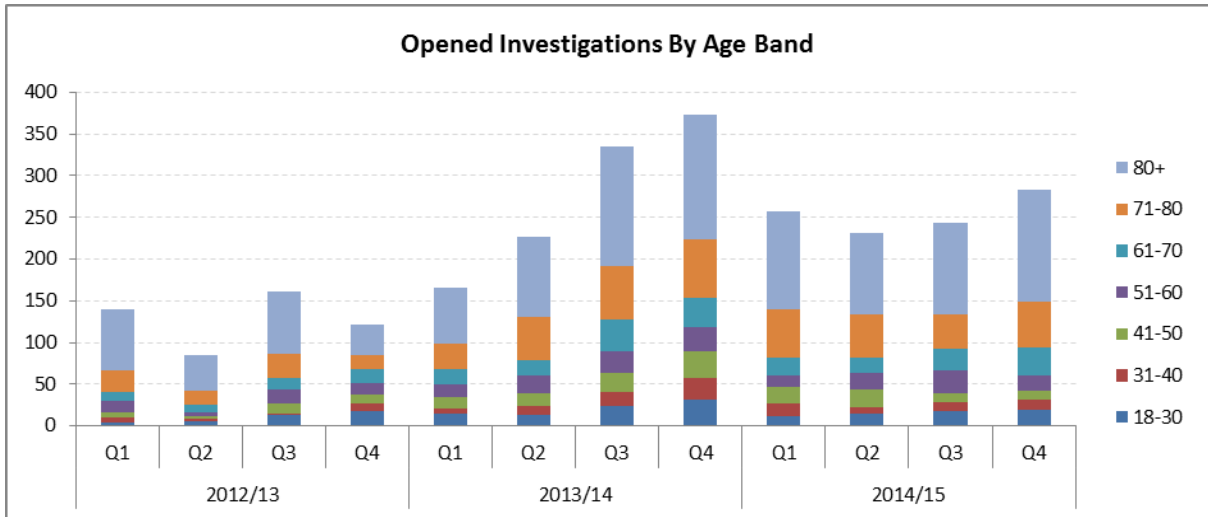


3.4.5 In terms of age range the highest proportion of citizens were aged 81 years old or over (45.4%), with a slight increase in percentage recorded compared to 2013/14 and a similar level to that seen in 2012/13. 20.1% of citizens were aged between 71 and 80 and a further 10.0% were aged between 61 and 70 years old, meaning that 75.0% of citizens against whom alleged abuse took place were aged 61 and over. The increased percentage in alleged abuse against those aged 81 or over coupled with 75.0% of citizens being over the age of 61 shows that despite a similar percentage of citizens aged 61 or over having alleged abuse recorded against them, the citizens within this group are distinctly older than in 2013/14, with the average age of citizens (chart 5) indicating this, particularly in quarters 1 and 4 of 2014/15 when the average age of a citizen was 73 years old (the oldest average age since quarter 2 of 2012/13). Please see charts 6 and 7 for more information on citizen age breakdown.

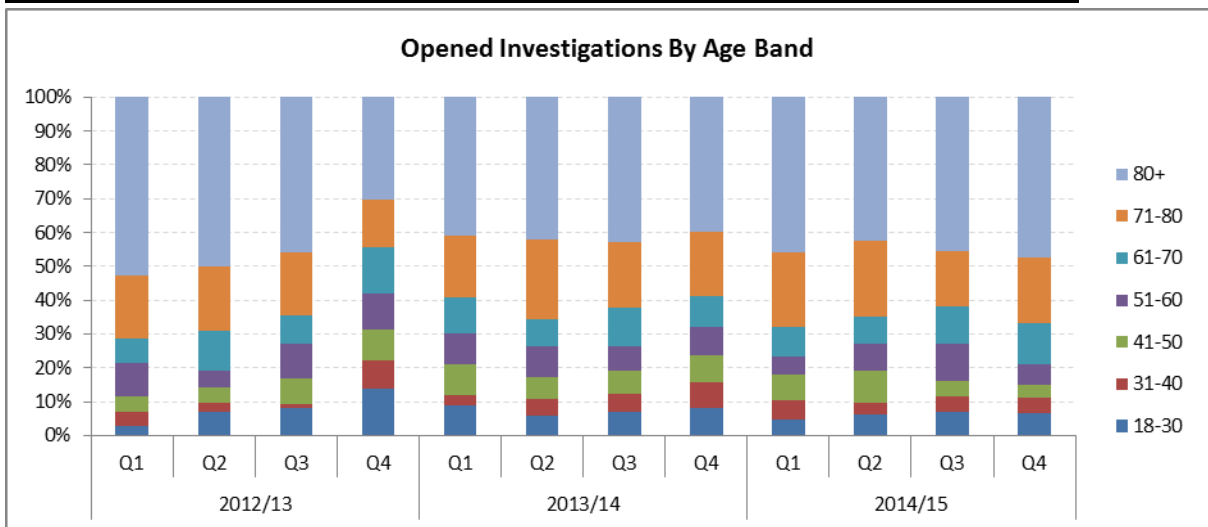
**Chart 5: Average Age of Citizen**



**Chart 6: Age Band for Citizens with Opened Investigation (Volume)**

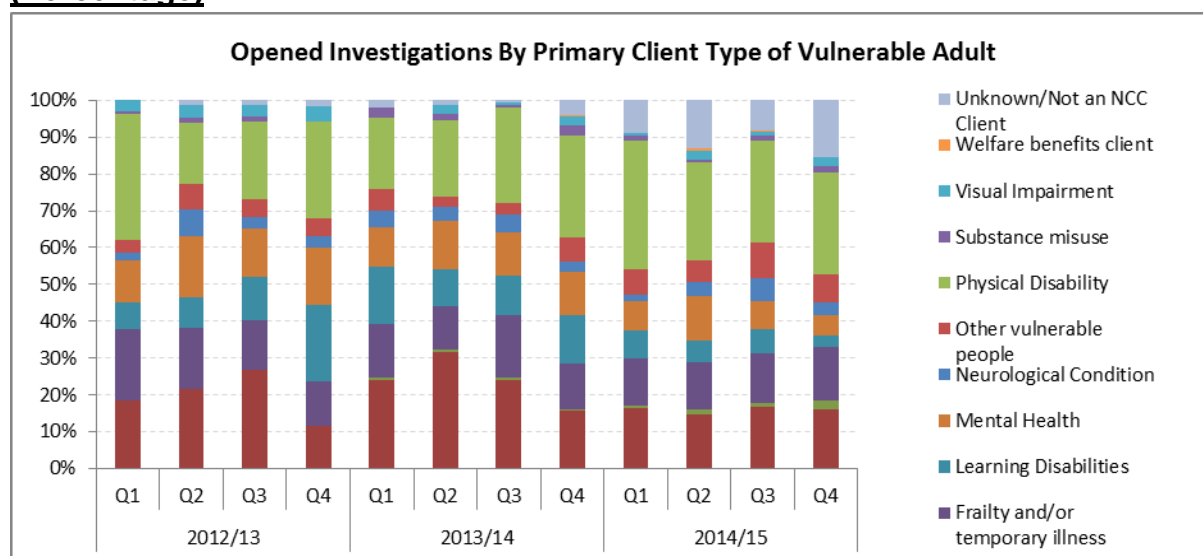


**Chart 7: Age Band for Citizens with Opened Investigation (Percentage)**



3.4.6 Looking at the Primary Client Category (PCC) of the citizen with an opened investigation shows that around 30.0% of citizens had a physical disability, 16.0% had dementia and 13.5% had frailty and/or a temporary illness. The PCC of citizens with an opened investigation is much more varied than in other demographic categories, partly because there are so many categories, but the percentages recorded reflect the overall profile of the population to which Nottingham City Council provides a service to. Please see chart 8 for a full breakdown of citizen PCCs.

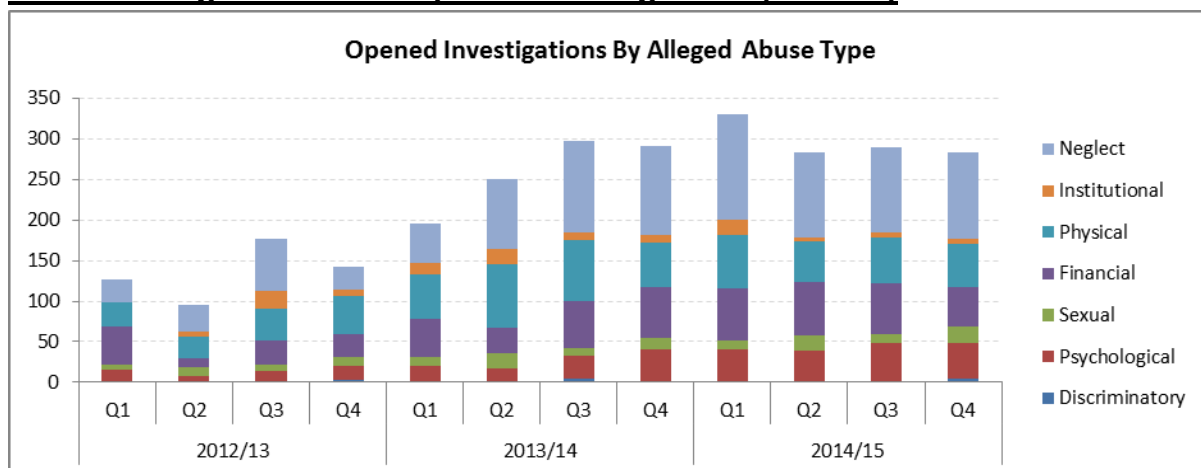
**Chart 8: Primary Client Category of Citizens with an Opened Investigation (Percentage)**



3.4.7 Before examining the type of alleged abuse in opened investigations, please note 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. Although neglect was the most common type of abuse recorded, alleged in 44.0% of investigations, financial abuse continued the trend seen in quarters 3 and 4 of 2013/14 by accounting for a growing number of investigations (23.9% of investigations alleged financial abuse in 2014/15). Alleged physical abuse (22.0%) and psychological abuse (16.3%) also accounted for a significant proportion of investigations.

3.4.8 Chart 9 also shows that despite a similar number of investigations opening in 2014/15 than in 2013/14, a larger amount of abuse was alleged this year than in the previous one. There are two key reasons for this, the first is an increase in the number of investigations that had two or more types of abuse alleged, and the second is due to a change in the process of recording safeguarding on the system. Significantly fewer investigations were not taken further this year compared to last allowing for all the details of alleged abuse to be recorded, something that was not the case in every instance if an investigation was not taken further at an early stage in 2013/14.

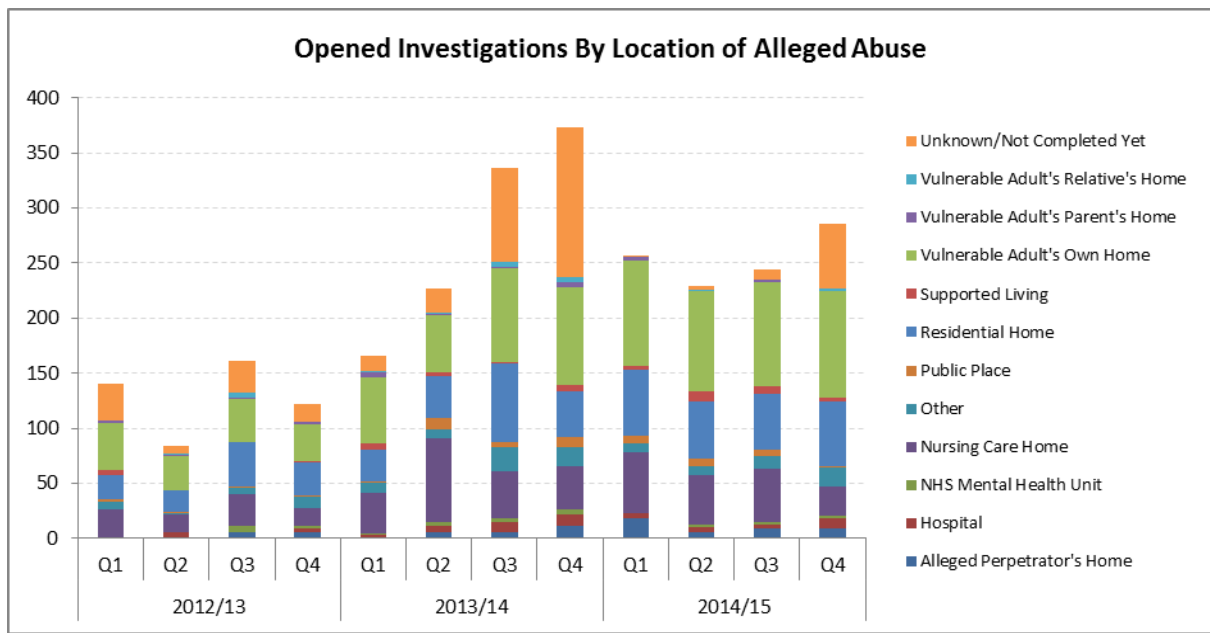
**Chart 9: Alleged Abuse of Opened Investigations (Volume)**



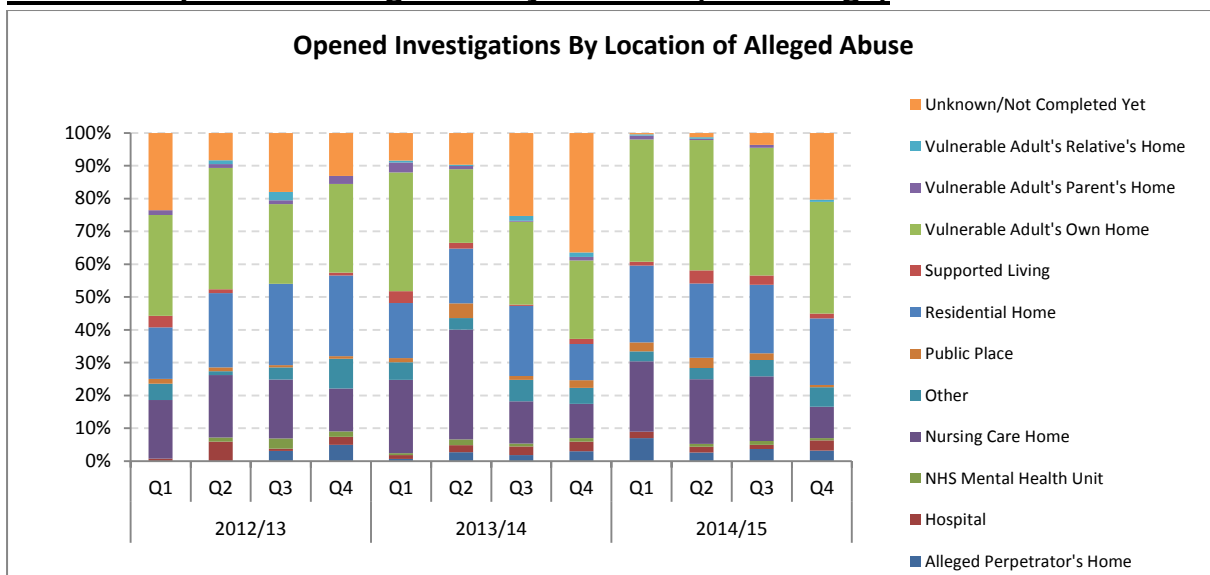
3.4.9 The location of alleged abuse was most likely to be in a care home, with 39.0% taking place in these settings (21.8% in residential care homes and 17.2% in care homes with nursing). Slightly less, 37.3% of investigations stated that the alleged abuse was in the citizen's own home. Proportionately this pattern is similar to that seen in the previous year, however far fewer investigations have an unknown/not completed yet location in 2014/15 than in the previous year with investigation revealing that the majority of the unknowns in the previous year relating to investigations which were not taken further (something that is far rarer in 2014/15 due to a process change). Please see charts 10 and 11 for further detail on location.



