

Nottingham City

**Safeguarding Adults**

Board

# Annual Report

## April 2019 – March 2020

## Contents

---

Message from the Chair.....	3
Case study.....	4
Strategic priorities.....	5
1. Prevention.....	5
2. Assurance.....	5
3. Making Safeguarding Personal.....	5
4. Board performance and capacity.....	5
What the Board achieved.....	6
1. Prevention.....	6
2. Assurance.....	6
3. Making Safeguarding Personal.....	8
4. Board performance and capacity.....	8
Core duties of Nottingham City Safeguarding Adults Board.....	9
Case study.....	9
About Nottingham City.....	10
Nottingham City Adult Social Care safeguarding performance.....	11
Who sits on the Board and how does it work?.....	15
Safeguarding adults reviews.....	17
Partner contributions.....	18
What next for 2020/21?.....	34
Reporting abuse.....	34
Glossary of acronyms.....	35

For explanation of acronyms used throughout this document please see the glossary of terms on page 35.

## Message from the Chair

---

Welcome to the 2019/20 Nottingham City Safeguarding Adults Board annual report. Once again, I believe the report demonstrates the strength of the partnership and members' shared commitment to safeguarding within the city.

Last year I highlighted the challenges in the city arising from austerity and funding reductions. This year was no different and as we came to the end of the reporting period we were also faced with the emerging global pandemic and the challenges this brought for all partners. We have subsequently seen the distressing impact of COVID-19, particularly on our most vulnerable citizens. I expect this to be an ongoing theme throughout at least the next reporting period.



However, the year also demonstrated that the Board's priorities are the right ones: maintaining assurance on the quality and safety of the care market; ensuring safeguarding messages and supports are in place to make safeguarding everybody's business and continuing to place 'Making Safeguarding Personal' at the heart of all of our work. I have been truly impressed by partners' ongoing focus on safeguarding adults despite the many competing demands.

During 2019/20, we strengthened the partnership on the Board with the welcome addition of a strategic housing lead giving assurance that homelessness and rough sleeping remain high on the agenda. We also benefitted from strong input from both the voluntary sector and Healthwatch.

Finally, we continued our focus on learning from safeguarding adults reviews and quality audits. I am a firm believer that an open culture focusing on continuous improvement is the best way we can ensure citizens' wellbeing and safety.

Once again, I hope you find this report interesting and thought provoking.

A handwritten signature in cursive script, which appears to read 'J Hollister', written in black ink on a light-colored background.

Joy Hollister

Nottingham City Independent Chair

## Case study

---

'A' was an older citizen with a terminal illness who lived in a bungalow with her grandson, who misused drugs. 'A' asked her grandson to leave the property due to his behaviour, but he regularly returned to her home along with other drug users, presenting a risk to her personal safety.

As concerns for her safety escalated, 'A's social worker liaised with her local housing provider and, in accordance with her wishes, 'A' moved into an accessible flat.

The social worker subsequently supported the grandson to access commissioned drug treatment services as well as housing support, all of which reassured 'A', who continued to be concerned for her grandson's welfare.

Family members later fed back that they felt supported by services and that a successful outcome, which promoted rather than hindered family relationships, had been achieved.

## Strategic priorities

---

The Board had four strategic priorities for 2019/20. These were:

### 1. Prevention

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

### 2. Assurance

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

### 3. Making Safeguarding Personal

To promote person-centred and outcome-focussed practice.

### 4. Board performance and capacity

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

# What the Board achieved

---

The annual action plan for 2019/20 was based on these four strategic priorities and the Board successfully achieved the following:

## 1. Prevention

- Implemented a new 'communications action plan' to amplify local, regional and national safeguarding messages, including 'World Elder Abuse Day' and 'White Ribbon' Awareness Day
- Promoted improved adult safeguarding arrangements between Adult Social Care and the Department for Work and Pensions (DWP)
- Jointly published practitioner 'self-neglect' guidance with Nottinghamshire Safeguarding Adults Board (SAB)
- Promoted free adult safeguarding resources (e-learning and mobile phone apps) for use by the voluntary sector
- Promoted Nottinghamshire Healthcare NHS Foundation Trust's innovative domestic abuse card for people with learning disabilities
- Promoted Nottinghamshire Fire and Rescue Service's CHARLIE campaign and online referral system
- Made representations on behalf of Board partners that the Slavery and Exploitation Risk Assessment Conference (SERAC) continue to have access to funding streams
- Created and promoted the introductory 'what is adult safeguarding?' PowerPoint presentation across statutory and voluntary sectors
- Created and distributed 'seven minute briefings' for frontline staff on topics including 'modern day slavery' and 'cuckooing'

## 2. Assurance

- Joined Nottinghamshire Healthcare NHS Foundation Trust's 'Sexual Safety on the Wards' steering group
- Received assurance from the integrated care system (ICS) and integrated care partnership (ICP) that adult safeguarding would be considered as part of their strategic action plans
- In light of 'Whorlton Hall', received assurance that clinical commissioning group (CCG) 'out of area' placements remained safe
- Received assurance from Nottinghamshire Trading Standards about work undertaken to tackle financial scams
- Received assurance from partners regarding implementation of the new Restraint Reduction Network (RNN) protocols
- Received assurance that partners had taken note of the Office of the Public Guardian's (OPG's) new safeguarding policy and that staff understood the OPG's function

- Received assurance from Adult Social Care (ASC) and the CCG that partnership arrangements remained in place to safeguard care home and home care service recipients
- Agreed that the Board would assume oversight of the local authority (LA) independent inquiry into child sexual abuse (IICSA) review action plan
- Agreed what additional assurance should be sought from partners in respect of adult safeguarding following publication of the IICSA review
- Received assurance reports from our partners on the following cross-cutting themes: housing and homelessness, prevent\*, modern slavery, female genital mutilation (FGM), domestic and sexual violence and abuse (DSVA) and suicide prevention
- Received assurance from ASC that they undertook more community and residential reviews than last year and remain committed to targeting those most in need
- Received assurance that partner agencies subject to regulatory inspections had action plans in place
- Received assurance that ASC continued to triage Deprivation of Liberty Safeguards (DoLS) cases in accordance with Association of Directors of Adult Social Services (ADASS) recommendations
- Received regular assurance from Greater Nottingham CCG that the local learning disability mortality review (LeDeR) response remained on schedule
- Received assurance from the commissioned advocacy provider about the efficacy of their services
- Received assurance from the CCG about when staff consult independent mental capacity advocates (IMCAs) in relation to 'do not attempt resuscitation' (DNAR) orders
- Received assurance about the sector response to the demands placed upon it following implementation of the Homelessness Reduction Act
- Created the 'impact upon learning outcomes rating' (ILOR) tool to measure how effectively training and learning is embedded at organisational and practitioner level

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

### 3. Making Safeguarding Personal

- Devised a case audit tool with Nottinghamshire SAB for use in future qualitative audits
- Continued to attend Vulnerable Adults Provider Network (VAPN) and safeguarding leads meetings
- Began writing a partnership-wide 'Making Safeguarding Personal' (MSP) leaflet
- Promoted greater awareness of the 'Real Safeguarding Stories' website, including at Board
- Discussed individual 'good practice' examples of adult safeguarding at Board
- Asked all partners to report via their performance assurance tool (PAT) return how they ensured MSP practice in their own agencies

### 4. Board performance and capacity

- Began monitoring the annual action plan and risk register at every Board meeting
- Devised a 360° feedback tool to evaluate the independent chair's performance
- Improved Board governance and oversight arrangements by arranging scrutiny of the annual report from Nottingham City Council's Health and Wellbeing Board and Oversight and Scrutiny Committee
- Improved the PAT
- Continued to work towards full GDPR compliance in all areas of Board activity
- Agreed the Board budget for 2020/21
- Wrote and distributed the Board's annual report – including a new, two-page graphical summary – to all members and statutory stakeholders
- Continued sharing learning with Nottingham City Safeguarding Children Partnership and the Crime and Drug Partnership
- Promoted greater understanding of the Board's function and role to the Community Protection Senior Leadership group
- Ended the complex case review pilot and replaced it with 'non-mandatory SARs'
- Introduced regular reporting of LA safeguarding performance data (the data dashboard) at Board meetings
- Began monitoring the Care Quality Commission's new regional reports at the Quality Assurance (QA) subgroup
- Continued to refresh and expand membership of the Board's three subgroups
- Updated the Nottingham City SAB webpages following Council redesign



# Core duties of Nottingham City Safeguarding Adults Board

---

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

The SAB has a strategic role that is greater than the sum of the operational duties of the core partners. It oversees and leads adult safeguarding across its locality and is interested in a range of matters that contribute to the prevention of abuse and neglect.

A SAB has three core duties:

- It must publish a strategic plan for each financial year that sets out how it will meet its main objective and what the members will do to achieve this.
- It must publish an annual report which details what the SAB has done during the year to achieve its main objective and implement its strategic plan, and what each member has done to implement the strategy, as well as the findings of any safeguarding adults reviews (SARs) and subsequent action.
- It must conduct any safeguarding adults reviews in accordance with Section 44 of the Care Act.

## Case study

---

'B' first presented with skin breakdown and self-neglect with complex family dynamics, which did not encourage her engagement with care.

After an initial period of emergency respite, 'B' objected to remaining in residential care and, after formal consideration of her mental capacity, a care package was agreed that supported 'B's wishes and feelings to return home with support from carers and family.

However, the family dynamics worsened and witnessing arguments between siblings adversely affected 'B'. The safeguarding team social worker initially undertook mediation between family members when conflict occurred with a view to supporting 'B' to continue residing at home, which remained her wish.

Recognising that 'B' benefitted from being at home, continued efforts were made by multiple agencies and friends to support 'B' for nearly two years. The safeguarding team remained involved throughout, receiving and monitoring concerns and responding as required, whilst managing to balance 'B's desire to remain at home with their legal duty to manage risk.

