



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

**Date:** Wednesday 29 January 2020

**Time:** 1:30pm

**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**

**Governance Officer:** Adrian Mann **Direct Dial:** 0115 8764468

- |          |  |                  |
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| <b>1</b> | <b>CHANGES TO MEMBERSHIP</b>   | <b>3 - 4</b>     |
|          | <ul style="list-style-type: none"><li>Michelle Tilling (City Locality Director) has replaced Sarah Fleming as the representative of the Greater Nottingham Clinical Commissioning Partnership.</li></ul> |                  |
| <b>2</b> | <b>APOLOGIES FOR ABSENCE</b>   |                  |
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<b>12</b>	<b>FORWARD PLANNER</b>	59 - 60
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IF YOU NEED ANY ADVICE ON DECLARING AN INTEREST IN ANY ITEM ON THE AGENDA, PLEASE CONTACT THE GOVERNANCE OFFICER SHOWN ABOVE BEFORE THE DAY OF THE MEETING, IF POSSIBLE.

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## Health and Wellbeing Board Membership

<b>Voting Members</b>	
Nottingham City Council Portfolio Holder with a remit covering Health	Councillor Eunice Campbell-Clark (Chair) Portfolio Holder for Health, HR and Equalities
Nottingham City Council Portfolio Holder with a remit covering Children's Services	Councillor Cheryl Barnard Portfolio Holder for Children and Young People
Two further City Councillors	Councillor Adele Williams Portfolio Holder for Adult Care and Local Transport
	<i>Vacant</i>
Accountable Officer, Greater Nottingham Clinical Commissioning Partnership	Michelle Tilling City Locality Director
Three representatives from NHS Nottingham City Clinical Commissioning Group's Governing Body	Dr Hugh Porter (Vice Chair) GP and Governing Body Chair
	Dr Marcus Bicknell GP
	<i>Vacant</i>
Nottingham City Council Corporate Director for Children and Adults	Catherine Underwood Corporate Director for People (Children and Adults)
Nottingham City Council Director of Adult Social Care	<i>Vacant</i>
Nottingham City Council Director of Public Health	Alison Challenger Director of Public Health
Representative of Healthwatch Nottingham and Nottinghamshire Board	Sarah Collis Chair
Representative of NHS England	Samantha Travis Clinical Leadership Advisor and Controlled Drugs Accountable Officer
<b>Non-Voting Members</b>	
Representative of Nottingham University Hospitals NHS Trust	Alison Wynne Director of Strategy and Transformation
Representative of Nottinghamshire Healthcare NHS Foundation Trust	Julie Hankin Executive Medical Director
Representative of Nottingham CityCare Partnership	Lyn Bacon Chief Executive
Representative of Nottingham City Homes	Richard Holland Assistant Director of Housing Operations
Representative of Nottinghamshire Police	Superintendent Matthew Healey Area Command for the City
Representative of the Department for Work and Pensions	Viki Dyer District Operations Leader
Representative of Nottingham Universities	Andy Winter Director of Campus Life
Representative of Nottinghamshire Fire and Rescue Service	Craig Parkin Deputy Chief Fire Officer

Up to two individuals representing the interests of the Third Sector	Leslie McDonald Nottingham Counselling Centre
	Jane Todd Chief Executive, Nottingham CVS
Nottingham City Council Chief Executive	Ian Curryer Chief Executive

**NOTTINGHAM CITY COUNCIL**

**HEALTH AND WELLBEING BOARD**

**MINUTES of the meeting held at Room LB 31/32 - Loxley House, Station Street, Nottingham, NG2 3NG on 27 November 2019 from 1:38pm to 3:56pm**

**Membership**

**Voting Members**

Present

Councillor Eunice Campbell-Clark (Chair)  
Dr Hugh Porter (Vice Chair)  
Councillor Cheryl Barnard (items 52-59)  
Dr Marcus Bicknell  
Alison Challenger  
Sarah Collis  
Sarah Fleming  
Catherine Underwood  
Councillor Adele Williams (items 47-52)

Absent

Samantha Travis

**Non-Voting Members**

Present

Leslie McDonald  
Tim Guylar (Substitute of Alison Wynne)  
Tracey Macdonald (Substitute for Viki Dyer)  
CI Alan Pearson (Substitute for Superintendent Matthew Healey)

Absent

Lyn Bacon  
Ian Curryer  
Viki Dyer  
Julie Hankin  
Superintendent Matthew Healey  
Richard Holland  
Craig Parkin  
Jane Todd  
Andy Winter  
Alison Wynne

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

- Rachael Harding - Homelessness Strategy Manager, Nottingham City Council
- Aleks Jackowska - Jigsaw Youth Club
- Adrian Mann - Governance Officer, Nottingham City Council
- Kimberley Pike - Rough Sleeping Co-ordinator, Nottingham City Council
- Amanda Robinson - Integrated Care System Program Manager, NHS Nottingham City Clinical Commissioning Group
- Richard Taylor - Environmental Health and Safer Places Manager, Nottingham City Council
- Michelle Tilling - Nottingham City Locality Director, Greater Nottingham Clinical Commissioning Partnership
- Eleanor Youdell - Café Sobar

#### **47 CHANGES TO MEMBERSHIP**

The Board noted that Councillor Leslie Ayoola has stood down from the Board, that Sarah Fleming has replaced Andrea Brown as a representative of the Greater Nottingham Clinical Commissioning Partnership, and that Viki Dyer has replaced Tim Brown as the representative of the Department for Work and Pensions.

#### **48 APOLOGIES FOR ABSENCE**

Lyn Bacon  
Ian Curryer  
Viki Dyer  
Superintendent Matthew Healey  
Craig Parkin  
Jane Todd  
Andy Winter  
Alison Wynne

#### **49 DECLARATIONS OF INTERESTS**

None.

#### **50 MINUTES**

The Board confirmed the minutes of the meeting held on 25 September 2019 as a correct record and they were signed by the Chair.

#### **51 POPULATION HEALTH MANAGEMENT**

Amanda Robinson, Integrated Care System Program Manager at NHS Nottingham City CCG, gave a presentation on Population Health Management, its methodology, the challenges in delivery and the next steps. The following points were discussed:

- (a) as part of the Integrated Care System (ICS), Population Health Management (PHM) is an approach to improving the health and care of the entire population through the integration of health and social care. Its aim is to improve the physical and mental health and wellbeing of people while reducing health inequalities. This includes action to reduce the occurrence of ill health, including addressing the wider determinants of health, and requires working with communities and partner agencies;
- (b) PHM improves population health by data-driven planning and the delivery of care to achieve the best possible outcomes. It includes population segmentation, stratification and impact modelling to identify local 'at risk' groups, to design and target services in a consistent and equal way to prevent ill health and to improve care and support for people with ongoing health conditions. In preventing ill health, detailed consideration needs to be given on the effects on populations of the environment, work opportunities, money, housing, education and skills, diet, transportation and community;

- (c) to succeed, PHM will develop the required basic infrastructure, including digitalised health and care records, integrated data and the associated information governance processes. This will enable the gathering, analysis and interpretation of data in a timely way to understand populations, to enable the planning of proactive services to prevent illness, reduce the risk of hospitalisation and address inequalities;
- (d) the previous, stratified approach to PHM was limited in that it only had an impact on a small percentage of the population; it focused on those where complex care needs had been identified already; it did not develop proactive or sustained healthcare; it had limited or no data usage for Mental Health, Social Care and the Voluntary Sector; there was no review of spend against outcomes; and there was no consideration of social and economic factors;
- (e) the system was reviewed against the national PHM maturity matrix. This identified regional variation in patient and citizen outcomes, the use of resources, the risk stratification approach and funding. Incompatible systems for data and information exchange were identified, with low levels of monitoring, governance or auditing of systems. There was a limited focus on prevention, with services focussing on the reactive management of health and care, rather than proactive health and self-care;
- (f) as a result, a six-step plan has been produced to develop a new system for PHM. The ICS has created twelve priority outcomes to address and improve population health, with three major ambitions with defined outcomes, which can be addressed and measured at the levels of the ICS, the Integrated Care Partnership (ICP) and the Primary Care Network (PCN);
- (g) within the new system, the population is split into segments by different care requirements. People's needs will rarely remain static and movement between segments will be explored through regression analysis techniques, to enable the system to identify whether specific characteristics can act as a warning of increasing risk. This enables the system to target where a response is needed and move the required resources. The segments are stratified to define the levels of risk, to help to identify who within each segment is at the greatest risk, and respond to the population's health and care needs. This approach has been trailed for diabetes in the first instance, to target measures at preventing people without diabetes from developing it, and to respond to the particular needs of people with pre-diabetes, diabetes and high needs diabetes. The next two areas of focus will be frailty and mental health;
- (h) identifying people with the same characteristics across the care system enables ICPs and PCNs to see true variation and deliver more focussed and targeted support. By looking at the clinical characteristics of citizens and what services they are engaging with in what areas, it is possible to gain a clear image of the population needs in certain places – including when people may not be able to access needed services that are available, due to life circumstances such as working patterns. Conversations are underway on where particular services should be commissioned, and what services can be put in place in a targeted way to prevent the worsening of certain health issues. For people with complex care needs, it is intended to move away from individual 'pathways' relating to a specific

condition and instead focus on the 'journey' of an individual through life, when their needs are different at different points in their life;

