

Norfolk Safeguarding Adults Board
Minutes of meeting held on Tuesday 14 March 2023
Hybrid Meeting

PRESENT:

Heather Roach, Independent Chair, Norfolk Safeguarding Adults Board (chair) (HR)
Victoria Aspinall, Head of Safeguarding, NCH&C (deputy for Carolyn Fowler) (VA)
Lisa Barraclough, North & East Midlands Group Senior Safeguarding Leader, DWP (LBa)
Paul Benton, Director for Quality in Care, N&W ICB (PB)
Rob Black, Named Nurse, Safeguarding Adults & Children, ECCH (RB)
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)
Chris Balmer, Detective Chief Superintendent, Norfolk Constabulary (CB)
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)
Andy Coller, Detective Superintendent, Norfolk Constabulary (AJC)
Tricia D’Orsi, Director of Nursing, N&W ICB (TD)
Kim Goodby, Associate Director for Complex Health and Safeguarding, NNUH (deputy for Nancy Fontaine) (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)
Paul Morris, Director of Nursing, James Paget University Hospital (PM)
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)
Dr Gavin Thompson, Director of Policy, Commissioning & Communications, OPCCN (GT)
Anthony White, Safeguarding Lead, NFRS (AW)
Gary Woodward, Safeguarding Adults Lead Nurse, N&W ICB (GW)
Petra Alford, Executive Support Assistant, NSAB (minutes) (PA)

GUESTS:

Tracey Jones, Coalition for Change Co-ordinator (for item 9)
Terry Pinto, Group Manager - Prevention Lead, NFRS
Sharon Rowe, Adult Safeguarding Practitioner, N&W ICB (observing)
Steven Whitton, Chair of Southern LSAP (observing)

Item	Minute	Action
1	Welcome and apologies for absence	
1.1	HR welcomed everyone to the meeting and introductions were made. Unfortunately Tim Weller is unable to attend due to illness on the day therefore the agenda was be amended.	
1.2	Apologies were received from James Bullion, Nancy Fontaine, Diane Hull, Andy Hudson, Trevor Key, Michael Millage, Jon Sharp. Paul Morris will be joining this meeting late due to a prior commitment.	
2	Declarations of interest	
2.1	There were no declarations of interest made.	
3	Review of minutes & matters arising from meeting on 10 January 2023	
3.1	The minutes were reviewed and <u>AGREED</u> .	
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	6.2 Risk and issues register - risk regarding asylum seekers. To be discussed on the agenda.	
3.4	7.2 Safeguarding issues related to pressure sores / wound care The first meeting of the ICS pressure care group is due to take place next week. GW to bring an update to board.	GW
3.5	6.2 Risk and issues register - quality of care provision Tim Weller was unable to attend the meeting to update due to illness. Item to be rescheduled for a future meeting. TD shared that the ICB were now very much focused on quality and would be working closely with Tim in his integrated role. PB confirmed that shared meetings had now recommenced with Tim.	PA
3.6	9.1 SAR update To be covered on the agenda.	
3.7	11.3 One Norfolk anti-racist policy The first meeting with all 5 boards took place at the end of January. Dates for future meetings are being set and Claire Charlwood will be invited to the next date. To be removed from actions.	PA
4	Locality Safeguarding Adults Partnerships (LSAPs) update	
4.1	BB presented an update following the LSAP meeting in January; the presentation slides will be circulated with the meeting minutes for information.	
4.2	GW queried whether Paul Claxton had linked in with the LSAP's, Becky confirmed that he had and he would be doing a webinar on 17 May regarding financial abuse.	

