



Safeguarding Adults Board
Minutes of meeting held on Tuesday 14 November 2017
Main Hall, The Elms, Unthank Road, Norwich

PRESENT:

Joan Maughan, Independent Chair of NSAB
Carly Plunkett, (Deputy for Charlotte Belham), Senior Probation Officer, HMPPS
Judith Bell, Operations Manager, Healthwatch Norfolk
Jerry Green, (Deputy for Emma Hardwick), Safeguarding Adults Lead, QEH
Saranna Burgess, (Deputy for Dawn Collins), Head of Patient Safety, NSFT
Jackie Schneider, (Deputy for Antek Lejk), Head of Patient Safety, North Norfolk CCG
James Bullion, Exec Dof Adult Social Services
Chris Butwright (Deputy for Louise Smith), Hof Public Health, Performance & Delivery, NCC
Garry Collins, Hof Prevention & Protection, Norfolk Fire & Rescue
James Kearns, CEO, Build Charity
Helen Thacker, (Deputy for Lorna Bright) Hof Service, Safeguarding, Norfolk County Council
Walter Lloyd-Smith, Board Manager, NSAB
Andrea Smith, Safeguarding Coordinator, NSAB/NCC (Minutes)
Amy Underwood, Safeguarding Coordinator, Suffolk Safeguarding Adults Board (guest)
Andy Hill, Detective Inspector, Norfolk Constabulary (MASH) (guest, part)
Lucinda Cunningham, Sergeant, Norfolk Constabulary (guest, part)
Clive Rennie, Assistant Director of Commissioning Mental Health & Learning (guest, part)

Item	Minute	Action
1	Welcome and apologies for absence	
1.1	Apologies received from: Julie Wvendth, Nick Davison, Lorna Bright, Louise Smith, Charlotte Belham, Richard Block, Paul Reeve, Kate Rudkin, Antek Lejk, Cllr Gregory Peck, Deborah Beresford, Emma Hardwick and Gavin Thompson.	

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2	Declarations of interest	
2.1	None	
3	Approval of minutes	
3.1	The minutes were signed off as an accurate record of the meeting.	
4	Minutes of last meeting on Tuesday 11 July 2017	
4.1	<p>(Item 4.1) News Desk - Vulnerable communities The members of the group are not fixed and interest from others is welcome. Judith Blackman from Norfolk Probation Service expressed interest and Walter will send on contact details to her. Christine MacDonald advised that Healthwatch is hosting a follow-up meeting on this topic in June, and believes that some useful information may come from that which she can pass to the group. HS had met with the Task & Finish Group. A paper had been drafted for presentation at the October Board, around the recourse of public funds.</p> <p>CMcD advised that the follow up meeting with Jenny McKibben regarding migrant workers has yet to take place. Feedback has been requested and there will be a watching brief.</p> <p>JM has had conversations with GYROS and has asked them what the board should be considering. GYROS are best placed to advise as they are out there dealing with people. WLS has contacted GYROS but received no response to date. WLS has made repeated attempts to contact GYROS but to no avail. HT advised that Neil Howard (Equality and Accessibility Officer, NCC) has good links with the LGBT community and ethnic groups within the area. JM suggested that it would be useful for Neil to attend a future board meeting.</p> <p>Both DB and EM suggested INTRAN as best placed to provide data on where diverse population focused. They work with every public sector group across the east so best to use them as an umbrella agency. They provide translation services, including Braille. DB will provide JM with some details. EM suggests Valerie Gidney as point of contact at NCC. DB will arrange for information to be sent to AS. Update: not yet received. AS to contact DB. Action: close.</p>	DB
4.2	(4.3) Safeguarding advocates: following Daniel Anderson's presentation at the last board meeting, members AGREED that it would be helpful to invite a Pohwer representative to a future meeting. Of particular interest would be sight of more statistical data and comparisons with other counties.	

