



**Safeguarding Adults Board  
Minutes of meeting held on Tuesday 13 March 2018  
Boardroom, Healthwatch, Wymondham**

**PRESENT:**

**Joan Maughan**, Independent Chair of NSAB  
**Lee Robson**, Hof Neighbourhood Housing, Norwich City Council  
**Suzanne Meredith**, (Deputy for Louise Smith) Deputy Dof Public Health, Norfolk County Council  
**James Kearns**, CEO Build Charity  
**Gregory Peck**, Councillor, Norfolk County Council  
**Amanda Murr**, (Deputy for Gavin Thompson) Senior Policy Officer, Vulnerability, OPCC for Norfolk  
**Helen Thacker**, (Deputy for James Bullion/Lorna Bright) Hof Service, Safeguarding, Norfolk County Council  
**Matthew Coman**, (Deputy for Paul Reeve) Team Manager, Norfolk & Suffolk CRC  
**Garry Collins**, Hof Prevention and Protection, Norfolk Fire & Rescue  
**Andrew Hannant**, (Deputy for Charlotte Belham) Senior Probation Officer, NPS  
**Paul Hunter**, Chair of LIP, Deputy Named Nurse, Safeguarding Adults, ECCH  
**Jason Broome**, Hof Community Safety, Norfolk Police  
**Walter Lloyd-Smith**, Board Manager, NSAB  
**Andrea Smith**, Safeguarding Coordinator, NSAB/NCC (Minutes)  
**Jackie Schneider**, (Deputy for Antek Lejk), Exec Nurse North & South CCGs  
**Michael Millage**, Chair ARMC  
**Kate Rudkin**, Hof Development & Operations, Age UK Norfolk  
**Judith Bell**, Operations Manager, Healthwatch Norfolk  
**Andy Collier**, (Deputy for Nick Davison), T/Det Supt Norfolk Police  
**Pete Hornby**, DCI, Norfolk Police (part)

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<b>1</b>	<b>Welcome and apologies for absence</b>	
1.1	Apologies received from: James Bullion, Antek Lejk, Gavin Thompson, Charlotte Belham, Louise Smith, Nick Davison, Val Newton and Saranna Burgess.	
<b>2</b>	<b>Declarations of interest</b>	
2.1	None	
<b>3</b>	<b>Approval of minutes</b>	
3.1	The minutes were signed off as an official record of the last meeting.	

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<b>4</b>	<b>Minutes of last meeting on Tuesday 16 January 2018</b>	
4.1	(4.1) 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. WLS will email MM to seek clarification on points made and take from there. MM advised that he had recently had a discussion with JBu and was in the process of organising a meeting date. <b>Update: MM has met with JBu and a small working group formed although the group haven't yet met. Michael will report back in due course. Action: close.</b>	
4.2	(4.2) 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. 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. <b>Update: DB will email her contact, Dr Henrietta Hughes, national guardian for the NHS, who will be able to provide further information and DB will bring this to the board. Action: carry forward.</b>	<b>DB</b>
4.3	(4.4) 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	

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	<p>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. October's HESAA meeting was postponed. This matter will be taken forward to the next meeting (possibly early December 2017). This relates to the complex case guidance. JSch will add to the next HESAA meeting agenda and ask members to talk about how they have used it.</p> <p><b>Update: JSch raised at HESAA so all members are aware. Action: close.</b></p>	
4.4	<p>(4.5) 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. Not yet started due to capacity issues. JM said that, over time the board will require all organisations to commit to the board. JK suggested that this item should be brought back once we have the strategy signed off as there is information in there about accountability. If the organisation signs up to the mandate then they sign up to the strategy as well. <b>Action: in progress. Carry forward.</b></p>	WLS/AS
4.5	<p>(4.12) 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>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. HT received a suggestion from Julie Wwendth that disagreements should only be documented if they reach a certain threshold (e.g. stage four) otherwise we'll be documenting them all. The board agreed with this proposal. HT asked if the guidance could be published on the NSAB</p>	