Item	Minute	Action
4.3	WLS noted, on the theme of carers, that work was being undertaken with Marie Smith, Operational Business Lead for Carers, to develop a toolkit for those in an informal caring role. Material was being brought together which will be shared with those in an informal caring role to ensure it covers what they need on the topic of safeguarding.	
4.4	CB highlighted that the Police have been working closely with Norfolk Against Scams Partnership (NASP) on a number of campaigns which might be useful. Particularly one on courier fraud which disproportionately affects the elderly and other vulnerable adults.	
5	Norfolk Fire and Rescue Service	
5.1	Tony White and Terry Pinto from Norfolk Fire and Rescue Service shared with the group recent activity. The fire death protocol will be circulated with the minutes.	PA
5.2	Tony shared that over the last few years the service had looked at how they integrate with partnerships, particularly safeguarding. Part of this work had been to improve the robustness of how the service raises safeguarding concerns to the local authority and Safeguarding Adult Review Referral to NSAB. Another area which had been reviewed was how the service internally investigates their performance on significant fires (a fatal fire or a fire incident where someone receives a life changing injury).	
5.3	<p>Terry shared that in the last year (2022) there had been 7 fatal fires in Norfolk. These were from the type of demographic they would expect – elderly and living alone. Causes were:</p> <p>4 – unsafe use of portable heaters 2 – unsafe/careless use of smoking materials 1 – accidental fire</p>	
5.4	<p>Terry shared that there were 4 incidents they wanted to highlight to board.</p> <p>In February 2023 there were 2 significant fires:</p> <ol style="list-style-type: none"> 1. A fatal fire death of a gentleman in a care home 4 weeks ago. An internal review had taken place and it was likely that this would go to a multi-disciplinary review to identify lessons to be learnt. The gentleman had comprehensive care needs, his fire risk had been assessed as high, he smoked frequently and had a high use of emollient creams. Terry had spoken with to a number of partners and quality monitoring was involved via Tim Weller's team. CQC were also undertaking audits at the home. A fire audit had been undertaken at the care home and the provider has made a lot of improvements already. It was noted that the provider has reacted very positively so this has not progressed to prosecution. 	

Item	Minute	Action
	<p>2. A bed bound lady with several health conditions which meant she was unable to mobilise herself, a comprehensive care plan was in place and use of emollient cream was known.</p> <p>An ongoing investigation is currently looking at whether the emollient use was a contributing factor. An internal review was carried out with Gary Woodward, Tim Weller and Walter Lloyd-Smith. All providers have been contacted to remind them of the risk associated with emollient cream use. A 7 minute briefing or something similar will be created for anyone associated with care, to remind them of the risks associated with emollient creams.</p>	
5.5	<p>CB raised fire safety awareness and queried whether the issue was that people weren't prioritising fire risk as highly as they should. He queried whether there was material that police officers could distribute.</p> <p>Terry confirmed that there were materials available. He noted that with the current pressures on social care and the cost of living crisis people didn't have the support they may previously have had and behaviours were changing i.e. using different forms of heating.</p> <p>Based on the fatal fires that there have been in Norfolk the service are working on publication material which shows the risk factors which may align to a person. The service would look to speak to anyone who had multiple factors. They are looking to work with the police on this but would like all partners to be aware of it.</p>	
5.6	<p>PB noted that the risk categories would be a really positive thing to come from this. He highlighted that people had become complacent and were not recognising how serious the risk was. Acknowledging the pressures everyone was under this message needs to be pushed when quality visits are being undertaken.</p>	
5.7	<p>TD shared that the ICB would support this entirely and really valued everything that the service did, having had personal experience of this. TD queried how partners can use the eyes and ears of the front line professionals to alert risk. It was noted that every time an emollient cream is prescribed, alerts are given on the fire risk. However there is an opportunity to reinforce, at a national level, how this needs to be reinigorated with primary care.</p> <p>TD shared that she had already started a number of conversations with key colleagues regarding this topic having been made aware of the cases. Once due process has been completed TD would be happy to take this forward via the ICB to NHS England.</p> <p>Terry confirmed that the reviews were being looked at with a thematic approach and the service has a national operational learning process which they will feed into.</p>	