- (i) the new PHM system has implementation phases over the next two, five and ten years, with the ICPs assessing what services are needed for their populations, going forwards. Each segment of people will have a data pack created that identifies the population, areas of concentration, proposed services and a baseline, and ICPs will be able to choose from interventions based on the intervention needs of their particular populations. The interventions available will be from a range of services, including medical, social care and the voluntary sector. The ICP will establish who will carry out the interventions and generate the workflows to identify care gaps, to enable effective capacity planning. An update will be provided by the ICP in early 2020, once the segment data packs are available;
- (j) to support care delivery and the effective collection and sharing of data at the local level, it will be vital to increase funding to the voluntary sector. Discussions are underway with partners to find means of developing the skills and knowledge in the voluntary sector in support of PHM. It is very important that services are developed in partnerships with the communities to which they will be delivered and their voluntary sector organisations, to ensure that their voices are heard.

The Board noted the presentation. It felt that, going forward, it would be vital for it to understand and engage with the ICS on this new system for PHM, to ensure good care delivery for citizens at the neighbourhood level, and to take proactive steps in supporting citizens in avoiding ill health.

## **52 NOTTINGHAM AND NOTTINGHAMSHIRE AIR QUALITY STRATEGY 2019-2028**

Richard Taylor, Environmental Health and Safer Places Manager, presented a report on the revised Nottingham and Nottinghamshire Air Quality Strategy, which provides information to citizens, businesses and partners on how to reduce emissions and exposure, and to improve air quality and citizen health. The following points were discussed:

- (a) the 2008 Air Quality Strategy has been revised and the updated 2019-28 document has been completed, reflecting the rapid changes in the area that have taken place since 2015. An accessible, electronic version of the Strategy is now published on a dedicated website, to communicate the information on managing air quality as widely and effectively as possible, using the visual information graphics created by the Environment Agency. The website is designed to explain why bad air quality is a significant issue for public health, why the problem needs to be dealt with, how it will be addressed, and what the major objectives of the Strategy are for the future. Minor updates to the website material will be carried out on a rolling basis, and the Strategy will be reviewed in full after five years;
- (b) although Local Authorities can introduce air quality management zones, it is not always possible for a given Council to control all of the issues arising within its area, as air pollution can travel from other parts of the country. However, Councils need to work closely with citizens, businesses and partners to reduce local



pollution to improve public health. Full guidance is available on the website on how people can help with this in their daily lives and travel, and how businesses can reduce their energy usage;

- (c) Nottingham and Nottinghamshire Councils have a wide range of individual plans lying behind the overarching Strategy, to achieve its delivery by bringing improvements in specific areas. Councils should report on the measures in place and their progress in addressing the improvement of air quality on a yearly basis, to contribute to the annual status report to the Department for the Environment, Food and Rural Affairs. A full report on what has been achieved against the Strategy is carried out every five years.

The Board felt that the new Strategy is very positive, and that its members should both raise awareness about it and adopt and implement it in their organisations. It noted that an Air Quality Improvement group is hosted periodically by Nottingham City Council and that members are encouraged to send a representative to attend. Partner organisations are also encouraged to continue to contribute to the annual air quality report. It recommended that, as part of the Strategy, the full electrification of trains, buses and taxis in Nottingham, Nottinghamshire and the wider Midlands area is taken very seriously.

**RESOLVED to endorse the Nottingham and Nottinghamshire Air Quality Strategy 2019-28.**

### **53 ROUGH SLEEPING AND WINTER PREPAREDNESS**

Racheal Harding, Homelessness Strategy Manager, and Kimberley Pike, Rough Sleeping Co-ordinator, presented a report on homelessness in Nottingham and the steps in place to prepare for homelessness during the winter. The following points were discussed:

- (a) the number of rough sleepers found during the monthly snapshot count on an average night has decreased over the past few months, following an all-time high of 55 in August 2019. The November 2019 count figure of 30 is also lower than the 34 recorded in November 2018, the 43 recorded in November 2017 and the 35 recorded in November 2016. This positive reduction is a result of the system of additional services and approaches that the Council and its partners have developed and introduced following successful bids for additional Government funding from 2018;
- (b) in 2019/20, the Council was successful in obtaining £1.2million in grants from the Ministry for Housing, Communities and Local Government (MHCLG) to introduce additional provision for rough sleepers and deliver a strategic approach of prevention, identification, engagement, assessment, support, shelter and sustained housing. The enhanced provision includes a year-round night shelter and sit-up service, a complex needs hostel, move-on accommodation and new staffing, including a coordinator, resettlement workers, private rented sector lettings workers, community navigators and tenancy support workers;
- (c) work is underway with Housing Aid to help people enter the private rented sector, and 'housing first' properties have been acquired to ensure accommodation for

rough sleepers, within which further support can then be provided. Housing Aid also helps in linking to the records of people who became homeless in other Local Authority areas and then move into the city. Funding has been secured for specialist navigators working across both the City and County who focus on entrenched rough sleepers who are at risk of returning to street homelessness following discharge from acute and mental health hospitals (or release from prison), to help to ensure continuity of care;

- (d) however, although there is a reduction in the monthly snapshot count of rough sleepers on an average night, the actual number of individual rough sleepers on the streets is increasing. The number of different individuals seen rough sleeping in Nottingham in 2019 to date has increased by 16% against the figure for the same period in 2018, with approximately seventeen new rough sleepers entering the city per month. These people tend to have slept rough in other areas before coming into the city centre and have struggled with homelessness over a long period. The locations where rough sleepers are reported are mapped and new reports are checked within 24 hours. Known rough sleepers are not removed from the active list until a housing outcome has been achieved;
- (e) the reduction in monthly counts alongside the increase in individuals found rough sleeping suggests that the Council's ability to identify and respond to rough sleepers with accommodation and housing-related support is strong. However, there are still significant pressures that cause people to become homeless, and these are increasing. Homelessness is not simply a housing issue. The loss of accommodation can be a symptom or consequence of another support need that is not being met. Rough sleepers may refuse housing options, and those that accept shelter may be at risk of losing it quickly if their additional support needs are not addressed. These support needs can include mental health conditions, dealing with the impact of trauma (including childhood trauma), substance misuse, physical health, conditions, illnesses, injuries and offending behaviours;
- (f) in trying to prevent the reasons for homelessness, people with a high level of financial vulnerability – particularly when they are at risk of losing access to benefits – need support in engaging with social services and living independently, and this support should be provided as early as possible. Services must be accessible, with checks in place to ensure that people at risk of homelessness due to health reasons attend their medical appointments and receive support in their accommodation, which may also need to have specialist provision. Wherever possible, people at risk of homelessness should be found stable accommodation and provided with required services within that accommodation;
- (g) the Nottingham Cold Weather Plan for this year is in place. The Council has been successfully awarded £90,000 from the MHCLG Cold Weather Fund to introduce emergency and short-term additional bed spaces in new and existing projects to reduce reliance on bed and breakfast provision, which does not help rough sleepers to gain access to other services that they need. The funds will also enable more evening outreach workers and a move-on coordinator to help people move through the system. The funding will pilot a scheme for a limited number of nights in community nursing beds for rough sleepers who require further rehabilitation, care or support following discharge from hospital;