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	<p>website with some publicity around it too. <b>Update: The guidance has been published on the board website.</b></p> <p><b>WLS and JM thank HT for the work that she has done in putting the guidance together.</b></p>	
4.6	<p>(4.13) Herbert Protocol: 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. 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. WLS advised that there have been several meetings following the presentation. IF advised that the fire service have liaised as well and will be working with MASH. DB suggested that it would be useful to have a representative from NCHC. WLS will speak with police colleagues and advise DB.</p> <p><b>Update: WLS advised that the Herbert Protocol is being further developed. It is hoped that it will be shared with others who are in different settings, not just care homes, and anticipated that there will be a high profile launch late spring. Action: close.</b></p>	
4.7	<p>(4.14) 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. JSch will share Pippa's details with LC. Norfolk Constabulary were concerned that they were getting no feedback on the outcomes of missing person referrals that they send over to SCCE. HT will pick up with SCCE. HT made contact with Lucinda/SCCE and practice in the area has been reviewed. Lucinda raised concerns that the loss of PCSOs will mean that there are fewer people to complete the missing person forms. Is this something that care home staff would be able to do? AC will find out whether the loss of PCSOs will affect work done around the Herbert protocol.</p> <p><b>Update: AC advised that the MAST (missing, adult sex work and trafficking) team will be picking up this work in conjunction with Sgt Lucinda Cunningham and Inspector Lucy King from the mental health team. Their plan is as follows:</b></p> <ul style="list-style-type: none"> <li>• <b>APIs and object markers will be completed on a case by case basis where a reported missing</b></li> </ul>	

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	<p>person with dementia either lives alone or is reported missing on a regular basis. Lucinda will complete these visits to give a face to face service</p> <ul style="list-style-type: none"> <li>• All missing persons where from the circumstances of a missing episode it appears to be dementia-related, will have the Herbert Protocol paperwork sent out via an identified next of kin – this will be posted out with a letter for carer/family to complete and keep the form in a safe place to share with police if they go missing again</li> <li>• MAST team to highlight on the compact record that Herbert Protocol was sent, to whom and date</li> <li>• The plan is for Lucinda and Insp King to review this in September.</li> </ul> <p><b>Action: close.</b></p>	
4.8	<p>(4.15) SAR C: NSAB members confirmed that they are as reassured as they can be based on the information presented at the meeting and in the report (re provision of services for adults with eating disorders in Norfolk and whether they're fit for purpose). 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. Joan, Clive Rennie and Mike Garwood (solicitor from NCC) had a telecom on 15 Dec 2017 and agreed a series of actions. A checkpoint meeting has been planned for 30 January 2018 between Joan, Clive, Jackie and Mike. Jackie will report back at March board and then the board can decide what to publish.</p> <p><b>Update: JM reminded the board that this relates to SAR C. JSch didn't have an update at this time and will await Clive Rennie's confirmation as to when it will be signed off. The board agreed that it would be useful for the action plan to be published, however it needs a good monitoring system. JSch will let WLS know what the timeline is and then circulate the report to board members (with the timeline) for agreement as to whether they're happy for the action plan to be published (and, if not, the reasons why).</b></p> <p><b>WLS reminded JSch that this will be required by 9 April in time for May board.</b></p>	JSch/WLS
4.9	<p>(6.3) Homelessness Reduction Act 2017 implications for safeguarding, a presentation was given to business group by Tony Cooke. Members agreed that this would be a</p>	

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	useful presentation for the board. WLS will liaise with Tony Cooke. <b>Update: on agenda for May. Action: close.</b>	
4.10	<p>(9.3) JK asked about 'safeguarding friends'. WLS explained that this is something that was set up in the west of the region by two retired professionals. The scheme has been running for a year now and has been developed to start conversations within care homes (with staff/residents/families) about safeguarding. It is hoped to recruit around 20 volunteers in the next year who can commit to one day a month on average and a decision needs to be made about how to recruit as well as the materials that they need. JK explained that BUILD have all of the processes in place already so could help out. JB offered to help out as well. IF suggested that we go into the minority communities to recruit volunteers. We need to expand our mix of volunteers to include those from LGBT and black/ethnic minority communities. There will be a growing number of people in care homes whose first language isn't English. WLS to meet up with JK and JB to progress further.</p> <p><b>Update: WLS advised that this is in progress and thanked JB and JK for their work. He will advise further in due course. Action: close.</b></p>	
4.11	<p>(10.3) Dan (Anderson of PoHWER) advised that he had spoken at the quarterly managers' forum (QMF) a few years ago and the board agreed that it would be beneficial for him to speak at the forum again. LB agreed to progress this with Dan. <b>Update: HT understands that an invitation has been sent to Dan. Action: close.</b></p>	
4.12	<p>(11.2) DB asked if there was any overlap between the safeguarding self-assessment tool that the board are working on and the NHS tool. WLS will compare the two documents along with Gary Woodward. HT agreed to help as well. <b>Update: WLS advised that the work is ongoing and will provide a further update in due course. Action: close.</b></p>	
4.13	<p>(14.1) JM raised a concern about the transfer of people from acute hospitals back to the community, due to the number of safeguarding issues coming through, and asked members for their thoughts.</p> <p>LB, who recently spent time at the NNUH and James Paget hospital said that the speed and dedication of staff is incredible, and that she witnessed excellent inter agency working.</p>	

