

Annual Report 2015/16

Foreword by the Independent Chair

Welcome to Nottingham City's Safeguarding Adults Board Annual Report for 2015-2016. I hope you will find it an interesting read.

April 2015 was when the Care Act came into force. For the first time, Safeguarding Adults Boards (SABs) were put on a statutory footing, with Care Act Guidance clearly stating what is expected of the Boards. In Nottingham, my predecessor, Paul Burnett, had done great work with the Adults and Children's Boards working closely together and aiming that everyone involved with safeguarding should 'Think Family'. While that remains so important, it was decided to give the SAB a stronger identity and direction of its own, so the Boards are now more separate, with a new chair appointed to each in September 2015.

Much of the work in this year was given to making sure that the Care Act was implemented successfully across Nottingham. Policies and procedures were revised; staff became used to the expanded definitions of abuse and neglect, and the need to see protection from abuse and neglect as a fundamental part of promoting and securing wellbeing. 'Section 42 enquiries' became part of the language of working with adults.

The Care Act Guidance on Safeguarding is a very helpful read for anyone involved with safeguarding—and was very influenced by Making Safeguarding Personal. Board member organisations have continued their journey to implement its principles – a personalised approach to safeguarding that is 'done with' rather than 'to' people and is guided by improving people's lives to achieve the outcomes they want, not a bureaucratic process.

As the figures in this report will show you, there was a very large increase in investigations opened in 2015/16 compared with recent years; this may have been the result of the Care Act, but we are still trying to understand this trend. As before, most investigations concerned older people, but the average age became younger this year. The greatest proportion of investigations concerned people living in their own homes, but a very significant proportion again concerned people living in care homes.

Criminal trials concerning safeguarding were in the Nottingham news this year. Two local people were convicted for offences relating to domestic servitude (modern slavery) concerning two adults with complex needs who were in their house. There were also the first convictions for corporate manslaughter in a care home (Autumn Grange) and the Board set up Safeguarding Adults Reviews to see whether there were lessons that could be learnt from these events.

The Board and its subgroups are dependent on a couple of officer posts to keep their processes running as effectively as possible. During this year there were vacancies and changes in staffing, which had an impact on being able to achieve all that the Board had intended, so in 2016/7 we have been taking steps to improve stability, even in this period of increases in need and reductions in budgets.

Much of this report is taken up with individual reports from the organisations which make up the Board; these show the amount and quality of determined and caring work undertaken by partner organisations across Nottingham and give some illuminating examples of the work that has been happening here – and has been continuing in 2016-2017.

This report has been completed later in the year than we would like, and we hope that we will be able to provide a report on 2016-2017 earlier in the next year.

A handwritten signature in dark ink, appearing to read 'Malcolm Dillon', with a long horizontal stroke underneath.

Malcolm Dillon

Independent Chair

Nottingham City Safeguarding Adults Board

Contents

1	Introduction	p. 5
2	Local Context	p. 5
3	Joint Working Arrangements	p. 6
4	Governance and Accountability	p. 6
5	Safeguarding Activity, Board and subgroup performance	p. 7
6	Safeguarding Adult Reviews	p. 23
7	Deprivation of Liberty Safeguards	p. 26
8	Board Members	p. 29
9	Looking forward to 2016/17	p. 63

Introduction

1.1 The Care Act 2014 came into force on 1st April 2015. The Care Act placed Safeguarding Adults Boards on a statutory footing, and the accompanying statutory guidance specifies that “the main objective of a Safeguarding Adults Board is to assure itself that local safeguarding arrangements and partners act to help protect adults in its area [...]”. Care Act safeguarding duties apply to any adult who:

- has needs for care and support (whether or not the local authority is meeting any of those needs)
- is experiencing, or at risk of, abuse or neglect
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect

1.2 The Safeguarding Adults Board must have representation from the local authority, the Clinical Commissioning Group (CCG) in the local authority’s area and the chief officer of police in the local authority area. These are Nottingham City Council, Nottingham City Clinical Commissioning Group and Nottinghamshire Police.

1.3 In addition, the Nottingham City Safeguarding Adults Board also has representation from:

- Nottingham CityCare Partnership
- Nottingham University Hospitals NHS Trust
- Nottinghamshire Healthcare NHS Foundation Trust
- East Midlands Ambulance Service
- National Probation Service (Nottinghamshire)
- Derbyshire/Leicestershire/Nottinghamshire/Rutland Community Rehabilitation Company
- The Nottingham Vulnerable Adults Provider Network
- HMP Nottingham
- Nottinghamshire Fire and Rescue Service
- Nottingham Crime and Drugs Partnership
- NCC Public Health
- NCC Portfolio Holder for Adults and Health

2 Local Context

2.1 Nottingham City has a population of 314,300 which has risen by over 3000 since 2013, and is expected to rise to 323,400 by 2022. 28% of the population are aged 18-29. However Nottingham has a higher than average rate of people with a limiting long-term illness or disability. The 2011 census showed 35% of the population as being from BME groups, an increase of 19% since 2001.

2.2 Nottingham is ranked 8th most deprived district in England (2015 Index of Multiple Deprivation), a decline from 20th in 2010. 25% of people aged over 60 live in areas affected by income deprivation. Out of the seven separate ‘domains’ that make up the Index of Multiple Deprivation, Health and Disability is the domain in which Nottingham performs worst.

3 Joint Working Arrangements

3.1 The NCSAB has arrangements in place in order to co-ordinate its work with other partnership boards in the City including the Health & Wellbeing Board (which the NCSAB reports into), the Crime & Drugs Partnership, and the Nottingham City Safeguarding Children Board. The Prevent strategy reports into the Safeguarding Children Board; progress updates are provided to the Safeguarding Adults Board.

3.2 There is work in progress led by Nottingham City Council's Corporate Director for Children & Families to co-ordinate the work of various boards across Nottingham City.

3.3 Several of the agencies represented on the NCSAB work across both Nottingham City and Nottinghamshire County. In order to minimise the duplication, the Board's strategic plan for 2016-19 has been aligned with that of Nottinghamshire County Safeguarding Adults Board. During 2015/16 training leads for Nottingham City and Nottinghamshire County boards looked into whether a cross board training and development group was practical. The outcome of the review was that it was not currently viable to combine in this way. Liaison between the Chairs and officers of the City and County SABs is positive and strong.

3.4 In 2015/16 the NCSAB has been updated on the Mental Health Crisis Concordat and work was begun to clarify the links into the Board.

3.5 There is an arrangement in place whereby referrals for Domestic Homicide Reviews (managed by the CDP) are referred to the City Safeguarding Adults Review subgroup, with the membership extended to relevant agencies as required. This makes use of the existing structures in place for referrals for Safeguarding Adults Reviews and reduces duplication.

4 Governance and Accountability

4.1 Following a Peer Review exercise of governance arrangements for safeguarding adults in Nottingham in November 2014, a number of recommendations were made to the lead agencies about the then closely combined Adults and Children Safeguarding Boards. These included that the Boards, the joint Operational Management Group, and various subgroups including Quality Assurance be split into separate Safeguarding Adult and Safeguarding Children functions, with a separate business plan for the Adult Safeguarding Board.

4.2 There had been a single independent chair of both boards, but following his resignation, separate independent chairs were appointed to the Children and Adults boards, taking on the roles in September 2015.

4.3 A board development day took place in December 2015 to inform the function of the Safeguarding Adults Board in 2015/16 and beyond. The two independent chairs made a number of proposals to the Adults and Children's Boards. It was agreed at the January Joint Boards meeting that from 1st April 2016 the Boards would meet separately. It was initially agreed that any joint items would be tabled at the start of the agenda of the Children's Board, but later agreed that both independent chairs would meet regularly to co-ordinate any joint items. A further proposal was agreed for the Operational Management Group to be wound down and a Business Management Group for each board to be established. The Business Management Group is chaired by the Independent Chair and membership is comprised of the Local Authority, the Clinical Commissioning Group, Police, chairs of the

subgroups and board officers. The first meeting was held in February 2016 and subsequent meetings held approximately 6 weeks after each Board meeting.

4.4 Other proposals from the Independent Chairs included establishing a risk register, reviewing the subgroup structures and reviewing board office support structure. The SAB risk register was approved in March 2016.

4.5 A review of the Joint Boards' substructure was presented to the Board in March 2016. The review had been carried out in consultation with a range of partner agencies including representation across Nottinghamshire County and with the Crime and Drugs Partnership.

4.6 The outcome of the review was that the Care Act subgroup became the Quality Assurance Subgroup (with revised Terms of Reference). The Safeguarding Adults Review subgroup continued. The Early Intervention subgroup was initially continued but during 2016/17 it was agreed that its work was complete. The Training and Development subgroup remained a joint board subgroup, but changed focus and was renamed the Learning and Improvement subgroup. The Communications and Engagement subgroup was put on hold pending a review of the strategy and methods for communication and engagement, which has continued during 2016/17.

4.7 A review of the governance documents was commenced and has also continued into 2016/17.

5 Safeguarding Activity and Board & Subgroup Performance in 2015/16

5.1 At the end of 2014/15 a number of priorities for the Board were identified for the following year:

- The creation of a performance framework
- To consider the implications of domestic violence as a type of abuse
- Ratification of information sharing protocol and implementation
- Updated information for publication
- Completion of the SAAF (Self-Assessment and Assurance Framework)
- Self-assessment of the Board's compliance with the Care Act
- Audit of partner agencies' compliance with the Care Act and Making Safeguarding Personal

5.2 A Business Plan for 2015/16 was developed and agreed by the Board. This section outlines performance against the Business Plan.

The overarching priority for the Safeguarding Adults Board was that:

Adults are able to protect themselves from harm with appropriate support

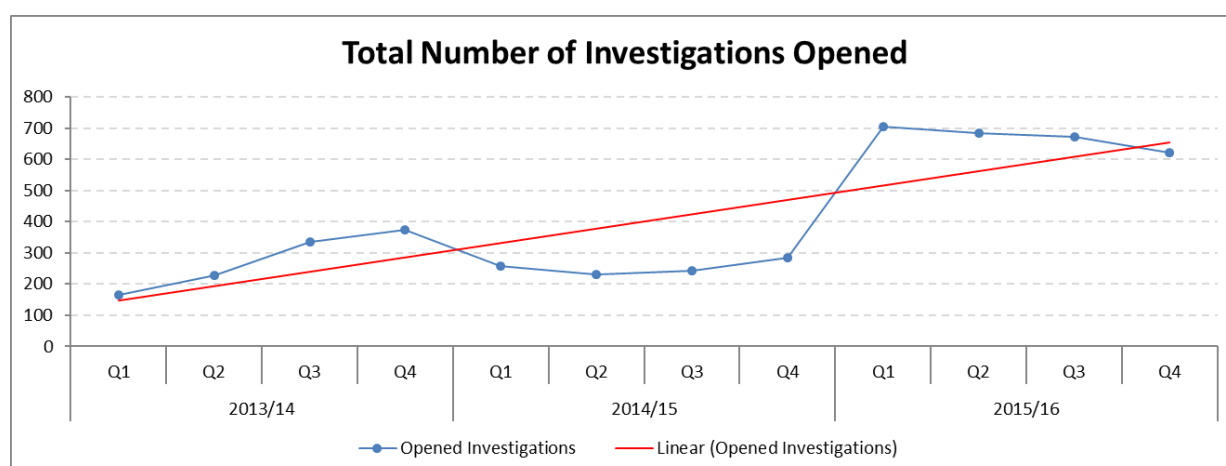
5.3 The following information provides a statistical analysis concerning safeguarding enquiries and intervention in 2015/16.

Adult Safeguarding Performance Analysis 2015/16

5.3.1 At the beginning of April 2015 the way in which safeguarding referrals were recorded on the Council's CareFirst system changed. Instead of a single safeguarding referral form the process was split into two separate forms, an enquiry form and an intervention form. The enquiry consists of the majority of the safeguarding investigation work, with the intervention form used in the small number of circumstances where further intervention is needed. As a consequence of this, some measures of performance have appeared to change, however this is due to a process change rather than a performance change. Other measures that were included in the 2014/15 report have been removed (e.g. outcome of investigations) as the new process means that some 2015/16 data is not comparable to previous data.

5.3.2 There were 2,682 investigations opened in 2015/16, with a slight downward trend seen within quarters 3 and 4 (see chart 1). This is a significant increase on the volume recorded in previous years (an increase of 163.7% compared to 2014/15), and although the introduction of the Care Act and a change in process may explain part of this rise in enquiries, work is currently being undertaken to examine what role 'inappropriate' referrals have played in the higher than expected increase recorded.

Chart 1: Total Number of Investigations Opened



5.3.3 Examining the demographics of citizens for whom alleged abuse took place shows that the majority were of a White ethnicity (75.8%), a similar percentage to that recorded in the previous year (78.2%), but notably different to those records in the three years preceding this (2011/12 – 86.6%, 2012/13 – 86.4%, 2013/14 – 83.2%). Citizens of an unknown ethnicity account for 11.7% of citizens, an increase of 4.2% on the previous year; this seems most likely to be a consequence of a large increase in enquiries as an increased number of citizens have an enquiry but no other service from social care and therefore information such as ethnicity is less likely to be recorded. Citizens of a Black/Black British ethnicity account for 7.0% of citizens, a decrease of 0.5% from the previous year. Please see charts 2 and 3 for further details. Data from the 2011 census shows that 71.5% of residents in Nottingham City are of a White ethnicity 7.3% of Black ethnicity, 6.6% of mixed ethnicity and 13.1% of Asian ethnicity.

Chart 2: Ethnicity of Citizen for Opened Investigations in 2015/16 (Volume)

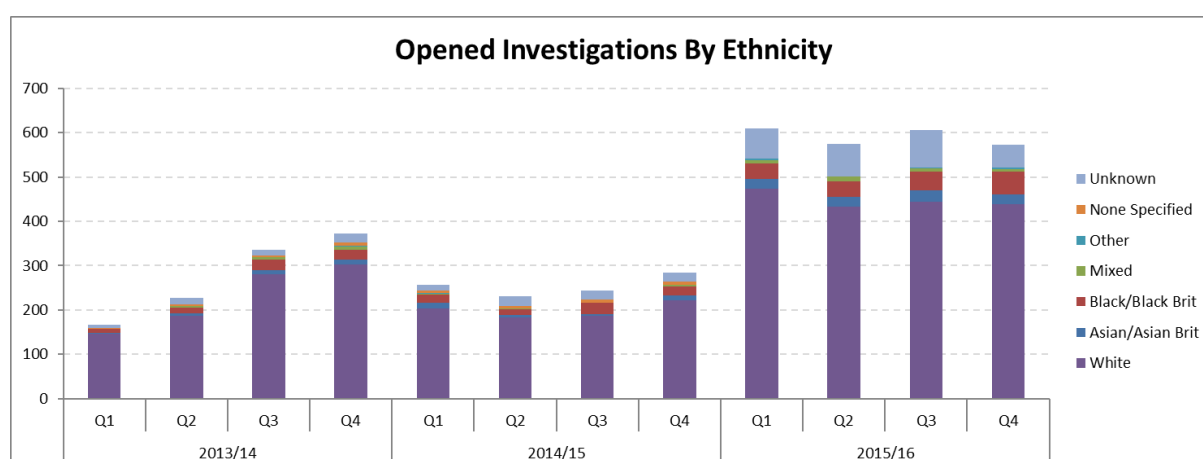
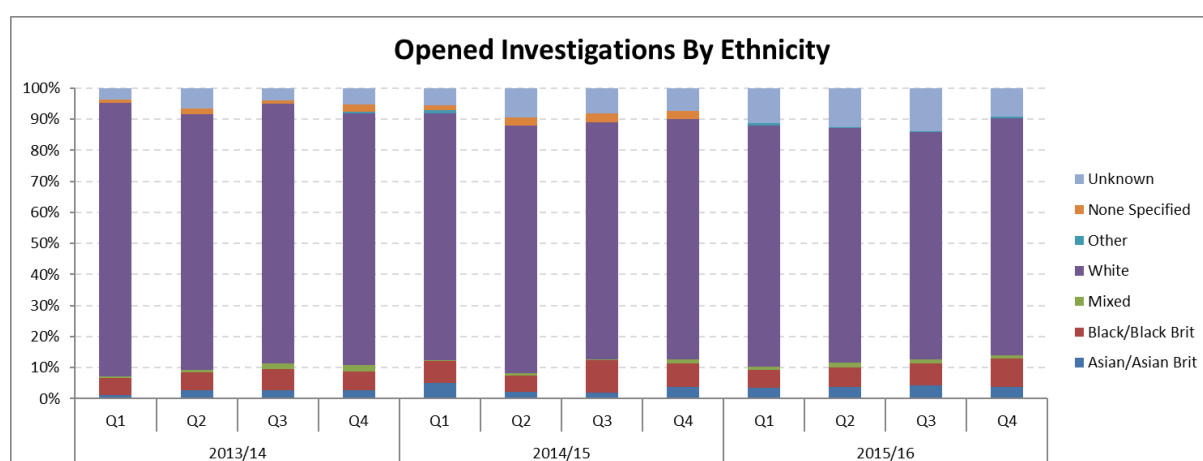


Chart 3: Ethnicity of Citizen for Opened Investigations in 2015/16 (Percentage)



5.3.4 In terms of age range, the largest group of citizens for whom investigations were opened were those aged 81 years old or over (37.2%), which is, however, a significant decrease when compared to 2014/15 when 45.4% of citizens were within this age range. 18.5% of citizens were aged between 71 and 80, again a decrease on last year, and a further 11.6% were aged between 61 and 70 years old (an increase on last year) meaning that 67.0% of citizens against whom alleged abuse took place were aged 61 and over. Although the majority of citizens identified are aged over 61 years old, there has been an 8.0% reduction when compared to the previous year, with an increase in those citizens aged between 41-70 seen. This had led to a distinct decrease in the average age of citizens who had an enquiry raised for them, with every quarter in 2015/16 recording an average age of less than 70, with quarter 4 of 2013/14 the only other quarter for a number of years to record such a low average age. Please see charts 4, 5 and 6 for more information on citizen age breakdown.

