



Safeguarding Adults Board
Minutes of Meeting held on Thursday 7 January 2016
 in the Filby Room, Police Headquarters, Jubilee House, Falconers Chase
 Wymondham, Norwich NR18 0WW

PRESENT:

Joan Maughan (JA), Independent Chair
Helen Thacker (HT), Head of Service, Safeguarding
Kate Rudkin (KR), Head of Development & Operations, Age UK, Norfolk
Jane Sayer (JSa), Director of Nursing, Quality & Patient Safety, Norfolk & Suffolk NHS Foundation Trust
Jenny McKibben (JMck), Deputy Police & Crime Commissioner
William Styles (WS), Governor, HMP Norwich
Walter Lloyd-Smith (WLS), Safeguarding Adults Board Manager
Jackie Schneider (JSch), Norfolk CCGs
Howard Stanley (HS), on behalf of **Julie Wvendth**, Chair of Norfolk Safeguarding Business Group
Christine MacDonald (CMac), Operations Manager, Healthwatch Norfolk
Charlotte Belham (CB), Norfolk Probation Service
Harold Bodmer (HB), Executive Director of Adult Social Services
Elizabeth Morgan (EM), County Councillor, Norfolk County Council
Lorna Bright (LB), Assistant Director – Social Work
Mark Talbot (MT), Chair, ARMC & NIC Rep
Mark Taylor (MTa), Norfolk CCG
Julia Sharp (JSha), Norfolk & Suffolk Community Rehabilitation
Stuart Horth (SH), Norfolk Fire & Rescue
James Kearns (JK), CEO, BUILD
Julie Shorten (JSh), Business Support Co-ordinator, Adult Social Services
 (Minutes)

Item	Minute	Action
1	Apologies	
1.1	Nigel Andrews, Tenancy Support Manager, Norwich City Council Julie Wvendth, Chair of Norfolk Safeguarding Business Group Nick Davison, Chief Superintendent, Norfolk Constabulary Ivan Johnson, Broadland Lella Andrews, CQC Ray Harding, Chief Executive, Borough Council of King's Lynn and West Norfolk	
2	Welcome and Introductions	
2.1	The Chair welcomed everyone to the meeting and thanked all for attending. Introductions were made.	

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3	Confirmation of any part of the minutes that is exempt under the Freedom of Information Act	
3.1	State if Whole report of the Section number(s) involved: None	
3.2	Exemption(s): None	
4	Approval of Minutes	
4.1	HB asked for item 14.3 to be amended to read “The Local Authority’s Quality Assurance team respond to complaints concerning providers. The process for complaints around individuals are directed through to the County Council’s complaints team.”	
4.2	The group AGREED that the minutes of the 15 October 2015 represented an accurate record of that meeting and they were to be finalised.	
	Signed as a definitive record of the meeting Joan Maughan, (Chair of the Meeting)	
5	Matters Arising from the Previous Meeting	
5.1	(Item 5.1) - Julie has liaised with Jan Rodda and the latest Risk Register has been circulated with the Board papers, which will be reviewed later in the meeting. Action: Closed.	
5.2	(Item 5.2) At the last NSAB meeting, Jackie Schneider questioned how the Board audits the effectiveness of our own processes. HT explained that as a result of the Peer Review, one action was to introduce an audit of safeguarding cases at Norfolk County Council. Jackie’s view was a wider process across all organisations was needed so that all organisations could contribute to audits of effectiveness. Joan had agreed that the Board required something it owned for consistency of measurement. Update: HS advised this had been discussed at the Business Group and a Working Group is being convened. Action: Closed.	
5.3	(Item 5.3) – Dementia/Alzheimer’s in Care Homes - The Chair shared that Jenny McKibben had some resource that could carry out a data gathering exercise from CQC reports and health reports. Joan agreed to follow this up with Jenny. Update: This discussion has not taken place, however, JMCK advised there is currently no capacity. JM and JMCK to discuss whether there is an alternate way of taking this forward. We need to know what care homes are like for older people with Dementia and Alzheimer’s across Norfolk. The Chair questioned whether there is resource available to do this analysis work? HB AGREED to take this forward with the Norfolk & Suffolk Dementia Alliance. CMac advised that Healthwatch had carried out some visits and had posted information on their website. CMac to forward the link to JSh for circulation with the minutes.	JM/JMcK CMac/JSh

