



## **Nottingham City Council Health and Adult Social Care Scrutiny Committee**

**Date:** Thursday, 13 January 2022

**Time:** 10.00 am (pre-meeting for all Committee members at 9:30am)

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

Please see information at the bottom of this agenda front sheet about arrangements for ensuring Covid-safety.

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

**Director for Legal and Governance**

**Senior Governance Officer:** Jane Garrard

**Direct Dial:** 0115 876 4315

- |          |  |                |
|----------|--|----------------|
| <b>1</b> | <b>Apologies for absence</b>   |                |
| <b>2</b> | <b>Declarations of interest</b>  |                |
| <b>3</b> | <b>Minutes</b>   | <b>3 - 6</b>   |
|          | To confirm the minutes of the meeting held on 16 December 2021             |                |
| <b>4</b> | <b>Adult Social Care Workforce and Organisational Development</b>          | <b>7 - 8</b>   |
| <b>5</b> | <b>Nottingham University Hospitals NHS Trust Improvement</b>               | <b>9 - 10</b>  |
| <b>6</b> | <b>Nottingham City Safeguarding Adults Board Annual Report 2020 - 2021</b> | <b>11 - 54</b> |
| <b>7</b> | <b>Work Programme</b>  | <b>55 - 64</b> |

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## Nottingham City Council

### Health and Adult Social Care Scrutiny Committee

Minutes of the meeting held at Ground Floor Committee Room, Loxley House, Station Street, Nottingham, NG2 3NG on 16 December 2021 from 10.00 am - 11.23 am

#### Membership

##### Present

Councillor Georgia Power (Chair)  
Councillor Michael Edwards  
Councillor Samuel Gardiner  
Councillor Maria Joannou  
Councillor Angela Kandola

##### Absent

Councillor Cate Woodward  
Councillor Kirsty Jones  
Councillor Anne Peach  
Councillor Nayab Patel

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

Sara Storey - Director of Adult Health and Care  
Councillor Adele Williams - Portfolio Holder for Adults and Health  
Jane Garrard - Senior Governance Officer  
Emma Powley - Governance Officer

#### 44 Committee membership change

The Committee noted that Councillor Nayab Patel had been appointed to a vacant seat on the Committee.

While not a member of the Committee, the Committee noted that Ajanta Biswas had stood down as a member of the Healthwatch Nottingham and Nottinghamshire Board and Sarah Collis would be representing Healthwatch at future meetings of the Committee.

#### 45 Apologies for absence

Councillor Nayab Patel (leave)  
Councillor Anne Peach (unwell)  
Councillor Cate Woodward (personal)  
Councillor Kirsty Jones (personal)

#### 46 Declarations of interest

In relation to Agenda Item 5 - Platform One Practice: Update on transition of patients – in the interests of transparency Councillor Michael Edwards stated that he was a registered patient at the Practice.

#### 47 Minutes

The minutes of the meeting held on the 11 November 2021 were agreed and signed by the Chair.

#### **48 Adult Social Care Medium Term Financial Position and Transformation Programme**

Councillor Adele Williams, Portfolio Holder for Adults and Health, and Sara Storey, Director of Adult Health and Care, spoke to the Committee about the financial position in relation to Adult Social Care, including relevant proposals within the draft Medium Term Financial Plan (MTFP) and aspects of the Council's Transformation Programme relevant to Adult Social Care. In addition to the information set out in the written report they provided the following information:

- a) There is increasing demand for services and coupled with a challenging financial position and a lack of certainty over future funding, impacting on the Council's ability to carry out any long term financial planning.
- b) A key potential solution to pressures facing the organisation is transformation of services leading to different models of delivery. Information on the Council's Transformation Programme, to support delivery of the Recovery and Improvement Plan, was presented to the Overview and Scrutiny Committee in October 2021.
- c) In developing the Medium Term Financial Plan, some of the most significant challenges relate to Adult Social Care and Children's Services. It is anticipated that there would be an increase in the number of people needing care, an increase in cases that involved a complexity of issues and an increased cost per unit of care.
- d) The 'Better Lives, Better Outcomes Strategy' has been built upon and a number of engagement sessions held with staff about the transformation programme, discussing how the transformation of services could lead to different models of delivery.
- e) The Service is committed to supporting people to live independently in their own homes and consideration is given to supporting and developing the workforce to achieve this. Consideration had been given to what support and assistance could be given to staff to enable them to be most effective in carrying out their duties, included looking at the provision of additional equipment or IT services.
- f) The impact of previous decisions to make financial savings e.g. freezing 15 posts last year, has been felt this year with an increase in waiting times for assessment and care. As a result, the draft MTFP does not include any proposals for further staffing reductions and capacity will have to be put back into the service in order to meet longer term pressures. Requirements of the Care Act, including a focus on prevention, are statutory and the Service must operate in a safe and legally-compliant way. Therefore, any associated impact of financial decision making will be highlighted.

During subsequent discussion and in response to questions, the following points were made:

- g) There are challenges in forecasting demand pressures over the four years of the Medium Term Financial Plan, particularly in terms of the numbers of people requiring care and the level of care required. The methodology used for forecasting is sound but it is impossible to fully predict demand and this is concerning from a financial planning perspective.
- h) Some councillors raised concern about the level of investment in supporting transformation, including the engagement of external consultants, and whether it could be better delivered in-house. The Director of Adult Health and Care responded that officers do have the skills and knowledge but, due to the lean nature of the Service, there is a lack of capacity to support transformation and change while delivering services, particularly given challenges created by the Covid pandemic. In terms of the challenges in delivering change, the Committee was informed that there is a range of evidence from other local authorities who have achieved similar change over a four year period. The key is having sufficient capacity and any delays in deploying that capacity will impact on the ability to both make sufficient savings and make a positive difference for citizens.
- i) In response to questions about demand management and ensuring individuals receive the appropriate level of care, the Committee was informed that Adult Social Care colleagues work closely with health colleagues to ensure appropriate care packages are in place for those discharged from hospital. There can be a tendency for health colleagues to over-assess the level of care needed and this can result in unnecessary financial pressures. There is recognition that care needs cannot properly be assessed until a person has been discharged. At this point the level of need is assessed and it is important that the Service has sufficient capacity to regularly review need and ensure an appropriate level of care is in place.
- j) It was suggested that there are opportunities for greater levels of partnership working with partners beyond those commissioning and delivering health services, for example housing providers. There were examples of positive partnership working, such as with Housing and Independent Living Schemes, and whilst there is participation with the Integrated Care System and Independent Care Providers, this did not always align completely with the strategic priorities of the Council. It was acknowledged that the Covid pandemic has had an impact on partnership and multi-disciplinary working.
- k) The Director of Adult Health and Care acknowledged that, in the past, engagement with service users about change has tended to focus on formal consultation and she is keen to move towards greater co-production and partnership working. Change has to be acceptable to people.
- l) In response to a question about the impact of wider savings proposals on adult social care, the Director of Adult Health and Care responded that any changes that affect people are likely to impact on those with complex needs and vulnerabilities even more. She assured the Committee that plans are shared

across the Council to try to identify and mitigate negative impacts. This includes looking holistically at people's needs, examining the long term support that they may need as they transition through the various services, including with partners such as the NHS and schools.

- m) The use of a strengths-based approach has started this week and it is anticipated that delays in accessing services will be gone by 4 January. The focus on activity will then move to reablement and it is intended that the waiting list will have reduced by the end of January.

The Chair stated that the Committee's comments will be fed into discussions at the Overview and Scrutiny Committee meeting on 5 January for inclusion in Scrutiny's response to the budget consultation.

The Chair also noted that the Adult Social Care Workforce Plan will be presented to the Committee at its meeting in January 2022.

#### **49 Platform One Practice - Update on transition of patients**

The Chair introduced the report from Nottingham and Nottinghamshire Clinical Commissioning Group updating the Committee on the transition of patients from the Platform One Practice to either the Parliament Street Medical Centre or other general practices.

The Committee commented that, following scrutiny earlier in the year, the process of transition appeared to have been relatively smooth but some concerns remained about the impact on Emergency Department attendance, which can only be assessed in the medium-longer term. The Committee noted the current position and agreed to consider reviewing wider impacts of the change in due course.

#### **50 Work Programme**

The Chair, Councillor Georgia Power, reported that since the last meeting a range of additional evidence had been gathered in relation to the Committee's areas of concern regarding Nottingham University Hospitals NHS Trust (NUH). This included a meeting with the NHS England Midlands Regional Medical Director and representatives of trade unions representing employees of NUH. The Committee has invited the Trust to attend its meeting in February specifically in relation to maternity services and prior to that meeting the Committee will be seeking evidence from the Royal College of Midwives.

The Committee noted its current work programme for the remainder of the year.

**Health and Adult Social Care Scrutiny Committee  
13 January 2022**

**Adult Social Care Workforce and Organisational Development Plan**

**Report of the Head of Legal and Governance**

**1 Purpose**

- 1.1 To review the draft Adult Social Care Workforce and Organisational Development Plan.

**2 Action required**

- 2.1 The Committee is asked to consider whether:
- a) it wishes to make any comments or recommendations; and/or
  - b) any further scrutiny is required, and if so the focus and timescales.

**3 Background information**

- 3.1 During the course of its evidence gathering on a range of topics, issues relating to the adult social care workforce, particularly the challenges in recruitment and retention, have arisen a number of times and the Committee wanted to explore these workforce issues in more depth. The Committee is also aware that a focus on workforce forms part of the Council's recovery and improvement activity.
- 3.2 A report on the Adult Social Care Workforce and Organisational Development Plan is attached and the Portfolio Holder for Adults and Health, the Director for Adult Health and Care and the Head of Adult Safeguarding and Quality Assurance will be attending the meeting to answer questions from the Committee.

**4 List of attached information**

- 4.1 Report from Director of Adult Health and Care and Head of Adult Safeguarding and Quality Assurance (to follow)

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

- 5.1 None

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

- 6.1 None

## **7 Wards affected**

7.1 All

## **8 Contact information**

8.1 Jane Garrard, Senior Governance Officer  
[Jane.garrard@nottinghamcity.gov.uk](mailto:Jane.garrard@nottinghamcity.gov.uk)  
0115 8764315



**Health and Adult Social Care Scrutiny Committee  
13 January 2022**

**Nottingham University Hospitals NHS Trust Improvement**

**Report of the Head of Legal and Governance**

**1 Purpose**

- 1.1 To review progress in improvement in response to the findings of the CQC inspection.

**2 Action required**

- 2.1 The Committee is asked to consider progress in improvement at Nottingham University Hospitals NHS Trust and whether:
- a) it wishes to make any comments or recommendations; and
  - b) the focus and timescales for further scrutiny.

**3 Background information**

- 3.1 In September 2021 the Care Quality Commission (CQC) published a report of its Well-led inspection, which took place in July 2021. The report can be viewed on the CQC's website. Following this inspection, the Trust was issued with a Section 29a warning notice under the Health and Social Care Act 2008 and rated as Requires Improvement, with an Inadequate rating in relation to whether services are well-led.
- 3.2 The Committee is aware that in October 2020 the CQC downgraded maternity services provided by NUH and since then the Committee has spoken to representatives of the Trust twice about the provision of maternity services and work taking place to make improvements. The Chair of the Committee has also spoken with Nottingham and Nottinghamshire Clinical Commissioning Group about its independently led thematic review of incidents relating to maternity care at NUH. A number of the Committee's concerns about maternity services relate to the Trust's governance and culture.
- 3.3 The Acting Chief Executive, Chief Nurse and Director of Midwifery attended the Committee's meeting in November to discuss the Trust's response to the CQC's report of its Well-led inspection of NUH. The Nottingham and Nottinghamshire Clinical Commissioning Group's Chief Nurse also attended the meeting to discuss the CCG's role in supporting and holding NUH to account for improvement.
- 3.4 Since November, the Chair and Vice Chair of the Committee have spoken to the NHS England Regional Medical Director for the Midlands

about NHS England's role as trust regulator, to get his perspective and discuss the organisation's role in relation to supporting improvement; and held an informal evidence gathering session with representatives of Unison, the Royal College of Nursing and the HCSA.

3.6 The Trust has been invited to attend this meeting to provide an update on its improvement journey and its assessment of progress in relation to the expectation of progress by the end of January 2022. Based on the issues raised in its evidence gathering, the Committee has a particular interest in organisational culture issues.

3.7 In addition, the Trust has been invited to attend the Committee's meeting in February in relation to its progress in improving maternity services. Nottingham and Nottinghamshire Clinical Commissioning Group have also been invited to attend this meeting. The Trust has also been asked to share the findings of its wider review of serious incident reporting with the Committee when they are available.

#### **4 List of attached information**

4.1 None

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

5.1 None

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

6.1 Care Quality Commission (15 September 2021) 'Nottingham University Hospitals NHS Trust Inspection Report'

6.2 Minutes of meetings of the Health and Adult Social Care Scrutiny Committee on 14 January, 15 July and 11 November 2021

#### **7 Wards affected**

7.1 All

#### **8 Contact information**

8.1 Jane Garrard, Senior Governance Officer  
[Jane.garrard@nottinghamcity.gov.uk](mailto:Jane.garrard@nottinghamcity.gov.uk)  
0115 8764315

**Health and Adult Social Care Scrutiny Committee  
13 January 2022**

**Nottingham City Safeguarding Adults Board Annual Report 2020 - 2021**

**Report of the Head of Legal and Governance**

**1 Purpose**

- 1.1 To receive evidence from the Safeguarding Adults Board regarding work to safeguard adults in the City; scrutinise the work of the Board, including consideration of its 2020/21 Annual Report; and identify any issues or evidence relevant to the Committee's work programme.

**2 Action required**

- 2.1 The Committee is asked to:
- a) agree any comments or recommendations that it wishes to make to the Safeguarding Adults Board; and
  - b) identify any issues or evidence relevant to the Committee's work programme and how to take this forward.

**3 Background information**

- 3.1 Each local authority must set up a Safeguarding Adults Board to provide assurance that local safeguarding arrangements and partners act to help and protect adults in the area who meet the criteria set out in the Care Act.
- 3.2 The Board must publish an annual report that sets out what it has done during the year to protect and safeguard adults, what members have done to implement the strategy as well as findings of any safeguarding adults reviews and any subsequent action. Each year this Committee reviews the annual report as a way of holding the Board to account and also to identify any issues or evidence relevant to its own work.
- 3.3 The Annual Report for 2020 – 2021 is attached.

**4 List of attached information**

- 4.1 Nottingham City Safeguarding Adults Board Annual Report 2020 - 2021

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

- 5.1 None

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

6.1 Nottingham City Safeguarding Adults Board Annual Report 2020 - 2021

**7 Wards affected**

7.1 All

**8 Contact information**

8.1 Jane Garrard, Senior Governance Officer  
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0115 8764315

Nottingham City

**Safeguarding Adults**

Board

# Annual Report

## April 2020 – March 2021

## Contents

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|  |    |
|--|----|
| Message from the Chair.....                                      | 3  |
| Strategic priorities .....                                       | 5  |
| What the Board achieved.....                                     | 6  |
| Core duties of Nottingham City Safeguarding Adults Board .....   | 9  |
| About Nottingham City .....                                      | 11 |
| Nottingham City Adult Social Care safeguarding performance ..... | 12 |
| Who sits on the Board and how does it work? .....                | 17 |
| Safeguarding adults reviews.....                                 | 19 |
| Partner contributions.....                                       | 20 |
| What next for 2021/22?.....                                      | 40 |
| Finally.....   | 40 |
| Reporting abuse .....  | 40 |
| Glossary of acronyms .....                                       | 41 |

For explanation of acronyms used throughout this document please see the glossary of terms on page 41.

## Message from the Chair

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Welcome to the 2020/21 Nottingham City Safeguarding Adults Board annual report.

