

## **NSAB Annual Report 2016/17 – Partners’ Consolidated Responses**

### **Prevention**

NSAB will develop preventative strategies that aim to reduce instances of abuse and neglect within Nottinghamshire.

#### **Examples of evidence**

- **Examples of successful agency co-operation**
- **Examples of preventative and early intervention strategies in your agency.**
- **Any contribution your organisation has made towards to the Board’s communication strategy**
- **The impact of any safeguarding training delivered and analysis of future need**

### **Broxtowe Borough Council**

The ECINs multi agency information sharing and case management system was implemented for vulnerable people in 2016. This has enabled real time sharing of information between partners working together to support a person at risk. The system has also enabled complete information about a vulnerable person held by partners to be transferred to another district and the case handed over to a new lead worker in cases where the vulnerable person moves to another area.

Broxtowe has worked in Partnership with Gedling and Rushcliffe Borough Councils to fund a social worker post working across the south Notts area. This post spans mental health and social care and provides advice to vulnerable person’s panels, and provides 1:2:1 support to individuals identified by the panels who do not meet the threshold for MASH or other services or who are difficult to engage.

Internal leaflets for safeguarding adults, safeguarding children and Domestic Abuse highlighting key indicators and the referral pathway have been produced and issued to all members of staff.

A Sanctuary Scheme is in place to fund essential security works to properties of domestic abuse survivors.

The Vulnerable Persons Panel (Adults at Risk Panel in Broxtowe) meets monthly with partner agencies working together to identify need and support vulnerable people

Broxtowe has a successful Community Covent Task Group which identifies the needs of the serving forces community, their families and veterans making applications for funding and delivering projects. Many of these projects have focussed on the isolation of parents and children whilst serving parents are abroad and the disruption to lives caused by frequent transfers to new schools and housing.

Safeguarding Children, Safeguarding Adult and Domestic Abuse training is mandatory for all staff through an e-learning scheme developed and rolled out in 2016. In addition to this all safeguarding reps and leads have undertaken additional training. Members have been offered both e-learning and face to face training.

A safeguarding adults policy, taking on board the new Care Act has been developed.

Broxtowe is pioneering assistive living solutions which offer technological solutions to enable people at risk of harm or neglect to remain independent. Solutions include the implementation of SMART messaging technology enabling adults to receive medical and safety reminders via a TV screen in their home to improve personal safety and enabling them to receive messages from friends and relatives to reduce loneliness. The Council’s Retirement Living Officers also provide over 200,000 visits a year to older people in both Council owned accommodation and private sector accommodation. Plans are now being developed to provide monitors to record daily blood pressure, pulse rate weight and oxygen and glucose levels to reduce the need to spend time travelling to GP or hospitals with the data transmitted through a wireless network or mobile phone.

Broxtowe is also pioneering the building of specialist accommodation for adults living with dementia.

Six specialist bungalows have been built taking on board the latest good practice on how to support people with this condition.

Broxtowe has adopted a corporate vision relating to supporting people in the community who are living with dementia.

- Over 130 employees and members have received dementia friends training
- Businesses in Stapleford and Beeston received training from “Home Instead” on dementia and how to support a customer with dementia.
- Supported a new Memory Café to set up in Beeston
- Broxtowe’s local strategic partnership has an Older Person’s Task group which works to :
  - support older people to live independently in their own homes through mapping current support and identifying gaps
  - prevent slips trips and falls
  - generate ideas and schemes to improve the overall wellbeing of older people
  - introduce and support approaches to tackle loneliness including the setting up of a “men in sheds” scheme.

### **Doncaster & Bassetlaw Hospitals**

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust (The Trust) are members of both Doncaster and Nottinghamshire Safeguarding Adults Boards, and have representation at all the sub-groups.

All Safeguarding Professionals attend multi-agency meetings, representing the Trust. Safeguarding Professionals also attend multi-agency task and finish groups, and contribute to the resultant actions and outcomes of these groups.

The Trust’s training programme has been updated within this reporting period.

The level 2 half-day session now covers safeguarding children & adults, and MCA/DoLS has, to date received overwhelmingly positive feedback.

In addition to the level 2 half day training, the Trust provides e-learning across all levels, covering CSE, Domestic violence and FGM

The Safeguarding professionals are developing a training programme aimed at those people who carry out MCA assessments, and make DoLS requests.

This will be in greater depth than the current level 2, and is intended to be area specific.

In addition, the Safeguarding Team produce a quarterly newsletter which is distributed to all staff, and includes new initiatives, or processes. It recently has featured information on the Care Act, updates on DoLS for example, the recent changes to referrals to the coroner of those patients who die whilst detained.

We include new legislation, and information cascaded from both Safeguarding adults Boards.

Any urgent issues are circulated via the Trusts weekly staff information bulletin the ‘Buzz’

The Trust includes learning from SARs and LLR within its training programme, and the Safeguarding Team provide safeguarding supervision on a group, or individual basis.

### **East Midlands Ambulance Service**

EMAS continue to work towards ensuring that there are supportive mechanisms in place for our patients to help support them and prevent abuse from occurring. EMAS have pathways set up with Nottinghamshire fire service to enable fire safety checks to be carried out on those most vulnerable.

EMAS have also set up a domestic violence and abuse pathway to enable frontline staff to refer directly to DVA supportive services via the EMAS safeguarding referral line.

### **Mansfield District Council**

Mansfield District Council has a central point for all safeguarding concerns for reporting and recording and referring in to the MASH or Social Care, the team who manage this central point has undertaken referrer training and attends the Adult Partnership and Adult trainer's forum. The Council has a team of Champions across services who will also share safeguarding practices and help the Council to embed updates changes to policy and practices.

The Housing Operations and Safeguarding Manager is also the Chair of the Vulnerable Persons Panel where discussions are held around those in the district deemed to be vulnerable and in need of some intervention.

Attached are some examples of prevention work and early intervention we have undertaken (\*note – separate attachments to email if needed\*). This also demonstrates successful agency cooperation. Mansfield District Council has developed a Communal Hub, This will bring a range of partners working together at the Councils main office building (Civic Centre) including Police, Probation Community Safety Teams, DWP. Mansfield District Council is also working in partnership with Health and Social Care for The ASSIST Hospital Discharge Scheme to prevent bed blocking. Responding to the Care Act and complex needs across the community the Council serves. The Council is represented at a senior level at a wide range of partnership meetings including the Sustainable Transformation Partnership, where the Council's Chief Executive Officer is the lead for the Housing and Environment Theme, providing the District Council's representation at a County level for all CEO's. The Council is also an active member on the County Council Health and Well-being Implementation Group.

Mansfield District Council's ASSIST Hospital discharge Scheme has recently won the National NICE shared learning award 2017 and recognised for its collaborative work nationally.

Mr P is a 48 year old ex-offender and ex substance misuser suffering with mental health issues who was referred by his Housing Officer initially due to rent arrears. He client had extremely complex issues surrounding his substance misuse, mental and physical health issues, chaotic lifestyle and changing family conditions. He had previously had his children removed from his care due to his deteriorating health which impacted on his ability to care for them. This left him under occupying his 3 bed house and in serious financial difficulty, resulting in him accruing arrears and becoming in danger of losing his property. Due to his health problems, the condition of the property was also deteriorating and complaints were being received regarding anti-social behaviour from visitors to the property.

During the period in which Tenancy Support we involved, the Tenancy Support Officer and Mr P worked on many areas including debt advice, welfare advice and applying for eligible benefits, applying for DHP to help pay his rent shortfall and prevent further arrears accruing, addressing tenancy conditions, referrals to other agencies such as mental health, adult social care and the harm reduction team. Mr P soon moved to a suitable property and Tenancy Support helped him to successfully secure suitable furniture for his new property.

Tenancy Support helped Mr P to link in with a number of different agencies during the period which he was supported. These include the Recovery Partnership, Social Care and the Mental Health Service. Working in partnership ensured that Mr P was provided with a package of holistic support.

Due to Mr P's complex needs it was difficult to keep him engaged with the service. In addition, it took some time for him to obtain diagnosis of various conditions and for a suitable treatment plan to be put in place for him. At times. It was also difficult to keep him working with all the agencies involved, some of his support did break down and this was difficult to get the relevant agencies back involved but after meetings and in depth conversations with support providers, the issues were resolved and support was put back in place.

Mr P moved to a one bed bungalow which was suitable for his needs and was in receipt of all eligible benefits and support for his mental health issues when Tenancy Support was withdrawn and he continues to maintain his tenancy.

If Tenancy Support had not been involved this gentleman would have been evicted which would have had a negative effect on his already unstable mental health and resulted in him relying heavily on homeless charities.

Mr GH – vulnerable middle aged gentleman suffering with physical, emotional and financial abuse from people who take advantage of him and forcibly access his property, at risk of homelessness due to rent arrears and anti – social behaviour from others. Supported to escape the abuse, set up a new safe home, address multiple debts and address his drug and alcohol and mental health issues and so avoid eviction and further harm.

GH was referred to ASSIST his Housing Officer. GH is a vulnerable adult who has received support from both social care and tenancy support services in the past. A referral was made to social care but unfortunately because social services criteria had changed for accessing their services, GH can no longer have support from them with his current level of need.

GH needed support to avoid homelessness. He has a long history of mental health problems and both drug and alcohol abuse. GH is vulnerable to people taking advantage of him and because he is lonely he allows people to stay at his property. These people then prey on him, taking his money, using his property for illegal purposes and assaulting him when he objected to their behaviour. This all then causes problems with his tenancy through unpaid rent, the condition of the property and anti-social behaviour and criminality.