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	<p>For those counties that are doing well, what is it that they're doing that we in Norfolk aren't?</p> <p>SD advised that it would be useful for advocates to have links with prisons as it's not something that currently happens. Advocates are more likely to have contact with young offenders' institutions.</p> <p>WLS/AS to invite Pohwer to a future board meeting. Update: on agenda for January's meeting. Action: close.</p>	
4.3	<p>(4.4) JBu felt that it would be useful to have an offline discussion about edge of care/edge of eligibility issues, to include MM, JSc also. JBu advised that this will be picked up and information emailed to board members in due course. Update: WLS will email MM to seek clarification on points made and take from there. Action: carry forward.</p>	WLS
4.4	<p>(4.5) Whistleblowing: JBu advised the board that he had recently met with a whistleblower from the adult care sector. JBu was interested to know if the board had set up an environment for whistleblowing. He said that he found it difficult to find the process for doing so. JM confirmed that it hadn't been discussed by the board recently. She had, however, been doing some work in Northern Ireland recently and had some of their documentation which covered the matter. JM will look through documents to see if there is anything that NSAB can use. JM has some information from her work in Northern Ireland, and will send on to JBu. Update: JM has sent information to JBu. DB emailed through a document titled 'Freedom to Speak Up' just prior to meeting. It was agreed that NSAB will follow up with a request for assurance that agencies have something similar in place. It was confirmed that health agencies have adopted this approach. The group asked if there was a system in place for confidential discussions, and if people used it. It was noted by board members that some staff find reasons not to whistle blow. HT suggested that a question around whistleblowing could be added to the self-assessment tool (currently under development by risk and performance subgroup). WLS will pick up with KR. AS will circulate DB's document. Action: carry forward.</p>	AS/WLS
4.5	<p>(4.9) The board AGREED to put together a task and finish group to establish what NSAB should focus on in order to move forward. JK, JW and GC volunteered to form the group and WLS will oversee. JK advised that the group had looked at a number of different models. It's clear though</p>	

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	<p>that there is a need to set priorities for the work plan to decide which of the models will work best. Output from September's development day will direct this. WLS said that he will provide a supporting document to help members prior to the development day. Update: following the development day, the task and finish group met on 8 November to shape and develop the new strategy. T&F to meet next on 1 December. Following this meeting an update will be provided to the board on progress made. JK suggested producing a draft for the original deadline and asking for comment - these comments could come from a number of partners, such as those who attended the financial abuse conference (14 September), plus board members and development day attendees. There were a number of suggestions as to how best to do this: by having a period of consultation including a face to face event, or consultation by email. Feedback gained will help the task and finish group. Action: carry forward.</p>	WLS
4.6	<p>(4.10) HT gave a presentation on the guidance document which she put together along with Alison Simpkin (Head of Social Care - Adult Mental Health & Learning Disabilities, NCC), and Saranna Burgess, (Head of Patient Safety & Safeguarding, NSFT). This guidance document has been developed in response to SAR BB, theme one, action one. HT asked members to promote the guidance to their staff and to encourage its use. JM asked HT whether she thought that the guidance was being promoted. Having had conversations with some social workers, HT didn't feel that it was being promoted as much as it could be. JSch said that she will take guidance along to the next HESAA meeting. Update: October's HESAA meeting was postponed. This matter will be taken forward to the next meeting (possibly early December 2017). Action: carry forward.</p>	JSch
4.7	<p>(4.11) There was a general feeling that the term 'whistleblowing' didn't have a positive connotation. Members of the group shared their own organisation's way of promoting speaking out. MR confirmed that NCHC are promoting their 'freedom to speak up' campaign, which MR is championing. EH said that QEH had recently appointed an independent person to promote speaking out. She will put together a short paragraph of what is being done. VN confirmed that the QEH had appointed an independent person. Once they have become more established in role, EH will be able to provide an update to board on the work being carried out. Action: close.</p>	

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4.8	<p>(4.12) After discussion, NSAB AGREED to the reintroduction of the mandate for agencies to sign-up to NSAB's policy and operational procedures. The group AGREED that the chief executive of the organisation would be the appropriate person to sign the mandate as a commitment to NSAB and its policies. It was felt that onus should be on the agency to check for adjustments and updates to policies. Members also emphasised that, given the constraints on resource mentioned earlier, the process should be as efficient and least labour intensive as possible.</p> <p>WLS/AS will start to contact agencies again in order to get this set up on-line. No progress as yet due to other demands. Update: not yet started due to capacity issues (see also 4.10). Action: carry forward.</p>	WLS/AS
4.9	<p>(6.2) The self-assessment tool needs more work in order to give meaningful information to individuals. It was suggested that a task and finish group is set up to work on this. HT advised that the London boroughs had put together an assessment tool and she will send the information to KR. DA said that the local safeguarding children's board (LSCB) will have information which may help NSAB develop the tool. NSAB discussed the potential opportunities to combine an audit process to cover both adults and children (Section 11) however, given the proposed changes to safeguarding children's arrangements (see DA's presentation) NSAB made no specific decisions on this idea at this point. DA will link in via WLS and KR to share audit documents. Update: this has been shared with Kate Rudkin and will be picked up by the risk and performance group. Action: WLS to liaise with KR.</p>	WLS/KR
4.10	<p>(6.4) JM had a conversation with the governance group (6 July 2017) regarding additional administrative support for SARs. It was AGREED that there is a need to link in with the priorities piece of work (see 4.9 above). WLM and JM will discuss further and will be able to advise the governance group what it will look like (in terms of SARs). Others will be brought into discussions as this is progressed. WLS suggested that SARG play a role too. Update: JBu confirmed that funding had been agreed for a 0.5 FTE administrative post. Action: WLS to follow up with Sarah Rank, business development manager, adult social services.</p>	WLS
4.11	<p>(8.3) Having had much contact with the ombudsman's office in his role at the prison, DL suggested that NSAB speak with the ombudsman and explain the complexities of the case. WLS will action. Update: complete. Action: close.</p>	

