



## **Nottingham City Council Health Scrutiny Committee**

**Date:** Thursday 13 February 2020

**Time:** 10.45 am

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

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

**Corporate Director for Strategy and Resources**

**Senior Governance Officer:** Laura Wilson **Direct Dial:** 0115 876 4301

- |          |  |         |
|----------|--|---------|
| <b>1</b> | <b>Apologies for absence</b>   |         |
| <b>2</b> | <b>Declarations of interest</b>  |         |
| <b>3</b> | <b>Minutes</b><br>To confirm the minutes of the meeting held on 16 January 2020                | 3 - 10  |
| <b>4</b> | <b>Safeguarding Adults Board 18-19 Annual Report</b><br>Report of Head of Legal and Governance | 11 - 38 |
| <b>5</b> | <b>Healthwatch Annual Report</b><br>Report of Head of Legal and Governance                     | 39 - 68 |
| <b>6</b> | <b>Work Programme</b><br>Report of Head of Legal and Governance                                | 69 - 72 |
| <b>7</b> | <b>GP Access</b><br>Report of Head of Legal and Governance                                     | 73 - 74 |

If you need any advice on declaring an interest in any item on the agenda, please contact the Senior Governance Officer shown above, if possible before the day of the meeting

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## Nottingham City Council

### Health Scrutiny Committee

Minutes of the meeting held at LB 31-32 - Loxley House, Station Street, Nottingham, NG2 3NG on 16 January 2020 from 10.01 am - 12.26 pm

#### Membership

##### Present

Councillor Cate Woodward (Vice-Chair)  
Councillor Samuel Gardiner  
Councillor Maria Joannou  
Councillor Kirsty Jones  
Councillor Angela Kandola  
Councillor Dave Liversidge  
Councillor AJ Matsiko  
Councillor Lauren O`Grady  
Councillor Anne Peach

##### Absent

Councillor Phil Jackson  
Councillor Georgia Power

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

Caroline Keenan - Analysis and Insight, Nottingham City Council (NCC)  
Hazel Buchanan )  
Kate Burley ) Clinical Commissioning Group  
Gary Eves )  
Charlotte Reading )  
Bevan Dolan -Harmless/The Tomorrow Project  
Detective Inspector ) Nottinghamshire Police  
Pamela Dowson )  
Dr Geetinder Kaur - Public Health, NCC  
Rachel Lees )  
Rachel Towler ) Nottinghamshire Healthcare NHS Trust  
Tracey Gilford )  
Katharine Browne - Senior Public Health & Commissioning Manager, Nottinghamshire  
County Council  
Aileen Wilson - Head of Early Help Services, NCC  
Lewis Etoria - Nottingham and Nottinghamshire Integrated Care System  
Laura Wilson ) Senior Governance Officers, NCC  
Jane Garrard )  
Catherine Ziane-Pryor - Governance Officer, NCC

### 32 Chair

In the absence of Councillor Georgia Power, the Chair of the Committee, Councillor Cate Woodward, the Vice-Chair, chaired the meeting.

### 33 Apologies for absence

Councillor Phil Jackson - unwell  
Councillor Georgia Power – unwell

### **34 Declarations of interest**

None.

### **35 Minutes**

The minutes of the meeting held on 17 October 2019 were confirmed as a true record and signed by the Chair.

### **36 Suicide Prevention Plan**

Nottingham City Council has worked with partners to produce a revised Suicide Prevention Strategy for the period 2019 to 2023. Kate Burley and Gary Eves from the Clinical Commissioning Group, Bevan Dolan from Harmless/The Tomorrow Project, Nottinghamshire Police Detective Inspector Pamela Dowson, Dr Geetinder Kaur, Nottingham City Council Public Health, Caroline Keenan, Nottingham City Council Analysis and Insight, and Rachel Lees, Nottinghamshire Healthcare NHS Trust, were in attendance to provide information about the new Strategy and respond to the Committee's questions. They gave a presentation highlighting the following information:

- a) Nottingham has higher rates of suicide than the England average. Between 2010 and 2018, 29 deaths by suicide were recorded in the City;
- b) between 2016 and 2018, 85% of suicides were by men and 65% were aged between 20 and 49 years. There were fewer deaths amongst the least deprived groups in the population;
- c) the new Suicide Prevention Strategy covers both the City and County areas and was developed by a Steering Group that is a sub-group of the respective Health and Wellbeing Boards. Public consultation was carried out to inform development of the Strategy, which was endorsed by the Nottingham City Health and Wellbeing Board in September 2019;
- d) the Strategy has five key themes: 'at risk' groups; use of data; bereavement support; staff training; and media;
- e) over the last year Nottinghamshire Healthcare NHS Trust has developed its own strategy and framework identifying actions to put into practice and how that links to the local strategy. There had been concern within the Trust about the language and impact on staff of 'zero suicide' approaches so instead the focus is on 'towards zero suicide';
- f) Harmless supports people at the suicide intention, prevention and post-vention stages. Following notification, the organisation provides a quick response to referrals offering both emotional and practical support. Individuals are given a named worker who leads on supporting them and engaging with other professionals on their behalf. The organisation focuses on distress to individuals as well as a risk-based approach;
- g) Harmless also provides a self-harm pathway that supports individuals emotionally and practically, and can also provide therapeutic support for up to two years;
- h) the outcomes from Harmless' work on self-harm and suicide crisis are significantly different on discharge compared to intake;

- i) prior to 2016, there was limited focus on suicide by Nottinghamshire Police. Acknowledging a gap in support to the next of kin, a bereavement support pathway has been introduced with Harmless. This enables Police Officers who attend unexpected deaths to offer appropriate signposting and advice;
- j) an easy electronic way for Police Officers to refer people to Harmless, with their consent, has also been introduced. Officers are regularly reminded of the referral process and what they can do in terms of support. Between January and September 2019 there were 102 referrals from the Police and 660 support sessions were offered. A similar approach has also been introduced in Leicestershire and Derbyshire;
- k) Nottinghamshire Police are also focusing on high risk areas such as suspects being held in custody. Suspects who have voluntarily attended don't have access to mental health services in police stations, so a new policy has been developed on this. Signage, designed by the Tomorrow Project, has been installed at suicide hot spots such as Trent Bridge and staff at local businesses have been offered training. Other trigger incidents include when a suspect is charged and therefore a welfare assessment is carried out at this point;
- l) to support a better use of data, real time surveillance is being introduced so that data on issues such as methods used and circumstances of death is passed by the Police to partners as soon as possible rather than having to wait until after the inquest has been completed;
- m) Police and health partners have introduced a triage car, involving both a Mental Health Nurse and a Police Officer, to attend 'at risk' incidents. This has been so effective that the hours of operation have been extended;
- n) suicide prevention is a priority of the NHS Long Term Plan and this is informing future commissioning. The intention is to support more people in their communities alongside a 24/7 crisis service. There has been investment in community mental health teams to increase staffing and they are working across primary care networks to deliver primary mental health care. This includes links to social prescribing;
- o) work is underway to improve the therapeutic environment in inpatient settings.

Committee members' questions were responded to as follows:

- p) there will be a single point of access and measures to ensure that people get to the appropriate place in the treatment and support pathway for their needs;
- q) mental health support is provided in prisons, but with regard to initial contact, the Police are not equipped and do not have the knowledge and experience to support people with mental health issues. However, awareness is being raised and suicide prevention e-learning is available to Police Officers. The triage car is proving invaluable;
- r) Nottingham HealthCare Trust is looking at the pathways of patients and recording and examining incidents where people have reached crisis point, with particular focus on triggers. Where gaps are identified, they are taken into consideration;

- s) treatment pathways need to make sense and be challenged where this is not the case. Scenario working does take place between teams to ensure that patients get the right support and knowledge is shared;
- t) to meet the ambition to co-ordinate all services, partners meet regularly, share knowledge and liaise with broader partners such as universities to ensure there is an understanding of how systems work and ensure that the data gathered is robust so that patterns can be identified in future;.
- u) consideration of suicide patterns is still at an early stage and the data gathered is not yet for a long enough period to reliably reflect any seasonal or calendar patterns, but once it is, it will be used to try and address them;
- v) the comparison of the most recent data (which cannot yet be considered a robust comparison to reliably identify patterns) shows that numbers of suicide reduced slightly towards the end of the year but as numbers are quite small, a longer period is required for a valid comparison;
- w) it is planned to be able to offer 30 minute training sessions to partners to address what should and shouldn't be said to people in crisis and to re-enforce the best approach to take;
- x) cultural and religious beliefs are taken into account at the assessment stage and this is taken forward with regard to where people are comfortable accessing services. Further work is being undertaken to better engage members of the BAME communities where it is recognised that there are higher risk factors within these groups, along with some members of the LGBT community;
- y) investment means that those in need can access services sooner and lessons must be learned from other areas where waiting times are already at 4 weeks. It's also important to ensure that people can get support via the range of Primary Care, from telephoning 111, through to the Crisis Team;
- z) the model for the Crisis Café will be agreed very soon and then sent out to tender with the intention for it to be fully operational during August 2020 and serving the whole City and County;
- aa) funding for the suicide bereavement work is only guaranteed for 2020 but discussions are ongoing with NHS England, with a further application received from the Suicide Steering Group.

Members of the Committee commented as follows:

- bb) in recognition of the challenges, the thanks of the Committee are recorded to those working with people with mental health issues;
- cc) it is a concern that waiting periods for some individuals have been too long when they are in extreme distress, and the focused efforts to reduce waiting times is welcomed;
- dd) the introduction of a Crisis Café is welcomed.

**Resolved to note the report and Suicide Strategy.**

### **37 Young People's Mental Health and Wellbeing Services**

Gary Eves and Charlotte Reading from the Clinical Commissioning Group, along with Katharine Browne, Nottinghamshire County Council, Tracey Gilford and Rachel Towler, both from Nottinghamshire Healthcare NHS Trust, and Aileen Wilson, Nottingham City Council, were in attendance to provide an update on activity during the past 12 months to improve children and young people's mental health, following the review presented to the committee in December 2018.

In addition to the comprehensive report provided, a presentation was delivered and provided information on the following areas:

- a) the local and national context of the Nottingham and Nottinghamshire Local Transformation Plan (LTP) 2015 to 2021;
- b) service delivery and key achievements, particularly with regard to the LTP;
- c) promoting resilience prevention and early intervention, with reference to organisations including Best Children's Public Health Service, New Forest Parenting Program, Targeted CAMHS, SHARP, Early Intervention Practitioners, Time4me, Amazing Me, Young Minds, Kooth, Base 51, MH:2K Project, Behaviour and Emotional Health Team, and support in schools;
- d) improving access to efficient support, including a single point of access (SPA) and how targeted CAMHS is working with partners to achieve this, particularly with the prediction that 345,000 young people will require access to services;
- e) care for the most vulnerable children and young people such as those with learning disabilities, autistic spectrum disorder, and challenging behavioural/mental needs;
- f) accountability and transparency with regard to improving data quality and availability, particularly with regard to all partners meeting the Mental Health Services Dataset requirements;
- g) developing the workforce, including taking advantage of professional training opportunities and courses whilst establishing dedicated role is to help route and train employees in the broader mental health topics;
- h) priorities and actions for 2020 including the roll-out of mental health support teams in schools;
- i) the developments of a comprehensive 0 to 25 years of age service which will also help enable a smooth transition to adult mental health services;
- j) increase dedicated support for looked after children and care leavers;
- k) regularly reviewing and piloting urgent and crisis care delivery models;
- l) working to achieve the 20/2021 95% target of those with eating disorders accessing treatment within four weeks or one week for urgent cases.

Questions from the Committee were responded to as follows:

- m) the parents and carers of children young people accessing services are able to access support, and there has recently been more of a concerted effort ensure that this is known. However, as the 0 to 25 years of age inclusion is not yet in operation, there is currently no provision for the partners of the young people, but this point can be taken back and raised as relevant within the wider support network;
- n) children and young people can be referred to the SPA by any of the services, and partner organisations such as Base 51 can make and receive referrals. Early intervention is valuable and the tools are available to ensure easy access to services. It is acknowledged that sometimes the young person is the last to recognise that there are issues, and it is teachers and youth workers who initially recognise potential issues;
- o) ideally, each young person will receive a holistic assessment which will identify where the young person is in the pathway and where best for them to enter and access services;
- p) a lot of young people are reluctant to seek help through their school, but schools play a key role so the aim is to integrate schools with early family care, with a view of social and mental health of the young person and the families. Accessing services will not be just through this one route, but as an integrated assessment including health visitors and family support workers;
- q) there is a lot of work being done with children and young people to reduce the stigma of talking about mental health problems and, whilst previously there may have been a perception that raising problems at school could result in social services intervention, there is now a strong message that it is safe to vocalise issues and ask for support. However, it is recognised that there is still work to do in this area but schools are encouraging pupils to come forward and anti-stigma videos been produced by young people to be shown in schools;
- r) whilst a longer-term 10 year plan is being developed, only short term funding has been agreed and, whilst Central Government has allocated ring fenced mental health funding, a proportion of which must be spent on children and young people, NHS England is very prescriptive on how the money can be spent with regard to staff and roles and set targets;
- s) in Nottingham there are now only half of the early health services which existed in 2010, with several specialist services lost as they were not considered statutory. To ensure the ongoing sustainability of current and emerging services, long-term financial assurance is needed. Central Government needs to commit and maintain financial investment to the NHS and Local Authority level.

Members of the committee welcomed school engagement..

### **Resolved to**

- (1) note the update and record the committee's thanks to the presenters for their attendance;**
- (2) request that ward by ward statistics on demand and activity are provided.**



### **38 National Rehabilitation Centre – Public Consultation**

Lewis Etoria, Nottingham and Nottinghamshire Integrated Care System, and Hazel Buchanan, Clinical Commissioning Group, were in attendance to provide an update on consultation activities focusing on a new rehabilitation centre, since attending September 2019 meeting of the Committee.

It is proposed to establish an NHS National Rehabilitation Centre (NRC) on the Stanford Hall Estate where the Ministry of Defence Medical Rehabilitation Centre is sited, enabling up to 800 non-military citizens per year to access a comprehensive range of specialist treatment facilities. It is proposed that the linked site will become a National Research and Innovation Hub and a National Training and Education Centre.

In addition to the report and presentation, the following points were highlighted:

- a) a high demand for rehabilitation services had been identified in the East Midlands, and as there is no national strategy and the land has been made available with a guaranteed ring fenced funding of £70 million for construction, this provides a good opportunity;
- b) existing rehabilitation services are based at Nottingham City Hospital's Linden Lodge, but the current building requires a substantial amount of investment and maintenance and cannot be adapted to facilitate modern medical approaches;
- c) nationally, the NHS approach towards rehabilitation is focused only on neurological, but this proposal will enable a broader treatment model to be provided, including complex fractures, mental health and every element of rehabilitation, including acting as a hub for community focused services;
- d) patients will be able have access to the defence site's facilities including a hydrotherapy pool, a simulator, an MRI scanner and x-ray facilities;
- e) although there is likely to be a transfer of existing staff and services, additional posts such as Rehabilitation Instructor and Case Manager will be established as part of the broader model;
- f) travel to the site for visitors (not patients) has previously been raised as a concern, but there will be free parking on site, a bus to and from Nottingham City Centre, and discussions are underway with the voluntary community transport teams, whilst other options will continue to be explored;
- g) consultation will start on 9 March 2020 for a period of 6 weeks and comment invited on issues, including patient isolation due to the location, travel and access for family and visitors visiting patients at the site.