In July 2011 GH had his electric metre removed by E-on after by-passing the metre. GH told both staff and his electric supplier E-on, that he did not tamper with the metre, but other people that stayed with him had done it. E-on told GH he would not receive a metre until he had paid £2000, for previous debts, damage to metre and re-placement of metre. Staff and GH tried very hard to raise this money through benefits and asking for direct payments to be made to E-on through his benefits. E-on refused this offer and explained they wanted GH to acknowledge what he had done and make some payments towards this debt. Staff advised GH to make regular payments on his electric account. GH struggled to do this because he was buying cooked food e.g. chips, pizza etc. because he had no heating, no hot water and could not cook any food or make hot drinks.

After 6 months of negotiations with E-on they have settled for 6 payments on his account. GH has just about made all the payments, the next step was to ask E-on for a metre and agree to direct deductions from his benefit and not to collect the debt at metre. E-on agreed and the metre was fitted in June 2012.

Staff continued to support GH and he was doing well for a time. Again people started staying at his property and his housing benefit was stopped. GH incurred arrears and eventually because of violence from people at his property, GH was going through people's dust bins looking for food and the police were being called to the property due to ASB, GH was screaming and crying at night and the neighbours feared for his life. GH was removed and given the Council's temporary accommodation due to safeguarding concerns. GH stayed at the Council's temporary accommodation whilst a suitable alternative permanent home could be found in the district away from those people that were visiting him and causing the concerns. GH engaged well with staff and began to attend a drug programme at the Malting's. Eventually GH was re-settled in a property just outside Mansfield.

Whilst residing in the Council's temporary accommodation, GH failed his medical assessment and his income was reduced. MDC's Financial Inclusion Officer supported GH to appeal against the decision. In July 2014 GH won his appeal and had over £1,700 in backdated payments. This was a turning point in GH's life. He now had the decision to make whether he would waste the money on drink and drugs or, that he would buy white goods he needed for his home, pay off his rent arrears, council tax arrears etc. GH made the right decision and has spent his money wisely. GH is now coping well with his mental health problems and although he has been diagnosed with Hep C he is attending all his medical appointments without support.

GH states that without support from Mansfield District Council's ASSIST services, he would have died through drug or alcohol issues or even committed suicide due to him feeling so low and isolated without hope of any help from anyone. GH is still involved with low level support at this time but he will soon be able to manage his own tenancy.

### **Newark and Sherwood CCG**

- MASH
- Updated training matrix and delivery of training in conjunction with local providers
- Safeguarding conference focussing on MCA and DOLS to support decision making around vulnerable adults
- Learning briefing cascaded to GP following publication of Adult H SAR

- Regular Safeguarding slots included within GP training
- Development of a care homes strategy, dashboard and monitoring process which allows the identification and monitoring of care homes of concerns, this protecting vulnerable adults in care homes.
- Focussed support to Care Home concerns where there are concerns around abuse or neglect

The following policies were agreed and implemented by the CCGs in 2016/17 which supported preventative strategies:

- The Managing of Allegations and concerns that an Employee or those who act in the capacity of Employees who may be harming a child, young person or an adult in need of Safeguarding.
- Nottinghamshire Transitions Protocol and Pathway
- Unaccompanied Asylum Seeking Children and Reunification of Children Pathway
- Terms of Reference for the Operation Equinox Health Care Advisory Group (OEHCAG)

### **Newark and Sherwood District Council**

A new corporate safeguarding structure has been embedded within the organisation this year to ensure strategic information and learning is cascaded appropriately and that operational processes and training are consistent within the Council and its Companies (Active4Today, Southwell Leisure Centre Trust and Newark and Sherwood Homes) in line with our joint Safeguarding Policy.

Two officers within the Council have had 'corporate safeguarding support' incorporated into their roles to provide staff with a named officer they can speak to about concerns for any adults in need/at risk, determine action required in line with the adult safeguarding pathway and procedures and submit quality referrals, if required.

These safeguarding officers therefore manage internal cases and have attended in depth training including Referrer training, Modern Day Slavery, DASH training and Self Neglect and Adults and attend the newly formed NSAB trainers forums. They recently delivered a presentation at this forum to share learning and good practice related to Making Safeguarding Personal (MSP) and they deliver the in house level 1 and 2 safeguarding awareness courses.

The Council's Safeguarding lead has trained all Members and Managers and the Council has committed to train all staff in safeguarding awareness. Training has been provided to all service areas in various forms tailored to requirements; from half hour briefings to half day training sessions. Key to the training is awareness raising and encouragement for staff to seek advice at early stages in order to prevent and reduce incidences of abuse and neglect. Internal leaflets are also given out at training courses for staff and are available on the Council's intranet.

Analysis of safeguarding case management shows an increase in internal enquiries and referrals across Business Units/Departments, which demonstrates that awareness of safeguarding, in all its forms of vulnerability, is being recognised and acted upon in line with internal procedure. This has also highlighted an increased number of Domestic Abuse cases, which has since been incorporated into our training materials and the councils DA co-ordinator will deliver a dedicated section on this. Internal leaflets for Domestic Abuse (with key contacts) are distributed to all members of staff. The Council is also a Dementia Friendly Council and delivers regular Dementia Friends training to front line staff. All training is evaluated and has been well received.

Newark and Sherwood District Council has a monthly Local Multi Agency Problem Solving Group (LMAPS), (known in other areas as Vulnerable Persons Panel) which is also aimed at reducing instances of abuse and neglect through preventative strategies and partnership working.

The council's community safety partnership has employed a Complex Needs Worker to work on a one to one basis with vulnerable rough sleepers within the district, which also aligns to the Councils District Homelessness Prevention Strategy and Action Plan.

For full year 1st January – 31st December 2016, a total of 46 Safeguarding referrals were made internally to corporate safeguarding, of these 16 were children and 30 adults. The outcomes were as

follows:

Advice provided, NFA & Closed	Managed and Referred to Early Help	Managed and Referred to LMAPS	MASH Referrals – made and accepted	MASH Referrals – made but unaccepted	MASH Referrals – awaiting outcome
12	11	3	10	9	1

The Council's Safeguarding Lead also chairs the District/Borough Safeguarding Group and attends/feeds into discussions at the wider NSAB Partnership Events.

The Council has also developed and is implementing a number of local proposals for the DFG/Social Care element of the Better Care Fund to meet the council's priorities and wider STP objectives around independent living (with innovative schemes like Warm Homes on Prescription and Assistive Technology developments).

### **Nottingham University Hospitals**

Clinical staff within the organisation receive safeguarding adults training on an annualised basis and induction. This is delivered by the adult safeguarding team and in line with training levels expected from the board and continually updated as a result of learning from SARs and DHRs. Although learning from SARs and DHRs is as a result of abuse that has already occurred, it allows the trust to redesign pathways, policies and training to reduce the risk of future occurrence.

In 2016-17, the adult safeguarding team introduced an electronic referral form for staff to complete in order to make a referral. The majority of non-urgent safeguarding referrals are made via this route. The referral is initially received and acted upon by the safeguarding team. This has allowed the trust team the opportunity to initiate necessary interventions and preventative measures prior to involvement of the local authority.

The trust maintains partnership working with key agencies, specifically leading on cases of ongoing domestic abuse where the survivor has complex health and social care needs.

As the trust is predominantly a referring agency, staff knowledge of identifying and acting on abuse is a key element of the safeguarding team workload. Training tailored to the specific needs of individual clinical departments is delivered as required.

### **Nottinghamshire County Council**

Nottinghamshire County Council's Multi-Agency Safeguarding Hub (MASH) continues to receive and triage safeguarding adults referrals and gather information from partner agencies, contributing to a reduction in repeat reports for the same individuals, therefore preventing abuse in line with one of the Board's measures for Prevention – "there is a reduction in the number of repeat concerns about the same adult."

During the period 2016/17, we designed, commissioned and implemented a rolling programme of safeguarding adults training for levels 1-3 (covering all frontline staff, Community Care Officers, Social Workers, Senior Practitioners, Team Managers and above, and all Safeguarding Officers and Managers). This has had a tangible impact upon the outcomes for individuals, and led to fewer repeat reports for the same individuals.

A service user who had previously been through the safeguarding adults process was contacted by NCC's Communications department, and agreed to be interviewed about his experience on Central television as part of an awareness-raising strategy.

NCC contributed to a Safeguarding Adults Review – Adult H.

Undertook an internal review following death of R/V.

NCC launched a project within the MASH aimed at reducing the level of inappropriate safeguarding adults referrals into the MASH (referrals that do not go on to a safeguarding adults Section 42 Enquiry). This involved creating an updated web page to make it easier to navigate, find information, and find procedures and guidance on dealing with reports of abuse and neglect. We have also embraced available technology to create an online referral form (replacing the old email/ word document) that aims to intuitively take the information given in the referral to the “right place, first time”, whether that is to the MASH, or the Customer Service Centre.

In October 2016, we ran a Joint Police/ ASCH Event to look at overcoming cultural differences and practices between the two organisations, including use of jargon/ acronyms, differing shift patterns, and role remits, in order to foster effective improved partnership working relationships.

As part of an ongoing Strategic Commissioning project to improve the use of Direct Payment, a newly established support team is available to provide advice, guidance and support to workers in regards to Direct Payments. Pre-payment cards have been developed to help combat financial abuse in this area as well.

