



Safeguarding Adults Board
Minutes of meeting held on Tuesday 15 May 2018
Filby room, Norfolk Constabulary, Wymondham

PRESENT:

Lorna Bright, Assistant D of Adult Social Care (deputy chair)
Charlotte Belham, Senior Operational Support Manager, National Probation Service
Andy Coller, (Deputy for Nick Davison), T/Det Supt Norfolk Police
Saranna Burgess, (Deputy for Dawn Collins), Assistant D of Nursing, NSFT
Garry Collins, Hof Prevention and Protection, Norfolk Fire & Rescue
Walter Lloyd-Smith, Board Manager, NSAB
Val Newton (Deputy for Emma Hardwick), Deputy D of Nursing, QEH
Deborah Beresford, Deputy D of Nursing & Quality, NCH&C
Sally Hughes, Public Health Commissioning Manager, NCC
Michael Millage, Chair ARMC
Amanda Murr, (Deputy for Gavin Thompson) Senior Policy Officer, Vulnerability, OPCC for Norfolk
Gregory Peck, Councillor, Norfolk County Council
James Kearns, CEO Build Charity
Hayley Dawson, Specialist Support Team Leader, Norwich City Council (observer)
Lee Robson, H of Neighbourhood Housing, Norwich City Council
Helen Thacker, H of Service, Safeguarding, Norfolk County Council
Andrea Smith, Safeguarding Coordinator, NSAB/NCC (Minutes)

GUESTS:

David Neville (for Tony Cooke), Housing Team Leader, S Norfolk District Council (part)
Clive Rennie, Assistant D of Commissioning, Mental Health & Learning (part)
Mike Garwood, Solicitor, NPLaw (part)
Mark Osborn, Preventing Radicalisation Coordinator, Norfolk County Council (part)
Sue Smith, H of Education, Quality Assurance and Intervention, Children's Services, Norfolk County Council (part)

Item	Minute	Action
1	Welcome and apologies for absence	
1.1	Apologies received from: Joan Maughan, James Bullion, Judith Bell, Emma Hardwick, Jo Rusby 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 official record of the last meeting.	
4	Minutes of last meeting on Tuesday 13 March 2018	
4.1	<p>(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. 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.</p> <p>Update: DH advised that her contact would like to attend one of the board meetings when she has availability. Action: close.</p>	
4.2	<p>(4.4) 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>	

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	<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.</p> <p>Update: no progress yet due to capacity/priorities. It is thought that this could be a task that the new business support role can pick up. Action: carry forward (to keep on radar).</p>	<p>WLS/AS</p>
<p>4.3</p>	<p>(4.8) 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>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).</p> <p>WLS reminded JSch that this will be required by 9 April in time for May board.</p> <p>Update: on agenda. Action: close.</p>	
<p>4.4</p>	<p>(10) Matthew Coman from Norfolk & 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</p>	

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	<p>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. WLS to invite a representative from probation to join the working group.</p> <p>Update: WLS confirmed that this action has been completed; Norfolk & Suffolk CRC will be joining the task and finish group. CB advised that she would like to be included as well. Action: WLS/AS to include CB in task and finish group meeting.</p>	WLS/AS
5	Safeguarding news desk	
5.1	<p>LB reminded board members of the half day development workshop on 13 June for LSAP chairs and subgroup members (to be held at a venue in Queen's Hills, Norwich). It would be beneficial if four members of the board could also attend. SB and HT confirmed that they would be attending anyway as subgroup chair members. If anybody else can attend, please contact AS.</p>	
5.2	<p>LB took a paper to the senior management team highlighting the increased pressures on the safeguarding team, following the introduction of the Care Act. Funding for two full time safeguarding adult practice consultants has been secured to increase capacity in the MASH and provide support and training to social work teams, countywide.</p>	
5.3	<p>The NSAB survey looks set to go ahead w/c 4 June. A press release and toolkit are currently being put together and will be sent to all partner agencies to ask for their active support to promote the survey.</p>	
5.4	<p>The Norfolk Armed Forces Covenant Conference is also being held on 13 June at Norwich City football ground. It would be good if a member of NSAB can attend. SH confirmed that she will be attending.</p> <p>Action: WLS to email details.</p>	WLS
5.5	<p>The 0.5 business support post will be advertised shortly. WLS hopes that a person will be in post mid July.</p>	
5.6	<p>WLS presented a report on the Norfolk Against Scams Partnership to the Adult Social Care Committee at the meeting on 14 May. It was very well received and the committee are keen to get on board. LB congratulated WLS for his presentation.</p>	

