



Norfolk Safeguarding Adults Board
Minutes of meeting held on Tuesday 16 November 2021
Virtual meeting

PRESENT:

Heather Roach, Independent Chair, Norfolk Safeguarding Adults Board (chair) **(HR)**
Lisa Barraclough, North & East Midlands Group Senior Safeguarding Leader, DWP (partial attendance) **(LB)**
Becky Booth, Deputy Board Manager, NSAB **(BB)**
Saranna Burgess, Chair of Safeguarding Adults Review Group, NSAB (partial attendance) **(SB)**
Cath Byford, Chief Nurse, N&W CCG **(CB)**
Ian Callaghan, Chief Resource Officer, UEA **(IC)**
Cllr Penny Carpenter, County Councillor, NCC **(PC)**
Craig Chalmers, Director of Community Social Work, NCC **(CC)**
Andy Coller, Detective Superintendent, Norfolk Constabulary **(AJC)**
Carolyn Fowler, Director of Nursing and Quality, NCH&C **(CF)**
Kim Goodby, (deputising for Nancy Fontaine) Associate Director for Complex Health and Safeguarding, NNUH **(KG)**
Sally Hughes, Public Health Commissioning Manager, NCC (partial attendance) **(SH)**
James Kearns, Chief Executive Officer, BUILD Charity (partial attendance) **(JK)**
Walter Lloyd-Smith, Board Manager, NSAB **(WLS)**
Leon McLoughlin-Smith, Head of Norfolk Probation Service (partial attendance) **(LMS)**
Michael Millage, Chair, ARMC and Director, NorCA **(MM)**
Amanda Murr, Head of Community Safety, OPCCN (partial attendance) **(AM)**
Greg Preston, Head of Prevention, Protection & Emergency Planning, NFRS (partial attendance) **(GPR)**
Mike Pursehouse, District Council Representative **(MP)**
Ben Reed, Chief Executive Officer, Equal Lives **(BR)**
Judith Sharpe, Deputy Chief Executive, Healthwatch Norfolk **(JS)**
Andrea Smith, Board Coordinator, NSAB **(AS)**
Helen Thacker, Head of Service – Safeguarding, NCC **(HT)**
Gavin Thompson, Director of Policy, Commissioning & Communications, OPCCN **(GT)**
Sarah Jane Ward, Associate Director of Quality in Care, N&W CCG **(SJW)**
Gary Woodward, Safeguarding Adults Lead Nurse, Norfolk & Waveney CCG **(GW)**
James Butler, Board Coordinator, NSAB (minutes) **(JAB)**

GUESTS:

Susanne Baldwin, Assistant Director, Workforce, Markets & Brokerage, NCC **(Item 6)**
Sera Hall, Assistant Director, Housing & Capital Housing Programme, NCC **(Item 5.2)**

Item	Minute	Action
1	Welcome and apologies for absence	
1.1	HR welcomed everyone to the meeting and introductions were made.	
1.2	Apologies had been received from Chris Balmer, James Bullion, Melanie Craig, and Nancy Fontaine. JAB noted that several members would join late, leave early, or need to temporarily leave the meeting for various operational reasons.	
1.3	HR said this week is adult safeguarding week. There will be a series of guest blogs – the first of which was written by JS and published yesterday.	
2	Declarations of interest	
2.1	PC said one of the papers mentions the Health Overview and Scrutiny Committee (HOSC); PC is a member of HOSC.	
3	Matters arising from meetings on 13 July & 28 September 2021	
3.1	The minutes were not reviewed in detail during the meeting. Nobody raised any issues with accuracy. HR highlighted the one-page summary from the 28 September meeting, to help crystallise thoughts going forward.	
3.2	HR provided an update on actions arising from the last meeting, which is shown on the actions log at the end of these minutes.	
4	Safeguarding Adults Reviews (SARs) update	
4.1	Update on Norfolk recommendations from the SAR for Joanna, Jon and Ben	
4.1.1	HR said there are four specific Norfolk recommendations, with the removal of patients from Jeesal Cawston Park completed and the hospital has now closed. The recommendation re racism towards staff from people with cognitive impairments is being considered. CB and CC have been invited to provide a verbal update on the other two Norfolk recommendations.	
4.1.2	CB noted that ‘ethical commissioning’ is a big recommendation with many considerations for the Local Authority and the Clinical Commissioning Group (CCG) to work through. Some of the issues behind the recommendation link to the rationale of those businesses we commission, why they're in the business. CB and CC met with UNISON representatives to talk about the intent behind the recommendation. The Local Authority and CCG want local services provided to local people, but with some care agencies, the staff travel from outside of local area. The way we currently commission care relies on a high	