### **Nottinghamshire Fire and Rescue Service**

Nottinghamshire Fire and Rescue Service (NFRS) have a proven track record in pursuing a prevention agenda and this forms one of the priorities in the services Integrated Risk Management Plan. Firefighters engage with people at one of the most distressing events in their lives when they attend a fire or other incident; they provide an emergency service and respond professionally and quickly. Firefighters also enter people’s homes to do a Home Safety Visit and again may have concerns about adults at risk and need to register this with someone who can act upon this. Understanding Safeguarding in these situations is paramount to our staff.

It is predicted that Nottinghamshire will see a rise of adults at risk being cared for in the community, particularly those with dementia. Without positive action to ensure the protection of adults at risk living in the community, it is likely that fatal fires within Nottinghamshire could increase in line with this trend. In order to avoid fire fatalities mirroring this upward trend it is essential that effective systems are put in place to highlight and deliver the minimum appropriate level of fire safety protection.

For the last ten years NFRS have pursued a successful Prevention strategy which encompasses Safeguarding as a key element.

To give a few examples:

NFRS’s collaboration with the MASH is proving extremely beneficial for inter-agency working as well as improving outcomes for individuals (please see attached case study \*note – separate attachments to email if needed\*). Examples of recent work coming from this collaboration include referrals to NFRS for use of pressured mattresses or prescribed emollient creams from Community Nursing teams as business as usual. Much of this work has arisen from the learning from national Serious Care Reviews as well as Coroner recommendations.

Through our collaboration with the MASH, another piece of work is ongoing to highlight to GP surgeries the profile of those individuals most likely to experience a fire and encourage GP’s/receptionists/practice nurses/dispensary etc. to make a referral to NFRS.

Building on the success of NFRS’s Home Safety Visit (which primarily assesses fire risk), the Service’s Prevention team have been busy working with our partners putting together the new Safe and Well programme. This visit harnesses the ‘making every contact count’ principle as well as early intervention and aims to do as much as we can for the individual during one visit. With this in mind we have been working with Falls Services, Smoking Cessation, Warmer Homes, Alcohol support services as well as Bowel Cancer Screening programme to expand our current prevention agenda and train our staff. Through this new programme the Service aims to improve outcomes for the individual, keep them living at home safely for longer, reduce hospital admissions as well as pursue the MSP agenda and ensure outcome is what the individual wants.

The Service utilises every opportunity to train and ensure partners are equipped to identify and respond to the risk of fire in the homes of vulnerable adults before the Service has to respond in either its emergency service capacity or as a preventative service. By working closely with other agencies and in particular being involved in the development of policy and training, the Service is more likely to influence the way in which its partners work and help them spot the risks of fire before we have to respond to the consequences.

The Services Safeguarding ELearning package will now be ready for staff to access on 3<sup>rd</sup> July '17. This is a compulsory ELearning package for all NFRS 'frontline' employees. The impact of the previous training and trials of the ELearning package have been successful and resulted in the adoption of additional 'coffee break' learning sessions for staff. This is the result of feedback from staff who have requested face-to-face informal sessions to brief them on changes within Safeguarding and also scrutinise their referrals to provide updates and ensure appropriate referrals.

### **Nottinghamshire Healthcare Trust**

Nottinghamshire Healthcare Trust safeguarding team has completed the second year of our five year plan to effect quality improvements in safeguarding across the Trust. We have three key priorities:

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

All three of these priorities link to the NSAB priorities to ensure that our work is in line with that of the Board.

The Trust has seen significant change over the last 12 months with the merger of 2 divisions to form the Local Partnerships Division with the aim to: "Through partnerships improve lives and the quality of care."

The service model to achieve this vision has three core components:

- self-care and prevention,
- community and integrated care and
- highly specialist and inpatient care.

The integration of these services strengthens and supports the Trust's Think Family Safeguarding Strategy which has been a key focus during the last 18 months. The strategy aims to improve outcomes for children and adults by the provision of timely, well-co-ordinated services and forms the basis for all our safeguarding training. Thus, staff are encouraged to work in partnership with other agencies. This has been further strengthened by the hosting of two multi-agency Think Family conferences during the last year which looked at diverse topics such as modern slavery, confirmatory bias, information sharing and multi-agency working. Both events provided staff with a real opportunity to reflect on current issues with staff from partner organisations.

Within our Think Family agenda we are now starting to focus on domestic violence and abuse across the Trust and how this impacts upon our safeguarding practice.

Another key area of work has been around the Independent Inquiry into Child Sexual Abuse (IICSA). The Associate Director for Safeguarding and Social Work is a member of the multi-agency Operation Equinox strategic management group whose work has included the setting up of a survivors group and the drafting of a multi-agency leaflet to assist survivors in accessing support.

Once again, the Trust facilitated multi-agency IMR author training for potential authors of IMR's and other internal reports for SCR's/SAR's. The event was supported by the local safeguarding boards and



was well attended.

### **Nottinghamshire National Probation Service**

A recent example is a case which was transferring from one Probation area to another (TC), Lincolnshire to Nottinghamshire. The service user was assessed as posing a high risk of serious harm and had been assessed as posing a risk to children. Despite the risks the Service user was considered to be a vulnerable adult due to a number health needs and due to limited mobility. Additionally there was an issue of locating suitable and appropriate accommodation to enable the risk to be managed and to enable TC the support and resources required with physical disabilities.

Prior to the transfer between areas taking place both Probations areas, Police, Adult Social Care, Children's Social Care and housing agencies were involved from both Lincolnshire and Nottinghamshire. All the agencies participated and contributed in MAPPA meetings held on the case. Adult Social Care assessments of TC were made in the Lincolnshire area and the assessments were transferred over to Nottinghamshire allowing for resources and support to be in place prior to the move. All agencies involved were fully informed of the risks that TC posed and consideration was given to ensure these risks could be safely managed alongside providing the relevant support for TC. The Social Care assessments provided detail which supported housing agencies in identifying a suitable address which would meet TC's needs whilst allowing Police and Probation to ensure the location of the address was suitable to manage the risk that TC posed.

Throughout the process agencies maintained contact with TC to ensure his views were taken into consideration, and there was continued communication with his supportive family members in the Nottinghamshire area.

We are experiencing an increasingly aging population of prisoners who are to be released on licence who both pose a risk of serious harm in the community and are also vulnerable adults themselves.

The case detailed was a successful example of agencies collaborating and working together across areas to enable early intervention whilst managing the risks posed by the vulnerable adult.

### **Nottinghamshire Police**

Adult Vulnerability remains very much 'core business' for Nottinghamshire Police. Having recently published its Force Strategic Intelligence Assessment and operational Control Strategy for 2017, adult vulnerability is a central component. The Strategic Intelligence Assessment, written by Intelligence Command and supported by lead officers across the core crime themes, established key criminal threats within Nottinghamshire so as to assisting resource prioritisation. The Control Strategy is based upon the assessment and sets out the force's operational priorities and intelligence requirements for the coming year. In terms of adult vulnerability themes, they are follows:

#### Operational Control Strategy Priorities

- Violence & Weapon Enabled Crime
- Domestic Abuse (including Honour Based Abuse & Forced Marriage)
- Rape & Serious Sexual Crime
- Human Trafficking & Modern Slavery
- Cyber & Financial Crime Vulnerability

#### Key Intelligence Requirements:

- Identifying local threats and vulnerabilities within the above priority themes
- Identifying emerging OCG threats and vulnerabilities

A daily organisational re-structure for effective resource allocation through a daily force Demand Management Meeting chaired by the Operational Superintendent; it incorporates all departments, the emphasis for allocation is driven by all forms of vulnerability, not organisational demand requirements, KPI's or volume.

In 2016, Nottinghamshire Police produced a comprehensive Safeguarding Adults at Risk Procedure. These inter-agency procedures are accessible to all officers and staff throughout the police service via

the Police Intranet. The procedures are consistent with the Nottingham and Nottinghamshire Multi-Agency Safeguarding Procedures and Guidance.

Constant review and upgrade of policy. In May 2017 Nottinghamshire Police adopted the College of policing definition surrounding Vulnerability, adopting a communication strategy of 'know it, spot it, stop it' to deliver personalised training to all members of the organisation.

- Know It – know the definition of vulnerability (a person being vulnerable if as a result of situation or circumstance they cannot take care of themselves or others from harm or exploitation).
- Spot it – identify the signs. Use of professional curiosity.
- Stop it – take action and what that action could be.

The SLT within Public Protection, Nottinghamshire Police, throughout May 17 embarked on and delivered a series of team briefings to all front line staff within Nottinghamshire Police, dealing specifically with adult vulnerabilities with a focus surrounding adults at risk, domestic abuse, stalking and harassment, sexual exploitation (greatest volumes of vulnerabilities identified).

The messages around MSP have been reinforced in a series of individual bite-size revision videos that have been sent to every employee from the CC down within the organisation. They are also available for review in the force intranet.

The development of a similar MASH process within the City now makes for a corporate structure surrounding effective information cross authority to deal with adult vulnerability.

Working with partners to ensure that all High Risk cases of Domestic Abuse receive effective safeguarding measures through MARAC case conference.

One way the force planned to improve the quality of information transfer regarding vulnerable adults was through the introduction of an improved referral template for all safeguarding referrals. In 2015/16, Nottinghamshire Police commenced collaborative work with other East Midlands Police forces to design the Public Protection requirements for NICHE. The aim was to create a regional and corporate system to deal with vulnerability and vulnerable referrals.

March 2017 saw the launched within Nottinghamshire Police of the PPN and along with an internal vulnerability and education campaign to identify and showcase the benefits of the referral system, has now brought about a simplified and effective referral system into the MASH and for information share with partners.

