



## Nottingham City Health and Wellbeing Board

**Date:** Wednesday, 30 November 2022

**Time:** 1.30 pm

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

**Governance Officer:** Catherine Ziane-Pryor, Governance Officer

**Direct Dial:** 0115 8764298

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.

Agenda	Pages
<b>1 Apologies for Absence</b>	
<b>2 Declarations of Interests</b>	
<b>3 Minutes</b> Minutes of the meeting held on 28 September 2022, for confirmation.	3 - 6
<b>4 Minutes of the Commissioning Sub-Committee</b> Minutes of the meeting held on 27 July 2022, for noting.	7 - 10
<b>5 Integrated Care Partnership</b> To be presented by Lucy Hubber, Director of Public Health.	11 - 16
<b>6 Joint Health and Wellbeing Strategy Delivery Update</b> Report of Rich Brady, Programme Director, Nottingham City Place-Based Partnership.	17 - 30
<b>7 Joint Health Protection Board Update</b> Report of Lucy Hubber, Director of Public Health.	31 - 34
<b>8 Safeguarding Adults Annual Report</b> Report of Lesley Hutchinson, Independent Chair of the Nottingham City Safeguarding Adult Board (NCSAB)	35 - 80
<b>9 Board Member Updates</b>	
a Statutory Officers Report for Health and Wellbeing Board -Corporate Director of People	81 - 86

**10 Work Plan**

87 - 88

**11 Future Meeting Dates**

Wednesday 25 January 2023 1:30pm

Wednesday 29 March 2023 1:30pm

**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.**

**Citizens are advised that this meeting may be recorded by members of the public. Any recording or reporting on this meeting should take place in accordance with the Council's policy on recording and reporting on public meetings, which is available at: <https://www.nottinghamcity.gov.uk/your-council/about-the-council/council-meetings-decisions/recording-reporting-on-public-meetings>. Any person intending to record the meeting is requested to notify the Governance Officer shown above in advance.**

**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 28 September 2022 from 1:35pm to 3:00pm**

**Voting Membership**

**Present**

Councillor Adele Williams (Chair, items 28-32)  
Dr Hugh Porter (Chair, items 33-39)  
Lucy Dadge  
Councillor Jay Hayes  
Lucy Hubber  
Sara Storey  
Michelle Tilling  
Councillor Linda Woodings  
Catherine Underwood

**Absent**

Councillor Cheryl Barnard  
Dr Dave Briggs  
Sarah Collis

**Non-Voting Membership**

**Present**

Louise Bainbridge  
Tim Guylar  
Jules Sebelin

**Absent**

Mel Barrett  
Superintendent Kathryn Craner  
Dr Sue Elcock  
Stephen Feast  
Leslie McDonald  
Mick Sharman  
Emma Rowsell  
Jean Sharpe

Bryn Coleman (substitute for Mick Sharman)

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

David Johns - Deputy Director for Public Health, Nottingham City Council  
Adrian Mann - Governance Officer, Nottingham City Council

**28 Changes to Membership**

The Board noted that Diane Gamble has stood down from the Board as the representative of NHS England.

**29 Apologies for Absence**

Councillor Cheryl Barnard	-	Portfolio Holder for Children, Young People and Schools, Nottingham City Council
Mel Barratt	-	Chief Executive, Nottingham City Council
Sarah Collis	-	Chair, Healthwatch Nottingham and Nottinghamshire
Superintendent Kathryn Craner	-	Area Command, Nottinghamshire Police
Stephen Feast	-	Director for Transition, Nottingham City

Leslie McDonald	-	Homes Executive Director, Nottingham Counselling Centre
Emma Rowsell	-	Director for Student and Campus Life, University of Nottingham
Mick Sharman	-	Assistant Chief Fire Officer, Nottinghamshire Fire and Rescue Service

### **30 Declarations of Interests**

None.

### **31 Minutes**

The minutes of the meeting held on 27 July 2022 were confirmed as a true record and signed by the Chair.

### **32 Minutes of the Commissioning Sub-Committee**

The Board noted the draft minutes of the meeting of its Commissioning Sub-Committee, held on 27 July 2022.

#### **• Chair**

As Councillor Adele Williams, Chair of the Nottingham City Health and Wellbeing Board, had to leave the meeting unexpectedly, Dr Hugh Porter, the Vice-Chair, chaired the rest of the meeting.

### **33 Joint Strategic Needs Assessment - Annual Report**

Lucy Hubber, Director for Public Health at Nottingham City Council, presented the annual report for the Joint Strategic Needs Assessment (JSNA). The following points were discussed:

- (a) the JSNA provides an overview of the current and future health and social care needs of the local population. The Nottingham and Nottinghamshire Joint Health and Wellbeing Strategy will help to inform the Integrated Care System's wider Integrated Care Strategy, and the development of its core principles will rely on intelligence taken from the JSNA. Work is also underway with the Integrated Care Board on how the JSNA can inform the joint planning and commissioning of health, wellbeing and social care services across the whole system, and provide detailed information on Public Health issues;
- (b) the current JSNA has over 50 chapters, and a great deal of work is required to keep them up to date. However, it is important that the JSNA is a live document and, as part of developing new ways of working, collaboration is underway with the Integrated Care Partnership's System Analytics and Intelligence Unit to develop interactive JSNA dashboards, which will be supplemented by 'deep-dive' chapters. Making the JSNA information more accessible through the dashboards should be particularly helpful to the Primary Care Networks in establishing their

specific community needs, and it is hoped that the detailed data from the recent national census can be fed in when it becomes available, next year. The NHS has given a substantial level of welcome support in delivering the JSNA dashboards, which should be launched around December.

The Board noted the report.

### **34 Pharmaceutical Needs Assessment 2022-25**

David Johns, Deputy Director for Public Health at Nottingham City Council, presented a report on the Pharmaceutical Needs Assessment (PNA) for Nottingham City for 2022-25. The following points were discussed:

- (a) the Board has a statutory duty to assess the needs for pharmaceutical services in its area and publish a formal PNA. The latest PNA was for 2018-21, so an updated assessment of need for 2022-25 has now been produced, following a slight delay as a consequence of the Coronavirus pandemic. The PNA considers how the population is likely to change during the period that it covers, and seeks to identify development possibilities and any potential gaps in service provision;
- (b) the PNA is a significant document and its production has involved a range of steering groups partners, with close participation from NHS and Public Health colleagues. A 60-day public consultation was undertaken on the draft PNA, which received a positive response, resulting in no major changes to the document;
- (c) the main conclusion of the new PNA is that there are no gaps in the current provision of pharmaceutical services, which are provided by 64 community pharmacies, including 9 100-hour pharmacies and 4 distance-selling pharmacies. All city residents should be able to access a pharmacy either by car or via the good public transport service within 20 minutes, and around 98% of residents are within a 20-minute walk of a pharmacy. However, it was outside the scope of the PNA to assess the level of need amongst residents for specific support in accessing pharmacy services (such as free community transport and medication delivery), or the impact that the rising costs of living might have on access, so this should be considered more widely;
- (d) there is a system of night-time pharmacy provision, but no individual pharmacy provides a 24/7 service. There is an increasing demand for primary care services, so the NHS is seeking to encourage people to go to the pharmacy in the first instance for appropriate health issues, rather than the GP. As such, it is vital for strong community engagement to be carried out to reassure residents that pharmacies are the right place to go for certain issues. It is also important that work is carried out to establish the best means of engaging with a given community effectively, which might include the use of a range of languages in addition to English;
- (e) together, the PNA and the Health Needs Assessment represent an overview and a starting point in seeking to identify where more specialist services could be targeted. The current position regarding pharmacy provision is positive, and this base position should be used to grow a partner-based strategic approach to assist the Primary Care Networks in exploring what further provision can be deployed to

communities via pharmacies and GPs in order to meet specific needs, and how culture change can be brought about to achieve the maximum benefit from a broader healthcare workforce;

- (f) the Board thanked everyone involved in the production of the very positive PNA for their hard work. It considered that detailed thought must be given to how specific health and care needs are addressed within individual communities, particularly for the most vulnerable, and how the available pharmacy and GP resources can be used most creatively and effectively meet these needs at the place level. The Board noted that the PNA establishes that the current service model is met by the current provision, but that consideration should be given to what model is required for the future, and what role pharmacies have to play in this as important vehicles for place-based delivery, as part of a whole-system approach;
- (g) the Board recommended that the future aims for service provision are reflected in the wider Integrated Care System's Integrated Care Strategy, and be supported through the development of placed-based commissioning, driven by the Integrated Care Board (ICB) as the primary commissioner. It noted that it is vital for the strategic documents at all levels to be shaped strongly by place;
- (h) the Board noted that the consideration of workforce matters was not within the scope of the PNA, so the PNA reviews the structural estate available for the delivery of pharmaceutical services, but not the likely trends in the capacity of the associated workforce. It felt that it is important that oversight of workforce trends is carried out at the ICB level, to ensure that the required staffing capacity is in place to support effective delivery.

**Resolved to approve the Pharmaceutical Needs Assessment 2022-25 for Nottingham City and authorise its publication by 1 October 2022.**

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

Dr Hugh Porter, Clinical Director of the Nottingham City Place-Based Partnership (PBP), presented a report on the PBP's current activity. The following points were discussed:

- (a) the PBP has been in place since 2019 and has been developing strong partnership relationships. These are now being reviewed in the context of moving forward effectively with the Integrated Care System (ICS) and the Integrated Care Board (ICB), to grow the PBP and how it supports the whole system;
- (b) development sessions are underway and a set of programmes are being formulated as future focuses for the PBP, including community empowerment, workforce development, interfacing between primary and secondary care, an integrated neighbourhood model of support (involving establishing relationships both between General Practices across the community and local community voluntary organisations, to increase holistic care), and social value actions (such as approaches to supporting people in food and fuel poverty). It is important that the impact of the limited amount of funding available is maximised through the

collection of live, relevant data to inform the most effective deployment of services;

- (c) General Practice represents the cornerstone for much of the PBP's activity, so the PBP is working to support GPs as much as possible. Work is being carried out to broaden the services that can be based at General Practices, and how General Practices can work collectively with each other, but also with the wider neighbourhood providers. Currently, demand for GP services is substantially outstripping the available capacity. The ICS is developing a general strategy for primary care, while the ICB is exploring how GPs can be best supported over the next 5 years, and this will be fed into the ICS strategy;
- (d) there are real opportunities in the current and ongoing place-based programmes to get better outcomes for the local populations' health, access to services and access to urgent care, and the available capacity needs to be maximised across the whole care system. The main focus of service delivery will be to meet the areas of greatest need, identified on the basis of clear data. In terms of the integrated neighbourhood model of support, where targeted work is carried out with a specific community, the outcomes will be reviewed to consider how similar provision could then be deployed more broadly, across the whole system. However, given that there is a great deal of ongoing and interconnected work taking place across the system, it is vital that strategic oversight of everything that is being delivered is in place;
- (e) engagement is required with citizens on what the current primary care structures can provide, realistically. Clear and consistent local messaging is needed on what services and support are available, in the context of a health and care system that is under significant pressure, so it is important for people to know the best place to go in the first instance for their particular healthcare needs. Communications should be considered in detail at the system level, to engage effectively with communities and support GPs and other front-line staff. It is also important to explore and consider how secondary care can engage with primary care to support effective care provision at the community level, to achieve a strong and collective population approach.

The Board noted the report.

### **36 Joint Health Protection Board Update**

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

- (a) the Joint Health Protection Board is now established and is adapting to the new system context and a partnership working approach. There is a significant focus on post-Covid recovery, including resuming general immunisation and screening programmes – and consideration is being given to how these can be delivered differently, in order to improve uptake. It is important that accessible, live data is in place to ensure that the available provision is directed to the greatest need;

- (b) cases of Monkey Pox are relatively low in Nottingham and Nottinghamshire. There were some problems with the supply of vaccines, but this has now been resolved and vaccines are available where required. Waste water sampling will be taking place in Nottingham to test for the presence of Polio, and preparation is underway for the delivery of a targeted vaccination programme. Work is underway to ensure that GPs are provided with data for the absolute (rather than percentage of population) number of vaccinations required, to support delivery;
- (c) Coronavirus booster vaccinations are now being rolled out to people in eligible groups, and there is an upcoming communications campaign for winter Coronavirus and flu jabs. The data suggests the onset of an early flu season, and it can be difficult to tell Coronavirus and flu apart on a purely symptomatic basis. This is likely to have an impact on the workforce in general, but there are no suggestions currently that new lockdowns will be implemented. The majority of flu vaccinations will be delivered through primary care services, but there will also be provision through secondary care at appropriate points of contact, such as for in-patients and at maternity clinics. There has been good uptake of vaccinations amongst healthcare staff.

The Board noted the update.

### **37 Board Member Updates**

Board Members provided the following updates:

- (a) Catherine Underwood, Corporate Director for People at Nottingham City Council, presented a report on the current work being carried out by the Council's Children's and Adults' Services. An Ofsted inspection of Children's Services has been carried out, and cross-cutting work is being developed to establish Nottingham as a Child Friendly City – and there is scope for this work to be supported by Board members. The Holiday Activity Fund is in place to support families under pressure, and this has been delivered in strong partnership with community and voluntary sector partners;
- (b) the Nottingham Community and Voluntary Service has carried out a snap survey on the impact of the rising cost of energy on sector providers. Some organisations have reported substantial energy cost increases and, although many want to participate in 'warm space' initiatives across the winter, the financial cost of doing so will be very high. As such, a number of community and voluntary organisations are at risk of not being able to operate – while demand for services (particularly in the context of financial support) is increasing. Ultimately, this represents a significant, system-wide challenge, and the sector is in need of additional investment at a national level;
- (c) Nottingham City Homes has discovered cases of residents dismantling wooden fences to be used as firewood, and there is concern generally that a number of people in Nottingham do not have smoke alarms in their houses. It is also possible that, with the increased cost of living, some residents are not renewing their home insurance;

- (d) the Fire and Rescue Service carries out ‘Safe and Well’ visits on a risk-based basis, to seek to mitigate fire risks in the homes of the most vulnerable people. Firefighters carry out fire prevention and protection work when in contact with residents as part of their day-to-day activity, and the Service will do the specialist ‘Safe and Well’ visits on the basis of referrals from other services that have been in contact with vulnerable people. The Service does also carry out ‘door-knocking’ within target communities where residents have a high probability of being at risk of fire, to seek to identify vulnerable residents who may not otherwise be known to other health and care services. However, the Service’s fire protection and prevention activity is funded from its core budget, so the level of capacity that firefighters have to carry out this work can vary throughout the year;
- (e) in terms of Public Health, smoking is a significant issue in Nottingham, and represents a key theme of the Joint Health and Wellbeing Strategy. A joint ‘tobacco declaration’ has been in place with Nottinghamshire County Council since 2014, as a commitment to smoking cessation and tobacco control. It is proposed to renew this declaration, and a new vision and delivery plan is being developed. It is also intended to hold discussions on the commercial determinants of health, to explore what health impacts business has on the population – particularly in the context of marketing certain products, and engaging with the large number of businesses that prepare and sell food. It is important for there to be a collective view across the system on how business impacts on people’s ability to make healthy choices, particularly if certain regulatory measures at the national level are scaled back.

The Board noted the updates from members.

### **38 Work Plan**

The Chair presented the Board’s proposed work plan for the 2022/23 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.

### **39 Future Meeting Dates**

- **Wednesday 30 November 2022 at 1:30pm**
- **Wednesday 25 January 2023 at 1:30pm**
- **Wednesday 29 March 2023 at 1:30pm**

This page is intentionally left blank

## Nottingham City Council

### Nottingham City Health and Wellbeing Board Commissioning Sub-Committee

Minutes of the meeting held at Ground Floor Committee Room - Loxley House, Station Street, Nottingham, NG2 3NG on 27 July 2022 from 4.00 pm - 4.13 pm

#### Voting Membership

##### Present

Sarah Fleming (Chair)  
Katy Ball  
Councillor Adele Williams  
Councillor Linda Woodings

##### Absent

Dr Manik Arora

#### Non-Voting Membership

##### Present

Lucy Hubber  
Sarah Collis

##### Absent

Sara Storey  
Ceri Walters  
Ailsa Barr

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

- Naomi Robinson - Joint Commissioning Manager, NHS Nottingham and Nottinghamshire Integrated Care Board  
Kate Morris - Governance Officer

#### 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 Thursday 4th August 2022. Decisions cannot be implemented until the next working day following this date.

### 1 Changes to Membership

The Committee noted that the NHS Nottingham and Nottinghamshire Integrated Care Board is now the NHS body represented on the Sub-Committee, as it replaced the prior Clinical Commissioning Group as of 1 July 2022.

The committee highlighted that Dr Manik Arora was no longer a member of the group. Sarah Fleming will confirm a replacement

### 2 Apologies for Absence

Sara Storey – Director for Adult Health and Social Care, Nottingham City Council

### 3 Declarations of Interests

None.

#### **4 Minutes**

The Committee confirmed the minutes of the meeting held on 30 March 2022 as a correct record and they were signed by the Chair.

#### **5 Better Care Fund 2021-22 Year-End Template**

Naomi Robinson, Senior Joint Commissioning Manager at the NHS Nottingham and Nottinghamshire Integrated Care Board (ICB), presented a report on the Nottingham City Better Care Fund (BCF) 2021/22 year-end template. The following points were discussed:

- (a) The template reports that progress for each metric is on target, apart from the avoidable admissions where national data was unavailable to assess the progress. Looking at local data this metric is still on target;
- (b) Challenges highlighted by the template include a slight increase in admissions relating to Covid 19 and other conditions that deteriorated during lock down, Covid related sickness absence impact ability to provide sufficient homecare provision and an increased use of interim beds and likely increase of people moving to permanent care as a result of the reduced homecare provision;
- (c) The template helps commissioners to carefully consider how the schemes commissioned work together to provide care, it provides a framework that allows commissioners to assess how well the schemes are integrated and to think creatively about service provision;
- (d) It can be challenging to see the benefit of prevention services when they are only given a relatively short period. Benefits of prevention work are more likely to be seen over the long term, and the services are not always in place long enough to show the benefits to the system as a whole;
- (e) A longer term approach to commissioning is important and the City has been working for the last 15 years on services that are showing benefit, however with the significant cuts over the last decade it has been hard to maintain all of these services.

#### **Resolved to approve the 2021-22 Better Care Fund Year-End Template.**

- **Reasons for the decision**

The purpose of this report is to approve the BCF 2021-22 year-end reporting template for submission to NHS England & Improvement. The template confirms the status of continued compliance against the requirements of the BCF, including the final end of year spending position, and provides information about challenges, achievements and support needs in progressing delivery.

- **Other options considered**

To not submit the return: this option is rejected as this BCF reporting to NHS England & Improvement is a national requirement.