Committee members' questions were responded to as follows:

- h) concerns around travel to the sites are acknowledged so some outpatient appointments will be held at City Hospital once patients been discharged back into the community;
- i) every patient will have a Case Manager who will help and support patients back into society, including forward planning for benefits applications, housing issues and

adaptations and where necessary, connecting with social workers and linking with wrap-around services, ensuring that everything required is in place in time for discharge;

- j) if the proposals are accepted, the new facility could be open and functioning by April 2024;
- k) once consultation is concluded, the findings will be scrutinised, it is anticipated that a recommendation will be presented to the governing body in May 2020.

Members of the Committee welcomed the proposals for the new facility but continue to express concern regarding accessibility for non-patients.

**Resolved for the Committee to receive the outcome of the consultation and proposed recommendations at the April or May meeting, prior to recommendations being submitted to the governing body.**

### **39 Treatment Centre Mobilisation**

Laura Wilson, Senior Governance Officer, introduced the written update from Nottingham University Hospitals NHS trust regarding the Treatment Centre Mobilisation, as requested by the Committee at the June meeting.

**Resolved to note the update and for Nottingham University hospital representatives to be invited to attend a future meeting of the committee to provide a further update.**

### **40 Work Programme**

Laura Wilson, Senior Governance Officer, presented the committee's work programme for the remainder of the 2019/20 municipal year.

The Clinical Commissioning Group (CCG) has requested to present an item on GP Access to the Committee at the February meeting.

**Resolved to approve the work programme, with the following additional item:**

**13 February 2020 - GP Access**

<b>OVERVIEW AND SCRUTINY COMMITTEE</b>
<b>13 FEBRUARY 2020</b>
<b>SAFEGUARDING ADULTS BOARD 2018/19 ANNUAL REPORT</b>
<b>REPORT OF HEAD OF LEGAL AND GOVERNANCE</b>

**1 Purpose**

- 1.1 To consider the Safeguarding Adults Board 2018/19 Annual Report.

**2 Action required**

- 2.1 To give consideration to the Safeguarding Adults Board 2018/19 Annual Report and identify if there are any implications for health scrutiny operation and/or the work programme.

**3 Background information**

- 3.1 Nottingham City Safeguarding Adults Board is the statutory forum for agreeing how services, agencies, organisations and the community work together to safeguard adults at risk of harm and abuse.
- 3.2 It is a statutory requirement for local authorities to set up a Safeguarding Adults Board. The main objective of the Board is to assure itself that local safeguarding arrangements and partners act to help and protect adults in its area who:
- has needs for care and support (whether or not the local authority is meeting any of those needs);
  - is experiencing, or are at risk of harm, abuse or neglect;
  - and 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 (Care Act 2014, Care and Support Statutory Guidance).
- 3.3 The Board has three core duties:
- it must publish a strategic plan for each financial year that sets how it will meet its main objective and what the members will do to achieve this;
  - it must publish an annual report detailing what the Board has done during the year to achieve its main objective and implement its strategic plan, and what each member has done to implement the strategy as well as detailing the findings of any safeguarding adults reviews and subsequent action;
  - it must conduct any safeguarding adults review in accordance with Section 44 of the Care Act.
- 3.4 A representative of the Board will be attending the meeting to present the annual report and answer questions from the Committee about its content.

**4 List of attached information**

4.1 Safeguarding Adults Board 2018/19 Annual Report.

**5 Background papers, other than published works or those disclosing exempt or confidential information**

5.1 None.

**6 Published documents referred to in compiling this report**

6.1 Safeguarding Adults Board 2018/19 Annual Report.

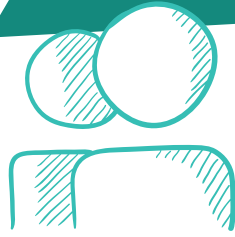
**7 Wards affected**

7.1 All.

**8 Contact information**

8.1 Laura Wilson  
Senior Governance Officer  
0115 8764301  
[laura.wilson@nottinghamcity.gov.uk](mailto:laura.wilson@nottinghamcity.gov.uk)

## Who are we?



### Three statutory partners:

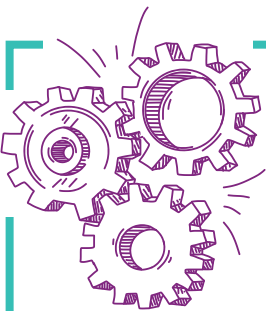
- Nottingham City Council Adult Social Care
- Nottinghamshire Police
- Greater Nottingham Clinical Commissioning Group

### And eleven other partners:

1. Nottingham City Council Community Protection
2. Nottinghamshire Probation Service
3. Derbyshire, Leicestershire, Nottinghamshire & Rutland Community Rehabilitation Company
4. Nottinghamshire Fire and Rescue Service
5. East Midlands Ambulance Service
6. Nottinghamshire Healthcare NHS Foundation Trust
7. Nottingham CityCare Partnership
8. Nottingham University Hospitals NHS Trust
9. Nottingham Community & Voluntary Service
10. HMP Nottingham
11. Healthwatch

### Independent Chair:

Malcolm Dillion chaired the Board throughout the year with Joy Hollister taking on this role from April 2019.



## How we work?

There are three subgroups undertaking the work of the Board:

- 1. The Quality Assurance Subgroup:** responsible for collecting evidence concerning the quality of local safeguarding adults' interventions and the performance of agencies and their staff.
- 2. The Safeguarding Adults Review (SAR) Subgroup:** responsible for the referral and commissioning of any SARs to ensure that agencies learn lessons and improve.
- 3. The Training, Learning & Improvement Subgroup:** responsible for disseminating the learning identified in SARs, communicating safeguarding messages and training opportunities.

## What have we achieved this year?



### Preventative action taken:

- Promotion of how to report safeguarding concerns in the community and in care homes
- Promotion of how to prevent financial abuse

### Assurance sought from partners:

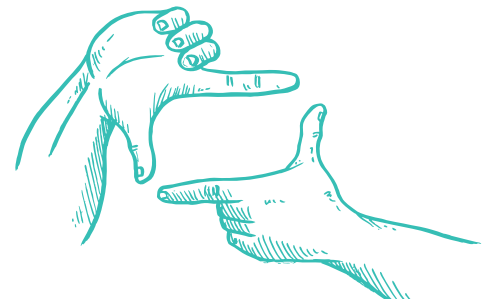
- Assurance that safeguarding partnership arrangements remain in place in care homes
- Assurance in respect of Learning Disability Mortality Review, Deprivation of Liberty Safeguards, Adult Social Care Reviews, Advocacy provision, local homelessness strategy & the Independent Inquiry into Child Sexual Abuse

### Action to Make Safeguarding Personal:

- Contributed towards the monitoring activities of East Midlands Safeguarding Adults Network
- Jointly commissioned a HealthWatch survey on public understanding of safeguarding

### Improvements to Board Performance:

- Jointly reviewed SAR and Safeguarding procedures, as well as launched the Performance Assurance Tool
- Refreshed membership of Board subgroups & appointed a new Independent Chair



## What is our focus for 2019/20

- Working with Voluntary sector partners
- Supporting young adults transitioning from care
- Reviewing local approaches to homelessness
- Reviewing recruitment & induction processes
- Seeking assurance on safeguarding within the Integrated Care System
- Seeking assurance on the partnership response to the challenges of austerity

## What external assurance have we sought?

- Housing & homelessness
- Prevent
- Modern Slavery
- Female Genital Mutilation
- Domestic Sexual Violence & Abuse
- Suicide Prevention



## What Safeguarding Adult Reviews have been conducted?

Two SARs are currently ongoing, whilst a third SARs referral did not satisfy the criteria.



“The key message from the data and partner returns is one of increasing demand and complexity within the adult safeguarding arena. I am heartened by the continued focus and commitment across the partnership. Despite these challenges, we continue to benefit from senior colleagues’ focus on the key safeguarding issues facing us all. Looking forward, the Board will continue to address its core priorities, including learning through Safeguarding Adults Reviews, focussing on prevention and communication and, most importantly, by listening and reflecting upon citizens’ safeguarding experiences. We will continue to look for key assurance that safeguarding is embedded across all organisations and that ‘Making Safeguarding Personal’ continues to be a golden thread throughout the partnership’s work.”

Joy Hollister, Independent Chair



The graph below shows in 2018-19 there were 3204 referrals - a 13.7% increase to the year before.

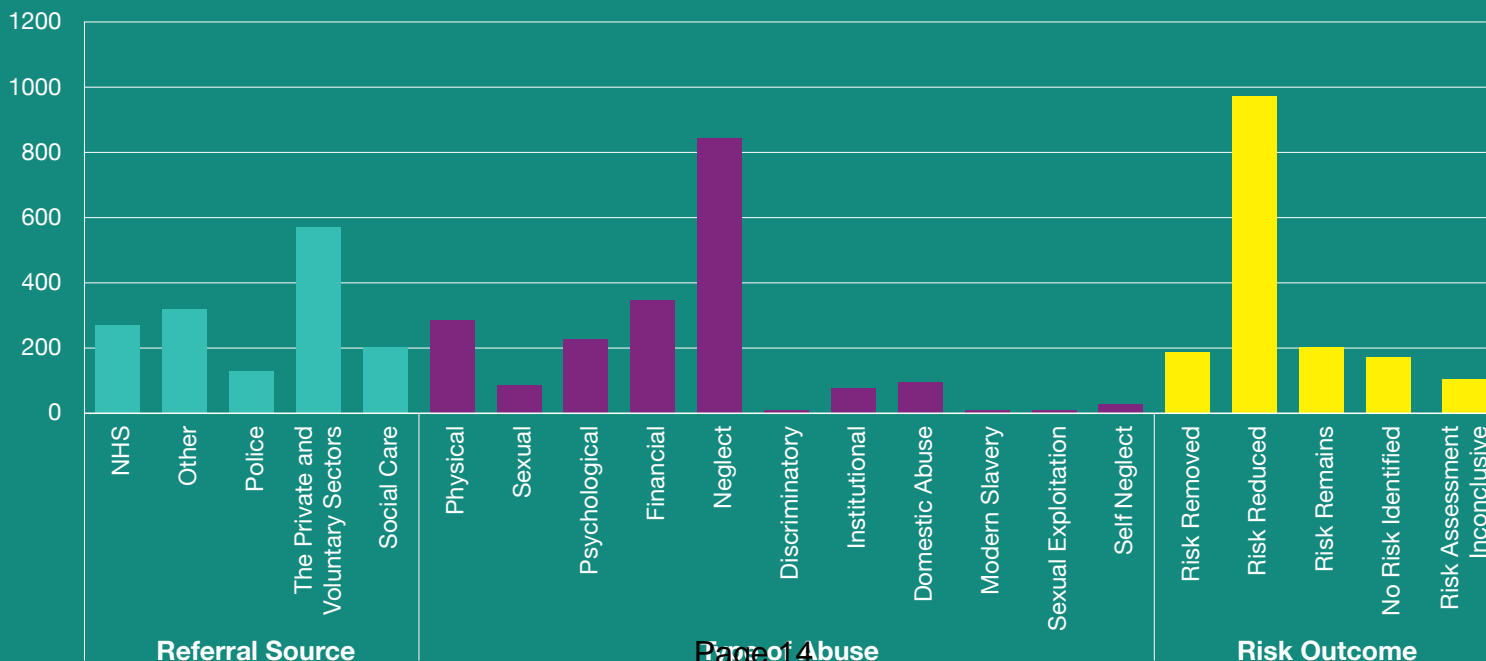
Of the total referrals 1584 (49.4%) progressed to a s42 enquiry - compared to 1731 the year before. Whilst this first figure may reflect greater safeguarding awareness amongst referrers, the latter figure demonstrates continued adherence to Care Act eligibility by the Council’s Safeguarding team.

As in previous years, the volume of safeguarding referrals mostly comes from the private and voluntary sectors and neglect, physical and psychological abuse are the most

common concerns. In 61% of referrals the concerns are resolved by a reduction in risk, in 11% the risk is removed and in 12% the risk remains. This represents a slight improvement on last year where the respective figures were 58% risk reduced, 15% risk removed and 11% risk remains.

**3,204** Safeguarding Referrals  
**1,584** Progressed to Section 42 Enquiry (49.4%)

### 2018/29 Key Safeguarding Data



**Nottingham City**

**Safeguarding Adults**

**Board**

**April 2018 –**

**March 2019**

**Annual Report**

## Message from the Chair

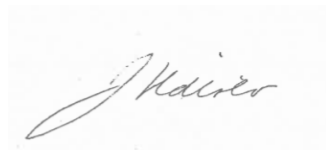
Welcome to the Nottingham City Safeguarding Adults Board Annual Report. The report covers the year 2018-2019 and attempts to reflect accurately the work of the partnership over that twelve-month period. However, I cannot take credit for the Board's work since it was my privilege to take over the Independent Chair role from Malcolm Dillon in April 2019. What I can say though is that this report sets out the significant progress made by the Board against a backdrop of austerity and continued public and voluntary sector funding reductions.

The key message from the data and partner returns is one of increasing demand and complexity within the adult safeguarding arena. I am heartened by the continued focus and commitment across the partnership. Despite these challenges, we continue to benefit from senior colleagues' focus on the key safeguarding issues facing us all.

Looking forward, the Board will continue to address its core priorities, including learning through Safeguarding Adults Reviews, focussing on prevention and communication and, most importantly, by listening and reflecting upon citizens safeguarding experiences. We will continue to look for key assurance that safeguarding is embedded across all organisations and that 'Making Safeguarding Personal' continues to be a golden thread throughout the partnership's work.

In the coming year the Board will also pay particular attention to the quality of care across sectors, financial abuse, the growing impact of modern slavery and the learning from Whorlton Hall.

I hope you find the report interesting and thought provoking and that you will continue to consider the safeguarding of adults in everything you do.



Joy Hollister  
Nottingham City Independent Chair

Ps. we always begin Board meetings with a 'good safeguarding' practice example from one or more of our partner agencies, so we thought we would do the same thing in our Annual Report...



## Case study

‘A’ was referred to the Safeguarding Team following concerns that local criminals were exploiting him. ‘A’ lived in his own property but evidence gathered by the police and Community Protection services indicated regular anti-social behaviour by others residing at the address, including drug use and dealing and the possession and sale of stolen goods. The electricity meter had been bypassed and the property itself was in a state of disrepair.

‘A’ was an established drug taker, possibly had a serious physical health condition and was very vulnerable. Several people were living at the property, which was also linked to over twenty criminal offenders who sometimes gave ‘A’s’ personal details when committing crimes.

The Safeguarding Team successfully engaged with ‘A’, making referrals to agencies to support him with rehousing, substance misuse and his health conditions. However, it was difficult to remain engaged with ‘A’ because of the pressure exerted by those exploiting him. Nonetheless, professionals persisted and on the basis that this case had many indicators of ‘cuckooing’, the Modern Day Slavery team became involved. Soon after, a multi-agency meeting took place and after ‘A’ had been voluntarily removed to a place of safety and supported to explore the options available, a plan was agreed. The next day ‘A’ engaged with the National Referral Mechanism, successfully completed drug detoxification and took up the offer of supported accommodation in another city, a safe distance away from his abusers.

