Public Document Pack

NHS Nottingham City Clinical Commissioning Group

Nottingham City Council

NOTTINGHAM CITY HEALTH AND WELLBEING BOARD

Date: Wednesday, 25 January 2017

Time: 2.00 pm

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

Contact: Jane Garrard **Direct Dial:** 0115 8764315

The Nottingham City Health and Wellbeing Board is a partnership body which brings together key local leaders to improve the health and wellbeing of the population of Nottingham and reduce health inequalities.

Members:

Voting members

Councillor Alex Norris (Chair)	City Council Portfolio Holder with a remit covering health
Dr Marcus Bicknell (Vice Chair)	NHS Nottingham City Clinical Commissioning Group representative
Councillor Steve Battlemuch	City Councillor
Councillor Neghat Khan	City Councillor
Councillor David Mellen	City Council Portfolio Holder with a remit covering children's services
Dr Hugh Porter	NHS Nottingham City Clinical Commissioning Group representative

vacancy	NHS Nottingham City Clinical Commissioning Group representative
Dawn Smith	NHS Nottingham City Clinical Commissioning Group Chief Officer
Alison Michalska	City Council Corporate Director for Children and Adults
Helen Jones	City Council Director of Adult Social Care
Alison Challenger	City Council Director of Public Health
Martin Gawith	Healthwatch Nottingham representative
Jonathan Rycroft	NHS England representative

Non-voting members

Lyn Bacon	Nottingham CityCare Partnership representative
Peter Homa	Nottingham University Hospitals NHS Trust representative
Chris Packham	Nottinghamshire Healthcare NHS Foundation Trust representative
Gill Moy	Nottingham City Homes representative
vacancy	Nottinghamshire Police representative
Michelle Simpson	Department for Work and Pensions representative
Leslie McDonald	Representing interests of the Third Sector
Maria Ward	Representing interests of the Third Sector
Wayne Bowcock	Nottinghamshire Fire and Rescue Service representative
Claire Thompson (interim)	Nottingham Universities representative

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. INDIVIDUALS INTENDING TO RECORD THE MEETING ARE ASKED TO NOTIFY THE GOVERNANCE OFFICER SHOWN ABOVE IN ADVANCE.

This page is intentionally left blank

NOTTINGHAM CITY HEALTH AND WELLBEING BOARD

MINUTES of the meeting held at NHS Nottingham City Clinical Commissioning Group, 1 Standard Court, Park Row, Nottingham NG1 6GN on 30 November 2016 from 14.00 - 16.10

Membership

Voting Members

Present	Absent
Councillor Steve Battlemuch	Councillor Neghat Khan
Dr Marcus Bicknell	Councillor David Mellen
Alison Challenger	Alison Michalska
Martin Gawith	Jonathan Rycroft
Helen Jones	
Councillor Alex Norris (Chair)	
Hugh Porter	
Dawn Smith	

Non-voting Members

Present	Absent
Lyn Bacon	Peter Homa
Wayne Bowcock	Mike Manley
Leslie McDonald	Chris Packham
Gill Moy	Michelle Simpson
Maria Ward	Claire Thompson

Colleagues, partners and others in attendance:

Samad Abdul	-	Public Health, Nottingham City Council
Kevin Baker	-	Nottingham Deaf Wellbeing Action Group
Ian Bentley	-	Crime and Drugs Partnership, Nottingham City Council
Susan Bloomfield	-	Nottingham Deaf Wellbeing Action Group
James Blount	-	Communications, Nottingham City Council
Richard Buckwell	-	Keep Our NHS Public
Marie Cann-Livingstone	-	Teenage Pregnancy and Early Intervention Specialist, Nottingham City Council
Charlotte Cooper	-	Souprunners
Alison Ellis	-	Nottinghamshire Local Pharmacy Committee
Michael Franuton	-	Nottingham CityCare Partnership
Laura Hammond	-	Nottingham Post
Ruth Hawley	-	Nottingham City Libraries/ Nottingham and Nottinghamshire Health Information Forum
Jill Henshaw	-	NSLIS Interpreter
David Johns	-	Public Health, Nottingham City Council
Caroline Keenan	-	Public Health, Nottingham City Council
Maxi Leigh	-	Support for Survivors
Ross Longhurst	-	Keep Our NHS Public
Gabriella Machokas	-	Nature in Mind, Framework

Pete McGavin	-	Healthwatch Nottingham
David Pearson	-	Nottinghamshire County Council
Dianne Prescott	-	Nottinghamshire Sustainability and Transformation Plan
Antony Quinn	-	Nottingham Deaf Wellbeing Action Group
Claire Smith	-	NSLIS Interpreter
Rachel Sokal	-	Public Health Consultant, Nottingham City Council
Les Townsend	-	Nottingham Deaf Wellbeing Action Group

36 CHAIR'S ANNOUNCEMENT

The Chair was delighted to announce that Nottingham City Clinical Commissioning Group and Nottingham City Council, in association with partner organisations had won the 2016 HSJ Award for Improved Partnerships between Health and Local Government.

37 CHANGES TO BOARD MEMBERSHIP

RESOLVED to note that Claire Thompson has been nominated to replace Stephen Dudderidge as the Representative of Nottingham Universities on the Health and Wellbeing Board.

38 APOLOGIES FOR ABSENCE

Peter Homa
Councillor Neghat Khan – unwell
Councillor David Mellen – personal
Alison Michalska
Chris Packham
Jonathan Rycroft
Michelle Simpson

39 DECLARATIONS OF INTEREST

None.

40 MINUTES

The minutes of the meeting held on 28 September 2016 were confirmed as an accurate record and signed by the Chair.

41 THE MICHAEL VARNAM AWARDS 2016

The Chair reported that the annual Michael Varnam Awards had been presented in October 2016. He thanked all of those shortlisted for the award for the significant contribution that they make to their communities.

Susan Bloomfield gave a presentation on behalf of the Nottinghamshire Deaf Wellbeing Action Group (NDWAG) about the aims and work of the Group and some of the experiences and issues facing deaf people in accessing health services. She highlighted the following information:

a) NDWAG is an expanding organisation which aims to ensure that deaf people have equal access to all health and social care services by promoting understanding of health issues within the deaf community; holding regular consultations with the deaf community and feeding back issues to providers; and working to get information about health and social care services accessible in British Sign Language (BSL).
b) Many health and social care commissioners and providers in Nottingham, including NHS Nottingham City Clinical Commissioning Group and Nottinghamshire Healthcare NHS Foundation Trust, have signed the BSL Charter and they should be proud of this.
c) NDWAG held an event in September to provide education and information. More events are planned for the future.
d) NDWAG has produced a report on findings from a survey about deaf people's experiences of local health and social support. The report can be accessed from the Group's website. One of the findings of the survey was that some providers are scared to speak to deaf people directly, which shouldn't be the case.
e) People who can hear often have a range of options and choices open to them. Deaf people often have more issues to deal with but with a reduced range of options. Deaf people are not always aware of the options available. Hearing people can get information from a wide variety of sources that are not open to deaf people, particularly for those whom English isn't their first language.
f) There can be problems for deaf people in understanding about their medication and therefore taking it incorrectly, for example if interpreters are not available then deaf people have difficulty in asking pharmacists for advice. This impacts on health outcomes for deaf people.
g) There is often a lack of interpreters for deaf carers who accompany patients to their appointments. There can also be an expectation that family members will be the interpreter for a deaf patient and this is not appropriate because they are present at an appointment as a carer not an interpreter and should not be expected to carry out both roles at the same time.
h) Deaf people can experience problems in communicating with their GP surgery. For example if a deaf person requires an urgent appointment surgeries often implement a process of a GP calling back to discuss the issue in the first instance and this isn't possible for deaf people. It was suggested that better use could be made of technology to communicate with deaf people.
i) Complaints and feedback processes are often in English and for many deaf people English is not their first language. This makes it harder for deaf people to give feedback on their experiences.
j) Deaf people should have better access to psychological therapies in their own language e.g. BSL at all steps of the care model.
k) Deaf people can access NHS 111 but only for limited hours until midnight.

RESOLVED

(1) to recognise and thank all of those shortlisted for, and particularly the winners of the Michael Varnam Award for their dedication, enthusiasm and achievement; and

(2) that the Chair and Vice Chair will meet with representatives of the Nottingham Deaf Wellbeing Action Group to discuss the issues raised during the meeting.

42 HEALTHY AND WELLBEING STRATEGY 2016-2020. HEALTHY LIFESTYLES PRIORITY REPORT

Helen Jones, Director of Adult Social Care, and Rachel Sokal, Public Health Consultant, introduced the report providing the Board with information on strategic developments in relation to the Healthy Lifestyles Outcome of the Health and Wellbeing Strategy 2016-2020. Lead officers for the priority areas provided detail on

progress, issues and challenges, focusing on where the Board could add value. The following information was highlighted:

a) Some of the indicators in the Public Health Outcomes Framework, for example HIV late diagnosis, have changed and therefore targets within the Strategy Action Plan have been amended to reflect this.
b) Most Board member organisations have signed up to the Tobacco Control Declaration and while this shows commitment, organisations need to develop action plans to implement it. City Council colleagues can provide advice and support to organisations in doing this.
c) Nottingham Community Voluntary Services (NCVS) has signed the Tobacco Control Declaration on behalf of the voluntary sector.
d) Many organisations haven't reviewed their workplace smoking/ smokefree policies since 2006 when the legislation changed and therefore policies don't take into account use of e-cigarettes. Organisations may also wish to consider other changes, such as allowing staff time off work to access smoking cessation services.
e) The Emergency Department and primary care are key settings for delivery of alcohol identification and brief advice (IBA). Currently penetration rates are relatively low but still some of the highest rates in England. Further funding is being sought for a team based within the Emergency Department to deliver IBA. There have been some technological issues but this should be resolved by early January with the technology then available to use in the Emergency Department.
f) Delivery of IBA in primary care is being explored to identify barriers and enablers.
g) One of the key issues in better understanding alcohol related crime is that apart from drunk and disorderly and drink driving offences, recording of alcohol-related crime and anti-social behaviour is often not accurate. The use of breathalysers in custody suites is currently not supported.
h) The Healthy Weight Strategy is being refreshed but there is a risk that ambitions won't be delivered unless there is a cultural shift in beliefs translated into action. Ambitions cannot be achieved by the isolated efforts of a single organisation but require a systematic change for the whole population.

During discussion the following comments were made:

i) Targets in relation to sexual health are on track so were not highlighted for attention at this meeting.
j) The Sustainability and Transformation Plan has a focus on reducing smoking and obesity and this reflects the need for a partnership approach to these issues.
k) There needs to be support for individuals and populations to be healthy not just tackling issues once people have started smoking or are overweight and a problem exists.
l) Effective education in schools and colleges could contribute towards creating a healthy population.
m) Role models for the City could be used to encourage people to make healthy choices.
n) Taxation has contributed towards people's decisions in relation to smoking. Taxation on other products could contribute towards encouraging people to make healthy choices.
o) The One Nottingham Board provides a partnership vehicle for taking action on these issues.
p) It is important for Board member organisations to provide leadership and demonstrate their commitment to promoting healthy lifestyles amongst their workforce, in their policies and in delivery of their services to customers.
q) Some people find it hard to access physical activities due to the cost and there could be scope to work with leisure facility providers to review pricing structures. However it is important to remember that being physically active is not just about deliberate/ conscious activity.
r) There needs to be sufficient resourcing in order to achieve ambitions within the Strategy.

RESOLVED to

(1) consider options for developing more radical plans for the Healthy Lifestyle Outcome at the Health and Wellbeing Board's Development Session on 21 December;

(2) support the Board Sponsor and Public Health Consultant meeting with Board members where organisations are deemed to not be sufficiently contributing to the agendas;

(3) request that all Board member organisations sign the Tobacco Control Declaration and then develop action plans which demonstrate their contribution to tobacco control;

(4) request that all Board member organisations review their workplace smoking/ smokefree policies to determine how they are classifying the use of e-cigarettes;

(5) request that all Board member organisations consider how they can support a system approach to alcohol identification and brief advice within their organisations;

(6) support an increased focus and ambition to addressing physical activity, diet and healthy weight in the City and consider more detailed system level proposals for how this will be achieved at a future meeting; and

(7) request that all Board member organisations identify a strategic lead for physical activity, diet and obesity and review approaches for their workplace and workforce in line with the actions within the Health and Wellbeing Strategy.

43 SUSTAINABILITY AND TRANSFORMATION PLAN UPDATE

David Pearson, Sustainability and Transformation Plan Lead, introduced the report and gave a presentation on Nottingham and Nottinghamshire Sustainability and Transformation Plan (STP). He highlighted the following information:

a) The STP has been developed in response to the NHS Five Year Forward View to close gaps in health and wellbeing, care and quality and finance and efficiency.
b) There have been national media reports about STPs being developed secretly without public engagement. NHS England had issued national guidance requesting that plans were not developed in the public gaze to allow space for plans to be tested. However in Nottingham and Nottinghamshire the STP is being developed to build on the work of existing vanguards which are developing innovative solutions and expertise. These vanguards have been subject to consultation and citizen engagement which has informed the STP.
c) The STP footprint covers a large diverse population, including variation between the City and County, with growing need and demand. There has been a 16% increase in over 85s population; an 11% increase in people with a learning disability; a 40% increase in acute admissions relating to over 65s; and increasing life expectancy means that there are more people living longer with ill health/ complex long term conditions. There are also increasing numbers of young people with complex needs.
d) Extensive consultation in recent years has shown that local people want support to stay well and independent; quality care with more services in or close to home; and joined up services that will be there for future generations.

e) The STP is being developed in a complex landscape.
f) Nottingham University Hospitals and Sherwood Forest Hospitals are no longer merging but continuing collaborative arrangements will make the most of expertise in improving care and quality.
g) STPs are required to work towards closing three gaps (see bullet a) and locally a fourth gap to transform culture has been identified. This relates to leading change across the system and not just being successful as individual organisations. It also refers to promoting independence and self care, consistent pathways and management of risk.
h) Priorities for change are to promote wellbeing, prevention, independence and self care, which aligns with Health and Wellbeing Strategy ambitions to improve healthy life expectancy; deliver technology enabled care (Nottinghamshire plans for this are recognised by NHS England as being one of the best in the country); strengthen primary, community, social care and carer services; simplify urgent and emergency care; and ensure consistent and evidence based pathways in planned care.
i) There are supporting themes to enable the priorities to be delivered, including improving housing and the environment to address the wider factors that impact on health and wellbeing.
j) 'Enabling' workstreams include workforce and organisational development; maximising estate utilisation; and communications and engagement which will be critical in engaging citizens.
k) It is anticipated that benefits of the STP will include increasing healthy life expectancy by three years (by 2020); delivering proactive co-ordinated care for citizens at risk reducing the number who 'bounce' between services; delivering a 30-40% reduction in inappropriate medical admissions and a 25-35% reduction in surgical admissions which will result in a reduction of 200 beds over 5 years; development of a primary care urgent hub and co-located single front door access to GPs within Emergency Departments; a purpose built CAMHS and perinatal facility; and back office consolidation across NHS providers to make sure they are as lean and efficient as possible.
l) Achievement of ambitions within the STP will require organisational and cultural change for the workforce and citizens.
m) Integration is a means to an end, not an end in itself, and the quality of services still has to be the focus.
n) The STP was published on 24 November 2016 and citizens are invited to give feedback and comments on the vision, areas of focus and general direction of travel by 15 January 2017. STP leads want as much dialogue as possible. Consultation outcomes will be used to further develop the draft Plan.
o) Going forward there will be further opportunities for engagement on specific service changes with formal consultation if required.

During discussion the following comments were made:

p) The health and social care sector is facing significant financial pressures. There needs to be a national debate about levels of funding for health and social care but local systems need to be able to demonstrate that they are making best use of the resources available to them in order to justify requests for further funding.
q) It is inevitable that in the future there will be more specialisation of services based in specific locations. Nottingham is fortunate to have a large teaching hospital in its area.
r) Primary care needs to be strengthened, and this will contribute to reducing pressures on the Emergency Department.
s) Existing engagement mechanisms will be used for consultation and each partner organisation will be asked to lead on consulting with their stakeholders.
t) It is unrealistic to expect to get feedback on the Plan from patients, citizens and the health and social care workforce before the deadline of 15 January.
u) The Plan has not yet been signed off and will be further developed in response to feedback and other drivers throughout the five year period. The current feedback period isn't the only opportunity for wider stakeholders to influence the Plan.

v) There are statutory requirements in relation to consultation on specific service changes.
w) Preliminary work is taking place on how to deliver the Plan.
x) There has been some engagement with the voluntary sector but representatives of the voluntary sector would have preferred to have been involved from the start of the process. It will be important to identify opportunities for the voluntary sector to play a role going forward. It is likely that this role will vary in relation to particular aspects of the Plan, for example there is likely to be a greater role for the sector in prevention activity.
y) Nottingham CityCare Partnership is the only organisation from the independent sector in the country actively engaged in development of an STP.
z) There is a role for the Health and Wellbeing Board to hold STP leaders to account.

RESOLVED to:

(1) note the draft Sustainability and Transformation Plan published on 24 November 2016;

(2) request that all Board members commit to seeking views of workers and citizens on the Plan;

(3) support the commitment within the Sustainability and Transformation Plan to the Greater Nottingham Delivery Unit as the primary area responsible for services to the citizens of Nottingham; and

(4) request that consideration be given to extending the deadline for the current public engagement exercise.

44 HEALTH AND WELLBEING BOARD WAYS OF WORKING

RESOLVED to adopt the revised Health and Wellbeing Board Ways of Working document.

45 HEALTH AND WELLBEING BOARD FORWARD PLAN

RESOLVED to note the Health and Wellbeing Board Forward Plan 2016/17.

46 BOARD MEMBER UPDATES

There were no additions to the written updates submitted by Board members and circulated with the agenda.

47 NHS NOTTINGHAM CITY CLINICAL COMMISSIONING GROUP

48 NOTTINGHAM CITY COUNCIL CORPORATE DIRECTOR FOR CHILDREN AND ADULTS

49 NOTTINGHAM CITY COUNCIL DIRECTOR FOR ADULT SOCIAL CARE

50 NOTTINGHAM CITY COUNCIL DIRECTOR OF PUBLIC HEALTH

51 HEALTHWATCH NOTTINGHAM

52 THIRD SECTOR

53 MINUTES OF THE HEALTH AND WELLBEING BOARD COMMISSIONING SUB COMMITTEE MEETING HELD ON 14 SEPTEMBER 2016

RESOLVED to note the minutes of the Health and Wellbeing Board Commissioning Sub Committee meeting held on 14 September 2016.

54 MINUTES OF THE HEALTH AND WELLBEING BOARD COMMISSIONING SUB COMMITTEE MEETING HELD ON 9 NOVEMBER 2016 (DRAFT)

RESOLVED to note the draft minutes of the Health and Wellbeing Board Commissioning Sub Committee meeting held on 9 November 2016.

55 NEW JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) CHAPTER - OBESITY

RESOLVED to note that a new Joint Strategic Needs Assessment chapter on obesity had been published.

56 NEW JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) CHAPTER - DIET AND NUTRITION

RESOLVED to note that a new Joint Strategic Needs Assessment chapter on diet and nutrition had been published.

57 LAUNCH OF 'HAPPIER, HEALTHIER LIVES' NOTTINGHAM CITY JOINT HEALTH AND WELLBEING STRATEGY 2016-2020

Councillor Norris advised Board members that ‘Happier, Healthier Lives’ Nottingham City Joint Health and Wellbeing Strategy 2016-2020 would be launched on 7 December 2016.

HEALTH AND WELLBEING BOARD

25 JANUARY 2017

	Report for Resolution
Title:	Health and Wellbeing Strategy 2016-2020. Outcome 2: Mental Health. Interim Report
Lead Board Member(s):	Dr Chris Packham, Associate Medical Director, Nottinghamshire Healthcare Trust.
Author and contact details for further information:	Liz Pierce Public Health Insight Specialist, Nottingham City Council. liz.pierce@nottinghamcity.gov.uk Alison Challenger, Director of Public Health, Nottingham City Council. alison.challenger@nottinghamcity.gov.uk
Brief summary:	This report provides the Board with information on strategic developments in relation to the Mental Health outcome of the Health and Wellbeing Strategy 2016-2020 which was endorsed in September 2016.

Recommendation to the Health and Wellbeing Board:

The Health and Wellbeing Board is asked to:

a) note the actions, progress and risks outlined in the update report on the mental health priority of the Health and Wellbeing Strategy;

b) agree to continue to support their mental health champions to engage with the Wellness in Mind Strategy and the Health and Wellbeing Strategy mental health priority;

c) contribute to delivery of the action plans for the mental health priority; and

d) reflect on the role and contribution of each of the partners in promoting mental health, challenging stigma and enabling improved access to mental health support.

Contribution to Joint Health and Wellbeing Strategy:	
Health and Wellbeing Strategy aims and outcomes	**Summary of contribution to the Strategy**
Aim: To increase healthy life expectancy in Nottingham and make us one of the healthiest big cities	This report provides the Board with information on strategic developments in relation to the Mental Health Outcome of the Health and Wellbeing Strategy 2016-2020 which was endorsed in September 2016.
Aim: To reduce inequalities in health by targeting the neighbourhoods with the lowest levels of healthy life expectancy	
Outcome 1: Children and adults in Nottingham adopt and maintain healthy lifestyles	
Outcome 2: Children and adults in Nottingham will have positive mental wellbeing and those with long-term mental health problems will have good physical	

health	
Outcome 3: There will be a healthy culture in Nottingham in which citizens are supported and empowered to live healthy lives and manage ill health well	
Outcome 4: Nottingham's environment will be sustainable – supporting and enabling its citizens to have good health and wellbeing	

How mental health and wellbeing is being championed in line with the Board's aspiration to give equal value to mental and physical health
This report focuses on how mental health and wellbeing are being taken forward by the Health and Wellbeing Board, and includes the importance of improving mental health and reducing physical health inequalities of those with mental health problems.

Background papers: *Documents which disclose important facts or matters on which the decision has been based and have been relied on to a material extent in preparing the decision. This does not include any published works e.g. previous Board reports or any exempt documents.*	none

Health and Wellbeing Strategy 2016-2020 Outcome Progress Highlight Report

Completed by:	Liz Pierce	**Reporting period:**	**From:**	September 2016	**To:**	January 2017
Board meeting:	January 25th 2017	**Next meeting at which this Priority Outcome will be discussed:**		September-December 2017		

Priority Outcome: Children and adults in Nottingham will have positive mental wellbeing and those with long-term mental health problems will have good physical health
Priority Actions:
1. Children and adults with, or at risk of, poor mental health will be able to access appropriate level of support as and when they need it
2. People with long-term mental health problems will have healthier lives
3. People with, or at risk of, poor mental health will be able to access and remain in employment
4. People who are, or at risk of, loneliness and isolation will be identified and supported

For information

Key Progress to bring to the Board's attention:	
Highlight update on indicators in this reporting period:	**1. Access to support** • Indicators and targets are informed by the five year forward view for mental health (mh5yfv) • Access to psychological therapy services: The targets for increasing access have been redefined in line with the Mental Health Taskforce recommendations. These will now be reported as the number of people accessing treatment (annual total). The national target of 50% each year has been set for percentage of people who finished a course of psychological therapy treatment and moved to recovery, therefore the local trajectory has been removed. • Early intervention in psychosis (EIP): The target for 2017/18 is 50% of people to receive treatment within 2 weeks of referral. The latest figure for the City was 61%. There will be a published indicator to show the proportion of people receiving treatment with a NICE approved package of care. The baseline for this is not yet available. **2. Physical health** • The latest national indicator on excess mortality has not been released yet at

	national level on the Public Health Outcomes Framework. However Public Health England have published a toolkit that has enabled further analysis of the number of early deaths of people known to mental health services and the causes. This will support prioritisation of actions in the action plan. • In 2014/15, there were approximately 155 excess deaths in Nottingham among people aged under 75 years with serious mental illness. Numbers of excess deaths due to specific causes have been considered over a three year period. In 2011/12 to 2014/15, the highest number of excess deaths in Nottingham was estimated to be due to cardiovascular disease, at 96. The second highest number of excess deaths was due to cancer (estimated 80 excess deaths) whilst the third highest was due to respiratory disease. An estimated 59 excess deaths were due to liver disease. • Nottinghamshire Healthcare Trust have confirmed that local smoking status data will be available, and have suggested including some aspects of the national CQUIN on 'cardiometabolic screening' **3. Health and employment** • Health and employment service: There are no figures to report yet • Individual Placement Support. Target covers a full year's activity, therefore no figures to report against the target. **4. Loneliness and isolation** • No update on indicators at present as Citizens Survey results due out Feb 2017
Key progress on delivery of action plans themes in this reporting period	**1. Children and adults with, or at risk of, poor mental health will be able to access appropriate level of support as and when they need it** **People in Nottingham will know how to get support for mental health problems** • The Wellness in Mind hub service has been established. Service has successfully mobilised and is delivering all functions as required. Data will be presented in next H&WBB update. Although people are accessing the service for support, early indications show low use of telephone helpline and website - plans are being explored to address this. Need for on-going promotion and awareness raising across all partners to reach its potential. • Mental health training programme delivered by Harmless has begun second year of delivering free training to frontline workers and communities in Nottingham and is being independently evaluated. • A week long series of events under the Every Colleague Matters programme was very successful with a wide range of sessions and high uptake.by the children's and adults' workforce. • Services to reach specific groups: STEPS continues to build its profile as a culturally specific mental health support service for BME communities. During Apr-Sept 2016, 61 service users received 1:1 support, 20 group support sessions were delivered and a range of other MH promotion events were held to engage local BME communities. During 16/17, a number of peer support

mentors have been trained and are now active– a number of these have been previous STEPS service users, and there have been positive further training and employment outcomes for some peer mentors.
- The Nottingham Counselling Service have announced that they will launch a new website in January to improve access to their services.

Support children's and young people's emotional and mental health and wellbeing (in line with the Nottingham City Transformation Plan)(2015-2020)

- Children's services will receive mental health training through new funding, and consultancy and advice is being provided by the Targeted CAMHS service.
- Children and young people in the city are able to access support from a range of services including Base 51, Kooth, Targeted and Specialist CAMHS. The average wait for assessment across services varied from 12 days to 39 days in quarter 2.
- The CAMHS Crisis Resolution and Home Treatment team has been operational since January 2016. The team provides community assessments and intensive home treatment to young people experiencing mental health crisis, in order to avoid acute or mental health inpatient admission where possible. The team provides in-reach to the acute trusts where a young person has been admitted to a paediatric ward following attendance at the emergency department for mental health needs/self-harm. All community assessments in the first seven months of the pilot were undertaken within four hours.

Improve support to women who experience mental health problems during and after pregnancy

- A maternal mental health pathway is being developed in partnership with CCGs and the Local Authority. Workstreams have been identified and mapping is being undertaken.
- 3 years funding has been secured to enhance and expand existing perinatal mental health provision and implement the new pathway. This will ensure the national objectives are met locally and improve access.

Access to mental health services within a primary care setting

- A Primary Health, Wellbeing and Recovery College has been established and a range of courses is available. Service review of first term was positive and showed that 83 people enrolled and completed an individual learning plan, with 83% going on to commence courses.
- New Primary Care Mental Health Service commenced at end Dec-16 and will have a key role in supporting effective response of primary care to mental health needs and integration.
- CCG commissioners have set up a Primary Mental Health Services Steering Group. The aim and aspirations of the group are to support more effective functioning of the services to ensure it's easier for people to access the right level of support in a more timely fashion. Better functioning and more integrated pathways/relationships are already developing and commitment across all services/providers is positive.
- Wider CCG plans for integration of physical and mental health pathways are still being refined but this programme will gather pace in 2017 to support delivery of key outcomes required as part of the Five Year Forward View.

- There are now 4 psychological therapy providers. Commissioners continue to work closely with all psychological therapy providers to monitor waiting times and identify issues relating to access. Validated data is available up to Sept-16 where City performed higher than the national targets. During Apr-Sept 16 3462 people entered treatment, higher than the national target. during this period. There are also increased rates of recovery, 50% in April-Sept 2016, an improvement on the overall 2015/16 position of 48.6%.

Access to care for those with more serious or urgent mental health problems

- Waiting time targets for 'Early Intervention in Psychosis' services (EIP) are being met and work is underway to ensure care is NICE compliant and recommendations from the external review are being implemented.
- Work continues through the Crisis Care Concordat to ensure an effective service response to mental health crisis. There have been no U18s detained in police custody under S136.
- A bid for NHSE funding to enhance the acute liaison service at NUH to ensure it meets expected standards is being submitted.
- A baseline position for out of area beds is being developed. Nottinghamshire Healthcare Foundation Trust have set up a "step down" service to help reduce out of area placements.
- The Tomorrow project delivered by Harmless, have launched a new service to support those at risk of suicide and those bereaved by suicide. This is funded by the East Midlands Academic Health Science Network.

Access to wider social and community support for people with mental health problems and their carers to support social and financial inclusion.

- Commissioners are exploring how to link Wellness in Mind into future plans related to social prescribing. The service currently operates in a way to support delivery of this milestone and its whole philosophy is based on taking a holistic approach to managing people's mental health and wellbeing.
- Protocol for delayed discharges from hospital for mental health inpatients has been agreed which outline a clear escalation route and timescale.
- Review of supported mental health accommodation provision has begun.
- Connection between mental health and financial advice services is measured. Data on the numbers of people being supported to access appropriate support to help with financial difficulty is a routinely reported measure in Wellness in Mind.

Ensure services are equitable and based on need

- Agreement has been received that Opportunity Nottingham learning will be included in Local Authority commissioning and with the Sustainability and Transformation Plan (STP). The Practice Development Unit (PDU) will go live in April 2017. There is also commitment to include a 'Psychologically Informed Environment' (PIE) requirement within future commissioned services.

- Primary mental health services are able to report varying levels of data on demographics of those accessing services. Some of the newer services (Wellness in Mind, Primary Health & Wellbeing College etc.) have insufficient data as yet to draw suitable conclusions on access.

- A Health Equity Audit is currently being undertaken of access to psychological

therapy services and this will lead to recommendations.

- The new Primary Mental Health Services Steering Group will also play a key role in looking at access issues for priority groups and identify how services can work in a more integrated way to ensure improvements are made across the system.

2. People with long-term mental health problems will have healthier lives

Poor physical health outcomes are prevented

- In line with NICE guidance (PH48), Nottinghamshire Healthcare Foundation Trust launched the revised smokefree policy on 3rd October, together with the revised nicotine procedure to ensure quick access to nicotine replacement therapy for people admitted to hospital. Extensive training has taken place and a specialist smoking cessation advisor has been recruited. A e-cigarette pilot is also taking place in defined teams.
- People with mental health problems are a priority in commissioning intentions for smoking cessation in 2017/18
- People with mental health problems are identified as priority groups in the Health & Wellbeing Strategy action plans for physical activity and obesity and the Physical Activity, Obesity & Diet Strategy.

Identify physical health problems early

- NHFT have employed an ECG trainer as part of the Physical Healthcare Team
- This supports the national quality incentive (CQUIN) to undertake cardio metabolic screening for defined groups (those in EIP teams on Care Programme Approach-to be extended in 2017to all patients with psychosis). The CQUIN aims to support good practice in identifying needs, developing appropriate care plans and communicating effectively with primary care. It also supports care to be compliant with NICE guidance.
- The PHT complete quarterly training as part of a physical healthcare workshop which includes training on physiological measurements, diabetes, infection control, use of the physform and information around the CQUIN and use of appropriate documentation including the 'National Early Warning Score' (NEWS), as well as training on sepsis.
- Patients on GP Practice "Serious mental illness" registers are identified as a priority group in the NHS Health Checks commissioning for 2017/18
- The Screening Access Project - improving access and choice about screening for people known to mental health services continues to develop in Nottinghamshire Healthcare Foundation Trust. The project is currently

providing training for patients, carers and clinicians in NHFT developing awareness and understanding and how to access the four national screening programmes. The project team is working closely with those that use mental health services in the development of its approaches. In 2017 the project will begin to focus on directly following up patients know to have had a request but who have not accessed screening.

- The enhanced Physform project has been developed by the CCG to support primary care improve the physical health screening of people on their 'serious mental illness' register with a view to linking with secondary care and other providers to plan better health care with patients and carers. The pilot is being independently evaluated..

Interdependence of mental and physical health reflected across the health and care system

- Mental health is now part of the integration programme in Nottingham City

Increased understanding of health inequalities experienced by people with mental health problems

- Training session offered as part of Every Colleague Matters on physical health inequalities and infographics developed to explain this aspect of the Health and Wellbeing Strategy.
- Additional modelling undertaken by Public Health to identify which interventions will have most impact on reducing the health gap for people with mental health problems

3. People with, or at risk of, poor mental health will be able to access and remain in employment

People in Nottingham are able to access a holistic health and employment support

- A new health and employment support service has been commissioned for August 2016 to July 2019.
- There was a smooth transition between the old service and the new one and interim reporting indicates that they appear to be on their way to achieve their targets.
- A strategic, cross-sector health and employment steering group, which aims to improve partnership working and develop joint action, held its first meeting in December 2016.

People in contact with mental health services are assisted to work

- Individual Placement Support (employment support for people with serious mental illness): Since April 2016 there have been 38 new referrals from Nottingham City, and the team have a caseload of 70 people overall. 30 on the caseload are in paid employment and since April 2016 out of the 30, 16 are

	new job starts • The DWP are investing to ensure that qualified employment advisers are fully connected to local psychological therapy services and Nottingham City CCG has been approached to take part in the pilot phase due to commence in Spring 2017. **4. People who are, or at risk of, loneliness and isolation will be identified and supported** **Identify those most at risk of loneliness and isolation** • Work underway to better understand loneliness and map loneliness across the city – aided by latest academic research and results from 2016 Citizens' Survey. • "Cross-sector partnership group established to own and help drive reduction of loneliness. Sub-group tasked with further developing action plan **Create supportive conditions and environments conducive to social inclusion** • Two month 'Looking After Each Other' communications campaign successfully delivered, focused on "25 ways to help", loneliness awareness and self-care • Age Friendly Nottingham's 'Take a seat' continues to gain momentum with over 210 premises signed up. Roll out across all areas of the city is on track for completion by end of March 2017. Evaluation will commence Jan 2017 • International older persons day (1 October) focussed on cohesion between diverse groups of older people in the city • Integrated health & social care on line directory (LiON): loneliness pages developed, testing and soft launch in place • **Promote wellbeing and social inclusion of citizens** • "Extra plate" campaign delivered to address key problem of loneliness at Christmas. Several hundred people known to have attended special Christmas Day events. • Range of key initiatives being either piloted, rolled-out and/or scoped which help address loneliness, including: Social Prescription, Community Navigators,
Examples of how health inequalities are being considered in this reporting period	**Children and adults with, or at risk of, poor mental health will be able to access appropriate level of support as and when they need it** A key focus is on increasing access to carers as well as the other priority groups identified as key to targeting inequalities **People with long-term mental health problems will have healthier lives** People experiencing mental health problems are a group who are at greater risk of dying younger from physical health problems. Training sessions have taken place to raise awareness of this aspect of inequality across the health and care system. **People with, or at risk of, poor mental health will be able to access and remain in employment** 61% of referrals to the Health and Employment Support Service have been from people who are unemployed. Psychological therapy pilot will take place in Jobcentres ie the focus will be entirely on

	those who are unemployed with mental health problems. **People who are, or at risk of, loneliness and isolation will be identified and supported** Targetted approaches developed by partners Special, locally based, initiatives such as Community Navigators commissioned

Amendments to the action plans (report appendix)

Overarching targets are being refined as described in indicators section above.

Children and adults with, or at risk of, poor mental health will be able to access appropriate level of support as and when they need it

None identified

People with long-term mental health problems will have healthier lives

Public Health modelling to be undertaken to identify which actions likely to have greatest impact on targets and therefore to prioritise actions. More sensitive monitoring of progress related to smoking has been proposed by NHFT.

Health and Employment

None currently. A more detailed plan is being developed by the Health and Employment Steering Group

People who are, or at risk of, loneliness and isolation will be identified and supported

Action plan needs to be broadened to ensure ownership from a wider-range of partners, and ensure actions from different organisations are better aligned. It also needs a greater emphasis on "all age" loneliness dimensions. The development of the action plan is being taken forward by the steering group and an updated plan will be presented for consideration in early 2017

For consideration/discussion

Key risks and issues

Children and adults with, or at risk of, poor mental health will be able to access appropriate level of support as and when they need it

There is concern about the capacity of the psychological therapy workforce to deliver ever increasing access targets by 2020 – this is a major concern locally and the H&WBB is asked to consider how this can be supported through the STP and workforce processes as an enabler eg through the role of Local Workforce Action Boards.

There are budget pressures which may impact on statutory and voluntary sector response to mental health needs, and some initiatives do not have future funding agreed.

People with long-term mental health problems will have healthier lives

Some of the initiatives to address physical health inequalities are funded through non-recurrent funding streams.

Health and employment
Employers can be reluctant to employ disabled people or people with long term conditions eg in 2013 30% of disabled working age benefit claimants saw 'attitudes of employers' as a barrier to seeking work, finding work or working more hours .

The eligibility criteria for the Health and Employment Support Service have changed. The service is only able to accept referrals where an individual has been off sick for less than 4 weeks after which time they must be referred to the national Fit for Work service. GPs have expressed that in most cases, they would prefer to refer to just one service.

People who are, or at risk of, loneliness and isolation will be identified and supported

Budget cuts affecting mainstream health and social care services may impact on services' response to reducing loneliness and isolation.

In addition a number of small well established organisations who support lonely and isolated people are known to be at risk of closing due to lack of funds

Reducing loneliness and isolation may not be an expressed priority within key organisations

Other points for the attention of the Board.

Children and adults with, or at risk of, poor mental health will be able to access appropriate level of support as and when they need it

There remains feedback that people (citizens, GPs, providers) do not know where to find help for mental health problems. What can Health and Wellbeing Board Members suggest to improve this across the City? The CCG is exploring ways to better promote services to GPs and the wider public but what role can other H&WBB partners play so that a consistent message is given in terms of the services and how to access them.