- (h) the outreach team is working hard to ensure that there is 'no first night out' for people at risk of homelessness, and it will be possible for people calling in regarding rough sleepers to be put through to an officer on the street. The voluntary sit-up service delivered through a partnership between the Nottinghamshire Fire and Rescue Service and the British Red Cross will be expanded to two sites, to provide emergency shelter for low-needs rough sleepers when the Severe Weather Emergency Protocol is activated. Discussions are also progressing with the Arches project to deliver a third sit-up service when the temperatures reach freezing. The YMCA is also providing single unit facilities for both complex and lower-needs provision, and there have been offers of support from faith groups;
- (i) the two main housing challenges are to ensure that there is adequate emergency shelter for rough sleepers who have multiple and complex needs that are assessed as too high to be addressed solely through housing-related support, and that there are move-on options for rough sleepers with multiple and complex needs who need specialist long-term supported accommodation placements. Neither of these two housing solutions can be facilitated or delivered without strategic, financial and operational input from the health, social care and criminal justice sectors. The prevention of rough sleeping requires a system-wide, cross sector approach with a commitment to provide adequate investment and the flexible delivery of services that support people with multiple and complex needs. Particular work is being carried out with the NHS on how and when homeless people are discharged from hospital, and how the right care services can be put in place for them.

The Board noted the report. It felt that the work being carried out to reduce homelessness and support rough sleepers is very positive. It requested that, to help partners support this work, detailed information is forwarded to Board members on what partners can do so that they can circulate it more widely, including detail of the volunteering opportunities and the donations that can be made to participating support charities.

#### **54 PRIMARY CARE NETWORKS UPDATE**

Michelle Tilling, Nottingham City Locality Director at the Greater Nottingham Clinical Commissioning Partnership, gave a presentation on the work of the Nottingham City Primary Care Networks. The following points were discussed:

- (a) there are three levels under the new care system reorientation:
  - (i) an Integrated Care System (ICS) covers a population area of around 1 million people and is responsible for system strategy and planning, developing accountability arrangements across the system, implementing strategic change and transformation at scale, and managing performance and funding;
  - (ii) within the overall ICS, the Integrated Care Partnerships (ICPs) cover population areas of around 150,000 to 500,000 people and are responsible for the integration of hospital, council and primary care teams and services, and developing new provider models for anticipatory care;

- (iii) at the neighbourhood level, Primary Care Networks (PCNs) cover population areas of around 30,000 to 50,000 people and are responsible for strengthening PCN practices and other out-of-hospital services, and establishing proactive and integrated models for a defined population;
- (b) a new Nottingham City ICP is being established as a distinct place, with a Nottingham City Clinical Commissioning Group (CCG). The ICP will work with a wide range of partners to provide support at a neighbourhood level through a wider collaboration across health, social care, community groups and other agencies. The ICP launch event for the workforce was held on 7 November. It had 39 stalls and around 500 staff attended from 67 organisations, to see how all of these partners can link together in providing care;
- (c) the areas of the eight PCNs within the ICP follow the ward boundaries in most cases. The PCNs are able to tailor care provision to the specific needs of their communities, and close consideration is being given to how to supply effective provision in neighbourhoods with high student populations. PCNs have started as GP Practices collaborating together (delivered through the new 2019 GP contract) and will mature to include community health care, mental health, social care and the voluntary sector;
- (d) Clinical Directors and Deputy Clinical Directors have been appointed to the PCNs and an induction programme is underway. Many of these are new to this area of work and the post holders cover a wide range of skills and clinical experience, with the intention of growing new leadership. Additional funding is available to support the establishment of PCNs, including £1.76 per head of population for practice-based funding to support participation in a PCN, and £1.50 per head of population for PCN-based funding to support administration of PCNs. New funding is available to support an Accountable Clinical Director for each PCN, who must be a practising clinician within the particular PCN. Further funding is also available for Social Prescribing Link Workers, Clinical Pharmacists, Physiotherapists, Physicians and Associates Paramedics;
- (e) the PCN Maturity Matrix outlines the components that underpin the successful development of a PCN. It is a progression model that evolves from the initial establishment of a PCN to the delivery of integrated care and population health across four stages, from Foundation to Step 3. The sections of these steps are leadership, planning and partnerships, the use of data and population health management, integrating care, managing resources, and working in partnership with people and communities;
- (f) PCNs do need to engage closely with partners at a very local level, including community partner groups, and involve them in supporting local care. It is particularly important that Black, Asian and minority Ethnic groups are included, and that their voice is heard within the new structure. A Citizens' Council will be established to support local input into decision-making and engage with the voluntary sector. The CCG's engagement team is working to establish what this Council will look like at the PCN level;
- (g) of the seven National Network Services, Structured Medications Reviews and Optimisation, Enhanced Health in Care Homes, Anticipatory Care, Supporting

Early Cancer Diagnosis, and Personalised Care (as part of the NHS Comprehensive Model) will begin from April 2020. Cardio Vascular Disease (Prevention and Diagnosis) and Tackling Neighbourhood Inequalities will start from April 2021. The particular local PCN requirements will need to be identified and fed into the national specifications;

- (h) the new ICP and PCNs represent an opportunity to think broadly and work at a neighbourhood level to deliver care to populations with City Council officers, Community Protection and local Area Committees. This will include development, Mental Health Trust and City Care alignment, with links to the Voluntary Sector, Area Policing and Public Health. There will be complex persons panel that will work to a multi-agency approach, with escalation points on the patient pathway;
- (i) the Department for Work and Pensions is in a strong position to work with the ICP, and has information and resources to share that should be beneficial to collaboration. The Police are also glad to work in partnership with the ICP, to develop the operation of neighbourhood policing within PCN areas to support vulnerable people.

The Board noted the presentation. It felt that the new ICP and PCN system has the potential to be very positive for the provision of care in local communities, and that all elements of the care services need to work together in partnership closely.

**RESOLVED to request that the scoping detail relating to the creation of the Citizen's Council is shared with Board members, with information on how feedback will be returned to consultees on how the input that they have provided will be used in decision-making.**

## **55 INTEGRATED CARE PARTNERSHIP UPDATE**

Dr Hugh Porter, GP Lead at the Greater Nottingham Clinical Commissioning Partnership, gave a verbal update on the work of the Nottingham City Integrated Care Partnership (ICP). The following points were discussed:

- (a) the Integrated Care Partnership (ICP) held a launch event on Thursday 7 November 2019. The event was run as a drop-in session for the workforce from all the ICP partner organisations. An invitation was sent to all staff across the ICP, and to all partner organisations to have a stall at the event where they could showcase their services and discuss how they would work as part of the ICP. At least 67 different organisations were represented from across the city, from all the health and care sectors, and there were 39 stalls in total from a wide range of partners;
- (b) it is estimated that there were at least 500 people attending the event throughout the day, and up to 90 flu jabs were delivered to the staff attending from all organisations. A number of alcohol brief interventions took place at the event, as well as some full interventions, and health checks were carried out for a number of people, included taking their height and weight to calculate their BMI, as well as taking their blood pressure and providing results to take to their GP if necessary;

- (c) the ICP is working on different ways to meet citizens' health needs and its particular priorities are social prescribing (currently, there are 11 social prescribers, aligned with Primary Care Networks to support specific populations), reducing smoking and improving end of life care. Work is also being carried out on immunisation, addressing homelessness, improving home care and supporting mental health – particularly with children;
- (d) the Nottingham and Nottinghamshire Integrated Care System submitted a response to the NHS long-term plan on 15 November and the next step for the ICP is to provide its response, and to start delivering programmes relating to its priorities.

The Board noted the update.

