



Norfolk Safeguarding Adults Board
Minutes of meeting held on Tuesday 10 January 2023
Virtual Meeting

PRESENT:

Heather Roach, Independent Chair, Norfolk Safeguarding Adults Board (chair) (HR)
Amy Askew, Regional Safety Lead BCN Region, HM Prison & Probation Service (AA)
Victoria Aspinall, Head of Safeguarding, NCH&C (VA)
Laura Bloomfield, Director of Operations, Voluntary Norfolk (LB)
Becky Booth, Deputy Board Manager, NSAB (BB)
Kelly Boyce, Head of Safeguarding, James Paget University Hospital (KBo)
Kate Brolly, Specialist Practitioner in MCA/LPS/Safeguarding, N&W ICB (KB)
James Bullion, Executive Director, Adult Social Services
Saranna Burgess, Director for Nursing for CFYP, Patient Safety Specialist, NSFT (SB)
Cllr Penny Carpenter, County Councillor, NCC (PC)
Craig Chalmers, Director of Community Social Work, NCC (CC)
Carolyn Fowler, Director of Nursing and Quality, NCH&C (CF)
Kim Goodby, Associate Director for Complex Health and Safeguarding, NNUH (KG)
Sally Hughes, Public Health Commissioning Manager, NCC (SH)
Nathan Jarvis, Lead Communications Officer, NSAB (NJ)
James Kearns, Chief Executive, Build Charity (JK)
Walter Lloyd-Smith, Board Manager, NSAB (WLS)
Leon McCloughlin-Smith, Head of Norfolk Probation Service (LMS)
Stacey Murray, Detective T/Superintendent, Safeguarding, Norfolk Constabulary (SM)
Mike Pursehouse, District Council Representative (MP)
Judith Sharpe, Deputy Chief Executive, Healthwatch Norfolk (JS)
Andrea Smith, Board Coordinator, NSAB (AS)
Helen Thacker, Head of Service – Safeguarding, NCC (HT)
Anthony White, Safeguarding Lead, NFRS (AW)
Gary Woodward, Safeguarding Adults Lead Nurse, N&W ICB (GW)
Petra Alford, Board Coordinator, NSAB (minutes) (PA)

GUESTS:

Karen Bradley, Clinical Quality Director- South Place, NCH&C (KBr)
Tina Dyble, Tissue Viability Nurse, JPUH (TD)
Lisa Sutherland, Nurse Consultant for Wound Management & Tissue Viability, NNUH (LS)

Item	Minute	Action
1	Welcome and apologies for absence	
1.1	HR welcomed everyone to the meeting and introductions were made.	
1.2	Apologies were received from Christopher Balmer, Lisa Barraclough, Paul Benton, Andy Coller, Tricia D'Orsi, Tracey Denny, Paul Morris, Amanda Murr, Gavin Thompson and Alice Webster.	
2	Declarations of interest	
2.1	There were no declarations of interest made.	
3	Review of minutes & matters arising from meeting on 15 November 2022	
3.1	The minutes were reviewed and <u>AGREED</u> with one amendment: Gary Woodward should be listed as ICB not CCG.	
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 7.1: Cost of living crisis Information was circulated to comms colleagues and will be shared with the minutes for board. Walter's blog this month also covered this area. ASSD are monitoring the types of concerns coming in in relation to cost of living.</p> <p>GW shared that following board last month he had presented to the Suffolk board a list of all the work being undertaken which he will share.</p> <p>Action: Item to be closed.</p>	
3.4	<p>Action 10.1: Safeguarding vulnerable dependent drinkers: plan for training Training for board members has been scheduled for 03/02/23. SH thanked everyone who has the training in their diary for their participation. Following this it is hoped that the training will be rolled out throughout Norfolk. Funding has been received from Public Health and Probation for this training.</p>	
4	Locality Safeguarding Adults Partnerships (LSAPs) update	
4.1	BB presented an update following the LSAP meeting in November; the presentation slides will be circulated with the meeting minutes for information.	
4.2	GW suggested Matt Thubron as a possible speaker for LSAP.	
4.3	LSAP ToR has been updated with minor changes and will be circulated to board for sign off.	
5	Business Group update	
5.1	WLS presented an update; the presentation slides will be circulated with the meeting minutes for information.	