Chart 4: Average Age of Citizen

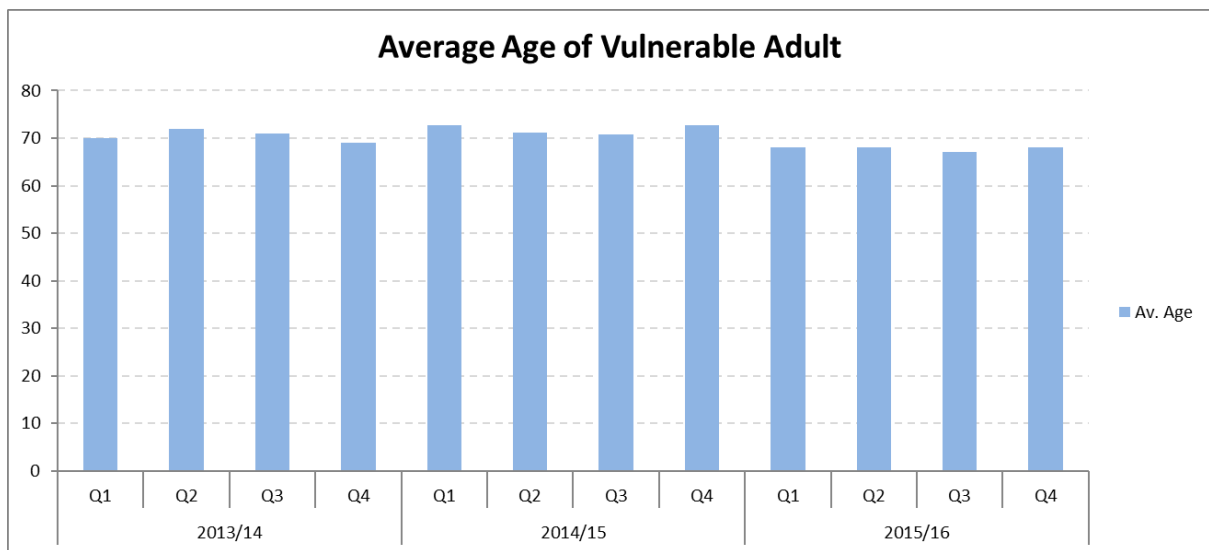


Chart 5: Age Band for Citizens with Opened Investigation (Volume)

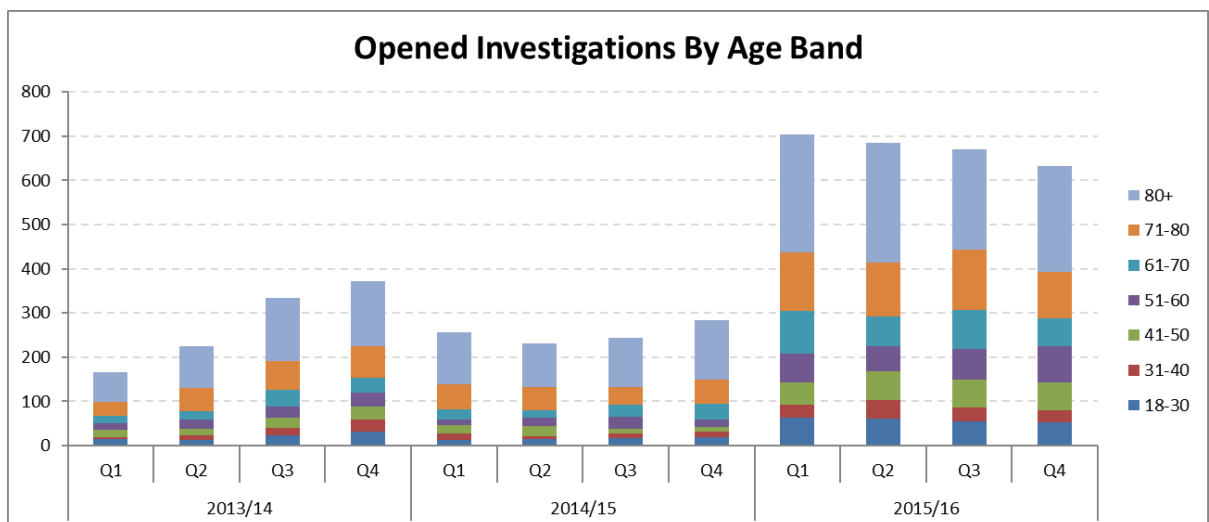
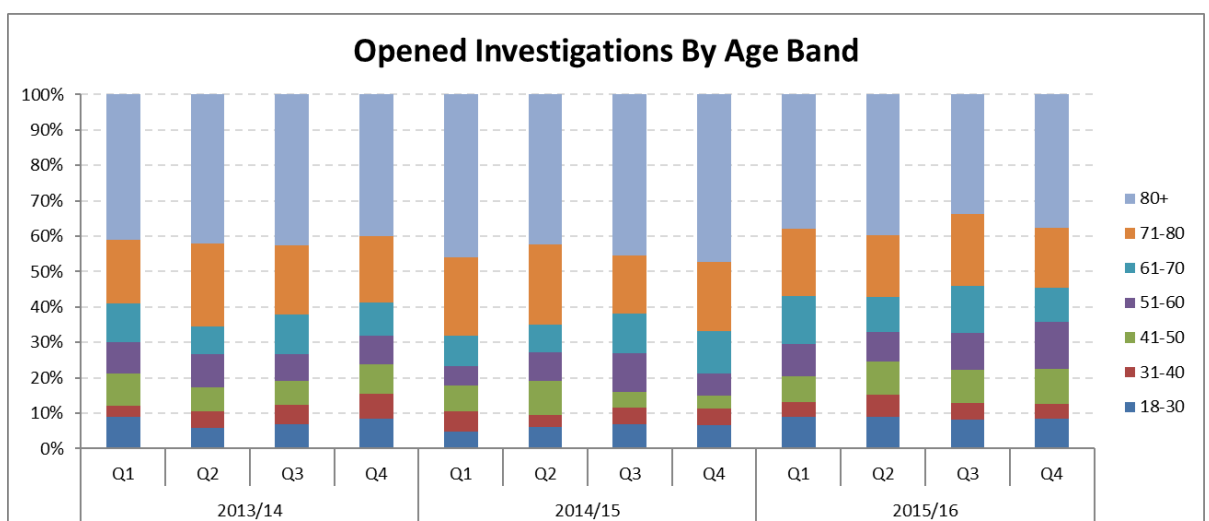
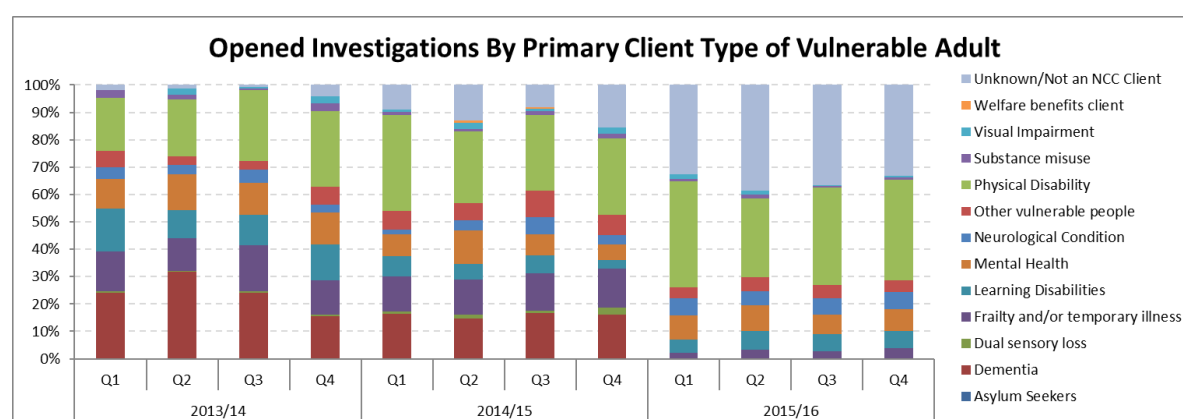


Chart 6: Age Band for Citizens with Opened Investigation (Percentage)



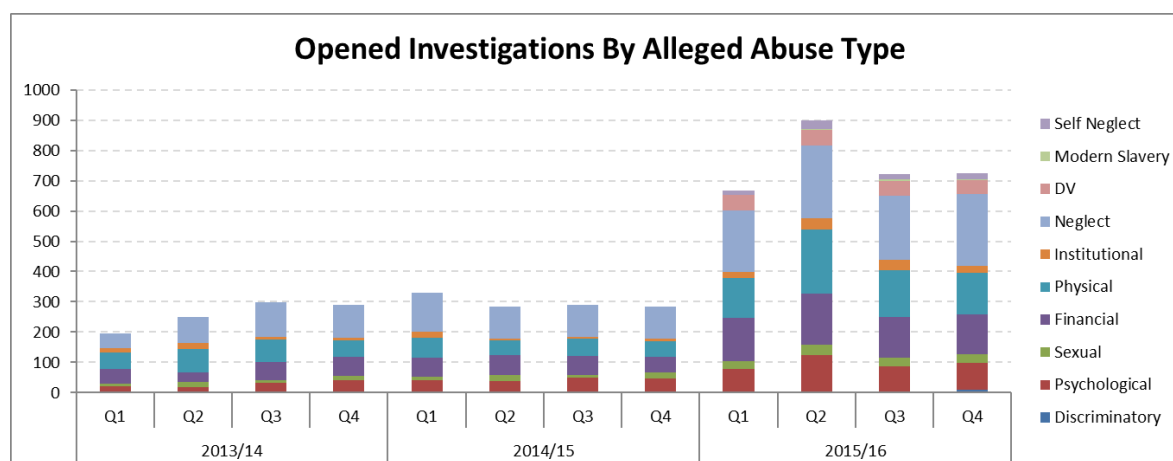
5.3.5 Looking at the Primary Client Category (PCC) of the citizen with an opened investigation shows that around 35.0% of citizens had a physical disability, 8.4% had learning disabilities and 6.0% had mental health issues. The number and percentage of citizens with an unknown PCC was 35.5%, significantly higher than in previous years, meaning that the majority of citizens had either a physical or unknown PCC. The most likely reasons for this high percentage of unknown PCCs are a lack of recording within the safeguarding paperwork, a high number of citizens with safeguarding issues that are not provided with a social care service, or a large number of inappropriate referrals meaning that this information is not recorded. However, more in-depth analysis needs to be undertaken in order to establish this. Please see chart 7 for a full breakdown of citizen PCCs.

Chart 7: Primary Client Category of Citizens with an Opened Investigation (Percentage)



5.3.6 Before examining the type of alleged abuse in opened investigations, please remember that more than one type of abuse can be alleged in an investigation and so percentages described in the below section may not add up to one hundred percent. Please also note that three new categories have been added in 2015/16 as a result of the Care Act; Domestic Violence, Self-Neglect, and Modern Slavery. Although neglect was the most common type of abuse recorded, alleged in 37.8% of enquiries, an increasing number of enquiries alleged financial (24.6%) and physical (26.9%) abuse. The increase in financial abuse is a pattern that was in evidence in 2014/15 and this has seemingly continued; the increase in physical abuse is slightly more unexpected, and indicates that there may be a shift in alleged perpetrator behaviour, although an in-depth qualitative analysis of this would need to be undertaken to confirm this. Alleged psychological abuse (15.5%) also accounted for a significant proportion of investigations. Please see chart 8 for further details.

Chart 8: Alleged Abuse of Opened Investigations (Volume)



5.3.7 The location of the alleged abuse is most likely to take place in the citizen's own home, with 36.3% of investigations stating this as the location, a similar level to that seen in the previous year. As expected residential and nursing care homes make up a large proportion of locations, with 29.5% of investigations stating that the alleged abuse took place in either one of these locations (21.7% for residential care homes and 7.8% for care homes with nursing). Proportionately this pattern is similar to that seen in the previous year, however significantly more alleged abuse was recorded as taking place in a care home with nursing in previous years than in 2015/16. There is also a high proportion of enquiries that do not list the location of alleged abuse, mainly because these enquiries may have been closed down after being opened in error or have not been completed yet and this field has not been filled in. Please see charts 9 and 10 for further detail on location.

Chart 9: Opened Investigations by Location (Volume)

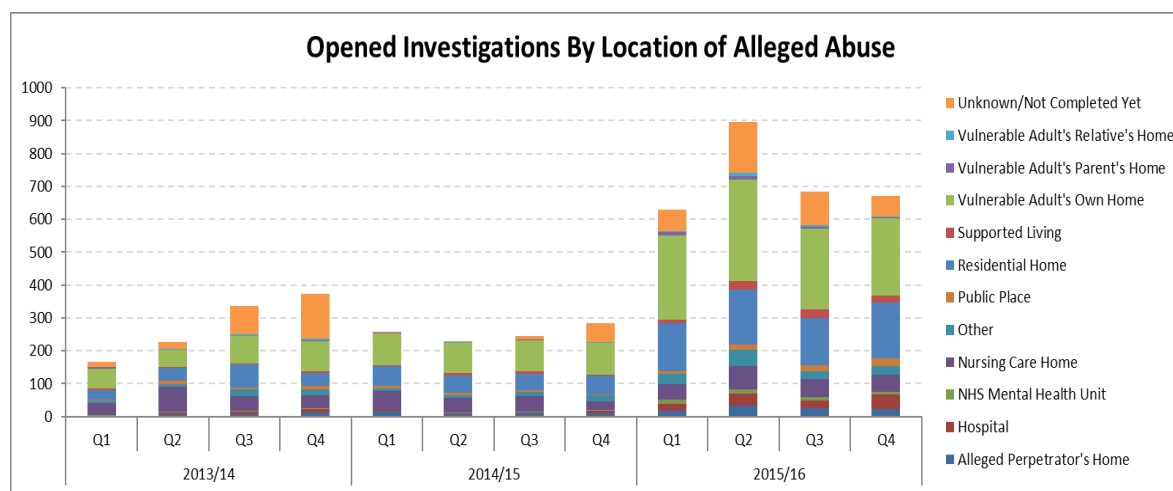
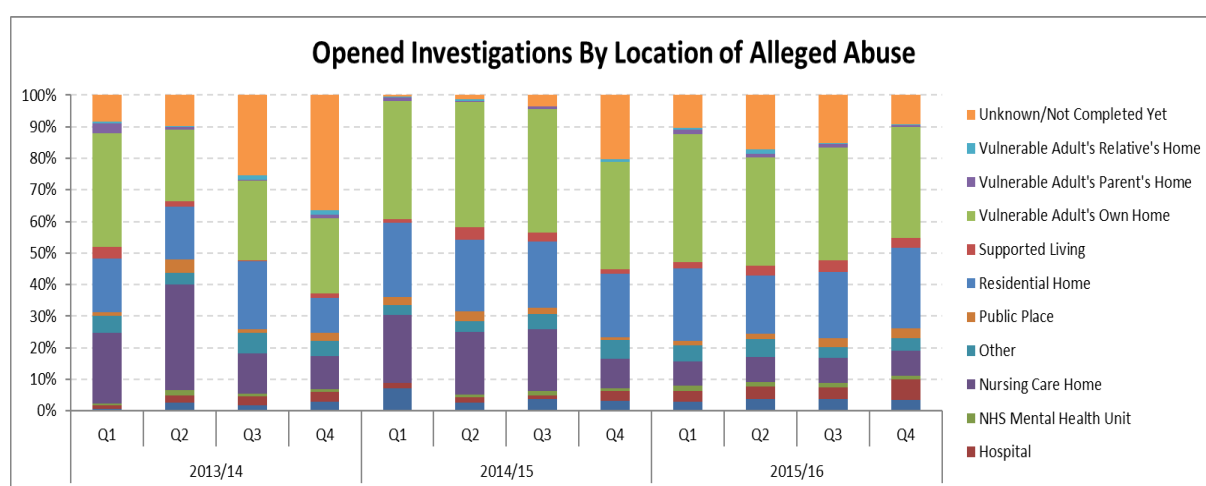


Chart 10: Opened Investigations by Location (Percentage)



5.3.8 The way that the outcome of enquiries is recorded has changed between 2015/16, with a focus on citizen outcomes rather than process outcomes now much more evident. As a consequence of this the outcome data between 2015/16 and previous years is not comparable. Examining 2015/16 data in isolation shows that 66.5% of enquiries required no further safeguarding intervention, 16.3% did require a further safeguarding intervention, and 2.5% required another social care assessment. The remaining 14.7% of enquiries did not have this field completed (either closed down after being opened in error or still open).

5.3.9 Of those enquiries that proceeded to intervention, 61.6% required no further action under safeguarding, 26.2% required action under safeguarding that reduced the risk of further safeguarding intervention, 8.2% required action under safeguarding that removed the risk of further safeguarding intervention, and 4.1% required safeguarding action however the risk of further intervention still remained (this is most common in cases where the citizen chooses to remain living with the alleged perpetrator).

5.3.10 With the shift to recording whether the outcomes which citizens wished to have met were in their opinion met through the interventions, data recorded in 2015/16 reported that 82% of citizens stated that they had their outcomes either met (69.3%) or partially met (12.6%).

5.4 The Board's annual business plan was broken down into the following outcomes

1.1 The Board and partner agencies are fully compliant with the Care Act

Delivery of Phase Two of the Care Act Task and Finish work plan including self-assessment of Board Compliance

5.4.1 The focus of the Care Act Subgroup's work in 2015/16 was a continuation of work started in 2014/15 to ensure compliance with the Care Act. This included updating the Policies and Procedures, revising the process for Safeguarding Adults Reviews, agreeing commissioning arrangements for Advocacy, updating the Quality Assurance Tool, and

updating the Self-Assessment and Analysis Framework. Agency returns were completed in February & March 2015 which provided assurance on compliance with the Care Act.

5.4.2 Phase one of the Care Act project plan was agreed as complete by May 2015.

5.4.3 Work commenced in 2015/16 on phase two of the Care Act project plan, which included a clearer focus on the performance framework and Making Safeguarding Personal (MSP).

5.4.4 Work began to draft a procedure for Care Act requirements around the Designated Adult Safeguarding Manager (DASM), however this work was not necessary when the Department of Health removed the role of the DASM in the revised Care Act Statutory Guidance issued in March 2016. Similarly work on the self-neglect pathway was put on hold pending the update to the Care Act guidelines.

5.4.5 The subgroup reported to the Board in October that progress against the project plan had been slowed due to the impact of there being no Board Officer in post. As described above, the Board subsequently decided that the Care Act subgroup's work on performance and the implementation of Making Safeguarding Personal should be taken on by a dedicated Quality Assurance subgroup, which has continued in to 2016/17.

