



Safeguarding Adults Board
Minutes of Meeting held on Thursday 15 October 2015
 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
Nigel Andrews (NA), Tenancy Support Manager, Norwich City Council
Nick Davison (ND), Chief Superintendent, Norfolk Constabulary
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 Wwendth**, Chair of Norfolk Safeguarding Business Group
Christine MacDonald (CMac), Operations Manager, Healthwatch Norfolk
Charlotte Belham (CB), Norfolk Probation Service
Alison Simpkin (AS), Head of Social Care, Adult Mental Health (part)
Lella Andrews (LA), CQC
Steve Holland (SH), Head of Quality Assurance & Market Development (part)
Julie Shorten (JS), Business Support Co-ordinator, Adult Social Services (Minutes)

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1	Apologies	
1.1	Harold Bodmer, Executive Director of Adult Social Services Elizabeth Morgan, County Councillor, Norfolk County Council Lorna Bright, Assistant Director – Social Work Mark Talbot, Vice Chair, ARMC Julia Sharp, Norfolk & Suffolk Community Rehabilitation Stuart Horth, Norfolk Fire & Rescue James Kearns, CEO, BUILD	
2	Welcome and Introductions	
2.1	The Chair welcomed everyone to the meeting and thanked all for attending. Introductions were made.	
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	

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3.2	Exemption(s): None	
4	Approval of Minutes	
	The group AGREED that the minutes of the 15 July 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 7.2 - Julie to forward the Risk Register as the papers were not included in the pack. Action: Carry forward. JS to make contact with Jan Rodda so the latest Risk Register can be included with Board papers.	JS
5.2	Item (7.8) 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. Action: It was AGREED that this matter should go to the NSAB Business Group. HS to take forward.	HS
5.3	Item 14.2 – 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. Action: JM to have further discussion with Jenny Mckibben.	JM/JMcK
5.4	(12.3) 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 has run out of funds. Children's Services is a pooled budget, however, Norfolk Safeguarding Children Board (LSCB) Board Manager has advised this also poses problems, as costs can vary. 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	

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	<p>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>Action: JM/ND to look at requirements for 2016. JM to meet with Jon Shalom as a starting point.</p>	<p>JM/ND JM</p>
5.5	<p>(Item 11.8) 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. Action: WS to forward the letter to JS for circulation with the Minutes. WLS to follow up the offer for them to attend the next NSAB meeting.</p>	<p>WS/JS WLS</p>
6	Newsdesk	
6.1	Safeguarding Adults Thresholds	
	<p>HT requested the Board's permission to carry out a piece of work due to review the increasing number of Safeguarding referrals. At the recent Seminar on 8 September, Claire Crawley outlined her view that not every concern raised was a safeguarding concern meeting the criteria for a safeguarding investigation, for example pressure ulcers. NHS England Midlands and East has produced a paper setting out best practice guidance to the health sector which in effect works as a thresholds document. This has been presented to the NSAB Business Group for them to decide on the following options:</p> <ul style="list-style-type: none"> • Decline to adopt it • Accept it in its entirety • Use as a platform that could be shaped to suit Norfolk <p>HS advised that the NSAB Business Group wanted to make a few changes to it whilst the time is right to look at thresholds. LA advised that it would be helpful to get sight of those cases that did not meet the criteria as it would help their inspectors (CQC) to get a view on what is reviewed. JM felt a gap analysis would be valuable to help understand if cases did not fit the safeguarding criteria, which route would they follow?</p> <p>NA advised that the housing sector are seeing an increase in referrals around vulnerability rather than Safeguarding e.g. tenants</p>	