## **6 Future Meeting Dates**

**Resolved to meet on the following dates:**

- **Wednesday 28 September 2022 at 4:00pm**
- **Wednesday 30 November 2022 at 4:00pm**
- **Wednesday 25 January 2023 at 4:00pm**
- **Wednesday 29 March 2023 at 4:00pm**

This page is intentionally left blank

**Nottingham City Health and Wellbeing Board**

**30 November 2022**

<b>Report Title:</b>	Integrated Care Strategy for Nottingham and Nottinghamshire
<b>Lead Board Member(s):</b>	Cllr Adele Williams Lucy Hubber
<b>Report author and contact details:</b>	Jeanette Swann, N&N ICB
<b>Other colleagues who have provided input:</b>	
<b>Executive Summary:</b>	
<p>1. By December 2022 the Nottingham and Nottinghamshire Integrated Care Partnership (ICP) will produce an Integrated Care Strategy to improve health and care outcomes and experiences for its populations, for which all partners will be accountable.</p> <p>2. This paper sets out the context along with the aims and ambitions of the Strategy which have been informed by:</p> <ul style="list-style-type: none"> <li>a) Legislative requirements;</li> <li>b) Statutory guidance and policy;</li> <li>c) Discussions with system partners; and</li> <li>d) Engagement with citizens, Healthwatch, staff and representatives of organisations and sectors which influence the wider determinants of health.</li> </ul>	
<b>Does this report contain any information that is exempt from publication?</b>	
No	
<b>Recommendation(s):</b> The Board is asked to:	
<ul style="list-style-type: none"> <li>a) Receive and consider the draft Integrated Care Strategy for Nottingham and Nottinghamshire.</li> <li>b) Discuss the draft strategy and consider how as a partner of the ICS they can contribute to the delivery of the strategy.</li> <li>c) Delegate authority to the Chair of the Health and Wellbeing Board to agree subsequent required amendments and to represent the Health and Wellbeing Board at the ICP.</li> </ul>	

<b>The Joint Health and Wellbeing Strategy</b>	
<b>Aims and Priorities</b>	<b>How the recommendation(s) contribute to meeting the Aims and Priorities:</b>
<b>Aim 1:</b> To increase healthy life expectancy in Nottingham through	The Integrated Care Strategy should be based on the assessed needs of the

addressing the wider determinants of health and enabling people to make healthy decisions	population and the three ambitions focus on addressing inequalities.
<b>Aim 2:</b> To reduce health inequalities by having a proportionately greater focus where change is most needed	
<b>Priority 1:</b> Smoking and Tobacco Control	
<b>Priority 2:</b> Eating and Moving for Good Health	
<b>Priority 3:</b> Severe Multiple Disadvantage	
<b>Priority 4:</b> Financial 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> The Strategy builds on the JHWS ambition	

<b>List of background papers relied upon in writing this report:</b>	Draft Strategy to be presented at the meeting
<b>Published documents referred to in this report:</b>	



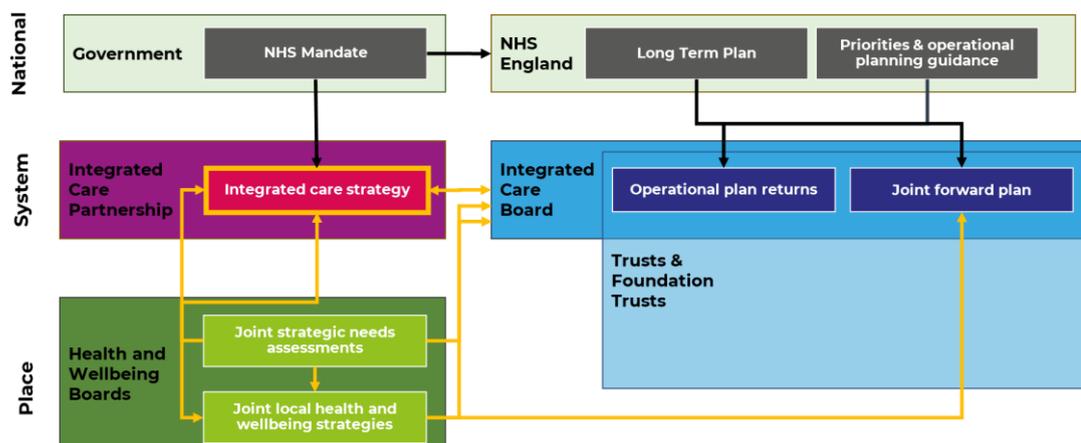
## Integrated Care Strategy for Nottingham and Nottinghamshire

### Summary

1. By December 2022 the Nottingham and Nottinghamshire Integrated Care Partnership (ICP) will produce an Integrated Care Strategy to improve health and care outcomes and experiences for its populations, for which all partners will be accountable.
2. This paper sets out the context along with the aims and ambitions of the Strategy which have been informed by:
  - a) Legislative requirements;
  - b) Statutory guidance and policy;
  - c) Discussions with system partners; and
  - d) Engagement with citizens, Healthwatch, staff and representatives of organisations and sectors which influence the wider determinants of health.

### Introduction

3. The Integrated Care Strategy is an opportunity to work with a wide range of people, communities and organisations to develop evidence-based system wide priorities that will improve the public's health and wellbeing and reduce disparities (also known as health inequalities).
4. The Integrated Care Strategy has been developed for the whole population using best available evidence and data, covering health and social care (both children's and adult's social care), and addressing the wider determinants of health and wellbeing. The strategy has been built bottom-up from local assessments of needs and assets identified at place level. The Health and Care Act 2022, which established the ICP on a statutory basis also places a duty on the Integrated Care Board (ICB) to have regard to the Joint Strategic Needs Assessments (JSNAs), Integrated Care Strategy, and Joint Health and Wellbeing Strategies (JHWBSs) when exercising its functions and developing its Joint Forward Plan with NHS Trusts and Foundation Trusts.
5. In summary, the guidance states that the strategy should be **“evidence based, system wide priorities to improve health and reduce disparities... based on assessed need”**. The strategy should set out how the assessed needs of the population can be met by upper tier Local Authorities, the Integrated Care Board (ICB) and NHS England and over what timescale. The diagram below shows the relationships between the key system strategies and how they interface:



6. There is an expectation that the strategy will be refreshed annually in line with emerging national guidance.

### Developing the Nottingham and Nottinghamshire Integrated Care Strategy

7. A Steering Group with representation from across the system has discussed and endorsed the following proposal for developing the strategy:
- The Integrated Care Strategy should contain, “evidence based, system wide priorities to improve health and reduce disparities... based on assessed need”. Guidance is prescriptive about other expected content, but this is the key component.
  - ‘Assessed need’ is currently articulated in the JSNAs and JHWBSs and therefore the foundation of the strategy has to be an articulation of these documents as one ‘system wide’ view. The ICS Health Inequalities Strategy and response to the NHS Five Year Forward View will be useful starting points for this.
  - How assessed need is addressed, and over what timescale is the job of the Integrated Care Strategy. This will set the framework for informing the ICB and partner NHS Trusts and Foundation Trusts Joint Forward Plan and future iterations of the JHWBSs. The unique point of this system strategy is that it will provide direction on what needs to happen.
  - There should be a proportionate approach to how citizens are involved in the development of the strategy, recognising the extensive work undertaken recently to develop the JHWBSs and the existing levels of knowledge of the needs and aspirations of citizens.
8. There is support for aligning to the four national aims for ICSs as well as three local ambitions for the system that should be embedded in all that we do: equity, prevention and integration.



9. An early draft of the strategy will be presented for organisations to review and discuss. It should be noted that the strategy text will not be finalised until 30 November and therefore the following caveats apply:
  - a) This is an early draft of the strategy being shared to enable organisations to review and discuss during its formative stage.
  - b) Feedback on the content of the strategy is welcome by 25 November 2022 in order to be reflected in the final version of the document.
10. As well as involving partner organisations in developing the strategy a number of activities have taken place to involve people and communities in the development of the strategy.
11. A number of targeted meetings with key stakeholders have been held including Voluntary, Community and Social Enterprise sector leaders, Healthwatch Nottingham and Nottinghamshire and local elected representatives.
12. Three public meetings, including the first ICS Partner Assembly and two online sessions generated feedback from over 200 people.
13. Attendance at the annual Nottinghamshire County Council Shadow event enabled 250 children and young people to share their priorities for health and care, including what support they would like to see locally.
14. A survey is currently live which is another mechanism for people and communities to provide their views on the emerging strategy. The survey can be accessed online here should organisations wish to share it in their networks: [Developing our Integrated Care Strategy - what's important to you? \(office.com\)](#)
15. A report summarizing the feedback and how it has been incorporated into the strategy will be published in December.



**Next steps**

16. As a formally established joint committee, the ICP is empowered to operate as the single decision-making forum for the Nottingham and Nottinghamshire Integrated Care Strategy. The strategy will be submitted for approval at the ICP meeting on 16 December 2022.
17. The following table outlines the timeline for developing the Integrated Care Strategy:

9 November 2022	ICP Workshop with members to develop the Integrated Care Strategy
8 December 2022	Papers for the ICP meeting are published.
16 December 2022	Integrated Care Strategy discussed and formally approved at the ICP.
By 23 December 2022	Integrated Care Strategy is submitted and published.

**Recommendations:**

18. Organisations/Committees are asked to:
- a) **Receive** and consider the draft Integrated Care Strategy for Nottingham and Nottinghamshire.
  - b) **Discuss** the draft strategy and consider how as a partner of the ICS they can contribute to the delivery of the strategy.
  - c) **Delegate** authority to the Chair of the Health and Wellbeing Board to agree subsequent required amendments and to represent the Health and Wellbeing Board at the ICP.

## Nottingham City Health and Wellbeing Board

**30 November 2022**

<b>Report Title:</b>	Joint Health and Wellbeing Strategy Delivery Update
<b>Lead Board Member(s):</b>	<p>Dr Hugh Porter, Vice Chair, Nottingham City Health and Wellbeing Board and Clinical Director, Nottingham City Place-Based Partnership</p> <p>Mel Barrett, Chief Executive, Nottingham City Council and Lead, Nottingham City Place-Based Partnership</p> <p>Lucy Hubber, Director of Public Health, Nottingham City Council</p>
<b>Report author and contact details:</b>	Rich Brady, Programme Director, Nottingham City Place-Based Partnership <a href="mailto:rich.brady@nhs.net">rich.brady@nhs.net</a>
<b>Other colleagues who have provided input:</b>	
<p><b>Executive Summary:</b>  The Joint Health and Wellbeing Strategy (JHWS) 2022-25 has four overarching priorities: severe multiple disadvantage, eating and moving for good health, smoking and tobacco control, and financial wellbeing. The Nottingham City Place-Based Partnership (PBP) has the responsibility for driving the delivery of the JHWS, with strategic oversight maintained by the Health and Wellbeing Board. This report provides an update on the development of the four JHWS programmes including the status of delivery plans, including risk and issue for consideration of the Board. Included in this report are some reflections to the Board on the partnership approach taken to develop and deliver the JHWS programmes. In addition to the JHWS programmes, there is also an update on the cross-cutting programmes (mental health and race health inequalities).</p>	
<p><b>Recommendation(s):</b> The Board is asked to:</p> <p><b>Note</b> the PBP Programme Oversight Group has received an agreed delivery plan for the Severe Multiple Disadvantage Programme.</p> <p><b>Note</b> the work being undertaken by the Nottingham City Place-Based Partnership programme leads to develop delivery plans for the three remaining Joint Health and Wellbeing Strategy programmes.</p> <p><b>Note</b> the JHWS programme status updates.</p> <p><b>Note</b> the development of the cross-cutting programmes</p> <p><b>Note</b> that this report has been approved by members of the Nottingham City Place-Based Partnership programme Oversight Group.</p> <p><b>Approve</b> a Health and Wellbeing Board development session for the Severe Multiple Disadvantage programme.</p>	

<b>The Joint Health and Wellbeing Strategy</b>	
<b>Aims and Priorities</b>	<b>How the recommendation(s) contribute to meeting the Aims and Priorities:</b>
<b>Aim 1:</b> To increase healthy life expectancy in Nottingham through addressing the wider determinants of health and enabling people to make healthy decisions	All recommendations are generated from the programmes to deliver the aims and priorities of the Joint Health and Wellbeing Strategy.
<b>Aim 2:</b> To reduce health inequalities by having a proportionately greater focus where change is most needed	
<b>Priority 1:</b> Smoking and Tobacco Control	
<b>Priority 2:</b> Eating and Moving for Good Health	
<b>Priority 3:</b> Severe Multiple Disadvantage	
<b>Priority 4:</b> Financial Wellbeing	
<p><b>How mental health and wellbeing is being championed in line with the Board's aspiration to give equal value to mental and physical health:</b></p> <p>The four JHWS programmes are complemented by a cross-cutting PBP mental health programme. To support meeting the JHWS principle of parity of mental and physical health and wellbeing, the PBP mental health programme has input into each of the JHWS programmes</p>	

<b>List of background papers relied upon in writing this report (not including published documents or confidential or exempt information)</b>	
<b>Published documents referred to in this report</b>	 <p>Health Inequalities in Nottingham histo</p>

## **Joint Health and Wellbeing Strategy Delivery Update**

### **Background**

1. At the March 2022 meeting of the Health and Wellbeing Board (HWB) the Board approved the Joint Health and Wellbeing Strategy (JHWS) 2022 – 2025 with four overarching priorities – severe multiple disadvantage (SMD), eating and moving for good health (EMGH), smoking and tobacco control (STC), and financial wellbeing (FW).
2. Prior to the approval of the Strategy, at the January 2022 meeting of the HWB it was agreed:
  - a. Responsibility for driving the delivery of the JHWS would be discharged to the Nottingham City Place-Based Partnership (PBP), with strategic oversight maintained by the HWB; and
  - b. The programme delivery approach approved by the PBP would be utilised to deliver the JHWS priorities.
3. At the July 2022 meeting of the HWB it was noted that while all programmes had begun to develop delivery plans, but these had not been finalised during the first reporting period. It was noted that due to the scale and ambition of the programmes, time was needed to meaningfully engage stakeholders in the development of programme objectives and delivery plans. In this period there has been a focus on embedding partnership working, coproducing delivery plans and progressing delivery actions.
4. The HWB is asked to take assurance that:
  - a. A robust delivery plan for the SMD programme has been submitted, with a clear articulation of how population health outcomes will be improved through integrated working and contribute to the delivery of the programme ambitions set in the JHWS.
  - b. Delivery plans are in the development for the other three programmes with the expectation that these will be agreed during the next reporting period.
  - c. Both cross cutting programmes, mental health (MH) and race health inequalities (RHI) are also in development with programme leads working together to ensure there is effective alignment across JHWS programmes.

### **Update from the Programme Oversight Group**

5. Since the previous report to the HWB in July 2022, the PBP Programme Oversight Group (POG) has met twice – in September and October, attendance from PBP executive team members and programme leads has been good. Programme leads have provided progress reports – the focus in the last quarter has been on continuing to develop the programmes and working towards agreed delivery plans. Good attendance

has enabled strong discussion, support and challenge to the development of each programme and associated delivery plans.

6. In recognition that in the July 2022 HWB update report, none of the programmes had detailed timescales for finalising delivery plans, programme leads were asked to submit agreed delivery plans by 7 November. An agreed delivery plan has been received for the SMD programme. The other three delivery plans remain in draft but are sufficiently developed to allow assessment. A progress assessment has been made against submitted delivery plans and is detailed in the 'status reports' section of this report.
7. In addition to the meetings, POG members have engaged in a series of development activities to strengthen approaches to delivering programmes in partnership with people with lived experience. In September and October, members attended the Midlands NHS Leadership Academy, Regional Leadership for Personalised Care Programme. In November, members also took part in a 'community empowerment' development session, focused on embedding voices of communities and people with lived experience within programme delivery.
8. To further ensure that the work of the JHWS is informed by the lived experiences of people living in Nottingham, the University of Nottingham has been commissioned to undertake a second stage of research building on the initial 'Health Inequalities in Nottingham historical trajectories of the wider determinants' research report.
9. The second stage of research will see peer researchers recruited from communities across the city. Peer researchers will undertake interviews with people in their communities and participate in cultural animation workshops. Cultural Animation is an arts-based methodology of knowledge co-production and community engagement, employing a variety of creative and participatory exercises to help build trusting relationships between diverse participants (expert and non-experts) and democratise the process of research.
10. The research began in October 2022 and is anticipated to be completed in September 2023. Learning from this research will directly inform the delivery of the JHWS programmes throughout the duration of the research, through written reports and engagement from peer researchers in programme meetings.

### **Cross cutting programmes**

11. In addition to the four JHWS programmes the POG has increased its focus on the two cross-cutting programmes which feed into the JHWS programmes to support the Strategy's ambitions to reduce inequalities and ensure parity of mental and physical health and wellbeing. These are:
  - a. Race health Inequalities (formally known as the 'BAME Health Inequalities')
  - b. Mental Health

12. Following approval from PBP Executive Team for the roll out of the 'Race Health Inequalities Maturity Matrix', programme leads are working with the RHI Group to review the programme and its objectives to ensure that each of the JHWS programmes pays due regard to the inequalities experienced by Nottingham's diverse communities. To support this the RHI programme now reports into the POG. Plans are in place to hold a Race Health Inequalities Summit in early 2023 to bring together partners and communities which will, in part, re-establish the ambitions for the programme.
13. The Mental Health programme has brought together mental health leads from across the partnership into a delivery team. Working with the Nottingham City Collaborative for Mental Health a delivery plan is in development that will see the delivery of the mental health programme objectives, including commitments in the mental health prevention concordat. In September a workshop was held at Notts County Football Club bringing together wider partnership members of people with lived experience to confirm the ambitions for the programme and commitments to the action plan.

### **Working in partnership**

14. Each programme is led by a programme lead, with an executive sponsor from the PBP Executive – all executive sponsors are from different organisations to the programme leads and have played an active role in supporting the development of programmes enabling greater engagement and leverage of resource across the partnership. For example, the FW executive sponsor facilitated a development session between HWB members and members of the Nottingham Financial Resilience Partnership which brought in key partners and resulted in wider ownership of the programme within partner organisations.
15. Engagement from partners across the programmes has continued to increase over the last reporting period, however partner engagement is a continued focus for programme leads. Programme leads are continuing to undertake stakeholder analysis as programme evolve to ensure representation is appropriate to deliver the ambitions of the programmes.
16. Programme leads have sought to encourage partnership working and shared ownership for the development of programmes and delivery plans, encouraging input from across the partnership. This has sometimes resulted in extra time being taken to agree delivery plans to ensure that there is collective support for the ambitions and milestones for each programme.
17. Establishing shared accountability and joint ownership for the delivery of the programmes is central to the success of the delivery of the JHWS. It has been reflected by members of the POG that working in this way sometimes requires a cultural shift from working in competition to collaboration. While true 'system' working is not yet the norm,

programme leads are reporting examples of this having a positive impact on the operational delivery and outcomes for people.

### **Risk / issues for escalation**

18. The POG has been notified of a risk from the SMD programme that requires the attention of the HWB. The Changing Futures (CF) programme is a key to the delivery of the SMD programme objectives. Funding for the CF programme will expire in April 2024 and if funding is not identified to establish a continued model of support there is a risk that there will not be continuity in support for people experiencing SMD and improvements in integrated working between partners will not be sustained. It is recommended that HWB members participate in a development session focused on the SMD programme to discuss the support provided to people experiencing SMD during and following the completion of the CF programme.
19. The POG would like to make the HWB aware that history of partnership working within the programmes is variable, therefore, significant effort is required to create the foundations for system transformation. This has been a substantial focus for programme leads and there is a risk that this will increase the timescales required for delivery. This is a risk that the POG will continue to monitor and escalate to the HWB if delays to delivery are forecasted.

### **JHWS Delivery Plans**

20. Recognising that the programmes have been in developmental stages and dependent on agreement across a wide range of stakeholders, the POG has taken a measured approach, seeking to establish the correct balance of asking the programmes for detailed delivery plans with the opportunity to progress work that will directly deliver on the JHWS ambitions.
21. An agreed delivery plan has been submitted for the SMD programme. While delivery plans have not yet been agreed for the other JHWS programmes, draft delivery plans have been sufficiently developed to allow assessment for this report. The 'status reports' section provides an overall assessment of the status of the programme and the assurances the POG will seek during the next deliver period.