The vulnerability training input provided in May 2017 (indeed since Nov 16) included a short video on the new Public Protection Notice and reiterated that our staff needed to specifically seek the views and wishes of the person and document them accordingly.

This was further enhanced with a strong corporate communications message and the series of bite size videos were sent to all members within the organisation.

All new Police recruits are provided with a Safeguarding training input. Staff receive further an additional 'adults at risk' and safeguarding input when they reach 1 ½ year service. This input specifically covers MSP in the presentation. Detectives now also receive a week - long training input dedicated to safeguarding, vulnerability and associated investigations.

The Public Protection Unit is re-organising its structure to simplify its interaction both internally and externally with partners. As of 5<sup>th</sup> June 2017, Public Protection will have two main areas of business, namely an adult's branch and a children's branch. This provides clarity for referrals and ensures that the correct and appropriately trained team deal with the relevant enquiry.

The force continues to lead on implementing a partnership prevention programme, designed to tackle the root causes of the demand on services surrounding mental health. Projects include the mental health street triage team and the Mental Health Triage Car (MHTC) - a resource staffed in partnership between Nottinghamshire Police and Nottinghamshire Healthcare-Trust. The MHTC are providing the

least restrictive pathway to support vulnerable people to de-escalate mental health crisis for the vulnerable. They continue to reduce the requirement to detain people under the mental health act. In May 2017 The Force oversaw a number of activities for Mental Health Awareness Week 2017, recognising the importance mental health and continuing the conversations around mental health. Chief Constable Craig Guildford signed the MIND pledge along with PCC Paddy Tipping and DCC Rachel Barber. Mr Guildford acknowledges the importance of Mental health and something we recognised in-force by signing the MIND pledge illustrating our commitment to mental health by holding activities across the Force to get people involved and conversation – for example a mental health event where partners and staff spoke of their personal experiences, coping techniques and support groups. Other events included a ‘nachos and natter’ event at St Ann’s Police Station, a ‘Time for tea and a talk’ at Mansfield Police Station and a ‘wellbeing walk’ from FHQ – all to educate and remove the stigma surrounding mental health.

Nottinghamshire undertake Home Office programme to tackle alcohol-related crime. Closely linked to mental health, it again looks to tackle vulnerability. The Home Office (Friday 27 January) launched the second phase of the Local Alcohol Action Areas (LAAA) programme which will involve training night time economy workers to spot and support vulnerable people, establishing safe spaces, awareness raising campaigns around alcohol misuse and domestic violence, and reviewing public transport. The programme will run for two years and LAAA areas will also be put in touch with mentors who have successfully tackled the issues that they face and will come together to problem solve and share best practice. It comes after Nottingham was part of the first phase of the programme when it was launched in February 2014, covering 20 areas. It has now been widened to cover 33 other parts of the country. Each area will be supported by the Government to implement their plan which will see local agencies including licensing authorities, health bodies, and police coming together with businesses to address problems caused by alcohol in their local area. Our success with to date has helped us to repeatedly gain the Purple Flag Award – a status which gives people the reassurance that they can enjoy a safe night out in our city. The first phase of LAAA included a variety of interventions introduced to reduce street drinking, vulnerability and violence. These ranged from Club Hosts patrolling bars to offer help to those who are vulnerable, to mandatory safeguarding training for taxi drivers, increased trading standards activity on underage sales of alcohol, to a triage service for street drinkers and use of the mental health response car. National charity Drinkaware also launched its Drinkaware Crew scheme to tackle vulnerability in the night time economy as part of the Nottinghamshire LAAA and is now looking to expand it into other areas.

The development of ECINS, an ISO 27001 compliant, cloud hosted golden nominal based multi-agency case management system. It is designed to facilitate closer and more effective partnership working by allowing secure storage of information in a single place that partners can access on any device from any location and allows multiple agencies to view shared documents and scanned images to reduce criss-crossing emails. It is clear, simple and intuitive to use and can be effectively described as virtual filing cabinet with controlled and recorded access. The development reflects the Chief Constable wishes that ECINS be used to support multi-agency problems solving, the hosting of action plans and other joint working along with the existing good work that is on-going across the force using the system.

The Police often work with our partner agencies and the community in carrying out joint problem solving activity and whilst there are some exceptional pieces of work being carried out, the approach across the force has often been inconsistent. To organisationally capture, record and evaluate our problem solving plans with partners ECINS has been introduced. It provides the facility for the organisation to have a central memory bank to record and manage its problem solving plans/cases and involve the joint work of partner agencies in one location. ECINS will allow us as an organisation to understand, capture and record this work to enable us to learn from our experiences, what worked, what did not work, and ensuring best practice is shared around vulnerability. Joint training has taking place in ECINS at the Nottingham City Homes (NCH) training suite at Bestwood with police training the first tranche of City Council and associated partners as part of the on-going ECINS project. Using facilities supplied by NCH, staff from various teams within Community Protection, NCH, City Council adult social care, Troubled Families and Metropolitan Housing all learnt how to use the Cloud based multi-agency case management system that is ECINS to problem solve and share information. In the future over 100 Community Protection Officers will be using ECINS alongside Police partners, NCH and Metropolitan Housing staff to manage ASB and to support vulnerable people. April 2017 saw the first joint training

session between police and fire service colleagues on how to use ECINS. The training, which took place at Carlton Fire Station, saw Home Safety Officers from the fire service and members of the local Neighbourhood Policing Team. The ECINS project is funded by the OPCC has provided identification of 1530 open cases relating to 1346 nominals on ECINS that have been opened by Nottinghamshire Police.

On-going development of Multi-agency Operational Response Training through our emergency planning team, designed to:

- increase your knowledge of emergency planning, response and recovery issues
- highlight the structure of emergency planning in Nottinghamshire
- encourage greater multi-agency working, giving delegates an opportunity to learn from one another.

Work with vulnerable homeless people brought Mayoral Commendations to a team of local officers in Mansfield. The team worked hard to tackle homelessness in the Mansfield area adopting a carefully considered approach working alongside partners at the Mansfield Community Partnership Hub to ensure those that were willing to access support and housing did so. Those that continued to commit crime and ASB were tackled with a mixture of Community Protection Notices and Criminal Behaviour Orders. "The community were also educated around the risks of giving cash hand-outs and what they should do instead. Based on this approach the town centre has transformed and a number of rough sleepers are now in secure, stable accommodation. One rough sleeper had been living on the streets for many years but is now in accommodation with a clear plan regarding what is acceptable behaviour. His transition from sleeping on the streets is being captured by the Hub and will form part of video and presentation of the approach and how it has turned his life around. It is hoped this will inspire other people to work with us to turn their lives around and get out of substance misuse and into education and employment. By getting vulnerable people into stable accommodation and accessing support, the demand on the Police and other agencies has reduced significantly. Theft, violence and calls to ambulance for people 'passed out' are much reduced. Monthly steering groups evaluate partnership approaches.

Work with Priority Families. Led by Nottingham City Council, working in partnership with police and other partners including Nottingham City Homes, schools, probation and the NHS. It is governed by the Crime and Drugs Partnership. The scheme targets families who need help and support to bring about changes. Priority Families focuses on the whole family and brings together the skills and expertise of all frontline partners, working holistically for better outcomes. Accredited police officers and practitioners are currently working with Priority Families to support families who urgently need support. There are also PCs and PCSOs who are trained to work with Priority Families as part of their roles within Neighbourhood Policing. They continue to engage with families early and offer any additional help and support as a lead worker throughout the whole process. They work in a multi-agency way using the approved model and are supervised and mentored throughout the process. Since July 2014, one officer has signed up more than 50 families, who have also then been worked with by PCSOs. The criteria to be eligible to work in this way includes anti-social behaviour, crime, domestic violence and unemployment, gang affiliation. We look to continue improving people's lives, whilst saving money for numerous agencies in these challenging times.

We have seen a 42% average reduction in offences and incidents per year compared to the situation pre-support and moving forward we would like to improve that figure and improve front line practices."

A YouTube video explaining the scheme and how it works here has been developed:  
<https://www.youtube.com/watch?v=EkjFm5lYozI>  
<http://www.nottinghamchildrenspartnership.co.uk/5596>

Phase II (2015-2020) Nottingham is now in the next phase of the national Troubled Families Initiative from April 2015 - April 2020. This is allowing us to help even more families with a much wider range of needs and problems.

Case Study - Operation Nabit and Financial abuse of the elderly – March 2017.

Five Nottinghamshire people have been sentenced as part of an investigation into the production of drugs and money laundering. This is the result of a long-running investigation called Operation Nabit which has been prosecuted in two halves.

The first part of the operation concluded in 2015 however could not be reported until now due to the risk of prejudicing the second trial which has now concluded.

Operation Nabit was commenced in 2013 when a drugs warrant was executed and led to the recovery of nearly 100 cannabis plants and a large amount of cash being recovered. This focussed Organised Crime's Financial Investigator Ray Goddard to look at the owner, Dale Richmond and his associates. The outcome was a trial at Nottingham Crown Court in 2015 which found:

- Richmond guilty of conspiracy to produce cannabis and six counts of money laundering to the tune of more than £150,000 – receiving 8 years imprisonment
- Co-accused Neil Rose was found guilty of conspiracy to produce cannabis – receiving 20 months imprisonment
- Co-accused John William Palfreyman was found guilty of conspiracy to produce cannabis and money laundering– receiving 3 years imprisonment
- Co-accused Warren Richmond and Kevin Martin, had pleaded guilty to producing cannabis at the start of the trial – both received suspended sentences.