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5.4	<p>(5.4) At the last NSAB Board meeting, it was acknowledged that it was impossible to predict how many Safeguarding Adults Reviews (SARs) would be required, however, it was important to make an allowance in the budget for these costs. The Chair agreed to take this forward through the Governance Group. JM updated the Board that she had begun a dialogue with the Governance Group. A suggestion of a pooled SAR budget between Adults Social Services, Children’s Services and Domestic Homicide was discussed. It was noted that Domestic Homicide had run out of funds. Children’s Services is a pooled budget, however, Norfolk Safeguarding Children Board (LSCB) Board Manager advised this also poses problems, as costs can vary.</p> <p>The current funding arrangement for Adults SARs is a 3-way split between the statutory partners (Health, the Police and the Local Authority). NSAB has kept this group of funding partners aware of costs of the SARs currently open at the moment. The question was raised as to how the Local Authority will find the required budget in the current financial climate. The Board discussed whether there should be a wider pooled budget. ND stated that it was paramount that funds for 2016 were being put forward as soon as possible, so he could feed this back to his organisation. There was concern expressed that with a large pooled budget, Children’s Services would dominate the funds. The Board also questioned how this would be monitored.</p> <p>It was AGREED that in a scenario of pooled budgets for reviews, robust thresholds would be necessary in regards to the trigger points for different reviews.</p> <p>Update: JM advised that the budget was discussed at the Public Protection Forum. It was noted that Children’s Services had a partner budget that greatly exceeds Adults.</p> <p>In 2013, the management group agreed that the cost of Safeguarding Adult Reviews would be shared across funding partners. At that time, Norfolk’s experience of SARS was limited, unlike at present, where Norfolk currently has 3 SARs open. It was noted that it is difficult to predict costs.</p> <p>The Board AGREED that SARs are a statutory requirement and funding should be split equally between key strategic partners. JM added that Norfolk is using a different methodology for a recent SAR to test the most effective method. It was noted that the case of Mr AA was complex and involved several agencies. Action: JM to follow this up with Nick Dean.</p> <p>JSch commented that with Children’s Services, learnings are not always shared following a SAR. Partner agencies should be able to view what has been achieved, especially if they had contributed funding. JM added that NSAB needs to have a</p>	JM

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	<p>clear structure where lessons learned can be shared, noting that there may be some issues may be around capacity. HT agreed, adding the increase in SARs has caused resource issues for the Safeguarding Business Manager and Business Support, making it difficult to prioritise. JM commented that following a review of SARs across the country, there were consistent failings around information sharing and poor record keeping. One positive outcome of the Safeguarding Adult Business Group is that there is now a process in place where key people of social care have access to Lorenzo and key NHS staff have access to CareFirst.</p> <p>JM reminded the Board of the case of Mr AA, when arriving under emergency cover at Ipswich Hospital, nursing staff had to call his family to ascertain what medication he was taking. System access for each agency will help to alleviate this, although there is still an issue with the out of hours service.</p> <p>JSch advised that CCGs had shared their internal investigations and the SAR with their staff, most of whom were not involved in Mr AA's case. This had provoked useful discussions and learnings. JSch questioned whether other agencies did the same and whether learnings could be pooled.</p> <p>JM advised that JW will present the SAR process to NSAB in March. Using Mr AA as an example, JW will ask organisations who produced an IMR report to report back with progress on their actions. This will provide accountability and feedback.</p> <p>It was noted that a SAR should not be compromised and they must be properly resourced. It was AGREED that any budget underspend must be used to contribute towards the cost of SARs.</p>	
5.5	<p>(Item 5.5) Case OS involves a death at Norwich Prison. WS updated the Board on the process involved, where the case was reviewed through internal Police process. An Independent Management Report (IMR) was required for a death in custody. A review is ongoing to establish the facts and to assess whether the individual's needs were met.</p> <p>WS has received confirmation that any death in custody will be investigated via this network. They would be happy to share any paperwork and would be willing to be invited to speak at one of the NSAB Board meetings. Update: WLS thanked WS for helping to establish a process. WS will inform the Business Manager of any future death in custody. Action: closed.</p>	
5.6	<p>(Item 6.1) - Safeguarding Adults Thresholds - NA advised that the housing sector are seeing an increase in referrals around vulnerability rather than Safeguarding e.g. tenants that are</p>	