People with long-term mental health problems will have healthier lives

The physical health inequalities experienced by people with mental health problems

Health and Employment
Organisations in the Health and Wellbeing Board have the opportunity to lead by example by

- Addressing stigma and encouraging disclosure
- Ensuring inclusive recruitment, tailored wellbeing and ill-health prevention activity
- Signing up to initiatives such as Mindful Employer or being Disability Confident
- Exploring whether the use of procurement could encourage suppliers to provide employment and other opportunities to disadvantaged groups

People who are, or at risk of, loneliness and isolation will be identified and supported

- Each partner organisation is requested to commit to at least one direct action for the revised action plan
- Each partner to reaffirm their commitment to reducing loneliness and isolation, and prioritise time and resources accordingly

This page is intentionally left blank

Priority Outcome: Children and adults in Nottingham will have positive **Mental Wellbeing** and those with long-term mental health problems will have good physical health

Priority Actions

1. Children and adults with, or at risk of, poor mental health will be able to access appropriate level of support as and when they need it
2. People with long-term mental health problems will have healthier lives
3. People with, or at risk of, poor mental health will be able to access and remain in employment
4. People who are, or at risk of, loneliness and isolation will be identified and supported

Headline measures / metrics	Metric/ KPI	Baseline	Target					
			16/17	17/18	18/19	19/20		
	Priority 1 Timely access to responsive mental health services in line with the Mental Health Taskforce recommendations: • increase timely uptake and effectiveness of psychological therapy services -Number of people accessing treatment (annual total) • care within 2 weeks from referral for those with first episode of psychosis for 50% of people (National standard) (Experimental statistics at present but baseline to be reported within year)	6101 Baseline to be confirmed	6149 Year on year increase	6653	7308	TBC		
	Priority 2 • Reduce the rate of early deaths in people with serious mental illness to be in line with the average of the top 4 core cities. Measure PHOF/ NHSOF indicator which describes the rate of deaths of people in contact with secondary mental health services compared to the general population as an SMR (Target to be reviewed) • Rate of smoking in people known to adult mental health services in Nottinghamshire Healthcare Trust	457.5 (2013-14 baseline) To be established by NHFT	446.4 Year on year reduction	435.3	424.2	413.2		
	Priority 3 • Health and employment support service. People supported: -In work/off work with health problems -Unemployed with health problems -With long term conditions (% of total) • Individual Placement Support (IPS) – percentage of people entering employment	NA NA NA 24%	43 48 60% 26%	85 95 60% 28%	85 95 60% 30%	42 47 60%		
	Priority 4 Citizens' Survey question on loneliness							

	• Reduce the gap between percentage of people with a disability or long term condition and the general population reporting feeling lonely	12.6%	1% point reduction in gap year on year		
Priority Groups *(who is disproportionately affected or who do we need to target to reduce inequalities?*	**Priority 1** Homeless people, survivors of violence or abuse, armed forces veterans. Black, Asian, minority ethnic and refugee(BMER) communities, people in care homes, LGBT groups, those with disabilities or physical health problems, looked after children and young people, unemployed or at risk of losing their job, students, and those in touch with criminal justice system **Priority 2** People with long term mental health problems known to GPs and secondary mental health services **Priority 3** People who are unemployed or at risk of becoming unemployed due to poor management of their mental and physical health problems. People aged 50+, people with long term health conditions and people experiencing mental health problems **Priority 4** People aged 50+,People with Long term conditions, People with mental health problems				

Action	Milestone	Success measure	Year				Action Owner
			16/17	17/18	18/19	19/20	
Priority 1 Theme: People in Nottingham will know how to get support for mental health problems							
Provide a mental health and wellbeing service/hub that helps people access the right level of support and includes more visible promotion for mental health support that reduces stigma	Established new Wellness in Mind service (mental health and wellbeing hub) which includes information and advice, navigation, outreach and a telephone advice service Provision of promotional materials	Evaluation of new Wellness in Mind which will act as a hub for mental health and wellbeing in the City. EG Number of people accessing the Wellness in Mind (website/attending drop ins/using telephone helpline)	✓	✓	✓		CCG as Commissioner /Framework as the service provider
		Equity of access to Wellness in Mind service.		✓	✓		CCG as Commissioner/ Framework as the service provider

Action	Milestone	Success measure	Year				Action Owner
			16/17	17/18	18/19	19/20	
For those who support people who may be at risk of mental health problems, increase awareness about mental health and the range of support available	Delivery of Wellness in Mind training programme. Delivery of Every Colleague Matters partnership programme of events.	Evaluation of training programme by Nottingham Trent University and reporting of reach of training programmes	✓				NCC Public Health/NCC/CCG/ Harmless/
	Specific services in place to reach communities with specific needs (eg STEPS, Rape Crisis)	Reported outcomes of specific commissioned services to target BMER groups	✓	✓			NCC Public Health/NCC/CCG/ NHFT/STEPS/ Rape Crisis
Priority 1 Theme: Support children's and young people's emotional and mental health and wellbeing *(in line with the Nottingham City Transformation Plan)(2015-2020)*							
Enable schools and health service providers and VCS to better support children and young people with emotional health needs	Training, consultation , advice and guidance to workforce who support young people	Improved skills and confidence of wider workforce. Number of different types of professionals accessing training. Feedback from training sessions		✓	✓		CCG/NCC/CYPPN
Improve the access to child and adolescent mental health services (CAMHS) so that children in need of support get prompt access to the right service	Redesign of current tiered system in CAMHS Work to support different organisations providing mental health services to children and young people to work together effectively	Monitoring of timely, responsive pathway to demonstrate improvements. Average waiting time for referral to assessment and referral to treatment (Tier 2 and Tier 3, quarterly	✓	✓			CCG/NHFT/NHS England/NCVS
Respond quickly to young people who have a mental health crisis	Set up a crisis team specifically for children and young people	Monitoring of more timely, responsive service closer to home Urgent assessments undertaken within four hours		✓			CCG/NHFT
Priority 1 Theme: Improve support to women who experience mental health problems during and after pregnancy							
Earlier identification of mental health problems through	Development of perinatal mental health	Increased identification /monitoring of mental		✓			CCG/NCC Public Health/NUH/

Action	Milestone	Success measure	Year				Action Owner
			16/17	17/18	18/19	19/20	
universal health services and access to early help	pathway Development of clear pathways into primary care psychological therapies	wellbeing in universal services. Recording of pregnant and postpartum women who access secondary mental health services (not confined to perinatal) Increased uptake of psychological therapy by women during or after pregnancy Overall improvement in self-reported MH and wellbeing during and after pregnancy					CityCare/NHFT
Support and treatment is available to women who develop more serious mental health problems	Clearly defined perinatal mental health pathway	Improved access to, and waiting times for specialist service	✓	✓			CCG/NHFT
Priority 1 Theme: Access to mental health services within a primary care setting							
Increase the skills and confidence of people who experience common mental health problems within a recovery focussed approach	Establish a Primary Health, Wellbeing and Recovery College Sustain the 'Books on Prescription' scheme and improve monitoring.	Positive uptake and evaluation of courses Increased uptake of 'Books on Prescription' collections for common mental health problems	✓	✓ ✓			CCG/NHFT NCC – Library Service and NCC Public Health
Support improved response in primary care to people who are experiencing mental health problems.	Establish skilled primary care mental health service to advise on and support good practice in management of mental health problems in primary care. Include mental health in Nottingham City integration programme, to ensure services are as joined up as possible,	Less people referred to secondary mental health services inappropriately Evidence of pathways that are increasingly joined up across mental and physical health.	 ✓	✓ ✓	 ✓	 ✓	CCG/NHFT CCG/NCC/NHFT/ Citycare

Action	Milestone	Success measure	Year				Action Owner
			16/17	17/18	18/19	19/20	
	giving equal value to mental and physical health.						
Increase the reach and effectiveness of primary care psychological therapy services	Well publicised psychological therapy providers linked to other community and primary care services.	Decrease in waiting times for psychological therapies. (Target Treatment within 6 weeks for 75% of people referred to the Improving Access to Psychological Therapies programme, with 95% of people being treated within 18 weeks. Increased proportion of those estimated to have common mental health problems to be receiving treatment. Increased rates of recovery.	✓	✓	✓	✓	CCG/psychological therapy providers
Priority 1 Theme: Access to care for those with more serious or urgent mental health problems							
Ensure early access to care for a first episode of psychosis	External review undertaken into EIP services Implement outcomes of the review	Achieve access target of 50% of people receiving NICE compliant treatment within 2 weeks of referral		✓			CCG/NHFT
Ensure effective service response to mental health crisis	Progress against implementation of the action plan for the Nottingham and Nottinghamshire Crisis Care Concordat. Progress towards an all age, CORE 24hr acute liaison service at NUH	24/7 access to crisis support and assessment. Reduction of detention under section 136 of the mental health act and end of detention in police cells Reduction in out of area placements for acute mental health inpatient care.	✓	✓ ✓			CCG and all concordat signatories
Make suicide prevention a priority across the City.	Implement the action plan for the Nottingham	Increased skills and confidence in the community	✓	✓			NCC Public Health and Suicide Prevention

Action	Milestone	Success measure	Year				Action Owner
			16/17	17/18	18/19	19/20	
	Suicide Prevention Strategy that aims to reduce the rate of suicide in Nottingham City. The plan includes: Provide community based suicide prevention training. Share learning from audit of suicide and self-harm deaths. Partner actions from the detailed action plan to target those at risk.	to support people at risk of suicide. Improved response to those bereaved by suicide					Strategy Group partners
Priority 1 Theme: Access to wider social and community support for people with mental health problems and their carers to support social and financial inclusion.							
Support access to social and community support	Inclusion of organisations able to give support for those with mental health problems and their carers in the development of support directories in Nottingham. Wellness in Mind Service established with a remit to include the consideration of the wider social circumstances and needs of people with mental health problems, and to support access to further support (including though self-care and social prescribing) where	More people have their [wider] needs met in the community (& corresponding improvement in MH)	✓ ✓	 ✓			NCC/NCVS CCG/Framework NCC

Action	Milestone	Success measure	Year				Action Owner
			16/17	17/18	18/19	19/20	
	needed Meet Care Act responsibilities re assessment of those with mental health problems and their carers in line with the commitment to 'Parity of Esteem'			✓			
Support to identify appropriate housing and support to maintain housing for those with mental health problems	Agreed protocol for DTOCs which outline a clear escalation route and timescale Review of the role of CCG funded social workers inputting into the NHFT inpatient wards Review of supported mental health accommodation provision and broader arrangements to ensure the appropriate level of care for those with serious mental health problems as part of a system side view.	Adult Social Care Outcomes Framework measure of people with serious mental health problems who are in settled accommodation. Fewer people with MH difficulties experience homelessness	✓	✓			NCC/CCG/NHFT/ Homelessness strategy implementation group
Ensure appropriate and timely access to financial and welfare advice	Effective links are made between services in Nottingham that offer advice and support to address debt and financial difficulty and services that provide mental health support (in particular through the *Wellness in Mind*	More people with MH difficulties who experience financial difficulty access appropriate support	✓	✓	✓		NCC/CCG/ Framework/Advice Nottingham/ NHFT/ Psychological therapy providers/STEPS

Action	Milestone	Success measure	Year				Action Owner
			16/17	17/18	18/19	19/20	
	service).						
Access to support to improve chances of being in employment	For employment see specific action plan under strategy	For employment see specific action plan under strategy					
Priority 1 Theme: Ensure services are equitable and based on need							
Provide a focus on identifying issues of equity of access to treatment and care for specific groups who may be at increased risk or have specific needs in terms of mental health care by equalities profiling those accessing services in relation to population need. (see list above)	Ensure systems are in place for mental health service providers to gather feedback on their services from diverse groups. Understand the profile of the people in the City in need of (or likely to benefit from) their service(s), and of their corresponding needs and preferences (with particular reference to the groups listed above and the protected equalities characteristics).	Uptake of services will closer reflect needs of the diverse communities of Nottingham Evidence of service user insight to drive improvements in access and delivery Monitored use of their services by these groups in respect of access, efficacy and satisfaction. Demonstrate improvements to the provision of their service(s) in regard to the overall aim equitable and based on need.		✓ ✓	 ✓		CCG/NCC/NHFT/ NCVS
Ensure learning from Opportunity Nottingham is used to improve services for those with complex needs leading to earlier identification of mental health problems by health and social care services and improved knowledge of appropriate services to signpost people to	Multi-organisation sign up to the Practice Development Unit (PDU) Explore requirement of PIE in all Health & Social Care contracts	Setting up of PDU Cross sector development of Psychologically Informed Environments to improve understanding and identification of mental health issues Improved skills and confidence of wider (non-MH)	✓	 ✓	 ✓		Opportunity Nottingham

Action	Milestone	Success measure	Year				Action Owner
			16/17	17/18	18/19	19/20	
		workforce in providing MH brief interventions					
Priority 2 Theme: Poor physical health outcomes are prevented							
Reduction in smoking in people with mental health problems	-Implementation of smoke free NHFT -Training of NHFT staff at range of levels -Increased uptake of New Leaf by people with mental health problems	Reduction in smoking prevalence in NHFT patients	✓	✓	✓	✓	NHFT/Public Health
Improved uptake of preventative screening and vaccination	Awareness raising in NHFT and through Enhanced Physform project	Increased reporting of screening uptake through Physform and NHS England data	✓	✓			primary care/NHFT
Inclusion of people with mental health problems in health improvement strategies and services (eg physical activity, healthy eating and alcohol reduction)	-Inclusion of NHFT service users in all health promotion activity -Inclusion of people with mental health problems as a priority equality group in commissioned services	Increased awareness of health improvement opportunities in people with serious mental illness, increased referrals to Healthy lifestyle services for this group		✓	✓	✓	Public Health and health improvement providers
Physical health promotion is included in mental health care of children and young people	Activity specifically related to preventing or reducing smoking, substance misuse, increasing physical activity and healthy eating.	Engagement of CAMHS in physical health partnerships and activity in NHFT		✓			NHFT
Priority 2 Theme: Identify physical health problems early							
Effective monitoring for side effects in people on antipsychotic medication	Shared care arrangements clear re responsibility for monitoring improved joint working	Guidance on responsibilities re monitoring are agreed and shared locally		✓ ✓			NHFT/primary care

Action	Milestone	Success measure	Year				Action Owner
			16/17	17/18	18/19	19/20	
	between primary and specialist care in monitoring physical health parameters in young people on psychotropic medication						
Health checks delivered by either secondary or primary care that lead to an agreed action plan.	Increased health checks undertaken as part of Physform project between NHFT and primary care.	Evidence of development of health plans shared with patients and across primary/secondary care. Level of achievement of national CQUIN target	✓	✓			NHFT/CCG
Good communication between primary and secondary care about physical health needs	Electronic methods of communication agreed		✓				NHFT/CCG
Priority 2 Theme: Increased understanding of health inequalities experienced by people with mental health problems							
Better understanding local needs	Publication of this information in JSNA chapter	Detailed understanding of specific needs		✓			NCC Public Health with HWBB partners
Raised awareness across the health and social care system of health inequalities in people with serious mental health problems	Inclusion of relevant issues in training and awareness sessions for staff across professional boundaries (across mental and physical health) including peer-led or co-produced approaches.	Increased awareness of wide range of citizens/ VCS/partners/professionals	✓	✓	✓		NCC Public Health/CCG /NHFT/NCVS
Priority 2 Theme: Interdependence of mental and physical health reflected across the health and care system							
Physical health services are in place to meet the needs of people with mental health problems	-Commissioned pathways reference this group under equality section. -All JSNA chapters	Balance of emergency/planned care for this group compared to the general population		✓	✓		CCG/Nottingham City Council

Action	Milestone	Success measure	Year				Action Owner
			16/17	17/18	18/19	19/20	
	reflect on the needs of this group and make appropriate recommendations -Assessment of variation in access to physical health support services for mental health inpatients compared to acute inpatients.						
Priority 3 Theme: People in Nottingham are able to access a holistic health and employment support							
Develop an early intervention pathway to support people with long term health problems to remain in employment or to gain employment	New service jointly commissioned for 2016-2019	Improved partnership working results in more jointly commissioned services (NCC, CCG and DWP)	✓				Nottingham City Council (NCC) / Nottingham CCG / DWP
	Service launch	Citizens and stakeholders are aware of the service	✓				
	Annual service review	85 employed individuals supported to remain in work	✓	✓	✓	✓	
		95 unemployed individuals supported to manage their health problems	✓	✓	✓	✓	
		60% clients have one or more long term conditions	✓	✓	✓	✓	
Develop a strategic approach to improving the mental health of people in employment	Health and Employment Strategic Group formed	Cross-sector actions agreed and implemented		✓			Nottingham City Council
	HWBB organisations develop health and wellbeing at work strategies	Health and Wellbeing Board (HWBB) organisations become exemplar employers for health and wellbeing (including specific mental health commitments eg 'Mindful Employer')	✓	✓			All HWBB partners
	VCS organisations	VCS organisations develop		✓			NCVS – via

Action	Milestone	Success measure	Year				Action Owner
			16/17	17/18	18/19	19/20	
	access awareness raising training on improving mental health of the workforce	policies and environments which support the mental health of their employees and volunteers					VAPN and CYPPN
	Annual reporting of number of placements / vacancies offered	HWBB organisations offer work experience opportunities for people who have mental health problems and are unemployed	✓	✓	✓	✓	All HWBB partners
Priority 3 Theme: **People in contact with mental health services are assisted to work**							
Individual Placement Support (IPS) model is used to assist people into employment	Annual review	Percentage of people referred to IPS service who obtain paid employment increases year on year	✓	✓	✓		Nottinghamshire Healthcare NHS Trust
Increase access to IAPT services by the unemployed	6-monthly progress reporting	Nottingham (and Nottinghamshire) CCG(s) involved in the national pilot	✓	✓			CCG / DWP
Priority 4 Theme: Identify those most at risk of loneliness and isolation							
Develop a clearer understanding of levels and key causes of loneliness and social isolation	Findings shared across all partners and baselines established	Analysis of data and information related to loneliness in the city identifies the main factors and those most at risk.		✓			Nottingham City Council
Develop cross-sector partnership working to tackle loneliness of all ages	Loneliness Steering Group to tackle loneliness formed	Action plan for reducing and preventing loneliness agreed and implemented by partners	✓				Nottingham City Council
	Learning opportunities (and take up) for cross-sector workforce	Raised worker awareness of loneliness and isolation	✓	✓	✓	✓	All HWBB Partners
Priority 4 Theme: **Create supportive conditions and environments conducive to social inclusion**							
Continue to develop 'Age Friendly Nottingham' (AFN)	Annual review of progress against the AFN action plan indicates improvement across all domains of age-friendliness	Older citizens are enabled to live as independently as possible through age friendly partnership action.	✓	✓	✓	✓	Nottingham City Council
Develop stronger	Looking After Each	Reducing loneliness is	✓	✓	✓	✓	Nottingham City Council /

Action	Milestone	Success measure	Year				Action Owner
			16/17	17/18	18/19	19/20	
communities which encourage people to look after each other	Other (LAEO) approaches developed including a strategic approach to encourage volunteering	embedded across services Rolling programme of support and initiatives in place which reduce levels of loneliness in the city					CCG / NCVS
Develop Nottingham as a Dementia Friendly City	Development of a Dementia Framework that includes action around loneliness	Nottingham achieves Dementia Friendly City status Health and Wellbeing Board partners become dementia friendly		✓			All Health and Wellbeing Board Partners
Develop access to information on a wide range of opportunities and support	Launch of integrated health and social care on-line directory	Citizens, their families and carers, and the cross-sector workforce are able to access information on reducing loneliness	✓				Nottingham City Council / CCG
Priority 4 Theme: **Promote wellbeing and social inclusion of citizens**							
Promote initiatives and opportunities	Three month campaign to raise awareness about loneliness and opportunities to reduce loneliness is launched	Ongoing communications plan developed to addressing loneliness	✓				Nottingham City Council / CCG / NCVS
Target individuals from most at risk groups	Mapping of current offer to reach at risk groups	Suite of targeted and aligned initiatives and support in place to support those most at risk eg Click Nottingham, befriending groups etc. Increased involvement of the VAPN members services where they are providing services for lonely and isolated people in the community		✓			Nottingham City Council / NCVS

HEALTH AND WELLBEING BOARD

25 JANUARY 2017

	Report for Resolution
Title:	Physical activity, diet and nutrition and healthy weight strategy
Lead Board Member(s):	Helen Jones, Director of Adult Social Services
Author and contact details for further information:	Rachel Sokal, Consultant in Public Health, Nottingham City Council rachel.sokal@nottinghamcity.gov.uk
Brief summary:	This report outlines a strategic approach to increase the focus and ambition for the City with regard to Physical Activity, Obesity and Diet and Nutrition.

Recommendation to the Health and Wellbeing Board:

The Health and Wellbeing Board is asked to:

a) support the vision for being active, eating well and having a healthy weight to be the norm in the City

b) support the focus of key strategic areas to deliver this vision: i) positive attitude and normalisation, ii) leadership and responsibility, iii) environment and iv) workplace

Contribution to Joint Health and Wellbeing Strategy:	
Health and Wellbeing Strategy aims and outcomes	**Summary of contribution to the Strategy**
Aim: To increase healthy life expectancy in Nottingham and make us one of the healthiest big cities	Inadequate levels of physical activity, a poor diet and nutrition and unhealthy weight account for over a third of the known risk factors for ill-health in Nottingham City's population (local analysis of Global Burden of Disease, 2016). Thus increasing levels of physical activity, improving diet and achieving a healthy weight in the city's population are vital to achieve our ambition of improved healthy life expectancy. Key focus within the strategy on priority groups as identified in JSNA chapters, in order to tackle health inequalities Outcome 1: development of fuller strategy vital to support the delivery of the three related priorities within the HWS. Outcome 2: improving healthy lifestyles vital to prevention of mental health problems and
Aim: To reduce inequalities in health by targeting the neighbourhoods with the lowest levels of healthy life expectancy	
Outcome 1: Children and adults in Nottingham adopt and maintain healthy lifestyles	
Outcome 2: Children and adults in Nottingham will have positive mental wellbeing and those with long-term mental health problems will have good physical health	
Outcome 3: There will be a healthy culture in Nottingham in which citizens are supported and empowered to live healthy lives and manage ill health well	
Outcome 4: Nottingham's environment will be sustainable – supporting and enabling its	

citizens to have good health and wellbeing	improving physical health of those with mental health problems. Outcome 3: recommendations within this report include supporting the development of a cultural change to physical activity and diet and nutrition Outcome 4: strategy directly supports the delivery of several priorities including active travel and use of Parks and Open Spaces

How mental health and wellbeing is being championed in line with the Board's aspiration to give equal value to mental and physical health
1. Physical activity, diet and nutrition and healthy weight are key determinants of mental as well as physical health. Thus, improving these factors across the population will contribute to reducing mental as well as physical ill-health. 2. People with mental health problems are at greater risk of low level of physical activity and a poor diet leading to poorer physical health problems. Focusing on improving these health behaviours in those with a mental health problem will contribute to reducing health inequalities between those with mental health problems and the rest of the population.

Background papers: *Documents which disclose important facts or matters on which the decision has been based and have been relied on to a material extent in preparing the decision. This does not include any published works e.g. previous Board reports or any exempt documents.*	JSNA chapters – physical activity, diet and nutrition, obesity

PHYSICAL ACTIVITY, DIET AND NUTRITION AND HEALTHY WEIGHT STRATEGY

1. BACKGROUND

Inadequate levels of physical activity, a poor diet and nutrition and unhealthy weight account for over a third of the known risk factors for ill-health in Nottingham City's population (local analysis of Global Burden of Disease, 2016). Thus increasing levels of physical activity, improving diet and achieving a healthy weight in the city's population is vital to achieve our ambition of improved healthy life expectancy.

To underpin the actions within the HWS to achieve these goals, work has been undertaken to refresh the city's former Healthy Weight strategy. Whilst the refreshed strategy broadly addresses the need within the city, the strategy's steering group identified that without a significant increase in the intensity and focus on the delivery of strategy it is unlikely to be sufficient to achieve the significant improvement in these factors across our population.

In November 2016 the HWB supported a recommendation for an increased focus and ambition to address physical activity, diet and healthy weight in the city and consider more detailed proposals at a future meeting. The purpose of this paper is to present these proposals for consideration by the HWB before further developing the city's strategy.

Board members are reminded to volunteer strategic leads from their respective organisations to champion the city's approach to physical activity, obesity, diet and nutrition.

2. DEVELOPING STRATEGIC VISION AND IDENTIFYING KEY AREAS FOR DEVELOPMENT

Board members and wider partners including One Nottingham, Sport Nottinghamshire and Nottingham City Council Sport and Leisure came together at December's HWB Development Session to consider what the city's ambition should be and how it may be achieved. The outputs of this session were considered by the strategy steering group in January and are presented here to HWB members.

Proposed vision: for being active, eating well and having a healthy weight to be the norm in the city.

More people will be seen being active and eating healthily regardless of their age, ethnicity or "physical ability". For example, it will be normal to see groups of older South Asian in traditional dress wearing trainers and walking in our parks and open spaces; and it will be the norm to choose a healthy snack from workplace food outlet.

Areas for development to achieve this change

The current strategy uses local and national intelligence and evidence, e.g. the JSNA, alongside national strategies to identify a strategic approach, priority groups and actions. In addition to the current strategic actions the following areas were identified for further development and up-scaling:

1. **Positive attitude and normalisation**
    - Normalisation in our population in line with guidelines for physical activity (Department of Health, 2011) and eating well (Public Health England, 2016)
    - Consistent and persistent messages through media and HWB organisations

- "Looking after yourself" message
- Ensure messages and activities are culturally appropriate
- Identify and support community champions and leaders to facilitate social movement

2. **Leadership and responsibility**
   - For HWB organisations to increase their commitment to physical activity and diet through a commitment and actions similar to the Tobacco Declaration and act as leaders across the city by setting an example of best practice
   - For the population and organisations and their staff to have clear and shared responsibilities to being active, eating well and being a healthy weight. For example, parents and children's responsibilities to healthy eating during school day and teachers' and school's role in facilitating this.
   - Identify and support community champions and leaders to facilitate social movement

3. **Living environment**
   - Control the density of unhealthy food outlets including fast food takeaways
   - Support development of green and / or recreational spaces in formal and informal parks and open spaces
   - Prioritise physical activity and good diet within built environment development. For example, street lighting to encourage walking for transport
   - Manage traffic and parking to promote physical activity, e.g. traffic free areas, increase no parking zone around schools
   - Support people to be physically active and eat well within own homes and gardens

4. **Working and schooling environment**
   - Recognise work and school environments as vital in making positive or negative impact on staff and employees / students activity levels and diet
   - Systematic application of best practice from Healthy Schools and other initiatives across all city schools
   - Development of a workplace charter, based on the HWB Declaration, where private employers in the city can work towards working practices and environment which positively influence activity and diet

3. REFERENCES

Public Health England (2016) *Eatwell Guide,* Available at: *https://www.gov.uk/government/publications/the-eatwell-guide* (Accessed: 12th January 2017).

Department of Health, Physical Activity, Health Improvement and Protection, 2011. *Start Active, Stay Active: A report on physical activity from the four home countries' Chief Medical Officers,* London: Department of Health, Physical Activity, Health Improvement and Protection.

HEALTH AND WELLBEING BOARD

25th JANUARY 2017

	Report for Consultation
Title:	**Proposal for a Scheme of Selective Licensing for Privately Rented Houses**
Lead Board Member(s):	
Author and contact details for further information:	Lorraine Raynor lorraine.raynor@nottinghamcity.gov.uk Graham Demax graham.demax@nottinghamcity.gov.uk Lisa Ball lisa.ball@nottinghamcity.gov.uk
Brief summary:	This report is to inform the Health and Wellbeing Board of the data collection and analysis work that has been completed to inform a decision to consult on a proposal to introduce a selective licensing scheme for privately rented houses. Nottingham City Council Executive Board have approved the proposed designation in principle and a public consultation will take place on these proposals between January and March 2017. The use of selective licensing powers will provide the following benefits: • An opportunity to effectively influence higher standards of privately rented houses and to ensure effective management through more extensive control; • A key tool in achieving the overall reduction of Anti-Social Behaviour (ASB); and • Lead to higher levels of customer satisfaction with private rented sector accommodation within the City • Work with landlords and tenants to provide positive advice and assistance to achieve legislative compliance, education and the provision of advice and information as appropriate. The report outlines the outcomes of an evidence gathering project surrounding the need for selective licensing within the City and demonstrates the existence of problems within the proposed designation. It shows that there is a strong correlation between the criteria for introducing a scheme and the private rented housing stock in Nottingham. Whilst different parts of the City meet different grounds,

	collectively there is a strong argument for suggesting that the entire City should be covered by the scheme. The Council is committed to working jointly with other local authority services, other public sector organisations and a wide range of private and voluntary sector organisations to provide and deliver improvements in health and wellbeing. Its approach to housing also follows this principle, seeking to work with a range of other services to improve citizens' lives, not least their health and wellbeing. One of the key benefits the Council believes that selective licensing will bring is improved housing conditions. The positive impact that better housing can make on health and wellbeing has been demonstrated both nationally and locally. The City's Health and Wellbeing Strategy has "Healthy Environment" as one of its four main priorities. Within this there is the priority action "Housing will maximise the benefit and minimise the risk to health of Nottingham's citizens". The proposal for selective licensing fits very clearly with this action and supports the Memorandum of Understanding on Housing and Health that was signed off by the Board and can significantly contribute to the action plan that clearly identifies the private rented sector as a focus for action.

Recommendation to the Health and Wellbeing Board:

The Health and Wellbeing Board is asked to:

a) note the contents of the report;

b) offer its views on the proposal for a scheme of selective licensing for privately rented houses; and

c) request that Board members actively contribute to the consultation process which ends on the 31st March 2017.

Contribution to Joint Health and Wellbeing Strategy:	
Health and Wellbeing Strategy aims and outcomes	**Summary of contribution to the Strategy**
Aim: To increase healthy life expectancy in Nottingham and make us one of the	Aim: To increase healthy life expectancy in Nottingham and make us one of the

healthiest big cities Aim: To reduce inequalities in health by targeting the neighbourhoods with the lowest levels of healthy life expectancy Outcome 1: Children and adults in Nottingham adopt and maintain healthy lifestyles Outcome 2: Children and adults in Nottingham will have positive mental wellbeing and those with long-term mental health problems will have good physical health Outcome 3: There will be a healthy culture in Nottingham in which citizens are supported and empowered to live healthy lives and manage ill health well Outcome 4: Nottingham's environment will be sustainable – supporting and enabling its citizens to have good health and wellbeing	healthiest big cities Outcome 4: Nottingham's environment will be sustainable – supporting and enabling its citizens to have good health and wellbeing

How mental health and wellbeing is being championed in line with the Board's aspiration to give equal value to mental and physical health
Poor housing can contribute to ill health, and improving housing conditions e.g. tackling damp and cold can improve health. Poor housing can also contribute to, or exacerbate mental health problems. The Council and its partners in housing organisations and the health services are working together to achieve housing objectives which lead to a healthier and happier community. Selective licensing will be a significant part of this.

Background papers: *Documents which disclose important facts or matters on which the decision has been based and have been relied on to a material extent in preparing the decision. This does not include any published works e.g. previous Board reports or any exempt documents.*	None

This page is intentionally left blank

Proposal for a Scheme of Selective Licensing for Privately Rented Houses

Background to the proposal

The introduction of a licensing scheme for private rented accommodation to drive up standards and protect tenants across the City is a key objective in the current Council Plan for 2015-2019. Selective Licensing (a power available to local authorities to licence private rented houses) aims to improve living conditions for residents both in the private rented sector and the surrounding community and drive up standards amongst poor landlords. The scheme is an important element of the Council's commitment to safeguarding and protecting vulnerable citizens across the city and in providing quality, safe housing. The scheme will also contribute to reductions in levels of Crime and Anti-Social Behaviour and also contributes to one of the Council's key objectives to "cut the number of victims of crime by a fifth and contribute to reduce anti-social behaviour."

Before making a final decision as to whether to make (and seek confirmation of a scheme) the Council is required to conduct a full consultation for a minimum of 10 weeks which should be informative, clear and to the point, so that the full details of the proposal can be readily understood. It is proposed that consultation be carried out for a minimum period of 10 weeks between January 2017 and March 2017, and will include information on the proposed scheme, the reasons for it and how it has been arrived at, and indicative information regarding fees and conditions. The proposed fee is £600 with a reduced fee of £460 for accredited landlords.

What is Selective Licensing?

The Housing Act 2004 requires local housing authorities to license houses in multiple occupation (HMOs) if they are over 3 storeys and accommodate more than five people who form two or more households. This is called **mandatory licensing.** The Act also gives authorities the power to introduce licensing schemes for other HMOs if certain conditions are met. This is called **additional licensing,** and the Council has been operating a scheme of additional licensing since January 2014. The other form of licensing within the Act (Part 3 of the Housing Act 2004) is called **selective licensing.** This enables authorities to license all other privately rented houses if certain conditions are met. By requiring landlords to apply for a licence to rent out their homes, the Council is able to ensure that the landlord is a "fit and proper person" and, through compliance with the conditions set out in the licence, is providing safe, well managed accommodation.

It is now the law that any proposed scheme exceeding either 20% of the area's private rented sector or 20% of its geographical area must be confirmed by the Secretary of State for Communities and Local Government. The scheme which the Council is proposing exceeds both criteria and will require Secretary of State approval.

Why does the Council think licensing is necessary?

The City's private rented sector (PRS) has expanded significantly in recent years. Between the 2001 census and the 2011 census, the proportion of households living in privately rented homes increased by 12%. Since 2011 the sector has increased in

size even more. The Building Research Establishment (BRE) carried out a wide-ranging stock survey for the Council in the summer of 2016 and found that the City's private rented sector comprised 43,000 properties, of which 21% were found to have more serious hazards (category 1 hazards).

The increase in the PRS shows how important the sector is as a source of accommodation for Nottingham citizens. People live in the PRS for a number of reasons: because they can't afford to buy a home; they can't access social housing; the relative flexibility and easy accessibility of the PRS suits their lifestyle or the stage in their career; they don't want the responsibility and financial commitment of home ownership. Whatever the reason for living in the sector, the Council believes that tenants should experience a good quality home. This is clearly shown in the Council Plan 2015-19. Enormous progress has been made in improving the social housing stock in the city via the decent homes programme and the Council believes that all Nottingham residents should have access to a high standard of accommodation, whether renting or buying.

As well as using all the powers it has under the legislation to tackle poor housing conditions and poor management the Council has undertaken a number of other initiatives in order to drive up standards in the PRS, most notably landlord accreditation through two major partners, Unipol and Decent and Safe Homes (DASH). Both schemes are voluntary however, and even though many good landlords have joined the schemes (together known as the "Nottingham Standard"), it remains a relatively small proportion of the sector. The Council therefore believes that much more is needed in order to get landlords to comply with their responsibilities. A scheme of selective licensing will, it is believed, enable the Council to ensure that landlords are proactive in making sure that their properties meet certain standards. Landlord's will also take responsibility for management of their properties, supporting good neighbourhoods and assisting with the prevention of crime and ASB in those neighbourhoods.

The strategic case for selective licensing

The 'Council Plan' states that it wants all Nottingham citizens to be able to access a good quality home, and sets out its key objectives for achieving this. Amongst these is a proposal to introduce a citywide licensing scheme for the private rented sector. The proposal for a scheme of selective licensing therefore forms part of a much wider ambition to deliver good quality housing in the City.

The Council believes that regardless of whether you own, are buying or renting your home that it should be safe, warm, and meet modern standards. Although there is a focus on private rented sector within the Council Plan, the plan also seeks to increase the supply of new homes and ensure that consistent standards of management and repair are maintained by housing associations. Put together, these priorities form a multi-tenure approach to housing based on achieving good quality across the city's stock.

The Council recognises the importance of the PRS within the housing market. It seeks to make use of the sector as a positive housing option for people who are homeless or threatened with homelessness. It fulfils a gap in the market in parts of the City where there is little or no social housing, but where people want to live for reasons such as their support networks. The PRS houses many people on low

incomes who are dependent on housing benefit via the Council to support their housing costs. It is quite clear, therefore, that the Council needs a well -managed and well maintained PRS stock in order to meet some of its housing objectives and to be part of an overall, well-balanced housing market.

Selective licensing fits with this approach. If we genuinely support the sector and want to ensure that citizens can have a better guarantee of standards within the PRS we need a way of achieving that. The existing powers, schemes and initiatives aimed at tackling poor housing and raising standards have not been sufficient in delivering the PRS we want to see. A licensing scheme, which sets out a clear set of conditions and expectations will, it is believed, bring a step-change in the way in which the City's PRS is managed and tackle the significant problems which our evidence shows currently exist within the sector.

How the scheme will help the Council achieve its objectives.

The proposed selective licensing scheme is above all aimed at improving standards within the PRS as part of an overall objective to bring a higher quality of housing across all tenures. However, the Council believes that its positive impact will be seen beyond just housing and will help to achieve a number of wider objectives, such as:

- Health and wellbeing: it is well known that poor housing can contribute to ill health, and that improving housing conditions, e.g. tackling damp and cold can improve health. Poor housing can also contribute to, or exacerbate mental health problems. The Council and its partners in housing organisations and the health services are working together to achieve housing objectives which lead to a healthier and happier community. Selective licensing will be a significant part of this.
- Crime and antisocial behaviour: It is one of the Council's highest priorities to reduce crime and antisocial behaviour (ASB). The evidence we have compiled to support the case for selective licensing shows that there is a strong correlation, or relationship, between the PRS and crime and ASB. Licensing brings a greater responsibility on landlords to manage their properties better, including the responsibility themselves not to utilise properties for criminal behaviour as well as taking responsibility for the behaviour of their tenants. This is seen as a significant tool in tackling crime and ASB.
- Educational attainment: The Council wants to improve the attainment of children attending city schools. Better housing – a safe, warm and comfortable environment in which to study - can help. Many children are now living in PRS homes, and we want to ensure that the housing they live in is helping them to thrive and do well at school.
- Economic success of the City: The Council and its partners are ambitious for Nottingham to be a growing city economically, providing high quality jobs in thriving industries and businesses. To do this it needs a good quality housing stock which can attract and accommodate workers, particularly younger, aspirational people at the beginning of their "housing career" who are not ready to buy. A higher standard PRS with a better reputation for good quality housing will help this ambition, and a selective licensing scheme will help to achieve this.

Housing and Health

The Nottingham City Joint Strategic Needs Assessment (JSNA) on Housing (April 2013) recognised that everyone is potentially at risk from the effects of poor housing conditions and that there is clear evidence to link poor health with poor housing. This was robustly evidenced in the Building Research Establishment's 2015 publication *The Cost of Poor Housing To Health.* This work showed that poor housing (as defined by homes with a Category One hazard) costs the NHS £1.4bn per year. Locally an impact assessment[1] of Nottingham City Homes. Secure Warm, Modern (Decent Homes) improvement for social housing programme showed:

- Estimated cost savings to NHS of £700,000 from 2 lives saved protecting vulnerable tenants from the cold
- 12 hospital admissions avoided
- 144 accidents avoided and
- 1,000 children with improved respiratory health and
- 1,400 tenants with improved mental health.

One of the four main priorities of the City's Health and Wellbeing Strategy (2016)[2] is to enable better health through a healthy environment, and within this there is a strong emphasis on housing. The Healthy Environment action plan within the strategy contains the action "Ensure homes are safe and well managed, protecting the health & wellbeing of tenants". The proposal for selective licensing will make a significant contribution to this objective.

Much is still to be achieved to improve housing standards and the existing housing offer, particularly in the private rented sector, which is becoming an ever-more important tenure. The Council, in partnership with a range of housing and health organisations is developing a more co-ordinated approach to housing interventions which promote better health and wellbeing. A ground-breaking Memorandum of Understanding on Housing and Health has been signed off by the City's Health and Wellbeing Board, together with an action plan which clearly identifies the private rented sector as a focus for action.

The evidence from the BRE stock modelling as detailed in the evidence shows that there are significant issues with property conditions in the City's PRS. There is a disproportionate level of Health and Housing Safety Rating Scheme (HHSRS) Category One hazards within the PRS, and this will undoubtedly have a negative impact on the health of those living in the properties affected. In tackling poor property conditions in the PRS, the Council believes that selective licensing will make a significant contribution to the improvement of the health and wellbeing of citizens living within it.

The use of selective licensing is clearly consistent with the Council's overall strategic approach to housing and its approach to a number of key priorities for the City.

[1] Decent Homes Impact Study: The effects of Secure Warm Modern Homes in Nottingham (Nottingham City Homes/Nottingham Trent University, 2012)
[2] Joint Health and Wellbeing Strategy, Nottingham City Health and Wellbeing Board, 2016
http://www.nottinghamcity.gov.uk/health-and-social-care/adult-social-care/looking-after-yourself-and-keeping-healthy/health-and-wellbeing-board/

Selective licensing, by tackling the problems which are evidenced later in this report, will help to achieve a number of positive outcomes in terms of regeneration, health and wellbeing, and community safety, which are all major priorities for the City.

Evidence to support the proposal

The law sets out a range of conditions to be met before a Council may implement a selective licensing scheme. Whilst Councils do not need to meet every condition, strong evidence must be shown to support the condition(s) which are being relied upon.

In simple terms the law says that a selective licensing scheme or "designation" may be made if the area to which it relates satisfies one or more of the following conditions. The area is one experiencing:

- Low housing demand (or is likely to become such an area) ;
- A significant and persistent problem caused by anti-social behaviour;
- Poor property conditions ;
- High levels of migration;
- High level of deprivation;
- High levels of crime

In considering whether to designate an area for selective licensing on the grounds of property conditions, migration, deprivation and crime the local housing authority may only make a designation if the area also has a high proportion of property in the private rented sector. It is for each Council to determine what constitutes "a high proportion of properties in the PRS". Nottingham City Council selected all areas in Nottingham with a PRS level higher than the national average of 19% as a starting point and adjusted this to remove multi person households (which would not be covered by selective licensing) to arrive at a figure of 16.3%.

The Council considers that there are grounds for a selective licensing scheme based on the antisocial behaviour, poor property conditions, deprivation and crime conditions.

The evidence collected by the Council using a number of sources such as complaints records, Police data, the Indices of Multiple Deprivation (IMD)[3] and a comprehensive stock condition survey carried out by the Building Research Establishment can be summarised thus:

- In line with national trends, rates of Crime and ASB have been reducing in the City. However, overall, both Crime and ASB can still be seen as significant problems in Nottingham.
- Research shows that crime and ASB rate is significantly higher in areas with a high proportion of private rented households (both including and excluding HMOs), and the rate in these areas was above the overall rate for the City.

[3] The Indices of Multiple Deprivation is a set of data collected at national level showing the relative levels of deprivation in all local authority areas in England

ASB

- Nottingham has higher rates of incidents of ASB compared to the national average.
- The rate of ASB calls (especially noise related) and rates of crime is higher in areas with a high proportion of PRS.
- Combining the Police data on ASB with the Council's own data shows there is a positive correlation between the rates of all ASB and noise related ASB and areas with a high proportion of PRS.
- The PRS accounts for a 10% variance in the rate of noise related ASB calls.
- For every 2 reports of ASB received by the Council in areas with a low proportion of PRS, 3 are received in areas with a high proportion of PRS.
- When compared to the owner occupied sector the rate increases to for every 3 reports in areas with a low proportion of PRS, 5 are received in areas where there is a high proportion of PRS

Poor property conditions

- Areas with a high proportion of PRS are more than twice as likely to experience issues of disrepair and one and a half times more likely to experience excess cold
- PRS properties are more likely to experience these issues as a result of tenure type and not tenure concentration
- Two thirds of complaints to the Council are attributable to the PRS that are not HMOs
- For every 3 reports made to the Council for areas with a high proportion of PRS, there would be 2 made in areas with a low proportion.

Deprivation

- Nottingham has high levels of deprivation. Out of the 182 City's lower super output areas (LSOAs), 61 are in the 10% most deprived in the country, and 110 are in the 20% most deprived. Overall, Nottingham is the 8th most deprived district in the country.
- Deprivation is measured by 7 distinct elements that make up the index of multiple Deprivation (IMD)
- Areas with a high proportion of PRS have higher levels of Crime, Barriers to Housing, and Living Environment and have lower levels of Income, Employment and Education then areas with a lower proportion of PRS in an areas
- Areas with a high proportion of PRS have lower than average performance in at least one of the indices, and 87 of the 88 areas are in the lower half of the City's ranking in one or more of the types of deprivation.

Crime

- Areas with a high proportion of PRS have higher incidences of all types of crime compared to the City overall and to areas with a lower proportion of PRS.
- Police data on crime shows that areas with a high proportion of PRS are almost twice as likely to experience crime as the rest of the city.

- 45% of areas where there is a high proportion are almost twice as likely to experience a crime rate in excess of the City average, with five areas also exceeding the national average.
- For every additional unit of PRS property the rate of crime is expected to increase by more than one and half times. A 15% difference in the crime rate can be attributed to the proportion of PRS of in an area. The biggest variation of which is for violent crime.
- Crime is also one of the elements that is a measure of Deprivation. Areas with a higher proportion of PRS have a worse overall performance for crime as an indication of deprivation, than those with a low proportion, with 58% being in the lower half of the City's rank.

The issues that exist in the PRS are often compounded, with areas with a high proportion of PRS often suffering from more than one problem. Overall the analysis undertaken shows there is a positive correlation between the proportion of PRS in an area and rates of both ASB and crime and levels of deprivation, with the majority of areas suffering from issues associated with all three of these criteria.

In addition to the data which was collected, the experiences of a number of stakeholders working in the City's neighbourhoods were sought. This included Police officers, Neighbourhood Development Officers, Nottingham City Homes Patch Managers, and Community Protection Officers.

Overall, the Council believes it has the evidence to support a scheme of selective licensing on a citywide basis. Whilst a few parts of the City do not meet the statutory criteria the vast majority of the Council's area does and to omit these areas from the proposal would create boundaries for the scheme which would be difficult to understand and undermine the completeness and objectives of the scheme. The Council may also legitimately take into account the likelihood of displacement, which is a poor landlord moving from one area which is covered by licensing to an area that is not. On this basis it is felt that a City wide scheme is justifiable.

Why making a selective licensing designation will significantly assist the Council to achieve its objectives

Crime and antisocial behaviour

The evidence shows that there is a strong correlation between levels of crime and ASB and private rented properties. Selective licensing (through the conditions to be attached to a licence) will make it a requirement for landlords to manage their properties more effectively, particularly by ensuring that tenancy conditions are clear and set out in proper tenancy agreements. Conditions will require landlords to deal with breaches effectively, giving greater assurance to local communities that private rented homes in neighbourhoods are being properly managed. In letting out properties landlords must take responsibility for the potential impact on neighbouring properties. Licensing will bring a far greater onus on landlords to ensure this. From this shift towards greater landlord responsibility for the conduct of their tenants it is hoped to see a significant reduction in antisocial behaviour. Where landlords do not adhere to their conditions the Council will use a proportionate approach to enforcement to seek to ensure compliance as detailed in its enforcement and compliance guide

It is known from the Council's DCLG-funded rogue landlord initiative that the private rented sector can be a base for criminal activity, and the data the Council has analysed shows a correlation between crime and the PRS. The requirement for a landlord to be a fit and proper person will ensure that those with criminal background are precluded from letting out properties to rent. As with antisocial behaviour, there will also be an expectation that through more effective enforcement of tenancy conditions, criminal activity involving PRS tenants will reduce. Therefore through licensing the Council expects to see a reduction in the level of crime associated with private rented properties.

Poor Property Conditions

The Council's evidence, obtained through a robust stock condition survey suggests a higher level of disrepair and incidence of HHSRS category one hazards than in both the owner occupied and social rented sectors. The licence conditions which will apply to the scheme will require landlords to be proactive in ensuring that their properties are well maintained. There are powers under the Housing Act 2004 to enforce compliance and tackle poor property conditions, but these rely on reporting, something which tenants are often reluctant to do for fear of retaliatory action by landlords. Licensing gives a clear statement of what is expected, both for landlords and tenants. Through the increased proactivity required by licensing and compliance with licence conditions, the Council hopes to see a significant improvement in property conditions in the PRS, one which matches its ambition for high quality homes for everyone in Nottingham, irrespective of tenure.

As part of the proposal a review of the Council's existing licensing schemes was undertaken. This illustrates the effect licensing can have in improving property conditions and demonstrates the track record that the Council has in using licencing schemes as an effective tool to improve property conditions.

The review of both schemes highlights that less than half of landlords (44% mandatory and 45% additional licensing scheme) are not compliant with standards on the first compliance inspections. We know that when the Council inspects properties compliance levels increase and therefore property conditions are improved. This is evidenced through the relatively low level of enforcement actions taken by the Council. The review also highlighted that of the licences issued under additional licensing, 72% required additional conditions or had restrictions placed on the licence. This demonstrates how licensing allows the Council to impose additional conditions to address specific problems that are identified with properties.