### **Status reports**

<b>Priority</b> Smoking & Tobacco Control
<b>Status Summary</b> In the last reporting period this programme has made good progress in developing medium-long term objectives that will support the ambition of the programme to create a smoke-free generation for Nottingham by 2040. There are a significant range of stakeholder involved in this programme, across fire, police, NHS service providers and commissioners, public

<p>health, trading standards, environmental health, education, housing and other local authority services. The appropriate time is being taken to agree strategic priorities and plans across partners. In the next period the programme oversight group will seek assurance that deliverable action plans are being agreed between partners with short and medium-term actions that align to the ambition of the programme.</p>		
	<i>Progress</i>	<i>Comments</i>
Has the programme been established?		This programme has been established using the foundations set by the previous PBP smoking cessation programme but has broadened in scope in line with the objectives set in the JHWS. The programme is aligned to the Nottinghamshire County JHWS priority with a shared draft strategic vision and plan owned by a joint Smoking and Tobacco Alliance.
Does the programme have sufficient delivery resource in place?		An executive sponsor, programme lead and programme manager are in place. The delivery team for the STC programme has been re-established from the previous PBP smoking cessation programme and expanded to include wider partner representation in line with the broadened scope of the programme.
Does the programme have sufficient engagement across partners?		Partners in Nottingham City and Nottinghamshire County have established a joint Smoking & Tobacco Alliance in recognition that many stakeholders are shared. There is good engagement across the Alliance at a strategic level, the level of resource that will be dedicated to delivery from partners is yet to be determined.
Has a delivery plan been agreed between partners?		A draft delivery plan has been produced but is not yet fully agreed between partners. Due to the number of different stakeholders involved in the programme there are a series of engagement activities planned to ensure there is collective agreement on the strategic intentions and delivery actions. It is anticipated that the delivery plan will not be finalised until early 2023 with plans in place to present a refreshed Tobacco Control Strategy and delivery plan at the March 2023 meeting of the HWB.
Does the delivery plan have clear ambitions with short and medium-term outcome measures and impact assessments that align to the ambition of the programme?		The draft delivery plan has a clear ambition with 4 delivery themes that will seek to deliver on the ambition to create a smoke-free generation for Nottingham by 2040. There is an articulation of high-level outcomes and outputs each theme will seek to deliver over a 1, 2 and 3 year period however limited detail is provided. Further detail is required in the delivery plan regarding the outcomes and outputs with a baseline position and target impact measures to provide clarity on the level of ambition within each delivery theme.
Does the delivery plan reflect the ambitions set out in the JHWS?		The draft delivery plan has a clear long-term ambition to create a smoke-free generation for Nottingham by 2040. The draft delivery plan has well-articulated content in terms of current activity and medium-long term objectives that will support the ambitions set out in the JHWS
Does the delivery plan include an action plan with clear milestones for the next 6		The delivery plan does not yet include a detailed action plan, however it is recognised that there is a need to agree the strategic intentions of the programme between partners before the action plan can be developed. Plans are in place

months that support the delivery of the programme objectives?		to establish two sub-groups that will develop and own action plans that will deliver on the ambitions of the programme.
Is the programme on track to deliver the milestones and actions as identified for the next 6 months?		As an action plan with clear milestones for the next 6 months has not been produced it is not possible to provide an assessment.
Is there evidence of the use of the PBP delivery principles including engagement with people with lived experience?		Most PBP delivery principles (and how they will be enacted) are articulated in the draft delivery plan however as the programme is in its early stages there is limited evidence of the delivery principles being used in practice. The draft delivery plan has a focus on tobacco use with children and young people and recognises the importance of engagement with children and young people in the delivery of the programme. The draft delivery plan recognises there is more to do and includes a number of examples of where future engagement is proposed.
Are there any high risks or issues that are impacting on the delivery of the programme?		While there is a need to develop an action plan with clear milestones for the next 6 months, at present there are no high-risk issues identified which impact delivery of the programme.
<b>POG Priorities for Next Period</b>		
<ul style="list-style-type: none"> <li>• Receive an agreed delivery plan that includes detailed actions to support the delivery of the short, medium-term and long-term outcome measures and impact assessments.</li> <li>• Receive assurance that there is a process for ensuring communities and/or people with lived experience are engaged in the programme</li> </ul>		

<b>Priority</b>		
Eating and Moving for Good Health		
<b>Status Summary</b>		
<p>In the last reporting period, the EMGH programme, objectives and associated workstreams have been reviewed and refreshed. A 10-year EMGH strategy has been produced accompanied by a draft delivery plan for the duration of the current JHWS. It is anticipated that this will be the first of a series of 3 delivery plans to meet the ambition in the strategy to, 'make it easier for adults, families, children and young people to eat and move for good health'. Following various stakeholder engagement, the programme workstreams have been reviewed and developed into 5 delivery themes which form the basis of a draft delivery plan for 2022-2025. In the next reporting period, the programme oversight group will seek assurance that the delivery plan has been agreed between members of the Eating &amp; Moving for Good Health Alliance and that short-medium term actions have also been agreed.</p>		
	<i>Progress</i>	<i>Comments</i>
Has the programme been established?		This programme has been established building on a history of partnership work in the city to decrease rates of obesity. In the last reporting period, the programme objectives and associated workstreams have been reviewed and refreshed with workstream leads into delivery themes.

Does the programme have sufficient delivery resource in place?		The programme has not yet benefitted from dedicated programme management support and while some additional programme support has been provided by the public health team, the majority of programme management responsibilities have fallen to the programme lead. A full-time programme manager has been recruited and is due to start in January 2023.
Does the programme have sufficient engagement across partners?		The programme has strong engagement among many of the key partners, however there are plans to engage further. Following the review of the EMGH programme, a series of engagement activities, including partner workshops are planned to agree a shared delivery plan and actions for each delivery theme. Plans are being developed to establish the Eating & Moving for Good Health Alliance where partners are expected to take collective ownership and will identify the resources needed to support their contribution to the shared ambition. There has been strong focus on this in the last reporting period and the level of engagement and commitment from partners has significantly improved.
Has a delivery plan been agreed between partners?		In recognition of the review of the EMGH programme ambitions and delivery themes, significant progress has been made in the development of the delivery plan however there is still further work to be undertaken before this can be agreed between partners. Given the importance of the delivery plan being agreed and collective resourced by members of the Eating & Moving for Good Health Alliance, it is anticipated that an agreed delivery plan will not be received until early 2023.
Does the delivery plan have clear ambitions with short and medium-term outcome measures and impact assessments that align to the ambition of the programme?		The content of the draft delivery plan is driven by a 10-year EMGH strategy. Within the strategy there are ambitious objectives to be achieved over the duration of the strategy. Each delivery theme includes draft 'pledges' to be achieved over the medium and longer term. Proposed outcomes that can be measured to show impact over a short, medium and long-term have been identified within each delivery themes however these have not yet been agreed by partners. The proposed pledges and outcomes measures identified in the draft delivery plan have been carefully considered to support the delivery of the overarching programme ambition to 'make it easier for adults, families, children and young people to eat and move for good health'.
Does the delivery plan reflect the ambitions set out in the JHWS?		The current draft of the delivery plan clearly reflects the ambitions set out in the Joint Health and Wellbeing Strategy
Does the delivery plan include an action plan with clear milestones for the next 6 months that support the delivery of the programme objectives?		The current draft of the delivery plan does not yet include an action plan with clear milestones for the next 6 months. A partner workshop is planned for early December to begin the development of a shared action plan.

Is the programme on track to deliver the milestones and actions as identified for the next 6 months?		As an action plan with clear milestones for the next 6 months has not been produced it is not possible to provide an assessment.
Is there evidence of the use of the PBP delivery principles including engagement with people with lived experience?		Most PBP delivery principles (and how they will be enacted) are articulated in the draft delivery plan however as the programme is in its early stages there is limited evidence of the delivery principles being used in practice. Further detail is required in the next iteration of the delivery plan regarding how people with lived experience across the life course will be involved in the programme.
Are there any high risks or issues that are impacting on the delivery of the programme?		The programme has not yet benefitted from dedicated programme management support which has caused delays to the development of the EMGH strategy and action plan. A full-time programme manager has been recruited and is due to start in January 2023. This is no longer a high risk to the delivery of the programme.
<b>POG Priorities for Next Period</b>		
<ul style="list-style-type: none"> <li>• Receive an agreed delivery plan that provides short and medium-term outcome measures and impact assessments that align to the ambition of the programme.</li> <li>• Receive assurance that partners are committed to the delivery of the programme through the identification of resource to deliver on the short, medium and long-term objectives.</li> <li>• Receive assurance that there is a process for ensuring communities and/or people with lived experience are engaged in the programme</li> </ul>		

<b>Priority</b>		
Financial Wellbeing		
<b>Status Summary</b>		
<p>In the last reporting period, a joint workshop between NFRP, HWB and PBP members took place to establish and agree the strategic priorities for the programme, building on the NFRP action plan for 2022-23. While the strategic priorities that will detail the medium and long-term objectives of the programme are yet to be agreed, good progress is being made against the short-term actions set out in the NFRP action plan and there is evidence of PBP partners supporting the delivery of these objectives. There has been increased engagement from PBP partners in the programme over the last reporting period and coordinated activity is taking place to bring together the actions that partner organisations are taking individually to support with cost-of-living pressures. In the next reporting period, the POG will be seeking assurance that partners have agreed the medium and long-term strategic priorities for the programme and have agreed a delivery plan detailing how these will be achieved.</p>		
	<i>Progress</i>	<i>Comments</i>
Has the programme been established?		This programme has been established building on the work of the pre-existing Nottingham Financial Resilience Partnership (NFRP). In the last reporting period, a joint workshop between NFRP, HWB and PBP members took place to establish and agree strategic priorities for the programme building on the NFRP action plan for 2022-23.
Does the programme have sufficient delivery		Strategic priorities for the programme are still to be agreed, therefore it is not possible to provide an assessment on whether the capacity of programme resource is sufficient to

resource in place?		meet the strategic priorities of the programme. There is sufficient resource in place to deliver on the NFRP action plan for 2022-23.
Does the programme have sufficient engagement across partners?		There is strong engagement across most PBP partners in this programme and this is continuing to build. Many PBP partners are taking steps within their own organisations to support with cost-of-living pressures and are beginning to align this activity through this programme
Has a delivery plan been agreed between partners?		A draft delivery plan has been submitted comprising the NFRP action plan for 2022-23 and a set of 10 draft strategic priorities developed through a joint workshop between NFRP, HWB and PBP partners. Work is being undertaken with partners to agree the strategic priorities for the programme and take forward the recommended actions from the development session – a strategic framework is being developed to support with this.
Does the delivery plan have clear ambitions with short and medium-term outcome measures and impact assessments that align to the ambition of the programme?		Through the NFRP action plan there are 13 objectives with agreed actions that detail short-term outcome measures impacting on citizens, individual partners, and the development of the NFRP itself. The draft strategic framework builds on the NFRP action plan with proposed medium and long-term priorities for the programme with associated outcomes to measure impact. The outcome measures and impact assessments are to be agreed by partners alongside the overarching ambition(s) of the programme.
Does the delivery plan reflect the ambitions set out in the JHWS?		The strategic priorities identified in the joint NFRP, HWB and PBP workshop that form the basis of the strategic framework are aligned to the ambitions set out in the JHWS. The next step is to ensure that there is agreement across partners, and a commitment and to deliver the actions that will lead to the delivery of the strategic priorities of the programmes.
Does the delivery plan include an action plan with clear milestones for the next 6 months that support the delivery of the programme objectives?		The draft delivery plan comprises the 12-month NFRP action plan for 2022-23, within this there are clear objectives for the next 6 months of the programme. Objectives including, helping citizens to access financial support, helping to tackle in-work poverty, increasing the resilience of services (such as debt and benefit advice, and food banks) and increasing financial education, as well as supporting the development of the partnership.
Is the programme on track to deliver the milestones and actions as identified for the next 6 months?		While resource has been prioritised from the NFRP to support the development of the financial wellbeing programme, good progress is still being made against the objectives set out in action plan, aided by the support of the PBP partners. It should be noted that while there has been a delay in producing an agreed delivery plan, all other milestones and actions are currently on track.
Is there evidence of the use of the PBP delivery principles		In working with the NFRP there is evidence of the use of the delivery principles – the NFRP action plan was informed by a survey completed by 300 Nottingham residents. The NFRP includes frontline practitioners and people with lived

including engagement with people with lived experience?		experience. The draft delivery plan sets out an objective in 2022/23 to develop arrangements for engaging people with lived experience and community empowerment in the programme.
Are there any high risks or issues that are impacting on the delivery of the programme?		While not a high risk at this stage, there are a considerable number of partners and stakeholders involved in this programme and it is taking time to agree the strategic priorities for the programme. It should also be noted that cost of living pressures are having a significant impact on the workload of the programme lead and programme manager, as well as partners involved in the programme which is also impacting on the ability of the partnership to be agile in making decisions jointly. The programme lead is working closely with the executive sponsor and PBP programme director, and the POG is continuing to monitor the development of this programme.
<p><b>POG Priorities for Next Period</b></p> <ul style="list-style-type: none"> <li>• Receive a delivery plan that details the agreed strategic priorities of the programme, bringing together medium and long-term objectives that will build on the short-term objectives in the NFRP action plan.</li> <li>• Receive assurance that there is a process for ensuring communities and/or people with lived experience are engaged in the programme.</li> </ul>		

<p><b>Priority</b> Severe Multiple Disadvantage</p>		
<p><b>Status Summary</b> In the last reporting period this programme has produced an agreed delivery plan building on a series of workshops undertaken to reaffirm the ambition of the programme and develop plans of the associated workstreams. The programme now has seven workstreams with associated action plans established, aligned to the short, medium and long-term ambition for the programme. Programme governance has been established to enable the programme lead to monitor progress against workstream objectives. All workstreams have action and risk/issue logs to enable workstream leads to highlight any risk or issues associated with delivery and escalate to the programme lead as necessary. A significant focus for the programme is the sustainability of support provided to people experiencing SMD following the completion of the Changing Futures programme in April 2024 – a sustainability plan to be discussed with HWB members has been produced. Over the next reporting period, the POG will seek assurance on the delivery of the seven workstream action plans and support the programme lead to manage the risks associated with the completion of the Changing Futures programme.</p>		
	<i>Progress</i>	<i>Comments</i>
Has the programme been established?		This is a well-established programme that has been delivered as part of the original set of PBP programmes running since July 2020. Since being established as a JHWS priority, a number of workshops have been undertaken to reaffirm the ambition of the programme and develop plans of the associated workstreams. The programme has an overarching oversight group and seven underpinning workstreams led by different partners.
Does the programme have sufficient delivery		An executive sponsor and a programme lead have been in place since the programme emerged in July 2020. In the last reporting period, a programme manager has been recruited

resource in place?		and started supporting the programme in October 2022. In addition, the SMD programme is aligned to the Department for Levelling Up, Housing and Communities programme, Changing Futures, a 3-year programme which has attracted £3.9million in funding. This funding is in place until April 2024 and supports significant strategic and operational activity (see risks section).
Does the programme have sufficient engagement across partners?		The programme has very strong engagement from across the partnership. The delivery team is well-established and meets as the 'SMD partnership' made up of over 100 individuals representing over 30 organisations and people with lived experience. This SMD partnership meets on a bi-weekly basis – meetings in October and November 2022 were attended by over 50 members. The six underpinning workstreams are led by different partners. While there is very strong engagement from across the PBP, due to operational pressures there are still some partners who are unable to dedicate sufficient time to SMD programme. Continuing to grow and develop the SMD partnership is still a significant focus for the programme lead.
Has a delivery plan been agreed between partners?		A delivery plan has been received for this programme which has been agreed by the SMD partnership.
Does the delivery plan have clear ambitions with short and medium-term outcome measures and impact assessments that align to the ambition of the programme?		The delivery plan details short, medium and long-term objectives across seven workstreams that are aligned to the overall ambition of the programme to 'ensure people experiencing SMD receiving joined up, flexible, person-centred care from the right services, at the right time and in the right place'. The seven workstreams are also aligned to agreed outcome measures at an individual, population and service level and have. Each workstream has an agreed action plan that evidences the contribution of each workstream to the outcome measures over the short, medium and long-term.
Does the delivery plan reflect the ambitions set out in the JHWS?		The delivery plan clearly sets out how the objectives within the seven workstreams reflect the ambitions set out in the JHWS. Through the development of a theory of change for SMD, the objectives for achieving transformational change have been established at individual, service and system. These include a focus on, the continued involvement of people with lived experience, ensuring flexibility across services, supporting the partnership workforce, making best use of data and a drive to ensure equity through all activity.
Does the delivery plan include an action plan with clear milestones for the next 6 months that support the delivery of the programme objectives?		The delivery plan includes clear milestones for the next 6 months across all seven workstreams. Milestones are also provided over medium and long-term timescales. Programme governance has been established to enable the programme lead to monitor progress against workstream objectives. All workstreams have action and risk/issue logs to enable workstream leads to highlight any risk or issues associated with delivery and escalate to the programme lead as necessary.

<p>Is the programme on track to deliver the milestones and actions as identified for the next 6 months?</p>		<p>All workstreams are currently on track.</p>
<p>Is there evidence of the use of the PBP delivery principles including engagement with people with lived experience?</p>		<p>The delivery plan has strong evidence of the use of the PBP delivery principles. The delivery plan is particularly strong in evidencing the voice of people with lived experience within the design, development and delivery of the programme. One of the programme workstreams is: 'Listen to the voices of experts by experience, be guided by them and co-produce everything we do' – like all workstreams, there are short, medium and long term objectives associated with this workstream.</p>
<p>Are there any high risks or issues that are impacting on the delivery of the programme?</p>		<p>The POG has been notified of a risk from the SMD programme that requires the attention of the HWB. The Changing Futures (CF) programme is a key to the delivery of the SMD programme objectives. Funding for the CF programme will expire in April 2024 and if funding is not identified to establish a continued model of support there is a risk that there will not be continuity in support for people experiencing SMD and improvements in integrated working between partners will not be sustained. It is recommended that HWB members participate in a development session focused on the SMD programme to discuss the support provided to people experiencing SMD during and following the completion of the CF programme.</p>
<p><b>POG Priorities for Next Period</b></p> <ul style="list-style-type: none"> <li>• Receive assurance on the delivery of the programme action plan through the seven workstream action plans.</li> <li>• Receive assurance people with lived experience are continuing to play an integral role in programme delivery.</li> </ul>		

**Nottingham City Health and Wellbeing Board**

**30 November 2022**

<b>Report Title:</b>	Update from the Health Protection Board
<b>Lead Board Member(s):</b>	Lucy Hubber, Director of Public Health
<b>Report author and contact details:</b>	Lucy Hubber, Director of Public Health Lucy.hubber@nottinghamcity.gov.uk
<b>Other colleagues who have provided input:</b>	
<b>Executive Summary:</b> This report is provided to the Board to provide an update on the statutory responsibilities to assure adequate protection of the health of the local population.	
<b>Does this report contain any information that is exempt from publication?</b> No	
<b>Recommendation(s):</b> The Board is asked to: Note the report	

<b>The Joint Health and Wellbeing Strategy</b>	
<b>Aims and Priorities</b>	<b>How the recommendation(s) contribute to meeting the Aims and Priorities:</b>
<b>Aim 1:</b> To increase healthy life expectancy in Nottingham through addressing the wider determinants of health and enabling people to make healthy decisions	Providing assurance on adequate services to protect the health of population contributes to increasing healthy life expectancy.
<b>Aim 2:</b> To reduce health inequalities by having a proportionately greater focus where change is most needed	
<b>Priority 1:</b> Smoking and Tobacco Control	
<b>Priority 2:</b> Eating and Moving for Good Health	
<b>Priority 3:</b> Severe Multiple Disadvantage	

<b>Priority 4: Financial Wellbeing</b>	
<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>	
<b>List of background papers relied upon in writing this report:</b>	Terms of Reference and Minutes of the Board
<b>Published documents referred to in this report:</b>	N/A

## Background

The statutory assurance role at local level for health protection sits with local government through the Director of Public Health and exercised through the Health Protection Board, reporting to the HWBB. For Nottingham and Nottinghamshire there is a joint Health Protection Board, chaired in annual rotation by a Director of Public Health. The Terms of Reference are attached for reference.

The purpose of the Health Protection Board is to:

1. Provide suitable assurance regarding outcomes and arrangements for the protection of the health of the population to Nottingham City Health and Wellbeing Board and Nottinghamshire County Health and Wellbeing Board.
2. Provide system challenge.
3. Facilitate information sharing and collaborative working between stakeholders.
4. Ensure health protection opportunities for early intervention are maximised.
5. Make recommendations for action where opportunities for improvement are identified.

Update from meeting held on 14<sup>th</sup> November 2022

### Screening and Immunisation:

Screening programmes are back to BAU activity with some maintained COVID19 measures.

- Screening for Aortic Aneurysm has no performance concerns and the programme finished the 3rd highest nationally, with 87.4% uptake for 2021/22.
- Breast screening providers have moved back to timed appointments as there had been slippage in uptake, the timed appointments were having a positive impact on uptake. NHSE had provided additional staff for the programme.
- No current performance issues with the Diabetic programme.
- Cervical cancer screening programme has some delays with target times for processing returns and a monthly governance meeting had been established

to address. Uptake continues to be lower than national targets and some targeted work being undertaken.

- Work on developing demographic level data to inform targeted uptake across programmes.
- Reports on immunisation and ante-natal screening were noted.