Despite the backdrop of Covid-19, this report once again evidences the strength of the partnership's commitment to adult safeguarding within the City. 2020/21 was a challenging year, with the effects of the pandemic felt by everyone, especially partner agencies and care home staff and residents.

However, ably steered by Joy Hollister, my predecessor, and Ross Leather, the Board Business Manager, the partnership demonstrated an agile response to the pandemic, maintaining effective communication throughout.

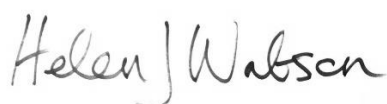
Challenges for the sector continued through the year, with increased demand, complexity of client presentation and ongoing budgetary pressures featuring in many partner returns, all at a time when staff and staffing levels remained stretched. Throughout, the Board priorities of prevention, assurance, Making Safeguarding Personal and Board performance and capacity proved their ongoing relevance and framed our activity.

Looking back, much has been achieved, including publishing our first 7-minute briefings on modern slavery and 'mate crime', facilitating webinars on domestic abuse hosted by Equation, seeking assurance from partners about their pandemic responses, producing a leaflet about Making Safeguarding Personal and improving Board oversight and scrutiny arrangements.

We collaborated increasingly effectively with both Crime and Drug and Safeguarding Children Partnerships, as well as seeking assurance from other multiagency forums about 'cross-cutting' issues such as suicide prevention and domestic abuse. Importantly, we continued our post IICSA inquiry work, with partners providing assurance that their services could effectively signpost and support adult survivors of non-recent abuse.

Finally, learning from safeguarding adult reviews has continued, with two new reviews started during the year and action plans for current SARs progressing despite increasing demands.

Since taking on the role of Chair in January 2021, I have been hugely impressed by the resilience and positivity of the partnership in such a difficult year and the very real achievements brought about during this time. I do hope that you will find the report both relevant and thought-provoking.



Helen Watson

Nottingham City Independent Chair



## Case study

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During the pandemic, the adult safeguarding team supported 'A', a woman previously known to services who lived with her children, and her husband who subjected her to domestic abuse.

Initially, despite her social worker's express concerns, 'A' would not confirm that she was experiencing domestic abuse. Notwithstanding this, the social worker continued to communicate with 'A' via safe text messaging, respecting her wish not to leave her husband at present. During this period, the social worker continued to assess the level of risk, liaising with Children's services, who were also involved.

Later, during lockdown, 'A' contacted her social worker and confirmed she wanted to leave as soon as possible and was willing to access emergency housing. Her social worker responded immediately, coordinating with domestic abuse agencies and children's services to support 'A' and her children into a refuge.

A protection plan was put in place to support 'A' and her children and 'A' was supported to successfully apply for a non-molestation order, whilst the police pursued criminal charges against her husband.



## Strategic priorities

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The Board had four strategic priorities for 2020/21. These were:

### 1. Prevention

To promote effective strategies for preventing abuse and neglect and to ensure that there is a proactive framework of risk management.

### 2. Assurance

To develop and implement robust mechanisms of quality assurance which are used to monitor the effectiveness of local safeguarding adults' arrangements and that safeguarding adults 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 to enable it to discharge its responsibilities.

# What the Board achieved

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The annual action plan for 2020/21 was based on these four strategic priorities and the Board successfully achieved the following:

## 1. Prevention

- Produced posters describing what volunteers should do if they identify any safeguarding concerns and how to stay safe when self-isolating
- Shared national Trading Standards advice about Covid scams
- Disseminated 'Beating the Virus' booklet for people with communication difficulties
- Promoted the Council's 'Golden Number' Covid helpline
- Produced a training slideshow about recognising and reporting abuse for the Council 'volunteer hub'
- Promoted Nottingham Fire and Rescue Service's 'CHARLIE-P Matrix' online referral system
- Disseminated POHWER's advocacy guide about supporting isolated clients lacking capacity when critical care decisions are required
- Distributed the first Board 'seven-minute briefing' on modern slavery, followed soon after by another on 'mate crime'
- Promoted adult safeguarding messages to local 'Covid mutual aid' Facebook groups
- Hosted two webinars from Equation about domestic abuse during the pandemic
- Promoted the Medicines and Healthcare products Regulatory Agency campaign about safer use of emollients
- Promoted World Elder Abuse Awareness Day across the partnership
- Promoted and participated in the Ann Craft Trust safeguarding awareness week

## 2. Assurance

- Gained rapid assurance from statutory partners about their commitment to safeguarding during lockdown and developed a pandemic response in accordance with national 'SAB Chairs network' guidance
- Conducted an impact assessment on partners' adult safeguarding provision during the pandemic
- Scrutinised the Council 'Care Home Support Plan'
- Gained assurance from POHWER about the provision of advocacy services during the pandemic
- Gained assurance that the Council 'volunteer hub' was adequately staffed and could provide volunteers with essential adult safeguarding guidance
- Gained assurance from Strategic Housing regarding the success of local rehousing measures for the homeless under the 'everybody in' scheme
- Gained assurance from the CCG that no 'blanket' implementation of DNACPR in care homes had taken place
- Gained assurance from the CCG that no families were asked to provide additional palliative care during lockdown
- Gained assurance that partners were promoting staff opportunities to 'speak out' against poor practice during the pandemic as urged by chief inspectors
- Gained assurance from the CCG that the learning disability mortality reviews programme remained on schedule

- Undertook a Board audit and gained assurance that the Council's 'shared lives' scheme had robust adult safeguarding arrangements in place
- Gained assurance from ASC that Nottingham Health and Care Point remained an effective pathway for supporting adult survivors of non-recent abuse
- Gained assurance from Board partners that services for adult survivors of non-recent abuse were sufficiently resourced and staff could effectively signpost survivors for support
- Gained assurance that the Council's IICSA action plan remained on track
- Sought assurance from the local diocese about their response to the IICSA Church of England report
- Gained assurance from the ICS that strategic commissioners remained committed to the adult safeguarding agenda
- Received assurance that the merger between DLNR CRC and NPS would not impede the effectiveness of their adult safeguarding arrangements
- Gained assurance from partner agencies about their level of winter preparedness
- Gained assurance from ASC and CCG commissioning and care home teams about the support offered to home care providers during the pandemic
- Received assurance from the DWP about the progress of national and local adult safeguarding arrangements within the Department
- Gained assurance from ASC and the CCG that due regard was given to the ADASS 'closed environments checklist' by commissioning services
- Received assurance from ASC about their planned response to increasing safeguarding referrals
- Began monitoring homeless deaths to determine whether SAR criteria were met
- Gained assurance that learning identified from the concluded complex case review was implemented by partners
- Received assurance from audit that the SERAC was an effective and valued multiagency forum to discuss risk management of people subject to exploitation and modern slavery
- Received assurance from NFRS that professional uptake of their 'CHARLIE-P Matrix' was increasing
- Gained assurance through audit that ASC's provider investigation procedure remained an effective process through which failing regulated providers were supported
- Received assurance from Nottinghamshire Police about the continued efficacy of the 'banking protocol' and 'operation signature' processes
- Received assurance from partners on the cross-cutting themes of: housing and homelessness, financial scams and abuse, Prevent\*, modern slavery, female genital mutilation, domestic and sexual violence, and abuse

### 3. Making Safeguarding Personal

- Promoted the multiagency 'failure to engage service users framework'
- Created a leaflet explaining what MSP is that all partner agencies could use
- Shared the Local Government Association (LGA) 'Myths and realities of MSP' summary across the partnership
- Asked all partners to report via the performance assurance tool (PAT) how they ensured MSP practice in their own agencies
- Commenced implementation of national SAR analysis recommendations

## 4. Board performance and capacity

- Created a 'Covid-19 risks and issues' tracker
- Implemented a 'good practice example' rota for Board meetings
- Established relations with the Council's newly formed 'Nottingham together' forum
- Established quarterly 'joint agenda setting' meetings with Children's and Crime and Drug partnerships
- Gained access to council 'SharePoint' and real-time adult safeguarding metrics
- Began reporting on s.42 referral conversion rates
- Expanded Board oversight arrangements by arranging scrutiny of the annual report from the council's leadership team, executive board and panel, as well as the health and wellbeing board and overview and scrutiny committee
- Continued to work towards GDPR compliance in all areas of Board activity
- Agreed the Board budget for 2021/22
- Wrote and distributed the Board's annual report and two-page graphical summary to all members and statutory stakeholders
- Continued to refresh and expand membership of the Board's subgroups
- Continued to update the Nottingham City SAB webpages

*\* s.26 of the Counter-Terrorism and Security Act 2015 places a duty on certain bodies in the exercise of their functions to have "due regard to the need to prevent people from being drawn into terrorism". References to 'Prevent' throughout this document relate to this duty.*

## Core duties of Nottingham City Safeguarding Adults Board

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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 out how it will meet its main objective and what the members will do to achieve this.
- It must publish an annual report which details 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 the findings of any safeguarding adults reviews (SARs) and subsequent action.
- It must conduct any safeguarding adults reviews in accordance with Section 44 of the Care Act.

## Case study

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'B' was under the care of community nursing for a range of health conditions, including brain injury, with nurses visiting daily to administer insulin and provide wound care. 'B's' brain injury caused her to act impulsively, alongside other challenging and risk-taking behaviours. Community nurses became concerned when a homeless and substance misusing man 'B' identified as a friend began residing at her home. Concerns escalated when it was discovered that he was bringing friends to the property and sleeping in 'B's bed whilst she slept on the sofa. When the man began sending carers away, stating that he was 'B's carer, community nurses sought advice and it was recognised that 'cuckooing' might be taking place. Referrals to both adult social care and SERAC were made.

After a multi-disciplinary meeting, 'B' was offered and accepted emergency respite care, leaving her home. Whilst there, 'B's mental capacity was assessed and she was found to have capacity regarding the decision to continue her friendship, being able to use and weigh the salient information. 'B' returned home to find that her computer and television had been stolen. The multi-disciplinary team worked with 'B' over the following months to ensure she understood the risks she faced by continuing the friendship, whilst also supporting her to broaden her social network to alleviate her loneliness, a key reason 'B' had decided to continue the friendship.

Over time, it became apparent that 'B's executive functioning was declining and whilst she could demonstrate some understanding of risk, she struggled to use and weigh information. Her behaviour became more challenging and her health deteriorated, with several hospital admissions necessary. A subsequent mental capacity assessment concluded that 'B' lacked capacity to decide her discharge destination. A 'best interest' meeting took place, with 'B's wishes and feelings clearly identified beforehand. The decision was made for 'B' to be discharged to a specialist brain injury care home for further assessment. 'B' expressed agreement with this plan and currently resides at the home, with professionals reporting that she is enjoying residing there.

# About Nottingham City

## Nottingham Insight

Source of Data - Census unless otherwise indicated



**2 in 5** do not have access to a car



**18%** have a long-term activity-limiting illness or disability



**50%** Young population aged under 30



**337,100** live in the City

ONS 2017-19



Life expectancy lower than the England average (Males 77 compared to 80 England) (Females 81 compared to 83 England)

Residential Properties (LLPG) 2021



**Households 145,800**

### Languages spoken in the City

|         |      |        |         |        |          |
|---------|------|--------|---------|--------|----------|
| English | Urdu | Polish | Punjabi | Arabic | Romanian |
| 68.7%   | 5.7% | 4.2%   | 2.6%    | 2.4%   | 1.3%     |



**7.8%** of households have no members who speak English as a main language

School Census Jan 2021

ONS Mid Year Estimates 2020

**235,400** working age population (16-64)

**1 in 4**

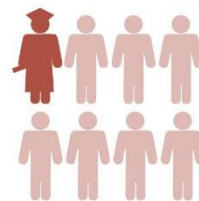


adults are physically inactive

Sport England 2019/20



Highest level of bus use per head outside London



**1 in 8** are students

ONS 2020

**3,666** Births **2,609** Deaths

**45.7%**



Own their home or shared ownership

**52.8%**



Rent - (council, social or private)

**Nottingham** ranks **11th** most deprived district in the country

(\*8th out of 317 Districts)

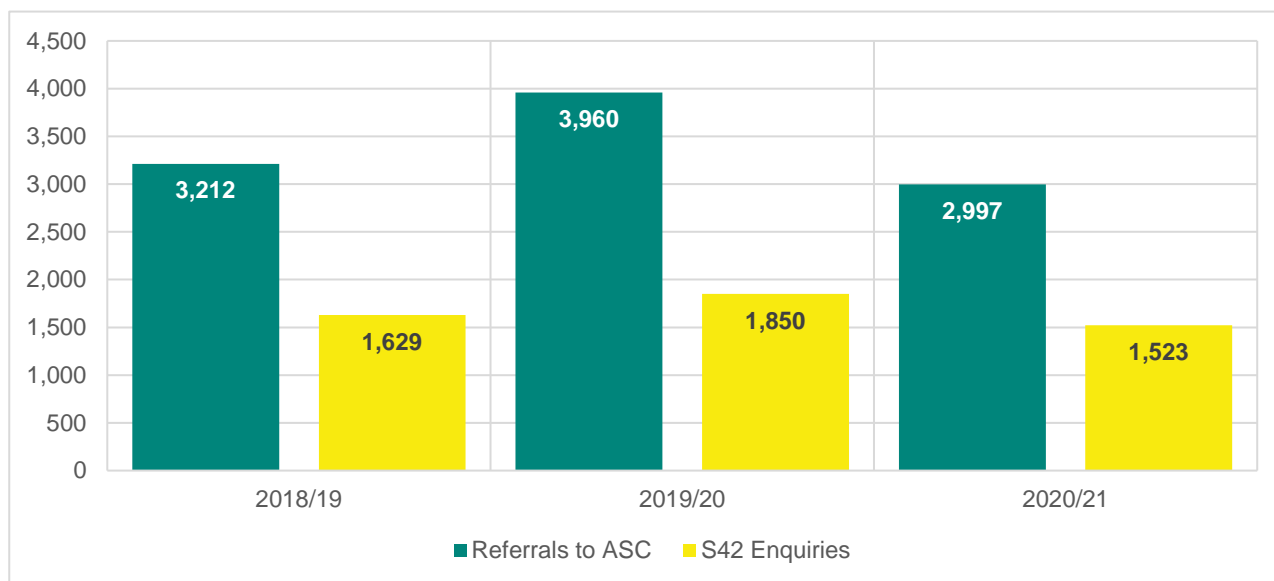
Indices of Deprivation 2019

# Nottingham City Adult Social Care safeguarding performance

Section 42 of the Care Act requires local authorities to make enquiries, or cause others to do so, if they believe an adult is experiencing, or is at risk of, abuse or neglect. An enquiry should establish whether any action needs to be taken to prevent or stop abuse or neglect and if so, by whom. These enquiries are commonly referred to as 's.42 enquiries'.