## **56 THE MICHAEL VARNAM AWARDS 2019**

Eleanor Youdell, of Café Sobar, and Aleks Jackowska, of the Jigsaw Youth Club, gave presentations on their work that had been recognised as the Group and Individual winners of the Michael Varnam Awards 2019. The following points were discussed:

- (a) Café Sobar is a social enterprise responding to the support needs of the recovery community in relation to social and emotional isolation and a lack of work opportunities. It provides a city-centre social hub and work experience scheme for the recovery community as an independent and alcohol-free café venue, which has now been open for five years. It works with treatment and recovery services, with Double Impact as a partner provider, and hosts a large number of support meetings. The café serves both the recovery community, in enabling peer support, and the wider public – using this opportunity to promote information on general good health. It is open for live performance, art exhibitions and social events, giving it a broad appeal to a wide range of community groups;
- (b) the Jigsaw Youth Club is for young people over the age of 10 years who have Asperger's Condition. There is no upper age limit for members. It began in 1998 and took its current form from 2008, with a focus on developing practical and social skills to help people with Asperger's Condition advance in life, improve their social welfare and increase their quality of life. Sports activities and the opportunity for gardening at an allotment are also available, and the club promotes healthy eating. The Club has no regular external funding and relies completely on volunteer staff. Beyond attendance contributions from the members of the Club, it seeks grant sources whenever possible.

The Board thanked Eleanor Youdell and Aleks Jackowska for their presentations, and for the very hard work that they are carrying out for communities, as recognised by their Michael Varnam Awards.

## **57 BOARD MEMBER UPDATES**

The Board noted the written updates of Nottingham City Council's Corporate Director for People (Children and Adults) and Director for Public Health.

**58 FORWARD PLAN**

The Board noted that the current Forward Plan is under review and that, if members have any comments or suggestions regarding the Plan, these should be forwarded to Nottingham City Council's Director for Public Health.

**59 CITIZENS' QUESTIONS**

The Board noted that there were no questions from citizens.

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**NOTTINGHAM CITY COUNCIL**

**HEALTH AND WELLBEING BOARD: COMMISSIONING SUB-COMMITTEE**

**MINUTES of the meeting held in Room LB 31/32 - Loxley House, Station Street, Nottingham, NG2 3NG on 27 November 2019 from 4:02pm to 4:26pm**

**Membership**

Present

Christine Oliver (Chair)  
Sarah Fleming (Vice Chair)  
Councillor Eunice Campbell-Clark  
Sarah Collis  
Dr Hugh Porter

Absent

Katy Ball  
Helen Blackman  
Alison Challenger  
Catherine Underwood  
Ceri Walters  
Councillor Adele Williams

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

Bobby Lowen - Commissioning Lead  
Adrian Mann - Governance Officer  
Naomi Robinson - Senior Joint Commissioning Manager, Greater Nottingham Clinical Commissioning Partnership

**Call-in**

Unless stated otherwise, all executive decisions made by the Health and Wellbeing Board Commissioning Sub-Committee are subject to call-in. The last date for call-in is **Friday 6 December 2019**. Decisions cannot be implemented until the next working day following this date.

**7 CHANGES TO MEMBERSHIP**

The Committee noted that Councillor Adele Williams has joined the Committee as a new member, and that Sarah Fleming has replaced Andrea Brown as a representative of the Greater Nottingham Clinical Commissioning Partnership.

**8 APOLOGIES FOR ABSENCE**

Alison Challenger - work commitments  
Catherine Underwood - work commitments  
Councillor Adele Williams - personal reasons

**9 DECLARATIONS OF INTERESTS**

None.

**10 MINUTES**

The Committee confirmed the minutes of the meeting held on 29 May 2019 as a correct record and they were signed by the Chair.

## **11 UPDATES TO THE TERMS OF REFERENCE**

The Committee noted its updated Terms of Reference.

## **12 BETTER CARE FUND PLAN 2019/20**

Bobby Lowen, Commissioning Lead, and Naomi Robison, Senior Joint Commissioning Manager at NHS Nottingham City CCG, presented a report on the 2019/20 Nottingham City Better Care Fund (BCF) Plan for review and agreement, which sets out the programme areas, activity, finance and performance metrics against the 2019/20 national BCF allocation and planning guidance. The following points were discussed:

- (a) the guidance describes 2019/20 as a year of minimal change. As such, the planned programme areas remain the same for 2019/20 as they were in 2018/19, and the schemes continue to evolve and benefit from leadership support at both an Integrated Care System and Health and Wellbeing Board level. The financial plan has been updated to reflect the national minimum contribution, which includes a 2019/20 mandated uplift of 5.2%, which is higher than the initial indication of 1.79%. This has been proportioned across the existing schemes to support contractual staffing pressures, with the remaining uplift being used for additional home care hours;
- (b) the four national BCF metrics are non-elective admissions, admissions to residential and care homes, effectiveness of reablement, and delayed transfers of care. The BCF Plan narrative highlights the contribution of a number of individual schemes to achieving these metrics. The Plan was submitted to the National BCF Team on 27 September 2019 for and assurance review by the Midlands BCF moderation panel, and the panel's recommendation is to approve the Plan. Final confirmation of approval will be made by the Integration Partnership Board at national level during November 2019;
- (c) the BCF Plan for 2020/21 will be produced to the current system, but this may then change in following years in the context of the new NHS Long Term Plan, with the potential introduction of a new three-year plan with modified metrics (as the current metrics are not specific to the BCF Plan). It is likely that work will be carried out more closely with the Integrated Care Partnership (ICP) for joint commissioning and funding, and the ICP will be briefed on current BCF spending, and on where funding has been directed in the past;
- (d) this represents an important opportunity for partners to discuss doing things differently in closer partnership, in the context of very challenging budgets. It is also an opportunity to consider what form the BCF needs to take going forward and what activities it needs to support, and how its governance systems can be developed to support this. Current BCF reporting will be reviewed to remove any programmes that were initially supported under the BCF, but are now provided for by other means.

**RESOLVED to approve the 2019/20 Nottingham City Better Care Fund Plan, as set out in the report.**

Reasons for the decision

To implement the Nottingham City Better Care Fund Plan 2019/20, which has the key objectives to remove false divides between physical, psychological and social needs; focus on the whole person, not the condition; support citizens to thrive, creating independence – not dependence; tailor services to need – hospital will be a place of choice, not a default; and not incur delays – people will be in the best place to meet their need. The vision is that, in five years' time, care is integrated so that the citizen has no visibility of the organisations and different parts of the system delivering it.

Other options considered

To do nothing: This option is rejected because it is a national requirement for the Local Authority and Clinical Commissioning Group to agree a joint BCF fund and 2019/20 BCF Plan.

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**HEALTH AND WELLBEING BOARD**  
**29 January 2020**

<b>Report for Information</b>	
<b>Title:</b>	Nottingham City Integrated Care Partnership (ICP) Update: November 2019 to January 2020
<b>Lead Board Member(s):</b>	Ian Curryer (Lead, Nottingham City ICP) Dr Hugh Porter (interim Clinical Director, Nottingham City ICP).
<b>Author and contact details for further information:</b>	Rich Brady (Programme Director, Nottingham City ICP) <a href="mailto:rich.brady@nhs.net">rich.brady@nhs.net</a>
<b>Brief summary:</b>	<p>The Nottingham City ICP provides a regular update report to the Nottinghamshire and Nottingham Integrated Care System Board. This update combines ICP activities between November 2019 and January 2020. The Health and Wellbeing Board will now receive these updates as a matter of course.</p> <p>This update provides details of the ICP 'Launch' event, the formation of the City ICP Partnership Forum and plans for the developing priorities for 2020/21.</p>

**Recommendation to the Health and Wellbeing Board:**

The Health and Wellbeing Board is asked to **note** the Nottingham City Integrated Care Partnership's update to the Nottingham and Nottinghamshire Integrated Care System Board.