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5.8	<p>It was queried whether the fire referral process needs to be promoted or built on. Terry confirmed there is a button on the website which lots of organisations use.</p>	
5.9	<p>HR queried whether a fire risk assessment was undertaken when someone is referred into SCCE. HT confirmed that this was included in the forms used however there was more work that adult social care could do. A refresher on all the mitigations that can be put in place was required e.g. there was no fire retardant bedding in place for the lady who was bedbound.</p> <p>HT noted that she had made a SAR referral for one of the cases mentioned.</p>	
5.10	<p>BB shared the district councils approach to self-neglect and hoarding where they start the process with a fire risk assessment. One of the things they have found is that by using the fire service, people are more likely to open the door and let fire officers in. This may be worth looking at across the county. CC agreed and highlighted that in a significant number of cases social workers often get no further than the front door or hallway.</p> <p>Terry confirmed that was exactly what they were there to do. If the fire risk is severe and people are not sure what mitigations are possible they can help with this. He noted that teams can't undertake multiple visits but can visit a few times.</p>	
5.11	<p>There is a programme being rolled out for domiciliary care to make sure that fire risk is captured in their assessments. It is important to make sure that carers crossing the threshold are aware of what this means on the ground.</p>	
5.12	<p>In mid-December there were 2 fatal fires: 1 in Hopton and 1 in Upwell.</p> <p>A multi-agency fire review is being held tomorrow regarding the Hopton case which was caused by clothing being placed too close to a heater.</p> <p>The Upwell case was due to the careless use of smoking materials.</p> <p>Both cases had community care alarms. For Hopton, the fire alarm sounded and this went through to the community alarm centre. A call was passed to the fire service but they were not given key information. They were not made aware that the person in the house was still speaking to the community alarm centre therefore the crew attending were not aware that there was a person trapped in the building who required urgent life-saving intervention.</p> <p>The service will be working with Assistive Technology to create a standard for all community care alarm providers.</p>	

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	<p>The case in Upwell had a community alarm but no smoke detectors. There had been no link made to the risk of falls/dementia and her fire safety.</p> <p>Nationally they are also aware of two very similar cases, one in London, where a smoke detector wasn't linked to the community alarm.</p>	
5.13	<p>Terry thanked the board for the support and assistance that they had already given.</p> <p>HR queried whether information should be sent out to organisation's now on how to make a referral into the fire service. AJC confirmed that he had spoken with Terry on 10 March 2023 and the Police would be doing this.</p> <p>It was agreed that Tony and Terry would come back to board with an update on what board can do to support with communications.</p> <p>Terry confirmed they will shortly have electronic and hard copies of posters for circulation..</p>	
5.14	<p>BB shared that during Safeguarding week Kristie Burdett gave a briefing around fire safety that was very well received and there is now a 7MB based on her presentation 7 minute briefings Norfolk Safeguarding Adults Board.</p>	
	BREAK	
6	Safeguarding Adults Reviews (SARs) update	
6.1	<p>SB presented an update, the presentation slides will be circulated with the meeting minutes for information.</p>	
6.2	<p>In terms of activity there have been a few more referrals since the last meeting, however, rather than go through these the board were asked to consider:</p> <ol style="list-style-type: none"> 1. People who are under the radar – SB noted that there had been a couple of referrals now, which were very sad and distressing, regarding people who were not known to any service until it was too late. <p>As BB had raised there was something around how visible agencies were and the ability to get into people's homes whether statutory/non-statutory. These referrals were concerning, in some cases there may have been some input but not always. The community were asked to look out for each other, particularly during the pandemic but this had now gone. SB asked the board to consider whether a publicity campaign was required regarding those who have fallen below the radar.</p>	

Item	Minute	Action
	<p>2. Mental capacity act – this is ongoing and was still being wrongly applied or not applied. SB questioned whether practitioners were really testing what they were assessing - can the person get themselves to the GP or shops if they say they can.</p> <p>3. Fires – SB noted a recent domestic homicide where there was a nest alarm but this needed a mobile phone to be switched on to receive notification of the alarm.</p>	
6.3	<p>Following the items raised at the previous meeting regarding the actions from CAP, SB updated:</p> <ul style="list-style-type: none"> • Quality assurance of OOC placements – there was evidence from Health of this and HT had provided some narrative on social care. A response is awaited from the Quality Assurance team, once this has been received this action will be closed. • Unsafe discharges particularly from healthcare settings – there are patterns of not checking where people are going, whether it is safe, whether they can manage their needs and if not whether they have support. The pressure to free up beds was acknowledged however this issue needs to be on the boards radar. GW and his team have picked up the issues around discharge planning. 	
6.4	<p>TD confirmed that the ICB were working closely with the local authority as discharge was not where it needed to be. At their last two board meetings there had been discussions on how it was not working in the right way. Newton Europe are undertaking a piece of work looking at discharge across all the acutes, this includes looking at capacity in social care and how information is shared. There has been some really insightful feedback and there is a huge focus at present on improving the discharge process with the outcome for people paramount. Voices must be heard and people must be discharged to the right place, the first time.</p>	
6.5	<p>PB noted that MCA was an ongoing issue and when looking at cause analysis it crops up again and again. He raised concern that this hadn't been cracked yet and queried how much time and due diligence was given to staff on the front line on this, rather than just an annual refresher.</p>	
6.6	<p>WLS agreed and noted that this had been a piece of work that the board has had for some time.</p> <p>A piece of work piloting 4 facilitated MCA sessions for practitioners was in progress with Kate Brolly, Specialist Practitioner in MCA/LPS/Safeguarding, N&W ICB and Vicky Bunting, Business Change Lead for Adult Learning Disabilities, NCC, leading on this. The intention of the pilot is to create a space where people can discuss issues and challenges around MCA.</p>	

