



## Nottingham City Health and Wellbeing Board

**Date:** Wednesday 26 January 2022

**Time:** 1:30pm

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

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

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

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

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**Councillors, co-optees, colleagues and other participants must declare all disclosable pecuniary and other interests relating to any items of business to be discussed at the meeting. If you need any advice on declaring an interest in an item on the agenda, please contact the Governance Officer shown above before the day of the meeting, if possible.**

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**Nottingham City Council**  
**Nottingham City Health and Wellbeing Board**

**Minutes of the meeting held in the Ground Floor Committee Room, Loxley House, Station Street, Nottingham, NG2 3NG on 24 November 2021 from 1:35pm to 3:34pm**

**Voting Membership**

**Present**

Dr Hugh Porter (Chair)  
Councillor Eunice Campbell-Clark  
Sarah Collis  
Lucy Hubber  
Michelle Tilling

**Absent**

Dr Manik Arora  
Councillor Cheryl Barnard  
Diane Gamble  
Sara Storey  
Catherine Underwood  
Councillor Adele Williams

**Non-Voting Membership**

**Present**

Superintendent Kathryn Craner  
Stephen Feast  
Tim Guyler  
Jules Sebelin

**Absent**

Louise Bainbridge  
Mel Barrett  
Dr Sue Elcock  
Stephen McAuliffe  
Leslie McDonald  
Craig Parkin  
Jean Sharpe

Elaine Mulligan (substitute for Jean Sharpe)

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

- Rich Brady - Programme Director, Nottingham City Integrated Care Partnership
- Amy Callaway - Assistant Director of Quality, Transformation and Oversight, NHS Nottingham and Nottinghamshire Clinical Commissioning Group
- Adrian Mann - Governance Officer, Nottingham City Council

**37 Apologies for Absence**

- Dr Manik Arora - GP Representative, NHS Nottingham and Nottinghamshire Clinical Commissioning Group
- Louise Bainbridge - Chief Executive, Nottingham CityCare Partnership
- Councillor Cheryl Barnard - Portfolio Holder for Children and Young People, Nottingham City Council
- Mel Barratt - Chief Executive, Nottingham City Council
- Dr Sue Elcock - Medical Director and Executive Director of Forensic Services, Nottinghamshire Healthcare NHS Foundation Trust
- Stephen McAuliffe - Deputy Registrar, University of Nottingham
- Leslie McDonald - Executive Director, Nottingham Counselling Centre

Craig Parkin	-	Deputy Chief Fire Officer, Nottinghamshire Fire And Rescue Service
Jean Sharpe	-	District Senior Employer and Partnerships Leader, Department for Work and Pensions
Sara Storey	-	Director of Adult Social Care, Nottingham City Council
Catherine Underwood	-	Corporate Director for People, Nottingham City Council
Councillor Adele Williams	-	Portfolio Holder for Adults and Health, Nottingham City Council

### **38 Declarations of Interests**

None.

### **39 Minutes**

The minutes of the meeting held on 29 September 2021 were confirmed as a true record and signed by the Chair.

### **40 Co-Production in the Nottingham and Nottinghamshire Integrated Care System**

Amy Callaway, Assistant Director of Quality, Transformation and Oversight at the NHS Nottingham and Nottinghamshire Clinical Commissioning Group (CCG), presented a report on the Integrated Care System's (ICS) approach to working with people and communities in relation to co-production. The following points were discussed:

- (a) the ICS has a commitment to working with people and communities to shape healthcare services that are suitable for and accessible to all people and all partners in all areas. The ICS aims to ensure meaningful involvement in co-commissioning and co-development, in a context of substantive culture change. Strategic co-production represents working with people and communities to ensure that a collective voice is heard as part of a real focus on equal and reciprocal relationships, and it is intended to improve outcomes for individuals by achieving a greater confidence and ownership of services that have been co-designed;
- (b) the ICS' three key aims are to embed co-production in all work across the Nottingham and Nottinghamshire area as the default position; to embed genuine co-production within all elements of system design and delivery; and to involve people in the co-design and co-commissioning of systems and services in a meaningful way, as a powerful voice alongside those of the professional organisations. The key principle is to build upon the co-production best practice, expertise and learning that has taken place already across the health, social care and voluntary sector organisations, both locally and nationally;
- (c) delivery will be carried out under an umbrella, ICS-wide co-production strategy. A toolkit will be provided to ensure that everyone has the equipment and skills needed to co-produce effectively, and the resources and training will be made

available through an accessible platform. A strategic co-production group will be established to work across the ICS, including people with lived experience to advise on system design, delivery and commissioning, along with key champions to support the co-production approach;

- (d) system-wide co-production steering and working groups have been established, including executive director-level partner representation, to provide strategic direction on the development of the co-production approach and to scope and develop detailed proposals using local and national best practice. It is the intention that 50% of the people on the steering and working groups will have lived experience. The working group has a focus on developing as diverse a representation in the co-production process as possible by actively seeking to engage with and include people who have not typically been involved before;
- (e) the CCG and the Nottingham Community Voluntary Service are also engaging with communities on how they can work with them as part of the recovery from the Coronavirus pandemic, and are providing training and support to communities that are not currently equipped to engage effectively on how services are delivered, to help them to achieve a stronger voice;
- (f) work will be carried out to maximise access to peer networks and learning from other regional and national best practice. Steps are also underway to align development work with regional and national strategies, including the development of the new Nottingham City Joint Health and Wellbeing Strategy. As part of embedding co-production across the system to achieve improved services with lived experience at the heart, a robust review and evaluation process will be put in place, to ensure a clear system direction for the future. It is proposed to have an overall strategy in place for April 2022;
- (g) the Board acknowledged that the ICS co-production proposals represent a high-level, system-wide strategy to set aspirations. Ultimately, clarity will be needed on what specific areas and particular services will benefit most from co-production, to ensure that people with the right lived experience can be involved. It will also be vital to establish what the intended outcomes for the people and communities participating in the identified areas of co-production will be, and how those outcomes will be seen to be delivered;
- (h) the Board considered that as many people as possible must be involved in co-production, and that every effort should be made to reach those people with lived experience who are not normally known and involved in service development processes. The range of voices heard should be broad, rather than narrowly selected. Strong engagement is required with emerging communities, and those involved in co-production must be able to see the process resulting in tangible outcomes for them;
- (i) the Board noted that co-production involves working directly with a relatively small number of people. It is therefore important that those people are widely representative and that a full range of voices can be heard in decision-making, so that the services put in place are a meaningful response to the needs identified by communities. As such, culture change is required so that partners can adapt creatively to hearing and responding to the voice of communities in as many ways

as possible, particularly those that face challenges in communicating their needs, and to enable communities to have more control over the services put in place;

- (j) the Board felt that it is also important that an assurance process is in place to show that community voices will reach and inform the work of the Integrated Care Partnership (ICP) Board, and that the impact of community voices at this level can be demonstrated through the ICP Board's decision-making on issues such as commissioning. Careful consideration is required on how to best support communities achieve what they want to see in their healthcare services, and on how to show clearly that co-production is present, meaningful and taken seriously by partners at all levels of the system.

The Board thanked the Assistant Director of Quality, Transformation and Oversight for her presentation on co-production, and noted the report.

#### **41 Development of the Joint Health and Wellbeing Strategy for Nottingham City**

Lucy Hubber, Director of Public Health at Nottingham City Council, and Rich Brady, Programme Director at the Nottingham City Integrated Care Partnership, presented a report on the development of the new Joint Health and Wellbeing Strategy (JHWBS) for Nottingham City. The following points were discussed:

- (a) the Health and Wellbeing Board has a statutory duty to develop a JHWBS, which requires partners to work together to develop a collective understanding of the needs of the local community and agree joint priorities for addressing them, to improve health and wellbeing outcomes and reduce health inequalities;
- (b) the previous strategy was published in 2016 and expired in 2020. Over the last two years, the city, its residents and the health and wellbeing system have experienced the substantial impacts of the Coronavirus pandemic, which has highlighted and further exacerbated existing health inequalities. Following changes within the NHS, the revised JHWBS will form the key place-level strategic plan for the Integrated Care System's (ICS) work to address health inequalities in Nottingham. The new JHWBS must be brought into effect during March 2022, and the implementation processes for the priority areas will then begin in the first quarter of 2022/23;
- (c) it is vital that the strategy represents an active, interactive and public-facing document that is used to identify and deliver areas of system change, to make a real difference for the city population. There will be an important focus on the recovery from the Coronavirus pandemic and on reducing the drivers of health inequality. It is vital that the strategy is informed by lived experience, and all partners need to take ownership for its delivery;
- (d) the previous strategy took a broad approach in identifying priorities, which made effective delivery in a given area a significant challenge. Ultimately, it is not possible to address all the identified issues together and at once. As such, the new JHWBS will be very focussed and specific, highlighting areas and setting priorities for joint action where collective efforts will have the greatest real impact;

- (e) there are six key underpinning principles for the proposed JHWBS. Its priorities will be developed on the basis of the known data and intelligence, the local strategic priorities and the national legislation and policy, together with consultation with communities and people with lived experience. An engagement session led by the Nottingham Community and Voluntary Service and Healthwatch Nottingham and Nottinghamshire is being planned for December 2021 / January 2022, with wider engagement to follow;
- (f) there are major challenges in Nottingham regarding healthy life expectancy, and there are only two other regions in the country where the healthy life expectancy for women is lower. Overall, women in Nottingham are leading shorter lives, with one third living in poor health – which is contributed to by issues such as smoking, drug use, alcohol consumption, poor diet and air pollution. Work is underway to address an increasing trend in smoking, and growing levels of obesity;
- (g) it is vital that the new JHWBS is based around a specific Nottingham public health model. The opportunity for a health life is also being approached in the context of household income, unemployment and deprivation. There has been a focus on both changing behaviour and providing the right healthcare services, but these approaches need to be brought together to address the wider determinants of health effectively within communities. It is important to wrap provision around the individual, with parity given to meeting both physical and mental health needs. Work will be carried out with communities and individuals to achieve suitably tailored healthcare approaches. In the context of addressing the wider determinants of health, it is also important to engage with employers and housing providers;
- (h) a series of workshops took place between partners earlier in the year to discuss how the JHWBS could be delivered effectively. It will be important for partners to work together to agree and develop focused programmes for delivery in partnership. It is proposed that the Health and Wellbeing Board will oversee the development of programmes by a Nottingham City Place-Based Partnership (PBP) Executive Board, which will deliver the outcomes set out in the JHWBS. A PBP Programme Board will monitor the progress and secure the successful delivery of PBP programmes. Programme Leads will be identified for each JHWB strategy priority work stream, each of which will have an executive sponsor, and will be resourced by the partners. Individual programmes will then be lead by a designated partner organisation;
- (i) the Board welcomed the proposed principals of the new JHWBS, which seek to address health inequalities through their wider determinants. All elements of a person's life have an impact on their health, so an overarching, full-system approach and engagement is needed to improve services and delivery – particularly for people with especially complex needs. All partners should be able to communicate what they are doing within the strategy, and how it is making a difference;
- (j) the Board observed that it is positive for the strategy to focus closely on a smaller number of areas, to be able to show real change. The social care system should be accounted for appropriately in the strategy, with parity given to the people working in every area of the local public health model. A particular focus should

be given to how the healthcare system works with the voluntary and community sector. There are ongoing challenges in addressing deprivation and poverty, which form the root of wider health issues, and a good economic position is needed to be able to deliver the strategy properly – particularly when there are risks around funding for services being lost;

- (k) the Board considered that the proposed strategy represents an opportunity to make a real difference by listening to and supporting communities on the delivery of their local services, and then enabling community schemes to be delivered more widely. As such, meaningful co-production should be carried out at the level where it will make a visible difference, rather than solely at the strategic level.