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	vulnerable but do not reach eligibility for Safeguarding. It was questioned whether it was an issue for Norfolk County Council and MASH to be receiving these referrals. NA stated that Housing Officers expressed concern that they are advised that these types of referrals are not directed through the lead agency for Adult Safeguarding, NCC. HT asked NA to provide some examples for her to investigate. Action: NA to send example cases to HT in order that they can be investigated. Carry forward.	NA
5.7	<p>(Item 6.3.1) – Development Day - JM felt the Development Day held on 16 September was a useful meeting, although she was disappointed at the attendance. JM expressed her concern as to whether the Development Day was serving as a useful function to NSAB. JSch commented that in her role she has to cover two counties, therefore a judgement is made as to where her attendance is most appropriate. She questioned whether NSAB should be doing more cross-county work with Suffolk. JM felt this was a valid point and there may be an opportunity as it is known there is an appetite, however, Suffolk’s SAB are experiencing reduced administrative support as this time required to support joint events.</p> <p>JM, JSch and WLS to discuss a potential joint development day, with possible themes such as Mental Health or Suicide and Suicide Prevention. Update: WLS advised that guidance is required around how the Development Day can be best used, e.g. learning events, particular issues to focus on etc. WLS would welcome any ideas from the Board.</p>	ALL
5.8	<p>(Item 6.4.3) Closure of Dereham GP Lists - Lella Andrews from CQC reported that one of the homes in the Dereham area had informed CQC that the arrangements for Serco to find a GP for new residents to register with were not working. This is in relation to the GP practices in the Dereham area who has closed their lists. JM was not aware of any issues with these arrangements and LA agreed to forward the email that CQC had received.</p> <p>Update: It was noted that agreement had been reached that there would be slots for all residents in the area, however, this does not give reassurance for those people in the community. JM advised that she had written to NHS England, who are trying to address the issue and support GP practices in the area. JM has also spoken with Brian Watkins, the Chair of the Health & Wellbeing Board. NSAB will be represented on the Board’s recently formed Mental Health sub group.</p>	
5.9	(Item 6.5.4) – MCA Training - JM questioned whether there is a link back in terms of primary care. HS stated that this link can be made if there is a need, for example Prisons. WLS/HS to include WS in discussions. Update: Ongoing, carry forward.	WLS/HS/WS
5.10	(Item (7.4) Budget Summary – This is an agenda item and will be discussed later in the meeting.	
5.11	(Item 7.10) Budget Summary - JM agreed an ‘extravaganza event’ would be a worthwhile event and it would encourage other LSAPs to deliver events of their own. WS to work on costings. Update:	