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4.12	(8.4) It is important to consider Louise wishes in this process. DB suggested that a conversation is had with Louise to see what she would like to happen. DB and JM will arrange to meet Louise to discuss the report and the complaint. At that time, they will ask her to sign documentation to confirm that she has had a meeting with both. Action: close.	
4.13	<p>(11.1) JM flagged the document titled Building Resilient Lives (sent by Adam Clark, chair of the housing subgroup) and urged members to read it. The impact of housing support reductions are of great concern and may influence more incidents of practices such as cuckooing. WLM and JM will review the documentation outside of the meeting, and liaise with the board.</p> <p>JBu asked HT to have a discussion with Sera Hall, (Acting Director of Integrated Commissioning, NCC) to consider how a safe transition to the new model can be made once housing support is withdrawn. HT will feed back to the board in November. Update: HT sent email to board members on 24 July. HT advised that surveys had been carried out and each person had been categorised by level of risk. Although early days as yet, there is no feedback to suggest that anybody has come to any harm. This has been led by the commissioning team in a well-managed way. Action: WLS and JM to check if there's anything else to be done. Close.</p>	WLS/JM
5	Risk and performance report	
5.1	WLS gave a brief update on KR's behalf. KR feels that work is progressing well and that the group is energised. The work around the self-audit tool is being progressed and will need to be piloted. The longer term aspiration would be to develop a joint approach to self-assessment (with the children's safeguarding board) for Norfolk.	
6	Safeguarding news desk	
6.1	JM gave an update about the success of the financial abuse and scams conference. There were 230 attendees from 90 organisations. The Police and Crime Commissioners Office, trading standards, NSAB and the police have already met up to see how they can build on the event. GC said that there is a link here also between fire safety and the elderly and he is happy to help out in any way that he can. Action: WLS to advise GC on progress of discussions.	WLS
6.2	JM asked if a volunteer from the board would be available to attend the launch of the domestic abuse partner forum on Thursday 16 November at Norfolk Constabulary,	

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	Wymondham. Action: GC said that he will attend and will feed back as appropriate at January's board meeting.	GC
6.3	A reminder that the safeguarding information survey closes on Friday 17 November. Board members are urged to complete and to ask their colleagues to as well. A link to the survey is available on the NSAB website.	
6.4	Resources on 'making safeguarding personal' are also available (via a link to Local Government Association) on the NSAB site. HT queried how best to promote this to individual organisations. There was a discussion about organisations feeding into the business group (for those where there is a guidance document). Action: WLS to pick up with JW, chair of business group.	WLS
7	NSAB members nominated deputies	
7.1	WLS explained that, in the 2016-17 annual report, the agencies whose representatives attend NSAB meetings are named. In the 2017-18 annual report it is intended to record the names of individuals who attend board meetings. Where the representative isn't able to attend, they must have a nominated deputy who has authority within their own organisation. Action: WLS to email each individual board member to confirm their nominated deputy.	WLS/All
8	NSFT: CQC inspection report dated 13 October 2017	
8.1	<p>Following the resignation of Jane Sayer, director of nursing at NSFT, SB provided a verbal overview and will be able to give more detailed written report at January's board meeting. The CQC report is obviously a big disappointment and has had quite an impact on staff at the trust. There were however some positives in the report: safeguarding was highlighted as an area of good practice, along with safeguarding training and compliance, and staff were found to be caring. The governance process regarding management of incidents and complaints scrutinised by the safeguarding team was also praised.</p> <p>The CQC had concerns about leadership, particularly management oversight of cases and staff supervision. SB said that more administrative staff had been recruited to be able to pick up some of the tasks thus freeing up managers. There were also concerns about safety; they CQC found that the environment offered too many areas where patients might harm themselves.</p>	
8.2	JM asked SB if there was anything that the board could do to assist in anyway. SB will advise.	

