



**Norfolk Safeguarding Adults Board**  
**Minutes of meeting held on Tuesday 15 November 2022**  
**Virtual Meeting**

**PRESENT:**

**Heather Roach**, Independent Chair, Norfolk Safeguarding Adults Board (chair) **(HR)**  
**Lisa Barraclough**, North & East Midlands Group Senior Safeguarding Leader, DWP **(LBa)**  
**Laura Bloomfield**, Director of Operations, Voluntary Norfolk **(LB)**  
**Paul Benton**, Director of Quality, ECCH **(PB)**  
**Becky Booth**, Deputy Board Manager, NSAB **(BB)**  
**Cllr Penny Carpenter**, County Councillor, NCC **(PC)**  
**Craig Chalmers**, (deputising for James Bullion) Director of Community Social Work, NCC **(CC)**  
**Liz Chandler**, Scrutiny & Research Officer, NCC **(LC)**  
**Andy Coller**, Detective Chief Superintendent (temp), Norfolk Constabulary **(AJC)**  
**Tricia D’Orsi**, Director of Nursing, N&W ICB **(TD)**  
**Daniel Edmonds**, Clinical Lead for D2A Transformation, N&W ICB **(DE)**  
**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 **(SH)**  
**Trevor Key**, Co-chair, Norfolk Autism Partnership Board **(TK)**  
**Walter Lloyd-Smith**, Board Manager, NSAB **(WLS)**  
**Leon McCloughlin-Smith**, Head of Norfolk Probation Service **(LMS)**  
**Mike Pursehouse**, District Council Representative **(MP)**  
**Dr Jon Sharp**, Director of Student Services, UEA **(JoS)**  
**Judith Sharpe**, Deputy Chief Executive, Healthwatch Norfolk **(JS)**  
**Andrea Smith**, Board Coordinator, NSAB **(AS)**  
**Helen Thacker**, Head of Service – Safeguarding, NCC **(HT)**  
**Dr Gavin Thompson**, Director of Policy, Commissioning & Communications, OPCCN **(GT)**  
**Anthony White**, Safeguarding Lead, NFRS **(AW)**  
**Gary Woodward**, Safeguarding Adults Lead Nurse, N&W CCG **(GW)**  
**Petra Alford**, Board Coordinator, NSAB (minutes) **(PA)**

**GUESTS:**

Mark Sheppard, Director for Integrated Discharge, N&W ICB **(MS)**

Item	Minute	Action
<b>1</b>	<b>Welcome and apologies for absence</b>	
1.1	HR welcomed everyone to the meeting and introductions were made.	
1.2	Apologies had been received from Saranna Burgess, James Bullion, Andy Hudson James Kearns and Paul Morris.	
1.3	<p>HR reminded the group that next week is National Safeguarding Adults Week, the Board have a number of things taking place and will circulate the comms plan once it has been finalised.</p> <p><a href="http://norfolksafeguardingadultsboard.info">Safeguarding Adults Week (norfolksafeguardingadultsboard.info)</a></p> <ul style="list-style-type: none"> <li>• Monday – Exploitation and County Lines <ul style="list-style-type: none"> <li>○ Mail Chimp, Twitter and press release on exploitation training. Launch of new NSAB leaflet.</li> </ul> </li> <li>• Tuesday – Self-neglect <ul style="list-style-type: none"> <li>○ There are 3 events organised by the Self-Neglect &amp; Hoarding subgroup taking place that afternoon.</li> </ul> </li> <li>• Wednesday – Creating safer organisational cultures <ul style="list-style-type: none"> <li>○ HR will be doing an “In conversation with”</li> </ul> </li> <li>• Thursday – Abuse of older adults</li> <li>• Friday – Domestic Abuse in Tech-Society <ul style="list-style-type: none"> <li>○ Also white ribbon day</li> </ul> </li> </ul> <p>There are NHS lunchtime sessions being promoted which are free and open to all. The sessions will be delivered between midday and 1pm each day and cover a range of topics such as: scams targeting vulnerable adults, forced marriage and Liberty Protection Safeguards. You can register for free at <a href="http://future.nhs.uk">future.nhs.uk</a></p> <p>TD requested white ribbons for the ICB board meeting next week, GW to action.</p> <p>GT shared that the CCSP DA Group are co-ordinating 16 days of action for white ribbon day. Contacts are Suz Crannage / Syreeta Lund at OPCCN / Constabulary.</p> <p>TK reminded the group to use the tricky friends video. It was <u>AGREED</u> that this would fit on the Monday and Friday. HR has nominated WLS/tricky friends for a National SAB Managers Awards.</p>	<b>GW</b>
1.4	BB shared the updated NSAB leaflets which will be launched on Monday. These are available in the top 4 languages in Norfolk and Ukrainian and will also be made available in easy read.	
<b>2</b>	<b>Declarations of interest</b>	
2.1	There were no declarations of interest made.	
<b>3</b>	<b>Review of minutes &amp; matters arising from meeting on 12 July 2022</b>	
3.1	The minutes were reviewed and <u>AGREED</u> with no amendments.	