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	<p>number of small agencies. Currently, there are lots of zero hours contracts, with people employed just for working hours and not for their long commutes.</p> <p>CB and CC were open and honest about the desire to be better with this, collectively we spend a huge amount of money in a good way and we're already under pressure financially. Ethical commissioning won't be cheaper in the short term, so we need to continue making progress – it will be a massive change programme that could take years.</p>	
4.1.3	<p>CC concurred with CB, noting that while we would like to use local services, Jeesal Cawston Park was local. For a new approach to work, we need to look at the whole life cycle of care for someone; we need staff who don't move on so quickly.</p> <p>CC noted that we can't immediately create new services but can do some work in Norfolk with local providers who are good, who might be able to provide some of these services. The Local Authority and CCG have just agreed for a step-up and step-down facility to help prevent admissions to hospital environments and get people out.</p> <p>There is an element of missed investment over the years catching up with us. If you don't invest, eventually there's a consequence. Good things are happening, and people are thinking differently. We have so far avoided at least two admissions to hospital by different ways of working and collaboration.</p>	
4.1.4	<p>CB noted that she had recently taken on commissioning oversight of learning disability services from CCG perspective, with oversight from both a patient level and service level. Work is underway by the Local Authority and CCG to put in place a strategic partnership/oversight board for this cohort of people, with the same approach as the Integrated Care System (ICS) mental health board.</p> <p>The strategic partnership/oversight board is being developed to define an improvement delivery plan. It will also look at provision of appropriate housing for people who are ready for discharge. This would include where people have been living with older parents who couldn't cope anymore, or the houses aren't suitable for them as adults.</p>	
4.1.5	<p>CC said that the Local Authority and CCG are doing some work on racism and those with cognitive impairments. Some money has been received for specialist training and we will be trying to divert some of that. This will look at empowering staff to confront racism and to understand the root causes behind it, and what trauma is behind those behaviours and how it impacts on them. Would like to come back with further updates in future and some slides with evidence base.</p> <p>HR thanked CC and CB for their update.</p>	

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4.1.6	<p>HR highlighted that Joan Maughan has stayed on and pulled together a suggestion re a Coalition for Change for Norfolk and there is a meeting planned for later in the month to discuss how we might take it forward.</p> <p>As a board, it's our responsibility to ensure recommendations turn into action. HR noted that updates have been provided to HOSC, the Health and Wellbeing Board, Norfolk County Council's Cabinet, the Norfolk Learning Disability Partnership Board, and the Norfolk Autism Partnership Board.</p>	
4.1.7	<p>PC highlighted the need to ensure that individuals and their families are listened to, and that they have strong advocacy in place. SJW provided an update on measures the CCG has put in place to actively seek out the voices of individuals and their families. Meeting with them every 6 to 8 weeks, sharing contact details each time and building relationships and trust.</p>	
4.1.8	<p>MM queried how providers would be represented on the planned strategic partnership/oversight board and asked how he could be involved. CB noted that the terms of reference are being drafted and would ensure wider market representation. One option being considered to ensure the board remains strategic, is having an operational level care market board.</p>	
4.1.9	<p>MP highlighted issues in the housing sector with turnaround of social housing due to availability of tradespeople etc. There are also challenges recruiting into posts at district councils and elsewhere, as it's currently an employee's market. CB highlighted the need for a long-term view, including the design and characteristics of housing for this cohort of people, to break the chain of reacting in a crisis by ensuring housing is available for when people need it.</p>	
4.2	<p>Update on work to influence National recommendations from the SAR for Joanna, Jon and Ben</p>	
4.2.1	<p>WLS provided an update on the nationally significant recommendations and work to influence the progression of these. WLS noted that an updated action plan was included with the papers for the meeting, and this would be published on the NSAB website. A summary of press coverage and a timeline of key events and meetings was included eg. meetings with NHS England, CQC and the Law Commission.</p>	
4.2.2	<p>WLS reported that following the adjournment debate in Parliament initiated by Jerome Mayhew MP; Gillian Keegan MP – Minister of State for Care and Mental Health had offered to meet with the families of Joanna, Jon and Ben to discuss the care they received. WLS is in the process of arranging this and supporting the families.</p>	
4.2.3	<p>JS said that Alex Stewart, CEO of Healthwatch Norfolk has offered for Healthwatch to undertake visits next year in care homes and</p>	