### **Flu Vaccination**

A written report was provided that indicated that overall flu vaccine uptake is lower than in previous years, and lower in Nottingham City than in Nottinghamshire. The Board asked for improved data provision, based on at-risk group uptake. Assurances were sought on operational governance of the vaccination programme.

Timely consent for primary schools, and teenage boosters is an ongoing issue. the programme provider is addressing this and identifying schools with a lower than 50% uptake in order to recontact parents/carers to gain their consent.

### **UKHSA Health Protection Team update**

- Diphtheria: Unprecedented increase in diphtheria cases nationally compared to previous years. Two areas; firstly, already starting to see an increase amongst the population, not solely attributed to imported cases (10 cases for 2021 compared to 40 in 2022 to date). Most cases seen had been cutaneous diphtheria, with recent outbreaks linked to migrants entering the UK the incident had been moved from 'standard' to 'enhanced'. As such, there are national and local plans being developed to ensure health protection measures as migrants are dispersed from intake centres.
- Monkey pox: Rates are decreasing. Vaccination programme underway.
- Avian influenza: No local concerns, although outbreaks are happening across the UK.
- Polio: Sewage sampling is taken place in Nottingham, with no results presented to date
- Tuberculosis (TB): One case in a residential facility and residents are being screened.

### **Update of COVID-19 response and recovery**

It was noted there were no known additional pressures, and no new variants of concern, or additional ask for health protection response.

### **Antimicrobial resistance report**

A verbal update was provided giving assurance on ongoing governance and progress. National targets are continuing to be met for antimicrobial prescribing in primary care; secondary care prescribing was slightly over. Benchmarking across the system showed increases due to increased mixing, travel, complexity of cases sees

an increase in multi-resistant infections. 'World antibiotic week' will take place from 18 November with a local antibiotic amnesty in November.

### **Environmental Protection Land**

Focus of activity on identifying and remediating contaminated land, identified through the planning process as an application to change the use of land. Officers reported an increase in applications and there are challenges in capacity to manage. Officer reported that currently they were no concerns/significant issues that the Board needed to be aware of.

### **Community Infection Prevention and Control Review**

A review has been completed across City and County that considered good practice, aging population, the views of stakeholders and completed data analysis. Findings would be shared with the Board to influence future commissioning.

### **Feedback from LHRP and LRF**

LHRP: Standards for the Annual Emergency Preparedness statement have been, set higher, with a greater degree of rigour. This has identified that organisations need to refresh protocols and provide additional evidence.

LRF: Due to meet shortly; nothing to report to board.

### **Next meeting:**

The next meeting of the Board is scheduled for February 2023

**Nottingham City Health and Wellbeing Board  
30<sup>th</sup> November 2022**

<b>Report Title:</b>	Nottingham City Safeguarding Adult Board Annual Report 2021/22 and Executive Summary
<b>Lead Board Member(s):</b>	Cllr Woodings
<b>Report author and contact details:</b>	Lesley Hutchinson NCSAB Independent Chair Lesleyhutchinson@hotmail.com
<b>Other colleagues who have provided input:</b>	Board members from agencies working across Nottingham City – listed on page 17 of the report
<b>Executive Summary:</b>	
<p>As well as being a statutory requirement (schedule 2 of the Care Act 2014) to send of copy of the Safeguarding Adult Board Annual Report to the Chair of the Health and Wellbeing Board it is also good practice to have a conversation with H&amp;WBB partners about the work of the Board. Safeguarding adults is everyone’s business and by sharing the report the SAB is raising awareness of the safeguarding activity taking place in Nottingham City and the areas of focus for 2022/23.</p> <p>The 2021/22 report contains information covering the following areas:</p> <ul style="list-style-type: none"> <li>• Case studies – by sharing examples of the work taking place to support adults at risk of abuse, the Board can demonstrate positive outcomes.</li> <li>• The statutory requirements of the Board setting out the three core duties page 5 of the full report).</li> <li>• The Boards strategic priorities and what has been achieved during 2021/22.</li> <li>• Safeguarding adults’ activity – setting out the number of concerns raised, and section 42 enquiries carried out including outcomes.</li> <li>• How the Board functions, its partners (and their contributions) and the sub-groups.</li> <li>• Safeguarding Adult Reviews completed in 2021/22 and those started and finally</li> <li>• Plans for 2022/23.</li> </ul> <p>SAB partners continued to support the work of the Board during 2021/22 whilst maintaining services through Covid19, the time and consideration that partners continued to give to the SAB despite this is commendable.</p>	
<b>Recommendation(s):</b> The Board is asked to:	
<ul style="list-style-type: none"> <li>- Note the Annual Report and Executive Summary.</li> <li>- Recommend any areas it would like NCSAB to focus on going forward.</li> </ul>	

<b>The Joint Health and Wellbeing Strategy</b>	
<b>Aims and Priorities</b>	<b>How the recommendation(s) contribute to meeting the Aims and Priorities:</b>
<b>Aim 1:</b> To increase healthy life expectancy in Nottingham through addressing the wider determinants of health and enabling people to make healthy decisions	<p>The work of the SAB helps achieve this aim but supporting people with care and support needs at risk of abuse and also by helping identify and preventing the risk of abuse.</p> <p>The SAB partners are cognisant of the needs of those with severe multiple disadvantage and aim to work effectively together to help reduce this. Reducing the risk of financial abuse and addressing financial abuse concerns is a key element of the work of the Board.</p>
<b>Aim 2:</b> To reduce health inequalities by having a proportionately greater focus where change is most needed	
<b>Priority 1:</b> Smoking and Tobacco Control	
<b>Priority 2:</b> Eating and Moving for Good Health	
<b>Priority 3:</b> Severe Multiple Disadvantage	
<b>Priority 4:</b> Financial Wellbeing	
<p><b>How mental health and wellbeing is being championed in line with the Board's aspiration to give equal value to mental and physical health:</b></p> <p>Psychological abuse is one of the types of abuse identified in the Care Act 2014 (and previously in No Secrets) alongside 10 others of which physical abuse is one. Page 13 of the report outlines the number of enquires for each type. A persons mental health can be impacted by any of the abuse types and colleagues across partner agencies pay particular attention to this when supporting people at risk of abuse.</p>	
<b>List of background papers relied upon in writing this report (not including published documents or confidential or exempt information)</b>	Care Act 2014 Care and Support Act Guidance section 14
<b>Published documents referred to in this report</b>	None

Nottingham City

**Safeguarding Adults**

Board

# Annual Report

## April 2021 – March 2022

## Contents

---

Message from the Chair.....	3
Case study.....	4
Core duties of Nottingham City Safeguarding Adults Board .....	5
Our vision.....	5
Our strategic priorities and what we achieved .....	6
Case study.....	10
About Nottingham City .....	11
Safeguarding adults activity .....	12
Who sits on the Board and how does it work? .....	17
Safeguarding adults reviews.....	19
Case study.....	20
Partner contributions.....	21
What next for 2022/23?.....	39
Reporting abuse .....	39
Glossary of acronyms .....	40

For explanation of acronyms used throughout this document please see the glossary of terms on page 40.

## Message from the Chair

---

Welcome to Nottingham City Safeguarding Adults Board's Annual Report for 2021/22. I am very pleased to be able to introduce the report to you, however, having taken on chairing the Board in May 2022, it is my predecessor Helen Watson to whom we, the Board, owe our thanks and appreciation for her stewardship and commitment.

In addition to Helen's departure, we have seen a number of changes to Board members and subgroup chair arrangements, which is not uncommon but important to acknowledge. The Board is extremely grateful for all the hard work those members and chairs have contributed throughout the year.

Ross Leather, Board Business Manager, deserves a special mention as he supported partners and the Chair to ensure the strategic aims and statutory duties of the Board were carried out.

Despite the continued impact of Covid-19 on services, citizens and communities, this report evidences the strength of the Partnership's commitment to adult safeguarding within the city. Services have continued to work tirelessly to prevent and reduce the risk of abuse. In the performance section you will see the amount of activity that has taken place and throughout the report you will see how the strategic priorities have been addressed both by the Partnership and by individual agencies.

Since the beginning of my tenure I have been very impressed by the dedication and willingness of all partners to actively engage in the business of safeguarding adults and am very much looking forward to working more closely with partners.

We will continue in 2022/23 to build on the work already taking place and ensure our particular focus is given to making safeguarding personal and prevention.



Lesley Hutchinson

Nottingham City Independent Chair



## Case study

---

'Tom' is an 80-year-old white British widower with multiple health conditions, living independently in a housing association. He was referred to the city safeguarding team following concerns about his friendship with a 50-year-old female, formed during lockdown.

The female had control over Tom's bank card, ostensibly supporting him with money management and shopping. She gave him small amounts of money, saying that the rest of his benefits would be put in a separate account towards their wedding.

Tom's family told him the female was financially abusing him. Tom was defensive and told the female, which caused conflict.

The housing patch manager reported that Tom never had food in the cupboards and was using public transport to visit the female and get his 'pocket money'.

The safeguarding social worker met with Tom, who said he felt his family had abandoned him. He was lonely and grieving the loss of his wife. In line with MSP, Tom was asked what outcome he wanted. He wanted access to his money but was worried the female would abandon him.

The social worker spoke to Tom about financial abuse. They undertook mediation with his family, supported him to contact the police and report the abuse, discussed options to give him control over his finances, made a referral to 'Community Together' to tackle his loneliness, identified social groups and activities within his complex, and provided information about bereavement therapies.

Tom now sees his family regularly and says he couldn't be happier.

This case study confirms the fears of professionals that the Covid-19 lockdown exposed isolated citizens to heightened risks of abuse and exploitation. However, through a holistic, supportive intervention, the safeguarding social worker achieved the desired outcomes.

## Core duties of Nottingham City Safeguarding Adults Board

---

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

The SAB has a strategic role that is greater than the sum of the operational duties of its 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 SARs in accordance with Section 44 of the Care Act.

### Our vision

---

A city where all adults can live a life free from abuse or neglect

## Our strategic priorities and what we achieved

---

The Board had four strategic priorities for 2021/22 and worked throughout the year to make good progress across all four.

### Strategic priority 1: Prevention

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

#### What we achieved:

- Promoted World Elder Abuse Awareness Day across the partnership
- Promoted and participated in the Ann Craft Trust safeguarding awareness week
- Transferred existing briefings onto a new template and published new 7-minute briefings on 'professional curiosity' and 'using chronologies' as well as a 'what is a SAR' guide for families.
- Disseminated a 'perception vs reality' poster about exploitation
- Continued to promote training events taking place across the partnership, including domestic abuse training by locally commissioned training partners
- Promoted the Council's Hate Crime Strategy among partners, encouraging staff to access the online toolkit for community conversations and support greater reporting of hate crime by victims
- Used local schools census data to identify whether local population groups were accurately represented in adult safeguarding data
- Promoted completion of National Trading Standards 'Friends against scams practitioner e-learning' by partner agencies' frontline staff
- Devised and monitored an action plan responding to the NICE 'Care homes and adult safeguarding' report recommendations
- Began work on a draft protocol between the Department for Work and Pensions and Adult Social Care (ASC) about improving effective partnership
- Resumed attendance of the East Midlands Safeguarding Adults Network (EMSAN) 'community of practice'
- Reviewed SARs of national significance to identify and implement learning that was applicable locally

## Strategic priority 2: Assurance

To develop and implement robust mechanisms of quality assurance which are used to monitor the effectiveness of local safeguarding adults' arrangements and ensure that safeguarding adults reviews are undertaken for any cases meeting the criteria outlined by the Care Act 2014.

### What we achieved:

- Sought assurance from local Diocesan safeguarding leads that the IICSA Anglican Church report recommendations were being implemented
- Gained assurance that the Crime and Drugs Partnership (CDP) had completed priority actions identified in the Domestic Violence Act, including the statutory needs assessment and strategy
- Gained assurance from ASC about the use of 'trusted assessors' within voluntary sector partner agencies
- Gained assurance that ASC's provider investigation procedure continued to provide effective support for failing care homes and home care providers
- Received assurance from ASC and clinical commissioning group (CCG) commissioning regarding use of the Care Quality Commission's (CQC) 'closed cultures checklist' and about the support offered to home care providers during the pandemic
- Adopted the North East SAB region's Quality Marker Scheme for commissioning and quality assuring future SARs
- Agreed and implemented a local action plan following publication of the 'National SAR Analysis' report
- Gained assurance from the integrated care system (ICS) and integrated care partnership (ICP) that adult safeguarding would continue to be included in their workstreams
- Gained assurance from Opportunity Nottingham that the local care pathway for people experiencing 'serious and multiple disadvantage' was robust and made less likely a serious incident of the type that took place in a neighbouring local authority
- Gained assurance from the CCG about correct application of DNACPRs following publication of the March 2021 CQC report
- Received assurance from PoHWER, the commissioned advocacy provider, that they continued to have due regard for adult safeguarding when undertaking their advocacy functions
- Continued monitoring homeless deaths to determine whether SAR criteria were met
- Received assurance from Nottinghamshire Police about the continued efficacy of the 'Banking Protocol' and 'operation signature' processes
- Gained assurance from the ICS that learning disabilities mortality reviews continued to include consideration of adult safeguarding and that identified adult safeguarding issues were acted upon
- 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
- Presented a co-authored paper to the health and wellbeing board about the impact of the pandemic on adult safeguarding, domestic abuse, modern slavery, exploitation and child protection

- Oversaw completion of ASC's domestic homicide review (DHR) action plan after it was agreed with Nottingham CDP that scrutiny by adult safeguarding professionals would be helpful
- Began sharing quality assurance (QA) best practice between QA subgroup partners
- Devised an adult safeguarding QA checklist for use by partners and the voluntary sector
- Received assurance about the successful implementation of the Single Point of Contact (SPOC) by Nottinghamshire Healthcare NHS Foundation Trust
- Started monitoring Nottinghamshire Police's monthly public protection notification referral rates
- Received assurance that commissioning colleagues had implemented all identified lessons learnt following the closure of two county care homes

*\* 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.*

### Strategic priority 3: Making Safeguarding Personal (MSP)

To promote person-centred and outcome-focussed practice.

#### What we achieved:

- Asked all partners to report via the performance assurance tool how they ensured MSP practice in their own agencies
- Started development of a local MSP toolkit, based on the Local Government Association version, with partner agencies
- Began work on 'transitional safeguarding', with the Board receiving a briefing from the director of Research in Practice about the issue
- Started design of an 'MSP and adult safeguarding' questionnaire for all frontline staff

## Strategic priority 4: Board performance and capacity

To ensure that the Board has full engagement from relevant partners and is sufficiently resourced and that adequate arrangements are in place to enable it to discharge its responsibilities.

### What we achieved:

- Merged the Covid-19 risks and issues tracker with the Board risk register
- Continued the good practice example rota for Board meetings
- Continued quarterly joint agenda-setting meetings with Children's and Crime and Drug Partnership colleagues
- Continued monitoring of real-time adult safeguarding metrics via the Council SharePoint
- Began monitoring for changes in partner agencies' s.42 referral conversion rates
- Continued ongoing 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
- Evaluated existing Board scrutiny arrangements, with agreement reached to develop a brief Board evaluation tool
- Started writing a draft city and county 'persons in positions of trust' policy
- Adopted the national escalation policy agreed between the SAB Chairs Network and the Department for Health and Social Care about SAR reports with regional or national recommendations
- Continued to work towards GDPR compliance in all areas of Board activity
- Agreed the Board budget for 2022/23
- 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

## Case study

---

'Pearl', a 72-year-old female with limited mobility and extensive care and support needs, was living with her adult son when she was referred to the city safeguarding team following domestic abuse concerns. The son had a diagnosed learning disability and refused to engage with services. Pearl had historically declined all involvement from Adult Social Care and had a mistrust of social workers. A long history of domestic abuse included reports of the son shouting at her and neighbours calling the police multiple times. Pearl wished for her son to remain in the property, as she felt that the shouting was down to his – as she put it – 'special needs'. Despite several calls to the police, Pearl consistently declined to give a statement.

The safeguarding social worker developed a rapport with Pearl and was able to access her house and discuss concerns. They did this by undertaking tasks like collecting food parcels and sourcing much-needed domestic appliances, working at a pace that suited Pearl to ultimately explore how tension could be reduced between mother and son. This gentle, measured intervention proved highly effective.

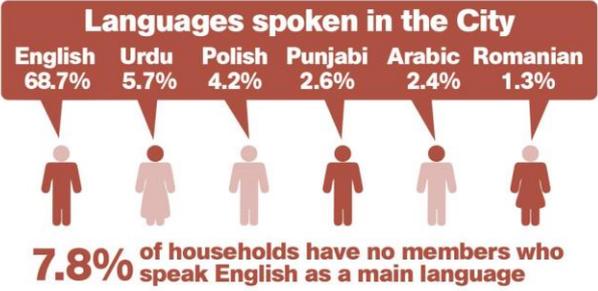
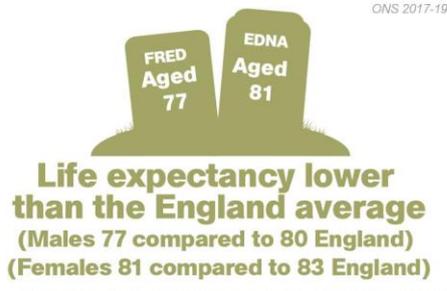
Pearl agreed to a deep clean of her property and a Homecare care package, and now has frequent support from carers who monitor and report any concerns to the city safeguarding team. This was the first time that Pearl had accepted any level of support from Adult Social Care.

Sometimes, citizens with mental capacity choose to continue to live with risk, and it is the social worker's role to ensure that this risk is minimised as much as possible. Levels of domestic abuse have reduced since Adult Safeguarding became involved with mother and son.