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	WLS and HS have been working on this. Events are moving forward, with two across county events planned later in the year. WLS will be able to provide a more detailed summary at the Board meeting in March.	WLS
5.12	(Item 8.1) CQC Report - JSch noted and discussed the report from the Care Quality Commission (CQC) published this morning (15-10-2015) detailing the annual analysis of the quality of health and adult social care in England that had made news headlines where hospital staff levels were at risk. JSch noted that Norfolk in particular is finding it difficult to recruit medical staff. There was general discussion of how to understand this national report in relation to Norfolk and NSAB requested JSch to provide a summary analysis of the CQC report in relation to Norfolk for the next meeting. Update: JSch to draft a document that will explain all actions across Acute and Providers. This will go to the Board via the Business Group.	JSch
5.13	(Item 10.3) - NSAB Business Group Report - ND commented that Children's Services had designed the Early Help Hub and the locality concept should be applicable for Adults and Children. The Signs of Safety programme has been considered at the Adults Public Sector Summit. ND questioned why NSAB is not pushing for that change. JMck confirmed that discussions had taken place with Children's Services around Signs of Safety to get that vision into the Early Help Hubs to support the whole family. It was noted that District Councils have substantial input into any possible re-design, however, there should be discussions with the hubs to ensure this proposal is covered. Adult Social Services have held conversations around Signs of Safety, however, it was noted that unlike Children's Services, funds are not available at this present time. NSAB discussed the possibility of Adult Social Services studying what Children's Services have implemented to inform a decision. Update: LB has worked with John Holden, Quality Manager, NCC, to adopt Signs of Safety. A paper was taken to SMT and it was agreed that this should be adopted and renamed to Signs of Wellbeing, which fits in with Safeguarding. LB to invite John Holden to present at a future Board meeting and will circulate the paper to the Board.	LB
5.14	(Item 10.5) – NSAB Business Group Report - ND added that Norfolk Constabulary will be adopting the same operational boundaries for their Operational Partnership Teams (OPTs) in order to align with the Early Help Hubs. Update: ND has circulated the Police Boundaries document to JS who will circulate to the Board with the minutes.	JS
5.15	(Item 11.1.14) Mr AA - The Board were advised that one Comms Lead had made a comment about not having anything to worry about and that Mental Health, the Ambulance and Police Services should be concerned. JM expressed her disappointment at the comment and asked for confirmation of the individual concerned. Update: HS advised this had been picked up at the Multi-Agency Comms Forum. Action: Closed.	

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5.16	(Item 11.1.15) LA to advise if there is a Comms Lead for CQC. Update: WLS to follow up with LA.	WLS
5.17	(Item 13.8) - MCA/DoLS & Law Commission Consultation – Consultation closes on 2 November. Norfolk’s DoLS will submit a response. The draft bill to be produced by end of 2016. AS to share response with JM. Action: JS to circulate the paper with the minutes.	JS
5.18	(Item 13.9) - HT questioned whether there was a plan to deal with the 2000 backlog. AS advised that she hoped the DoH grant money would cover this. We will need £1M to fund Best Interest Assessors (BIAs) to deal with the backlog plus the 100 referrals that are received every week. NCC has gone out to advert for 5 BIAs. There is a requirement for a total of 11 BIAs. AS advised they will not be able to deal with the backlog which is likely to grow. AS to keep NSAB informed. Update: LB advised that SMT had approved for an advertisement for BIA’s to be recruited to deal with the backlog. It was noted that we are not keeping up and the numbers continue to grow. Work has started on the backlog, however, this issue must remain on the Risk Register.	AS
5.19	(Item 13.10) - HS advised that the Chief Coroner had issued guidance on what cases should go to the coroner, however, there hadn’t been an update from the Norfolk Coroner. A number of providers would like to issue guidance to their staff. AS to draft some wording for JM to issue to the Coroner on behalf of the Board. Update: No guidance has been received. It was AGREED that a formal request will come from the Board.	JM
5.20	Item 14.6) – Market Development & Quality - JM requested that NSAB are kept informed once sign-off has been agreed, as the Peer Review cannot be closed until this action has been completed. The next Board is not until 7 January 2016. JM requested copies of the paperwork in December so it can be circulated ahead of the next meeting. Update: No update has been received. HT to follow this up with Steve Holland.	HT
5.21	(Item 15.7) – Self Neglect - NA will send a copy of Suffolk’s document to JS for circulation with the minutes. Update: carry forward to the next meeting.	NA
5.22	(Item 15.8) - NA will develop a framework in terms of headings to move this forward. He questioned how he should engage LSAP Chairs around Self-Neglect. NA to invite JM to the next Housing Sub Group. Update: WLS will provide an update later in the meeting.	
6	Newsdesk	
6.1	Awareness Week 2016	
6.1.1	WLS advised that Awareness Week will be held week commencing 12 September 2016. JM requested Board members to advise whether they had any pressing topics they wish to be included.	ALL
6.2	LSAP Conferences	
6.2.1	WLS will confirm the date of the LSAP conference which will take place June/July 2016.	