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	hospitals. JS is hoping to pull together a meeting in the new year to discuss how that might work, with a focus on the voice of the individual, family, carers, and advocates.	
4.3	Safeguarding Adults Review Group	
4.3.1	Official/sensitive: text redacted.	
4.3.2	Official/sensitive: text redacted.	
4.3.3	Official/sensitive: text redacted.	
4.3.4	<p>SJW discussed the LeDeR annual report noting that the next one is due to be published in June 2022.</p> <p>Action: LeDeR programme – SJW <u>AGREED</u> to present an update to NSAB in the new year, comparing what Norfolk looks like with the national picture.</p>	SJW
5	Domestic Abuse and Adult Safeguarding: the interface	
5.1	Update from the Domestic Abuse and Sexual Violence Group (DASVG)	
5.1.1	GT presented an update on the work of the DASVG which he and AJC jointly chair, noting that DASVG is a group of the Norfolk County Community Safety Partnership (NCCSP). The slides will be circulated with the meeting minutes.	
5.1.2	AJC highlighted the Home Office’s Safer Streets app. Norfolk is the force with the fifth highest number of contacts from members of the public, using it to engage with us and in turn we are using it to target patrols in areas where people don't feel safe.	
5.1.3	HR noted that from NSAB’s perspective, it’s important that we link in with the domestic abuse strategy and support where adults are concerned.	
5.2	Norfolk Domestic Abuse Partnership Board (NSAPB) update, including the Needs Assessment	
5.2.1	HR welcomed Sera Hall to the meeting. Sera presented some slides which will be circulated with the meeting minutes. Sera provided a summary of the duties placed on Norfolk County Council by the Domestic Abuse Act 2021. Sera noted that a Needs Assessment has been completed which informed the draft Support in Safe Accommodation Strategy – both of these documents have been circulated to NSAB for information.	
5.2.2	Sera provided an overview of the Needs Assessment findings including the identified gaps in provision, noting that demand	

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	<p>outstrips supply. The Needs Assessment will be reviewed annually with the Norfolk Office of Data Analytics, to help measure progress.</p> <p>Sera noted that the Support in Safe Accommodation Strategy takes account of the strategic aims of the NCCSP and Norfolk County Council.</p>	
5.2.3	Sera said that the Norfolk Domestic Abuse Partnership Board will work closely with the NSAB through engagement with WLS.	
5.3	Domestic Homicide Reviews (DHRs) update	
5.3.1	Official/sensitive: text redacted.	
5.3.2	Official/sensitive: text redacted.	
5.3.3	<p>AM noted that training is being implemented on writing Individual Management Review (IMR) reports, as some partners have not participated on panels before.</p> <p>Action: IMR training re DHRs – HR queried whether that could be expanded to cover SARs too and <u>AGREED</u> to follow up with AM outside of the meeting.</p>	HR
5.3.4	Official/sensitive: text redacted.	
	BREAK	
6	System pressures and safeguarding moving into winter 2021/22	
6.1	<p>HR welcomed Susanne Baldwin to the meeting and HR noted she is keen for NSAB as a partnership to focus on key issues and to be outcome focused.</p> <p>HR highlighted the significant pressures at play in both adult social carer and health services. For example, HR said that half of UK councils had reported a 10% increase in people coming forward for help in a six-month period.</p> <p>The purpose of this item is to discuss the current pressures, the key risks and issues that affect our ability as a system to safeguard adults. What information do we need as NSAB to assure ourselves that issues aren't causing gaps and leading to harm? What can the NSAB do to support this?</p>	
6.2	CB provided an update from a NHS context, noting that what the NHS is experiencing is unprecedented. The entire health and care workforce is exhausted, with COVID coming on the back of a hard winter. The pressures and expectations on the NHS workforce has gone up and up, including the vaccine programme delivery.	