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	<p>The first session was found to be successful in raising the confidence of those who attended. The pilot will test the idea which will then be evaluated, based on the first session it has been very well received.</p> <p>The hope was to develop the support/network across the county so when MCA challenges present themselves practitioners know who/where to go to get support and help.</p> <p>The board will return to this area to further review how to move away from one off training towards integrating this into the every day.</p>	
6.7	<p>PC questioned those people who were under the radar and were being looked after by people in the community who may have an ulterior motive and the people who are doing a carers role with no training or DBS checks.</p> <p>HR confirmed that this was an issue which needs to be looked into further to find the data from any reports we have in order to look at how big an issue it is.</p> <p>CC confirmed that it was a significant concern. Being a non-registered carer means you are not required to have any training. Raising community awareness would be helpful as it may be a far bigger problem than is known. The push towards community involvement may have put some people in harm's way. CC queried how the message of protection could be shared.</p>	
6.8	<p>LB raised that there were many unpaid carers in difficult situations – with some who may be predatory or opportunistic. It was important to remember that a DBS check will only ever be as good as the day it is done.</p> <p>People have been asked to do more and more voluntary work so recognition was needed that if volunteers were going to be used then they would need appropriate management. If unpaid carers were going to be used then they need to be supported and made aware of what the boundaries were. GW highlighted that with the increasing pressure from the cost of living crisis the risk of opportunistic abuse may increase.</p>	
6.9	<p>CB agreed with regard to DBS checks only being truly reliable on the day they are completed and even then they only report what is known and not what the individual may have done that isn't known.</p>	
6.10	<p>CC shared that the position within Direct Payments (DPs) was that 1200 people in Norfolk were assisted by some 1600 Personal Assistants (PAs). Not all will be regulated as this was a government view, many will be registered but this was voluntary. LB noted that within DWP Carer's Allowance was paid to carer's who provide informal care for disabled customers in receipt of a qualifying benefit.</p>	

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6.11	<p>BB highlighted that a simple NSAB MCA poster was being worked on using the same text as the MCA card NSAB print. Executive capacity could be added to this or a second poster created with some text around executive capacity.</p> <p>NJ and BB were also making contact with Norfolk Association of Local Councils, to see what simpler messages the board might be able to push through deeper into communities. Areas such as 'ways to keep yourself safer' including getting checks on private carers could be included in this.</p>	
6.12	<p>Board <u>AGREED</u> that MCA would be added to a future agenda to receive an update on the ongoing work the board is carrying out in response to the reoccurring theme.</p>	PA
6.13	<p>TD noted that personal health budgets, which were being promoted in Health, can be accessed by an individual to employ people to help and support them. There were key measures in place around these however there needs to be further discussion on those who go under the radar. TD would be happy to be part of any conversation on this and shared that Carolyn Fowler (NCH&C) was leading on a piece of work on carers so may be helpful to link into on this.</p>	
6.14	<p>HR queried whether this should be taken through the PML process to see whether it was something that the board could take forward.</p>	
6.15	<p>HR asked when the report from Newton Europe was due and whether this could be added to a future agenda.</p> <p>TD confirmed that this will give the board confidence that work was being undertaken. There had been some improvements regarding the length of stay and numbers in hospital.</p> <p>Board <u>AGREED</u> that an item would be added to the May agenda for assurance around the discharge of patients from hospital to social care. Action: TD</p>	TD
6.16	<p>Regarding CAP, board had asked for reassurance on the management of out of county (OOC) placements from a Health and Social Care perspective. The report on the NHS England safe and wellbeing reviews undertaken in conjunction with the Joanna, Jon and Ben SAR had been published and reported the same issues as Cawston:</p> <ul style="list-style-type: none"> • Restricted practice • No clear plans for discharge • No communication with family and friends <p>Board <u>AGREED</u> that the Norfolk position in response to the NHSE Safe and Well Reviews Thematic report would be given at the July meeting. Action: TC and CC</p>	TC / CC