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6.3	Dereham GP Lists	
6.3.1	This will be covered later in the meeting.	
6.4	Update on meeting with Chair of Health & Wellbeing Board	
6.4.1	<p>JM updated the Board following her meeting with Brian Watkins, Chair of the Health and Wellbeing Board, which is currently going through a period of change. BW advised that the Board had agreed to focus on the following priorities:</p> <ul style="list-style-type: none"> • Mental Health • Obesity • Dementia • Early Help <p>BW agreed that an NSAB representative should be invited to the Health Sub Group, with a process agreed on how information should be fed back to the NSAB Board.</p>	
6.5	MASH Governance	
6.5.1	JM advised that a discussion had taken place around governance of MASH that NSAB were not aware of. It was concluded that MASH would be governed by Children's Services Board, with little mention of Adult's function in the MASH.	
6.5.2	HT advised that it was agreed that governance would be through Children's & Young People's Partnership Board governed by an Integrated Sub Group. JM expressed her concern that NSAB were not brought into these discussions. It was noted that LB attended the Sub Group. HS stated he felt there are enough people that will represent Adults. HB confirmed that he had spoken with the Director of Children's Services who had assured him that the Adults agenda would be taken seriously. There is no evidence that this agenda is not being met.	
6.6	Admin Post	
6.6.1	JM advised that the Job Description had been updated and the post had been re-graded. The vacancy should be advertised shortly. An admin meeting to analyse responsibilities is scheduled for w/c 18 January.	
7	Risk & Performance Report	
7.1	KR advised that there had been a successful meeting of the Risk Sub Group which had reviewed the Risk Register. General consensus is that the document now has a clearer focus.	
7.2	The implementation of ATHENA and the ability by police staff to complete a safeguarding review will increase the pressure on the MASH team. There has been an increase in Safeguarding referrals due to the new reporting mechanism which automatically asks questions around Safeguarding. We will need to monitor the impact on MASH.	
7.3	Training has been embedded into practice.	
7.4	There is concern that there are insufficient beds available within NSFT for people being sectioned. HS advised there had been an error with the report and these figures were incorrect. HS advised that there is uncertainty around the mechanism around people in acute crisis and whether MH needs are being met. A meeting is planned w/c 11 January to assess what needs to be done.	

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7.5	<p>JSa stated that it was a system issue as well as a Health issue, adding that bed capacity was not problematic. The difficulty is being unable to move patients on. There is a need for providers to work together to alleviate this issue. It was noted that Social Workers were not carrying out assessments until beds were available.</p> <p>MTa added that the Health & Resilience Group should move this forward, however, NSAB need to keep aware of this issue. It was noted that HB and MT both attend this forum. JMcK added this is an example that can be taken to the Health & Partnership Board.</p> <p>It was AGREED that a mechanism needs to be found that works for everyone to keep the Board well informed.</p> <p>HB commented that there is a shortage of alternate MH accommodation which reflects a lack of alternate provision. There is a need to shape a different model of accommodation, which is a Social Care and Mental Health problem.</p> <p>LB advised that there are more assessments coming through which adds to the cycle, coupled with a shortage of MH professionals.</p>	
7.6	SH questioned whether there was any reference to Self-Neglect on the Risk Register as this is rising in profile. SH believed there is a risk around capacity if this continues to rise. WLS suggested it should be reviewed post launch of the strategy for Norfolk, as the Board will be in a better position to review.	
8	NSAB Business Group Report	
8.1	HS took the Board through the NSAB Business Group Report.	
8.2	There is concern around the awareness and understanding of Self Neglect.	
8.3	Trading Standards have reported issues around the level scams.	
8.4	There has been an increase in demand for refugee services.	
8.5	Concern has been raised around the increase in psychoactive substances sold on line.	
8.6	The Board should be aware of the increase in the number of SAR referrals.	
8.7	LSAP are starting to form better, however, they need clear direction on the Board's expectations to ensure consistency, focus, and delivery.	
8.8	In terms of Audit, it would be useful to involve the Norfolk Constabulary.	
8.9	The Risk and Performance Group needs to focus on Quality and Performance.	
8.10	HS advised that a decision has been made not to adopt the NHS thresholds, however, it has highlighted a need to develop a document.	
9	Safeguarding Adults Reviews	
9.1	SAR – Mr AA	
9.1.1	Time will be taken at the March meeting to look at the composite learning, to inform the Board of the SAR Group's responsibilities.	WLS