Item	Minute	Action
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.	
3.3	<p>Action 11.2 from 10/05/2022: Pressure sores/wound care.</p> <p>CF raised concern about this in the community, a lot of work has been undertaken but this is a massive part of the workload in Norfolk. CF offered for one of her team to work with someone from the ICB on this piece for January. <b>Action:</b> GW to liaise with CF and PB on appropriate colleagues to feed into this piece.</p> <p>TD highlighted that it would be useful to go back to the “stop the pressure” campaign framework particularly around prevention and look at how we can build this into other programmes such as winter well etc.</p> <p>HR queried what data there was and what this looked like in terms of safeguarding referrals at present. <b>Action:</b> The work on when pressure ulcers become a safeguarding referral is being addressed via the LA and Health task and finish group.</p> <p>The group <u>AGREED</u> that this will be a more substantive item at January Board. <b>Action:</b> GW</p> <p>CC joined the meeting at this point.</p>	<p><b>GW</b></p> <p><b>GW</b></p>
3.4	<p>Action 11.3 from 12/07/2022: One Norfolk anti-racist policy.</p> <p>HR will be taking this to the first meeting of the Chairs of the 5 groups (CYPSP, NCCSP, DASVG, NSCP and NSAB) on 7 December 2022. <b>Action:</b> Carry forward.</p>	<b>HR</b>
<b>4</b>	<b>Locality Safeguarding Adults Partnerships (LSAPs) update</b>	
4.1	<p>BB presented an update following the LSAP the meetings in July and September; the presentation slides will be circulated with the meeting minutes for information.</p> <p>Several board members had attended LSAPs in the last few months which was very positive.</p>	
4.2	BB will link in with Dr Maria Karretti regarding potentially sending the new leaflet and refreshed posters to GP practices.	<b>BB</b>
4.3	<p>BB highlighted some of the discussion from an LSAP meeting that morning regarding cost of living / safeguarding with members raising concerns on people having their heating switched off with children in the house.</p> <p>TD noted the importance of having a consistent language around what meets a safeguarding threshold and what sits beneath that, as with regard to the cost of living crisis this could potentially overwhelm the system.</p>	