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## 2. Core Duties of Nottingham City Safeguarding Adults Board

Each local authority must set up a Safeguarding Adults Board (SAB). The main objective of a SAB is to assure itself that local safeguarding arrangements and partners act to help and protect adults in its area who meet the criteria set out in the Care Act.

The SAB has a strategic role that is greater than the sum of the operational duties of the core partners. It oversees and leads adult safeguarding across its locality and is interested in a range of matters that contribute to the prevention of abuse and neglect.

A SAB has three core duties:

- It must publish a strategic plan for each financial year that sets how it will meet its main objective and what the members will do to achieve this.
- It must publish an annual report detailing what the SAB has done during the year to achieve its main objective and implement its strategic plan, and what each member has done to implement the strategy as well as detailing the findings of any safeguarding adults reviews and subsequent action.
- It must conduct any Safeguarding Adults Reviews (SARs) in accordance with Section 44 of the Act.

### Case study

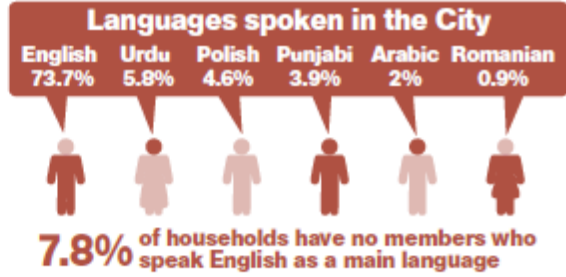
'B' was a 90-year-old woman who came to the attention of the police following a referral by her local bank under 'the Banking protocol', a local initiative between Nottinghamshire Police and financial institutions. 'B' was attempting to withdraw £16,000 of her savings, having withdrawn £13,000 the previous week. Officers attended the bank but were unsuccessful in ascertaining why she was withdrawing the money. A follow up visit was made to 'B' by Trading Standards staff to provide advice on scams and ten days later they received a telephone call from a local jewellers, reporting that 'B' was at their premises attempting to spend £60,000 on Rolex watches. Police and Trading Standards officers attended and this time were successful in preventing 'B' from handing over her money.

Subsequent investigations revealed that 'B' had been the victim of an elaborate scam, having been contacted by someone claiming to be from the Metropolitan Police and telling her to withdraw her savings as her bank account had been compromised. This lie made engaging with 'B' difficult, as she was unsure who were the genuine professionals trying to help her. However, criminal prosecutions followed as did ongoing support for 'B', including having a 'call blocker' fitted on her home phone to prevent any further scam calls being made to her.

### 3. About Nottingham City

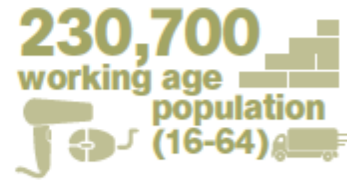
## Nottingham Insight

Source of Data - Census unless otherwise indicated



School Census Jan 2017

ONS Mid Year Estimates 2018



Sport England 2013/14



ONS 2017

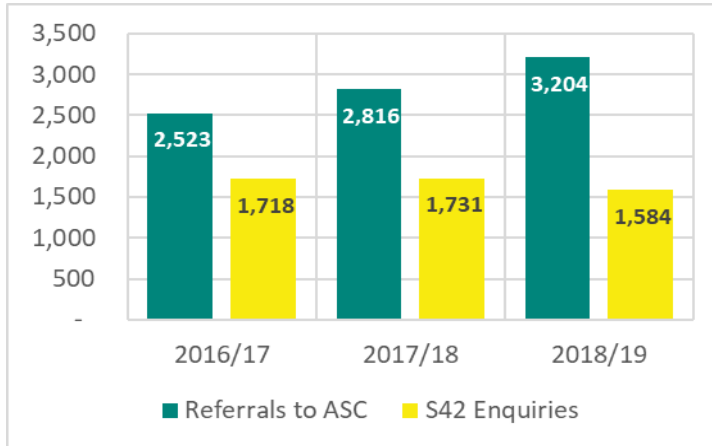


(\*8th out of 326 Districts)

Indices of Deprivation 2015

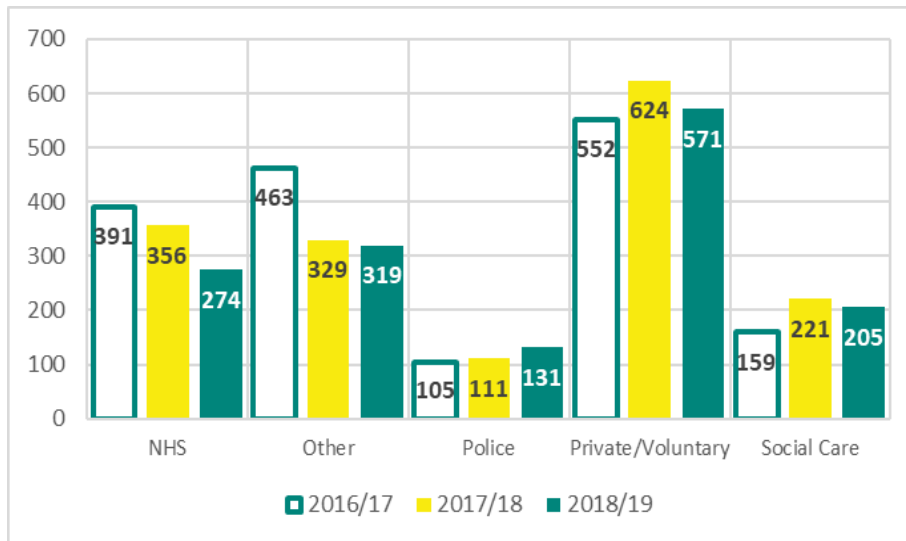
## 4. Nottingham City Adult Social Care Safeguarding Performance

**Chart 1: Adult safeguarding referrals & s.42 enquiries by financial year**



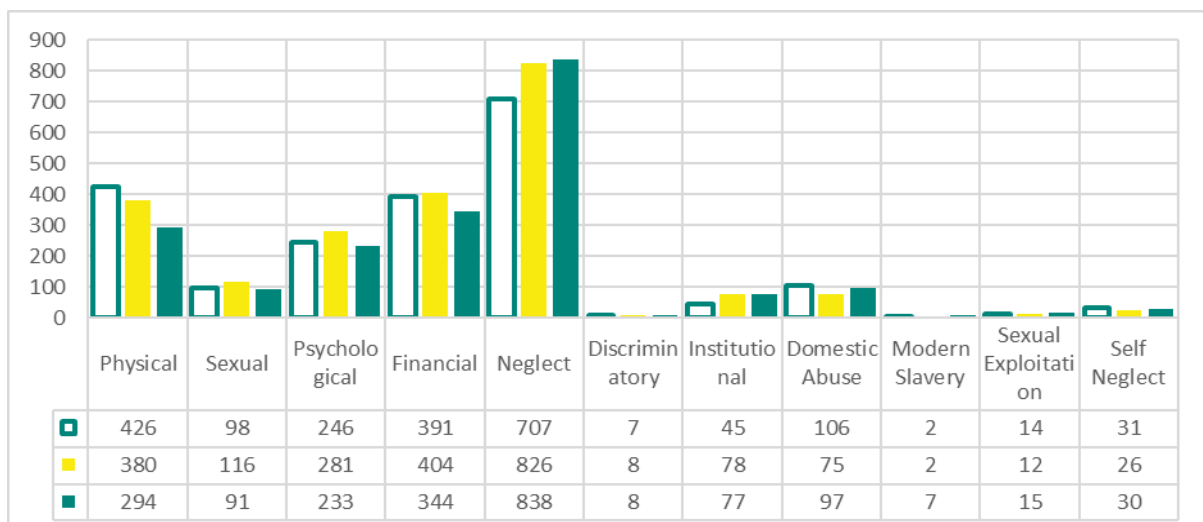
The number of adult safeguarding referrals received by Adult Social Care (ASC) has seen a consistent increase over the previous three financial years, such that 2018/19 experienced a 13.8% rise. This is a trend that will be monitored by the board, with the impact of austerity being one potential explanation.

**Chart 2: Volume of s.42 enquiries by referral source**



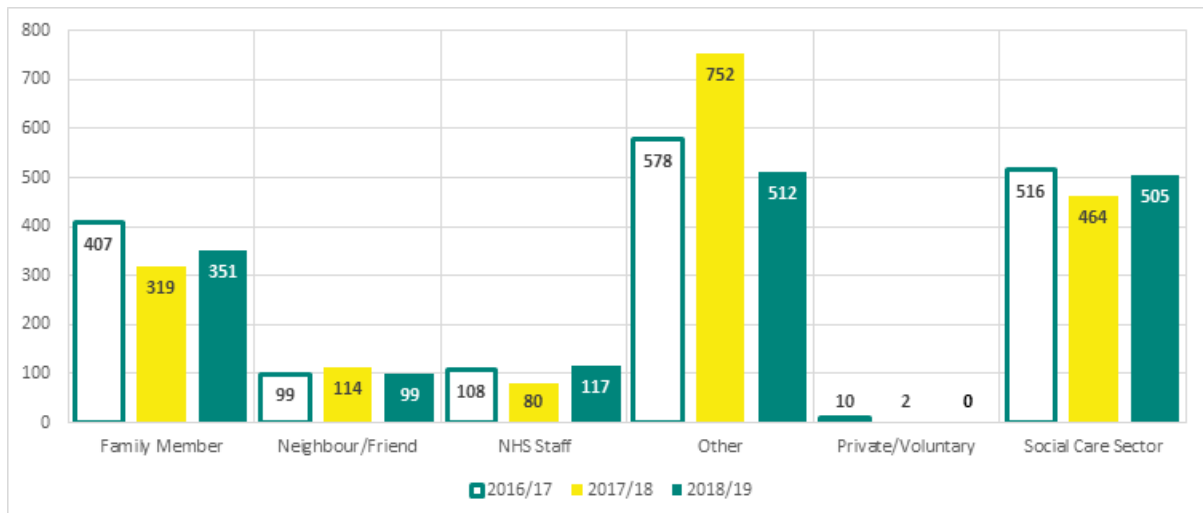
The trend in referral source for adult safeguarding referrals which led to a s.42 enquiry remained relatively consistent, with the private / voluntary sector continuing to provide the largest proportion of adult safeguarding referrals.

**Chart 3: Volume of s.42 enquiries by type of abuse**



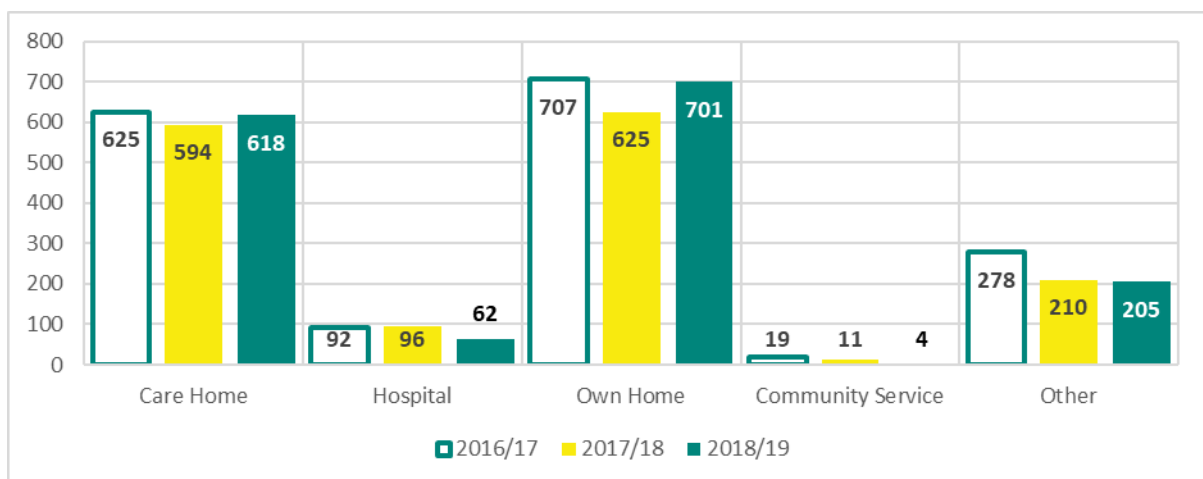
Neglect continued to be the most prevalent abuse type recorded. This category has seen consistent increases annually since 2016/17, but is offset by a reduction in physical abuse referrals, so much so that financial abuse is now the second most prevalent type of abuse.

**Chart 4: Volume of s.42 enquiries by perpetrator relationship**



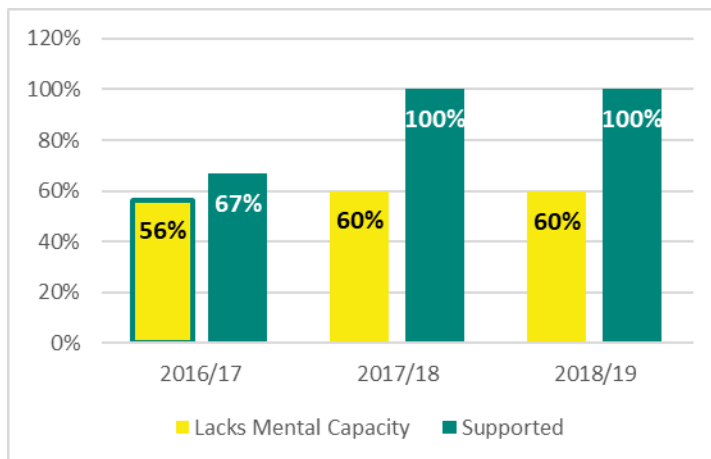
Of those referrals where ‘Social Care’ staff were recorded as the perpetrator, 87% of the abuse was neglect. A breakdown of the ‘Other’ perpetrator relationship provides little insight, with 52% still showing an ‘Other’ relationship at the lowest level of granularity. Nonetheless, this category saw a 31.9% reduction compared to the previous year, most likely due to improved recording.

**Chart 5: Volume of s.42 enquiries by location of abuse**



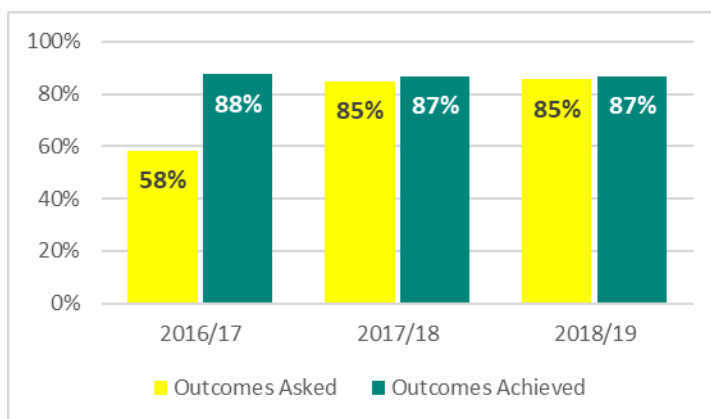
There has been little change in location data from previous years. Of those referrals where the abuse took place in the adult’s own home, the greatest volume were recorded as neglect by social care staff (21%), followed by financial abuse perpetrated by a family member (15%).