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	<p>that are 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.</p> <p>HT added that since the Care Act, eligibility is higher, however, options of advice should still be offered. It was noted that where a safeguarding concern may not be imminent, there could be a number of agencies with similar concerns and when taken collectively, these build a bigger picture requiring a Safeguarding investigation, for example the case of Mr AA. JMCK stated they have a similar issue with schools. There is a need for a pathway mapping exercise to see where Early Help Hubs may be able to assist lower level Safeguarding concerns, which do not trigger a Section 42 Enquiry.</p> <p>It was AGREED that NSAB needs to do a piece of work to help strengthen the connections between agencies for “lower level” Safeguarding concerns. Action: NSAB AGREED this request should go through the NSAB Business Group.</p>	NA
6.2	Awareness Week	
6.2.1	JM advised that there had been a series of events carried out that had culminated in an increase in referrals to MASH. The Board noted that if an awareness week was held on a yearly basis, NSAB may need to advise NCC that staffing levels might need to increase to deal with extra enquiries. .	
6.2.2	Tony Cook has taken over as the Southern LSAP Chair. Since the awareness week, the Western LSAP continues to run with a series of adverts in the local paper	
6.2.3	<p>JM expressed her personal thanks to Susie Lockwood and Anne Tansley-Thomas from the Comms team for their support. They liaised with the media, with a full-page advert in the local press. A good article was written on the MASH and the EDP confirmed they would be prepared to support other events if NSAB were to carry out something similar next year.</p> <p>The Board AGREED that it would be worthwhile doing a similar exercise next year. It is hoped that the re-branded publicity materials (i.e. leaflets and images) will have at least 3 years life. JM advised that the Library service had offered to host events or display publicity material.</p> <p>It was noted that contact still had to be made with Parish Councils.</p>	
6.3	Development Day	
6.3.1	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	

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	<p>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 across-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.</p>	JM/JSch/WLS
6.4	Closure of Dereham GP Lists	
6.4.1	JM confirmed she had written to NHS England Midlands and East and the Norfolk Health & Wellbeing Board. NHS England are working with surgeries. Since the last meeting, other surgeries have also closed their list to new patients. JM will be meeting the Chair of the Health & Wellbeing Board to discuss this further.	
6.4.2	It was noted that in some areas people were being sign posted through to Norse, as they could not get through to their surgery.	
6.4.3	<p>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>JMcK felt that this issue was out of NSABs remit, however there is a need to go back to NHS England Midlands and East highlighting this as a risk to our population. There should be clear processes in place to see how this can managed. HS advised there was considerable work going on with regard to Dereham GP practices. JMcK suggested this issue is picked up with Mavis Spencer (NHS England Midlands and East). LA will share information from the care homes of the issues they have faced. NSAB tasked this issue to KR to follow this up at the Risk & Performance Sub Group. KR to provide an update at the next meeting.</p> <p>CMaC added that whilst there are so many factors involved in this issue, these must be concluded speedily, especially if it comes to the attention of the media. JM reiterated that it is NSABs responsibility to keep highlighting topics of this nature and she has the impression that the Health & Wellbeing Board were not aware of this issue. JM will meet with Brian Watkins (Chair H&WB) to bring this to his attention.</p>	<p>LA</p> <p>KR</p> <p>JM</p>
6.5	MCA Training	
6.5.1	HS summarised what training had been carried out for the Mental Capacity Act utilising monies provided by NHS England Midland and East currently held by NSAB. Events had been arranged to raise awareness of the responsibility of health care staff in relation	

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	to MCA and a process established whereby safeguarding leads can address training needs.	
6.5.2	The Board discussed a number of options where these training funds could be utilised. JM suggested rolling DVDs in GP surgeries, where there would be a captive audience.	
6.5.3	HS advised that he has spoken to Mavis Spencer about how we can widen the scope for how this allocated funding could be used. She was supportive if we link back to patients with lack of capacity. JSch pointed out the key thing was not to lose the funding.	
6.5.4	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.	WLS/HS/WS
7	Budget Summary	
7.1	WLS presented the Budget Summary	
7.2	Figures are made up from: <ul style="list-style-type: none"> • Partner funding • NHS England Midlands and East funds we are holding • SAR spending 	
7.3	NSAB has a pooled budget of £62K. The spending of the current SAR (Mr AA) currently stands at £14.5K.	
7.4	The Board agreed that WLS could circulate a up to-date version of this report.	WLS
7.5	It was noted that NSAB will be investigating a new SAR, which will have cost implications.	
7.6	WS advised he would like to arrange some form of 'extravaganza' in January 2016 for the Central LSAP and sought NSAB approval to use part of the budget for this event (circa £5-6K). The meeting discussed the possibility of including all the LSAPs in such an event.	
7.7	HS reminded that LSAPs is about localities safeguarding adult activity. To support all LSAPs in a similar way may increase cost, however, a better Safeguarding knowledge is gained with partner agencies and potentially the wider community. It was acknowledged that some LSAPs are currently stronger than others and as such may be better placed to deliver locality events.	
7.8	JSch felt that £5-6K was a lot of money and it had to be provided equitably to all other localities.	
7.9	It was noted that NSAB had, in principle, funding agreed for the next 3 years from its 3 statutory partners.	
7.10	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.	WS
7.11	JSa thought it would be sensible to have a process/criteria on how LSAPs could bid for funding.	
7.12	JM added that the Safeguarding budget is ring-fenced so if there is any residual money that is not used it will not be lost. JM will look to secure the same level of funding for 2016-17. NSAB needs to confirm each agency has put this in their base line.	
8	CQC Report	
8.1	JSch noted and discussed the report from the Care Quality Commission (CQC) published this morning (15-10-2015) detailing	