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	<p>Health services are not necessarily seeing an increase in numbers of emergency admissions, but the acuity and complexity is increasing – people have held off for a year, and this has increased the level of need. Also support structures have been eroded, such as families etc; people are unable to be as self-reliant.</p> <p>Access to care impacts the ability to discharge. There is an increasing demand for mental health services in the population and workforce. The elective recovery programme is a priority, so we can't switch off elective appointments to cope. Infection prevention and control continues to impact capacity, as does COVID outbreak management.</p> <p>There are a number of people in inpatient beds that should not be there. The consequence is high risk to pre-hospital people eg. delays in ambulances being able to be dispatched – it's not just people who are sat in ambulances outside of hospitals.</p>	
6.3	<p>Susanne presented some slides which will be circulated with the meeting minutes. This is an unprecedented situation and underpinning the situation is workforce shortages. Competition is high, particularly in the care sector where people might choose to work in retail, hospitality and haulage etc. We know there is a requirement for more funding and some funding has been promoted but it won't come into social care straight away. We need longer term planning, because the pressures won't end when we get to March.</p> <p>Susanne gave examples of a registered manager of a service leaving to become a HGV driver, and said that someone working on a supermarket till at 16 years-old has better remuneration than an employee in social care with 20 years' experience.</p> <p>Susanne noted changes as a result of discharge to assess (D2A). There has also been a reduction in self-funders, and this has an impact on business models and occupancy levels for providers. If providers cannot employ the workforce necessary to safely care for people, they won't accept referrals as this increases risk. COVID is also still there and impacts capacity. Mandatory vaccination has resulted in an estimated loss of c. 350 people from the sector.</p> <p>Susanne said that more care is being provided by Norfolk First Response (NFR) as a provider of last resort, but this has an impact on other services they provide such as those working to prevent admission. To enable the D2A model social care must try to use the wider care market, but it is not an ideal route – we need step down facilities to help with flow, clinical input and rehabilitation to enable choice and long-term decision making.</p>	
6.4	<p>CF provided a view as a provider of community hospital and nursing services. The NCH&C is also in a difficult position, with increased risk that we are not getting to patients as quickly as we want to. There are concerns that patients are in beds for too long; concern re</p>	

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	<p>deconditioning; visiting issues due to COVID and restricting people from having comfort and contact.</p> <p>Risk appetite and management is important, and we are looking at each person individually. People in the general population can easily see the impact of an ambulance waiting outside hospital, but the knock-on effect of that might mean a district nurse sitting with someone in their home as they can't get to hospital yet. As a result, the district nurse can't visit 10 other patients.</p>	
6.5	<p>JS raised a question in the meeting chat re the 'unmet needs' list.</p> <p>Susanne noted that it includes everyone with interim care needs, including those with care but not at right time, right place or provider. It also includes people with a care package held by NFR eg. reablement workers.</p> <p>CC noted that the Social Care Community Engagement (SCCE) team which acts as the 'front door' to adult social care is under pressure too. D2A is proving problematic with increased demand into the social care arena by c. 100%. We still don't have the ability to get the majority of people back home.</p> <p>CC said that record numbers of Mental Health Act (MHA) assessments are being undertaken, but the beds aren't necessarily available. CC noted that only 50% of people with a learning disability have returned to using day centres – in part due to transport issues, but this also means less respite for carers too.</p>	
6.6	<p>MM noted there are also people coming into care who haven't worked in care before. All care providers are under pressure to recruit and retain. With the way the care is commissioned, with cost of care exercises, pay and remuneration is pushed down to provide lower costs. Providers might want to pay better, but if social care continues to be underfunded then providers can't support back. MM also highlighted mental health and suicides, including the long waiting lists for pre-acute needs which may result in people ending up in need of acute services.</p> <p>BR notes similar experiences to those MM described. A long-term view is needed as the inability of social care to compete with retail has been an issue for a long time, it's not just because of the pandemic.</p> <p>Susanne said that the care sector needs skilled staff, but those skills are not traditionally recognised as such.</p>	
6.7	<p>LB highlighted that DWP has increased numbers of people wanting employment, despite the vacancy levels. Sector-based work academies are being instigated in the care sector in Norfolk, but further work is needed to enable work coaches to promote careers in the care sector.</p>	