**Chart 6: Proportion of s.42 enquiries where the adult lacked mental capacity**



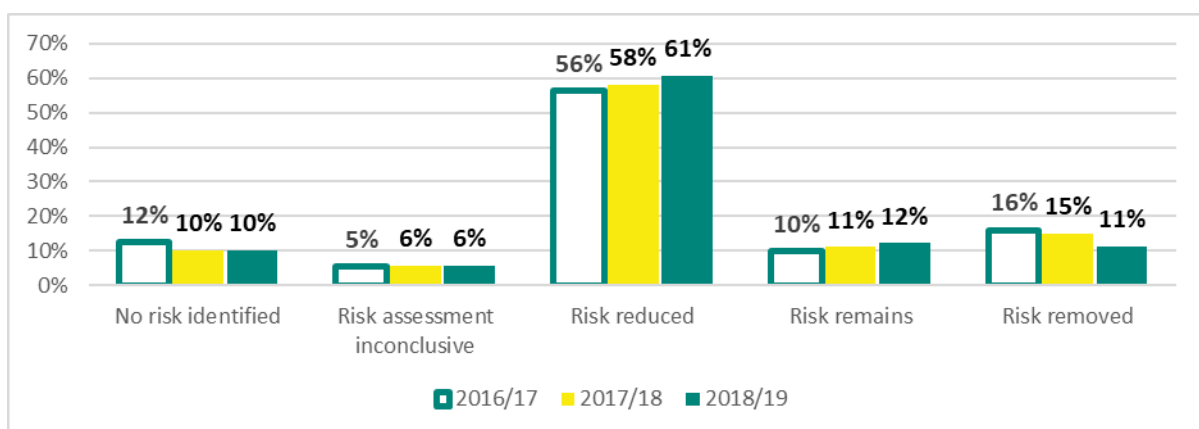
The proportion of referrals where the adult at risk was recorded as lacking mental capacity in relation to the safeguarding referral has remained static over the last two financial years. The same trend can also be seen in the proportion of those who lacked mental capacity receiving support through Care Act advocacy, family or friends.

**Chart 7: s42 enquiries where the adult was asked about their desired outcome**



The trend in s.42 enquiries where the adult at risk was asked about their desired outcomes showed no change. Additionally, the proportion of s.42 enquiries where the adult at risk expressed their desired outcome and had it fully or partially achieved remained static (87%).

**Chart 8: Percentage of s.42 enquiries by risk outcome**



Risk outcomes of s.42 enquiries followed a consistent trend to that of previous years, with the majority of enquiries concluding with a reduction in risk (60.6%), followed by the level of risk remaining (12%) and the risk being fully removed (11.4%).

Neglect remains the biggest single type of abuse, disproportionately affecting adults aged 70 plus, regardless of gender and accounting for 69.4% of s.42 enquiries in this age range. Although financial abuse accounted for the second greatest volume in both males and females over the age of 70, this was the most prevalent type of abuse in males aged 50 to 69 (38.4%), while females in this age range continued to experience neglect most often (13.1%).

Finally, over the last three years there has been little change in respect of safeguarding and gender such that the majority of citizens referred continued to be female (61%). Regarding safeguarding and age, adults at risk over the age of 65 accounted for 65% of referrals, with citizens aged between 75 and 94 contributing the highest proportion within this age category (72%). Lastly, and as expected, the greatest volume of adults at risk in 2018/19 were of White British ethnicity (75%), albeit showing a 9% reduction on the previous year. Positively, the number of adults at risk with an unknown ethnicity fell 14%, suggesting an improvement in recording.

## 5. Who sits on the Board and how does it work?

Malcolm Dillon chaired the Board throughout the year, with support from Ross Leather, the Board Manager and Emma Such, the Board Administrator.

The Board itself met quarterly, with senior representatives attending from the following organisations:

- Nottingham City Council Adult Social Care (ASC)
- Nottingham City Council Community Protection
- Nottinghamshire Police
- NHS Greater Nottingham Clinical Commissioning Group (CCG)
- National Probation Service, Nottinghamshire
- Derbyshire, Leicestershire, Nottinghamshire & Rutland Community Rehabilitation Company
- Nottinghamshire Fire and Rescue Service
- East Midlands Ambulance Service (EMAS)
- Nottinghamshire Healthcare NHS Foundation Trust
- Nottingham CityCare Partnership
- Nottingham University Hospitals NHS Trust (NUH)
- Vulnerable Adults Provider Network (VAPN)
- HMP Nottingham

The Board has three subgroups to support it. They are:

**The Quality Assurance Subgroup.** This is a proactive subgroup, responsible for supporting Nottingham City SAB in its assurance responsibilities by collecting evidence concerning the quality of local safeguarding adults' interventions and the performance of agencies and their staff in carrying out their safeguarding responsibilities. This includes a focus on the principles of Making Safeguarding Personal.

**The Safeguarding Adults Review Subgroup.** This a reactive group, responding to any SAR referrals the Board receives and responsible for the operation of the SARs it

commissions to ensure that agencies learn lessons and improve the way in which they work with adults at risk. The SAR subgroup seeks to develop SAR processes in line with The Care Act, local and national best practice.

**The Training, Learning & Improvement Subgroup.** This is both a reactive and proactive group, responsible for disseminating the learning identified in SARs as well as acting as a conduit for identifying and passing on safeguarding messages and available training to partner workforces. Additionally, the subgroup can arrange training on behalf of the Board as well as reviewing the effectiveness of multi-agency learning and improvement activities.

In addition to the three subgroups, the Independent Chair and representatives from the three funding agencies meet with the subgroup chairs and Board Manager on a quarterly basis at the **Business management Group** (BMG) to assist in the implementation of the Board’s Annual Action Plan.

Nottingham City Council, Nottinghamshire Police and Greater Nottingham Clinical Commissioning Group fund the Board.

<b>SAB 18-19 Budget</b>	<b>Expenditure</b>	<b>Income</b>
Board Manager	36,652	
Board Administrator	12,158	
Board Chair	24,774	
Running Costs	2111	
<b>Total Expenditure</b>	<b>75,695</b>	
Nottingham City		34,303
Nottingham CCG		34,303
Nottinghamshire Police		6,606
Nottinghamshire Probation		483
<b>Total Income</b>		<b>75,695</b>

## 6. Safeguarding Adult Reviews

In this financial year, three SAR referrals were received resulting in requests being made by the SAR Subgroup Chair and Board manager for agency reports on their involvement with these individuals. Extraordinary meetings were then arranged involving all relevant partner agencies and the cases examined to see if the SAR criteria were met. In one case, it was decided they were not. In two other cases, it was decided that whilst the criteria were not strictly met, enough learning existed to warrant the completion of ‘Complex Case Reviews’, essentially non-mandatory SARs, by Nottingham City SAB. At time of writing both reports have been written and are now awaiting final agreement and sign off before publication, which will include full posting on the Board’s website.



## 7. Partner Contributions

The following section highlights the achievements of our partner agencies in promoting Adult Safeguarding within their own organisations throughout 2018-19.

**Nottingham Community Voluntary Service (NCVS):** In partnership with Opportunity Nottingham, we continued to provide the 'Practice Development Unit', which facilitates learning and support for practitioners working with people with complex needs. Additionally, the Vulnerable Adults Provider Network (VAPN) continued to promote information from the Board as well as feedback issues from voluntary sector agencies to inform Board decision making. Finally, on a practice level, several VAPN meetings focussed upon improving frontline safeguarding practice.

**HMP Nottingham:** We have introduced interviews with a dedicated 'safer custody officer' at point of entry so that a comprehensive 'risk to self' assessment can be carried out. Prisoners identified who have been violent or pose a violent risk to others are now monitored under new 'Challenge, Support & Intervention Plans'. One of the advantages of these plans is that they allow prisoners to identify and address the risks they pose to others. A new area called the Byron Unit, has opened to facilitate the one to one work necessary between staff and prisoners to reduce these risks. Finally, we have also improved physical security measures that prevent ingress of unauthorised articles.

**DNLRCRC:** During the year, we ensured that all practitioners received refresher training on safeguarding and domestic abuse. Our Public Protection Forum ensured that actions from SARs, Serious Case Reviews (SCR) and Domestic Homicide Reviews (DHR) were collated and completed. Our team managers undertook monthly audits of case samples, with external audits carried out by the MoJ audit team. Making Safeguarding Personal (MSP) was a key element of training, with case essential practice requirements for staff including an MSP approach. CRC remain committed to all safeguarding boards as well as the strategic community safety partnership, youth justice and criminal justice boards.

**Nottinghamshire Fire and Rescue:** In 2018/19 the organisation made 51 adult safeguarding referrals. We have safeguarding policies & procedures in place with all personnel taking mandatory e-learning. Further training is provided face-to-face for those who regularly act as referrers or raise concerns. A recent HMICFRS inspection highlighted that 'staff across the service have a good understanding of safeguarding and are appropriately trained. There is an effective process in place so staff can take immediate action to safeguard both adults and children'.

We audit our safeguarding referrals on a six-monthly basis to identify learning and plan preventative action against any emerging themes. A Fatal Incident Group has been established which comes together following any incident that has resulted in a fatality or life changing injury to identify appropriate next steps and organisational learning.

Every six months case studies relating to safeguarding referrals from operational crews (and centred around Making Safeguarding Personal) are shared across the service to refresh safeguarding knowledge.

**CityCare:** We have made positive progress to improve our safeguarding training compliance and by the end of the reporting period, safeguarding and mental capacity / consent to treatment training was recorded at 95% & 83% attendance respectively.

A revised 'Safeguarding Training Strategy' was launched in line with the national intercollegiate document, focussing on a blended learning approach, and including learning opportunities such as forums, masterclasses, supervision and safeguarding updates to complement our face to face and e-learning delivery. Our bite size workshops explored complex issues such as working with non-engagement and self-neglect, honour based abuse and hoarding. We also devised factsheets that offer guidance around such key themes.

The 'Safeguarding Champions Network' continued to provide a vital role in embedding key safeguarding messages, with champions responsible for cascading information to their local practice areas. Our plans for the future focus on growing the network to promote safeguarding excellence within our front line practice.

Our Electronic recording system now provides Mental Capacity Act and Best Interests templates to ensure staff assessments are recorded correctly. Checklist tools to support practitioners when citizen's engagement is of concern have also been developed and are currently being implemented.

Our 'Quality Information Sharing Forum' continued as a forum where good practice and concerns within provider agencies were discussed and escalated. Finally, our Safeguarding Duty Service remained available to provide one to one support, whilst advice was also available to staff on a group or drop-in basis as required.

**Nottinghamshire Police:** In 2018, Nottinghamshire Police managed 71 victims of Modern Day Slavery & Human Trafficking. Victims were either exploited criminally, involved in labour exploitation, sexual exploitation or domestic servitude. Whilst the force has highlighted this risk to the Board, mitigations are in place. These include oversight from the regional Strategic Governance Group and a designated Supt Lead Officer in Nottinghamshire Police, through to a dedicated investigation team with trained officers and embedded safeguarding arrangements.

The force's 'Vulnerability Policy' was updated in April 2018 to provide staff guidance under the headline of "Know it, Spot it, Stop it!" Training for all front line staff under this refreshed policy commenced in January 2018 and will be completed by late 2019.

The Mental Health Triage car, a joint Police and Health initiative, continues into its 5<sup>th</sup> year. In 18-19, the car dealt with an average 14 incidents daily, completing 1018 mental health assessments, of which 708 were referred to the NHS and 114 were safeguarded using s.136 MHA. In 2019, we introduced a new policy in relation to Suicide Prevention and Risk Management for suspects of crime who are vulnerable.

Detective Chief Inspectors attend SARs and DHRs amongst other learning events to promote organisational learning. Learning from these is now recorded on the '4Action' database, with monthly monitoring and update processes in place, led by the Head of Public Protection and closed upon recommendation of the Deputy Chief Constable.

Nottinghamshire Police adopt a victim centred approach, and on initial contact conduct a vulnerability assessment. As a result, police response is directly in correlation with victim need. Use of the Public Protection Notice - a referral mechanism where officers highlight concerns about adults who may be at risk – has continued to rise, demonstrating increased awareness of safeguarding adult concerns by front line staff.

Nottinghamshire Police fraud dept. has continued working in partnership with the banking sector. This has included ongoing use of the 2017 protocol allowing banks to report people presenting at branches who may potentially be subject to real time fraud.

Over the past year, our feedback department reported high satisfaction levels, with around 95% of DA victims satisfied with their 'whole experience' with the Police. Since 2018, we have conducted satisfaction surveys from victims of rape and Claire's Law - the process of 'right to know, right to ask', for people at risk from domestic abuse perpetrators - with satisfaction levels for Claire's law applications nearing 100%.

**Greater Nottingham CCG:** Although there was a potential risk that the CCG did not have enough safeguarding resources due to the implementation of the Integrated Care System (ICS), this was mitigated against through a robust work plan and new staff structure that allows for greater cross cover and representation as well as recognising the increased activity of the teams. In addition, the CCGs now have a joint safeguarding assurance group that reduces duplication of effort.

In 2018/19, the CCG carried out 31 s.42 enquires on behalf of local authorities. These were primarily concerned with GP practices or complex cases involving citizens residing in nursing homes or in receipt of community care.

The CCG continued to identify patients subject to a Deprivation of Liberty within the community and seek authorisation from the Court of Protection about these. We also supported those patients whose care we funded who were objecting to their care, by making applications to the Court.

In order to share learning from reviews with GPs and primary care we began publishing information on the GP Team NET and the F12 projects. This ensured that all staff received the same consistent message in a timely manner. A good example of this was the new GP practice guidance for prescribing covert medication. Additionally, learning from reviews was cascaded through our newsletter, the GP safeguarding leads meeting and primary care learning events. The CCG also continued to host an adult safeguarding forum for all safeguarding leads across the health community,

In response to the ongoing CCG alignment, a new, combined Safeguarding Assurance Group was established in June 2018. This group reports to an Executive Safeguarding Group and has produced work on the Modern Day Slavery Supply Chain Mission Statement, safeguarding in care homes, Learning Disability Mortality Review (LeDeR) implementation and reviewing the NHS England (NHSE) Safeguarding Development Framework.

The CCG also completed the NHSE Safeguarding Assurance Tool throughout this period and were compliant in the Adult safeguarding Categories. Finally, the CCG

continued to promote greater use of the CHARLIE risk assessment and maintained its membership of the regional Prevent steering group.

**Nottinghamshire Probation Service:** NPS has a clear safeguarding adults policy available on EQUIP, its web based application for staff. EQUIP includes all the relevant legislation, NPS procedures and practice toolkits necessary to undertake adult safeguarding duties.

The December 2018 HM Inspectorate Report identified regional issues with probation officer staffing levels. However, the same report also rated as outstanding, assessment, planning and court reports & allocations. Rated as good were leadership, services, implementation and delivery, reviewing and statutory victim work. Finally, Estates was scored as requiring improvement nationally. A Divisional plan to tackle these identified issues has already been drawn up, with a priority action being to address the organisational risk of high workloads. Regarding safeguarding, staff continue to access mandatory e-learning and 'classroom' training at least once every three years, which is recorded by line managers through 'My Learning' and appraisals. Staff are also required to complete training on risk assessment and management and domestic violence, harassment & stalking. In addition to this, some staff have attended specific training on working with people with autism and learning disabilities.