A further money laundering investigation commenced after the above trial specifically into RICHMONDS illicit dealings. This uncovered his rogue trader dealings, an example being:

- a 76-year-old man fell victim to 'rogue builders' and paid them £134,000 to carry out work on his house in London - £70,000 of which was paid directly into Dale Richmond's company account for Mansfield Limited and as soon as it was received, Dale Richmond withdrew it in cash. The work was examined by Trading Standards and was estimated to be worth between £1,691 and £2,029. This had cost the victim his life savings and he had taken out a £10,000 bank loan to pay off the debt.

Financial Investigator Ray Goddard said: "All of these sentences are the result of a long, ongoing and highly complex case looking at years of financial records and providing the evidence to link this group to each other. I'm really pleased with the results which mark another success for our continued efforts to stamp out drug-related crime and money laundering in Nottinghamshire.

"I am also pleased as it highlights our efforts continue to try and support the vulnerable victims of fraud and prosecute those responsible, including the individuals who launder the proceeds of these crimes." Detective Inspector Jon Scurr said: "Nottinghamshire Police's Organised Crime department seeks to protect the vulnerable and pursue offenders who target them until justice is achieved. This investigation emphasises this commitment and also the excellent work conducted by Ray to secure these convictions. The sentences are reflective of the offences committed."

### **Rushcliffe Borough Council**

RBC ASB working group and associated VPP – successful agency cooperation at meetings

Funded mental health case workers – link to cases – identifying risks

Links with other partner agencies – NCC, Police

Number of examples of successful cases – secure the protection of individuals

Please see attached table to this submission for abbreviated and redacted case notes for some cases this working group has managed in 2016/17 period. – **NOTE, THERE WERE NO OTHER ATTACHMENTS ON THE EMAIL**

Eyes and ears system operating in RBC – frontline staff to report issues – this covers all safeguarding issues

Examples of where staff have helped vulnerable people – for example Refuse collectors helping older people who collapsed when putting out bins

RBC Policy for adult safeguarding and online referral form

E- learning training for all staff and briefing for all managers at leadership forum

Modern slavery training carried out for visiting officers – Hope for Justice

Hate training – some staff have attended this

Communication strategy – informing staff on MASH

Safeguarding training carried out for all taxi drivers – RBC have taken lead for County Taxi licensing action plan and training over Notts Authorities.

### **Sherwood Forest Hospitals**

Sherwood Forest Hospital Foundation Trust is a member of the Nottinghamshire Safeguarding Adults Board and supporting multi agency sub groups.

SFHFT has a safeguarding strategy in place and supporting policies and procedures in respect of safeguarding adults, we work closely with partner agencies to ensure that their needs are met and we identify and respond to abuse and neglect.

During 2016/17 we have worked to continue to embed the requirements of the Care Act 2014, ensure staff are able to use the Mental Capacity Act, aware of the DOLS and respond appropriately to issues raised by these whilst also ensuring that any interventions made are in line with the patient's wishes and beliefs and so therefore ensuring we are 'Making Safeguarding Personal'.

We have advice processes in place to ensure staff can access help and support in response to safeguarding issues and we use the data from these responses to identify trends and themes around safeguarding adult issues. This enables us to where needed target areas of input and support. The development of the safeguarding data dash board will further compliment these strategies.

We work closely with our partner agencies to ensure that any safeguarding issues are where needed are responded to and addressed from a multi- agency perspective.

The safeguarding training has been developed in line with Learning and Development we provide safeguarding training at all levels within the trust. In addition we also provide the following:

- A Mental Capacity/ Deprivation of Liberty study day is facilitated monthly.
- A Safeguarding Adults/Learning Disabilities and Safeguarding Children champion's network is in place, with each department nominating Safeguarding Champions for their area.
- Training for Safeguarding Adults and children, Mental Capacity Act, Deprivation of Liberty and Prevent also take place on the mandatory training programme and induction days.
- A vulnerable adult resource folder has been distributed to all wards and departments. These folders will contain processes for assessing capacity and examples of the 2 stage test and care / treatment planned in the person's best interest.
- All the training has been reviewed in line with National developments and also includes themes from safeguarding referrals.
- The Hospital staff continues to receive training on Learning Disabilities via the Induction day (New nurses and Healthcare assistants) and via the Mandatory training programme.

All training is evaluated and adapted in line with feedback and in response to local and national guidance and learning.

**Assurance:**

NSAB will assure itself that all partners have appropriate arrangements in place to safeguard those adults most at risk in Nottinghamshire.

**Examples of evidence:**

- Any qualitative evidence e.g. from themes from internal audits, impact of changes to practice, learning from incidents, how any learning from SARS has been embedded in your organisation
- A brief analysis of statistical data collected by your organisation in relation to Safeguarding Adults
- A brief summary of your organisation's quality assurance/governance arrangements in relation to safeguarding adults, including any evidence of safeguarding outcomes for adults at risk.

**Broxtowe Borough Council**

In 2016/17 19 safeguarding referrals have been made to MASH

- 8 Adult
- 11 Children

35 vulnerable people have been supported through the Vulnerable Person Panel

Broxtowe has safeguarding reps in place covering all key sections, and lead officer arrangements for safeguarding issues.

An Internal safeguarding working group meets every 4 months receiving cascaded information from the chief executive on relevant safeguarding issues including reports on NSAB activity. The group also receives data regarding safeguarding cases identified by the council and referred into MASH or other support services and vulnerable people identified and supported through the Vulnerable Persons Panel. Learning from serious case reviews is also discussed at the meetings and internal activity reviewing systems and practices to ensure the safeguarding system is working is coordinated by the group.

The Chief Executive prepares a regular briefing for safeguarding reps of other Nottinghamshire Districts, cascading safeguarding information from NSAB. They then cascade that to their own authorities.

**Doncaster & Bassetlaw Hospitals**

The Director of nursing, Midwifery and Quality is the Executive Lead for Safeguarding within The Trust, and is Chair of the Trust Strategic Safeguarding People Board. (SSPB)

The SSPB consists of all the Safeguarding Professionals, and representatives of all the Care Groups, at Matron Head of service level. The Board meets quarterly, and is also attended by lead staff for Safeguarding from both Doncaster and Bassetlaw CCG. The SSPB has responsibility to provide leadership, and ensure that systems in place in respect of Safeguarding are appropriate and reliable, accessible and user friendly. All Care Group have their own Safeguarding arrangements, and members of the SSPB provide assurance in respect of their own areas.

The SSPB is accountable to the Trust Board of Directors, and provides assurance in respect of the Trusts compliance with statutory responsibilities, and obligations.

The Safeguarding Team Manger attends the Safeguarding Assurance Forum. Both CCGs also have representation at this group.

The Trust's Safeguarding Strategy identifies robust governance arrangements which provide a Performance Assurance Framework that gives a whole view of safeguarding and care group assurances to the board that safeguarding obligations are being met by delivery of safe, compliant, quality safeguarding practice.

### **East Midlands Ambulance Service**

The safeguarding agenda is embedded in EMAS from board to frontline. Safeguarding is included within the Quality assurance framework and is assessed on all Individual performance reviews. The safeguarding team carry out specialist audits to audit staffs knowledge of safeguarding and also the quality of the referral being raised, compliance levels are high across all areas.

A level 2 education book has been provided to all frontline staff during 2016-2017 and will be assured during the next financial year using an eLearning education and training needs analysis platform.

### **Mansfield District Council**

I have attached a copy from our internal database (\*note – separate attachments to email if needed\*) which outlines the number of concerns raised internally to the central point of contact for safeguarding. Please see attached summary report from safeguarding database (\*note – separate attachments to email if needed\*)

Any safeguarding concerns referred in to MASH or Social care actions are logged and monitored until there are no further risks identified. Internal actions are also recorded and monitored and cases that have been referred through to the internal team are regularly reviewed to see how any risk is being minimised. We also have strong links to the NSAB and Partnership through the Senior Management team and via the Safeguarding District Managers Meetings.

### **Newark and Sherwood CCG**

- NSAB Chair attendance at (NHS Nottinghamshire Health Commissioners) Safeguarding Committee to assess effectiveness and links to NSAB
- Introduction of a Safeguarding Operational Working Group, a sub-committee of the Safeguarding Committee, which has been found to make a positive benefit to the progression of key issues around adult safeguarding for the Safeguarding Committee
- Significant assurance received following 360 audit across the 5 County CCGs for safeguarding adult provision.
  - Actions identified for additional improvement were implemented and monitored through the 5 CCG Safeguarding Operational working group to ensure that
- Electronic Safeguarding Assurance Tool being trialled to develop a comprehensive and easily accessible record of CCG assurance and associated documents

Monitoring and implementing recommendations from the Sepsis Audit action plan and establishment of a Sepsis Action Group lead by the head of Adult Safeguarding.

### **Newark and Sherwood District Council**

Please see above section.

Learning from SARS are cascaded from the NSAB, to the district/boroughs and considered at our Corporate Safeguarding Group Meetings. If required, training and operational practice is amended. The Corporate Safeguarding Group meets on a quarterly basis, co-ordinating and managing the Council's, Newark and Sherwood Homes, Active4Today and Southwell Leisure Centre Trust safeguarding activity to ensure it is in line with safeguarding responsibilities, policies and procedures.

In terms of assurance, there is a Corporate Risk on Safeguarding (CORP\_OR10) which is monitored by the Corporate Management Team and remains at 'controlled' status; and is followed up via Internal Audit.