**Chart 10: Opened Investigations by Location (Volume)**



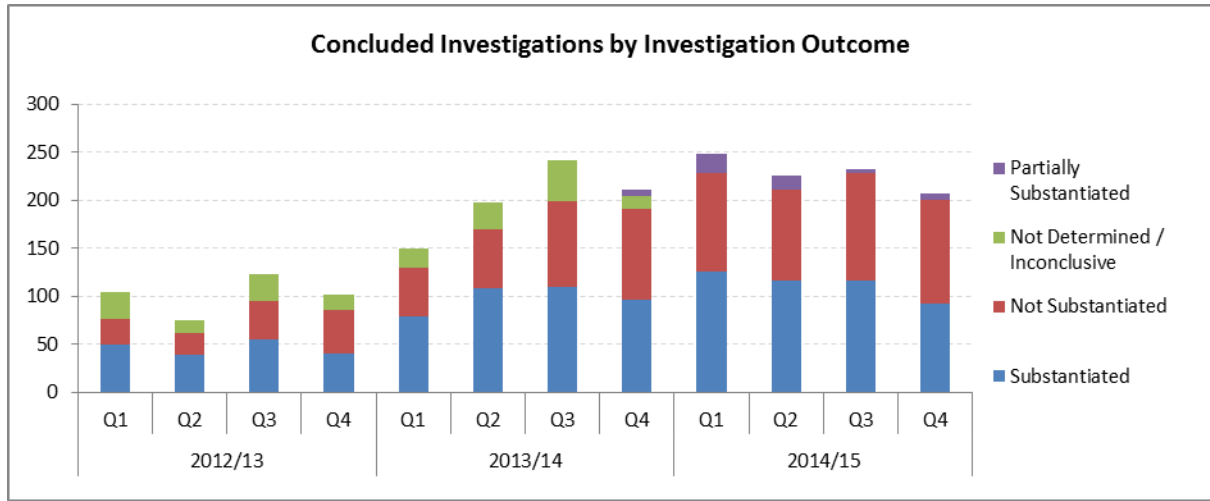
**Chart 11: Opened Investigations by Location (Percentage)**



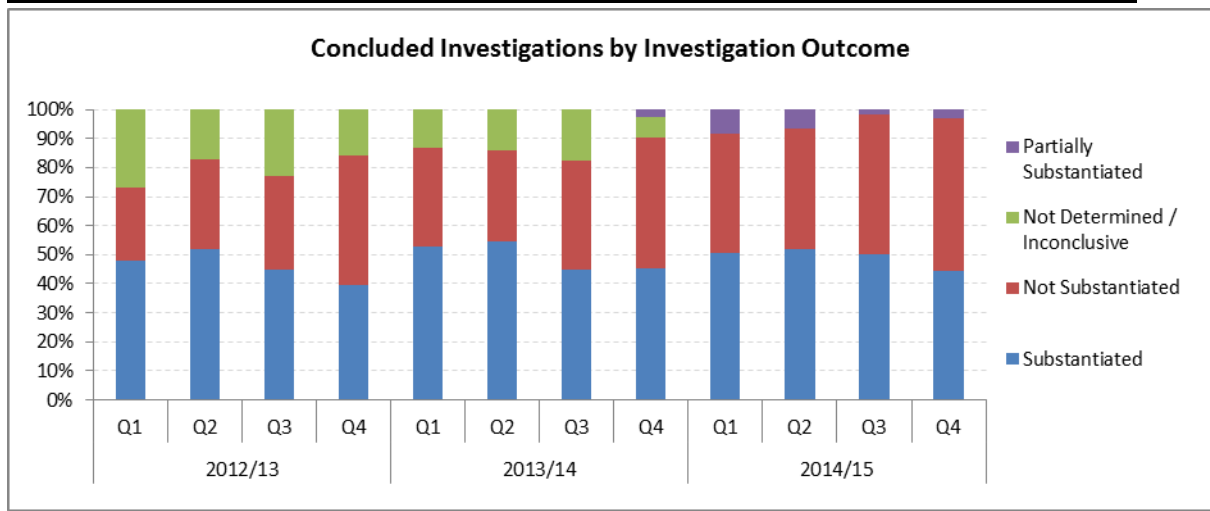
3.4.10 In terms of outcome of the investigations opened in 2014/15 49.3% were substantiated, with 45.6% unsubstantiated. However there are still a number of investigations not concluded from quarter four of this year and this could change the above percentages. The first three quarters of 2014/15 recorded a substantiated rate of 50.8%, with this dropping to 44.4% in quarter 4 mainly due to a number of investigations not yet being completed. The percentage of investigations substantiated is at a similar level to that seen in 2013/14 (see chart 12), which was an increase on the two previous years. 5.0% of investigations were partially substantiated, and as with fully substantiated investigations, the volume of those partially substantiated was much higher in

the first two quarters of the year than in the second two (7.6% quarters 1 and 2 compared to 2.3% quarters three and four). See charts 13 and 14 for a full breakdown of conclusions for opened investigations.

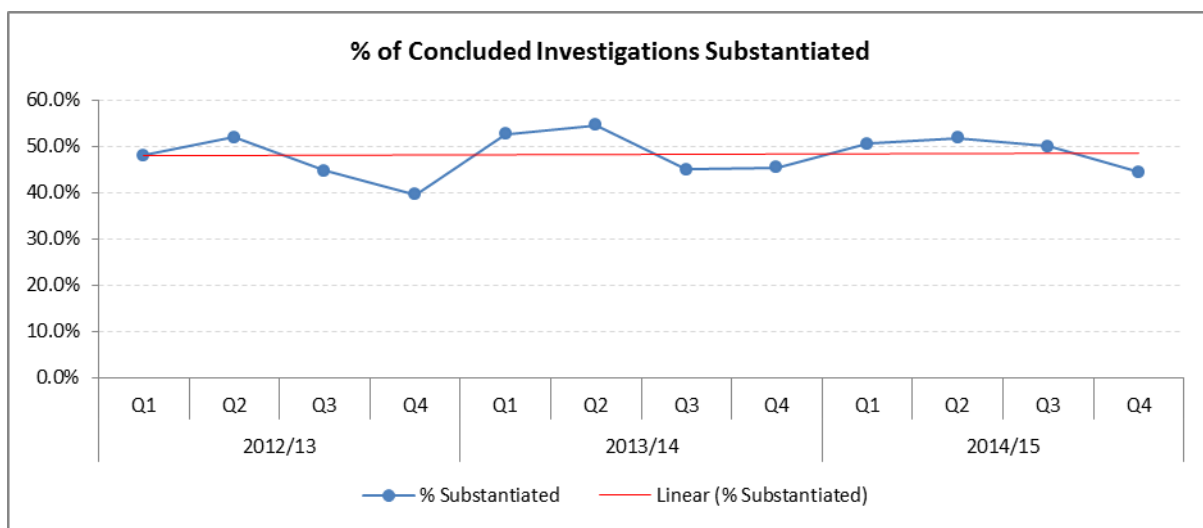
**Chart 12: Opened & Concluded Investigations by Conclusion (Volume)**



**Chart 13: Opened & Concluded Investigations by Conclusion (Percentage)**



**Chart 14: Percentage of Concluded Investigations Substantiated**



Thresholds for safeguarding adults are clear, understood and consistently applied

3.4.11 Data as above in 2b.1 was received from adult social care to provide assurance that safeguarding alerts and referrals were dealt with as appropriate. However, the NCASPB agreed that this objective was no longer relevant once the Care Act became 'live' as there are no thresholds under the Care Act legislation.

Quality and impact of single agency and multi-agency provision to adults in need of safeguarding

3.4.12 It has not been possible to implement a programme of audits due to capacity issues and given the fact that implementation of the Care Act was a priority piece of work. However this has been remitted to the business plan for 2015-16 and a programme of audits based on the Care Act has been devised.

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 Mental Capacity Act/Deprivation of Liberty Safeguards
- c. those experiencing domestic abuse

a) Those receiving self-directed support and personal health budgets & those adults living with or receiving services from registered providers

3.4.13 Issues regarding this are identified and addressed via SCRs and other learning reviews. See Chapter 4 for more details.

## b) Those affected by MCA – Dols

3.4.14 Work in relation to MCA and DoLS has been led by the MCA/DoLS subgroup the chair of which has been Steve Oakley, previously Head of Quality and Efficiency and now Head of Contracting and Procurement. He has been chair since May 2013. The officer providing support to the group is Nicola McGrath, Adult Safeguarding Board Officer, and members are as follows:

- Head of Contracting and Procurement, Nottingham City Council
- Appropriate Head of Service, Nottingham City Council Adult Social Care
- Adult Safeguarding Coordinator, Safeguarding Adults Quality Assurance Team, Nottingham City Council
- Representative from NHS Nottingham City CCG

3.4.15 The MCA/Dols subgroup has met three times in 2014-15 due to one meeting being cancelled.

3.4.16 The MCA/Dols subgroup meets quarterly and it's aims are to identify appropriate assurance processes that enables NCASPB to be assured that the MCA in relation to safeguarding is being implemented in line with best practice and to provide oversight and strategic direction of the Mental Capacity Act in relation to safeguarding and Deprivation of Liberty Safeguards (DoLS). The MCA/Dols subgroup oversees the statutory returns for Dols data and has strategic oversight of the Mental Capacity Act in relation to safeguarding and Dols.

3.4.17 The key priorities outlined in the groups' work plan for 2014-15 were:

- To be assured that safeguarding is everyone's responsibility
- To be assured that adults in need of safeguarding are safe

3.4.18 Activity undertaken to support key objectives has been as follows:

- Regular Dols data presented to the group on a quarterly basis to be scrutinised by members, issues identified and action taken.
- 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. Assurances were sought and received that practitioners are working to best practice.
- Coordination and responses to training needs to identify and feed into training subgroup.
- Monitoring of the action plan in response to Cheshire West.

- Challenge of areas for development and under performance.
- 3.4.19 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.
- 3.4.20 A number of challenges have been presented in this area of work, not least the Cheshire West judgement, which has increased workload in Dols and created a situation where not all Dols assessment can be completed within timescales due to the volume of referrals. This is a national issue and has made it difficult to assess meaningful Dols data; however, the group monitors data relating to the triage system implemented as a result of Cheshire West.
- 3.4.21 The group took on MCA as requested by the Board and completed a scoping exercise. Based on the results, further assurance has been sought from the Police and the National Probation Service. Identified issues with Police and Probation with regards to MCA addressed leading to a change in process for provider investigations and the home closure process.
- 3.4.22 As a result of the above, there has been significant staffing issues across City that along with pending new national MCA guidance has resulted in a delay in completing the update of the MCA policy and procedure.

c) Those experiencing domestic abuse

- 3.4.23 The DSVa Strategy Group is the overarching group which monitors the following working groups:
- Nottingham City Multi Agency Risk Assessment Conference (MARAC),
  - Domestic Homicide Review Assurance and Learning Implementation Group,
  - Children and Domestic Violence & Abuse group,
  - Health and Domestic Violence & Abuse group,
  - Local Criminal Justice Board (LCJB),
  - Voluntary Sector Domestic and Sexual Violence Forum.
- 3.4.24 The MARAC Steering group focuses on the progression of the Risk Register and the merge of the MARAC Development Day action plan with the CAADA Self-Assessment feedback. The MARAC Steering Group will be reviewing the number of cases heard at the MARAC where the perpetrator is on the Police Domestic Abuse Investigation Team top ten list.
- 3.4.25 The work of the Domestic Abuse Referral Team (DART) and the MARAC continue to complement each other and the MARAC remains the most appropriate place to share high risk information across the wider partnership and identify actions for each agency to implement.

### The workforce has capacity to deliver effective safeguarding

3.4.26 Partner agencies were requested to raise issues of capacity as and when required to do so. In 2014-15, no agency raised this issue. Although there is a recognition that shrinking resources will impact, safeguarding remains a priority for all agencies as it demonstrated by good multi-agency attendance at board, OMG and subgroup meetings.

### What has been the impact?

#### MCA Dols

3.4.27 At the request of the subgroup, an Adult Social Care manager attended the care home manager's forum to address concerns regarding recording of restraint.

3.4.28 The group has ensured that practice has improved around signing off and authorising Dols. The group has successfully impacted on practice with a change in the process around signing off Dols authorisations and the group have completed an MCA scoping exercise which has identified and acted on areas of concern.

3.4.29 As a result of the work with Probation on MCA, they will be updating their vulnerable adults procedure to include MCA processes.

#### Domestic Abuse

3.4.30 In consultation with County colleagues the Domestic Abuse Stalking Harassment & Honour Based Violence Risk Identification Checklist (DASH RIC) has been revised making it more streamlined and clarified the referral process and action for referrers to take. The 27 risk assessment questions remain the same except the following four amendments:

- A note if the survivor would like to report the incident as a crime, for the survivor or agency worker to contact the police control room and report the incident.
- The classification grid which outlines referral points and action for the referrer to take has been streamlined.
- The MARAC referral form has been amended to highlight it is for high risk referrals only.
- The information sharing agreement without consent on the MARAC referral form has been amended to advise the process when consent has been provided.

3.4.31 It is proposed that a Safeguarding Group is established which will consider adults and children's safeguarding themes. The Children's Domestic and Sexual Violence Safeguarding Good Practice Guidance is currently being

refreshed. A strategic review of the response to adults at risk who experience domestic abuse will be undertaken in 2015/16.

3.4.32 A data and performance group will be established which will consider the data report ahead of the main meeting and provide headline information, identifying themes and trends which will be presented to the DSV Strategy Group for consideration as to whether further action is required.

### **3.5 Business Plan Priority 2c To be assured that safeguarding services are effectively coordinated across children and adult services – applying the ‘Think Family’ concept**

Adult services consistently to consider the safeguarding of children in households where they are working with an adult and make referrals for support and intervention where necessary

3.5.1 The NCSCB has an annual audit programme within which they consider the role of adult’s workers and the quality of their joint working in respect of the child in the household. In July 2014, an audit of the Voice of the Child was completed and the following was identified in relation to adults in the household:

- NHCT checked the records of two adults in relation to one case and found good evidence of the children’s needs being considered, and that the adult workers were part of the multi-agency team working with the child.
- Probation identified one case where adults in the house were known to them, and they reported that procedure in relation to children in the home had been followed.

3.5.2 An audit on referrals was completed in January 2015 and the final report noted:

- Evidence of adult services appropriately referring concerns in respect of the children of adults they were working with.

Children’s services consistently to consider the safeguarding of adults in households where they are working with children and make referrals for support and intervention where necessary

3.5.3 This objective has been remitted to the business plan for 2015-16.

Services that work with “whole” families are effectively coordinated (e.g. Priority Families) and secure added value in ensuring and co-ordinating effective safeguarding

3.5.4 This objective has been remitted to the business plan 2015-16.

3.5.5 Work completed on this priority has been limited due to capacity issues. However, partners at the NCASPB development session were keen to ensure that this objective and joint working across the NCASPB and the NCSCB remained a priority for the future.

### **3.6 Business Plan 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**

Ensure learning from national, regional and local SCR's and other review/audit processes is incorporated into the practice of partner agencies and the partnership as a whole

3.6.1 The SCR subgroup considered learning from two national reviews The Overview report following the serious case review into the death of Gloria Foster was assessed at the SCR subgroup in December 2013. The case revolved around a self-funder who was left without care following the closure of the domiciliary care agency providing her with home care. The subgroup agreed that there was learning to be sought from the review around the following:

- 1) Home closure processes – does the current process cover domiciliary care providers?
- 2) Approved providers – does Nottingham City Council (NCC) have processes in place to provide citizens on personal budgets access to a list of providers they can appoint as carers?
- 3) Police involvement in strategy meetings

3.6.2 Assurance was sought from Adult Social Care (ASC) that the home closure process covered domiciliary agencies. It was confirmed that the process had been updated and covers both care homes and domiciliary agencies.

3.6.3 Assurance was sought from NCC Quality and Commissioning that citizens can access good quality homecare, and they confirmed that there is an approved provider list available for citizens. Providers have to meet a set criteria to confirm they are meeting certain standards before they are added to the list.