Item	Minute	Action
	For further information: NHS England » Safe and wellbeing reviews: thematic review and lessons learned	
7	Business Group update	
7.1	AC/WLS presented an update, the presentation slides will be circulated with the meeting minutes for information.	
7.2	<p>There will be an extraordinary meeting of the board in April to sign off the strategic review. Thanks were given to the group who have helped shape this document.</p> <p>The delivery plan will be reshaped once this process had been completed.</p>	
7.3	The focus groups for the joint scrutiny exercise with the children's board had taken place. This had been a really useful exercise. The data was being collated and will be fed back to the children's executive group on 24 April and will then be brought to the adults board.	
7.4	<p>WLS thanked BB for the amount of work she had undertaken on the learning and development policy.</p> <p>It was stressed that board need to recognise that the opportunities the board team have to deliver this policy would be very limited but this was an important element of what the board does.</p> <p>It was considered valuable to have a discussion with board on how this might look like on the ground. For example, joint work had been undertaken with the children's board on trauma informed practice training. Uptake for these sessions was so high that they were filled immediately, which gives a clear signal that the adult workforce feel there is a real need on this topic.</p> <p>There will be large elements that the team will be unable to deliver on as there is not the resource, therefore we need to think creatively, as a board, about how we can approach these areas of work differently.</p>	
7.5	JS highlighted that engagement / seldom heard what they do therefore when board is at the point of communication and engagement, they would be happy to link in their comms lead to help shape and support this.	
8	Risk and issues register	
8.1	<p>HR took the group through the risk register, see below.</p> <p> NSAB-RisksAndIssues-Register(2023).xlsx</p>	

Item	Minute	Action
8.2	<p>Asylum Seekers – this item was on the agenda at the last national SAB chairs meeting.</p> <p>Waltham Forest shared the issues they had with Clear Spring (our equivalent of Serco). They had a number of concerns including the lack of a clear picture on safeguarding, lack of training for staff on safeguarding and lack of clear pathways to refer on safeguarding. They have therefore designed an audit tool around this.</p> <p>HR had discussed this with Simon Shreeve and the People From Abroad Team (PFAT) to ask these questions regarding Norfolk. Simon had shared that there had been some engagement issues with Serco. HR asked the board whether Norfolk would wish to use this audit tool, whether more needed to be done around this, or whether board were comfortable that Norfolk were in a good position.</p> <p>GW noted that if Simon was concerned then the board should be listening, therefore he thought that there would be some merit in looking at the audit to see what it would entail.</p> <p>CC agreed that board should look at the audit tool as there were some significant gaps. He noted that the comment he had made at the last meeting regarding Norfolk being in a good place was only in comparison to other areas. Although there were some good relationships there were also some issues. Board were reminded that they have no statutory rights in this space and there was no onus on Serco to tell the local authority about people going missing or safeguarding issues. Even with an audit process in place it is a very fluid environment with a number of concerns attached to it.</p> <p>It was highlighted that Simon had said that the issues with regard to safeguarding were probably little “s” however the audit tool would enable some questions to be asked. Simon had given reassurance that Serco staff had received safeguarding training</p> <p>TD was heartened that board were considering this but queried whether this should be covered for all ages and not just adults. CC highlighted that PFAT also undertake a role for children. Action: HR to discuss with Chris Robson, Chair of Norfolk Safeguarding Children Partnership.</p> <p>CR shared that NRF had commissioned some work around this around a year ago, so there was a useful tool there. He raised that although it was right for NSAB and NSCP to ask the questions he did not think that board would be the right place to take any issues raised further.</p> <p>Action: HR to request a copy of the audit tool.</p>	<p>HR</p> <p>HR</p>
9	Coalition for Change project update	
9.1	Heather welcomed Tracey Jones to the meeting. Tracey is the co-ordinator for the Coalition for Change project.	