Deprivation

In large parts of the proposed designation, the Council is relying on the City's high levels of deprivation as a condition for introducing a selective licensing scheme. Nottingham scores particularly poorly on income, health, crime, and living environment. Areas where there is the greatest deprivation are also areas where some of the greatest health inequalities exist within the City. Selective licensing alone will not improve the City's performance in terms of deprivation, but it can play a part. Poorly maintained and ineffectively managed homes will inevitably have a negative impact on the range of indicators used to measure deprivation.

Selective licensing, also helps to tackle homelessness by providing a two pronged approach that both addresses the issues that lead to homelessness and by providing an increased supply of higher quality accommodation for those displaced by it. Raising standards of management and property conditions helps to increase the supply of homes which meet the standards required to allow the fulfilment of homelessness duties via the PRS. At the same time selective licensing will tackle and help to reduce instances of poor management that may lead to households losing their homes and presenting for homelessness assistance. Having a good quality, stable home also helps other vulnerable tenants such as jobseekers. If housing conditions are improved and the overall quality of housing rises, it will contribute to the Council's overall ambition to reduce deprivation and ensure that all of its citizens can enjoy the City's prosperity. The Scheme will also provide an opportunity to assist other vulnerable tenants through safeguarding, prevention of exploitation and signposting tenants to services that will support improved health, for example assistance such as smoking cessation or prevention of fuel poverty.

Introducing licensing with it's relevant conditions and inspection regime, signposting for wider benefit and proposals for joint working and opportunistic approach for supportive funding for improvement such as energy initiatives will assist with matters such as reducing fuel poverty, increased health and wellbeing, less sickness absence from work and school all of which will support increased household income and health.

The Council can also clearly demonstrate the effect its existing schemes have had on improving property conditions, where it is easier to effect shorter term improvements, in the HMO sector. The outcomes of this are evidenced through the decrease in complaints relating to housing conditions. The Council believes that these improvements in property conditions will directly lead in the longer term to a reduction in deprivation being experienced not only in the properties that are licensed but in the wider community. The Council is able to evidence through the improvements to property in the social rented sector that improvements in property conditions lead to improvement in health. The Council believes that further licensing via the proposed scheme will also enable the Council to improve conditions in the wider PRS where they are clearly needed.

The proposed scheme of selective licensing fits entirely with the Council's vision that every neighbourhood is safe, clean and a great place to live. Existing initiatives and the exercise of available powers have not brought about the improvement in the City's PRS which is needed: there is no practical and beneficial alternative to the proposed scheme

This page is intentionally left blank

Equality Impact Assessment Form (Page 1 of 7)

Title of EIA: Proposed Designation for Selective Licensing of the Private Rented Sector
Name of Author: Graham De Max and Lisa Ball
Department: Development & Growth and Commercial & Operations
Director: Andy Vaughan and David Bishop
Service Area: Housing Strategy and Partnerships and Environmental Health
Strategic Budget EIA Y/N (please underline)
Author (assigned to Covalent): Lisa Ball

Brief description of proposal being assessed:
Selective licensing is a regulatory tool provided by the Housing Act 2004. Part 3 of the Housing Act 2004 sets out the scheme for licensing private rented properties in a local housing authority area. Under section 80 of the Act a local housing authority can designate the whole or any part or parts of its area as subject to selective licensing. Where a selective licensing designation is made it applies to privately rented property in the area.

The Council is proposing to implement a selective licensing scheme in a designated area – see map Enc 2

Under the proposed designation, all privately rented houses will require a licence; and applications will need to be made to the Council by landlords.

One of the key benefits which licensing is perceived to bring is an improvement in housing standards in a sector of the housing market in which a large number of vulnerable citizens are housed.

A further EIA will be carried out on the final scheme proposal should it progress through the various approval stages.

As part of the consultation process a Communities of Interest event will be held in order to engage with the harder to reach communities and those identified as part of this EIA who may potentially be impacted by these proposals.

During the course of consultation on the proposal (which will take place if the proposal is approved by Councillors) it is possible that other issues will be raised in relation to equality, and these will be carefully considered in the EIA of the final proposal.

Information used to analyse the effects on equality:
The Project Team held an informal focus group discussion in August 2016 and invited representatives from different communities in Nottingham to discuss experiences of living in and renting out properties in Nottingham. The aim of the session was to find out what issues are faced by different equality groups, explore what impact a licensing scheme may have on the city's different communities and equality groups, and explore options for future consultation and engagement. In addition data from the 2011 census was used to map areas with a high proportion of PRS and areas with a high concentration of bad health, age group, BME and minority ethnic population and disability and a high proportion of PRS. Learning from the existing licensing schemes has also been used.

	Could particularly benefit X	May adversely impact X (although may be only short term)	How different groups could be affected (Summary of impacts)	Details of actions to reduce negative or increase positive impact (or why action isn't possible)
People from different ethnic groups.	X	X	A Focus Group was held with representatives from different communities who identified potential impacts on different sections of the community. It was acknowledged that Selective Licensing could, along with a wider set of measures, address issues associated with the Private Rented Sector (PRS) such as antisocial behaviour (ASB), poor property conditions, high levels of deprivation and crime. These may have a disproportionate effect on different types of communities. Participants agreed that there should be some form of control over landlords and that they should be accountable for the conditions in their properties **<u>People from different ethnic groups</u>** The population of those living in the City's PRS comprises people from a range of different BME communities. Mapping shows that there are high concentrations of BME citizens in areas of the city where there is a high concentration of PRS properties; furthermore areas with an above	Positive impact can be continually improved by on-going enforcement action against non-compliant landlords. It is hoped that the scheme will help to tackle ASB issues in the PRS It is felt that overall the benefits of selective licensing outweigh the potential disadvantages; it is believed will have a positive impact on disadvantaged groups who are over-represented in many of the communities where it will be implemented There is no data set which links property ownership to ethnic origin, so it is not possible to quantify this impact. It is however acknowledged that there is a high level of ownership amongst the Asian community, and therefore the Council must have regard to this
Men	X	X		
Women	X	X		
Trans	X	X		
Disabled people or carers.	X	X		
Pregnancy/ Maternity	X	X		
People of different faiths/ beliefs and those with none.	X	X		
Lesbian, gay or bisexual people.	X	X		
Older	X	X		
Younger	X	X		
Other (e.g. marriage/ civil partnership, looked after children, cohesion/ good relations, vulnerable children/ adults). ***Please underline the group(s) /issue more adversely affected or which benefits.***	X	X		

			average PRS also have an above average % of the population that are from a BME background Overcrowding is likely to be an issue in some areas and illegal conversions of properties particularly affect new and emerging communities. **Potential benefit:** Improved quality and safety of accommodation for BME tenants in the rental market due to the compliance with licensing conditions. Life chances/opportunities are affected by housing. As accommodation improves outcomes should improve. May also improve health and wellbeing as homes are improved. **Potential adverse impact:** ***(a)Landlords*** Background: Property investment by the Asian community is the foundation of their financial interests. Property portfolios seen as 'pension schemes' and a means to support: families (within the UK and back in Pakistan and India), communities and faith institutions. Life savings are often invested in property. Great concern that the proposals will seriously damage property portfolios having a 'knock-on' effect of reducing 'yields' and lowering income that can be used to support families, the community etc. Representatives of this community perceive that landlords in their community have already been disproportionately affected by the additional licensing scheme and another scheme may	potential adverse impact. Licence applications will provide an opportunity to capture ethnic monitoring data and provide better data on ownership of PRS. This was introduced as part of the Additional Licensing scheme. Out of 1379 Licence Holders, 105 declared their ethnicity. Of these 105 40% are White British/Irish, 47% Asian and 13% Black/Other. Of the Asian landlords to declare their ethnicity the majority, 62% are Asian Pakistaini, and make up 35% of landlords where ethnicity is known. It is also acknowledged that this is a highly complex issue which will require a lot of support and explanation to certain sections of the community so that they fully understand what is expected of them and are able to comply with the requirements. Such a role should be carried out by the Housing Strategy and Environmmental Health teams. Overall, the additional costs to landlords over five years is considered to be small, although it is acknowledged that those with larger portfolios needing to pay multiple licence fees will have a large upfront outlay. It is intended that accredited landlords will receive a discount on the fee.

			have a big impact on their portfolios ***(b)Tenants*** The effect of large cohorts of renters in a community was discussed. Different areas of Nottingham have different amenities that attract people from different ethnic groups. This leads to a concentration of particular ethnic groups in an area. This can put pressure on services in that area as the community is less diverse. It can also mean tension between different communities. Overcrowding in the PRS was discussed. People from new and emerging communities may be particularly affected by overcrowding or illegal/substandard conversions Issues of subletting were identified as a key issue that needs to be addressed. This is a particular problem amongst new and emerging communities. Concern that landlords will inevitably increase rents to cover licensing costs and costs of works to comply with licensing conditions. One of the unintended consequences of a scheme may be to push tenants further into food and fuel poverty. People from BME communities may be more likely to earn less than non BME communities. Poor standards of accommodation are often at the lower end of the market and landlords may have to do more to their properties at this end to meet the standards required.	There is a risk that Selective licensing will result in rent increases, but this impact would not be fully understood until the scheme had been implemented. Consideration has been given to the potential impact of the cost of licensing being passed on to tenants through higher rents. It is felt that over the five year term of the scheme the proposed licence fee will not constitute more than a few pounds per week. The evidence from the Council's additional licensing scheme suggests that although rents in student HMOs (which make up a significant proportion of the city's HMOs) increased after the introduction of additional licensing, this was part of an upward trend in student rents that was also experienced by other cities with large student populations. It is therefore a risk that the Council should be aware of, but one which is based on speculation. The Council does not believe that standards of accommodation should be compromised in the interests of greater affordability. These are standards that the Council believes landlords should already be meeting. Outcomes of the scheme that are designed to tackle excess cold will result in lower heating bills and reductions to fuel poverty releasing income to tenants

			The scheme may cause landlords to withdraw properties from the sector and lead to less homes being available for renters. **<u>Disabled people or carers</u>** Mapping shows no apparent overlap between areas of high PRS and population experiencing disability. This may be due to the small cohort. Focus group identified that tenants with disabilities often face particular problems when renting properties. They may have problems with security of tenure. Landlords are reluctant to facilitate property adaptions and getting these agreed with landlords was highlighted as a particular difficulty. Tenants with health issues are also much more likely to be affected by problems with damp and housing disrepair issues. They may face problems with getting repairs done quickly. Disabled tenants are much more impacted by the cold and issues such as no heating or hot water affect them more. Disabled tenants have also highlighted problems renting properties when they have assistance dogs, as these are seen as pets and they are not pets. **Potential benefit:** An improvement in property standards which it is believed licensing will bring will have a positive impact on the lives of such people **Potential adverse impact:** Tenants in this equality strand could be affected by rent rises and other	

			adjustments to the PRS market that might result from licensing changes. **People from different faith groups** **Potential adverse impact:** Issues already stated regarding Asian landlords could apply to this equality strand. It should be noted that the Muslim community cannot receive, for religious reason, 'interest' from investments and therefore property is a preferred investment, hence this makes this community sensitive to any matters that could affect property prices or yields. **Lesbian, gay or bisexual people; and** **Men, women (including maternity/pregnancy impact), transgender people** Although the proposals are not believed to specifically have an adverse impact on these groups, the risk already mentioned of rent increases could have an impact on all sections of the community. **Older or younger people** Although the proposals are not believed to specifically have an adverse impact on these groups, the risk already mentioned of rent increases could have an impact on all sections of the community.	

Outcome(s) of equality impact assessment:

•No major change needed X •Adjust the policy/proposal ☐ •Adverse impact but continue ☐

•Stop and remove the policy/proposal ☐
Arrangements for future monitoring of equality impact of this proposal / policy / service: If the proposal proceeds to a final decision by the Council to implement, a further review of this EIA will take place. It may be possible to use referral data to agencies such as Housing Aid, Notts Housing Advice etc to see what specific impacts the scheme is having if it is implemented.

Approved by (manager signature):	**Date sent to equality team for publishing:**
Graham de Max Housing Strategy and Partnership Manager Graham.demax@nottinghamcity.gov.uk Tel 0115 8763538	Send document or link to: equalityanddiversityteam@nottinghamcity.gov.uk

Before you send your EIA to the Equality and Community Relations Team for scrutiny, have you:

1. Read the guidance and good practice EIA's
   http://www.nottinghamcity.gov.uk/article/25573/Equality-Impact-Assessment
2. Clearly summarised your proposal/ policy/ service to be assessed.
3. Hyperlinked to the appropriate documents.
4. Written in clear user friendly language, free from all jargon (spelling out acronyms).
5. Included appropriate data.
6. Consulted the relevant groups or citizens or stated clearly when this is going to happen.
7. Clearly cross referenced your impacts with SMART actions.

This page is intentionally left blank

HEALTH AND WELLBEING BOARD

25 JANUARY 2017

	Report for Information
Title:	Nottingham City Safeguarding Children Board Annual Report 2015/16
Lead Board Member(s):	
Author and contact details for further information:	John Matravers 0115 8765367 john.matravers@nottinghamcity.gov.uk
Brief summary:	The overall assessment of this report is that the work of Nottingham City Safeguarding Children Board was fully compliant with its statutory and legal requirements throughout the year. Partners have continued to work together to improve the Board's ability to assess the effectiveness of safeguarding arrangements.

Recommendation to the Health and Wellbeing Board:

The Health and Wellbeing Board is asked to:

a) consider the Nottingham City Safeguarding Children Board Annual Report 2015/16;

b) identify any issues arising from the Annual Report that will be built into the Strategic Commissioning Plan formulated by the Health and Wellbeing Board; and

c) request that Board members consider any issues arising from the Annual Report and provide any comment and feedback to the Nottingham City Safeguarding Children Board.

Contribution to Joint Health and Wellbeing Strategy:	
Health and Wellbeing Strategy aims and outcomes	**Summary of contribution to the Strategy**
Aim: To increase healthy life expectancy in Nottingham and make us one of the healthiest big cities	The strategic priorities set for 2015 to 2016 have been actioned and much of what the Board said it would do has been achieved. Where it was not, there were clear reasons and work is in place to progress this. The Board ensures that relevant partners' plans and strategies for keeping children safe are monitored so that planning processes and stronger links are being developed. There have been demonstrable achievements over the past year. The Board has agreed a three year strategic action plan setting out key priorities. This plan will shape the focus of our work to co-ordinate the activity of local agencies to continually improve outcomes for children,
Aim: To reduce inequalities in health by targeting the neighbourhoods with the lowest levels of healthy life expectancy	
Outcome 1: Children and adults in Nottingham adopt and maintain healthy lifestyles	
Outcome 2: Children and adults in Nottingham will have positive mental wellbeing and those with long-term mental health problems will have good physical health	
Outcome 3: There will be a healthy culture in Nottingham in which citizens are supported	

and empowered to live healthy lives and manage ill health well	young people and their families. The priorities for the three years will remain the same. Each year will have a particular focus in terms of driving forward the work of the Board. This three year action plan will be supported by an annual action plan that will be regularly reviewed. This will allow us to build on existing strengths and maximise the benefits from current opportunities and challenges, e.g. the separation of the Children and Adult's Safeguarding Boards and the impact of reductions in public sector finances.
Outcome 4: Nottingham's environment will be sustainable – supporting and enabling its citizens to have good health and wellbeing	

How mental health and wellbeing is being championed in line with the Board's aspiration to give equal value to mental and physical health

Background papers: *Documents which disclose important facts or matters on which the decision has been based and have been relied on to a material extent in preparing the decision. This does not include any published works e.g. previous Board reports or any exempt documents.*	

Nottingham City Safeguarding Children Board ANNUAL REPORT 2015/16

Foreword by Independent Chair

I took over the role of Independent Chair of the Nottingham City Safeguarding Children Board (NCSCB) in September 2015. It has been a privilege to work alongside committed managers and leaders, and to meet dedicated staff

The opportunity to work alongside colleagues who support children and young people is always inspiring and the chance to learn from their experiences has strengthened my own commitment to ensuring that safeguards in Nottingham are as good and effective as they can be.

These are difficult times with public sector budgets significantly reducing. In the years between now and 2020 I am told there will be continuing budget reductions. All services are seeking to find efficiencies but it is never the less essential that children and young people are protected from harm. I am reassured that this view is shared by partner agencies in Nottingham as is the recognition that prevention is a key element of our safeguarding work.
Finally, we are now entering a period of significant change following from the publication of the Wood Report in May 2016. The NCSCB will be working across the partnership in preparation for the implementation of new statutory guidance when published.

As Independent Chair I am committed to ensuring our children, young people and their families have a voice and are heard. The Board will continue to work creatively and determinedly in the coming year to improve its engagement with the community and to ensure that the children and young people of Nottingham are supported and protected.

Chris Cook
Independent Chair,
Nottingham City Safeguarding Children Board

2. Executive Summary

The overall assessment of this report is that the work of Nottingham City Safeguarding Children Board was fully compliant with its statutory and legal requirements throughout the year. Partners have continued to work together to improve the Boards ability to assess the effectiveness of safeguarding arrangements.

The strategic priorities set for 2015 to 2016 have been actioned and much of what the Board said it would do has been achieved. Where it was not, there were clear reasons and work is in place to progress this. The Board ensures that relevant partners' plans and strategies for keeping children safe are monitored so that planning processes and stronger links are being developed. There have been demonstrable achievements over the past year.

Good practice is evident and work is underway to ensure this is consistent. Local data shows that the introduction of the City Council Childrens Integrated Services front door is starting to make a difference with the earlier identification of early help and targeted services. The number of looked after children remains consistent and lower than statistical neighbors. The Signs of Safety approach has been implemented into partnership activity across the City. This approach has made a difference in the lives of families through early intervention and the use of language which clearly defines what strengths they have, what are the areas of change required and who will support them to achieve this.

Demographic and geographical information of Nottingham City highlights some of the challenges within the area, importantly the levels of deprivation.

There is an explanation of the statutory functions and objectives of NCSCB, assessing whether NCSCB partners are fulfilling their statutory obligations as set out in the Working Together to Safeguard Children 2015. The report also addresses the NCSCB function to quality assure practice, through audit, and identifying lessons to be learned.

During 2015/16 Nottingham City Safeguarding Children Board was involved in three Serious Case Reviews (SCR's), two of which we led and one which we contributed to led by another Local Authority.

The NCSCB has undertaken a range of audits during 2016 to 2017 to continue to assess and quality assure safeguarding arrangements within Nottingham. These allowed us to look at the impact of our improvement work on the lives of individual children and young people.

3. Purpose of the Annual Report

This annual report is produced to provide a rigorous and transparent assessment of the performance and effectiveness of Nottingham City Safeguarding Children Board and local work to keep children and young people safe. It identifies areas of weakness, the causes of those weaknesses and the action being taken to address them as well as other proposals for action. The report includes lessons from reviews undertaken within the reporting period. It is part of the way that NCSCB accounts for its work, celebrates good practice and raises challenge issues for partners to address. In writing this report, contributions were sought from Board members and the chairs of all sub-groups as well as from other partnerships

Working Together (2015) states that the "chair of the Local Safeguarding Children's Board must publish an annual report on the effectiveness of child safeguarding and promoting the welfare of children in the local area (this is a statutory requirement under section 14A of the Children Act 2004). The annual report should be published in relation to the preceding financial year and should fit with local agencies' planning, commissioning and budget cycles. The report should be submitted to the Chief Executive, Leader of the Council, the local police and crime commissioner and the Chair of the Health and Wellbeing Board.

The purpose of this report is: to provide an outline of the main activities of the NCSCB and the achievements during 2015/ 16; to comment on the effectiveness of safeguarding activity and of the NCSCB in supporting this; to provide the public and partner agencies with an overview of NCSCB safeguarding activity; to identify gaps and challenges in service development in the year ahead.

4. The Local Context

Key facts and figures:

Population: 318,900

Ethnicity: 34.7% BME

- Children aged 0-4 - 21,100
- Children aged 5-10 - 22,500
- Children aged 11-15 - 15,600
- Children aged 15-19-22,000

Source: ONS Mid-Year Population Estimates 2015

Brief analysis

The Office for National Statistics published their 2015 Mid-Year Estimates of Population (MYE) on Thursday 23rd June 2016. These give the City's population as 318,900 as at 30th June 2015.

This figure is an increase of 4,600 (1.5%) on the 2014 MYE. This is slightly higher than the percentage increase for England (0.9%) and an average increase when compared to the other Core Cities.

The City also continues to see a large amount of population 'churn', with 26,000 people arriving from elsewhere within the UK and 26,900 leaving.

Key statistics

- The latest estimate of the City's resident population is 318,900 (Mid-Year Estimates 2015), having risen by 4,600 since 2014.
- Population projections suggest that this may rise to around 332,700 by 2024.
- International migration (recently from Eastern Europe) and an increase in student numbers are the main reasons for the population growth since 2001, together with the excess of births over deaths.
- 29% of the population are aged 18 to 29 – full-time university students comprise about 1 in 8 of the population.
- Unemployment among the working age population is at 6.5%
- The number of births has risen in recent years until 2011 but the numbers have slowly declined since then.
- The 2011 Census shows 35% of the population as being from BME groups; an increase from 19% in 2001.
- The City gains young adults due to migration, both international and within Britain, whilst losing all other age groups - this includes a net loss of families with children mostly through moves to the surrounding districts.
- There is a high turnover of population - 21% of people changed address in the year before the 2011 Census.

Social and Environmental

- Nottingham is ranked 8th most deprived district in England in the 2015 Indices of Multiple Deprivation (IMD), a relative fall from 20th in the 2010 IMD.
- 34.2% of children are affected by income deprivation.
- Health and Disability is the Indices of Deprivation domain on which Nottingham does worst, followed by Education, Skills & Training and Crime.
- 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.
- Residents who live in the City have a lower average income than people who work in the City.
- Despite large numbers of students, Nottingham has a higher proportion of people of working age with no qualifications, compared with the national average.

The extent of child poverty in Nottingham

- Nottingham City has a high level of child poverty, regardless of the definition used.
- Just under two thirds of City children live in families that receive financial support from the Government, either because nobody in the household works or those who are in work, earn a low income. This is significantly higher than the England average.
- Worklessness affects slightly more children in Nottingham than low income.
- 42,000 Nottingham City children live in families where no adults work or where the household income is low. This is equivalent to 71% of children compared to rates of 48% in Greater Nottingham and 43% in England.

Safeguarding performance information

- On 31st March 2016 there were 564 children subject to a protection plan in Nottingham. This represented a small increase on the number at the same point in 2015. The rate per 10,000 population of 87 meant that the City had a higher proportion of children subject to a protection plan than other similar authorities.
- During 2015/16, 3.7% of protection plans lasted for two years or longer, which is lower than other comparative authorities and within the agreed target
- During 2015/16, 99% of protection plans were reviewed within timescales
- On 31st March 2016 there were 588 children from Nottingham in care. This represented a small increase on the number at the same point in 2015. The rate per 10,000 population of 90.5 meant that the City had a higher proportion of children in care than other similar authorities.
- 96.6% of children in care participated in their reviews
- The number of families participating in the Priority Families Programme during 2015/16 was 898. 852 families were successfully turned around during the course of this year.
- 914 Common Assessment Frameworks(CAF) were initiated

5. Statutory and local context for Local Safeguarding Children Boards (LSCBs)

5.1 Role of the Board

The Local Safeguarding Children Board is the key statutory mechanism for agreeing how partner organisations in the local area will co-operate to safeguard and promote the welfare of children, and for ensuring the effectiveness of what they do. Section 13 of the Children Act 2004 required each local authority to establish a Local Safeguarding Children Board

5.2 Statutory Objectives

The objectives of LSCBs, as set out in Section 14 of the Children Act 2004 are:

- to co-ordinate what is done by each person or body represented on the Board for the purposes of and promoting the welfare of children in the area, and
- To ensure the effectiveness of what is done by each such person or body for those purposes.

5.3 Joint Working Arrangements

The NCSCB has arrangements in place in order to co-ordinate its work with other partnership boards in the City including the Health & Wellbeing Board and the Crime & Drugs Partnership, The Prevent Steering Group, the domestic and Sexual violence Strategy Group and Female Genital Mutilation Board report into the Safeguarding Children Board and provides information to the Safeguarding Adults Board.

5.4 Governance and Accountability

Following a Peer Review exercise of governance arrangements for safeguarding adults and children in Nottingham in November 2014, a number of recommendations were made to the lead agencies about the then closely combined Adults and Children Safeguarding Boards. These included that the Boards, the joint Operational Management Group, various subgroups including Quality Assurance be split into separate Safeguarding Adult and Safeguarding Children functions, with separate business plans.

There had been a single independent chair of both boards, but following his resignation, separate independent chairs were appointed to the Children and Adults boards, taking on the roles in September 2015.

It was agreed at the January Joint Boards meeting in 2016 that from 1st April 2016 the Boards would meet separately. It was initially agreed that any joint items would be tabled at the start of the agenda of the Children's Board, but later agreed that both independent chairs would meet regularly to co-ordinate any joint items. A further proposal was agreed for the Operational Management Group to be wound down and a Business Management Group for each board to be established.

The Business Management Group is chaired by the Independent Chair and membership is comprised of the Local Authority, the Clinical Commissioning Group, Police, chairs of the subgroups and board officers. The first meeting was held in February 2016 and subsequent meetings held approximately 6 weeks prior to each Board meeting.

Other innovations introduced during the course of 2015/16 by the Independent Chairs included establishing a risk register and reviewing the subgroup structures/chairing arrangements. The NCSCB risk register was approved in March 2016.

A review of the Joint Boards substructure was presented to the Board in March 2016. The review had been carried out in consultation with a range of partner agencies including representation across Nottinghamshire County and with the Crime and Drugs Partnership.

The Training and Development subgroup remained a joint board subgroup, but changed focus and was renamed the Learning and Improvement subgroup. The Communications and Engagement subgroup was put on hold pending a review of the strategy and methods for communication and engagement, which has continued during 2016/17.

A review of the governance documents was commenced and has also continued into 2016/17.

6. Safeguarding Activity, Board members individual Agency Performance

Nottingham University Hospitals

- Safe recruitment and managing allegations against staff.

  NUH continues to operate a safe system of recruitment which is in line with the NHS employment check standards. A cross check against new starters entered onto electronic staff records takes place monthly to ensure that a centrally held record of the DBS check has been retained.

- Effective staff training.

  The approach to delivering training has remained the same: Training has been reviewed and updated to ensure compliance with the Intercollegiate Competency Framework 2014 and been quality assured by the local safeguarding Boards. Targeted Level 3 training to staff in the Emergency Department continues with 13 sessions delivered between January and April .These combined with the roll call briefings ensure staff at the front door are kept update to date with current safeguarding topics for example, child sexual exploitation; female genital mutilation and domestic abuse, all sessions evaluate well. The domestic abuse specialist nurse delivers domestic abuse training across the Trust, this training has not been mandated but despite this the take up of this training by clinical staff has been good and we have received an increased number of requests for this.

- Effective supervision arrangements.

  The Safeguarding Children Supervision Policy forms part of the NUH generic Clinical Supervision Policy. Safeguarding supervision is provided on an ad-hoc basis to members of staff when requested and as a formal debrief after a complex case with specific sessions for specialist nurses.

- Working in partnership with other agencies.

  The Trust continues to be represented on Nottingham City Safeguarding Children's Board and relevant sub-groups

- Performance management.

  NUH provides Care Quality Commission (CQC), Ofsted, and LSCB's (as required by Section 11 of The Children Act) with evidence that it is discharging its safeguarding duties. In May 2016 the self-assessment 'Markers of Good Practice' were submitted to Nottingham City and Nottinghamshire County Clinical Commissioning Groups and the Local Safeguarding Children's Boards, who have a statutory function to gain assurance from provider organisations regarding the robustness of safeguarding systems.

- CQC Inspections - CQC Report for NUH following planned inspection September 2015 The overall rating for the organisation was Good – judgement made across 16 services including Nottingham Children's Hospital and the Maternity Unit where much of the Children's safeguarding activity takes place. Positive feedback was achieved Trust-wide; this gives added assurance that safeguarding systems and processes are robust. A paper has been submitted to the Local Safeguarding Boards summarising the CQC feedback this has received a positive response from the Chair of the City Board.

- Child Protection Information-Sharing Systems (CP- IS) Project - Work continues in conjunction with NUH Information Governance and the Nottinghamshire Project Team with regard to the implementation of CP-IS. This system allows staff working in unscheduled health care settings, for example the Emergency Department(ED), to access information as to whether a child is cared for by the Local Authority or is subject to a Child Protection Plan.

- Safeguarding Midwifery Update - Midwifery safeguarding activity continues to rise in both numbers and complexity. The highest level of concern is domestic violence as in the previous year. Interagency work is evident in this area with a noticeable increase in the number of pre- birth planning meetings. Safeguarding midwifery supervision continues to be delivered.

Impact

- Training - Safeguarding training is mandatory at a compliance level of 90%. Level 1, Level 2 and 3 (direct care to children and families). Data for June 15- May 2016 indicated a compliance rate of 84 % for Level 1, Level 2 83% and Level 3 at 83%, work is underway to improve this level of uptake.

- Supervision - Currently where staff require specialist input 100% of the requests are being met. For medical staff paediatricians supervision to review specific cases is available via a Safeguarding peer review session co-ordinated via the Named Doctor. Supervision is provided on request to members of staff following a safeguarding adult incident or complex case in the form of a formal debrief. This is well received.

  Section 47 Medicals - The database is being revised as the NCSCB has requested quarterly reports from NUH.

  Priorities for 2016/17

Learning from Serious Case Reviews - learning from reviews is a priority for the next six months and aligns with the work of the statutory local safeguarding boards. There need to be robust methods of dissemination and evaluating the impact of learning and changing practice.

Merger of the safeguarding adults and children's teams. The merger of both the adults and children's safeguarding teams is a priority for the next six months. A proposed structure has been written.

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 refreshed 2016-2018 Police and Crime plan references safeguarding within the section 'Protect, support and respond to victims, witnesses and vulnerable people'. The strategic focus of Nottinghamshire Police is to safeguard individuals from crime that has the highest physical and psychological harm
- 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 web-site. 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 mandatory e-learning on child safeguarding. Deliver bespoke training to Child Abuse Detectives following judicial feedback on the length and quality of the visually recorded interviews and also to promote greater understanding, awareness and use of the witness intermediaries.
- Complete a Child Sexual Exploitation (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 Her Majesty's Inspectorate Constabulary (HMIC) and a series of audits including CSE/Child Abuse.
- Secured assistance with other teams outside of Public Protection to assist with crime recording compliance. As a Force we are focusing on areas of greatest threat, harm, risk & victim impact, and complete a weekly audit of sample of offences (30 per incident type)
- Continued awareness raising sessions to all control room operatives to reinforce the need to 'flag' incidents where children reside or frequent domestic abuse households.
- Delivered training to front line officers in relation to Domestic Abuse, Stalking and Honour Based Violence assessment (DASH) and the Voice of the Child
- With Karman Nirvana, delivered Honour Based Abuse training to front line officers.
- Implemented the victim's code throughout the force. Mandatory e-learning completed by all officers.
- Completion of a Regional CSE problem profile, now in the process of extracting Nottingham (Shire) information across both City and County.
- The Commissioning of a Peer review from Lancashire Police to focus on Public Protection. This will be completed by August 2016.
- The staffing establishment for Public Protection has increased. This has allowed the creation of an additional team for on-line CSE investigations.

- The introduction of multi-agency panels in the City to protect those most at risk of CSE and to identify ways of enhancing the journey for victims of abuse and ensure the best possible outcomes.

WHAT HAS BEEN THE IMPACT OF THAT WORK

- Robust and accurate recording in line with National Crime Reporting Statistics (NCRS), ensuring victims of abuse are afforded all of the rights with victim code.
- It is anticipated that the problem will drive CSE business by ensuring that pro-active resources are directed toward the people and places most vulnerable to risk, threat and harm.
- The current Force action plans incorporate the recommendations from HMIC reviews and National recommendations. The Joint targeted Inspections conducted in other areas have also defined recommendations and activity for both Police and partner agencies.
- 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). This has provided a forum for sharing best practice and lead to the establishing of Regional CSE Co-Ordinator and a Dedicated CSE Analyst post that 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.
- 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.
- Identified opportunities for proactive investigation of perpetrators via effective Tasking and co-ordination and utilising Regional resources.
- Reviewed and updated Information Sharing Agreements to ensure they are fit for purpose.

WHAT WE NEED TO DO IN THE FUTURE

- In the landscape 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.
- Review attendance at Initial Child Protection Conferences(ICPC) and related meetings
- Continue to 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 Organised Crime Group mapping
- 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.

Schools and Education

AIMS AND OBJECTIVES

The Nottingham City Schools and Education Safeguarding Service provides a range of safeguarding training courses, suitable for all paid staff, volunteers and governors from schools, colleges and alternative providers from across the City.

SCOPE OF WORK

- We provide training that enables Schools and Education providers to satisfy their obligations under the Education Act 2002, Sections 157 and 175.
- We have developed a clear training pathway which enables managers and staff to identify the most appropriate training for their individual role/ responsibilities.
- Our training is delivered either as part of our rolling annual training programme of courses or as whole school training, which is typically delivered by our training officer on the school premises or by an accredited school-based trained trainer. We also deliver bespoke training on request, which enables schools to purchase a tailor made training package aimed at addressing issues or challenges, which are specific to the school or setting. These courses are typically accessed by alternative or specialist providers.

ACHIEVEMENTS AND CHALLENGES

- We have seen significant changes in demand for our training in recent years, both in terms of the number of delegates we have trained and also who is delivering training.

- Between 1 April 2015 and 31 March 2016 a total of 3201 School and education staff received safeguarding training from the Schools and Education Training Service Compared with 1525 in 2013-2014.
- Between 1 April 2015 and 31 March 2015 a total of 1482 delegates were trained by a Schools and Education Safeguarding Training Officer and 1719 were trained by an accredited school based trainer. This varies significantly with data from 2013-2014, when 1145 delegates were trained by a Schools and Education Safeguarding Training Officer and only 380 were trained by an accredited trained trainer.
- The increase in demand for training, combined with increased demand for school based trainers has presented a number of challenges, which the training team will need to address during the next year. In particular, introducing a quality assurance programme to ensure that school based trainers are able to effectively demonstrate that training remains up to date, reflects local and national priorities and is consistent with the national competence framework.
-

NHS Nottingham City Clinical Commissioning Group (NHS NOTTINGHAM CITY CCG)

During 2015/16 the NHS Nottingham City CCG planned to focus on the following risk and challenges:

- **Discharge of Statutory Duties and Functions for Safeguarding**

NHS Nottingham City CCG delivered its statutory functions in relation to safeguarding children as detailed within "Working Together to Safeguard Children" (March 2015) and "Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework" (April 2015)

- **Domestic Abuse and Sexual Violence**

Domestic Abuse continues to be a risk feature in Nottingham City. The Domestic Abuse Referral Team (DART) process continues to share information with key health providers particularly with Primary Care/GP practices. The NHS Nottingham City CCG have continued to monitor and engage with the Domestic Abuse Referral Team (DART) and advised during the service review in 2015. The NHS Nottingham City CCG has engaged with other key agencies in the development of the Sexual Violence Action Network (SVAN) and the development of a strategy to address this harm.

- **Child Sexual Exploitation (CSE)**

The NHS Nottingham City CCG's Designated Nurse Safeguarding Children was the representative on the cross authority sub group which ensures key messages and requests for details are disseminated across the health partnerships in the City. The Joint Nottinghamshire Safeguarding Group (which is a cross city/ county health group for Named and Designated Professionals is the vehicle for discussion on CSE matters specific to health and enables the Designated Nurses to take key issues back to the subgroup. NHS Nottingham City CCG and Health Providers have contributed to the regional profile for CSE with our key partners and this has been shared subsequently.

- **Female Genital Mutilation (FGM)**

The NHS Nottingham City CCG has supported all areas of the Health Community that are required to report to ensure that there has been sufficient resources and training materials to inform practice. At the GP Safeguarding leads meetings FGM was prioritised as a key seminar session delivered by the Specialist Midwife with a special interest in FGM. From this session GP's were further informed of the duty and the local referral process for women and at risk girls who required a specialist consultation.

- **Information Systems**

The Child Protection Information System (CP-IS) has continued to raise challenges of embedding the system across organisations and collating the details required to "go live". This is a national issue and locally NHS Nottingham City CCG has recorded this as a risk on its risk register although the risk is reducing due to the controls and actions in place. Over 2015/16 a revised action plan has been developed and following a successful bid to NHS England, funds for a Project Lead were obtained with the individual now in post until March 2017. There is commitment to successful implementation by all health and social care partners in Nottingham City are committed to implementation.

Information sharing via electronic systems has continued to raise challenges with health systems not always compatible to share. Work continues to be developed on effective communication when sharing complex and high risk details and information.

- **Historical Sexual Abuse**

The NHS Nottingham City CCG has ensured that Primary Care and Health providers have been alerted to the retention of records as requested in preparation for the Independent Inquiry into Child Sexual Abuse. The NHS Nottingham City CCG through senior management has engaged in the multi-professional process of dealing with cases of historic sexual abuse from the cases under Operation Equinox. The pathway was devised and cases discussed on an individual basis. This will be reviewed according to request and potential to have to consider provision.

- **Prevent**

Training professionals in key areas of the health community in the WRAP3 training sessions has continued. Health Providers with high staff ratios and changeover have adapted the programmes to ensure maximum impact of awareness is achieved. Prevent returns are submitted to the NHS Nottingham City CCG on a quarterly basis as per national guidance as a non-priority area. The returns contain details of staff levels, staff trained, referrals made to Channel and other relevant activity which is significant to the Prevent agenda. This will continue to be reviewed by the Designated Nurse and Prevent Lead within Health.

- **Audit and Inspection 2015/16 – by maintaining and developing assurance processes**

Section 11 assurance tools using the Markers of Good Practice model were updated and shared with the NCSCB in 2015/16. Actions plans were devised as necessary. The Designated Nurse Safeguarding Children participates in quality reviews of services specifically reviewing safeguarding practice in conjunction with the CGG Quality Governance Team. All section 11 updates are also shared with this team as part of the quality monitoring and review processors.

During 2015/16, the NHS Nottingham City CCG has engaged in the multi-agency audit programme for the LSCB by reviewing GP records. A request for sharing records primarily on the children and young people from Primary Care is undertaken and the Designated Nurse reviews and shares findings within the group. It has to be noted that Primary Care has engaged in the process and several practices have been acknowledged for the degree of detail found which gives a holistic focus of the issues for the child and it was noted the voice of the child has been heard in cases.

- **Learning and Development**

GP/Primary Care development through safeguarding forums and continue to review the effectiveness by audit. GP/Primary Care development continues through GP Safeguarding leads meetings and the key themes discussed in 2015/16 have related to national trends. In 2015/16 the discussions have been fully supported by the engagement not only of designated Health Professionals but from other key partners from the multi-agency safeguarding teams. Training has been bespoke within practices and the Safeguarding team have worked on small training and update sessions relating to specific issues that have arisen for some practices. Training opportunities have been shared with all Primary Care teams in the city.

The NHS Nottingham City CCG staff have also been trained and updated in Safeguarding matters relevant to the required training matrix.

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

There continues to be a high priority given to the recognition of keeping children and young people safe when in contact with the wealth of health agencies in Nottingham City. In primary care this continues to be achieved by the Safeguarding Leads meetings and the dissemination of learning resources and offering training relevant to needs being identified. This will need a constant review. It was previously indicated there is a need to develop with other key members of the primary health care teams which is still seen as a priority but due to staffing arrangements changing in the NHS Nottingham City CCG Safeguarding team this has been postponed but will be actioned in 2016/2017.

The NHS Nottingham City CCG continues to gain assurance from quality monitoring and safeguarding is reflected in visits with specific questions for all reviews and visits. When considered appropriate this will also include the designated professionals with services that have significant contacts with children and young people.

The NHS Nottingham City CCG has continued to have quarterly updates on actions from the previous CQC inspection to its Quality Improvement Committee whilst assurance was gained on key themes and trends were developed and embedded into everyday business. Reviews and audits are managed

within activity and can be raised within the NHS Nottingham City CCG Safeguarding Steering group for further discussion and actions to be considered. This was noted within the development work relating to the Red Card revision process.

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

The NHS Nottingham City CCG will continue to review all areas of safeguarding in the health community of Nottingham relating to children and young people. The NHS Nottingham City CCG will look to build further the development of staff as the co-commissioning role with Primary Care develops. This will be enhanced by the appointment of an Associate Designated Nurse to assist in further driving the Safeguarding Agenda forward.

The NHS Nottingham City CCG will continue to embed agendas of the key areas specifically related to safeguarding on the local and national agendas. This will include the review of the reporting of FGM, CSE and the promoting the recognition of Prevent related matters.

The NHS Nottingham City CCG will continue to participate in local and national reviews and ensure that the health community are engaged in the process. The NHS Nottingham City CCG will react to the key developments and participate in consultations as deemed necessary to the work undertaken in prevention, safety, quality and protection.

CITYCARE

Strategic Objective	Summary of Work Undertaken	Impact of work undertaken	Related Actions for 16/17
Priority 1: To be assured that children and young people are safe across the child's journey	Delivery of safeguarding supervision to Childrens services staff in line with CityCare model.	Feedback from staff and supervisors highlighted that the approach enables reflection and analysis and transference of learning. Introduction of Think Family supervision enables shared thinking and learning across teams. Working group established with frontline staff to facilitate co-production and continuous review.	Due to changes within the safeguarding team capacity the model requires further adaptation which will be implemented September 2016.
	Delivery of training in line with safeguarding training matrix.	Safeguarding children training available at level 1(Green RAG rating), level 2 (Amber RAG rating) and level 3 (Amber RAG rating).	Development of Workbooks to support domestic abuse training. Masterclasses for Honour Based Violence and assessing and managing complex risk planned for 16/17.
	Delivery of safeguarding advice to CityCare staff as required	A recent audit relating to Safeguarding Children processes and escalation highlighted that 93% of staff knew how to access the safeguarding team with 92% of respondents stating that the response was good to excellent.	N/A

	Summary of Work Undertaken	Impact of work undertaken	Related Actions for 16/17
	Audit undertaken to demonstrate compliance against the Safeguarding Children Policy and Escalation Policy.	Safeguarding audit highlighted that staff know how to contact the safeguarding team and found the service helpful. Some inconsistency evident in documentation of safeguarding concerns. 43% of respondents stated they were definitely aware of the escalation process, 34% probably, 20% not sure and just over 2% stating they were probably not.	Safeguarding Template for electronic records developed and to be launched and included in record keeping training. Recirculation of Escalation procedure to clinical staff and manager via team management structures.
	Development of level 2 Safeguarding Children training for identified adult services staff	L2 Safeguarding Childrens Training programme has been developed and implemented. Training needs and implementation plan in place.	Use of social media to cascade and embed learning within the organisation. Launch of quarterly 'bitesize' events and literature.
	Safeguarding pathways developed for • Missing • Home educated children • Attendance of a child at the Emergency Department • Escalation of safeguarding concerns	Clarity and guidance for staff regarding actions to be taken in each circumstances. Improved interagency communication and liaison. Targeted and earlier intervention where appropriate.	