- 3.6.4 The Police confirmed that where they are invited to strategy meetings, they do their best to ensure attendance.
- 3.6.5 A small task and finish group was set up to look at the 34 recommendations made in the SCR into Orchid View, a care home in East Sussex that was closed due to concerns around neglect. An action plan was created based on the 34 recommendations and is currently being monitored by the Safeguarding Adults Review subgroup (previously SCR).

Review safeguarding procedures and practice guidance to ensure they are 'fit for purpose' and reflect current learning and best practice

- 3.6.6 A Transitions document was created as a cross authority document with Nottinghamshire County Council due to this being a common theme across a number of reviews. A small task and finish group was set up to focus on this piece of work and a good practice guidance document was created to be disseminated across the partnership. It was agreed that the document would be reviewed in 2015-16 in light of the Care Act.

Implement the communication and engagement strategy and ensure it is fit for purpose in order to secure awareness of safeguarding issues and the responsibilities of the Boards' partner agencies and the wider community in safeguarding

- 3.6.7 A Communication and Engagement Subgroup was established during 2014/15 primarily targeted at enhancing the 'voice of the service' in the work of the NCASPB. It was agreed there should be representatives on this subgroup from the following areas:

- Schools (teachers or support staff).
- Providers – Health & Wellbeing Board.
- Vulnerable Adults Provider Forum co-ordinated by Nottingham CVS
- Children & Young People Provider Network – also co-ordinated by Nottingham CVS
- Representative from Nottinghamshire Health Care Trust

- 3.6.8 Two meetings took place in 2014-15 and work undertaken included:

- Formulation and agreement of a revised communication and engagement strategy for the NCSCB and NCASPB
- An audit of existing engagement work across the partnership in relation to the three key engagement levels: strategic engagement; community of interest engagement; and engagement at service delivery level

- Commissioning of activity to secure feedback from adult service users on their safeguarding priorities through existing mainstream engagement initiatives

#### Establish a learning and improvement framework for adults

- 3.6.9 A learning and improvement process was created based on the model required for the Children’s learning and improvement framework under Working Together 2013. The learning and improvement process ensures that learning from SCRs and other learning processes are fed into other subgroups, as appropriate, to inform future training and/or audit work.
- 3.6.10 The Learning and Improvement process sets out a framework for monitoring and evaluating the effectiveness of training and development in terms of the impact on the quality of safeguarding practice and outcomes for service users.
- 3.6.11 The co-ordination, monitoring and evaluation of safeguarding training and workforce development is undertaken by the Training Sub Group. The Chair of the sub group during the majority of 2014/15 was Janet Lewis, the Chief Executive Officer of Base 51 in the voluntary sector. The Board Officer supporting the work of the Sub Group is Paul Langley – Safeguarding Partnerships Training Officer. There are 15 agencies represented on the sub group
- 3.6.12 The Sub Group met 4 times in 2014-15 and the aims and objectives of the sub group were:
- To be assured that the workforce in Nottingham City are aware of their responsibilities in safeguarding vulnerable adults
  - To be assured that the workforce have access to learning and improvement opportunities to support them to be competent in delivering appropriate services to protect and promote the welfare of vulnerable adults in the City
  - To promote learning and improvement opportunities that respond to learning from Serious Case Reviews, Audits and other work of the Boards and their partners agencies
  - To be assured of the quality of safeguarding training across the City and to monitor the effectiveness of learning and improvement opportunities, including training, delivered by partner agencies and the Boards

### 3.6.13 Achievements in 2014 / 15 against objectives included:

- All Board training materials and the criteria for the Quality Assurance Scheme (where appropriate) were updated in the light of the Care Act 2014.
- A short programme of 'Raising a Concern' and 'Referrer' courses was provided for the PVI sector.
- An adult safeguarding Learning and Improvement process was developed and agreed.
- The Training Quality Assurance Scheme was reviewed and improvements agreed to enable more effective ongoing validation of partner agency training materials, and the resulting annual review process started.

### Workforce is safely recruited

3.6.14 The SAAF Organisational audit asks partner agencies on their recruitment practices and seeks assurance that all agencies have implemented safe recruitment practices. All agencies involved in the completion of the SAAF assessed themselves as meeting this objective.

### Allegations made against people who work with adults are dealt with effectively

3.6.15 Under the Care Act, the role of the Designated Safeguarding Adults Manager (DASM) has been created to specifically address allegations made against people who work with adults. In 2014-15, work undertaken included ensuring that all partner agencies had identified a DASM and to update the governance arrangements with this information, as required by the Care Act. Work started on creating DASM procedures which were finalised in 2015-16.

### **What was the impact of work undertaken?**

### Attendance at 'Raising a Concern' and 'Referrer' adult safeguarding training commissioned by the NCASPB

3.6.16 There were two 'Raising a Concern' Courses and one 'Referrer' course, delivered in February and March 2015, and these were specifically for the Private, Voluntary and Independent (PVI) sectors. The late addition of these courses to the programme was a result of difficulties in finding someone to deliver them.

3.6.17 **41** people attended the 'Raising a Concern' courses and **24** attended the 'Referrer' course.

### Qualitative evidence

3.6.18 All the courses offered were fully booked and attended by a wide range of largely voluntary sector organisations. Additional 'Raising a Concern' training targeted to private residential providers was introduced near the year end, but take up of this has been slow.

### Analysis of course evaluation (adult safeguarding training)

3.6.19 There are two elements to the qualitative evidence we can provide this year:

- End of course evaluations for the training' delivered by NCASPB.
- Quality assurance of the adult safeguarding training materials used by Partner agencies.

3.6.20 Although the number of courses provided on behalf of the NCASPB was small the evaluations confirmed they were well received. The Raising a Concern course increased confidence from an average of 45.6% to 97%. The Referrer's course increased confidence on average from 64.6 to 88.8%.

### Quality Assurance of Adult Safeguarding Training Materials

3.6.21 At the end of the previous year (2013 / 14), we were able to assure the NCASPB that the content of any introductory level adult training being delivered by the Partner agencies was accurate, up-to-date and fit-for-purpose. During 2014 / 15, the scheme has been reviewed to include a more robust Annual Review Process to assure the Boards that any training having been validated through this process continues to meet the required standards and has been appropriately updated. This process happens at the end of each financial year.

3.6.22 It has also been agreed to publish the annual checklists of content so that other organisations are able to 'self-assess' their content to assure themselves they are providing fit-for-purpose and up-to-date content, and so those commissioning training can require this of their providers.

# CHAPTER 4 SERIOUS CASE REVIEWS

## 4.1 Introduction

4.1.1 During 2014/15 the chair of the SCR subgroup for NCASPB has been Bella Furse, the Designated Adult Safeguarding Nurse for NUH and Adult Safeguarding Lead for Nottingham City CCG.

4.1.2 The following agencies are represented on the subgroup:

- Nottinghamshire Police
- Nottingham University Hospitals
- Children & Adults Legal Team Nottingham City Council
- National Probation Service
- Derbyshire, Nottinghamshire, Lincolnshire and Rutland Community Rehabilitation Service
- Nottingham CityCare Partnership
- Nottinghamshire Healthcare NHS Trust
- Nottingham City Council – Adult Social Care
- Nottingham City Council – Adult Safeguarding Board
- Nottingham City CCG
- Adult Social Care Quality Assurance Lead

4.1.3 The SCR subgroup has met on a bi-monthly basis and meetings are two hours in duration. The aims and objectives of the group are to:

- ensure the multi-agency protocol for the commissioning and undertaking of a Serious Case Review is fit for purpose;
- discharge the Serious Case Review functions on behalf of the NCASPB;
- manage Serious Case Review processes and provide information and support to panel members and overview authors;
- receive and consider reports on Serious Case Reviews and ensure that action plans from the findings and recommendations of reviews and audits are implemented;

- create or contribute to revised and or new policies and procedures following the recommendations of a Serious Case Review from either Nottingham or from other Local Authorities;
- consider the impact of local and national Serious Case Reviews and ensure robust media management protocols are in place;
- explore the funding implications of Serious Case Reviews and report these findings to OMG;
- share findings of Serious Case Reviews conducted in Nottingham as appropriate.

## **4.2 What we did in 2014/15**

- 4.2.1 Until April 2015 there was no statutory requirement for the work of the subgroup. However from 1<sup>st</sup> April 2015 the Care Act 2014 came into force which made it a statutory requirement that SABs conduct safeguarding adults reviews (SARs). It has always been the practice in Nottingham City to undertake serious case reviews and other types of review in adult cases from which learning and improvement could be secured. This has been a core part of our learning and improvement process.
- 4.2.2 As stated above the key priorities of the group have been to assess SCR referrals appropriately, identify and disseminate learning from local and national reviews and to update the SAR policy and process. During 2014-15 the SCR subgroup had three referrals for consideration. One of these has been taken forward in the SCR process and the others were felt not to meet the criteria and appropriate feedback was given to the referrers. The SCR that was undertaken did not conclude in the year that we are reporting so will be included in our annual report 2015/16.
- 4.2.3 The SCR subgroup considered learning from two national Serious Case Reviews. One of these pieces of work involved the creation of a small task and finish group to look at recommendations from a care home closure which proved to be a very valuable piece of work. (See chapter 3, business priority 3 for more information).
- 4.2.4 The SCR subgroup published the Executive Summary for an SCR completed in June 2014 and a multi-agency review report that was completed in May 2014. The group also published a newsletter with key learning from reviews which was circulated to all agency representatives and disseminated to frontline practitioners.
- 4.2.5 The Nottingham City and Nottinghamshire County cross authority working group on transitions submitted a 'Transitions Best Practice Guidance' to the subgroup and this was approved. The SCR subgroup also approved the best

practice guidance on working with adults that 'do not attend' appointments. This has been made available to both the City and County Board and was written by the SCR subgroup Chair. The SAR policy and procedures have been re written to reflect changes in the Care Act 2014- this work was delayed at the end of last year in anticipation of the Care Act coming into force.

- 4.2.6 It was agreed that the SCR subgroup will act as the decision making forum for Domestic Homicide review referrals. Additional members from the Crime and Drug Partnership (CDP) attend when a referral is received and this process has demonstrated better multi-agency working and use of agencies representatives' time. One referral was received and considered in 2014-15 and a Domestic Homicide review commissioned by the CDP.
- 4.2.7 The SCR subgroup encountered some challenges in completing its programme of work. For example, the ongoing Police investigation and delayed CPS decision into a care home that was closed in the city has created a significant barrier to the completion of the Serious Case Review commissioned in 2013. This work will now proceed in a different format with a report being pulled together reviewing all the information that is available to date. Learning from this review has already been implemented in individual organisations as Individual Management Reviews were completed and signed off by agencies some time ago. The CPS made a decision to move forward with a criminal prosecution which is currently underway in the court system.
- 4.2.8 The SCR subgroup is an effective group that has good attendance and meets on a regular basis. There is always good interaction and challenge by members. One serious case review has been initiated this year. National reviews have been considered and best practice guidance produced as a result of this.

### **4.3 Learning from reviews**

#### EW Multi-agency learning event - Summary of lessons learned and how these have translated into recommendations

- 4.3.1 The multi-agency learning event aims to identify lessons learned and then translate the learning into recommendations that are relevant for the multi-agency partnership. At the event, safeguarding leads, case summary authors and practitioners directly involved in the case discuss the case openly and critically.
- 4.3.2 EW was an individual well known to staff at the GP surgery and at LIFE, a supported living service. Although she had a mild to moderate learning difficulty, EW lived an independent life and took on a caring role for her mother and brother. EW was eligible for services and as such, had an

appropriate care package in place which she accessed. When her mother died, EW continued to access that care. Appropriate referrals were made at the time of her mother's death, but EW declined additional support.

- 4.3.3 Adult Social Care identified that they could have been more robust in assessing EW's capacity to make the decision to refuse additional support; however, ASC representatives believed it was unlikely that her package of care would have increased greatly as she was accessing the care already in place. This was supporting her to live independently and her health needs were being addressed. The Police described EW's flat at the time of her death as 'squalid'; however, this description was surprising to the agencies involved, as practitioners entering her flat described it as cluttered and no concerns were raised by tradesmen entering the flat. Tradesmen would not have entered the flat had it been in the state described by the Police at point of death.
- 4.3.4 This appears to be a tragic case of someone's health deteriorating rapidly. The analysis of the case showed that EW had an appropriate care package in place and access to support networks through LIFE and her GP, which EW accessed when she required. Members at the Multi-Agency Learning Event concluded that as there was no evidence of significant harm attributed to any agency, the case did not meet the threshold for safeguarding interventions.
- 4.3.5 The multi-agency learning event did not determine a need for multi-agency action, but a number of individual agency actions were identified which formed part of an action plan monitored by the SCR subgroup. This included:
- ASC will develop a comprehensive record-keeping policy ensuring intervention in cases is based upon key historical and chronological factors.
  - When citizens make unwise decisions that impact upon their health and wellbeing, ASC will ensure practitioners consider the Mental Capacity Act.
  - LIFE will access further training and support on the Mental Capacity Act to improve their awareness and understanding.

#### Adult A SCR Recommendations

- 4.3.6 The learning points from the SCR highlighted several areas for improvement. The following recommendations were aimed at improving the safeguarding process and to avoid a similar situation from arising in the future:



4.3.7 Clarity on 1) the purpose of a carer's assessment to be shared with partner agencies, 2) with a clear outline of what to do if safeguarding concerns are raised about the carer's suitability and 3) what action should be taken if a carer refuses an assessment where there are known safeguarding concerns.

Action:

- Assurance that carer's strategy includes a communication strategy and educational materials about the purpose of carers' assessments
- Assurance to be sought that safeguarding is embedded in carer's strategy and guidance
- Review of carer's assessment in Adult Social Care

4.3.8 Practice guidance in respect of managing the behaviours and impact of carers' who obstruct care.

Action:

- Practice guidance on working with carer's who obstruct care
- Training audit to ensure obstruction of care is covered in Adult Safeguarding training
- Be assured that domiciliary care provision understand what action to take when access is denied through contracting arrangements

4.3.9 The NCASPB requires that staff in partner agencies are confident in recognising indicators of financial abuse and raising it as a concern within their assessments and in supervision.

Action:

- Training audit to ensure indicators of financial abuse is covered in Adult Safeguarding training.

4.3.10 Supervision for those assessing or working with vulnerable adults should consider safeguarding concerns and challenge practice where necessary.

Action:

- Assurance from partner agencies that safeguarding is covered in supervision with staff

4.3.11 The safeguarding investigation should include the production of a safeguarding protection plan when the person remains at risk. The plan should outline all the agencies involved in that person's care (including the landlord and any homecare), what their role is and what action they have undertaken/will undertake. This plan should be shared with all agencies and should:

- strengthen the role of the lead professional to help them coordinate agency involvement.
- aid agencies to escalate and track escalation of concerns.
- support agency ownership of actions
- be reviewed at an agreed frequency
- have clear contingency plans when it cannot be implemented and /or is not yielding the desired change

Action:

- Review existing multi-agency procedures
- Develop Adult Social Care policies and procedure in relation to safeguarding protection plans.
- Training on protection plans to appropriate Adult Social Care staff

4.3.12 The NCASPB requires assurance that staff in partner agencies are 1) knowledgeable about the purpose of the Mental Capacity Act, 2) understand their role in Mental Capacity assessments and that 3) capacity assessments are completed appropriately and effectively.

Action:

- Audit of cases where capacity has been assessed to address the quality and effectiveness of the capacity assessment.
- Outcome of assessment is shared appropriately and the outcome impacts on action taken.

4.3.13 Contracting arrangements with homecare providers need to make clear that care workers should receive training on recognising those individuals who are at high risk of developing pressure ulcers and should feedback concerns to Adult Assessment to aid in the prevention of ulcers developing.

Action:

- NCC Quality and Commissioning to update their contract to ensure care workers working with high risk individuals understand tissue viability and are trained to recognise risk factors.

