

This Annual Report is a valuable read. At a time when organisations and many citizens are under increasing pressure, the Board continues to seek assurance that Safeguarding adults arrangements in Nottingham City are effective.

Amidst the challenges of shrinking budgets and growing demand for services, the Board has this year been assured that Safeguarding adults remains a priority across the partnership; and furthermore, some innovative ways of working are being developed. This good practice is testament to the systems, training, and commitment of our combined workforce – but we can always do better! Read on to find out more...

Let's look at the facts

This report contains performance data (see Section 2) showing the level, type and source of referrals to Adult Social Care. The overarching message is that this is consistent with previous years.

- 1. Level of referrals:** The data shows a stable level of safeguarding referrals and enquiries. With an increase or decrease in referrals we can not be sure if that reflects occurrence or awareness and practice. But the percentage of referrals which meet the criteria for a Section 42 enquiry has actually dropped. Prior to April 2016 it was 75%-80% but it is now down to 55%-60%. A 'Making Safeguarding Personal' approach continues to be led by ASC – working with citizens to remove or manage risks and not putting them through unhelpful processes. When asked, nearly all citizens said the safeguarding outcomes they desired had been fully or partially met.
- 2. Referral sources:** The majority of safeguarding referrals which met the criteria for a Section 42 enquiry came from either the NHS or the private and voluntary sector. This is due to robust safeguarding leadership, procedures and training programmes. Additionally, providers commissioned by the Council or NHS are contractually required to have safeguarding procedures and training, monitored by the commissioners, which explain their positive awareness in relation to safeguarding.
- 3. Types of referrals:** Domestic Abuse, Modern Slavery, Self-Neglect, and Sexual Exploitation are all now recorded as separate types of abuse. Nonetheless, the profile of abuse over the previous three years has not changed significantly. The most common type of abuse remains Neglect/Acts of Omission. The majority of referrals have a recorded source of Private/Voluntary, so it is likely that this refers to abuse which has taken place in a care home or domiciliary home care service. In line with previous years, Financial/Material abuse and Physical abuse also make up a significant proportion of referrals.

What is being done?

This report is full of case studies and best practice (see Section 3) showing innovation happening on the ground to help protect citizens. A few highlights include:

- 1. Publicity and promotion:** Locally developed posters are now available in care settings and 'Top Tips' for staff are raising awareness of safeguarding amongst staff and people living in or visiting care homes.
- 2. Community Protection:** This year, the City Safeguarding Team has undertaken effective partnership working with the Community Protection Team - making contact with socially excluded citizens and sharing intelligence

about local offenders who may target vulnerable adults. This support has been invaluable to the Safeguarding Team in supporting citizens to remain safe from harm and crime in their own homes.

3. **Early Intervention:** The Adult Safeguarding Quality Assurance Team are holding monthly Quality Information Sharing Meetings regarding regulated providers. When early indicators show that quality is dipping the Team call Early Intervention meetings with the provider to raise their concerns. This has led to Care Homes either improving or progressing into a formal procedure more quickly.
4. **Prevention:** The CCG continued to fund the Early Intervention Practitioner (EIP) nursing post to help identify and support nursing homes that are not reaching or maintaining adequate standards. This has led to provider services being more aware of their safeguarding responsibilities and how to carry them out.
5. **Community Hubs:** Adult Social Care have developed Community Together Surgeries to offer local citizens the opportunity to get face-to-face advice, information and signposting. The model is a strengths based, preventative model of support which connects people to support and resources in their local community in order to reduce social isolation, increase activity and the development of robust informal networks. This innovative work is leading to better outcomes for citizens.
6. **Joint working:** The Mental Health Triage car is a joint Police and Health initiative which responds to potential mental health incidents reported into the Police. The service is designed to prevent harm to both the subject and the public. In 2017 the triage car dealt with an average of 11 incidents per day, or over 4000 per year. This means that right from the very first interaction with services, our citizens are getting a joined up response to address their needs.
7. **Learning from Experience:** the SAR subgroup is proactively seeking out complex cases for multi-agency review to help identify learning and improve outcomes in our work.

What more needs to be done?

It has been heartening to see how adult Safeguarding remains at the heart of our partnership. Increasingly in local organisations Equality Impact Assessments now require a Safeguarding Assessment to be made as part of any budget reduction decision.

The Quality Assurance subgroup has been developing a replacement to the Safeguarding Adults Assurance Framework (SAAF), which works well within the NHS but is not fit-for-purpose for all partners to follow. We need a system to provide assurance and scrutiny without imposing a one-size-fits all approach. Any solution needs to encourage partners to challenge each other and hold each other to account.

Continued training and learning across all partners remains essential. The most recent Safeguarding Adults Reviews emphasised the need for professional curiosity in all our work, alertness to coercion and control and forms of modern slavery. The Board aims to further share best practice and build the resources on the Board's website.

Should I read the full Annual Report?

This Annual Report is really rich in case studies and insight. Whilst our context remains one of austerity and pressure on services, there are so many examples of good work leading to better outcomes for our citizens. We need to remain committed and continue to build on these strengths.

The full report can be found [here](#). Read it, be informed, be inspired, help us to do even better next year. Thank you.

Malcolm Dillon, Independent Chair, Safeguarding Adults Board