# About Nottingham City

## Nottingham Insight

Source of Data - Census unless otherwise indicated



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



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

**50%** Young population aged under 30



ONS Mid Year Estimates 2019

**332,900** live in the City

ONS 2015-17



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



**Households 126,100**

### Languages spoken in the City

English	Urdu	Polish	Punjabi	Arabic	Romanian
73.7%	5.8%	4.6%	3.9%	2%	0.9%



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

School Census Jan 2017

ONS Mid Year Estimates 2019

**231,600** working age population (16-64)

**1 in 3**



adults are physically inactive

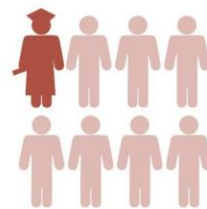
Sport England 2013/14

**Highest level of bus use per head outside London**

**45.7%**



Own their home or shared ownership



**1 in 8** are students

ONS 2017

**4,178** Births **2,367** Deaths

**52.8%**



Rent - (council, social or private)

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

(\*8th out of 317 Districts)

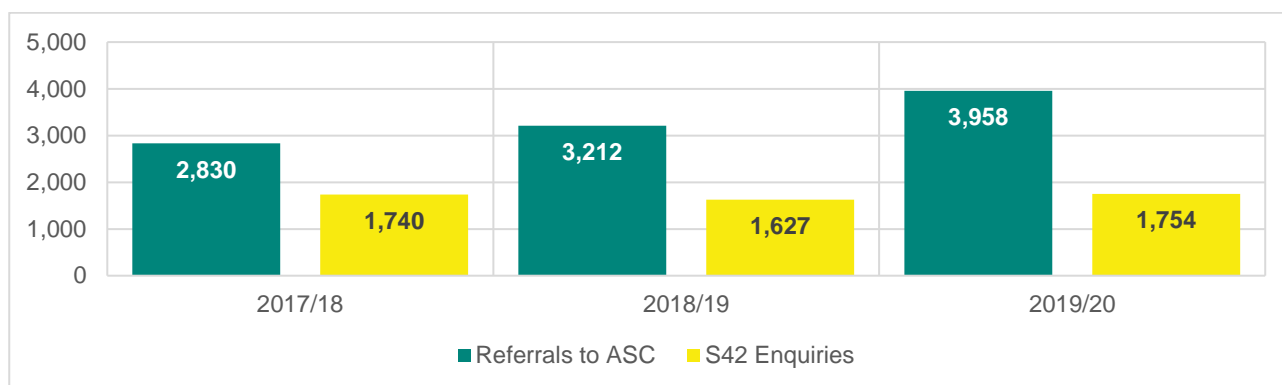
Indices of Deprivation 2019

# Nottingham City Adult Social Care safeguarding performance

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

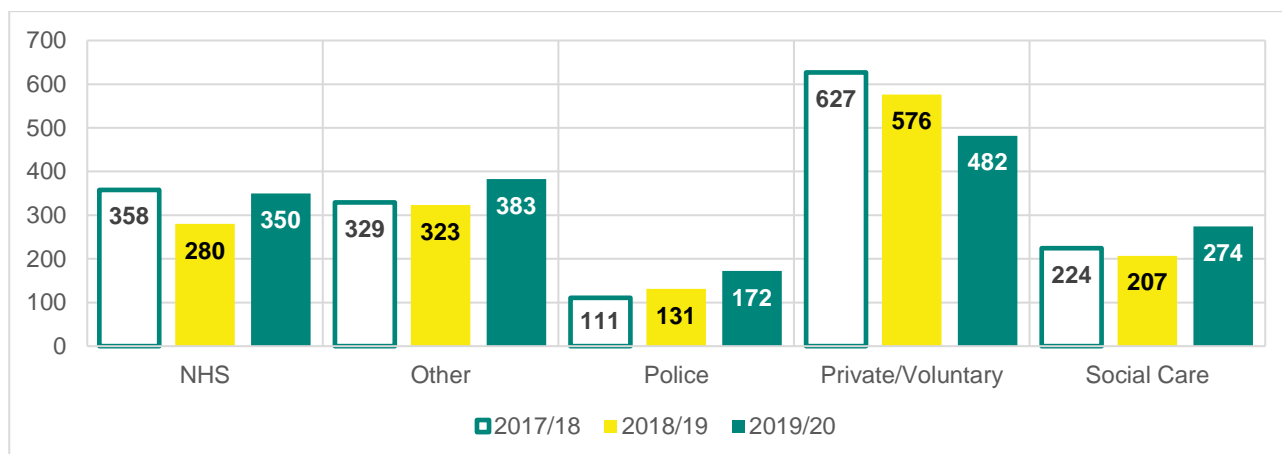
The charts that follow are drawn from local authority safeguarding data and show key safeguarding measures.

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



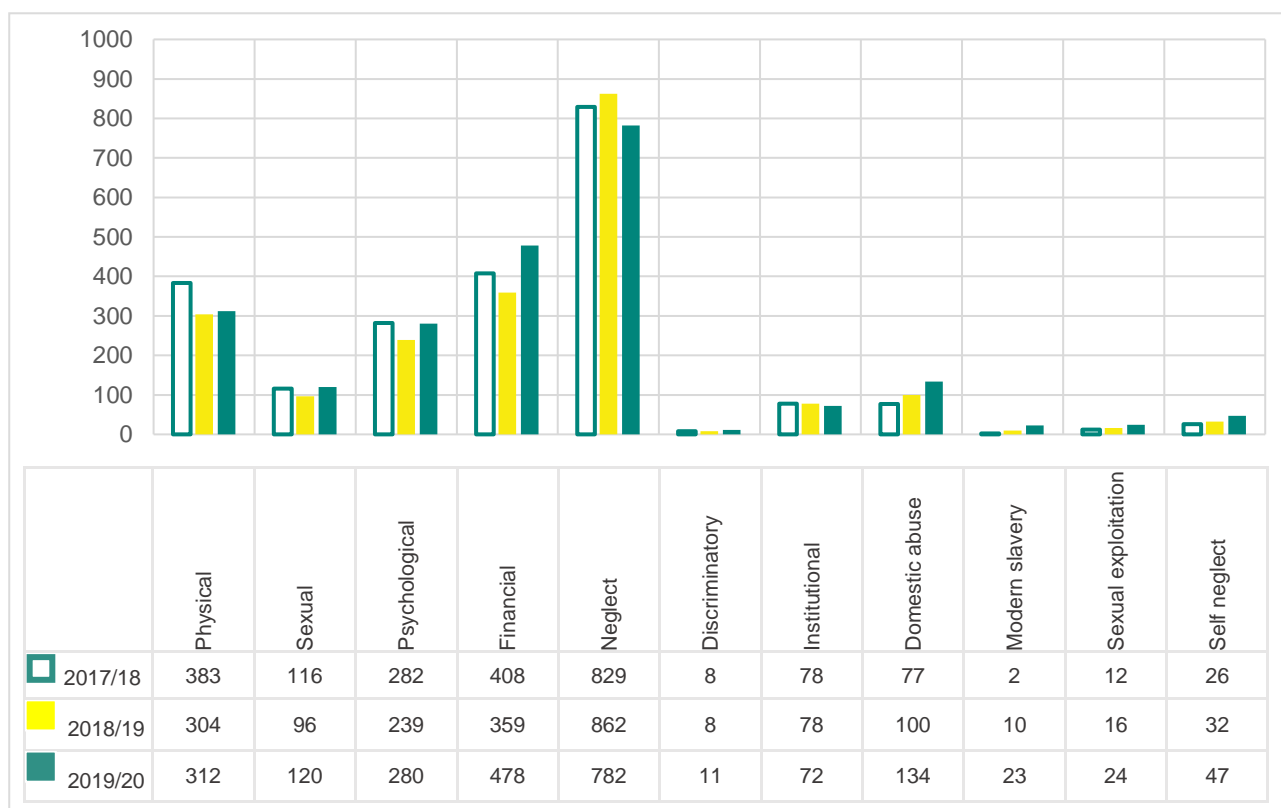
In 2019/20 the number of adult safeguarding referrals received by Adult Social Care (ASC) continued to increase, although the number of s.42 enquiries undertaken remained largely constant.

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



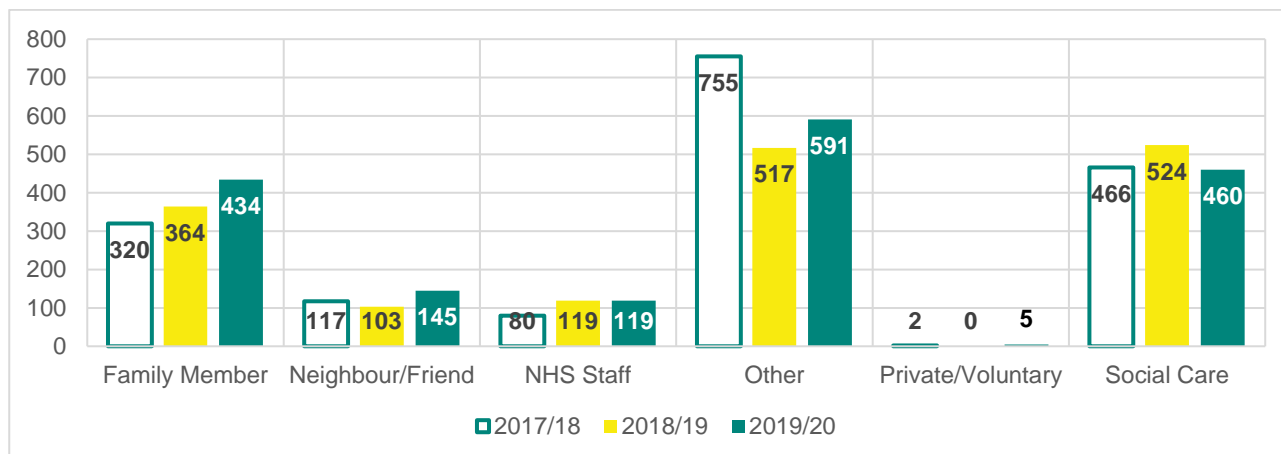
Trends in referral source for adult safeguarding referrals that lead to a s.42 enquiry remained relatively consistent compared to previous years, with the private/voluntary sector continuing to provide the largest, albeit steadily dropping, proportion of adult safeguarding referrals.