5.4.6 The Subgroup began work to produce new awareness raising materials, but again the Board decided that this should be taken account of in the development of a broader Communication and Engagement Strategy, work on which continued into 2016/17. It was recognised that with limited resources a strategy was required to maximise reach.

Audit partners' implementation of the Care Act (Self-Assessment and Assurance Framework)

5.4.7 An Audit of the SAAF process was completed in November 2015 and a summary of findings is produced below.

5.4.8 The purpose of the Organisational Audit is to seek assurance that partner organisations are maintaining robust governance arrangements that are fit for purpose, promote the safeguarding of vulnerable adults and ensure accountability for performance.

5.4.9 This was the third Organisational Audit completed by Nottingham City Safeguarding Adults Board. The first Organisational Audit was completed in 2011 and the second in 2013 due to Board agreement to complete on a biannual basis.

5.4.10 The 2012-13 NCASPB Organisational Audit was completed jointly with Nottinghamshire County Safeguarding Adults Board (NSAB) to avoid duplication of work by partner agencies who are members of both Boards. However, due to changes in staff, it was not possible to do that for 2015. The results do not include Housing, Fire and Rescue and Probation.

5.4.11 The Self Assurance and Assessment Framework (SAAF) is a comprehensive audit tool which allows for performance data to be collated, compared and presented both in terms of individual board agencies and as a collective group. It requires commissioners to complete a specific section on commissioning and therefore makes it easier to compare providers and commissioners separately.

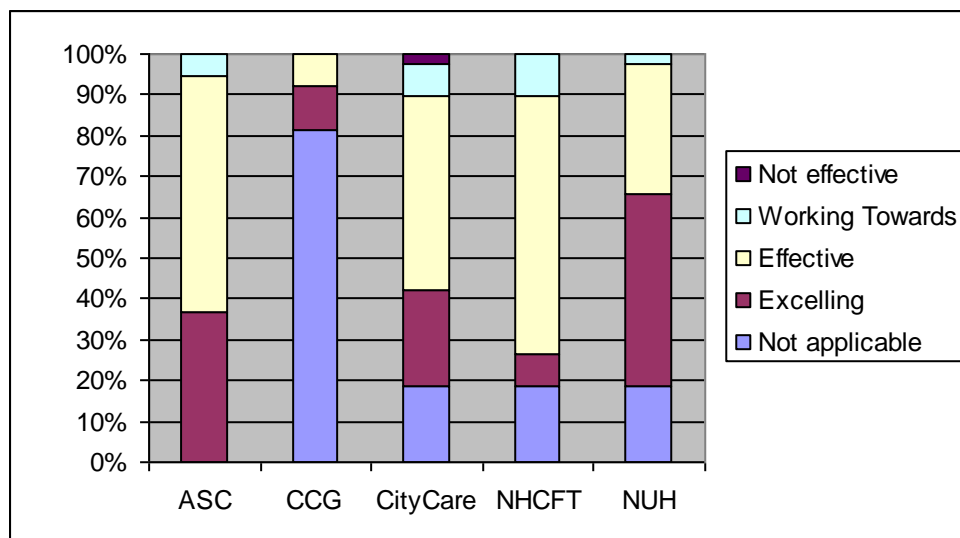
5.4.12 The SAAF has 4 standards to self-assess against:

- Excelling
- Effective
- Working towards
- Not effective

5.4.13 Summary of findings

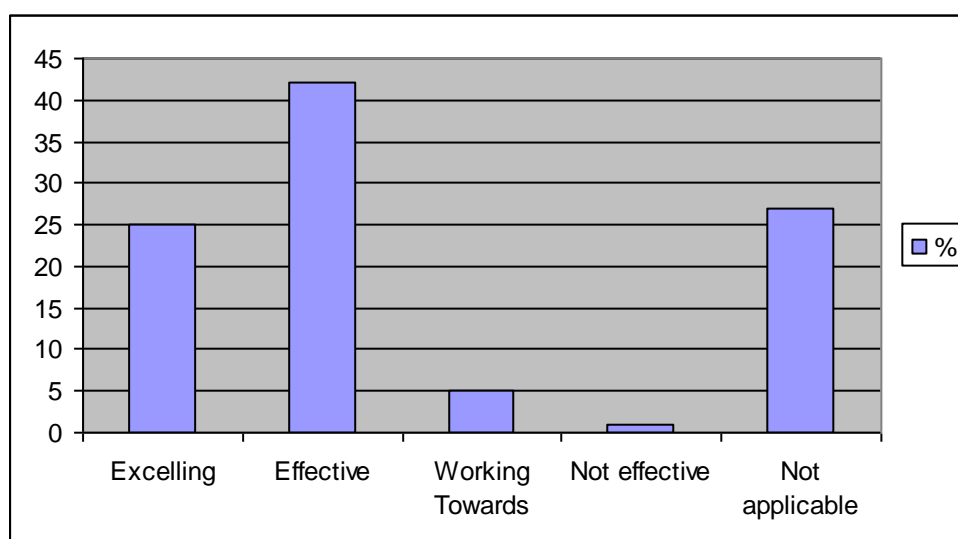
The chart below in fig 1 summarises the overall partner organisation positions regarding compliance with the standards of the SAAF.

Fig 1.



5.4.14 As shown in fig 2, the majority of agencies assessed themselves as excelling or effective in all areas.

Fig 2.



5.4.15 Only one agency self-assessed as not effective in one area. There is only one area for development identified by more than one agency: 'Procedures include how professional disagreements are resolved especially with regard to whether decisions should be made, enquiries undertaken for example'.

5.5.16 Where agencies identified themselves as not effective or working towards objectives, actions have been given on how they will attain the next level.

Outcome 1.1 What was the impact?

- Board Policies and Procedures and arrangements have been appropriately developed to be compliant with the Care Act
- Partner agencies have assured the Board that they are compliant with the Care Act
- Assurance was provided to the Board through the SAAF returns that those organisations have appropriate safeguarding arrangements in place and that any areas needing to be addressed are being taken forward

1.2 Provide leadership to support less risk averse practice where this will ensure citizens' outcomes are better met

Scoping of MSP principles in relation to

- Their impact on cultural change in the workforce interventions
- Safeguarding Board practice such as quality assurance
- Leadership at safeguarding partnership level

5.5.1 The Care Act Subgroup as part of their work plan to implement phase two of the Care Act project plan, developed a Quality Assurance Performance Framework. This will be further developed in 2016/17 by the Quality Assurance subgroup.

5.5.2 Leadership to support citizen outcomes, and scoping of Making Safeguarding Personal principles was tasked to the Care Act subgroup. In January 2015 the Joint Board received a presentation on Making Safeguarding Personal. This work continued into 2016/17.

Outcome 1.2 What was the impact?

- Awareness of Making Safeguarding Personal increased across the partnership
- Further development of outcome focus in safeguarding work
- Quality Assurance Performance Framework developed

1.3: An early intervention approach that reduces preventable incidences of harm

Develop a Multi-Agency early intervention strategy in homecare and residential care

Conduct a review of the early intervention approach in relation to homecare and residential care providers and determine if we can improve

Map local profile to determine where we have low levels of safeguarding referrals to focus safeguarding awareness raising.

5.6.1 The Early Intervention subgroup reported to the Board in June 2016, but as the report largely covered work completed in 2015/16 this is included within this annual report in response to each of these actions.

5.6.2 The subgroup completed a mapping exercise across agencies identifying strengths, gaps and made recommendations based on this. It took a broad approach to early intervention, beyond the immediate tasks in the Business Plan.

5.6.3 Strengths included that the Health & Wellbeing Board had a clear strategy for the City; that the Integrated Care Programme (between health and social care) was well established; and there was strong partnership working across health and social care within the city. The promotion of independence, early intervention, community support and friendship was a key strategy in the Adult Social Care Business Plan.

5.6.4 A gap identified was the lack of an overarching advice and information strategy. In order to address this, a new service directory was commissioned with health, with implementation to follow consultation with citizens, carers and colleagues, led by Nottingham City Council Commissioning.

5.6.5 The early intervention strategy had a focus on adults in care provision. The mapping exercise identified as an example of what was working well the Quality Monitoring Framework in place with the Clinical Commissioning Group and Nottingham City Council, and the monthly multi-agency quality assurance meetings.

5.6.6 Recruitment and retention of staff in care provision was identified as a gap leading to high levels of provider investigation procedures in care homes and lead home care providers being unable to meet demand.

5.6.8 To mitigate this there was clear evidence of the success of the joint (NCC & CCG) Early Intervention Officers pilot within residential care in identifying and improving practice at an early stage. Various strategies were in place to address immediate operational issues within the homecare sector including the establishment of a programme board within Nottingham City Council, and a joint strategic programme board with Nottinghamshire County Council.

5.6.9 It was agreed at the Board in June 2016 that the work of the Early Intervention Subgroup would come to an end, given that the residential care pilot was proceeding and the home care strategies were continuing to be developed in Adult Social Care, on a single agency basis. The Quality Assurance Subgroup was tasked with analysing data from referrals to identify if there were groups in the community where there appeared to be low levels of safeguarding referrals and a need for methods to raise awareness.

Outcome 1.3 What was the Impact?

- Review and confirmation of the value of the early intervention initiative working with residential care homes
- Review and clarification of the risks arising with home care services and validation of the work in Adult Social Care to address these
- Review and confirmation of the value for safeguarding of integrated working across health and social care and the links of NCSAB with the Health and Wellbeing Board

1.4 Develop supportive communities and ensure people are befriended and have friends.

To determine how the Looking After Each Other project led by the LA & CCG might impact on keeping people safe from harm and what more we might need to do to address this objective.

5.7.1 This action was tasked to the board manager and scheduled to take place by October 2015. The board manager post was vacant for a number of months and this action was not achieved.

5.7.2 Looking After Each Other continues as a project to increase volunteering and reduce social isolation.

Determine whether the wellbeing vision for the City and the workforce change implicit in that could include a focus on social isolation and friendship

5.7.3 Strong links between the NCSAB and the Health and Wellbeing Board have influenced the wellbeing vision for the City.

5.7.4 The Health and Wellbeing Strategy for Nottingham City (Happier, Healthier Lives 2016 – 2020) now includes action to address social isolation. As part of Outcome 3 “There will be a healthy culture in Nottingham in which citizens are supported and empowered to live healthy lives and manage ill health well” there is an action to “ensure our workforce is equipped to identify, and respond early, to issues affecting health and wellbeing including [...] social isolation”.

5.7.5 Public Health leads on the delivery of mental health first aid training across the partnership, which continues into 2016/17.

5.7.6 One of the Every Colleague Matters events in 2015/16 focussed on mental health, and included a session on Wellbeing.

5.7.7 Public Health have also worked with Age Friendly Nottingham and facilitated two Loneliness Forums working across the partnership. These forums have informed planning and the prevention strategy.

5.7.8 Adult Social Care made tackling social isolation a priority for their workforce in 2015/16 and this was embedded through briefings and team meetings.

Outcome 4: What was the impact?

- Social Isolation is addressed within the Health and Wellbeing Strategy and delivery plan.

5.8 The work of the Safeguarding Adults Board was also informed by the Joint Board Business Plan with the Children’s Safeguarding Board and its priorities below.

Priority 1: To be assured that safeguarding services are effectively coordinated across children and adult services (‘Think Family’)

- Domestic Violence, domestic servitude and Female Genital Mutilation
- Priority Families
- Transitions
- Information sharing

5.8.1 In June the Board received a presentation on Modern Slavery. In October the Operational Management Group agreed that actions relating to Modern Slavery would be considered in the light of the referral received for a Safeguarding Adult Review (Adult C & Adult D), concerning whom a SAR was commissioned. It will report in 2016/17.

5.8.2 The Board established links with the lead Public Health consultant and the lead support organisation for FGM, with an understanding that any safeguarding issues would be brought to the Board.

5.8.3 In July the Operational Management Group received an update on the Prevent Strategy with further plans to report into the Safeguarding Children Board. An update was presented to the Board in September with an agreement to further consider where the Governance of the Prevent Agenda should sit – it was subsequently agreed that the lead would be with the Safeguarding Children Board.

5.8.4 The Care Act task and finish group oversaw work relating to the Information Sharing agreement and provided an update to the Operational Management Group that the agreement had been updated to include Police and Probation.

5.8.5 Domestic Violence was considered at the Operational Management Group in July, focussing on the Domestic Abuse Referral Team (DART), and the Adults Social Care Strategy. A report was provided to the Board in September that the DART was under review. An update was provided to the Business Management Group in October, reporting that Adult Social Care were completing a review of Domestic Violence and Safeguarding.

5.8.6 Governance for Domestic Abuse sits with the Crime and Drugs Partnership, who have provided the following report:

5.8.7 The Nottingham Crime & Drugs Partnership (CDP) is a multi-agency organisation responsible for tackling crime and substance misuse in Nottingham. It is made up of a number of statutory and non-statutory agencies including the Police, Nottingham City Council, the Fire and Rescue Service, the National Probation Service and the Community Rehabilitation Company, Public Health and the Clinical Commissioning Group, Nottingham Trent University and Nottingham City Homes.

5.8.8 The CDP has worked with Adult Social Care to support their review of domestic abuse. The CDP leads on the Multi Agency Risk Assessment Conferences (MARACs) that Adult Social Care provide representation for and Adult Social Care sit on the MARAC Steering Group which is supported by the CDP.

5.8.9 The CDP commissions Women's Aid Integrated Services to performance manage the MARAC and provide reports to the MARAC Steering Group. Adults Social Care are represented on the steering group to ensure that all the work undertaken by Adult Social Care related to the MARAC is completed.

5.8.10 The CDP commissions Equation to deliver workforce development training on Domestic and Sexual Violence and Abuse (DSVA) throughout the year. Adult Social Care colleagues are encouraged to attend the free quarterly Equation seminars and briefings on a range of subjects related to DSVA. This year briefings include the new legislation on Coercive Control and on the domestic abuse elements in the Care Act.

5.8.11 Equation commissioned by the CDP deliver training across the city to approximately 1,000 colleagues per year and ensures that issues related to vulnerable adults at risk of DSVA is included in this program.

5.8.12 The CDP has commissioned Women's Aid Integrated Services to deliver services to survivors of domestic abuse. The new contract this year includes a performance framework which will provide more information than before on a range of issues including those related to vulnerable adults.

5.8.13 The CDP leads on the DSVA strategy, which is aligned to the national Violence Against Women and Girls Strategy. The national strategy includes Modern Slavery and this has been identified as a key issue for the CDP to work on this year.

Domestic Homicide Reviews (DHRs)

5.8.14 The CDP is the NCC strategic lead for DHRs. When the CDP is notified of a potential DHR by the police, it is taken by the CDP policy officer responsible for DHRs to the Safeguarding Adults Review Subgroup, which includes many of the key agencies that would be involved in a DHR. That group makes a recommendation to the chair of the CPD as to whether the homicide meets the criteria (as set out in the national guidance) for a DHR.

5.8.15 The CDP DHR policy officer supports the Assurance and Learning Implementation Group (ALIG) which is currently chaired by the Safeguarding Lead for the CCG. This group takes the recommendations from Nottingham DHRs and ensures that partner agencies have signed off their recommendations and also progresses any joint recommendations.

5.8.16 The CDP DHR policy officer also works across the Safeguarding Boards to align learning from DHRs, from Serious Case Reviews, Safeguarding Adult Reviews and Drug Death Reviews (which are also undertaken by the CDP) with key partners.

Outcome 1 – What was the impact?

- Assurance was provided to the Board that lines of responsibility are clear for specific areas and that a substantial training programme is in place concerning DSVA

Priority 2: To be assured that our Learning and Improvement Framework secures a workforce fit for purpose and is raising service quality and safeguarding outcomes for children, young people and adults

- To be assured that the workforce across all partner agencies has adequate basic knowledge and that this has been effective in improving practice, responding to areas of improvement identified.

- Ensure learning is identified and disseminated from and between partner agencies, including how this will be embedded into practice.
- Measuring the impact on practice and outcomes for children, young people and adults, basic and improved knowledge, demonstrated through a mechanism with clear outcomes identified.
- Improvement of citizen awareness of their responsibility for the welfare of children and adults.

5.9 Training and Workforce Development

5.9.1 NCSAB and Nottinghamshire SAB colleagues have been developing the Safeguarding Adults Competency Framework and Learning Pathway. The Framework has been developed to support partner agencies to determine what safeguarding competencies their employees need in relation to the role they have.

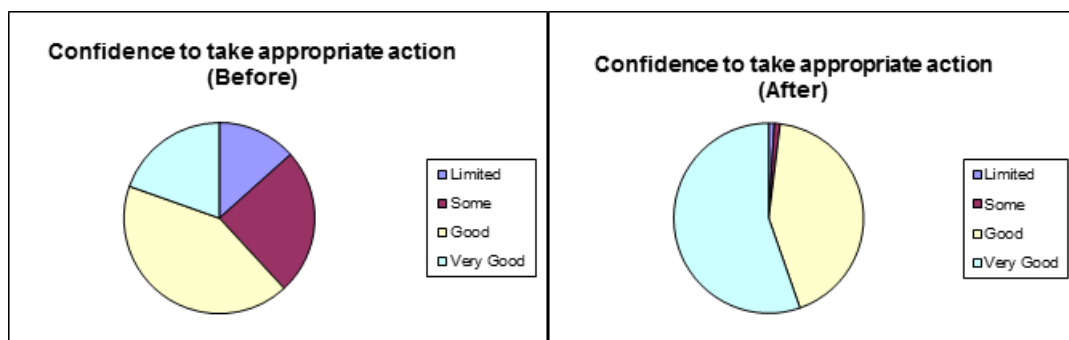
5.9.2 NCSAB delivered four 'Raising a Concern' Courses and three 'Referrer' courses in 2015-16, which were specifically aimed at the Private, Voluntary and Independent (PVI) sector. In total 107 people attended the 'Raising a Concern' course, and 47 people attended the 'Referrer' Course.

5.9.3 Training was delivered by a multi-agency Training Pool which includes representatives from partner agencies such as Adult Social Care, Nottinghamshire Police and the Board office.