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6	NSAB strategy 2018-21 and work plan priorities 2018-19	
6.1	Work on the strategy has been completed. Thanks to: Walter, Adam Clark, James Kearns, Paul Hunter, Neil Howard, Tracey Harris, Kirsty Rowden and Brian Chatten for all their hard work in producing a concise, professional document.	
6.2	WLS gave a quick overview of the document.	
6.3	The board agreed that the document should be reviewed on a regular basis.	
6.4	JK picked up a small typo on page 11; should say April 2018 to March 2019. Action: WLS to amend.	WLS
6.5	There was a discussion about whether an easy read version of the strategy should be produced. WLS advised that he'd had an informal discussion with Opening Doors and, having weighed up the options, made the decision not to produce an easy read version now. It is something that could be picked up later in the year if the board agreed.	
6.6	JK felt that there wouldn't be much interest in the strategic plan as a document. Rather, resource should be focused on making the reporting process into easy read as that would be much more helpful.	
6.7	The group discussed having the strategic plan as a regular agenda item. GC commented that the purpose of the risk and performance subgroup is to unpick where the board is and to question what <i>isn't</i> happening. The subgroup report regularly into the board.	
6.8	<p>WLS advised that the risk and performance subgroup is without a chairperson now that Kate Rudkin has had a change in role. The group also needs strengthening; he asked members if they could consider if any of their colleagues would be able to support and/or fill the chairperson role. The function of the group is to oversee and deliver the board its dashboard.</p> <p>WLS felt that it was a risk that the group didn't have a chairperson.</p>	
6.9	The board agreed to sign off the strategic plan.	
7	SAR C – presentation for board sign off	
7.1	Clive Rennie introduced himself to board members and introductions were made.	

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7.2	<p>Clive advised that the initial response from Gill Poole's report was that she couldn't find evidence that Norfolk had improved its eating disorder service following AH's death.</p> <p>Clive provided Gill with further evidence and she is satisfied now that there is evidence of substantial actions and several areas have improved.</p>	
7.3	<p>Clive talked through his report. Norfolk has shared care arrangements in place for most GP practices now for secondary and primary care however it is still an option for GP practices; it isn't mandatory. There are pockets of practices within the county that decline to participate with shared arrangements.</p>	
7.4	<p>The ombudsman has said that this is a national issue not just a Norfolk one.</p>	
7.5	<p>There is a good relationship between pathology labs at NNUH and the eating disorder service. If a patient's bloods raise concern then NNUH will liaise with the eating disorder services.</p>	
7.6	<p>Two consultants have been appointed at NNUH since the report, and these consultants have a specialist interest in eating disorders.</p>	
7.7	<p>There is a good relationship with Ward S3, at Addenbrookes (a specialist eating disorder ward).</p>	
7.8	<p>There are high risk registers and clinical supervision in place and every effort is given to evidence that risk management is in the community. There will always be high risk patients in the community and those with eating disorders represent a rising population.</p>	
7.9	<p>Acute trusts aren't specialist placements. These are commissioned through NHS England and it can be a difficult and lengthy process to get a patient through.</p>	
7.10	<p>Clive meets with dieticians at NNUH regularly. Arrangements have been made for specialist training for staff to make them more attuned to the needs of this increasing population.</p>	
7.11	<p>Clive said that overall Gill was reassured. Many of the things were going on already but evidence hadn't been shown. With the consent of patients, acute trusts are being informed of vulnerable patients. These are also flagged with A&E.</p>	

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7.12	BEAT do quarterly engagement events with GPs (in combination with NCEDS) although Clive pointed out that only those GPs with an interest in eating disorders will attend these events.	
7.13	<p>Mike Garwood, solicitor and member of the safeguarding adult review group, gave a summary: this case arrived with SARG several years after AH's death. There were already several investigations going on about her care: the ombudsman's report and weighty clinical reports. This led to SARG's agreement to conduct a light touch review.</p> <p>It was clarified that the SARG requested the report writer to review her report because she had not, initially, been provided with sufficient information to draw accurate conclusions. For this reason, the initial report was critical of services in Norfolk. The subsequent report was significantly more positive, with Gill noting many improvements to services.</p> <p>SARG asked Gill to produce a final wraparound report of actions. An executive summary was produced which tries to tie it all together. The Cambridge coroner's investigation is the next step. Mike advised that the report is normally published in an anonymised way; should we do the same for AH?</p>	
7.14	The group discussed what would be the best course of action given the sensitivity of this case. The board agreed that AH's name should be published unless either of the parents object.	
7.15	<p>WLS mentioned that it is highly likely that this SAR will receive national interest given the work Mr H is involved in and attention given to the ombudsman's report (for example, the case has been featured on Radio 4's Today programme).</p> <p>Joan has said that she would like to be back and available to engage with the press.</p>	
7.16	MG said that we need to allow reasonable time for partner agencies to have prepared answers for the press release.	
7.17	MG advised that the Cambridge coroner will be advised that the board are intending to publish the report but it shouldn't have an effect on their report. He understands that the inquest has been adjourned (possibly for several months) so there is no immediate urgency.	