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



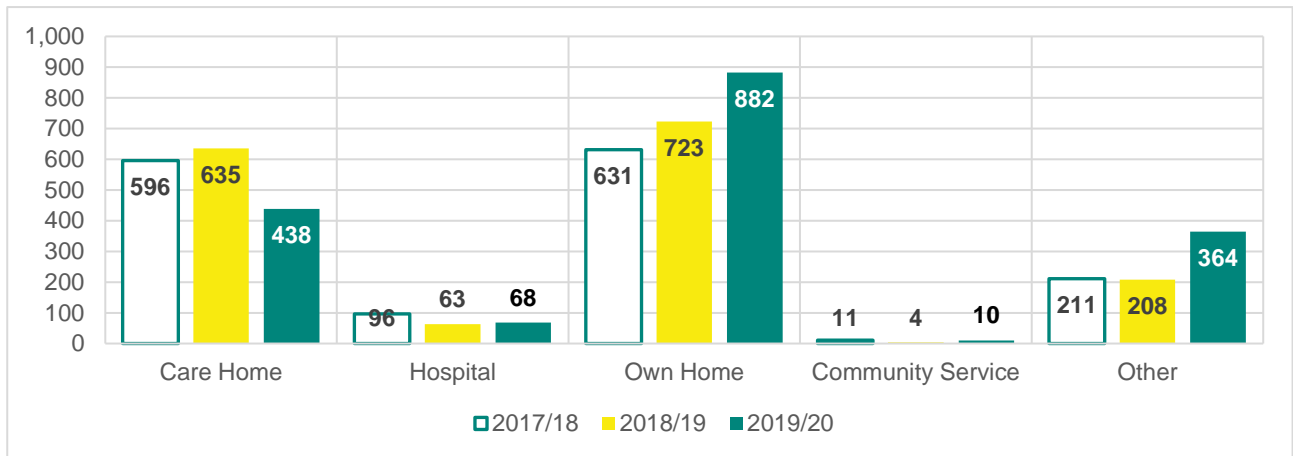
Neglect continued to be the most prevalent abuse type recorded. This category had seen consistent increases annually since 2016/17, but reduced in frequency in 2019/20. Of note is that financial abuse is now comfortably the second most prevalent type of abuse, whilst physical abuse rates virtually matched that of last year, ceasing their annual decline.

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



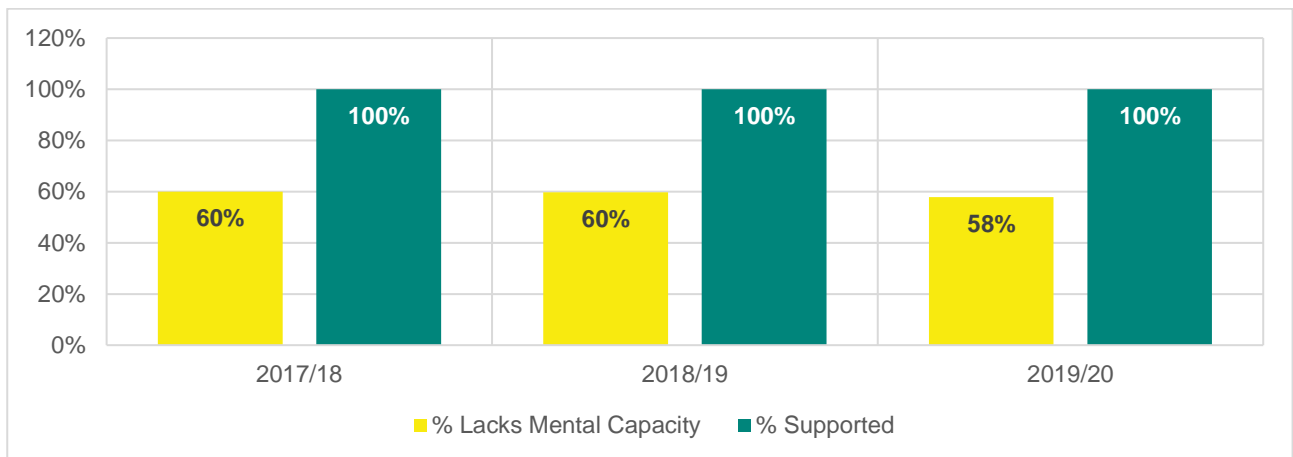
Unfortunately, 'Other' continues to show as the single largest type of 'perpetrator relationship' (indeed, increasing in 2019/20), with 'Social Care' and 'Family' maintaining their respective positions behind. New recording categories should improve matters for next year's report.

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



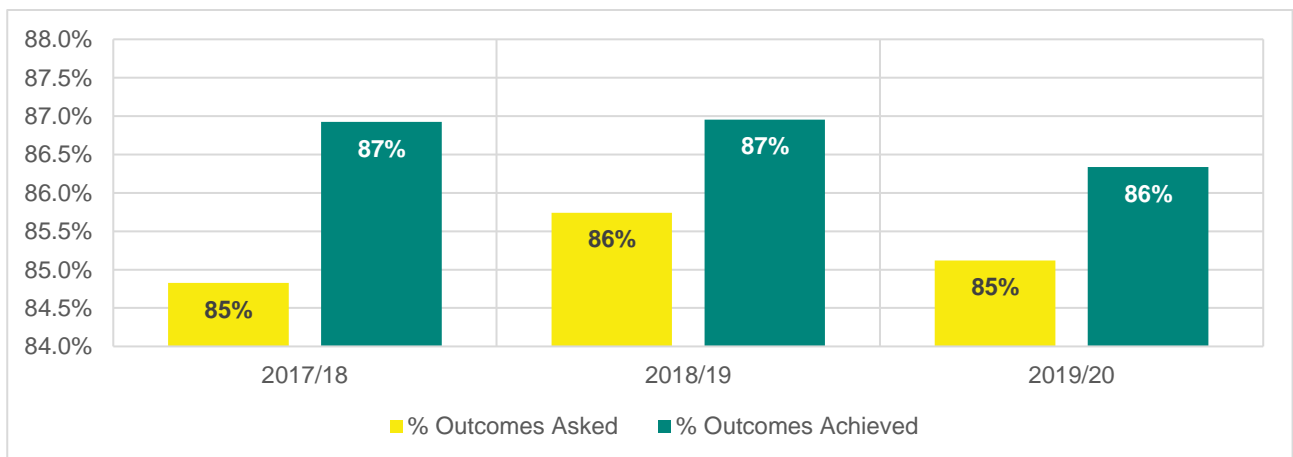
Whilst the number of s.42 enquiries within care homes continued to fall significantly in 2019/20, abuse within familial dwellings continued to rise.

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



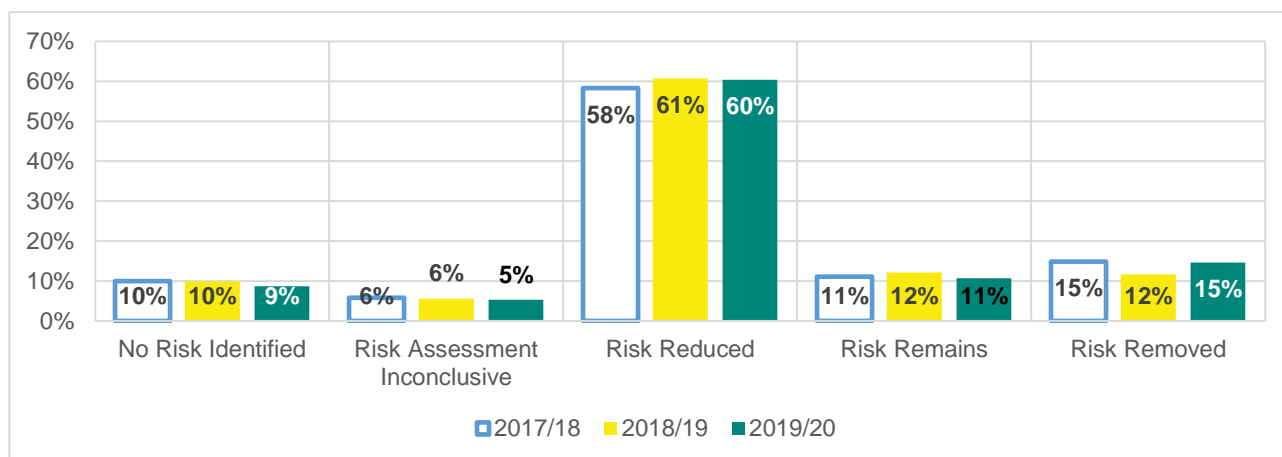
The proportion of referrals where the adult at risk was recorded as lacking mental capacity in relation to the safeguarding referral has remained static over the last three financial years. The same trend is also seen in the proportion of those who lacked mental capacity receiving support through Care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

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



Neither measures displayed here showed any statistically relevant change.

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



Risk outcomes of s.42 enquiries followed a consistent trend compared to previous years, with the majority of enquiries concluding with a reduction in risk (60%), followed by the level of risk remaining (15%) and the risk being fully removed (11%).