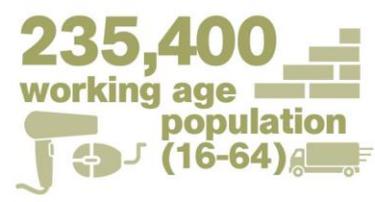
# About Nottingham City

## Nottingham Insight

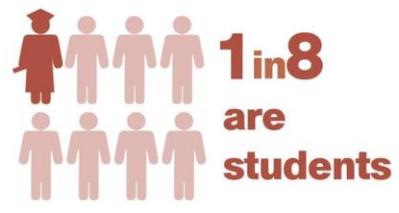
Source of Data - Census, 2011 unless otherwise indicated



School Census Jan 2021  
ONS Mid Year Estimates 2020



Sport England 2019/20



ONS 2020



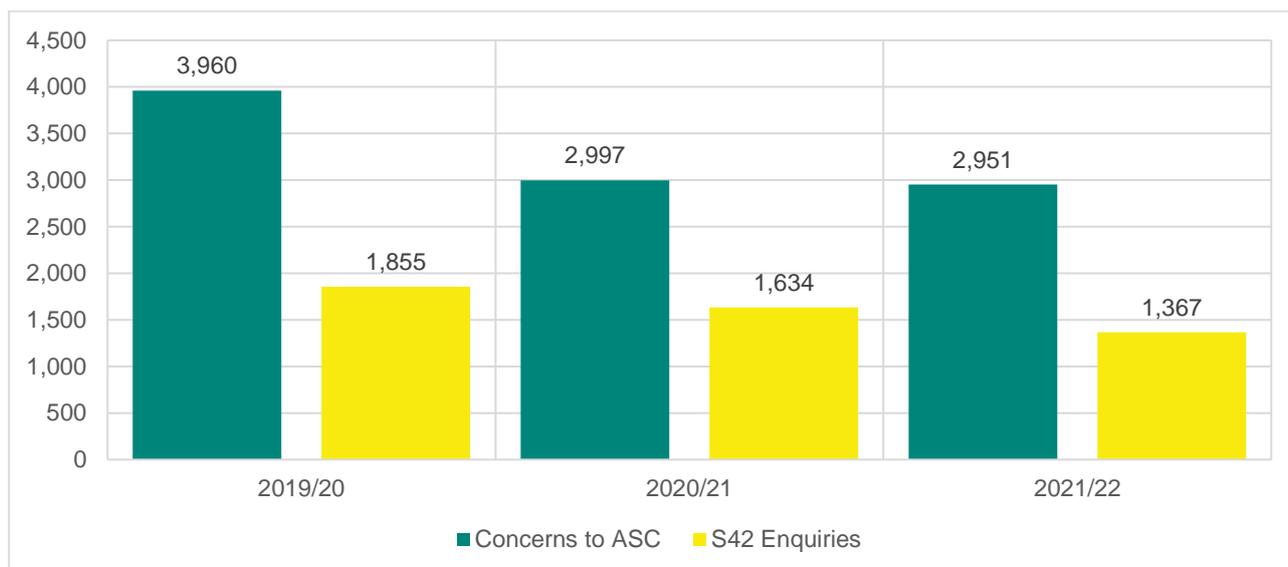
(\*8th out of 317 Districts) Indices of Deprivation 2019

## Safeguarding Adults Activity

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 concerns and s.42 enquiries by financial year



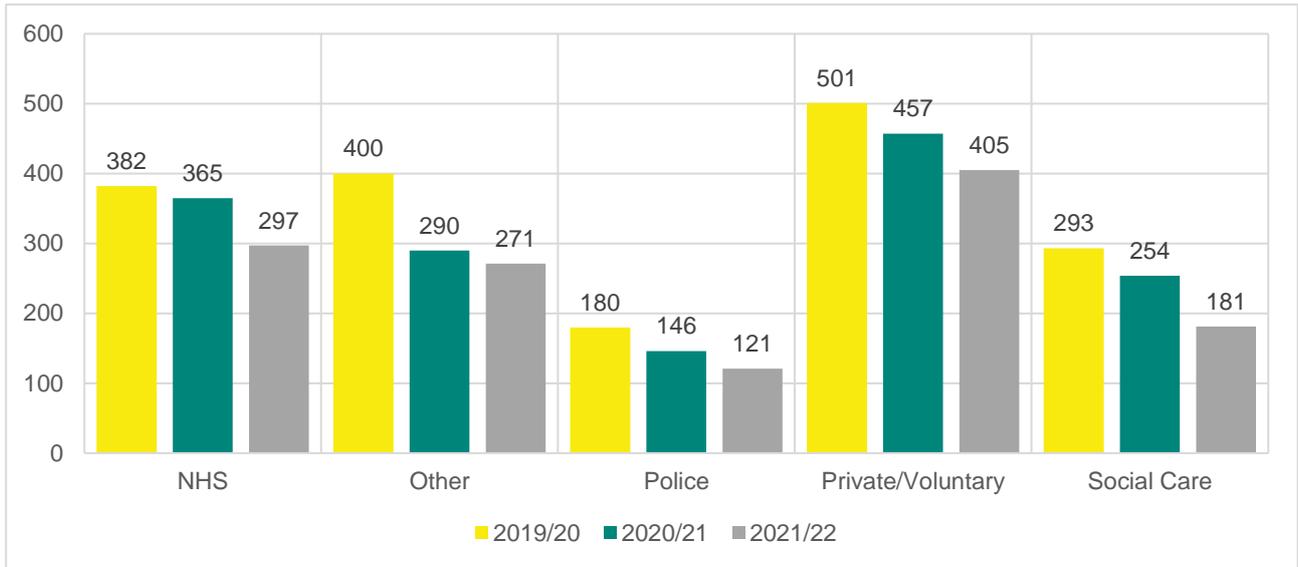
NHS Digital Safeguarding Adults Collection data analysis for 2021/22 was published on 25 August 2022 and provides the benchmarking information for this report and safeguarding activity and outcomes.

There has been a national increase of 9% in the number of concerns raised. Conversely, Nottingham City's data shows a slight decrease, which continues to be against the national trend; this was also the case in 2020/21. When comparing the actual number of concerns raised to Nottingham City's CIPFA statistical neighbours, we are in position 13 out of 16, with 1/16 being the local authority area with the highest actual number of concerns raised. The position improves when considering concerns per 100,000 population, rising to 12/16. From a regional perspective, the picture is the same and we are low, in position 8/10.

This is also the case for s.42 enquiries – nationally, there has been an increase of 6%, whereas in Nottingham City we have seen a decrease by 16% in comparison to last year. In terms of our statistical neighbours, the position is 6/16, which demonstrates a high number of concerns which lead to s.42 enquiries, and when compared to regional neighbours, we are 5/10. This improves further when taking the s.42 enquiries per 100,000, with us placed 4/16 and 3/10 in the region.

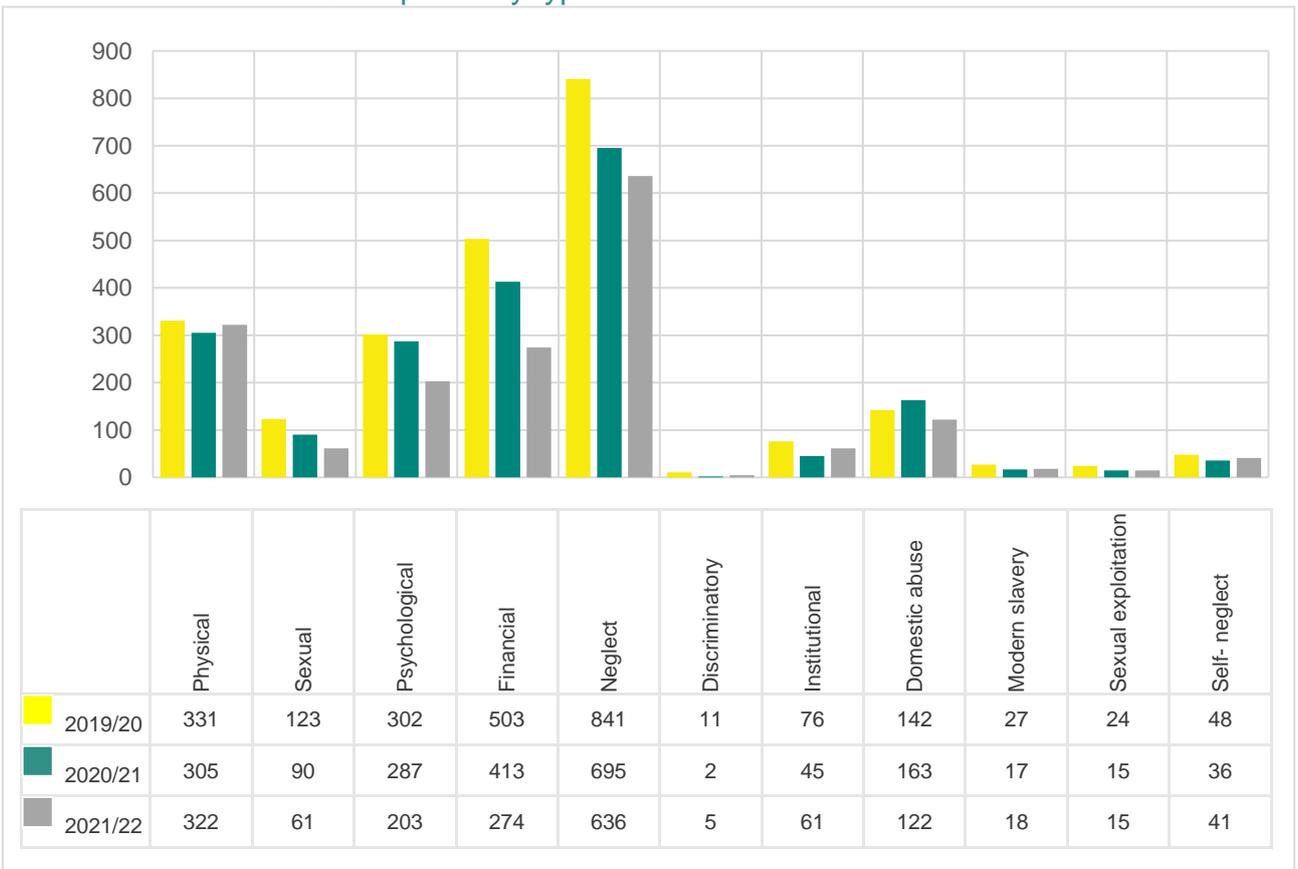
The SAB will seek assurance to ensure all concerns are being raised. It is possible that agencies are all very clear about when to raise a concern and are raising appropriately, which would account for the higher number of s.42 enquiries despite there being a significant decrease in the number of concerns raised.

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



Given the reduction in the number of concerns and s.42 enquiries, the chart above is expected. However, the Board seeks to undertake further analysis of the ‘other’ category. This will be carried out in 2022/23 to enable the Board to be assured that awareness of keeping people safe and how to report is understood across the city.

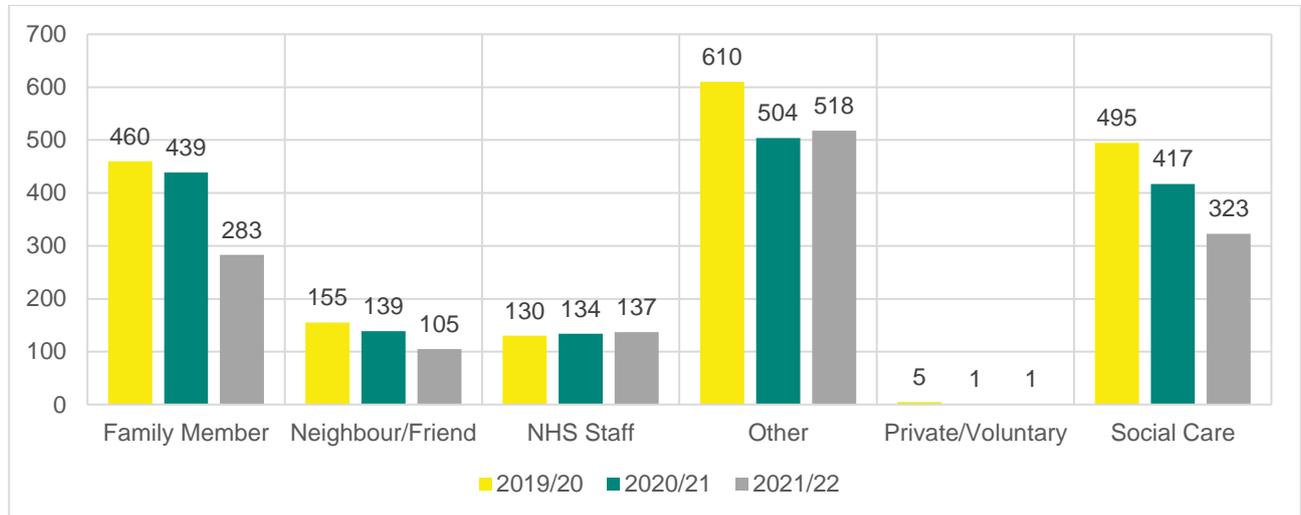
Chart 3: Volume of s.42 enquiries by type of abuse



The most common types of risk in s.42 enquiries in 2021/22 nationally were neglect and acts of omission, which accounted for 31% of risks. In Nottingham City, the activity is consistent with this pattern, showing neglect and acts of omission as the most common

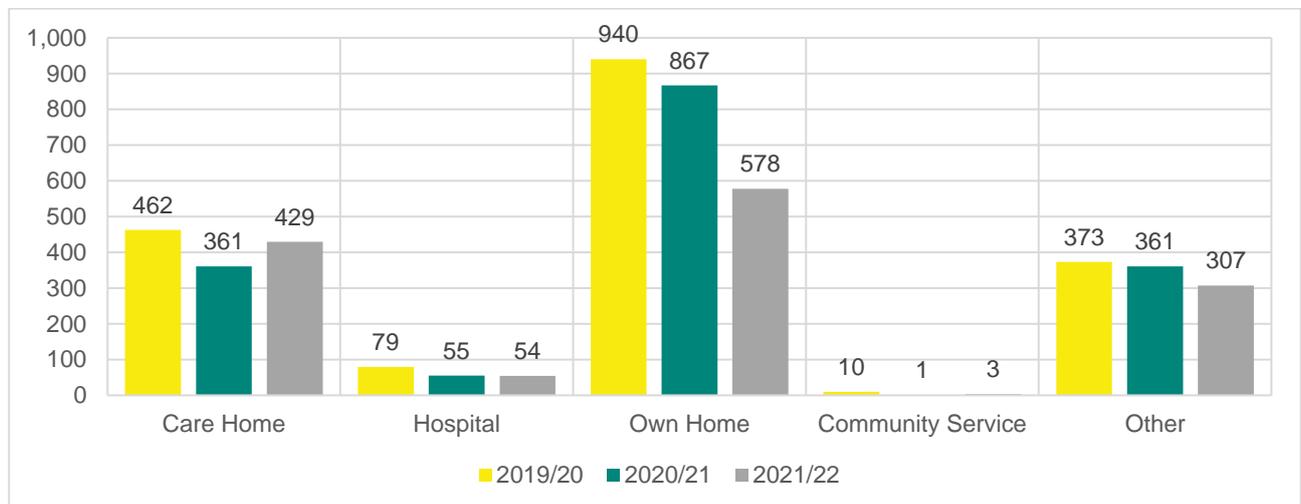
risk, followed by physical abuse, financial and then psychological risks. Domestic abuse figures have remained at around 7% of all cases for the last two years. There is emerging work taking place nationally on the identification of discriminatory abuse, and the Board will be discussing this in 2022/23 and seeking assurance that these concerns are identified and reported in.

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



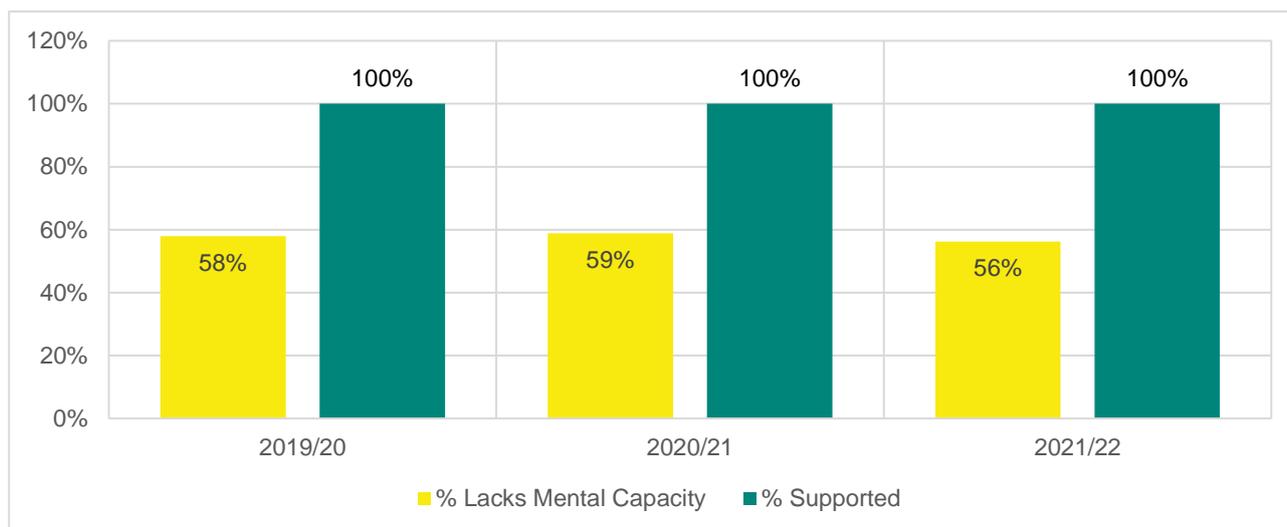
The Board will seek assurance on what is contained within the ‘other’ column to be clear what types of relationships are included here, and will separate this column out in next year’s annual report but will include the perpetrator being unknown to the individual.

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



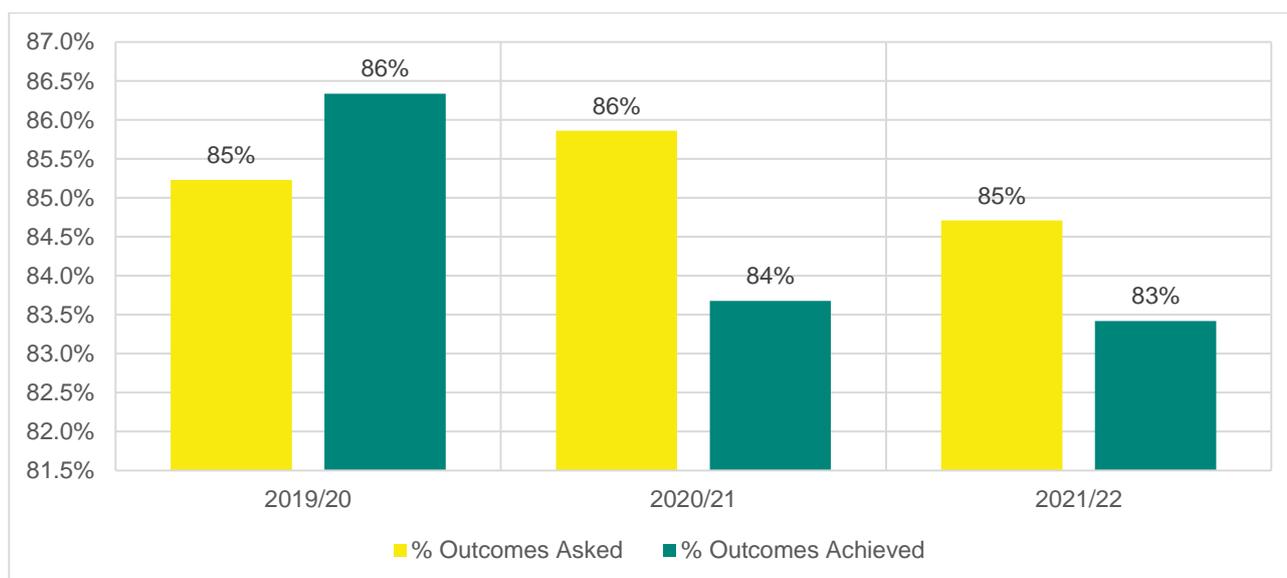
Nottingham City is comparable to the national average for the location of abuse, with 42% being in the person’s own home; the national figure is 48%.

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



The data above has remained consistent over the last few years. It is excellent to see that 100% of people who ‘lacked mental capacity’ are supported through the safeguarding procedure; this is exactly as would be expected. Further information from the service providing advocacy support will be welcomed in next year’s report.

Chart 7: S.42 enquiries where the adult was asked about their desired outcome



The percentages of individuals asked what outcomes they wanted, and of outcomes achieved, were both slightly lower in 2021/22 than in 2020/21. The Board will seek to understand the reason why 15% of individuals were not asked what outcome they wished to achieve, and would hope to see a rise in both domains during 2022/23. Making Safeguarding Personal is one of the strategic priorities of the Board and this chart is part of the evidence the Board uses to assure itself that safeguarding support is personalised to people’s views and situations.

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



Nationally, 91% of concluded s.42 enquiries found that risks identified were reduced or removed. In Nottingham City, this is 84%; however, if we included those cases which were inconclusive, the percentage would be 91%. The Board noted that it would undertake a desktop review of the cases that were found to be inconclusive, but accepted that risks might always remain for some situations. The Board will seek reassurance that monitoring arrangements are in place to ensure citizens are supported.

The Board has identified above a number of areas which need further assurance. In addition, the Board will look at the age profile of individuals, will consider ethnicity, will analyse information on the alleged perpetrator and the location of abuse, and will ensure that acts of discriminatory abuse are recorded.

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

---

Throughout 2021/22, the Board was chaired by Helen Watson. Ross Leather, Board Manager, continued in his role; Emma Such, Board Administrator, continued in her role until October 2021.

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 CCG
- National Probation Service, Nottinghamshire
- Department for Work and Pensions
- 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 and Voluntary Service
- HMP Nottingham
- Nottinghamshire Healthwatch
- Nottingham City Council's strategic housing service

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 interventions and the performance of agencies and their staff in carrying out their safeguarding responsibilities. This includes a focus on the principles of MSP.

- **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 a 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 2021/22 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

---

During 2021/22 the Board received one SAR application, in February 2022. ASC made the referral for a male in his early 70s who hoarded extensively (he experienced harm but is alive). Agency information is being collected and a meeting was scheduled for May 2022 to decide whether the criteria for a statutory or non-statutory SAR were met. Further information on this will be included in next year's annual report.

The two SARs which were initiated in 2020/21 – one involving a man who died of starvation, and the other involving a woman who overdosed on insulin and subsequently died in hospital – were presented to the Board in June 2022. The reports and their recommendations were both approved, and progress of the action plans will be included in next year's report.