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	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.	JSch
9	Risk Register	
9.1	KR advised the Risk Sub Group reviewed their remit/scope of response ability and whether there is a strategy for them to bring issues to the Board. KR reported that Sub Group members needed a clear steer on how the Board wanted them to go forward.	
9.2	It was AGREED that the purpose of risk reporting to the Board was to draw attention to issues of concern for Norfolk, for example, Mental Health care. The Risk Report is to be used by NSAB to facilitate strategic discussion and then actions on specific topics of concern.	
10	NSAB Business Group Report	
10.1	HS discussed the NSAB Business Group update on behalf of JW. This report is structured around key questions, what is going well, what we should be informed about and items where we need more direction.	
10.2	Two meetings have been held to-date and the meeting format was reported to working well.	
10.3	<p>The NSAB Business Group would like agreement for a focus/theme for the monthly meetings so the group has objectives to aim for. It would like clarification of NSABs expectations of LSAPs to ensure consistency of focus/delivery. See Appendix 1.</p> <p>NSAB AGREED LSAP would use the following themes for the next three quarter:</p> <ul style="list-style-type: none"> • Modern Slavery and Trafficking • Self-Neglect and Hoarding • Deprivation of Liberty and Mental Capacity Act 	
10.4	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	

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	possibility of Adult Social Services studying what Children's Services have implemented to inform a decision. Action: JM to follow this up with Lorna Bright	JM
10.5	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. Action: ND to circulate the Police Boundaries document to JW/WLS for them to take forward through the Business Group.	ND
11	Safeguarding Adults Reviews	
11.1	Mr AA	
11.1.1	JM updated the Board on the progress of the draft report and recommendations for Mr AA. The two tasks for board is to approve the re-wording of the recommendations and to give a steer on the publication timeline.	
11.1.2	JM expressed her thanks to the Police for their contribution at the Practitioners Seminar.	
11.1.3	JM would like NSAB to review and approve the Action Plan for this Safeguarding Adults Review (SAR). It will then go to the Suffolk Board members for their agreement.	
11.1.4	JM advised she had met with the family, where she went through the Recommendations and the proposed Action Plan. They were content with what has been suggested.	
11.1.5	There are statements for the media and a list of Comms leads for all organisations.	
11.1.6	Suffolk are publishing two SARs shortly, therefore, they have asked for two week's grace on the publication of this SAR.	
11.1.7	The Recommendations went to the Extraordinary Board Meeting on 08 September 2015, which were all agreed, with the exception of 13.12, which talked about restraint. This recommendation sought agreement that Norfolk would adopt the guidance following the David Bennett case that limits the use of the prone position of more than 3 minutes. The Board rejected this. The Police and the Ambulance Service felt they could be put in a position where this would be required. JM advised that we have tried to come up with something that takes account of those views and put some thought processes in place before restraint is used.	
11.1.8	WLS updated the Board with the amended version Recommendation 13.12 as follows: <i>"SABs and its partner organisations to take robust action to minimise the use of restraint in the prone position, especially in situations where the person involved is already known to have mental or physical health frailty, in line with current overarching professional or regulatory guidance; and to regularly review data on use of prone restraint."</i>	
11.1.9	ND felt the recommendation was far more acceptable than the original version. He added that if somebody is physically resisting efforts to restrain, a reference to 'so far as possible' should be included. JM advised this would not be acceptable to the Report Writer (Deborah Klée). Deborah Klée has approved the amendment and she will want reference to the prone position as	