Many NPS processes have consideration of adult safeguarding built in: The Offender Assessment System includes sections on criminogenic needs, vulnerability and a self-assessment questionnaire for the offender. Both this and Multi Agency Public Protection Arrangement (MAPPA) meetings have a multiagency focus, especially if safeguarding needs are identified. All our Offender Managers and Victim Liaison Officers are aware of the need to refer to and liaise with Adult Social Care if safeguarding needs are identified.

NPS Nottingham's quality assurance is set at a national level, with cases audited by management, HM Inspectorate and a national MAPPA inspection team. Learning from SARs and other investigations are shared across the Division through dissemination to Local Delivery Heads, intranet briefings, team meetings and individual supervision.

**Nottinghamshire Healthcare NHS Foundation Trust:** Throughout 2018-19, the Trust has continued to engage with other stakeholders to remain focused on protecting the right of everyone to be kept safe from harm, exploitation, abuse and neglect. During the year we have delivered a calendar of monthly events focusing on safeguarding topics such as making safeguarding personal, neglect, stalking and Female Genital Mutilation (FGM). Some of our highlights for this year include:

- The implementation of a Trust-wide Safeguarding Compliance Framework, which is used by services to measure their safeguarding compliance against CQC and other regulatory standards.
- Evaluation by the University of Nottingham of our 'Safeguarding Supervision Framework' enabling us to develop the framework further.
- Our 'Safeguarding Link Practitioners' group has gone from strength to strength. Meeting four times this year, the group has received presentations from Fire & Rescue, the Police and care homes, all of which have subsequently been disseminated.

- Establishing a 'learning from incidents' system, with information shared Trust-wide via briefings, Twitter and the intranet.
- Commencement of a two-year research project with the University of Nottingham into sexual safety on inpatient mental health wards.
- The launch of a Trust-devised film, 'Ask Me', highlighting the importance of asking service users about feeling safe at every contact. The Trust also developed a perpetrator toolkit available for staff working with perpetrators of domestic abuse.
- The development of a suite of leaflets for staff and service users related to non-recent abuse disclosures.

During the year we have also undertaken a review of our structures and process to ensure safeguarding remains high priority and high quality. Oversight of our safeguarding activity continues to be maintained via our Trust-wide Safeguarding Strategic Group, with assurance provided via our annual report to the Trust's Board of Directors. The full 2018 – 19 report is available on our website.

**East Midlands Ambulance Service:** During 18-19 EMAS received 1,283, 919 Emergency 999 calls. This included calls from other emergency services, 111 transfers, health and social care and the general public. EMAS staff recognised and responded to safeguarding concerns in 1.74 % of all 999 calls and 2.7% of all clinical responses. EMAS continues to work in partnership to safeguard patients, families, the public and staff and are assured they have processes in place to protect those being abused or at risk of abuse.

EMAS has a safeguarding training programme that takes account of both legislative duties and national guidance such as the new intercollegiate document and includes issues such as Prevent, FGM, Child Sexual Exploitation and Domestic Violence & Abuse. Training is delivered in a variety of ways, including face-to-face, workbook and e-learning over a three-year rolling programme, with more senior staff receiving additional training. At the end of 18-19, EMAS were 93% compliant for safeguarding education. Staff also completed the online Workshop to Raise Awareness of Prevent (WRAP) as well as training on coercion and control.

During the year, a bespoke face-to-face safeguarding package for newly qualified paramedics was launched and well received. At the same time, EMAS's 'Understanding Safeguarding' guidance was updated and expanded and will form the basis for staff education in 2019-2020.

The safeguarding team produce regular staff communications on a variety of topics, including SARs, domestic violence awareness month and anti-slavery day, all intended to drive home the message that safeguarding is 'everybody's business'. Numerous ways are utilised to do this including payslips, e-news articles, case studies, station posters and clinical and desktop bulletins. Moving into 2019-2020, the team are considering developing the use of social media.

Safeguarding sits within the Director of Quality and Nursing's portfolio and forms part of the quality strategy. There are clear links from the frontline to board with multiple reporting mechanisms. The safeguarding team developed two audit tools this year to assure quality of service and staff adherence to procedures. They identified that more

staff learning was required in order to produce high-quality referrals, though this was expected given operational changes in 2018. Since the audits, quality has risen, though the introduction of a bespoke 'how to make a good referral' pack should improve figures further. The audits also showed high compliance across the trust with the strongest showings in assessing capacity (95%), managing self-neglecting patients (93%) and recognition of historic assaults and vulnerability (93%).

In October 2018, the team responded to a challenge visit by commissioners, who recognised that EMAS continued to engage with the safeguarding adults' agenda.

**Nottingham City Adult Social Care:** ASC continues to face increasing demands and pressures associated with the impact of austerity and budgetary pressures. In 2018/19 we identified the top five risks likely to impact upon citizens: 1) An increase in safeguarding referrals of over 17% from last year, with a corresponding increase in case complexity. 2) High demand upon homecare, with quality and capacity issues in the market. 3) potential oversupply of residential care home provision as the 'Better Lives Better Outcomes' strategy supports people to live more independently. 4) Increasing demand from citizens with complex and enduring mental health needs, including the need to provide Mental Health Act assessments. 5) Identifying suitable 'Transforming Care' accommodation for those citizens with a learning disability and/or autism living in institutional settings.

ASC mitigated against the first risk by employing an additional social worker in the Safeguarding team, as well as monitoring data to identify themes. A Homecare Capacity Planning Board, chaired by the Director for Quality & Change, has been established to address the homecare capacity and quality issue, while a working group has been set up to review how care home provision is contracted and commissioned. ASC welcomes the Integrated Care System 'Mental Health & Social Care' strategy, and looks forward to working in partnership to see improvement in mental health provision, whilst ASC are committed to working with Health to support citizens with learning disabilities live in settings that are more appropriate. Finally, ASC are also awaiting the outcome from NHSE of a capital funding bid to build an enhanced Supported Living facility for Nottingham citizens

In 2018, ASC launched its 'Better Lives, Better Outcomes' strategy with a vision to enable older and disabled citizens, including those with mental health needs, live as independently as possible. Part of this approach is our 'Community Together Surgeries', now situated in five community localities. The purpose of the surgeries is to offer citizens and carers a face to face 'good life conversation' whereby advice, signposting or support can be given, which could also include a Care Act compliant assessment. Such an approach assists with early intervention if Safeguarding concerns are detected.

Modern Day Slavery is an increasing area of focus for the City Safeguarding Team, who now participate in monthly meetings led by the Modern Day Slavery police team. Whilst in 2018, and in conjunction with Equation, a specialist domestic abuse practitioner's forum was established.

The Adult Safeguarding Quality Assurance Team (ASQA) remains responsible for leading on adult safeguarding investigations in regulated services, as well as chairing

the Provider Investigation Procedure (PiP). In 2018/19, twenty individual care homes and home care services in Nottingham were subject to formal PiPs, a 55% increase from 17/18.

Making Safeguarding Personal remains at the heart of our Safeguarding practice, and we are proud to report that we maintain the highest standards in working with citizens to achieve their desired outcomes. Of the 1,255 citizens who were able or willing to express a desired outcome, 86.7% of such outcomes were fully or partially achieved.

**Community Protection:** Community Protection has a wide range of regulatory responsibilities that support and enable the community. All colleagues undertake safeguarding training and through their daily work recognise and support citizens that are vulnerable. The range of response activity is large and can include bringing people together, responding to noise, warm and well checks, dealing with hoarding, making sure trades such as taxi drivers have safeguarding training and much more. The information below provides key highlights:

Community Protection is legally responsible for the regulation of private rented housing. Such regulation not only ensures that landlords maintain quality housing but also that adults potentially at risk are effectively engaged. Selective and existing housing licensing arrangements now mean that 90% of Nottingham's private rented housing is subject to licensing. As victims of modern slavery require accommodation, this is key to ensuring there is no place for exploitation in the city. Frontline staff from our Community Protection, Licensing, Housing, Food Safety, Environmental Health, Trading Standards and ASB teams have all received training to enable them to spot tell-tale signs and refer on concerns. Where court action is taken in relation to tenancy related behaviour, an Equality Impact Assessment is undertaken to ensure that the person is not discriminated against and that action taken is proportionate.

In relation to the work of the Modern Day Slavery team – one of six pilot schemes nationally - recent cases have highlighted cause for concern around victims remaining 'unseen' to services, falling between services or not being eligible. Cases had been passed to the team because frontline colleagues were unsure of the modern day slavery pathway. Similarly, there remains a concern that cases of possible exploitation may not be readily identified due to their relative scarcity and colleagues' unfamiliarity with the likely indicators. In response, the team broadened its remit and began triaging cases referred by safeguarding professionals. Within two weeks, 14 referrals were received. Multiple arrests have followed and several people were safely brought out of exploitative situations amounting to modern slavery. One of these cases was referred and accepted as a SAR by the Safeguarding Adults Board.

In respect of training, Modern Slavery e-learning is now available for all Council colleagues. Additionally, Community Protection undertook to deliver training for staff and partner agencies, with over 30 training sessions delivered between March 2017 and late 2019 and attended by over 900 staff and volunteers from statutory and third sector agencies.

Following legislative requirements under the Counter-Terrorism and Security Act 2015, Community Protection established 'Channel Panels' to assess the extent to which identified individuals were vulnerable to being drawn into terrorism (the 'Prevent'

duty). There is now a single Channel Panel for Nottingham and Nottinghamshire, with the Cohesion Service supporting delivery of a partnership plan for Prevent, including training for colleagues and support for faith organisations in improving their safeguarding practices.

During 18-19 there continued to be identified rough sleepers in Nottingham City. Measures taken to support these individuals included 1) Severe Weather Emergency Planning to offer accommodation to rough sleepers to prevent death by exposure. 2) Street outreach nurse and Framework staff visiting individuals daily to provide primary care on the streets. 3) Nottingham Recovery Network outreach workers supporting people into substance misuse treatment. 4) Rough sleepers receiving daily welfare checks, with weekly multi-agency meetings to discuss the most vulnerable, including those identified as potentially at risk of suicide.

The Community Protection Anti-Social Behaviour service continues to deal with victims, witnesses and perpetrators who have safeguarding issues. The service trains officers to encourage professional curiosity, be victim led and provide pathways to reduce risk or harm to individuals and families. The Service also makes referrals to a number of specialist panels and multi-agency case meetings.

Nottingham City Trading Standards officers continue to engage in a range of prevention work and frequently attend events to advise and educate adults on the dangers of scams and doorstep crime as well as matters such as safe loans and traders. Call blockers are installed in the homes of vulnerable adults to prevent scam calls and, when the team is aware of a doorstep incident having taken place, warning leaflets are distributed to homes in the surrounding area as well as in response to the incident itself. Trading Standards also work with police colleagues to tackle knife crime, primarily via underage test purchases and working with shops to reduce the availability of knives.

**Nottingham University Hospitals Trust:** NUH ensures that the safety and wellbeing of adults at risk is at the core of everything it does, with detection and prevention of abuse within the role of all clinical teams.

At NUH, we have a dedicated team of safeguarding professionals, including a Head of Safeguarding, Named Safeguarding Doctors, Nurses, Midwives, an Adult Safeguarding Lead and specialist nurses for adult and children's safeguarding and domestic abuse. The Executive lead for Safeguarding is the Chief Nurse. NUH also has robust governance processes in place, including a quarterly Safeguarding Adults Committee meeting, whilst the Trust Board receives an annual Safeguarding Report.

All NUH staff receive annual mandatory safeguarding training. This continues to be a face-to-face interactive session and receives positive feedback. In 2018-19, the Trust committed to delivering 'Think Family' safeguarding training, focusing on modern slavery, domestic abuse and coercion and control. By the end of March 2019, mandatory training was at 87%, just slightly below the Trust target of 90%. We can also report that at year's end we were 85% compliant with level 3 Prevent training, achieving the NHSE target.



In addition to mandatory training, the safeguarding team delivered tailored courses on a variety of safeguarding topics including a new programme of safeguarding supervision to the Emergency Department, which was well received.

The Trust has 70 safeguarding champions, covering each division, who give advice and support in relation to safeguarding and who can be identified by their 'safeguarding champion' lanyards. In 2018, two Safeguarding Champions' forums took place covering topics such as FGM, domestic abuse, mental health and self-neglect.

The Trust's IT system alerts staff when patients with Learning Disabilities (LD) might need extra input and/or reasonable adjustments to be made. This alert is also sent directly to the specialist team of LD nurses. For patients with dementia, the 'About Me' document can be completed to better identify their care plan needs. NUH also has a safeguarding adults intranet site that holds a variety of information, including a virtual staff resource folder and safeguarding newsletters from both NUH and the Boards.

All deaths of patients with an LD at NUH are subject to a Structured Judgement case review by the Named Doctor for safeguarding and a LD specialist nurse. All deaths are reviewed prior to referring to LeDeR, which is something NUH have undertaken for the last three years, before mandatory LeDeR reporting was introduced.

The CQC inspected NUH In 2018, rating the organisation as 'good' overall and 'outstanding' in caring, with the report commenting that 'without exception, staff told us that safeguarding was given the highest priority'. Although the CQC did report a lack of organisational consistency in application of the Mental Capacity Act, a Trust wide audit to identify good practice areas and those requiring improvement is planned. More positively, in the annual 'Safety of Vulnerable Patient' benchmark, an audit which assesses staff understanding and response to types of abuse, mental capacity and Deprivation of Liberty Safeguards (DoLs), 93% for all areas of the audit were assessed as green.

During 18-19, NUH made 112 referrals to Nottingham City Local Authority, an increase from last year and reflecting the year on year increase in calls to the team, which rose from 1124 in 16-17 to 3695 in 18-19. The team have also been working with colleagues from Nottingham City LA to ensure consistency in s.42 enquiries and have arranged to offer an alternative route of investigation, such as complaint, where appropriate. Finally, MSP remains a core principle at NUH, with all non-urgent safeguarding referrals passing through the team for quality assurance, with MSP and the outcomes the individual would like from the referral strongly focussed upon.

## 8. Strategic Priorities

The Board had four strategic priorities for 2018-19. These were:

1. **Prevention:** To promote effective strategies of preventing abuse and neglect and to ensure that there is a proactive framework of risk management.
2. **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.

3. **Making safeguarding personal:** To promote person-centred and outcome focussed practice.
4. **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 that enable it to discharge its responsibilities.

## 9. What the Board achieved

The Annual Action Plan for 18-19 was based on these four strategic priorities and the Board successfully achieved the following:

- Re-distributed posters to public places and care homes to raise awareness of safeguarding.
- Placed adverts about how to safeguard adults in 'The Arrow' newspaper.
- Hosted two free training sessions on spotting and dealing with financial abuse led by an experienced solicitor.
- Approved the new Performance Assurance Tool as an alternative way for partner agencies to report their contributions to the Board.
- Completed the joint review with Nottinghamshire SAB of the SAR procedure.
- Substantially implemented the 2017/18 SAR Action plans.
- Continued to liaise with Nottingham City Safeguarding Children Board and the Crime & Drug Partnership to share learning across SCRs, SARs and DHRs.
- Began piloting the 'Complex Case Review' procedure – a 'light touch, non-mandatory SAR' process' - with two cases.
- Began implementation of the 'Quality Assurance Framework' to improve the quality of safeguarding data reviewed by the Board.
- Revised and re-launched the Joint City & County Safeguarding Policy and Procedures.
- Received assurance from ASC & the CCG that partnership arrangements remain in place to safeguard adult residents of Nottingham care homes.