	Summary of Work Undertaken	Impact of work undertaken	Related Actions for 16/17
	Section 11 Self Assurance Framework Compliance • S11 submitted June 2016 • CityCare self-assessed as compliant in 55 out of 57 key lines of enquiry. Remaining 2 have partial compliance. • 2 areas working towards (a) **4.1** Level 2 training for Adults services was introduced late 2015. (b) **9.1** Building work ongoing at UCC impacting on patient experience. Childrens area available in UCC. Paediatric lead in UCC - number of staff undertaking paediatrics course.	Provide assurance to commissioners and the Safeguarding Children Board	SGC work plan (16/17) developed and priorities agreed. CityCare quality dashboard to be enhanced to include additional safeguarding data.
	Audit of 'Think Family' group supervision model completed 6 months post implementation	Working group established with frontline staff to facilitate co-production in light of feedback from staff and supervisors. Introduction of Think Family supervision enables shared thinking and learning across teams.	Implementation of adapted model of 'Think Family' group supervision in September 2016. Audit to be commenced March 2017.
	Introduction of Safeguarding preparation form for supervision	Mandatory completion for student HV and newly qualified staff and optional for more experienced.	Development of Safeguarding Journal to enable reflective practice between supervision sessions.

	Summary of Work Undertaken	Impact of work undertaken	Related Actions for 16/17
Priority 2: To be assured that safeguarding is everyone's responsibility	CityCare Safeguarding Conference held November 2015	Approx. 120 delegates attended the event. Feedback from the participants regarding the event was excellent.	Launch of bite size events and literature planned for 2016/17
	CityCare Safeguarding Champions Network launched March 2016	25 Champions signed up at first network meeting. Quarterly Champion themed learning events booked over the year. Network has created a safeguarding 'community of interest', enabled cascade of learning and input into CityCare processes and procedures.	All CityCare teams to be represented by a Safeguarding Champion.
	One stop' safeguarding intranet pages have been created and launched	Access data shows that 1217 out of the workforce (approx. 1600) has at some time accessed the safeguarding pages. Some staff have repeatedly accessed pages for information and support.	Further development of pages to include resource centre.
	Factsheets developed: Think Family and Mental Capacity	Easy access safeguarding guidance for all staff based on CityCare policy documents.	Access to records factsheet to be developed.
	Patient information accessible on CityCare website relating to Safeguarding adults, children and MCA	Awareness raising of agenda with public	Development of 'Think Family' patient information leaflet for safeguarding.
	CityCare remain active members of NCSCB Strategic Board and sub groups • Training sub group • Multi-agency audit sub group • Serious Case Review Standing Panel • Domestic and Sexual Violence Strategy Group • Domestic Homicide	To ensure that CityCare collaborate with partner agencies and the Local Authority around and support with the delivery of strategic objectives.	

	Review Assurance and Learning Implementation Group • Complex Persons Panel and Complex Persons Panel Advisory Group. • Prevent Steering Group		

Probation

- Training

The National Probation Service Nottinghamshire (NPS Nottinghamshire) is committed to safeguarding and ensuring that our staff work effectively within safeguarding practises for both children and adults. In order to achieve this National Offender Management service (NOMS) creates and delivers training to staff working in Probation and Prison sectors. The safeguarding training is mandatory for staff to attend. This training is delivered through an initial workbook assessment, followed by a two day classroom course. Overall the training provides the legal framework, information of the four main areas of abuse and information forums such as Multi Agency Public Protection Arrangements (MAPPA), Multi Agency Risk Assessment Conference (MARAC) and Multi Agency Safeguarding Hub (MASH).

- Safeguarding Activity

Our safeguarding activity involves known person checks being completed at key points during an individual's involvement with the Criminal Justice system. These key points involve an individual's appearance in Court, when they move address, or someone begins cohabiting and any new contact with a child that has not been previously assessed. In addition to this if an offender manager becomes aware of information that causes them concern it is promptly reported to the relevant safeguarding location. At times NPS Nottinghamshire will have cases that have moved into our area. On these occasions, safeguarding checks are completed and information provided to safeguarding when required.

- Impact of Activity

The impact of our activity in terms of how our staff is trained enables us to be immediately responsive to changes, protect children and vulnerable adults through ensuring that individuals are residing at appropriate addresses. The supervision process provides staff the opportunity to discuss cases that are causing them concern and therefore allows Senior Managers the ability to monitor working practise.

- Plans for the future

Future plans for NPS Nottinghamshire and its continual development within partnership working have involved initial discussions regarding access to liquid logic. This would allow an allocated worker access to screen and make our own checks, and the opportunity to provide the information to the Community Rehabilitation Company at the point of sentence. We are also seeking to improve our engagement with Priority Families, commencing with the Integrated Offender Management cohort but improving our identification of cases through screening at the initial engagement stage.

Nottingham City Council Children's Integrated Services

We have:

- Created the Children's Integrated Services Directorate to formally bring together two directorates (formerly known as Children's Social Care and Vulnerable Children and Families)
- Supported the Establishment of a Designated Safeguarding Leads Network and 18 Advanced Designated Safeguarding Leads to improve communication between schools and the Directorate.
- Completed a Child Development Commissioning Review to map provision across the City and make recommendations about how we can improve support to families with children aged 0-5.
- Refreshed the Family Support Pathway, approved by NCSCB in March 2016 as their threshold document.
- Developed the specification, procured and configured a new case recording system. (Liquid Logic)
- Hosted a Peer Review in August 2015 and put in place plans to address areas for development
- Launched the new Directorate newsletter to update colleagues on local, regional and national developments
- Continued to invest in Every Colleague Matters workforce development events
- Expanded the remit of the Virtual School to support children in care and care leavers over 16 and established a Virtual School Governing Body.
- Updated the Excellence in Safeguarding tool in line with learning from two SCRs and a Learning Review

We're helping to build resilience in children and families by:

- Implemented a new locality model for early help, targeted family support and children's social work so that cases are able to transfer more effectively between our locality teams as needs increase or decrease; with professionals working collaboratively to meet the needs of the child/family. To support this new way of working we launched the Integrated Working and Case Transfer Procedure.
- Developed an integrated, multi-disciplinary Children & Families Direct Hub (C&FD Hub) which is better able to sign-post families to early help or targeted support.
- Launched the Multi Agency Request Form which enables partners to use one standardised form to request support for a child/family where they have concerns.
- Worked with 900 priority families, supporting the needs of the whole family to deliver significant and sustained outcomes for the all family members.
- Worked with the Nottingham CityCare Partnership to launch the Small Steps, Big Changes programme.

- Implemented the Youth Justice Board revised assessment and planning framework 'Asset Plus'.
- Packages of support developed for those particularly vulnerable young people leaving custody within the East Midlands Resettlement consortia.
- Rolled out a new payment scheme for Nottingham City Council's foster carers.

To support children and young people to develop healthy minds and relationships we have:

- Established a Multi-Agency Sexual Exploitation (MASE) Panel
- Continued roll out of SHARP, a service for children and young people who self-harm, with 104 cases supported, 101 young people seen in clinics and 799 professionals trained.
- Youth/ Play offer in place delivering weekly sessions across the City
- 28 targeted youth/play projects in place (67% of attendees reporting positive change)
- CAMHS Advocate service developed and delivered which includes voice of young people in influencing service

Future Priorities

Our improvement plan for 2015/16 contains a range of priorities. Those most relevant to the work of the NCSCB include

- Roll out the new case recording system (Liquid Logic) across the Directorate and review policies and procedures in line with new ways of working
- Continue to roll out the corporate Great Workforce programme across all teams within the Children's Integrated Services Directorate to inform service improvement and culture change.
- Implement and embed restorative approaches within our services
- Review the Learning and Improvement Strategy for the directorate
- Deliver an induction programme for ASYE Social Workers to disseminate good practice and learning from Serious Case Reviews.
- Implement the learning from the Special Guardianship Review and changes in national practice
- Pilot the use of Family Network Meetings to support and build resilience in our most vulnerable families.
- Pilot the NSPCC's Graded Care Profile Tool to support workers to assess the quality of care being given to a child and identify neglect
- Roll out refreshed Young People's Panels to identify with partners, children and young people who are vulnerable, to be able to offer help as early as possible.
- Implement a recruitment programme to secure a committed workforce and to reduce the number of changes in social worker for our children and young people, particularly children in care.

7. Sub groups of the Board

Serious Case Review Standing Panel

Nottingham City Serious Case Review Standing Panel (SCR SP) is chaired by Nottinghamshire Police and is supported by full partnership membership from

- Nottingham City Council
  - Children's Social Care
  - Family Community Team
  - YOT
- Nottinghamshire Healthcare Trust
- DLNR Community Rehabilitation Company
- Cafcass
- City Care Partnership
- Nottingham University Hospital Trust
- Clinical Commissioning Group
- NCSCB Children's Officer

The panel met on 12 occasions during the year

- 11 Panel meetings
- 1 development session

Membership

- Consistent commitment and attendance by all partnership agencies

Serious case reviews

- Concluded 2 SCRs
- Begun work with another Local Authority, in respect of a SCR they have commissioned.
- Considered 2 serious incident notifications to Ofsted and made recommendations to single agencies in response, monitored activity and outcome of these.

Completed / signed off action plans in response to 4 cases

Alternative reviews

Commissioned 2 alternative learning reviews, one of which was completed with one scheduled to complete during 2016/17 and commissioned one thematic review.

Single agency reviews

The Panel have demonstrated a challenge and scrutiny role in examining single agency reviews conducted by individual partner agencies, including requiring attendance ay panel and presentation of findings and actions undertaken.

Participation

All reviews have included

- Full engagement of practitioners involved in the case (meaning more immediate learning and potentially changes to practice)
- Where possible involvement of family members

Key pieces of work driven by the panel

- Development of a new Out of Hours protocol, between Police. Local Authority and Health agencies
- Development of an assurance framework to enable partner organisations to better demonstrate impact, this will be implemented and embed during 2016/17
- Developed a link with the DSL network to ensure effective dissemination of learning to schools
- Supported further development of the safeguarding boards learning and improvement approach, by developing a workshop / cascade model to better reach frontline practitioners. This method will be rolled out in 2016/17 with events planned for July and October 2016
- Continued production, circulation of learning briefing notes for all reviews undertaken
- Sharing National Learning
- Scrutinised the work undertaken by the Local Authority in respect of Special Guardianship Orders

Impact

- Amendments to core training programmes in respect of Emotional Abuse and Neglect
- Updates and enhancements to agency protocols
- Evidence (through audit) of implementation of the Emotional Abuse Practice guidance, by children's social care staff; including use of specialist assessment framework
- Driver for the development of a joint forum (health and CSC) for consideration of cases where children have complex medical conditions; and there are concerns in respect of their care and engagement in treatment

Key Learning Themes from reviews

All reviews are analysed to identify learning which is disseminated across the workforce. The findings are incorporated into the Excellence in Safeguarding tool, which is available on the Board website. This provides more detail about the issues identified below.

- Medical neglect – activity to be completed in 2016/17
    - Increasing the workforce understating of medical neglect
    - How to work more effectively in this area
    - Changing Culture - the shift from DNA to '*Was not Brought*'

- Recognising and understanding the impact of early trauma
- Understanding self-harm in primary age children
- Child-centred disciplinary approaches and potential non-accidental injury

Confirmatory bias Child focussed practice

Child Death Overview Panel (CDOP)

The Nottingham CDOP has the responsibility of undertaking a review of all deaths (under 18 years) within the City of Nottingham under Working Together to Safeguard Children 2015.

CDOP functions are set out in Working Together 2015:

- Discussing each child's case, and providing relevant information or any specific actions related to individual families to those professionals who are involved directly with the family so that they, in turn, can convey this information in a sensitive manner to the family;
- Determining whether the death was deemed preventable, that is, those deaths in which modifiable factors may have contributed to the death and decide what, if any, actions could be taken to prevent future such deaths;
- Making recommendations to the LSCB or other relevant bodies promptly so that action can be taken to prevent future such deaths where possible;
- Identifying patterns or trends in local data and reporting these to the LSCB;
- Where a suspicion arises that neglect or abuse may have been a factor in the child's death, referring a case back to the LSCB Chair for consideration of whether an SCR is required;
- Agreeing local procedures for responding to unexpected deaths of children; and
- Cooperating with regional and national initiatives - for example, with the National Clinical Outcome Review Programme - to identify lessons on the prevention of child deaths.
- In reviewing the death of each child, the CDOP should consider modifiable factors, for example, in the family environment, parenting capacity or service provision, and consider what action could be taken locally and what action could be taken at a regional or national level.
- The aggregated findings from all child deaths should inform local strategic planning, including the local Joint Strategic Needs Assessment, on how to best safeguard and promote the welfare of children in the area. Each CDOP should prepare an annual report of relevant information for the LSCB. This information should in turn inform the LSCB annual report.

- **Overview:**

CDOP has met regularly throughout 2015/16 with planned monthly meetings to ensure that cases are reviewed as swiftly as possible; some meetings were cancelled due to a lower numbers of deaths this year.

- Eight Panels have taken place
- 26 reviews were conducted
- Timescales for review are significantly better than the national average
- 16 (61%) were reviewed within 3 months of death
- 19 (73%) were completed within 6 months of death

Case preparation and presentation remains consistently high with only one case being deferred for ratification, pending further information. This was a complex case that had also been considered for SCR, and the panel felt warranted further clarification.

The National data set was completed and returned within timescales.

- **Membership & Attendance**

The Panel includes all key partner agencies, with appropriate health and local authority representation. Partnership attendance has been good throughout the year, where regular panel members have not been able to attend; alternative representation has been secured in almost all cases. There remains a local commitment to the CDOP process

- **Data**

During 2015/16 there were **25** child deaths in Nottingham City:

- This is a 44% reduction on the previous year
- 13 (52%) were neo-natal deaths, a reduction of 45% on the previous year
- 20 (80%) were classified as expected deaths
- None of the deaths were referred for consideration of a Serious Case Review

- **Deaths reviewed by CDOP**

Summary data

- 26 cases reviewed during 2015/16
- 13 (50%) were neonatal deaths
- 25 (96%) were under 4 years of age
- Modifiable factors were found in 12 cases, examples of modifiable factors:
    - Unsafe sleeping
    - Maternal smoking
    - Maternal BMI >30
    - Consanguinity
- 11 female / 15 Male
- None of the cases reviewed were subject to a Child Protection Plan at point of death
- One had been subject to child protection plan previously

Other types of Review

- 1 case was also subject to a Serious Case Review
- 1 was subject to a NCSCB multi agency learning review
- 4 were subject to other types of single agency review, (SUI / SI / RCA)

Trends / Priorities

Unsafe Sleeping

During 2014/15 CDOP noticed a significant increase in the number of deaths relating to unsafe sleeping, it was the single most modifiable factor identified. As a result they identified this as a key focus for activity in 2015/16.

Work undertaken:

- Agreed a plan of activity
- Established a cross authority (Nottingham City and Nottinghamshire) steering group to lead on this work – with a public health chair
- Accessed support through the Lullaby Trust

- Completed a City wide publicity campaign in Dec 2015 supported by Nottingham City Council Communications team
- Increased access / availability to a workforce e-learning package and promoted this through partnership organisations – free to use
- Completed a 'where did your baby wake up' questionnaire in Nottingham City during March 2016.
- Developed a risk assessment tool to help workers identify those most vulnerable, this work was supported by contact with Rotherham LSCB, who initially developed a tool.
- Identified and agreed work that will continue in 2016/17 – specifically the implementation of the risk assessment tool and associated training for a targeted area of the workforce.

Other areas of focus

In addition to the main safe sleep activity, CDOP has completed work in the following areas. These are all areas where leaning has been identified through individual reviews undertaken

- Challenge to the commissioners and providers in respect of consistent and coordinated end of life care
- Recommendation for adjustments to procedures in respect of safe discharge for children with Langerhans Cell Histiocytosis. Health – Oncology, to put in place clear SOP for infant presenting with this condition for staging.
- Guidance issued that full staging should be completed prior to any discharge
- Strengthen co-operative working with public health; better understand the take up of smoking cessation work and engagement in weight management programmes for pregnant women.
- Public Health raised with NHS England, the need for streptococcus pneumonia strain of meningitis to be included in the immunisation programme.

Regional activity

Nottingham City continues to work closely with the Nottinghamshire CDOP, sharing data and meeting twice a year to examine infant data with NUH Consultant Neonatologists, share common learning, and agree consistency across procedures. In addition Nottingham is an active member of the East Midlands regional network; the NUH lead Nurse for child death was instrumental in setting up the network and Chairs the meeting.

Joint delivery of the annual training session for Rapid Response procedure, was continued this year with 29 attendees.

National links – The lead Nurse is also the City representative on the National Network, meaning we have a direct voice in developments of the national data base and other nationally led agendas, It also provides a route for us to raise issues at a national level.

Challenges

Capacity issues within Nottinghamshire Police did create a delay and subsequent backlog in CDOP checks being completed for expected deaths, this initially caused us to cancel one CDOP in early 2016. However with the direct support and intervention of Police OMG members (Operational

Management Group) this was resolved. We will continue to monitor this and work with Nottinghamshire Police colleagues to avoid delay in cases being reviewed.

Future Priorities

1. Fulfil statutory functions as set out in working together 2015

2. Ensure cases are reviewed as promptly as possible and learning disseminated effectively to relevant partner agencies

3. Continue the work in relation to safe sleeping
    a. Maintain the steering group
    b. Implement the risk assessment tool in specific service areas identified by the steering group
    c. Complete a second annual communication activity to coincide with the National campaign
    d. Further embed the E-learning package across the partnership

4. To take a lead role in activity required in response to the Wood Review of Local Safeguarding Children Boards:
    a. Specifically the recommendations for Child Death Reviews, including reviewing local arrangements
    b. Responding to new legislation resulting from the review
    c. Supporting and preparing local partners

<u>Quality Assurance Sub-Group</u>

This was one of the sub-groups which had been shared across both Children and Adult Boards. A key focus of activity during 2015/16 was on re-establishing a group that was specific to the Children's Board.

The Quality Assurance sub-group also delivers the Multi-Agency audit activity of the Safeguarding Children Board. This is a planned programme of audits involving all key agencies considering their own work then sharing this in a structured multi-agency discussion. The focus of audit activity is directly related to issues identified in Serious Case Review, or other learning processes.

Membership

The group is comprised of members from all key local partner agencies and the NSPCC. Attendance is always excellent

Key Achievements

- An agreed programme of multi-agency audit was implemented. A summary of the findings of each audit was presented to the Board. Each audit also had an action plan, with update reports brought back to future meetings

- A workforce survey was undertaken to explore levels of understanding in relation to Private Fostering. The findings of this were shared with agencies to enable them to undertake more focussed awareness raising activity.

- A workforce survey was undertaken in relation to the use of local safeguarding procedures and guidance. This has been a key factor in plans to revise the approach to developing and maintaining local procedures

- A multi-agency performance reporting framework was agreed, which has ensured that the board is provided with an overview of key performance information

- Considered reports regarding specific issues which the Board had an interest in, e.g. Private Fostering, Priority Families

Future priorities

The key priorities of the sub-group will be dictated by emerging issues, primarily linked to the findings of local reviews or other issues which the Board wants to examine from a multi-agency perspective. The group will maintain the delivery of the multi-agency audit function. In terms of specific priorities, the key issue is to re-visit the chairing arrangements to ensure we maximise the independent scrutiny delivered through the group.

Domestic Abuse Sub-Group

In Nottingham the strategic lead for the response to domestic abuse is provided by the crime and Drugs Partnership (CDP). That said domestic abuse is recognised as having a direct impact on a child's safety and well-being and it therefore an issue that the NCSCB has a legitimate interest in.

This sub-group is part of the wider framework providing oversight of the local response to domestic abuse.

Membership

The group is comprised of members from all key local partner agencies and the CDP. Attendance is consistently excellent

Key Achievements

- Positive work linked to the White Ribbon Campaign led by Play and Youth Services
- Worked with Designated Safeguarding Leads in school to highlight the work of Equation and update DSLs re Coercive Control.
- Provided a critical friend function in relation to the review of the DART
- Highlighted performance and demand in relation to Healthy relationship education
- Supported the work of local initiatives such as the STRIDE project, which provided expert support and guidance for children's services staff working with families where there was domestic abuse.
- Disseminated the learning from these projects as it has emerged

Future Priorities

The review of the board substructure referred to above identified the need to simplify the reporting arrangements for this sub-group and the way in which the NCSCB received information about domestic abuse. The sub-group was therefore discontinued as a sub-group of the NCSCB and re-aligned to report to the Domestic and Sexual Violence Strategy group. The DSVG will provide regular update reports to the NCSCB

Missing Children Sub-Group

This sub-group provided a multi-agency forum to explore issues linked to the response to children who go missing. The group also provided a focus to explore issues linked to the response to Children Missing Education.

Membership

The group is comprised of members from all key local partner agencies. Attendance is always excellent

Key Achievements

During the course of 2015/16 the sub-group agreed that all of the strategic priorities identified in its work plan had been addressed. This included

- Ensuring that there was a multi-agency protocol in place in relation to the response to missing children
- Ensuring that there were effective information sharing protocols in place, particularly in relation to the Police and City Council
- Ensuring that there was an effective performance management framework in place
- Ensuring that there were processes in place to protect and support those children who were reported missing on multiple occasions
- Evaluating the local impact of the introduction of the "absent" category into Police recording systems.

There is ongoing multi-agency work in relation to missing children at an operational level. The Child Sexual Abuse Coordinator was appointed during the course of 2015/16 and assumed responsibility for the line management of the City Council Missing Children's team, who lead on work to ensure return interviews are completed with children who are reported missing. This, alongside the regular multi-agency meetings that take place to consider children who go missing on multiple occasions, provides the operational framework for responding to missing children.

Future Priorities

This group was disestablished following the review of the board's infrastructure referred to above. This position was however then re-considered and revised arrangements were agreed which would provide strategic oversight of the local arrangements of the multi-agency operational response to the most vulnerable children who go missing in order to maximise efficiency.

Training Sub-Group

Membership
The group is comprised of members from all key local partner agencies including the PVI sector. Attendance is excellent

Key achievements

Multi-agency training delivery

- NCSCB delivered a number of training courses throughout the year which were attended by people from across the partnership, including the voluntary sector.

- The range of courses, and number of sessions of each one, are outlined below.

Course title	**No. of courses delivered 2015/16**
Introduction to Safeguarding Children	7
Safeguarding Update / What's New	6
Working Together	8
Rapid Response	1
Child Sexual Exploitation	2
CAF Awareness	2
Undertaking a CAF and role of Lead Professional	5
Signs of Safety	8
Total No. of courses	**39**

- Evaluation forms completed by those attending training, identify that they have significantly increased levels of knowledge and confidence in identifying and responding effectively to the abuse and neglect of children.

Alongside the training programme, a number of seminars were delivered. Further details of each are provided below.

- Responding Effectively to the Impact of Domestic Violence on Children & Young People

This seminar explored the impact of domestic violence on children and young people and provided information of practical ways that practitioners can support children and young people. The session also highlighted local practice guidance and procedures relating to Domestic Violence and raised awareness of learning from Serious Case Reviews where Domestic Violence is a key factor.

- Responding Effectively to Emotional Abuse

This seminar provided practitioners with information on how to work effectively with emotional abuse from assessment through to legal proceedings. Attendees were also made aware of learning

from SCRs where emotional abuse is a key factor and were signposted to the recently amended emotional abuse practice guidance.

- Supporting all professionals to work with offender's children and their families

This workshop was one of a rolling programme of England-wide i-HOP workshops for multi-agency professionals which focussed on raising awareness about the impact of parental imprisonment on children and families; highlighting ways in which professionals can ensure that these children and families receive the support they need; and considering how professionals in the local area can work together to support these children and families effectively.

- Safeguarding Vulnerable Passengers

The 'Safeguarding Vulnerable Passengers' training programme was developed in summer 2015 to enable taxi drivers in Nottingham city to:

- Understand the need to protect vulnerable adults, young people and children.
- Identify possible victims of abuse and exploitation by understanding indicators of risk.
- Identify sources of advice and pathways for reporting concerns.
- Understand their roles and responsibilities in relation to personal safety and security.

The Licensing team deliver the training and approximately 1500 out of 1900 taxi drivers in Nottingham City have received the training and feedback from the training has been positive.

- Every Colleague Matters

Between April 2015 and March 2016 the Integrated Workforce Development Team ran three 'Every Colleague Matters' events to support the wider children and adults workforce.
Each ECM event is a series of awareness raising sessions open to everyone who works within the Children's and Vulnerable Adults Workforce in the City of Nottingham.

In June 2015 the ECM event was called 'Responding to Neglect of Children, Young People and Vulnerable Adults in the City'. A variety of workshops were held covering a variety of topics relating to neglect ranging from emotional harm and Foetal Alcohol Spectrum Disorders to what we have learnt from Serious Case Reviews. 384 places were attended on the face-to-face sessions during the week-long event. 89% of respondents to the evaluation rated the session as excellent/good.

In October 2015 the ECM event focussed on 'Responding to the Mental Health and Wellbeing across the City'. The workforce had the opportunity to attend a number of different workshops on mental wellbeing ranging from understanding behaviours to Mental Health First Aid.

In February 2016 the ECM event focussed on 'Strength Based Approaches: Empowering Nottingham City Workforces to work with Children, Families and Adults'. A number of workshops took place during the week, covering diverse topics such as Motivational Interviewing and Solution Focused Practice and Multi Systemic Therapy.

Future Priorities

To rename the sub-group the Learning and Improvement sub-group in line with the NCSCB business plan.
Prevent training – what are partners delivering on Prevent
To explore the opportunity of the NCSCB running an Every Colleague Matters event that will focus on Excellence in Safeguarding
To explore the NSPCC research on learning and improvement to help us better understand how we doing in Nottingham
Safeguarding Training Quality Assurance Scheme to update the annual review checklist

8. Child Sexual Exploitation

CSE is a specific form of child abuse that has received considerable press attention following reports highlighting concerns about the vulnerability of children and young people in areas such as Rotherham. In recognition of the importance of this area of safeguarding the board provided funding for a CSE Coordinator, who is based in the City Council.

In order to ensure that there is a consistent, robust response to CSE in Nottingham we have established a joint sub-group with the Nottinghamshire Safeguarding Children Board. The Child Sexual Exploitation Cross-authority group (CSECAG) is comprised of all key local statutory agencies and the NSPCC, who deliver a specific CSE related service in Nottingham (Protect and Respect). To further strengthen local oversight there are regular meetings between the Independent Chairs of the two Boards, alongside senior managers from Nottinghamshire Police and the two Local Authorities.

CSECAG has four strategic priorities

- **Prepare** – strong leadership, effective systems and partnership working to tackle CSE
- **Prevent** – raising awareness of CSE
- **Protect** – safeguarding vulnerable children and support victims, families and professionals who seek to reduce CSE
- **Pursue** – disrupting and prosecuting offenders ensuring a victim centred approach at all times

As with all of the Board sub-groups CSECAG has an action plan that is aligned to the Board priorities. In 2015/16 the key achievements of the group included

- Delivery of a programme of multi-agency training
- Delivery of a range of awareness raising activity, culminating in a showcase event linked to the national day of action where we engaged the local media in order to raise awareness across the community.
- Support for multi-agency information sharing processes such as Operation Stride, which allows agencies to share intelligence which may not be sufficient in itself to warrant action but may contribute to developing a wider understanding of local risk

In addition to the work coordinated through CSECAG a range of other activity has been undertaken to further strengthen the local response to CSE. This has included

- The Board and Local Authority have funded the delivery of a programme of awareness raising performances of a play designed to help young people recognise the risks associated with CSE. This was delivered in local schools and other settings.
- Sent, via schools, a letter to parents highlighting an on-line resource designed to help them recognise and respond to risks of CSE.
- The development of the Multi-Agency Sexual Exploitation Panel (MASE) which ensures that there is strategic oversight of work to protect and support children who have experienced, or are at risk of, sexual exploitation.
- Staff from a range of agencies have worked with regional colleagues to develop regional standards in relation to the response to CSE. The Independent Chair of the NCSCB and Lead Member from Nottingham City Council have both been heavily involved in this work.

Future Priorities

- We will continue to ensure that all agencies work together to protect and support children who are vulnerable to CSE.
- To develop an E-Safety strategy that recognises the key role this aspect has in the context of CSE
- To build on and strengthen the Police problem profile so that it provides a more holistic evaluation of the local profile of CSE

9. Historical Abuse

Nottingham City Council, Nottinghamshire County Council and Nottinghamshire Police are looking into allegations of child abuse in Nottingham children's homes going back to the 1950s. This work is ongoing and the Board receives regular reports regarding the progress of this work.

This is an ongoing inquiry and it would therefore be inappropriate to provide detailed commentary re the current position in this annual report. An agreed communications strategy is in place with the most up to date information made available on the city council website.

10. Future plans and priorities

The Board has agreed a three year strategic action plan setting out key priorities. This plan will shape the focus of our work to co-ordinate the activity of local agencies to continually improve outcomes for children, young people and their families.

The priorities for the three years will remain the same. Each year will have a particular focus in terms of driving forward the work of the Board. This three year action plan will be supported by an annual action plan that will be regularly reviewed. This will allow us to build on existing strengths and maximise the benefits from current opportunities and challenges, e.g. the separation of the Children and Adult's Safeguarding Boards and the impact of reductions in public sector finances.

- Year one – Reviewing and Revising
- Year two – Developing.
- Year three – Embedding

- The NCSCB priorities are based on national drivers, e.g. the development of Joint Targeted Area Inspections and the National Review of LSCBs and incorporate the learning from national and local Serious Case Reviews and other learning processes. Emerging issues will be identified in a timely manner and appropriate safeguarding measures will be in place in the partnership.

The work plan for 2016/17 shall focus on the following priorities:

- Self-harm practice guidance will be fully implemented across the safeguarding partnership.
- Keep children and young people safe from harm, including CSE and missing children.
- To ensure that the response to physical abuse will be effective and there will be shared standards and understanding about what good quality assessments of physical abuse look like
- The Board is aware of the financial implications on its ability to deliver its statutory duties and is planning for the coming years due to the continuing programme of austerity.
- To ensure that the Board operating model is fit for purpose.
- We will revise our performance framework to ensure we are clear about the impact of Board related activity.
- We want to ensure that our engagement strategy maximises the opportunities for promoting important messages about how to keep children and young people safe and ensures feedback informs the work of the Board
- The NCSCB has clear strategies and comprehensive approaches to ensuring young people are supported to be safe on-line.

The NCSCB is looking forward to continuing to work as a partnership in 2016/17 in order to continually improve outcomes for children, young people and their families.

This page is intentionally left blank

HEALTH AND WELLBEING BOARD

25 JANUARY 2017

	Report for Information
Title:	Nottingham City Safeguarding Adults Board (NCSAB) Annual Report 2015/16
Lead Board Member(s):	Councillor Norris
Author and contact details for further information:	Louisa Butt, Board Manager, NCSAB louisa.butt@nottinghamcity.gov.uk and Malcolm Dillon, Independent Chair, NCSAB
Brief summary:	The Care Act 2015 made Safeguarding Adults Boards (SAB) statutory for the first time. The key function of the SAB is to assure itself that local safeguarding arrangements and partners act to help and protect adults in its area who meet the criteria (also set out in the Care Act). It is a statutory duty that the SAB publish a strategic action plan and publish an annual report outlining how it met the objectives in the strategic plan. This report therefore sets out how the Nottingham City Safeguarding Adults Board performed against its annual plan in 2015/16 including the contribution made by partnership agencies to safeguarding arrangements in Nottingham City.

Recommendation to the Health and Wellbeing Board:

The Health and Wellbeing Board is asked to:

a) consider the Nottingham City Safeguarding Adults Board Annual Report 2015/16;

b) identify any issues arising from the Annual Report that will be built into the Strategic Commissioning Plan formulated by the Health and Wellbeing Board; and

c) consider any issues arising from the Annual Report and provide any comment and feedback to the Adult Safeguarding Board.

Contribution to Joint Health and Wellbeing Strategy:	
Health and Wellbeing Strategy aims and outcomes	**Summary of contribution to the Strategy**
Aim: To increase healthy life expectancy in Nottingham and make us one of the healthiest big cities	The overarching purpose of the Nottingham City Safeguarding Adults Board is to be assured that partners across the City are working together effectively to help and protect adults experiencing, or at risk of abuse or neglect.
Aim: To reduce inequalities in health by targeting the neighbourhoods with the lowest levels of healthy life expectancy	
Outcome 1: Children and adults in	

Nottingham adopt and maintain healthy lifestyles	For agencies, individually and in partnership, to achieve good outcomes for citizens as a result of safeguarding activity, is an essential element of health, wellbeing and safety.
Outcome 2: Children and adults in Nottingham will have positive mental wellbeing and those with long-term mental health problems will have good physical health	
Outcome 3: There will be a healthy culture in Nottingham in which citizens are supported and empowered to live healthy lives and manage ill health well	
Outcome 4: Nottingham's environment will be sustainable – supporting and enabling its citizens to have good health and wellbeing	

How mental health and wellbeing is being championed in line with the Board's aspiration to give equal value to mental and physical health
Two of the NCSAB's priorities in 2015/16 (outlined in the report) related to early intervention and reducing the impact of loneliness both of which will contribute to better mental health and wellbeing outcomes. In 2015/16 the NCSAB's annual plan also ensured that the Care Act was implemented across the partnership. The Care Act places emphasis on promoting wellbeing, which is broadly defined.

Background papers: *Documents which disclose important facts or matters on which the decision has been based and have been relied on to a material extent in preparing the decision. This does not include any published works e.g. previous Board reports or any exempt documents.*	none

Nottingham City Safeguarding Adults Board

Annual Report 2015/16

Foreword by the Independent Chair

Welcome to Nottingham City's Safeguarding Adults Board Annual Report for 2015-2016. I hope you will find it an interesting read.

April 2015 was when the Care Act came into force. For the first time, Safeguarding Adults Boards (SABs) were put on a statutory footing, with Care Act Guidance clearly stating what is expected of the Boards. In Nottingham, my predecessor, Paul Burnett, had done great work with the Adults and Children's Boards working closely together and aiming that everyone involved with safeguarding should 'Think Family'. While that remains so important, it was decided to give the SAB a stronger identity and direction of its own, so the Boards are now more separate, with a new chair appointed to each in September 2015.

Much of the work in this year was given to making sure that the Care Act was implemented successfully across Nottingham. Policies and procedures were revised; staff became used to the expanded definitions of abuse and neglect, and the need to see protection from abuse and neglect as a fundamental part of promoting and securing wellbeing. 'Section 42 enquiries' became part of the language of working with adults.

The Care Act Guidance on Safeguarding is a very helpful read for anyone involved with safeguarding– and was very influenced by Making Safeguarding Personal. Board member organisations have continued their journey to implement its principles – a personalised approach to safeguarding that is 'done with' rather than 'to' people and is guided by improving people's lives to achieve the outcomes they want, not a bureaucratic process.

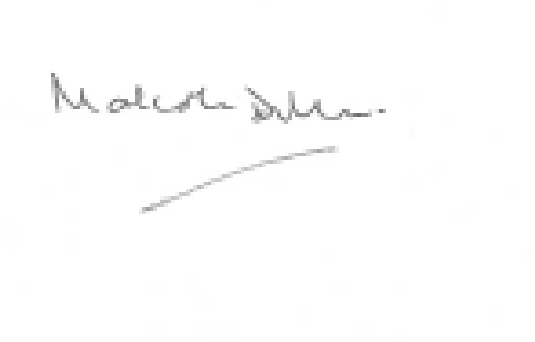
As the figures in this report will show you, there was a very large increase in investigations opened in 2015/16 compared with recent years; this may have been the result of the Care Act, but we are still trying to understand this trend. As before, most investigations concerned older people, but the average age became younger this year. The greatest proportion of investigations concerned people living in their own homes, but a very significant proportion again concerned people living in care homes.

Criminal trials concerning safeguarding were in the Nottingham news this year. Two local people were convicted for offences relating to domestic servitude (modern slavery) concerning two adults with complex needs who were in their house. There were also the first convictions for corporate manslaughter in a care home (Autumn Grange) and the Board set up Safeguarding Adults Reviews to see whether there were lessons that could be learnt from these events.

The Board and its subgroups are dependent on a couple of officer posts to keep their processes running as effectively as possible. During this year there were vacancies and changes in staffing, which had an impact on being able to achieve all that the Board had intended, so in 2016/7 we have been taking steps to improve stability, even in this period of increases in need and reductions in budgets.

Much of this report is taken up with individual reports from the organisations which make up the Board; these show the amount and quality of determined and caring work undertaken by partner organisations across Nottingham and give some illuminating examples of the work that has been happening here – and has been continuing in 2016-2017.

This report has been completed later in the year than we would like, and we hope that we will be able to provide a report on 2016-2017 earlier in the next year.



Malcolm Dillon

Independent Chair

Nottingham City Safeguarding Adults Board

Contents

Introduction

1.1 The Care Act 2014 came into force on 1st April 2015. The Care Act placed Safeguarding Adults Boards on a statutory footing, and the accompanying statutory guidance specifies that "the main objective of a Safeguarding Adults Board is to assure itself that local safeguarding arrangements and partners act to help protect adults in its area […]". Care Act safeguarding duties apply to any adult who:

- has needs for care and support (whether or not the local authority is meeting any of those needs)
- is experiencing, or at risk of, abuse or neglect
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect

1.2 The Safeguarding Adults Board must have representation from the local authority, the Clinical Commissioning Group (CCG) in the local authority's area and the chief officer of police in the local authority area. These are Nottingham City Council, Nottingham City Clinical Commissioning Group and Nottinghamshire Police.

1.3 In addition, the Nottingham City Safeguarding Adults Board also has representation from:

- Nottingham CityCare Partnership
- Nottingham University Hospitals NHS Trust
- Nottinghamshire Healthcare NHS Foundation Trust
- East Midlands Ambulance Service
- National Probation Service (Nottinghamshire)
- Derbyshire/Leicestershire/Nottinghamshire/Rutland Community Rehabilitation Company
- The Nottingham Vulnerable Adults Provider Network
- HMP Nottingham
- Nottinghamshire Fire and Rescue Service
- Nottingham Crime and Drugs Partnership
- NCC Public Health
- NCC Portfolio Holder for Adults and Health

2 Local Context

2.1 Nottingham City has a population of 314,300 which has risen by over 3000 since 2013, and is expected to rise to 323,400 by 2022. 28% of the population are aged 18-29. However Nottingham has a higher than average rate of people with a limiting long-term illness or disability. The 2011 census showed 35% of the population as being from BME groups, an increase of 19% since 2001.

2.2 Nottingham is ranked 8th most deprived district in England (2015 Index of Multiple Deprivation), a decline from 20th in 2010. 25% of people aged over 60 live in areas affected by income deprivation. Out of the seven separate 'domains' that make up the Index of Multiple Deprivation, Health and Disability is the domain in which Nottingham performs worst.

3 Joint Working Arrangements

3.1 The NCSAB has arrangements in place in order to co-ordinate its work with other partnership boards in the City including the Health & Wellbeing Board (which the NCSAB reports into), the Crime & Drugs Partnership, and the Nottingham City Safeguarding Children Board. The Prevent strategy reports into the Safeguarding Children Board; progress updates are provided to the Safeguarding Adults Board.

3.2 There is work in progress led by Nottingham City Council's Corporate Director for Children & Families to co-ordinate the work of various boards across Nottingham City.

3.3 Several of the agencies represented on the NCSAB work across both Nottingham City and Nottinghamshire County. In order to minimise the duplication, the Board's strategic plan for 2016-19 has been aligned with that of Nottinghamshire County Safeguarding Adults Board. During 2015/16 training leads for Nottingham City and Nottinghamshire County boards looked into whether a cross board training and development group was practical. The outcome of the review was that it was not currently viable to combine in this way. Liaison between the Chairs and officers of the City and County SABs is positive and strong.

3.4 In 2015/16 the NCSAB has been updated on the Mental Health Crisis Concordat and work was begun to clarify the links into the Board.

3.5 There is an arrangement in place whereby referrals for Domestic Homicide Reviews (managed by the CDP) are referred to the City Safeguarding Adults Review subgroup, with the membership extended to relevant agencies as required. This makes use of the existing structures in place for referrals for Safeguarding Adults Reviews and reduces duplication.

4 Governance and Accountability

4.1 Following a Peer Review exercise of governance arrangements for safeguarding adults in Nottingham in November 2014, a number of recommendations were made to the lead agencies about the then closely combined Adults and Children Safeguarding Boards. These included that the Boards, the joint Operational Management Group, and various subgroups including Quality Assurance be split into separate Safeguarding Adult and Safeguarding Children functions, with a separate business plan for the Adult Safeguarding Board.

4.2 There had been a single independent chair of both boards, but following his resignation, separate independent chairs were appointed to the Children and Adults boards, taking on the roles in September 2015.

4.3 A board development day took place in December 2015 to inform the function of the Safeguarding Adults Board in 2015/16 and beyond. The two independent chairs made a number of proposals to the Adults and Children's Boards. It was agreed at the January Joint Boards meeting that from 1st April 2016 the Boards would meet separately. It was initially agreed that any joint items would be tabled at the start of the agenda of the Children's Board, but later agreed that both independent chairs would meet regularly to co-ordinate any joint items. A further proposal was agreed for the Operational Management Group to be wound down and a Business Management Group for each board to be established. The Business Management Group is chaired by the Independent Chair and membership is comprised of the Local Authority, the Clinical Commissioning Group, Police, chairs of the

subgroups and board officers. The first meeting was held in February 2016 and subsequent meetings held approximately 6 weeks after each Board meeting.

4.4 Other proposals from the Independent Chairs included establishing a risk register, reviewing the subgroup structures and reviewing board office support structure. The SAB risk register was approved in March 2016.

4.5 A review of the Joint Boards' substructure was presented to the Board in March 2016. The review had been carried out in consultation with a range of partner agencies including representation across Nottinghamshire County and with the Crime and Drugs Partnership.

4.6 The outcome of the review was that the Care Act subgroup became the Quality Assurance Subgroup (with revised Terms of Reference). The Safeguarding Adults Review subgroup continued. The Early Intervention subgroup was initially continued but during 2016/17 it was agreed that its work was complete. The Training and Development subgroup remained a joint board subgroup, but changed focus and was renamed the Learning and Improvement subgroup. The Communications and Engagement subgroup was put on hold pending a review of the strategy and methods for communication and engagement, which has continued during 2016/17.

4.7 A review of the governance documents was commenced and has also continued into 2016/17.

5 Safeguarding Activity and Board & Subgroup Performance in 2015/16

5.1 At the end of 2014/15 a number of priorities for the Board were identified for the following year:

- The creation of a performance framework
- To consider the implications of domestic violence as a type of abuse
- Ratification of information sharing protocol and implementation
- Updated information for publication
- Completion of the SAAF (Self-Assessment and Assurance Framework)
- Self-assessment of the Board's compliance with the Care Act
- Audit of partner agencies' compliance with the Care Act and Making Safeguarding Personal

5.2 A Business Plan for 2015/16 was developed and agreed by the Board. This section outlines performance against the Business Plan.