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	PC noted the role of volunteers and highlighted that James Bullion spoke some time ago about the need for a national qualification to recognise care staff. HR said that the Building the Right Support programme should have a mention of a care profession and continuous professional development.	
6.8	HR brought the discussion to conclusion, noting that we need to keep these issues on the agenda and bring them to a future NSAB meeting.	
7	Current topics from Locality Safeguarding Adults Partnerships (LSAPs)	
7.1	<p>BB presented a quick update from the LSAPs. The topics link in with discussions around 'safeguarding language' and communication, use of acronyms, what is safeguarding, working with risk, and the SAR for Joanna, Jon and Ben.</p> <p>Coming through in the LSAP discussions, along with the safeguarding awareness week, is safer organisations and cultures, including whistleblowing etc. Organisations find it difficult to challenge staff when there is no alternative. One LSAP will be having someone from the NHS talk to them about the Freedom to Speak Up initiative.</p>	
7.2	<p>BB presented a briefing to each LSAP on the SAR for Joanna, Jon and Ben which was well received. The series of LSAP webinars continues to be well-received and is building a wider audience over time.</p> <p>HR noted that the Western LSAP needed two new co-chairs and if NSAB members know of anyone who might wish to take this development opportunity, please let BB know.</p>	
8	Safeguarding news desk & board manager's update	
8.1	HR said that news desk items would be circulated separately via email.	
9	Standing item Safeguarding impact of any organisational change, or reduction of services (SAR AA rec 13.5)	
9.1	HR asked for any items to be circulated via email for information.	
10	Any other business	
10.1	GPR noted that the Norfolk Fire and Rescue Service has just finished an inspection by HM Inspectorate of Constabulary and Fire & Rescue Services in which safeguarding featured heavily. It is too early for feedback just yet, but GPR will provide an update in liaison with WLS.	

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11/05/2021	7.3	<p>Self-neglect and hoarding subgroup – Walter <u>AGREED</u> to draft proposed terms of reference outlining the scope, focus, membership of the group for review and sign-off outside of the meeting.</p> <p><i>Update 13/07/2021: Terms of reference have been drafted, ahead of a scoping meeting on 28 July, a further update will be provided at the next meeting. Action carried forward.</i></p> <p>Update 16/11/2021: Terms of reference are being finalised and will go to the NSAB Business Group for sign-off. The key workstreams will be developed at the next meeting.</p>	Walter
11/05/2021	11.5	<p>MCA assessments as a priority for NSAB – Walter Lloyd-Smith and Becky Booth <u>AGREED</u> to feed back to the Business Group to identify the best way forward.</p> <p><i>Update 13/07/2021: Discussions have taken place to frame the agenda item for the Business Group at its next meeting and a further update will be provided. Action carried forward.</i></p> <p>Update 16/11/2021: The PML subgroup meeting on 25 November will develop a survey for the workforce on the interface between the MCA and safeguarding. This will inform work to be led by the Business Group.</p>	Walter & Becky
13/07/2021	6.5	<p>NSAB support for discharge to assess transformation – Walter Lloyd-Smith <u>AGREED</u> to liaise with Nick Pryke and discuss any other support NSAB can give to this piece of work.</p> <p>Update 16/11/2021: WLS noted this is ongoing work, with updates to be brought to NSAB at appropriate points.</p>	Walter
13/07/2021	7.3	<p>Liberty Protection Safeguards and the role of NSAB in holding the system to account – Walter Lloyd-Smith <u>AGREED</u> to discuss further with Heather Roach as new Independent Chair of NSAB.</p> <p>Update 16/11/2021: The code of practice is awaiting publication and it is difficult to do detailed work without it. An update will be provided at an appropriate point.</p>	Walter

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13/07/2021	7.3	<p>Mental Capacity Act (MCA) knowledge and application alongside Liberty Protection Safeguards – Sarah Jane Ward <u>AGREED</u> to discuss with Walter, what additional work is needed on the MCA.</p> <p>Update 16/11/2021: <i>Initial discussions have taken place, and these will be ongoing.</i></p>	Sarah Jane & Walter
13/07/2021	9.3	<p>2021 Safeguarding Adults Collection: trends and drivers of safeguarding activity – Walter Lloyd-Smith <u>AGREED</u> to task the NSAB Business Group with considering the data and identifying key areas of interest for the board, based on its priorities and/or by exception.</p> <p>Update 16/11/2021: <i>This was not discussed in detail at the Business Group meeting due to time constraints but will be discussed at the next meeting.</i></p>	Walter
16/11/2021	4.3.4	<p>LeDeR programme – SJW <u>AGREED</u> to present an update to NSAB in the new year, comparing what Norfolk looks like with the national picture.</p>	SJW
16/11/2021	5.3.3	<p>IMR training re DHRs – HR queried whether that could be expanded to cover SARs too and <u>AGREED</u> to follow up with AM outside of the meeting.</p>	HR