**Resolved to approve the direction of travel of the new Joint Health and Wellbeing Strategy for Nottingham City as set out in the report, and the timescales for its development and approval, including the plans for stakeholder and community engagement in the development of the strategy and its shared priorities, and the intention for co-produced delivery plans.**

#### **42 Nottingham Community and Voluntary Service - 'State of the Sector 2021' Interim Report**

Jules Sebelin, Chief Executive of the Nottingham Community Voluntary Service, presented a report on the findings of the recent 'State of the Sector' survey for Nottingham's voluntary and community services. The following points were discussed:

- (a) the survey was carried out in the summer, with responses returned from a wide range of charities and community groups of various sizes. Work has started on processing the results of the survey, with a final report to be completed during December;
- (b) the sector has demonstrated adaptability and resilience over the last 18 months. The statutory services responded well to supporting people during the Coronavirus pandemic, though a great deal of delivery relied on a large number of volunteers working at the community level. However, although organisations were able to pivot quickly to respond to the crisis, there has been very little opportunity for them to plan for the future. More organisations are now working together in a collaborative way to provide services, rather than competing against each other for scarce funding. There is also very close working in place with the public sector;
- (c) the sector has a number of sources of income, with some funding increased for Coronavirus response and recovery, though the availability of this emergency funding is now declining. However, 47% of the organisations surveyed reported that the funding they receive does not cover all of their costs, and only 48% considered their funding situation to be stable. Funding challenges appear to be particularly pronounced amongst the medium-sized organisations. Work is underway to analyse whether the rise in grants during the pandemic represented enough funding to cover the necessary costs of delivery, or whether organisations were still working with a funding deficit;



- (d) core costs are a significant problem for the sector as they are often not covered by the external funding available, so organisations have to use reserves to support their service delivery, rather than for investment in development. Reserves are difficult to generate, and reserves levels are declining. Increasing inflation is causing issues and, as the sector is a major employer, it is important that organisations are able to pay a living wage. However, the requirement for organisations to close budget gaps can have significant knock-on effects, both for staff and service users;
- (e) securing a sustainable funding base is a significant challenge for most organisations. Successful funding bids are difficult to produce and need to be done by skilled people, but it is difficult to recruit experienced bid-writing staff, and there are also technical skills shortages in other areas. Sustainability problems can also be caused where a significant level of funding is granted to enable an organisation to grow, then leading to that organisation becoming funding-dependent in order to maintain its expanded service provision, particularly in the current context of rising levels of referrals. As such, a sustainable model of strategic investment in the sector by both national and local government is vital;
- (f) volunteers are essential and a huge number came forward during the pandemic, though volunteers were not used to replace paid staff. Volunteering levels still remaining high, with volunteers now also returning to certain sectors that had to close during the pandemic. Volunteers carry out critical delivery work, but it is also vital that organisations have the capacity to manage and support them fully and effectively. There are significant challenges in volunteer leadership roles, which themselves may be filled by a volunteer, and the proper support structures must be in place. It is also important that the right infrastructure is present to ensure that volunteers recruited through national and regional campaigns can then be deployed effectively at the local level;
- (g) the Board noted the challenges of grant dependency in the sector, particularly in the context of declining funding levels, while the levels of referrals are growing as a result of the Coronavirus pandemic – often due to backlogs in GP and hospital appointments. The current situation is very changeable and measures must be taken to ensure that community assets are preserved. The sector enables provision that cannot always be delivered directly through the statutory services, and it is not possible for these services to be delivered in the context of a commercial business model. There is scope for reconsidering how the voluntary and community sector is defined in terms of providing ‘value’, which could be better expressed as how it can improve ‘quality of life’;
- (h) the Board considered that there is a real need for strategic investment in the sector, with support for capacity building present in the system to help organisations develop financial sustainability and continue effective service provision. It recommended that serious consideration is given to strategic investment at both the Place-Based Partnership and Integrated Care System level.

The Board thanked the Chief Executive of the Nottingham Community Voluntary Service for her presentation on the results of the ‘State of the Sector’ survey, and noted the report.

#### **43 Nottingham City Place-Based Partnership Update**

Rich Brady, Programme Director at the Nottingham City Integrated Care Partnership (ICP), presented a report on the ICP's current programme priorities. The following points were discussed:

- (a) good progress is being made within the Black, Asian and Minority Ethnic health inequalities programme, with positive work taking place between partners and communities to address structural and racial inequalities, including senior participation from the regional Integrated Care System. A maturity matrix is being co-designed to assess how responsive service provision and commissioning is to specific community and cultural needs. The final matrix is expected to be ready for use in early 2022, but it is vital that all partners take real action to support the elimination of structural and racial inequalities following the assessment process;
- (b) the current flu vaccination programme is not progressing as quickly as last year, and there have been some problems around vaccine supply. However, a great deal of strong partnership working is underway to ensure that everyone can access a vaccine, with better data sharing now in place between acute, community and primary care services;
- (c) a successful bid has been made to the national 'Changing Futures' programme, securing over £3.5 million to support people experiencing severe multiple disadvantage in Nottingham. Recruitment is underway for programme delivery roles;
- (d) positive activity is underway between care providers on how partners can support each other effectively, with a particular focus on how the significant demand on the healthcare services can be managed successfully by working together differently. Work is taking place to investigate how a Place-Based Partnership structure can be developed to become as an effective service delivery vehicle as possible.

The Board noted the report.

#### **44 Coronavirus Update**

Lucy Hubber, Director of Public Health at Nottingham City Council, provided an update on the current position in relation to the Coronavirus pandemic. The following points were discussed:

- (a) case levels have been stable over the last few months and, although numbers are now starting to rise in line with the general national trends, the rate of increase is lower than the national average. There have been no specific outbreak cases, but the virus is being transmitted generally through communities, often due to increased levels of social contact;
- (b) the current increase in cases is being seen across most age groups, with higher levels occurring amongst school-age children – particularly those in primary school. As such, schools are being monitored very closely. The over 60 age group

saw a growth in cases towards the end of September and start of October, but there is a high level of vaccination in this demographic and the case levels are now declining again;

- (c) the Board considered that it is important that people should continue to wear effective face coverings wherever possible, as Coronavirus is clearly still present within communities. It hoped that partners will continue to carry out strong messaging both locally and nationally, in order to do everything possible to stop the virus spreading further.

The Board noted the update.

#### **45 Board Member Updates**

Board Members provided the following updates:

- (a) Catherine Underwood, Corporate Director for People at Nottingham City Council, submitted a report on the current work being carried out by the Council's Children's and Adults' Services;
- (b) Sarah Collis, Chair of Healthwatch Nottingham and Nottinghamshire, reported that Healthwatch's annual general meeting will take place on Thursday 2 December. Healthwatch is aiming to recruit members to its Board of Trustees, and is also seeking other volunteers, who can provide support at a strategic level, and will be circulating further information on the opportunities available.

The Board noted the updates from members.

#### **46 Work Plan**

The Chair presented the Board's proposed work plan for the 2021/22 municipal year. If members have any comments or suggestions for future items to be considered by the Board, these can be forwarded to Nottingham City Council's Director for Public Health. Issues that can be presented by multiple Board members are particularly welcome.

The Board noted the Work Plan.

#### **47 Future Meeting Dates**

- **Wednesday 26 January 2022 at 1:30pm**
- **Wednesday 30 March 2022 at 1:30pm**

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**Nottingham City Council**  
**Nottingham City Health and Wellbeing Board: Commissioning Sub-Committee**

**Minutes of the meeting held in the Ground Floor Committee Room, Loxley House, Station Street, Nottingham, NG2 3NG on Wednesday 24 November 2021 from 4:10pm to 4:21pm**

**Voting Membership**

**Present**

Sarah Fleming (Chair)

Councillor Eunice Campbell-Clark  
(substitute for Councillor Adele Williams)

**Absent**

Dr Manik Arora

Katy Ball

Councillor Adele Williams

**Non-Voting Membership**

**Present**

Lucy Hubber

**Absent**

Sarah Collis

Sara Storey

Ceri Walters

Helen Watson

**Colleagues, partners and others in attendance**

- Adrian Mann - Governance Officer, Nottingham City Council  
Naomi Robinson - Senior Joint Commissioning Manager, NHS Nottingham and Nottinghamshire Clinical Commissioning Group

**Call-in**

Unless stated otherwise, all decisions made by the Nottingham City Health and Wellbeing Board: Commissioning Sub-Committee are subject to call-in. The last date for call-in is **Friday 3 December 2021**. Decisions cannot be implemented until the next working day following this date.

**7 Changes to Membership**

The Committee noted that Lucy Hubber has replaced David Johns as Director of Public Health at Nottingham City Council.

**8 Apologies for Absence**

- Dr Manik Arora - GP Lead, NHS Nottingham and Nottinghamshire Clinical Commissioning Group  
Sarah Collis - Chair, Healthwatch Nottingham and Nottinghamshire  
Sara Storey - Director of Adult Social Care, Nottingham City Council  
Helen Watson - Interim Director of Children's Integrated Services, Nottingham City Council  
Councillor Adele Williams - Portfolio Holder for Adults and Health, Nottingham City Council

## **9 Declarations of Interests**

None.

## **10 Minutes**

The Committee confirmed the minutes of the meeting held on 26 May 2021 as a correct record and they were signed by the Chair.