#### **4.4 What was the impact of work undertaken?**

4.4.1 The SCR subgroup has had many achievements this year aligned to the agreed work plan as outlined above. As a direct result of one review, a seminar based on working with carers who obstruct care is planned for 2015-16. Impact evaluation of this seminar will take place and results will be fed back to the SAR subgroup.

# CHAPTER 5 INDIVIDUAL AGENCY PERFORMANCE

## 5.1 Introduction

- 5.1.1 Whilst the Annual Report focuses on multi-agency priorities set out in the Business Plan, safeguarding effectiveness in individual agencies is 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.
- 5.1.2 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.

## 5.2 NOTTINGHAM CITY CLINICAL COMMISSIONING GROUP (CCG)

### What we did:

- 5.2.1 With regards to training, during 2014/15 money was secured from NHS England to help with the embedding of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards 2009. With this money an app was devised for smart phones in conjunction with Derbyshire CCG's. This is now live for health professionals to access free of charge. An e learning package was also designed. This is complete and due to go live by the end of May 2015.
- 5.2.2 Training events were held for GP's, community health professionals and care home managers across Nottingham and Nottinghamshire. These were well attended and in total circa GP 23 practices were represented at these events out of a possible total of 59 and there are still events planned during 2015/16.
- 5.2.3 All CCG staff are up to date with their Safeguarding training.
- 5.2.4 The CCG has been represented at learning events following adult safeguarding reviews and GP's have been part of this process.
- 5.2.5 With regards to DOLS, all managing authorities in the City were written to by the CCG to inform them of the Supreme Court judgement and highlighting their responsibilities under this change.
- 5.2.6 The CCG has also scoped the number of citizens living in their own homes who may require application to the court of protection for a deprivation of liberty authorisation. This work continues and applications are starting to be made.

- 5.2.7 Work with the Coroner's office took place to devise guidance for staff when a city resident dies under a DOLS and is living in a care home or in their own home. This work will be complete by end of May 2015.
- 5.2.8 In terms of the Care Act, the CCG has been well presented on the multi-agency groups in relation to the implementation of the Care Act. The CCG internal adult safeguarding policy has been updated to reflect the changes and training content reviewed appropriately.
- 5.2.9 Communication around Duty of Candour has been communicated to providers.
- 5.2.10 The CCG continues to be well represented at the Local Safeguarding Boards and subgroups and members of the CCG chair two of the associated subgroups.
- 5.2.11 The CCG is a key stakeholder in provider investigations supporting the mantra that we will not accept substandard care in our nursing and residential homes.
- 5.2.12 The CCG has been a key stakeholder in safeguarding adults reviews and domestic homicide reviews.
- 5.2.13 The CCG provides assurance to the local safeguarding board in the form of the completion of the safeguarding adult's assurance framework (SAAF).
- 5.2.14 Internally there are robust governance arrangements within the CCG. The CCG has a regular Safeguarding forum and safeguarding health overview group. These are fed into the CCG Quality improvement committee.

### **What has been the impact of that work?**

- 5.2.15 The biggest impact of the last year is the training to GP's, community health professionals and care home managers. The training events were evaluated by an external company to ensure that the impact of these events was captured. Set out below are some examples given by GP's of how the training has helped them provide better patient care.
- GP's reported that the training clarified the law and provided them with the confidence to undertake capacity assessments. One GP reported that he was asked to assess the mental capacity of a patient with learning difficulties and specifically his capacity to look after his finances. He reported that 'going into the detail of day to day capacity helped reinforce my decision.' Another GP explained how it has helped her when undertaking on the spot capacity assessments on hospital wards, saying she feels 'so much more confident' and that the 'training gave me the confidence to make the decision'. Another GP also provided an example of

where she was asked to comment on a dementia patient's deprivation of liberty. Normally, this would have concerned the GP, but she was able to assess the patient effectively following the training.

- Surgeries reported that they have 'revamped' their MCA templates which have especially helped with assessing dementia patients' capacity. GP's have also updated their adult safeguarding cards and policies. They have held meetings within their practices to discuss the training with staff and to ensure that any queries are answered.
- The training has also had positive impact on patient care. One GP used the example of her 80 year old dementia patient. As part of the lady's care package she was seen 4 times a day by carers from a private healthcare company. The carers believed that because the lady had dementia she was unable to make any decisions for herself. This had made the relationship strained. After the training the GP explained to the carers that just because the lady has dementia this does not necessarily mean that she is unable to make any decisions. After she had relayed the principles of the training, the carers were extremely grateful and changed the way they cared for the lady, who is now a lot happier.
- The training has also helped strengthen relationships between GPs and patients. One example is a GP whose patient is a lady in her late 70's with a personality disorder. The GP explained that she is highly suspicious of the care team entering the property. The training on assessing capacity helped her change her approach to her patient which has meant the woman is no longer suspicious of her intentions.
- Feedback demonstrates that GPs are now taking a more active role in care homes. For example, one practice has now implemented a system of asking the care home managers when a patient with dementia dies in the home whether a DoLs Authorisation was in place.
- It was also reported that the training helped provide clarity on a patient's capacity to refuse treatment. One example given was one of the GP's patients was mentally ill and diagnosed with cancer, they refused treatment and had regular reviews of their capacity. The GP helped review her capacity and found that she did have the capacity to make this decision. The training meant that the GP decided this confidently and they also commented that it helped clarify his role alongside the psychiatrist.

### **5.3 NOTTINGHAM CITY COUNCIL, DIRECTORATE OF ADULT SOCIAL CARE**

### 5.3.1 **Adult Social Care Adult Safeguarding Annual Report 2014 -15**

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

#### **What we did.**

5.3.2 **Restructure** In anticipation of the new statutory duties placed upon the local authority in relation to Safeguarding we created the new position of Head of Adult Safeguarding and Quality Assurance responsible for the City Safeguarding Team, Adult Safeguarding Quality Assurance Team, Placement Review, Deputyship and Safeguarding Training and Development.

5.3.2 **Care Act training** We ensured that social workers and their managers were fully briefed through a training programme to ensure that they were prepared for the changes in Safeguarding Policy and Procedure as a result of the Care Act 2014.

5.3.3 **Internal Procedures** April 2015 saw Safeguarding become a statutory responsibility through the Care Act, which meant that our procedures were reviewed and appropriate changes made to our Electronic Social Care records to ensure that we could monitor and report upon our new reporting requirements for the Department of Health

5.3.4 **Reflective Practice** We continued to run a bi-monthly Safeguarding Manager Forum facilitated by the Head of Safeguarding, and a Practitioner forum facilitated by the Safeguarding Training and Development manager to allow managers and practitioners to meet and reflect upon their practice and learn from one another's experiences

5.3.5 **'Smarter Safer Stronger' Networking Events** Adult Social Care led a project team, kindly funded by Nottingham Clinical Commissioning group and held several events aimed to improve front line practitioners' knowledge of the services available to citizens in care settings in order to improve their health and wellbeing.

5.3.6 **Making Safeguarding Personal & Nottingham Trent University** We utilised the links with NTU and a small research project was initiated by an academic colleague to benchmark where Adult Social Care were in the implementation of Making Safeguarding Personal.

5.3.7 **Peer Review** A team of specialist Safeguarding Managers alongside the two senior managers and the Director of Adult Social Services participated in a 3 day peer review of another Local Authority which included case file audit, and consultation and interviews with Local authority staff, partners from the Private, Voluntary and Independent Sector and Users and Carers. Such work is extremely helpful in bringing back good practice and learning to the Directorate.

- 5.3.8 **Quality Assurance** We continued to undertake monthly audits of Safeguarding Investigations across our Directorate, the findings of this feed into the development of training and procedural revision and in tackling poor practice should this be identified as a result of the audit process.
- 5.3.9 **Board responsibilities** Adult Social Care continues to be well represented at the Board and within subgroups, and the Adult Safeguarding Training & Development Officer chairs the Training subgroup. We also are represented on the East Midland Adult Safeguarding Board.

### **What has been the impact of that work?**

- 5.3.10 **Care Act Training** We evaluated our training and over 84 % of staff who replied stated they understood the new forms and the concept of the Care Act. A rolling programme has now been implemented to embed in practice the Care Act changes.
- 5.3.11 **Smarter Safer Stronger** The events were attended by over 300 practitioners over six sessions held at the Council House. Each session examined different aspects of elderly care ranging from Dementia, Falls, medication management, incontinence and other subjects. Feedback was very positive. Over 98% of attendees scored the event as very good or excellent. 85% of attendees felt their knowledge of other specialist services available had increased and gave them confidence to contact safeguarding services if required.
- 5.3.12 **Early Intervention Strategy** As a result of the success of the Networking events, Nottingham City Council collaborated to develop 2 projects which will come into fruition in 2015. A virtual Dashboard will be developed with the aim of holding all monitoring and regulatory information from the City Council and partners in relation to registered care homes, and two Early Intervention Officers will be appointed in a year long pilot.
- 5.3.13 **Making Safeguarding Personal & Nottingham Trent University** The findings of the research concluded that in most cases, vulnerable adults were involved and consulted during Safeguarding investigations. The report also indicated that involvement could be strengthened, and therefore a training programme in relation to Making Safeguarding Personal was agreed to be designed and implemented, and monitoring of Outcomes and advocacy were added to our performance management framework.
- 5.3.14 **Internal Procedures** Our internal procedures are now Care Act compliant in relation to our Safeguarding duties becoming statutory in April 2015, and we have ensured that Citizen involvement and the principles of Making Safeguarding Personal are embedded both in our procedures and performance management reporting.
- 5.3.15 **Lessons Learned** Adult Social Care has been a key stakeholder in safeguarding adult reviews and Significant Incident Learning sessions and we

have ensured that the learning from these processes is disseminated across the workforce. We have also ensured that following any large scale safeguarding investigation a stakeholder “Lessons Learned” session has been led by the Directorate. The most recent impact of this was a multi-agency improvement plan for Early Intervention and Provider Investigations.

## **5.4 NOTTINGHAMSHIRE POLICE**

### **WHAT WE DID**

5.4.1 The Nottinghamshire Police completed several areas of work as described below:

- Conducted a self-assessment for the HMIC and a series of audits
- Secured assistance with other teams outside of Public Protection to assist with crime recording compliance.
- Implemented daily domestic violence meetings in the County and assisted with the implementation of Operation Encompass (schools project).
- Rolled out awareness sessions to all control room operatives to reinforce the need to ‘flag’ incidents where children reside or frequent domestic abuse households.
- Created a specialise cadre of on-call Detective Inspectors available 24/7 from Public Protection to take primacy for dealing with child deaths and associated investigations.
- Implemented the victim’s code throughout the force. Mandatory e-learning to be completed by all officers.
- The Force commissioned a peer review which was undertaken by the College of Policing on 1st-3rd December 2014.
- The force has established and maintained productive relations with CEOP/NCA who have lead on a number of national operations.
- The staffing establishment for Public Protection has increased with the creation of an additional Detective Sergeant and 4 full time equivalent officers for SEIU alone.

### **What has been the impact?**

5.4.2 The impact of the work has been as follows:

- HMIC identified areas of vulnerability for the organisation and this has enabled a targeted action plan to be developed.



- Robust and accurate recording in line with NCRS, ensuring victims of abuse are afforded all of the rights with victim code.
- Op Encompass - improved communication between police, social care and health
- Investigations receive increased internal scrutiny so as to ensure that all reasonable opportunities for disruption/prosecution are pursued. The department can now attribute the officers with the correct skill set to the most appropriate investigation type.

## **5.5 NOTTINGHAM UNIVERSITY HOSPITALS TRUST**

### **What we did**

- 5.5.1 Training was reviewed at NUH and updated to include Prevent.
- 5.5.2 The number of potential deprivation of liberty authorisations was scoped during June and July 2014. The results of this scoping exercise were reported to the Trust Board. The scoping exercise predicted that approximately 22% of inpatients at NUH would meet the 'acid test' on any day.
- 5.5.3 Work was done with the local authority and a triage system was agreed for referrals of deprivation of liberty authorisations, with the Trust Board agreeing a measured approach to reflect the average length of stay.
- 5.5.4 Training was updated to ensure the 'acid test' was communicated to staff at NUH and guidance in the form of printed posters and flowcharts was designed by the adult safeguarding team and distributed to inpatient wards.
- 5.5.5 NUH has been well presented on the multi-agency groups in relation to the implementation of the Care Act. The NUH internal adult safeguarding policy and procedures have been updated to reflect the changes and training content reviewed appropriately.
- 5.5.6 NUH continues to be well represented at the Local Safeguarding Boards and subgroups and the Designated Adult safeguarding nurse chairs the Safeguarding Adults Review subgroup.
- 5.5.7 NUH has been a key stakeholder in safeguarding adults reviews and domestic homicide reviews and has a subgroup of the safeguarding adults and children's committee which monitors NUH action plans from safeguarding reviews and domestic homicide reviews.
- 5.5.8 As a result of reviews during 2014-15, training has been reviewed to include a focus on 'think family' and of ascertaining carers and those with caring responsibilities.
- 5.5.9 NUH provides assurance to the local safeguarding board in the form of the completion of the safeguarding adult's assurance framework. This is due to be submitted at the end of May 2015. NUH also provides assurance to Nottinghamshire County CCG.

5.5.10 Internally NUH has a regular Safeguarding Adults Committee and an annual report is submitted to the Trust Board, with a half annual report submitted to the Quality Assurance Committee. NUH has robust internal governance arrangements.

**What has been the impact of that work?**

5.5.11 Each year during November and December NUH completed the Safety of the Vulnerable Patients benchmark. Year on year this demonstrates improvement and this year has been no exception.

5.5.12 Every November and December all wards and departments score the essence of care safety of the vulnerable patient’s benchmark. In order to gain a better understanding of staff knowledge across the trust, minimal changes were made to the benchmark since it was last scored in 2013. The indicators that are used are:

	<b>Indicator</b>
1.	Staff are aware of types of abuse and potential indicators of abuse
2.	Staff are aware of how to make a safeguarding children or adults referral
3.	Staff are aware of the NUH restraint policy and have an understanding of what constitutes proportional restraint
4.	The ward/department has a safeguarding folder, which is accessible to all staff OR staff are aware of how to access information in the virtual folder on the safeguarding vulnerable adults or children’s intranet sites
5.	Staff are aware of who the safeguarding leads are for both: <ul style="list-style-type: none"> <li>• The clinical area</li> <li>• The Trust</li> </ul>
6.	Staff know how to access the mental capacity act/deprivation of liberty safeguards policies
7.	Staff know how to perform a mental capacity assessment and in what circumstance they should perform one
8.	Staff are able to describe what should be considered and who should be consulted when making a best interests decision for a patient who lacks capacity
9.	Staff are aware how to access the advocacy service for patients who are vulnerable e.g. Independent Mental capacity Advocate Service (IMCA)

10.	Staff are aware of which consent form should be used if a patient lacks capacity
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5.5.13 To attain Gold, general areas needed to achieve all 9 indicators (10 indicators for inpatient areas); green was attained in general areas if 7-8 indicators were achieved (8-9 inpatient areas); and red was scored if 6 or less indicators were achieved (7 or less inpatient areas)

5.5.14 For those areas using the benchmark, 8 of the 10 indicators of best practice were achieved by at least 90% of wards and depts.

5.5.15 There are two indicators that are not consistently scored at 90%. The first is Indicator 7: “Staff know how to perform a mental capacity assessment and in what circumstances they should perform one.” Action taken is as follows:

- The safeguarding team will engage with clinical area safeguarding champions, specifically looking at the application of the Mental Capacity Act in their area
- The MCA is legislation and as such, clinical teams have a responsibility to follow this. The adult safeguarding team has delivered multiple sessions on its usage. Non-compliance with this will be escalated to directorate meetings for action

5.5.16 The second indicator is Indicator 9: “Staff are aware how to access the advocacy service for patients who are vulnerable e.g. Independent Mental Capacity Advocate Service (IMCA).” Action taken is as follows:

- The adult safeguarding team will provide information during the 2015-16 Mandatory Training programme on the role of the IMCA

5.5.17 Four areas scored red for this benchmark but these areas were all individually supported by the NUH Adult Safeguarding team and were all rescored as Green.