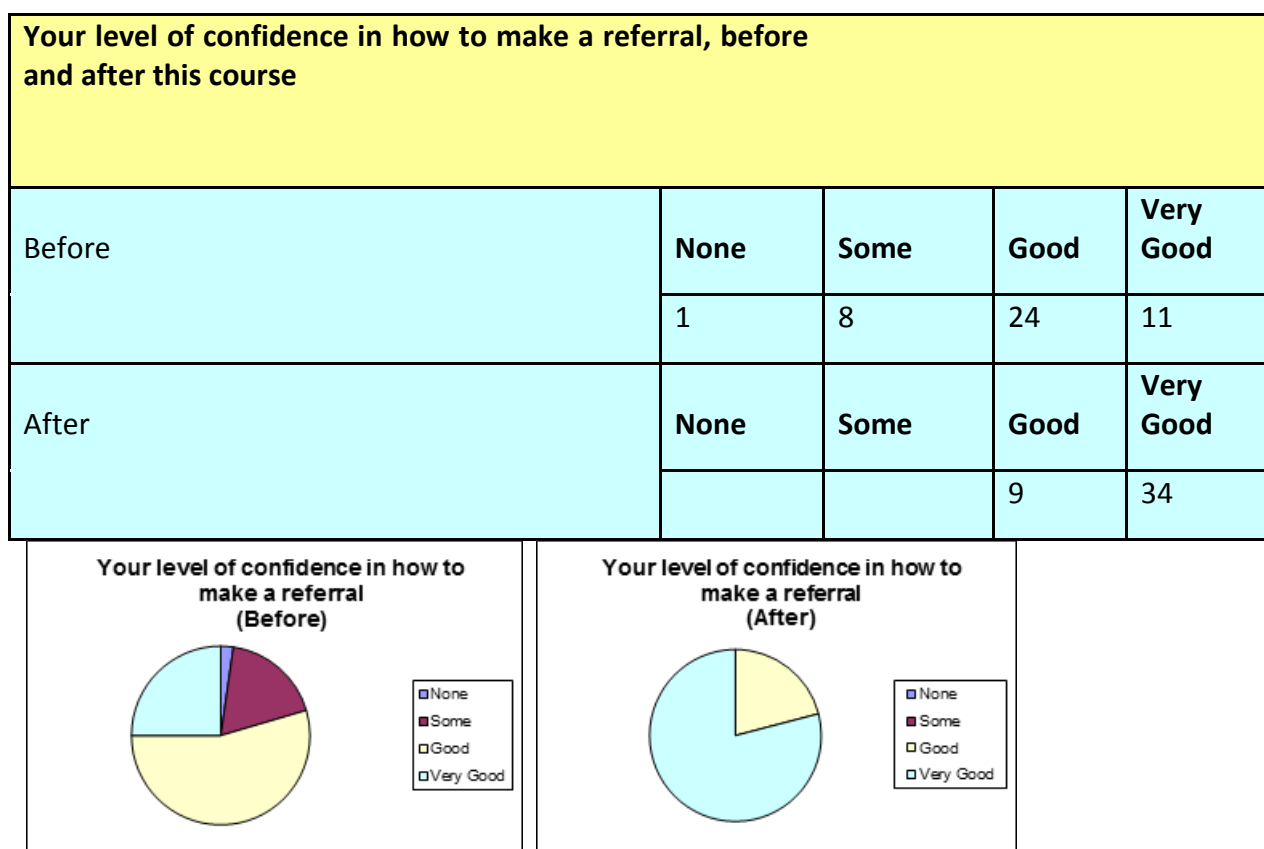
5.9.4 All courses were attended by a wide range of organisations, predominantly from the voluntary sector.

5.9.5 Evaluation forms from both the 'Raising a Concern' and 'Referrer' sessions demonstrate positive responses in terms of the course content and the difference it has made to learners. For example: Raising a Concern training feedback.

Your level of confidence in your ability to take appropriate action when you have a concern, before and after this course				
Before	Limited	Some	Good	Very Good
	13	24	41	19
After	Limited	Some	Good	Very Good
	1	1	44	57



Referrer training feedback



5.9.6 NCSAB hosted a seminar called 'The Whole Picture' which was aimed at frontline practitioners to better equip them to focus on the whole picture when meeting the needs of an adult requiring services, including managing challenging behaviour of carers who obstruct care. In the evaluation form, attendees were asked 'To what extent can you apply this learning in your role?' and 90% answered with either 'well' or 'very well'.

5.9.7 The 'Safeguarding Vulnerable Passengers' training programme was developed in summer 2015 to enable taxi drivers in Nottingham city to:

- Understand the need to protect vulnerable adults, young people and children.
- Identify possible victims of abuse and exploitation by understanding indicators of risk.
- Identify sources of advice and pathways for reporting concerns.
- Understand their roles and responsibilities in relation to personal safety and security.

The Licensing team deliver the training and approximately 1500 out of 1900 taxi drivers in Nottingham City have received the training and feedback from the training has been positive.

5.9.8 NCSAB commissioned the Ann Craft Trust (ACT) to deliver safeguarding training sessions in six privately run residential care homes. Over ten sessions were delivered in the care homes.

5.9.9 In June 2015 the Integrated Workforce Development Team ran an 'Every Colleague Matters' (ECM) event to support the wider children and adults workforce to respond effectively to the neglect of children, young people and vulnerable adults.

5.9.10 Whilst the majority of sessions were aimed at the children's workforce, two sessions also looked at issues facing adults at risk – these were entitled 'The neglect of children and adults - what have we learnt from Serious Case Reviews?' and 'Child & Adult Neglect - The basics'. 384 places were attended on the face-to-face sessions during the week-long event. 89% of respondents to the evaluation rated the session as excellent/good.

Other areas of work undertaken by the Board

5.10 Communications & Engagement

5.10.1 The Communications and Engagement Subgroup considered a number of matters in 2015/16. This included consideration of the protocol for cascade and dissemination of information across agencies.

5.10.2 A newsletter was produced in June 2015, circulated to partners and linked to the Board's webpages. It was estimated to have reached 2041 recipients. An autumn newsletter was sent out in October to 2272 recipients.

5.10.2 A report to the Operational Management Group considered the formulation of a revised Communication and Engagement Strategy, the protocol for cascade of information, an audit of existing engagement work, publication and circulation of the newsletter and the need to update the Adult Safeguarding leaflets.

5.10.3 Recognising the need to review the approaches being undertaken, it was agreed at the February Business Management Group that the subgroup would go on hold pending a review of the Communication and Engagement Strategy. This work continued into 2016/17.

6. Safeguarding Adults Reviews

6.1 The Chair of the SAR subgroup is Bella Dorman, Interim Head of Safeguarding NUH and Adult Safeguarding Lead, Nottingham City CCG (in 2015/16)

6.2 The following agencies are represented on the subgroup:

- Nottinghamshire Police
- Nottingham University Hospitals
- Children & Adults Legal Team NCC
- Nottinghamshire Probation Trust
- Nottingham CityCare Partnership

- Nottinghamshire Healthcare NHS Trust
- Nottingham City Council – Adult Social Care
- Nottingham City CCG

6.3 Aims of the Sub-group in line with the Terms of Reference

6.3.1 The SAR subgroup meets bi-monthly and meetings are two hours in duration. The aims and objectives of the group are:

- To ensure the multi-agency protocol for the commissioning and undertaking of a Safeguarding Adults Review is fit for purpose.
- The Safeguarding Adults Review Group will discharge serious case review functions on behalf of the Nottingham City Safeguarding Adults Board.
- Manage Safeguarding Adults Review processes and provide information and support to panel members and overview authors.
- Receive and consider reports on Safeguarding Adults Reviews and ensure that action plans from the findings and recommendations of case reviews and audits are implemented
- Create or contribute to revised and/ or new policies and procedures following the recommendations of a Safeguarding Adults Review from either Nottingham or from other Local Authorities.
- Consider the impact of local and national Safeguarding Adults Reviews and ensure robust media management protocols are in place.
- Explore the funding implications of Safeguarding Adults Reviews and report these findings to BMG and/ the Safeguarding Board.
- Share findings of Safeguarding Adults Reviews conducted in Nottingham as appropriate.

6.4 SCOPE OF WORK for this year

6.4.1 From 1st April 2015 the Care Act (2014) came into force which made Safeguarding Adults Boards a statutory requirement and part of that statutory requirement is to conduct Safeguarding Adults Reviews. The key priorities of the group are to assess SAR referrals appropriately, identify and disseminate learning from local and national reviews and to update the SAR policy and process.

6.4.2 During 2015-16 the SCR subgroup has had three referrals for consideration of a SAR.

6.4.3 The SAR policy and procedures have been rewritten to reflect changes in the Care Act 2014.

6.4.4 The SAR subgroup also acts as the decision making forum for Domestic Homicide review referrals. Additional members from the Crime and Drugs Partnership (CDP) attend when a referral is received but this process has demonstrated better multi-agency working and use of agency representatives' time. One referral was received and considered in 2015-16 and a Domestic Homicide review commissioned by the CDP.

6.5 Achievements

6.5.1 The SAR subgroup has had many achievements this year aligned to the agreed work plan.

6.5.2 An executive summary was published following an SCR in 2014-15.

6.5.3 The group has considered three SAR referrals and one domestic homicide review referral and agreed to proceed with Safeguarding Adults Reviews which are currently underway.

6.5.4 The SAR subgroup commissioned a learning event 'The Whole Picture' for front line practitioners following a Serious Case Review in 2013/14.

6.5.5 The SAR subgroup undertook an audit against recommendations from a review that was completed on a residential home in West Sussex where 19 residents died (Orchid View). A multi-agency group met to provide assurance that agencies in Nottingham could demonstrate compliance against the recommendations. The areas where we can show effective working are in information sharing with CQC and commissioners in order to quality assure provision and in information sharing with the public on how well homes are performing.

6.6 Barriers encountered

6.6.1 A review into a death in a care home, Autumn Grange, in 2012, was put on hold as there was a criminal investigation; this led to the conviction of the owner and manager for corporate manslaughter, with sentencing in February 2016; as a result one of the Directors received a custodial sentence. Once the criminal proceedings were complete and all information relating to the criminal investigation was able to be accessed, the full SAR process could proceed. The subgroup acknowledges a significant delay with this. Organisational learning from this review has already been implemented in individual organisations as Individual Management Reviews were completed by agencies in preparation of a SAR. This has helped provide assurance that any individual agency actions were completed prior to the conclusion of the criminal process.

6.6.2 The Safeguarding Adults Board was without a Board Officer until December 2015 which has impacted on the work of the subgroup.

6.7 In June 2015 a request was made by the Safeguarding Assurance Forum for an analysis of themes from Serious Case Reviews, Domestic Homicide Reviews and Safeguarding Adults Reviews.

6.7.1. Common themes across all three types of review included information sharing, complex families and people with multiple needs, record keeping, mapping patterns of abuse, training and awareness, working with people who don't engage with statutory services, quality of assessments including risk assessment and assessment of carers; adherence to procedures.

6.7.2 Recommendations from this work included that learning from reviews should be a standing agenda item, that there should be improved information sharing of learning across all three reviews.

6.7.3 Progress against these recommendations was hindered by lack of capacity in the board office, and these will be taken forward in 2016/17.

6.8 Summary of Safeguarding Adult Reviews

Adult B

6.8.1 The referral for Adult B was received during 2014/15

6.8.2 The Serious Case Review Overview Report was accepted at an Extraordinary meeting of the Board in August 2015 and a decision was taken to publish an executive summary after the Inquest had taken place. The Executive Summary was not yet published within 2015/16 and further details will be reported on in the 2016/17 Annual Report.

6.8.3 A Strategic Action Plan was drafted and agencies have provided assurance to the Board in relation to this.

Autumn Grange

6.8.4 The criminal investigation and proceedings into the owners and managers of Autumn Grange Care Home concluded in February 2016. Following this a decision was taken by the SAR subgroup to commission a new review to take into account the witness statements which had become available with a focus on learning and assurance. This review commenced in 2016/17 and so will be reported on in next year's Annual Report.

Adults C & D

6.8.5 Following a referral for Adults C and D, cross authority agreement with Nottinghamshire County Safeguarding Adult Board was reached in June 2015 to initiate a review, which the Nottingham City SAB would lead.

6.8.6 At the Operational Management Group in October 2015 it was agreed to defer the completion of the review until March 2016, after the criminal proceedings had concluded. However, in February additional Individual Management Reviews were requested from agencies and the review had not been completed within 2015/16. The outcome and learning from this review will be included in next year's annual Report.

7 Deprivation of Liberty Safeguards

7.1 The Mental Capacity Act 2005 provides a statutory framework for acting and making decisions on behalf of individuals who lack the mental capacity to do so for themselves. It introduced a number of laws to protect these individuals and ensure that they are given every chance to make decisions for themselves. The Government added new provisions to the Act: the Deprivation of Liberty Safeguards in 2008, which related only to those adults residing in care homes and hospitals who, in their own best interest, need to be accommodated under care and treatment arrangements that may have the effect of depriving them of their liberty - as defined in the 'Cheshire West' Supreme Court ruling - but

who lack the capacity to consent to these arrangements. Local Authorities now have a statutory obligation to assess all those people who fall within the remit of the safeguards to ensure that the arrangements made for them really are in their best interest and to take remedial steps if found otherwise. The people responsible for undertaking this work are specially trained social workers called 'Best Interest Assessors'.

7.2 The DOLS subgroup had been in place for a number of years, and from 2013 had focussed on providing assurance to the board that the Mental Capacity Act was being implemented in line with best practice across the partnership through an Annual Report to the Board.

7.3 In June 2015 the subgroup reported to the Board that they had received regular DOLS data and were assured action had been taken to address identified issues. Capacity and resource impacted on the ability of the subgroup to complete further meaningful work in relation to MCA. The subgroup were assured by Nottingham City Council Adult Assessment that Mental Capacity Act (MCA) policies and procedures were kept up to date and colleagues were working to best practice.

7.4 It was agreed by the Board in June 2015 that the DOLS subgroup would no longer continue, and assurance regarding MCA would be provided through the Self-Assessment and Assurance Framework (SAAF), and through Adult Social Care reports to the Board.

7.5 One of the consequences of the 2014 Supreme Court 'Cheshire West' judgement was to define Deprivation of Liberty as being 'under continuous supervision and control and not being free to leave'. This effectively increased the number of people who lacked the capacity to consent to their accommodation, care and treatment arrangements being included within the remit of the safeguards by tenfold overnight and consequently Nottingham City, like all local authorities, experienced a huge increase in the number of referrals being made to their DOLS team, at that point consisting of two social workers. Since this ruling the Adult Social Care department has increased the size of the team to keep abreast of ever-growing demand so that it now consists of one Full Time manager, one Full Time Equivalent senior practitioner, seven Full Time Best Interest Assessors (along with 28 social workers who undertake Best Interest assessments on a rota basis) and three Full Time administrative staff.

7.6 Additionally, the department has adopted the Association of Directors of Adult Social Services (ADASS) triaging tool which effectively prioritises which referrals to assess and which to delay or leave all together, according to a RAG rating, as a pragmatic solution to dealing with the unprecedented demand. Adding to the work of the team are two significant laws, the first being that if the 'Relevant Person' (the person whose current accommodation and care arrangements have been 'authorised' as being in their best interest by a BIA) or any family member or 'representative' objects to the current accommodation and care arrangements they have automatic entitlement to have their case heard in the Court of Protection, which invariably involves the Local Authority as an 'interested party'. The second is that 'authorisations' can only last a maximum of twelve months before needing to be 'renewed' and the 'relevant person' assessed again by a BIA, which essentially means the DOLS team have two cohorts of citizens to manage: those they have never seen and those they must see again.

7.7 Recognising the need for change the government first asked the Law Commission to make recommendations about altering the current rules in 2014. Following sharp governmental criticism of their first draft the Commission are due to publish their second proposal in March 2017, though no one expects that even if accepted wholesale, the government will be able to timetable any legislative amendments until 2018/9 at the earliest so the situation as it stands will continue.

7.8 The table below illustrates the level of demand. In 2016/17 the Board will seek assurance regarding the volume of assessed referrals and the processes in place for prioritising them and leaving other referrals unassessed.

No. of DoLs Referrals			
Apr - June	Jul - Sept	Oct - Dec	Jan - Mar
269	226	244	264
Number of assessments completed by DoLs Team			
Apr - June	Jul - Sept	Oct - Dec	Jan - Mar
115	171	203	446
No. of unassessed DoLs Referrals			
Apr - June	Jul - Sept	Oct - Dec	Jan - Mar
479	570	624	755

8 Board Members Individual Agency Performance, key developments and challenges 2015/16

8.01 The following sections have all been written by representatives from partner agencies themselves, outlining the variety of Adult Safeguarding work completed in 2015/16 across Nottingham City.

8.1 NHS Nottingham City Clinical Commissioning Group

What the NHS Nottingham City Clinical Commissioning Group planned to do 2015 -2016

8.1.1 In 2015-2016 Nottingham City Clinical Commissioning Group devised a work-plan in relation to adult safeguarding. The CCG work plan included some of the following actions that aligned themselves to the NCSAB four strategic objectives.

8.1.2 Training

- Ensure that the use of the Mental Capacity Act 2005 is promoted within the City GP practices and care homes
- Ensure all CCG staff receive adult safeguarding training
GP & Care Homes MCA/DoLS training was evaluated and disseminated to practitioners
- Training to be commissioned for Nottingham City Continuing Care Team to help them identify potential cases in the community that may require a Deprivation of Liberty authorisation from the Court of Protection (CoP).

8.1.3 Deprivation of Liberty Safeguards

- Community DoLS cases identified and progressed to the Court of Protection
- Deprivation of Liberty Court of Protection Officer role to be devised and then recruited in order to support the CoP applications.

8.1.4 Care Act 2015

- To ensure that the CCG is compliant with its statutory duties under the Care Act 2014 in relation to safeguarding adults.
- To ensure that the CCG and commissioned services comply with the statutory duties of Duty of Candour in relation to safeguarding.
- Ensure the CCG Safeguarding Adults Policy has been reviewed and is Care Act compliant.

8.1.5 Multi-agency work

- Ensure robust representation at local safeguarding boards and relevant subgroups.

- Ensure CCG representation at Safeguarding investigations involving NHS funded care home residents or residents in receipt of healthcare services from a city GP practice.
- To work in partnership with NCC to develop and implement an Early Intervention Team to work in City Care Homes offering guidance and support to drive up standards and improve the wellbeing for residents.