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	<p>PB shared that at his recent safeguarding meeting the message had been clear that community teams will be the eyes and ears. What we don't want to do is overwhelm the safeguarding services with requests therefore there is a need to signpost people to the relevant places. HT noted that it would be very helpful if people were signposted to the correct places if the concern is regarding financial hardship. Adult Safeguarding will continue to use ADASS and LGA framework.</p>	
<b>5</b>	<b>Business Group update</b>	
5.1	<p>AJC presented an update; the presentation slides will be circulated with the meeting minutes for information.</p>	
5.2	<p>Claire Charwood had presented to the group on quality impact assessment work which had led to an interesting discussion about whether we should be doing this as a board. This is potentially a large piece of work, so resource needs to be considered.</p> <p>HR hadn't come across this before with other boards. WLS had asked the question of the national network but had not received many responses back as yet. The 3 or 4 that had been received suggested that those boards hadn't undertaken this work either.</p> <p>AJC was making board aware at this point and will bring back options once further information has been gathered on whether this was something we should do and if so what parts of the boards work should be assessed and what the impact of this will be on our partner boards.</p> <p>DE joined the meeting at this point.</p>	
5.3	<p>The group discussed asylum seekers in Norfolk. It was highlighted that c.500 links were raised to Modern Slavery. It was queried whether the board need to do anything differently or whether they continue to work closely with the Norfolk Anti-Slavery Network who cover this.</p> <p>HR suggested that this was picked up on the risk register to monitor how the situation might be managed and how it might impact safeguarding.</p> <p>WLS noted that concerns had been raised regarding the significant number of adults who had gone missing from hotel accommodation. Work was being done in district councils however there is real potential for exploitation. MP noted that there was an exploitation element but it was known that a percentage of the individuals who come up are gone within 24hrs of accommodation being found. A number of these people are legitimately finding work or moving nearer to family / friends so it is difficult to get a handle on the size of the problem. CC shared that NCC have written to the Home Office regarding asylum seekers going missing from asylum hotels and the likely dangers of exploitation.</p>	

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	<p>It was noted that we are seeing a huge number of people coming into Norfolk which will change the balance of those needing care and support and the pressure on housing already will be impacted by this. Norfolk is seen as a potential outpost for asylum seekers but it was queried how many Norfolk can manage. GW noted that a lot of this will sit under CSP but a huge strain will be put on services currently under enormous strain.</p> <p>GT shared that there is a piece of work being done by one of his colleagues, Sonia Humphreys, who is looking to pull a group together, linking in with Paul Shreeve around migrant crisis/housing.</p> <p>CC had been at a cabinet meeting that morning discussing asylum and the pressures on our system. The districts and NCC have met already to look at how they link together, what is provided at a district level and what is needed at a county level. A substantial number are going missing and there seems to be a clear linkage regarding debt to be paid to people smugglers. There are substantial numbers of young men “loitering”, which gives a rich array of problems. Norfolk is advanced in its approached with the PFAL team and good links with districts already in place. S75 with Health also gives some secondary services which is more than some other areas have. However there is a risk to district councils, if they lose their judicial review, on how they manage this. The cabinet decided that NCC need to work very closely with the districts and also need to do more with Health, mindful of the pressures in current system. We are very limited in what is possible with current resources.</p> <p>HR proposed that how we work together on this was something that board needed to consider on the risk register.</p> <p>It was <u>AGREED</u> that CC and PC would look at where we are and where we might be able to provide some support and input and bring this back to the next board meeting. <b>Action:</b> CC and PC.</p>	<b>CC/PC</b>
5.4	<p>AJC shared that Business Group were looking to development some adult exploitation tier 2 training. The children’s partnership have a full days training so they are looking at whether the NCC training can be made more widely available. A bid is being put in via CCSP for funding for this.</p>	
<b>6</b>	<b>Risk and issues register</b>	
6.1	<p>HR took the group through the risk register: this will be circulated with the minutes.</p>	
6.2	<p>Risk No. 1: Quality of Care provision</p> <p>The CQC dashboard has continued to see a drop in providers who are good or require improvement, this is a continual decline. There has been a small increase in outstanding and not quite so many inadequate.</p>	