There is one remaining outstanding action from a SAR relating to 'Bob', which is the development of a multi-agency pathway for practitioners to access support when working with those suspected of being victims of exploitation or modern slavery. This is included in the 2022/23 annual action plan and will be drafted in conjunction with Nottinghamshire SAB. We continue to wait for agreement from the Criminal Prosecution Service and the Police before we can publish this SAR. However, with the exception of the action above, all other recommendations have been completed.

## Case study

---

Adult Social Care stepped in to help CityCare when they were struggling to build a relationship with a disengaged patient.

'James', a 30-year-old man living in a supported living flat, was palliative due to refusing treatment for a groin abscess. He had experienced severe multiple disadvantage and had previously been homeless. With significant substance addiction, including heroin, crack cocaine and mamba, agencies were concerned he would suffer an unpleasant death.

Adult Social Care had already formed a good relationship with James, so were able to help CityCare gain better understanding of how best to approach his needs. From this, they could develop a personalised care plan, providing James with as much continuity of care as possible. They were able to offer care at times when he was most amenable to support. This 'light touch' approach kept numbers of visiting staff to a minimum, made James less overwhelmed and allowed CityCare to build trust and rapport.

James has since agreed to a specialist mattress, and consented to hospital admission following a bleed, where he had surgery to improve his prognosis. Once he had been discharged to his mother's address on a temporary basis, the community nursing team continued visiting to provide support to James and his family, including training his mother to provide wound care.

An MDT approach, with drugs services, social care and mental health services, helped James remain drug-free. He engaged more with care and support, his wounds healed, and he no longer required community nursing service input. CityCare are now focusing on helping him find appropriate housing to live independently.

## Partner contributions

---

Our partner agencies promoted adult safeguarding within their own organisations in numerous ways throughout 2021/22. These are their reports.

### Nottingham Community and Voluntary Service (NCVS)

While 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 are available electronically and as hard copies for staff and volunteers to access easily.

We continue to follow safe recruitment guidelines in respect of references and suitability checks, and we have a dedicated safeguarding page on our website, where resources and information shared at the designated safeguarding lead (DSL) meetings and vulnerable adults provider networks (VAPNs) can be sourced. Safeguarding is an annual agenda item at the NCVS trustees' board meetings, and we have coordinated briefing sessions for Nottingham's voluntary, community and social enterprises (VCSEs) on best practice (e.g., trauma-informed practice).

During the year, we delivered several services which incorporate safeguarding considerations:

- **The NCVS Volunteer Centre:** The centre provides a volunteer brokerage service which includes opportunities to work with voluntary organisations or groups who work or come into contact with vulnerable adults; the volunteering development officer may come into contact with adults at risk during advice sessions; we encourage people to share their interests and concerns in the context of volunteering and, on occasion, this may lead to the disclosure of a safeguarding concern.
- **Group support:** NCVS group development officers work with local VCSE organisations and community groups to ensure effective policies and procedures. This includes safeguarding adults policies for those groups and organisations who work directly with adults at risk.
- **The Practice Development Unit (PDU):** The PDU facilitates learning and support for practitioners and volunteers who are attached to organisations working with vulnerable adults experiencing multiple and complex needs. Any safeguarding concerns that arise from learning sessions are reported to the beneficiary's personal development coordinator.

### Training and development

To ensure awareness of categories and indicators of abuse that may become apparent in advice sessions, the volunteer coordinator attended regular safeguarding adults training throughout 2021/22.

Our DSL and safeguarding policies and procedures meant staff knew how to raise concerns if, for example, group development officers became aware of safeguarding concerns in their one-to-one work with groups and organisations.

We also delivered low-cost sessions on 'introduction to safeguarding adults', 'trustees' safeguarding responsibilities' and 'DSL training'. Those who attended the DSL training were sent a template safeguarding adults policy that could be adapted to reflect the activities of the group/organisation.

All new starters at NCVS this year completed safeguarding training as part of their induction, and any posts with access to vulnerable adults were subject to DBS checks.

We have coordinated a VAPN and a DSL network, both of which have input from the SAB manager. Agendas included information from the SAB, including updated procedures, best practice and presentations from providers. Understanding the client group better has led to practitioners being able to safeguard better.

## HMP Nottingham

HMP Nottingham continues to respond to the needs of prisoners being received who have safeguarding issues. On arrival, all new prisoners receive one-to-one interviews with a registered nurse and a member of the prison's safety team to assess their needs. Interviews take place within our healthcare setting and before the prisoner moves to the wing. Immediate needs are assessed and appropriate referrals are made. The biggest risk remains that we do not know who might arrive each day, and what their needs are.

Those identified as needing help are referred to the weekly multi-agency safeguarding meeting, overseen by the deputy governor and attended by members of various teams including safety, healthcare, community rehabilitation and psychology, as well as the chaplain and operational manager. Individuals are discussed and appropriate care plans are developed.

Assurance is provided by visits from the regional safety team as well as statutory inspections by the Prisons and Probation Ombudsman and Her Majesty's Inspectorate of Prisons (HMIP). Issues identified are added to the safety team action plan and an appropriate timescale is allotted. These plans are discussed one-to-one with the head of safety and their line manager in their meetings.

We continue to refresh staff in suicide prevention and will be delivering the new HMPPS safety training to staff over the next few years.

We have a comprehensive local policy outlining what safeguarding is, who may fit the criteria of a safeguarding concern, and what processes to follow. One element of the safeguarding process is the use of an assessment care in custody (ACCT) book for those who have self-harmed or are otherwise at risk. An individual care map is drawn up with the person, outlining what is needed, who is responsible and the timeframe to complete it. A review date is decided on, when the case manager and the person will formally meet to discuss progress. Each book is audited within 72 hours, at random by a senior manager, and on its closure. Issues are addressed immediately where identified. Within seven days of the ACCT being closed, a 'post-closure' interview is conducted with the person at risk. The person can provide written feedback on how well they were supported, following discussion in the interview.

We are currently facing no known risks. We work closely with our healthcare providers to address any safeguarding concerns.

## Nottinghamshire Fire and Rescue Service

Nottinghamshire Fire and Rescue Service (NFRS), like other public services, was still impacted by the Covid-19 pandemic in 2021/22. Response to operational incidents remained constant but, as in the previous year, reductions in prevention activities were still in place to protect frontline staff and members of the public from the virus and ensure availability of crews. Therefore, although the total number of 'safe and well' visits (SWVs) increased to 12,456, many of these were from professional referrals where occupants had already been seen by a professional, and very few safeguarding issues were identified by NFRS.

The business continuity arrangement enacted during Covid-19 resulted in a backlog of physical visits for over 1,500 residents deemed to be at medium risk. To mitigate this risk, we employed four additional specialist home safety operatives on a fixed-term basis.

Where a threat was not immediate, we had a process whereby staff reported any safeguarding concerns regarding service users to an internal safeguarding team, who then determined a suitable course of action; for example, a referral to the multi-agency safeguarding hub (MASH). By following this process, 96.7% of safeguarding referrals we submitted in 2021/22 went to a s.42 enquiry or were already open to the enquiry from another agency at the time of referral.

As we are a 24/7 service, our main safeguarding risk is in ensuring that all staff can identify concerns and refer them appropriately, and that duty managers have the qualifications and competence to support the process and advise where necessary.

As well as safeguarding training, staff complete mandatory data protection e-learning modules every two years to ensure compliance with information governance and GDPR guidelines; they also complete an equalities and diversity essentials continuing professional development (CPD) certified e-learning module to ensure adherence to public sector equality duties. Additional specialist safeguarding courses and workshops offered by the councils are disseminated to appropriate staff members. Our DSLs meet on a quarterly basis to review cases, identify areas for learning and plan appropriate actions to tackle any emerging themes.

To ensure staff competence, all staff (not only those with frontline roles) were required to undertake mandatory Level 1 Alerter training in 2021/22. All members of the prevention team and duty group managers were required to undertake Level 2 Referrer training, and all DSLs undertook Level 3 DSL training. Two members of staff completed the Level 4 National Fire Chiefs Council Train the Trainer course, which enhanced safeguarding training for fire service personnel. Each training course was monitored on a quarterly basis to ensure compliance with service delivery evaluation and QA frameworks.

On 12 April 2021, we reintroduced SWVs, in line with step 1 on the government's roadmap. A new risk lay in ensuring crews were still able to identify the same level of safeguarding concerns as they were before Covid-19.

In 2022/23, we will launch a vulnerable person module, which will highlight specific fire risks regarding a certain person in the household, rather than just the property risk.

Our education events have been supported by the recruitment of an education and child safeguarding lead. During 2021/22, safeguarding referrals arose from disclosures made to the lead during boot camp, safety zone and education-led events.

We continue to support both the city and county safeguarding boards by attending reviews, external training days, board meetings, forums and subgroups. We also deliver CHARLIE-P and hoarding training for the board and their stakeholders at no cost.

The CHARLIE-P risk matrix, used by our partner organisations and delivery teams, demonstrates our person-centred approach. We have further established this approach by funding an occupational therapist within the prevention department, which supports our adherence to the Mental Capacity Act (MCA).

MSP and the MCA are embedded within our safeguarding policy and in-house Level 1 Alerter training. We also use anonymised case studies as a CPD resource for frontline staff.

Annually, we commission a third-party organisation to survey our service users. This feedback helps improve services and ensure better outcomes for the individuals we visit through emergency calls or our preventative work.

## Nottingham CityCare

CityCare's safeguarding training compliance, identified as a risk before the pandemic, was made more challenging during Covid-19. However, NHS e-learning and local resource packs ensured that staff received appropriate training throughout. As the year progressed, we offered more training on MS Teams, which had a positive impact.

Our compliance with requirements of the MCA was also identified as a risk. During Covid-19, nurses and allied health professionals (AHPs) worked under increased pressures. In acknowledgement of this, drop-in sessions which provided safeguarding updates and opportunities to discuss complex cases were targeted towards community nursing.

Complex cases can also be brought to a weekly review panel, CHIRP, which has membership from across the organisation, and they may be discussed at senior management level to ensure a joined-up approach to early intervention.

Throughout Covid-19, the safeguarding service employed a more flexible delivery model to meet changing needs. They visited complex patients with health professionals, operating within the local authority's MASH and domestic abuse referral team. Multi-agency risk assessment conferences (MARACs) continued via MS Teams. Community health provision largely continued face-to-face, with additional protective measures.

Our duty telephone advice line provides support to staff with complex cases or safeguarding concerns. Calls are audited monthly to identify emerging themes and form the basis of staff guidance and training. Resources developed by the SAB subgroups are promoted regularly.

Safeguarding champions meetings, paused during Covid-19 due to pressures on frontline staff, now run quarterly.

Our monthly internal quality information-sharing forum (QUIF) enables practitioners to discuss good practice and concerns within care homes and agencies. This was invaluable during the pandemic, where staff were sometimes the only visitors to care homes. During the year, we worked with the local authority QUIF to develop a process to support timely sharing of information about care homes with them; this ensures that actions are monitored, enabling appropriate escalation.

Action plans from root cause analysis and SARs are monitored internally via the serious incident learning lessons forum, and we are represented by the safeguarding service at all subgroups of Nottingham City SAB.

Staff record safeguarding concerns via our safeguarding adults information template, which is promoted on SystemOne electronic patient records.

All staff working with children, young people and adults are required to undertake enhanced DBS checks. These are renewed every three years in line with guidance. Safeguarding roles and responsibilities are set out in all job specifications and contracts. Data from monthly workforce reports is reported to human resources and organisational development. Mandatory safeguarding training is completed at induction, then repeated every three years, with the opportunity to complete bite-sized sessions on topics identified through local and national learning.

Our policy mandates that allegations made against staff are reported to the named nurse or safeguarding head and executive lead, enabling appropriate risk assessment and management plans.

Our lead for safeguarding adults and the MCA works with the head of safeguarding and other safeguarding leads to promote the safeguarding adults agenda. Our safeguarding adults 'Think Family' standard operating procedure is aligned with multi-agency policies and procedures.

In 2021/22, we started attending slavery and exploitation risk assessment conferences (SERACs) to support information sharing and a partnership approach in the case of adult exploitation. We have 100% attendance at Nottingham City MARACs where there are concerns relating to high-risk domestic abuse. We are also a member of Nottingham City SAB.

MSP underpins all our adult safeguarding policies and procedures, training and supervision, and aligns with the principle of person-centred care. Staff are encouraged to talk to adults to ascertain what they would like to happen when safeguarding concerns are identified. We are currently participating in a multi-agency audit evaluating staff knowledge and awareness of MSP.

The MCA is referenced within all guidance and policies regarding safeguarding adults, and our monthly safeguarding advice call audits demonstrate consideration of a person's mental capacity for decision-making where there are safeguarding concerns.

We have worked with the training, learning and improvement subgroup to create accessible information leaflets, providing safeguarding advice to adults at risk.

When someone struggles to engage with recommended care, our non-engagement toolkit can be used alongside multi-agency guidance to ensure all avenues have been explored. All patients have personalised care plans, created in partnership with them to identify their priorities and goals.

## **Nottingham and Nottinghamshire Integrated Care Board**

Covid-19 reduced opportunities for disclosure, safety planning and fleeing for victims of domestic abuse, sexual violence, 'honour'-based abuse, and modern slavery, all of which typically take place behind closed doors.

To mitigate risk, we implemented learning from DHRs and raised awareness of domestic and sexual violence across partners and primary care. This included briefings on documenting relationships and households, safeguarding markers added to SystmOne records, and a training session attended by 68 GP practices (55%).

During lockdown, quality monitoring visits to care homes reduced and, in response, the multi-agency Covid-19 taskforce was developed to aid early detection of concerns in care homes and homecare. Risks were further mitigated with monthly MDT meetings. During 2021/22, care home visits from our care home quality team increased.

We also carried out safeguarding-focused quality visits for services where safeguarding alerts had increased. We reviewed safeguarding systems and processes and assessed promotion of MSP.

Following the CQC's report on closed cultures, we worked with our partners to identify these cultures and share learning through the ICS's QA improvement group. Our QA team, maintaining a hybrid approach with some virtual visits, completed over 100 face-to-face visits between July and December 2021.

Community DoLS for those who are fully CHC funded are still managed differently due to arrangements within the city and Mid Notts. Delays in implementation of liberty protection safeguards (LPS) have meant this inconsistency remains.

Community cases with a highly restrictive care plan, restraint or objection are progressed through the Court of Protection (COP). Less restrictive cases are considered under Best Interests. Where we lead on a COP case, we ensure access to advocacy services for the patient and family and pay for representation from an official solicitor.

The number of s21A DoLS appeals for which we have been involved in court proceedings, and the number of applications to the COP, have increased. We have made several applications to the COP relating to Covid-19 vaccine administration where a family member objected.

The delay in publishing the LPS code of practice for consultation, and subsequent delay in implementation, have also impacted on the number of people supported with a restrictive care plan who are not under any legal framework.

As part of the integration of the Nottingham and Nottinghamshire ICS to include Bassetlaw, a blueprint was created specifically to ensure that safeguarding sat as a priority across the ICS. This included alignment and development of policies, procedures and governance structures.

Following the government response to Afghan resettlement and the Ukraine war, we worked with SERCO to ensure healthcare access, including the Covid-19 vaccine, for asylum seekers.

Throughout 2021/22, the safeguarding team offered mutual aid and facilitated regular meetings with NHS safeguarding provider leads. This helped them identify and act upon emerging themes and situations that occurred as a health system. It evidenced that the health safeguarding community needs to work together as a collective, to ensure appropriate safeguarding is maintained during the Covid-19 incident response, and that we are moving into safeguarding in a system space in line with the formation of the ICS.

We had regular Safeguarding Assurance Group meetings and remained compliant with statutory duties, measured through our submission of the NHS England Safeguarding Compliance Assurance Tool in late December 2021.

Covid-19 hindered implementation of learning from statutory reviews, with only immediate needs being prioritised. This implementation restarted in 2021/22, as part of the restoration plan.

Following the Norfolk safeguarding adults review, we undertook SWVs on all learning disability (LD) patients in locked hospital settings to ensure patient needs were met and there were plans for safe discharge.

Action plans were developed where required, and emerging themes were presented to the ICS Learning Disability and Autism Board. This included reviews of host commissioner

guidance, highlighting concerns about placements within our area, regardless of whether the patients were individually funded.

We met with commissioners of LD services to gain specialist support regarding physical healthcare needs of patients placed in independent hospitals, including those with epilepsy, diabetes and other long-term conditions.

Care home monthly returns were re-evaluated to gain more insight into service quality and reports against indicators including falls, medication incidents and deaths to help identify potential breaches and ensure early intervention.

Internal patient-facing teams will receive enhanced safeguarding training, including MSP, over the next 18 months as part of the development of the integrated care board (ICB).

## Nottinghamshire Police

Domestic and sexual abuse remain a key priority for Nottinghamshire Police and our partners, further underpinned by the national introduction of the Violence Against Women and Girls strategy.

Throughout Covid-19, with services operating as normal, demand for domestic and sexual abuse services reduced by 6.9% for the 2020 calendar year and by 10.7% for the 2020/21 performance year. Lockdowns and the reduction in the night-time economy may have reduced reported crime in many areas, including domestic assaults. Levels of violence with injury offences within incidents of domestic abuse fell by 7.6% in 2020, and this remained consistent through the pandemic.

After restrictions lifted, reported incidents rose by approximately 12%, which could be linked to increased access to alcohol and/or drugs; and demand not only returned to but exceeded pre-Covid-19 levels. This heightened demand translates to increased work volume within the MARAC system, which now considers 231 cases per month compared with 75 in 2018/19.

We saw a 27.7% reduction in sexual offences during the pandemic but are now seeing a 20.4% increase for 2020/21 compared with the pre-pandemic figures.

While we work to fully understand this increase, we can be confident that some of it is related to the increased confidence in reporting, coupled with the significant development of training being implemented to identify and recognise risk and safeguarding. Continued media awareness also encouraged reporting and collaborating with partners to ensure support and positive action.

There was high demand in safeguarding referrals post-lockdown, regarding both adults and children. Some of these led to MARACs and subsequent single-agency responsibility.

Repeat victimisation rates are static, and every domestic abuse incident reported to us is put through our risk assessment process for right-to-know. Subsequently, our domestic violence disclosure scheme applications increased, as recognised during the HMICFRS inspection in early 2022, which rated our protection of vulnerable people as 'good'.

We have continued to recruit additional new officers and staff to meet increasing demands, including a 'fast track to detective' scheme to mitigate the national shortage of PIP2 investigators. All new recruits, whether Police constables or those in civilian roles, receive input stressing the importance of safeguarding across all areas of vulnerability. All frontline officers receive targeted input during the PIP1 investigators' course, and as staff progress to PIP2 they receive further input regarding vulnerability.

Demand is monitored daily and monthly through various governance structures. The public protection (PP) department strives to improve its workforce's capacity to realise improvements in prevention and safeguarding and reduce victim attrition by improving the quality of investigations.

A business case to secure resources to support the assessment process was approved, and we have since seen increased awareness of and demand for applications and disclosure, resulting in sustained safeguarding for survivors of domestic abuse.

A bespoke auditing schedule is in place within the PP department to examine the investigative process, victim care and support, and suspect management, to ensure victims' needs (established by victim needs assessments) are met. Rape and serious sexual offences, child abuse and domestic violence are among the areas being audited twice yearly.

Monthly performance meetings are held with the senior lawyers from the Crown Prosecution Service, where learning is identified and the quality of prosecution files reviewed. They also review the victim's journey, and their needs (and those of witnesses) when entering the prosecution criminal justice arena.

The PP and external force audit regimes examine performance across a range of areas affecting vulnerability, including safeguarding, domestic abuse and stalking. The PP department has also developed a series of video clips to raise staff awareness of these areas. Performance is reported at regular performance meetings, chaired by the detective superintendent, which subsequently feed into our operational performance review.

The 'Know it, Spot it, Stop it' campaign was launched to further increase knowledge around vulnerability, both within the force and to the wider public. It identifies and explains the 14 strands of vulnerability, signs that a person may be vulnerable, and how to stop vulnerability being exploited.

To support vulnerable adults in custody, an appropriate adult is available within the new custody suite in Nottingham's Justice Centre between 8am and 8pm. As well as providing a face-to-face presence, they assist in administering rights and charges over the telephone.