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9	Managing professional difficulties	
9.1	<p>HT has put together a draft document following a professional disagreement which arose in an area of Norfolk. The document, an amalgamation of processes from the children’s safeguarding board, and other safeguarding adult boards, was circulated prior to the meeting. HT would welcome members’ comments. There will be a requirement for all partners to sign up to it, and commit to it, to make it work.</p> <p>Action: board members were asked to review the document and advise HT if there are any additions/amendments to be made. Once the document has been agreed, and any amendments/additions made, it will be circulated.</p>	All
10	Safeguarding adults review	
10.1	<p>The safeguarding adults review summary was circulated prior to the meeting. This is a confidential document and not for sharing. WLS advised that a successful learning event took place on 2 November in respect of SAR E. Led by Suzy Braye, the independent review writer, it was attended by panel members and their colleagues who were involved with ‘Mrs E’, directly or indirectly.</p> <p>The inquest for SAR BB starts on Monday 20 November and is expected to last for approximately two weeks. JM has been called as a witness.</p> <p>SAR Louise: the report isn’t being published and the action plan will be anonymised.</p>	
11	Safer homes and vulnerable adults protocol/Herbert protocol	
11.1	<p>DI Andy Hill from MASH gave a short presentation regarding care home staff and what they can expect from Norfolk Constabulary. Although they have found that few people actually go missing from care homes, there is still a risk, particularly around those who have dementia. Andy talked about developing an electronic system with the care homes and asked board members’ views. Action: GC to pick up with AH from a fire and rescue perspective, and WLS to liaise with Roger Morgan from the quality assurance team at NCC.</p>	GC/WLS
11.2	<p>Sgt Lucinda Cunningham from Norfolk Constabulary talked about dementia awareness and promotion, particularly around primary care. It was suggested that this was something that Dr Pippa Harrold might be able to help out with. Action: JSch will share Pippa’s details with LC. Norfolk Constabulary were concerned that they were</p>	

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	getting no feedback on the outcomes of missing person referrals that they send over to SCCE. Action: HT will pick up with SCCE.	JSch/HT
12	Provision of services for adults with eating disorders in Norfolk, and whether they are fit for purpose	
12.1	<p>Presentation of the report by Clive Rennie and Jackie Schneider, following SAR C. JSch explained that they will respond to the parent of SAR C about how services have changed, and then NSAB will respond on the back of that.</p> <p>Could something like this happen again in Norfolk? No firm assurance could be given; there is a rising trend in eating disorders and anorexia nervosa has a higher mortality rate than any other psychiatric illness. JSch and CR could assure that they have a model of service for Norfolk commensurate with other areas of the country. Five years ago (around the time that AH passed away), there was a significant gap in recruitment. Eating disorder services are specialist and, as such, recruitment is often difficult. The workforce for this area is sought after nationally with new national investment in CAMHS eating disorders and is often difficult to retain staff because of the risks involved with the patient group.</p> <p>CCGs are more robust now about performance monitoring including patient quality and safety checking mechanisms being in place. Due to the nature of the condition, risk is always apparent. Part of the psychological and pharmacological community package of care is to work with the individual and their family, or close friends, to assist the individual in managing risks and creating a therapeutic relationship. Supervision and staff training is a core part of the service.</p> <p>There are arrangements in place with some primary care practices, on a shared care arrangement, but there is not full coverage as the core primary care contract does not cover eating disorders. Where a primary care practice chooses not to sign to a shared care formal agreement, bespoke packages of care are negotiated.</p> <p>A new consultant with a special interest in eating disorders has been employed at NNUH in the gastroenterology unit.</p> <p>Risks:</p> <ul style="list-style-type: none"> • Gaining placement remains a difficult pathway for adults and children. • Eating disorders are relatively uncommon so primary care don't deal with these situations often 	

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	<ul style="list-style-type: none"> • Primary care is critical in the initial phase of detecting an eating disorder and also in the ongoing monitoring and treatment of patients. The demand on eating disorder beds nationally is significant which means that patients are sometimes delayed in the community longer than ideal • MCA training and recognition of capacity. 	
12.2	NSAB members confirmed that they are as reassured as they can be based on the information presented at the meeting, and in the report. There have been significant developments in the service. CR and JSch have been asked to put together a summary to tie everything together for the SARG.	CR/JSch
13	AOB	
13.1	JM asked the members if today had made a difference to adult safeguarding in Norfolk. Members agreed that the guidance provided by HT for managing professional difficulties, and the work being done by Norfolk Constabulary will help make a significant difference to safeguarding.	
13.2	Action: all board members were given six copies of the NSAB annual report for 2017 and asked to distribute to colleagues and associates. JM said that she and WLM are happy to present the report to any interested parties.	All
	Date of next meeting	
	<i>Tuesday 16 January 2018, 9.30-12.30 in the Filby room at Norfolk Constabulary, Wymondham.</i>	