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9.1.2	JM reassured the Board that work is ongoing regarding Control and Restraint. The Police have reviewed their training material on this issue and one of their trainers attended the recent Practitioner Seminar. A full report will be brought back to the Board which will focus on the use of restraint.	
9.1.3	JSch questioned whether in addition to the Police review, is there anything that could be jointly commissioned around the use of restraint. It was noted that Amanda Ellis is to attend a National meeting on this subject. It would be useful to know what the Police expect from other Services when faced with the need to restrain. WS requested that the Prison Service is involved in these discussions as restraint features heavily within this service.	
9.2	SAR – Mrs JC	
9.2.1	WLS informed that Board of a SAR that had been opened in respect of Mrs BB, an older lady from Attleborough, who was found deceased in a ditch. An Independent Overview Report Writer has been appointed and the first Panel meeting has been scheduled for Friday 15 January. The Panel has six months to complete the work around this SAR. WLS commented that he was confident of completing this work within the timescale, using the chosen methodology.	
9.2.2	The Board noted that a new methodology was being tested for this case.	
9.3	SAR – Ms AH	
9.3.1	WLS explained a new SAR had been opened in respect of Miss AH, a young adult who suffered from anorexia. Miss AH was a student at the University of East Anglia who was transferred to Addenbrookes Hospital where she sadly passed away.	
9.3.2	Lengthy discussions had taken place at the SAR Group meeting to determine whether this case met the SAR criteria. A significant amount of work has already been carried out around this case. It is SARG's intention to avoid duplication of work. WLS has had an initial conversation with the Dean of the UEA, who is keen to take learnings from this case.	
9.3.3	Norfolk informed Cambridgeshire County Council that a SAR is to be undertaken and offered the opportunity to work jointly on this case. Cambridgeshire, however, have decided that it did not meet their criteria, therefore this piece of work will be carried out solely on the services provided by Norfolk.	
9.3.4	JSch questioned why Norfolk and Cambridgeshire had a difference of opinion as to whether the SAR criteria had been met? WLS advised that this would be queried with Cambridgeshire in due course. JM added that Norfolk had had sight of the draft Ombudsman's report and will receive the final report which is due to be issued late February. Norfolk will utilise the extensive reports already in existence to avoid a duplication of work.	
9.3.5	The Board acknowledged the positive engagement with the UEA. WLS added that it could prove beneficial to work with the UEA, as they have a significant body of colleagues.	
9.4	Any Other SAR Business	

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9.4.1	HS suggested it would be useful for the Board to have data that detailed how many cases were under review.	
9.4.2	WLS added that a significant amount of work has already been carried out, which will be covered at the meeting in March.	
10	CQC Inspection State of Care Report / Norfolk Perspective	
10.1	This has been covered earlier in the meeting.	
11	NSAB Priorities for 2016-2017 & Budget Summary	
11.1	JM explained the Board's priorities for 2015/16 have been to raise public awareness of adult abuse and raise the profile of the Norfolk Safeguarding Adults Board (NSAB) within the partnership and other related areas.	
11.2	NSAB has regular representation at the Public Protection Forum, The Joint Safeguarding Forum for County Councillors, the Adult Social Care Committee and a range of related Boards for example The Rehabilitation of Offenders Board.	
11.3	Adult safeguarding is to be offered to County Councillors at their Development Day in Jan 2016.	
11.4	Whilst work has been carried out raising awareness of adult abuse with the wider public, more work is required to convey this awareness to homeless people, migrants, people from ethnic minority groups and the elderly with mental health problems.	
11.5	The total income from the Partnership budget was £70,204, which includes £7,704 carried forward from the previous year.	
11.6	Costs are projected up until 31 March 2016.	
11.7	<p>No budget has been set aside for SAR expenditure as it is difficult to predict how many could be undertaken in a year. When the 3-year budget was agreed in September 2013 by the management group, it agreed the budget for SARs was not included and these costs would be split equally between Health, the Police and NCC.</p> <p>The Board AGREED that as this was a statutory requirement this arrangement should continue. However, the Board AGREED that if there is a surplus at the end of this financial year, it will off-set the costs of any SARs that have been undertaken, as it was unlikely that partners would agree to an increase in their contribution.</p>	
11.8	The Board agreed that money had been well spent, particularly the promotional material which had helped to raise awareness.	
11.9	JM added that the Board must think about accommodating further languages. It is hoped that the current design will work for the Board for several years.	
11.10	MTa thanked JM for the clarity and transparency around the budget report. It was noted that JM will aim to issue this report on a regular basis.	
12	Self-Neglect Strategy – Progress Report	
12.1	WLS updated the Board on the progress that NA had made via the Housing Sub Group. A significant amount of work has been made to draft the strategy to its current format. Draft two will lead to the production of the final report. WLS requested the commitment of each member or a nominated person from their agency to read and comment on this draft strategy. It is proposed to use each	