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5.2	The current strategic plan ends in March this year. Work has begun on a draft of the new plan which will be shared with the board for consideration and input.	
6	Risk and issues register	
6.1	HR took the group through the risk register, this will be circulated with the minutes.	
6.2	<p>Potential risk regarding asylum seekers</p> <p>HR had shared with board prior to the meeting a risk management form regarding the potential increase in safeguarding due to the influx of asylum seekers to the county.</p> <p>It was highlighted that the length of stay has increased and accommodation is not as short term as was thought.</p> <p>HR asked the group whether this issue should be added to the risk and issues register.</p> <p>MP offered to share with the group a recent document from Serco regarding intended changes to the asylum property procurement process, which he considered the board should give a view on. Please see attached.</p> <p>One of the issues which had been flagged up was that due to the wait and length of time applications take, and as people are only receiving £7 a week, they are starting to find work themselves. An ask was made that district councils were allowed to help people to find temporary work but this was pushed back. MP noted that most were finding their own work which were probably cash in hand jobs. Although most of these would be valid there will be some exploitation taking place. The employment offer was therefore something that MP thought the board should consider.</p> <p>CC updated the group from an LA perspective; see attached presentation.</p> <p>The LA are working closely with districts councils, Norfolk currently have 600+ asylum seekers which is likely to increase to c.1,100. It was noted that with the people from abroad team and the district councils already aligned, Norfolk are better off than some other LAs in terms of established activities such as English as a second language classes, football, cricket, etc.</p> <p>In terms of risk there are large numbers of people who want to work but can't work. These people are entrepreneurial so will find work whether this is legal or illegal. It was noted that there had been a recent modern slavery situation in a Norfolk village.</p> <p>A number of asylum seekers have been "lost" in the system having left the county to go to other areas where they have links/families.</p>	

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	<p>This will continue to be an issue with a constantly moving group of people and accommodation.</p> <p>One district council is taking legal action to stop any more asylum seekers coming into their area. There is also friction with far-right groups taking action.</p> <p>It was highlighted that this is a complex area as the county doesn't have a statutory role but does have a role in safeguarding.</p> <p>There is currently a state of flux, however when compared to other LAs, Norfolk is better prepared for these issues than many others.</p> <p>JB added that the view was taken as a community; that there has been some excellent practice in the work with people from Ukraine and Afghanistan and therefore this model should be used for asylum seekers.</p> <p>Action: HR to enter on risk and issues register, with acknowledgement of the good practice, to be monitored by board</p>	<p>HR</p>
6.3	<p>Risk No. 4: Homes for Ukraine</p> <p>PC raised a damning report in the local government news this morning that councils had been flooded with bogus sponsorship offers with basic vetting checks being missed. This appears to have happened a lot in London. The government is saying visas are only given once robust checks have been undertaken however there are a number of challenges.</p> <p>LGIU Daily News - £200m package announced for more care home beds, in bid to ease NHS pressure - 10.01.23</p> <p>MP shared that he was comfortable that the risk / safeguarding was being managed in Norfolk. He noted that they were beginning to see that, after 6 months, people wanted to move on, with families on both sides wanting their own space. Demand is being managed however from April funding will be reduced by c.50% which will cause pressure.</p> <p>In terms of the longer term risks and concerns this was less around safeguarding and more around how to integrate families in Norfolk. Housing are seeing more families settling which creates pressure on the system.</p> <p>CC gave reassurance to the group that Norfolk did vet properties and people. He noted that Norfolk had been seen as over cautious with checks, however this had now paid off. Norfolk has a history with Afghan/Hong Kong settlement so are well placed to take on this.</p> <p>Action: HR to mitigate off the risk and issues register. If there are future issues, they can be re added.</p>	<p>HR</p>