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	she is of the opinion that it will hopefully make people think twice about using the prone position, especially if other options are available. It was noted that training will be required to implement and if prone restraint was used, it was monitored. In the case of Mr AA, there was little record keeping, especially around why those decisions were made.	
11.1.10	JSa confirmed that she was happy with the amendment, although it may be more of an issue for the Ambulance Service. The meeting discussed the issue around secure ambulances. It was acknowledged that Norfolk has to use what is commissioned. Alison Simpkin advised that the use of a secure ambulance has to be authorised by the Clinical Commissioning Group (CCG). JSch added that when front line staff require access to secure ambulance services, that this process is not overly bureaucratic.	
11.1.11	JM advised that not wishing to delay publication of the SAR report further, Tim Beach is prepared to take a Chair's decision and would agree favourably. NSAB AGREED it will be built into the Action Plan.	
11.1.12	It was acknowledged that the inquest date cannot be agreed until we have published the SAR report. This has made it very difficult for the family.	
11.1.13	JM advised that the aim is to publish the Report, Recommendations and Action Plan within the first two weeks of November. Comms Leads from each agency will be given sufficient notice prior to publication.	
11.1.14	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.	HS
11.1.15	LA to advise if there is a Comms Lead for CQC.	LA
11.2	Mrs JC	
11.2.1	WLS confirmed that a SAR has been opened for Mrs JC, whose case has met the criteria. JC lived with dementia and was cared for by a paid care worker in her own home. It is understood that on the evening of her death, she left her home and was found the next day, having passed away in a ditch.	
11.2.2	A request has been circulated for an Overview Report Writer and the closing date for Expressions of Interest is 23 October. To-date two responses have been received. The SAR Group (SARG) will give a recommendation to the Chair about the appointment.	
11.2.3	There have been discussions about using a different methodology to address the length of time it takes to go through the process. These discussions remain ongoing SARG	
12	Co-ordinating Social Care Assessment for Prisoners	
12.1	Since the implementation of the Care Act, WS has been working with Jo Cook as the Local Authority lead now works with the Prison Service. Social Care is now in place and is working well.	
12.2	Norwich Prison now has two full-time social care workers. There has been 40 referrals and 26 assessments.	
13	MCA/DoLS & Law Commission Consultation	

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13.1	Alison Simpkin presented an update on DoLS Law Commission Consultation.	
13.2	Following a review, Central Government's position is that the current provision is not fit for purpose. There has been a significant increase in work since March 2014 and pressure from priority rating of cases, a growing backlog (around 2000) and new DoH paperwork. New ways of working are required with limited resources.	
13.3	Protective Care has moved from people over 18 to those over 16 years of age.	
13.4	There is an arrangement for Mental Health patients to be managed through an amended MHA. Human rights protections are built into the Care Act and MCA.	
13.5	Supportive Care – Tier 1 - The rule of advocacy makes sure care is proportionate and necessary.	
13.6	Restrictive Care and Treatment Scheme – Tier 2 – Replacement of current DoLS becoming much more aligned. Autonomous decisions will be made as to whether to grant this deprivation. Training will be overseen by HCPC. There will be robust arrangements around Safeguarding.	
13.7	Acute Hospitals – Doctors can authorise first 28 days. Beyond that, hospitals will have to get an assessment.	
13.8	Consultation closes on 2 November. Norfolk's DoLS service will submit a response. The draft bill to be produced by end of 2016. AS to share response with JM.	AS
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.	AS
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.	AS
14	Market Development & Quality	
14.1	Steve Holland, Head of Quality Assurance & Market Development, picked up an action from the Peer Review (2104), to review the process for complaints about providers in order to give carers more assurance about how complaints are addressed.	
14.2	SH took NSAB through the draft process map that had been designed following conversations with key colleagues, to keep referrers up-to-date up to the point of closure. Referrers will be asked at point of contact whether they wish to be kept informed. If the caller would like to be kept informed, the unit is charged with being responsible for updating the schedule and circulation.	