8.1.6 Assurance

- To provide assurance to the local adult safeguarding board.
- Develop and send mini SAAF/GP Checklist to gain assurance and identify areas for improvement and development.

What we did

8.1.7 Training

- The initial training programme was developed during 2014/15 and its primary objective was to support and help embed the Mental Capacity Act & Deprivation of Liberty Safeguards into primary care and private care home providers. This first tranche of training was concluded in July 2015.
- An evaluation was carried out which identified that 215 delegates in total had been trained on this programme and out of which 112 were contacted 4 weeks after the session. This was used to assess if the training had increased their level of confidence and understanding of MCA/DOLS and whether they had been able to apply this knowledge directly to their practice. It also evidenced how this learning had directly impacted on patient care. The results showed that all the delegates contacted either agreed or strongly agreed that the session had significantly increased their level of confidence and understanding of MCA/DOLS. They were also able to give examples of the way in which the training had affected their practice in a positive way
- All CCG colleagues have been trained and are up to date with their Safeguarding Adults training.
- The CCG representatives have attended both local and national events in relation to Safeguarding Adults and shared the learning within their organisation.

8.1.8 DOLS

- The CCG has scoped the number of citizens living in their own homes who may require application to the Court of Protection (CoP) for a Deprivation of Liberty authorisation. This work continues and applications are starting to be made to the courts.
- Work continues to appoint a Court of Protection Officer based in the Continuing Care team and should a suitable candidate be identified they should be in post mid-2016. This role will be to support case managers with the identification of patients that

require a CoP authorisation and they will then collate the relevant data required by the court.

- Thereby ensuring that patients that are funded by the NHS to receive a care package within their own homes (or supported living) are afforded them same level of external scrutiny as those patients that are cared for in regulated provider settings such as care homes. The CCG will be meeting their responsibilities under the Act and protecting vulnerable adults within the community as they will be commissioning care that is the least restrictive and in the patient's best interest.

8.1.9 Care Act 2014

- The CCG has been well represented on the multi-agency groups in relation to the implementation of the Care Act. The CCG internal adult safeguarding policy has been updated to reflect the changes and training content reviewed appropriately.
- The CCG Safeguarding Adults Policy has been revised to ensure it is Care Act Compliant.

8.1.10 Multi-agency work

- The CCG continues to be well represented at the Local Safeguarding Boards and subgroups and members of the CCG Adult Safeguarding team chair one of the associated subgroups.
- The CCG is a key stakeholder at the Quality Information sharing forum (QUIF) and participates in relevant provider investigations supporting partner agencies with investigations and where necessary deploying services to support and mitigate risks within the care homes that ourselves and the local authority commission.
- The CCG continues to be a key stakeholder in Safeguarding Adult Reviews and Domestic Homicide Reviews that occur within the city or relate to a city resident outside of our area.
- The CCG has worked in partnership to develop and support the implementation of the Early Intervention Practitioners. This is a joint venture to help support care homes in the city and inevitably drive up the standards of care and wellbeing for residents.

8.1.11 Assurance

- The CCG provides assurance to the local safeguarding board in the form of the completion of the safeguarding adults' self-assessment and assurance framework. This was submitted at the end of May 2015.
- Internally the CCG has a regular safeguarding forum and safeguarding health overview group. These groups report to the CCG Quality Improvement Committee and we have robust governance arrangements within the CCG to offer scrutiny and challenge.
- The CCG have also commissioned an external report to audit the safeguarding adult practices within the CCG and the primary findings are very positive. The final document is expected in the summer of 2016.

What has been the impact of that work?

8.1.12 Training

- A care home manager reported that following the training they updated their internal forms for MCA 2 Stage test and best interest decisions. She now carries out monthly reviews of all residents and this practice was praised at a recent CQC inspection. Many recipients of the training reported that they had used their new knowledge to inform others back at their workplace.

8.1.13 DoLS

- People in the community who may require an application to the Court of Protection have been identified and case managers are now ensuring that they identify these people and refer them to the CCG to progress them into court.

8.1.14 Multi Agency

- The newest feature this year in relation to multi agency working has been the introduction of the Early Intervention Practitioners. This is a joint venture between NCC and Nottingham City CCG. As part of a pilot a nurse and social worker from social care have been implementing a project whereby they support care homes that have been identified as requiring additional support so they can maintain the service standards and prevent any adverse effect on the health and wellbeing of residents.

8.1.15 Assurance

- Due to the realignment within the CCG processes involving co commissioning are still evolving on how we gain assurance from primary care.

8.1.16 What the agency needs to do in the future

- Promoting the Think family approach to safeguarding.
- Continue to embed the DoLS processes within continuing care
- Review the findings of the external audit on Adult Safeguarding and implement any identified recommendations.

8.2 Nottinghamshire Police

8.2.1 In line with the Care Act 2014, Nottinghamshire Police has developed local process and procedures in order to support the statutory obligations now placed upon Nottingham City and Nottinghamshire's Adult Safeguarding Boards.

8.2.2 Adult abuse can take many forms including physical, emotional and psychological, domestic violence, sexual abuse and neglect. However an ageing population and the globalisation that comes with modern society has also witnessed the emergence of other

areas of adult maltreatment that provides both a new, yet no less disturbing challenge to address. This includes areas surrounding mistreatment within residential or health care settings and the component parts that make up modern day slavery such as human trafficking, forced labour and domestic servitude.

8.2.3 To provide an effective and specialist response to these areas of business, those aspects surrounding adult safeguarding have in the main been adopted under the umbrella of Public Protection. Whilst Safeguarding is personal and everybody's business within Nottinghamshire Police, placing these aspects within a single police unit serves to provide a corporate and specialist response by officers with the effective knowledge required to provide the dual functions of safeguarding and effective investigations.

8.2.4 What we did

- Substantially increased the level of staffing within the Public Protection Unit to tackle the complex aspects of adult abuse including high risk domestic violence and all sexual offences.
- Produced a comprehensive Safeguarding Adults at Risk Procedure consistent with the Nottingham and Nottinghamshire Multi-Agency Safeguarding Procedures and Guidance.
- Assisted with the development and implementation of both local and regional procedures to provide an effective response to Human Trafficking and Modern Day Slavery.
- Published new procedures via weekly orders and ensured accessibility to all officers and staff via the police intranet and our corporate library.
- Provided training and presentations to the Adult Safeguarding Board, Sub Committees and Partner Agencies surrounding Modern Day Slavery including the statutory obligations now placed upon public authorities under the 2015 Modern Slavery Act.
- Developed a 'Triage and Safeguarding' team to support the existing investigative units and promote the requirement to apply the correct disposal outcomes to the benefit of the victim. It followed the realisation that in many cases pursuance of a criminal investigation in the form of a charge would not be the desired or required outcome for the victim.
- Increased investigative resilience of the Triage and Safeguarding Team who now undertake those enquiries previously completed by the Adults at Risk team. This includes all specific allegations made against carers.
- Maintained a victim-focused approach to sexual offence investigations. Increasing staffing numbers to deal with sexual offence investigations in their entirety, avoiding unnecessary handovers and investigative delay. Consequently Crown Prosecution figures reveal that Nottinghamshire Police has one of the highest national conviction rates for Rape.
- Worked collaboratively with the East Midlands Regional Training team and arranged for bespoke training to be provided to Public Protection officers for January 2016. Course aims included an overview of subjects, relating to Adults at Risk (including the Care Act 2014), Causes of Vulnerability, Mental Capacity, Section 44 of the Mental Capacity Act 2005 and Achieving Best Evidence.

- Delivered enhanced training via the National Lead (Laura Richards) to Public Protection Officers regarding Domestic Abuse Risk to ensure effective assessments can take place. This also incorporated the new legislation contained within the Serious Crime Act December 2015 in respect of coercion and controlling behaviour.
- In January 2016, Nottinghamshire Police became the first force within the UK to bring charges utilising Coercion and Control legislation under the 2015 Act. It has now become one of only a handful of forces UK wide to achieve White Ribbon Accreditation.
- Provide the primary chair function for the MARAC (Multi Agency Risk Assessment Conference) process to assess (with partner agencies) the risks faced by survivors of domestic violence and safeguarding interventions available from all statutory and non-statutory agencies to keep vulnerable survivors safe.
- Promoted the importance of utilising the witness intermediary services and requesting this at an early stage during the commencement of the investigation involving vulnerable adults.
- Conducted further customer satisfaction surveys with the public and victims of crime across five main crime groups (burglary, racist incidents, violent and vehicle crime and anti-social behaviour). Within each crime area demographic details are obtained and will represent a proportion of vulnerable victims.
- Communicated internally within the force and through key multi-agency sub-groups, significant changes to the legislation in respect of protecting adults at risk, including, Sections 20-25 and Schedule 4 of the Criminal Justice and Courts Act (this created new criminal offences regarding ill treatment or the wilful neglect by care workers or care provider organisations of any adult).
- In May 2016 Nottinghamshire Police reported an individual for summons for the first time using the above legislation covering The Criminal Justice and Courts Act 2015.
- Delivered refresher class-room based training to all officers and investigating staff across the force surrounding the Victim Code of Practice (VCOP) and continually driving compliance across the force. (VCOP assesses victims and their needs for support, prioritising those most vulnerable, intimidated or subject to domestic violence or serious crime).
- Progressed the work around repeat victimisation and particularly within the Safer Neighbourhood teams where there is a constant expectation to identify repeat victims and put relevant safeguarding measures in place to prevent further victimisation and to consider any safeguarding considerations/referrals with regard to all persons encountered.
- Ensured continued engagement with the NSAB/NCSAB through attendance at and participation at board meetings, sub-groups of the board and Serious Adult Reviews or other reviewing process.
- The force is leading on implementation of a partnership prevention programme designed to tackle the root causes of the demand on services surrounding mental health. There are a number of on-going projects and pilots. One of these projects is the mental health street triage team which deals with mental health issues.
- Conducted a review with the CDP surrounding the existing Complex Persons Panels (CPP) to determine efficacy regarding vulnerable adults.

8.2.5 What has been the impact?

- In 2015/16 the Mental Health Triage Car (MHTC) entered year 2 of its 2 year pilot. The MHTC is a resource staffed in partnership between Nottinghamshire Police and Nottinghamshire Healthcare-Trust. The MHTC's work every day of the year between 4pm and 1am. One car is located at Riverside and one car is located at Mansfield Police Station. The car has resourced 2790 incidents where concerns were raised for the mental health of vulnerable adults or children (1430 of these were City). 954 (505 City) initial mental health assessments were completed during these incidents resulting in 783 (400 city) referrals into mental health services or other health/support agencies. Only 61 (39 City) were detained at the incident under the Mental Health Act section 136.
- In 2015/16 we refreshed mental health related protocols. No adults suffering mental health under S136 Mental Health Act are now detained in custody unless they are unmanageably violent. The use of Police Custody has reduced from 321 in 2013/14 to 20 (no data for March 2016 yet) in 2015/16. Also in January 2016 mental health nurses are now embedded within the control room between 9am and 4pm Mon-Fri to assist the police response to mental health. The control room nurses are able to share relevant information to determine the police response and also update mental health services of any incidents involving their service users. They can also refer people into services. Outside of core street triage and control-room triage hours, officers are able to contact the mental health trust for information in response to incidents involving mental health concern.
- Veterans are now screened in custody and referred to Liaison and Diversion services for support.
- All front line police officers in response, neighbourhoods, custody and staff in the control room have been retrained on Mental Health Act and Mental Capacity Act. In addition, we have increased the funding in this area from underspend in the other areas to include training for some ambulance staff and mental health nurses. We have also had some autism inputs, suicide prevention and veteran specific training. We are also currently rolling our Prevent (extremism) training to mental health nurses on the triage cars, in custody and at 136 suites as it is nationally recognised that there are clear links between radicalisation and mental health. The force has recently also enrolled in MIND's Blue Light service for emergency personnel.
- Sixty frontline and detective officers are currently receiving personality disorder awareness training including public protection, force negotiators, neighbourhoods and response. There are plans to offer further training sessions for 2016/17. A Dementia Friends awareness session is also in the process of being delivered to street triage officers, neighbourhoods and response officers.
- Officers are updated and are familiar with the new and relevant legislation and the framework within which to operate (refer to case studies).
- A HMIC vulnerability report provided positive commentary surrounding the force input surrounding its interaction with vulnerable adults. Whilst no room for complacency, the report acknowledged that protecting vulnerable people is a high priority for Nottinghamshire Police which is reinforced by senior leaders and the Crime Commissioner.
- The Assistant Chief Constable (Local Policing) is the portfolio holder for Public Protection at an executive level within the organisation. The Superintendent, Head of Public Protection is the named representative on both the City and County

Safeguarding Adult Boards. Leadership is demonstrated across the partnerships sub-working groups and there are systems in place to develop leadership in safeguarding across the service.

- The development of good processes to identify repeat and vulnerable victims.
- The review of the Complex People's Panel in the City has introduced a number of effective working practices. This includes the following.
- Good multi-agency representation across organisations within the City in terms of participation and attendance at the Task & Finish group.
- Securing a negotiated consensus across agencies that the CPP is an important multi-agency meeting and should continue.
- Agreement that the reviewing agency should be the lead agency for cases brought to the CPP.
- Production of an Information Sharing Agreement signed up to by all partners and held by the Crime and Drugs Partnership.
- Updated CPP referral flow-chart including revised definitions of a Complex Person and also clarifying the issues regarding consent.
- Improved quality assurance mechanisms with agencies having to formally send updates on actions to Victim Support and for these to be formally reviewed at future meetings.
- Introduction of a Complex Person's Advisory Group to replace the Task and Finish group.
- Agreement across the partnership to introduce ECINS (electronic database) as a way of securely facilitating the information transfer between agencies and a repository for actions and updates from the various meetings.
- Improved accountability – defined reporting structures into the Crime & Drugs Partnership.
- Ensuring correct chairing of the Complex People's Panels by Adult Social Care with a chair that holds the appropriate skill/ knowledge set.
- Improved understanding around pathways and ensuring that cases are heard in the correct forum (where cases reach the eligibility criterion for safeguarding adults/children that they are dealt with in that arena).
- Officers are developing a good understanding of vulnerability and the need to provide enhanced levels of service to protect the most vulnerable. (HMIC Peel Inspection 2015).
- Independent domestic violence advocates work closely with officers and staff and formally feedback the views of victims. The domestic abuse survey and work to find out the views of victims are very positive, and are informing how we shape our service provision to victims (HMIC Peel Inspection 2015).
- The majority of areas surrounding adult vulnerability are a central focus of the force control strategies. Nottinghamshire Police has a 5 year Policing Plan (2013-2018) which includes objectives directly linked to safeguarding adults.
- Introduced NICHE (integrating data sharing tool) as part of a 5 force collaboration which now enables a real time sharing of information and intelligence often around those most vulnerable.

- Developed internal policies for staff. All officers and staff working within Public Protection are required to undertake at least one mandatory counselling session per annum. Support is available to all officers through CIC and the OHU.
- The force has robust vetting procedures in place. Protocols and Guidance are available for the safe recruitment of non-police staff, including those on attachments.

8.2.6 Case Studies: The positive impact within Police Investigations.

Corporate Manslaughter in a care home – Operation Hoatzin.

In December 2015 the first ever UK conviction for Corporate Manslaughter in a Care Home setting was secured following a 3 year investigation by a Nottinghamshire team of detectives.

This case also saw the first ever individual convicted of Gross Negligence Manslaughter on the same indictment as a Corporate Manslaughter.

Resident A was 86 years old when she arrived at the Autumn Grange Care Home, Sherwood Rise Nottingham. Some 42 days later she had lost half of her body weight, was terribly emaciated and dehydrated and had developed a Grade 4 pressure sore on her sacrum. Her condition was attributed to the mistreatment/neglect she had received in the home, and she died shortly after as a direct result.

Close working across the adult safeguarding partnership, together with the bravery of many residents, their families and junior carers in the home and some pioneering expert evidence all came together to secure these landmark convictions and deliver a really powerful message throughout the care home community.

Criminal Justice and Court Act 2015 – ill-treatment and wilful neglect.

The circumstances that surround this case involved a carer being witnessed by others shouting at an elderly disabled male before forcibly man-handling him into his wheelchair, apparently tying him to it. These incidents were witnessed by off-duty police officers. Investigations commenced.

Whilst the victim in this case has now sadly passed away, prosecutions continue. While no indication of any injuries caused to him by the alleged incidents of neglect and ill-treatment could be ascertained, or his subsequent death linked in any way whatsoever to his ill-treatment, prosecutions commenced under the new legislation.

The case highlights a first in Nottinghamshire where the police have been able to secure agreement with the CPS to prosecute using legislation without the necessity of having to prove that an individual lacked capacity which can now reflect the totality of the circumstances and abuse of trust in the situation which was faced.

Stalking & Domestic Abuse

A serial perpetrator who repeatedly threatened his ex-girlfriend with threatening text messages and phone-calls is now successfully behind bars and serving a custodial sentence.

In this case, the suspect targeted a number of vulnerable victims and subjected them to physical as well as psychological torture. The victims in this case were referred to the MARAC process and it was a result of their continued efforts that the victim agreed to support the police in making a complaint.

Coercive and Controlling Behaviour Offence – Section 76 of the Serious Crime Act 2015.

In January 2016, Nottinghamshire Police charged an individual with engaging in controlling or coercive behaviour on his partner. Whilst not always physically assaulting her, she was nevertheless subjected to continued verbal abuse and degrading treatment. This included being forced to sit in her underwear during the winter months with windows open and the heating turned off in the home. The charge is thought to be the first in the country since the offence of coercion and control became active on 29 December 2015.

The offence carries a maximum sentence of five years' imprisonment.

Modern Slavery.

The team working on the first case to be tried in the East Midlands under new Modern Slavery Act legislation have recently been praised after the third and final member of a trafficking gang was jailed.

The third suspect had previously admitted being one of three people to force a Hungarian woman into prostitution while she was kept against her will at properties in Nottingham in August and September last year (2015).

The combined sentence of all three defendants amounted to over 16 years.

This despicable crime involved two women who had been sold for sham marriages in London and trafficked into the UK on the false promise of legitimate work within hotels. Once in the UK, the women, who did not speak English, were then 'sold' to buyers and made to work as prostitutes. The victim in Nottingham was forced to have sex with men and had her identity documents taken from her so she could not flee. She was also offered for marriage to various men. The bravery of the victims in this case, combined with the tenacity and professionalism of the officers that investigated this case was instrumental in securing convictions and justice for all.