Safeguarding Updates are also presented to the Council's Homes and Communities Committee.

Internal Referrals 1st January – 31st December 2016:

46 referrals (16 Child/30 Adult) compared to 2015, 51 referrals (31 Child/20 Adult)

Categories:



## **Adults**

Self-Neglect - 9  
Emotional Abuse - 2  
Modern Slavery – 0  
Physical Abuse - 2  
Domestic - 7  
Sexual - 1  
Organisational - 1  
Financial - 2  
Neglect - 3  
Discrimination - 0  
Other – 3

## **Nottingham University Hospitals**

The trust completes an annual audit of safeguarding knowledge and practice across the organisation (Essence of Care Benchmark). This audit is completed in all clinical areas between November and December. Results of this are used to guide safeguarding training for the following financial year. It also provides detail to the safeguarding team about potential knowledge gaps in specific clinical areas and focus additional resources and training accordingly.

Safeguarding adults processes are reviewed on a bi-monthly basis at the trust safeguarding adults committee. This is chaired by the trust lead doctor for adult safeguarding.

The safeguarding adults team provide a 6 monthly and annual report of safeguarding process. The annual report is scrutinised by the trust board, 6 monthly by the Quality Assurance Committee. The safeguarding team present a quarterly report to the external Quality Scrutiny Panel.

Learning from SAR and DHR is disseminated to clinical teams as required and changes to policies, procedures and care pathways are undertaken accordingly. The trust safeguarding team are fully engaged in the review process

The adult safeguarding team have membership on the training and SAR sub-groups of the NSAB.

## **Nottinghamshire County Council**

NCC commissioned a consultancy firm to come and look at safeguarding practice across the whole of Adult Social Care and Health (ASCH) as part of a quality assurance framework review. The consultants validated the practice within Adult Social care and Health in regards to Safeguarding Adults and Deprivation of Liberty Safeguards, and made some recommendations within a new quality assurance framework which is being implemented across the ASCH department, overseen by the internal safeguarding adults governance group.

NCC undertook an internal quality assurance audit of 140 completed safeguarding adults cases looking at quality of practice, with a Making Safeguarding Personal focus. This gave us a good baseline over a breadth of cases and service user group. This led to a member's briefing, and moving forward, will support an ongoing rolling process of auditing completed safeguarding adults cases.

Our Safeguarding Adults Governance Group continues to provide internal governance regarding safeguarding adults, including data oversight and scrutiny of practice. This work is supported by Learning and Development, Quality Assurance, Practice/ Operational, and Quality Market Management & Commissioning Workstreams.

NCC's IT department have supported the work around safeguarding adults by creating a 'Manager's Dashboard', which is a piece of software enabling managers to access performance data and other statistics in real time to better monitor the performance of district adult social care and health teams, and support a speedier response to any identified issues.

### **Nottinghamshire Fire and Rescue Service**

NFRS have worked closely with the Boards and partner agencies to ensure Care Act (2014) compliance.

NFRS recognise the challenges to working with individuals who self-neglect. Following the establishment of the Care Act (and introduction of self neglect as an indicator) there was a period of initial confusion within NFRS around this issue and how to progress referrals of this nature. With guidance from Safeguarding leads and support from Board colleagues and their organisations, NFRS held a number of workshops with the Person's at Risk Team and others with the responsibility of making Safeguarding referrals to ensure they were being made to the appropriate team. Analysis of the data NFRS collect on Safeguarding demonstrates this has led to a drop in Safeguarding referrals but an increase in referrals for a Care and Support Assessments.

NFRS value the learning from SARS both locally and nationally. Following a recent SAR, NFRS has instigated a piece of work with our Fire Protection Team who conduct inspections within Care Homes around emollient creams and their use (please see attached supporting document). This information is being highlighted to managers as well as sent as a mail shot to every care home on our database system. Through this engagement we hope to highlight the potential dangers of emollient creams and smoking and prevent future accidents and potential deaths of this nature.

Through national SARS and partnership working with other fire services NFRS have done a lot of work in profiling our most at risk groups. This has led to the development of CHARLIE, which is an acronym for all of the issues that we believe put individuals at an increased risk of dying in a fire. These stand for; Care and Support Needs, Hoarding, Alcohol issues, Reduced mobility, Lives Alone, Inappropriate use of electrics and Elderly. The profile of CHARLIE features in many of NFRS's prevention campaigns, raising awareness both internally and externally. In addition to this work NFRS have standardised our CRAE (Community Reassurance and Engagement) programme in order to offer appropriate levels of reassurance post incident to our most vulnerable members of the community.

NFRS has a robust system to collate and enable auditing of our Safeguarding referrals and cases. The Safeguarding Team meet six-monthly to review cases, identify learning and plan preventative action against any emerging or topical themes e.g. inappropriate referrals, modern slavery, hoarding.

A Serious Incident Group meets to discuss appropriate cases whereby Safeguarding may be involved, following a fire death or incident causing life-changing injury. The Safeguarding lead has recently written a report for endorsement by the Senior Management Team to have a Chief Officer chair this panel as well as include delegates from partner agencies for peer scrutiny. It is envisaged this will maximise the effectiveness of this group and further ensure NFRS is fulfilling their Safeguarding commitments.

### **Nottinghamshire Healthcare Trust**

The learning from all SAR's is communicated across the organisation in the form of case specific briefings (entitled 'Safeguarding Matters') which are disseminated by the safeguarding team and are tweeted and highlighted on our internal website which has been redesigned during the last year to be more accessible and user friendly. This year we also took the lessons from multi-agency reviews out to staff via seminars which were held at venues across the Trust. These workshops provided staff with a reflective session in which they were able to learn more about multi-agency reviews and focus on how the learning identified could have a positive impact on their practice. The seminars were well received and we continue to develop ways in which to share learning with colleagues.

The actions from all reviews are monitored for implementation and impact by the internal SCR subgroup, although evidencing impact remains an area for further development.

In terms of quality assurance, the Trust continues to develop a quality performance quarterly report which is reviewed internally by the Trust wide Safeguarding Strategic Group. There remain a number

of challenges to ensuring the data collected is robust but we continue to strive to put the necessary systems in place.

Quality assurance practice has been greatly enhanced by the introduction of a Safeguarding Compliance Framework which has been trialled during the last quarter of 2016/17 and has recently been formally launched. The aim of the framework is to assist teams in self-assessing their safeguarding practice and also to facilitate both planned and unplanned audits of practice by members of the safeguarding team. The trial audits have gone well and we look forward to being able to report on a full schedule of safeguarding visits next year.

Finally, we have also revised our Safeguarding Supervision Framework during the last quarter and this has also just been launched. The aim is to ensure that safeguarding supervision is more readily accessible to staff in order to continue to strengthen safeguarding across the Trust.

This year has also been busy in terms of the provision of safeguarding training. A new safeguarding training team has been established who are now delivering safeguarding training across the Trust to ensure consistent training provision to all staff. The training requirements have been revised so that all non-clinical staff now complete level 1 training and all clinical staff complete level 3 training or above, dependent upon role. Both training packages have been fully revised and updated and new packages are also being developed, in particular around domestic violence and self-neglect. The establishing of a specialised team means that we are able to keep our training more up to date and the learning from reviews is fed into training in a far more timely fashion. In addition, the safeguarding team have hosted 2 emerging theme events for staff looking at current key issues around safeguarding.

### **Nottinghamshire National Probation Service**

The National Probation Service continues to provide structured and mandatory training for all grades of staff nationally. This includes e-learning and face to face events. Mandatory staff training is reviewed every three years, which includes Adult Safeguarding. This is independent of local boards and meets the national expectations of the National Probation Service.

National Probation Service staff do link into local training opportunities. However cost and resource implications restrict this to a degree.

The National Probation Service does not currently collect statistical data specifically in relation to safeguarding adults. Sources for this data are being developed and will be fed into partnership reports accordingly.

### **Nottinghamshire Police**

Assistant Chief Constable PRIOR is the portfolio holder for Public Protection at an executive level within the organisation. Det. Superintendent GRIFFEN, Head of Public Protection is the named Board lead for Safeguarding Adults. Det. Chief Inspector SANDERS is the central point of contact for operational advice. In addition to this there is a named lead professional for Safeguarding Adults at Detective Inspector level.

Protecting the public is a core role for the police and in order to achieve safer communities, the force continues to work in partnership with other agencies. Nottinghamshire Police have provided contributions, training and also various presentations to the Adult Safeguarding Board, sub committees and partner agencies including the statutory obligations now placed upon public authorities under the 2015 Modern Slavery Act.

As touched upon above, one way that the force is planning to improve the quality of information transfer is through the introduction of the PPN - an improved referral template for all safeguarding referrals. Now implemented, NICHE as an integrated system supporting core policing – now enables crime, intelligence, custody and case file preparation to all be held in one place. Nottinghamshire Police went live with NICHE in March 2016 and in March 2017 with the PPN. In terms of fulfilling the Board's strategic objectives regarding the prevention of adult abuse and neglect, NICHE will become invaluable

as it will enable real-time sharing of information and reduce risks by saving on time and multiple system search.

An annual departmental assessment of the public protection unit is underway. It has been recognised that an input of 30 extra staff is required to meet increasing demand in this area of policing.

Development of the Organisational Risk and Learning Board. A quarterly organisational risk and learning board has been developed to ensure the force responds positively to recommendations, publications of reports and operational activity. This includes recommendations from SAR's, SILPS's, SCR's and DHR recommendations. The board, chaired by the Deputy Chief Constable will see heads of department and thematic leads discussing areas of learning, identifying strategic opportunities and risks, which could affect the force. They are also integral to providing organisational reassurance to safeguarding boards through scrutiny of action plan delivery.