- Continued to attend and contribute to the East Midlands Safeguarding Adults Network (EMSAN).
- Established links with the regional DfE Educational PREVENT Co-ordinator.
- Reviewed arrangements in place following the implementation of the 2017 Homelessness Reduction Act.
- Confirmed that all partner agencies either already have or will be including adult safeguarding in their Equality Impact Assessments.
- Received assurance from the commissioned advocacy provider about the efficacy of their services and arranged for an annual update.
- Refreshed membership of the Board's three subgroups, taking the opportunity to establish links with the University of Nottingham.
- Received assurance that agencies are fully co-operating with the Independent Inquiry into Child Sexual Abuse (IICSA) Review.
- Refreshed the Nottingham City SAB webpages.
- Received assurance reports from our partners on the following 'cross cutting' themes: Housing & homelessness, Prevent, Modern Slavery, FGM, DSVA, & Suicide Prevention.
- Received assurance from Board partners that measures to mitigate against the challenges of austerity have been successfully implemented.
- Improved linkage with the voluntary sector by providing Board representation at the Vulnerable Adults Provider Network meetings.
- Continued to contribute to and monitor the regional Making Safeguarding Personal questions launched by EMSAN.
- Received assurance from ASC that they undertook more community and residential reviews than last year and remain committed to targeting those most in need.
- Received assurance that HMP Nottingham continues to work to safeguard those adults at risk in its care.
- Received assurance that partner agencies who have undergone a regulatory inspection have action plans in place addressing the priority areas identified.
- Promoted Nottinghamshire Fire & Rescue's CHARLIE campaign.

- Received the Health Watch survey on public awareness of safeguarding.
- Received assurance that ASC continue to triage outstanding DoLS cases in accordance with ADASS (Association of Directors of Adult Social Services) recommendations.
- Received assurance from Nottinghamshire Healthcare NHS Foundation Trust that the local LeDeR response is on schedule.
- Continued to monitor the number of s42 referrals received by ASC on a quarterly basis.
- Agreed the Board budget for 2019/20.
- Written, distributed and presented the Board's Annual Report to the Council's 'Health & wellbeing Board' and 'Oversight & Scrutiny Committee'.

## Case study

'C' was a mother and long-term patient on Neonatal Intensive Care Unit (NICU) who gave birth to an extremely premature baby ('D'). Throughout 'C's' stay, she developed a close relationship with staff and disclosed significant domestic abuse between herself and her ex-partner, the father of 'D'. A DASH-RIC was completed and appropriately escalated to MARAC with her consent.

'C' recognised the need to act as a protective factor for 'D' and agreed to support. NICU staff alerted the safeguarding team and a member of the team met with 'C' and a family care sister to discuss her options, including informing police and social care of the latest episodes of abuse. Unfortunately, 'D' passed away but throughout his stay on NICU, 'C' was clear that she wanted his father to visit and be given the opportunity to say goodbye to 'D'. 'C', NICU and social care staff all worked together to ensure this could be facilitated in line with 'C's' wishes, whilst being mindful of the potential for further coercion and control which 'C' had likely been subject to, whilst maintaining the safety of 'C', 'D', and other families on NICU.

## 10. What next for 2019 – 2020?

As well as continuing the core business of the Board, it was agreed that attention be given to local and nationally emerging themes. Accordingly, next year the Board will seek to improve co-ordination between statutory and voluntary organisations involved in adult safeguarding, implement actions arising from the IICSA report, explore how best to safeguard young adults transitioning from care who may be vulnerable to exploitation and seek assurance on local approaches to homelessness and rough sleeping. Internally, the Board will ask partner agencies that their recruitment processes take account of adult safeguarding. It will likewise seek assurance that the ICS partnership incorporates adult safeguarding in its work streams as well as confirming that Board partners can continue to respond effectively to the challenges

brought about by austerity. Lastly, the Board will look to deliver an alternative reporting tool to that of the Safeguarding Accountability & Assurance Framework and improve its communications and engagement strategy.

## 11. And finally...

A special mention must go to Malcolm Dillon, who retired at the end of March 2019 after four years as the Board's Independent Chair. His calm but authoritative manner and clear vision at both operational and strategic level is missed by all, and he is to be congratulated on steering the Board through some challenging times whilst remaining committed to effective, multi-agency safeguarding for adults at risk.

## 12. Reporting Abuse

You may know the person that is carrying out abuse and are worried about reporting them. If you are being abused, you do not have to put up with it. If someone you know is being abused, or you have a concern that they may be, you should first make sure that they are safe if it is possible to do so.

Tell someone you trust or call Nottingham City Health and Care Point on **0300 1310 300 and select option 2**. Our offices are open from 8am to 6pm. If you live within County boundaries call Nottinghamshire County Council on **0300 500 8080**. If unsure which, call any one of the numbers and report what is happening to you or the person you are concerned about.

### If it is an emergency, dial 999

You can report abuse to us in the strictest confidence and your identity can be kept private.

## 13. Glossary of Terms

ASC	Adult Social Care
CCG	Clinical Commissioning Group
CHARLIE	Care and support needs, Hoarding & mental health issues, Alcohol & medication, Reduced mobility, Lives alone, Inappropriate smoking, Elderly
DHR	Domestic Homicide Review
DoLS	Deprivation of Liberty Safeguards
EMAS	East Midlands Ambulance Service
EMSAN	East Midlands Safeguarding Adults Network
FGM	Female Genital Mutilation
ICS	Integrated Care System
IICSA	Independent Inquiry into Child Sexual Abuse
LD	Learning disabilities
LeDeR	Learning Disability Mortality Review
MAPPA	Multi Agency Public Protection Arrangement
MARAC	Multi Agency Risk Assessment Conference
MSP	Making Safeguarding Personal
NHSE	National Health Service England
NICU	Neonatal Intensive Care Unit
NUH	Nottingham University Hospitals NHS Trust
PiP	Provider Investigation Procedure
SAB	Safeguarding Adults Board
SAR	Safeguarding Adults Review
SCR	Serious Case Review
VAPN	Vulnerable Adults Provider Network

<b>OVERVIEW AND SCRUTINY COMMITTEE</b>
<b>13 FEBRUARY 2020</b>
<b>HEALTHWATCH ANNUAL REPORT 2018/19</b>
<b>REPORT OF HEAD OF LEGAL AND GOVERNANCE</b>

**1 Purpose**

- 1.1 To consider the Healthwatch Annual Report 2018/19

**2 Action required**

- 2.1 To give consideration to the Healthwatch Annual Report 2018/19 and identify if there are any implications for health scrutiny operation and/or the work programme.

**3 Background information**

- 3.1 Healthwatch is a consumer champion in health and social care. It has a role at both national and local level to make sure that views of the public and service users are taken into account in decision making.
- 3.2 Since April 2013 every local authority with social services responsibilities has been required to establish arrangements for a Local Healthwatch organisation. Healthwatch is an independent organisation but the Council holds the contract for local Healthwatch arrangements and is responsible for ensuring that the arrangements operate effectively.
- 3.3 Healthwatch Nottingham has existed since 2013 but during 2017/18 there was a merger with Healthwatch Nottinghamshire to form Healthwatch Nottingham and Nottinghamshire.
- 3.4 In the local working agreement between Health Scrutiny, Healthwatch and the Health and Wellbeing Board, Healthwatch agreed to provide a copy of its annual report to the Health Scrutiny Committee.
- 3.5 A representative of Healthwatch will be attending the meeting to present the annual report and answer questions from the Committee about its content.

**4 List of attached information**

- 4.1 Healthwatch Annual Report 2018/19.

**5 Background papers, other than published works or those disclosing exempt or confidential information**

- 5.1 None.

**6 Published documents referred to in compiling this report**

6.1 Healthwatch Annual Report 2018/19.

**7 Wards affected**

7.1 All.

**8 Contact information**

8.1 Laura Wilson  
Senior Governance Officer  
0115 8764301  
[laura.wilson@nottinghamcity.gov.uk](mailto:laura.wilson@nottinghamcity.gov.uk)



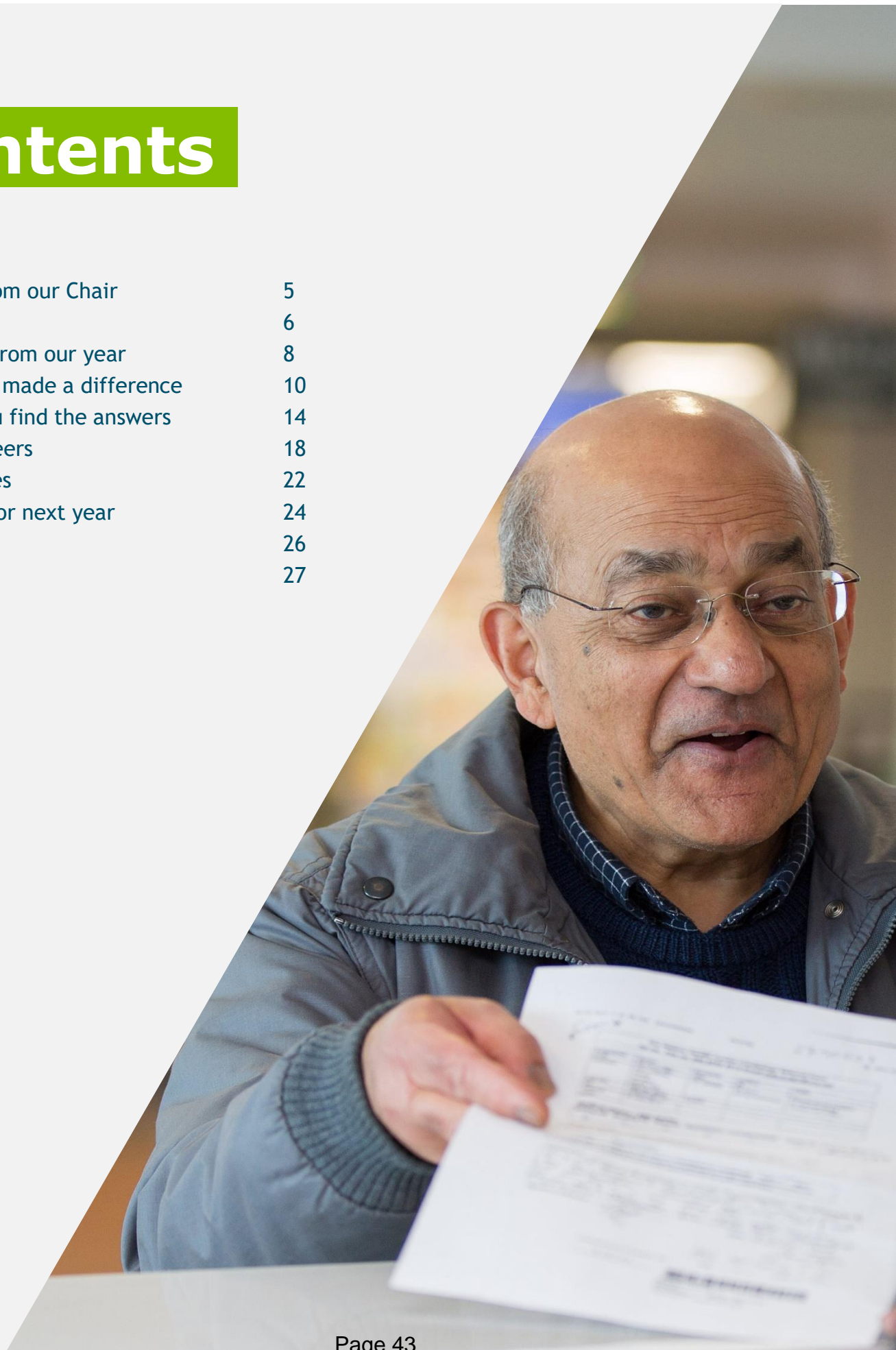


**Healthwatch  
Nottingham & Nottinghamshire**



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Last year we received 343 detailed experiences from people who told us about their experience of a number of different areas of health and social care.

Here are some examples of the changes that people want to see.



+ Make it easier to see a doctor or nurse quickly



+ Healthcare professionals should have a positive attitude and be empathetic



+ Staff should take the time to speak to people about what to expect next



+ Services should provide information so that people can make informed decisions about their care

As part of our in-depth project work, we also collected 2,702 responses from people via surveys and focus groups.

# Message from our Chair

At Healthwatch we are in a unique position in which we are able to gather and interpret intelligence and information from multiple services covering all areas across the health and care system.

Operating as a single entity covering all of Nottingham and Nottinghamshire, and with the experiences you share with us, we are able to understand, as services change, how individuals, groups and communities are impacted.

Over the year our work has focused on gathering more voices from those who are “seldom heard” as we know that these are the groups who are most likely to be affected disproportionately by service changes.

We continue to work closely with those who plan and provide NHS and social care services in the area to both share insights and provide constructive challenge.

The focus of our work with the health and care system has been to ensure that there are clear and transparent communication and widespread engagement with everyone across the area so that any changes proposed are focussed on what our communities need.



**Sarah Collis**  
Chair  
Healthwatch Nottingham and  
Nottinghamshire

# About us

## Healthwatch is here to make care better

We are the independent champion for people using local health and social care services. We listen to what people like about services and what could be improved. We share their views with those with the power to make change happen. People can also speak to us to find information about health and social care services available locally.

Our sole purpose is to help make care better for people.

*As Chair of Healthwatch England, it's my role to make sure your Healthwatch gets effective support and that national decisions are informed by what people are saying all over England.*

*If you were one of the 400,000 people who shared their experiences with us last year, I want to say a personal thank you. Without your views, Healthwatch wouldn't be able to make a difference to health and social care services, both in your area and at a national level. One example of this is how we shared 85,000 views with the NHS, to highlight what matters most, and help shape its plans for the next decade.*

*If you're part of an organisation that's worked with, supported or responded to Healthwatch, thank you too. You've helped to make an even bigger difference.*

*None of this could have been possible without our dedicated staff and volunteers, who work in the community every day to understand what is working and what could be better when it comes to people's health and care.*

*If you've shared your views with us then please keep doing what you're doing. If you haven't, then this is your chance to step forward and help us make care better for your community. We all have a stake in our NHS and social care services: we can all really make a difference in this way.*



A handwritten signature in blue ink, which appears to read 'Robert Francis'.

Sir Robert Francis QC  
Healthwatch England Chair

## Our vision is simple

Health and care that works for you. People want health and social care support that works - helping them to stay well, get the best out of services and manage any conditions they face.



## Our purpose

To find out what matters to you and to help make sure your views shape the support you need.



## Our approach

People's views come first - especially those that find it hardest to be heard. We champion what matters to you and work with others to find solutions. We are independent and committed to making the biggest difference to you.