8.3 Nottingham City Council Adult Social Care

8.3.1 The Adult Social Care Directorate is responsible for assessing and commissioning services to some of the City's most vulnerable adults. The Council must make sure that the services provided are consistently safe and of high quality and that customers, carers and residents can rely upon this

8.3.2 What we did - Care Act Training #1

In April 2015 the Care Act placed a statutory requirement upon Local Authorities in relation to Adult Safeguarding. With new terminology and new categories of abuse, we reviewed our entire Adult Safeguarding programme to ensure compliance. We delivered Adult Safeguarding Care Act briefings to 157 of our Adult Social Care staff in order to prepare them for their new responsibilities and changes in recording practice.

8.3.3 What has been the impact?

Our procedures were reviewed and appropriate changes made to our Electronic Social Care records to ensure that we could monitor and report upon our new reporting requirements for the Department of Health

8.3.4 What we did - Care Act Training #2

The Care Act also added 3 new categories of abuse not previously included in procedures. The Director of Adult Social Care, in her role as Chair of the East Midlands Adult Safeguarding Network ensured that these areas were a priority in the regional 15 – 16 business plan. Several awareness and training sessions were held to cover Domestic Abuse, Self Neglect and Modern Slavery.

8.3.5 What has been the impact?

The events were attended by Safeguarding and Adult Health and Social Care staff from across the East Midlands region. Experts were invited to speak and good practice shared.

8.3.6 What we did - Making Safeguarding Personal

The Department of Health places a requirement under the Care Act for MSP to be at the centre of any Safeguarding contact. We embedded this message in our Care Act Training and ensured that evidence of MSP was recorded in our records.

8.3.7 What has been the impact?

82% of our Safeguarding Interventions meet (69.3%) or partially meet (12.6%) the expressed outcomes of the citizen or their advocate. This is strong evidence of consultation and involvement with citizens subject to abuse and or neglect. We also ensure citizens views are represented when they need help to express their views, and involve both informal and formal advocacy in 12% of all our Safeguarding Enquiries

8.3.8 What we did - Adults in need of Safeguarding are safe

The Adult Social Care Directorate has a supervision policy and all practitioners involved in work with vulnerable adults are supervised regularly to ensure their practice is safe. We continue to undertake monthly audits of Safeguarding Enquiries and Interventions across

our Directorate, the findings of which feed into development of training and procedural revision and in tackling poor practice should this be identified as a result of the audit process.

8.3.9 What has been the impact?

Our audits are analysed for themes on a six monthly basis so we can shape our Safeguarding Learning & Development programme to respond to identified areas where poor practice has been highlighted. We monitor the audits for evidence of improvement to measure the impact of the revised training programme.

8.3.10 What we did - Services are effectively coordinated

Adult Social Care works in strong partnership with other agencies involved in Safeguarding in the city. The Quality Information Sharing meeting (QUIF) provides strong evidence of this. The function of the monthly meeting is for representation from agencies across Nottingham involved in the regulation, monitoring and Safeguarding contracts of care providers to share information in relation to the status of providers in the city and coordinate what action is required as a partnership.

8.3.11 What has been the impact?

Recently the QUIF was reviewed and our Early Intervention Officers became the incoming chairs – this was a concerted shift in focussing on early indicators of care providers showing signs of failing and to proactively intervene to work with providers to prevent further deterioration which has a greater impact upon citizens and calls for more resources.

8.3.12 Learning and Improvement

What we did; We devised a foundation training course in Safeguarding for all new starters in Adult Social Care as part of our Core Competence training and also maintained high levels of training for care staff in Adult Provision. As well as an annual training programme in relation to Safeguarding, we run a flexible workshop programme in response to requests from our practitioners. This year this has included Legal briefings, Tissue Viability, Practitioners forums., MAPPA and Medicines Management

The protected space for reflective practice is important to us and we continue to hold a bi-monthly Safeguarding Manager Forum facilitated by the Head of Safeguarding, and a Practitioner forum facilitated by the Safeguarding Training and Development manager to allow managers and practitioners to meet and reflect upon their practice and learn from one another's experiences

8.3.13 What has been the impact?

Over 60 practitioners including Social Workers, Community Care Officers and Occupational Therapists have attended the core competency training. The feedback has evidenced that practitioners feel more confident when dealing with safeguarding issues and have embraced the new protocol. The new competency programme has introduced a record keeping and an intervention course both of which have been well attended and have evaluated extremely well

8.3.14 Safeguarding Activity

What we did; The Care Act required Local Authorities to undertake Safeguarding enquiries in order to determine if the citizen allegedly being abused or neglected required ongoing protection from risk. In order to evidence how many citizens required ongoing protection as a result of an 'Enquiry', we introduced internal procedures requiring our practitioners to undertake wherever possible, an Enquiry within 5 working days, in order to determine if a 'Safeguarding Intervention' was required.

8.3.15 What has been the impact?

From April 2015 to April 2016 over 2300 Safeguarding Enquiries were undertaken as a result of a referral to Adult Social Care. Only 20% of these required a Safeguarding intervention. Our next step is to analyse this activity to determine if there are situations where referrals have been made inappropriately and could have been resolved by the referring agency.

8.3.16 Success of Strategies

What we did

In 2015 Adult Social Care acquired funding for a one year pilot project which was established in November 2015. Two Early Intervention Practitioners (EIPs) were appointed in November 2015. The aim of the service is to identify Care homes that are beginning to evidence a decline in performance. The EIPs support homes by identifying and agreeing what areas for improvements exist with a care setting, identifying strategies and skills needed to make improvements in the service, and setting out a plan to achieve those improvements

8.3.17 What has been the impact?

There has been strong evidence of the success of the pilot in its first 6 months. The EIPs have worked with several care homes and improved standards and care delivery. They have also played a pivotal role in the closure of a large care home in the city, ensuring residents' transfers were person centred and effectively coordinated. At such an anxious time for relatives, we received positive feedback from both relatives and partner agencies impressed with the level of organisation and good practice.

Case Study - Partnership working

A Provider Investigation Procedure (PIP) was initiated for a nursing home in the City where there were widespread concerns regarding neglect and acts of omission. Agencies met on a monthly basis to work with the provider to address the reported concerns within an action plan. Formal contractual action was taken against the provider however the agency engaged positively and completed the actions to the standards required. The agencies monitored and inspected the home to ensure sustained improvement was evident and reported that engagement and communication with the provider had improved which had a positive impact on resident care. In addition, a questionnaire was sent out to relatives of residents seeking feedback on their view of the care delivery. I spoke with a relative who

reported that on her weekly visits to the home she had seen the improvements at the home over the months since the Local Authority had taken action, including more robust management, staff cover and better quality of care delivered.

Case Study – Making Safeguarding Personal

The citizen moved to the UK from abroad she was living alone in another city but her care needs increased so she moved to Nottingham to live with her relatives in their home. The plan being they would provide care and she would contribute to the household bills.

When she moved to Nottingham she transferred a significant amount of her savings to her relative's bank account for them to look after. Within a few months of moving to Nottingham, the Citizen's relative had taken control of her finances and had possession of her bank card. Further financial abuse developed.

The citizen did not feel able to regain control of her finances because she was intimidated by the relatives. They had stopped speaking to her and she had no one else to ask for support. She did not have any other friends or family in Nottingham.

Alleged theft is a potential crime and I consulted the citizen about reporting this to the police, which she agreed. However, she refused to pursue a prosecution because she said she still cared about her relatives. When challenged, the relatives accepted responsibility but informed me they had spent most of the money.

My intervention was focussed upon consulting the citizen about what she wanted to do to stop the financial abuse and feel safe from future harm.

I worked with the Citizen to meet her wishes. The result was that some of the money was returned to her and I put measures in place to protect her against future theft. We found a new place for her to live in supported housing with ample support. Crucially, the citizen shared with me she was glad to find resolution without having to pursue a criminal prosecution. She cared too much about her relatives to seek a criminal prosecution. She wanted to move on and forgive. I passed an apology from the relative to the citizen which she appreciated.

Eight months after the conclusion of the intervention, I spoke with the citizen's support worker. The support worker stated that the citizen is now very happy and was glad to have had the support from the Safeguarding team with moving on from the situation.

Social Worker

City Safeguarding Team

8.4 National Probation Service - Nottinghamshire

8.4.1 As part of the National Probation Service we are committed to ensuring and promoting that safeguarding is everyone's responsibility. This is achieved through safeguarding checks completed prior to a person's sentence, monitoring during the period

of someone's sentence, multi-agency public protection meetings and also prior to release where we are checking a proposed release address. The National Probation Service has also provided training to staff both e-learning and face to face, and promote the local authority safeguarding training.

8.4.2 In terms of responding to adult abuse and neglect all staff are aware of the need to be observant of possible vulnerable individuals attending the office with cases we manage and/or offender managers are aware to complete relevant checks of individuals where a case appears to be having regular contact.

8.4.3 The National Probation Service does not routinely collate information which illustrates our agency's safeguarding work. However if information is received that a case we manage is associating with a vulnerable adult then this information is kept separate from the cases file.

8.4.4 A national suite of partnership reports is currently being developed. This will incorporate reporting on both adult and child safeguarding.

8.4.5 Information provided by case managers has highlighted the use of referrals and concerns for individuals being forwarded to the City Safeguarding teams. These have generally been under the provision of the Care Act when a case is leaving prison. Some referrals have been identified by City Safeguarding as not fitting the criteria as a vulnerable adult. In these instances where a case has not been identified as vulnerable or eligible for support from the City Safeguarding team the National Probation Service tries to ensure that the individual does receive support from other sources in order for our risk management plans to be effective.

8.4.6 It appears that staff at times remain unclear regarding the threshold for referral and what meets the 'vulnerable adult criteria. We need to continue to provide information in relation to this.

Case Example

Currently we are managing the case of disabled gentleman who has additional care needs and is managed under the Care Act. He is awaiting a property of his own, but this has been a slow process. In order to prevent abuse he has been resident in our approved premises, and although a move out has not been successful due to the difficulty in finding move on accommodation, all agencies appear to have been communicating well.

8.4.7 The National Probation Service is managed under the National Offender Management Service. There is mandatory training that every staff member is required to attend. This involves e-learning adult safeguarding and one day classroom training for safeguarding vulnerable adults. Further to this staff are additional required to attend locally provided local authority training. The training programme is in its early stages therefore audits will commence 2016/2017 to monitor attendance.

8.4.8 The National Probation Service promotes and actively engages in multi-agency working to manage the risk of harm that the cases we manage present.

8.5 Nottinghamshire Fire and Rescue Service

8.5.1 In October 2015, Nottinghamshire Adult Social Care & Health agreed to second MASH Adults Team Manager Amanda Marsden to Nottinghamshire Fire & Rescue Service for a period of 1 year. The secondment was primarily to cover maternity leave for Emma Darby who is a Partnership & Engagement Officer for NFRS; however, given Amanda's professional social work qualification, skills and knowledge of Safeguarding, adult social care and health, she has been able to begin to embed MSP and Adult Safeguarding in accordance with Section 14 of the Care Act 2014.

8.5.2 Amanda, along with Station Manager Richard Cropley delivered Safeguarding training to Community Safety in December 2015. Training was well received and as a result the number of adult safeguarding concerns identified by NFRS have increased.

8.5.3 In accordance with the draft joint Safeguarding Training Framework and Pathway, a new safeguarding training package is being developed for all employees of NFRS. All employees will undertake mandatory ELearning and all operational front line employees will attend a half day face to face session which will cover:

- How to refer
- Legal responsibilities
- NFRS Safeguarding Adults & Children Policy and Procedure
- Case studies and group work
- Mental capacity
- What is self-neglect
- Multi choice confirmation of understanding

8.5.4 NFRS are developing a new safe and well check (S&W). The S&W check will replace the existing Home Safety Check (HSC). It will be designed to ensure that every contact, with those vulnerable to fire counts. It will be person centred and encompass preventative measures which will reduce the risk of harm or neglect.

8.5.5 NFRS have, and will continue to deliver their vulnerable person presentation to other statutory agencies, private providers and the voluntary sector which have included: protected learning events with GP's and District based nursing employees, hospital and district based re-habilitation workers, Customer Service points, City Signposting, Sanctuary Scheme, Connect who provide advice and short term support to people to maintain their independence, and MASH. This year the Persons At Risk Team (PART) has contributed to a Dementia Care in Primary & Community Settings Conference which was held at Derby University.

8.5.6 PART has also provided opportunities for health, social care and housing colleagues to shadow members of the team. Colleagues from Nottinghamshire Healthcare NHS Foundation Trust District Nursing Services, Falls Lead, Student Nurse, MASH and Newark & Sherwood Homes have all spent the day with PART accompanying them on Home Safety Checks (HSC).

8.5.7 NFRS have an agreement with Derby University to host two Occupational Therapy students on their final placement. This will continue for the foreseeable future. PART is continually exploring ways in which NFRS can protect those at risk of fire. Most recently a member of PART has commissioned new assistive technology called Stove Guard. Stove Guard will cut the power from cookers before a fire ignites. This is particularly pertinent to those with memory difficulties, student accommodation, and any person with impaired mental capacity such as those with drug and alcohol issues. The aim of Stove Guard is to protect those at risk of fire and promote and maintain independence.

8.5.8 NFRS were recently asked for information for a SAR. Although the person at risk was not known to NFRS, we were able to ascertain that the person who had needs for care and support and still living in their own home, was at risk if a fire was to occur. HSC was undertaken and identified a significant risk associated with an overloaded 13 amp domestic socket which provided a power source to the person's air wave mattress. Advice was given and the power source was rectified. The person wished to remain safe in her own home. NFRS intervention reduced the risk of harm and as such has contributed towards her overall safety and wellbeing.

Case Examples

An elderly woman living alone was referred to NFRS by the care agency providing her daily care. Concerns rose because the elderly woman was allegedly being locked in her home by her son and as a result would be unable to escape her home if a fire occurred. Safeguarding concerns were identified and reported to Safeguarding Team. Concerns are currently being investigated and to date it is understood that not only is the woman being locked in her home which means she would be unable to escape if a fire occurred, but financial irregularities and neglect to personal hygiene, nutrition and her home is also occurring, potentially by her son and extended members of her family.

House fire occurred at a semidetached property. HSC was not undertaken because the property was uninhabitable and the occupants had been re-housed; however a HSC was carried out at the adjoining property, a practice known as 'hot spotting'. The house, owned by an elderly man was in a poor state of repair with windows boarded and a large iron fence and gate to the front, and no access to the rear of the property. Whilst the owner was slightly reticent to accept a HSC, he eventually agreed. All rooms in the house were full of belongings and classed as level 9 of the hoarding clutter rating. The hoard would be classed as dirty and verminous with shrubbery growing through the kitchen windows. No access to toilet facilities and no egress through the back door. Whilst the occupant was fully mobile it was clear that he was unable to maintain his personal hygiene through lack of facilities and limited space or equipment to prepare food and drinks. HSC was completed and fire safety measures discussed, however the occupant's main concern was that he stated he was being financially abused by his neighbour (adjoining house where the fire had occurred). Following a long discussion, the occupant agreed that his concerns could be raised and referred to Safeguarding Team.

8.5.9 With both examples, concerns were identified as a result of HSC being undertaken. It is likely that all three would have gone unnoticed if a HSC had not been done.

8.5.10 Over the last year frontline employees in Community Safety, in particular PART, have commented that they feel increasingly able to work in a person centred way. One fire fighter explained the benefits of having OT students and on-going support from a social worker and that he no longer takes a narrow view which only centres on fire, but looks at the bigger picture, what the person wants to achieve and the overall effect through multi agency working. Other colleagues in PART echo this perspective and welcome new ways of working and additional training. PART in particular no longer use a risk based approach and have moved towards person centred outcomes.

8.5.11 Feedback from agencies that have received the Vulnerable Persons presentation, or spent the day with PART, has been extremely complimentary and positive. Without exception, colleagues state that they had little or no idea what NFRS offers and the benefits a HSC can have to reduce risks. They also comment upon the professionalism and enthusiasm of the team and how well they work with partner agencies, not least their ability to access people at risk who would traditionally not engage with other services.

8.5.12 NFRS work extremely well with other agencies undertaking joint visits and attending safeguarding meetings. The fire service branding is nationally liked and trusted by communities. For this reason, NFRS are often approached by health and social care to undertake HSC's for people who find it difficult to engage with services.

8.5.13 NFRS complete a HSC for all those who are at risk of arson and work in partnership with other agencies for victims of domestic violence through the Sanctuary Scheme.

8.5.14 NFRS have been instrumental in establishing a Hoarding Framework for Nottingham City and Nottinghamshire which has now been adopted by many other fire authorities.

8.5.15 Community Safety work closely with Nottingham City & Nottinghamshire County housing providers to refer people identified through a HSC for appropriate assistive technology such as smoke alarms linked to telecare systems.

8.5.16 PART employ specialist home safety check operatives who support the Sanctuary Scheme and also fit specialist fire safety equipment for those with sight or hearing impairments.

8.5.17 NFRS are currently piloting new ways of working with EMAS. Where EMAS are unable to gain access to a residential property, NFRS are jointly responding to gain access. This work has generated more HSC's completed by crews and an increased number being sent to PART to undertake more complex HSC's, which often result in referrals to other agencies or raising safeguarding concerns.

8.6 Nottingham City Homes

7.6.1 NCH takes its safeguarding responsibilities seriously. All staff have been introduced to their safeguarding responsibilities at NCH's Staff Conference. NCH have also agreed the

organisation's approach to safeguarding, with the Board's approval of NCH's Safeguarding Policy. A cross departmental steering group is now working to finalise the Safeguarding Procedure. The final aspects of this the adaptation of an IT system to record and monitor referrals and the roll out of training programme will take place in 2016/17

8.7 Nottingham University Hospitals NHS Trust

What NUH has done in 2015/16 to deliver the Boards four strategic objectives?

8.7.1 Training: The mandatory training delivered to all clinical staff in 2015/16 included making safeguarding personal, Deprivation of Liberty Safeguards and Prevent. Mandatory safeguarding adults training at NUH was at 85% at year end.

8.7.2 DOLS: The number of applications for Deprivation of Liberty authorisations continues to increase year on year and between 1 Jan 2015 and 31st December 2015 NUH authorised 425 urgent authorisations. This compares to 54 in total in the preceding 12 months.