The overarching priority for the Safeguarding Adults Board was that:

Adults are able to protect themselves from harm with appropriate support

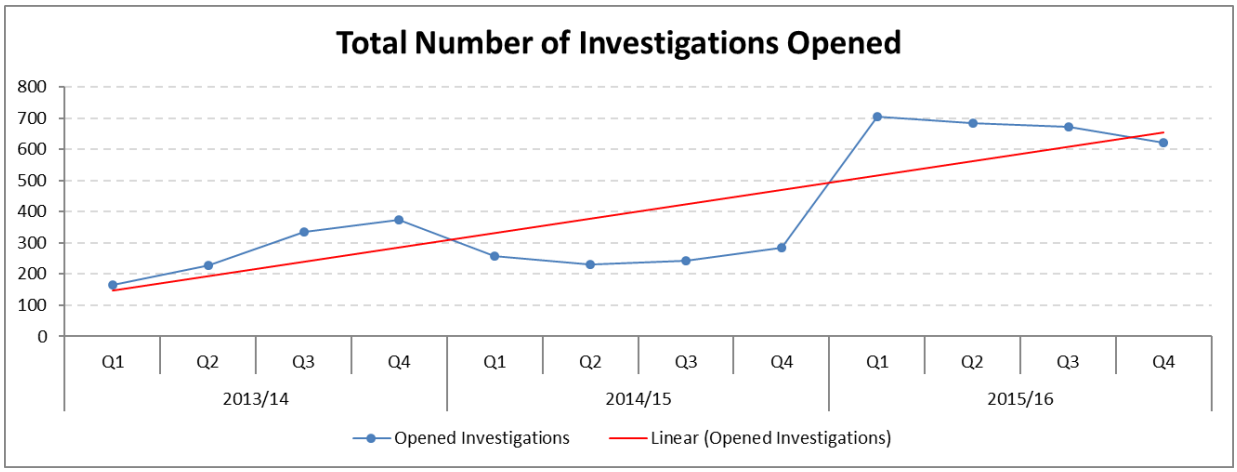
5.3 The following information provides a statistical analysis concerning safeguarding enquiries and intervention in 2015/16.

Adult Safeguarding Performance Analysis 2015/16

5.3.1 At the beginning of April 2015 the way in which safeguarding referrals were recorded on the Council's CareFirst system changed. Instead of a single safeguarding referral form the process was split into two separate forms, an enquiry form and an intervention form. The enquiry consists of the majority of the safeguarding investigation work, with the intervention form used in the small number of circumstances where further intervention is needed. As a consequence of this, some measures of performance have appeared to change, however this is due to a process change rather than a performance change. Other measures that were included in the 2014/15 report have been removed (e.g. outcome of investigations) as the new process means that some 2015/16 data is not comparable to previous data.

5.3.2 There were 2,682 investigations opened in 2015/16, with a slight downward trend seen within quarters 3 and 4 (see chart 1). This is a significant increase on the volume recorded in previous years (an increase of 163.7% compared to 2014/15), and although the introduction of the Care Act and a change in process may explain part of this rise in enquiries, work is currently being undertaken to examine what role 'inappropriate' referrals have played in the higher than expected increase recorded.

Chart 1: Total Number of Investigations Opened



5.3.3 Examining the demographics of citizens for whom alleged abuse took place shows that the majority were of a White ethnicity (75.8%), a similar percentage to that recorded in the previous year (78.2%), but notably different to those records in the three years preceding this (2011/12 – 86.6%, 2012/13 – 86.4%, 2013/14 – 83.2%). Citizens of an unknown ethnicity account for 11.7% of citizens, an increase of 4.2% on the previous year; this seems most likely to be a consequence of a large increase in enquiries as an increased number of citizens have an enquiry but no other service from social care and therefore information such as ethnicity is less likely to be recorded. Citizens of a Black/Black British ethnicity account for 7.0% of citizens, a decrease of 0.5% from the previous year. Please see charts 2 and 3 for further details. Data from the 2011 census shows that 71.5% of residents in Nottingham City are of a White ethnicity 7.3% of Black ethnicity, 6.6% of mixed ethnicity and 13.1% of Asian ethnicity.

Chart 2: Ethnicity of Citizen for Opened Investigations in 2015/16 (Volume)

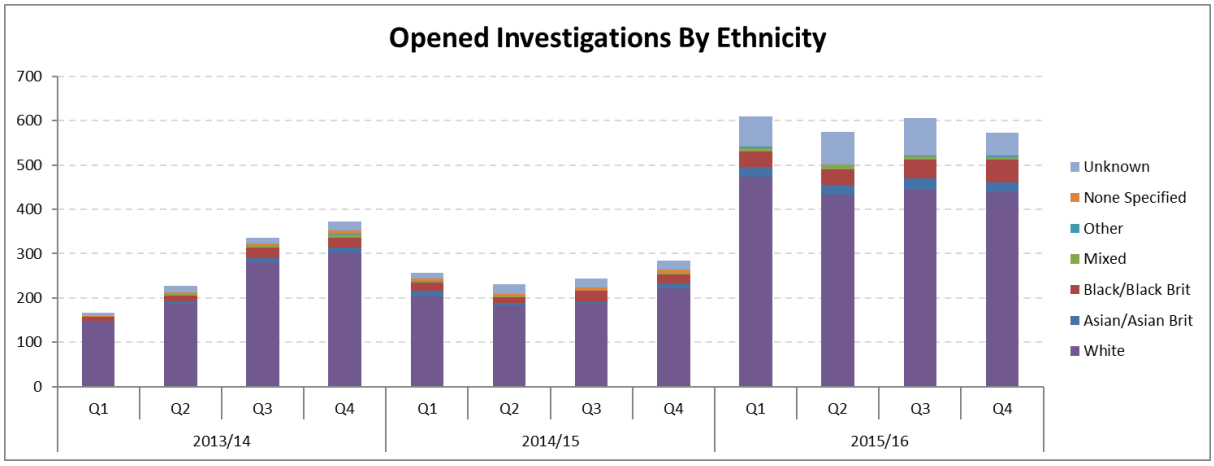
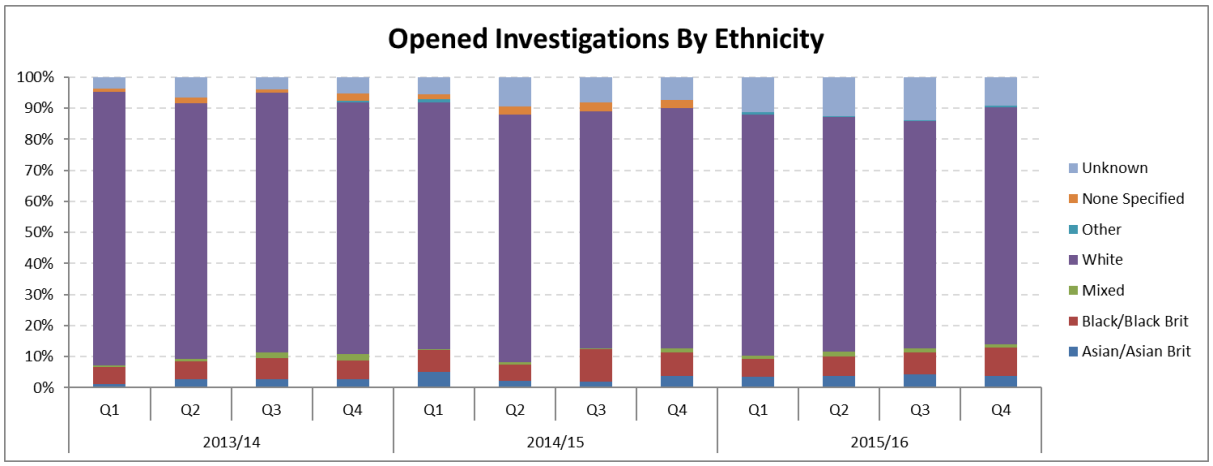


Chart 3: Ethnicity of Citizen for Opened Investigations in 2015/16 (Percentage)



5.3.4 In terms of age range, the largest group of citizens for whom investigations were opened were those aged 81 years old or over (37.2%), which is, however, a significant decrease when compared to 2014/15 when 45.4% of citizens were within this age range. 18.5% of citizens were aged between 71 and 80, again a decrease on last year, and a further 11.6% were aged between 61 and 70 years old (an increase on last year) meaning that 67.0% of citizens against whom alleged abuse took place were aged 61 and over. Although the majority of citizens identified are aged over 61 years old, there has been an 8.0% reduction when compared to the previous year, with an increase in those citizens aged between 41-70 seen. This had led to a distinct decrease in the average age of citizens who had an enquiry raised for them, with every quarter in 2015/16 recording an average age of less than 70, with quarter 4 of 2013/14 the only other quarter for a number of years to record such a low average age. Please see charts 4, 5 and 6 for more information on citizen age breakdown.

Chart 4: Average Age of Citizen

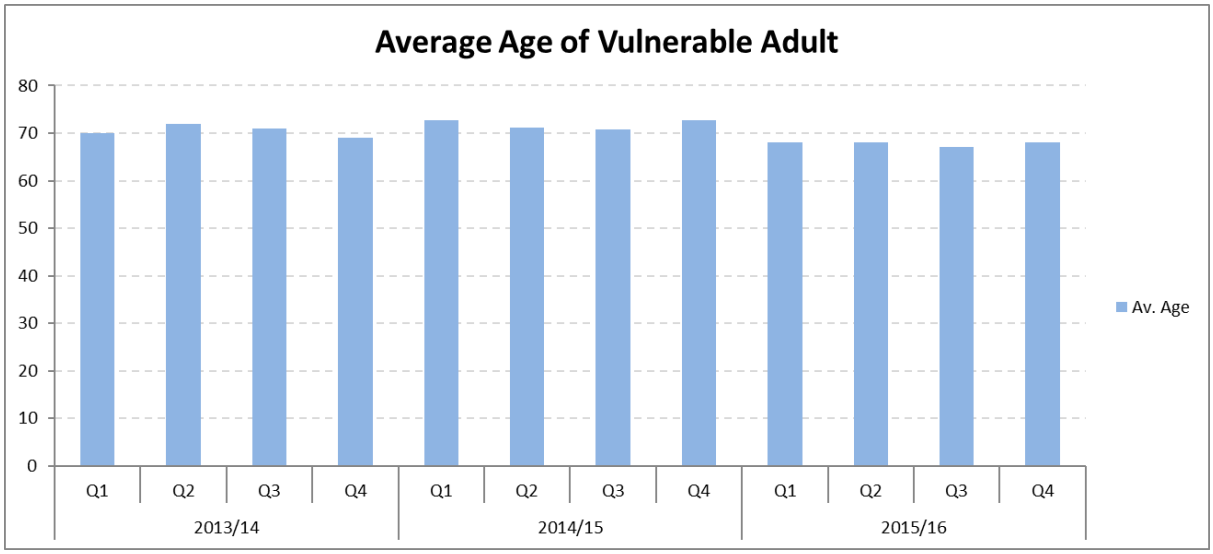


Chart 5: Age Band for Citizens with Opened Investigation (Volume)

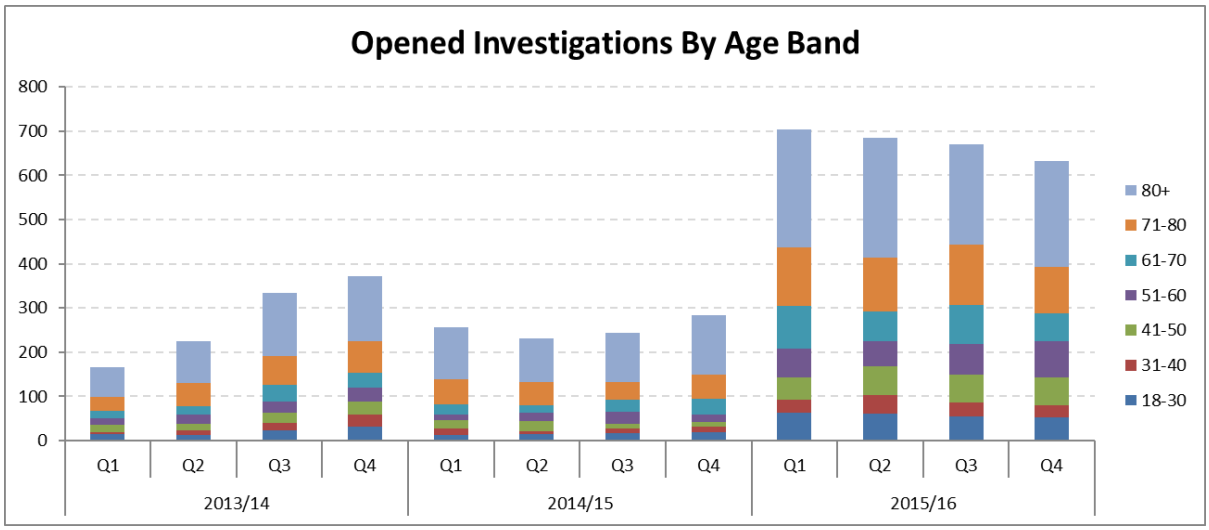
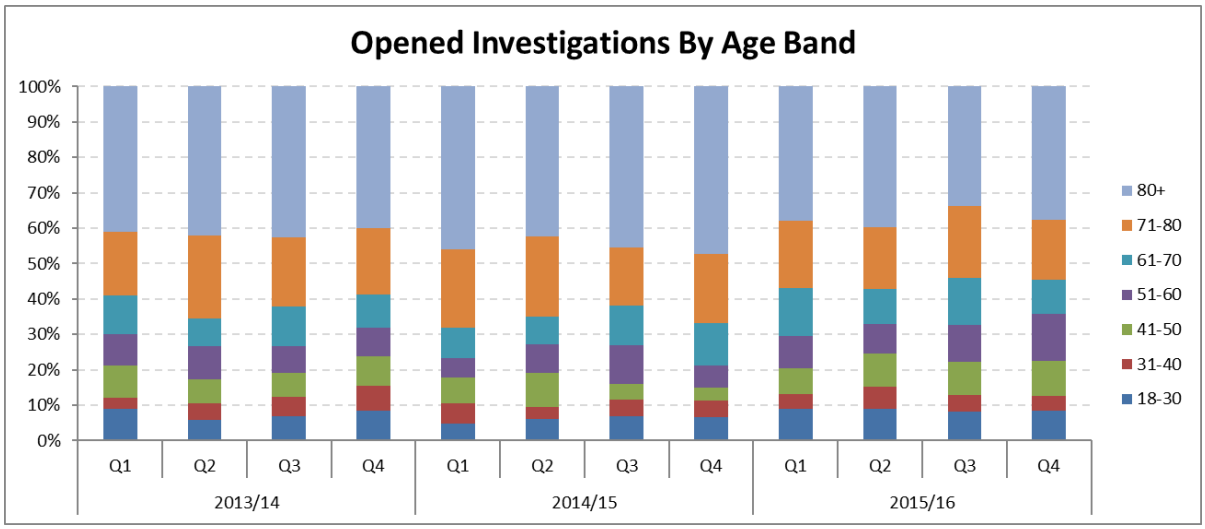
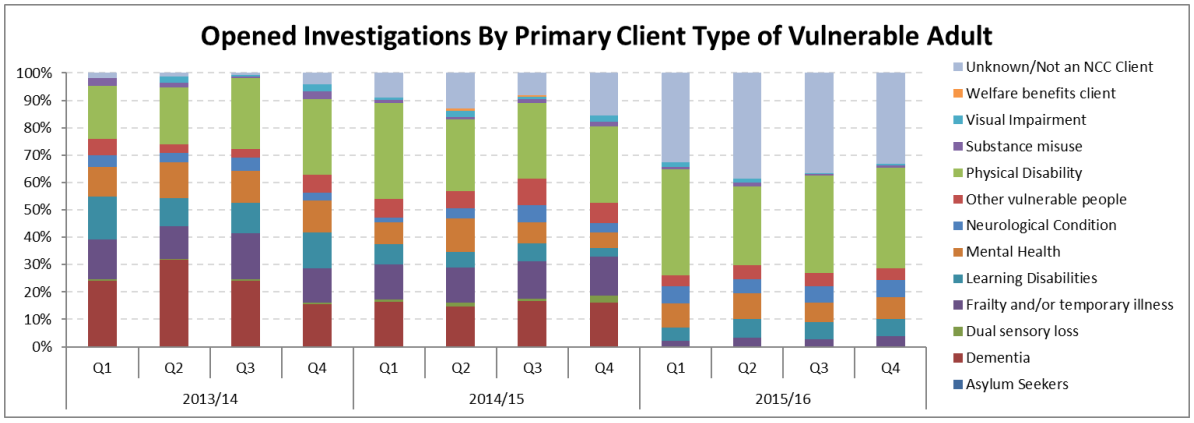


Chart 6: Age Band for Citizens with Opened Investigation (Percentage)



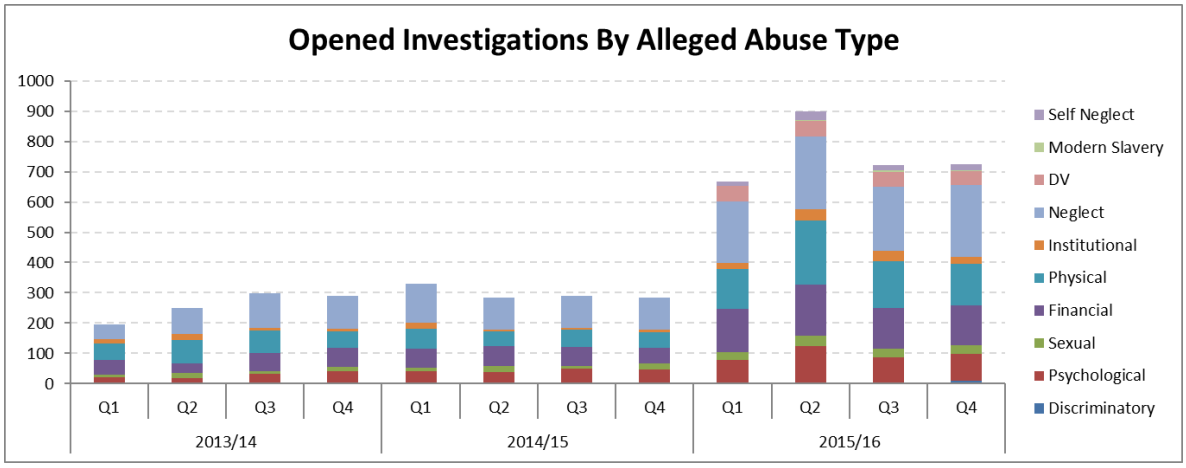
5.3.5 Looking at the Primary Client Category (PCC) of the citizen with an opened investigation shows that around 35.0% of citizens had a physical disability, 8.4% had learning disabilities and 6.0% had mental health issues. The number and percentage of citizens with an unknown PCC was 35.5%, significantly higher than in previous years, meaning that the majority of citizens had either a physical or unknown PCC. The most likely reasons for this high percentage of unknown PCCs are a lack of recording within the safeguarding paperwork, a high number of citizens with safeguarding issues that are not provided with a social care service, or a large number of inappropriate referrals meaning that this information is not recorded. However, more in-depth analysis needs to be undertaken in order to establish this. Please see chart 7 for a full breakdown of citizen PCCs.

Chart 7: Primary Client Category of Citizens with an Opened Investigation (Percentage)



5.3.6 Before examining the type of alleged abuse in opened investigations, please remember that more than one type of abuse can be alleged in an investigation and so percentages described in the below section may not add up to one hundred percent. Please also note that three new categories have been added in 2015/16 as a result of the Care Act; Domestic Violence, Self-Neglect, and Modern Slavery. Although neglect was the most common type of abuse recorded, alleged in 37.8% of enquiries, an increasing number of enquiries alleged financial (24.6%) and physical (26.9%) abuse. The increase in financial abuse is a pattern that was in evidence in 2014/15 and this has seemingly continued; the increase in physical abuse is slightly more unexpected, and indicates that there may be a shift in alleged perpetrator behaviour, although an in-depth qualitative analysis of this would need to be undertaken to confirm this. Alleged psychological abuse (15.5%) also accounted for a significant proportion of investigations. Please see chart 8 for further details.

Chart 8: Alleged Abuse of Opened Investigations (Volume)



5.3.7 The location of the alleged abuse is most likely to take place in the citizen's own home, with 36.3% of investigations stating this as the location, a similar level to that seen in the previous year. As expected residential and nursing care homes make up a large proportion of locations, with 29.5% of investigations stating that the alleged abuse took place in either one of these locations (21.7% for residential care homes and 7.8% for care homes with nursing). Proportionately this pattern is similar to that seen in the previous year, however significantly more alleged abuse was recorded as taking place in a care home with nursing in previous years than in 2015/16. There is also a high proportion of enquiries that do not list the location of alleged abuse, mainly because these enquiries may have been closed down after being opened in error or have not been completed yet and this field has not been filled in. Please see charts 9 and 10 for further detail on location.

Chart 9: Opened Investigations by Location (Volume)

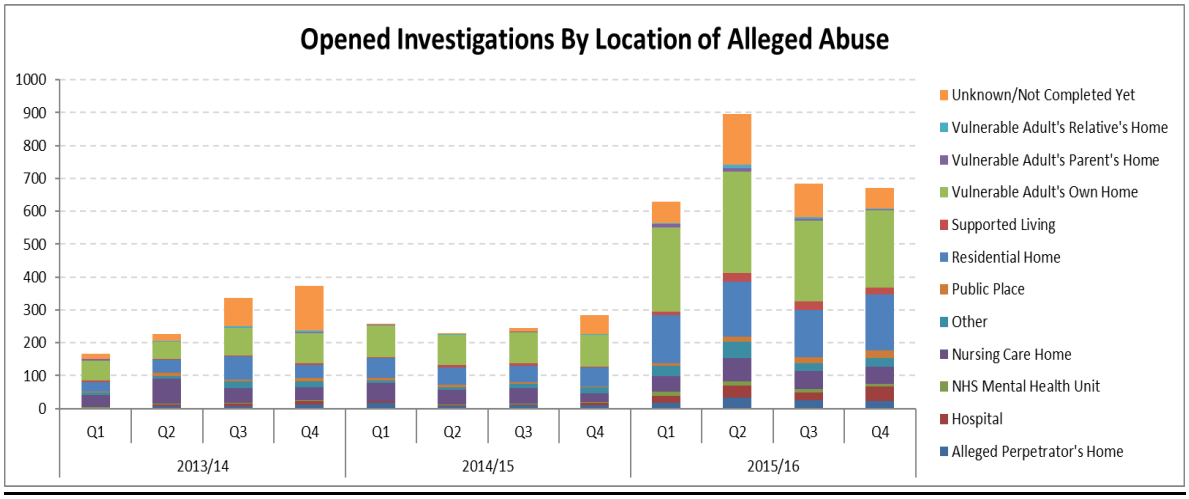
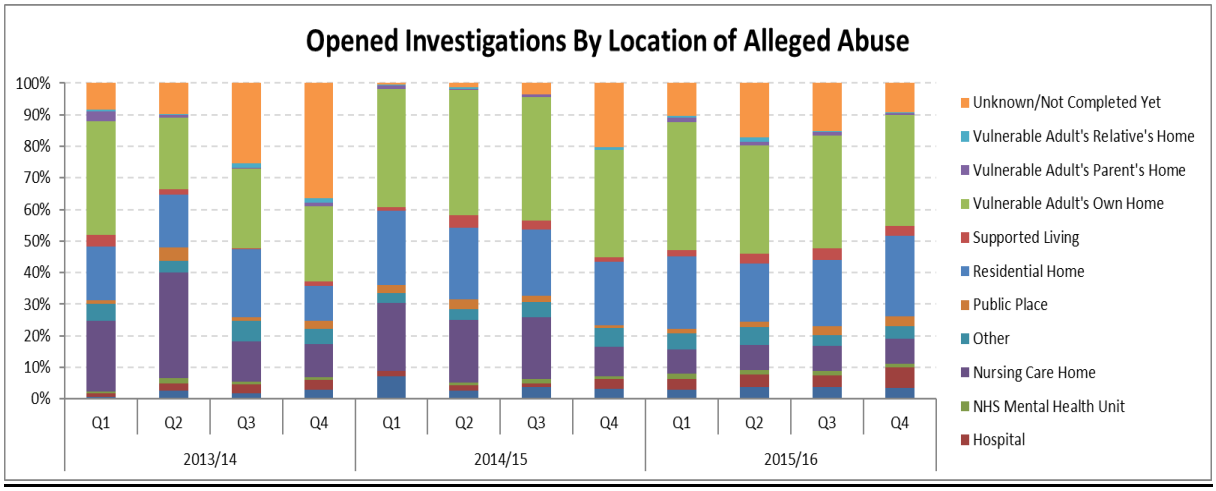


Chart 10: Opened Investigations by Location (Percentage)



5.3.8 The way that the outcome of enquiries is recorded has changed between 2015/16, with a focus on citizen outcomes rather than process outcomes now much more evident. As a consequence of this the outcome data between 2015/16 and previous years is not comparable. Examining 2015/16 data in in isolation shows that 66.5% of enquiries required no further safeguarding intervention, 16.3% did require a further safeguarding intervention, and 2.5% required another social care assessment. The remaining 14.7% of enquiries did not have this field completed (either closed down after being opened in error or still open).

5.3.9 Of those enquiries that proceeded to intervention, 61.6% required no further action under safeguarding, 26.2% required action under safeguarding that reduced the risk of further safeguarding intervention, 8.2% required action under safeguarding that removed the risk of further safeguarding intervention, and 4.1% required safeguarding action however the risk of further intervention still remained (this is most common in cases where the citizen chooses to remain living with the alleged perpetrator).

5.3.10 With the shift to recording whether the outcomes which citizens wished to have met were in their opinion met through the interventions, data recorded in 2015/16 reported that 82% of citizens stated that they had their outcomes either met (69.3%) or partially met (12.6%).

5.4 The Board's annual business plan was broken down into the following outcomes

1.1 The Board and partner agencies are fully compliant with the Care Act

Delivery of Phase Two of the Care Act Task and Finish work plan including self-assessment of Board Compliance

5.4.1 The focus of the Care Act Subgroup's work in 2015/16 was a continuation of work started in 2014/15 to ensure compliance with the Care Act. This included updating the Policies and Procedures, revising the process for Safeguarding Adults Reviews, agreeing commissioning arrangements for Advocacy, updating the Quality Assurance Tool, and

updating the Self-Assessment and Analysis Framework. Agency returns were completed in February & March 2015 which provided assurance on compliance with the Care Act.

5.4.2 Phase one of the Care Act project plan was agreed as complete by May 2015.

5.4.3 Work commenced in 2015/16 on phase two of the Care Act project plan, which included a clearer focus on the performance framework and Making Safeguarding Personal (MSP).

5.4.4 Work began to draft a procedure for Care Act requirements around the Designated Adult Safeguarding Manager (DASM), however this work was not necessary when the Department of Health removed the role of the DASM in the revised Care Act Statutory Guidance issued in March 2016. Similarly work on the self-neglect pathway was put on hold pending the update to the Care Act guidelines.

5.4.5 The subgroup reported to the Board in October that progress against the project plan had been slowed due to the impact of there being no Board Officer in post. As described above, the Board subsequently decided that the Care Act subgroup's work on performance and the implementation of Making Safeguarding Personal should be taken on by a dedicated Quality Assurance subgroup, which has continued in to 2016/17.

5.4.6 The Subgroup began work to produce new awareness raising materials, but again the Board decided that this should be taken account of in the development of a broader Communication and Engagement Strategy, work on which continued into 2016/17. It was recognised that with limited resources a strategy was required to maximise reach.

Audit partners' implementation of the Care Act (Self-Assessment and Assurance Framework)

5.4.7 An Audit of the SAAF process was completed in November 2015 and a summary of findings is produced below.

5.4.8 The purpose of the Organisational Audit is to seek assurance that partner organisations are maintaining robust governance arrangements that are fit for purpose, promote the safeguarding of vulnerable adults and ensure accountability for performance.

5.4.9 This was the third Organisational Audit completed by Nottingham City Safeguarding Adults Board. The first Organisational Audit was completed in 2011 and the second in 2013 due to Board agreement to complete on a biannual basis.

5.4.10 The 2012-13 NCASPB Organisational Audit was completed jointly with Nottinghamshire County Safeguarding Adults Board (NSAB) to avoid duplication of work by partner agencies who are members of both Boards. However, due to changes in staff, it was not possible to do that for 2015. The results do not include Housing, Fire and Rescue and Probation.

5.4.11 The Self Assurance and Assessment Framework (SAAF) is a comprehensive audit tool which allows for performance data to be collated, compared and presented both in terms of individual board agencies and as a collective group. It requires commissioners to complete a specific section on commissioning and therefore makes it easier to compare providers and commissioners separately.

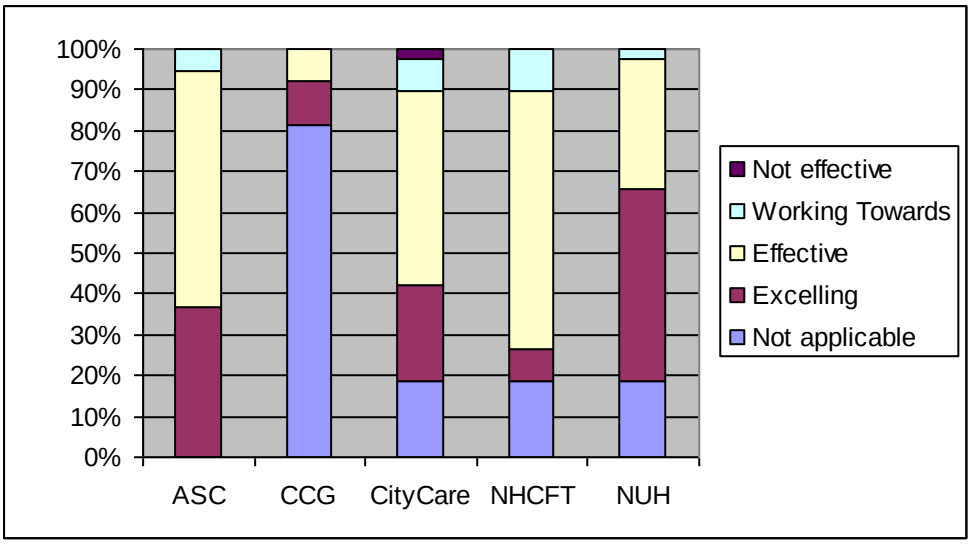
5.4.12 The SAAF has 4 standards to self-assess against:

- Excelling
- Effective
- Working towards
- Not effective

5.4.13 Summary of findings

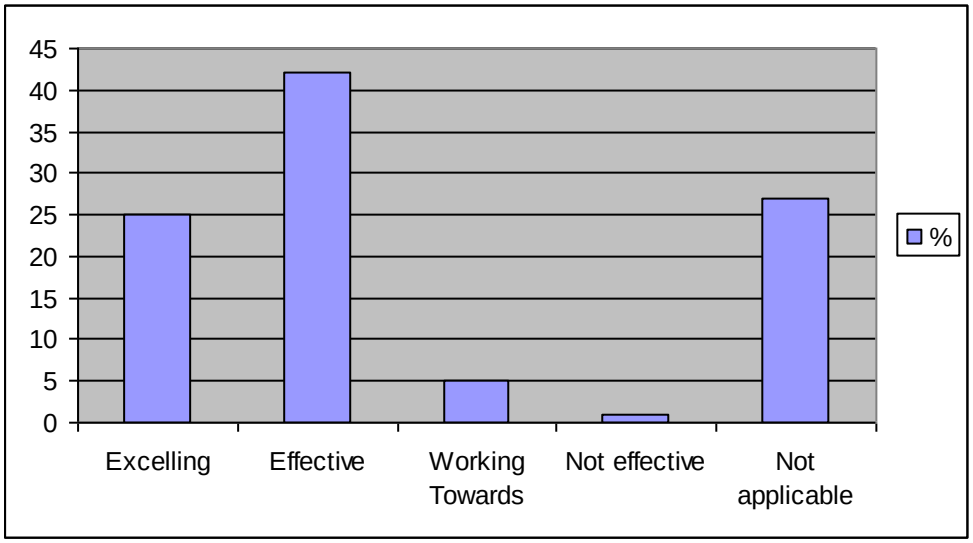
The chart below in fig 1 summarises the overall partner organisation positions regarding compliance with the standards of the SAAF.

Fig 1.



5.4.14 As shown in fig 2, the majority of agencies assessed themselves as excelling or effective in all areas.

Fig 2.



5.4.15 Only one agency self-assessed as not effective in one area. There is only one area for development identified by more than one agency: 'Procedures include how professional disagreements are resolved especially with regard to whether decisions should be made, enquiries undertaken for example'.

5.5.16 Where agencies identified themselves as not effective or working towards objectives, actions have been given on how they will attain the next level.

Outcome 1.1 What was the impact?

- Board Policies and Procedures and arrangements have been appropriately developed to be compliant with the Care Act
- Partner agencies have assured the Board that they are compliant with the Care Act
- Assurance was provided to the Board through the SAAF returns that those organisations have appropriate safeguarding arrangements in place and that any areas needing to be addressed are being taken forward

1.2 Provide leadership to support less risk averse practice where this will ensure citizens' outcomes are better met

Scoping of MSP principles in relation to

- Their impact on cultural change in the workforce interventions
- Safeguarding Board practice such as quality assurance
- Leadership at safeguarding partnership level

5.5.1 The Care Act Subgroup as part of their work plan to implement phase two of the Care Act project plan, developed a Quality Assurance Performance Framework. This will be further developed in 2016/17 by the Quality Assurance subgroup.

5.5.2 Leadership to support citizen outcomes, and scoping of Making Safeguarding Personal principles was tasked to the Care Act subgroup. In January 2015 the Joint Board received a presentation on Making Safeguarding Personal. This work continued into 2016/17.

Outcome 1.2 What was the impact?

- Awareness of Making Safeguarding Personal increased across the partnership
- Further development of outcome focus in safeguarding work
- Quality Assurance Performance Framework developed

1.3: An early intervention approach that reduces preventable incidences of harm

Develop a Multi-Agency early intervention strategy in homecare and residential care

Conduct a review of the early intervention approach in relation to homecare and residential care providers and determine if we can improve

Map local profile to determine where we have low levels of safeguarding referrals to focus safeguarding awareness raising.

5.6.1 The Early Intervention subgroup reported to the Board in June 2016, but as the report largely covered work completed in 2015/16 this is included within this annual report in response to each of these actions.

5.6.2 The subgroup completed a mapping exercise across agencies identifying strengths, gaps and made recommendations based on this. It took a broad approach to early intervention, beyond the immediate tasks in the Business Plan.

5.6.3 Strengths included that the Health & Wellbeing Board had a clear strategy for the City; that the Integrated Care Programme (between health and social care) was well established; and there was strong partnership working across health and social care within the city. The promotion of independence, early intervention, community support and friendship was a key strategy in the Adult Social Care Business Plan.

5.6.4 A gap identified was the lack of an overarching advice and information strategy. In order to address this, a new service directory was commissioned with health, with implementation to follow consultation with citizens, carers and colleagues, led by Nottingham City Council Commissioning.

5.6.5 The early intervention strategy had a focus on adults in care provision. The mapping exercise identified as an example of what was working well the Quality Monitoring Framework in place with the Clinical Commissioning Group and Nottingham City Council, and the monthly multi-agency quality assurance meetings.

5.6.6 Recruitment and retention of staff in care provision was identified as a gap leading to high levels of provider investigation procedures in care homes and lead home care providers being unable to meet demand.

5.6.8 To mitigate this there was clear evidence of the success of the joint (NCC & CCG) Early Intervention Officers pilot within residential care in identifying and improving practice at an early stage. Various strategies were in place to address immediate operational issues within the homecare sector including the establishment of a programme board within Nottingham City Council, and a joint strategic programme board with Nottinghamshire County Council.

5.6.9 It was agreed at the Board in June 2016 that the work of the Early Intervention Subgroup would come to an end, given that the residential care pilot was proceeding and the home care strategies were continuing to be developed in Adult Social Care, on a single agency basis. The Quality Assurance Subgroup was tasked with analysing data from referrals to identify if there were groups in the community where there appeared to be low levels of safeguarding referrals and a need for methods to raise awareness.

Outcome 1.3 What was the Impact?

- Review and confirmation of the value of the early intervention initiative working with residential care homes
- Review and clarification of the risks arising with home care services and validation of the work in Adult Social Care to address these
- Review and confirmation of the value for safeguarding of integrated working across health and social care and the links of NCSAB with the Health and Wellbeing Board

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 & CCG might impact on keeping people safe from harm and what more we might need to do to address this objective.

5.7.1 This action was tasked to the board manager and scheduled to take place by October 2015. The board manager post was vacant for a number of months and this action was not achieved.

5.7.2 Looking After Each Other continues as a project to increase volunteering and reduce social isolation.

Determine whether the wellbeing vision for the City and the workforce change implicit in that could include a focus on social isolation and friendship

5.7.3 Strong links between the NCSAB and the Health and Wellbeing Board have influenced the wellbeing vision for the City.

5.7.4 The Health and Wellbeing Strategy for Nottingham City (Happier, Healthier Lives 2016 – 2020) now includes action to address social isolation. As part of Outcome 3 "There will be a healthy culture in Nottingham in which citizens are supported and empowered to live healthy lives and manage ill health well" there is an action to "ensure our workforce is equipped to identify, and respond early, to issues affecting health and wellbeing including […] social isolation".

5.7.5 Public Health leads on the delivery of mental health first aid training across the partnership, which continues into 2016/17.

5.7.6 One of the Every Colleague Matters events in 2015/16 focussed on mental health, and included a session on Wellbeing.

5.7.7 Public Health have also worked with Age Friendly Nottingham and facilitated two Loneliness Forums working across the partnership. These forums have informed planning and the prevention strategy.

5.7.8 Adult Social Care made tackling social isolation a priority for their workforce in 2015/16 and this was embedded through briefings and team meetings.

Outcome 4: What was the impact?

- Social Isolation is addressed within the Health and Wellbeing Strategy and delivery plan.

5.8 The work of the Safeguarding Adults Board was also informed by the Joint Board Business Plan with the Children's Safeguarding Board and its priorities below.

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

- Domestic Violence, domestic servitude and Female Genital Mutilation
- Priority Families
- Transitions
- Information sharing

5.8.1 In June the Board received a presentation on Modern Slavery. In October the Operational Management Group agreed that actions relating to Modern Slavery would be considered in the light of the referral received for a Safeguarding Adult Review (Adult C & Adult D), concerning whom a SAR was commissioned. It will report in 2016/17.

5.8.2 The Board established links with the lead Public Health consultant and the lead support organisation for FGM, with an understanding that any safeguarding issues would be brought to the Board.

5.8.3 In July the Operational Management Group received an update on the Prevent Strategy with further plans to report into the Safeguarding Children Board. An update was presented to the Board in September with an agreement to further consider where the Governance of the Prevent Agenda should sit – it was subsequently agreed that the lead would be with the Safeguarding Children Board.

5.8.4 The Care Act task and finish group oversaw work relating to the Information Sharing agreement and provided an update to the Operational Management Group that the agreement had been updated to include Police and Probation.

5.8.5 Domestic Violence was considered at the Operational Management Group in July, focussing on the Domestic Abuse Referral Team (DART), and the Adults Social Care Strategy. A report was provided to the Board in September that the DART was under review. An update was provided to the Business Management Group in October, reporting that Adult Social Care were completing a review of Domestic Violence and Safeguarding.

5.8.6 Governance for Domestic Abuse sits with the Crime and Drugs Partnership, who have provided the following report:

5.8.7 The Nottingham Crime & Drugs Partnership (CDP) is a multi-agency organisation responsible for tackling crime and substance misuse in Nottingham. It is made up of a number of statutory and non-statutory agencies including the Police, Nottingham City Council, the Fire and Rescue Service, the National Probation Service and the Community Rehabilitation Company, Public Health and the Clinical Commissioning Group, Nottingham Trent University and Nottingham City Homes.

5.8.8 The CDP has worked with Adult Social Care to support their review of domestic abuse. The CDP leads on the Multi Agency Risk Assessment Conferences (MARACs) that Adult Social Care provide representation for and Adult Social Care sit on the MARAC Steering Group which is supported by the CDP.

5.8.9 The CDP commissions Women's Aid Integrated Services to performance manage the MARAC and provide reports to the MARAC Steering Group. Adults Social Care are represented on the steering group to ensure that all the work undertaken by Adult Social Care related to the MARAC is completed.

5.8.10 The CDP commissions Equation to deliver workforce development training on Domestic and Sexual Violence and Abuse (DSVA) throughout the year. Adult Social Care colleagues are encouraged to attend the free quarterly Equation seminars and briefings on a range of subjects related to DSVA. This year briefings include the new legislation on Coercive Control and on the domestic abuse elements in the Care Act.

5.8.11 Equation commissioned by the CDP deliver training across the city to approximately 1,000 colleagues per year and ensures that issues related to vulnerable adults at risk of DSVA is included in this program.

5.8.12 The CDP has commissioned Women's Aid Integrated Services to deliver services to survivors of domestic abuse. The new contract this year includes a performance framework which will provide more information than before on a range of issues including those related to vulnerable adults.

5.8.13 The CDP leads on the DSVA strategy, which is aligned to the national Violence Against Women and Girls Strategy. The national strategy includes Modern Slavery and this has been identified as a key issue for the CDP to work on this year.

Domestic Homicide Reviews (DHRs)

5.8.14 The CDP is the NCC strategic lead for DHRs. When the CDP is notified of a potential DHR by the police, it is taken by the CDP policy officer responsible for DHRs to the Safeguarding Adults Review Subgroup, which includes many of the key agencies that would be involved in a DHR. That group makes a recommendation to the chair of the CPD as to whether the homicide meets the criteria (as set out in the national guidance) for a DHR.

5.8.15 The CDP DHR policy officer supports the Assurance and Learning Implementation Group (ALIG) which is currently chaired by the Safeguarding Lead for the CCG. This group takes the recommendations from Nottingham DHRs and ensures that partner agencies have signed off their recommendations and also progresses any joint recommendations.

5.8.16 The CDP DHR policy officer also works across the Safeguarding Boards to align learning from DHRs, from Serious Case Reviews, Safeguarding Adult Reviews and Drug Death Reviews (which are also undertaken by the CDP) with key partners.

Outcome 1 – What was the impact?

- Assurance was provided to the Board that lines of responsibility are clear for specific areas and that a substantial training programme is in place concerning DSVA

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.

5.9 Training and Workforce Development

5.9.1 NCSAB and Nottinghamshire SAB colleagues have been developing the Safeguarding Adults Competency Framework and Learning Pathway. The Framework has been developed to support partner agencies to determine what safeguarding competencies their employees need in relation to the role they have.

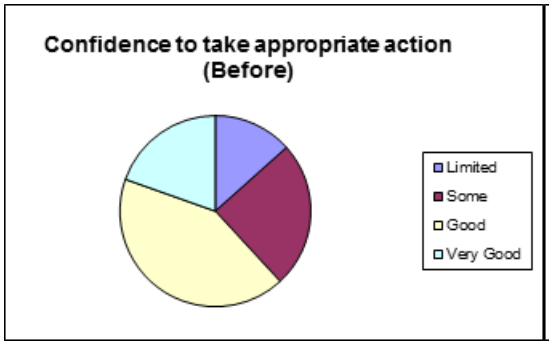
5.9.2 NCSAB delivered four 'Raising a Concern' Courses and three 'Referrer' courses in 2015-16, which were specifically aimed at the Private, Voluntary and Independent (PVI) sector. In total 107 people attended the 'Raising a Concern' course, and 47 people attended the 'Referrer' Course.

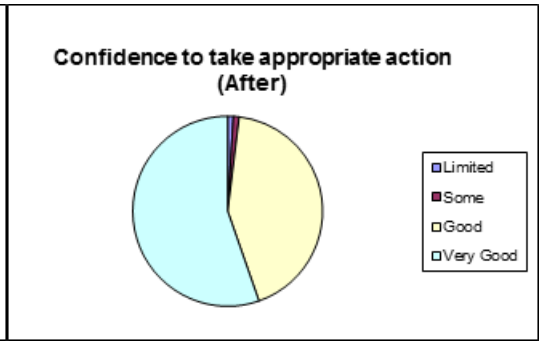
5.9.3 Training was delivered by a multi-agency Training Pool which includes representatives from partner agencies such as Adult Social Care, Nottinghamshire Police and the Board office.