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7.18	The board agreed with MG's suggestion that publication of the review should be the end of June. The board also agreed that NSAB should provide the commentary (for press) but, as it the review is heavily CCG led, the commentary should be agreed by the commissioners. CR was happy with the suggestion.	
7.19	DB asked if the board could consider any good advice that could be included with the communication; to raise the profile from a community perspective, such as advising people in a similar situation and informing universities. The board agreed that this would be a good idea and would show that something positive is being done.	
7.20	LB thanked Mike and Clive for their presentation.	
8	GDPR and safeguarding adults: presentation	
8.1	Mike Garwood talked through his presentation that he had shared electronically prior to the meeting.	
8.2	He emphasised that this is just an update of the Data Protection Act and it is giving people better rights to privacy.	
8.3	<p>WLS asked if there were any actions that the board should take. MG advised that the board needs to consider any information sharing protocols (whether the board is the right forum for this is uncertain). Each of the protocols need to be reviewed and updated.</p> <p>The new legislation should make information sharing easier rather than more difficult.</p>	
8.4	<p>DB asked about the time frame for updating/reviewing protocols. MG wasn't certain but felt that there would be a period of grace.</p> <p>WLS suggested a task and finish group could work on this prior to the next board meeting. DB asked whether this could be something that the LIP (learning, improvement and policy) subgroup could do, with Mike's guidance. The board agreed that this would be the best course of action.</p> <p>Action: WLS will brief the LIP subgroup.</p>	WLS
8.5	<p>LB was pleased to advise that, there had been an update regarding information sharing between safeguarding teams.</p> <p>NCC has agreed for safeguarding practitioner leads within healthcare providers (public sector) to have access to LiquidLogic subject to them undertaking LAS training, and an audit of access after six months.</p>	

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9	Channel panel presentation – Sue Smith & Mark Osborn	
9.1	Sue advised that she is keen to update board members at least once a year on Channel panel work.	
9.2	<p>Having the right membership of Channel is very important. A range of people with expertise on Children’s Services, adult social care education etc are required. An autism specialist has recently joined the panel.</p> <p>The panel are concerned that front line staff are not always aware of the Prevent strategy and the support and safeguards it can offer.</p>	
9.3	<p>There are very few referrals from health colleagues. The panel have been in touch with NHS England and are working closely with them. It is hoped to provide more focus on this area, balancing patient confidentiality and safeguarding.</p> <p>Sue advised that they meet regularly with the Suffolk and Essex panels.</p>	
9.4	<p>The first of the case studies was discussed and provoked much discussion. Several members asked if the gaps in this case, where the individual is refusing assistance, could be filled by the voluntary sector. GC mentioned some of the work that Norfolk Fire & Rescue do in these circumstances.</p> <p>Action: JK will pick up with Prevent colleagues to see how the voluntary sector might be able to help.</p>	JK
10	Homelessness Reduction Act 2017 – Dave Neville	
10.1	Dave provided hard copies of his presentation which he talked through. The new Act affects local authority/social services staff who have a duty now to make a referral if they are aware of homelessness.	
10.2	If training is required in this area, Dave is happy to help. His contact details can be found on the presentation.	
10.3	The new legislation refers to private renting as well.	
11	Safeguarding adult reviews	
11.1	SAR C: update provided earlier in the meeting. WLS reminded board members that any information relating to SARs is confidential and not for circulation.	
11.2	WLS gave an overview of SAR E, which is ongoing. The intention is to try once more to engage with the care home owner.	

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	<p>SARG are also waiting to learn whether CQC have decided to prosecute in this case. Once the decision is known, SARG can move on to the next stage.</p> <p>It is anticipated that the report will come to the board meeting in July for sign off.</p>	
12	Risk and performance	
12.1	<p>As WLS mentioned earlier in the meeting, this subgroup requires additional support and the need for a chairperson.</p> <p>WLS said that the group is working with business intelligence at Norfolk County Council to get the dashboard back on track. It is thought that this will be available for the July board meeting also.</p> <p>LB is happy to help where she can in obtaining information from LAS</p>	
13	Business group report	
13.1	<p>The report had been shared with board members prior to the meeting.</p> <p>There were no comments or questions relating to the report. If any come to mind, please email WLS.</p>	
14	Safeguarding impact of any organisation change or reduction of services	
14.1	<p>Further to recommendation 13.5 in the SAR AA report, WLS asked if any organisations had made any changes/reduced services and what impact this had on safeguarding. Where this applies, he asked if members could bring along a short summary to the next board meeting.</p>	All
14.2	<p>It is intended that this will be a standing item on the board agenda.</p>	
15	AOB	
15.1	<p>MM advised that he and GC recently attended an NHS event in Cambridgeshire relating to the safeguarding assurance tool. MM's main concern was the RAG rating system used; it's not personal and available for all to see and he considered that this was a risk.</p>	
15.2	<p>WLS asked members to promote the 'Learning from SARs' workshops which are taking place over the next few months. Details of these can be found on the training page on the NSAB website.</p>	

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15.3	<p>GC advised that the safety department of the police were moving into the same office as some fire and rescue colleagues. This will help strengthen working relationships.</p> <p>WLS will be working out of the same office from time to time as well to support NSAB's ties with the police/Norfolk Fire & Rescue.</p>	
	Date of next meeting	
	<i>Tuesday 10 July 2018, 9.30am-12.30pm in the Filby room, Norfolk Constabulary, Wymondham.</i>	