8.7.3 Care Act 2014: NUH has been well represented on the multi-agency groups in relation to the implementation of the Care Act. The NUH internal adult of safeguarding policy and procedures have been updated to reflect the changes and training content reviewed appropriately. NUH continues to carry out section 42 enquiries as required by the local authority.

8.7.5 Multi-agency work: NUH continues to be well represented at the NCSAB and subgroups and the Designated Adult safeguarding nurse chairs the Safeguarding adults review subgroup. NUH has been a key stakeholder in Safeguarding Adults Reviews and Domestic Homicide Reviews and has demonstrated good attendance at panels.

8.7.6 Learning from reviews: All NUH action plans are monitored by the internal NUH Safeguarding adults committee. The committee facilitates changes in practice where this is required following a review. A recent example is the change in the referral system to adult social care; this is now done on an electronic form, quality audited by the safeguarding team within NUH to ensure that concerns are raised effectively.

As a result of reviews during 2015/16 training has been reviewed to include a focus on 'think family', ascertaining carers and those with caring responsibilities and making safeguarding personal.

8.7.7 Assurance: NUH provides assurance to the local safeguarding board in the form of the completion of the safeguarding adults' self-assessment and assurance framework. This was completed in May 2015 and NUH were assessed as either compliant or excelling in all areas. NUH also provides assurance to its health commissioners at quarterly quality scrutiny panels.

Internally NUH has a regular Safeguarding Adults Committee and an annual report is submitted to the Trust Board, with a half annual report submitted to the Quality Assurance Committee. NUH has robust internal governance arrangements.

The NUH safeguarding adults committee meets twice a year with the Trust's safeguarding children's committee.

NUH was inspected by the CQC in September 2015 and rated as 'Good'. Effective safeguarding policies and procedures and engagement of staff in the safeguarding agenda were themes that NUH was complimented for throughout the report. (<http://www.cqc.org.uk/provider/RX1>)

8.7.8 Providing advice and expertise for fellow professionals: The Trust has 70 safeguarding champions, with coverage in each Division, including community services. Their role is to:

- a) give advice and support around mental capacity and safeguarding adults, children and young people to staff in their respective directorates;
- b) to assist with the embedding of the Mental Capacity Act 2005 within the specialties in which they are based;
- c) To drive forward the awareness of domestic and sexual abuse and the implementation of the use of the domestic violence, stalking and harassment risk assessment tool (DASHRIC).

Each safeguarding champion can be identified by their 'safeguarding champion' lanyard. The safeguarding champions have clear objectives and a structured 'message of the month' timetable to ensure that there is consistency across the Trust in the messages delivered

8.7.9 Supporting the local safeguarding system and processes: The Trust's local policy and procedure is consistent with local multi-agency arrangements and has been updated to reflect the Care Act 2014. NUH staff placed 294 formal adult safeguarding referrals to Nottingham City Council and Nottinghamshire County Council in 2015. 124 of these were processed for further assessment and investigation.

8.7.10 What has been the impact of the work at NUH?

In addition to the above numbers of DOLS and referrals made by NUH to the local authority and a CQC rating of 'good', NUH audits safeguarding annually using the Essence of care 'safety of the vulnerable patient' benchmark.

8.7.11 Safeguarding Adults Benchmark (audit)

Each year during November and December NUH completed the Safety of the Vulnerable Patients benchmark. Year on year this demonstrates improvement and this year has been no exception. Every November and December all wards and departments score the essence of care safety of the vulnerable patient's benchmark.

The indicators that are used are:

	Indicator
1.	Staff are aware of types of abuse and potential indicators of abuse

2.	Staff are aware of how to make a safeguarding children or adults referral
3.	Staff are aware of the NUH restraint policy and have an understanding of what constitutes proportional restraint
4.	Staff are aware of who the safeguarding leads are for both: <ul style="list-style-type: none"> • The clinical area • The trust
5.	Staff know how to access the mental capacity act policy and accompanying paperwork
6.	Staff know: <ul style="list-style-type: none"> • What age group the Mental Capacity Act covers • How to perform a mental capacity assessment • Under what circumstances they should perform one • Who should complete this
7.	Staff are able to describe what should be considered and who should be consulted when making a best interests decision for a patient who lacks capacity. Who is responsible for making the best interest decision?
8.	Staff are aware of the role of an independent mental capacity advocate (IMCA), when it is needed and who to contact for advice or how to make a referral.
9.	Indicator 9 is for all areas excluding theatres Staff are aware when Deprivation of Liberty Safeguards should be considered. Who should be contacted prior to completion of a DOLS?
10.	Indicator 10 is for inpatient areas only Staff are documenting whether the patient has any caring responsibilities. Review the NUH inpatient admission and discharge booklet to check the caring responsibilities section is completed including both sections: <ul style="list-style-type: none"> • Do you have a carer? AND • Do you have sole caring responsibilities (including pets)?

To attain Gold, general areas needed to achieve all 9 indicators (10 indicators for inpatient areas). Green was attained in general areas if 7-8 indicators were achieved (8-9 inpatient areas) Red was scored if 6 or less indicators were achieved (7 or less inpatient areas)

Review of Indicators:

In comparison to previous year's benchmarks, there were a number of changes made to the indicators. This makes it slightly more difficult to compare year on year results. The 2015 indicators were in line with legislative obligations of the Trust and learning from Safeguarding Adults Reviews (SAR), and Domestic Homicide Reviews (DHR)

Scoring

The benchmark was scored in all patient areas and all areas that were due to submit results did so.

Results

Of the 187 areas that scored:

94 (50%) scored GOLD

85 (45%) scored GREEN

8 (4%) scored RED

Comparisons to the previous year's results are outlined below (Table 1).

Table 1: Comparison of scores 2014-15

	2012	2013	2014	2015
Gold	68	94	110 (65%)	94 (50%)
Green	33	80	61(32%)	84 (45%)
Amber	72	-	-	-
Red	2	9	5 (3%)	8 (4%)
Total	168	183	170	186
% of areas scoring Green/Gold	56%	95%	97%	95%

Summary In the Adult areas, six of ten indicators of best practice were achieved by at least 90% of wards and depts. 8 areas scored red for this benchmark, none of these areas scored red last year. Matrons and PDMs are working with Ward Sister-Charge Nurses to implement and monitor actions in these red scoring areas.

7.8 CityCare Partnership

Who are CityCare?

7.8.1 Nottingham CityCare is a community health services provider, dedicated to improving long-term health and wellbeing. Our vision is building healthier communities. We are a staff-led social enterprise delivering a range of healthcare services tailored to the needs of local people and free at the point of delivery.

7.8.2 The main services we provide include caring for people in their own homes or community settings with the objective of keeping people out of hospitals unless medically

necessary; health visiting and education for young families; community nursing and rehabilitation in their own homes for older people; walk-in health centres for urgent care; palliative and end of life care and specialist diabetes, dietetics and nutritional advice and support.

Strategic Priority: Safeguarding is Everyone's Responsibility

8.8.3 What we did: Care Act compliance

- Active member of Care Act Task and Finish group which is now the Quality Assurance Group
- Safeguarding Policies (SGA, Escalation procedure and Allegations Against Staff) and training reviewed and amended to ensure Care Act (2014) compliant
- Making Safeguarding Personal embedded within safeguarding procedures and training.

What was the Impact?

- CityCare participation in Citywide MSP Implementation
- CityCare participation in Safeguarding Adults quality assurance monitoring
- Ensuring Making Safeguarding Theory to Practice in learning is provided for all clinical staff

Actions for 2016/17: Establishing an Enquiries process and guidance to support S42 requests and to ensure prompt and quality response.

8.8.4 What we did: Self-Assessment and Assurance Framework (SAAF) Compliance

- SAAF submitted May 2015
- Annual progress reported to CCG Sept 2015
- CityCare self-assessed as effective or best practice in 28 out of 31 key lines of enquiry.
- 3 areas working towards
 - (a) **3.6** Restrictions, Restraint and DoLS - Policy and procedures written and implemented, MCA Level 2 training developed and introduced, conflict resolution training mandatory for all staff.
 - (b) **3.9** Outcomes focused performance reporting - Adult Safeguarding service proposal submitted to CCG however funding unavailable.
 - (c) **4.5** Supervision and support for staff involved in safeguarding adults procedures - staff can access safeguarding team duty person for ad hoc supervision and advice. Management supervision (which has safeguarding as a standard agenda item) and Restorative Supervision in place. Safeguarding Adults Supervision plan developed and group supervision delivered to key groups.
- Staff working with complex cases can request adult safeguarding supervision to support them with the process.

What was the impact?

- Provide assurance to commissioners and the Safeguarding Adults Board
- Provide clarity for staff regarding roles, responsibilities and expected practice.
- Ensuring CityCare is compliant with the Mental Capacity Act (2005)
- CityCare reviewing existing resources to maximise effectiveness across organisation.

Actions for 2016/17

- SGA work plan (16/17) developed and priorities agreed.
- CityCare quality dashboard to be enhanced to include additional safeguarding data.
- Internal performance indicators agreed in line with SGA Work plan.
- Audit of safeguarding discussions in 1:1 management supervision.

8.8.5 What we did Awareness Raising

- CityCare Safeguarding Conference held November 2015
- CityCare Safeguarding Champions Network launched March 2016
- One stop safeguarding intranet pages have been created and launched.
- Factsheets developed: Think Family, Restrictive Interventions and Mental Capacity.

What was the impact?

- Approx. 120 delegates attended the event.
- 25 Champions signed up at first network meeting
- Quarterly Champion Reflection and learning events booked
- Access data shows that 1217 out of the workforce (approx. 1600) has at some time accessed the safeguarding pages. Some staff have repeatedly accessed pages for information and support.

Actions for 2016/17: All CityCare teams to be represented by a Safeguarding Champion.

Strategic Priority Adults in need of safeguarding are safe

8.8.6 What we did:

- Making Safeguarding Personal (MSP) – Training and policies updated to ensure that MSP is core to CityCare practices.
- CityCare Safeguarding Team now provides a duty ‘Think Family’ advice service during working hours.
- Safeguarding pathways developed for
 - Safeguarding adults referrals
 - Prevent
 - Safeguarding Enquiries
- Audit completed to identify staff awareness of safeguarding processes and support available.
- MCA and manual handling training amended to include guidance around restraint.

What was the Impact?

- Increased availability of safeguarding adults advice and support.

- Easy access safeguarding adults guidance for all staff
- Level 2 Safeguarding Adults and Children Training evaluation completed January 2015 demonstrated 98% of staff aware of how to refer a safeguarding concern to the relevant Local Authority.
- Audit
- Ensuring all staff are aware of law and best practice around restraint.

Strategic Priority: Services are effectively co-ordinated

8.8.7 What we did:

- CityCare have developed an internal Quality Information sharing Forum (QUIF) for concerns raised relating to care homes. CityCare attend the Local Authority QUIF and share pertinent information.
- CityCare Early Intervention Practitioner appointed. Care Homes Team expanded to include all care homes across the city. Information sharing between EI practitioner and Care Homes Team.
- CityCare remain active members of NCSAB Strategic Board and sub groups
 - Quality Assurance Group (previously Care Act task and finish group)
 - Safeguarding Adults Review sub group
 - Domestic and Sexual Violence Strategy Group
 - Domestic Homicide Review Assurance and Learning Implementation Group
 - Complex Persons Panel and Complex Persons Panel Advisory Group.
 - Prevent Steering Group
- Development of home closure / body mapping Standard Operating Procedure.

What was the Impact:

- The group allows the gathering of information that can be shared with the local authority relating to safeguarding and quality and safety in care homes.
- The group enables best practice to be shared within CityCare around ensuring the safety and wellbeing of adults in care homes.
- The group is a forum where staff can access safeguarding supervision relating collaborating with care home colleagues
- Earlier identification of issues / concerns.
- Supporting early intervention in care homes where quality and safety issues are identified.
- Sharing best practice with CityCare staff working into care homes.
- To ensure that CityCare collaborate with partner agencies and the Local Authority around Adult Safeguarding and with delivery of strategic objectives.
- Locally agreed process for ensuring the wellbeing of adults when a care home closes.

Strategic Priority: Our Learning and improvement framework is raising service quality and outcomes for adults

8.8.7 What we did:

- CityCare mandatory safeguarding adults training
 - Safeguarding Adults (L1) – 97%
 - Prevent – 52 %
 - Mental Capacity Act Training (L1) – 96%
- Dip test audit for all adult services regarding application and recording of MCA.
- Development and implementation of Level 2 Safeguarding Adults training for clinical staff
- Development and implementation of Level 2 Mental Capacity Act training for clinical staff

What was the impact

- Staff have clarity regarding roles and responsibilities and are aware of how to access advice and support.
- Provide service level assurance regarding application and recording of MCA.
- Enhanced understanding of complex cases. Since implementation in August 2015 130 staff have been trained.
- Enhanced understanding of complex cases. Since implementation in March 2016, 2 sessions have taken place resulting in 31 staff being trained.

Actions for 2016/17: training to be delivered bi-monthly.

Consultation and engagement work

8.8.8 What we did: Engagement event held with staff, citizens and carers January 2016 to explore application of MCA and supporting involvement in decision making.

What was the impact: Increased understanding of complexities / challenges faced by staff or experienced by citizens.

Actions for 2016/17: CityCare MCA working group to be established to develop MCA strategy.

Community Awareness

8.8.9 What we did: Patient information accessible on CityCare website relating to Safeguarding adults, children and MCA

What was the Impact: Awareness raising of agenda with public

Actions for 2016/17: Development of 'Think Family' patient information leaflet for safeguarding.

Think Family Case Study

Contact from Nurse A from Community Heart Failure team. CHF team had received a referral letter from hospital regarding patient. The letter contained some discharge information relating to safeguarding concerns raised during inpatient admission. Nurse A wanted to ensure that children's services were aware of and dealing with this information. Nurse A contacted safeguarding team and spoke to duty worker who checked s1 record and

confirmed that family currently have both adult and children's social care involvement and 2 youngest children are children in need. Nurse A provided with social worker details and advised to liaise regarding impact of parents assessed health needs on ability to protect herself and children.

8.9 East Midlands Ambulance Service

8.9.1 East Midlands Ambulance Service NHS Trust (EMAS) provides emergency 999 and urgent care services for a population of approximately 4.86 million people within the East Midlands region. This region, which covers approximately 6,425 square miles, includes the counties of Derbyshire, Leicestershire, Lincolnshire, Nottinghamshire, Northamptonshire and Rutland.

8.9.2 EMAS continue to remain engaged with the safeguarding agenda with a raise in referrals during 2015-2016 from 11413 to 12539 for the whole of the area EMAS cover. We continue to promote a “think family” perspective towards safeguarding providing integrated training and bulletins to our staff.

8.9.3 EMAS staff are engaged with the safeguarding training with high scores and positive responses being attained on feedback forms.

8.9.4 Attendance at boards across EMAS is a standard monitored by the EMAS board ensuring that we engaging with all our partners with a minimum of 80% compliance expected. This year EMAS managed to attend 90% of the Nottingham City and Nottinghamshire boards and are engaged in the multi-disciplinary arena working closely with our partner agencies.

8.9.5 EMAS have developed a fire service pathway with Nottinghamshire Fire and Rescue to support patients who are at high risk of fire through neglect and self-neglect following learning from fatal fire reviews.

8.9.6 EMAS have contributed to the Safeguarding Adult Review process and have shared learning and themes with frontline staff via the safeguarding bulletin.

8.10 Vulnerable Adult Provider Network

8.10.1 Nottingham Community and Voluntary Service (NCVS) run a voluntary sector provider network for organisations providing services for adults (aged 18+). The Vulnerable adult provider network at April 2016 had 122 members. This includes small, medium and large voluntary and community organisations.

8.10.2 The network has a representative that sits on the safeguarding adult boards and takes to the board concerns from the sector, whilst ensuring that learning from the board is cascaded to the voluntary and community sector.

8.10.3 The network meets every two months and produces a newsletter that focusses on key issues for the sector, including safeguarding.

8.10.4 What we did -

- Throughout the period there 11 monthly newsletters sent out to the network

members. Each edition features a section on safeguarding adults.

- To date via the newsletter we have:
- Highlighted the Care Act and any associated updates on the Act.
- Detailed safeguarding training available both online and in the local area.
- Featured any news that the safeguarding board needed to cascade down to the VCS including outcomes and learning from SARs.
- We have supported a rep to attend the board meetings and provided a means to cascade information to the VCS and take information to the board where relevant.
- We hosted a safeguarding adults course delivered by the Ann Craft Trust. Including publicising this.
- Finalised a safeguarding adults policy that is fit for purpose and in line with local policy for the VCS
- Attended shared training delivered regionally by ADASS

8.10.5 The Impact

- We have provided an up to date, easy to understand newsletter for over 100 organisations.
- Increased knowledge of the Care Act and our responsibilities for safeguarding adults.
- Ensured the sector is clear on how to report and when to report their concerns to the local authority.
- Ensured that the sector had access to the training.
- Ensured that member organisations had access to a policy that is in line with the requirements of the board.
- Cascaded the learning from the ADASS training to members.

8.10.6 Our forward plan includes:

- Safeguarding training for the VCS in 2016 / 2017 - 2 sessions planned in November 2016 and February 2017
- Analysis of the whole sectors safeguarding adults contribution.
- Our continued commitment to Safeguarding adults is below:
- The Vulnerable Adult Provider Network (VAPN) will:
 - Select and support a rep to attend adult safeguarding board meetings and sub groups
 - Support the rep by acting as a conduit for information from the board and to the

sector and vice versa

- Work with the NCC safeguarding team and other partners to ensure that the training needs of the sector are addressed.
- Ensure that trustees of organisations are aware of their responsibilities around safeguarding
- Ensure good communication with the sector to ensure that staff learn from SARs and other reviews undertaken by the board
- Ensure that the sector is aware of changes in good practice and services available to ensure that adults are kept safe.

Case Studies

Mr A

Mr A is a 54 year old man who has a brain injury, following a road accident. He has a number of difficulties relating to this, but is able to live independently in the community. However he has been financially exploited on more than one occasion.

As he had a good rapport with the voluntary sector support worker she was able to identify that financial abuse was taking place and made safeguarding referrals to the local authority safeguarding team. On the first occasion a male 'friend' had taken £2000 (a backdated benefit payment). However, Mr A did not want to report this to the police. The safeguarding team visited him, with the support worker, and advised him to take his bank card back from the 'friend', which he did. Mr A was accepting of the safeguarding process and did not want any further action to be taken.