### 5.5.18 Comparison of scores 2011-2014:

Nov/Dec 2011	Nov/ Dec 2012	Nov/Dec 2013	Nov/Dec 2014
<b>177 areas scored</b>	<b>168 areas scored</b>	183 areas that scored:	170 areas that scored:
20 (11%) areas scored GOLD	61 (36%) areas scored GOLD	94 (51.4%) scored GOLD	110 (65%) scored GOLD
24 (14%) areas scored GREEN	33 (20%) areas scored GREEN	80 (43.7%) scored GREEN	55 (32.5%) scored GREEN
119 (67%) areas scored AMBER	72 (43%) areas scored AMBER	9 (4.9%) scored RED	
14 (8%) areas scored RED	2 (1%) areas scored RED		4 (2.3%) scored RED
<b>25% of areas scoring GREEN/GOLD</b>	<b>56% of areas scoring GREEN/GOLD</b>	<b>95.1% of areas scoring GREEN/GOLD</b>	<b>97.5% of areas scoring GREEN/GOLD</b>

5.5.19 Between April 2015 and March 2015 NUH submitted 90 deprivation of liberty applications to the local authority only 19 of these were granted Standard Authorisations this was largely due to the patient being discharged from NUH prior to assessment.

## 5.6 CityCare Partnership

### 5.6.1 Safeguarding Adults

- During 2014/15 CityCare prepared for the implementation of the Care Act (2014) which resulted in the review and re-writing of the safeguarding adults policy and procedures to ensure that the organisation is commensurate with the requirements of the Act.
- The Lead Practitioner for Safeguarding Adults is an active participant of the NCSAPB Care Act task and finish group; reviewing the multi-agency response to the implementation of the Care Act.
- A Care Act briefing which outlined both the requirements of the Act and the new roles and responsibilities of staff has been cascaded to staff and

delivered via face to face sessions with clinical teams as part of a targeted roll out plan. This will continue over the forthcoming year.

- Development of a Vulnerable Adults Risk Management (VARM) tool to support staff with decision making and the recording of concerns in a consistent and robust way.
- A comprehensive review of Safeguarding Adults activity within CityCare has been completed which informed capacity mapping and shaped the basis of the proposal for a new Safeguarding Adults service which was submitted to the CCG for consideration. A decision regarding the service development is expected shortly.
- CityCare completed Individual Management Reviews for a substantial Serious Case Review.
- CityCare also developed an internal information sharing meeting to capture and analyse the data and soft intelligence regarding concerns raised by staff in relation to Care Homes (QUIF).
- CityCare have had significant involvement in the Care Home closure process to ensure that the safety, dignity and well-being of residents remains paramount, once a decision to close a Care Home has been made.
- The Lead Practitioner for Safeguarding Adults has also reviewed the internal process for CityCare attendance at multi-agency safeguarding adults meetings to provide clarity both internally and to external organisations regarding roles and responsibilities.
- Development of specific advice recording sheets for Care Homes
  - Care Home Equipment Prescription Process
  - Care Home Concern Sheet

#### 5.6.2 **PREVENT**

- Following the completion of the PREVENT 'Train the Trainer' course, the accredited trainers have delivered PREVENT training to over 300 staff since July 2014. A rolling programme of PREVENT training is in place as part of the safeguarding 'Think Family' training matrix.
- The PREVENT lead has supported practitioners with managing a number of PREVENT concerns that have been raised by frontline staff, liaising with statutory organisations to ensure a co-ordinated multi-agency response is in place.

#### 5.6.3 **Mental Capacity Act**

- Citycare achieved 91% compliance with Mental Capacity Act training.
- 2 further staff have been supported by CityCare to undertake 'Best Interest' assessors training.

- Development of an MCA / Best interests aide memoire card for clinical staff which is currently in printing process and will be provided to staff at induction and training.
- Review and rewrite of the CityCare Mental Capacity Act Policy and Consent to Treatment Policy.
- Completion of an MCA clinical audit to inform practice and demonstrate compliance with MCA legislation. Report on audit findings due to be completed Spring 2015.

#### 5.6.4 **Domestic Abuse**

- Review of Domestic Abuse Referral Team Pathways and procedures
- Implementation of the Domestic Violence Disclosure process (DVDS – previously referred to as Claire’s Law)
- Domestic Abuse Nurse Specialist gained accreditation as a trainer for Honour based Violence and Forced marriage.

#### 5.6.5 **Strategic work**

- Introduction of the Serious Incident Review Group (SIRG) which is a sub group to the Safeguarding Group, tasked with reviewing and implementing recommendations from serious safeguarding incidents (including SCR / SILP).
- Development of the CityCare safeguarding intranet pages – a one stop shop for policy and guidance documents (internal, local and national documents) relating to safeguarding.
- Development of a Carers strategy and ‘Supporting Carers’ factsheet for frontline staff
- Development of the ‘Think Family’ factsheet for frontline staff

#### 5.6.6 **Key Priorities for 2015/16**

- Development of level 2 Safeguarding Adults and Safeguarding Children training for identified Adult Services staff
- Safeguarding Conference for CityCare staff
- Safeguarding Champions Network
- Completion of Safeguarding Adults Self-Assessment Framework
- Appointment of designated MCA Lead Practitioner role
- Development and Implementation of Safeguarding Adults service
- Audit of ‘Think Family’ group supervision model

## 5.7 Nottinghamshire Healthcare NHS Foundation Trust

The Nottinghamshire Healthcare NHS Foundation Trust sees an effective safeguarding service as one that ensures that vulnerable people, whether our patients, their carers, or our staff and their relatives, are kept safe and have the best possible experience whilst in our care.

### 5.7.1 What NHCT planned to do?

Nottinghamshire Healthcare's Business Plan was developed to cover a three year period 2012 – 2015.

What we did this year:

- Review the recommendations that have emerged from reviews, reports and other national enquiries
- Embed and consolidate our approach to domestic violence and abuse by ensuring that it is aligned to that of our partners in order to avoid duplication of effort and maximise our effectiveness.
- Ensure organisational learning from internal and external issues, Serious Case Reviews, Domestic Homicide Reviews, alternative reviews and audit is embedded and evaluated against impact and sustainability
- Develop new, imaginative and innovative ways of extending learning and development.
- Refresh our approach to Think Family 'in order to support the implementation of the Trust's first 'Think Family Strategy'.
- Improve our involvement with members, service users and carers to guide our development and measure our effectiveness
- Align our programme to the Strategic Objectives of the Trust and the identified priorities of the Local Safeguarding Adults and Children's Boards.
- Deliver a robust governance system and continue to develop our methods of reporting to reflect the quality of the service we deliver.
- Provide a greater focus on the quality of safeguarding leadership and integration to ensure that all our staff are supported, confident and well-equipped to meet the demanding challenges of the safeguarding responsibilities they undertake on behalf of users of our services and their families

### 5.7.2 What has been the impact?

The plan between 2012 and 2015 has been reviewed and established that all the actions planned for completion by the end of 2015 have been achieved on time or have been embedded into our longer term and ongoing activities.

Highlights this year include

- Our active participation on Safeguarding Boards / DV multi – agency executive Groups and sub structures

- Robustly responding and adapting National, regional , local changes and emerging themes - including , e safety , modern slavery , child sexual exploitation
- Delivering a Trustwide Think family approach in everything we do
- The delivery of high quality accessible training , supervision and support
- Consolidation of our approach to Domestic Violence & Abuse including sexual violence
- Engagement in safeguarding research
- Development of the first Trustwide Quality and Performance framework
- Producing high quality individual and multi - agency investigation reports such as SCRs and DHRs to ensure learning is timely , effective and respectful to the Service user, their family and our staff

### 5.7.3 What we need to do in the future

The year ahead sees the launch a new phase in our work , a refreshed 5 year plan with an emphasis on leadership , learning and improvement and a commitment to strengthen of our ability to evidence we are making a difference,

Priority 1: To demonstrate Nottinghamshire Healthcare has a strong integrated and sustainable culture of both safeguarding leadership and strategic and operational working across the Trust.

Priority 2: To demonstrate that we are assured that safeguarding is everyone's responsibility and we are able to evidence that we are making a difference.

Priority 3: To demonstrate that we are assured that learning and improvement is raising the awareness and the quality of safeguarding practice and ensure that training, procedures and guidance support improvements in safeguarding children and adults.

This approach is in line with the POSITIVE values and vision of Nottinghamshire Healthcare Foundation Trust. Furthermore it encompasses a clear overarching message and framework for all staff which ensures safeguarding is

**'Everyone's business.'**



## CHAPTER 6 FUTURE CHALLENGES: OUR BUSINESS PLAN FOR 2014/15

- 6.1. This year's plan is intended to deliver more than "business as usual" and take a more transformational approach. To be effective the "Making Safeguarding Personal" agenda requires leadership that supports less risk averse practice where this will ensure better outcomes for the citizen. Sharing the risk as a partnership provides a more resilient and robust approach. Our approach also recognises that social isolation can increase the risk of harm and focuses on addressing this as a method for reducing incidence of harm and neglect. Maximising partnership resources to deal with social isolation in our city will result in more deliverable outcomes than individual agency effort. Finally the Board recognises that by working in partnership and sharing information more effectively we can maximise the opportunity to intervene earlier to prevent harm occurring.
- 6.2. In setting our NCASPB Business Plan for 2015/16 we have elected initially to focus our objectives around the Care Act 2014 and from a Board perspective this will mean ensuring that we are Care Act compliant and targeted on the safeguarding related developments of this key piece of legislation.
- 6.3. As set out earlier in this section of our Annual Report the Care Act 2014 requires that all local authorities must have established a SAB as set out in the Act and the accompanying statutory guidance. Partners will find themselves more accountable for their actions and there will be higher public expectations. The statutory guidance encourages all three of the core partners to make a resource contribution to recognise the corporate partnership accountability and to ensure the SAB can carry out its functions.
- 6.4. The Care Act (schedule 2) gives the local SAB three specific duties it must:
  - 6.4.1 Publish a strategic plan for each financial year that sets out how it will meet its main objective and what each member is to do to implement that strategy. In developing the plan it must consult the Local Healthwatch organisation and involve the community.
  - 6.4.2 Publish an annual report detailing what the SAB has done during the year to achieve its objective and what it and each member has done to implement its strategy as well as reporting the findings of any Safeguarding Adults Reviews (SAR) including any ongoing reviews.
  - 6.4.3 Decide when a Safeguarding Adult Review (SAR) is necessary, arrange for its conduct and if it so decides, to implement the findings. Where the SAB decides not to implement an action from the findings it must state the reason for that decision in the Annual Report. Boards

will need to agree clear policy and procedures, membership, governance structure and communication plan, including how to obtain feedback from the local community. The local training and workforce development strategy will need updating in light of the Act; it should be competency based to ensure that workers' practice meets the Act's new requirements including the latest guidance on the Mental Capacity Act, undertaking MCA assessments, and Deprivation of Liberty Safeguards. The Care Act says that if a SAB requests information from an organisation or individual who is likely to have information which is relevant to the SAB's functions, then they must share it with the Board. Additionally agencies should have drawn up a common agreement relating to confidentiality and the sharing of information between themselves based on the well-being of the adult at risk of abuse or neglect. It should also set out in what circumstances information will be shared without the agreement of the individual. The Act introduces statutory Safeguarding Adults Reviews (previously known as Serious Case Reviews) and gives Boards flexibility to choose a proportionate methodology. The purpose of an SAR must be to learn lessons and improve practice and inter-agency working. It defines the circumstances under which a SAB must conduct a SAR as "there is reasonable cause for concern about how the SAB, members of it or others worked together to safeguard the adult and death or serious harm arose from actual or suspected abuse." It expects agencies to cooperate with the review but also gives Boards the power to request information from relevant agencies. The SAB may also commission a SAR in other circumstances where it feels it would be useful, including learning from "near misses" and situations where the arrangements worked especially well.

6.5 The detail of the NCASPB Business Plan is set out at appendix 1.

### **The Care Act**

6.6 The NCASPB was in a good starting position prior to the Act coming into force. A SAB was in existence with good partnership attendance, Serious Case Reviews were commissioned as appropriate and the Board completed an annual report based on its business plan. It has been the role of the Care Act task and finish group to ensure that existing processes and structures are compliant, and this has been the focus of the work of the group.

6.7 The Business Plan for 2015/16 is, in essence, designed to continue the implementation of Care Act requirements both in relation to the Board itself but also to the wider development of adult safeguarding provision across the City.

6.8 Priority areas of work for 15-16 are as follows:

- The creation of a performance framework
- To consider the implications of DV as a type of abuse
- Ratification of information sharing protocol and implementation
- Updated information for publication
- Completion of the SAAF
- Self-assessment of the Board's compliance with the Care Act
- Audit of partner agencies compliance with the Care and Making Safeguarding Personal

### **MCA Dols**

6.9 Concerns have been noted around the focus of the MCA DoLS subgroup group and discussions have taken place as to whether the NCASPB requires an MCA/Dols subgroup. The group was set up prior to the shift in responsibilities from NHS to local authorities and the remit was oversight of the implementation of DoLS to ensure compliance with legislation. To oversee the implementation of MCA would require a significant change in membership with resource implications for all partners. MCA is just one Act that partner agencies need to comply with that has an impact upon citizens. Given the implementation of MCA is the responsibility of individual agencies the Board could seek assurance of implementation via OMG as part of the overall quality assurance process. The implementation and oversight of DoLS is now the responsibility of the LA social care so multi-agency working is limited. Actions from Serious Case Reviews relating to MCA should be implemented by all agencies and monitored through the SCR sub-group in line with other actions arising from SCRs.

6.10 It has been agreed that we will assess the relevance of continuing to operate an MCA/DoLS subgroup and to decide whether to continue the group. If it is recommended that the group continues then clear direction and objectives will need to be set and if extended to oversee MCA then partner agencies will need to agree to the increased resource implications for the Board and their agency.

### **Training and Workforce Development**

6.11 Key areas for development identifies for 2015/16 include:

- A review of membership of the Training Sub group to ensure the right representation of partner agencies and improved attendance.
- 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.
- The establishment of an adult safeguarding training pool, to ensure sustainable delivery of a programme of training for the PVI sector.
- To effectively implement the Learning & Improvement Process.
- To finalise and agree Competence / Capability frameworks for both Adult and Children Safeguarding and collect information from partner agencies regarding competence levels of their staff teams.

#### **6.12 Safeguarding Adults Reviews (previously known as Serious Case Reviews)**

The key focus for 2015/16 will continue to be the implementation of the Care Act 2014 to ensure that our SAR and other review processes reflect the expectations of the Act and that we continue to maximise the impact of the learning that is drawn from these and other reviews of practice that are undertaken.

**Paul Burnett**

**Independent Chair, Nottingham City Safeguarding Children Board and Nottingham City Adult Safeguarding Partnership Board**

# **APPENDICES**

**Appendix A Results of Peer review**

**Appendix 1: NCASPB Business Plan 2015/16**

**Appendix 2: Joint Business Plan for NCASPB and NCSCB**

## **Appendix A PEER CHALLENGE OF NOTTINGHAM CITY SAFEGUARDING BOARD**

During 2014/15 a Peer Challenge of our safeguarding arrangements was carried out as part of the East Midlands Network improvement framework. The Peer Challenge provided an external, objective judgement of our performance.