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	<p>The Social Care Quality Improvement Programme has now commenced therefore it was <u>AGREED</u> that TW would bring an update at the beginning of next year for more of a deep dive. <b>Action:</b> Tim Weller to be invited to a future meeting to present.</p>	<p><b>PA</b></p>
<p>6.3</p>	<p>Risk No. 2: Organisational / Management / Human Resources</p> <p>This continues to be an issue with an ongoing critical incident across Health and Social Care, this is not expected to get much better over winter.</p> <p>HR queried whether this item should include something regarding Mental Health and their capacity to deliver or whether a separate item was required for this. TD noted that although there are significant concerns regarding Mental Health it has been recognised that when looking at incident reporting this is not inclusive of Mental Health. Therefore they are looking at how to include Mental Health data into the dashboards and would consider this to be a system pressure at this time.</p> <p><b>Action:</b> HR to amend risk item to system pressures and include Mental Health. TD agreed to hold this item.</p>	<p><b>HR</b></p>
<p>6.4</p>	<p>Risk No. 3: MASH</p> <p>TOR fully signed off for joint scrutiny from NSAB and NSCP. Desk top review completed and planning for focus groups in January 2023. Work to be completed by end of February 2023.</p>	
<p>6.5</p>	<p>Risk No. 4: Homes for Ukraine</p> <p>HR noted that this had been discussed at Business Group and there hadn't been any huge safeguarding issues seen, it was therefore queried whether this could be removed from register.</p> <p>It was noted that district councils are starting to see significant numbers of people who do not want to stay in the system for housing people. The group discussed the need to gather more information in this area as concern was raised that there is more to come out of this area than is currently showing. <b>Action:</b> CC to pick up with PFAL team for further information.</p> <p>MS joined the meeting at this point.</p>	<p><b>CC</b></p>
<p><b>7</b></p>	<p><b>Cost of living crisis/winter pressures</b></p>	
<p>7.1</p>	<p>HR gave a presentation on the cost of living crisis; the presentation slides will be circulated with the meeting minutes for information.</p> <p>HR had meet with Claire Charwood to gain an understanding on what NCC were doing in this area.</p>	

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	<p>For further information on the Norfolk Assistance Scheme (NAS) mentioned in the slides please click here - <a href="#">Norfolk Assistance Scheme (NAS) - Norfolk County Council</a>.</p> <p>GW noted that there were a lot of loan sharks operating in the health system. DE highlighted that a reduction in heating, leading to an increase in dampness would lead to an increase in respiratory problems putting additional pressures on the acutes and primary care.</p> <p>HR asked the board to consider where NSAB can assist or support:</p> <ul style="list-style-type: none"> <li>• PB noted that as a minimum all board members should commit to putting links on their organisation's websites.</li> <li>• LB shared that the Empowering Communities Network has a cost of living padlet where people can share resources - <a href="#">Padlet</a>.</li> <li>• GW will contact Dr Maria Karretti to find out what the ICB are doing to signpost in the primary care network.</li> <li>• TD had been on Radio Norfolk talking about the winter well programme which should be used as a central portal - <a href="#">Warm and Well - Norfolk &amp; Waveney Integrated Care System (ICS) (improvinglivesnw.org.uk)</a></li> <li>• SH highlighted that the Wellness on Wheels Bus, which is jointly funded by the ICB and Public Health, travels across Norfolk supporting people from inclusion health groups and deprived communities and has a range of advice and information.</li> </ul> <p>It was queried whether Comms teams across the organisations could coordinate more. Suggested message outlets:</p> <ul style="list-style-type: none"> <li>• Supermarket tannoy systems</li> <li>• Parish council noticeboards</li> <li>• Libraries</li> <li>• Bus noticeboards</li> <li>• Community newsletters</li> <li>• Job centres</li> <li>• Warm centres / places - <a href="#">Stay well and warm this winter - Norfolk County Council</a></li> </ul> <p>CF highlighted the importance of being a role model, making every contact count and making it part of our safeguarding with a small 's' language.</p> <p>BB is pulling together a list of suggestions from the LSAPs which will then be circulated to all LSAP colleagues. This will be for people to help colleagues as well as the people we work with.</p> <p>HT noted that although we are not currently seeing a rise in safeguarding concerns coming to the local authority it will be important to make the distinction between safety and safeguarding. There is a lot of information at the NCC front door service but it would be more beneficial if people were signposted before they come to the front door.</p>	