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6.4	<p>Risk No. 6: Lack of available safeguarding information and data to support NSAB</p> <p>HR shared that having started with some basic LA data, the QA sub-group were looking to build on this to look at where the board should be focusing their attention. Work undertaken by the board needs to be evidence based and clear on why action is being taken.</p> <p>BB presented an update on data; the presentation slides will be circulated with the meeting minutes for information.</p> <p>The group were asked whether this information was useful and how the board should proceed.</p> <p>GW queried whether, given the high number of concerns that aren't converted, there were training needs. WLS queried, regarding conversion rates, whether there was a piece of work required to gain a greater understanding of this. HR noted that people can get hung up on conversion rates, which is just an indicator, however this was on the radar for exploring.</p> <p>KBo raised that she would like to see work continue around the consideration of a framework to support workers who triaged referrals prior to sending to NCC. It was highlighted that the board could make connections with Suffolk who have an outstanding framework.</p> <p>KBo also highlighted the value in keeping the data wider than just s42 and not s42, having space for workers to show their knowledge and understanding as decisions are still being taken.</p> <p>CF agreed it was great to have this data and queried how it would be connected to the strategic work that the board do, such as a deep dive into the figures on ages, gender and geography / place based. Looking at specific issues in particular areas so the board can use the data to better understand where work is required.</p> <p>HR confirmed that as the new strategic plan was developed it needed to reflect what data was being reviewed.</p> <p>JB agreed that it was encouraging and the direction of travel that the board want to go.</p>	
7	Safeguarding issues related to pressure sores / wound care	
7.1	<p>Lisa Sutherland, Karen Bradley, Tina Dyble and Helen Thacker presented to the group. The presentation slides will be circulated with the meeting minutes for information.</p> <p>10:56 - James Bullion left the meeting 10:58 – Kate Brolly left the meeting 11:10 – Carolyn Fowler left the meeting</p>	
7.2	<p>It was noted that the 72hr rule mentioned in the slides is no longer in place.</p>	

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	<p>KBo was satisfied that the James Paget was sharing appropriate information and highlighted that internal incidents were worked on together to look at whether or not there were safeguarding concerns. Therefore, when a referral was made to NCC they were satisfied that it was neglect.</p> <p>WLS queried whether access to the appropriate safeguarding contacts were in place for the ICS pressure care group. It was confirmed that the first meeting will be to agree the terms of reference and that a safeguarding representative for the panel was required. Anyone who would like to attend to notify Karen Bradley.</p> <p>GW confirmed that he would be happy to be involved in this piece of work as a safeguarding lead in the first instance. HT offered an SAPC representative who leads on the pressure ulcer process.</p> <p>It was raised that in terms of assurance, there is confidence that processes within the NHS are very robust however there is a disconnect within the care homes / providers. A tool would therefore be a helpful addition to the processes in mapping the wider NHS services.</p> <p>KBo noted that she was aware of the depth and breadth of reviewing systems internally but queried whether there was a need for separate pathways for NHS and community providers. Moving forward this needs to be thought about in terms of the patient safety framework coming into the NHS.</p> <p>ED shared that the average patient was 82+ and had multiple pressure ulcers, a lot of those admitted had no care and were known to no one. It was highlighted that safeguarding has increased but training was very difficult due to the current system pressures. It was noted that national reporting does not include other issues such as moisture lesions.</p> <p>JS asked where there is deemed to be organisational neglect, resulting in pressure ulcers in different settings, is there data that gives the primary reason i.e. do we know the main cause? Is it lack of people / resources / training/ equipment?</p> <p>LB highlighted that it would be helpful to provide further information to unpaid carers and offered to assist with anything in this space.</p> <p>SB noted that SARG have two cases with pressure ulcer concerns: one a significant life changing injury and one a death. It is hoped that some helpful learning and training will come out of these.</p> <p>HT highlighted the NICE guidelines decision tool.</p> <p>The ICS pressure care group were asked to consider using the NICE decision tool in their work and to report back to board. Action: LS / KBr to agenda in the work of the group.</p>	<p>LS/KBr</p>