5.9.4 All courses were attended by a wide range of organisations, predominantly from the voluntary sector.

5.9.5 Evaluation forms from both the 'Raising a Concern' and 'Referrer' sessions demonstrate positive responses in terms of the course content and the difference it has made to learners. For example: Raising a Concern training feedback.

Your level of confidence in your ability to take appropriate action when you have a concern, before and after this course				
Before	**Limited**	**Some**	**Good**	**Very Good**
	13	24	41	19
After	**Limited**	**Some**	**Good**	**Very Good**
	1	1	44	57





Referrer training feedback

Your level of confidence in how to make a referral, before and after this course				
Before	**None**	**Some**	**Good**	**Very Good**
	1	8	24	11
After	**None**	**Some**	**Good**	**Very Good**
			9	34

5.9.6 NCSAB hosted a seminar called 'The Whole Picture' which was aimed at frontline practitioners to better equip them to focus on the whole picture when meeting the needs of an adult requiring services, including managing challenging behaviour of carers who obstruct care. In the evaluation form, attendees were asked 'To what extent can you apply this learning in your role?' and 90% answered with either 'well' or 'very well'.

5.9.7 The 'Safeguarding Vulnerable Passengers' training programme was developed in summer 2015 to enable taxi drivers in Nottingham city to:

- Understand the need to protect vulnerable adults, young people and children.
- Identify possible victims of abuse and exploitation by understanding indicators of risk.
- Identify sources of advice and pathways for reporting concerns.
- Understand their roles and responsibilities in relation to personal safety and security.

The Licensing team deliver the training and approximately 1500 out of 1900 taxi drivers in Nottingham City have received the training and feedback from the training has been positive.

5.9.8 NCSAB commissioned the Ann Craft Trust (ACT) to deliver safeguarding training sessions in six privately run residential care homes. Over ten sessions were delivered in the care homes.

5.9.9 In June 2015 the Integrated Workforce Development Team ran an 'Every Colleague Matters' (ECM) event to support the wider children and adults workforce to respond effectively to the neglect of children, young people and vulnerable adults.

5.9.10 Whilst the majority of sessions were aimed at the children's workforce, two sessions also looked at issues facing adults at risk – these were entitled 'The neglect of children and adults - what have we learnt from Serious Case Reviews?' and 'Child & Adult Neglect - The basics'. 384 places were attended on the face-to-face sessions during the week-long event. 89% of respondents to the evaluation rated the session as excellent/good.

Other areas of work undertaken by the Board

5.10 Communications & Engagement

5.10.1 The Communications and Engagement Subgroup considered a number of matters in 2015/16. This included consideration of the protocol for cascade and dissemination of information across agencies.

5.10.2 A newsletter was produced in June 2015, circulated to partners and linked to the Board's webpages. It was estimated to have reached 2041 recipients. An autumn newsletter was sent out in October to 2272 recipients.

5.10.2 A report to the Operational Management Group considered the formulation of a revised Communication and Engagement Strategy, the protocol for cascade of information, an audit of existing engagement work, publication and circulation of the newsletter and the need to update the Adult Safeguarding leaflets.

5.10.3 Recognising the need to review the approaches being undertaken, it was agreed at the February Business Management Group that the subgroup would go on hold pending a review of the Communication and Engagement Strategy. This work continued into 2016/17.

6. Safeguarding Adults Reviews

6.1 The Chair of the SAR subgroup is Bella Dorman, Interim Head of Safeguarding NUH and Adult Safeguarding Lead, Nottingham City CCG (in 2015/16)

6.2 The following agencies are represented on the subgroup:

- Nottinghamshire Police
- Nottingham University Hospitals
- Children & Adults Legal Team NCC
- Nottinghamshire Probation Trust
- Nottingham CityCare Partnership

- Nottinghamshire Healthcare NHS Trust
- Nottingham City Council – Adult Social Care
- Nottingham City CCG

6.3 Aims of the Sub-group in line with the Terms of Reference

6.3.1 The SAR subgroup meets bi-monthly 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 Safeguarding Adults Review is fit for purpose.
- The Safeguarding Adults Review Group will discharge serious case review functions on behalf of the Nottingham City Safeguarding Adults Board.
- Manage Safeguarding Adults Review processes and provide information and support to panel members and overview authors.
- Receive and consider reports on Safeguarding Adults Reviews and ensure that action plans from the findings and recommendations of case reviews and audits are implemented
- Create or contribute to revised and/ or new policies and procedures following the recommendations of a Safeguarding Adults Review from either Nottingham or from other Local Authorities.
- Consider the impact of local and national Safeguarding Adults Reviews and ensure robust media management protocols are in place.
- Explore the funding implications of Safeguarding Adults Reviews and report these findings to BMG and/ the Safeguarding Board.
- Share findings of Safeguarding Adults Reviews conducted in Nottingham as appropriate.

6.4 SCOPE OF WORK for this year

6.4.1 From 1st April 2015 the Care Act (2014) came into force which made Safeguarding Adults Boards a statutory requirement and part of that statutory requirement is to conduct Safeguarding Adults Reviews. The key priorities of the group are to assess SAR referrals appropriately, identify and disseminate learning from local and national reviews and to update the SAR policy and process.

6.4.2 During 2015-16 the SCR subgroup has had three referrals for consideration of a SAR.

6.4.3 The SAR policy and procedures have been rewritten to reflect changes in the Care Act 2014.

6.4.4 The SAR subgroup also acts as the decision making forum for Domestic Homicide review referrals. Additional members from the Crime and Drugs Partnership (CDP) attend when a referral is received but this process has demonstrated better multi-agency working and use of agency representatives' time. One referral was received and considered in 2015-16 and a Domestic Homicide review commissioned by the CDP.

6.5 **Achievements**

6.5.1 The SAR subgroup has had many achievements this year aligned to the agreed work plan.

6.5.2 An executive summary was published following an SCR in 2014-15.

6.5.3 The group has considered three SAR referrals and one domestic homicide review referral and agreed to proceed with Safeguarding Adults Reviews which are currently underway.

6.5.4 The SAR subgroup commissioned a learning event 'The Whole Picture' for front line practitioners following a Serious Case Review in 2013/14.

6.5.5 The SAR subgroup undertook an audit against recommendations from a review that was completed on a residential home in West Sussex where 19 residents died (Orchid View). A multi-agency group met to provide assurance that agencies in Nottingham could demonstrate compliance against the recommendations. The areas where we can show effective working are in information sharing with CQC and commissioners in order to quality assure provision and in information sharing with the public on how well homes are performing.

6.6 Barriers encountered

6.6.1 A review into a death in a care home, Autumn Grange, in 2012, was put on hold as there was a criminal investigation; this led to the conviction of the owner and manager for corporate manslaughter, with sentencing in February 2016; as a result one of the Directors received a custodial sentence. Once the criminal proceedings were complete and all information relating to the criminal investigation was able to be accessed, the full SAR process could proceed. The subgroup acknowledges a significant delay with this. Organisational learning from this review has already been implemented in individual organisations as Individual Management Reviews were completed by agencies in preparation of a SAR. This has helped provide assurance that any individual agency actions were completed prior to the conclusion of the criminal process.

6.6.2 The Safeguarding Adults Board was without a Board Officer until December 2015 which has impacted on the work of the subgroup.

6.7 In June 2015 a request was made by the Safeguarding Assurance Forum for an analysis of themes from Serious Case Reviews, Domestic Homicide Reviews and Safeguarding Adults Reviews.

6.7.1. Common themes across all three types of review included information sharing, complex families and people with multiple needs, record keeping, mapping patterns of abuse, training and awareness, working with people who don't engage with statutory services, quality of assessments including risk assessment and assessment of carers; adherence to procedures.

6.7.2 Recommendations from this work included that learning from reviews should be a standing agenda item, that there should be improved information sharing of learning across all three reviews.

6.7.3 Progress against these recommendations was hindered by lack of capacity in the board office, and these will be taken forward in 2016/17.

6.8 **Summary of Safeguarding Adult Reviews**

Adult B

6.8.1 The referral for Adult B was received during 2014/15

6.8.2 The Serious Case Review Overview Report was accepted at an Extraordinary meeting of the Board in August 2015 and a decision was taken to publish an executive summary after the Inquest had taken place. The Executive Summary was not yet published within 2015/16 and further details will be reported on in the 2016/17 Annual Report.

6.8.3 A Strategic Action Plan was drafted and agencies have provided assurance to the Board in relation to this.

Autumn Grange

6.8.4 The criminal investigation and proceedings into the owners and managers of Autumn Grange Care Home concluded in February 2016. Following this a decision was taken by the SAR subgroup to commission a new review to take into account the witness statements which had become available with a focus on learning and assurance. This review commenced in 2016/17 and so will be reported on in next year's Annual Report.

Adults C & D

6.8.5 Following a referral for Adults C and D, cross authority agreement with Nottinghamshire County Safeguarding Adult Board was reached in June 2015 to initiate a review, which the Nottingham City SAB would lead.

6.8.6 At the Operational Management Group in October 2015 it was agreed to defer the completion of the review until March 2016, after the criminal proceedings had concluded. However, in February additional Individual Management Reviews were requested from agencies and the review had not been completed within 2015/16. The outcome and learning from this review will be included in next year's annual Report.

7 Deprivation of Liberty Safeguards

7.1 The Mental Capacity Act 2005 provides a statutory framework for acting and making decisions on behalf of individuals who lack the mental capacity to do so for themselves. It introduced a number of laws to protect these individuals and ensure that they are given every chance to make decisions for themselves. The Government added new provisions to the Act: the Deprivation of Liberty Safeguards in 2008, which related only to those adults residing in care homes and hospitals who, in their own best interest, need to be accommodated under care and treatment arrangements that may have the effect of depriving them of their liberty - as defined in the 'Cheshire West' Supreme Court ruling - but

who lack the capacity to consent to these arrangements. Local Authorities now have a statutory obligation to assess all those people who fall within the remit of the safeguards to ensure that the arrangements made for them really are in their best interest and to take remedial steps if found otherwise. The people responsible for undertaking this work are specially trained social workers called 'Best Interest Assessors'.

7.2 The DOLS subgroup had been in place for a number of years, and from 2013 had focussed on providing assurance to the board that the Mental Capacity Act was being implemented in line with best practice across the partnership through an Annual Report to the Board.

7.3 In June 2015 the subgroup reported to the Board that they had received regular DOLS data and were assured action had been taken to address identified issues. Capacity and resource impacted on the ability of the subgroup to complete further meaningful work in relation to MCA. The subgroup were assured by Nottingham City Council Adult Assessment that Mental Capacity Act (MCA) policies and procedures were kept up to date and colleagues were working to best practice.

7.4 It was agreed by the Board in June 2015 that the DOLS subgroup would no longer continue, and assurance regarding MCA would be provided through the Self-Assessment and Assurance Framework (SAAF), and through Adult Social Care reports to the Board.

7.5 One of the consequences of the 2014 Supreme Court 'Cheshire West' judgement was to define Deprivation of Liberty as being 'under continuous supervision and control and not being free to leave'. This effectively increased the number of people who lacked the capacity to consent to their accommodation, care and treatment arrangements being included within the remit of the safeguards by tenfold overnight and consequently Nottingham City, like all local authorities, experienced a huge increase in the number of referrals being made to their DOLS team, at that point consisting of two social workers. Since this ruling the Adult Social Care department has increased the size of the team to keep abreast of ever-growing demand so that it now consists of one Full Time manager, one Full Time Equivalent senior practitioner, seven Full Time Best Interest Assessors (along with 28 social workers who undertake Best Interest assessments on a rota basis) and three Full Time administrative staff.

7.6 Additionally, the department has adopted the Association of Directors of Adult Social Services (ADASS) triaging tool which effectively prioritises which referrals to assess and which to delay or leave all together, according to a RAG rating, as a pragmatic solution to dealing with the unprecedented demand. Adding to the work of the team are two significant laws, the first being that if the 'Relevant Person' (the person whose current accommodation and care arrangements have been 'authorised' as being in their best interest by a BIA) or any family member or 'representative' objects to the current accommodation and care arrangements they have automatic entitlement to have their case heard in the Court of Protection, which invariably involves the Local Authority as an 'interested party'. The second is that 'authorisations' can only last a maximum of twelve months before needing to be 'renewed' and the 'relevant person' assessed again by a BIA, which essentially means the DOLS team have two cohorts of citizens to manage: those they have never seen and those they must see again.

7.7 Recognising the need for change the government first asked the Law Commission to make recommendations about altering the current rules in 2014. Following sharp governmental criticism of their first draft the Commission are due to publish their second proposal in March 2017, though no one expects that even if accepted wholesale, the government will be able to timetable any legislative amendments until 2018/9 at the earliest so the situation as it stands will continue.

7.8 The table below illustrates the level of demand. In 2016/17 the Board will seek assurance regarding the volume of assessed referrals and the processes in place for prioritising them and leaving other referrals unassessed.

No. of DoLs Referrals			
Apr - June	Jul - Sept	Oct - Dec	Jan - Mar
269	226	244	264
Number of assessments completed by DoLs Team			
Apr - June	Jul - Sept	Oct - Dec	Jan - Mar
115	171	203	446
No. of unassessed DoLs Referrals			
Apr - June	Jul - Sept	Oct - Dec	Jan - Mar
479	570	624	755

8 Board Members Individual Agency Performance, key developments and challenges 2015/16

8.01 The following sections have all been written by representatives from partner agencies themselves, outlining the variety of Adult Safeguarding work completed in 2015/16 across Nottingham City.

8.1 NHS Nottingham City Clinical Commissioning Group

What the NHS Nottingham City Clinical Commissioning Group planned to do 2015 -2016

8.1.1 In 2015-2016 Nottingham City Clinical Commissioning Group devised a work-plan in relation to adult safeguarding. The CCG work plan included some of the following actions that aligned themselves to the NCSAB four strategic objectives.

8.1.2 Training

- Ensure that the use of the Mental Capacity Act 2005 is promoted within the City GP practices and care homes
- Ensure all CCG staff receive adult safeguarding training

  GP & Care Homes MCA/DoLS training was evaluated and disseminated to practitioners
- Training to be commissioned for Nottingham City Continuing Care Team to help them identify potential cases in the community that may require a Deprivation of Liberty authorisation from the Court of Protection (CoP).

8.1.3 Deprivation of Liberty Safeguards

- Community DoLS cases identified and progressed to the Court of Protection
- Deprivation of Liberty Court of Protection Officer role to be devised and then recruited in order to support the CoP applications.

8.1.4 Care Act 2015

- To ensure that the CCG is compliant with its statutory duties under the Care Act 2014 in relation to safeguarding adults.
- To ensure that the CCG and commissioned services comply with the statutory duties of Duty of Candour in relation to safeguarding.
- Ensure the CCG Safeguarding Adults Policy has been reviewed and is Care Act compliant.

8.1.5 Multi-agency work

- Ensure robust representation at local safeguarding boards and relevant subgroups.

- Ensure CCG representation at Safeguarding investigations involving NHS funded care home residents or residents in receipt of healthcare services from a city GP practice.

- To work in partnership with NCC to develop and implement an Early Intervention Team to work in City Care Homes offering guidance and support to drive up standards and improve the wellbeing for residents.

8.1.6 Assurance

- To provide assurance to the local adult safeguarding board.

- Develop and send mini SAAF/GP Checklist to gain assurance and identify areas for improvement and development.

What we did

8.1.7 Training

- The initial training programme was developed during 2014/15 and its primary objective was to support and help embed the Mental Capacity Act & Deprivation of Liberty Safeguards into primary care and private care home providers. This first tranche of training was concluded in July 2015.
- An evaluation was carried out which identified that 215 delegates in total had been trained on this programme and out of which 112 were contacted 4 weeks after the session. This was used to assess if the training had increased their level of confidence and understanding of MCA/DOLS and whether they had been able to apply this knowledge directly to their practice. It also evidenced how this learning had directly impacted on patient care. The results showed that all the delegates contacted either agreed or strongly agreed that the session had significantly increased their level of confidence and understanding of MCA/DOLS. They were also able to give examples of the way in which the training had affected their practice in a positive way
- All CCG colleagues have been trained and are up to date with their Safeguarding Adults training.
- The CCG representatives have attended both local and national events in relation to Safeguarding Adults and shared the learning within their organisation.

8.1.8 DOLS

- The CCG has scoped the number of citizens living in their own homes who may require application to the Court of Protection (CoP) for a Deprivation of Liberty authorisation. This work continues and applications are starting to be made to the courts.
- Work continues to appoint a Court of Protection Officer based in the Continuing Care team and should a suitable candidate be identified they should be in post mid-2016. This role will be to support case managers with the identification of patients that

require a CoP authorisation and they will then collate the relevant data required by the court.

- Thereby ensuring that patients that are funded by the NHS to receive a care package within their own homes (or supported living) are afford them same level of external scrutiny as those patients that are cared for in regulated provider settings such as care homes. The CCG will be meeting their responsibilities under the Act and protecting vulnerable adults within the community as they will be commissioning care that is the least restrictive and in the patient's best interest.

8.1.9 Care Act 2014

- The CCG has been well represented 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.
- The CCG Safeguarding Adults Policy has been revised to ensure it is Care Act Compliant.

8.1.10 Multi-agency work

- The CCG continues to be well represented at the Local Safeguarding Boards and subgroups and members of the CCG Adult Safeguarding team chair one of the associated subgroups.
- The CCG is a key stakeholder at the Quality Information sharing forum (QUIF) and participates in relevant provider investigations supporting partner agencies with investigations and where necessary deploying services to support and mitigate risks within the care homes that ourselves and the local authority commission.
- The CCG continues to be a key stakeholder in Safeguarding Adult Reviews and Domestic Homicide Reviews that occur within the city or relate to a city resident outside of our area.
- The CCG has worked in partnership to develop and support the implementation of the Early Intervention Practitioners. This is a joint venture to help support care homes in the city and inevitably drive up the standards of care and wellbeing for residents.

8.1.11 Assurance

- The CCG provides assurance to the local safeguarding board in the form of the completion of the safeguarding adults' self-assessment and assurance framework. This was submitted at the end of May 2015.
- Internally the CCG has a regular safeguarding forum and safeguarding health overview group. These groups report to the CCG Quality Improvement Committee and we have robust governance arrangements within the CCG to offer scrutiny and challenge.
- The CCG have also commissioned an external report to audit the safeguarding adult practices within the CCG and the primary findings are very positive. The final document is expected in the summer of 2016.

What has been the impact of that work?

8.1.12 Training

- A care home manager reported that following the training they updated their internal forms for MCA 2 Stage test and best interest decisions. She now carries out monthly reviews of all residents and this practice was praised at a recent CQC inspection. Many recipients of the training reported that they had used their new knowledge to inform others back at their workplace.

8.1.13 DoLS

- People in the community who may require an application to the Court of Protection have been identified and case managers are now ensuring that they identify these people and refer them to the CCG to progress them into court.

8.1.14 Multi Agency

- The newest feature this year in relation to multi agency working has been the introduction of the Early Intervention Practitioners. This is a joint venture between NCC and Nottingham City CCG. As part of a pilot a nurse and social worker from social care have been implementing a project whereby they support care homes that have been identified as requiring additional support so they can maintain the service standards and prevent any adverse effect on the health and wellbeing of residents.

8.1.15 Assurance

- Due to the realignment within the CCG processes involving co commissioning are still evolving on how we gain assurance from primary care.

8.1.16 What the agency needs to do in the future

- Promoting the Think family approach to safeguarding.
- Continue to embed the DoLS processes within continuing care
- Review the findings of the external audit on Adult Safeguarding and implement any identified recommendations.

8.2 Nottinghamshire Police

8.2.1 In line with the Care Act 2014, Nottinghamshire Police has developed local process and procedures in order to support the statutory obligations now placed upon Nottingham City and Nottinghamshire's Adult Safeguarding Boards.

8.2.2 Adult abuse can take many forms including physical, emotional and psychological, domestic violence, sexual abuse and neglect. However an ageing population and the globalisation that comes with modern society has also witnessed the emergence of other

areas of adult maltreatment that provides both a new, yet no less disturbing challenge to address. This includes areas surrounding mistreatment within residential or health care settings and the component parts that make up modern day slavery such as human trafficking, forced labour and domestic servitude.

8.2.3 To provide an effective and specialist response to these areas of business, those aspects surrounding adult safeguarding have in the main been adopted under the umbrella of Public Protection. Whilst Safeguarding is personal and everybody's business within Nottinghamshire Police, placing these aspects within a single police unit serves to provide a corporate and specialist response by officers with the effective knowledge required to provide the dual functions of safeguarding and effective investigations.

8.2.4 What we did

- Substantially increased the level of staffing within the Public Protection Unit to tackle the complex aspects of adult abuse including high risk domestic violence and all sexual offences.
- Produced a comprehensive Safeguarding Adults at Risk Procedure consistent with the Nottingham and Nottinghamshire Multi-Agency Safeguarding Procedures and Guidance.
- Assisted with the development and implementation of both local and regional procedures to provide an effective response to Human Trafficking and Modern Day Slavery.
- Published new procedures via weekly orders and ensured accessibility to all officers and staff via the police intranet and our corporate library.
- Provided training and presentations to the Adult Safeguarding Board, Sub Committees and Partner Agencies surrounding Modern Day Slavery including the statutory obligations now placed upon public authorities under the 2015 Modern Slavery Act.
- Developed a 'Triage and Safeguarding' team to support the existing investigative units and promote the requirement to apply the correct disposal outcomes to the benefit of the victim. It followed the realisation that in many cases pursuance of a criminal investigation in the form of a charge would not be the desired or required outcome for the victim.
- Increased investigative resilience of the Triage and Safeguarding Team who now undertake those enquiries previously completed by the Adults at Risk team. This includes all specific allegations made against carers.
- Maintained a victim-focused approach to sexual offence investigations. Increasing staffing numbers to deal with sexual offence investigations in their entirety, avoiding unnecessary handovers and investigative delay. Consequently Crown Prosecution figures reveal that Nottinghamshire Police has one of the highest national conviction rates for Rape.
- Worked collaboratively with the East Midlands Regional Training team and arranged for bespoke training to be provided to Public Protection officers for January 2016. Course aims included an overview of subjects, relating to Adults at Risk (including the Care Act 2014), Causes of Vulnerability, Mental Capacity, Section 44 of the Mental Capacity Act 2005 and Achieving Best Evidence.

- Delivered enhanced training via the National Lead (Laura Richards) to Public Protection Officers regarding Domestic Abuse Risk to ensure effective assessments can take place. This also incorporated the new legislation contained within the Serious Crime Act December 2015 in respect of coercion and controlling behaviour.
- In January 2016, Nottinghamshire Police became the first force within the UK to bring charges utilising Coercion and Control legislation under the 2015 Act. It has now become one of only a handful of forces UK wide to achieve White Ribbon Accreditation.
- Provide the primary chair function for the MARAC (Multi Agency Risk Assessment Conference) process to assess (with partner agencies) the risks faced by survivors of domestic violence and safeguarding interventions available from all statutory and non-statutory agencies to keep vulnerable survivors safe.
- Promoted the importance of utilising the witness intermediary services and requesting this at an early stage during the commencement of the investigation involving vulnerable adults.
- Conducted further customer satisfaction surveys with the public and victims of crime across five main crime groups (burglary, racist incidents, violent and vehicle crime and anti-social behaviour). Within each crime area demographic details are obtained and will represent a proportion of vulnerable victims.
- Communicated internally within the force and through key multi-agency sub-groups, significant changes to the legislation in respect of protecting adults at risk, including, Sections 20-25 and Schedule 4 of the Criminal Justice and Courts Act (this created new criminal offences regarding ill treatment or the wilful neglect by care workers or care provider organisations of any adult).
- In May 2016 Nottinghamshire Police reported an individual for summons for the first time using the above legislation covering The Criminal Justice and Courts Act 2015.
- Delivered refresher class-room based training to all officers and investigating staff across the force surrounding the Victim Code of Practice (VCOP) and continually driving compliance across the force. (VCOP assesses victims and their needs for support, prioritising those most vulnerable, intimidated or subject to domestic violence or serious crime).
- Progressed the work around repeat victimisation and particularly within the Safer Neighbourhood teams where there is a constant expectation to identify repeat victims and put relevant safeguarding measures in place to prevent further victimisation and to consider any safeguarding considerations/referrals with regard to all persons encountered.
- Ensured continued engagement with the NSAB/NCSAB through attendance at and participation at board meetings, sub-groups of the board and Serious Adult Reviews or other reviewing process.
- The force is leading on implementation of a partnership prevention programme designed to tackle the root causes of the demand on services surrounding mental health. There are a number of on-going projects and pilots. One of these projects is the mental health street triage team which deals with mental health issues.
- Conducted a review with the CDP surrounding the existing Complex Persons Panels (CPP) to determine efficacy regarding vulnerable adults.

8.2.5 What has been the impact?

- In 2015/16 the Mental Health Triage Car (MHTC) entered year 2 of its 2 year pilot. The MHTC is a resource staffed in partnership between Nottinghamshire Police and Nottinghamshire Healthcare-Trust. The MHTC's work every day of the year between 4pm and 1am. One car is located at Riverside and one car is located at Mansfield Police Station. The car has resourced 2790 incidents where concerns were raised for the mental health of vulnerable adults or children (1430 of these were City). 954 (505 City) initial mental health assessments were completed during these incidents resulting in 783 (400 city) referrals into mental health services or other health/support agencies. Only 61 (39 City) were detained at the incident under the Mental Health Act section 136.
- In 2015/16 we refreshed mental health related protocols. No adults suffering mental health under S136 Mental Health Act are now detained in custody unless they are unmanageably violent. The use of Police Custody has reduced from 321 in 2013/14 to 20 (no data for March 2016 yet) in 2015/16. Also in January 2016 mental health nurses are now embedded within the control room between 9am and 4pm Mon-Fri to assist the police response to mental health. The control room nurses are able to share relevant information to determine the police response and also update mental health services of any incidents involving their service users. They can also refer people into services. Outside of core street triage and control-room triage hours, officers are able to contact the mental health trust for information in response to incidents involving mental health concern.
- Veterans are now screened in custody and referred to Liaison and Diversion services for support.
- All front line police officers in response, neighbourhoods, custody and staff in the control room have been retrained on Mental Health Act and Mental Capacity Act. In addition, we have increased the funding in this area from underspend in the other areas to include training for some ambulance staff and mental health nurses. We have also had some autism inputs, suicide prevention and veteran specific training. We are also currently rolling our Prevent (extremism) training to mental health nurses on the triage cars, in custody and at 136 suites as it is nationally recognised that there are clear links between radicalisation and mental health. The force has recently also enrolled in MIND's Blue Light service for emergency personnel.
- Sixty frontline and detective officers are currently receiving personality disorder awareness training including public protection, force negotiators, neighbourhoods and response. There are plans to offer further training sessions for 2016/17. A Dementia Friends awareness session is also in the process of being delivered to street triage officers, neighbourhoods and response officers.
- Officers are updated and are familiar with the new and relevant legislation and the framework within which to operate (refer to case studies).
- A HMIC vulnerability report provided positive commentary surrounding the force input surrounding its interaction with vulnerable adults. Whilst no room for complacency, the report acknowledged that protecting vulnerable people is a high priority for Nottinghamshire Police which is reinforced by senior leaders and the Crime Commissioner.
- The Assistant Chief Constable (Local Policing) is the portfolio holder for Public Protection at an executive level within the organisation. The Superintendent, Head of Public Protection is the named representative on both the City and County

Safeguarding Adult Boards. Leadership is demonstrated across the partnerships sub-working groups and there are systems in place to develop leadership in safeguarding across the service.

- The development of good processes to identify repeat and vulnerable victims.
- The review of the Complex People's Panel in the City has introduced a number of effective working practices. This includes the following.
- Good multi-agency representation across organisations within the City in terms of participation and attendance at the Task & Finish group.
- Securing a negotiated consensus across agencies that the CPP is an important multi-agency meeting and should continue.
- Agreement that the reviewing agency should be the lead agency for cases brought to the CPP.
- Production of an Information Sharing Agreement signed up to by all partners and held by the Crime and Drugs Partnership.
- Updated CPP referral flow-chart including revised definitions of a Complex Person and also clarifying the issues regarding consent.
- Improved quality assurance mechanisms with agencies having to formally send updates on actions to Victim Support and for these to be formally reviewed at future meetings.
- Introduction of a Complex Person's Advisory Group to replace the Task and Finish group.
- Agreement across the partnership to introduce ECINS (electronic database) as a way of securely facilitating the information transfer between agencies and a repository for actions and updates from the various meetings.
- Improved accountability – defined reporting structures into the Crime & Drugs Partnership.
- Ensuring correct chairing of the Complex People's Panels by Adult Social Care with a chair that holds the appropriate skill/ knowledge set.
- Improved understanding around pathways and ensuring that cases are heard in the correct forum (where cases reach the eligibility criterion for safeguarding adults/children that they are dealt with in that arena).
- Officers are developing a good understanding of vulnerability and the need to provide enhanced levels of service to protect the most vulnerable. (HMIC Peel Inspection 2015).
- Independent domestic violence advocates work closely with officers and staff and formally feedback the views of victims. The domestic abuse survey and work to find out the views of victims are very positive, and are informing how we shape our service provision to victims (HMIC Peel Inspection 2015).
- The majority of areas surrounding adult vulnerability are a central focus of the force control strategies. Nottinghamshire Police has a 5 year Policing Plan (2013-2018) which includes objectives directly linked to safeguarding adults.
- Introduced NICHE (integrating data sharing tool) as part of a 5 force collaboration which now enables a real time sharing of information and intelligence often around those most vulnerable.

- Developed internal policies for staff. All officers and staff working within Public Protection are required to undertake at least one mandatory counselling session per annum. Support is available to all officers through CIC and the OHU.
- The force has robust vetting procedures in place. Protocols and Guidance are available for the safe recruitment of non-police staff, including those on attachments.

8.2.6 Case Studies: The positive impact within Police Investigations.

Corporate Manslaughter in a care home – Operation Hoatzin.

In December 2015 the first ever UK conviction for Corporate Manslaughter in a Care Home setting was secured following a 3 year investigation by a Nottinghamshire team of detectives.

This case also saw the first ever individual convicted of Gross Negligence Manslaughter on the same indictment as a Corporate Manslaughter.

Resident A was 86 years old when she arrived at the Autumn Grange Care Home, Sherwood Rise Nottingham. Some 42 days later she had lost half of her body weight, was terribly emaciated and dehydrated and had developed a Grade 4 pressure sore on her sacrum. Her condition was attributed to the mistreatment/neglect she had received in the home, and she died shortly after as a direct result.

Close working across the adult safeguarding partnership, together with the bravery of many residents, their families and junior carers in the home and some pioneering expert evidence all came together to secure these landmark convictions and deliver a really powerful message throughout the care home community.

Criminal Justice and Court Act 2015 – ill-treatment and wilful neglect.

The circumstances that surround this case involved a carer being witnessed by others shouting at an elderly disabled male before forcibly man-handling him into his wheelchair, apparently tying him to it. These incidents were witnessed by off-duty police officers. Investigations commenced.

Whilst the victim in this case has now sadly passed away, prosecutions continue. While no indication of any injuries caused to him by the alleged incidents of neglect and ill-treatment could be ascertained, or his subsequent death linked in any way whatsoever to his ill-treatment, prosecutions commenced under the new legislation.

The case highlights a first in Nottinghamshire where the police have been able to secure agreement with the CPS to prosecute using legislation without the necessity of having to prove that an individual lacked capacity which can now reflect the totality of the circumstances and abuse of trust in the situation which was faced.

Stalking & Domestic Abuse

A serial perpetrator who repeatedly threatened his ex-girlfriend with threatening text messages and phone-calls is now successfully behind bars and serving a custodial sentence.

In this case, the suspect targeted a number of vulnerable victims and subjected them to physical as well as psychological torture. The victims in this case were referred to the MARAC process and it was a result of their continued efforts that the victim agreed to support the police in making a complaint.

Coercive and Controlling Behaviour Offence – Section 76 of the Serious Crime Act 2015.

In January 2016, Nottinghamshire Police charged an individual with engaging in controlling or coercive behaviour on his partner. Whilst not always physically assaulting her, she was nevertheless subjected to continued verbal abuse and degrading treatment. This included being forced to sit in her underwear during the winter months with windows open and the heating turned off in the home. The charge is thought to be the first in the country since the offence of coercion and control became active on 29 December 2015.

The offence carries a maximum sentence of five years' imprisonment.

Modern Slavery.

The team working on the first case to be tried in the East Midlands under new Modern Slavery Act legislation have recently been praised after the third and final member of a trafficking gang was jailed.

The third suspect had previously admitted being one of three people to force a Hungarian woman into prostitution while she was kept against her will at properties in Nottingham in August and September last year (2015).

The combined sentence of all three defendants amounted to over 16 years.

This despicable crime involved two women who had been sold for sham marriages in London and trafficked into the UK on the false promise of legitimate work within hotels. Once in the UK, the women, who did not speak English, were then 'sold' to buyers and made to work as prostitutes. The victim in Nottingham was forced to have sex with men and had her identity documents taken from her so she could not flee. She was also offered for marriage to various men. The bravery of the victims in this case, combined with the tenacity and professionalism of the officers that investigated this case was instrumental in securing convictions and justice for all.

8.3 Nottingham City Council Adult Social Care

8.3.1 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

8.3.2 What we did - Care Act Training #1

In April 2015 the Care Act placed a statutory requirement upon Local Authorities in relation to Adult Safeguarding. With new terminology and new categories of abuse, we reviewed our entire Adult Safeguarding programme to ensure compliance. We delivered Adult Safeguarding Care Act briefings to 157 of our Adult Social Care staff in order to prepare them for their new responsibilities and changes in recording practice.

8.3.3 What has been the impact?

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

8.3.4 What we did - Care Act Training #2

The Care Act also added 3 new categories of abuse not previously included in procedures. The Director of Adult Social Care, in her role as Chair of the East Midlands Adult Safeguarding Network ensured that these areas were a priority in the regional 15 – 16 business plan. Several awareness and training sessions were held to cover Domestic Abuse, Self Neglect and Modern Slavery.

8.3.5 What has been the impact?

The events were attended by Safeguarding and Adult Health and Social Care staff from across the East Midlands region. Experts were invited to speak and good practice shared.

8.3.6 What we did - Making Safeguarding Personal

The Department of Health places a requirement under the Care Act for MSP to be at the centre of any Safeguarding contact. We embedded this message in our Care Act Training and ensured that evidence of MSP was recorded in our records.

8.3.7 What has been the impact?

82% of our Safeguarding Interventions meet (69.3%) or partially meet (12.6%) the expressed outcomes of the citizen or their advocate. This is strong evidence of consultation and involvement with citizens subject to abuse and or neglect. We also ensure citizens views are represented when they need help to express their views, and involve both informal and formal advocacy in 12% of all our Safeguarding Enquiries

8.3.8 What we did - Adults in need of Safeguarding are safe

The Adult Social Care Directorate has a supervision policy and all practitioners involved in work with vulnerable adults are supervised regularly to ensure their practice is safe. We continue to undertake monthly audits of Safeguarding Enquiries and Interventions across

our Directorate, the findings of which feed into development of training and procedural revision and in tackling poor practice should this be identified as a result of the audit process.

8.3.9 What has been the impact?

Our audits are analysed for themes on a six monthly basis so we can shape our Safeguarding Learning & Development programme to respond to identified areas where poor practice has been highlighted. We monitor the audits for evidence of improvement to measure the impact of the revised training programme.

8.3.10 What we did - Services are effectively coordinated

Adult Social Care works in strong partnership with other agencies involved in Safeguarding in the city. The Quality Information Sharing meeting (QUIF) provides strong evidence of this. The function of the monthly meeting is for representation from agencies across Nottingham involved in the regulation, monitoring and Safeguarding contracts of care providers to share information in relation to the status of providers in the city and coordinate what action is required as a partnership.

8.3.11 What has been the impact?

Recently the QUIF was reviewed and our Early Intervention Officers became the incoming chairs – this was a concerted shift in focussing on early indicators of care providers showing signs of failing and to proactively intervene to work with providers to prevent further deterioration which has a greater impact upon citizens and calls for more resources.

8.3.12 Learning and Improvement

What we did; We devised a foundation training course in Safeguarding for all new starters in Adult Social Care as part of our Core Competence training and also maintained high levels of training for care staff in Adult Provision. As well as an annual training programme in relation to Safeguarding, we run a flexible workshop programme in response to requests from our practitioners. This year this has included Legal briefings, Tissue Viability, Practitioners forums., MAPPA and Medicines Management

The protected space for reflective practice is important to us and we continue to hold 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

8.3.13 What has been the impact?

Over 60 practitioners including Social Workers, Community Care Officers and Occupational Therapists have attended the core competency training. The feedback has evidenced that practitioners feel more confident when dealing with safeguarding issues and have embraced the new protocol. The new competency programme has introduced a record keeping and an intervention course both of which have been well attended and have evaluated extremely well

8.3.14 Safeguarding Activity

What we did; The Care Act required Local Authorities to undertake Safeguarding enquiries in order to determine if the citizen allegedly being abused or neglected required ongoing protection from risk. In order to evidence how many citizens required ongoing protection as a result of an 'Enquiry', we introduced internal procedures requiring our practitioners to undertake wherever possible, an Enquiry within 5 working days, in order to determine if a 'Safeguarding Intervention' was required.

8.3.15 What has been the impact?

From April 2015 to April 2016 over 2300 Safeguarding Enquiries were undertaken as a result of a referral to Adult Social Care. Only 20% of these required a Safeguarding intervention. Our next step is to analyse this activity to determine if there are situations where referrals have been made inappropriately and could have been resolved by the referring agency.

8.3.16 Success of Strategies

What we did

In 2015 Adult Social Care acquired funding for a one year pilot project which was established in November 2015. Two Early Intervention Practitioners (EIPs) were appointed in November 2015. The aim of the service is to identify Care homes that are beginning to evidence a decline in performance. The EIPs support homes by identifying and agreeing what areas for improvements exist with a care setting, identifying strategies and skills needed to make improvements in the service, and setting out a plan to achieve those improvements

8.3.17 What has been the impact?

There has been strong evidence of the success of the pilot in its first 6 months. The EIPs have worked with several care homes and improved standards and care delivery. They have also played a pivotal role in the closure of a large care home in the city, ensuring residents' transfers were person centred and effectively coordinated. At such an anxious time for relatives, we received positive feedback from both relatives and partner agencies impressed with the level of organisation and good practice.

Case Study - Partnership working

A Provider Investigation Procedure (PIP) was initiated for a nursing home in the City where there were widespread concerns regarding neglect and acts of omission. Agencies met on a monthly basis to work with the provider to address the reported concerns within an action plan. Formal contractual action was taken against the provider however the agency engaged positively and completed the actions to the standards required. The agencies monitored and inspected the home to ensure sustained improvement was evident and reported that engagement and communication with the provider had improved which had a positive impact on resident care. In addition, a questionnaire was sent out to relatives of residents seeking feedback on their view of the care delivery. I spoke with a relative who

reported that on her weekly visits to the home she had seen the improvements at the home over the months since the Local Authority had taken action, including more robust management, staff cover and better quality of care delivered.

Case Study – Making Safeguarding Personal

The citizen moved to the UK from abroad she was living alone in another city but her care needs increased so she moved to Nottingham to live with her relatives in their home. The plan being they would provide care and she would contribute to the household bills.

When she moved to Nottingham she transferred a significant amount of her savings to her relative's bank account for them to look after. Within a few months of moving to Nottingham, the Citizens relative had taken control of her finances and had possession of her bank card. Further financial abuse developed.

The citizen did not feel able to regain control of her finances because she was intimidated by the relatives. They had stopped speaking to her and she had no one else to ask for support. She did not have any other friends or family in Nottingham.

Alleged theft is a potential crime and I consulted the citizen about reporting this to the police, which she agreed. However, she refused to pursue a prosecution because she said she still cared about her relatives. When challenged, the relatives accepted responsibility but informed me they had spent most of the money.

My intervention was focussed upon consulting the citizen about what she wanted to do to stop the financial abuse and feel safe from future harm.

I worked with the Citizen to meet her wishes. The result was that some of the money was returned to her and I put measures in place to protect her against future theft. We found a new place for her to live in supported housing with ample support. Crucially, the citizen shared with me she was glad to find resolution without having to pursue a criminal prosecution. She cared too much about her relatives to seek a criminal prosecution. She wanted to move on and forgive. I passed an apology from the relative to the citizen which she appreciated.

Eight months after the conclusion of the intervention, I spoke with the citizens support worker. The support worker stated that the citizen is now very happy and was glad to have had the support from the Safeguarding team with moving on from the situation.

Social Worker

City Safeguarding Team

8.4 National Probation Service - Nottinghamshire

8.4.1 As part of the National Probation Service we are committed to ensuring and promoting that safeguarding is everyone's responsibility. This is achieved through safeguarding checks completed prior to a person's sentence, monitoring during the period

of someone's sentence, multi-agency public protection meetings and also prior to release where we are checking a proposed release address. The National Probation Service has also provided training to staff both e-learning and face to face, and promote the local authority safeguarding training.

8.4.2 In terms of responding to adult abuse and neglect all staff are aware of the need to be observant of possible vulnerable individuals attending the office with cases we manage and/or offender managers are aware to complete relevant checks of individuals where a case appears to be having regular contact.

8.4.3 The National Probation Service does not routinely collate information which illustrates our agency's safeguarding work. However if information is received that a case we manage is associating with a vulnerable adult then this information is kept separate from the cases file.

8.4.4 A national suite of partnership reports is currently being developed. This will incorporate reporting on both adult and child safeguarding.

8.4.5 Information provided by case managers has highlighted the use of referrals and concerns for individuals being forwarded to the City Safeguarding teams. These have generally been under the provision of the Care Act when a case is leaving prison. Some referrals have been identified by City Safeguarding as not fitting the criteria as a vulnerable adult. In these instances where a case has not been identified as vulnerable or eligible for support from the City Safeguarding team the National Probation Service tries to ensure that the individual does receive support from other sources in order for our risk management plans to be effective.

8.4.6 It appears that staff at times remain unclear regarding the threshold for referral and what meets the 'vulnerable adult criteria. We need to continue to provide information in relation to this.

Case Example

Currently we are managing the case of disabled gentleman who has additional care needs and is managed under the Care Act. He is awaiting a property of his own, but this has been a slow process. In order to prevent abuse he has been resident in our approved premises, and although a move out has not been successful due to the difficulty in finding move on accommodation, all agencies appear to have been communicating well.

8.4.7 The National Probation Service is managed under the National Offender Management Service. There is mandatory training that every staff member is required to attend. This involves e-learning adult safeguarding and one day classroom training for safeguarding vulnerable adults. Further to this staff are additional required to attend locally provided local authority training. The training programme is in its early stages therefore audits will commence 2016/2017 to monitor attendance.

8.4.8 The National Probation Service promotes and actively engages in multi-agency working to manage the risk of harm that the cases we manage present.

8.5 Nottinghamshire Fire and Rescue Service

8.5.1 In October 2015, Nottinghamshire Adult Social Care & Health agreed to second MASH Adults Team Manager Amanda Marsden to Nottinghamshire Fire & Rescue Service for a period of 1 year. The secondment was primarily to cover maternity leave for Emma Darby who is a Partnership & Engagement Officer for NFRS; however, given Amanda's professional social work qualification, skills and knowledge of Safeguarding, adult social care and health, she has been able to begin to embed MSP and Adult Safeguarding in accordance with Section 14 of the Care Act 2014.

8.5.2 Amanda, along with Station Manager Richard Cropley delivered Safeguarding training to Community Safety in December 2015. Training was well received and as a result the number of adult safeguarding concerns identified by NFRS have increased.