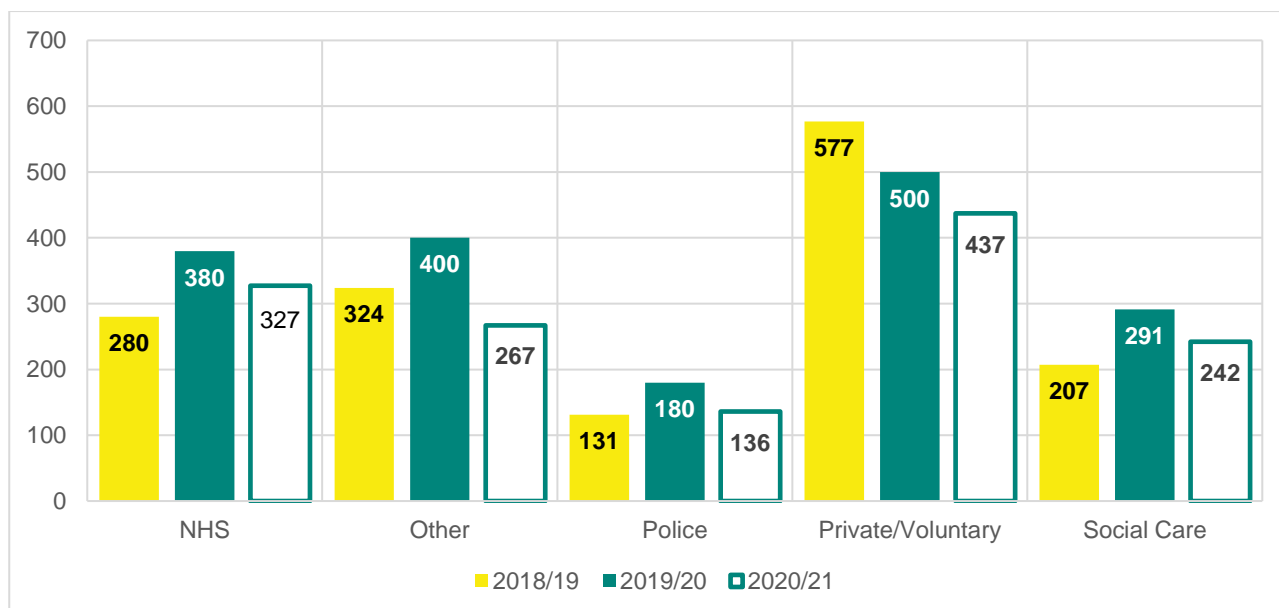
The charts that follow are drawn from local authority safeguarding data and show key safeguarding measures.

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



In 2020/21, the number of adult safeguarding referrals received by Adult Social Care (ASC) decreased, as happened nationally, although the number of s.42 enquiries undertaken dipped only marginally compared to previous years.

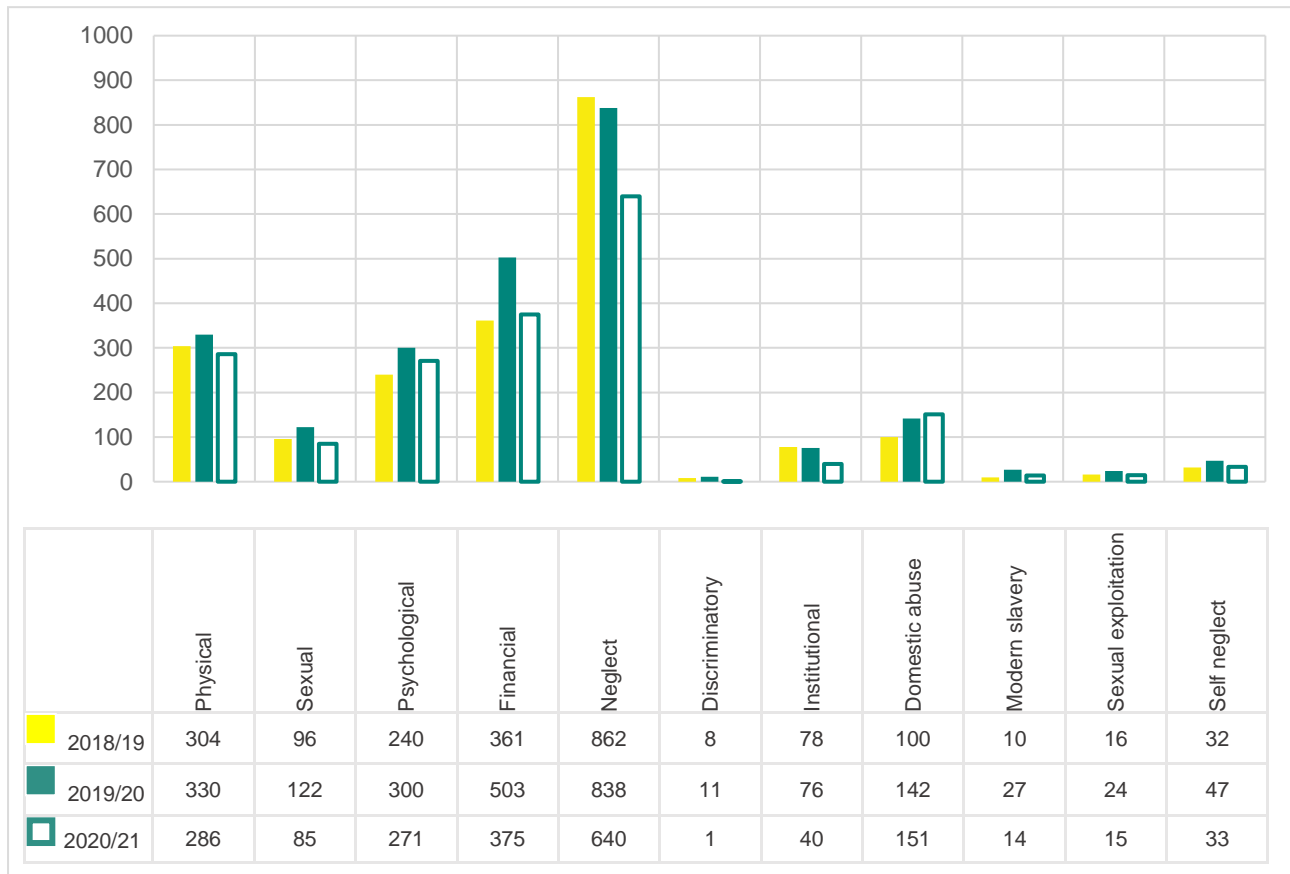
Chart 2: Volume of s.42 enquiries by referral source





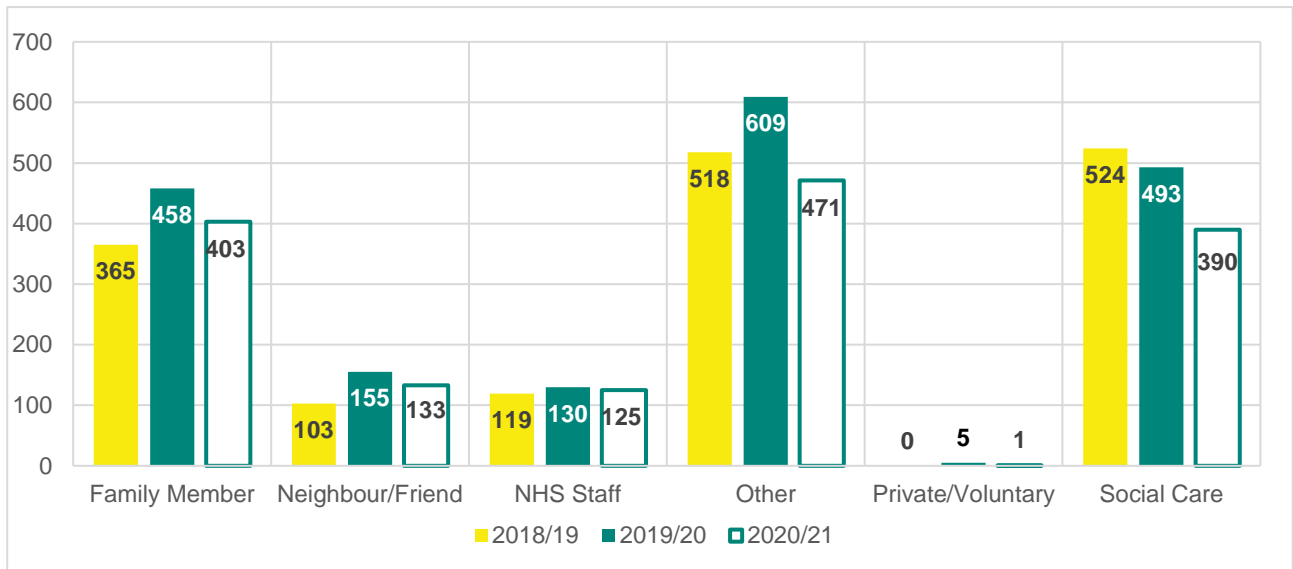
Trends in referral source for adult safeguarding referrals that lead to a s.42 enquiry remained relatively consistent compared to previous years, with the private/voluntary sector continuing to provide the largest, albeit steadily dropping, proportion of adult safeguarding referrals.

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



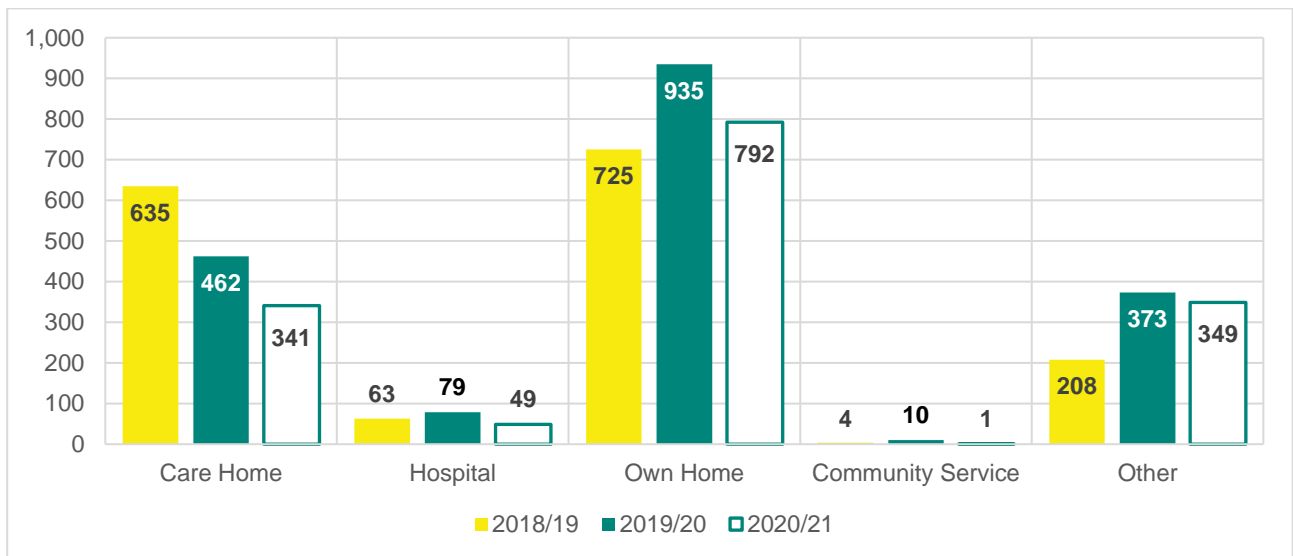
Neglect continued to be the most prevalent abuse type recorded. This category saw consistent increases annually from 2016/17 to 2018/19, but has now reduced in reported frequency for the second year running. Although financial abuse remains the second most prevalent type of abuse, its reported prevalence has declined, whilst physical and psychological abuse rates remain virtually static.

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



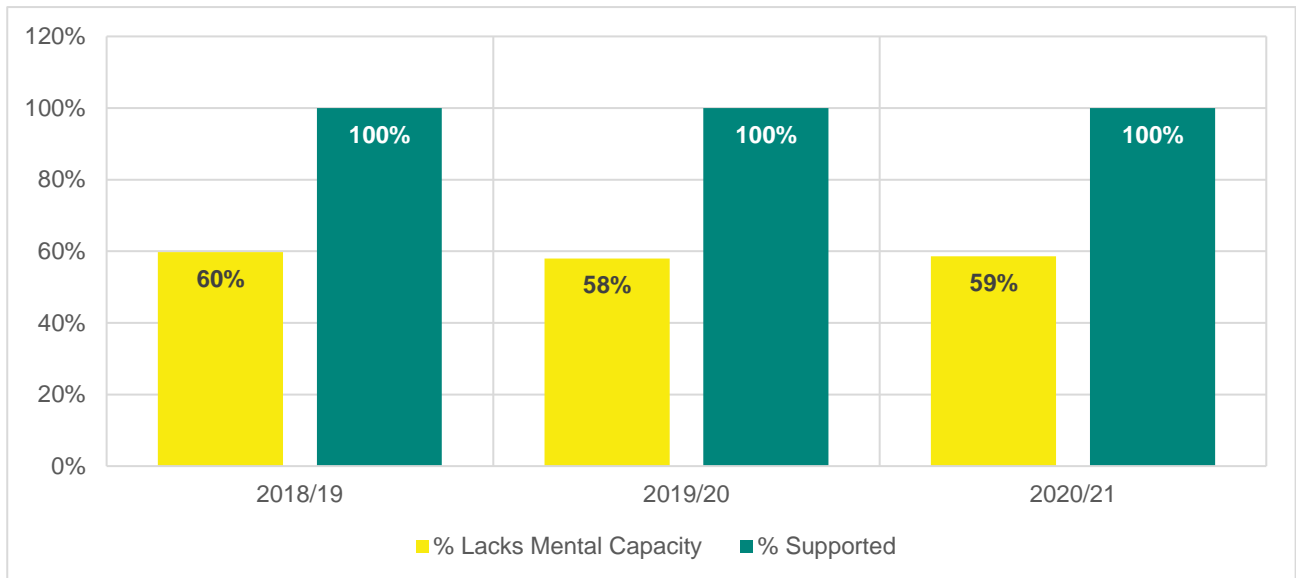
Although reduced, ‘Other’ continues to show as the single largest type of ‘perpetrator relationship’, with ‘Family’ and ‘Social care’ maintaining their respective positions behind. We will work with partners to improve reporting, so that greater clarity on ‘perpetrator relationships’ can be achieved.

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



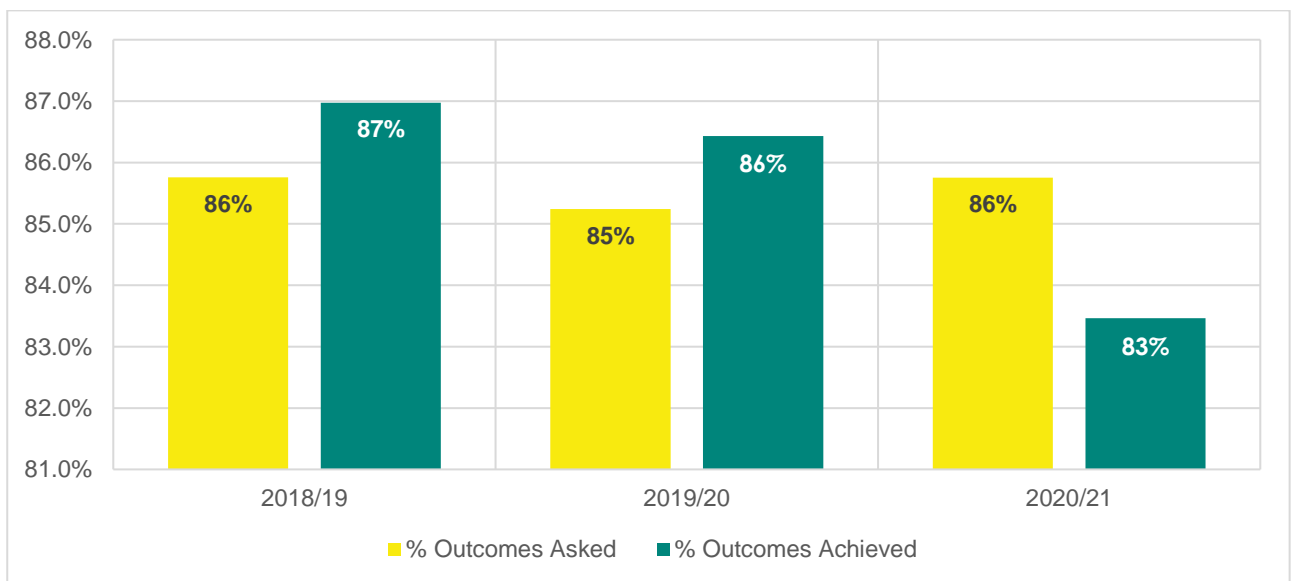
Whilst the number of s.42 enquiries within care homes continued to fall significantly in 2020/21, abuse within familial dwellings remained the single most common location.