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	<p><b>Action:</b> HR to discuss with Nathan what is out there and what we can do.</p> <p>LMS and LBa left the meeting at this point.</p>	<p><b>HR</b></p>
	<p><b>BREAK</b></p>	
<p><b>8</b></p>	<p><b>Discharge to Assess - addressing quality and safeguarding concerns through transformation</b></p>	
<p>8.1</p>	<p>Mark Sheppard, Director for Integrated Discharge, N&amp;W ICB presented to the group; slides will be circulated with the meeting minutes for information.</p> <p>CF and LB left the meeting at this point.</p> <p>PB queried how much fatigue was playing a part in this. Mark shared that delayed discharges were having an impact. We are in a situation where there are significant vacancies, increased patients and often very unwell patients.</p> <p>TD highlighted that there is a passion to solve the problem which they are trying to do one element at a time. There is a huge amount to be done on organisational integration and there is coaching is planned for hub teams. More social workers are needed. It is important to acknowledge the ‘moral injury’ for all of the teams – they have to challenge the senior leaders to ensure they are prioritising the correct areas.</p> <p>TK noted that we need to be mindful that people that work in social care, nursing, housing, district council services, service industry, tradesmen, emergency services etc. may be subject to an increase in abuse during these difficult times. There is the potential for an increase in burnout and poor mental health resulting in further staffing shortfalls. We should be reminding people, managers, organisations about the importance of self/staff care and support although outside the NSAB brief any further shortfalls in staffing could put vulnerable people in greater danger. GW agreed that compassionate leadership was vital.</p> <p>The maturity of the social prescribing model was queried and how far along we were with this. Mark shared that this was not sufficiently large enough yet. We need to look at how we use the wider knowledge of professionals to support care homes and the wider use of community support.</p> <p>WLS queried at what point does de-conditioning (for a person in a hospital) become a safeguarding issue and whether the board should be trying to understand this point. Mark shared that the ‘deconditioning games’ were promoted in this last year. Wards, hospitals and community units have been trying out different initiatives and have received awards for initiatives taken to guard against patients experiencing deconditioning. This has been shared this across the system. There is a new national initiative – reconditioning the nation – building on the body of evidence we have.</p>	

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	<p>Staff are doing their best to do these things however they are struggling to do the basics due to staff shortages and increased patients.</p> <p>Mark Sheppard and DE left at this point.</p> <p>HT raised WLS's point regarding deconditioning. When linked to system pressures her view was that there was no value in raising these as safeguarding concerns as no abuse was occurring. If it is a systems issue that everyone is working hard to address then the criteria in the Care Act is not being met. It would be more helpful to pick this up on a thematic basis and work together as a system to resolve these system-based issues.</p> <p>TD noted that if partners were not making active efforts to resolve the issues then that would be remiss and would become an organisational safeguarding issue. A communality of understanding of this issue across the board would be helpful.</p> <p>CC highlighted the legal position on discharge from hospital at the moment as the Care Act was changed and assessment should be at home and not in hospital therefore this was an ICB responsibility. The system needs to work together to get to the place required. TD raised that there are a lot of transactional processes between organisations which are not fit for purpose. It is hoped that through the discharge board this will be resolved. How do we help and support our staff to deliver the care and support they need to deliver regardless of the organisation?</p> <p>WLS queried whether there was an opportunity for the Discharge Programme Board and NSAB to host a round table discussion to help common understanding.</p>	
<b>9</b>	<b>Safeguarding Adults Reviews (SARs) update</b>	
9.1	<b>Official/sensitive: text redacted.</b>	
<b>10</b>	<b>Safeguarding vulnerable dependent drinkers: plan for training. Sponsor: Sally Hughes</b>	
10.1	<p>Sally Hughes presented to the group on training planned for 2023 on safeguarding vulnerable dependent drinkers which followed a SAR referral. Presentation slides will be circulated with the meeting minutes for information.</p> <p>CC raised concerns regarding the number of dependent drinkers there are in Norfolk and whether this would create any further expectations or pressure on a [safeguarding] service which doesn't have any capacity. HT noted that these cases would be very nuanced because it would depend on whether the person had Care Act eligible needs as to whether they would come under s42. She would therefore support as many people as possible going on this training.</p>	