**Contribution to Joint Health and Wellbeing Strategy:**

<b>Health and Wellbeing Strategy aims and outcomes</b>	<b>Summary of contribution to the Strategy</b>
Aim: To increase healthy life expectancy in Nottingham and make us one of the healthiest big cities	<p>The Nottingham City ICP is in a developmental stage, bringing together health and care partners from across Nottingham to plan and deliver a joined-up and integrated health and care service for the population of Nottingham. In November 2019, the ICP held a 'Launch' event for the workforce from all of the Nottingham City ICP partner organisations; over 500 people attended the event.</p> <p>The ICP is now seeking to establish its priorities for 202/21 and is working with Health and Wellbeing Board partners to ensure that there is alignment with the Nottingham and Nottinghamshire Integrated Care System's five-year plan and the Joint Health and Wellbeing Strategy, which is being refreshed. The ICP is holding two workshops. The first is with community and</p>
Aim: To reduce inequalities in health by targeting the neighbourhoods with the lowest levels of healthy life expectancy	
Outcome 1: Children and adults in Nottingham adopt and maintain healthy lifestyles	
Outcome 2: Children and adults in Nottingham will have positive mental wellbeing and those with long-term mental health problems will have good physical health	
Outcome 3: There will be a healthy culture in Nottingham in which citizens are supported and empowered to live healthy lives and manage ill health well	
Outcome 4: Nottingham's environment will be sustainable – supporting and enabling its	

<p>citizens to have good health and wellbeing</p>	<p>voluntary sector leaders who can represent the views of the citizens of Nottingham. The second workshop will include ICP partners and wider voluntary sector organisation leads to develop the ICP's priorities. The workshops have been designed to ensure that priorities are developed collaboratively between citizens, partners and staff.</p> <p>The output of the workshops will be shared and used by Health and Wellbeing Board partners to support the refresh of the Joint Health and Wellbeing Strategy.</p>
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<p><b>How mental health and wellbeing is being championed in line with the Board's aspiration to give equal value to mental and physical health</b></p>
<p>The Board's aspiration to give equal value to mental and physical health is a priority shared with the Nottingham City ICP.</p>

<p><b>Background papers:</b>  <i>Documents which disclose important facts or matters on which the decision has been based and have been relied on to a material extent in preparing the decision. This does not include any published works e.g. previous Board reports or any exempt documents.</i></p>	<p>N/A</p>
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<b>Item Number:</b>		<b>Enclosure Number:</b>			
<b>Meeting:</b>	ICS Board				
<b>Date of meeting:</b>	16 January 2020				
<b>Report Title:</b>	Update from the Nottingham City Integrated Care Partnership				
<b>Sponsor:</b>	Ian Curryer				
<b>ICP Lead:</b>	Ian Curryer				
<b>Clinical Sponsor:</b>	-				
<b>Report Author:</b>	Rich Brady, Programme Director, Nottingham City ICP				
<b>Enclosure / Appendices:</b>	None				
<b>Summary:</b>					
To update on Integrated Care Provider progress over the last two months.					
<b>Actions requested of the ICS Board</b>					
The Board is asked to <b>note</b> the Nottingham City ICP work to date.					
<b>Recommendations:</b>					
1.	The Board is asked to <b>note</b> the Nottingham City ICP work to date.				
<b>Presented to:</b>					
Board	Partnership Forum	Finance Directors Group	Planning Group	Workstream Network	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Performance Oversight Group	Clinical Reference Group	Mid Nottinghamshire ICP	Nottingham City ICP	South Nottinghamshire ICP	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>Contribution to delivering the ICS MOU priorities:</b>					
Urgent and Emergency Care	<input type="checkbox"/>	Proactive and Personalised Care	<input type="checkbox"/>	Cancer	<input type="checkbox"/>
Mental health	<input type="checkbox"/>	Alcohol	<input type="checkbox"/>	Clinical services strategy	<input type="checkbox"/>
System architecture	<input type="checkbox"/>				
<b>Contribution to delivering System Level Outcomes Framework ambitions</b>					
Our people and families are resilient and have good health and wellbeing	<input type="checkbox"/>	Our people will have equitable access to the right care at the right time in the right place	<input type="checkbox"/>	Our teams work in a positive, supportive environment and have the skills, confidence and resources to deliver high quality care and support to our population	<input type="checkbox"/>



**Conflicts of Interest**

- No conflict identified
- Conflict noted, conflicted party can participate in discussion and decision
- Conflict noted, conflicted party can participate in discussion, but not decision
- Conflict noted, conflicted party can remain, but not participate in discussion or decision
- Conflict noted, conflicted party to be excluded from meeting

**Risks identified in the paper**

Risk Ref	Risk Category	Risk Description	Residual Risk				Risk owner
			Likelihood	Consequence	Score	Classification	
Ref	e.g. quality, financial, performance	Cause, event and effect There is a risk that...	L1-5	L1-5	L x I	Grading	Person responsible for managing the risk

**Is the paper confidential?**

- Yes
  - No
  - Document is in draft form
- Note: Upon request for the release of a paper deemed confidential, under Section 36 of the Freedom of Information Act 2000, parts or all of the paper will be considered for release.





## NOTTINGHAM CITY INTEGRATED CARE PARTNERSHIP UPDATE

**3 January 2020**

### Planning

1. The City ICP is continuing to develop its high level programme plan, with a focus on five programme priorities:
  1. “Grip the City and confront the Brutal facts” – financial and performance grip on the city as a single view of the ICP.
  2. “Manage Now and sharpen our prioritisation and focus” - Leadership of the City Health and Care development activities.
  3. “Set the rules of engagement and decision making” – Establish great governance at the City and local PCN level.
  4. “Get behind the vision” – focus on Change Management relentlessly.
  5. “Build the team and lead the future” – identify roadmap for full population management.
2. The City ICP has received and discussed the submitted ICS response to the NHS Long Term Plan (LTP). Partners have discussed the City ICP’s response to this and will develop priorities in alignment with the ICS strategy, supporting an ICS operational plan.
3. To support this, the City ICP is developing a programme of workshops, targeted for different audiences, to develop a clear vision and a set of priorities for the ICP that are aligned to the ICS strategy. The workshops have been designed to ensure that priorities are developed collaboratively with citizens, partners and staff. An initial workshop will be held with community members and representatives on 28 January, followed by strategic and operational leads workshop on 5 February.
4. The City ICP recognises the importance of collaboration across ICP areas where it is appropriate to do so, and especially where there are opportunities for consistency in approach to service delivery. An initial joint working group with colleagues from Nottingham South ICP was held on 14 November to explore opportunities – further sessions have been set for early 2020. City ICP is now represented at the City and South Transformation Steering Group (formally the Greater Nottingham Transformation Steering Group) where there is a focus on alignment across the two ICP areas, where appropriate.

### ICP Launch Event

5. The Nottingham City ICP held a ‘Launch’ event on the afternoon of Thursday 7th November 2019 at Trent Vineyard in Nottingham. The event was run as a ‘drop-in’ session for the workforce from all the Nottingham City ICP partner







## Governance

10. Following the “Launch” of the ICP, the ICP Development Group has now evolved into an Executive Management Team (EMT). The EMT is made up of members including, Nottingham CityCare, Nottingham City Council, the Nottingham City GP Alliance, Nottingham University Hospitals NHS Trust, Nottingham City CCG, Nottinghamshire Healthcare NHS Foundation Trust, Nottingham City Homes, Nottingham Community and Voluntary Service and Nottingham and Nottinghamshire Healthwatch. When it is established, the EMT will report to the City ICP Partnership Forum.
11. Ian Curryer has written to the respective organisational Chief Executives who have been asked to consult with their Boards and agree a representation at the City ICP Partnership Forum. Initially this will focus on the relationships to support change management, on the 12 months support to get the ICP up and running and on developing the maturity path for the ICP. It is envisaged that the Partnership Forum will become the ICP Board in time. The inaugural Partnership Forum is scheduled to take place early February 2020.
12. The PCNs in the City have now appointed a Clinical Director and a Deputy Clinical Director in each of the eight PCNs. In addition to membership from the Nottingham City GP Alliance, PCN Clinical Directors / Deputy Clinical Directors are attending City EMT meetings on a rotational basis.
13. The City ICP is seeking to recruit a Clinical Director to provide clinical leadership in the ICP. Joint work with the other ICPs has taken place to develop a consistent job description and person specification for these roles across the ICS. A consistent appointment process for the roles in each ICP is being utilised. Interviews for the City ICP Clinical Director are to be held at the end of January 2020.

## Transformation Schemes

14. The December 2019 Transformation Funding report indicates that all of the Nottingham City schemes approved in August 2019 remain on track or with some recoverable issues for implementation. An update on the progress of each scheme is provided in the table below.