## People are at the heart of everything we do

We play an important role bringing communities and services together. Everything we do is shaped by what people tell us. Our staff and volunteers identify what matters most to people by:

- + Visiting services to see how they work
- + Delivering surveys and facilitating focus groups
- + Going out in the community and working with other organisations

Our main job is to raise people's concerns with health and care decision-makers so that they can improve support both locally and across the country. The evidence we gather also helps us recommend how services ought to be designed in the future.





# Highlights from

# our year

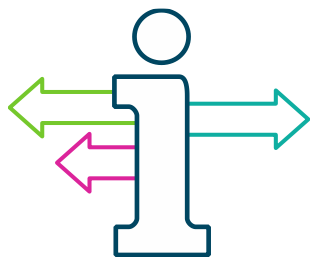




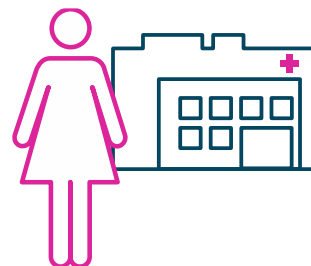
343 people shared their health and social care story with us.



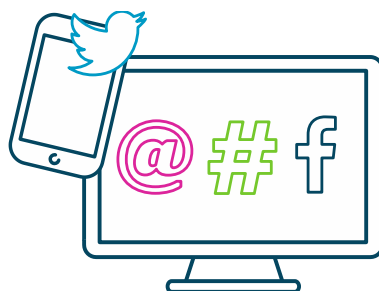
We had 49 active volunteers who helped to carry out our work. In total, they gave 1133 hours.



3566 people accessed Healthwatch advice and information online or contacted us with questions about local support.



We visited 106 locations to understand people's experiences of care. From these visits, we made 48 recommendations for improvement.



We reached 59,842 people through our social media channels.



**How we've made**

**a difference**

## Changes made to our community

At Healthwatch we regularly undertake ‘Insight Projects’. These projects enable us to produce reports with a clear evidence base on which recommendations can be formulated and, ultimately, make sure your experiences of services are heard by those who plan and pay for care.

The following are examples of how the experiences you share with us are helping to influence positive change locally.

### Nottinghamshire Appliance Management Service (NAMS)

Early in the year we received several experiences from people who were using Nottinghamshire Appliance Management Service (NAMS).

NAMS is responsible for the prescribing and delivery of stoma products for people across Nottinghamshire.

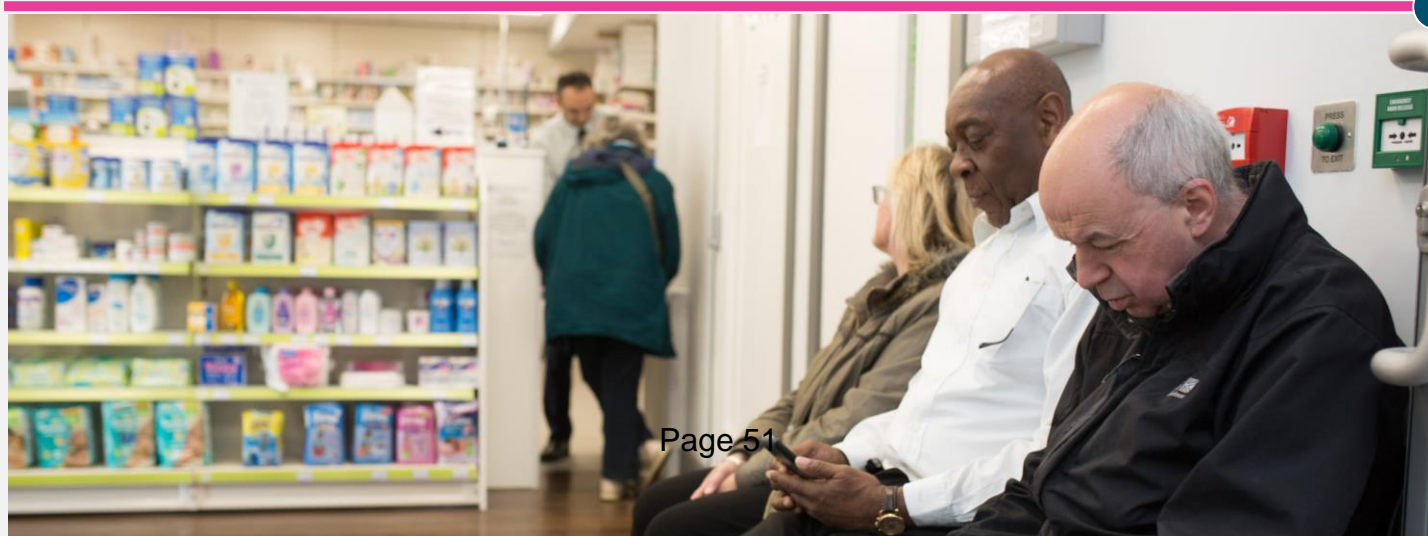
The experiences we received were consistent in their themes, which were:

- + Poor communication
- + Unsatisfactory staff attitude
- + Unrequested changes to prescriptions
- + Missed items
- + Insufficient supplies

We met with management at the service so that we could share the experiences and discuss how our concerns around the difficulties patients were facing were to be addressed.

At the meeting we received many assurances on how the service were taking the voices of their patients on board, and we also received an open invitation to attend their newly formed Patient Steering Group.

We have since spoken with patients who have given a positive reflection on how the service has responded to the comments we had shared with them.



## Understanding awareness of safeguarding for vulnerable adults

In May 2018 we published a report which was commissioned by Nottingham City Safeguarding Adults Board and Nottinghamshire County Safeguarding Adults Board. The engagement objective was to find out how well people currently understood the terms safeguarding, vulnerable adults, what constitutes abuse and to whom they would report safeguarding concerns.

The intention was to use the findings to inform communication strategies to raise awareness of the role of the Safeguarding Boards and to demonstrate, 'evidence of community awareness of adult abuse and neglect and how to respond.'

We surveyed 485 people, targeting specific groups who may not be aware of what Adult Safeguarding is.

Our report made a number of recommendations, including:

- + Increasing awareness of the term 'Adult Safeguarding'
- + Raise awareness of when and to whom the Care Act safeguarding duties could apply.
- + Continue to raise awareness with the public of how and to whom safeguarding concerns can be reported.
- + That those who are part of an organisation or group supporting those with care and support needs (faith leaders, charity leaders, and leaders of voluntary orgs.) understand what constitutes adult abuse and how to raise a safeguarding concern.
- + Increase awareness of Adult Safeguarding by putting accessible information in GP surgeries, hospitals, libraries and leaflets through the post (some groups would need to be spoken to personally notably those whose first language is not English)

The Board have committed to taking many of our recommendations forward.

For example: A new Safeguarding Leads forum has been established.





## Question of the Month: Can technology improve your care?

Every two months (or sometimes longer) we undertake mini surveys. These are branded as 'Question of the Month' and they tend to follow a certain topic. The data we collect is analysed and shared.

Between September and October 2018 we undertook a Question of the Month survey to gain a greater understanding of people's use of Information Technology to access health and social care information.

The aim of this survey was to understand people's perceptions and interest in having access to/making use of digital technology to assist in their health and care.

From our finding we made the following recommendations

- + To increase the use of technology to access health & care information while still maintaining some face to face services to ensure equal access for all
- + To further explore the reasons why people are reluctant to use online video link (Skype, Facetime etc.) to access GP appointments
- + To make health and care information easier to understand for all
- + To work to ensure that digital services are accessible and understandable for those with limited literacy

We have received commitments to take forward our recommendations. For example, work has begun on a digital and social inclusion project which aims to support people to get online and become more confident and capable of using digital tools and services to support their health, care and wellbeing needs



## Have your say

Share your ideas and experiences and help services hear what works, what doesn't, and what you want from care in the future.

w: [hwnn.co.uk](http://hwnn.co.uk)

t: 0115 956 5313

e: [info@hwnn.co.uk](mailto:info@hwnn.co.uk)



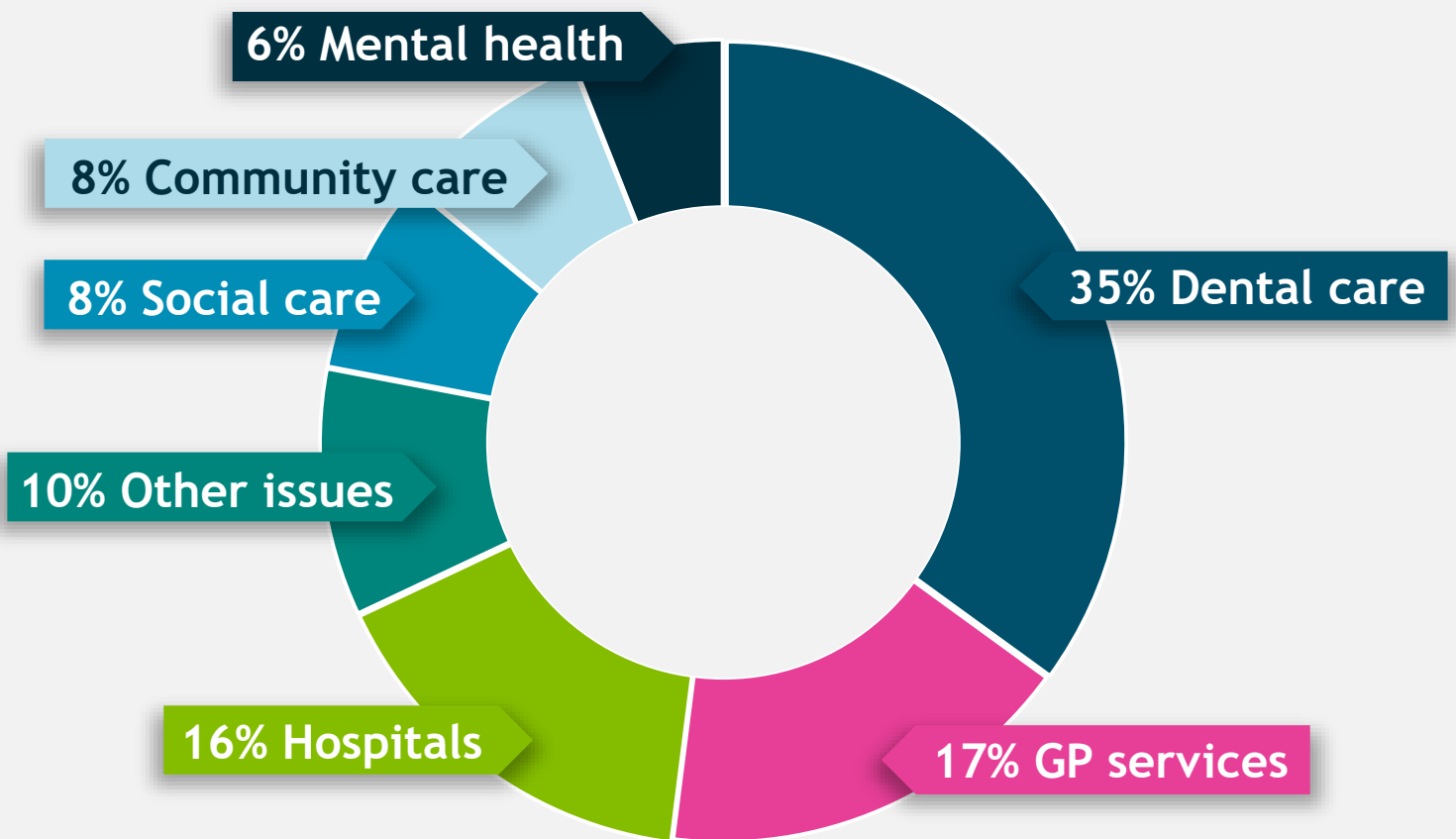
**Helping you find**

**the answers**

## What services do people want to know about?

Healthwatch plays an important role in providing information about health and care services and pointing people in the right direction for the support they need, as information can often be confusing or very difficult to find.

Here are the most common things that people ask us:



## How we provide people with information

Finding the right care or support can be worrying and stressful. There are a number of organisations that can provide help, but people don't know where to look. Last year we helped 3566 people access the information they need.

You can come to us for information in a number of ways including:

- + Specific information on our website
- + Our contact us form
- + At community events
- + Promoting helpful information across our social media channels
- + Over the phone



The majority of people are supported with information about how to access these services, for example where to seek alternative provision for care.

For those who seek it, we also provide information around how to make a complaint and who to contact if people feel they need additional support to make a complaint.

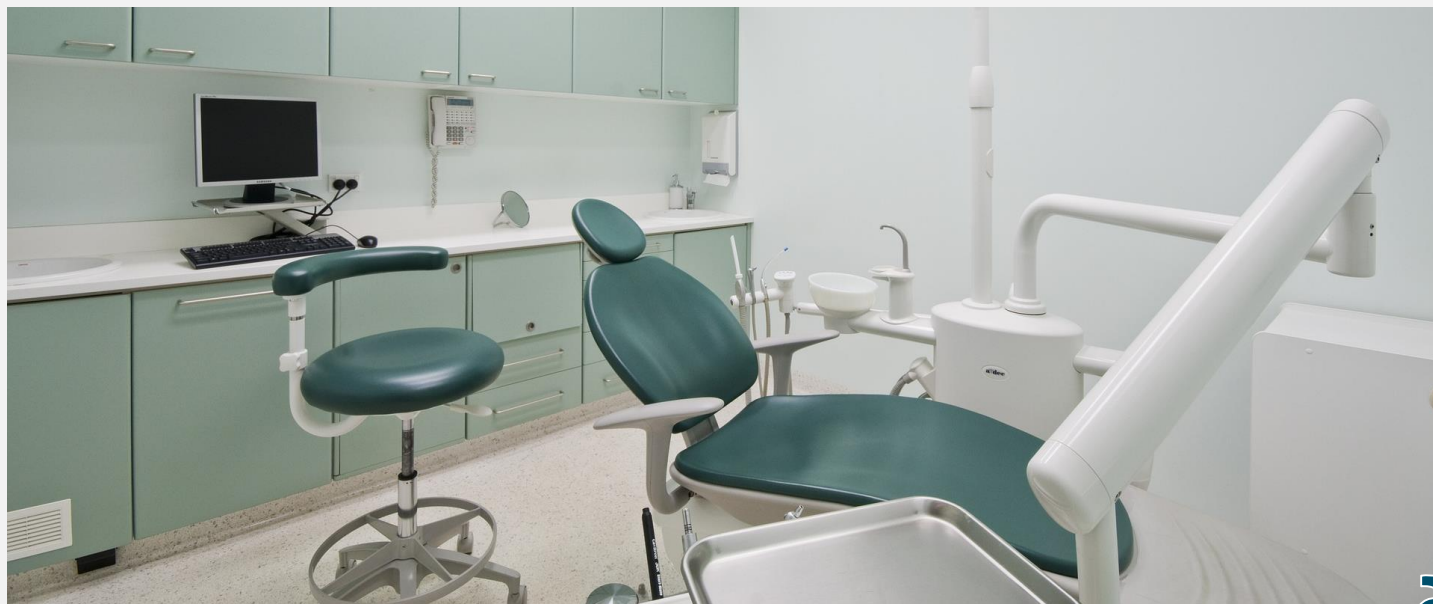
## Helping to find accessible transport

We were contacted by a lady who needed to get to an appointment at the hospital mobility centre to exchange her electric wheelchair for a new one. Unfortunately due to a change in circumstances, she was no longer entitled to access patient transport services.