Item	Minute	Action
	BREAK	11.26-11.35
8	Safeguarding Adults Reviews (SARs) update	
8.1	<p>SB presented an update; the presentation slides will be circulated with the meeting minutes for information.</p> <p>SARG continue to be busy which, whilst positive in terms of encouraging referrals, it is challenging in terms of capacity.</p> <p>There are two SARs still requiring authors.</p>	
9	Composite Action Plan (CAP)	
9.1	There are three actions which SARG would like to close as they do not feel they are able to proceed any further with these.	
9.2	<p>7.3.10 – SAR E Action now completed, board <u>AGREED</u> to close.</p> <p>15.1, 2 and 3 – SAR F&G SARG are assured that all agencies are working very hard to lower the number of out of area admissions. HR queried how out of area providers were monitored. SB confirmed that, from a health perspective, this is covered in the regional quality surveillance meeting. Action: SB to ask the LA how they monitor this and report back to board.</p> <p>16.1 – SAR F&G Following review, SARG considered that they would not want older people with dementia to be placed in a secure unit. PC raised concern regarding the lack of locked wards in acutes, allowing patients with dementia/Alzheimer’s to wander between wards. JS noted that, from personal experience, this was a common feature. HR agreed with the group’s decision that this was not appropriate however asked for clarity to be added to this point on what is meant by “secure unit”. Action: SB to add additional information to the CAP to give clarity and close the action.</p>	<p style="text-align: center;">SB</p> <p style="text-align: center;">SB</p>
9.3	<p>SARG are concerned regarding the current level of activity and the impact of this on capacity. It was noted that there is still some work to do regarding learning on what constitutes a SAR.</p> <p>WLS confirmed that an options paper was being drafted to be presented to board in March with suggestions as to how to manage this level of activity.</p> <p>GW agreed that the current levels of activity across Adults, Children’s and DHRs was very challenging on capacity across the agencies.</p> <p>11:56 – Victoria Aspinall left the meeting. 11:59 – Kim Goodby left the meeting. 12:03 – Amy Askew left the meeting.</p>	

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	<p>HR highlighted that this had been noted nationally and needs to be further escalated, noting that there are some boards who are better resourced than others.</p> <p>Funding has been given for training on rapid reviews which is being undertaken by HR and WLS who will then feedback to board.</p>	
9.4	<p>KBo queried the purpose of learning which was 3 or 4 years old. KBo noted that learning was required immediately and a shorter, sharper tool would enable learning to be undertaken in a more timely manner.</p> <p>GW highlighted the cost to the public purse of the input required for the SARs/DHRs.</p> <p>SB agreed that the new patient safety investigation framework was very good however as the Care Act is very directive it doesn't support this. A very clear framework and decision making process would be required if SARG were to go down this route.</p> <p>HR confirmed that the board could choose the way that they undertake a SAR.</p> <p>JS noted that with regard to the difficulty with gathering information for SARs, they have also seen an increase in complaints. Therefore their complaints managers forum has been reconvened and will be looking into this. Take up across health and social care for this forum had been good.</p>	
10	Update board members on the new NSAB newsletter	
10.1	<p>Nathan Jarvis updated the group on the new NSAB newsletter, Safeguarding Matters. This will be published at the start of each month. Work is being undertaken on the distribution list to look at how it can be developed and grown. Assistance was requested from the board to do this.</p> <p>Easy link to share: norfolksafeguardingadultsboard.info/about-us/who-we-are/nsab-newsletter-safeguarding-matters/</p>	
10.2	<p>If there is anything that the board would like promoted from their organisations, please let Nathan know.</p>	
11	Peer review with Wigan	
11.1	<p>WLS presented an update; the presentation slides will be circulated with the meeting minutes for information.</p>	
11.2	<p>HR shared that JB is keen to be involved in taking this forward and whilst this was a big piece of work it could be the only piece of work undertaken by the Q&A subgroup this year.</p> <p>Being mindful of resourcing this had been pushed back to the end of the year.</p>	

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11.3	<p>GW was happy to support the board's proposal, as a statutory partner.</p> <p>JS queried why this was being undertaken with Wigan. WLS clarified that Wigan had approached NSAB, who have a high profile nationally.</p> <p>HT queried whether it would be helpful to look at Hertfordshire or Essex who have been held up before as having exemplary practice.</p>	
11.4	<p>HR thanked the board for their support and confirmed that this piece would be taken forward.</p>	
12	<p>Key safeguarding messages from meeting</p>	
12.1	<p>Are people safer following our board meeting?</p> <ul style="list-style-type: none"> • The board is developing its risk and issue process which has enabled the partnership to be assured around key areas of safeguarding and that appropriate focus is given to areas that could or do impact significantly on adults at risk. • Safeguarding data is now being made available for the board to examine and identify key themes and trends across the county • The board was assured that there is a substantial amount of work being undertaken across health partners in the prevention and management of pressure sores. Additional input from the LA safeguarding team was also offered to work with the ICS pressure care group to enhance the response. • The board profile and key safeguarding messages are now being promoted through a monthly newsletter • The board continues to aspire to improve and utilise best practice in its work and will work with Wigan SAB in a Peer Review later this year. 	
13	<p>Any other business including safeguarding impact on any organisational change or reduction of services (SAR Mr AA/rec 13.5)</p>	
13.1	<p>Norfolk Constabulary are looking at a policy around welfare checks. SM to give an oversight on this policy to board when appropriate.</p>	
13.2	<p>HR left the meeting for this item.</p> <p>WLS shared that a request had been received from the National Chairs Network, which HR attends on behalf of NSAB. They have had a change in their funding arrangements and are therefore asking that all SABs pay an annual fee.</p> <p>It was highlighted that HR's attendance showcases Norfolk's work and brings back emerging topics etc to keep the board connected to the network and maintain a national profile.</p> <p>Board <u>AGREED</u> this proposal.</p>	