## **11 Better Care Fund Plan 2021/22**

Sarah Fleming, Head of Joint Commissioning at NHS Nottingham and Nottinghamshire Clinical Commissioning Group (CCG), presented a report on the Better Care Fund (BCF) 2021/22 Planning Template and Narrative Plan. The following points were discussed:

- (a) the national BCF planning requirements for 2021/22 were released on 30 September. As such, the associated BCF Planning Template had to be completed rapidly for submission on 17 November, following sign-off by all of the required members and officers, in line with NHS England's deadlines. Following submission, NHS England requested a further breakdown of the allocation of the Improved Better Care Fund grant, so work is underway between the CCG and the Council to provide this information by the end of the week;
- (b) the local BCF plan continues to include a range of integrated services aimed at supporting people to live independently in the community, and to improve outcomes. The planning requirements now include three new performance metrics, which are: addressing unplanned hospitalisation for chronic, ambulatory, care-sensitive conditions; reducing lengths of stay in hospital; and improving the proportion of people discharged from hospital to their usual place of residence. There is also an expectation that stretching targets are implemented, so the BCF plan performance metrics and targets for 2021/22 have been reviewed and established to meet the new planning requirements;
- (c) the optional BCF Narrative Plan has also been completed to set out the strategic overview and context of the local BCF plan, including how BCF programme areas align to wider commissioning, the local priorities for 2021/22 and the approach to further integration. The narrative highlights the continued work to review the BCF plan in the context of developing a joint commissioning strategy and work plan, and the wider developments in the Integrated Care System and local Place-Based Partnership;
- (d) the Committee noted that Councillor Adele Williams is the current Chair of the Nottingham City Health and Wellbeing Board, so the cover sheet to the BCF Planning Template should be corrected to reflect this.

**Resolved to approve the Better Care Fund Planning Template 2021/22 and the associated Better Care Fund Narrative Plan.**

- Reasons for the decision

To comply with NHS England's national Better Care Fund planning and reporting requirements.

- Other options considered

To not submit a return within the required timeline: this option was rejected as the submission of the Better Care Fund Planning Template to NHS England is a national requirement.

## **12 Future Meeting Dates**

- **Wednesday 26 January 2022 at 4:00pm**
- **Wednesday 30 March 2022 at 4:00pm**

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**Nottingham City Health and Wellbeing Board  
Wednesday 26 January 2022**

	<b>Report for Resolution</b>
<b>Title:</b>	Suicide Prevention in Nottingham City
<b>Lead Board Member(s):</b>	Lucy Hubber – Director of Public Health, Nottingham City Council
<b>Author and contact details for further information:</b>	Helen Johnston – Consultant in Public Health, Nottingham City Council <a href="mailto:helen.johnston@nottinghamcity.gov.uk">helen.johnston@nottinghamcity.gov.uk</a>  Beth Hopcraft – Public Health Insight Specialist, Nottingham City Council <a href="mailto:bethan.hopcraft@nottinghamcity.gov.uk">bethan.hopcraft@nottinghamcity.gov.uk</a>
<b>Brief summary:</b>	The purpose of this report is to provide an update on progress made on the approach to suicide prevention in Nottingham and the engagement with partners on the Stakeholder Network, and to seek approval for the refreshed Suicide Prevention Action Plan.

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

The Health and Wellbeing Board is asked to:

- 1) endorse the refreshed Suicide Prevention Action Plan;
- 2) identify a named Mental Health Champion within each partner organisation who can assist with co-ordinating engagement with the Suicide Prevention Stakeholder Network, facilitate participation in the mental health and suicide prevention training needs assessment, and support embedding the suicide prevention activities across the system.

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

<b>Health and Wellbeing Strategy aims and outcomes</b>	<b>Summary of contribution to the Strategy</b>
Aim: To increase healthy life expectancy in Nottingham and make us one of the healthiest big cities.	Suicide has a significant, lasting, and often devastating impact – economically, psychologically and emotionally – on individuals, families, communities and the wider society. Suicide is preventable and suicide prevention remains a national and
Aim: To reduce inequalities in health by targeting the neighbourhoods with the	

lowest levels of healthy life expectancy.	local priority.
Outcome 1: Children and adults in Nottingham adopt and maintain healthy lifestyles.	<p>The Council's aim is to reduce the rate of suicide and self-harm in Nottingham by proactively improving population mental health and wellbeing, and by responding to known risks for suicide. Responses are targeted toward certain higher-risk population groups in line with national, regional and local trends.</p> <p>A recently evaluated post-intervention bereavement service is available to manage the risk to people who are impacted by suicide. Through the development of projects funded by Wave 4 grant funding, the population will have sustainable knowledge and access to information and support with the aim of preventing suicide and self-harm.</p>
Outcome 2: Children and adults in Nottingham will have positive mental wellbeing and those with long-term mental health problems will have good physical health.	
Outcome 3: There will be a healthy culture in Nottingham in which citizens are supported and empowered to live healthy lives and manage ill health well.	
Outcome 4: Nottingham's environment will be sustainable – supporting and enabling its citizens to have good health and wellbeing.	

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

The suicide prevention agenda is integral in the mental health and wellbeing improvement aims of the Board. It is acknowledged that poor mental health, as well as poor physical health, increases a person's risk of dying by suicide. Suicide is universal: prevention must span all populations, communities and demographics. The refreshed Action Plan developed by the Suicide Prevention Strategy Group details ways in which organisations and professionals can support the agenda.

<b>Background papers:</b>	<p>NHS Long Term Plan 2019  <a href="https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/">https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/</a></p> <p>Nottingham City Council Suicide Joint Strategic Needs Assessment, 2018  <a href="https://www.nottinghaminsight.org.uk/themes/health-and-wellbeing/joint-strategic-needs-assessment/adults/suicide-2018/">https://www.nottinghaminsight.org.uk/themes/health-and-wellbeing/joint-strategic-needs-assessment/adults/suicide-2018/</a></p> <p>Public Health Profiles: Suicide Prevention Profile, Public Health England.  <a href="https://fingertips.phe.org.uk/profile-group/mental-health/profile/suicide">https://fingertips.phe.org.uk/profile-group/mental-health/profile/suicide</a></p> <p>Nottingham City and Nottinghamshire Suicide Prevention Strategy 2019-23.  <a href="https://committee.nottinghamcity.gov.uk/documents/s98367/Suicide%20Prevention%20Strategy.pdf">https://committee.nottinghamcity.gov.uk/documents/s98367/Suicide%20Prevention%20Strategy.pdf</a></p>
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	<p>University of Manchester National Confidential Inquiry into Suicide and Safety in Mental Health – Suicide in England since the COVID-19 pandemic. <a href="https://documents.manchester.ac.uk/display.aspx?DocID=51861">https://documents.manchester.ac.uk/display.aspx?DocID=51861</a></p>
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# **Suicide Prevention in Nottingham City Update for the Nottingham City Health and Wellbeing Board, January 2022**

## **Purpose of the Report**

The purpose of this report is to update on progress made on the approach to suicide prevention in Nottingham City, engage with partners on the Stakeholder Network, and seek approval for the refreshed suicide prevention action plan.

## **Recommendations**

The Health and Wellbeing Board is asked to:

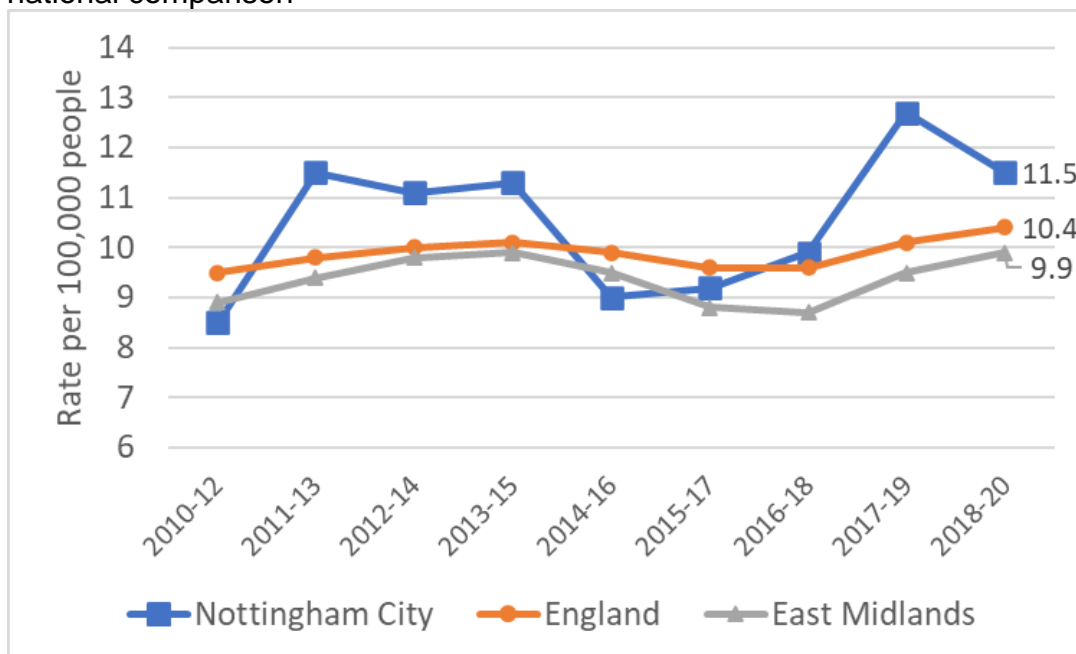
- 1) endorse the refreshed Suicide Prevention Action Plan; and
- 2) identify a named Mental Health Champion within each partner organisation who can assist with co-ordinating engagement with the Suicide Prevention Stakeholder Network, facilitate participation in the mental health and suicide prevention training needs assessment, and support embedding the suicide prevention activities across the system.

## **Background**

1. Suicide has a significant, lasting, and often devastating impact – economically, psychologically and emotionally – on individuals, families, communities, and the wider society. Suicide is preventable and suicide prevention remains a national and local priority. Our aim is to reduce the rate of suicide and self-harm in Nottingham City by proactively improving population mental health and wellbeing, and by responding to known risk for suicide.
2. Suicide occurs within every population and across every demographic, but certain groups of people are known to be at a higher risk of suicide than the general population, including:
  - men aged 35-59 years;
  - people in the care of mental health services, particularly those recently discharged from inpatient care;
  - people with a history of self-harm and/or suicide ideation;
  - people in contact with the criminal justice system;
  - people who have experienced social pressures such as financial hardship, or breakdown of relationship;
  - people who use drugs and/or alcohol; and
  - those who experience abuse or discrimination, such as people who identify as Lesbian, Gay, Bisexual and/or Transgender (LGBT+); Black, Asian and Minority Ethnic (BAME) communities, and those with long-term health conditions and or disabilities.

3. There is a strong relationship between suicide and socio-economic deprivation. Those in the poorest socio-economic group are 10 times more at risk of suicide than those in the most affluent group.
4. Suicide rates are reported as 3-year rolling averages, as annual rates can fluctuate widely. **Figure 1** shows the 3-year average suicide rate per 100,000 people between 2010 and 2020 for Nottingham City, with a regional (East Midlands) and national (England) comparison. In Nottingham City, average suicide rates for 2018-2020 were slightly lower than 2017-2019, reducing to 11.5 from 12.7 per 100,000 people. The number of deaths by suicide in Nottingham City reduced from 99 in 2017-19 to 91 in 2018-20. By comparison, during this period, the England average rate marginally increased from 10.1 to 10.4 per 100,000 people. There is notable fluctuation of suicide rates across the time periods, and deviation from the national and regional rates in most years.