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



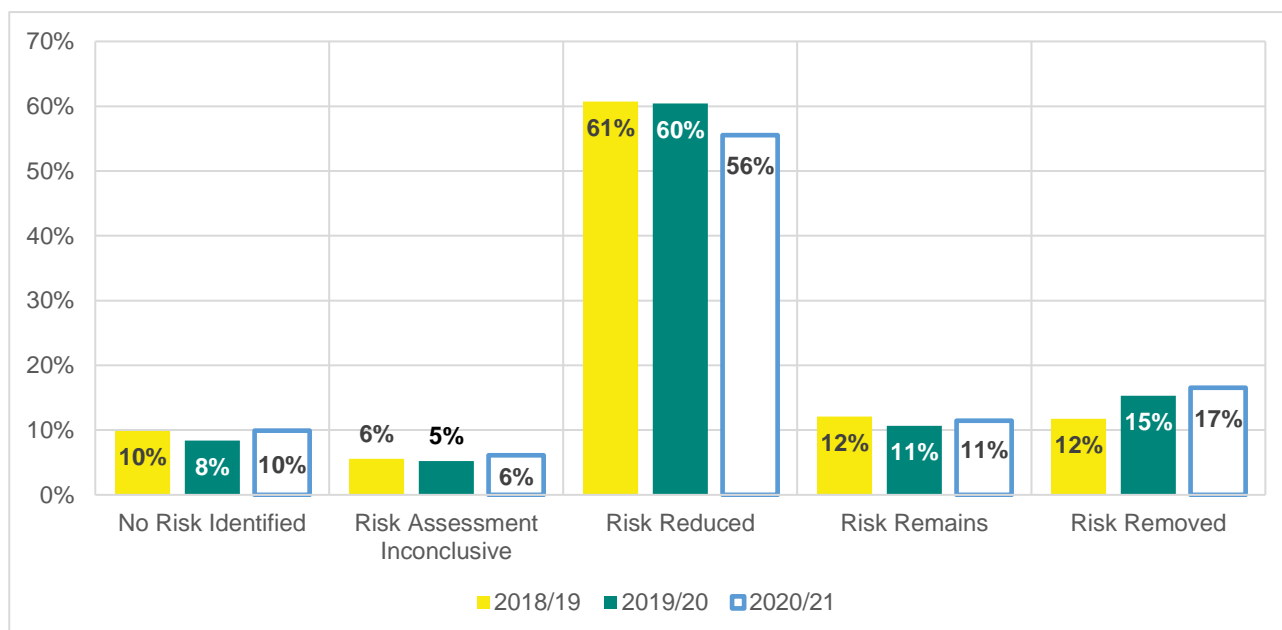
The proportion of referrals where the adult at risk was recorded as lacking mental capacity in relation to the safeguarding referral has remained static for the past several financial years. The same trend is also seen in the proportion of those who lacked mental capacity receiving support through Care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

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



Pleasingly, despite the restrictions brought about by the pandemic, both 'outcome' measures remain comparable to previous years.

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



Again, despite the pandemic, the outcomes of s.42 enquiries remained on trend with previous years, with the majority of enquiries (56%) concluding with a reduction in risk, followed by the risk being fully removed (17%). Only in 11% of cases did risk remain.

### Summary

As with previous years, neglect (excluding self-neglect) becomes by far the single biggest type of abuse in both women and men as they reach their 60s and 70s respectively, more than double the next two most common types of abuse: financial and physical. Whilst women experience gradually reducing levels of physical abuse as they get older, men's experience mirrors this until they reach their 70s when it sharply increases again. Women are more likely to be sexually abused than men and are more likely still to experience it in their 20s and 30s. Recorded domestic abuse remains the second most common type of abuse for women, dipping only as they reach their 60s, when psychological and financial abuse become more prevalent.

Over the last three years there has been little change with respect to safeguarding and gender prevalence, such that the majority of citizens referred in 2020/21 continued to be female (900 compared with 619 males).

Looking at the relationship between safeguarding and age, adults in their 30s and 40s remain least likely to experience abuse, whilst adults aged 70 to 89 are most likely to do so. Interestingly, over the last three years abuse in the 80 to 89 age range (historically, the age grouping most likely to experience it) has fallen in both men and women, but among men, those aged 70 to 79 are now more likely to experience abuse than their older counterparts.

Lastly, and as expected, by far the largest number of adults at risk in 2020/21 were of White British ethnicity (over 75%), with no other ethnicity recording over 5% representation. We will seek to map these figures against the new census demographic data likely to become available next year.

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

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Joy Hollister chaired the Board until December 2020 before handing over to Helen Watson in January 2021. Ross Leather, the Board Manager, and Emma Such, the Board Administrator, continued in their respective roles.

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

- Nottingham City Council Adult Social Care
- Nottingham City Council Community Protection
- Nottinghamshire Police
- NHS Nottingham and Nottinghamshire Clinical Commissioning Group (CCG)
- National Probation Service, Nottinghamshire
- Derbyshire, Leicestershire, Nottinghamshire and Rutland Community Rehabilitation Company (DLNR CRC)
- Nottinghamshire Fire and Rescue Service (NFRS)
- East Midlands Ambulance Service (EMAS)
- Nottinghamshire Healthcare NHS Foundation Trust
- Nottingham CityCare Partnership
- Nottingham University Hospitals NHS Trust (NUH)
- Nottingham Community and Voluntary Service (NCVS)
- HMP Nottingham
- Nottinghamshire Healthwatch
- Nottingham City Council's strategic housing service

During the course of the year, the Board also welcomed a new member, the Department for Work and Pensions (DWP). One of its 33 new regional advanced customer support senior leaders represents the DWP at Board.

The Board has three subgroups to support it:

- **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 is 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 and local and national best practice.

- **The Training, Learning and Improvement subgroup**

This is both a reactive and proactive group, responsible for disseminating 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 (see below) meet with the subgroup chairs and Board manager on a quarterly basis at the Business Management group to assist in the implementation of the Board's annual action plan.

## **Funding**

Nottingham City Council, Nottinghamshire Police and Nottingham and Nottinghamshire CCG jointly fund the Nottingham City Safeguarding Adults Board. During 2020/21 these statutory partners continued to provide financial support in line with previously agreed contributions and the budget was balanced at year end.

## Safeguarding adults reviews

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During the 2020/21 financial year, the Board accepted one non-mandatory SAR report (not published), involving the death by immolation of a disabled man who used paraffin-based emollient cream, with the action plan also agreed. Work on this has commenced and learning already widely disseminated, with the two main points being that staff must refer for a fire safety check by local fire and rescue services when working with people who present a fire risk and staff and patients should be familiar with the risks involved when using paraffin-based emollients.

The Board also accepted a SAR report (not yet published due to ongoing court proceedings) and action plan involving a man with learning difficulties who was subject to prolonged physical, financial and emotional abuse as his house was cuckooed by 'friends'. The main learning points identified were: the need to improve practitioners' awareness of modern slavery and exploitation; the use of chronologies by practitioners, especially when undertaking risk assessments, should be encouraged; a multiagency pathway for practitioners to access support when working with those suspected of being victims of exploitation or modern slavery should be formalised.

An older man who agencies had engaged with during lockdown and who later died from suspected self-neglect was also considered for a SAR. Partners agreed that SAR criteria were not satisfied and that there was evidence of good engagement with the man, who was not Care Act eligible and was later found to have died from natural causes.

Two SARs were initiated during the year, one involving a man who died of starvation and the other involving a woman who overdosed on insulin and subsequently died in hospital. Both will be reported upon in next year's annual report.

### Case study

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A young woman, 'C', had multiple attendances at her local hospital with some physical health issues but most often required support regarding her mental health. Her engagement was erratic and several times she asked for and then declined support. 'C' was always assessed to have capacity to make these decisions about her care and support needs.

Hospital staff from several teams continued to offer support to 'C' as well as signpost her to other agencies that could help, although she remained unwilling to engage. Finally, staff in the emergency department, alongside the hospital Safeguarding Team, established a good enough rapport for her to disclose that she had been the victim of domestic abuse and modern slavery as well as subjected to non-recent abuse. Once she shared this information, the necessary referrals were completed although 'C' still initially declined input from women's aid or adult social care. Eventually, after professionals had built up a trusting relationship with her, she agreed to accept support and to report the non-recent abuse she had been subjected to by a family member, to the police.

## Partner contributions

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Our partner agencies promoted adult safeguarding within their own organisations in numerous ways throughout 2020/21. These are their reports:

### Nottingham Community and Voluntary Service (NCVS)

Whilst NCVS does not deliver a direct service to vulnerable adults, it still has adult safeguarding policies and procedures in place for all staff and volunteers. These policies and procedures are available electronically and as hard copies for staff and volunteers to easily access.

As lockdown commenced, NCVS closed its building to the public as staff transitioned to remote working whilst continuing to deliver the Volunteer Centre and Practice Development Unit services. The former acts as a volunteer brokerage, providing opportunities to engage with voluntary organisations, and is now delivered online via a self-service website; the latter facilitates training opportunities for staff who work in organisations supporting people with multiple and complex needs. Closure of the building also affected our tenants, many of whom work with vulnerable adults, impairing their ability to engage with clients.

NCVS remains a committed partner in Nottingham City Safeguarding Adults Board and hosts both the Vulnerable Adults Provider Network (VAPN) and the Designated Safeguarding Lead (DSL) meetings. These forums are used to discuss adult safeguarding issues and best practice and are ideal opportunities for the promotion of Board messaging.

Notwithstanding the pandemic, NCVS continued to deliver low-cost safeguarding training to Nottingham's voluntary, community and social enterprise (VCSE) agencies. Similarly, NCVS developed a dedicated safeguarding page on its website to share resources and information discussed at the VAPN and DSL forums.

NCVS has been monitoring the effect of the pandemic on Nottingham's VCSE and how this could potentially affect service provision. We fear that the real impact of the crisis upon local groups and organisations will not be realised until later in 2021 when furlough has ended and funding streams to support charities close. We are already aware of services having to withdraw offers of provision or even close. The 'state of the sector' survey that NCVS is working on, alongside the city's VCS strategy forum group, should provide a more accurate analysis.

### HMP Nottingham

HMP Nottingham continues to respond to the needs of those prisoners received who have safeguarding issues. All new prisoners arriving at the prison receive a one-to-one interview with a nurse to assess any physical or mental healthcare needs they may have, as well as a one-to-one interview with a member of the prison safety team to assess any risks they may pose to themselves or others. These interviews take place within our healthcare setting and before the prisoner moves to the wing, which means immediate needs can be assessed and appropriate referrals made quickly. Those identified as needing help are discussed at the weekly, multi-agency safeguarding meeting, where personal care plans are developed for these prisoners. The biggest risk remains that we do not know who is going to arrive each day and what their needs may be.

We have continued to provide the same service during the pandemic, in accordance with the COVID-19 National Framework for Prison Regimes and Services.



Internally, we have whistleblowing processes in place, and various avenues for staff and others to be able to raise concerns without fear of repercussion. Our weekly safeguarding meeting is well attended by members of the safety team, healthcare, local community rehabilitation company (CRC) and chaplain and psychology service, and overseen by the deputy governor. Externally, assurance is provided by visits from the regional safety team as well as statutory inspections by the Prisons and Probation Ombudsman (PPO), Her Majesty's Inspectorate of Prisons (HMIP) and the Care Quality Commission (CQC). Alongside training staff in 'suicide and self-harm prevention', the prison has an overarching safeguarding strategy that clearly sets out what safeguarding is, who may fit the criteria and what processes to follow. This strategy has been embedded within the prison and all departments are aware of it. Any prisoner issues identified are added to the safety team's action plan and an appropriate timescale for action allotted. The plans are overseen and staff supported by either their line manager or the head of safety. A monthly safety meeting is also held to gain an overview of issues within the prison, alongside consideration of risks to self and others that individual prisoners may present. Our healthcare team often lead on complex mental capacity issues as they have the necessary training and skills to manage these.

One element of the safeguarding process is the use of an Assessment Care in Custody and Teamwork (ACCT) book for prisoners who have self-harmed or are otherwise at risk. The process involves drawing up an individual care map with the prisoner, which includes who is consulted about what may be needed, who should be responsible and what period tasks should be completed by. A date to review the plan is then agreed between the case manager and prisoner. Books are audited within 72 hours by a senior manager and on closure. Any issues identified are addressed.

Within seven days of the ACCT book being closed, a 'post closure' interview is conducted with the prisoner at risk. The level and effectiveness of their support is discussed and the prisoner can provide written feedback.

## **Derbyshire, Leicestershire, Nottinghamshire and Rutland Community Rehabilitation Company (DLNR CRC)**

The key risk for DLNR CRC during 2020/21 was responding to the Covid-19 pandemic and the consequent need to operate in Exceptional Delivery Model (EDM). The main impact was the reduction in face-to-face contact with service users. All this was carried out in the context of the re-unification of probation services, which has been a massive transition for both CRC and the National Probation Service (NPS).

The Exceptional Delivery Model is based on risk and prioritises contact with cases where there is a risk of serious harm to adults and child protection procedures are in place. Under this model, risk assessments were revisited, taking account of any changes brought about by Covid-19, such as an increased risk of domestic abuse, which assessors would need to consider when re-evaluating risk. The EDM established contact type and frequency for these cases and supporting management information was available to measure progress against compliance with contact.

CRC operational staff were initially unable to access video-conferencing during the pandemic, however alternative arrangements to engage via parallel telephone calls mitigated this until staff were enabled with video-conferencing facilities (in May 2021, just outside this reporting period).

As court activity fell in response to the impact of the pandemic, the number of new cases coming through the courts into case management reduced, meaning that staff caseload

numbers were much lower than normal in 2020/21. We expect a spike in new cases as courts resume 'business as usual' practices.

Reunification of both current probation services back into one National Probation Service was scheduled for June 2021. To lessen the impact on service delivery, it is envisaged that there will not initially be a large change in case management, but rather a 'lift and shift' model that will allow for continuity of both case and risk management, as well as ongoing protection of the public.

CRC continues to have adult safeguarding policies and procedures in place and available on the staff intranet. All operational staff are expected to undertake adult and child safeguarding training, whilst other courses such as those on domestic abuse were prioritised as the extent of domestic abuse during the pandemic became evident.

There is a robust supervision policy in place, with staff supervised every four to six weeks and discussion focussed upon critical cases. In addition to this, there is a general expectation that managers will make themselves available to colleagues wanting to discuss a particular case or issue. Attendance at safeguarding meetings is mandated whilst informal multi-agency working is also strongly advocated.

Although there is a focus on adult safeguarding in CRC quality assurance processes, moving forward this will change and NPS quality assurance processes will be adopted across the new organisation.

Although reunification of probation services is a major risk, it is still viewed as a positive development, with significant programme resource and governance arrangements behind the transition to mitigate against risks and disruption to delivery.

There is senior leader representation at Nottingham City Safeguarding Adults Board, with operational manager representation at subgroup meetings. DLNR CRC contributes to safeguarding adults reviews as required, with any relevant learning disseminated throughout the organisation.

## **Nottinghamshire Fire and Rescue Service (NFRS)**

During 2020/21, NFRS had to re-consider its strategic priorities in light of the Covid-19 pandemic. Whilst our standard response to operational incidents remained constant, reduction in prevention activities was inevitable to protect frontline staff from the virus and ensure availability of fire-crews. This created a new risk with NFRS not being able to identify safeguarding concerns as previously.