The MCA 2005 is clearly explained within the updated vulnerability procedure for officers to adhere to in all their dealings with vulnerable adults.

## Nottinghamshire Probation Service

During the pandemic, our Exceptional Delivery Model gave priority to people on probation (PoP) presenting the most serious risk of harm. We have now moved to a blended supervision approach for the management of PoP: probation practitioners assess the level and type of contact required to ensure balance, manage risk and meet the PoP's needs. Levels of face-to-face contact need to be appropriate for domestic abuse and safeguarding cases and for the very vulnerable.

In March 2021, funding for a homelessness prevention taskforce team – set up during Covid-19 by the Ministry of Justice to help homelessness prevention teams secure accommodation for people released from prison – ended. The scheme was a success overall, and its work is now devolved to local authority housing providers, as it was before the pandemic.

The return to face-to-face training, having moved online during Covid-19, was particularly important for us as we unified with the former Derbyshire, Leicestershire, Nottinghamshire and Rutland Community Rehabilitation Company in June 2020, and transition training was

mandated for all staff. Completion rates of mandatory safeguarding training are monitored annually via the 'My Learning' system.

Unification, alongside Covid-19, presented challenges but had no significant impact on core service delivery to our PoP.

We have identified safeguarding leads who will continue to contribute to all relevant safeguarding subgroups and the Board. We are also confident that the processes established during Covid-19 to maintain service delivery and manage the associated risks to vulnerable PoP can be replicated in similar situations in future.

Safeguarding is paramount in all PoP assessments, in compliance with s.42 to s.46 of the 2014 Care Act, as well as chapter 14 of the statutory guidance. We have a formal process for identifying incidents of potentially concerning practice which may meet SAR criteria and referring them to our local SAB.

Our offender Personality Disorder Project continues to prepare case formulations for offender managers to help them work more effectively with people who are more difficult to engage.

Our recruitment policy still includes a requirement for at least two references, DBS checks and confirmation of professional registration; staff are expected to adhere to professional codes of conduct; we ensure all staff are aware of their responsibility to report safeguarding concerns and identify areas for improvement; and our induction programme ensures that staff and volunteers are made aware of their adult safeguarding responsibilities.

All our QA tools require assessment of adult safeguarding issues. High risk of serious harm assessments are quality-assured and countersigned by a senior probation officer, and assessments of individuals posing a very high risk of harm are countersigned by the head of service. Cases of interest, safeguarding concerns and multi-agency public protection arrangements (MAPPA) are discussed in supervision sessions with staff, and the Touchpoints model provides guidance for managers on where discussion is required. Internal assurance is provided by our operational and systems assurance group, external audits are undertaken by HMIP, and ad hoc audits are completed by our performance team. These processes each have expectations regarding safeguarding and risk management.

Learning from local and national subject access requests and DHRs is implemented via attendance by senior managers and devolved to staff via the middle manager group, through feedback to individual practitioners via the DHR process, and through our own serious further offence process.

Since unification, there has been renewed emphasis on the importance of safeguarding, reflected within the unification mandatory training schedule. Safeguarding discussions remain an integral feature of supervision sessions between the probation practitioner and the senior probation officer. Our MAPPA protocols mandate the consideration of adult safeguarding issues within all formal meetings, and our assessment tool OASys gives specific consideration to these issues.

We have worked to support the adaptation of licence conditions to support people with learning difficulties to understand the terms of their supervision. The Personality Disorder Project has helped us to support the individual, managing any barriers based on their individual needs and vulnerabilities.

## Nottinghamshire Healthcare NHS Foundation Trust

During 2021/22, our Trust-wide integrated safeguarding service saw changes in staffing across the workforce. We developed a programme of recruitment and succession planning to minimise the risks of these changes and ensure that core functions and statutory responsibilities were maintained.

Temporary staffing arrangements provided by bank and agencies required a robust response to patient complaints, allegations and patient safety incident monitoring. The service ensured a coordinated response with patient safety colleagues and employee relations, especially regarding allegations against people in a position of trust (PiPoT).

During Covid-19, the safeguarding training team were temporarily redeployed to help deliver the vaccination response. Before this, they developed a suite of e-learning packages and resources to ensure maintenance of mandatory levels 1 and 3 safeguarding training requirements. A Covid-19 recovery plan was implemented, prioritising a return to face-to-face training.

The number of staff completing mandatory Prevent training decreased in 2021/22. One possible barrier was accessibility, particularly for bank staff. The Notts Healthcare E-academy, launched in June 2022, should improve access to all e-learning packages.

The safeguarding SPOC was developed as a response to the Covid-19 pandemic to provide centralised access to specialist advice and support. Following a successful evaluation, further improvements were made to data collection and engagement, allowing the SPOC to become integral to the service's work.

In-person safeguarding assurance visits will be prioritised for return in 2022/23, having previously been conducted virtually due to Covid-19 restrictions.

We have developed a specific contextualised safeguarding quality improvement plan, which will continue into 2022/23, based on recommendations from a 2019 internal review of our attendance at external multi-agency safeguarding meetings. Meetings attended in 2021/22 included the MARAC, the SERAC monthly panel, and multi-agency child exploitation meetings.

MAPPA are now part of the service's portfolio, with additional funding established to support improvement. A review to inform future planning was undertaken this year and will be developed into specific roles for public protection governance in 2022/23.

The Trust-wide safeguarding strategic group sits quarterly to oversee safeguarding activity, providing assurance and information. This was chaired in 2021/22 by the executive director for nursing, allied health professions (AHP) and quality.

The service continues to respond to requests for information from the safeguarding boards within allotted timescales. We are committed to learning from serious incidents and have established networks for the dissemination of information Trust-wide. One notable inclusion is the safeguarding link practitioners network, who meet quarterly to receive safeguarding updates and focused training.

Multi-agency audit engagement has continued, and internal audit planning has started for 2022/23 in relevant areas, including: SPOC advice, MARAC audits and Improving Access to Psychological Therapies services.

The service initiated a review of the safeguarding supervision currently available to staff. This included a supervision survey to gain user feedback, the outcome of which will be reported next year.

Data from staff engagement with the safeguarding SPOC is now reported on a quarterly basis and this enables us to provide a more effective service.

During 2021/22, the service developed a process to streamline adult safeguarding enquiries and improve our partnership with social care. This was achieved by requiring all s.42 requests to come through the SPOC.

A research-based and co-produced sexual safety animation and poster were developed and shared with safeguarding partners and the regional community of practice. This was widely adopted across the organisation.

The MSP subgroup was also developed and examined ways to integrate MSP into our core functions (e.g., in templates for SPOC advice, s.42 enquiries and PiPoT processes).

Throughout 2021/22, we conducted research into self-neglect by examining the use of focus groups in clinical service areas. The data compiled from this work will be analysed in an upcoming report.

Accessible recording of safeguarding-critical activity has remained a priority, with the development of a safeguarding template on Rio to reflect the one on SystemOne.

In 2021/22, our PiPoT policy was embedded into practice, and it has generated a clear process and consistent involvement for the safeguarding service. We now have more insight into the issues faced by service leads, and therefore greater assurance related to this important area of work.

## East Midlands Ambulance Service

East Midlands Ambulance Service NHS Trust continues to prioritise safeguarding as an essential part of providing high-quality care, ensured by active communication plans, governance framework and strong leadership.

Our 'Think Family' approach ensures all patients, staff and members of the public are treated with dignity and respect, and includes all associated agendas such as Prevent, female genital mutilation, domestic abuse, learning disabilities and autism.

Safeguarding within the organisation was challenging during 2021/22, with a continued increase in information requests, referrals and contribution to statutory reviews.

The safeguarding portfolio sits under the leadership of the director of quality improvement and patient safety. This allows collaboration with the investigation team, frequent caller team and Patient Advice and Liaison Service, promoting better patient care by enabling identification of developing themes in relation to learning across the Trust.

During 2021/22, we received 1,267,624 emergency and urgent calls (compared with 994,144 in 2020/21). Accident and emergency crews responded to 711,414 of these calls, equating to 1,949 responses daily. Our staff responded to safeguarding and/or care concerns in 5.8% of these responses, equating to 41,460 referrals (an increase of 2,064 from the previous year). This partnership continues to safeguard staff, patients and their families. Processes are in place to protect those at risk of abuse.

Our adult safeguarding policy, containing processes for managing allegations and local authority referral guidance, is available to all visitors and staff. It was reviewed in 2022, with further clarity added around mental capacity and MSP, and aide-memoires to support decision-making. It has been bookmarked and cross-referenced to improve user experience.

Our peer-reviewed safeguarding training strategy is written and developed by trained educators and safeguarding experts, ensuring relevance and quality of content.

Safeguarding education is delivered via a blended approach over a three-year period. Frontline staff receive face-to-face clinical induction training, and Equal Opportunities Commission staff receive face-to-face advanced medical priority dispatch system training. Staff in support services receive Level 1 training on induction and an electronic copy of our education booklet. The safeguarding team support education colleagues in delivering face-to-face training.

During 2021/22, we developed scenario-based learning as part of safeguarding training. Alongside this, we developed a supplementary e-learning package to guide staff through legislation regarding referrals. Unfortunately, due to unprecedented demand, delivery was suspended, resulting in some staff not attending face-to-face training.

We commissioned a bespoke training package from Women's Aid to ensure all operational senior managers and human resource business partners could support staff experiencing domestic abuse.

We are represented at local safeguarding adult boards by our divisional senior manager – quality (DSM-Q), with our safeguarding team deputising if required. Information from local boards is shared at our integrated quality forum to identify themes across the East Midlands.

Supporting Board attendance was challenging in 2021/22 due to unprecedented demand, Covid-19 and recent operational restructure. During this time, the DSM-Q and the safeguarding team worked with boards and partnerships to maintain engagement, and attended virtually where possible.

Going forward, we must continue to be vigilant about the evolving safeguarding agenda. Early identification and effective information sharing are key to ensuring compliance and appropriate reactions to safeguarding and protecting vulnerable patients.

## **Nottingham City Adult Social Care**

ASC continues to fulfil its statutory responsibilities in relation to adult safeguarding. Our approach is strengthened through a specialist city safeguarding team and QA team, dedicated senior training consultant and head of service for adult safeguarding. Beyond our core responsibilities – and despite the challenges of austerity, the Covid-19 pandemic and recruitment and retention issues – our submission to the Safeguarding Adults Board annual report demonstrates our ongoing innovation and commitment to safeguarding adults with health and social care needs.

For several years, ASC has had recruitment and retention issues in relation to registered social workers. This is a national issue, but it has impacted significantly upon Nottingham City. During Covid-19, the number of registered social workers leaving the organisation exacerbated already challenging vacancy levels, partly due to the new opportunities of flexible working and attractive salaries elsewhere. This left us with fewer skilled, experienced professionals to undertake safeguarding interventions.

We applied a strategic response and created our workforce and organisational development strategy 2022–25, with the objective to consistently recruit, develop, reward, and retain talented people. A priority action of the strategy was to develop a pay and career progression model, offering competitive salaries and developmental opportunities to attract and retain skilled and experienced registered social workers. This has now been

fully implemented, and our newly established workforce strategy governance board will monitor the impact of this approach.

During the Covid-19 pandemic we delivered safeguarding training online and have started a review of the impact this change has had in practical terms. Early indications are that colleagues are keen to resume face-to-face training. We have recruited a senior development consultant to oversee safeguarding training and development, who will refresh our safeguarding training programme and review our internal adult safeguarding procedures.

MSP is embedded in our safeguarding training and interventions. The desired outcomes expressed by citizens, and the extent to which we meet them, are recorded electronically. This provides quantitative evidence of how our practitioners work alongside adults at risk. Closure of care homes and other providers due to safeguarding concerns is particularly challenging, but we have tried-and-tested procedures in place to deal with this, which are regularly reviewed. We have worked with Age UK Notts for many years to ensure our most vulnerable adults are supported and listened to when services end.

We asked our colleagues in Age UK Notts to provide feedback about our partnership work: *'The residents' representative service (RRS), delivered by Age UK Notts, has very much welcomed and valued the opportunity to be a regular attendee at operations meetings, enabling us to play an active part alongside our statutory partners throughout the care home closure process. Our service provision allows residents and their families to access independent advocacy and support, providing them with a voice during very challenging and uncertain times. We are delighted that the Adult Social Care quality assurance team recognises the value of the RRS and the independent support we provide; the benefits that a multi-agency approach brings cannot be overstated, with our joint working going from strength to strength.'*

We consistently receive a high number of financial abuse referrals. In January 2022, the deputyship service re-opened to accept new referrals, which often result from financial safeguarding concerns. This means that the finances of some of our most vulnerable and socially excluded citizens can be managed safely, reducing the risk of exploitation.

An innovative example of agency cooperation and early intervention is the development of the hoarding panel pilot. As the Covid-19 lockdowns reduced opportunities for professional visits, hoarding often went undetected and accelerated, creating very concerning situations in terms of citizens' wellbeing, public health and other risks associated with chronic hoarding.

During 2021/22, ASC and Nottingham City Homes began working together to tackle the problem, and the Nottingham City hoarding panel pilot was established in July 2021. The panel brings together agency representatives to plan and coordinate responses and aims to increase the safety and overall wellbeing of citizens, with a focus on strengths-based approaches, prevention and monitoring.

The panel is already demonstrating positive outcomes in terms of reducing or stabilising hoarding situations, and is active in seeking feedback from the citizens it works with. We will conclude our annual report submission with the positive words of a citizen who can now live in their clean and uncluttered home: *'With your huge workload in mind, I'd like to say that I've been very happy with – and grateful for – the wonderful service that you've given me ... I'd like to thank you for all you have tried to do for me in such a kindly, patient, and caring way.'*

## Community Protection

Community protection officers (CPOs) make referrals to residents development officers, Nottingham Recovery Network, Framework, Notts Fire and Rescue Service and SERAC. Early intervention strategies include referrals to community support networks and supporting multi-agency structures to provide continued monitoring of citizens with welfare concerns. All officers complete e-learning safeguarding training.

Although demand for Covid-19-related SWVs declined in line with the reduction and abolition of restrictions, additional demand was created by the Homes for Ukraine scheme. Out-of-hours checks on behalf of adult services continue, against a backdrop of reduced staffing and conflicting demands.

During welfare checks, officers respond to immediate risk but consider the individual's needs (e.g., ensuring they have food and electricity/gas). On making a referral, officers meet interim needs such as taking them to a safe place (e.g., hotel accommodation).

Asylum seekers, in hotel accommodation with reduced security, are more vulnerable to right-wing visits. They are more likely to be victims of hate crime and modern slavery and have to negotiate access to GPs, who sometimes provide incorrect interpreters (or no interpreter at all), resulting in fewer diagnoses of medical issues. Safeguarding issues are less likely to be identified due to lack of understanding of reporting and SERCO not putting referrals through.

Safer Housing has adapted to triaging emergency jobs, but officers have returned to the usual physical inspections of properties post-Covid-19. This means visual indicators of safeguarding concerns can be identified.

The increase in officers' knowledge of vulnerable citizens dictates an increased workload to support them. This will continue as demand resumes to normal levels after Covid-19.

Nottingham City Council has historically met its Prevent duty benchmarks through existing resource combined with extensive reach into local faith networks derived from community relations and intelligence-gathering functions.

For several reasons, including staff and budgetary pressures, Nottingham's ability to sustain delivery of the Prevent duty has been at risk. Prevent referrals increased during the period October 2020 to October 2021, in part due to the end of Covid-19 restrictions and educational establishments reopening fully.

Externally-funded resources have been awarded to support Prevent work and Ukraine work. Additional helpline workers have been recruited to manage calls regarding domestic and sexual violence/abuse.

Channel, a multi-agency panel benchmarked by the Home Office, provides good-quality interventions and tailored support packages. Data is reviewed at the Prevent steering group, and reports go to both the CONTEST partnership board and the CDP board.

We have developed and maintained a continuous process for identifying and disseminating best practice in relation to tackling slavery and exploitation, delivering awareness-raising sessions to internal and external partners.

Referrals to the slavery exploitation team (SET) have increased: in 2021 the average number of referrals per month was 12, while in the first quarter of 2022 it was 18. There is a risk of delayed responses.

The most common referral type continues to be cuckooing – occupying a property belonging to a vulnerable person to use it as a base or 'trap house' for drug distribution

and other criminal activity. Anti-social behaviour (ASB) officers may become involved in these cases.

Other cases include sexual, financial, and criminal exploitation; forced labour; human trafficking; domestic servitude; false imprisonment; debt bondage; and county lines.

We launched the Safeguarding Gateway in August 2021, enabling earlier safeguarding referrals. The gateway team drive a multi-agency response, liaising with Police, adult/child safeguarding and other relevant agencies to gather intelligence and ensure immediate safeguarding.

Nottingham City Council has taken ownership of SERAC, including chair responsibility. The SERAC model supports the identification of people who do not meet Care Act or Police thresholds and offers a pathway to intervention. It creates an instant response to safeguard, tackle criminality and hold agencies accountable.

Increase in domestic abuse is reflected in the number of calls received by the domestic violence helpline and referrals to the city MARAC. In January 2022, there was a 68% increase in MARAC referrals to the city.

Joint reviews are held with suicide prevention colleagues to review mental health pathways for domestic abuse survivors.

## **Nottingham University Hospitals NHS Trust**

The Trust's adult safeguarding team provides a single point of contact for advice and referrals to ensure the quality and timeliness of all written external information. The clinical team has remained onsite throughout Covid-19, and continues to see patients face-to-face where required.

We have a full-time survivor advocacy support service worker funded by the CDP and employed by Juno Women's Aid, who supports female survivors and advises staff on domestic abuse issues and referrals. The adult safeguarding team has additional training to help support those disclosing domestic abuse.

Basic Prevent Awareness Training is at 91.8% compliance. Workshop to Raise Awareness of Prevent training is at 81.8% compliance (below the NHS England target of 85%, but increasing monthly). Prevent training is available in e-learning, video and podcast formats. We support face-to-face training where possible, but most training is online.

Safeguarding training is delivered on a three-yearly rolling programme. A post-training quiz must be answered 80% correctly to achieve compliance. MCA training is delivered via an e-learning package. Compliance rates for both are 74%, below the expected target of 90%.

Our audit tool helps identify areas that need additional MCA training. The CQC highlighted areas for improvement around MCA within the surgical division, which have been embedded into practice.

MSP is a core principle of training. All non-urgent safeguarding referrals are passed through the QA team, focusing on MSP and individual desired outcomes. The MSP section on our safeguarding referral forms must be completed before the referral is processed.

Most referrals come from the emergency department or inpatient areas. As there has been no reduction in face-to-face contact for those attending the Trust, there is no apparent reduction in staff's ability to talk to and support patients.

Covid-19 inpatient numbers have reduced, but continue to impact training delivery. Staffing issues impact the numbers of staff who can be released from clinical work to complete training. All divisions have post-pandemic recovery plans.

We have a policy for assessment and management of individuals who pose a risk and are engaged in MAPPA.

In response to a SAR, IT systems have been updated to include safeguarding clinical notes. This allows easy visibility of those potentially at risk and those for whom there have been previous safeguarding concerns/contacts.

Patients with a learning disability are flagged on the Trust's computer system to alert staff when they will need extra input from the LD liaison team and for reasonable adjustments to be made. The LD team works closely with the safeguarding teams and attends the Adult Safeguarding Committee.

We use a range of alerts on the IT systems to highlight patients with additional needs (e.g., a frailty scoring tool).

We have around 130 safeguarding champions, with coverage in each division. The safeguarding team delivers quarterly training sessions via MS Teams. Learning from SARs, DHRs and child safeguarding practice reviews is shared.

We are represented on local SABs and their relevant subgroups. Attendance has reduced due to capacity and clinical pressures, but information-sharing and responses to requests have been completed.

Empowering Communities with Integrated Network Systems (ECINS) is embedded as an operating system for our MARAC information-sharing.

Our safeguarding adults committee meets quarterly. Activity data from the safeguarding team, updates from serious case reviews, and learning from DHRs and other complex case reviews are shared.

The team receives some non-safeguarding referrals that require follow-up. In 2021/22 they resolved 196 cases where there was no evidence of abuse or neglect but where other support was required.

During 2021/22 the adult safeguarding team approved 750 urgent DoLS authorisations and submitted them to the supervisory body, an increase of 23% from 2020/21. We made 218 safeguarding referrals to Nottingham City Council.