**Figure 1:** suicide rate per 100,000 people in Nottingham City with regional and national comparison



Source: Public Health England. Suicide Prevention Profile (2021)

5. The Office for National Statistics report annually on deaths by suicide. Due to the lengthy process with which these deaths are confirmed, a national real-time surveillance set up by University of Manchester (NCISH) allows for more current observation of suicide rates. This has provided some data for England from recent months, i.e., during the COVID-19 pandemic. According to NCISH preliminary figures, there has been no rise in suicides or self-harm incidents during or post-lockdown (April-August 2020) compared with pre-lockdown figures (January-March 2020). There was an increase of 7.3% of deaths from April-August 2019 to April-August 2020, which was in line with the overall increase in recent years and the development of real-time surveillance systems across the country.

6. The number of self-harm incidents is more difficult to quantify as these are mostly recorded through presentations to Emergency Department and other health services, some of which do not have a reliable mechanism for monitoring self-harm. Levels of self-harm have been closely monitored throughout the pandemic. It is believed that there has been a reduction in self-harm presentations to health services. The reasons for this are multifaceted, including changes to provision of healthcare, isolation due to COVID, lockdown and discouragement from attending Emergency Department.

### **Real-Time Surveillance (RTS)**

7. In addition to nationally collected data, Nottingham City is part of the Nottinghamshire RTS system, established in February 2019, which enables Public Health to monitor and respond to suspected suicides and clusters, with the aim of preventing further suicides. The local Suicide Cluster Response Plan Guidance was developed to ensure the system is able to respond swiftly if any potential clusters are identified.
8. Currently, Nottinghamshire Police and the British Transport Police report potential suicide deaths to Public Health, who conduct a fortnightly review. A RTS Information System is being tendered for, due to be awarded in January 2022. This will enable easier production of routine and bespoke reports, reducing reliance on manual data analysis for real-time reporting of potential suicide deaths.

### **Suicide Prevention Strategic Steering Group (SPSSG)**

9. The SPSSG has been constituted by the Nottingham City and Nottinghamshire County Integrated Care System (ICS) Mental Health Board, and the Health and Wellbeing Boards (Nottinghamshire County and Nottingham City). The SPSSG is responsible for the development and implementation of a suicide prevention strategy and plans across Nottingham City and Nottinghamshire. The SPSSG leads the joint Nottingham City and Nottinghamshire County suicide prevention strategy and monitors delivery of system wide suicide prevention activity, trends and patterns.
10. A key component of suicide prevention is to influence and inform populations, professionals, organisations and local businesses. Suicide prevention is everyone's business and effective delivery of the Suicide Prevention Action Plan requires a whole system approach. A Suicide Prevention Stakeholder Network is being developed with the aim of furthering the reach of the strategy and widening the opportunities to deliver on outcomes from the Action Plan. The Stakeholder Network will combine a range of statutory, voluntary and community sector and private sector organisations. The Network will provide access to front-line services and enable partners to shape the Suicide Prevention strategic direction and the progress and roll out of the Wave 4 programme. The first Network meeting is intended for February 2022.
11. A Further Education and Higher Education suicide prevention network has been established to share learning and best practice for suicide prevention among

students. The group owns an action plan which feeds into the SPSSG action plan, where appropriate.

#### **Wave 4 Suicide Prevention Programme**

12. The Suicide Prevention Strategy Group were successful in obtaining funding from NHS England Wave 4 Suicide Prevention Funding in November 2020. The Wave 4 suicide prevention programme is a three-year programme of NHSE funding. A Public Health and Commissioning Manager within Nottinghamshire County Council is coordinating this programme, working alongside Nottingham City Public Health officers. The programme will be underpinned by a clear evaluation framework, and co-production and participation of people with lived experience.
13. The Wave 4 programme is grouped into four themes aligned with the priorities within the Nottingham and Nottinghamshire Suicide Prevention Strategy (2019-23): competency, compassion, knowledge and skills; communications and public awareness; prevention support for high risk groups; and real-time surveillance.

#### **Competency, Compassion, Knowledge and Skills**

14. Design, development, and delivery of suicide prevention training is a clear focus to enable sustainability within the wider workforce. Nottingham City Public Health officers will be supporting the procurement and implementation of a mental health and suicide prevention training needs assessment which will engage with organisations across all sectors, people with lived experience and community champions.
15. Based on the findings from the training needs assessment, it is anticipated that some training will be commissioned via procurement of a Framework Agreement contract. Training may also be commissioned for the wider community and to support the development of a network of community champions for suicide prevention.

#### **Communications and public awareness**

16. As part of the Wave 4 programme, there is ongoing work to develop a recognisable brand and campaign with the whole population and targeted approaches to raise awareness and reduce the stigma around suicide. Communications will be developed with co-production groups to ensure service users, people with lived experience and service providers work together to produce effective resources and campaigns. Nottingham City Council's Communication and Marketing Team are leading on the design of this set of communications. The designs have been shared at the SPSSG and will be shared with the Stakeholder Network. Once the materials are at a suitable point, people with lived experience, and co-production groups will have the opportunity to give feedback.



## **Prevention Support for High Risk Groups**

17. There is ongoing targeted delivery of support to people at risk of suicide including crisis and wider suicide prevention services. The 24/7 Mental Health Crisis Line offers immediate help to people of all ages experiencing a mental health crisis across Nottingham and Nottinghamshire. The Crisis Line is available 24 hours a day, seven days a week and ensures that people get the help they need when they need it most.
18. Nottinghamshire Crisis Sanctuaries provide mental health crisis support to communities across Nottinghamshire. The sanctuaries were developed after extensive consultation and engagement with a wide range of stakeholders, partners, and people with lived experience. The Crisis Sanctuaries are delivered through a partnership of Framework, Harmless, Turning Point and Mind. The Crisis Sanctuaries are open to anyone over 18 who are near or at a mental health crisis who need a safe space to talk. Each Crisis Sanctuary has 3 trained Crisis Intervention Workers who provide recovery-focused crisis support in a trusted and consistent space for people who require out of hours mental health support. Support can be provided in person, or if preferred via telephone or through video calling platforms.
19. Funding within the Wave 4 programme has been set aside for the provision of specialist and targeted suicide prevention and crisis support and also self-harm. A self-harm pathway mapping exercise and a suicide crisis pathway mapping exercise are being finalised and will inform the model for support, as will engagement with people with lived experience.
20. The local postvention suicide bereavement service continues to work with people who are affected by a suicide. This service was evaluated in July 2021.
21. The first wave of a small grants process will be launched before March 2022 to support community groups with small scale but high impact. It is hoped that grassroots organisations and community projects will be encouraged to apply for this funding to increase provision for people who may not engage with mainstream services, with the aim of reducing suicides within these communities and populations.

## **Suicide Prevention Action Plan Refresh 2021**

22. The Suicide Prevention Action Plan has been refreshed. The refresh has been informed by a progress review against the current plan, in addition with the review of recently published documents and reports on suicide prevention at both local and national levels. The key updates to the action plan include actions related to governance and equality, Real Time Surveillance, service delivery and populations. The full Suicide Prevention Action Plan refresh is included in **Appendix 1.**

## Priorities for 2021/22

23. The suicide prevention priorities for the partnership are:

- **Action 1: To support a consistent approach to suicide prevention, including endorsing the Suicide Prevention Action Plan refresh**
- **Action 2: To support the continued delivery of the Wave 4 suicide prevention programme and suicide prevention activities**
- **Action 3: To commit to further improving the knowledge, competencies and skills of the workforce in relation to suicide prevention**

## Background Papers

NHS Long Term Plan, 2019

<https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/>

Nottingham City Council Suicide Joint Strategic Needs Assessment, 2018

<https://www.nottinghaminsight.org.uk/themes/health-and-wellbeing/joint-strategic-needs-assessment/adults/suicide-2018/>

Public Health Profiles: Suicide Prevention Profile, Public Health England

<https://fingertips.phe.org.uk/profile-group/mental-health/profile/suicide>

Nottingham City and Nottinghamshire Suicide Prevention Strategy 2019-23

<https://committee.nottinghamcity.gov.uk/documents/s98367/Suicide%20Prevention%20Strategy.pdf>

University of Manchester National Confidential Inquiry into Suicide and Safety in Mental Health – Suicide in England since the COVID-19 pandemic

<https://documents.manchester.ac.uk/display.aspx?DocID=51861>

## 2021 revision of Nottingham and Nottinghamshire Suicide Prevention Action Plans - high level actions

Table of abbreviations and terms					
BTP	British Transport Police	LTC	Long term condition	PHE	Public Health England
CCG	Clinical Commissioning Group	NHFT	Nottinghamshire Healthcare NHS Foundation Trust	RTS	Real Time Surveillance
DV	Domestic violence	NHSE/I	NHS England/Improvement	SPSG	Suicide Prevention Steering Group
EIA	Equality Impact Assessment	NICE	National Institute of Health and Care Excellence	ToR	Terms of Reference
FE	Further Education	Op Courage	Op Courage is part of a nine-point NHS plan to support the Armed Forces.		
HE	Higher Education	PH	Public Health		

Ref	Action	Owner	Timescale	Status	
<b>Nottingham and Nottinghamshire Suicide Prevention Core Plan</b>					
<b>Governance and Equality</b>					
Page 27	1	Review and update the governance structure for suicide prevention, including refresh of Suicide Prevention Steering Group (SPSG) Terms of Reference (ToR), establishing a new Suicide Prevention (SP) Stakeholder Network and a Further and Higher Education Network	PH and partners	2021/22	New. In progress
	2	Undertake an Equality Impact Assessment (EIA) of the Suicide Prevention Action Plan	PH and partners	2021/22	New
	3	Undertake a Health Equity Audit (in relation to protected characteristics, other inequalities and wider determinants, including specific groups e.g. veterans) that can inform future service developments	PH and partners	2021/22	New
<b>Real Time Surveillance</b>					
	4	Undertake an evidence review (including learning from other areas) on reducing access to means for the most common methods of suicide identified locally and review recommendations for local action	RTS	2022	New
	5	Agree revised minimum data set for RTS inline with PHE minimum dataset (including antecedents such as domestic violence, substance misuse, long term conditions etc) and commence reporting into the national Public Health England Real Time Surveillance System.	RTS	2022	New
	6	Move to weekly reporting of potential suicide deaths by Nottinghamshire Police reporting and expand data to include mention of potential COVID impact included within narrative, location and some limited identifiable information.	RTS	2021	Carried forward from existing plan. In Progress.