NFRS frequently identifies adult safeguarding concerns during 'safe and well visits' (SWV). In 2020/21 NFRS had targeted undertaking 9,000 such visits. However, restriction measures put in place to protect staff and the public meant that only just under 6,500 SWV assessments took place. Further, because of Covid-19, the majority of these assessments were initially subject to telephone triage, with only those deemed 'high risk' receiving a physical visit. This reduction in home visits meant that fewer safeguarding issues were identified. Similarly, district prevention activity (e.g. education visits) was limited to that which had potential to have a significant impact upon service KPIs. This, again, resulted in less public interaction and fewer opportunities for staff to identify safeguarding concerns.

To mitigate this reduction in activity, NFRS employed four additional specialist home safety operatives on a fixed-term basis to work through the backlog of over 1,500 residents deemed to be at 'medium risk'. Physical visits to all referred SWVs resumed on 12 April 2021 (just outside the period under review). By way of further mitigating this risk, the service has set itself the ambitious target of completing 12,000 SWVs in 2021/22.

Being a 24/7 service, the main safeguarding risk for NFRS remains the need to ensure that staff can safely identify and refer concerns, and that duty managers are qualified and competent to support and advise staff where necessary.

To mitigate this, all staff (not just frontline) are now required to undertake level 1 alerter training. All members of the prevention team, alongside duty group managers, must undertake level 2 referrer training, whilst designated safeguarding leads (DSLs) must undertake level 3 DSL training. Additionally, two staff will complete the level 4 'train the trainer' course. Training compliance levels are monitored on a quarterly basis.

NFRS DSLs meet on a quarterly basis to review cases, identify learning and plan for emerging themes. They, along with the duty managers, are also available to advise as necessary, although the service's refreshed safeguarding policy available to all staff via the service's MyNet system remains the first point of contact.

To improve partnership working, NFRS launched an online partner referral process for SWVs – complete with e-learning about how to use it – and refined its 'CHARLIE' risk assessment matrix. NFRS also continued to deliver CHARLIE and Hoarding training for Board partners, which could be accessed at no cost. NFRS continues to fund the secondment of an occupational therapist to advise on preventative interventions that the service can put in place.

Where there is no immediate risk, NFRS staff report any safeguarding concerns to the internal safeguarding team, who triage the referral to determine a suitable course of action (e.g. referral to the local authority). By following this process, 75% of all safeguarding referrals submitted by NFRS in 2020/21 progressed to a s.42 enquiry.

NFRS continues to commission a third-party organisation on an annual basis to survey service users to gain feedback on the quality of service received. Whilst this survey does not directly relate to those referred due to a safeguarding concern, it does help shape and improve services and ensure better outcomes for those we visit through emergency calls or preventative work.

MSP is embedded within the safeguarding policy, with anonymised case studies focused on the subject used as learning for frontline staff. The Mental Capacity Act is similarly referenced within the safeguarding policy and included in level 1 alerter training.

NFRS continues to support the City Safeguarding Adults Board through senior leader representation, involvement in reviews and membership of subgroups.

## Nottingham CityCare

Pressures created by the pandemic meant that 2020/21's operational goal of 90% overall safeguarding training compliance was just missed, with levels for the five core components ranging from 82% (Mental Capacity Act and consent to treatment) through to 98% (Prevent). Senior management have agreed to support greater compliance across the organisation next year.

Like most partners, CityCare quickly transitioned to online training in response to Covid-19. Initially, training workbooks were developed, alongside voiced PowerPoint presentations, with staff completing a questionnaire afterwards. This approach was soon reviewed, with a new blended training offer created that incorporates NHS safeguarding e-learning, resource booklets and virtual training sessions via Microsoft Teams. Alongside this, we have also restarted delivery of 'bite size' sessions, offering short and easily accessible training on topics of relevance. Training compliance continues to be monitored,

with a formal review of the programme scheduled for April 2022. All staff continue to receive safeguarding training at induction and then three-yearly thereafter.

Implementation of the Mental Capacity Act (MCA) continues to be a priority for CityCare, where improvements in application have been offset by an increase in the complexity of issues patients present with. Alongside the measures described above, staff can bring cases for discussion at the MCA forum and CHIRP (see below). They can also request support with assessment and 'best interest' decisions as required. Results from the 2020/21 record keeping audit demonstrate improvements in MCA and 'best interest' recording since work on these issues began.

Staff from the safeguarding service were protected from re-deployment throughout the pandemic. Colleagues continued to provide safeguarding advice via the duty telephone line, undertake in-person safeguarding drop-in sessions for teams and offer supervision on a one-to-one or group basis. Safeguarding staff also continued visiting patients when required to support colleagues, such as those in the integrated care homes and homeless health teams, as well as attending virtual MARAC meetings.

CityCare continues to emphasise prevention, person-centred support and 'think family' in all standard operating procedures and guidance. We also encourage safeguarding champions within the organisation and aim to have one in every team. The quarterly champions' network meetings paused as the pandemic began, but we are now looking to re-start them.

During the year, a 'complex case' discussion slot was piloted within our CityCare holistic incident review panel (CHIRP). This affords staff the opportunity for a case to be discussed by senior management. This has proved a useful forum for staff and brought about positive outcomes in several cases. We have also implemented 'quality huddles', which provide senior management with the opportunity to focus on complex cases and clarify roles and responsibilities, support for staff and a focus on early intervention.

The QUIF is a monthly forum where good practice as well as concerns about care homes are discussed and escalated. Practitioners attending generally have first-hand information and are able to provide evidence of witnessed practice. This has been invaluable during the pandemic, with CityCare staff sometimes the only visitors to care homes. During the year, we worked with the local authority QUIF to develop a process to support timely, appropriate sharing of information about care homes with them.

CityCare has also developed a 'safeguarding adults information template' on SystemOne electronic patient records. This allows staff to record safeguarding concerns, meetings and risks on a template within the patient's record, affording quick and easy identification of risk.

We continue to conduct safe recruitment practices, with all staff required to undertake enhanced DBS checks before starting employment. These are revisited on a three-yearly cycle, whilst employees' job specifications and contracts include reference to their safeguarding responsibilities.

The director of nursing and allied health professionals holds executive responsibility for safeguarding adults within the organisation, whilst operationally the named nurse and the head of safeguarding lead on this agenda. Monthly and quarterly reporting takes place via the quality and patient safety group, quality committee and, ultimately, the CityCare Board. In addition, the team utilise the serious incident learning forum, which monitors all serious incident investigations and action plans, including from root cause analysis, to ensure that learning from incidents is disseminated across the organisation.

'Making safeguarding personal' continues to underpin all our adult safeguarding policies, procedures and practice. We remain keen for all staff to talk to patients to understand what they want to happen when safeguarding concerns are identified.

The safeguarding service undertakes monthly audits of all duty calls received to identify themes, reporting into our quality and patient safety subgroup. Of note has been an increase in calls regarding self-neglect and acts of omission

With the increase in domestic abuse during the pandemic, CityCare has continued to prioritise attendance at MARAC and has contingency plans in place to ensure representation remains available as extra days are added to the MARAC schedule.

Staff are fatigued by the pandemic and we are carrying a higher than average vacancy level. However, we have a recruitment and retention plan to address this whilst we continue to implement our staff wellbeing plan to support colleagues. Pleasingly, we have recently seen a positive response to our staff survey.

CityCare remains committed to the Board, with our director of nursing and allied health professionals providing senior leadership representation, whilst operational staff participate in all subgroups.

## Nottingham and Nottinghamshire CCG

The Nottingham and Nottinghamshire CCG was formed in April 2020 out of a merging of the Greater Nottinghamshire and Mid Notts CCGs. Having already undergone major staff reconfiguration, the necessary safeguarding resources and structure were already in place to meet the needs of the new organisation.

Following the merger, the safeguarding team identified a regional variation in practice regarding community deprivation of liberty safeguards, with county patients in receipt of an NHS-funded care package not receiving the same level of service, including court authorisation of their identified deprivation, as that enjoyed by residents living in the city. In order to mitigate this, all county Continuing Health Care (CHC) funded care packages were reviewed by the safeguarding team and cases where restraint, objection or disagreement about care were identified were taken to the Court of Protection for scrutiny and authorisation. Where necessary minor restrictions were identified but no objection or disagreement about care was present, the decision was taken to hold cases until the new liberty protection safeguards came into force. This pragmatic approach was adopted only after legal advice and case review by the safeguarding lead and CHC case managers, with assurance gained that all requirements of the Mental Capacity Act were otherwise met. This risk has been entered on the organisational risk register.

During the pandemic, the potential for incidents of 'hidden harm' such as domestic abuse and exploitation or modern slavery taking place behind closed doors increased. Attempts to address this potential 'hidden harm' were made across a number of functions overseen by the CCG and system partners. Chief amongst these was the Covid-19 taskforce, developed by the CCG, Nottingham City Council and Nottinghamshire County Council. This focussed upon the early detection and prevention of care quality concerns in care homes and home care. This multi-agency, cross authority taskforce drew upon the whole breadth of available data sources, including soft intelligence, across the system. This data and ensuing analysis enabled prompt identification and targeting of support to those care homes requiring assistance to safeguard the quality of care and safety of their residents. The taskforce worked flexibly and reactively, on a seven-day working week if necessary, to ensure oversight of those care homes identified. As we move into the restoration phase of

the emergency response, the value of this close collaborative working continues and we look to draw upon this learning for the continued benefit of residents.

During the year, The CCG safeguarding team were instrumental in ensuring that asylum seekers placed in Nottingham had access to appropriate healthcare services. The team now meet with SERCO colleagues every two weeks to review incidents and assist with safeguarding referrals. This support has meant asylum seekers have had timely access to GP and specialist mental health services.

The team have also adapted how they deliver support to primary care through the GP safeguarding leads programme. Now delivered virtually, these sessions not only continued throughout the year, when many forums were suspended, but also saw a 43% increase in attendance. Going forward, this approach will be maintained even as we move out of social restriction measures. Also completed in-year was our primary care safeguarding self-assessment tool. Many GP practices are now using this tool to give assurance to regulators as well as to benchmark themselves against the required standards and seek support from the CCG in areas that the tool highlights as requiring improvement.

Throughout the year, the CCG safeguarding team offered mutual aid and facilitated regular meetings with NHS safeguarding provider leads. This has helped early identification and action upon emerging concerns across the local health system, including undertaking focused quality visits in response to increasing safeguarding alerts at services. Such mutual support was necessary not only in response to the pandemic but also as we move towards the formation of integrated care systems.

As an organisation, we remain compliant with all of our statutory duties, including the Care Act and statutory guidance. Whilst this is usually measured via the NHSE safeguarding assurance tool, this year it was not and instead the required evidence was provided via the monthly regional safeguarding situation reports that NHSE requested during the pandemic.

The implementation and embedding of learning from statutory reviews was hindered by the pandemic, as health providers and the CCG prioritised the immediate needs of services and people. However, as we move into the restoration and recovery phase of the pandemic, this work has now resumed.

Making Safeguarding Personal (MSP) has been included within the Quality schedule for NHS providers for the past two years and continues to require providers to give assurance to the CCG that MSP is delivered within their organisations.

Although we are not a patient-facing organisation, the CCG care homes team worked in partnership with local authorities during the year as care homes were safely closed and residents supported into new accommodation. This work involved communicating with families and residents in a way that met their needs, sometimes necessitating support from advocates. Similarly, when taking cases to the Court of Protection we ensured that the adult and their family (where appropriate) had access to advocacy services. We also paid official solicitor costs to ensure that the patient was properly represented and the court fully aware of the outcomes wanted by the individual, rather than just those of the statutory agencies involved.

Looking forward, we are concerned about the variation of support for GP practices across the ICS regarding domestic abuse, as well as the lack of robust transition pathways for young people accessing adult health services, and have identified these as priority actions for the forthcoming year.

The CCG continues to support the Board financially, with the chief nurse providing senior leadership at Board level and operational staff attending all subgroups, including the Board's Business Management Group.

## Nottinghamshire Police

In relation to Covid-19, Nottinghamshire Police maintained a 'business as usual' approach, with officers physically attending all reported incidents, including those where domestic abuse featured. The police quickly engaged across the partnership in all virtual forums, including MARACs and stalking clinics, whilst support for survivors continued via silent reporting on '999 55' and poster campaigns in supermarkets.

Although domestic abuse increased during the pandemic, affecting many families, in terms of raw data, Nottinghamshire Police recorded levels of abuse remained largely static. We can report no dip in performance after lockdowns eased and were commended by Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS) during its recent inspection of our response to Covid-19, particularly regarding domestic abuse.

Despite the demands of the year, progress was made in respect of adult safeguarding, with two staff recruited to the domestic violence disclosure scheme (Claire's Law), which significantly increased the number of requests successfully processed. Likewise, funds were secured to install ESAFE software, which monitors offenders' digital devices. This early intervention is utilised to prevent offending primarily for registered sex offenders but increasingly for stalking perpetrators. It will be supported by the use of a digital monitoring investigator who will attend visits and provide real-time digital forensic information to support offender managers.

Continuing in a similar vein, a successful bid was made to deliver a pilot domestic abuse perpetrator programme, with funding paying for two organisations, Freeva and Equation, to deliver a series of programmes aimed at perpetrators. Also in response to domestic abuse, a specialist domestic abuse car to provide immediate support to survivors was introduced. The car is staffed by commissioned services (Juno and Women's Aid) as well as officers, and aims to assist survivors alongside potentially increasing evidential support for criminal justice outcomes.

Alongside this, neighbourhood policing now make themselves visible to any person subject to a stalking protection order, any victim where a domestic violence protection order (DVPO) has been issued or any perpetrator charged and bailed in respect of a high-risk domestic abuse offence. The force is also building a new Sexual Assault Referral Centre, with construction scheduled for completion by April 2022. Commissioned services will be co-located in the new centre to enhance the victim's journey from first contact onwards. The centre will meet Forensic Science Regulator and United Kingdom Accreditation Service requirements to ensure that investigations and ongoing support occur in a welcoming and compliant environment.

In respect of the Domestic Abuse Act, Nottinghamshire Police volunteered to pilot the domestic abuse protection notices and orders. The force has also secured funding for the introduction of polygraph testing. Although delayed by Covid-19, the project is due to start at the end of the year, initially in respect of the management of registered sex offenders, but with scope to widen it.

Outside of improved responses to domestic abuse, there is now an 'appropriate adult' scheme available at the Bridewell custody suite operating in a similar manner to the duty solicitor scheme. The number of adult public protection notices (PPNs) issued continued to rise, providing assurance that, despite Covid-19, vulnerable adults were still identified and referred. Public Protection developed a series of short videos to provide up-to-date information to all officers about adult safeguarding, and the force created a victim needs assessment, which is completed at the start of a victim's journey and updated as required.

The assessment can be utilised by all officers across all crime types to better identify the type of support required by victims.

Regarding organisational matters, as the pandemic continued, the number of officers allowed to attend training at any one time was reduced, although the force was able to mitigate this by increasing the number of available courses.

All new staff continue to be vetted before being accepted into Nottinghamshire Police, with Public Protection staff vetted to a higher level in recognition of the nature of their duties and expected to complete College of Policing PIP1 and PIP2 courses as part of their continuing professional development. Nottinghamshire Police provide a confidential reporting mechanism whereby colleagues can report any concerns they might have regarding fellow staff. Our HQ professional standards directorate investigates these concerns.

There are a number of force scrutiny and governance arrangements in place including the Safeguarding Adult Scrutiny Board, which manages performance for vulnerable victim investigations as well as ensuring that all action plans are delivered. The Improving Investigations Group seeks to improve the quality of investigations across the force, while Public Protection performance is overseen by the operational performance review. Learning from SARs and other statutory reviews is monitored through the Organisational Learning and Risk Board chaired by the deputy chief constable.

The force continues to undertake a range of satisfaction surveys, including from victims of domestic abuse. These are monitored at the operational performance review and used to inform multiple action plans. The force also commissioned an independent advisory group to conduct demand analysis of public protection, including adult safeguarding.