8.5.3 In accordance with the draft joint Safeguarding Training Framework and Pathway, a new safeguarding training package is being developed for all employees of NFRS. All employees will undertake mandatory ELearning and all operational front line employees will attend a half day face to face session which will cover:

- How to refer
- Legal responsibilities
- NFRS Safeguarding Adults & Children Policy and Procedure
- Case studies and group work
- Mental capacity
- What is self-neglect
- Multi choice confirmation of understanding

8.5.4 NFRS are developing a new safe and well check (S&W). The S&W check will replace the existing Home Safety Check (HSC). It will be designed to ensure that every contact, with those vulnerable to fire counts. It will be person centred and encompass preventative measures which will reduce the risk of harm or neglect.

8.5.5 NFRS have, and will continue to deliver their vulnerable person presentation to other statutory agencies, private providers and the voluntary sector which have included: protected learning events with GP's and District based nursing employees, hospital and district based re-habilitation workers, Customer Service points, City Signposting, Sanctuary Scheme, Connect who provide advice and short term support to people to maintain their independence, and MASH. This year the Persons At Risk Team (PART) has contributed to a Dementia Care in Primary & Community Settings Conference which was held at Derby University.

8.5.6 PART has also provided opportunities for health, social care and housing colleagues to shadow members of the team. Colleagues from Nottinghamshire Healthcare NHS Foundation Trust District Nursing Services, Falls Lead, Student Nurse, MASH and Newark & Sherwood Homes have all spent the day with PART accompanying them on Home Safety Checks (HSC).

8.5.7 NFRS have an agreement with Derby University to host two Occupational Therapy students on their final placement. This will continue for the foreseeable future. PART is continually exploring ways in which NFRS can protect those at risk of fire. Most recently a member of PART has commissioned new assistive technology called Stove Guard. Stove Guard will cut the power from cookers before a fire ignites. This is particularly pertinent to those with memory difficulties, student accommodation, and any person with impaired mental capacity such as those with drug and alcohol issues. The aim of Stove Guard is to protect those at risk of fire and promote and maintain independence.

8.5.8 NFRS were recently asked for information for a SAR. Although the person at risk was not known to NFRS, we were able to ascertain that the person who had needs for care and support and still living in their own home, was at risk if a fire was to occur. HSC was undertaken and identified a significant risk associated with an overloaded 13 amp domestic socket which provided a power source to the person's air wave mattress. Advice was given and the power source was rectified. The person wished to remain safe in her own home. NFRS intervention reduced the risk of harm and as such has contributed towards her overall safety and wellbeing.

Case Examples

An elderly woman living alone was referred to NFRS by the care agency providing her daily care. Concerns rose because the elderly woman was allegedly being locked in her home by her son and as a result would be unable to escape her home if a fire occurred. Safeguarding concerns were identified and reported to Safeguarding Team. Concerns are currently being investigated and to date it is understood that not only is the woman being locked in her home which means she would be unable to escape if a fire occurred, but financial irregularities and neglect to personal hygiene, nutrition and her home is also occurring, potentially by her son and extended members of her family.

House fire occurred at a semidetached property. HSC was not undertaken because the property was uninhabitable and the occupants had been re-housed; however a HSC was carried out at the adjoining property, a practice known as 'hot spotting'. The house, owned by an elderly man was in a poor state of repair with windows boarded and a large iron fence and gate to the front, and no access to the rear of the property. Whilst the owner was slightly reticent to accept a HSC, he eventually agreed. All rooms in the house were full of belongings and classed as level 9 of the hoarding clutter rating. The hoard would be classed as dirty and verminous with shrubbery growing through the kitchen windows. No access to toilet facilities and no egress through the back door. Whilst the occupant was fully mobile it was clear that he was unable to maintain his personal hygiene through lack of facilities and limited space or equipment to prepare food and drinks. HSC was completed and fire safety measures discussed, however the occupant's main concern was that he stated he was being financially abused by his neighbour (adjoining house where the fire had occurred). Following a long discussion, the occupant agreed that his concerns could be raised and referred to Safeguarding Team.

8.5.9 With both examples, concerns were identified as a result of HSC being undertaken. It is likely that all three would have gone unnoticed if a HSC had not been done.

8.5.10 Over the last year frontline employees in Community Safety, in particular PART, have commented that they feel increasingly able to work in a person centred way. One fire fighter explained the benefits of having OT students and on-going support from a social worker and that he no longer takes a narrow view which only centres on fire, but looks at the bigger picture, what the person wants to achieve and the overall effect through multi agency working. Other colleagues in PART echo this perspective and welcome new ways of working and additional training. PART in particular no longer use a risk based approach and have moved towards person centred outcomes.

8.5.11 Feedback from agencies that have received the Vulnerable Persons presentation, or spent the day with PART, has been extremely complimentary and positive. Without exception, colleagues state that they had little or no idea what NFRS offers and the benefits a HSC can have to reduce risks. They also comment upon the professionalism and enthusiasm of the team and how well they work with partner agencies, not least their ability to access people at risk who would traditionally not engage with other services.

8.5.12 NFRS work extremely well with other agencies undertaking joint visits and attending safeguarding meetings. The fire service branding is nationally liked and trusted by communities. For this reason, NFRS are often approached by health and social care to undertake HSC's for people who find it difficult to engage with services.

8.5.13 NFRS complete a HSC for all those who are at risk of arson and work in partnership with other agencies for victims of domestic violence through the Sanctuary Scheme.

8.5.14 NFRS have been instrumental in establishing a Hoarding Framework for Nottingham City and Nottinghamshire which has now been adopted by many other fire authorities.

8.5.15 Community Safety work closely with Nottingham City & Nottinghamshire County housing providers to refer people identified through a HSC for appropriate assistive technology such as smoke alarms linked to telecare systems.

8.5.16 PART employ specialist home safety check operatives who support the Sanctuary Scheme and also fit specialist fire safety equipment for those with sight or hearing impairments.

8.5.17 NFRS are currently piloting new ways of working with EMAS. Where EMAS are unable to gain access to a residential property, NFRS are jointly responding to gain access. This work has generated more HSC's completed by crews and an increased number being sent to PART to undertake more complex HSC's, which often result in referrals to other agencies or raising safeguarding concerns.

8.6 Nottingham City Homes

7.6.1 NCH takes its safeguarding responsibilities seriously. All staff have been introduced to their safeguarding responsibilities at NCH's Staff Conference. NCH have also agreed the

organisation's approach to safeguarding, with the Board's approval of NCH's Safeguarding Policy. A cross departmental steering group is now working to finalise the Safeguarding Procedure. The final aspects of this the adaptation of an IT system to record and monitor referrals and the roll out of training programme will take place in 2016/17

8.7 Nottingham University Hospitals NHS Trust

What NUH has done in 2015/16 to deliver the Boards four strategic objectives?

8.7.1 Training: The mandatory training delivered to all clinical staff in 2015/16 included making safeguarding personal, Deprivation of Liberty Safeguards and Prevent. Mandatory safeguarding adults training at NUH was at 85% at year end.

8.7.2 DOLS: The number of applications for Deprivation of Liberty authorisations continues to increase year on year and between 1 Jan 2015 and 31st December 2015 NUH authorised 425 urgent authorisations. This compares to 54 in total in the preceding 12 months.

8.7.3 Care Act 2014: NUH has been well represented on the multi-agency groups in relation to the implementation of the Care Act. The NUH internal adult of safeguarding policy and procedures have been updated to reflect the changes and training content reviewed appropriately. NUH continues to carry out section 42 enquiries as required by the local authority.

8.7.5 Multi-agency work: NUH continues to be well represented at the NCSAB and subgroups and the Designated Adult safeguarding nurse chairs the Safeguarding adults review subgroup. NUH has been a key stakeholder in Safeguarding Adults Reviews and Domestic Homicide Reviews and has demonstrated good attendance at panels.

8.7.6 Learning from reviews: All NUH action plans are monitored by the internal NUH Safeguarding adults committee. The committee facilitates changes in practice where this is required following a review. A recent example is the change in the referral system to adult social care; this is now done on an electronic form, quality audited by the safeguarding team within NUH to ensure that concerns are raised effectively.

As a result of reviews during 2015/16 training has been reviewed to include a focus on 'think family', ascertaining carers and those with caring responsibilities and making safeguarding personal.

8.7.7 Assurance: NUH provides assurance to the local safeguarding board in the form of the completion of the safeguarding adults' self-assessment and assurance framework. This was completed in May 2015 and NUH were assessed as either compliant or excelling in all areas. NUH also provides assurance to its health commissioners at quarterly quality scrutiny panels.

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.

The NUH safeguarding adults committee meets twice a year with the Trust's safeguarding children's committee.

NUH was inspected by the CQC in September 2015 and rated as 'Good'. Effective safeguarding policies and procedures and engagement of staff in the safeguarding agenda were themes that NUH was complimented for throughout the report. (http://www.cqc.org.uk/provider/RX1)

8.7.8 Providing advice and expertise for fellow professionals: The Trust has 70 safeguarding champions, with coverage in each Division, including community services. Their role is to:

a) give advice and support around mental capacity and safeguarding adults, children and young people to staff in their respective directorates;
b) to assist with the embedding of the Mental Capacity Act 2005 within the specialties in which they are based;
c) To drive forward the awareness of domestic and sexual abuse and the implementation of the use of the domestic violence, stalking and harassment risk assessment tool (DASHRIC).

Each safeguarding champion can be identified by their 'safeguarding champion' lanyard. The safeguarding champions have clear objectives and a structured 'message of the month' timetable to ensure that there is consistency across the Trust in the messages delivered

8.7.9 Supporting the local safeguarding system and processes: The Trust's local policy and procedure is consistent with local multi-agency arrangements and has been updated to reflect the Care Act 2014. NUH staff placed 294 formal adult safeguarding referrals to Nottingham City Council and Nottinghamshire County Council in 2015. 124 of these were processed for further assessment and investigation.

8.7.10 What has been the impact of the work at NUH?

In addition to the above numbers of DOLS and referrals made by NUH to the local authority and a CQC rating of 'good', NUH audits safeguarding annually using the Essence of care 'safety of the vulnerable patient' benchmark.

8.7.11 Safeguarding Adults Benchmark (audit)

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. Every November and December all wards and departments score the essence of care safety of the vulnerable patient's benchmark.

The indicators that are used are:

	Indicator
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.	Staff are aware of who the safeguarding leads are for both: • The clinical area • The trust
5.	Staff know how to access the mental capacity act policy and accompanying paperwork
6.	Staff know: • What age group the Mental Capacity Act covers • How to perform a mental capacity assessment • Under what circumstances they should perform one • Who should complete this
7.	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. Who is responsible for making the best interest decision?
8.	Staff are aware of the role of an independent mental capacity advocate (IMCA), when it is needed and who to contact for advice or how to make a referral.
9.	**Indicator 9 is for all areas excluding theatres** Staff are aware when Deprivation of Liberty Safeguards should be considered. Who should be contacted prior to completion of a DOLS?
10.	**Indicator 10 is for inpatient areas only** Staff are documenting whether the patient has any caring responsibilities. Review the NUH inpatient admission and discharge booklet to check the caring responsibilities section is completed including both sections: • Do you have a carer? AND • Do you have sole caring responsibilities (including pets)?

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) Red was scored if 6 or less indicators were achieved (7 or less inpatient areas)

Review of Indicators:

In comparison to previous year's benchmarks, there were a number of changes made to the indicators. This makes it slightly more difficult to compare year on year results. The 2015 indicators were in line with legislative obligations of the Trust and learning from Safeguarding Adults Reviews (SAR), and Domestic Homicide Reviews (DHR)

<u>Scoring</u>

The benchmark was scored in all patient areas and all areas that were due to submit results did so.

Results

Of the 187 areas that scored:

94 (50%) scored GOLD

85 (45%) scored GREEN

8 (4%) scored RED

Comparisons to the previous year's results are outlined below (Table 1).

Table 1: Comparison of scores 2014-15

	2012	2013	2014	2015
Gold	68	94	110 (65%)	94 (50%
Green	33	80	61(32%)	84 (45%)
Amber	72	-	-	-
Red	2	9	5 (3%)	8 (4%)
Total	168	183	170	186
% of areas scoring Green/Gold	56%	95%	97%	95%

Summary In the Adult areas, six of ten indicators of best practice were achieved by at least 90% of wards and depts. 8 areas scored red for this benchmark, none of these areas scored red last year. Matrons and PDMs are working with Ward Sister-Charge Nurses to implement and monitor actions in these red scoring areas.

7.8 CityCare Partnership

Who are CityCare?

7.8.1 Nottingham CityCare is a community health services provider, dedicated to improving long-term health and wellbeing. Our vision is building healthier communities. We are a staff-led social enterprise delivering a range of healthcare services tailored to the needs of local people and free at the point of delivery.

7.8.2 The main services we provide include caring for people in their own homes or community settings with the objective of keeping people out of hospitals unless medically

necessary; health visiting and education for young families; community nursing and rehabilitation in their own homes for older people; walk-in health centres for urgent care; palliative and end of life care and specialist diabetes, dietetics and nutritional advice and support.

Strategic Priority: Safeguarding is Everyone's Responsibility

8.8.3 What we did: Care Act compliance

- Active member of Care Act Task and Finish group which is now the Quality Assurance Group
- Safeguarding Policies (SGA, Escalation procedure and Allegations Against Staff) and training reviewed and amended to ensure Care Act (2014) compliant
- Making Safeguarding Personal embedded within safeguarding procedures and training.

What was the Impact?

- CityCare participation in Citywide MSP Implementation
- CityCare participation in Safeguarding Adults quality assurance monitoring
- Ensuring Making Safeguarding Theory to Practice in learning is provided for all clinical staff

Actions for 2016/17: Establishing an Enquiries process and guidance to support S42 requests and to ensure prompt and quality response.

8.8.4 What we did: Self-Assessment and Assurance Framework (SAAF) Compliance

- SAAF submitted May 2015
- Annual progress reported to CCG Sept 2015
- CityCare self-assessed as effective or best practice in 28 out of 31 key lines of enquiry.
- 3 areas working towards
  (a) **3.6** Restrictions, Restraint and DoLS - Policy and procedures written and implemented, MCA Level 2 training developed and introduced, conflict resolution training mandatory for all staff.
  (b) **3.9** Outcomes focused performance reporting - Adult Safeguarding service proposal submitted to CCG however funding unavailable.
  (c) **4.5** Supervision and support for staff involved in safeguarding adults procedures - staff can access safeguarding team duty person for ad hoc supervision and advice. Management supervision (which has safeguarding as a standard agenda item) and Restorative Supervision in place. Safeguarding Adults Supervision plan developed and group supervision delivered to key groups.
- Staff working with complex cases can request adult safeguarding supervision to support them with the process.

What was the impact?

- Provide assurance to commissioners and the Safeguarding Adults Board
- Provide clarity for staff regarding roles, responsibilities and expected practice.
- Ensuring CityCare is compliant with the Mental Capacity Act (2005)
- CityCare reviewing existing resources to maximise effectiveness across organisation.

Actions for 2016/17

- SGA work plan (16/17) developed and priorities agreed.
- CityCare quality dashboard to be enhanced to include additional safeguarding data.
- Internal performance indicators agreed in line with SGA Work plan.
- Audit of safeguarding discussions in 1:1 management supervision.

8.8.5 What we did Awareness Raising

- CityCare Safeguarding Conference held November 2015
- CityCare Safeguarding Champions Network launched March 2016
- One stop safeguarding intranet pages have been created and launched.
- Factsheets developed: Think Family, Restrictive Interventions and Mental Capacity.

What was the impact?

- Approx. 120 delegates attended the event.
- 25 Champions signed up at first network meeting
- Quarterly Champion Reflection and learning events booked
- Access data shows that 1217 out of the workforce (approx. 1600) has at some time accessed the safeguarding pages. Some staff have repeatedly accessed pages for information and support.

Actions for 2016/17: All CityCare teams to be represented by a Safeguarding Champion.

<u>Strategic Priority Adults in need of safeguarding are safe</u>

8.8.6 What we did:

- Making Safeguarding Personal (MSP) – Training and policies updated to ensure that MSP is core to CityCare practices.
- CityCare Safeguarding Team now provides a duty 'Think Family' advice service during working hours.
- Safeguarding pathways developed for
  - Safeguarding adults referrals
  - Prevent
  - Safeguarding Enquiries
- Audit completed to identify staff awareness of safeguarding processes and support available.
- MCA and manual handling training amended to include guidance around restraint.

What was the Impact?

- Increased availability of safeguarding adults advice and support.

- Easy access safeguarding adults guidance for all staff
- Level 2 Safeguarding Adults and Children Training evaluation completed January 2015 demonstrated 98% of staff aware of how to refer a safeguarding concern to the relevant Local Authority.
- Audit
- Ensuring all staff are aware of law and best practice around restraint.

Strategic Priority: Services are effectively co-ordinated

8.8.7 What we did:

- CityCare have developed an internal Quality Information sharing Forum (QUIF) for concerns raised relating to care homes. CityCare attend the Local Authority QUIF and share pertinent information.
- CityCare Early Intervention Practitioner appointed. Care Homes Team expanded to include all care homes across the city. Information sharing between EI practitioner and Care Homes Team.
- CityCare remain active members of NCSAB Strategic Board and sub groups
  - Quality Assurance Group (previously Care Act task and finish group)
  - Safeguarding Adults Review sub group
  - Domestic and Sexual Violence Strategy Group
  - Domestic Homicide Review Assurance and Learning Implementation Group
  - Complex Persons Panel and Complex Persons Panel Advisory Group.
  - Prevent Steering Group
- Development of home closure / body mapping Standard Operating Procedure.

What was the Impact:

- The group allows the gathering of information that can be shared with the local authority relating to safeguarding and quality and safety in care homes.
- The group enables best practice to be shared within CityCare around ensuring the safety and wellbeing of adults in care homes.
- The group is a forum where staff can access safeguarding supervision relating collaborating with care home colleagues
- Earlier identification of issues / concerns.
- Supporting early intervention in care homes where quality and safety issues are identified.
- Sharing best practice with CityCare staff working into care homes.
- To ensure that CityCare collaborate with partner agencies and the Local Authority around Adult Safeguarding and with delivery of strategic objectives.
- Locally agreed process for ensuring the wellbeing of adults when a care home closes.

Strategic Priority: Our Learning and improvement framework is raising service quality and outcomes for adults

8.8.7 What we did:

- CityCare mandatory safeguarding adults training
    - Safeguarding Adults (L1) – 97%
    - Prevent – 52 %
    - Mental Capacity Act Training (L1) – 96%

- Dip test audit for all adult services regarding application and recording of MCA.
- Development and implementation of Level 2 Safeguarding Adults training for clinical staff
- Development and implementation of Level 2 Mental Capacity Act training for clinical staff

What was the impact

- Staff have clarity regarding roles and responsibilities and are aware of how to access advice and support.
- Provide service level assurance regarding application and recording of MCA.
- Enhanced understanding of complex cases. Since implementation in August 2015 130 staff have been trained.
- Enhanced understanding of complex cases. Since implementation in March 2016, 2 sessions have taken place resulting in 31 staff being trained.

Actions for 2016/17: training to be delivered bi-monthly.

Consultation and engagement work

8.8.8 What we did: Engagement event held with staff, citizens and carers January 2016 to explore application of MCA and supporting involvement in decision making.

What was the impact: Increased understanding of complexities / challenges faced by staff or experienced by citizens.

Actions for 2016/17: CityCare MCA working group to be established to develop MCA strategy.

Community Awareness

8.8.9 What we did: Patient information accessible on CityCare website relating to Safeguarding adults, children and MCA

What was the Impact: Awareness raising of agenda with public

Actions for 2016/17: Development of 'Think Family' patient information leaflet for safeguarding.

Think Family Case Study

Contact from Nurse A from Community Heart Failure team. CHFN team had received a referral letter from hospital regarding patient. The letter contained some discharge information relating to safeguarding concerns raised during inpatient admission. Nurse A wanted to ensure that children's services were aware of and dealing with this information. Nurse A contacted safeguarding team and spoke to duty worker who checked s1 record and

confirmed that family currently have both adult and children's social care involvement and 2 youngest children are children in need. Nurse A provided with social worker details and advised to liaise regarding impact of parents assessed health needs on ability to protect herself and children.

8.9 East Midlands Ambulance Service

8.9.1 East Midlands Ambulance Service NHS Trust (EMAS) provides emergency 999 and urgent care services for a population of approximately 4.86 million people within the East Midlands region. This region, which covers approximately 6,425 square miles, includes the counties of Derbyshire, Leicestershire, Lincolnshire, Nottinghamshire, Northamptonshire and Rutland.

8.9.2 EMAS continue to remain engaged with the safeguarding agenda with a raise in referrals during 2015-2016 from 11413 to 12539 for the whole of the area EMAS cover. We continue to promote a "think family" perspective towards safeguarding providing integrated training and bulletins to our staff.

8.9.3 EMAS staff are engaged with the safeguarding training with high scores and positive responses being attained on feedback forms.

8.9.4 Attendance at boards across EMAS is a standard monitored by the EMAS board ensuring that we engaging with all our partners with a minimum of 80% compliance expected. This year EMAS managed to attend 90% of the Nottingham City and Nottinghamshire boards and are engaged in the multi-disciplinary arena working closely with our partner agencies.

8.9.5 EMAS have developed a fire service pathway with Nottinghamshire Fire and Rescue to support patients who are at high risk of fire through neglect and self-neglect following learning from fatal fire reviews.

8.9.6 EMAS have contributed to the Safeguarding Adult Review process and have shared learning and themes with frontline staff via the safeguarding bulletin.

8.10 Vulnerable Adult Provider Network

8.10.1 Nottingham Community and Voluntary Service (NCVS) run a voluntary sector provider network for organisations providing services for adults (aged 18+). The Vulnerable adult provider network at April 2016 had 122 members. This includes small, medium and large voluntary and community organisations.

8.10.2 The network has a representative that sits on the safeguarding adult boards and takes to the board concerns from the sector, whilst ensuring that learning from the board is cascaded to the voluntary and community sector.

8.10.3 The network meets every two months and produces a newsletter that focusses on key issues for the sector, including safeguarding.

8.10.4 What we did -

- Throughout the period there 11 monthly newsletters sent out to the network

members. Each edition features a section on safeguarding adults.

- To date via the newsletter we have:
- Highlighted the Care Act and any associated updates on the Act.
- Detailed safeguarding training available both online and in the local area.
- Featured any news that the safeguarding board needed to cascade down to the VCS including outcomes and learning from SARs.
- We have supported a rep to attend the board meetings and provided a means to cascade information to the VCS and take information to the board where relevant.
- We hosted a safeguarding adults course delivered by the Ann Craft Trust. Including publicising this.
- Finalised a safeguarding adults policy that is fit for purpose and in line with local policy for the VCS
- Attended shared training delivered regionally by ADASS

8.10.5 The Impact

- We have provided an up to date, easy to understand newsletter for over 100 organisations.
- Increased knowledge of the Care Act and our responsibilities for safeguarding adults.
- Ensured the sector is clear on how to report and when to report their concerns to the local authority.
- Ensured that the sector had access to the training.
- Ensured that member organisations had access to a policy that is in line with the requirements of the board.
- Cascaded the learning from the ADASS training to members.

8.10.6 Our forward plan includes:

- Safeguarding training for the VCS in 2016 / 2017 - 2 sessions planned in November 2016 and February 2017
- Analysis of the whole sectors safeguarding adults contribution.
- Our continued commitment to Safeguarding adults is below:
- The Vulnerable Adult Provider Network (VAPN) will:
    - Select and support a rep to attend adult safeguarding board meetings and sub groups
    - Support the rep by acting as a conduit for information from the board and to the

sector and vice versa

- Work with the NCC safeguarding team and other partners to ensure that the training needs of the sector are addressed.
- Ensure that trustees of organisations are aware of their responsibilities around safeguarding
- Ensure good communication with the sector to ensure that staff learn from SARs and other reviews undertaken by the board
- Ensure that the sector is aware of changes in good practice and services available to ensure that adults are kept safe.

Case Studies

Mr A

Mr A is a 54 year old man who has a brain injury, following a road accident. He has a number of difficulties relating to this, but is able to live independently in the community. However he has been financially exploited on more than one occasion.

As he had a good rapport with the voluntary sector support worker she was able to identify that financial abuse was taking place and made safeguarding referrals to the local authority safeguarding team. On the first occasion a male 'friend' had taken £2000 (a backdated benefit payment). However, Mr A did not want to report this to the police. The safeguarding team visited him, with the support worker, and advised him to take his bank card back from the 'friend', which he did. Mr A was accepting of the safeguarding process and did not want any further action to be taken.

On the second occasion Mr A informed his support worker that he was giving a female 'friend' money. The safeguarding team were able to establish that he was not doing so under duress and work was undertaken by the support service to enable Mr A to have the confidence to explain to her that he would not continue to give her money. Again Mr A was happy with the outcome of the safeguarding team intervention. He continued to work with the support service to ensure he was in receipt of the correct benefits, was addressing his health needs and was engaging in social activities within the community to maximise his resilience in order to reduce the risk of further exploitation. The advantage of having the financial abuse recorded with the local authority is that if this occurs in the future a clear pattern of abuse has been logged and adult social care can support Mr A to manage the risk accordingly.

Mr B

Mr B is a 78 year old man who lives with his wife. He has a number of physical health needs and his wife has a diagnosis of Alzheimers. His wife's son had asked Mr B for money and when he said no they had a 'tussle' and both ended up on the floor, with Mr B hitting his head. This was referred to the local authority safeguarding team who investigated but as no

action was taken they referred Mr B to a voluntary sector organisation for support to monitor the risk and support Mr B and his wife with a number of other complex health and social care issues, not associated with the safeguarding issue. This work continued alongside the work of adult social care worker who was trying to implement a care package, but was meeting with resistance from the couple. The adult social care worker and support worker were therefore able to work in partnership to address the issues that arose and monitor the situation more effectively.

As part of the work Mr B's voluntary sector support worker spoke with him about the safeguarding process and his relationship with his step-son. Mr B said that he fully understood why there was an investigation: he felt his (biological) son was very concerned about him and wanted to know that he wasn't in danger. He recalled that he and his step-son were 'play fighting' and they 'ended up on the floor'. However, he was clear that he didn't feel frightened of his step-son and the outcome of the safeguarding investigation, for no action to be taken, was what he had requested. The support worker continued working with Mr B, his wife and also had regular contact with the step-son for ten months after the original referral, during which time no further incidents of abuse from the step-son were reported.

8.11 Nottinghamshire Healthcare NHS Foundation Trust

8.11.1 Nottinghamshire Healthcare NHS Foundation Trust is a major provider of Mental Health, Intellectual Disability and Community Healthcare Services for the people of Nottingham City and Nottinghamshire.

8.11.2 One of the fundamental responsibilities in providing quality healthcare services is to ensure that vulnerable people are protected whilst receiving care. This is an important responsibility for each member of staff, whatever their role, and for the Trust as a partner in the wider safeguarding partnership.

8.11.3 Nottinghamshire Healthcare NHS Foundation Trust believes that Safeguarding is everyone's business and we aim to uphold all adults' and children's fundamental right to be safe from harm and exploitation. The Trust has a responsibility to promote the safety and welfare of people and families who use our services, including tackling domestic violence and abuse.

8.11.4 The Trust underpins all its safeguarding work using a Think Family Safeguarding Model which is supported by its Trustwide Think Family Safeguarding Strategy. This strategy has been presented to both the Child and Adult Safeguarding Boards within Nottinghamshire County.

8.11.5 The Trust has strategies in place to support its safeguarding priorities and every year it produces an annual report on its activity and achievements throughout the year.

8.11.6 As a Trust we see about 190,000 people each year. Our 8,800 staff carry out a wide range of roles; working together to provide integrated and coordinated care and support to those using our services.

8.11.7 Some of our patient facing staff includes:

- Mental Health Nurses
- Psychiatrists
- Social Workers
- Healthcare Support Workers
- Health Visitors
- School Nurses
- Allied Health Professionals (including Occupational Therapists, and Speech and Language Therapists)
- Psychologists
- District Nurses
- Community nurses
- Learning Disability Nurses
- Physical Healthcare Nurses
- Low, Medium and High Secure Forensic Hospitals
- Prison Health Services

8.11.8 The Trust is an active member of Nottingham City Safeguarding Adults Board.

8.11.9 We acknowledge the Adult Safeguarding Board's key business objective which is that:

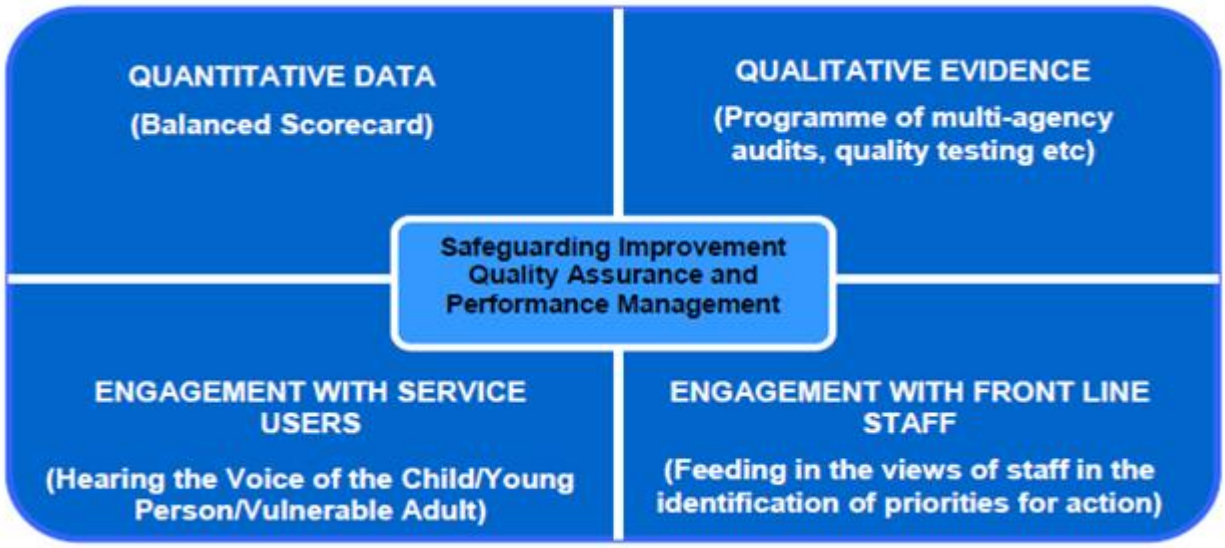
Adults are able to protect themselves from harm with appropriate support by

- *Providing leadership to support less risk adverse practice where this will ensure citizen's outcomes are better met.*
- *Developing an early intervention approach that reduces preventable incidences of harm.*
- *Developing supportive communities and ensure people are befriended and have friends.*

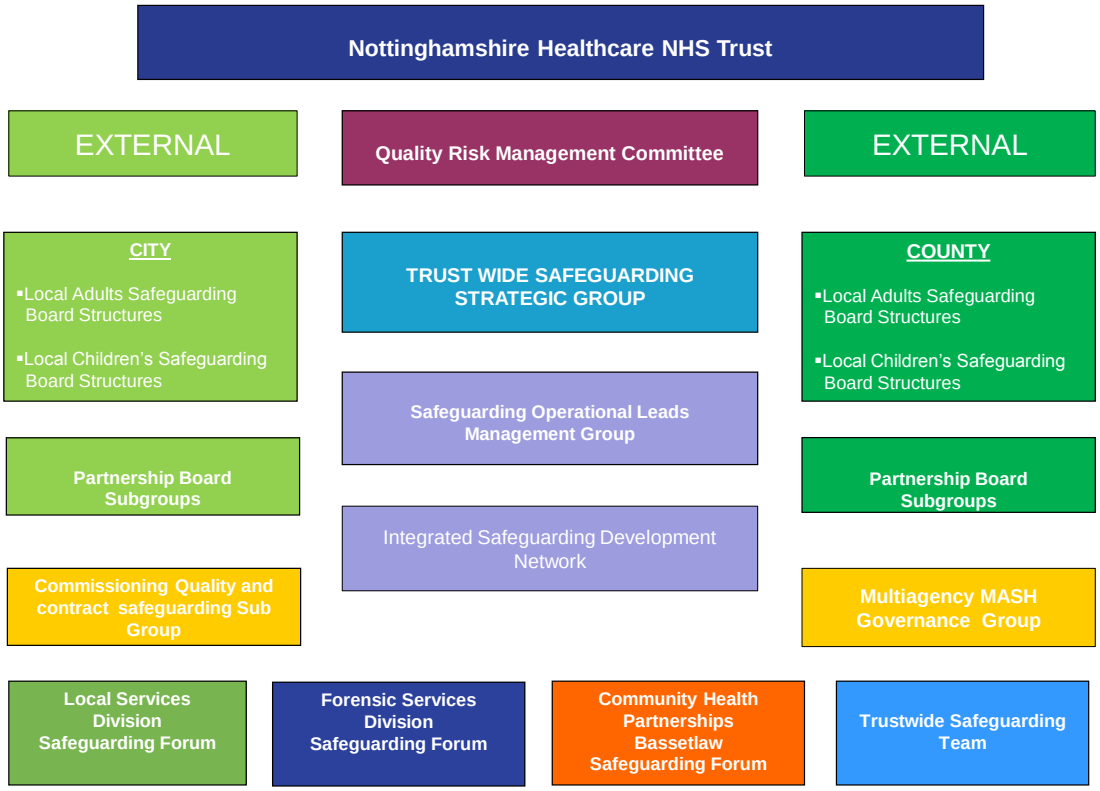
8.11.10 This priority was linked into our own previous 3 year plan and underpins the new 5 year Quality Improvement Plan which began in 2015/16. This plan will be built upon as it progresses, but its 3 key priorities are:

- 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 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 is underpinned by a comprehensive governance structure within the Trust which is summarised below.

8.11.12 The Quality Improvement Plan will be implemented using the quadrant model of implementation demonstrated below:



Safeguarding Governance Structure:



8.11.13 2015/16 was the first year of this plan and 2016/17 will see the development of evidence to demonstrate our achievements using this model. The work so far is illustrated below and identifies the work we have done in respect of both adult and child safeguarding - this has all been done using the Trust's Think Family Safeguarding ethos.

Key highlights include:

- Implementation of the Care Act 2014, including a briefing and support materials around making referrals
- Work ensuring we respond to allegations against staff appropriately
- Further development of domestic violence strategies, awareness raising and working with the Institute of Mental Health to research Domestic Violence in Older People
- Implementing and assessing the impact of learning from Adult Safeguarding Reviews and Domestic Homicide Reviews
- Think Family roadshows and events across the Trust to highlight the importance of child safeguarding to adult practitioners and vice versa.

8.11.14 During 2015/16 the safeguarding team have undertaken significant work with the Trust's involvement and experience team and their volunteers. This has included ensuring compliance with the Lampard Report recommendations around volunteering and ensuring our volunteers have all received level 1 Think Family Safeguarding training. This in turn has increased volunteers' awareness of safeguarding issues and the indicators of abuse which have been used in their interactions with the wider patient/ client group.

8.11.15 Quality and performance - demonstrating what we do and the difference it makes - has been a key area of development for the Safeguarding Team and our developments have been aligned to the quadrant model highlighted earlier. During this period, we have constituted a Quality and Performance sub group who have developed a dataset which now forms the basis of a quarterly data report which is presented to the Trustwide Strategic Safeguarding Group for oversight. This area of work remains under development and it is anticipated that the next year will see the strengthening of the report data as systems become more refined and robust.

8.11.16 It has been acknowledged from a review of the learning dissemination following SCR, SIR, SAR and DHR's that some of the key lessons learnt were not being implemented fully. To address this, the Think Family sub group will, during 2016, take the Learning the Lessons briefing out into the Trust services. As part of this we are asking staff to identify what they see as the barriers to their implementation of the key learning themes. The findings from this will be fed into the safeguarding agenda once they have been analysed. The Think Family road shows further support the dissemination of learning and highlighting current and long term safeguarding themes. The Trust is keen to ensure that safeguarding is embedded into every day practice.

8.11.17 Nottinghamshire Healthcare NHS Foundation Trust has an extensive training programme which is currently under review: the aim is to move the training to clinical and non-clinical rather than level 1, 2 and 3 which has been found to cause confusion within a Trust of this size. The training is aligned to the child intercollegiate document and the proposed adult equivalent. Clinical will meet the level 3 requirements and level 1 requirements will be met by non-clinical staff – it is proposed that a suite of eLearning packages will support this implementation. At present the Trust can provide assurance that all staff achieve level 2 Think Family training within the first month of commencing employment with Nottinghamshire Healthcare NHS Foundation Trust. There is then a mandatory requirement for update 3 yearly as a minimum. The Trust's Think Family

Safeguarding Strategy underpins this training programme. We ensure that staff are aware that 'Safeguarding is everyone's business' and that staff are aware of their roles and responsibilities within this.

8.11.18 The Trust is represented at a senior level on the Safeguarding Boards for both adults and children and their sub groups. An active role is played in all arenas including presentations to the board and sub groups on specific issues and the provison of information where requested. The Trust is also involved in a number of SCR, SIR,and SARs and ensure this engagement is full and meaningful. This year the Trust is organising a Think Famiily conference which is open to external partner organisations.

The Trust looks forward to working with the board and its partners in the year ahead and participating as always in a proactive and productive manner.

8.12 HMP Nottingham

8.12.1 HMP Nottingham has continued to develop its Safeguarding responsibilities – it has a strategic approach to this at Nottingham and continued to drive this as an establishment – the Policy is now well bedded in throughout the establishment and co-ordinates a partnership approach through their weekly meetings which are well attended from most areas of the jail – external stakeholders are advised as necessary through their respective contacts within the organisation ie. Healthcare.

8.12. 2 Where prisoners are deemed to be needed to be cared for under safeguarding each have an individual care plan which is populated by a variety of stakeholders such as Healthcare, Psychology, Chaplaincy and Safer custody – once populated this is then sent to the wings in order that all staff have an understanding of the individual's needs.

8.12.3 Further work needs to be completed in this area to have the prisoner involved in the plan once formulated in order that they have a good understanding of this.

8.12.4 We can evidence awareness of community services. Where prisoners have been received into HMP Nottingham we have been able to liaise with community partners and implement care plans that have been effective in the community, with communication between community support workers and the Prison HealthCare team (this has particularly been the case with prisoners in HMP Nottingham who have been come from Derbyshire).

8.12.5 We have received positive feedback from frontline practitioners including Health care Colleagues, psychologists and CRC workers.

8.12.6 HMPS does not have formal safeguarding training, and staffing levels have impacted on the ability of the service to commit to mandatory training.

8.12.7 At HMP Nottingham we have forged good links within the community this year, particularly with support for prisoners being considered for admission to a secure unit. This is achieved through partnership work between Healthcare Colleagues working with community partners.

8.12.8 We are developing work to support prisoners who are identified as Care Leavers.

8.12.9 Building on the work we have done with Derbyshire Council we need to further develop links with community colleagues, where prisoners had safeguarding plans.

9 Looking forward to 2016/17

9.1 Throughout the annual report there have been a number of references to work of the Board that will continue into 2016/17. This on-going work, along with the development sessions held toward the end of 2015 informed the 2016-19 strategic plan (which is aligned with Nottinghamshire County Safeguarding Adults Board) and the 2016/17 Annual Business Plan.

9.2 The key areas of work to carry forward are as follows:

- Completing of the Safeguarding Adults Reviews, implementing the recommendations and embedding the learning that has arisen from these reviews. This will include publishing the executive summary of the Adult B review, and agreeing and overseeing the action plan that follows. The Autumn Grange review is expected to be completed during 2016/17, with learning likely to influence how the board seeks assurance for the safeguarding arrangements for care home residents. The SAR for Adult C & D is also expected to be completed during 2016/17 and is likely to be one of the first to consider the new safeguarding category of Modern Slavery.
- Further developing the Quality Assurance Performance Framework. This work will build on the framework devised following the implementation of the Care Act and consider areas for assurance for the Board.
- Devising and implementing the Communication and Engagement Strategy.
- Reviewing the Learning and Improvement Strategy
- Developing and implementing Making Safeguarding Personal across the partnership
- Review of the Board's Governance documents.

9.3 The NCSAB strategic plan for 2016-19 identified 4 strategic priorities:

Prevention To promote effective strategies of preventing abuse and neglect and to ensure that there is a proactive framework of risk management.

Assurance The development and implementation of robust mechanisms of quality assurance which are used to monitor the effectiveness of local Safeguarding Adults' arrangements and that Serious Adult Reviews (SARs) are undertaken for any cases meeting the criteria outlined by the Care Act 2014.

Making Safeguarding Personal (MSP) To promote person-centred and outcome focussed practice.

Board Performance and Capacity To ensure that the Board has full engagement from relevant partners, is sufficiently resourced and that adequate arrangements are in place which enable it to discharge its responsibilities.

9.4 The 2016/17 Annual Business plan identifies a number of actions under each of these strategic priorities:

Prevention:

- Establish a coherent approach to ensure Board risks are identified and mitigation in place.
- Identify and agree priority actions in regard to preventative and early Intervention strategies

Assurance

- Develop a robust and targeted Quality Assurance framework that informs the work of the Board and provides assurance that the City's arrangements for safeguarding adults are robust and person centred. To evidence the impact of safeguarding work in the City and promote an outcome focus. This will be used to promote effective challenge by the SAB to bring about improved outcomes for adults at risk.
- A robust process of learning from SARs ensuring that learning leads to embedded improvements in local arrangements where actions have been identified.
- The Board to be assured that training is effective in supporting the delivery of high quality practice in regard to safeguarding adults in need of care and support

Making Safeguarding Personal

- Ensure our engagement strategy maximises opportunities for promoting key messages about how adults at risk can be safeguarded and ensures their feedback informs the work of the Board
- The Board ensures strong Multi Agency commitment to MSP. The principles of MSP are embedded in local safeguarding practice and makes safeguarding person-centred and outcomes focussed

Board Performance and Capacity

- There will be a shared view about the Board's financial requirements
- Ensure the Board has the required back office staff to support the delivery of its functions
- Ensure the Board operating model is fit for purpose to enable it to respond to national and local strategic drivers and priorities. Ensure the Board has clear Protocols and Guidance in place
- Ensure the Board's work is aligned with work of other strategic Boards across the City

9.5 At the time of completing this report, much has been done to take forward these intentions, though inevitably much remains; progress will be reported in the Annual Report for 2016-2017

Health and Wellbeing Board Forward Plan 2016/17 PUBLIC

Submissions for the Forward Plan should be made at the earliest opportunity through Jane Garrard, Nottingham City Council Constitutional Services Team jane.garrard@nottinghamcity.gov.uk

Date of meeting	Report title	Purpose *JHWS themed section/ for resolution/ for information*	Lead report author and contact details
29 March 2017 **Healthy Culture**	**JHWS Healthy Culture outcome – progress report**	JHWS outcome themed section	
	Health and Wellbeing Board Annual Report		
	Board member updates	For information	-
	Commissioning Executive Group – revised Terms of Reference and update on work		Katy Ball katy.ball@nottinghamcity.gov.uk Christine Oliver christine.oliver@nottinghamcity.gov.uk
	Health and Wellbeing Board Commissioning Sub Committee 8 March 2017 draft minutes	For information	-

NB: New Joint Strategic Needs Assessment chapters to be included on next available agenda 'for information'

Items to be scheduled:

- Memorandum of Understanding CCG and Public Health
- Director of Public Health Annual Report [Alison Challenger]
- Workplace health [Alison Challenger/ Helene Denness]
- Joint commissioning priorities 2016/17 RAG rating to agree a timetable for reviewing progress on plan [Christine Oliver]

Items for 2017/18

May 2017

- JHWS Healthy Environment outcome – progress report

- JHWS Healthy Environment outcome – citizen story

July 2017

September 2017

- Annual review of Joint Health and Wellbeing Strategy performance metrics [James Rhodes]
- Evaluation of JSNA process and outcomes [Caroline Keenan/ Rachel Sokal]
- Nottingham City Safeguarding Adults Board Annual Report 2016/17 [Louisa Butt]
- Nottingham City Safeguarding Childrens Board Annual Report 2016/17 [John Matravers]

November 2017

January 2018

March 2018

Health and Wellbeing Board Update – January 2017

General Practice in the Inner City

In our last update we described the work that Healthwatch is undertaking in relation to the challenges within primary care services in the city and specifically, those faced by inner city general practice. We Our focus has been on the experience of practitioners at Mary Potter Health Centre, where all three of the practices working from there have temporarily closed their lists to new patients. We have completed our interim report which has been submitted to the Health Scrutiny Panel for their January meeting. Our findings give us reason to believe that there are particular pressures facing inner-city practices which make working in the inner city - and therefore recruitment and retention of GPs and other NHS staff - a particular challenge for which the right solutions have not yet been identified.