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	<p>HR highlighted that this was seen as a preventative approach so things don't get into the s42 process. Mindful that there are usually a number of complexities for dependent drinkers.</p> <p>The target audience for this training would need to be consider in terms of where the wider benefit would be.</p> <p>CC noted that he did support this training as the ability to ignore this cohort was clear. However in reality we are not managing what we (the local authority) get in safeguarding now and the 22% vacancy rate in SWs will not change much in the medium term. JS raised that if this had come about as learning from a SAR then it can't be paused due to capacity issues however care would be needed to ensure training on a topic does not skew staff perceptions of priority.</p> <p>AJS agreed that the training should come to the board first and could then be reviewed further as although we need to be principled we also need to be pragmatic. He noted that there was little point in delivering training to lots of staff and then nothing happens, as there isn't capacity.</p> <p><b>Action:</b> the board <u>AGREED</u> to commission this piece of work through Alcohol Change UK in stages, Stage 1 a training session for all board members first after which board can evaluate the content of the course. If agreed then Stage 2 a programme of training session for the wider workforce.</p>	
11	<p><b>Work for NSAB in 2023 - reporting re SAR referrals, DHRs, etc forward work plan</b></p>	
11.1	<p>WLS shared the headlines for the work that will be covered in 2023:</p> <ul style="list-style-type: none"> <li>• Peer review with Wigan on how well our system does safeguarding. Wigan SAB have made an approach to NSAB via WLS to work together on a peer review. James Bullion has been briefed in principle on this proposal and was positive. A Project Initiation Document (PID) had been developed and a meeting will be scheduled between senior colleagues from Wigan and Norfolk, to explore more detail. A peer review would bring an independent eye to NSAB current work. It is proposed to use a similar methodology to that used by the Local Government Association for their peer reviews . It was noted that last peer view the Board had was in 2014 to prepare the board for the implementation of the Care Act.</li> </ul> <p>Board were asked for endorsement this piece of work.</p> <p>Other items of work identified for 2023 include:</p> <ul style="list-style-type: none"> <li>• Developing a new way to approach and deliver the annual report.</li> <li>• An outline proposal to work with Suffolk on a conference type event to deliver Recommendation 6 from the SAR LMN (understanding difficulties with social communication and</li> </ul>	

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	<p>interaction in autistic people and those with learning disabilities may present with self-harming behaviour).</p> <ul style="list-style-type: none"> <li>• Relaunch of board newsletter in January.</li> <li>• New strategy for work over the new period.</li> </ul>	
11.2	<p>HT raised that, following the discussion earlier about not having the resources to undertake the increased SAR activity, rather than starting new pieces of work, such as the peer review, shouldn't the resource we have available focus on SARs? GW noted that he would support the peer review but with regard to super stranded patients we are in danger of creating a new norm.</p> <p>AJS noted HT's view and acknowledged the large workload that SAR's create therefore queried whether the peer review could be focused on SARs only.</p> <p>KG shared that the SAR process was just one of the issues within the system so thought that the opportunity to have a peer review would be really valuable noting that the position we are in isn't going to change in the next 12 months.</p> <p>GT suggested it would make sense to agree future workstreams following the review of resources and proposals. HR shared that she would like to look at the things that we were not that good at. GW noted that the recent 'stock take' that the DASVG undertook with partners had been very helpful in sighting where the strengths and areas for development were.</p> <p>HR suggested that the peer review timescale may need to be adjusted as it would be the partnership's resources that NSAB would want to borrow for the review. This may be the only piece of assurance work that the board wishes to do next year.</p> <p><b>Decision:</b> the board <u>AGREED</u> that HR/WLS will look at the TOR and bring it back to the board for discussion.</p>	HR/WLS
12	<p><b>Any other business including safeguarding impact on any organisational change or reduction of services (SAR Mr AA/rec 13.5)</b></p>	
12.1	<p>KG highlighted that in terms of the acute hospital pressures there were nurse strikes planned in December with NNUH + NSFT striking. It was not believed that QEH and JPUH were striking. TD clarified that it is likely that there will be strike action but this had not yet been confirmed. Outcome of Unison vote may change the picture at QEH and JPUH.</p> <p>GW shared that there will be a coordinated comms effort with NCC on the cost of living crisis which will be shared for the minutes.</p> <p><u>Information added after meeting:</u> There's lots of information, advice and support as part of the N&amp;W wide winter campaign this year, which NCC have helped develop – there is a specific section on cost of living and keeping warm and</p>	