Scheme 1	Brief description
<b>Community beds and intensive at home care</b>	The scheme aims to right size the community capacity - both home based services and community beds - in Greater Nottingham to enable delays to discharge from NUH due to waits for community/home packages to be minimised
<p><b>Progress update January 2020</b></p> <p>This service commenced in November 2019. It provides a 2 hour response to discharge or admission avoidance, and provides 24 hour care for up to 3 days. Weekly updates take place with the urgent care team supporting referral pathways and linking this to NUH flow. A short evaluation is taking place to</p>	





explore how to flexibly meet the needs of complex discharge patients and respond to system demand in the City.	
<b>Scheme 2</b>	<b>Brief description</b>
<b>Community beds and intensive at home care</b>	Home based services in Nottingham City to enable GPs to keep people at home delivering with provision to overnight care and a new delivery model of care at home, including a 2 hour response time.
<b>Progress update January 2020</b> As above	
<b>Scheme 3</b>	<b>Brief description</b>
<b>End of life</b>	Development of an end of life care system that is co-ordinated and personalised through care plan discussion.
<p>The City has revised its approach from recruiting 2 x End of Life (EoL) workers to absorbing the identification and support of patients nearing EoL within current community teams. Following an audit that was undertaken to identify patients, it was acknowledged that these patients were already known to their community teams. With the roll out of ReSPECT training across community teams, there has been the opportunity to both embed the use of Electronic Palliative Care Co-ordination Systems (EPaCCS) and ensure the workforce has the appropriate skills to both initiate and maintain good end of life care.</p> <ul style="list-style-type: none"> <li>• 832 members of staff have now been trained on ReSPECT across the ICS.</li> <li>• NUH are currently trialling ReSPECT within the Palliative Care Team.</li> </ul>	
<b>Scheme 4</b>	<b>Brief description</b>
<b>High Intensity Users</b>	The project aims to develop a service to identify and case manage high intensity service users attending ED.
<b>Progress update January 2020</b>	
Recruitment is currently in progress for:	
<ul style="list-style-type: none"> <li>• 1 x High Intensity Service User Social Worker</li> <li>• 2 x High Intensity Service User Case Worker</li> </ul>	
With 2 x designated Case Workers supporting the designated Social Worker this will enable capacity to be increased to support more people with the aim of;	
<ul style="list-style-type: none"> <li>• Reducing the volume of attendances at ED and the number of emergency admissions into hospital, for patients that are classed as High Intensity Users (HIUs)</li> <li>• Provide better joined up care for HIUs across health and social care</li> <li>• Facilitate better outcomes for patients</li> <li>• Improve the care for HIUs through signposting to appropriate community services</li> <li>• Ensure that the available services, suitable for HIU needs are fully utilised</li> </ul>	
Implementation is expected from February 2020.	



**Integrated  
Care System**  
Nottingham & Nottinghamshire



**Nottingham  
City Council**



**Nottinghamshire  
County Council**



**Ian Curryer**  
**Nottingham City ICP Lead**  
[ian.curryer@nottinghamcity.gov.uk](mailto:ian.curryer@nottinghamcity.gov.uk)

## Who are we?



### Three statutory partners:

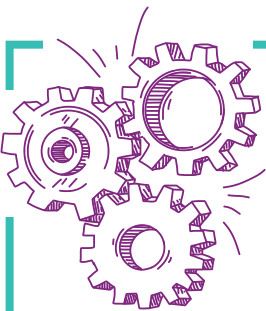
- Nottingham City Council Adult Social Care
- Nottinghamshire Police
- Greater Nottingham Clinical Commissioning Group

### 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:

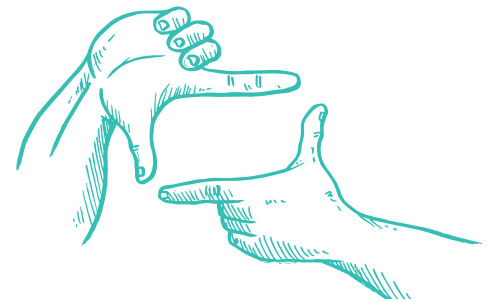
- Assurance that safeguarding partnership arrangements remain in place in care homes
- Assurance in respect of Learning Disability Mortality Review, Deprivation of Liberty Safeguards, Adult Social Care Reviews, Advocacy provision, local homelessness strategy & the Independent Inquiry into Child Sexual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

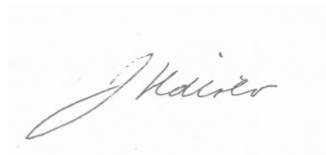
Welcome to the Nottingham City Safeguarding Adults Board Annual Report. The report covers the year 2018-2019 and attempts to reflect accurately the work of the partnership over that twelve-month period. However, I cannot take credit for the Board's work since it was my privilege to take over the Independent 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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<b>5. Who sits on the Board and how does it work?</b>	<b>p.9</b>
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<b>8. Strategic Priorities</b>	<b>p.19</b>
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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

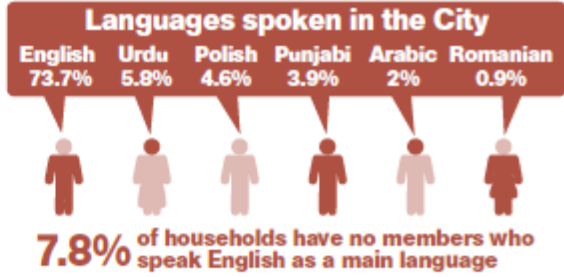
'B' was a 90-year-old woman who came to the attention of the police following a referral by her local bank under 'the Banking protocol', a local initiative between Nottinghamshire Police and financial institutions. 'B' was attempting to withdraw £16,000 of her savings, having withdrawn £13,000 the previous 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.

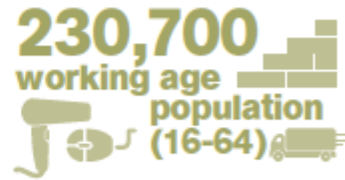
### 3. About Nottingham City

## Nottingham Insight

Source of Data - Census unless otherwise indicated



School Census Jan 2017  
ONS Mid Year Estimates 2018



Sport England 2013/14



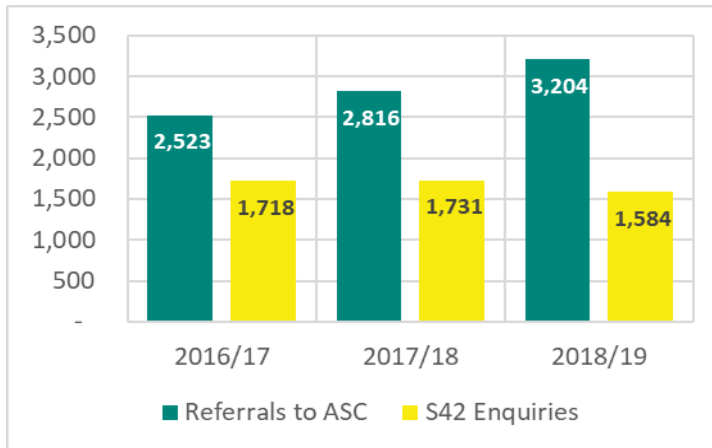
ONS 2017



(\*8th out of 326 Districts) Indices of Deprivation 2015

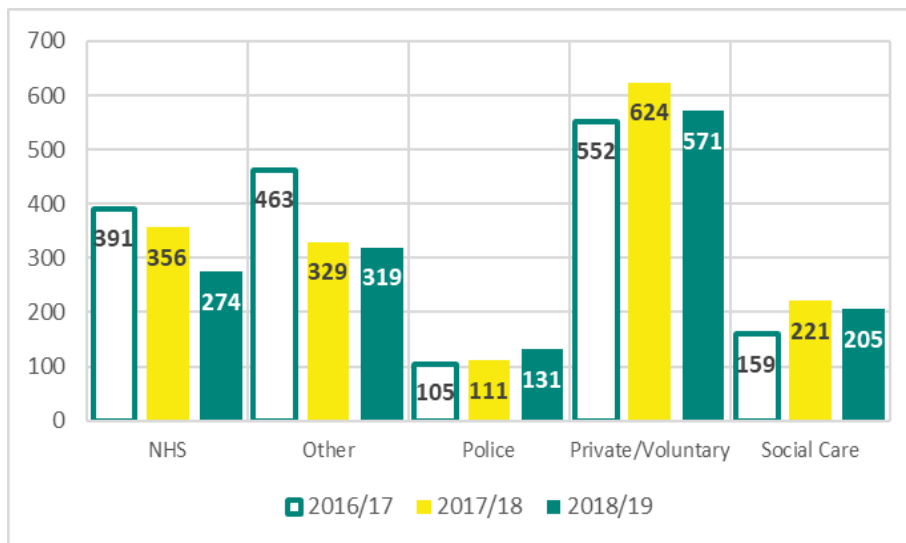
## 4. Nottingham City Adult Social Care Safeguarding Performance