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14.3	The Local Authority's Quality Assurance (QA) Team are interested in the provider and not the individual. The process will show who has to take ownership of a compliant in this circumstances.	
14.4	SH is hoping to get the process signed off shortly. QA will then draft up a written procedure which will become auditable.	
14.5	JM questioned what would happen if a referrer wanted to be kept informed, however, the service user did not want that person involved. How would this be dealt with? SH advised that the referrer would not receive specific detail, other than the complaint was being dealt with.	
14.6	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.	SH
11	Self-Neglect	
11.1	NA advised that the Task & Finish Group was held on 21 September. 11 people out of 16 invited attended the meeting, with a mixed response from agencies. WLS invited Paula Youell, Head of Safeguarding, Suffolk, as Suffolk had already developed a strategy around Self-neglect and Hoarding. However Paula Youell noted that partner agencies were reluctant to sign up and engage, therefore Suffolk has a strategy but without partners being signed up to it. It has been difficult to move this forward at this time. Further work is ongoing in Suffolk to do this	
11.2	NA advised that Suffolk does not have a Housing Sub Group.	
11.3	<p>The discussion then identified a number of issues:</p> <ul style="list-style-type: none"> • South Norfolk and Housing are being managed through the process • Organisations want process for Self-neglect but may be reluctant to own it • Suffolk and Norfolk have a joint strategy. What is value/outcome? • The need for a Multi-agency approach • Need to have a lead agency – Environmental Health? • Children's Services Early Help offer – what does this look like in Adults in the context for Self-neglecting cases? • Early Help in Suffolk is being developed • Need to look how services are being delivered and any potential impact on working with case of Self-neglect, but does sector have capacity? 	
11.4	<p>There are significant next steps for NSAB to look at:</p> <ul style="list-style-type: none"> • Do we develop an overarching strategy with Suffolk? • Need to develop and Early Help model for Adults • NSAP develop LSAP Group using LSAP model • Defer deadline of March 2016 • Launch of the Self-neglect strategy will be 4 March at Housing Conference 	
11.5	JM and NA to discuss this further.	
11.6	WLS spoke to Claire Crawley in light of the current work to review Care Act guidance on safeguarding adults (Chapter 14). WLS	

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	understands that the Department of Health's thinking is that Self-neglect won't sit solely in Safeguarding, it will also appear in different parts of the revised Care Act guidance. It is expected that revised guidance will be published in November 2015. The revised guidance will be important in informing this work.	
11.7	NA will send a copy of Suffolk's document to JS for circulation with the minutes.	NA
11.8	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.	NA
15	Any Other Business	
15.1	There was no further business to discuss.	
	Date of next meeting Thursday 7 January 2015, 09.30-12.30, The Filby Room, Police Headquarters, Jubilee House, Falconers Chase, Wymondham	

LSAP/Business Group - What is the role, function and focus of the LSAP?

Introduction

The LSAP Chairs discussed the need for a “steer” from the board, to ensure that they function in relation to Board objectives and the needs of their locality. They also identified there was a need to co-ordinate work with other sub groups and work streams of the SAB. Therefore, the Business group suggested that the LSAP Chairs work together to establish a process through which they could fulfil their objectives.

Request to work thematically

Feedback from the LSAP Chairs suggested that the LSAP’s identified a need to have a clear focus/theme for their meetings .These themes would need to be co-ordinated across the piece eg if all the LSAP’s focussed on Modern Slavery for one quarter we would need to ensure training and comms groups were in alignment to support this.

It was proposed by the Chairs, that the following themes were explored for the next three quarter

- Modern Slavery and Trafficking
- Self-Neglect and Hoarding
- Deprivation of Liberty and Mental Capacity Act
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However we would like the Board to also ensure any themes suggested are in alignment with the desired outcomes of the annual plan and the LSAP’s would look for a clear outcome as to what would be achieved from having a focus upon these topics for example; awareness raising/ strategies to deal with these operational issues.

Request to Board

This proposal is supported by the Business Group, who are seeking agreement from the NSAB.

Howard Stanley
Vice Chair
NSAB Business Group