Ref	Action	Owner	Timescale	Status	
7	Network Rail and British Transport Police establish an alert system when high incidence locations are identified.	RTS	2022	Carried forward from existing plan. In Progress.	
8	Develop a 'lessons learnt' process as part of Real Time Surveillance (RTS) to capture and share system wide learning from suicide deaths (to include learning relevant to the wider system such as DV, substance misuse, learning disability and other services)	PH/RTS	2023	Carried forward from existing plan. Not due to start yet.	
9	Develop process and data sources for reporting 'near misses' to the RTS Working Group	PH/RTS	2021/22	Carried forward from existing plan. In Progress.	
10	Undertake a review of RTS data (every two years)	PH/RTS	2023	Ongoing action. First review undertaken 2021	
<b>Service Delivery</b>					
Page 28	11	Replicate the Nottingham University Hospitals self-harm audit in Sherwood Forest Hospitals	PH	2022	Carried forward from existing plan. Not due to start yet
	12	Improve suicide prevention training for Nottinghamshire Healthcare NHS Foundation Trust (NHFT) inpatient services	NHFT	2021	Carried forward from existing plan. In Progress.
	13	Gain assurance from system providers that adults are asked about family/carer involvement in line with National Institute of Health and Care Excellence (NICE) Quality Standard	SPSG/Stakeholder Network	2022	New
	14	Develop crisis alternatives models to provide a broader package alongside mental health crisis teams and core mental health services: Y1: Sanctuaries, St Triage multi-agency role, integration of crisis and help lines and develop post crisis support	CCG	2021/22	New. In progress
	15	Undertake an evaluation of postvention suicide bereavement support and pathways, review recommendations and implement agreed actions	PH/CCG	2021/22	Carried forward from existing plan. In progress (evaluation completed).

Ref	Action	Owner	Timescale	Status
16	Develop a referral pathway between British Transport Police (BTP) and postvention suicide bereavement support and monitor through RTS and contract review meetings	PH/BTP/ Tomorrow Project/CCG	2021	Carried forward from existing plan. In progress
17	It's safe/okay to talk about suicide/self-harm leaflets available to primary care through F12 function	PH/CCG	2022	Carried forward from existing plan. Not due to start yet
18	Develop a local version of the Derby and Derbyshire Suicide Prevention Support Pack for General Practice	PH/CCG	2022	New
<b>Populations</b>				
19	<b>Economically vulnerable:</b> Identify organisations that support people who are economically vulnerable so that they can be included in the SP Stakeholder Network and linked into the Wave 4 programme. Share information on services and support for people who are economically vulnerable with mental health and crisis services (including promotion of the breathing space scheme)	PH and partners	2022	New
20	<b>Workforce:</b> Identify mechanisms for engaging with private sector workplaces on suicide prevention (focus on at risk occupations and high male workforce)	PH and partners	2022	New
21	<b>Children and Young People:</b> Review the extent to which our local action plan addresses suicide prevention for Children and Young People (CYP) against the National Health Service England (NHSE) Midlands Suicide Prevention Children and Young People Rapid Evidence Review. Identified areas for action to be incorporated into the action plan	PH/CYP Integrated Children's Commissioning Hub	2021/22	New
22	<b>Older adults:</b> Undertake an evidence review relating to suicide prevention and older adults and explore options as part of Crisis Transformation Programme	PH/CCG	2022	New. In progress (evidence review completed).

Ref	Action	Owner	Timescale	Status
23	<p><b>Veterans:</b> undertake evidence review on the needs of veterans in relation to mental health and suicide, to inform future developments.</p> <p>Promote and raise awareness of the Op Courage MH Pathway and Armed Forces Health eLearning (commissioned by NHSE/Improvement Armed Forces Health).</p> <p>Ensure an ongoing dialogue with NHSE/Improvement around provision of mental health, suicide prevention and postvention. bereavement support to veterans and engage in any NHSE Midlands masterclass with Integrated Care Boards (ICBs) - date to be agreed.</p> <p>Identify veterans within the local Suicide Cluster Response Plan Guidance in the first annual refresh</p> <p>Review learning from the NHSE/Improvement review/investigation of Serious Incidents within the Op Courage Pathway and implement any relevant learning locally</p>	PH and partners	2023	New
24	<p><b>Autism and Learning Disability.</b> Establish links between the SPSG and the Autism Strategy Group and the Learning Disability/Autism three year transformation programme</p>	PH/CCG	2022	New
25	<p>Undertake an evidence review in relation to autism/learning disabilities/neurodiversity and suicide prevention and consider recommendations within the SPSG, Autism Strategy Group and Autism transformation programme</p>	PH/SPSG/ Autism Strategy Group/CCG	2022	New. In progress
26	<p>Develop guidance and training relating to autism and suicide prevention with training focussed initially toward urgent care</p>	NHFT	2022 (tbc)	New
27	<p><b>Domestic Violence.</b> Review learning from Domestic Homicide Reviews relevant to suicide prevention and incorporate actions into future updates of the action plan</p>	tbc	tbc	New
28	<p><b>Higher Education Students.</b> Review learning from the Improving Mental Health Provision for Students in Higher Education NHS National Learning Event and identify local actions to take forward in a work plan for the FE and HE Suicide Prevention Network</p>	FE & HE SP Network	2022	New
<b>Media</b>				

Ref	Action	Owner	Timescale	Status
29	Undertake an annual audit of local print media reporting (period of 1 month) to review adherence to best practice (NICE/Samaritans) Incorporate learning from The Tomorrow Project's monitoring of social media	RTS/ Tomorrow Project	2022 (and annually)	New
30	Review learning from the Integrated Care System South Yorkshire and Bassetlaw Media workshop and review what could be implemented locally	PH and partners	2023	Carried forward from existing plan
31	Develop a co-ordinated plan to respond to the media in cases of suicide inappropriate reporting	PH and partners	2022	Carried forward from existing plan
<b>Wave 4 Suicide Prevention Programme</b>				
<b>Co-production/engagement</b>				
32	Develop and agree co-production/engagement structure and process and establish safeguarding support	PH	2021	In progress
33	Establish engagement group and recruit members	PH	2021	In progress
34	Engage with group on key developments within Wave 4 programme	PH	2021 onwards	Not due to start yet
<b>Competency, compassion, knowledge and skills</b>				
35	Procure a provider to undertake analysis of training needs in relation to suicide and mental health across the system and in communities	PH	2021/22	In progress
36	Procure a training and targeted support provider/s Framework	PH	2021/22	In progress
37	Training provider/s develop and deliver training packages in line with findings of the training needs analysis	PH and partners	2022/23 ongoing	Not due to start yet
38	Develop mechanisms for Suicide Prevention Champions across the system and in communities	PH and partners	2022/23 ongoing	Not due to start yet
<b>Communications and public awareness</b>				
39	Develop a brand identity for the suicide prevention programme, with engagement with people with lived experience	PH and partners	2021	In progress
40	Launch and roll out campaign with branded promotional materials	PH and partners	2021/22	Not due to start yet
41	Roll out resources and messages more more widely and targeted to specific high need/risk groups	PH and partners	2022	Not due to start yet
42	Engage all partners in targeted suicide prevention campaign	PH and partners	2022	Not due to start yet
<b>Prevention support for high risk groups</b>				
43	<b>Self-harm:</b> Map an all-age self-harm pathway, identify gaps and areas for improvement	CCG	2021	In progress

Ref	Action	Owner	Timescale	Status
44	Produce and agree self-harm pathway improvement plan, including identifying best use of additional wave 4 resources allocated to self-harm	PH/CCG	2022	Not due to start yet
45	<b>Enhanced delivery of support</b> to people at risk of suicide experiencing challenges that are known risk factors/triggers/antecedents to suicide e.g. relationships, finances/debt, housing, employment and at-risk groups e.g. farming communities Model/s for new ways of working together co-produced with partners, stakeholders and people with lived experience and most appropriate mechanism for procurement identified	PH and partners	2022	Not due to start yet
46	<b>Develop and implement a small grants process</b> to support small scale developments for suicide prevention within communities	PH	2021/22	In progress
<b>Real time Surveillance</b>				
47	Identify and procure a dedicated RTS data system	PH/RTS	2021	In progress
48	Implement the new RTS system	PH/RTS	2021	Not due to start yet



**Nottingham City Health and Wellbeing Board  
26 January 2022**

	<b>Report for Information</b>
<b>Title:</b>	Nottingham City Safeguarding Adults Board (NCSAB) – Annual Report 2020/21
<b>Lead Board Member(s):</b>	Councillor Adele Williams – Portfolio Holder for Adults and Health, Nottingham City Council  Catherine Underwood – Corporate Director for People, Nottingham City Council
<b>Author and contact details for further information:</b>	Ross Leather – Board Manager, NCSAB <a href="mailto:ross.leather@nottinghamcity.gov.uk">ross.leather@nottinghamcity.gov.uk</a>
<b>Brief summary:</b>	<p>The Care Act 2014 made Safeguarding Adults Boards (SAB) statutory for the first time. The key function of the SAB is to assure itself that local safeguarding arrangements and partners act to help and protect adults in its area who meet Care Act eligibility criteria.</p> <p>It is a statutory duty that, each year, the SAB publishes a strategic action plan, as well as an annual report, outlining how it met the objectives of the previous year’s strategic plan. This report sets out how the SAB and partner agencies performed against its annual 2020/21 plan. Also included is a two-page visual summary of the report.</p>

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

The Health and Wellbeing Board is asked to:

- a) consider the Nottingham City Safeguarding Adults Board’s annual report for 2020/21;
- b) provide feedback on any issues arising from the annual report to the Safeguarding Adults Board.

<b>Contribution to Joint Health and Wellbeing Strategy:</b>	
<b>Health and Wellbeing Strategy aims and outcomes</b>	<b>Summary of contribution to the Strategy</b>
Aim: To increase healthy life expectancy in Nottingham and make us one of the healthiest big cities.	The overarching purpose of the NCSAB is to be assured that partners across the city are working together effectively to help and protect adults experiencing, or at risk, of abuse or neglect. All safeguarding activity is concerned with improving health, wellbeing and safety and, although the NCSAB is primarily concerned with adults who have need for care and support (are Care Act eligible), it also has a broader preventative agenda that encompasses the outcomes described.
Aim: To reduce inequalities in health by targeting the neighbourhoods with the lowest levels of healthy life expectancy.	
Outcome 1: Children and adults in Nottingham adopt and maintain healthy lifestyles.	
Outcome 2: Children and adults in Nottingham will have positive mental wellbeing and those with long-term mental health problems will have good physical health.	
Outcome 3: There will be a healthy culture in Nottingham in which citizens are supported and empowered to live healthy lives and manage ill health well.	
Outcome 4: Nottingham's environment will be sustainable – supporting and enabling its citizens to have good health and wellbeing.	

<b>How mental health and wellbeing is being championed in line with the Board's aspiration to give equal value to mental and physical health</b>
NCSAB partner agencies work within a statutory definition of abuse that recognises abuse can take many forms other than physical (which itself can encompass sexual, domestic violence and modern slavery). These include psychological, discriminatory, organisational, neglect, self-neglect, acts of omission and financial abuse, which partner agencies aim to prevent and stop wherever possible.

<b>Background papers:</b>	None
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## Who are we?