Development of the Force referral scheme for people bereaved by suicide. Nottinghamshire Police's bereavement referral scheme for anyone affected by a suicide within their family or community is up and running upon Niche.

The scheme initially ran in the city from September 2016, but has now been implemented force wide across the whole of Nottinghamshire. Initial feedback from families as a result of the pilot scheme has been positive. Behind the scheme is The Tomorrow Project, which employs specialist care professionals with a vast knowledge in this field. Statistics show those bereaved by suicide have an 80 per cent increased risk of attempting suicide themselves, yet specialist support has not yet been offered to bereaved family members or friends. Nottinghamshire has observed the success of Durham Police pilot scheme, which helped to reduce the number of deaths of people bereaved by suicide. Referrals come from any officer who prepares a coroner's report, providing a brief explanation to the next of kin around the support being offered (although the bereaved person's consent is required before the referral can be made). HM Coroner Mairin Casey has given her support to this referral process. On receipt of the referral the Tomorrow Project will provide an early alert system to those bereaved by suicide or death by self-harm and make contact within 72 hours. The project offers:

- initial assessment of need,
- safety plan and risk assessment
- face to face support via specialist suicide bereavement officer
- referral to additional services
- support during the inquest process
- financial, health, bereavement, employment support and advice.

The Force continues to be praised for its work tackling modern slavery. Nottinghamshire Police has been praised for its work tackling modern slavery by the Independent Anti-Slavery Commissioner. It comes after two Polish brothers Erwin and Krystian Markowski were each sentenced to six years in prison for conspiracy to arrange travel with a view to exploitation and fraud by false representation. In a letter to the force, the commissioner Kevin Hyland OBE congratulated the force on the way it deals with this type of criminality. "I am writing to thank you and your force's recent efforts that has been recently reported against the fight on Human Slavery and Trafficking. The trial judge HHJ Stephen Coupland, said that the defendants were involved in a 'planned and systematic' scheme of 'human trafficking'. Both defendants received six years imprisonment, for slavery, with a concurrent sentence for fraud. The Force continues to engage with agencies to assist agency staff with training and awareness in this increasing area of business.

### **Rushcliffe Borough Council**

RBC Safeguarding policy adopted from Notts policy

6 monthly safeguarding steering group for RBC – oversees policy, training etc.

Quarterly audit of cases - Maintain list of vulnerable adults. Discuss actions and progress with cases.

### **Sherwood Forest Hospitals**

The safeguarding team complete quarterly reports which are reported through the safeguarding steering group and the patient safety and quality board. The activity contained within the reports focuses on training; MCA/DoLS, referrals to adult social care and, advice and support requested from the SFHT safeguarding team.

SFHT present a safeguarding annual report to the quality committee for assurance.

When the safeguarding team become aware of emerging themes a table top discussion is organised to be able to early identify any actions and to formulating an action plan.

Think Family training will incorporate any learning from SARs and an I-Care will be generated to cascade the learning across the organisation

Work surrounding the embedding of MCA/DoLS continues to be a priority with audit being a focus to benchmark the current level of understanding and implementation into person centred care and record keeping. This will be a key focus for 2017-2018.

The Trust is also implementing a MCA/DoLs app which will be a supportive decision making tool to help embed the MCA framework

SFHT has a Safeguarding Adults work plan which is monitored through the safeguarding steering group.

All Serious Incidents are managed through action plans and monitored through the Trust Governance processes. Thematic reviews and learning issues are feedback to teams through division.

All SARs are monitored through robust action plans. Accountability and assurance for lessons learnt is through the SFHT Safeguarding Steering Group and Patient Safety and Quality Group.

### **Making Safeguarding Personal (MSP)**

NSAB will develop and embed an approach to its work that is person led and outcome focused. We will engage the adult (or their representative) in a conversation about how best to respond to the safeguarding concern.

#### **Examples of evidence:**

- **Anonymised case examples demonstrating effective MSP working.**
- **Citizen feedback - what adults who have experienced the process say and the extent to which the outcomes they wanted have been realised.**
- **Staff surveys -what front-line practitioners say about outcomes for adults and their ability to work in a personalised way with those adults**
- **How your organisation has embedded MSP into safeguarding practice**

### **Broxtowe Borough Council**

During 2016/17 12 information days have been held throughout the borough. Local people dropped in to learn more about services and had an opportunity to speak with representatives from organisations including Broxtowe Borough Council, Nottinghamshire County Council, the Fire and Police services and many local voluntary groups. The opportunity was taken to raise awareness about issues of harm and neglect, how to report concerns and where to get help and support. There are currently a further 4 events planned in 2017/18 one in each of the town centres.

Frontline practitioners feel we are making progress by continuously improving our arrangements for adult safeguarding.

The introduction of a social worker post to support individuals referred to the Vulnerable person Panel who do not meet the threshold for MASH and other referrals

### **Doncaster & Bassetlaw Hospitals**

The Trust embraces Making Safeguarding Personal, and is embedding MSP into practice.

The safeguarding professionals will visit the wards and departments to offer support and advice. The Specialist Nurse will carry out face to face interviews with the Adult at risk, and advise them of the possible ways forward. There have been a number of occasions where the adult has declined support from the Safeguarding process, but has accepted support, and signposting to other agencies.

It is not always appropriate for the safeguarding team to be directly involved

With the adult at risk, and it is often the Ward Manger, or a particular member of the clinical team, who has developed a relationship with the patient, who will carry out the face to face interview, and discuss their individual. This ensures that the adult is able to discuss the issues with someone that they know, rather than a 'stranger'

Whilst an adult at risk may not want to progress a referral, there are occasions where the Trust will invoke an alternative process. For example any allegations against staff will be actioned whatever the view of the adult. This may be investigated using the Serious Incident reporting system.

As an acute Trust, there are few occasions where the Adult is able to give direct feedback. Often the enquirer is managed by staff outside of the organisation,

Patients are admitted from the community, and Safeguarding concerns responded to appropriately. The response is usually to raise a concern with the appropriate safeguarding hub within the Local Authority and often the patient has been discharged, before the safeguarding process is completed.

MSP is included in all safeguarding adults training, at all levels. Information about MSP is cascaded via the quarterly mews letter, and the 'Buzz'.

The Safeguarding Team has a page on the Trust intranet, and all information relating to Making Safeguarding personal is within the page. This is accessible to all staff.

MSP is discussed at Safeguarding supervision, both group and individual sessions.

As Health care workers staff are already accustomed to including the patient in any decision making process, it is a fundamental part of caring for patients. This applies to staff across all grades and disciplines

### **East Midlands Ambulance Service**

Due to EMAS being a regional agency and not case holding we are unable to provide information using the examples suggested.

EMAS policy and procedures highlight the importance of MSP and person centred care and the safeguarding referral form has a mandatory field regarding the wishes of the patient.

### **Mansfield District Council**

Our internal safeguarding report has been changed to ensure we are embedding MSP and are asking what outcome the person would like from our intervention.

See attached safeguarding report form (\*note – separate attachments to email if needed\*).

Case Mr A

Mr A is a 57 year old Male and was in hospital when initially seen by the ASSIST hospital discharge Team, He told them he had not been taking his medication for depression and diabetes for several months and had been neglecting himself and living on his settee. He advised the team he had not been coping due to extremely sad events in his life which resulted in him trying to take his life. Due to Mr A not taking his medication this had resulted in him going in to hospital for surgery to have his part of his foot amputated. 4 months prior to him being admitted in to hospital he said that he had not been eating and was self-medicating on alcohol He needed help but didn't know who to turn to.

Mr A was an owner occupier but his property was in a bad state of disrepair and was under a repossession order. The ASSIST team liaised with Mr A and his son to register him on the Council's Housing Register and to ensure his medical assessment forms were completed.

With Mr A needs being assessed and from the support being requested from MR A the team were able to secure a suitable ground floor accommodation ready for his discharge from hospital. His property and belongings was in such disrepair that the team also submitted a furniture referral to a project that was able to supply him with what he needed to furnish his home and make it a safer discharge. The team also supported Mr A with emergency clothing and arranged food parcels until they could engage him with the Council's Financial Inclusion Officer to ensure all his welfare entitlements were in place. Housing Benefit forms were completed and once his welfare entitlement were maximised Mr A benefitted in many ways. His son also commented that his Dad was the happiest he had seen him in years. He was beginning to take pride back in himself and his home.

Mr A also advised ASSIST that when he was living in his previous home he could not see that his life would improve anyway and therefore lost interest in everything. This had impacted dramatically on his health and wellbeing but since moving in to his new home from what he describes as a "lovely property" he has felt much better he thanked everyone for helping him with what he needed and for showing him respect and care MDC ASSIST still continue to provide support to help Mr A maintain his independence.

We have not undertaken citizen feedback but it is something we would like to develop in the future. We do record on our case notes if someone does comment how they feel with the outcomes from our intervention.

### **Newark and Sherwood CCG**

- CCG care home team member actively involved with the MSP champions and will continue to cascade this learning in their work with care homes and Home based care.

### **Newark and Sherwood District Council**

Please see below an anonymised example of MSP;

A concern was raised by the sister of an elderly female to a Council officer, the concern related to an untidy house and her inability to cope. The female lives with her husband and through a discussion with a Council officer, she appeared to be fearful of her husband.