As one of the three statutory and funding partners, Nottinghamshire Police remains fully committed to Nottingham City Safeguarding Adults Board and prioritises attendance at Board and subgroup meetings. We are pleased to note the excellent progress made by both local safeguarding boards in aligning service provision and focus across the city and county local authority geographical areas.

## **Nottinghamshire Probation Service (NPS)**

The probation service has been subject to an Exceptional Delivery Model (EDM) since the start of the pandemic. During this time, those 'people on probation' (PoP) presenting the most serious risk of harm were given priority and continued to be seen at offices.

We do have resource issues concerning 'probation practitioner' grade staff, whilst the probation service is going through a period of change as the two previous national probation organisations unify. Nationally, this will involve moving from seven divisions to twelve regions, with the Midlands division now split into East and West Midlands regions and Nottinghamshire split into City and County Probation Delivery Units. Whilst there are significant potential risks associated with this transition, it is hoped that unification will strengthen our ability to respond locally.

Organisationally, we are aware of and compliant with our Care Act obligations, as well as those contained within the statutory guidance, particularly regarding safeguarding adults reviews (SARs). Accordingly, we have a formal process in place for identifying and referring to the Board incidents of potentially concerning practice that may meet SAR criteria. Learning from local and national SARs and domestic homicide reviews is implemented by senior leadership and devolved to staff via operational managers. We also disseminate learning acquired through evaluation of our own 'Serious Further Offence' process.



Nottinghamshire NPS follows a national suite of probation service policies and procedures, including safeguarding adults; whistleblowing and management of allegations against staff; MCA/DoLS including 'best interest' and consent; Prevent; risk assessment and management and domestic abuse. We have staff who are formally recognised as organisational safeguarding adults leads, alongside a specialist divisional team working with TACT (anti-terrorism) and Prevent cases.

Organisationally, our recruitment policy includes a requirement to obtain at least two references, undertake DBS checks and confirm professional registration is still current. Staff are expected to adhere to professional codes of conduct. NPS ensures that all staff are aware of their personal responsibility to report safeguarding concerns as well as ensure that poor practice is identified and improved. Our induction programme ensures that staff and volunteers are made aware of their adult safeguarding responsibilities, with all staff required to undertake mandatory training, now largely via e-learning. Attendance at training events is recorded via colleagues' 'My learning' system and feedback sought after training and followed up in supervision by line managers. Reflective practice sessions are also offered to all 'front facing' staff.

Although we do not have a quality assurance framework specifically for adult safeguarding, it is included in all quality assurance frameworks we use. All 'high risk of serious harm' assessments are quality assured by a senior probation officer. Management oversight of cases, including those with safeguarding concerns, is discussed in supervision. Internal assurance is provided by our operational and systems assurance group, whilst external audits are undertaken by HMIP. We regularly undertake case file audits or 'dip test' audits themed on areas of practice. Additionally, our quality and development workers focus on areas where practice has been identified as requiring improvement.

Although PoPs are supported by probation practitioners and required to be involved in formulating their sentence plans, we do recognise a need to improve our 'Making Safeguarding Personal' practice. We also recognise that some work remains outstanding in providing adult safeguarding information and advice in an accessible format.

We will continue to contribute to Nottingham City Safeguarding Adults Board and the allocation of two NPS heads (one each for city and county) should improve focus.

## **Nottinghamshire Healthcare NHS Foundation Trust**

The Trust recognised the importance of maintaining a safeguarding service throughout the pandemic, with no staff redeployed or resources diverted. Where staff did provide support to clinical services, this was in addition to contracted hours. Attendance at partnership meetings such as MARAC was prioritised.

In response to Covid-19, we implemented our Trust-wide integrated safeguarding service to ensure staff were consistently supported with all aspects of safeguarding. The core function of the service is our 'Single Point of Access', with a safeguarding lead and safeguarding senior available throughout the day via phone and email, alongside additional personnel if required, to support colleagues responding to safeguarding issues.

Looking forward, the 2021/22 'Restoration and business as usual quality improvement plan' has been drafted to address gaps in our service provision. It is a live plan, reported on through our governance structure, and will be updated by the safeguarding service as improvements are completed and new gaps emerge.

We have two training passports for clinical and non-clinical staff aligned with the requirements of the intercollegiate documents. All training was adapted to ensure the

safety of staff throughout the pandemic and largely undertaken through e-learning, with plans in place to reintroduce face-to-face learning as governmental guidance allows. The Trust continued to promote a 'think family' approach throughout the pandemic, alongside embedding awareness of it within safeguarding training and supervision. Our 'Spotlight on safeguarding' newsletter highlighted key safeguarding messages with recent examples including content on modern slavery, sexual safety and the use of chronologies. Our 'link professionals' play a key role in supporting the implementation of safeguarding across the organisation and are assisted to do so with bespoke events and training organised by the safeguarding team. We have raised awareness of areas of concern brought about by the pandemic through poster campaigns and information sheets, a good example being our 'Not safe going out, not safe staying in' campaign about the increase in domestic abuse, online abuse, radicalisation and modern slavery.

Our new safeguarding supervision framework sets out how we intend to support our workforce, whilst we have a central recording system to help us identify where remedial action is necessary to improve training compliance. All safeguarding policies and procedures are available on the Trust intranet, including a new 'sexual safety' policy developed by the recently recruited domestic abuse and sexual safety lead. Clear recruitment processes remain in place for both staff and volunteers.

The Trust has a 'domestic, sexual violence and abuse' subgroup to raise awareness of the impact of domestic abuse across the organisation. The group, chaired by the sexual safety lead, also provides leadership in developing a robust, evidence-based approach to abuse and early identification and prevention.

The Trust has a robust safeguarding governance structure, with the safeguarding service overseen by the executive director of nursing and allied health professionals, and the associate director for safeguarding and social care responsible for strategic safeguarding leadership. A deputy, named nurse, clinical safeguarding associate, specialist leads and team members support them. Our annual report is scrutinised at corporate board level.

Alongside contributing to safeguarding adult and other statutory reviews, the Trust is developing a standard operating procedure for undertaking internal reviews. Currently, these are presented to our internal multiagency review subgroup, which itself feeds into our safeguarding strategic group. Additionally, our monthly action plan review meeting provides senior management with the opportunity to track action plans alongside ensuring that learning is disseminated to frontline colleagues.

Our safeguarding training lead is actively involved in multi-agency reviews to ensure that learning recommendations are embedded into training materials, whilst our internal 'Training, Learning and Improvement' subgroup coordinates training and development programs. The Trust promotes 'Making Safeguarding Personal' in training, with staff supported to ensure that all safeguarding interventions establish patients' desired outcomes. We have an internal MSP subgroup to promote a person-centred and outcome-focussed organisational culture and have created an accessible leaflet for service users to aid understanding of safeguarding and MSP.

We have identified self-neglect as a priority for our service, and engaged a trainee health psychologist to look at psychological models of self-neglect and run a series of focus groups within the Trust where patient self-neglect may be an issue. We hope to create local, evidence-based guidance and training for our workforce based on the learning from these workshops.

We have recently developed a 'Persons in positions of trust' policy to replace our existing allegations policy. This policy provides a framework to ensure responses to allegations of

harm are managed effectively. The Trust also has a freedom to speak up guardian and champions, all supported by a freedom to speak up strategy, policies and procedures.

The Trust remains committed to active participation in the Safeguarding Adults Board and we attend all Board and subgroup meetings.

## East Midlands Ambulance Service (EMAS)

EMAS continued to provide in-person emergency care throughout the Covid-19 pandemic, whilst crews continued to raise safeguarding referrals where needed. During the first lockdown, there was a decrease in calls received, although this did not affect adult safeguarding referral rates, with the year's end seeing an increase compared to the previous year, a trend now established over the last seven years.

A significant risk identified was that of staff attending health and care settings, with PPE provided to mitigate this and all callers advised on how to prepare for a crew's attendance, including requests to wear face coverings.

The safeguarding team were only able to process referrals during regular weekday office hours. This gap over the weekend was placed on the EMAS risk register. To mitigate, the Trust has recruited six bank safeguarding information assistants to work weekends and bank holidays to ensure referrals are processed seven days a week. Work to create an electronic solution is ongoing and remains a Trust priority.

Safeguarding education is delivered through blended learning (face-to-face, online etc.) on a three-year rolling programme basis, with an emphasis on 'think family' throughout. During 2020/21 however, in response to the pandemic the delivery of core education via e-learning was temporarily suspended, although an online training module was launched in November, which will form part of mandatory staff training from April 2021, whilst in-person training will resume during 2021/22.

In response to the increased incidence of domestic abuse during the pandemic, bespoke domestic abuse training for EMAS was commissioned from Women's Aid. Application of the domestic abuse sticker on all EMAS Getac devices continues, whilst alerts have been shared with all employees about accessing support for domestic abuse, including promotion of the 'Bright Sky' app.

EMAS has adopted new ways of disseminating learning, including the creation of 'learning from events' (LFE) sessions. These 45-minute virtual sessions run on a bi-weekly basis and provide rapid learning about EMAS activity that did not go as planned. The sessions are a collaboration between all Trust directorates and accessible to all staff. The safeguarding team continue to use this platform to promote the safeguarding agenda, having already supported sessions around record-keeping, domestic abuse and managing allegations.

The Confidential Incident Review Group (CIRG) continues to operate successfully, with allegations and serious incidents involving staff discussed on a weekly basis. The meeting is chaired by the head of safeguarding. All appointments to EMAS are subject to a satisfactory DBS check at the relevant level.

Safeguarding sits within the portfolio of the director of quality improvement and patient safety. There are clear links from the frontline to Board and reporting mechanisms exist via the integrated quality forum, clinical governance group and quality and governance committee. Inclusion within the quality directorate allows for close working with the investigation team, frequent caller team and patient advice and liaison service. Referral rates, participation in statutory reviews and staff allegations are presented to the quality

and governance committee via our director alongside monthly patient safety quality metrics. All this ensures that safeguarding remains in focus and safeguarding activity and quality are monitored. The Trust has a suite of regularly reviewed child and adult safeguarding policies, as well as policies on issues such as domestic abuse, absconding patients, capacity to consent and Prevent.

EMAS continues to promote 'Making Safeguarding Personal', with space on our referral form for patient wishes to be recorded. Staff are trained to consider capacity, equality and diversity when engaging with service users. All EMAS staff carry an 'easy read' communication booklet containing information about support offered.

In recognition of increasing demand and requirement for referrals to be shared seven days a week, the safeguarding team increased from 6 to 6.9 WTE substantive staff, with an additional six bank safeguarding information assistants joining in September 2021. The demands on the team, along with restrictions caused by the pandemic, have meant reduced capacity to undertake face-to-face training, some audits and quality improvement activity and oversight of referrals to partner agencies.

Although EMAS endeavours to attend the SAB, with increased operational demands this has not always been possible, not least because any deputising the safeguarding team could undertake has also been hindered by operational pressures. Minutes of all Board meetings continue to be reviewed and all necessary actions undertaken.

## Nottingham City Adult Social Care

Covid-19 significantly affected adult safeguarding practice and how people at risk were supported. During both lockdowns and with the ongoing advice to work from home, face-to-face visits only took place in cases triaged as high risk where there was no alternative, and then only following comprehensive risk assessments. Care home footfall by relatives, friends and statutory agencies drastically reduced, whilst citizens living in the community temporarily lost the support of services such as day centres and respite care. The cessation of these well-established means of identifying concerns, as well as the ability to engage effectively with citizens, meant adult safeguarding was significantly impeded.

The council responded to this situation imaginatively, with 'quality monitoring tools' introduced to replace on-site visits and assess quality concerns with care home and home care providers, and a 'Covid-19 taskforce' meeting also established, involving the council, CCG and CQC meeting regularly to address emerging issues such as reduced staffing or Covid-19 outbreaks in care homes.

Although the adult safeguarding quality assurance (ASQA) team were initially redeployed, by August 2020 they had resumed their lead role in coordinating regulated provider investigations, albeit virtually. Unsurprisingly, care homes and home care subject to these proceedings due to safeguarding and quality concerns reduced by almost 50% compared to the previous year. This provided evidence that the reduced footfall in establishments from both visitors and professionals directly impacts upon detection of concerns which can then be referred to ASC for intervention.

However, another departmental adult safeguarding mechanism, that of the whistleblowing procedure, proved effective during the pandemic. Following contact by a care home employee, ASC was able to start an investigation that ultimately resulted in the coordinated closure of a care home. Despite significant practical challenges, the ASQA team remotely managed the home closure procedure, with over ten agencies working together to provide an effective emergency response. Over six weeks, 36 citizens were

safely supported to move to alternative accommodation, with the standards set out in the home closure procedure adhered to.

Other challenges have proved more enduring, with the safeguarding team struggling to identify safe places to meet citizens experiencing domestic abuse. This has led to some survivors remaining in unsafe environments for longer than they otherwise would have done, with social workers grappling with the logistical challenges of implementing safety and escape plans. With safe venues such as GP surgeries unavailable during lockdown, mobile and virtual communication technologies became the means of communicating with survivors. With the much-publicised concerns in relation to an increase in domestic abuse during lockdown, alongside providing individual support, the department also undertook wider measures including distribution of newsletters to practitioners with information about support for survivors, and facilitated colleagues' attendance at virtual training sessions held by Equation.

Like all partners, in-house face-to-face training was quickly adapted and delivered via MS Teams, and positively received by colleagues. However, it was not without problems of its own and limited participant engagement, along with challenges facilitating breakout groups and case study discussion, limited its efficacy. That aside, there is no doubt that widespread adoption of virtual technologies by staff has opened up creative possibilities for future use.

The Complex Persons Panel, a specialist multiagency safeguarding forum to support citizens with complex and enduring needs, also transferred quickly to MS Teams, with attendance from all panel representatives soon restored. They report a fast resumption of 'business as usual', although an update in activity with on average eight new cases presented every month, as opposed to six before the pandemic, has been noted. Engagement with the other operational adult safeguarding forums, including SERAC, MAPPA and MARAC all successfully continued in a similar vein.

Safeguarding concerns for the year ending fell by 24%, although the reduction in s.42 enquiries undertaken fell by only 12% during the same period. However, the reduction in concerns received must be considered alongside the lessening of support options from statutory and voluntary sector partners (most keenly felt during the first lockdown), which resulted in practitioners remaining involved with citizens for longer than previously as they strove to build effective risk management plans and support packages. Although outside of this reporting period, referrals are now returning to pre-pandemic rates, with data confirming that the abuse and neglect of adults with health and social care needs was hidden during the pandemic due to social isolation, or lack of monitoring through the usual networks and mechanisms.

'Making Safeguarding Personal' remains embedded in our training programme, with data showing that 86% of citizens were asked about their desired safeguarding outcomes, and 83% reported that their outcomes were fully or partially achieved. These figures are broadly comparable to previous years.

ASC is preparing to implement the liberty protection safeguards in 2022. Whilst this legislation will challenge the current staff contingent, as the number of citizens falling within scope of the new legal definition increases, senior leadership are progressing plans to increase social work capacity. Finally, the new Care Quality Commission duty to assess local authorities is likely to start in 2022. It is anticipated that adult safeguarding will be a key line of enquiry.

Nottingham City Council remains committed to the Board, and alongside our financial contribution, operational staff attend all subgroups whilst the director of adult social care provides senior leadership representation at the Board.

## Nottingham City Council Community Protection

### Community protection officers

The service offered by community protection officers continued as normal throughout the pandemic, albeit with additional risk assessments and appropriate PPE in place. Demand for 'safe and well' checks increased substantially, with between 5,000 and 6,000 conducted during the first lockdown. These checks created additional tasks, including safeguarding referrals to Adult Social Care, as vulnerable citizens were identified, and tragically, when deceased individuals were discovered.