### Three statutory partners:

- Nottingham City Council Adult Social Care
- Nottinghamshire Police
- Nottingham and Nottinghamshire CCG

### Thirteen other partners:

- Nottingham City Council Community Protection
- Nottinghamshire Probation Service
- Derbyshire, Leicestershire, Nottinghamshire and Rutland Community Rehabilitation Company
- Nottinghamshire Fire and Rescue Service
- East Midlands Ambulance Service
- Nottinghamshire Healthcare NHS Foundation Trust
- Nottingham CityCare Partnership
- Nottingham University Hospitals NHS Trust
- Nottingham Community & Voluntary Service
- HMP Nottingham
- Healthwatch
- Nottingham City Strategic Housing Team
- Department for Work and Pensions

### Independent Chairs:

- Joy Hollister to December 2020
- Helen Watson from January 2021

## How we work

Alongside the Board and Business Management Group, there are:

**The Quality Assurance subgroup** responsible for evaluating the quality of safeguarding adult interventions and partner agencies' performance

**The Safeguarding Adults Review subgroup** responsible for commissioning SARs to ensure that agencies learn lessons and improve practice

**The Training, Learning & Improvement subgroup** responsible for disseminating safeguarding messages, training opportunities and learning identified in SARs



## What have we achieved?

### Prevention

- Promoted the MHRA emollents campaign, Trading Standards 'Covid' scams advice, 'World Elder Abuse Awareness Day' and the Ann Craft Trust 'Safeguarding Awareness Week'
- Produced 'seven-minute briefings' on modern slavery and 'mate crime', as well as posters and an adult safeguarding training slideshow for volunteers
- Hosted webinars run by Equation about domestic abuse during the pandemic

### Assurance

- From all partners about their pandemic responses, including housing strategy, the CCG and the Council
- From the Council that ASC 'shared lives' scheme, 'provider investigation procedure' and Community Protection's SERAC forum all promoted effective adult safeguarding
- From all partners that services could effectively signpost and support adult survivors of non-recent abuse

### Making Safeguarding Personal (MSP)

- Created a leaflet that all partner agencies could use explaining what MSP is
- Promoted the LGA 'Myths and realities of MSP' summary
- Asked partners to report how they ensured MSP practice amongst their staff

### Board performance

- Collaborated with the 'Nottingham together' forum and established 'joint agenda setting' meetings with the CDP and Children's Partnership
- Improved access and reporting of real-time adult safeguarding data
- Expanded Board oversight and scrutiny arrangements by the Council

## What external assurance have we sought?



- Suicide prevention
- Female genital mutilation
- Prevent duty under the Counter-Terrorism and Security Act 2015
- Domestic and sexual violence and abuse
- Financial scams and abuse

## What safeguarding adults reviews have been conducted?

A non-mandatory SAR involving the death by immolation of a disabled man who used paraffin-based emollient cream was completed. Learning identified that staff must refer to NFRS when working with people who use paraffin-based emollients, and that staff and patients should be familiar with the risks they pose.

An SAR involving a man with learning difficulties who was abused while his house was 'cuckooed' by acquaintances was also completed. Learning included the need to improve awareness of modern slavery and exploitation, encourage use of chronologies and promote a multiagency pathway for practitioners working with people at risk of exploitation.

Two SARs were initiated during the year and will be reported on in next year's report. One referral, involving a man later found to have died from natural causes, was not progressed.



## What is our focus for 2021/22?

- Seek assurance that support for people most affected by the pandemic is prioritised, including care home residents and those experiencing domestic abuse
- Identify population groups less well served by adult safeguarding arrangements and improve our engagement with community organisations
- Seek assurance that the new ICS incorporates adult safeguarding into its workstreams; continue to improve working relations with both Children's and Crime and Drug Partnerships
- Develop a PiPoT policy, renew our focus on MSP in practice, promote the Council's hate crime strategy, improve Board scrutiny arrangements and incorporate National SAR report recommendations into our practice

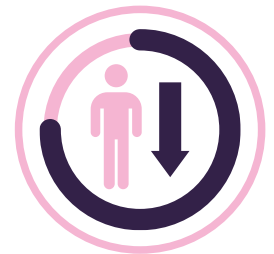
# Safeguarding stats for 2020/21

**11<sup>th</sup>** Nottingham is the 11th most deprived district in the country



**2,997** safeguarding adults referrals were received  
**963 fewer than in 2019/20**

**1,523** enquiries were undertaken  
**327 fewer than in 2019/20**



**640** enquiries were about neglect

**375** were about financial abuse

**286** were about physical abuse

**271** were about psychological abuse

In **56%** of cases, risk was **reduced** & in **17%** the risk was **removed**

*"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, but since taking on the role of Chair, I have been hugely impressed by the resilience and positivity of the partnership and the very real achievements brought about during this difficult time.*

*"Looking ahead, it is clear the Board must continue to ensure that safeguarding remains 'everybody's business', whilst partner agencies maintain their commitment to supporting those adults most in need as services integrate ever closer."*

Nottingham City

**Safeguarding Adults**

Board

# Annual Report

## April 2020 – March 2021

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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.

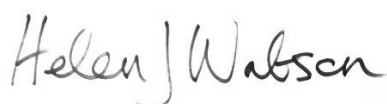
Challenges for the sector continued through the year, with increased demand, complexity of client presentation and ongoing budgetary pressures featuring in many partner returns, all at a time when staff and staffing levels remained stretched. Throughout, the Board priorities of prevention, assurance, 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**

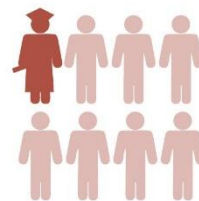


adults are physically inactive

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)

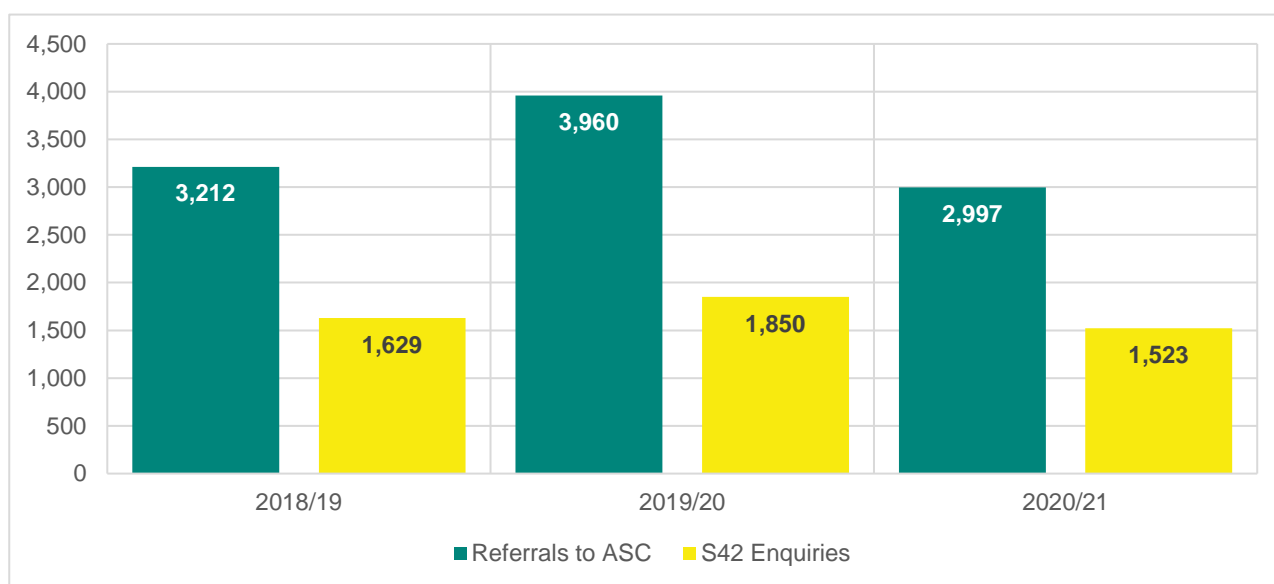
Indices of Deprivation 2019

# 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'.

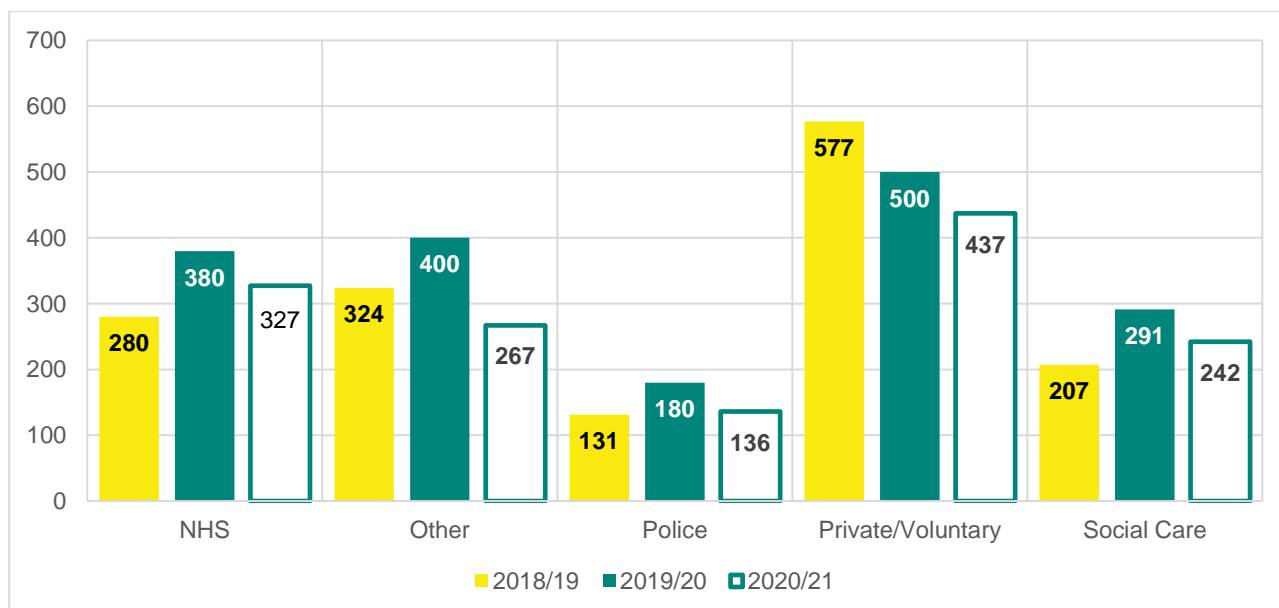
The charts that follow are drawn from local authority safeguarding data and show key safeguarding measures.

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.