A social worker was appointed to the husband. At that time her husband was in temporary care accommodation following the female recuperating from an operation and being unable to provide care to him. Subsequently this enabled the District Council's DV

Co-ordinator to visit the female who opened up to the officer and a DASH form was completed with her consent, in addition to MASH referral.

A social worker was appointed to assess the female's needs, working with our DV officer. Throughout the process the female was made aware of the processes and asked for her desired outcomes. Having two separate social workers involved, focussed on MSP and through early intervention, DV and hoarding support this resulted in delivery of the female's wishes, who has remained at home with her husband but feels much safer and supported.

### **Nottingham University Hospitals**

MSP is an integral part of safeguarding processes at the trust. As well as seeking consent for safeguarding input, staff ask the individual what support they would like and the outcome of the enquiry.

Safeguarding training has focused on the individual who does not engage in processes, specifically due to coercion and control. The trust has a number of safeguarding practitioners specifically trained in domestic abuse. As domestic abuse survivors are often coerced and controlled, team members are able to provide support and training to the wider trust. This process has involvement of the individual at its core, but balancing this with the risks involved.

The adult safeguarding referral form at the trust has been adjusted in line with MSP, specifically requiring practitioners to enquire about expected outcomes of the individual prior to safeguarding processes being initiated.

As the trust is predominantly a referrer within safeguarding processes, outcome focused information is gained by the local authority. The trust endorses and participates in the good work currently being undertaken to measure the outcome of adult safeguarding processes

### **Nottinghamshire County Council**

NCC has a developed network of 'Making Safeguarding Personal Champions' – qualified workers within adult social care and health district teams who meet approximately quarterly to discuss items and areas of work within safeguarding adults with a Making Safeguarding Personal focus. The 'champions' then disseminate this information within their own teams, promoting the Making Safeguarding Personal agenda and embedding the continuing Making Safeguarding Personal culture change in operational teams.

NCC has worked with POhWER to increase the number of adults subject to a safeguarding adults referral who are supported to give their views by an advocate. There has been work done within the district adult social care and health teams to encourage workers to use advocates where appropriate, and processes have been put in place to monitor and support this work.

There has been a marked increase in the amount of adults subject to a safeguarding adults enquiry being asked their outcomes, and this subsequently has led to an increase in satisfaction that desired outcomes have been achieved, and a reduction in repeat enquiries for the same adult within a 12 month period.



The project to develop the online form and updated MASH website involved consulting with various groups and explaining how the available new technology would support them in accessing accurate information regarding safeguarding adults and how the form specifically will assist in providing all the information required at the point of making a safeguarding adults referral, and support a Making Safeguarding Personal approach via the questions and options available, and supporting the work in obtaining desired outcomes from an adult at risk.

To support this website update and online referral form project, NCC ran some provider workshops and spoke with the Care Quality Commission to explain the benefits of the new system, and how it will support work in Nottinghamshire around safeguarding adults, and how it maintains the Making Safeguarding Personal approach.

NCC gave a presentation at the Learning Disability and Autism Partnership Board meeting regarding Making Safeguarding Personal and the work we have undertaken to support the Making Safeguarding Personal agenda, and why it is important, which was well-received.

NCC's Trading Standards has worked hard to raise awareness and combat the growing problem of financial abuse, both through rogue traders and doorstep scams, as well as the emergence and increased reach of internet fraud aimed at adults at risk in Nottinghamshire.

NCC facilitated a Providers' Forum in order to identify training needs within organisations covering various care settings in Nottinghamshire. This event was attended by over 100 managers and trainers and provided a valuable opportunity for providers to have their voice heard by the Local Authority, as well as serving as a useful networking opportunity for attendees to meet with peers and discuss relevant common issues.

NCC's Quality and Market Management has and the Multi-Agency Safeguarding Hub have worked hard to improve information sharing between the two departments to be able to address provider concerns more rapidly and to be able to have deeper oversight and scrutiny over potential problems faced by providers and the service users they cater for. To support this, Quality and Market Management staff have also been spending time at the MASH fostering closer working relationships and gaining a clearer understanding of the roles, remits, and responsibilities of each department.

### **Nottinghamshire Fire and Rescue Service**

As an emergency service reacting to situations at crisis point it is not always possible to involve the adult in the safeguarding decisions that we have to make and a 'best interest' action is taken in order to protect the individual. However, where possible, as a Service we are learning more about the making safeguarding personnel principles and putting the individual at the heart of our interventions.

Examples include;

The Safe and Well Check signals a major change in practice for NFRS – a move away from the process-led, tick box culture. We have learnt this method of engagement doesn't promote the best outcome for the individual so we have made every effort to phrase our questions in a way that prompts a conversation in order to talk to the individual about how they live and how they wish to continue living. We hope this will help to achieve an outcome that individuals want and are happy with. The Service is also utilising the use of tablets and a paperless system for this programme in order to further safeguard the individuals' information and ensure referrals are made there and then.

In support of this culture change the Service has embraced training from Nottinghamshire Healthcare Trust Occupational Therapists regarding sensible risk appraisal, not risk avoidance, which takes into account individuals preferences and life-styles to achieve a proportionate tolerance of acceptable risk.

Training during CPD days regarding the MSP principles and how we can apply them during our home visits and follow-up work from incidents.

Citizen feedback of Home Safety Checks is measured via 400 telephone interviews and 'After the Incident' is measured via postal questionnaires. Response rates for the postal questionnaires can be

variable. Results of the surveys were generally in keeping with NFRS expectations and confirmed many of the Service's assumptions about the standards of service NFRS delivers. However, following the feedback, there are some areas the Service are considering for improvement and recommendations have been made to the Senior Management Team for endorsement.

### **Nottinghamshire Healthcare Trust**

Making Safeguarding Personal has continued to be a focus across the Trust. This has included a detailed article in last year's annual report, looking at what it means and tying it in with our Think Family agenda. We have developed an MSP poster for display across the Trust which links to our poster on the key aspects of the Care Act. We are now in the process of designing a poster around self-referrals to assist our patients/clients.

MSP continues to be a focus in all our safeguarding training and our revised clinical package delivers clear messages on this area. As we develop new adult safeguarding training, MSP will continue to feature heavily so that staff strengthen their knowledge and skills for future practice.

Work has also begun on developing a leaflet for use by a number of health agencies to provide consistent safeguarding information to our patients.

### **Nottinghamshire National Probation Service**

Currently within the National Probation Service one to one engagement to all service users via supervision with an Offender Manager is offered. This allows the Service User a forum to discuss their needs and/or raise safeguarding concerns.

Staff continue to engage with partnership agencies and take advice from Social Care on specific cases to ensure that the relevant support is in place for the individual and there are resources to meet their needs, and to ensure there is an understanding of the service user's circumstances.

All staff are able to complete a safeguarding referral to the MASH or local safeguarding team in other areas, when a vulnerable adult has been identified.

### **Nottinghamshire Police**

The data set questions now developed within the PPN for an adult at risk, specifically now includes the question of what the adult wants as an outcome, so it has become more victim rather than organisationally focussed.

A vulnerability flag is now used by the force control room for incidents where vulnerability has been identified as a potential factor. To assist, contact cards and system prompts for all call handlers within the FCR have been developed within the general incident (GI) working practice guide which are APP (authorised professional Practice) compliant. These assist and assess triage of calls, identify vulnerability and need using an NDM (national decision making model) approach.

Throughout May 2017 the review of Nottinghamshire Police's Safeguarding Adults at Risk Procedures incorporated organisational vulnerability briefings for all officers. Again staff were reminded in briefings and on weekly orders of the need to seek service-users views and where practicable, their consent prior to making a safeguarding referral.

Changes to National Crime Recording Rules have seen changes to the way the police record information received by professionals within other agencies and the introduction of new disposal types, the emphasis on achieving successful outcomes rather than simply detecting crimes. This highly significant change has led to a cultural shift within the police and the need in some cases to acknowledge that the safeguarding and the investigative aims are not forced to run in tandem. For example, where an individual is not wishing at that precise moment in time to either support a police prosecution or there is no likelihood of a prosecution, offender having died or under the age of criminal responsibility. 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 is entirely in keeping with making

safeguarding personal, accepting that there will be some occasions where an evidence-led prosecution is still appropriate.

Nottinghamshire Police has a dedicated Public Protection website that is accessible to everyone within the force. The Adults at Risk webpage has been refreshed in line with the Care Act 2014. This tool acts as a reference point for officers/staff and has links to the NSCB web-pages

The organisation undertakes customer satisfaction survey 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. A bespoke survey tailored to the needs of victims/survivors of domestic abuse is now used. Close links are maintained through other support services. Victim satisfaction is reported on a monthly basis through departmental heads and team leaders. Areas for development are identified through this and performance management and fed back through monthly Public Protection SMT meetings.

### **Rushcliffe Borough Council**

All cases treated individually and a “no one size fits all methodology” approach adopted.  
Person centred action

Citizen feedback – one example of formal complaint as information was shared in normal sharing protocols – customer alleged data protection breached but not the case in RBC opinion.

Council complaints procedure and other feedback mechanisms used – feedback explored and if appropriate taken on board in future learning.

### **Sherwood Forest Hospitals**

SFHT seeks to ensure Best Interest meetings are undertaken and recorded to reflect their views in relation to what is identified as in the Best interest of our patients who lack capacity, and the reasons why decisions have been made.

The SFHT learning disability specialist nurse attends the SFHT Learning Disability steering group and the Nottinghamshire countywide learning disability partnership board. Both of these have service users participation