Neglect remains the biggest single type of abuse, disproportionately affecting adults aged 70 plus, regardless of gender and accounting for well over half of s.42 enquiries in this age range. Although financial abuse accounted for the second greatest volume in both males and females over the age of 70, this was actually the most prevalent type of abuse in males aged 18 to 69, until 'overtaken' by neglect for males aged 70 and above. For women aged 18 to 69, sexual and domestic abuse is far more prominent than amongst males of the same age, although physical and financial abuse also figure significantly until, as with men aged 70 and above, neglect quickly becomes the most common type of abuse.

Over the last three years there has been little change with respect to safeguarding and gender, such that the majority of citizens referred in 2019/20 continued to be female (1,029 compared with 772 males). Looking at the relationship between safeguarding and age, adults at risk over the age of 65 accounted for well over half of all referrals, with citizens aged between 69 and 89 contributing the highest proportion within this age category. Lastly, and as expected, the greatest volume of adults at risk in 2019/20 were of White British ethnicity (over 75%). Census data is now so out of step with local population changes as to make wider analysis of population engagement with adult safeguarding almost meaningless.

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

---

Joy Hollister chaired the Board throughout the year, with support from Ross Leather, the Board Manager, and Emma Such, the Board Administrator.

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

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

During the course of the year, the Board also welcomed two new members, representing Nottingham and Nottinghamshire Healthwatch and Nottingham City Council's strategic housing service.

The Board has three subgroups to support it:

- [The Quality Assurance subgroup](#)

This is a proactive subgroup, responsible for supporting Nottingham City SAB in its assurance responsibilities by collecting evidence concerning the quality of local safeguarding adults' interventions and the performance of agencies and their staff in carrying out their safeguarding responsibilities. This includes a focus on the principles of Making Safeguarding Personal.

- [The Safeguarding Adults Review subgroup](#)

This is a reactive group, responding to any SAR referrals the Board receives and responsible for the operation of the SARs it commissions to ensure that agencies learn lessons and improve the way in which they work with adults at risk. The SAR subgroup seeks to develop SAR processes in line with the Care Act and local and national best practice.

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

This is both a reactive and proactive group, responsible for disseminating learning identified in SARs as well as acting as a conduit for identifying and passing on safeguarding messages and available training to partner workforces. Additionally, the subgroup can arrange training on behalf of the Board as well as reviewing the effectiveness of multi-agency learning and improvement activities.

In addition to the three subgroups, the independent chair and representatives from the three funding agencies meet with the subgroup chairs and Board manager on a quarterly basis at the Business Management group to assist in the implementation of the Board's annual action plan.

Nottingham City Council, Nottinghamshire Police and Nottingham and Nottinghamshire CCG fund the Board.

#### SAB 2019/20 budget

	Expenditure	Income
Board manager	£58,992	
Board administrator	£12,692	
Board chair	£13,878	
Running costs	£2,179	
SAR	£6,365	
<b>Total expenditure</b>	<b>£94,106</b>	
Nottingham City Council		£42,646
Nottingham and Nottinghamshire CCG		£42,646
Nottinghamshire Police		£8,214
Nottinghamshire Probation		£600
<b>Total income</b>		<b>£94,106</b>



## Safeguarding adults reviews

---

During the 2019/20 financial year, four SAR referrals were received (although one was for information only with no expectation that an SAR was required) resulting in three requests for partner reports on their involvement with these individuals. Extraordinary meetings were held, involving all relevant agencies, and cases examined to see whether the SAR criteria were met. In one case, it was decided they were not, although some learning was identified and actioned. In another case, it was decided that the criteria were met, and an independent author was commissioned. During the course of this SAR, a learning event was held, which was well received by all partners, the report was completed and action plan agreed, although this has not yet been published due to ongoing criminal investigations. The final potential SAR was delayed because of the COVID-19 pandemic, with work only resuming outside of the period under review here.

Additionally, action plans for previous SARs – adults C and D and ‘Autumn Grange’ – were all concluded. Work also continued on the two complex case reviews (essentially non-mandatory SARs), begun last year by Nottingham City SAB. At the time of writing, both reports have been accepted by the Board, along with their respective action plans, with completion expected before the end of 2020.

## Partner contributions

---

Our partner agencies promoted adult safeguarding within their own organisations in numerous ways throughout 2019/20. These are their reports:

### Nottingham Community and Voluntary Service (NCVS)

Before and during lockdown, NCVS staff continued to deliver the Volunteer Centre and Professional Development Unit (PDU) services. Staff and volunteers for both services received safeguarding training at induction and briefings periodically thereafter. The NCVS safeguarding lead reviewed all potential safeguarding issues.

Alongside this, NCVS continued to host the VAPN and the Designated Safeguarding Lead (DSL) meetings, as well as providing a dedicated safeguarding page on its website where resources discussed at the meetings could be shared.

Internally, NCVS has up-to-date safeguarding policies and procedures available electronically and as hard copies for staff and volunteers to easily access, whilst safeguarding remains a standard item on team meeting agendas. Externally, we continue to deliver low-cost safeguarding training to Nottingham's voluntary, community and social enterprise sector (VCSE).

NCVS has been monitoring the effect of the pandemic on Nottingham's VCSE. We fear that the real impact of the crisis upon local groups and organisations will not be realised until next financial year when furlough has ended and funding streams to support charities stop. We are currently working with Nottingham's VCSE Strategy Forum on a 'state of the sector' survey, which is hoped will provide a more accurate analysis.

### HMP Nottingham

HMP Nottingham continues to respond to the needs of prisoners who have safeguarding issues. All new prisoners receive one-to-one interviews with a registered nurse and member of the prison safety team to assess their needs, with referrals to other services made immediately if necessary. The biggest difficulty for the prison remains that we do not know who is going to arrive each day and what needs they may have.

Those prisoners identified as requiring support are referred to the weekly, multi-agency safeguarding meeting, where their needs are discussed and appropriate care plans developed. Those attending include staff from the Safety team, Healthcare team, local community rehabilitation company, the Chaplaincy service, Psychology team and a senior operational manager. Oversight of these meetings is provided by the deputy governor. Further assurance regarding adult safeguarding within the prison is provided by visits from the regional safety team as well as the Prisons and Probation Ombudsman via their official inspections.

The prison has a comprehensive local safeguarding policy describing what safeguarding is, who may fit the criteria and what processes to follow. All staff have been made aware of this policy and procedure. Over the course of the year, the prison has also provided refresher training for all staff in suicide and self-harm prevention.

One new element of the safeguarding process is the use of ACCT (assessment care in custody and teamwork) books for those at risk or who have self-harmed. As part of the process, individual care maps are drawn up with prisoners, describing what is needed, who is responsible, the timeframe necessary and a review date when the case manager and prisoner will meet to discuss the plan. Each book is reviewed within 72 hours by a

senior manager and upon its closure. Issues are addressed immediately where identified. Within seven days of the ACCT being closed, a 'post closure' interview is conducted with the prisoner who was at risk. How effectively he was supported is discussed and the prisoner can provide written feedback.

The prison continues to improve its working relations with Board partners, with one example being an investigation undertaken on behalf of Adult Social Care, when allegations of assault by a prisoner against a member of staff were explored. CCTV footage was viewed and staff interviewed and within two days the investigation had been completed and the report shared with Adult Social Care.

HMP Nottingham remains committed to attending and contributing towards Nottingham City SAB meetings.

HMP Nottingham has not identified any current organisational risks that would affect its ability to meet its adult safeguarding duties.

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

During the year, we continued to experience a difficult financial position that exacerbated pressure on staffing levels and workloads. This looks likely to be the case until at least June 2021. Further major reform and restructuring of the probation system was announced in May 2019, which will result in significant organisational change over the coming year. This restructuring will need to be completed at pace, which will bring its own challenges, particularly against the backdrop of the pandemic.

By way of mitigation, all aspects of organisational performance and expenditure are now subject to high levels of internal and external scrutiny, from overarching governance structures and scrutiny panels and through internal quality assurance and 'dip sampling' (spot checking).

We have ensured that all staff remain informed of ongoing change through regular engagement, and have prioritised training of colleagues in safeguarding and public protection, with all practitioners having received refresher training on child and adult safeguarding and domestic abuse. 'Making Safeguarding Personal' has been a key element of these courses and our 'Every Case Essentials' practice requirement document also includes an 'MSP approach', which we expect staff to work towards.

We have seconded a former lead inspector for Her Majesty's Inspectorate of Prisons (HMIP) to provide support with progressing previously identified areas of improvement, with our newly formed 'Improving Practice team' leading on our detailed HMIP plan.

Alongside the internal, monthly quality assurance of sampled cases and mini inspections completed by our seconded inspector, we undergo a range of external scrutiny measures, including audits by the Ministry of Justice and contract management team scrutiny, all of which have consideration of adult safeguarding embedded within them.

Our Public Protection Forum ensures that actions from serious further offences, serious case reviews, domestic homicide reviews and SARs are collated and completed, with learning identified and disseminated amongst staff teams.

DLNR CRC sits on all local safeguarding boards, strategic community safety partnerships, and youth justice and criminal justice boards, and we remain committed to working effectively with all our partners.

Looking forward, the challenges remain much as they were last year, with the merger with probation and responding to the evolving nature of the pandemic, including a possible second wave, likely to be key priorities.

## Nottinghamshire Fire and Rescue Service (NFRS)

We operate a 24/7 service, with over 75% of employees engaged on the 'frontline', so our main adult safeguarding risk relates to staff training and how to correctly make a safeguarding referral. Accordingly, completion of our 'safeguarding essentials' e-learning module is mandatory for all employees every three years. Additionally, six-monthly 'case studies' are provided to frontline staff to help build competence in recognising abuse.

Members of the Prevention team and six group managers (who share on-call duty manager responsibility) receive additional safeguarding training, whilst the safeguarding team are trained to 'designated safeguarding lead' level. The service's safeguarding policies and procedure are available to all staff via our 'MyNet' intranet.