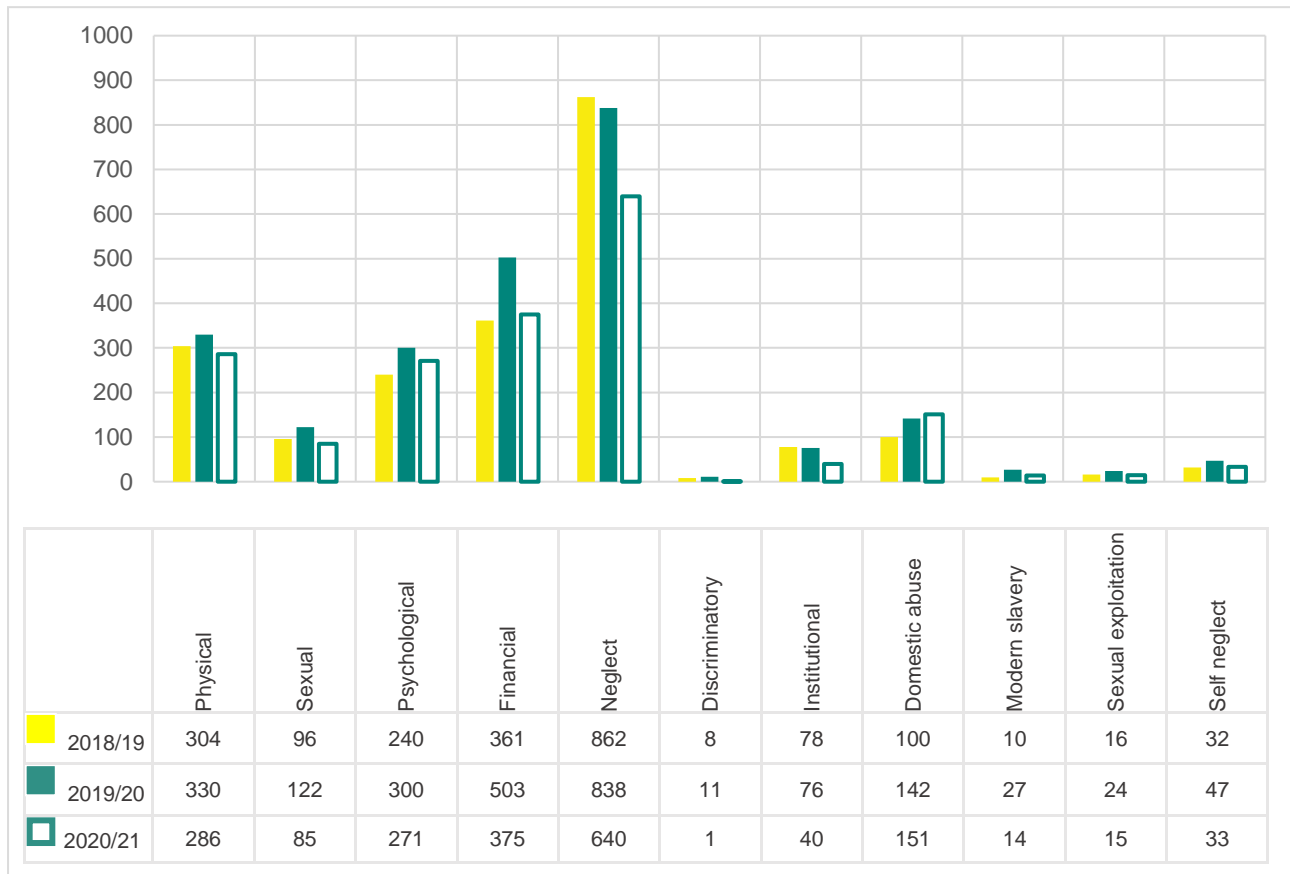
Chart 2: Volume of s.42 enquiries by referral source





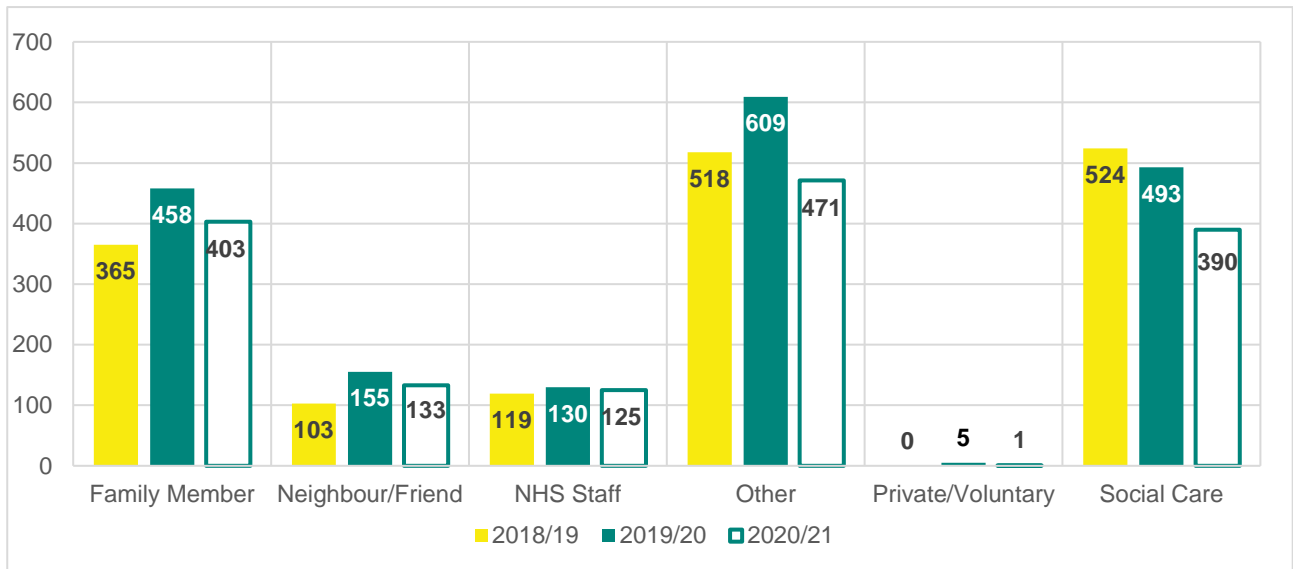
Trends in referral source for adult safeguarding referrals that lead to a s.42 enquiry remained relatively consistent compared to previous years, with the private/voluntary sector continuing to provide the largest, albeit steadily dropping, proportion of adult safeguarding referrals.

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



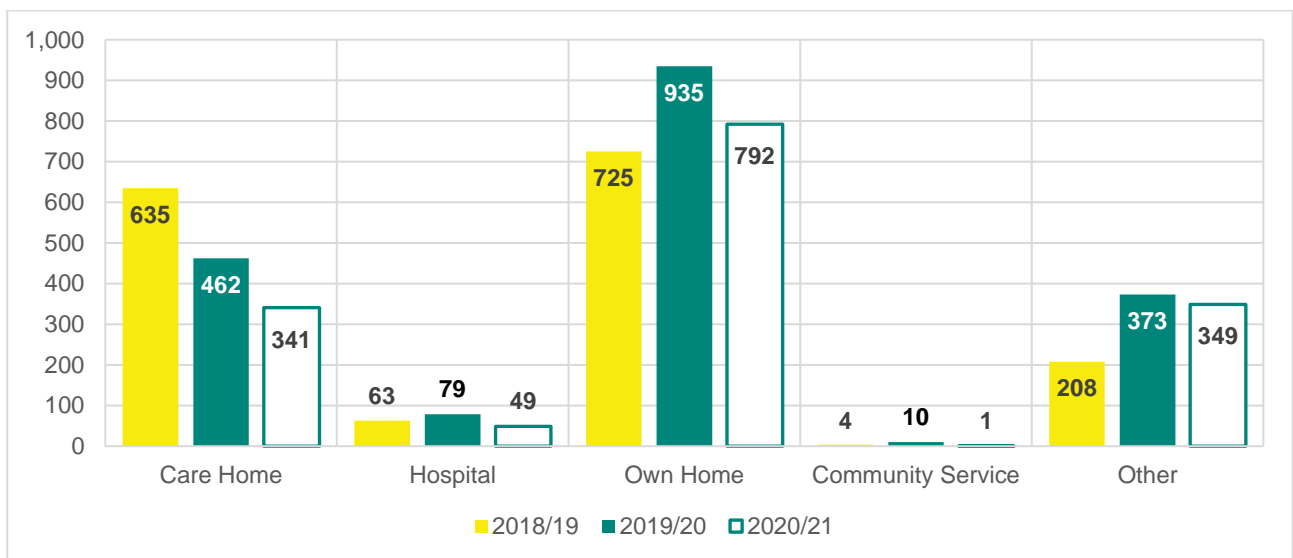
Neglect continued to be the most prevalent abuse type recorded. This category saw consistent increases annually from 2016/17 to 2018/19, but has now reduced in reported frequency for the second year running. Although financial abuse remains the second most prevalent type of abuse, its reported prevalence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

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



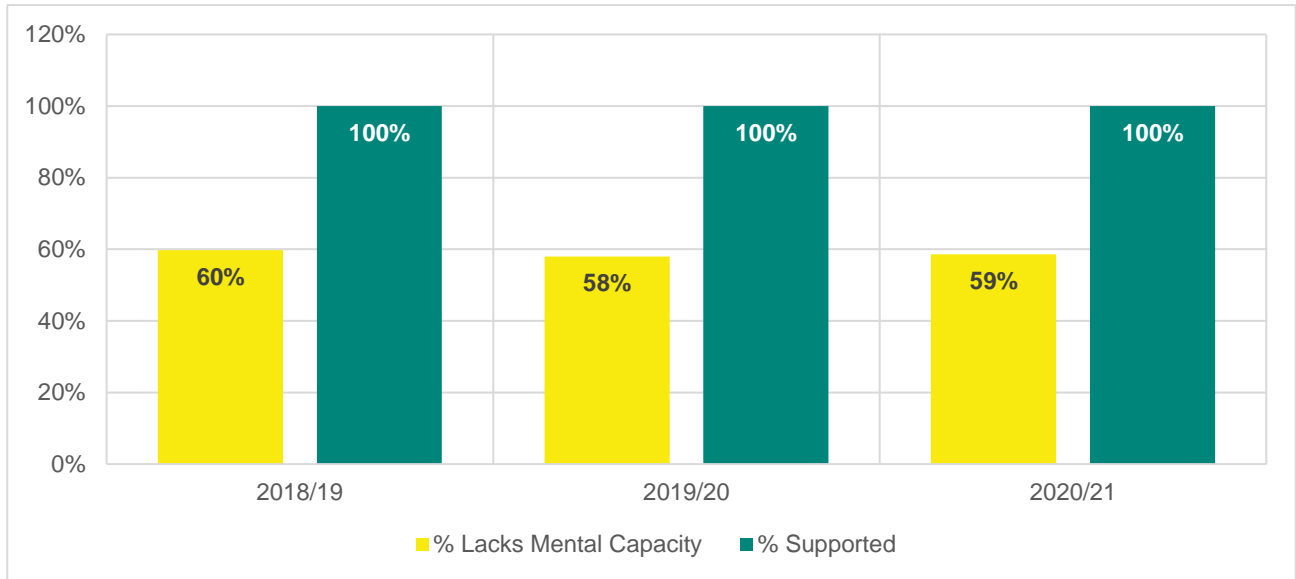
Although reduced, ‘Other’ continues to show as the single largest type of ‘perpetrator relationship’, with ‘Family’ and ‘Social care’ maintaining their respective positions behind. We will work with partners to improve reporting, so that greater clarity on ‘perpetrator relationships’ can be achieved.