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	<p>Aside from discharging patients, there are people sitting in ambulances/corridors for many hours and JSch said that we need to balance what can be achieved for people in limited and restricted conditions. VN reported that the QEH brought in GPs to help out.</p> <p>CB advised that Louise Smith, Director of Public Health, is chairing a group involved in working on a preventative strand.</p> <p>Should this be on the risk log for the board? Is there anything that can be done to mitigate the risk and stop a SAR referral?</p> <p>WLS will ask a question to sustainability and transformation partnership (STP) regarding winter pressures on the NHS and how this may have impacted on issues of safeguarding/opportunity to consider learning in relation to safeguarding. In addition HESAA will be asked to explore this topic. Each health organisation carries out a risk assessment collectively or, each colleague independently does one for their organisation.</p> <p>The use of safeguarding impact assessments was one of the recommendations made from the safeguarding adult review for Mr AA. It is a process to help an organisation consider any changes they are planning to a policy, service delivery or an organisation's functions in terms of what impact they would have on their safeguarding adult function.</p> <p><b>Update: WLS confirmed that his paper was heard at the QSG for the eastern region on 12 March. See copy of the paper <a href="#">here</a>.</b></p>	
4.14	<p>(14.2) JK saw that it had been reported that adult social services had received three times the number of enquiries over the Christmas period so, did this mean that there had been a similar increase in safeguarding referrals? The group asked whether, in terms of future planning, we need to think about people who normally access support networks over the Christmas period at a time that the networks aren't there. LB advised that, in terms of the emergency duty team (EDT), a breakdown of calls can be provided. Only emergencies are responded to (adult safeguarding, anything to do with children and mental health assessments). HT has an email with information that she can circulate.</p> <p><b>Update: HT advised that EDT received around 350 emails over the Christmas 2017 period, significantly</b></p>	

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	<p>higher than 2016 when the number of calls was under 100. Detail of the safeguarding referrals isn't known since Liquidlogic only went live in November and the projects team had to prioritise reports for workflow and performance management.</p> <p>There had been an increase in the number of hospital admissions and many of these likely due to the flu outbreak. Action: close.</p>	
5	<b>Presentation on new approach to risk reporting for the NSAB</b>	
5.1	Pete Hornby, DCI, Norfolk Police, who also sits on the risk and performance subgroup gave an overview of the group. Hard copies of the escalation process were shared with the group.	
	<p>It was queried: what risks and performance do the board actually have to be involved with? There needs to be a discussion about this. Others commented that it was good that the risk register was circulated but questioned whether members actually had time to look through each item. It needs to have impact for the board and it was suggested that business group might be able to perform this filtering. It was asked if the business group had the right representation to do this as all agencies aren't currently represented and the members are at different levels of seniority.</p> <p>JK queried whether the strategic plan needed to be agreed first and then look at the structure which supports it.</p>	
6	<b>Safeguarding news desk</b>	
6.1	AS circulated information regarding the loneliness summit held recently in Norwich. JM urged members to read it if they hadn't already done so and also to share it with their organisations.	
6.2	JM has completed three visits with the CCG's Council of Members. She has received good feedback; people are much more aware of the board and its work. There has also been a lot of feedback from GPs regarding events that they have attended. JM thanked Jackie Schneider for her support.	
6.3	Following Antek Lejk's recent appointment as chief executive at NSFT, JM passed on the board's congratulations.	
6.4	Finally, JM and the board thanked Kate Rudkin, who is stepping down from NSAB due to changes in her role. Kate has provided the board with ten years of support and	