The Safeguarding team meets quarterly to review cases, identify learning and plan appropriate actions against any emerging themes. The team also undertakes regular quality assurance checks on referrals. On a bi-annual basis, a third party is commissioned to contact a sample of NFRS service users to gain feedback. This is then used to help improve service provision for those individuals we visit through emergency calls and preventative work.

During the year, NFRS launched an online referral system for 'safe and well' visit requests from partner agencies for residents at increased risk of fire. The website has a 'professionals only' link that allows completion of our CHARLIE matrix (ten characteristics that determine a level of risk) by those professionals who have concerns about the fire risk their clients present. Supporting this, face-to-face and e-learning training has been developed to aid completion of the CHARLIE matrix by partner organisations.

NFRS now has designated fire stations that are 'safe places' for people in crisis. Although care is only temporary, e.g. following an emergency, all operational staff have been trained to manage these situations.

Throughout the year, NFRS supported the City Safeguarding Adults Board by attending meetings and subgroups. NFRS also delivered CHARLIE and hoarding training for Board partners at no cost, which was well attended and received by all stakeholders.

During the pandemic, the pause in 'safe and well' visits meant that, in many cases, staff risk assessed via telephone triaging (only those households scoring as 'high risk' continued to receive a physical visit). On 20 July 2020, work recommenced to clear the backlog of home visits as quickly as possible, with three additional staff recruited.

Looking ahead, in the event of a second wave or local lockdowns, NFRS will revert to processes established earlier in 2020 to identify and protect the most vulnerable after 'safe and well' telephone triaging.

## Nottingham CityCare

Our training compliance improved over the year, achieving just short of our 90% target.

We recognise the challenges we face in ensuring the correct application of the Mental Capacity Act (MCA) and the additional support our staff require to undertake robust MCA assessments. To achieve this, we have an MCA action plan that supports us in identifying areas for improvement and influences our activity in this area.

Our bite-sized learning programme has focussed on complex issues such as non-engagement, self-neglect, hoarding and fire safety; the workshops and briefing sheets ensure key messages are embedded in practice.

Prevention of abuse is central to our duty of care. We continue to ensure our operating procedures, care pathways and guidance for staff promote early intervention, whilst staff remain able to access our safeguarding duty worker for advice and support through a single point of access. Our safeguarding intranet pages also provide a range of resources to support practice. If a case is complex or staff require additional support the Safeguarding team can provide this on a one-to-one basis, as well as offering regular safeguarding drop-in sessions for all colleagues.

Our fire safety action plan includes a number of measures to improve staff's understanding of fire risk, including embedding the fire risk template into our 'SystemOne' electronic patient record and delivering bite-sized 'CHARLIE' learning.

All new staff receive 'prevent' training as part of their induction training, with information about 'prevent' also integral to the mandatory safeguarding training all staff receive. 'Prevent' training compliance stands at 98%.

Our lead practitioner for safeguarding audits all advice calls received on a monthly basis to quality assure calls and identify emerging themes. This work informs our 'safeguarding champions' network sessions. These sessions, co-ordinated by the Safeguarding team and often featuring guest speakers, ensure information is effectively cascaded throughout the organisation.

MSP is integrated into all areas of CityCare's practice; our safeguarding policy and procedure is explicit that staff should ascertain patient wishes and feelings regarding safeguarding, including what outcome they want. MSP is also built into our MCA paperwork and effective supervision ensures consent and wishes and feelings of our patients are central to decision-making.

CityCare is represented at both Board and subgroup level and we aim for 100% attendance. All Board requests for information are responded to in the allocated timeframe, whilst action plans from both internal and safeguarding adults reviews are monitored through the SILLF (Serious Incident Learning Lessons Forum). We continue to participate in multi-agency safeguarding hub (MASH), Domestic Abuse Referral team (DART) and multi-agency risk assessment conference (MARAC) processes.

CityCare has a robust system for monitoring satisfaction levels through complaint management, incident reporting and patient feedback. This system continues to evidence a consistently high level of patient satisfaction amongst patients.

Since the pandemic, we have made a number of changes in our service delivery. These include increased use of technology to ensure training, supervision and support continues, alongside drop-ins to teams and extra capacity within the Safeguarding team. Organisationally, we have committed to support staff who may be experiencing DSWA.

## Nottinghamshire Police

Domestic abuse remains a top priority for Nottinghamshire Police and its partners. Lockdown increased strains on families and we experienced increased domestic abuse, mirroring the 5% national rise. Adopting a 'business as usual' approach, we continued to engage with partners in tackling the issue. MARACs, stalking clinics, albeit virtually, and support for our survivors all continued, with added engagement campaigns including silent reporting via '999 55' and supermarket poster campaigns.

During 2019/20, all frontline staff received 'coercive and controlling behaviour' refresher training delivered by Women's Aid. Over 1,100 officers received this training and more than 140 staff volunteered to be team domestic abuse 'champions'.

Stalking received similar focus in the year, with Nottinghamshire leading the way in the use of 'stalking protection orders' alongside criminal justice outcomes. Targeting of serial perpetrators gathered momentum with increased use of GPS tags for the highest risk abusers, which proved successful in reducing repeat victimisation.

Prevention and early intervention for victims of fraud remain priorities. Our fraud department invested heavily in new forms of engagement, including Instagram, Facebook, Radio Nottingham, Notts TV and Nottinghamshire Alert, advising and alerting our public on current frauds and scams.

Our Modern Slavery team was able to identify that the vast majority of adult victims of fraud were subject to labour exploitation, contrasting with last year's spike in sexual exploitation victims. Use of the National Referrer Mechanism remains effective.

Working alongside our health colleagues, use of the mental health triage car has increased and since October 2019 it has provided daytime as well as evening support. This service was used over 3,000 times in the first half of 2020.

Nottinghamshire Police's major step forward in terms of assurance was the introduction of the Safeguarding Adults Scrutiny Board in early 2020. This quarterly Board, chaired by an assistant chief constable and scrutinised by the chief executive of the Office of the Police and Crime Commissioner, examines Police performance and learning in respect of adult safeguarding, including domestic and sexual abuse, mental health, missing people, modern slavery and elder abuse.

We continue to conduct monthly surveys of victims of domestic abuse, with management addressing service issues and positive feedback passed on to officers. Unlike many other forces, we additionally conduct surveys with victims of rape and those using Clare's Law. These surveys are scrutinised regularly by the head of public protection.

In 2019, we commissioned an independent survey of our employees from the University of Durham. The survey was well responded to and results were encouraging, with positive feedback on force leadership and job satisfaction. Other issues raised such as wellbeing have been added to a force action plan.

Nottinghamshire Police remains committed to its statutory requirements and provides consistent attendance at Board and subgroup level, alongside contributing to safeguarding adults reviews. In our view there has been excellent progress by the partnership, driven by the Nottinghamshire Safeguarding Boards, in aligning service provision and focus across the two local authorities (Nottingham City and Nottinghamshire County Council).

Whilst the full extent of the coronavirus pandemic is yet to be revealed, including the possibility of a 'second spike', sufficient mitigation is currently in place. Brexit will also re-emerge in the coming months, although mitigation and planning continue organisationally and at partnership level via the Local Resilience Forum.

## Nottingham and Nottinghamshire CCG

During the year, local CCGs underwent a restructuring exercise in preparation for becoming a single strategic commissioner in April 2020. This restructure saw the addition of Newark and Sherwood CCG, and Mansfield and Ashfield CCG to the Safeguarding Adults team portfolio, with staffing levels increased to include an associated designated nurse to accommodate the increased workload.

Nottingham and Nottinghamshire CCG (commonly known as Greater Nottingham CCG) continues to be an active member of the Nottingham City Safeguarding Adults Board and subgroups, with the designated nurse for safeguarding adults chairing the SAR subgroup. We also participate in local Prevent and Multi-Agency Public Protection Arrangements (MAPPA) boards as well as supporting the Community Safety Partnership in areas including domestic abuse and FGM.

The LeDeR programme is now in a position whereby themes and trends can be identified, with the steering group developing action plans based upon the learning recognised, which in turn feeds into the strategic transforming care agenda.

We continue to support primary care by contributing to the GP Safeguarding Leads Forum, delivering bespoke training where required. We have also piloted a well-received webinar for adult safeguarding training through the GP 'Team Net' platform. During the year, GP practices began submitting safeguarding self-assessments to the primary care dashboard, with the CCG Safeguarding and Quality teams and the GP Safeguarding Leads Forum supporting them to improve in the areas they had identified through self-assessment.

The CCGs were part of the NHS England and NHS Improvement (NHSE&I) safeguarding assurance tool pilot and judged compliant in both recruitment practices and statutory responsibilities for safeguarding adults. The CCGs' internal governance procedures were amended before the merger to ensure they adhered to both the 'Intercollegiate Documents for Health' and the 'Safeguarding Adults Assurance Framework'.

The Safeguarding Assurance group remains responsible for reviewing and monitoring the learning and actions assigned to the CCG and primary care from safeguarding adults reviews. We continue to attend the quarterly NHSE&I 'Senate for Designated Professionals' and monitor Prevent training figures, liaising with provider organisations to ensure that identified risks are mitigated against.

The CCG continues to identify patients who are subject to a Deprivation of Liberty within care homes or the community. We take these, and cases where the patient is objecting to care, to the Court of Protection for authorisation. We continue to prepare for the implementation of the Liberty Protection Safeguards.

MSP remains an integral component of all adult safeguarding training delivered by the CCG, as well as health providers, who provide assurance to the CCG about how MSP is embedded within their safeguarding procedures, including s.42 enquiries undertaken on behalf of the LA.