Joint Strategic Needs Assessment

We continue our work with the City and County councils to help ensure that local people's voices and experiences of local health and social care services are represented in this document. We completed a series of focus groups with people living with neurological conditions – specifically Epilepsy, Multiple Sclerosis, Motor Neurone Disease and Myasthenia Gravis. The report will be completed by the end of February.

Lesbian, Gay, Bisexual and Transsexual (LGBT) engagement

We have completed a series of structured interviews with approx. 60 members of the LGBT community as part of a joint piece of engagement/research with County Healthwatch. The full report of this work will be published in February but the early indications are that despite the progress that has been made in recent years , some members of the LGBT community are facing what they perceive to be differential experiences of health and social care services.

Enter and View in Residential Care Homes

Healthwatch Nottingham has now undertaken its first 'Enter and View' visit, in November. The objective of the Enter and View programme is to gather information from service users, and where possible those who visit them, by speaking with them about their experience of the care they receive. This data will be used to make evidence-based recommendations about how to improve patient experiences in the homes that we visit. We are focussing this programme on visits to residential care facilities and our first visit was to Highfields Nursing Home in Bulwell. We hope that by focussing on residential care homes in need of support to improve patient experience, we have an opportunity to influence service quality for people who are likely to be very and in need of a 'voice' to raise the concerns that they might have.

Sustainability and Transformation Plan for Greater Nottingham

Healthwatch has had a 'seat at the table' throughout the production phase of the STP, prior to its publication at the end of November. We will now be working with the programme leads to help to ensure that the planned public engagement on the Plan s as successful as it can be, given the limitations of time and resources. The Chair of County Healthwatch will be facilitating all 4 of the planned engagement events and we will be fully involved with her when it comes to running the City event at the Council House in February.

Personnel Changes

The post of Chief Executive is now being advertised with the expectation that a new post holder will be appointed to commence at the beginning of April or before. Joe Pigeon will job share the post with Pete McGavin until then, following the departure of Phil Teall at the beginning of January. Adele Cresswell has resigned from the Board.

This page is intentionally left blank

Statutory Officers Report for Health and Wellbeing Board

Corporate Director of Children's Services

January 2017

Talking about abuse that happened in childhood

A leaflet entitled 'Talking about abuse that happened in childhood' has been produced under the direction of the multi-agency Strategic Management Group of Operation Equinox (the Police and Local Authority joint investigation into historical child abuse in Nottinghamshire). This leaflet provides advice and signposting to support services for victims/survivors.

You can download a copy of the latest version of this leaflet here: http://www.nottinghamcity.gov.uk/children-and-families/child-abuse-prevention/allegations-of-historical-child-abuse-in-nottinghamshire/

The intention is to update the leaflet over time, so please return to this website regularly to ensure you are downloading the latest version of the leaflet.

Liquidlogic Update

The Liquidlogic Children's, Early Help and ContrOCC systems are now live across Children's Services. After months of working with Liquidlogic to set up and test the system, followed by 12 weeks of training roll out, the new system was launched to workers on Monday 28th November. The Children's system now connects to the Adults Liquidlogic system which was implemented over the summer. We'll be monitoring how the new system is working and continue to work closely with Liquidlogic to enhance both the Adults and Children's systems over the next few months.

Imagination Library reaches 3,000 children a month milestone

More than 3,000 children a month now get free books through their door in Nottingham thanks to Dolly Parton's Imagination Library.

Nottingham City Council has been working alongside the Rotary Club of Nottingham to co-ordinate fundraising since it chose to back the Imagination Library in the city in 2012. Since then, donations have increased to see more and more children benefiting.

Dolly Parton's Imagination Library delivers children a free book for them to keep and read with their family every month; they receive these from birth until their fifth birthday.

Cllr David Mellen, Portfolio Holder for Early Intervention and Early Years, said: "Reaching this milestone is amazing – it means 3,000 children are now benefiting from getting a free book through their door every month. This is all thanks to the fantastic efforts of our fundraisers and partners.

"It's so important: the free book is about more than just reading; it's dedicated time that parents are spending with their children, developing a love of books at an early age. As well as the close bond this fosters in families, it can also

help with language development.

“However, we need to ensure that people continue to support this charity. I would like to see these free books go to every home in the city.”

Local data shows that Nottingham children are likely to start school with reading skills up to 14% behind the national average, while recent research in the US shows that children who have been on the scheme for three years or more are 28% more ‘school ready’ than those who have not received the books.

Since 2012 over £200,000 has been raised across the city; enough to give out more than 100,000 books. The charity has now delivered over 55,000 books to children registered on the scheme. The money raised will ensure that these children will continue to get the books until their 5th birthday.

Donations are always welcome. Just £2 a month is enough to ensure a child gets their free book. Or for a one off donation of just £25 you will be paying for one child to receive these wonderful books delivered to their home each month for an entire year. You can find out how to donate here.

To find out more about Dolly Parton’s Imagination Library go to www.dollybooksnottingham.org.

Empowering the Workforce to deliver Excellence in Safeguarding Practice

The latest series of Every Colleague Matters events has been scheduled for 6th – 10th February 2017. These events have been developed in partnhership with the Children’s and Adults Safeguarding Boards in Nottingham City, to showcase their ongoing commitment to the workforce, and to keep our children and adults safe.

Places are available on the following sessions:

- Female Genital Mutilation - Working Together to end FGM
- Forced Marriage and Honour Based Abuse
- Assessing Physical Abuse: Child-Centered Safeguarding Practice
- Missing Children and Child Sexual Exploitation (CSE)
- Medical Neglect of Children
- Recognising and Responding to the effects of Early Childhood Trauma
- Child Focussed Practice
- Prevent Workshop
- Modern Slavery
- Plus many more sessions are available….

For further information and details of how to request a place, please follow this link: www.nottinghamchildrenspartnership.co.uk/ecm2016Safeguarding

Our Integrated Workforce Development Team, who organise these events, were recently a finalist for the Guardian Public Service Award in the Learning and Development category.

Association of Directors of Childrens Services (ADCS) Blogs

In my role as Vice President of ADCS, I regularly have to write blogs on a variety of issues – I thought that you might like to read my most recent one:

Baubles, Bells and Budgets - http://adcs.org.uk/blog/article/baubles-bells-and-budgets

Alison Michalska
Corporate Director for Children and Adults
(January 2017)

This page is intentionally left blank

Statutory officers report for the Nottingham City Health and Wellbeing Board

Director of Public Health

25th January 2017

1. Nottingham City Council Alcohol Declaration

On the 16th January 2017 at the Nottingham City Full Council meeting councillors passed a motion to endorse and sign up to the Alcohol Declaration to demonstrate the Council's commitment to addressing the harm from alcohol.

The aim of the Alcohol Declaration is to demonstrate local authority leadership on tackling alcohol harm and to make a collective statement about the importance of this issue both locally and nationally. It is intended that the commitments set out in the declaration will result in action across the system to address the harm alcohol causes to individuals and communities.

The declaration commits the City Council to act at a local level to reduce alcohol harm and health inequalities by:

- Influencing national government to take the most effective, evidence-based action to reduce alcohol harm, particularly via the introduction of greater regulations around the price, promotion and availability of alcohol;
- Influencing national government to rebalance the Licensing Act in favour of local authorities and communities, enabling local licensing authorities to control the number, density and availability of alcohol according to local requirements;
- Developing evidence-based strategies and commissioning plans with our local communities and partners including the local NHS Acute Trust, Clinical Commissioning Groups and the Police;
- Ensuring that public health and community safety are accorded a high priority in all public policy-making about alcohol;
- Making best use of existing licensing powers to ensure effective management of the night-time economy;
- Raising awareness of the harm caused by alcohol to individuals and our communities, bringing it closer in public consciousness to other harmful products, such as tobacco.

This builds on the earlier success of the Tobacco Declaration in taking forward tobacco control strategies in Nottingham.

There is now opportunity to consider implementation of a similar version for Health and Wellbeing member organisations to also show their support.

2. Nottingham City Joint Strategic Needs Assessment

Four chapters of the JSNA have recently been updated and uploaded to the Nottingham Insight website:

1. Diet and Nutrition (Nov 2016)
2. Adults with Physical Impairment (Nov 2016)
3. Carers (Dec 2016)
4. Special Educational Needs and Disability(Nov 2016)

Link to the JSNA homepage http://jsna.nottinghamcity.gov.uk/insight/Strategic-Framework/Nottingham-JSNA.aspx

NOTTINGHAM CITY COUNCIL

HEALTH AND WELLBEING BOARD COMMISSIONING SUB COMMITTEE

MINUTES of the meeting held at Loxley House, Station Street, Nottingham NG2 3NG on 14 December 2016 from 15.00 - 16.10

Membership
Voting Members

Present	Absent
Dr Marcus Bicknell	Katy Ball
Councillor Alex Norris	Maria Principe

Non-Voting Members

Present	Absent
Christine Oliver (substitute for Katy Ball)	Lucy Anderson
	Alison Challenger
	Martin Gawith
	Colin Monckton

Colleagues, partners and others in attendance:

Rasool Gore	-	Lead Commissioning Manager, Nottingham City Council
Erica Fletcher	-	Business Support, Strategy and Commissioning Nottingham City Council
Darren Revill	-	Finance Analyst, Nottingham City Council
Jo Williams	-	Assistant Director Health and Social Care Integration, NHS Nottingham Clinical Commissioning Group
Jane Garrard	-	Senior Governance Officer

83 APOLOGIES FOR ABSENCE

Lucy Anderson
Katy Ball
Alison Challenger
Martin Gawith
Maria Principe

84 DECLARATIONS OF INTERESTS

At the time of consideration, Marcus Bicknell declared an interest in agenda item 4 Better Care Fund Quarterly Performance Report by virtue of Beechdale Medical Group, of which he is a senior partner, holding a contract to provide an enhanced service to care home providers.

85 MINUTES

The minutes of the meeting held on 9 November 2016 were agreed as an accurate record and signed by the Chair.

86 BETTER CARE FUND QUARTERLY PERFORMANCE REPORTS

Jo Williams, Assistant Director Health and Care Integration, introduced the report outlining information in relation to the Better Care Fund (BCF) performance metrics for Quarter 1 and Quarter 2 2016/17. She highlighted the following information:

a) As of the end of Quarter 2 all of the national conditions were being met.
b) The metric relating to avoiding permanent residential admissions is meeting the target but a deep dive review had been carried out because there are still too many people being admitted to residential care. An action plan in response to the deep dive review was being developed.
c) Performance in increasing the effectiveness of reablement was good but it was anticipated that performance would dip initially when the integrated reablement service was introduced.
d) There is consistent underperformance on reducing delayed transfers of care. A deep dive review had been carried out to try and better understand the issues and an action plan was being produced. One of the challenges had been identifying responsibility for managing the action plan as many of the actions related to the A&E Delivery Board. Lead officers had been identified for each action.
e) Performance in increasing the uptake of Assistive Technology had improved in Quarter 3. It was expected that performance would further improve as planned new projects were launched.
f) A fourth wave of patient satisfaction surveys had been sent out.
g) There was a downward trajectory for non-elective admissions.

During discussion the following comments were made:

h) The downward trajectory in non-elective admissions was positive. This was in line with performance in other areas in the East Midlands.
i) It would be useful to tell GPs and care co-ordinators who the people are with a delayed transfer of care. The information could then be discussed locally to identify the issues and potential options available. This information is available on a daily basis but is currently not being fed back.
j) Challenges impacting on delayed transfers of care included the availability of homecare and the availability of appropriate equipment for bariatric patients. However there was a risk that focusing on issues with homecare meant that the impact of other factors, such as social care assessment, weren't fully addressed.
k) There are current restrictions on using a step down to residential care, with differing thoughts on the benefits in terms of patient outcomes and cost in increasing use of a step down to residential care.
l) It would be helpful to better understand the use of Lings Bar by City residents.
m) The City Council Insight Team is analysing data on homecare to give a better understanding of issues such as cost and clinical need and this will support improved management of homecare provision during the winter period. In addition long term plans for homecare are being developed. In developing these plans consideration will be given to every element of getting people out of hospital in timely manner.

RESOLVED to

(1) note the performance in relation to the Better Care Fund metrics for Quarter 1 and Quarter 2 2016/17;

(2) note the quarterly returns which were submitted to NHS England on 26 August 2016 and 24 November 2016 respectively, both of which were authorised virtually by the Health and Wellbeing Board Chair;

(3) identify how Nottingham University Hospitals NHS Trust could share patient level information about delays in transfer of care with care co-ordinators;

(4) review performance against the residential home target and consider whether it should be flexed; and

(5) request information about the proportional uptake of beds at Lings Bar by City residents over the last four quarters.

87 BETTER CARE FUND 2016/17 QUARTER 2 BUDGET MONITORING REPORT

Darren Revill, Finance Analyst, introduced the report outlining the 2016/17 Quarter 2 budget monitoring information for the Better Care Fund (BCF). He highlighted that:

a) The total expenditure for the BCF Annual Plan 2016/17 is £25,857,401. At the end of Quarter 2 the cash flow was approximately half of that total at £12,583,603.
b) The forecast position at Quarter 2 was an underspend of £559,000, which was mainly due to delays in starting seven day working and lower levels of activity in carer schemes. A new carer service is due to start next year.
c) There was some slippage in money carried forward from the pooled fund due to recruitment delays.
d) The overall underspend against the pooled fund is £748,000.

RESOLVED to

(1) note the cash flow position of the Better Care Fund Pooled Fund as at Quarter 2 of 2016/17 as set out in Table 1 of the report; and

(2) note the forecast position of the Better Care Fund Pooled Fund as set out in Tables 2 and 3 of the report.

88 BETTER CARE FUND 2018-2020 PLANNING

Jo Williams, Assistant Director Health and Care Integration gave a verbal update on Better Care Fund (BCF) planning for 2018-2020. She highlighted the following information:

a) The guidance and policy framework had not yet been published but planning is already underway.

b) Information shared at a recent regional meeting included that:
   i. it was expected that there would be a reduction in the number of national conditions;
   ii. it was expected that there would be a reduction in metrics but key metrics, such delayed transfers of care would remain;
   iii. the format is likely to be similar to the current format;
   iv. it is anticipated that guidance will be more explicit about allocations to protect social care.
c) There is an opportunity to express interest in 'graduating' from the Better Care Fund. It is understood that 5-6 areas will be selected and they will be exempt from completing the BCF planning and will have support to graduate.
d) Under the Improved BCF money will be transferred to the local authority via a Section 31 grant with conditions. One of the conditions will be that it has to be put into a pooled fund but health organisations will not have a voice in how the money is spent. The current Section 75 Agreement says that health and social care will have an equal voice in spending the pooled fund and this might need to be amended to reflect new requirements. It is expected that the allocation will be approximately £1,300,000 next year and it will then increase.

During discussion it was suggested that health and social care hubs be established in each of the care delivery group areas.

RESOLVED to submit an expression of interest to graduate from the Better Care Fund.

89 UTILISATION OF DISABLED FACILITIES GRANT

Rasool Gore, Lead Commissioning Manager Nottingham City Council, presented the report about utilisation of the Disabled Facilities Grant. She highlighted the following information:

a) The level of Disabled Facilities Grant allocation had now been confirmed as £1,889,000 and it was proposed to spend it all on Major Adaptations.
b) The Social Care Capital Grant had been discontinued and this had resulted in pressure for the Council. This pressure will be managed through the Council's Capital Fund.

During discussion it was reported that regionally there were examples of delivering efficiencies through the Disabled Facilities Grant. This hadn't yet been looked at in Nottingham.

RESOLVED to

(1) approve the utilisation of the Disabled Facilities Grant (DFG) totalling £1,889,000 for Major Adaptations;

(2) note the Council's proposed contributions towards spend on Major Adaptations and the Integrated Community Equipment and Loans Service; and

(3) explore opportunities to deliver efficiencies through the Disabled Facilities Grant.

90 EXCLUSION OF 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 the basis that, having regard to all the circumstances, the public interest in maintaining the exemption outweighs the public interest in disclosing the information.

91 BETTER CARE FUND UNDERSPEND PROPOSAL

The Sub-Committee considered the information set out in the exempt report, the details of which can be found in the exempt minute.

This page is intentionally left blank

Topic information	
Topic title	Adults with Physical and Sensory Impairments
Topic owner	Helene Denness
Topic author(s)	Louise Noon and Caroline Keenan
Topic quality reviewed	25/11/2016
Topic endorsed by	Whole Life Disability Group
Topic approved by	Long Term Conditions Strategic Group
Current version	2016
Replaces version	2010
Linked JSNA topics	Falls and bone health, dementia, care homes, carers, SEND

Executive summary

Introduction

This chapter considers Physical and Sensory Impairment (PSI) in adults aged 18-64.

Defining disability is complex and contentious. The "social model" and the "medical model" define two distinct models. The Government encourages the use of the social model which states that disability is created by barriers in society including the environment, people's attitudes and organisations. The medical model, in contrast, is based on a belief that disability is caused by an individual's health condition or impairment (HM Government, 2015). Most analysis tends to use limiting longstanding illness as the core definition although it should be recognised that limiting longstanding illness covers limitation at any level on activities of any kind whereas disability covers a specified set of activities, therefore prevalence of longstanding limiting illness is higher than disability (Public Health Action Support Team, 2011).

The definition of disabled as defined in the Equality Act 2010 includes those who have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities. The term 'disabled' is used interchangeably in this chapter to include both those with physical and sensory impairments.

The term 'physical impairment' refers to people who have one or more physical impairments. These impairments may be congenital or acquired at any age, be temporary, long-term, or fluctuating. People with physical impairments may often have unique & multi-dimensional requirements. They therefore require tailored services to address them all in a person-centred holistic fashion.

The term 'sensory impairment' encompasses visual impairment (including citizens who are blind and partially sighted), hearing impairment (including those who are profoundly deaf, deafened and hard of hearing) and dual sensory impairment

(deafblindness). The deaf community may self-identify as ‘Deaf’ rather than ‘deaf’ to mean culturally deaf people who use sign language as their first language.

Sensory impairments may, like physical impairments, be congenital or acquired at any age. They are more prevalent with age as are additional sensory or other impairments. Most sensory impairments develop gradually and are often secondary to other disabilities.

Hearing loss and deafness is usually measured by finding the quietest sounds someone can hear using tones with different frequencies, which are heard as different pitches. The person being tested is asked to respond, usually by pressing a button, when they can hear a tone and the level of the tone is adjusted until they can just hear it. This level is called the threshold. Thresholds are measured in units called dBHL: dB stands for 'decibels' and HL stands for 'hearing level'. Anyone with thresholds between 0 and 20 dBHL across all the frequencies is considered to have 'normal' hearing. The greater the threshold level is in dBHL the more significant the hearing loss.

Moderate deafness: People with moderate deafness have difficulty in following speech without a hearing aid. The quietest sounds they can hear in their better ear average between 35 and 49 decibels.

Severe deafness: People with severe deafness rely a lot on lip-reading, even with a hearing aid. British Sign Language may be their first or preferred language. The quietest sounds they can hear in their better ear average between 50 and 94 decibels.

Profound deafness: People who are profoundly will often use British Sign Language for communication which may be backed up with lip reading. The quietest sounds they can hear in their better ear average 95 decibels or more.

Commissioners should be sensitive to the use of these definitions in their work, and the language used, appreciating the contentious nature of applying ‘labels’ and also acknowledging the diversity of experiences and preferences within these groups.

The needs of carers, and people who live in care homes, are considered in separate chapters.

Please also refer to the literature review (available here) carried out by the knowledge resources team which includes more detailed information than can be included here.

Unmet need and gaps

1. We believe there are large numbers of people of working age with long term limiting conditions that limit their daily function to a substantial degree, which include those with physical and sensory impairments. An increase in the number of people working to an older age is likely to impact on this. It is acknowledged that not everyone self-declares disability and this can make quantification difficult.
2. People with physical disabilities or sensory impairments often experience a range of significant physical and psychological inequalities and consultation has shown that people often feel discriminated against.

3. A proportion of these inequalities are likely to be related to comparatively reduced opportunities to participate in education and training at all levels, which can lead to poorer employment outcomes. This suggests policies to support those in education and to keep/find employment would help to mitigate the effect on health inequalities.
4. In addition, this group experience a range of significant barriers in terms of accessing mainstream and specialist health, social and other (including leisure and employment) services and a lack in tailored or specific services for those in need.
5. There appears to be a disparity between the large number of people in 'need' and the relatively small number of people receiving services. A Health Equity Audit that defines inequities in the causes, access to effective services and outcomes for this population could add to the understanding of this.
6. The direct payments/personalisation/care act/prevention agenda is changing the landscape of care provision for this group.
7. At the same time there are significant funding reductions within the local authority.
8. It would be useful to investigate, perhaps through a health equity audit, whether there are any dimensions of inequity in terms of access to social care services (either commissioned or in house provision) for example are people from particular ethnic groups, or men as opposed to women, more or less likely to receive services?
9. A health equity audit of screening, cataract treatment and social care services would help to establish which groups are not accessing services and the extent of unmet need.
10. Consider carrying out a full health needs assessment on people with physical and sensory impairments in order to build a fuller picture to aid future planning- as need is only going to increase.
11. Understand the difficulties for people with physical and sensory impairments in accessing public services.
12. Improve data quality in disability recording, particularly within mental health services, in order that equity of access can be assessed.
13. The full impact of austerity measures on people with physical and sensory impairments remains to be seen and action should be taken to address the current impact.

Recommendations for consideration by commissioners

1. Progress strategies to reduce stigma and support people to self-declare and access services (particularly in underrepresented groups) in order that appropriate adjustments can be made.
2. Improve physical access to public buildings and transport to and from public service locations, placing particular focus on the Urgent Care Centre, Ropewalk House and the Queens Medical Centre (including expediting completion of works between the tram stop and the hospital).
3. Improve communication between services and service users through:
   a) Adhering to the NHS Accessible Information Standard through ensuring appropriate formats are used for written communication and that these needs are highlighted on people's records;

   b) Developing alternatives to services reliant on telephone communication (particularly booking appointments); and
   c) Increasing the availability of sign in screens, display screens and buzzers in waiting rooms and making sure that these systems are accessible for all.
4. Improve communication between services by, for example, sharing NHS Accessible Information Standard details between primary and secondary care.
5. Improve hospital environments to facilitate people with reduced mobility in terms of equipment that meets access needs and staff who are trained to use it.
6. Work with service providers to improve data quality in disability recording in terms of both status and access requirements.
7. Ensure disability awareness and equality training for health and social care professionals is regular enough to meet staff turnover.
8. Ensure Nottingham City Council maintains its commitment to the British Sign Language Charter.
9. Implement a holistic approach which recognises need as opposed to categories of diagnoses and allows adequate time for citizens with communication impairments to communicate with staff.

Children and Young People Special Educational Need and Disability

Topic information	
Topic title	Children and Young People Special Educational Need and Disability
Topic owner	Helene Denness
Topic author(s)	Russell Wiseman, Helene Denness and Jean Robinson
Topic quality reviewed	30/11/2016
Topic endorsed by	Special Educational Needs Board
Current version	2016/17
Replaces version	2010
Linked JSNA topics	Adults with Learning Disability Pregnancy

Executive summary

Introduction

This chapter considers the health and education needs of children and young people, 0 25 years, with special educational needs and disabilities who live in Nottingham City. The needs of adults with disabilities are outlined in other chapters.

Children and young people with special educational needs and disabilities are a broad and diverse group and include individuals with complex needs requiring multi level support as well as those who require substantially less input (ChiMat 2016).

Special educational needs are legally defined:

> "Children who have learning difficulties or disabilities that make it significantly harder for them to learn or access education than most other children of their age" (Department for Education 2014).

The definition of special educational needs is a broad one covering a wide range of need including behavioural, emotional and social difficulties, autistic spectrum disorders and specific learning difficulties such as dyslexia.

A person is disabled if he or she has a "…physical or mental impairment that has a 'substantial' and long-term' negative effect on his or her ability to do normal daily activities" (Equality Act 2010).

Children and young people who have special educational needs (SEN) experience significant barriers to learning but do not necessarily have a disability. Children and young people with disabling conditions do not necessarily have SEN, however, there is a significant overlap between disabled children and young people and those with SEN. Porter et al (2008) estimate that approximately three-quarters of 'disabled' children are also identified as SEN.

The number of disabled children (0-18) in England is estimated to be between 288,000 and 513,000 (Porter et al 2008). The mean percentage of disabled children in English local

authorities has likewise been estimated to be between 3.0% and 5.4%. This estimate is based on a 2008 study which has not been repeated and thus may underestimate 'true' numbers given demographic changes in the population such as an increase in neonatal survivors and inward migration of children with disabilities.

A number of factors, including gender, ethnicity, socio-economic disadvantage, parental behaviour and communicable disease, appear related to the prevalence of special educational needs and disabilities but the mechanism underpinning these links are not always well understood.

Of all the childhood disabilities, neurodevelopmental conditions including autism, ADHD, developmental disorders and cerebral palsy, are the most common (Chief Medical Officer's Report 2012). Many of these children and young people experience a number of impairments and co morbidities which, in conjunction with restrictions and barriers to participation, result in complex medical, educational and social support needs.

Local estimates of the numbers of children with SEN and disability are based on various routine data sources such as the Statistical First Returns to the Department for Education, Disability Living Allowance statistics and local figures of numbers accessing a range of children's services. These sources suggest that in 2015 there were approximately 3,500 – 4,000 children and young people, aged under 25 years, in Nottingham with disabilities.

Of these, approximately a 1000 children/young people have severe, complex and/or lifelong disabilities. This figure is based on a data collection from 2009 which has not been repeated. Local intelligence suggests this may be an underestimation of the actual number thus conclusions should be treated with caution. In the same time period 7,500 children were identified as having special educational needs, of which a proportion also had a disability.

Disabled children and young people can lead full and fulfilling lives but for many, disability is associated with limited development and social participation, poor educational, health and employment outcomes (Department for Work and Pensions 2013). Nottingham City's aspiration for children and young people with special educational needs and disabilities, like all children and young people, is that they achieve well in their early years, at school and in college, and lead happy and fulfilled lives.

Local work undertaken has increased the proportion of young people in education and training and increased opportunities for young people to participate in activities in their local communities.

Unmet need and gaps

- Feedback from parents/carers and professionals suggests that there are significant challenges in accessing Speech and Language Therapy (SALT) in Nottingham. Data suggests that there are more children and young people with autism in Nottingham than the England average; autistic children are particularly likely to need SALT.

- Feedback from parents suggests that there is a lack of information regarding SEND provision. It is unclear whether lack of use relates to lack of awareness of the SEND Local Offer website or the functionality of the website itself.

- Evidenced based interventions early in life can improve outcome for disabled children yet not all children in Nottingham access early support services.
- Not all children with SEND are vaccinated as recommended which makes them vulnerable to infectious diseases which can be more serious for those who also have physical disabilities. In addition, some disabilities are associated with vaccine preventable diseases such as birth defects due to congenital rubella syndrome or encephalitis following measles.
- Local intelligence suggests that children and young people with SEND sometimes miss out on health promotion interventions such as school-based sessions on sex and relationships and/or smoking, drugs and alcohol even though these sessions could be adapted to meet their needs.
- Parents report that SEND support varies from school to school. Whilst many schools are committed to supporting children and young people with SEND parents reporting that some school staff lack appropriate knowledge and skills which hinders their ability to fulfil their potential.
- The range of short breaks available to disabled children and young people is limited and is not always sufficiently tailored to meet individual needs.
- Literature suggests that there is an under representation of some ethnic minorities in diagnosis of SEND e.g. autism. It is unclear whether this is due to lack of awareness within these communities, stigma around disability or professionals not diagnosing in these groups.
- Consanguinity is a significant risk-factor for some disability. It is unclear whether more action could be taken to highlight the risk to relevant communities.
- The process of assessment can lead to a focus on what children and young people with SEND can't do rather than what they can achieve, particularly, when they have the support of their family and community.
- Children, young people and families report feeling isolated in part as they struggle to access activities in their local community.
- There is less transition support for young people with SEND who do not have an EHCP/statement and/or don't meet social care thresholds for support. For these young people the support is managed by the school without little additional support from outside agencies. This does not meet NICE guidance on transition.
- There are low levels of employment for people with learning disabilities. It is unclear why Nottingham has a significantly lower proportion of people with learning disabilities in employment than the England average. Incomplete tracking of young people post-19 is a barrier to understanding which strategies are successful in supporting young people with learning disabilities into work.
- Whilst considerable action has been taken people with learning disability are still in healthcare institutions as adults. This is unacceptable.

Recommendations for consideration by commissioners

- There appears to be significant challenges in accessing Speech and Language Therapy (SALT) in Nottingham despite high numbers of autistic children who are particularly likely to need SALT. Benchmarking of SALT provision against national guidance, exploration of the current provision and a health equity audit could inform future commissioning decisions.
- Feedback from parents suggests that there is insufficient information regarding SEND provision. Further work with the Communications team, informed by feedback from parents, will give children, young people and their families greater control through the provision of comprehensive and accessible information about the range of educational placements and support available, curriculum choices and alternative pathways.
- Continue to develop and improve the Local Offer, working with children, young people and their families to ensure the information is comprehensive and accessible.
- Provide support to children and families in the home and early years settings to promote early intervention and improved outcomes through well co ordinated early support services, so that parents have increased understanding and raised aspirations for their children and that admission to school is supported by personalised transition processes, resulting in effective inclusion of pupils in chosen educational placement.
- Predicted increases in the number of children and young people with SEND should be incorporated into forward planning of children's services. Modelling of these increases will more accurately inform service planning. For example services for extremely premature babies and those surviving longer with more complex needs.
- Some children and young people with SEND will be more vulnerable to infections and thus have an increased need for vaccination. All those working with this group could use a 'make every contact count' approach to encourage vaccination, specifically, to correct purveying myths around the safety of vaccinations such as MMR.
- Local intelligence suggests that children and young people with SEND sometimes miss out on health promotion interventions such as school-based sessions on sex and relationships and/or smoking, drugs and alcohol even though these sessions could be adapted to meet their needs. A review of this provision could ensure that children and young people with SEND have equity of access to sessions that enable them to make informed decisions.
- Education support services will continue to work in partnership with schools to ensure they understand the requirements of the SEND Code of Practice, and have the knowledge and understanding needed to support the effective implementation of the legislative requirements. Further development of the links between special provision and mainstream schools will extend the good practice, knowledge and expertise available across all settings, as part of on going CPD opportunities for teachers and support staff.

- Raise educational achievement of children and young people with SEND through early identification of need, appropriate intervention and effective monitoring of progress towards challenging targets.
- Continue with Nottingham city's plan to convert statements to EHCP by 2018. The City is on target to convert all statements to EHCP's by August 2017. This activity will ensure that all young people and families will have access to the benefits of the EHCP including personal budgets where relevant.
- Review the role of the key worker service in supporting the implementation of EHCPs. This review will ensure that the best aspects of the service are retained and that the service is sustainable in the longer term.
- The range of short breaks available to disabled children and young people is limited and is not always sufficiently tailored to meet individual needs. A broad range of short breaks should be developed to include those delivered through internal provision, commissioned services and purchased through personal budgets.
- Conduct a review of the contract carers scheme to ensure family based overnight short breaks can be provided for children and young people with a range of disabilities.
- Literature suggests that there is an under representation of some ethnic minorities in diagnosis of SEND e.g. autism. It is unclear whether this is this due to lack of awareness within these communities, stigma around disability or professionals not diagnosing in these groups. Further exploration of this under-diagnosis is warranted.
- Nottingham's population is diverse; services may need to be adapted to meet the cultural needs of different communities to ensure equity of access and outcome.
- Consanguinity is a significant risk-factor for some disability. It is unclear whether more action could be taken to highlight the risk to relevant communities and to mitigate risk, through genetic screening, where there are known risks.
- Work in partnership with communities to take an asset based approach to children and young people with SEND focusing on what they can do, what family and friends can do, and only then what services are needed, to help people to live their lives.
- Ensure disabled children and adults aren't isolated from mainstream society through a comprehensive local offer which enables children and young people to access a range of mainstream/targeted/specialist activities where they are able to meet socially with their peers in an inclusive environment.
- Children, young people and families report that their experience of transition between services can be unnecessarily challenging. By conducting joint assessments parents/carers won't have to repeat their story to multiple professionals. In addition pooled, personal budgets (social care and health) could minimise duplication of assessment and payment processes.
- Ensure that disabled children's transition into adulthood is properly supported. Specifically, transition should be improved for children and young people with SEND who do not have an EHCP/statement and/or do meet the threshold for adult social care support.

- Many young people with SEND feel ill-prepared for adult life and unable to achieve their ambitions. Early years settings, schools and colleges should enable children and young people to have the information and skills they need to gain independence, transition to adulthood and achieve their ambitions including gaining meaningful employment.
- The tracking of the destinations young people with SEND after their 19th birthday should be improved to increase understanding of what pathways are working, which need developing and which should be decommissioned.
- Whilst considerable action has been taken people with learning disability are still in healthcare institutions as adults. Further action needs to be taken to enable disabled people to live at home, near home or in independent living of their choice.
- Joint commissioning and/or pooled budgets have the ability to minimise duplication of effort and release cost savings that can be invested elsewhere. Nottingham City Council and Nottingham City CCG could explore joint commissioning opportunities for children and young people with SEND.
- Commission appropriate Information and Advice Services provision to meet the needs of children, young people and families within the Codes of Practice including through the development of a robust specification that meets the needs of all service users and the extended requirements of the Act in the longer term.

Topic information	
Topic title	Reducing unplanned teenage pregnancy and supporting teenage parents
Topic owner	Teenage Pregnancy Taskforce
Topic author(s)	Marie Cann-Livingstone and Helene Denness
Topic quality reviewed	April 2016
Topic endorsed by	Teenage Pregnancy Taskforce
Current version	9 December 2016
Replaces version	2011
Linked JSNA topics	Pregnancy, Sexual Health and HIV

Executive Summary

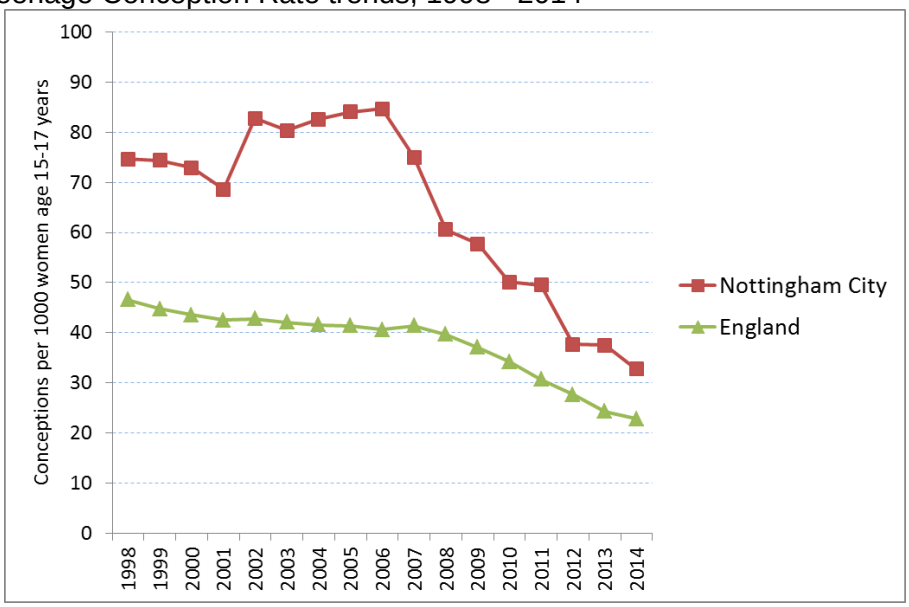
Introduction

The term 'teenage pregnancy' includes under-18 conceptions that lead to a legal termination of pregnancy or birth. Teenage pregnancy is an issue of inequality as early parenthood is associated with poor health, wellbeing and wider life chances such as education and economic outcomes as well as increased levels of social exclusion, for both teenage parents and their children (Hadley, Chandra-Mouli and Ingham et al. 2016).

Action to reduce unplanned teenage pregnancy and support teenage parents has been a local and national priority since 1998. During this time, teenage pregnancy rates have continued to fall, both locally and nationally.

In Nottingham in 2014, the most recent available annual conception data, there was a decrease of 21 conceptions from 181 in 2013 to 160 in 2014 in the under-18 (15-17) age group. This represents a rate reduction from 37.5 conceptions per 1000 girls aged 15-17 in 2013 to 32.7 in 2014. The rate reduction is illustrated in Figure 1.

Figure 1: Teenage Conception Rate trends, 1998 - 2014



Source: Office for National Statistics (2016) Dataset of conception statistics, England and Wales 2014

However, Nottingham's under-18 conception rate is still higher than the England average rate of 22.8 conceptions per 1000 girls aged 15-17 in 2014 and the Core Cities average rate of 29.5 per 1000. The England average remains higher than in other Western European countries. Nationally 80% of under-18 conceptions are to 16 and 17 year olds and around 20% are to under-16s.

The wards with the highest three-year aggregated rates of teenage conceptions, over 2012-14[1] were Arboretum and Aspley whilst Wollaton West had the lowest published rates. Two wards have suppressed data due to low numbers (Dunkirk & Lenton and Wollaton East & Lenton Abbey)[2].

Action is required to sustain the significant reductions in under-18 conceptions and continue the downward trend. National and international evidence suggests that reducing teenage conceptions is best achieved by:

- Providing comprehensive sex and relationship education in and out of school (Kirby, 2007).
- Providing easy access to, and use of, young people friendly contraception and sexual health services (Kantor et al, 2008).

[1] At the time of writing this is the latest available data
[2] Where there are fewer than five conceptions in a particular area, the data is suppressed by ONS to ensure that individuals cannot be identified from the data.

- Targeting support to those most at risk of teenage pregnancy. For example girls who make less than the expected amount of progress between key stages 2 and 3, girls who are persistently absent in year 9 as well as those entitled to free school meals.

Unmet need and gaps

- Not all young people have access to comprehensive SRE. Whilst the proportion of schools signing-up to the SRE Charter is encouraging some schools appear reluctant to sign-up; some of these schools are in areas of high teenage conceptions.

- Pupils at Nottingham schools don't have equitable access to sexual health services such as Emergency Hormonal Contraception (EHC) and pregnancy testing on the school site. This is due in part to whether schools find this provision acceptable but also to whether there are sufficient public health nurses to deliver the provision.

- Whilst the majority of the school-age pregnancies are from a White British background as Nottingham becomes an increasingly diverse city there are more conceptions in pupils from BME communities. Current services may need to adapt to meet their needs.

- There is insufficient data to assess the needs of migrants from Europe who are increasingly featuring in Nottingham's under-16 conception statistics. This is particularly true of Central and Eastern European Roma families who do not identify themselves as a single, homogenous community.

- With the 14-month time delay in reporting teenage conceptions, it is important to collect more timely local data to accurately inform commissioning decisions. Current systems do not enable the collection of real time data on the number of live births and terminations by ethnicity, age etc. This information would be useful when commissioning services as it would help ensure that services are responsive to need.

- Nottingham's high rate of teenage pregnancy is commensurate with Nottingham's over-representation of structural, demographic and psychosocial risk factors within the population. Long-term strategies are needed to increase the proportion of citizens in employment thus reducing the number of families living in poverty.

- Local intelligence suggests that the needs of teenage fathers are not always recognised. Changes in service delivery are required to better support the engagement of teenage fathers.

- Under-16 year old conceptions are not reducing as rapidly as the 15-17 year olds, the reasons for this are not clear.

- Research suggests that, nationally, teenage conceptions may be reducing due to a fall in traditionally risky behaviours such as drinking and drug taking (Paton 2016). It is unclear whether this reduction in risky behaviours is reflected in Nottingham.

- More information is needed about the girls for whom their pregnancy does not end in a live birth, including both terminations and miscarriages, as these girls are at more risk of going on and having further pregnancies. This information will enable schools and other providers to put services in place such as intensive SRE, sexual health services and ensure that, where they are statutory school age, the education support officer works intensively with them.

- Further information is needed about the barriers to girls not using, or not effectively using contraception, following a termination. This will enable sexual health services and others to support girls to choose and use contraception that is right for them.

- Sexually transmitted infection rates are high in Nottingham. It is unclear whether the increased use of long-acting reversible contraception is associated with a reduction in condom use in young people aged under-18.

- It is not clear why many teenage parents choose not to return to education, training and/or employment. A better understanding of these reasons would enable schools and colleges to plan effectively to maximise the chances of this cohort of young people.

- It is unclear why fewer girls who become pregnant as a teenager choose to have a termination. It is important that girls have the information that they need in order to make informed choices regarding termination.

Recommendations for consideration by commissioners

- Encourage every school in Nottingham to sign-up to the SRE Charter; particularly those schools in areas of high teenage conceptions.

- Encourage all secondary schools to provide access to sexual health services such as EHC and pregnancy testing on the school site in addition to signposting pupils to other sexual health provision in the community.

- Ensure that all services working with children and young people adapt to meet the needs of an increasingly diverse city.

- Encourage services to collect data to assess the needs of migrants from different European communities who increasingly feature in Nottingham's under-16 conception statistics.

- Devise ways of collecting more timely local data to accurately inform commissioning decisions, including real time data on the number of live births and terminations by ethnicity, age etc.

- Increase the number of pregnant teenagers and teenage parents who continue to take part in education, employment or training.

- Encourage services working with pregnant teenagers and teenage parents to support the engagement of teenage fathers.

- Investigate the reasons why under-16 year old conceptions are not reducing as rapidly as those in the 15-17 year old age-group.

- Find out if teenage conceptions in Nottingham, as research suggests at a national level, are reducing due to a fall in traditionally risky behaviours such as drinking and drug taking.

- Find out more information about the girls for whom their pregnancy does not end in a live birth, including both terminations and miscarriages, as these girls are at more risk

of going on and having further pregnancies. This information should be used to enable schools and other providers to put services in place.

- Investigate what the barriers are to girls not using, or not using effectively using contraception, following a termination. This will enable sexual health services and others to support girls to choose and use contraception that is right for them.

- Carry out research to establish if the increased use of long-acting reversible contraception is associated with a reduction in condom use in young people aged under-18.

- Establish the reasons why many teenage parents choose not to return to education, training and/or employment to enable schools and colleges to plan effectively to maximise the chances of this cohort of young people.

- Establish why, in Nottingham, fewer girls who become pregnant as a teenager choose to have a termination.