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	commitment. JM wish to reassure Kate that risk and performance matters will continue to be taken very seriously.	
<b>7</b>	<b>NSAB 2018-21 strategy/discussion of work plan priorities</b>	
7.1	The purpose of this exercise was to agree business priorities for the next year. JK gave a quick overview of the new strategy. This follows the review of the draft version of the strategy in January's board meeting. Since the meeting, WLS had received a wide range of information from agencies as to what the priorities of the board should be.	
7.2	<p>Each member of the board was asked what they felt the priorities to their agency were:</p> <p>GC - vulnerable elderly living alone, hoarding and neglect  MC - domestic abuse  HT and AM – learning from SARs, mental capacity, domestic abuse  GP - financial abuse  LR - hoarding and self-neglect and domestic abuse. Also, males aged 45 plus <i>and</i> self-neglect  AC - loneliness and isolation, financial abuse, learning from the experience of service users  Judith - mental health and the way that organisations work with each other, plus communications  KR - loneliness, MCA issues, financial abuse and learning from SARs  MM - abuse in any form including self-neglect, mental health, loneliness, partnership working  JSch - staff being able to recognise who is vulnerable and when, mental health and learning disabilities, domestic abuse and learning from SARs  Jason B shared data which highlighted ten key areas  PC - modern day slavery, raise awareness within the communities  AH - suitability of accommodation - mental health and domestic abuse</p>	
7.3	<p>JM summarised the key issues</p> <ul style="list-style-type: none"> <li>- whilst we all accept that learning from SARs is important, there are capacity issues</li> <li>- self-neglect and hoarding: we know it's an issue that we mustn't lose sight of</li> <li>- communication - particularly around hard to reach communities; different channels of communication</li> </ul>	

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	<p>If NSAB are to collect data then what data do we want to collect? Do we need an expert view on this? LR said that he may be able to help with some data analysis.</p> <p>GC queried how we could track what we did against priorities whilst ensuring other themes didn't fall off the radar (eg abuse).</p> <p>JM and WLS to meet and complete a business plan for each of the three years covered by the strategy plan. This will be emailed to board members for sign off by end of April.</p>	
<b>8</b>	<b>Business group report</b>	
8.1	Not enough time to cover this item. The report had been circulated to board members for review.	
<b>9</b>	<b>Safeguarding adult reviews</b>	
9.1	Not enough time to cover this item. Details of current reviews/referrals have been circulated. <i>Please note that this information should not be shared with anybody outside of the board.</i>	
<b>10</b>	<b>Norfolk &amp; Suffolk CRC: introduction to services</b>	
	<p>Matthew Coman from Norfolk &amp; Suffolk CRC gave a brief overview of the work of the agency and shared some information.</p> <p>They work predominantly with people who are mentally ill, have been abused or have abused others. A lot of people that they see are males aged 45 years plus. Their duty is to protect the public and reduce reoffending.</p> <p>WLS mentioned the safeguarding in prisons piece of work which he is currently undertaking and feels that CRC and probation should be included. <b>Action: WLS to invite a representative from probation to join the working group.</b></p>	<b>WLS</b>
<b>11</b>	<b>AOB</b>	
11.1	<p>WLS referred to the introduction of a new bill to assist in tackling domestic violence and abuse. No timeline for the draft bill has been announced although there is a substantial amount of media surrounding its introduction.</p> <p>The government have opened a public consultation on the bill and WLS positively encourages everyone to review information which has been posted on the NSAB.</p> <p>The consultation closes on 31 May 2018. Please see <a href="#">here</a> for further details.</p>	

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11.2	JM thanked Jackie Schneider for all of her work supporting NSAB and for deputising for Antek at board meetings. This is Jackie's last board meeting before retiring from her role.	
	<b>Date of next meeting</b>	
	<i>Tuesday 15 May 2018, 9.30-12.30 in the Filby room, Norfolk Constabulary, Wymondham.</i>	