Key positives identified in the report included:

- Comprehensive senior level representation
- Very clear commitment to work in partnership
- Consistent attendance and representation
- All members feel able to contribute and provide challenge
- SCR sub-group is strong and works well
- Partners felt resources followed risk
- Good practice around safeguarding adult networking events

However a number of issues were raised by the peer reviewers notably

- An overall view was that adult safeguarding issues are being squeezed out by primacy of children's safeguarding
- The aspiration to support a Think Family approach through Board integration has yet to be realised
- Very little knowledge of Board's priorities across the workforce
- Business plan is more focused on business as usual rather than evidenced areas that require step change
- Combined infrastructure underneath also contributes to diminution of focus on adult safeguarding
- Too little opportunity for interagency learning and review

Recommendations for consideration were as follows:

- Consider 'splitting out' the Board and OMG
- Consider 'splitting out' Board sub-groups, particularly quality assurance and training
- Adult Safeguarding Board has a separate business plan
- Level 3 and 4 training should be multiagency
- Multiagency case file auditing
- Targeted work with BME communities to raise awareness of adult abuse and how to make a referral
- Board's analysis of safeguarding issues needs be informed by partners' data

**NOTTINGHAM CITY SAFEGUARDING  
ADULTS PARTNERSHIP BOARD**

**BUSINESS PLAN 2015/16**

Nottingham City Adult Safeguarding Partnership Board

Priority: **Adults are able to protect themselves from harm with appropriate support.**

- Provide leadership to support less risk averse practice where this will ensure citizens' outcomes are better met.
- An early intervention approach that reduces preventable incidences of harm.
- Develop supportive communities and ensure people are befriended and have friends.

No.	What do we want to achieve?	How are we going to do it?	Who will lead?	How will we know we have achieved our goal?	When are we going to achieve this?	Comment on Progress	RAG rating
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1.1	The Board and partner agencies are fully compliant with the Care Act.	Delivery of phase 2 of the Care Act task and finish work plan including self-assessment of Board compliance	Care Act task and finish group	Care Act task and finish reports to OMG	April 15		
					July 15		
					Oct 15		
					Dec 15		
					Feb 15		
		Audit partner's implementation of the Care Act (SAAF).		Report received by Care Act task and finish group	June 15		
				Report to OMG	July 15		
1.2	Provide leadership to	Scoping of the MSP principles		Care Act task and finish	April 15		

	support less risk averse practice where this will ensure citizens' outcomes are better met.	<p>in relation to</p> <ul style="list-style-type: none"> <li>○ Their impact on cultural change in workforce interventions</li> <li>○ Safeguarding board practice such as quality assurance</li> <li>○ Leadership at safeguarding partnership level</li> </ul>	Board manager/Care Act task and finish group	reports to OMG	<p>July 15</p> <p>Oct 15</p> <p>Dec 15</p> <p>Feb 15</p>		
<b>1.3</b>	An early intervention approach that reduces preventable incidences of harm.	<p>Develop a multi-agency early intervention strategy in homecare and residential care</p> <p>Conduct a review of the early intervention approach in relation to homecare and residential care providers, and determine if we can improve.</p> <p>Map local profile to determine</p>	Early Intervention Subgroup	Early intervention subgroup reports to OMG	<p><b>Oct 15</b></p> <p><b>Feb 16</b></p>		

		where we have low levels of safeguarding referrals to focus safeguarding awareness raising.					
1.4	Develop supportive communities and ensure people are befriended and have friends.	To determine how the Looking After Each Other project led by the LA and CCG might impact on keeping people safe from harm and what more we might need to do to address this objective.	Board manager	Assurance report to OMG	Oct 15		
		Determine whether the wellbeing vision for the City and the workforce change implicit in that could include a focus on social isolation and friendship.	Helen Jones, Director of Adult Social Care	Assurance report to NCASPB	Sept 15		

### RAG Rating key

Clear	Work is underway and, in the judgement of the lead individual/subgroup, is expected to be completed within the agreed timescale
Red	Work is underway however, is not expected to be completed within the agreed timescale. In the judgement of the lead individual/subgroup either <ul style="list-style-type: none"> <li>• The deadline will be missed by more than 3 months and/or</li> <li>• The impact of missing this deadline is likely to be significant</li> </ul>
Amber	Work is underway however, is not expected to be completed within the agreed timescale. In the judgement of the lead individual/subgroup either <ul style="list-style-type: none"> <li>• The deadline will be missed by less than 3 months and</li> <li>• The impact of missing this deadline is unlikely to be significant</li> </ul>
Green	Action completed
Blue	Impact of the action has been evaluated and found to have addressed the issue identified

**NOTTINGHAM CITY SAFEGUARDING  
CHILDREN BOARD AND ADULT  
SAFEGUARGING PARTNERSHIP  
BOARD**

**JOINT BUSINESS PLAN 2015/16**

**Priority 1: To be assured that safeguarding services are effectively coordinated across children and adult services ('Think Family')**

- DV, modern slavery and FGM
- Priority Families
- Transitions
- Information sharing

**Priority 2: 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**

- To be assured that the workforce across all partner agencies has adequate basic knowledge and that this has been effective in improving practice, responding to areas of improvement identified.
- Ensure learning is identified and disseminated from and between partner agencies, including how this will be embedded into practice.
- Measuring the impact on practice and outcomes for children, young people and adults, basic and improved knowledge, demonstrated through a mechanism with clear outcomes identified.
- Improvement of citizen awareness of their responsibility for the welfare of children and adults.

No.	What do we want to achieve?	How are we going to do it?	Who will lead?	How will we know we have achieved our goal?	When are we going to achieve this?	Comment on Progress	RAG rating
1.1	Effective safeguarding arrangements in relation to domestic abuse are in place across the partnership.	Delivery of the domestic violence strategic group and action plan.	DVSG chair	DV strategic group reports to OMG	<b>Oct 15</b> <b>Feb 16</b>		
		Delivery of the domestic abuse and children subgroup's work plan.	DA Children's subgroup chair	DV children's subgroup reports to OMG	<b>Oct 15</b> <b>Feb 16</b>		
		Establish effective lines of connectivity with adult safeguarding board to reflect the requirements of the Care Act.	Care Act task and finish group	Care Act task and finish group reports to OMG	<b>July 15</b> <b>Dec 15</b>		
1.2	The Boards receive a report	Liaise with DVSG chair to add indicators to DV data	DVSG/Board manager	DV strategic group reports	<b>Oct 15</b>		

	on current intelligence in relation to modern slavery and identify further action that may be required in response.	regarding how many case of modern slavery there are and what action was taken.		to OMG	<b>Feb 16</b>		
<b>1.3</b>	The Boards are assured that work in relation to FGM is addressing key expectations in relation to awareness raising, identification and response.	Delivery of the FGM board work plan.	Chair of the FGM board	FGM update to Board	<b>April 15</b>  <b>Oct 15</b>	<b>Green</b>	



1.4	The Priority Families programme incorporates robust safeguarding arrangements and coordinates effectively with formal safeguarding processes where appropriate.	The board will receive a report from Vulnerable Children and Families Services evaluating the impact of the Priority Families service against the four quadrants of the Quality Assurance Framework. This report should provide a comparative analysis of the impact of the service in working with adults at risk.	Children's QA subgroup	Report received by Children's QA subgroup	Jan 16		
				Children's QA subgroup report to OMG	Feb 16		
			Care Act task and finish group	Report received by Care Act task and finish group	Dec 15		
				Care Act task and finish group report to OMG	Feb 16		

<b>1.5</b>	The Board is assured that agencies are successfully transitioning individuals from children's to adult's services, applying best practice principles.	Health, social care and education provide evidence that SEND forms are being completed and are effective.	Children's QA subgroup	Report received by Children's QA subgroup	<b>Oct 15</b>		
				Children's QA report to OMG	<b>Dec 16</b>		
		The transitions document is updated in line with the Care Act.	Care Act task and finish group	Care Act task and finish group report to OMG	<b>July 15</b>		
		The transitions document in publicised.	Comms& Engagement task and finish	Comms and Engagement report to OMG	<b>Oct 15</b>		
	Boards receive reports from Children's social care setting out the efficacy of local arrangements to support care	OMG/Head of Safeguarding	Report to NCSCB	<b>Jan 15</b>			

		leavers. The Board will then formally communicate its views regarding these arrangements to the Corporate Parenting Panel.					
<b>1.6</b>	Information sharing protocols are fit for purpose	Information sharing protocol for children's amended in light of revised statutory guidance required in line with TriX updates.	Board Service Manager	Report on TriX updates to OMG	<b>July 15</b>		
		Information sharing protocol for adults benchmarked against requirements of the Care Act and amended if necessary.	Care Act task and finish group	Care Act report to OMG	<b>July 15</b>		

<p><b>1.7</b></p>	<p>The Boards are assured that work in relation to children and vulnerable adults at risk of radicalisation is robust and effect in diverting and supporting the individuals and their families</p>	<p>The board will receive a report from local Prevent Leads evaluating the impact of local practice against the four quadrants of the Quality Assurance Framework. This report should provide analysis of the efficacy of local Chanel Panel arrangements</p>	<p>OMG/Head of Safeguarding</p>	<p>Report to NCSCB</p>	<p><b>Oct 15</b></p>		
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**Priority 2: 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**

No.	What do we want to achieve?	How are we going to do it?	Who will lead?	How will we know we have achieved our goal?	When are we going to achieve this?	Comment on Progress	RAG rating
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1.8	The Board is assured that the learning and Improvement Framework enables staff and	Embed the function of the Learning and Improvement process.	Training subgroup	Training subgroup report to OMG	Oct 15		
	volunteers to identify safeguarding risks for both children and adults, and act	Test that the training and development programme reflects key Business plan priorities and the recommendations arising from SCRs, SILPs and other reviews.	Training subgroup	Training subgroup report to OMG	Oct 15		

accordingly						
	Strengthen the training and development evaluation process to test impact on service quality and safeguarding outcomes for children, young people and adults at risk including a safeguarding competence framework.	Training subgroup	Training subgroup report to OMG	<b>July 15</b>  <b>Oct 15</b>  <b>Feb 16</b>		
	Ascertain numbers of referrals from children's services to adult services.	Children's QA subgroup	Children's QA subgroup report to OMG	<b>Oct 15</b>		
	Ascertain number of referrals from adult services to children's services.	Care Act task and finish group	Care Act task and finish group report to OMG	<b>Oct 15</b>		

**RAG Rating key**

Clear	Work is underway and, in the judgement of the lead individual/subgroup, is expected to be completed within the agreed timescale
Red	Work is underway however, is not expected to be completed within the agreed timescale. In the judgement of the lead individual/subgroup either <ul style="list-style-type: none"> <li>• The deadline will be missed by more than 3 months and/or</li> <li>• The impact of missing this deadline is likely to be significant</li> </ul>
Amber	Work is underway however, is not expected to be completed within the agreed timescale. In the judgement of the lead individual/subgroup either <ul style="list-style-type: none"> <li>• The deadline will be missed by less than 3 months and</li> <li>• The impact of missing this deadline is unlikely to be significant</li> </ul>
Green	Action completed
Blue	Impact of the action has been evaluated and found to have addressed the issue identified

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**HEALTH AND WELLBEING FORWARD PLAN 2015/2016.**

All future submissions for the FWD plan should be made at the earliest stage through Dot Veitch: [dot.veitch@nottinghamcity.gov.uk](mailto:dot.veitch@nottinghamcity.gov.uk)

For information on development sessions please contact Bridget Scanlon: [bridget.scanlon@nottinghamcity.gov.uk](mailto:bridget.scanlon@nottinghamcity.gov.uk)

<b>Wednesday 16<sup>th</sup> December</b>	<b>HWB development session</b>	<b>Loxley House room 2.13</b>	<b>1 - 4</b>
<b>27 January 2016</b>			
<b>Area</b>	<b>Report Title</b>	<b>Report Author</b>	<b>CEG</b>
<b>Public Health topic:</b> Director of Public Health	Health Protection Assurance	Alison Challenger <a href="mailto:Alison.challenger@nottinghamcity.gov.uk">Alison.challenger@nottinghamcity.gov.uk</a>	
<b>Health and Wellbeing Strategy (HWS), Nottingham Plan, and other Key Strategies:</b> Nottingham Plan Programme Group HWS Accountable Board members	Health & Wellbeing Strategy 2016 – 2019 progress report	James Rhodes <a href="mailto:James.rhodes@nottinghamcity.gov.uk">James.rhodes@nottinghamcity.gov.uk</a>	Yes
	Health and Wellbeing Strategy 2.5 year report (Including CCG corporate contribution)	John Wilcox <a href="mailto:John.wilcox@nottinghamcity.gov.uk">John.wilcox@nottinghamcity.gov.uk</a>	Yes
	Health and Wellbeing Strategy - Priority Families theme update	Nicky Dawson <a href="mailto:Nicky.dawson@nottinghamcity.gov.uk">Nicky.dawson@nottinghamcity.gov.uk</a>	
	Nottingham Plan	Dean Goodburn <a href="mailto:Dean.goodburn@nottinghamcity.gov.uk">Dean.goodburn@nottinghamcity.gov.uk</a>	Yes
<b>Commissioning and JSNA:</b> Nottingham City Council Clinical Commissioning Group, NHS Commissioning Board Commissioning Executive Group	Nottingham City CCG Commissioning Strategy refresh update	Dawn Smith <a href="mailto:Dawn.smith@nottinghamcity.nhs.uk">Dawn.smith@nottinghamcity.nhs.uk</a>	Yes
	Health & Wellbeing Strategic Commissioning Priorities 2016 -17	Colin Monckton <a href="mailto:Colin.monckton@nottinghamcity.gov.uk">Colin.monckton@nottinghamcity.gov.uk</a>	Yes
<b>Other relevant reports (safeguarding and social determinants of health):</b> Safeguarding Boards Provider organisations and council services relating to the social determinants of health			
<b>Standing items</b>	Corporate Director of Children and Families	Alison Michalska <a href="mailto:Alison.michalska@nottinghamcity.gov.uk">Alison.michalska@nottinghamcity.gov.uk</a>	NR
	Director of Public Health	Alison Challenger <a href="mailto:alison.challenger@nottinghamcity.gov.uk">alison.challenger@nottinghamcity.gov.uk</a>	NR
	Healthwatch Nottingham	Martin Gawith <a href="mailto:martin.gawith@healthwatchnottingham.co.uk">martin.gawith@healthwatchnottingham.co.uk</a>	NR
	Clinical Commissioning Group	Dawn Smith <a href="mailto:Dawn.Smith@nottinghamcity.nhs.uk">Dawn.Smith@nottinghamcity.nhs.uk</a>	NR
	Director for Adult Social Care	Helen Jones <a href="mailto:Helen.jones@nottinghamcity.gov.uk">Helen.jones@nottinghamcity.gov.uk</a>	NR
<b>Monday 22 Feb 2016</b>	<b>HWB Development Session</b>	<b>Loxley House room tbc</b>	<b>1 - 4</b>

<b>30 March 2016</b>			
<b>Area</b>	<b>Report Title</b>	<b>Report Author</b>	<b>CEG</b>
<b>Public Health topic:</b> Director of Public Health	Public Health Budgets	Jane Goddard <a href="mailto:Jane.goddard@nottinghamcity.nhs.uk">Jane.goddard@nottinghamcity.nhs.uk</a>	Yes
<b>Health and Wellbeing Strategy (HWS), Nottingham Plan, and other Key Strategies:</b> Nottingham Plan Programme Group HWS Accountable Board members	Health & Wellbeing Strategy 2016 – 2019 progress report	James Rhodes <a href="mailto:James.rhodes@nottinghamcity.gov.uk">James.rhodes@nottinghamcity.gov.uk</a>	Yes
	Health and Wellbeing Strategy - Alcohol misuse update	Christine Oliver <a href="mailto:Christine.oliver@nottinghamcity.gov.uk">Christine.oliver@nottinghamcity.gov.uk</a>	Yes
<b>Commissioning and JSNA:</b> Nottingham City Council Clinical Commissioning Group, NHS Commissioning Board Commissioning Executive Group	Nottingham City CCG Commissioning Strategy refresh final report and Nottingham City CCG 2016/17 annual Plan	Dawn Smith <a href="mailto:Dawn.smith@nottinghamcity.nhs.uk">Dawn.smith@nottinghamcity.nhs.uk</a>	Yes
	Quality Premium Indicators	Dawn Smith <a href="mailto:Dawn.smith@nottinghamcity.nhs.uk">Dawn.smith@nottinghamcity.nhs.uk</a>	Yes
	Children's Strategic Commissioning Development Review	Chris Wallbanks & Phyllis Brackenbury <a href="mailto:Chris.wallbanks@nottinghamcity.gov.uk">Chris.wallbanks@nottinghamcity.gov.uk</a>	Yes
	Health & Wellbeing Strategic Commissioning Priorities 2016 -17	Colin Monckton <a href="mailto:Colin.monckton@nottinghamcity.gov.uk">Colin.monckton@nottinghamcity.gov.uk</a>	Yes
<b>Other relevant reports (safeguarding and social determinants of health):</b> Safeguarding Boards Provider organisations and council services relating to the social determinants of health			
<b>Standing items</b>	Corporate Director of Children and Families	Alison Michalska <a href="mailto:Alison.michalska@nottinghamcity.gov.uk">Alison.michalska@nottinghamcity.gov.uk</a>	NR
	Director of Public Health	Alison Challenger <a href="mailto:alison.challenger@nottinghamcity.gov.uk">alison.challenger@nottinghamcity.gov.uk</a>	NR
	Healthwatch Nottingham	Martin Gawith <a href="mailto:martin.gawith@healthwatchnottingham.co.uk">martin.gawith@healthwatchnottingham.co.uk</a>	NR
	Clinical Commissioning Group	Dawn Smith <a href="mailto:Dawn.Smith@nottinghamcity.nhs.uk">Dawn.Smith@nottinghamcity.nhs.uk</a>	NR
	Director for Adult Social Care	Helen Jones <a href="mailto:Helen.jones@nottinghamcity.gov.uk">Helen.jones@nottinghamcity.gov.uk</a>	NR

**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.

## Statutory Officers Report for Health and Wellbeing Board

### Corporate Director of Children's Services

November 2015

#### Structure Update

Following the Chief Executive's Review and subsequent revised headline Council structure chart, the Early Intervention Directorate has been re-named as the Strategy and Commissioning Directorate.