We were able to provide the lady with contact details for an accessible taxi company and we also spoke with the mobility centre to raise this issue with them.







## Making sure people get the right answers about their wellbeing

We received a telephone call from an individual who wanted to request information on treatment options.

The caller had been receiving treatment for their dentures which kept breaking. They had been told by their dentist that the best way to resolve this would be to have a set of metal dentures, but that this would not be available on the NHS and that, though the practice could provide this, it would be as private treatment.

The caller had checked the NHS website which seemed to contradict this and asked if we could help.

We contacted NHS England who confirmed that "Under the NHS dental regulations, synthetic resin or metal or both synthetic resin and metal dentures would be available"

We then shared this information with the caller and advised that they should contact the dentist to make them aware that Healthwatch had sourced information from NHS England to say that they should provide this as NHS treatment.

*"I contacted Healthwatch as I had tried to raise this and wasn't getting anywhere myself... ..the information from Healthwatch was really helpful and now I've managed to get this resolved"*

*Mr. Isaacs*



## Are you looking for help?

If you have a query about a health and social care service, or need help with where you can go to access further support, get in touch. Healthwatch is here for you.

w: [www.hwnn.co.uk](http://www.hwnn.co.uk)

t: 0115 956 5313

e: [info@hwnn.co.uk](mailto:info@hwnn.co.uk)



# Our volunteers

## How do our volunteers help us?

At Healthwatch we couldn't achieve all we do without the valuable support of our 66 volunteers that work with us to help make health and care better for our communities.

What our volunteers do:

- + Raise awareness of the work we do in the community
- + Visit services to make sure they're meeting people's needs
- + Provide expertise and sit on our Board
- + Collect people's views and experiences which we use in our reports



## Putting local voices at the heart of maternity care

This year we have worked on a project with the local Maternity Voices Partnership to find people who are interested in making improvements to maternity care across the City and the County.

A Maternity Voices Partnership (MVP) is a team of women and their families, providers (midwives and doctors) and those who plan and pay for maternity services, working together to review and contribute to the development of local maternity care

Together, our work has put the voice of local women at the heart of decisions around what improvements could be made to benefit those accessing maternity care services in the future.

**As part of the Nottingham and Nottinghamshire Maternity Voices Partnership (MVP) we identified, recruited and trained volunteers.**

These volunteers then undertook interviews with women who had just given birth on maternity wards at City Hospital, Kings Mill Hospital and Queens Medical Centre. The aim of these visits was to collect experiences about maternity services in order to inform service design and delivery.

## Meet our volunteers

We caught up with a couple of our fantastic volunteers to show you how their work truly makes a difference to the lives of people in our area.



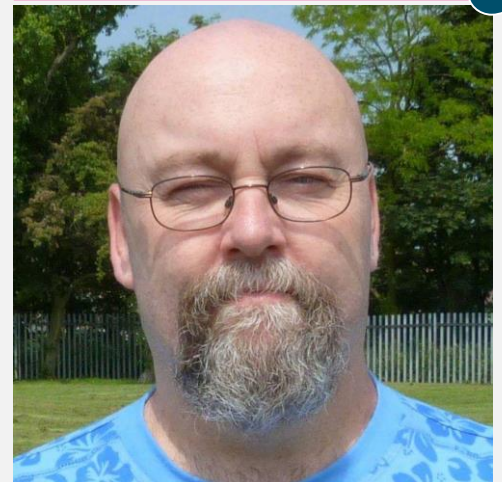
### Shagufta Ahmed

Shagufta helps with our community engagement 'Talk to Us' events. Shagufta also helps to distribute our Question of the month in her local community.

### Griz Doughty

Griz is one of our home based volunteers and helps with entering in all of the data we collect. He has reduced mobility which means that most voluntary opportunities are not suitable for him.

*"Being able to support Healthwatch from home is something that really works for me, it is also great for my mental health too as it occupies my mind."*



## Volunteer with us

Are you feeling inspired? We are always on the lookout for more volunteers. If you are interested in volunteering get in touch.

w: [hwnn.co.uk](http://hwnn.co.uk)  
t: 0115 956 5313  
e: [info@hwnn.co.uk](mailto:info@hwnn.co.uk)





“It’s so nice to be able to help people and make a difference. I love being a volunteer for Healthwatch... .. it’s one of the best organisations I’ve volunteered for. I love what I am doing”

**Ed Lowe**  
Healthwatch Volunteer

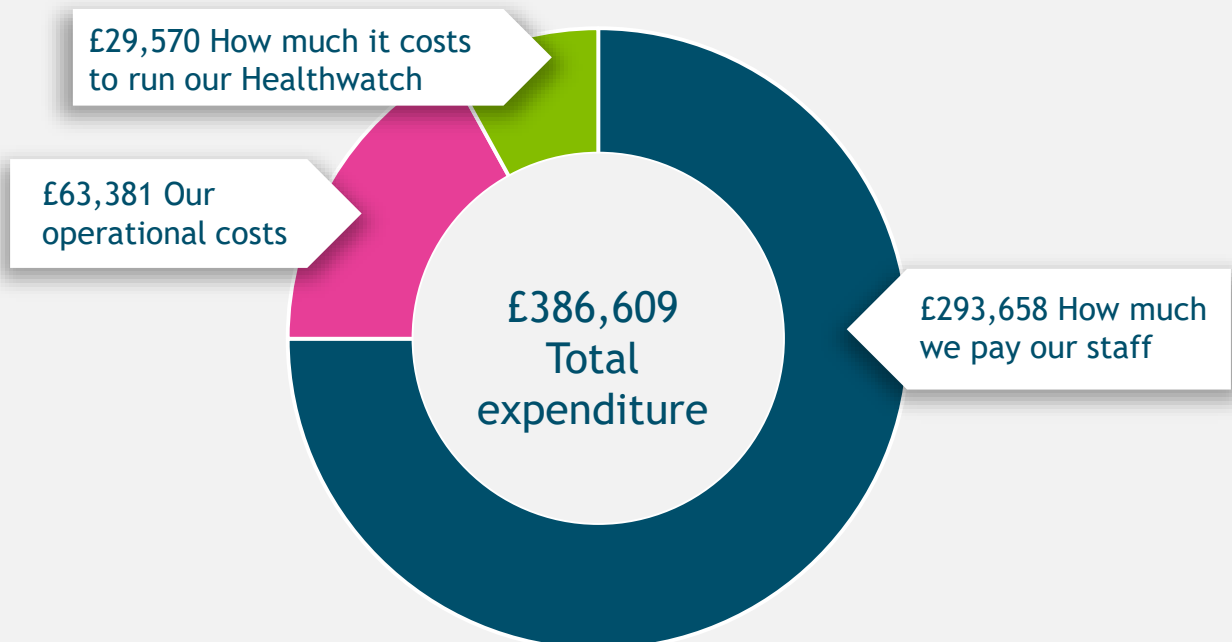
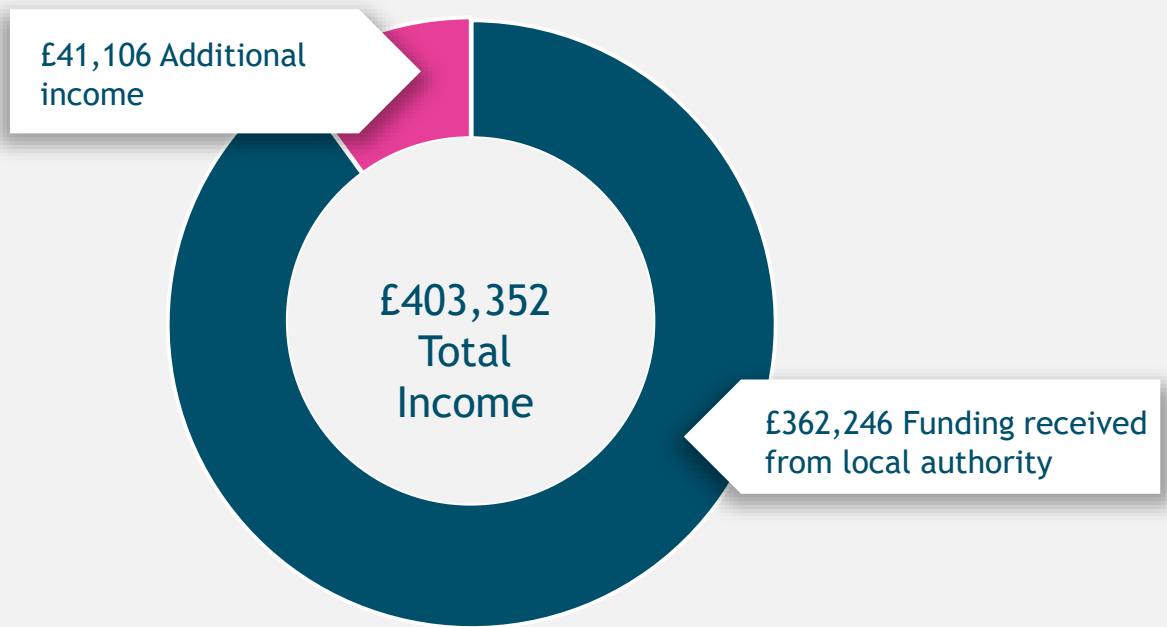


# Our finances

## How we use our money

To help us carry out our work, we are funded by our local authority.

We also received £41,106 of additional income from our commissioned work.





**Our plans for  
next year**



# Message from our CEO

I joined Healthwatch in 2018 and feel very privileged to be working as part of a dedicated team of staff and volunteers.

Looking back over the past year, part of our work has involved using the feedback we have collected to influence the health and care system as part of the development of their mental health strategy.

We have also worked to ensure that that local voices continue to be involved in that planning and development process.

## Looking forward into next year

We have refreshed our strategy which sets out our vision for 2019-21.

The strategy is largely informed by the sum total of public information and insights we have collected and analysed over the five years Healthwatch has been in existence. We have also sought lay representation to ensure our priorities are relevant to our communities.

### Our strategic aims for 2019-21 are:

- + To measure and demonstrate our impact to others
- + To extend our reach, representing our local communities, especially the seldom heard
- + To build a responsive and sustainable organisation recognised as a leader in best practice engagement

### Our priority work areas will be:

- + Frail elderly - support to manage at home
  - + Mental health - services for young people
- We will also continue to seek to represent the voice of those who are seldom heard



**Jane Laughton**  
Chief Executive Officer  
Healthwatch Nottingham and Nottinghamshire

# Thank you

Thank you to everyone that is helping us put people at the heart of health and social care, including:

- + Members of the public who shared their views and experiences with us
- + All of our amazing staff and volunteers
- + The voluntary organisations that have contributed to our work



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<b>HEALTH SCRUTINY COMMITTEE</b>
<b>13 FEBRUARY 2020</b>
<b>WORK PROGRAMME</b>
<b>REPORT OF HEAD OF LEGAL AND GOVERNANCE</b>

**1 Purpose**

1.1 To consider the Committee's work programme for 2019/20.

**2 Action required**

2.1 To discuss the work programme for the remainder of the municipal year, and make any necessary amendments.

**3 Background information**

3.1 The Committee is responsible for setting and managing its own work programme.

3.2 In setting the work programme, the Committee should aim for an outcome-focussed work programme that has clear priorities and a clear link to its roles and responsibilities.

3.3 The work programme needs to be flexible so that issues which arise as the year progresses can be considered appropriately.

3.4 Where there are a number of potential items that could be scrutinised in a given year, consideration of what represents the highest priority or area of risk will assist with work programme planning.

3.5 Changes and/or additions to the work programme will need to take account of the resources available to the Committee.

**4 List of attached information**

4.1 Health Scrutiny Committee 2019/20 Work Programme.

**5 Background papers, other than published works or those disclosing exempt or confidential information**

5.1 None.

**6 Published documents referred to in compiling this report**

6.1 Health Scrutiny Committee reports and minutes.

**7 Wards affected**

7.1 All.

**8 Contact information**

8.1 Laura Wilson  
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**Health Scrutiny Committee Work Programme 2019-20**

DATE	ITEMS
12 March 2020	<p><b>Discussion with the Portfolio Holder for Adult Care and Local Transport (with a focus on the Adult Care remit) – Councillor Adele Williams</b> To discuss the priorities and focus for the Portfolio, Council Plan priorities, budget pressures and challenges</p> <p><b>Gluten Free Food Prescriptions</b> To update the Committee on the effects of the implementation of the changes</p> <p><b>Over the Counter Medication Prescriptions</b> To update the Committee on the effects of the implementation of the changes</p> <p><b>Adult Mental Health Services</b> To provide the Committee with information on services</p> <p><b>Work Programme 2020/21 Development</b> To discuss the work programme for 2020/21</p>
16 April 2020	<p><b>Discussion with the Portfolio Holder for Health, HR and Equalities (with a focus on the Health remit) – Councillor Eunice Campbell-Clark</b> To discuss the priorities and focus for the Portfolio, Council Plan priorities, budget pressures and challenges</p> <p><b>CityCare Provision of Out of Hospital Community Services Contract</b> To review the provision of services by Nottingham CityCare Partnership under the Out of Hospital Community Services contract</p> <p><b>Homecare Services Model</b> To update the Committee on the implementation of the Homecare Services Model</p> <p><b>Work Programme 2020/21</b> To approve the work programme for 2020/21</p>

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<b>OVERVIEW AND SCRUTINY COMMITTEE</b>
<b>13 FEBRUARY 2020</b>
<b>ACCESS TO GP SERVICES</b>
<b>REPORT OF HEAD OF LEGAL AND GOVERNANCE</b>

## **1 Purpose**

- 1.1 To receive information on the publication of the NHS England national review of access to GP practice services in England and what it means for Nottingham and Nottinghamshire.

## **2 Action required**

- 2.1 To consider the information provided and use it to inform questions, and make recommendations, where appropriate.

## **3 Background information**

- 3.1 The NHS Long Term Plan set out that NHS England will undertake a review to evolve and implement an access offer for both physical and digital services, including convenient appointments, reduced duplication and better integration between settings such as NHS111, urgent treatment centres and general practice. The review commenced in 2019, for full implementation by 2021/22.
- 3.2 The review has one main objective which is to improve patient access both in normal opening hours and at evenings and weekends and reduce unwarranted variation in experience.
- 3.3 A key output will be the development of access to GP appointments that practices (in hours) and primary care networks (outside core general practice hours) will make and could sustain, for both physical and digital services, to 100% of patients. This will include:
- improving access to patient requested pre-bookable and same day general practice appointments with a view to reducing variations in waiting times;
  - reducing fragmentation by developing a comprehensive access offer for out of hospital care including when practices are closed or unavailable and to improve urgent care services in the community;
  - looking at workforce and workload to make the best use of the available people and resources to improve the wellbeing of the workforce, reduce workload pressures and improve services for patients, and;
  - ensuring the review's main objective can be met.
- 3.4 Colleagues from the CCG will be in attendance to present information on the initial work that has been undertaken in the review and answer questions.

**4 List of attached information**

4.1 None.

**5 Background papers, other than published works or those disclosing exempt or confidential information**

5.1 None.

**6 Published documents referred to in compiling this report**

6.1 NHS Long Term Plan.

**7 Wards affected**

7.1 All.

**8 Contact information**

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