Item	Minute	Action
14	Date of next meeting: Tuesday 14 March 2023, 09.30am to 12.30pm, Edwards Room, County Hall	

FINAL DRAFT

Open actions			
Date of meeting	Item	Action	Responsible
10/01/2023	6.2	Risk and issues register - Potential risk regarding asylum seekers HR to enter on risk and issues register, with acknowledgement of the good practice, to be monitored by board	HR
10/01/2023	6.3	Risk and issues register - Risk No. 4: Homes for Ukraine HR to mitigate off the risk and issues register. If there are future issues, they can be re added.	HR
10/01/2023	7.2	Safeguarding issues related to pressure sores / wound care The ICS pressure care group were asked to consider using the NICE decision tool in their work and to report back to board. Action: LS / KBr to agenda in the work of the group.	LS / KBr
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. Update 10/01/23: Tim Weller and Ruth Butterfield invited to March meeting	TW
15/11/2022	9.1	SARs update Decisions required on the composite action plan (CAP) to be carried over to the January meeting. Update 10/01/23: 15.1, 2 and 3 – SAR F&G. SARG are assured that all agencies are working very hard to lower the number of out of area admissions. HR queried how out of area providers were monitored. SB confirmed that, from a health perspective, this is covered in the regional quality surveillance meeting. Action: SB to ask the LA how they monitor this and report back to board.	SB

Open actions			
Date of meeting	Item	Action	Responsible
		<p>16.1 – SAR F&G</p> <p>Following review, SARG considered that they would not want older people with dementia to be placed in a secure unit. PC raised concern regarding the lack of locked wards in acutes, allowing patients with dementia/Alzheimer's to wander between wards. JS noted that, from personal experience, this was a common feature. HR agreed with the group's decision that this was not appropriate however asked for clarity to be added to this point on what is meant by "secure unit". Action: SB to add additional information to the CAP to give clarity and close the action.</p>	
12/07/2022	11.3	<p>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.</p> <p>Update 15/11/2022: 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.</p> <p>Update 10/01/23: Meeting moved to 25/1/23.</p>	HR

Actions closed during this meeting			
Date of meeting	Item	Action	Responsible
15/11/2022	5.3	<p>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.</p> <p>Update 10/01/23: Action: HR to enter on risk and issues register to be monitored by board. Item closed.</p>	<p>CC/PC</p> <p>HR</p>
15/11/2022	6.3	<p>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.</p> <p>Update 10/01/23: Completed on risk register to be closed</p>	HR
15/11/2022	6.5	<p>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.</p> <p>Update 10/01/23: Action: HR to mitigate off the risk and issues register. If there any future issues this will be readded.</p>	CC
15/11/2022	7.1	<p>Cost of living crisis HR to discuss with Nathan what information is already being shared and whether there is more we can do.</p> <p>Update 10/01/23: Completed, to be closed.</p>	HR

Actions closed during this meeting			
Date of meeting	Item	Action	Responsible
15/11/2022	10.1	<p>Safeguarding vulnerable dependent drinkers: plan for training</p> <p>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.</p> <p>Update 10/01/23: Training scheduled for Board members on 3/2/23. Action closed.</p>	WLS
15/11/2022	11.2	<p>Work for NSAB in 2023 - reporting re SAR referrals, DHRs, etc forward work plan</p> <p>Peer Review – concern raised on capacity. HR/WLS to look at the TOR and bring it back to the board for further discussion.</p> <p>Update 10/01/23: Completed, to be closed.</p>	HR/WLS
10/05/2022	11.2	<p>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.</p> <p>Update 12/07/2022: no update at the moment, carry forward</p> <p>Update 15/11/2022: GW to bring to Board in January 2022.</p> <p>Update 10/01/23: Completed, to be closed.</p>	GW