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	LSAP to test the model before we launch. The launch date is scheduled for Friday 4 March at the Kings Centre, Carrow Road. The event is open to a large audience.	
12.2	JM encouraged the Board to respond with comments as only two people had responded to the first draft. Self-Neglect is a large piece of work and District Councils are being asked for funding for the March event.	
13	Death of homeless migrant / No recourse to public fund (NRPF)	
13.1	JM sought guidance from the Board following 3 incidents involving the deaths of migrants, which has been identified as an area of concern.	
13.2	One incident involved a 42 year-old Portuguese man, who had previously been working and was married with a family. The gentleman became homeless and ended up living in a derelict hotel. Police went to arrest a squatter who was residing at this property and were alerted about another person who had not been seen for a few days. The Police found the migrant, who had been deceased for 6 days. The cause of death was pneumonia and malnutrition. The Police established that he had no course to Public Funds.	
13.3	JM reported that a further death had been identified, where the circumstances were unclear. JM raised her concern that there have been 3 homeless men that have died in Norfolk in the last 3 months.	
13.4	HS advised that a meeting has been arranged with LSAP East and the manager of Gyros to review the needs of migrants.	
13.5	It was noted that the number of homeless people is increasing. The numbers are not exclusive to living in doorways, it also includes individuals who live in squats, hostels and those who sofa surf. JM raised this issue at the Partnership Board as homelessness increases the risk of harm and neglect.	
13.6	The Board discussed better signposting and Health Partners pathways for migrants. The Board acknowledged that some people had a fear about their immigration status. There are also issues around primary care where individuals are unable to provide an address.	
13.7	LB advised that a virtual team had been set up, led by Simon Shreeve. In 2014 there were 37 referrals for vulnerable adults compared to 180 in 2015. The Board asked if there was anything that could be done to link this team with our Health colleagues. Raising awareness across all partners via suitable training would be beneficial. The Board questioned whether it had a role outside of a traditional SAR, where learnings could be drawn. Cllr Morgan suggested there might be value in having a forum of voluntary organisations. Cllr Morgan to provide details of her UEA contact for research purposes.	EM
14	Any Other Business	
14.1	JK commented that he understood NA's frustration around the lack of engagement for the Self-Neglect Strategy. JK advised one test he applied to such instances was to question the benefits. For	

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	example, the Board has sat in this meeting for 3 hours at an approximate cost of £2.5-3K. JK questioned what difference the Board had made to make people in Norfolk safer and questioned whether the Board required some form of measure.	
14.2	HB added that the Board needed to distinguish between the strategic function and operational work that each agency has.	
14.3	JK commented that he will take the information gained at today's meeting and share with relevant colleagues. JM added that it is the Board's responsibility to disseminate valuable information gained at NSAB meetings.	
14.4	JM asked the Board whether the time spent and the content covered at the Safeguarding Board was money well spent. HB responded that it is the Board's responsibility to ensure Safeguarding is properly funded, however, there should be less focus on the budget as no agency is going to decline funding. Focus needs to be given to strategic work. JSch added that there had been good discussion around some areas where we have to take accountability, for example, Self-Neglect as this affects us all. HS questioned what did the Board wish LSAPs to do and over what timescale. JM will link in with the Business Group.	JM
	<p>Date of next meeting</p> <p>Tuesday 15 March 2016, 09.30-13.00, The Filby Room, Police Headquarters, Jubilee House, Falconers Chase, Wymondham</p>	