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



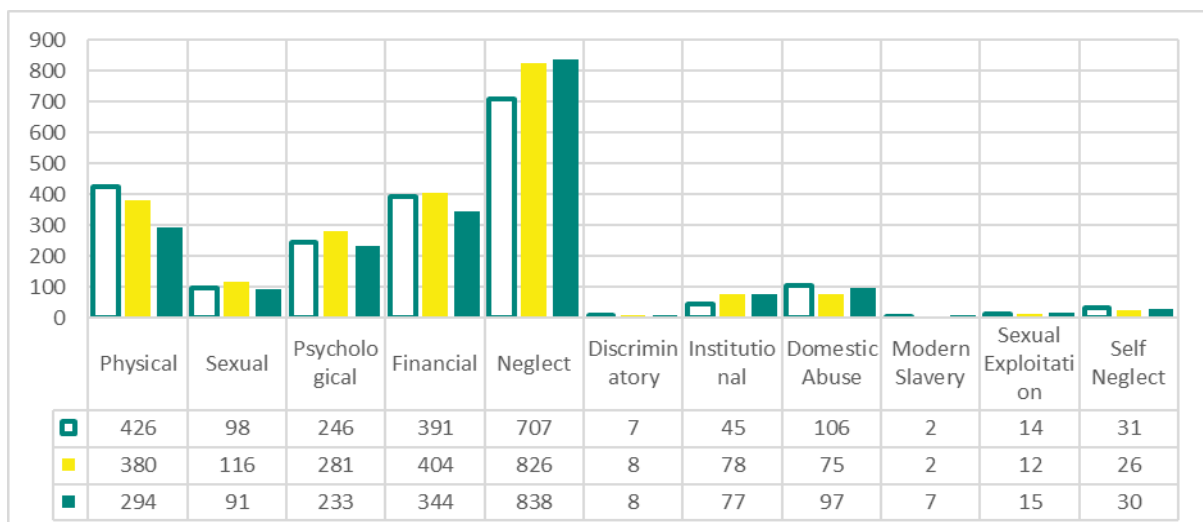
The number of adult safeguarding referrals received by Adult Social Care (ASC) has seen a consistent increase over the previous three financial years, such that 2018/19 experienced a 13.8% rise. This is a trend that will be monitored by the board, with the impact of austerity being one potential explanation.

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



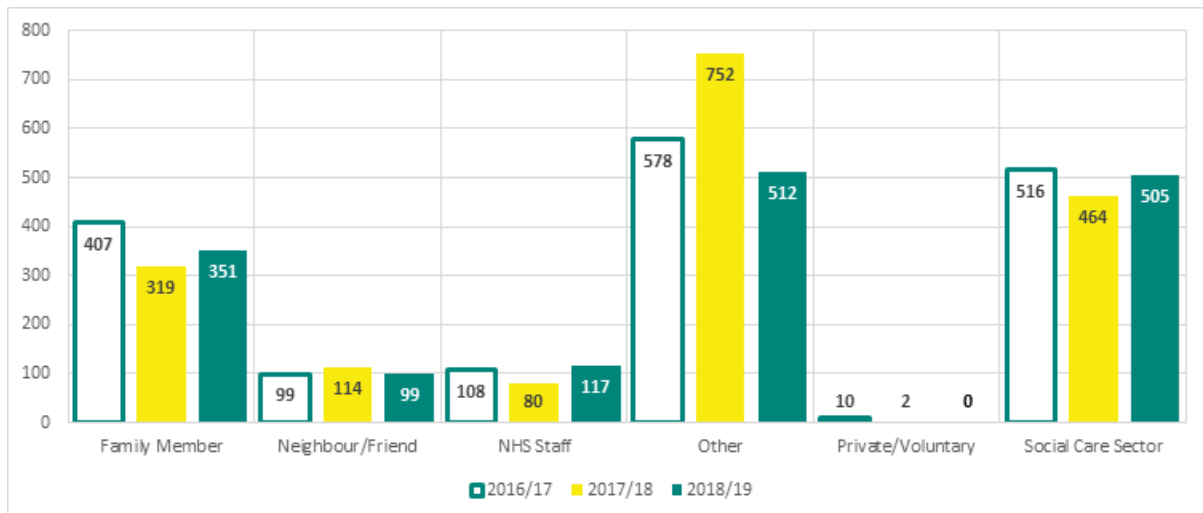
The trend in referral source for adult safeguarding referrals which led to a s.42 enquiry remained relatively consistent, with the private / voluntary sector continuing to provide the largest proportion of adult safeguarding referrals.

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



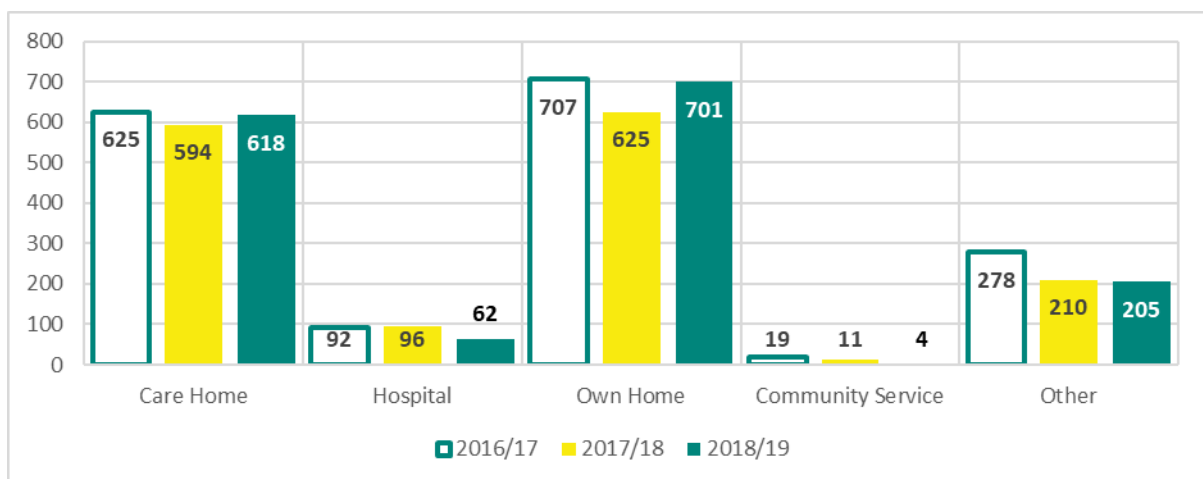
Neglect continued to be the most prevalent abuse type recorded. This category has seen consistent increases annually since 2016/17, but is offset by a reduction in physical abuse referrals, so much so that financial abuse is now the second most prevalent type of abuse.

**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.

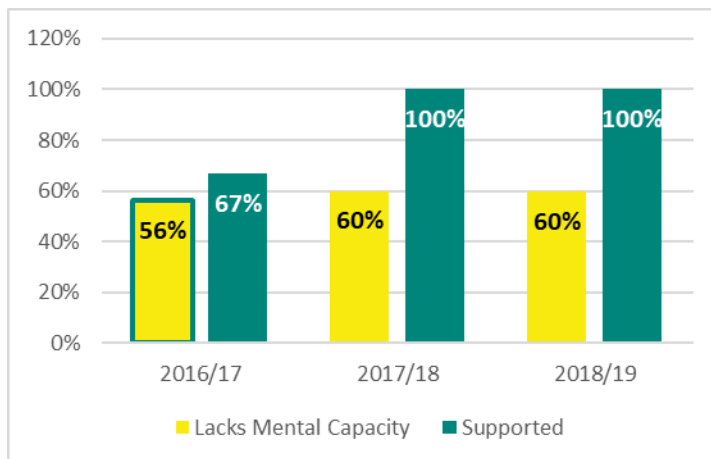
**Chart 5: Volume of s.42 enquiries by location of abuse**



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%).