The CCG, and particularly the Safeguarding team, will be focusing on several issues as we emerge from the first phase of the pandemic: we will seek to better understand how we can sustainably use evidence-based safe, virtual contacts and assessments; we will maintain a clear focus on care homes and home care; we will continue our work supporting survivors of domestic abuse; and we will continue to have oversight and involvement with issues of homelessness, loneliness, mental health, trauma and self-neglect, as well as helping to identify and tackle health inequalities that are experienced across the population of the city.

## Nottinghamshire Probation Service (NPS)

Key risks for NPS during the year included the arrival of new staff, which required ensuring their initial training was complete and that they were fully aware of their safeguarding responsibilities. Alongside this, we ensured that existing staff remained up to date with their training requirements. This was organisationally challenging and placed demands upon all colleagues. In respect of the training itself, colleagues undertook sessions on safeguarding adults, working with victims of domestic abuse and understanding sexual offending.

NPS now has a new organisational learning system that means managers can monitor the training their teams complete, as well as participation levels. NPS is reviewing its learning plan and working with Her Majesty's Prison and Probation Service (HMPPS) national Learning and Development team to ensure all our training remains fit for purpose.

As an organisation, we have put the majority of staff, many of whom already have enhanced HMPPS vetting, through ViSOR vetting (equivalent to Police Level 2 partnership vetting). This offers an additional level of assurance that those working with vulnerable adults are fit to do so.

Assessments and reports are routinely quality assured by managers to ensure they meet appropriate quality levels and where they do not, remedial work is undertaken. We also have wider Assurance and Quality teams who can support staff who need this. We are also beginning to look at how we can better embed learning from cases that have been subject to review. All our staff are aware of and required to work towards our safeguarding adults policy and procedure.

Our service manages a number of complex cases, with multiple safeguarding risks and issues that need to be managed. In such cases we utilise, and lead on, the MAPPA process, bringing together partner agencies to formulate effective safeguarding management plans. In keeping with this multi-agency approach, our approved premises all have links with social care colleagues so that we might better meet the needs of those individual residents who are Care Act eligible.

NPS staff attend a number of boards and strategic forums that consider adult safeguarding, including the Crime and Drug Partnership; Safer Nottinghamshire Board; Domestic Homicide Review Assurance and Learning Implementation group; Stalking Clinic; and MAPPA. All these involve significant partnership working related to safeguarding. We also have two safeguarding senior probation officer (SPO) leads and the deputy head of the service represents Nottinghamshire Probation at Nottingham City's Safeguarding Adults Board.

Whilst the pandemic is an obvious risk for all agencies, we have now been working to an 'exceptional delivery model', essentially a different way of supervising people, for some time and a recent thematic inspection identified that safeguarding practice was of good quality. The other significant potential risk is the reintegration of probation services into one unified 'National Probation Service' by June 2021, although we are confident this process can be successfully managed.

## Nottinghamshire Healthcare NHS Foundation Trust

In order to support the Trust's five-year vision alongside our safeguarding priorities we realigned the safeguarding service into a single integrated team. This process has not been without risk and we undertook sessions exploring working practices, culture and behaviour, all with the aim of improving teamwork and co-operation.



As the pandemic began, a risk was identified in relation to staff accessing safeguarding advice easily. This risk was mitigated by bringing forward the introduction of the Single Point of Contact (SPOC), a single email and phone number for all safeguarding queries.

Although the service had above average sickness levels, contingency plans were established to ensure work was still completed in a timely manner, whilst a review of the Trust's multi-agency review framework was also undertaken to strengthen our approach.

A focus upon domestic abuse remains a priority for the organisation and our MARAC practitioner, supported by two specialist domestic violence colleagues, has continued to lead Trust involvement in these processes. Work has also continued on the sexual safety on wards project with Nottingham University. This has included development of resources, staff training and, most importantly, engagement with female service users. The project lead continues to be involved at a national level.

All staff receive training from the Trust's Safeguarding Training team. Courses are reviewed annually, with specific areas of need addressed as necessary, which this year included training on the domestic abuse, stalking, harassment and honour-based violence risk identification checklist (DASH RIC) and referrals to MARAC. Evaluation of training is consistently high. Whilst the team continues to develop a number of safeguarding adults training packages, including e-learning on domestic violence and self-neglect, work has also started on developing a safeguarding training passport that will allow staff to easily record the development opportunities they access.

The Trust's Safeguarding strategic group provides oversight of our safeguarding strategy. Our 'think family' strategy, alongside our domestic violence and training strategies, are all key areas at Trust strategic level. Further assurance is provided via our annual report to the Trust Board. An opportunity to celebrate achievements and lessons learnt, this year's report was presented in an 'infographic' format that visually represents information, data and assurance in a way that is accessible to all. We also continue to ensure compliance through completion of the Safeguarding Adults Assurance Framework (SAAF).

The Trust has an established system for learning from incidents, with areas identified as requiring improvement monitored to ensure new practice is embedded. Similarly, learning identified from multi-agency reviews is shared via briefings and the staff intranet, whilst training packages are updated as required. Our Safeguarding Link Practitioners group also continues to meet, with excellent engagement from many services.

We have strengthened our performance information reporting to provide statistical analysis of how the Trust has complied with safeguarding duties over the year, highlighting good areas of practice, themes and key areas for development.

Use of our compliance framework, by which Trust services measure their compliance against Care Quality Commission (CQC) standards, has continued, with safeguarding practitioners supporting any areas requiring improvement through the creation of quality improvement plans.

Following evaluation by Nottingham University, a review of the current safeguarding supervision framework has begun. Safeguarding trainers have continued to deliver safeguarding supervision skills training to managers across the Trust.

MSP continues to be a focus in all safeguarding training. We have completed an audit on our s.42 enquiries that benchmarked the quality of current referrals, including consideration of MSP. Likewise, the new SPOC process allows us to collect MSP information from referring colleagues so we can establish where practice sits across the Trust. We will develop a quality improvement plan to address the issues identified.

Our associate director for safeguarding and social work sits on the Board, whilst Safeguarding team members ensure the Trust is represented on all subgroups, with colleagues currently chairing two of these groups.

The Trust has started a trauma-informed approach to patient care that will be extended to safeguarding activity to ensure the patient's voice is heard. We are now planning for the recovery phase of the pandemic, working to integrate our service into the 'new normal', whilst ensuring we have appropriate staffing to address the anticipated rise in domestic violence as lockdown eases and the predicted recession begins.

## East Midlands Ambulance Service (EMAS)

We continue to prioritise safeguarding as an essential component of high-quality care and have adopted a 'think family' approach, with staff recognising that safeguarding is 'everyone's business'. Our colleagues are able to recognise and respond to abuse in accordance with organisational and statutory requirements, access care pathways and reduce harm through the provision of high quality care. Although EMAS is an emergency service and does not case hold, all staff are trained to engage patients in a way that enhances involvement, choice and control and as such 'Making Safeguarding Personal' should always be considered.

During the year, we developed a new education e-learning pack; continued delivery of safeguarding education (now up to level 3), including learning disability and autism education for all staff; completely reviewed our full suite of safeguarding policies; updated our modern slavery statement; hosted a safeguarding conference for colleagues; and supported use of the 'Bright Sky' app to support survivors of domestic abuse.

Although pressures during the year meant the Safeguarding team was unable to implement our communication plan in full, both Facebook and Twitter were used – alongside more traditional methods of bulletins, posters and case studies – to engage with staff and we are considering how to maintain a presence on these platforms next year.

Although EMAS successfully completed its annual SAAF, a challenge visit took place in November 2019 with commissioners seeking additional evidence of attainment in all areas. Upon completion, we were complimented for our ongoing representation at inter-agency safeguarding meetings as well as the new education book we have developed.

During the year, the team helped create a new Confidential Incident Review group (CIRG). This is a confidential forum for managing allegations involving staff. CIRG meets weekly and has received positive feedback from those involved.

In 2019/20, across the entirety of its region, EMAS raised over 32,000 safeguarding referrals, an increase of 10,000 from last year. Of these, 26,531 were regarding adults. The highest category of concern was self-neglect whilst the most common type of abuse involving a perpetrator was emotional abuse and neglect. EMAS received requests to participate in 75 statutory reviews this year, more than previous years.

The dedicated six-person Safeguarding team sits under the leadership of the director of quality improvement and patient safety and provides strategic, clinical and operational leadership regarding safeguarding. The team recognises the importance of multi-agency working and attends forums and groups to share best practice and lessons learned. We engage regionally and nationally to ensure the service remains abreast of current issues and that EMAS contributes to this developing work.

Although attendance at all children's and adults boards has been a challenge this year, EMAS remains committed to attendance, even virtually, if at all possible.

Since the pandemic began, EMAS has recognised that domestic abuse has the potential to be an issue for many. Along with the advice sticker already created, an e-learning programme on domestic abuse will be released in September 2020.

## Nottingham City Adult Social Care

Several trends have continued to impact on our most vulnerable citizens; we continue to see an increase in demand, with more referrals to safeguarding (up nearly 28% compared to the previous year, with 859 additional referrals overall, whilst the specialist Safeguarding team saw an increase of 17%, an extra 321 referrals); greater complexity and risk, as evidenced via case audit and staff supervision; the ongoing impact of austerity, with reduced housing availability, including in women's refuges, impacting upon the robustness of safety plans; an increase in modern day slavery and self-neglect referrals, with the former increasing by 166% (although overall figures remained relatively low, with 32 cases this year compared to 12 last year) and the latter by nearly 40% (21 additional referrals); finally, there were more referrals for people who were borderline Care Act eligible, with insufficient resources, including housing, available to easily signpost to or meet need.

During the year, work began on reducing inappropriate referrals, particularly around falls in care homes, and managing demand, with a checklist established to advise care homes on alternative actions available to them.

A new role of quality assurance and safeguarding practice lead was appointed to, with the post holder taking on safeguarding training responsibilities as well as establishing a quality assurance framework.