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



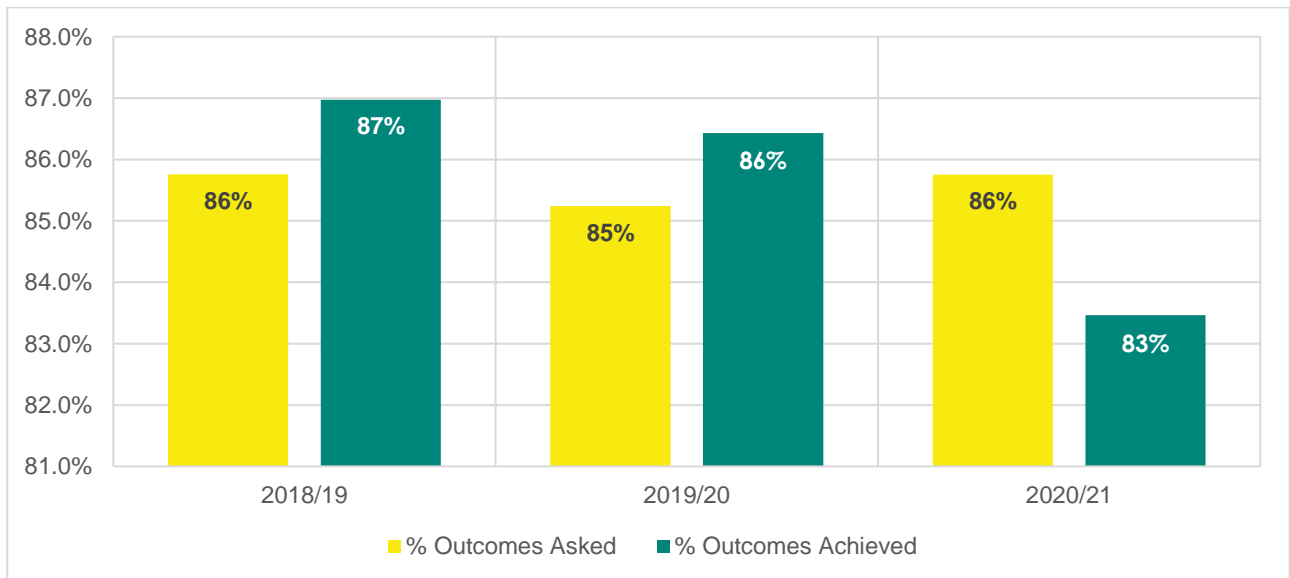
Whilst the number of s.42 enquiries within care homes continued to fall significantly in 2020/21, abuse within familial dwellings remained the single most common location.

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



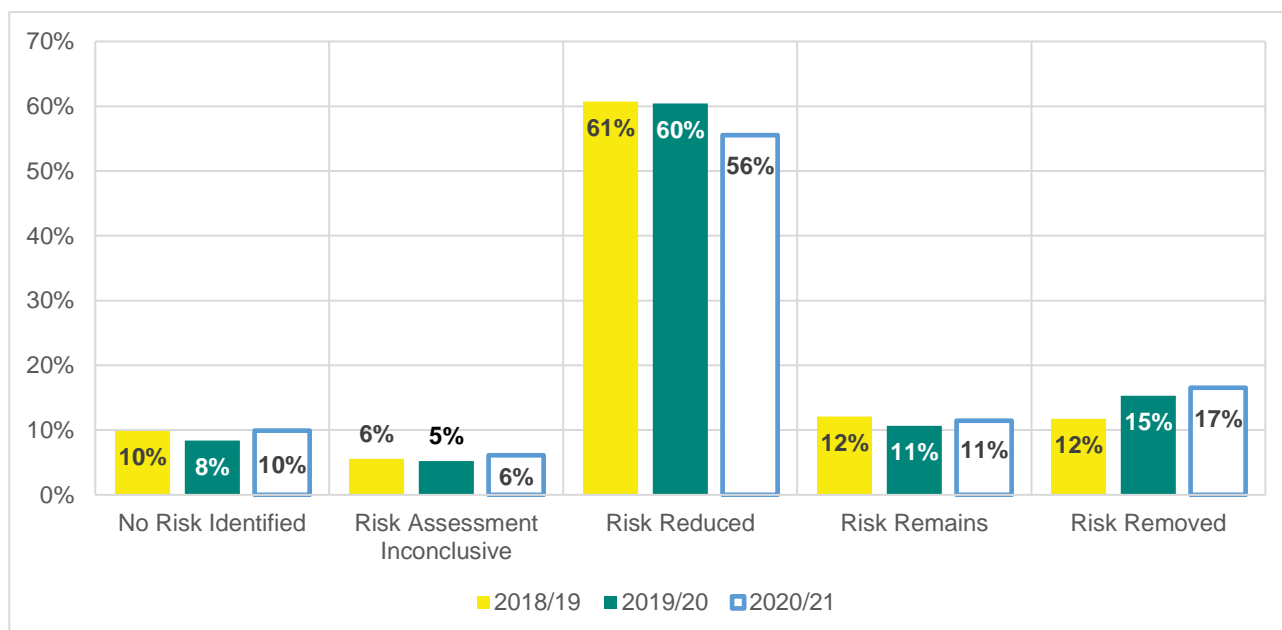
The proportion of referrals where the adult at risk was recorded as lacking mental capacity in relation to the safeguarding referral has remained static for the past several financial years. The same trend is also seen in the proportion of those who lacked mental capacity receiving support through Care 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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## **Nottingham City Health and Wellbeing Board Statutory Officer's Report – Corporate Director of People**

### **Director of Children's Integrated Services**

During January, the Council has welcomed Ailsa Barr as its new Director of Children's Integrated Services. Ailsa has over 25 years' experience in children's social care in a range of local authorities. Most recently, she has been Assistant Director of Children's Social Care at Rotherham Metropolitan Borough Council, where she has been in leadership roles through Rotherham's improvement journey to 'Good with Outstanding features'.

### **Youth Justice Service (YJS) Thematic Inspection**

During April 2021, the Council was one of nine local authorities involved in a national thematic inspection to identify how the YJS understands and meets the needs of black and mixed heritage boys in the youth justice system. The aim of the inspection was to take a closer look at the work undertaken in the delivery of services to black and mixed heritage boys. Data and research show that this group of children are significantly over-represented in the youth justice system and have poorer outcomes than their peers.

The inspection was undertaken to help develop Her Majesty's Inspectorate of Probation's understanding of the range, quality and effectiveness of services and interventions delivered to black and mixed heritage boys. The aim was to identify good practice and make recommendations for improvement where needed. The report from these thematic inspections has now been published (<https://www.justiceinspectorates.gov.uk/hmiprobation/wp-content/uploads/sites/5/2021/10/The-experiences-of-black-and-mixed-heritage-boys-in-the-youth-justice-system-thematic-report-v1.0.pdf>) and the Council's Youth Justice partners will take forwards a local action plan.

### **Special Educational Needs and Disabilities (SEND) Local Area Inspection**

During November 2021, the Council received its Local Area Review of Nottingham's services for children and young people with SEND. Undertaken by Ofsted and the Care Quality Commission, inspectors looked at how all partners in Nottingham effectively implemented the SEND Reforms legislation and how effectively the local area:

- identified children and young people with SEND;
- assessed and met the needs of children and young people with SEND;
- improved outcomes for children and young people with SEND; and
- led, managed and governed arrangements for SEND in the local area.

The report for this inspection has now been published (<https://files.ofsted.gov.uk/v1/file/50175127>). Nottingham received no formal improvement requirements. The report recognises the strength of partnership work in Nottingham and the strong ethos of inclusion among a wide range of strengths. It

also identified areas for development, including communicating the local offer and developing co-production with a wider range of parents and carers.

### **School Swimming Lesson Provider of the Year (Swim England Annual Award Ceremony)**

The Council's Education Service's Schools Swimming Team won 'School Swimming Lesson Provider of the Year' at the Swim England Annual Award Ceremony. Judges acknowledged that, "For a lot of children in Nottingham, school swimming is the only opportunity the children get to experience swimming as there is a high level of deprivation which means regular lessons are beyond the means of their parents. The teaching staff are well qualified and deliver high-quality, diverse and engaging lessons, and provide a supportive environment for SEND."

### **Adult Social Care**

The outline business case for the first six projects in the transformation programme has now been signed off, and work has commenced on delivery plans. A project team is now in place and the first project, strengths based reviews, has begun.

Health and Social Care pressures have continued through the winter, with significant challenges across all workforce capacity, coupled with high seasonal and Covid-related demands. The Adult Social Care workforce development strategy is due for completion this month, with the next stage of detailed action planning and prioritisation, to commence in February.

Catherine Underwood  
Corporate Director for People  
January 2022



**Nottingham City Health and Wellbeing Board  
Work Plan 2021/22**

<b>Recurring Agenda Items</b>	<b>Lead Officer</b>
Joint Strategic Needs Assessment – New Chapters	Claire Novak (NCC)
Nottingham City Place-Based Partnership Update	Dr Hugh Porter (ICP) Rich Brady (ICP)
Coronavirus Update	Lucy Hubber (NCC)
Board Member Updates	All Board Members
Work Plan	Adrian Mann (NCC)

<b>Meeting Date</b>	<b>Agenda Item</b>	<b>Lead Officer</b>
<b>Wednesday 30 March 2022 1:30pm</b>	Nottingham City Joint Health and Wellbeing Strategy	Lucy Hubber (NCC)
	Systems Alignment for the Delivery of Integrated Care in Nottingham	Lucy Hubber (NCC) Rich Brady (ICP)
	Results of the Green Social Prescribing Pilot	Jules Sebelin (NCVS)
	Children and Young People's Mental Health	Helen Johnston (NCC)
	Speech, Language and Communication Strategy	Kathryn Bouchlaghem (NCC) Katherine Crossley (NCC)

<b>Annual Reports</b>	<b>Month of Reporting</b>
Joint Health and Wellbeing Strategy – Annual Performance Review	May
Commissioning Reviews and Commissioning Intentions – Annual Review	May

Joint Strategic Needs Assessment – Annual Report	September
Safeguarding Adults Board – Annual Report	January
Safeguarding Children Partnership – Annual Report	March

Items for the Board’s work plan should be forwarded to Adrian Mann (Governance Services, Nottingham City Council, [adrian.mann@nottinghamcity.gov.uk](mailto:adrian.mann@nottinghamcity.gov.uk)).

Authors **MUST** discuss their proposed reports (and any supporting presentation) with Lucy Hubber (Director of Public Health, Nottingham City Council, [lucy.hubber@nottinghamcity.gov.uk](mailto:lucy.hubber@nottinghamcity.gov.uk)), before submitting the report to a Board meeting. Reports and their recommendations must be produced in the form of a formal, written document, headed by a standard cover sheet (which is available from Governance Services). Presentations to help illustrate reports must be no more than 10 minutes in length.