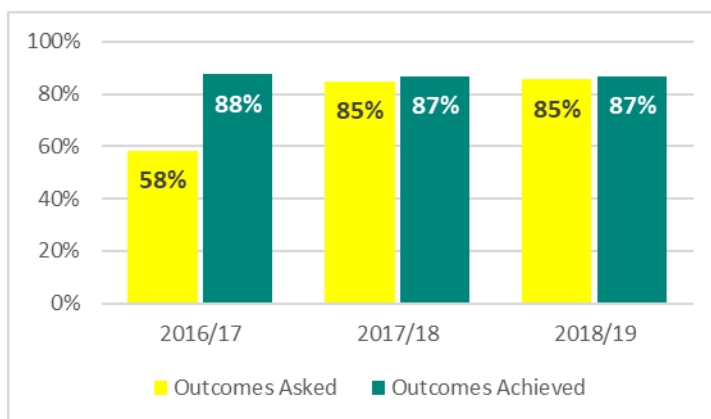


**Chart 6: Proportion of s.42 enquiries where the adult lacked mental capacity**



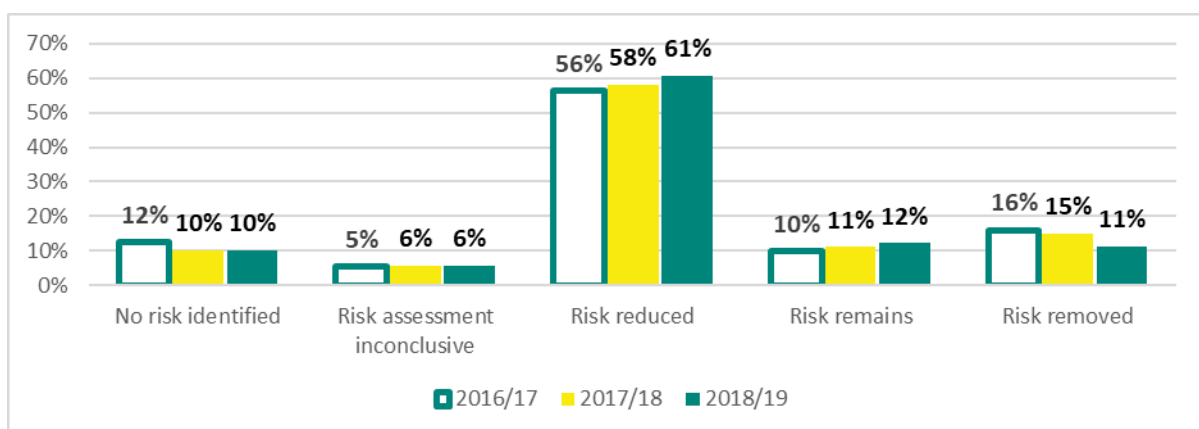
The proportion of referrals where the adult at risk was recorded as lacking mental capacity in relation to the safeguarding referral has remained static over the last two financial years. The same trend can also be seen in the proportion of those who lacked mental capacity receiving support through Care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



## **Update from the Nottingham City Council Director of Public Health**

### **1. Childhood Obesity – Eating and moving for good health**

The recently published National Child Measurement Programme (NCMP) data for 2018/19 showed welcome reductions in the proportion of overweight or obese children in Nottingham City, both in Reception (aged 5) and Year 6 (aged 11). The latest figures show that 23.8% of children are overweight/obese in Reception (down from 26.7% in 17/10), rising to 38.7% of children in Year 6 (down from 40.7%). This is positive news and brings Nottingham closer to the England average but there remains much work to do.

Efforts to implement a whole system approach to reducing childhood obesity got off to a great start in September 2019, with a workshop attending by over 80 people from across the system. The event sought to identify the causes of obesity in Nottingham and understand how they connect with each other, giving the big picture of the local system driving obesity. A second workshop in early February, will build on this, and seek to agree how best to align actions and work together to tackle the causes identified.

#### **Childhood Obesity Whole Systems Workshop**

**Tuesday 4 February – 9:00am to 1:00pm**

**Nottingham Council House, Old Market Square**

If you would like to attend the event, please confirm your place by registering [here](#).

### **2. It's Time to Talk in Nottingham – Thursday 6 February**

Time to Change Champions and organisations across Nottingham will be marking Time to Talk Day by holding conversations around mental health stigma and discrimination. If you are holding an event, do not forget to promote it through the [Time to Change website](#), where you can find details of planned events.

### **3. Sexual Health – Online Screening**

Local authorities are required to provide, or secure the provision of, open access sexual health services in its area, including preventing the spread of sexually transmitted infections (STIs); treating, testing and caring for people with STIs; and partner notification. Nationally, [figures released by Public Health England](#) (PHE) show demand for sexual health services is increasing, including attendances at sexual health clinics, number of screening tests and number of diagnoses of STIs. Increases have also been seen locally, most acutely with a recent spike in demand for screening kits, which can be ordered online and completed at home. Increased demand for this service creates an added financial pressure. PHE is currently seeking views on proposals to revise the policy for chlamydia screening in England. To learn more about the proposals and find out how to respond, please use this [link](#).

#### **4. Suicide Prevention**

In England, approximately one person dies every two hours from suicide. Although in recent years the rate in Nottingham has lowered, it remains higher than the England average, with 29 suicides recorded in Nottingham in 2018. Following the adoption of the Nottingham City and Nottinghamshire Suicide Prevention Strategy (2019-2023), work focused on the five strategic priorities is being progressed by a multi-agency steering group:

- Partners are working together to develop real-time surveillance, which will allow timely capture of suspected suicide deaths and enable identification and analysis of trends related to potential linked cases/clusters;
- Partners are working together to develop a model for Mental Health Sanctuaries – places that people can go to be in a calm non-clinical safe space when they are experiencing or at risk of a crisis, with practical and emotional support given;
- Partnership discussions are underway to secure a plan for service provision.

#### **5. Period Poverty**

Free period products are to be made available to all schools and colleges in England, following the launch of a Government funded scheme (January 2020). The new scheme will give pupils easy access to period products at school or college, helping to break down stigmas and ensure no young person's education is disrupted by their period. The Council will be working with local schools to ensure they are signed up to and participating in the new scheme. In addition, as part of the Council Plan pledge to end period poverty in Nottingham, the Council has secured menstrual wellbeing training for local schools and will continue to explore opportunities to distribute donated products to those who need them.

#### **6. Primary Care Network (PCN) Profiles**

Profiles, providing a detailed view of various aspects of health, wellbeing and social care in each of the eight PCNs in Nottingham City are newly available on [Nottingham Insight](#).

## Health and Wellbeing Board Forward Plan 2019/20

Meeting Date	Agenda Item	Lead Officer
<b>Wednesday 25 March 2020</b> <b>1:30pm</b>	Outcomes of the ICP Priorities Workshops	Rich Brady (ICP)
	IICSA Action Plan: Progress Update	Helen Blackman (NCC)
	Violence Prevention	Alison Challenger (NCC)

Details and recommendations must be provided to the Board in the form of a written report, headed by the Board's standard cover sheet. City Council colleagues should submit their papers through the electronic reports management system. Presentations to help illustrate reports should be no more than 10 minutes in length. In certain cases, longer presentations for information purposes may be given in an informal session immediately before the public Board meeting.

**NB: Report authors MUST discuss their reports/presentations with Alison Challenger (Nottingham City Council, Director of Public Health, [alison.challenger@nottinghamcity.gov.uk](mailto:alison.challenger@nottinghamcity.gov.uk), 0115 8765105) before drafting their submission to the Board meeting.**

Submissions for the Forward Plan should be forwarded to Adrian Mann (Nottingham City Council, Constitutional Services, [adrian.mann@nottinghamcity.gov.uk](mailto:adrian.mann@nottinghamcity.gov.uk), 0115 8764468), for agreement by the Chair.

**Regular/recurring agenda items**

<b>Agenda Item</b>	<b>Lead Officer</b>
Health and Wellbeing Strategy Refresh update (March and May meetings, with the refreshed Strategy to be presented to the July meeting)	Uzmah Bhatti (NCC) Helen Johnston (NCC)
Integrated Care Partnership: written update	Rich Brady (ICP)
Joint Strategic Needs Assessment: new chapters update	Claire Novak (NCC)
Board Member updates	The Third Sector Healthwatch Nottingham and Nottinghamshire Greater Nottingham Clinical Commissioning Partnership Nottingham City Council Corporate Director for People (Children and Adults) Nottingham City Council Director for Public Health
Forward Planner	Adrian Mann (NCC)