On the second occasion Mr A informed his support worker that he was giving a female 'friend' money. The safeguarding team were able to establish that he was not doing so under duress and work was undertaken by the support service to enable Mr A to have the confidence to explain to her that he would not continue to give her money. Again Mr A was happy with the outcome of the safeguarding team intervention. He continued to work with the support service to ensure he was in receipt of the correct benefits, was addressing his health needs and was engaging in social activities within the community to maximise his resilience in order to reduce the risk of further exploitation. The advantage of having the financial abuse recorded with the local authority is that if this occurs in the future a clear pattern of abuse has been logged and adult social care can support Mr A to manage the risk accordingly.

Mr B

Mr B is a 78 year old man who lives with his wife. He has a number of physical health needs and his wife has a diagnosis of Alzheimers. His wife's son had asked Mr B for money and when he said no they had a 'tussle' and both ended up on the floor, with Mr B hitting his head. This was referred to the local authority safeguarding team who investigated but as no

action was taken they referred Mr B to a voluntary sector organisation for support to monitor the risk and support Mr B and his wife with a number of other complex health and social care issues, not associated with the safeguarding issue. This work continued alongside the work of adult social care worker who was trying to implement a care package, but was meeting with resistance from the couple. The adult social care worker and support worker were therefore able to work in partnership to address the issues that arose and monitor the situation more effectively.

As part of the work Mr B's voluntary sector support worker spoke with him about the safeguarding process and his relationship with his step-son. Mr B said that he fully understood why there was an investigation: he felt his (biological) son was very concerned about him and wanted to know that he wasn't in danger. He recalled that he and his step-son were 'play fighting' and they 'ended up on the floor'. However, he was clear that he didn't feel frightened of his step-son and the outcome of the safeguarding investigation, for no action to be taken, was what he had requested. The support worker continued working with Mr B, his wife and also had regular contact with the step-son for ten months after the original referral, during which time no further incidents of abuse from the step-son were reported.

8.11 Nottinghamshire Healthcare NHS Foundation Trust

8.11.1 Nottinghamshire Healthcare NHS Foundation Trust is a major provider of Mental Health, Intellectual Disability and Community Healthcare Services for the people of Nottingham City and Nottinghamshire.

8.11.2 One of the fundamental responsibilities in providing quality healthcare services is to ensure that vulnerable people are protected whilst receiving care. This is an important responsibility for each member of staff, whatever their role, and for the Trust as a partner in the wider safeguarding partnership.

8.11.3 Nottinghamshire Healthcare NHS Foundation Trust believes that Safeguarding is everyone's business and we aim to uphold all adults' and children's fundamental right to be safe from harm and exploitation. The Trust has a responsibility to promote the safety and welfare of people and families who use our services, including tackling domestic violence and abuse.

8.11.4 The Trust underpins all its safeguarding work using a Think Family Safeguarding Model which is supported by its Trustwide Think Family Safeguarding Strategy. This strategy has been presented to both the Child and Adult Safeguarding Boards within Nottinghamshire County.

8.11.5 The Trust has strategies in place to support its safeguarding priorities and every year it produces an annual report on its activity and achievements throughout the year.

8.11.6 As a Trust we see about 190,000 people each year. Our 8,800 staff carry out a wide range of roles; working together to provide integrated and coordinated care and support to those using our services.

8.11.7 Some of our patient facing staff includes:

- Mental Health Nurses
- Psychiatrists
- Social Workers
- Healthcare Support Workers
- Health Visitors
- School Nurses
- Allied Health Professionals (including Occupational Therapists, and Speech and Language Therapists)
- Psychologists
- District Nurses
- Community nurses
- Learning Disability Nurses
- Physical Healthcare Nurses
- Low, Medium and High Secure Forensic Hospitals
- Prison Health Services

8.11.8 The Trust is an active member of Nottingham City Safeguarding Adults Board.

8.11.9 We acknowledge the Adult Safeguarding Board's key business objective which is that:

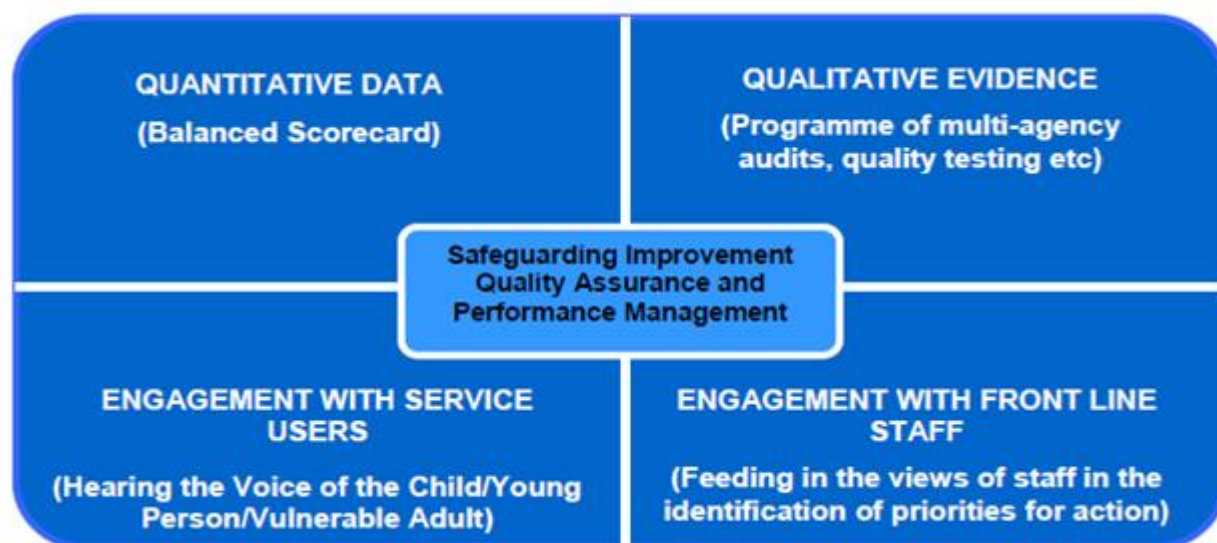
Adults are able to protect themselves from harm with appropriate support by

- *Providing leadership to support less risk adverse practice where this will ensure citizen's outcomes are better met.*
- *Developing an early intervention approach that reduces preventable incidences of harm.*
- *Developing supportive communities and ensure people are befriended and have friends.*

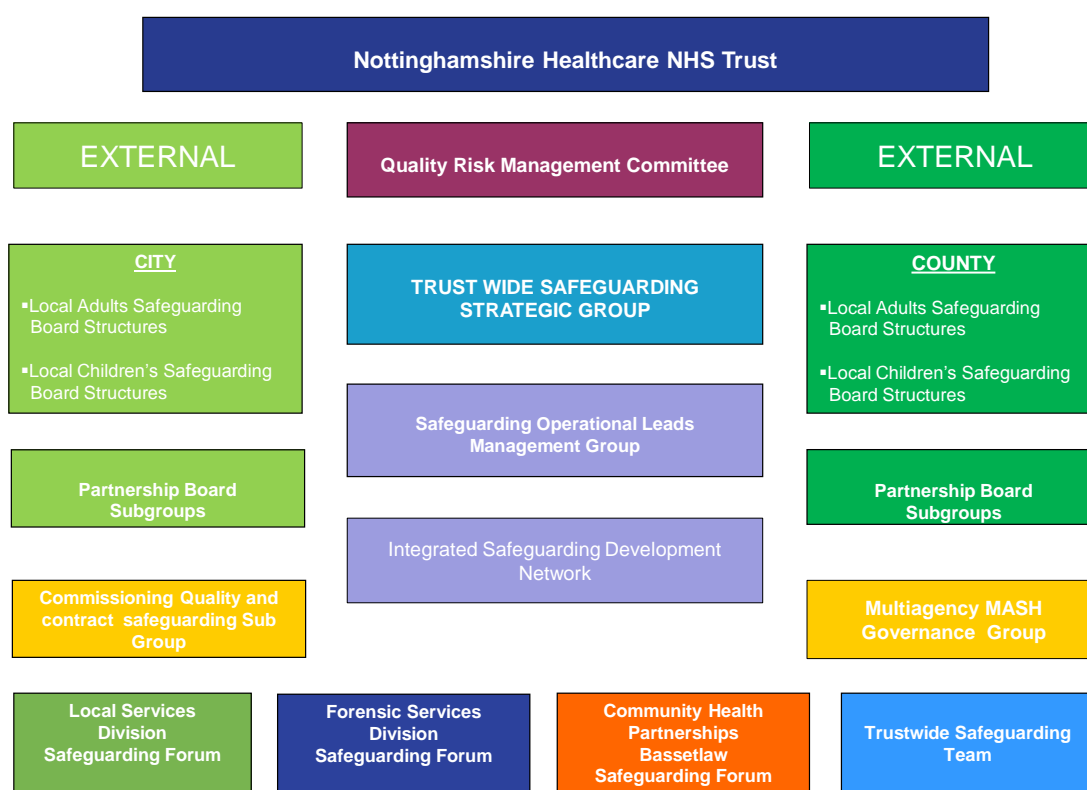
8.11.10 This priority was linked into our own previous 3 year plan and underpins the new 5 year Quality Improvement Plan which began in 2015/16. This plan will be built upon as it progresses, but its 3 key priorities are:

- Priority 1 - To demonstrate Nottinghamshire Healthcare has a strong integrated and sustainable culture of both safeguarding leadership and strategic and operational working across the Trust;
- Priority 2 - To demonstrate that we are assured that safeguarding is everyone's responsibility and are able to evidence that we are making a difference;
- Priority 3 - To demonstrate that we are assured that learning and improvement is raising the awareness and the quality of safeguarding practice and ensure that training, procedures and guidance support improvements in safeguarding children and adults. This is underpinned by a comprehensive governance structure within the Trust which is summarised below.

8.11.12 The Quality Improvement Plan will be implemented using the quadrant model of implementation demonstrated below:



Safeguarding Governance Structure:



8.11.13 2015/16 was the first year of this plan and 2016/17 will see the development of evidence to demonstrate our achievements using this model. The work so far is illustrated below and identifies the work we have done in respect of both adult and child safeguarding - this has all been done using the Trust's Think Family Safeguarding ethos.

Key highlights include:

- Implementation of the Care Act 2014, including a briefing and support materials around making referrals
- Work ensuring we respond to allegations against staff appropriately
- Further development of domestic violence strategies, awareness raising and working with the Institute of Mental Health to research Domestic Violence in Older People
- Implementing and assessing the impact of learning from Adult Safeguarding Reviews and Domestic Homicide Reviews
- Think Family roadshows and events across the Trust to highlight the importance of child safeguarding to adult practitioners and vice versa.

8.11.14 During 2015/16 the safeguarding team have undertaken significant work with the Trust's involvement and experience team and their volunteers. This has included ensuring compliance with the Lampard Report recommendations around volunteering and ensuring our volunteers have all received level 1 Think Family Safeguarding training. This in turn has increased volunteers' awareness of safeguarding issues and the indicators of abuse which have been used in their interactions with the wider patient/ client group.

8.11.15 Quality and performance - demonstrating what we do and the difference it makes - has been a key area of development for the Safeguarding Team and our developments have been aligned to the quadrant model highlighted earlier. During this period, we have constituted a Quality and Performance sub group who have developed a dataset which now forms the basis of a quarterly data report which is presented to the Trustwide Strategic Safeguarding Group for oversight. This area of work remains under development and it is anticipated that the next year will see the strengthening of the report data as systems become more refined and robust.

8.11.16 It has been acknowledged from a review of the learning dissemination following SCR, SIR, SAR and DHR's that some of the key lessons learnt were not being implemented fully. To address this, the Think Family sub group will, during 2016, take the Learning the Lessons briefing out into the Trust services. As part of this we are asking staff to identify what they see as the barriers to their implementation of the key learning themes. The findings from this will be fed into the safeguarding agenda once they have been analysed. The Think Family road shows further support the dissemination of learning and highlighting current and long term safeguarding themes. The Trust is keen to ensure that safeguarding is embedded into every day practice.

8.11.17 Nottinghamshire Healthcare NHS Foundation Trust has an extensive training programme which is currently under review: the aim is to move the training to clinical and non-clinical rather than level 1, 2 and 3 which has been found to cause confusion within a Trust of this size. The training is aligned to the child intercollegiate document and the proposed adult equivalent. Clinical will meet the level 3 requirements and level 1 requirements will be met by non-clinical staff – it is proposed that a suite of eLearning packages will support this implementation. At present the Trust can provide assurance that all staff achieve level 2 Think Family training within the first month of commencing employment with Nottinghamshire Healthcare NHS Foundation Trust. There is then a mandatory requirement for update 3 yearly as a minimum. The Trust's Think Family

Safeguarding Strategy underpins this training programme. We ensure that staff are aware that 'Safeguarding is everyone's business' and that staff are aware of their roles and responsibilities within this.

8.11.18 The Trust is represented at a senior level on the Safeguarding Boards for both adults and children and their sub groups. An active role is played in all arenas including presentations to the board and sub groups on specific issues and the provision of information where requested. The Trust is also involved in a number of SCR, SIR, and SARs and ensure this engagement is full and meaningful. This year the Trust is organising a Think Family conference which is open to external partner organisations.

The Trust looks forward to working with the board and its partners in the year ahead and participating as always in a proactive and productive manner.

8.12 HMP Nottingham

8.12.1 HMP Nottingham has continued to develop its Safeguarding responsibilities – it has a strategic approach to this at Nottingham and continued to drive this as an establishment – the Policy is now well bedded in throughout the establishment and co-ordinates a partnership approach through their weekly meetings which are well attended from most areas of the jail – external stakeholders are advised as necessary through their respective contacts within the organisation ie. Healthcare.

8.12.2 Where prisoners are deemed to be needed to be cared for under safeguarding each have an individual care plan which is populated by a variety of stakeholders such as Healthcare, Psychology, Chaplaincy and Safer custody – once populated this is then sent to the wings in order that all staff have an understanding of the individual's needs.

8.12.3 Further work needs to be completed in this area to have the prisoner involved in the plan once formulated in order that they have a good understanding of this.

8.12.4 We can evidence awareness of community services. Where prisoners have been received into HMP Nottingham we have been able to liaise with community partners and implement care plans that have been effective in the community, with communication between community support workers and the Prison HealthCare team (this has particularly been the case with prisoners in HMP Nottingham who have been come from Derbyshire).

8.12.5 We have received positive feedback from frontline practitioners including Health care Colleagues, psychologists and CRC workers.

8.12.6 HMPS does not have formal safeguarding training, and staffing levels have impacted on the ability of the service to commit to mandatory training.

8.12.7 At HMP Nottingham we have forged good links within the community this year, particularly with support for prisoners being considered for admission to a secure unit. This is achieved through partnership work between Healthcare Colleagues working with community partners.

8.12.8 We are developing work to support prisoners who are identified as Care Leavers.

8.12.9 Building on the work we have done with Derbyshire Council we need to further develop links with community colleagues, where prisoners had safeguarding plans.

9 Looking forward to 2016/17

9.1 Throughout the annual report there have been a number of references to work of the Board that will continue into 2016/17. This on-going work, along with the development sessions held toward the end of 2015 informed the 2016-19 strategic plan (which is aligned with Nottinghamshire County Safeguarding Adults Board) and the 2016/17 Annual Business Plan.

9.2 The key areas of work to carry forward are as follows:

- Completing of the Safeguarding Adults Reviews, implementing the recommendations and embedding the learning that has arisen from these reviews. This will include publishing the executive summary of the Adult B review, and agreeing and overseeing the action plan that follows. The Autumn Grange review is expected to be completed during 2016/17, with learning likely to influence how the board seeks assurance for the safeguarding arrangements for care home residents. The SAR for Adult C & D is also expected to be completed during 2016/17 and is likely to be one of the first to consider the new safeguarding category of Modern Slavery.
- Further developing the Quality Assurance Performance Framework. This work will build on the framework devised following the implementation of the Care Act and consider areas for assurance for the Board.
- Devising and implementing the Communication and Engagement Strategy.
- Reviewing the Learning and Improvement Strategy
- Developing and implementing Making Safeguarding Personal across the partnership
- Review of the Board's Governance documents.

9.3 The NCSAB strategic plan for 2016-19 identified 4 strategic priorities:

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

Assurance The development and implementation of robust mechanisms of quality assurance which are used to monitor the effectiveness of local Safeguarding Adults' arrangements and that Serious Adult Reviews (SARs) are undertaken for any cases meeting the criteria outlined by the Care Act 2014.

Making Safeguarding Personal (MSP) To promote person-centred and outcome focussed practice.

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

9.4 The 2016/17 Annual Business plan identifies a number of actions under each of these strategic priorities:

Prevention:

- Establish a coherent approach to ensure Board risks are identified and mitigation in place.
- Identify and agree priority actions in regard to preventative and early Intervention strategies

Assurance

- Develop a robust and targeted Quality Assurance framework that informs the work of the Board and provides assurance that the City's arrangements for safeguarding adults are robust and person centred. To evidence the impact of safeguarding work in the City and promote an outcome focus. This will be used to promote effective challenge by the SAB to bring about improved outcomes for adults at risk.
- A robust process of learning from SARs ensuring that learning leads to embedded improvements in local arrangements where actions have been identified.
- The Board to be assured that training is effective in supporting the delivery of high quality practice in regard to safeguarding adults in need of care and support

Making Safeguarding Personal

- Ensure our engagement strategy maximises opportunities for promoting key messages about how adults at risk can be safeguarded and ensures their feedback informs the work of the Board
- The Board ensures strong Multi Agency commitment to MSP. The principles of MSP are embedded in local safeguarding practice and makes safeguarding person-centred and outcomes focussed

Board Performance and Capacity

- There will be a shared view about the Board's financial requirements
- Ensure the Board has the required back office staff to support the delivery of its functions
- Ensure the Board operating model is fit for purpose to enable it to respond to national and local strategic drivers and priorities. Ensure the Board has clear Protocols and Guidance in place
- Ensure the Board's work is aligned with work of other strategic Boards across the City

9.5 At the time of completing this report, much has been done to take forward these intentions, though inevitably much remains; progress will be reported in the Annual Report for 2016-2017