#### Adoption Reform

The legislation contained in the Schools and Adoption Bill, means that councils can be required to combine their adoption functions within the next 2 years, the legislation aims to build on recent adoption reforms by "streamlining" the adoption matching process and increasing the number of potential adopters for every child. There are over 180 agencies across the country recruiting and matching adopters for 5000 children per year, and the majority of agencies still operate on a very small scale. A bid has been submitted to the Department for Education by the East Midlands Adoption Consortium of which Nottingham City Council is a member to obtain funding to examine options. Department for Education have decided that the bid fell in to the 'scope and define' category. Department for Education have assigned a delivery partner to work with the East Midlands Adoption Consortium. They have appointed Spring Consortium (this includes Deloitte, Mutual Ventures and the Innovation Unit) to carry out this work, with the East Midlands Adoption Consortium.

East Midlands Adoption Consortium alongside three voluntary adoption agencies who work in the region will develop a full project plan and financial profile. The financial profile needs to be then submitted to the Department for Education to consider. This must be submitted by 1 December, decisions on funding proposals will be made following this submission.

#### Mandatory Reporting of Female Genital Mutilation (FGM)

The Serious Crime Act 2015 introduced a new duty on teachers, social workers and healthcare professionals to report to the police known cases of female genital mutilation involving victims aged under 18.

This duty comes into force on 31 October 2015. Read the guidance: '[Mandatory reporting of female genital mutilation: procedural information](#)'.

#### Neglect Pilot

Nottingham City Council has recently been successful in our bid to pilot the N.S.P.C.C's Graded Care Profile version 2. This is a pilot to aid the way we assess and work with neglect, the pilot will be rolled out next year. The N.S.P.C.C have been working to improve identification of neglect by conducting a national evaluation of the Graded Care Profile, a tool designed to provide an objective measure of the care of children. Originally developed by Dr Srivastava, the Graded Care Profile has been used to aid in the assessment of neglect since 1997. It gives a snapshot of the quality of care delivered to a child, considering commitment and effort shown by the carer. More information about the graded profile tool can be found [here](#).

## **Ofsted Inspection results for our Internal Residential Children's Homes.**

In April 2015 the DFE introduced new Regulations and Quality Standards for children's homes which raised the expectations for the standards of care which children and young people should expect to receive when living in a children's home. Our internal Children's homes provide support and care for some of our most vulnerable and complex children and young people with challenging needs in the City.

Children and Young Peoples abilities and individual stage of development will determine their starting point when they arrive at the children's home and the homes may need to support them through a complex and extended period of transition before they are able to positively engage and develop. This should not limit the home's ambitions for each child. The requirements within the Regulations and quality Standards are applied in the context of each child's individual needs. We aim to provide each child with the right placement at the right time, and for residential child care to be a positive and beneficial choice for the children and young people living in our children's homes.

The new Regulations and Quality Standards set out the aspirational and positive outcomes that we expect homes to achieve. They also set out the underpinning requirements that homes must meet in order to achieve those overarching outcomes.

Since April 2015 all 7 of our children's homes including our short breaks unit have been inspected under the new Standards and Regulations and all have been awarded Good or Outstanding judgments from Ofsted. Throughout the inspections particular attention has been given to the health and wellbeing of children and young people who live in our children's homes and short breaks unit and the following observations and comments have been made by Ofsted which have also been published on the Ofsted website:

With regards to our long term home and short breaks Unit for Children and Young People with complex disabilities the following statements have been made by ofsted:

*Young people's safety and welfare is a top priority and staff understand that disabled children are particularly vulnerable in residential care.*

*Young people are fully respected for their own attributes and personality,  
Care delivered is very person centred and individualised.*

*Young people make good progress in a number of areas including education and behaviour.*

*Staff monitor young people's health and emotional wellbeing very effectively.  
There is a high level of support which enables people to explore their feelings and emotions.*

*This home is not just a short break for young people; it positively effects their life in many ways, particularly with the overall wellbeing, behaviour, safety and confidence.*

*Young people and their families receive the help they need to keep their families together.*

*Staff are kind, caring and extremely inspirational in their approach. They are highly creative, go the extra mile and do this because they genuinely want to.  
Their practice is so good that it warrants sharing with the wider sector.*

With regards to our short term and long term children's homes for children and young people with emotional and behavioural difficulties Ofsted have made the following statements:

*Relationship with family and friends are particularly well considered by staff. They ensure that young people receive as much support as possible to develop positive relationships for their future.*

*Young people achieve their full potential in education and learn about their capabilities and interests.*

*Education has a very high profile and young people's progress is extremely good, from their standing point.*

*Young people's confidence and self-esteem vastly improves because there is a very positive approach from the staff in all aspects of care.*

*Staff work extremely hard to forge positive and trusting relationships with young people. As a result, young people start to talk to staff about their problems and accept help.*

*Young people receive a high level of support and readily accept staff help and support. As a result, they make good progress in a number of areas such as their education and safety.*

*Young people have aspirations for the future and all have goals to work towards their chosen vocation. This prepares them well for when they leave care.*

### **Improving Placements for our Looked After Children**

As a result of the Children in Care Placements, Sufficiency and Commissioning Strategy, published in April 2014, a procurement process was undertaken to commission for a number of residential beds. The aim of this was to ensure quality local provision; value for money and partnership working in achieving positive outcomes for children in care. Following a full tender process, the contract was awarded to G4S (Homes2Inspire and implemented from April 2015). These beds will be considered for all residential requests that can't be accommodated within Nottingham City Council internal provision.

### Our principles to achieve the best for children and young people

A number of principles for placement matching have been agreed with Social Care, which will inform the placement finding process, as follows:

- We aim to place children in Nottingham City Council internal provision (fostering / residential / semi independence) before looking for an external placement with a private provider.
- We aim to place children in foster placements rather than residential units wherever possible and appropriate
- We aim to place children within 20 miles of Nottingham City centre wherever possible and appropriate
- We aim to place children in provision that is rated Good or Outstanding by Ofsted.

### **Nottingham City Safeguarding Children Board procedures and guidance (NCSCB)**

The [Safeguarding Board procedures and practice guidance](#) are continually updated to reflect changes in legislation. Any changes are highlighted on a [helpful summary page](#).

I wanted to draw particular attention to the Prevent guidance. From July 2015, the Counter - Terrorism and Security Act "places a duty on local authorities and

childcare, education and other children's services providers ... to have due regard to the need to prevent people from being drawn into terrorism ("the Prevent duty"). Since the publication of the [Prevent Strategy](#), there has been an awareness of the specific need to safeguard children, young people and families from violent extremism. There have been attempts to radicalise vulnerable children and young people to hold extreme views including views justifying political, religious, sexist or racist violence, or to steer them into a rigid and narrow ideology that is intolerant of diversity and leaves them vulnerable to future radicalisation.

Keeping children safe from these risks is a safeguarding matter and should be approached in the same way as safeguarding children from other risks. Children should be protected from messages of all violent extremism including, but not restricted to, those linked to extreme Islamist ideology, or to Far Right / Neo Nazi / White Supremacist ideology, Irish Nationalist and Loyalist paramilitary groups, and extremist Animal Rights movements.

The duty has also placed a responsibility for local authorities to ensure Channel panels are in place. Panels assess the extent to which identified individuals are vulnerable to being drawn into terrorism. There is a single Panel for Nottinghamshire and Nottingham City supported by the Police Prevent Team. Schools and colleges are listed in the Act as partners of the panel.

Any practitioner identifying concerns about the child or young person should report them to the identified lead person within their organisation and/or line manager, who will discuss these concerns with the police Prevent Team. The Police Prevent Team is best contacted via [Prevent@Nottinghamshire.pnn.police.uk](mailto:Prevent@Nottinghamshire.pnn.police.uk) who will then discuss with you whether a formal referral is required.

### **Safeguarding in Partnership**

We recently held a very successful event to strengthen links with uniform and faith groups across the City. These organisations provide a valuable service to some of our children and young people and we are eager to build a relationship between these organisations and our Early Help, Youth and Play, Safeguarding and Family Support Services. The key theme was to offer help, training and guidance for children and young people in our City. The organisations in attendance included: God's Vineyard Church, Radford Evangelical Free Church, Ministry of Restoration, Bilborough Youth Network, Hope Church, Wollaton Youth Café, The Congregation of Yahweh, Ambleside Primary School, Chasewood Baptist Church, St Andrew's with Castle Gate United Reformed Church, Ravensworth Road Methodist Church, Springs of Life International Christian Centre, Church@Community, Trent Vineyard, Heart Church, Harvest Army Church, Aspley Community Toy Library, County Youth Arts, St Edwards Primary, People's Church, 9th Nottingham Girls Brigade and 14th Nottingham Boys Brigade.

The event was hosted by Councillor Mellen, and we delivered presentations on key safeguarding issues which organisations could benefit from our support with. Clive Chambers, Head of Safeguarding and Quality Assurance talked about the importance of understanding child protection and the need to be alert to signs and indicators when working with children and young people. Helen Blackman then gave a presentation on the work the City is doing in keeping children and young people safe from Child Sexual Exploitation. There have been several high profile cases on this recently and a real focus in the national media. We've been working very hard across the Children and Adults Department and with our

partners to ensure that we have a robust and co-ordinated response to this issue. These organisations will be able to add another dimension to this partnership to protect young people from harm and exploitation.

Emma Draycott and Rebecca Green from the SHARP Team presented the excellent work they have been involved in over the last 18 months, and shared the details of key organisations in Nottingham that work with young people who present with self-harm and suicidal behaviours.

Our Play and Youth specialist colleagues Manjit Sahota, Jean Case and Jacquie Thomas then invited the attendees to identify where they run their activities on three locality maps, in order for our Play and Youth Teams to make better links with these organisations.

The feedback from the event was incredibly positive, with all those who submitted evaluation forms stating that they would like another event like this. Some groups also wanted more time to network with other organisations and access to resources and training in Safeguarding. We will act on this feedback with bigger event planned for March next year and we have already started linking these groups to training opportunities.

### **Lord McNally Visit to the YOT**

On 15th September 2015 Nottingham's Youth Offending Team received a visit from Lord McNally, Chair of the Youth Justice Board for England and Wales, at the invitation of our Police and Crime Commissioner, Paddy Tipping. Colleagues gave a range of presentations, highlighting the multi-agency nature of the Service as well as some of the creative approaches to achieving our overarching aim of reducing offending. These included the collaborative work done with Police and Social Care colleagues to reduce the criminalisation of children in care, embedding a restorative approach by working towards the Restorative Service Quality Mark, and ensuring we intervene early to tackle harmful sexual behaviour and support the work being done in Nottingham to tackle CSE. We also demonstrated the YOT's contribution to Nottingham's key priorities and vision as an 'Early Intervention' city through the Targeted Support Workers' innovative and varied work with those at risk of becoming involved in the criminal justice system. Lord McNally was particularly impressed by the passion and commitment of our workforce and the close working links with relevant partners.

### **Visit from Denmark's Ministry of Social Affairs**

Nottingham's renown as 'Early Intervention City' was celebrated recently with a visit from Denmark's Ministry of Social Affairs to Broxtowe Children's Centre. The visit, which was organised by Deloitte Denmark, was the second in a two day whistle stop tour. Nottingham was chosen because we're "internationally known as the home of early intervention." Our visitors were able to experience the range of services available to children, young people and their families/carers aged 0-19 years within the Aspley and Bilborough communities.

### **Children's Centres**

To make more efficient use of council buildings that deliver services to children under 5, we have been exploring whether we could work smarter with schools based on the same site as children's centres. This would not involve closing any children's centres but schools would take over the day-to-day running while children's centre activities and services would in part move, where necessary, to other places nearby, such as libraries and community centres. We will retain some direct delivery at every site.



### How it will work?

Much of the change is being phased in from September 2015. Of the 18 Children's Centres, 11 are located on school sites. All 11 schools were offered the opportunity to take over the running and costs of the sites to maximise the usage of the building and alleviate space issues to offer additional places to meet the current higher demand for school and nursery places.

Work is progressing with 8 of the centres (as highlighted in green below) and is planned for a further 3.

Children's Centre	Linked school	Proposed Use	Additional community venues
Bulwell Forest	Cantrell Primary	Additional classroom space	Bulwell Children's Centre, Bulwell Riverside
Bestwood Top Valley	Westglade School	Additional 3 year old places	Rise Park church, Southglade Library, Southglade Access Centre
Basford	Whitemoor Academy	Additional classroom space	Basford Library, St Aidens Baptist Church, Brambles
Bilborough	Glenbrook	No change to centre	
Radford	Southwold	For additional 3 and 4 year olds places	Mellers School, Nottingham Nursery
Dunkirk	Dunkirk Primary	Additional 3 year old places	Dunkirk School
Sherwood	Seely	Still under discussion for 2016	
St Ann's North	Walter Halls	The school to create a 'Family Centre' and will still house Children's Centre activities.	St Anns Valley Centre, St Anns Play Centre, Emanuel Church
St Ann's South	Huntingdon	Additional classroom space for 30 children. A community/family room created for Children's Centre activities.	St Anns Valley Centre, St Anns Play Centre
Wollaton	Fernwood	A nursery is being created. There is space for continued Children's Centre delivery.	Middleton School Wollaton Vale Community Centre
Clifton	Dovecote	Still under discussion for 2016	

Alison Michalska  
Corporate Director of Children's Services  
Nottingham City Council  
(November 2015)



## **Statutory Officers Report for Health and Wellbeing Board**

### **Director of Adult Social Care**

**October 2015**

#### **Care Act implementation.**

Six months have now passed since Part 1 of the Care Act came into effect. We have submitted our 5<sup>th</sup> Care Act Stocktake this month.

We are completing more assessments for carers than previously, which demonstrates that the intention in the legislation to give carers parity with those for whom they care has translated positively in terms of people requesting an assessment for support. In the first six months of this year more assessments have been completed (793) than in the whole of 14/15 (644).