Implementation of the LPS will be challenging. The recent draft code of practice has aided understanding of what LPS means but does not clearly identify roles and responsibilities.

A business case was submitted which highlights the potential impact of introducing LPS. This was partially approved and a team leader has been appointed to support the adult safeguarding lead with implementation.

The head of safeguarding also submitted a further revenue request after scoping current DoLS applications, identifying the potentially significant impact on the safeguarding team's capacity to meet statutory requirements under LPS.

## Nottingham City Strategic Housing Service

Supporting tenants during and after Covid-19 continued to be a focus for Nottingham's social housing providers. The pandemic created an opportunity for landlords to engage with tenants like never before, and this direct contact helped to build a more detailed knowledge base to improve and enhance service delivery.

The cost-of-living crisis is squeezing the finances of all households, but particularly those on low incomes, who are often forced to make difficult financial choices just to stay afloat. We are collaborating with social housing providers to support these households and mitigate risks. Our fuel poverty strategy seeks to assist citizens in reducing their energy bills.

The housing strategy team has been in regular contact with its housing association partners, making them aware of services, support and information available to support their tenants.

The Notts Social Housing Forum was revived in early 2022, focusing on cost of living. All registered providers have a track record of protecting their vulnerable tenants through very challenging times, but it is helpful when this is done collectively and consistently across the city. A challenge faced is maintaining the momentum achieved thus far, particularly at a time when capacity within the Housing Strategy service is constrained by the small size of the team.

Enormous increases in energy prices leave many people at risk of being unable to heat their homes, with the accompanying health risks that brings. There is little that housing providers can offer other than ensuring their homes are as energy efficient as possible. We have yet to see the full impact of this.

The Domestic Energy Efficiency Fuel Poverty Group, made up of representatives from health, housing, energy and welfare services, is working with all households across the city – both private and social housing tenants – offering free energy saving 'MOTs'.

In September 2021, government funding to support low-income homeowners to apply for the installation of solar panels on their properties free of charge was announced, with additional top-up funding provided in May 2022. This will help to reduce energy bills and reduce carbon emissions.

The Housing Aid Service continues with its emphasis on early intervention, supporting households before they become homeless.

Partnership work continues with the Department for Levelling Up, Housing and Communities to tackle rough sleeping and homelessness in Nottingham. Our homelessness strategy manager has successfully placed bids in consecutive years for funding via the Rough Sleepers Initiative funds (now Rough Sleeping Accommodation Programme) and the Next Steps Accommodation Programme. These streams have enabled additional accommodation to be brought online for homeless households. We have also made a successful bid for Changing Futures funding to support people experiencing severe and multiple disadvantages, including rough sleepers. We maintain a strong multi-agency approach via the homelessness strategy implementation group.

We have also submitted an expression of interest to the Supported Housing Improvement Programme.

There has been an increase in non-commissioned supported accommodation providers in the city. These providers accommodate a range of vulnerable people with support needs, including those being released from prison. Some of these providers are failing to deliver adequate support and, in some cases, are gaining access to the welfare benefits of

service users. The powers available to local authorities to regulate this sector are negligible and there is therefore considerable concern about the quality of accommodation and support being delivered, and the risks posed to vulnerable adults.

Adult safeguarding is a core element of our staff training programme. On the back of national concerns, local social housing providers have been contacted to ensure that they have robust safeguarding processes in place. As has been noted in previous years, it is difficult to represent an entire sector comprising multiple tenures and providers, and this should be accounted for in terms of the level of assurance that can be achieved.

## What next for 2022/23?

---

Nottingham City SAB has set itself an ambitious year ahead, with a new action plan. However, it is mindful of the continued impact of Covid-19.

The Board will develop its new three-year strategic plan (2022–2025) and will maintain a focus on three priorities: Prevention, Assurance and Making Safeguarding Personal. Our annual action plan will focus on developing the evidence to demonstrate the difference the partnerships work makes to the residents of Nottingham City. We will review the data we collect and our findings from audits to ensure we are focusing our resources in the right place. (The fourth priority has been removed from this report as this is business as usual for the Board.)

We will continue our learning. We will finalise the two SARs and put in place clear action plans to ensure the recommendations are completed. We will monitor and complete existing action plans and put measures in place to ensure practice changes have been embedded as needed. We will receive and consider new SAR referrals eligibility, and undertake statutory and non-statutory reviews as required. Partners will work more closely with Public Health and Housing colleagues and consider drug- and alcohol-related deaths and homelessness/rough sleeper deaths.

We will be reviewing our existing policies, procedures and protocols as necessary and will be raising awareness of the work of the Board through the introduction of a SAB newsletter.

The new ICB and ICS arrangements which came into effect in July 2022 are a significant change, and the Board will work closely with the ICB and ICP to seek assurance on new safeguarding governance arrangements.

Finally, we will strengthen the relationship with the Community and Drug Partnership and Children Safeguarding Partnership and set out shared priorities and areas of work. By doing this, not only will we ‘think adult safeguarding’, we will also ‘think family and community’, ensuring the widest reach to protect and support individuals at risk of abuse across Nottingham City.

## Reporting abuse

---

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

---

ASC	Adult Social Care
CCG	Clinical commissioning group
CDP	Crime and Drugs Partnership
CHARLIE-P	Care and support needs; hoarding and mental health issues; alcohol and medication; reduced mobility; lives alone; inappropriate smoking; elderly; previous signs of fire
CHC	Continuing healthcare
COP	Court of Protection
CQC	Care Quality Commission
DBS	Disclosure and Barring Service
DHR	Domestic homicide review
DNACPR	Do not attempt cardiopulmonary resuscitation (CPR)
DoLS	Deprivation of Liberty Safeguards
DSL	Designated safeguarding lead
GDPR	General data protection regulation
HMICFRS	Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services
HMIP	Her Majesty's Inspectorate of Prisons
HMP	Her Majesty's Prison
ICB	Integrated care board
ICP	Integrated care partnership
ICS	Integrated care system
IICSA	Independent inquiry into child sexual abuse
LD	Learning disability
LPS	Liberty protection safeguards
MAPPA	Multi-agency public protection arrangements
MARAC	Multi-agency risk assessment conference
MASH	Multi-agency safeguarding hub
MCA	Mental Capacity Act
MSP	Making Safeguarding Personal
NCVS	Nottingham Community and Voluntary Service
NICE	National Institute for Health and Care Excellence
PiPoT	People in a position of trust
PoP	People on probation
PP	Public protection

QA	Quality assurance
SAB	Safeguarding Adults Board
SAR	Safeguarding adults review
SERAC	Slavery and exploitation risk assessment conference
SPOC	Single Point of Contact
SWV	'Safe and well' visit
VAPN	Vulnerable adults provider network

This page is intentionally left blank

## 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 Chair:

- Helen Watson throughout 2021/22



## 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 and Improvement subgroup** responsible for disseminating safeguarding messages, training opportunities and learning identified in SARs



A snapshot of what we achieved in 2021/22

### Prevention

- Promoted World Elder Abuse Awareness Day, the Ann Craft Trust safeguarding awareness week, training events across the partnership, and the Council's Hate Crime Strategy
- Published 7-minute briefings on 'professional curiosity' and 'using chronologies', a 'what is a SAR' guide for families, and a 'perception vs reality' poster about exploitation
- Used local schools census data to identify whether local population groups were accurately represented in adult safeguarding data
- Devised an action plan responding to the NICE 'Care homes and adult safeguarding' report recommendations

### Assurance

- From the council adult social care service assurance about the use of 'trusted assessors' within voluntary sector partner agencies
- From the integrated care system (ICS) and integrated care partnership (ICP) assurance that adult safeguarding would continue to be included in their workstreams
- 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

### Making Safeguarding Personal (MSP)

- Asked partners to report how they ensured MSP practice in their agencies
- Started work on 'transitional safeguarding' and development of a local MSP toolkit
- Started design of an 'MSP and adult safeguarding' questionnaire for frontline staff

### Board performance

- Continued quarterly joint agenda-setting meetings with the Community Safety and Drug Partnership and Children's Partnership
- Began monitoring for changes in partner agencies' section 42 referral conversion rates
- Evaluated existing Board scrutiny arrangements



A snapshot of the external assurance 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 were conducted?

The Board received one SAR application relating to hoarding. A meeting was scheduled for May 2022 to decide whether the criteria for a statutory or non-statutory SAR were met. Further information will be in next year's annual report.

Two SARs initiated in 2020/21 – one involving a man who died of starvation, and the other involving a woman who overdosed on insulin and subsequently died in hospital – were presented to the Board in June 2022 and the reports and their recommendations were approved.

One action from a SAR remains outstanding – development of a multi-agency pathway for practitioners to access support when working with those suspected of being victims of exploitation or modern slavery. This is in the 2022/23 annual action plan and will be drafted with Nottinghamshire SAB.

## What is our focus for 2022/23?



- Maintain a focus on three priorities: Prevention, Assurance and Making Safeguarding Personal
- Finalise two SARs; put in place clear action plans to ensure recommendations are completed; put measures in place to ensure practice changes are embedded
- Review existing policies, procedures and protocols
- Raise awareness of the Board's work through a SAB newsletter
- Work closely with the new ICB and ICP to seek assurance on new safeguarding governance arrangements
- Strengthen the relationship with the Children's and CS&D Partnerships and set out shared priorities and areas of work

*"Despite the continued impact of Covid-19 on services, citizens and communities, this report evidences the strength of the partnership's commitment to adult safeguarding within the city. Services have continued to work tirelessly to prevent and reduce the risk of abuse.*

*"I have been very impressed by the dedication and willingness of all partners to actively engage in the business of safeguarding adults and am very much looking forward to working more closely with partners in 2022/23 to build on the work already taking place and ensure our particular focus is given to making safeguarding personal and prevention."*

**Lesley Hutchinson, Independent Chair (May 2022)**

# Safeguarding stats for 2021/22

# 11<sup>th</sup>

Nottingham is the  
11th most deprived  
district in the country



## 2,951

safeguarding adults  
concerns were received  
**46 fewer than in 2020/21**

## 1,367

s.42 enquiries  
were undertaken  
**267 fewer than in 2020/21**

## 636

enquiries were  
about neglect

## 274

were about  
financial abuse

## 322

were about  
physical abuse

## 203

were about  
psychological abuse

In **84%** of cases, risk was either not identified, reduced or removed

## Statutory Officers Report for Health and Wellbeing Board

### Corporate Director of People

November 2022

### Children's Integrated Services and Education

#### 1. New short film launched to raise awareness of the need for foster carers

Last month a new short film called 'Childhood' was launched to raise awareness of the urgent need for more foster carer.

It follows the journey of Sophie and her younger brother Charlie, whose needs are not being met at home, as they try to cope with their situation being taken through the foster care process, so that they can attend school and fully enjoy their hobbies and interests as any child should.

I am proud that we have been able to take part in this national collaboration between 56 local authorities from across England, which highlights the importance of the work that foster carers do each and every day. It shows the need we are all facing for more people to come forward to become foster carers themselves, so that we can help more children such as Sophie and Charlie. You can find out more about the campaign [here](#).

Please [watch the film here on our YouTube channel](#) and share it with friends, family and colleagues to help us find loving and nurturing homes for those children in desperate need of them. If you are interested in learning more about fostering or taking the next step towards fostering a child yourself, please get in contact with us by visiting our website <http://www.fosteringnottingham.com/> or calling 0115 876 3335.

#### 2. Christmas Stars Appeal 2022

As we start to approach the festive season, we are preparing to launch our Christmas Stars appeal.

Over the years we have collected and helped Santa distribute literally thousands of gifts to our vulnerable children and young people.

##### *How you can help*

We know 2022 has been yet another challenging year for everyone and the cost of living is putting a squeeze on people's finances. It can be a particularly difficult and confusing time for many children, especially at this time of year.

With many staff hybrid working and away from the office, we will again be utilising the **'Wishlist' scheme via Amazon to help you pick a gift** and have it delivered safely to Santa's distribution depot (Nottingham branch).

If you can spare a little for a gift for a vulnerable child, we would be very grateful and give a smile to a child who might not otherwise get a gift.

How it Works

---

Please follow the link below, which will open in your Amazon account and save it to 'your friend's Wish List':

### **Christmas Stars Appeal 2022**

There is a range of toys, gifts, clothes, and craft ideas to choose from, with a range of prices. Simply add a gift (or two if you can afford it) to your basket and when you go to checkout select the delivery address 'Christmas Stars Appeal's Gift Registry address' in the other address section.

Where possible please place your orders for delivery before **Friday 16 December** to ensure the gifts get to Santa ready for the big day. Also please note that Amazon provide many items with next day delivery, so if you can only order Sunday to Thursday to ensure an elf is available to receive your gift, as the grotto is not staffed at weekends.

Thank you for your support, it really makes a huge difference.

---

### **3. NEW SERVICE: Healthy Little Minds (parent infant relationship team)**

We are delighted to announce the launch of a new Parent Infant Relationship (PIR) service funded by Small Steps Big Changes (SSBC), in partnership with Nottingham City Council (Early Help and CAMHS). After consultation with parents this new service has been named **Healthy Little Minds**.

As we know, the first 1001 days in a baby's life are critical; their brain grows and develops at an astonishing rate during this time. A baby's brain is more open to, and dependent on, outside influence than it ever will be again, highlighting the importance of the parent infant relationship.

Too many new babies experience complex relationship difficulties with their primary carers and without specialised support these unresolved problems can affect future outcomes. It is estimated that at least 1 in 3 of children in Nottingham City will experience attachment difficulties with their parent or caregiver; highlighting the need for a service locally to provide support for these families.

Support for infant mental health and the parent/infant relationship has not been widely available for families, with approximately 42% of CAMHS services unable to offer specific interventions for children under the age of 2. The Healthy Little Minds team will work working closely with our existing Targeted CAMHS service to bridge the gap in support for this age group.

**From the 1<sup>st</sup> September referrals will be open to Healthy Little Minds, who will provide specialised support and services to families from 28 weeks of pregnancy to 2 years, who reside in in the SSBC wards of Aspley, Bulwell, Hyson Green & Arboretum, and St Ann's.**

The team will deliver specialist evidence-based services including therapeutic activities in group or one to one sessions.

Families will be empowered through their involvement in different levels of support, online, home visits and attending groups. Support will vary from signposting, getting help, getting more intensive support and guided referrals into other services. The team will also offer professional consultation and training.

Referrals will be received into Nottingham City Council Targeted CAMHS Single Point of Access (SPA) via email [CYPBEHM@nottinghamcity.gov.uk](mailto:CYPBEHM@nottinghamcity.gov.uk) **OR** via ASKLion website and SSBC website – self-referrals are also welcome and encouraged.

If you are unsure whether to make a referral, please contact the team to discuss on:  
**0115 876 4000**

#### **4. School Swimming Award**

The national Swim England awards took place on Thursday 28 September in Solihull. The Council's School Swimming team was shortlisted for School Swimming Lesson Provider of the Year 2022 and I'm delighted to announce that, for the second year running, they were announced the winner.

Thank you also to all the schools that nominated the service for the award ([see more](#)).

Here's what Swim England reported on the evening - You can read the full article here: [Nottingham City Council and GR Swimming School win school swimming awards](#)

#### **5. The Independent Inquiry into Child Sexual Abuse**

On Thursday 20 October, the Independent Inquiry into Child Sexual Abuse (IICSA) published its final report on all of the investigations into institutional abuse across a wide range of organisations.

This report follows:

- 325 days of public hearings with 725 witnesses
- 2,457,543 pages of evidence being processed
- The publication of the interim report, 19 investigation reports, 24 research reports, eight engagement reports
- Eight seminars
- More than 6,000 experiences shared with the Truth Project
- 87 recommendations for change made

One of the areas under investigation was Nottinghamshire and Nottingham. Within the council and with partners, we have undertaken a great deal of work since the Inquiry took place. As well as addressing the inquiry's two specific recommendations for Nottingham, we have carried out some important improvements to the way we protect children in our care and support survivors of abuse in the past.

We have worked with other agencies to strengthen safeguarding children partnership arrangements, focused on listening to children and adult survivors and equipping people in a whole range of organisations with the skills to recognise and respond to them when they raise concerns of abuse.

Survivors told us that services weren't meeting their particular needs, often waiting too long for support that didn't adequately address their traumatic experiences. We have worked with the Office of the Police and Crime Commissioner and other partners to commission specialist sexual violence support services which survivors themselves helped to shape. This provides specialist therapeutic counselling, practical support and access to mental health services which survivors tell us is a great improvement on what was previously in place.

In terms of the Inquiry's recommendations for us, these focused on looking at dealing with harmful sexual behaviour between children and assessing the potential risk posed by current, and former, foster carers.

We commissioned the NSPCC to undertake an independent review into how we dealt with this issue, which recognised some local strengths but also helped us to identify areas for improvement.

This includes recognising it in younger children and working with nurseries and schools, for example, to ensure people are equipped to respond. Among a range of other improvements, we have also established a multi-agency forum which meets on a monthly basis. It ensures that children and young people displaying or suffering from harmful sexual behaviour are responded to in a way that meets their needs.

We also undertook a review jointly with Nottinghamshire County Council to go back over the past decade and look at any concerns with all foster carers we have placed a child with. We have updated procedures to reflect the learning from the inquiry and to ensure robust oversight.

---

## **Adult Social Care**

### **Transformation update:**

#### Workforce and Organisational Development Strategy

The strategy will be ratified this month and priorities and leads will be agreed. A governance board is to be established to oversee and quality assure delivery of action plans.

#### Strengths Based Reviews and Occupational Therapy Prevention Led Project

The allocation of cases to an external provider to review existing care and support packages continues. The project performance report shows improved outcomes and delivery of financial savings.

#### Development of options for more Independent Living Project

Since the last period, an additional 9 moves have taken place for both people with mental ill health and people with learning disabilities; a total of 37 moves through the project into high quality supported living accommodation.

#### Increase Independence for Older People Project

Themes from the citizens' journey analysis have been established and planning for the staff workshops has begun. The themes from the citizens' journey analysis will be included in the staff workshops that are being organised for four Adult Social Care teams.

#### Expanding Shared Lives

Co-production and engagement sessions are underway with Shared Lives citizens, carers and social work teams to capture learning, gaps, best practice and further opportunities to support more citizens into placements.

The first performance report has been produced, capturing new Shared Lives placements for 2022/23 and associated cost avoidance savings.

#### Nottingham Pathway Strengths Based Approach

A project performance report showing the impact of the interventions on the lives of citizens along with the associated financial savings is being developed.

Fairer Charging for Care Services

Practice guidance and staff communications have been submitted to the Adult Leadership Team for approval ahead of the launch of Charging for Care and Support Policy and implementation of Fairer Charging changes.

Catherine Underwood  
Corporate Director for People  
(November 2022)

This page is intentionally left blank

**Nottingham City Health and Wellbeing Board  
Work Plan 2022/23**

<b>Recurring Agenda Items</b>	<b>Lead Officer</b>
Joint Strategic Needs Assessment – New Chapters	Brian Johnston (NCC)
Joint Health and Wellbeing Strategy – Delivery Update (July, November and March)	Rich Brady (PBP)
Nottingham City Place-Based Partnership Update	Rich Brady (PBP)
Joint Health Protection Board Update	Lucy Hubber (NCC)
Board Member Updates	All Board Members
Work Plan	Governance Services (NCC)

<b>Meeting Date</b>	<b>Agenda Item</b>	<b>Lead Officer</b>
<b>Wednesday 25 January 2023 1:30pm</b>	Autism Strategy	Anne-Marie Furnell (NCC) Rasool Gore (ICP)
<b>Wednesday 29 March 2023 1:30pm</b>		

<b>Potential items to be scheduled</b>	Substance Misuse – Strategic Commissioning Review	Helen Johnston (NCC)
	Neurodiversity	

<b>Annual Reports</b>	<b>Month of Reporting</b>
Public Health – Annual Report	May
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

Items for the Board's work plan should be forwarded to Governance Services, Nottingham City Council, [constitutional.services@nottinghamcity.gov.uk](mailto:constitutional.services@nottinghamcity.gov.uk).

Authors **MUST** discuss their proposed reports (and any supporting presentation) with Lucy Hubber (Director for 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.