ASC continued to deliver training to all staff groups, including newly qualified social workers, with courses on safeguarding, record keeping, chairing meetings, effective information gathering and risk management.

During the year, ASC worked with local DWP staff to improve awareness of each other's services. Staff from both agencies have confirmed that these sessions were extremely beneficial in making links to better support adults at risk. Similarly, relationships with both local universities have strengthened, with safeguarding staff lecturing on social work training programmes. Links between the Safeguarding and Modern Day Slavery teams were also improved, particularly via regular attendance at the Slavery, Exploitation and Risk Assessment Conference (SERAC).

The Adult Safeguarding Quality Assurance (ASQA) team continued to coordinate safeguarding investigations in care home and homecare settings, with work to identify and respond to early indicators of poor-quality care ongoing. Over the year, 23 early intervention meetings were held, with 16 individual providers supported. The same team continued to lead on provider investigation procedure (PIP) meetings, with ten PIPs completed, many more ongoing and 15 providers involved.

The head of adult safeguarding continues to chair a Safeguarding Leads Forum for colleagues from health and social care agencies, whilst there is now a bespoke 'safeguarding dashboard' available providing users with detailed information and analysis about the local authority's safeguarding performance. Of note from this year is that 97% of citizens who were asked, reported that the safeguarding intervention had either fully or partially met their desired outcome. Also positive is that although 59% of citizens involved were assessed as lacking the capacity to make decisions about their safeguarding, an advocate, friend or family member supported 100% of those citizens.

ASC continues to be fully committed to the Board, subgroups and safeguarding adults reviews, having recently finished work with Nottingham City Homes to improve referral pathways following one such review.

Looking ahead, the financial difficulties local authorities report nationally is reflected locally. Pressures on budgets and staff numbers remain a concern, especially as statutory services must be delivered. Additionally, the impact of funding cuts elsewhere will inevitably mean increased potential for abuse of adults at risk alongside reduced capacity to intervene.

During the pandemic, the care home sector has been under significant pressure. Whilst care homes are currently viable, it is anticipated many will see increasing vacancy levels. Should some care homes cease viability, the resource required to transfer residents safely will be significant, particularly if more than one closure occurs. Finally, there has been increased concern about people experiencing domestic violence during the pandemic, although staff have been creative in finding ways to work safely with victims remotely and in person.

## Community Protection

### Anti-Social Behaviour (ASB) service

The ASB service works with victims, witnesses and perpetrators who have safeguarding issues. Training of enforcement officers around safeguarding, signposting and referring, including identification of hidden vulnerabilities or those disguised by false compliance or aggression, continues. The sessions encourage professional curiosity, being victim-led and identifying pathways that reduce risk of harm to individuals, families and communities.

The service provides managerial oversight of all ASB cases to ensure early identification of potential safeguarding issues. More referrals are being made to specialist panels, such as the Complex Persons panel, whilst multi-agency case meetings prior to enforcement action help ensure early identification of vulnerabilities. 'Community trigger' case reviews are also held in accordance with the 2014 ASB Crime and Policing Act. All ASB team officers undergo vetting on a bi-annual basis to the same level as their Police colleagues.

Where court proceedings are initiated in relation to tenancy related behaviour, equality impact assessments are completed to ensure no discrimination. In relation to court appearances, witnesses can be transported to court and evidence can be given behind a curtain or video link to provide a less intimidating environment for victims. Other practical measures can include installation of fireproof letterboxes, 'place of interest' markers on addresses, Police or Community Police officers regularly patrolling past, and referrals to victim support services.

The pandemic has created additional difficulties by removing face-to-face contact, with most work now completed over the telephone and by post. This reduces officers' ability to assess situations accurately. At the same time, with more harm occurring behind closed doors the service is relying upon concerned citizens reporting issues heard through adjoining walls.

Although the stay on possession proceedings between March and September has created a backlog of court cases, the government's 'all in' strategy suggests that courts will be more likely to grant and then suspend possession orders rather than seek to evict the tenant immediately. In a related vein, we are not applying for 'on notice' injunctions except in exceptional circumstances involving violence or threats of violence. Principal

enforcement officers continue to review cases with enforcement officers to ensure that appropriate referrals and support are offered to victims as well as alleged perpetrators.

Looking ahead, the service is currently undergoing a restructure, which will reduce staffing levels. In turn, this may diminish service capacity to cope with potentially increased caseloads generated by the pandemic.

### Safer housing

During the year, officers received training to support identification of potential safeguarding concerns. Although we have recruited new staff members we are now working to the 'Covid-19 and the enforcement of standards in rented properties' guidance published by the Ministry of Housing, Communities and Local Government, which does restrict property inspections and physical interaction with citizens. This potentially influences our ability to identify safeguarding concerns effectively within properties we would otherwise visit.

The team has a statutory duty to regulate private rented housing under the Housing Act 2004. Safe, warm housing is vital to individual wellbeing and the team not only ensures that landlords maintain minimum legal housing conditions, but also delivers discretionary licensing schemes ensuring that applicants are 'fit and proper persons'. Currently, Nottingham City Council has 26,000 applications to license properties. We recognise that this scheme provides an opportunity to identify, engage and reduce risk with those adults who are potentially vulnerable, in their own homes.

### Trading Standards

The biggest risk is that of scam calls and rogue traders upon vulnerable citizens. We work to mitigate the risk of rogue traders by engaging in disputes on behalf of citizens, many of whom are unable to effectively fight their cause against unscrupulous traders. During the year, Trading Standards recovered over £58,000 for vulnerable citizens. This ranged from small amounts returned for non-delivery of items to over £13,000 given to a rogue trader for extremely poor roofing work. Much of the money saved was achieved through fitting call blockers – devices that prevent scam calls getting through to their intended recipient – in vulnerable citizens' homes. The call blocker not only prevents citizens from losing money, it also helps reduce the risk of falls by reducing the number of times they need to get up to answer the telephone.

### Exploitation and Slavery Team, Adults (ESTA)

Professionals can overlook victims of exploitation with complex presentations including substance misuse and/or criminality. Interpretation of the victim's level of control can be misjudged and they can be deemed to be 'choosing a lifestyle' when in fact they are being exploited. Our team works to identify victims so that the potential risks of violence, homelessness, hospital admission and coercion into sex work or drug distribution can be avoided.

Initially a post National Referral Mechanism pilot, the ESTA was restructured with new funding to identify people vulnerable to/experiencing exploitation and slavery who might not meet statutory thresholds for intervention. Funding was secured until the end of March 2021. Between the SERAC beginning in May 2019 and the time of writing, the team received over 200 referrals.

Without necessary information, team members struggle to assess risk accurately. The small size of the team – currently one manager, two full-time caseworkers and a business support officer – means that capacity to encourage information-sharing can be a

challenge. Referral numbers are increasing monthly and have doubled since the pandemic.

In 2019/20 ESTA worked to build a reputation through networking with local and national organisations (including the Home Office), as well as delivering awareness-raising sessions to frontline staff and establishing the SERAC to discuss, risk assess and manage potential victims in a multi-agency forum. ESTA staff work between SERACs to triage referrals, support agencies and professionals working with victims, and implement emergency meetings when immediate safeguarding is required.

ESTA works in partnership with the Nottinghamshire Police Modern Slavery Human Trafficking team to provide a consistent victim-centred approach from initial identification right through to intervention.

ESTA is currently engaged in reviewing the various multi-agency panels that support vulnerable adults with a view to potentially seeking consolidation of them into a single structure (whilst retaining the discrete panels). This would avoid duplication of effort and potentially contradictory advice as well as better aid multi-agency communication and effectiveness.

The increase in team capacity to four staff has mitigated against increasing referrals. After March 2021 however, without additional funding secured there is a risk that the support provided by the team, as well as the SERAC function, will be lost.

The team works with a number of young adults who have been victims of child criminal exploitation (CCE) and/or child sexual exploitation (CSE) and, having turned 18, still experience ongoing exploitation. We have found that multi-agency ability to safeguard these individuals effectively is often impaired due to their complex presentation and the fact that they do not fit into any single agency's eligibility criteria. We would welcome a revised, holistic response to this issue.

Although the full impact of the pandemic is yet to be known, and direct correlation is not easily confirmed, ESTA has seen a significant increase in referrals. We suggest that the reduction of in-person visits by colleagues, job losses and other socio-economic factors may all be contributory reasons for this increase.

### Community cohesion

As part of its role in supporting community organisations, the service continues to ensure good safeguarding practice exists in the sector. Alongside supporting community organisations to increase their understanding of, and ability to respond to, safeguarding, we have undertaken work challenging some community organisations. A recent example is our efforts to rebut the 'safeguarding' claims made by the right-wing groups 'Britain First' and 'Justice for All/Patriots/Veterans', who attempted to mobilise numbers beyond the right wing by claiming that they were 'fighting for justice' for women, children and veterans despite having no record of doing so.

During lockdown, we continued engaging with communities virtually and liaised with the Board manager to ensure that effective adult safeguarding messaging was disseminated amongst the many COVID-19 mutual aid support groups that sprang up on Facebook. Looking ahead, the service will continue to support community organisations meeting their safeguarding needs, whilst also working with the Board in identifying 'hard to reach and difficult to engage' community groups.

## Community Protection and the Board

The service has been represented throughout the year at Board level by David Walker, Head of Safer Housing and ASB, and at subgroup level by Steve Harrison (who attends the SAR) and Jane Paling (who attends the Training, Learning and Improvement subgroup).