Conversely, there was a reduction in demand from the homeless community as the 'Everybody in' response successfully placed many homeless people in temporary accommodation.

Throughout the year, officers continued to work closely with partner agencies and refer on to neighbourhood development officers, Nottingham Recovery Network, Framework HA, Nottinghamshire Fire and Rescue Service and SERAC.

All officers continue to either complete initial safeguarding training or e-learning refresher courses on a rolling programme basis. Referrals to and from adult safeguarding are monitored, with senior officers available for guidance.

Looking ahead, risks to service capacity could arise from reduction in resources, if realised. This would impact on the service currently offered to citizens and partner agencies, and would likely require prioritisation of commitments, including attendance at panels such as MARAC.

Similarly, there is likely to be an increase in demand as the restrictions imposed by central government are lifted. Resumption of sporting events and the return of the night-time economy, coupled with a potential growth in homelessness, will all increase the number of referrals to the service and contribute to service pressures.

### Safer housing and selective licensing

Whilst safer housing has adapted to remotely triaging emergency jobs, officers have been unable to conduct the usual physical inspections of properties, increasing the risk that safeguarding concerns may not be captured. The same holds true of the compliance team, who have largely conducted external site visits only, in accordance with government guidelines. Most officers are vaccinated and all follow stringent risk assessment and use appropriate PPE when visiting.

The safer housing service has been affected by a 25% reduction in budget, with fewer staff undertaking the work of the team and limited capacity to attend external meetings.

That said, multiagency work has continued during the pandemic, as has the focus on prevention and early intervention, with colleagues working closely with Nottinghamshire Fire and Rescue Service, the police and Nottingham City Homes.

Selective licensing is designed to ensure safer accommodation and that landlords meet the 'fit and proper persons' criteria, which should benefit vulnerable citizens. We recognise this scheme provides an opportunity to identify, engage and reduce risk with those adults who are potentially vulnerable, in their own homes.

Although staff receive safeguarding training, continuation of remote working may mean consistency in training is affected. As social restrictions reduce and day-to-day work gradually returns to 'normal', demand for service is likely to increase as issues previously undetected during the pandemic begin to emerge.

### Slavery exploitation team (SET)

Referrals to SET remained average until escalating in May, to more than two and a half times the usual rate. Following a return to home working, referrals dipped, and then returned to normal until March 2021 when there was another near doubling of referral rates as face-to-face working increased.

The most common referral remains cuckooing: the process of occupying a property belonging to a vulnerable person in order to use it as a base for the distribution of drugs and other criminal activity. Cuckooing accounts for just over 20% of all referrals to the team.

However, increases have also been seen in referral rates for sexual exploitation (47 in the last financial year compared to 24 in the previous year), financial exploitation (33 compared to 20) and criminal exploitation (23 compared to 17).

Reduced professional contact with adults in the community with complex needs makes them even more vulnerable to exploitation, as well as making discovery less likely. As restrictions have eased, we have seen an increase in referrals as cases that were previously 'hidden' are uncovered.

Loneliness is a recurring factor in many exploitation cases, and one amplified this year. We have also seen known repeat perpetrators of exploitation take on 'community champion' roles, posing as suppliers of food and supporters of charitable causes in order to access vulnerable citizens.

It appears likely that the increase in referrals will continue. The economic position of many is likely to worsen, as businesses let go of workers when furlough ends. This will leave people vulnerable to exploitation, especially those with no recourse to public funds.

### Community development

A reduction in referrals to the service has left it unclear whether or not there is a layer of 'unseen' risk in the community. This is of specific concern regarding children and vulnerable adults potentially subject to online radicalisation, with little or no contact from agencies to challenge online narratives. Such radicalisation, along with a polarisation in politics, has meant the potential for lone acts of terrorism remains. There has also been a noticeable increase in hate crime and incel (involuntary celibate online subculture) incidents.

The rise in domestic abuse during the pandemic was reflected in the increasing number of calls received by domestic abuse helplines. There was concern during lockdown regarding the increase in suicidal ideation taking place in refuges and hotels where women and children were temporarily accommodated. Women with no recourse to public funds also continued to experience difficulty accessing refuges, especially those with no children.

Refugees in hotel accommodation with reduced levels of security are vulnerable to hate crime. Despite it being illegal to work, some have taken jobs with a very real risk of exploitation, as such 'jobs' typically have no contracts of employment offering protection. Delays in the courts have meant asylum seekers are experiencing longer waits for decisions, whilst there has also been a reduction in community placements for failed asylum seekers during the year.

More positively, Community Development was proactive in supporting the council response to the pandemic, including widely disseminating the 'golden number' used to access support amongst its client groups.

Annual assurance continues to be provided to the Safeguarding Adults Board regarding Prevent and Channel activity.

## Nottingham University Hospitals NHS Trust (NUH)

Although Covid-19 increased demand whilst reducing staff numbers due to shielding and sickness, NUH did not redeploy safeguarding staff and continued to prioritise the work of the team. From a safeguarding perspective, the rising numbers and complexity of domestic abuse cases, especially those going to MARAC after lockdown, has been worrying. The increased demand of the additional MARAC sessions has had a significant impact on the team's workload without any additional resource to support this. Throughout the pandemic, the team saw patients face-to-face if required, as well as supporting clinical teams when direct contact was unnecessary.

Training compliance remains an ongoing risk due to difficulties releasing staff. Prevent training remains below the national target of 85%, although it is on an upward trend and NUH has an action plan in place to address this. Mandatory safeguarding training is also below expected levels of compliance, but again there is a plan in place to mitigate this, including paying staff to complete the training in overtime.

Safeguarding training continues to be delivered on a three-yearly rolling programme. This year elements on modern slavery and exploitation as well as referral pathways for those without care and support needs were all included. Training was largely delivered via MS Teams and podcast, although some face-to-face training did take place. Compliance is reported at all levels of the organisational governance structure, including the Trust Board.

Whilst all team members have additional training to enable them to support people disclosing domestic abuse, we also employ a survivor advocacy support service worker funded by the Crime and Drug Partnership until April 2022 and employed by Juno women's aid.

The team currently do not have capacity to attend SERAC, although we do provide information where possible to support the process. The adult safeguarding team have put forward a business case to increase staffing, which would enable attendance at SERAC and MARAC, address the increasing demand of domestic abuse cases, and allow additional face-to-face safeguarding and Prevent training.

The Trust continues to follow safe recruitment practices, including DBS checks for new staff. There were 19 allegations about NUH staff during the year, with the vast majority of these involving children, and only one of the four directly related to patient care requiring any action (a referral to the local authority designated officer).

NUH uses a range of IT system alerts to highlight patients with additional needs, for example those with frailty or a learning disability. The hospital traffic light and passport system for patients with a learning disability has been extended to other patient groups, including those with dementia, who now complete an 'About me' document with family to help identify their care plan needs. NUH also makes reasonable adjustments for many patients including providing double appointments and pre theatre and MRI visits.

The head of safeguarding leads the team, which also contains named doctors, nurses and midwives for safeguarding as well as an adult safeguarding lead and domestic abuse specialist practitioner. The Trust has approximately 70 safeguarding champions, with



coverage in each division. The team continued to provide quarterly training sessions for all champions throughout the year via MS Teams. Safeguarding supervision is provided as and when required for colleagues, as well as after complex cases via formal debrief.

NUH continues to update its suite of safeguarding policies and procedures, all of which contain a 'think family' focus. We also use our safeguarding adults intranet site to communicate a variety of messages, including updates from our SAB partners.

It is now mandatory for all clinical staff to complete the MCA e-learning course, with compliance now at 77%. Pleasingly, our MCA audit recorded an improvement over last year and we will be able to undertake this audit quarterly via the Perfect Ward app.

NUH has robust safeguarding adults governance structures in place, with a quarterly safeguarding adults committee receiving regular reports from the safeguarding team, including details of lessons learned from SARs and other statutory reviews. Feedback from Board and subgroups is a standing agenda item at the committee.

During 2020/21, NUH received 44 safeguarding adults referrals, an increase of four from last year. Although the majority were subsequently identified as complaints rather than abuse or neglect, they were all initially investigated. One allegation of abuse and neglect was substantiated and work undertaken with the local authority and family. NUH made 167 safeguarding adults referrals to Nottingham City safeguarding team during the year, an increase of 12% compared to the previous year.

Making Safeguarding Personal is a core principle of adult safeguarding at NUH. All safeguarding referrals come through the team for quality assurance purposes, with a focus on the outcome individuals would like from the referral. Our referral form contains a mandatory MSP section, whilst the topic is a core part of safeguarding training.

The Trust continues to be represented at the Safeguarding Adults Board by the head of safeguarding, as well as in all subgroups by operational team members.

## Nottingham City Strategic Housing Service

The continuing impact of Covid-19 has been the foremost concern of housing providers. Nottingham City Homes ensured that its most vulnerable tenants were contacted during lockdowns, whilst the housing strategy team were in regular contact with housing association partners, making them aware of the services, support and information available within the city to support their tenants.

In the past year, the council and partners, along with homelessness advisors within the Ministry of Housing, Communities and Local Government (MHCLG), worked to step down the hotel accommodation made available under the 'Everyone In' initiative', so that safe, Covid-secure locations were available for people who might otherwise be on the streets. This has been supported by significant central government funding (the Rough Sleepers Accommodation Programme). There has been considerable focus on delivering more permanent and stable accommodation.

Work to support the Government's rough sleeping strategy, with its objective to end rough sleeping by 2027, continued in Nottingham using its allocation of Rough Sleepers Initiative funding. The city's allocation for the year was significant and the bids developed by the council and partners focused on a range of measures to support rough sleepers, whilst also seeking to prevent people rough sleeping occurring in the first place. However, the pandemic caused considerable disruption to many of these measures so, working on advice from MHCLG, funding was in some cases repurposed to deal with issues arising

from Covid-19. This particularly applied to the fact that traditional night shelter accommodation was not available during the pandemic.

The clear risk is that the services we have are almost entirely grant-funded. Although outside of this reporting window, the council was successful in its bid to secure Changing Futures funding so the type of service currently provided by Opportunity Nottingham does look set to continue.

Building safety, in light of the Grenfell Tower tragedy and subsequent incidents of fire resulting from construction issues, continues to be a major focus for the sector. Providers will need to implement a raft of requirements arising from three key emerging regulatory interventions: the Building Safety Bill, the revised Fire Safety Order and the Social Housing White Paper.

One aspect of the building safety agenda that currently has a particular focus is Personal Emergency Evacuation Plans (PEEPs). The Grenfell Inquiry highlighted the disproportionate impact of the disaster on people with disabilities and in response the Government brought forward consultation on the development of PEEPs. Nottingham City Homes is currently considering how it will implement PEEPs for vulnerable tenants.

Nottingham City Homes has in place a Building Safety Group, which has an overall objective of ensuring tenants' homes are safe and that they feel safe in their homes. It will be responsible for overseeing the implementation of all the safety compliance put in place by the regulatory interventions above.

The Housing Strategy service prioritised Board attendance throughout the year, providing assurance regarding homelessness and rough sleeping in September and the Board representative continues to be alive to adult safeguarding issues, raising awareness with housing providers via networks wherever possible. That said, it is important to remember that the service is not a provider, so full assurance regarding the robustness of the housing sector response to adult safeguarding cannot be given. However, we can provide assurance that Nottingham City Homes, as the manager of 25,000 council homes, has an up-to-date safeguarding policy and procedure, and safeguarding training is a mandatory requirement for staff.

Looking forward, the social housing sector is perhaps the one with fewest concerns regarding vulnerable adults given the high level of support and awareness of safeguarding issues in these organisations. The private rented sector however, which has grown considerably in the last 10 years, houses a number of potentially vulnerable adults who do not benefit from the same awareness levels. Providing frontline services with information and guidance on where to go for help when dealing with adults residing in this sector will be an action within NSAB's future delivery plan. We are also conscious of the growing numbers of vulnerable people being housed by community interest companies via the 'exempt' rate of Housing Benefit. The level of support being offered to those accommodated by these organisations has come under national scrutiny, and we seek to use what powers and influence we have to reduce the risk of exploitation of residents in Nottingham.

## **Healthwatch Nottingham and Nottinghamshire**

Safeguarding awareness training, including noticing indicators of abuse, is provided to all staff and volunteers, along with information on signposting people to relevant agencies for advice. Our safeguarding policy and procedures, which staff and volunteers are made aware of during induction, are updated regularly to reflect any changes in current care pathways and/or contact details.

Our top organisational risk regarding adult safeguarding remains failing to notice safeguarding cues and indicators from the people we interact with, whilst obtaining their experiences of health and care services. Before we visit a service or carry out a project, part of the mandatory pre-visit session includes a refresher update for all participants about our safeguarding adults process. Members of the public who raise a safeguarding concern to us about another agency are either signposted to the relevant agency or supported to make the referral themselves.

Our recruitment procedures ensure that at least two references, with one from previous employers if possible, are gathered, whilst DBS checks for staff and volunteers who may come into contact with vulnerable adults are always carried out. Staff and volunteers are only appointed after receipt of satisfactory references and checks and only upon completion of their three-month 'probationary' period.

Going forward, we are aware that we may not notice safeguarding indicators or cues from the people we interact with because our engagement activity will be conducted online or by telephone. Hopefully, as our face-to-face engagement work increases, this organisational risk factor will diminish.

## Case study

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'D', a woman with Asperger's and mobility issues, was referred to the adult safeguarding team following concerns she was being abused by her partner.

An escape plan was coordinated between the adult safeguarding team, women's aid and housing services to move 'D' and her pets to a new property.

Unfortunately, the perpetrator, her partner, discovered 'D's' new location, once more placing her at risk of significant harm. Whilst the possibility of a new move was investigated with housing services colleagues, community protection officers agreed to undertake regular safe and well checks, with the police also providing assistance. With this multi-agency support in place 'D' reported feeling safe enough to remain in her new home.

'D' later emailed to express her thanks, writing:

*"I cannot thank you both enough for finding this amazing property. It's the simple little things of having a good night's sleep, being able to make as much noise as I want in the mornings and enjoying scented candles and taking the dog out for a walk without being questioned and quizzed about what time I will be home. The freedom you both have given the dogs and me means I am starting to heal the raw open wounds that have been formed over the years. Thank you both for your help and support, I can't believe I let it go on for so long."*

## What next for 2021/22?

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In respect of the pandemic, the Board will be seeking assurance that partners continue to prioritise support for those experiencing domestic abuse as well as those residing in care homes.

We will look to identify population groups less well served by current adult safeguarding arrangements, as well as improve our engagement with voluntary sector organisations.

As ever, we will seek to improve adult safeguarding on a system wide basis and accordingly will seek assurance that the new ICS structure incorporates adult safeguarding into its workstreams. We will similarly be looking to improve our response to 'cross-cutting' issues by developing improved working relations with both Children's and Crime and Drug Partnership colleagues.

We will also be undertaking some discrete pieces of work including developing a PiPoT policy, renewing our focus on MSP in practice and promoting the council's new hate crime strategy. We will also look to improve Board scrutiny arrangements as well as develop our Board effectiveness measures.

Finally, in respect of SARs we will seek to incorporate recommendations from the National SAR analysis report into our practice whilst continuing to progress both ongoing and new SARs.

## Finally...

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A special mention must go to Joy Hollister, who retired at the end of December 2020 after two years as Independent Chair. Her confident but empathetic manner and clear vision about the Board's direction and ambition inspired all, and she is particularly to be thanked for managing the Board through the first wave of the pandemic and identifying where we could best help. We wish her all the best!

## Reporting abuse

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You may know a person carrying out abuse and be 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 outside Nottingham City but within Nottinghamshire County boundaries, call Nottinghamshire County Council on **0300 500 8080**. If you are unsure, call either 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.