There is very little uptake of deferred payments. None have been completed to date this year, although 13 applications are currently in progress. A deferred payment is an arrangement with the Council that enables citizens to use the value of their homes to help pay their care home costs. If they are eligible, the Council will help to pay care home bills on behalf of the citizen. They are then able to delay repaying the Council until they choose to sell their home, or until after their death.

The Care Act placed a new duty on councils to assess the social care needs of prisoners. We have had more uptake than expected in terms of the national modelling. In the first 6 months of this year 26 prisoners have been assessed and 24 of these have met the eligibility threshold to receive services.

#### **Promoting Health and Wellbeing**

Members will recall the discussion at the health and wellbeing development day in June relating to how we can use our workforce more effectively in a time of shrinking resources to promote health and wellbeing and create: "a city with a well informed workforce and volunteers who use every interaction with citizens and their family members to identify well-being related needs and guide people towards solutions. I gave an update last month in relation to phase one of the work.

The second phase of wellbeing training work is currently being developed. It's been agreed we will pilot a brief, targeted learning session in Clifton in the Care Delivery Group. The training will be designed to upskill workers to offer effective, preventative interventions for a range of wellbeing issues, which can be a pre-cursor to more acute need.

Colleagues from a range of agencies, who are experts in the 3 priority areas (trips and falls, smoking cessation and social isolation) are currently involved in the design of the training. This includes providers of services, such as homecare, so that the training is relevant to the practical context in which a range of workers deliver services. Public Health and social care colleagues will work together to develop the methods by which the effectiveness of the pilot will be determined.

## **Transforming Care for People with Learning Disabilities**

Further to my update last month regarding Nottingham being one of a number of Fast Track sites to accelerate this service change, the Government has announced plans to see transforming care partnerships set up across England to help people with learning disabilities stay out of hospital and live in the community.

NHS England has announced it will make 45m available to the partnerships between the NHS and social care over the first three years to transition to the new system.

## **Improving Outcomes**

The Making Safeguarding Personal agenda is a sector led initiative which aims to develop an outcome- based focus to safeguarding work. The intention is to develop a range of responses which help people resolve or improve their circumstances.

Nottingham has been progressing this agenda and I am pleased to report that in relation to our first six months of data 80% of people that we have worked in relation to safeguarding concerns are saying that their outcomes were achieved or partially met.

## **Personalisation.**

Think Local, Act Personal is a national partnership transforming health and care through personalisation and community based support which promotes self directed supported. The aim of this is to give people control over their support so that they can live more independent lives.

In Nottingham 100% of citizens needing long term social care support now have a personal budget and the number using direct payments (where money is paid direct to the citizen or someone acting on their behalf) is at about 30%.

Helen Jones  
Director of Adult Social Services  
Nottingham City Council  
(October 2015)

### Performance update

2015-16 Quarter 2 performance dashboards are attached for information.

### Operational updates

#### Insight project - Exploring young people's experiences of seeking help for mental health issues

- As previously reported to the Board, we are currently undertaking an Insight project to explore young people's experiences of seeking help for mental health issues and a report on the first phase of this work will be produced by the end of the year (a summary is attached).
- The second phase of the project will be an evaluation of the patient experience of the new pathway for children and young people with behavioural, emotional or mental health needs. This will be launched in December.
- A recent Healthwatch England report has chosen to use Nottingham as an example of positive engagement around mental health transformation and the important role that local HW can play in this process.

#### Supporting the Joint Strategic Needs Assessment (JSNA) for Nottingham City Council

- We continue to work in partnership with HLG and the City Council to develop a new multi-level process to ensure that local people's voices and experiences of local services are represented in this document.
- Our focus for this is on gathering evidence from local community and third sector groups, and undertaking a series of focus groups with local people living with sensory impairments and physical disabilities to contribute to the refresh of this JSNA chapter.

#### Exploring patient and carer experiences of mental health crisis services

- We continue to work with Healthwatch Nottinghamshire exploring patients' experiences of mental health crisis services across the city and county, as reported to the September Board meeting. The work was initiated following concerns expressed about access to this service and we have had very productive meetings with Nottinghamshire Healthcare Trust to inform our project planning.

#### Understanding patient access and experience of dentists

- We are supporting NHS England Local Area Team in providing information on NHS dental practices through our Information Line but have become concerned about the number of calls received from people across the city needing urgent access to an NHS dentist and the number of negative experiences reported.

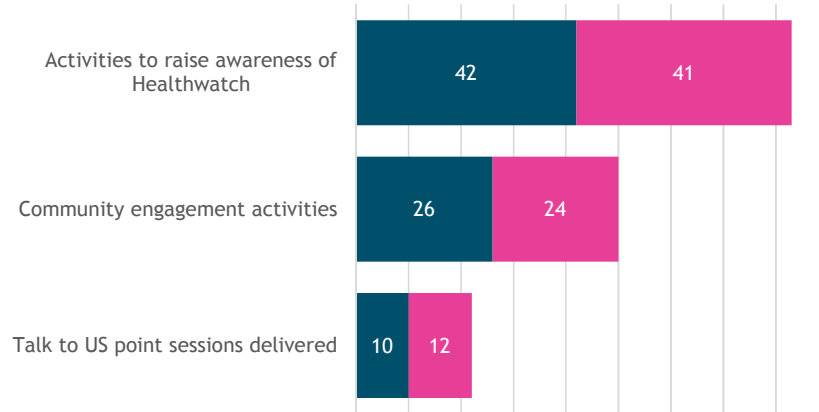
#### Access to GP appointments

- We have undertaken a 'mystery shopping' exercise across all 57 GP practices in the City, commissioned by the CCG and hope to be able to publish the outcomes of this work soon.

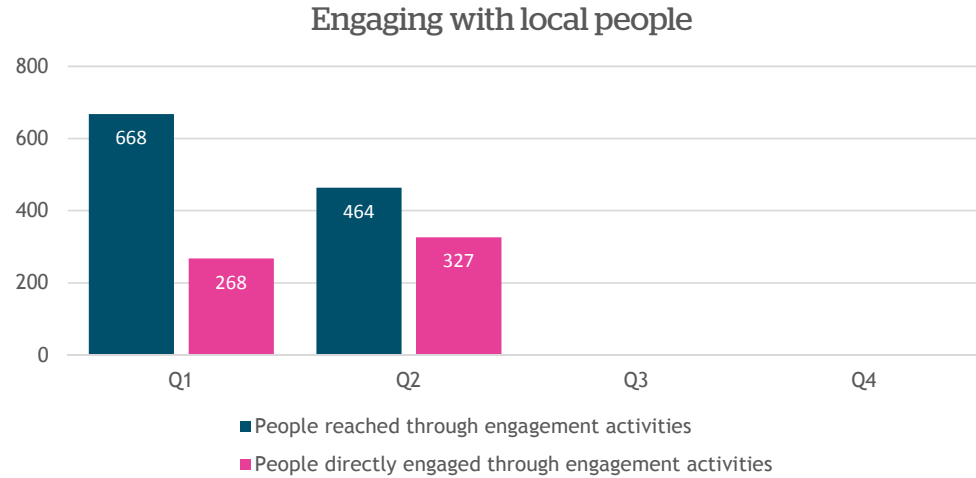
#### Work on Care Act

- We have recently completed some work looking at local people's understanding of their rights under the Care Act, to assist the Council in determining what information should be available and how it should best be presented.

**83 activities to raise awareness of Healthwatch**



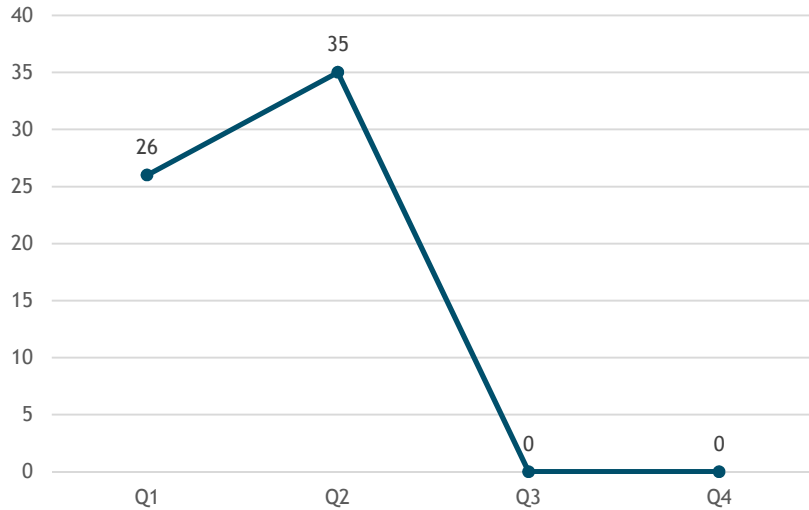
**595 people directly engaged through activities**



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**1018 Contacts on the mailing list**

New contacts added to mailing list



	Total	Q1	Q2	Q3	Q4
No. PR and comms activities	61	30	31	0	0
No. newsletters published	4	2	2	0	0
No. of website hits	8603	4267	4336	0	0
No. of tweets published	53	24	29	0	0

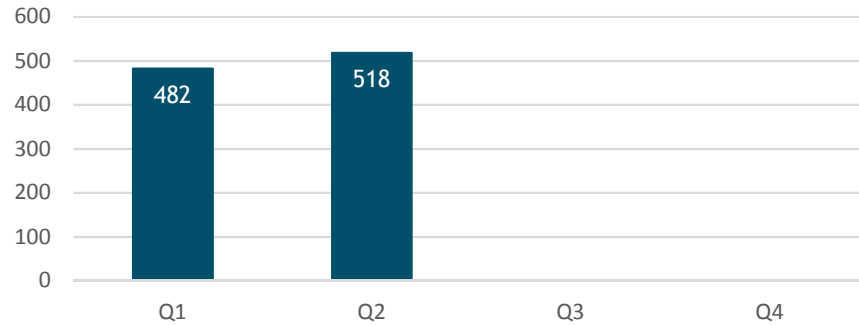
**Notes**

\* Healthwatch adverts have been placed in two free publications targeted at older people to raise awareness of the organisation in this group of citizens.  
 \* We have attended a range of community events to raise awareness of Healthwatch amongst targeted groups of our community including carers through the carers roadshows, age friendly events and induction events for students at Bilborough College.  
 \* The number of experiences submitted through the website has seen a slight improvement from Q1.

# Q2 reporting April - September 2015

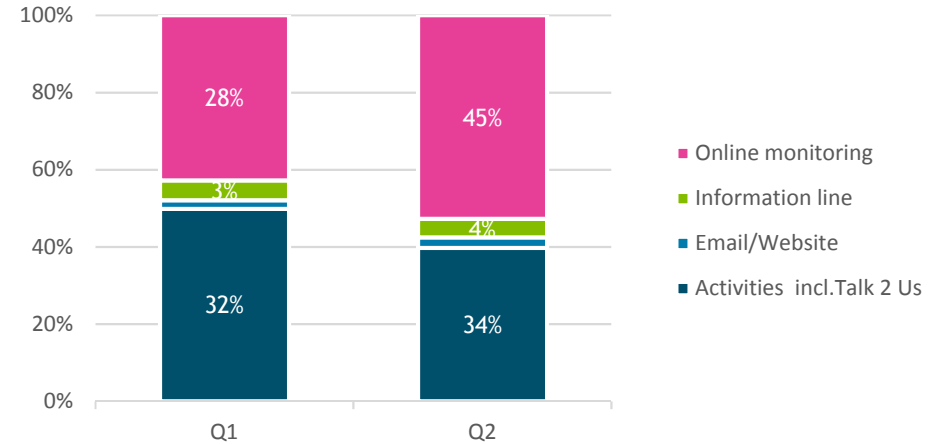
## Collecting local peoples views and experiences

### 1000 Detailed experiences collected



**43** activities used to gather experiences  
**22** Talk 2 Us Points delivered

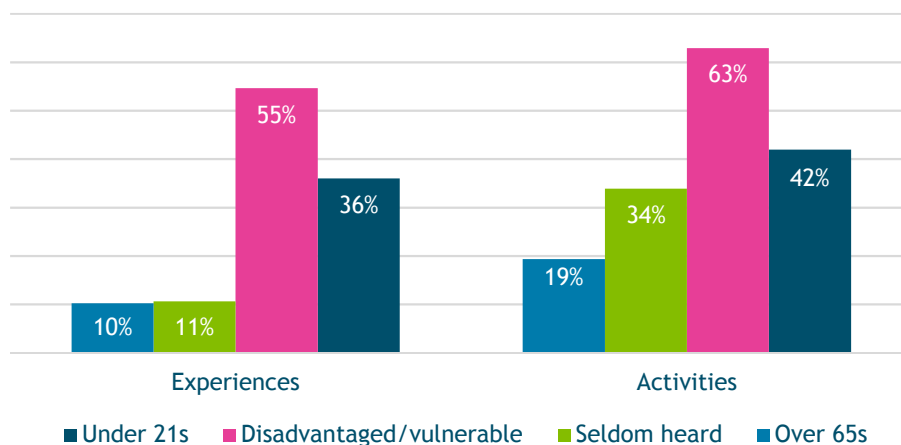
### Sources of experiences gathered



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**62** Activities related to targeted groups, which is **45%** of all activities undertaken  
**500** Experiences gathered from people in targeted groups, which is **50%** of all experiences collected

### Working with targeted groups



### Notes

- \* We have collected experiences to contribute to our report for the CQC to inform the September inspection of local hospital services.
- \* We continued to collect experiences from young people regarding their experiences of mental health services and awareness of how to get help for a mental health issue if required.
- \* From September we have started collecting experiences from Patient Opinion to add to our evidence base.



## Objective 1: Understanding young people's previous experiences and needs

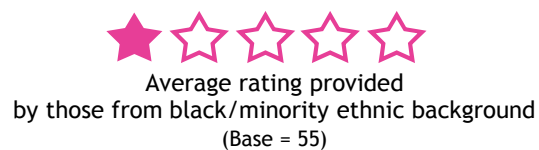
- Postcards have been completed via colleges, the two universities and local community groups.
- 588 responses have been received to date, there are still c. 50 in circulation.
- Time consuming process of making links with groups, sending out postcards, supporting completion of postcards on site and chasing the return of completed surveys.
- Difficult to secure focus groups. One focus group has been conducted at the Refugee Forum and 5 one to one interviews were conducted with young people working with NACRO.

### Who we spoke to:

- 64% females, 35% male. Four young people identified themselves as transgendered.
- 80% identified as heterosexual/straight, 6% as bisexual and 2% as gay/lesbian.
- 37% were from black and minority ethnicities.

### What they told us:

- Over a quarter, 27%, of the young people we spoke to identified as having had some experience of a mental health issue, either currently or in the past.
- Of those who did have experience of a mental health issue, 27% hadn't sought any help or treatment.
- The average rating of their experience of seeking treatment was 1.72 stars out of 5, but there does appear to be a difference in rating depending on ethnicity. Further analysis of the written comments will hopefully reveal underlying reasons for this difference.



- Warwick Edinburgh Scale showed a fifth (20%) of the young people completing the survey postcard scored below average or very low for their mental well-being. Over half of these young people identified as never having had a mental health issue.
- Over half (56%) of the young people stated they didn't know where to get help for a mental health issue.
- Face-to-face one-to-one treatment would be the most desired characteristic of treatment should young people need it, half (49%) of all young people selected these options.
- The time of the treatment was important to a significant proportion of young people, around a third would want to get help for a mental health issue during the weekend (35%), and during the evening (30%).
- Young people were least likely to identify that they would like any future help to be in group situations (10%), and through the use of technology in any way (17%).

### What is next?

- For those young people scoring below average or very low on the Warwick Edinburgh Scale who provided an email address we will be sending them details with information and advice as to where to seek support for their well-being.
- Awaiting final postcards to be submitted and entered before full analysis and a final report for this phase of the project is produced.
  - Individual reports will also be produced for organisations who supported our data collection to detail the findings from their young people.