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	<p>well. These have all been shared with GP practices across N&amp;W last week as part of the launch so they should have more than enough information to signpost and provide advice/support based on the information and support that is out there.</p> <p>Overall campaign landing page: <a href="https://improvinglivesnw.org.uk/our-work/our-campaigns/warm-and-well/">improvinglivesnw.org.uk/our-work/our-campaigns/warm-and-well/</a></p> <p>Specific page with links for further information: <a href="https://improvinglivesnw.org.uk/our-work/our-campaigns/warm-and-well/winter-hardship-support/">improvinglivesnw.org.uk/our-work/our-campaigns/warm-and-well/winter-hardship-support/</a></p>	
13	<p><b>Date of next meeting:</b> Tuesday 10 January 2023, 09.30am to 12.30pm</p>	

<b>Open actions</b>			
<b>Date of meeting</b>	<b>Item</b>	<b>Action</b>	<b>Responsible</b>
15/11/2022	5.3	Asylum seekers in Norfolk CC and PC would look at where we are and where we might be able to provide some support and input and bring this back to the next board meeting.	CC/PC
15/11/2022	6.2	Risk No. 1: Quality of Care provision The CQC dashboard has continued to see a drop in providers who are good or require improvement, this is a continual decline. Social Care Quality Improvement Programme has now commenced. TW to bring an update at the beginning of next year for more of a deep dive.	TW
15/11/2022	6.3	Risk No. 2: Organisational / Management / Human Resources HR to amend risk item to system pressures and include Mental Health with TD to hold this item.	HR
15/11/2022	6.5	Risk No. 4: Homes for Ukraine District councils are starting to see significant numbers of people who do not want to stay in the system for housing people. More information required in this area as concern was raised that there is more to come out of this area than is currently showing. CC to pick up with PFAL team for further information.	CC
15/11/2022	7.1	Cost of living crisis HR to discuss with Nathan what information is already being shared and whether there is more we can do.	HR
15/11/2022	9.1	SARs update Decisions required on the composite action plan (CAP) to be carried over to the January meeting.	SB

Open actions			
Date of meeting	Item	Action	Responsible
15/11/2022	10.1	Safeguarding vulnerable dependent drinkers: plan for training  The board <u>AGREED</u> to commission this piece of work with it coming to the board first to undertake and review before being offered to the wider group.	WLS
15/11/2022	11.2	Work for NSAB in 2023 - reporting re SAR referrals, DHRs, etc forward work plan  Peer Review – concern raised on capacity. HR/WLS to look at the TOR and bring it back to the board for further discussion.	HR/WLS
10/05/2022	11.2	Pressure sores/wound care – acknowledgement by senior nursing colleagues that this is a critical issue and a piece of work on the subject will be carried out. SJW to provide update to board on the issue after work completed.  <b>Update 12/07/2022:</b> no update at the moment, carry forward <b>Update 15/11/2022:</b> GW to bring to Board in January 2022.	GW
12/07/2022	11.3	One Norfolk anti-racist policy – HR <u>AGREED</u> to raise the idea of an overarching Norfolk policy with the Chairs of the NSCP and NCCSP.  <b>Update 15/11/2022:</b> Carry forward. HR will be taking this to the first meeting of the Chairs of the 5 groups (CYPSP, NCCSP, DASVG, NSCP and NSAB) on 7 December 2022.	HR

Actions closed during this meeting			
Date of meeting	Item	Action	Responsible
12/07/2022	3.3	NSAB Comms strategy sign-off – WLS <u>AGREED</u> to re-circulate the updated Comms strategy, for electronic sign-off by board.  <b>Update 15/11/2022:</b> Shared on 21/07/2022 and on NSAB website. Action closed.	WLS
12/07/2022	5.2	Business Group terms of reference - AJC <u>AGREED</u> to share the terms of reference with NSAB members for endorsement.  <b>Update 15/11/2022:</b> Shared on 11/08/2022. Action closed.	AJC