## Glossary of acronyms

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|          |  |
|----------|--|
| ADASS    | Association of Directors of Adult Social Services  |
| ASC      | Adult Social Care  |
| CCG      | Clinical commissioning group   |
| CHARLIE  | Care and support needs; hoarding and mental health issues; alcohol and medication; reduced mobility; lives alone; inappropriate smoking; elderly |
| CQC      | Care Quality Commission  |
| CRC      | Community rehabilitation company   |
| DLNR CRC | Derbyshire, Leicestershire, Nottinghamshire and Rutland Community Rehabilitation Company   |
| DNACPR   | Do not attempt cardiopulmonary resuscitation (CPR)   |
| DoLS     | Deprivation of Liberty Safeguards  |
| DSL      | Designated safeguarding lead   |
| DWP      | Department for Work and Pensions   |
| EMAS     | East Midlands Ambulance Service  |
| EDM      | Exceptional Delivery Model   |
| HMP      | Her Majesty's Prison   |
| HMIP     | Her Majesty's Inspectorate of Prisons  |
| ICS      | Integrated care system   |
| IICSA    | Independent inquiry into child sexual abuse  |
| MAPPA    | Multi-agency public protection arrangement   |
| MARAC    | Multi-agency risk assessment conference  |
| MCA      | Mental Capacity Act  |
| MSP      | Making Safeguarding Personal   |
| NFRS     | Nottinghamshire Fire and Rescue Service  |
| NPS      | National Probation Service   |
| PoP      | People on probation  |
| QUIF     | Quality information sharing forum  |
| SAB      | Safeguarding Adults Board  |
| SAR      | Safeguarding adults review   |
| SERAC    | Slavery and exploitation risk assessment conference  |
| SET      | Slavery Exploitation Team  |
| SWV      | 'Safe and well' visit  |

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**Health and Adult Social Care Scrutiny Committee  
13 January 2022**

**Work Programme**

**Report of the Head of Legal and Governance**

**1. Purpose**

1.1 To consider the Committee's work programme for 2021/22 based on areas of work identified by the Committee at previous meetings and any further suggestions raised at this meeting.

**2. Action required**

1.1 The Committee is asked to note the work that is currently planned for the remainder of the municipal year 2021/22 and make amendments to this programme as appropriate.

**3. Background information**

3.1 The purpose of the Health Scrutiny Committee is to act as a lever to improve the health of local people. The role includes:

- strengthening the voice of local people in decision making, through democratically elected councillors, to ensure that their needs and experiences are considered as part of the commissioning and delivery of health services;
- taking a strategic overview of the integration of health, including public health, and social care;
- proactively seeking information about the performance of local health services and challenging and testing information provided to it by health service commissioners and providers; and
- being part of the accountability of the whole health system and engaging with the commissioners and providers of health services and other relevant partners such as the Care Quality Commission and Healthwatch.

3.2 As well as the broad powers held by all overview and scrutiny committees, committees carrying out health scrutiny hold the following additional powers and rights:

- to review any matter relating to the planning, provision and operation of health services in the area;
- to require information from certain health bodies<sup>1</sup> about the planning, provision and operation of health services in the area;
- to require attendance at meetings from members and employees working in certain health bodies<sup>1</sup>;
- to make reports and recommendations to clinical commissioning groups, NHS England and local authorities as commissioners of NHS and/or public health services about the planning, provision and operation of health services in the area, and expect a response within 28 days (they are not required to accept or implement recommendations);

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<sup>1</sup> This applies to clinical commissioning groups; NHS England; local authorities as commissioners and/or providers of NHS or public health services; GP practices and other providers of primary care including pharmacists, opticians and dentists; and private, voluntary sector and third sector bodies commissioned to provide NHS or public health services.

- to be consulted by commissioners of NHS and public health services when there are proposals for substantial developments or variations to services, and to make comment on those proposals. (When providers are considering a substantial development or variation they need to inform commissioners so that they can comply with requirements to consult.)
- in certain circumstances, the power to refer decisions about substantial variations or developments in health services to the Secretary of State for Health.

3.3 While a 'substantial development or variation' of health services is not defined in legislation, a key feature is that there is a major change to services experienced by patients and/ or future patients. Proposals may range from changes that affect a small group of people within a small geographical area to major reconfigurations of specialist services involving significant numbers of patients across a wide area. Health scrutiny committees have statutory responsibilities in relation to substantial developments and variations in health services. These are to consider the following matters in relation to any substantial development or variation that impacts on those in receipt of services:

- whether, as a statutory body, the relevant overview and scrutiny committee has been properly consulted within the consultation process;
- whether, in developing the proposals for service changes, the health body concerned has taken into account the public interest through appropriate patient and public involvement and consultation; and
- whether the proposal for change is in the interests of the local health service.

Where there are concerns about proposals for substantial developments or variations in health services, scrutiny and the relevant health body should work together to try and resolve these locally if at all possible. Ultimately, if this is not possible and the committee concludes that consultation was not adequate or if it believes the proposals are not in the best interests of local health services then it can refer the decision to the Secretary of State for Health. This referral must be accompanied by an explanation of all steps taken locally to try and reach agreement in relation to the proposals.

3.4 The Committee is responsible for setting and managing its own work programme to fulfil this role.

3.5 In setting a programme for scrutiny activity, the Committee should aim for an outcome-focused work programme that has clear priorities and a clear link to its roles and responsibilities. The work programme needs to be flexible so that issues which arise as the year progresses can be considered appropriately.

3.6 Where there are a number of potential items that could be scrutinised in a given year, consideration of what represents the highest priority or area of risk will assist with work programme planning. Changes and/or additions to the work programme will need to take account of the resources available to the Committee.

3.7 The current work programme for the municipal year 2021/22 is attached at Appendix 1.

#### **4. List of attached information**

4.1 Appendix 1 – Health and Adult Social Care Scrutiny Committee Work Programme 2021/22

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

5.1 None



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

6.1 None

**7. Wards affected**

7.1 All

**8. Contact information**

8.1 Jane Garrard, Senior Governance Officer  
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## Health and Adult Social Care Scrutiny Committee 2021/22 Work Programme

| Date         | Items  |
|--------------|--|
| 13 May 2021  | <ul style="list-style-type: none"> <li>• <b>Terms of Reference</b><br/>To note the terms of reference for the Committee</li> <br/> <li>• <b>Platform One</b><br/>To assess progress towards the transition date of 1 July 2021, particularly in relation to vulnerable patients to be dispersed to local practices (to include reference to how the EQIA is evolving, being monitored and responded to)</li> <br/> <li>• <b>Nottinghamshire Healthcare NHS Foundation Trust Strategy</b><br/>To consider the Trust's strategy in order to identify a focus for any further scrutiny of mental health issues in 2021/22</li> <br/> <li>• <b>Work Programme 2021/22</b></li> </ul> |
| 17 June 2021 | <ul style="list-style-type: none"> <li>• <b>Integration and Innovation White Paper</b><br/>To consider the implications of proposed reforms to health and care and the potential local impact</li> <br/> <li>• <b>Integrated Care System: Community Care Transformation</b><br/>To consider and comment on this ICS priority which will involve a review of all community services</li> <br/> <li>• <b>Quality Accounts 2020/21</b><br/>To note the scrutiny comments on each Quality Account (if any submitted)</li> <br/> <li>• <b>Work Programme 2021/22</b></li> </ul>   |
| 15 July 2021 | <ul style="list-style-type: none"> <li>• <b>Maternity Services</b><br/>To review the action taken by NUH over the last six months to improve maternity services</li> <br/> <li>• <b>Tomorrow's NUH<sup>1</sup></b></li> </ul>  |

<sup>1</sup> Informal meeting held to do some deep dive consideration of the Tomorrow's NUH programme 30 June 2021 (Phil Britt, Nina Ennis, Lucy Dadge) focused on maternity and cancer services. A further deep dive meeting to be held later in the year to focus on outpatients' care and splitting elective/ emergency services.

| Date              | Items   |
|-------------------|---|
|                   | <p>To consider progress to date and plans for consultation and engagement.</p> <ul style="list-style-type: none"> <li>• <b>Work Programme 2021/22</b></li> </ul>  |
| 16 September 2021 | <ul style="list-style-type: none"> <li>• <b>Assessment, Referrals and Waiting Lists for Psychological Support</b><br/>To consider the Nottinghamshire Healthcare NHS Foundation Trust's plans for managing access to psychological support, particularly in relation to step 4 psychotherapy and psychological therapies.</li> <li>• <b>Reconfiguration of Acute Stroke Services</b><br/>To consider proposals for making changes to the configuration of acute stroke services permanent. Changes were made on a temporary basis to support the response to the Covid pandemic. If it is proposed to make the changes permanent, then this is likely to be a substantial variation to services and the Committee will need to carry out its statutory role as a consultee</li> <li>• <b>Covid 19 Local Vaccination Programme</b><br/>To assess progress with local delivery of the vaccination against national targets (at 23/03/21 the whole population should have had at least one dose by the end of July 2021)</li> <li>• <b>Work Programme 2021/22</b></li> </ul> |
| 14 October 2021   | <ul style="list-style-type: none"> <li>• <b>Update on Elective Care Recovery</b><br/>To scrutinise the impact of delays on elective care due to Covid 19, plans to mitigate this impact and the progress with meeting need following delays</li> <li>• <b>Eating Disorder Services</b><br/>To assess the impact of expansion to workforce capacity to services, consider the continuing use of BMI as a threshold for access to services and to consider the impact of out of area adult inpatient placements.</li> <li>• <b>Work Programme 2021/22</b></li> </ul>  |
| 11 November 2021  | <ul style="list-style-type: none"> <li>• <b>Nottingham University Hospitals NHS Trust – CQC Inspection</b><br/>To consider the findings of the recent CQC Inspection of NUH and scrutinise action being taken to address areas identified as inadequate and requiring improvement, with a particular focus on the</li> </ul>  |

| Date             | Items   |
|------------------|---|
|                  | <p>Well-Led domain.</p> <ul style="list-style-type: none"> <li>• <b>GP Services</b><br/>To review GP provision and access across the City</li> <li>• <b>Proposals for changes to Neonatal Services</b><br/>To consider proposals for changes to neonatal services provided by Nottingham University Hospitals NHS Trust.</li> <li>• <b>Work Programme 2021/22</b></li> </ul>  |
| 16 December 2021 | <ul style="list-style-type: none"> <li>• <b>Draft Medium Term Financial Plan (MTFP) - Adult Social Care focus</b><br/>To consider proposals relating to Adult Social Care in the draft MTFP (as part of the consultation on the MTFP)</li> <li>• <b>Transformation Programme Adults Portfolio</b><br/>To receive an overview of the Adults Portfolio of the Council's Transformation Programme</li> <li>• <b>Platform One</b><br/>To assess the initial impact of the transition to the new city centre practice and to local practices, with particular reference to the experiences of vulnerable patients.</li> <li>• <b>Work Programme 2021/22</b></li> </ul>   |
| 13 January 2022  | <ul style="list-style-type: none"> <li>• <b>Adult Social Care Workforce Development Plan</b><br/>To review the draft Workforce Development Plan, which forms part of the Council's recovery and improvement activity</li> <li>• <b>Nottingham University Hospitals NHS Trust Improvement</b><br/>To review progress in improvement in response to the findings of the CQC inspection, with a particular focus on culture.</li> <li>• <b>Nottingham City Safeguarding Adults Board Annual Report 2020/21</b><br/>To receive evidence from the Safeguarding Adults Board regarding work to safeguard adults in the City; scrutinise the work of the Board, including consideration of its 2020/21 Annual Report; and identify any issues or evidence relevant to the Committee's work programme.</li> </ul> |

| Date             | Items   |
|------------------|---|
|                  | <ul style="list-style-type: none"> <li>• <b>Work Programme 2021/22</b></li> </ul>   |
| 17 February 2022 | <ul style="list-style-type: none"> <li>• <b>Nottingham University Hospitals NHS Trust Maternity Services</b><br/>To review action being taken by NUH to improve maternity services following CQC rating of 'Inadequate' in December 2020</li> <li>• <b>Provision of Services for Adults with Learning Disabilities</b><br/>To review changes to provision for adults with learning disabilities</li> <li>• <b>Work Programme 2021/22</b></li> </ul> |
| 17 March 2022    | <ul style="list-style-type: none"> <li>• <b>GP Strategy</b></li> <li>• <b>Work Programme 2021/22</b></li> </ul>   |
| 15 April 2022    | <ul style="list-style-type: none"> <li>• <b>Reconfiguration of Acute Stroke Services</b><br/>To consider the proposals for making changes to the configuration of acute stroke services permanent, which is a substantial variation of services and therefore the Committee will need to carry out its statutory role as a consultee</li> <li>• <b>Work Programme 2022/23</b></li> </ul>  |

Items to be scheduled

It was agreed at the 13 May HSC meeting that some members would visit the new SMD LES once it is safe to do so, ie post pandemic (liaise with Joe Lunn, CCG)

| Item   | Focus  |
|--|--|
| 1. <b>Discharge and after care (including impact on Social Care)</b> | To consider the effectiveness, including the impact on adult social care, of current plans and practice for the discharge of patients from hospital care - |

| Item  | Focus   |
|---|---|
| <b>2. NHS and National Rehabilitation Centre (NRC)</b>        | Update on the Decision Making Business Case and implementation plans  |
| <b>3. White Paper</b>   | To contribute to discussions about new arrangements, especially in relation to governance, representation on committees and engagement and consultation with the public about local changes   |
| <b>4. Community Care Transformation</b>                       | CCG to keep HSC informed of progress at Chair/ Vice Chair and CCG monthly meetings.   |
| <b>5. Child and Adolescent Mental Health Services (CAMHS)</b> | (a) To consider the services provided by CAMHS in the light of the need for support as the city recovers from the pandemic; and<br>(b) To consider systems and processes in place to ensure effective transition from CAMHS to Adult Mental Health Services<br>(Recommendation from the Children and Young People Scrutiny Committee) |
| <b>6. Health Inequalities</b>                                 | To consider how health inequality is measured, how factors which impact on health are established (including barriers to access) and where hot spots identified (geographical and community) and to scrutinise how partners work together to tackle particular aspects of health inequality <sup>2</sup>                              |
| <b>7. Dental Services</b>                                     | To review access to dental services during the Covid-19 pandemic, the impact of reduced access and reinstatement of services, future dental provision contracts/ private and public treatment.  |
| <b>8. Nottingham University Hospitals NHS Trust review of</b> | To consider findings of NUH's review of Serious Incident reporting, any lessons learnt and action taken in response   |

<sup>2</sup> Following this to identify an area where scrutiny can add value by more detailed consideration at a future meeting(s), for example: BAME health experiences and access to services/ Poverty and the impact on health and access to services/ Support for those new to the city from other countries to access available NHS services/ Access to PEP medication to prevent HIV (pilot)/ Waiting lists in the context of health inequalities (see notes below funder impact of Covid on elective services from meeting with CCG 03/04/2021)

| Item                              | Focus |
|-----------------------------------|-------|
| <b>Serious Incident reporting</b> |       |

Reserve Items

| Item   | Focus  |
|--|--|
| <b>9. Alcohol dependency/ Alcohol related issues</b> | Potential role of HSC in relation to impact on health when premises are licensed for sale of alcohol |
| <b>10. Carer Support Services</b>                    | To review support for carers during the Covid-19 pandemic  |
| <b>11. Gender reassignment services</b>              | Need for scrutiny and focus to be identified   |
| <b>12. Impact of Covid-19 on disabled people</b>     | Need for scrutiny and focus to be identified   |
| <b>13. 111 First</b>                                 | Changes to the service as a result of Covid  |

Healthwatch Priorities for 2021/22 – for information

- Long Term Conditions, primarily diabetes: management, education and support for patients
- Primary Care Strategy and Integrated Care Partnership strategy.