## Nottingham University Hospitals NHS Trust (NUH)

The main adult safeguarding risks for our organisation are compliance with MCA training and Prevent level 3 training, both being below their expected 85% attendance level. There are robust action plans in place to manage both these risks: MCA training is now included as part of a mandatory package for all staff, with evaluation of our planned MCA audit this year likely to be used to adapt future Trust training. The Trust Adult Safeguarding team are delivering 'train the trainer' sessions to ensure divisional clinical educators have the necessary level of knowledge, whilst the Trust's 'safeguarding champions' also assist in embedding good application of the MCA within their clinical areas. Prevent level 3 training is delivered on corporate induction and is also available as e-learning; this has been communicated widely and is identifiable and accessible via each individual's training log.

This year, mandatory safeguarding training was delivered face-to-face, which has been identified as colleagues' preferred learning style. Unfortunately, by the end of March 2020, the Trust was below the overall expected 90% compliance target. Trainers are reliant on the release of staff from clinical areas and this proved difficult for divisions to undertake, particularly over the winter period when clinical areas experienced the greatest pressure on their service provision.

In addition to mandatory training, the Safeguarding team delivered tailored training as required, with topics covered including identifying domestic abuse and DoLS. During the year, Police colleagues also provided training on 'managing significant safeguarding incidents'. This was well received, with 45 senior staff, many holding 'silver on-call' responsibilities, attending the session.

The Trust supports close working with all health and community partners. We continue to be represented on local safeguarding adults boards by the head of safeguarding and at subgroup level by the adult safeguarding lead. We ensure Trust representation at all MARACs in both the city and the county.

Our organisation has a robust governance structure with the Safeguarding Adults Committee, who meet quarterly, receiving activity data from the Safeguarding team, as well as updates about serious case reviews, domestic homicide reviews and other complex case reviews. In 2019/20 the annual safeguarding audit reported that 98.9% of all areas at NUH had either scored 'green' or 'gold', which indicated good levels of knowledge and understanding of adult safeguarding processes. As well as the local safeguarding adults boards, NUH continues to provide assurance to the CQC and CCG that it is discharging its safeguarding responsibilities effectively.

Following engagement with partners, the Trust's Learning Disability team worked hard with clinical areas to ensure staff are aware of what reasonable adjustments can be put in place to support our patients with learning disabilities. As part of this, new badges are being trialled in a number of clinical areas to support patients to recognise the role of those caring for them (sample badge pictured right).



'Making Safeguarding Personal' is a core principal in adult safeguarding and is embedded within all Trust adult safeguarding training.

Following learning from a SAR, we have added a safeguarding clinical note to the Trust's IT system to ensure that any safeguarding concerns about patients are easily visible. This supports staff to both question and raise concerns quickly without having to review previous patient attendance notes to gather information.

Throughout the pandemic and lockdown, the Trust has, at the highest levels, continued to view safeguarding as a priority and accordingly the team was not only kept back from frontline clinical duties, but was supported with extra staff during the 'first wave', and has maintained existing safeguarding processes throughout this most challenging of periods.

## Nottingham City Strategic Housing Service

Since the Grenfell disaster in 2017, the safety of people's homes across all tenures is seen as the highest priority for stock-managing housing organisations, with the lack of financial resources to remedy this and other issues a concern. Turning to matters more directly aligned with adult safeguarding, ongoing concerns around street homelessness and the vulnerabilities it creates amongst those experiencing it continue to be a priority for the sector.

Towards the end of the period covered by this report, the pandemic and subsequent lockdown saw the closure of emergency night shelters for street homeless people. The immediate risk was mitigated by the use of hotels under the 'Everyone In' initiative. However, the risk of not having alternative, covid-secure provision remains. The lockdown also meant that housing staff were unable to visit vulnerable tenants in person. Nottingham City Homes (NCH) contacted all tenants perceived to be vulnerable in some way during lockdown in order to check that they were safe and able to access necessities if shielding. Similarly, because of the Strategic Housing Service's contractual relationship with NCH, we remain assured of the robustness of their adult safeguarding procedures. Comprehensive guidance for all NCH staff about possible indicators of abuse, how to raise concerns within the organisation, defining the roles and responsibilities of 'alerters' and 'referrers' and when and how a referral needs to be made are all clearly set out within dedicated policy and procedure. Training (refreshed every two years) is delivered to all staff, whilst departmental safeguarding champions are available to provide additional support and guidance to all colleagues. Finally, a new 30-year management agreement between NCH and Nottingham City Council (NCC) has been concluded, which includes specific requirements around adult safeguarding in relation to staff recruitment.

During the year, housing organisations reviewed and risk assessed specific buildings, particularly high-rise flats, as well as checking that their health and safety processes were fully compliant with statutory requirements.

During the course of the year, bidding to the Ministry of Housing, Communities and Local Government's rough sleepers initiative secured £1.4m for schemes delivered across a range of partners, with steady progress being made across the board with these schemes.

The presence this year of the NCC housing strategy and partnerships manager on the Board brought a previously missing area of focus to the Board's attention, as well as enhancing its ability to obtain oversight of significant areas of concern such as rough sleeping and homelessness. We remain committed to attending and contributing to the Board's work during the coming year.

Looking ahead, the Building Safety Bill will lead to significant responsibilities for both NCC and NCH, whilst reliance on year-to-year funding and bidding processes for rough



sleepers funding is also of concern. However, it must be acknowledged that the pandemic has led to additional funding via the 'Next Steps' programme, which did result in a number of positive outcomes for many previously long-term homeless people. Significant amongst these was improved access to healthcare services for rough sleepers as a result of them staying in hotels, where they could be contacted. Nottingham City's Integrated Care Partnership is seeking to build on this with wrap-around, multi-disciplinary systems that improve health outcomes for homeless people.

## Healthwatch Nottingham and Nottinghamshire

The top risk in our organisation regarding adult safeguarding remains failing to notice safeguarding indicators from the people we interact with, whilst gathering their experiences of health and care services.

In order to mitigate against this, safeguarding awareness training, including how to make a referral, is provided to all staff and volunteers, and one of our senior managers is trained in making safeguarding referrals. We also ensure everyone is aware of and understands how to follow our safeguarding policy and procedure, as well as how to signpost people to relevant agencies for advice. Before we visit a service or carry out a project, part of the pre-visit process is to refresh and update all participants on our safeguarding procedure. Any member of the public who raises a concern to us is signposted to the relevant local authority and supported as required. Our safeguarding policy is updated regularly to reflect any changes in contact details and care pathways.

Our recruitment procedure ensures that at least two references – one from previous employers where possible – are gathered and that DBS checks for staff and volunteers who may come into contact with vulnerable adults are carried out. Staff and volunteers are only appointed once their three-month 'probationary' period is completed satisfactorily.

One of our recent reports, based on 150 surveys commissioned by Nottingham City and Nottinghamshire County Safeguarding Adults Boards, was designed to inform communication strategies about raising awareness of the boards and their responsibilities as well as improving the effectiveness of safeguarding processes. We understand that plans to implement our recommendations are underway.

Although Healthwatch is a small organisation, one of our current Board members sits on the Nottingham City Safeguarding Adults Board and we actively participate in meetings, discussion and the exchange of information to bring about sector-wide improvements in safeguarding practice.

As all our citizen engagement is currently either online or by telephone (and we anticipate this will be the case for some time), there is a risk we will be less likely to notice safeguarding indicators from the people we interact with. However, staff and volunteers understand the importance of remaining alert to concerns and of following our safeguarding policy as required.

## What next for 2020/21?

---

As well as continuing the core business of the Board, we agreed to give attention to local and nationally-emerging issues. Accordingly, next year the Board will seek assurance in respect of the IICSA review conclusions and adult safeguarding. Our chair is also keen to strengthen ties with partner statutory forums and improve our ability to respond collectively as a system to the many cross-cutting issues, such as domestic abuse and CCE, which we all encounter. We will also continue to identify and disseminate learning as we bring to a conclusion our current SAR and complex case reviews.

Finally, of course, although the coronavirus pandemic only significantly affected the country after the period under review in this report, we unfortunately anticipate having to respond rapidly to the challenges the virus is likely to present to our ability to effectively safeguard adults at risk. We are confident this is a challenge the Board and all our partners will meet.

## Reporting abuse

---

You may know a person carrying out abuse and be worried about reporting them. If you are being abused, you do not have to put up with it. If someone you know is being abused, or you have a concern that they may be, you should first make sure that they are safe if it is possible to do so.

Tell someone you trust or call Nottingham City Health and Care Point on **0300 1310 300 and select option 2**. Our offices are open from 8am to 6pm. If you live outside Nottingham City but within Nottinghamshire County boundaries, call Nottinghamshire County Council on **0300 500 8080**. If you are unsure, call either of the numbers and report what is happening to you or the person you are concerned about.

**If it is an emergency, dial 999**

You can report abuse to us in the strictest confidence and your identity can be kept private.

## Glossary of acronyms

---

ASB	Anti-social behaviour
ASC	Adult Social Care
CCE	Child criminal exploitation
CCG	Clinical commissioning group
CHARLIE	Care and support needs; hoarding and mental health issues; alcohol and medication; reduced mobility; lives alone; inappropriate smoking; elderly
CQC	Care Quality Commission
DoLS	Deprivation of Liberty Safeguards
DSVA	Domestic and sexual violence and abuse
DWP	Department for Work and Pensions
EMAS	East Midlands Ambulance Service
ESTA	Exploitation and Slavery Team, Adults
FGM	Female genital mutilation
HMP	Her Majesty's Prison
IICSA	Independent inquiry into child sexual abuse
LA	Local authority
LeDeR	Learning disability mortality review
(MAPPA	Multi-agency public protection arrangement)
MARAC	Multi-agency risk assessment conference
MCA	Mental Capacity Act
MSP	Making Safeguarding Personal
SAAF	Safeguarding Adults Assurance Framework
SAB	Safeguarding Adults Board
SAR	Safeguarding adults review
SERAC	Slavery and exploitation risk assessment conference
VAPN	Vulnerable Adults Provider Network