Item	Minute	Action
9.2	Tracey updated the board on the work being undertaken. The presentation slides will be circulated with the meeting minutes for information.	
9.3	<p>Tracey shared that she has started setting meetings with relevant people. This will include Healthwatch, Tricordant, Curators for Change, LD commissioning team and the Making it Happen Group.</p> <p>JS noted that Healthwatch Norfolk were approaching the last few months of a project called My Views Matter. This was a big piece of work which John Spall was undertaking. John has been invited to the May board meeting to present the results from this project.</p>	
9.4	<p>Membership of the group consists of:</p> <ul style="list-style-type: none"> • Parents from the Joanna, Ben and John SAR – Keith and his wife • Margaret Flynn • Viv Cooper • Baroness Sheila Hollins • Dame Phillipa Russell • Jerome Mayhew MP • Joan Maughan – mentor to the group • Sarah Stock – chair of the group (managing director of Independence Matters) 	
10	Key safeguarding messages from meeting	
10.1	<ul style="list-style-type: none"> • The board covered a variety of topics in terms of adult safeguarding, assurance around safeguarding arrangements and areas requiring future focus • Fire deaths – providing support from the board to move this work forward and help raise awareness and help prevent future fatalities • Out of area placements and safe and wellbeing reviews – gaining assurance of Norfolk’s position in relation to the national review and key themes • MCA – to look at what the board has done to address the reoccurring theme of a lack of understanding in relation to MCA assessment • Asylum seekers – assuring ourselves that the processes within the county are safe • Hospital discharge – ensuring discharges are timely / safe • People under the radar – agreeing to use our PML approach to understand and respond to this issue. 	
11	Any other business including safeguarding impact on any organisational change or reduction of services (SAR Mr AA/rec 13.5)	
11.1	HT shared, as part of the SAR AA recommendation request, that the ASSD front door was under pressure at present. The risk had risen, DLT were supporting, a plan was in place to make improvements however there had been delays in some cases.	

Item	Minute	Action
11.2	<p>Changed had been made to the ASSD SCCE and Safeguarding team. HT's role will be changing and will no longer have SCCE and EDT as part of the portfolio. SCCE will be overseen by Sonia Kerrison and EDT will be covered by CC in the short term.</p> <p>HT's role will now focus purely on safeguarding. ASSD have commissioned Sue Darker to review their safeguarding model and once her report has been shared with DLT on 13 April there will be an action plan to take forward with partners.</p> <p>CC noted that the movement of SCCE and EDT from HT's role will allow her more capacity to drive forward this report. The job description for this role will also be reviewed to ensure it is more strategic and linked more to the board and partners.</p> <p>Board <u>AGREED</u> that the Sue Darker report would be presented at the May meeting. Action: CC/HT.</p>	HT/CC
11.3	<p>SB highlighted that NSFT had received their CQC report and asked whether board would like a summary around safeguarding and safety which an update on the actions being undertaken. Stuart Richardson had been invited to present the report findings at the May board.</p> <p>Action: SB to link in with this.</p>	SB
11.4	<p>HR asked for an update on the potential Police policy change – right care / right person. It had been highlighted that Norfolk had seen an 260% increase in mental health related incidents and this was something which would impact on partners therefore the board need to be made aware of the potential change.</p> <p>CB updated that nationally Police were spending more and more time on incidents which were mental health related. Humberside had highlighted their new practice which makes clear where Police have a duty of care and where they don't. This had been recognised as good practice and all forces have been asked to look at whether these methods can be applied locally in their area. Police forces across the country are all different agencies so they will be looking at what will be helpful for their own area.</p> <p>TD noted that this was firmly on the radar in Health and was not NSFT in isolation. TD welcomed comments regarding it being the Norfolk model, using the expertise that there is in place across the system.</p> <p>PC shared that this had also been raised at Health Overview & Scrutiny Committee (HOSC).</p> <p>Action: CB to update NSAB with more detail as the policy develops.</p>	CB

Item	Minute	Action
11.5	WLS and HR presented at the Partners in Care and Health webinar on 28 February on organisation abuse / lessons learnt from Cawston Park. This was a good opportunity to show the board has done to take the SAR recommendations forward.	
12	Date of next meeting: Thursday 27 April 2023, 9.30am to 12.00pm.	

FINAL DRAFT

Open actions			
Date of meeting	Item	Action	Responsible
14/03/2023	6.15	Newton Europe Report Board AGREED that an item would be added to the May agenda for assurance around the discharge of patients from hospital to social care. Action: TD	TD
14/03/2023	11.2	Board AGREED that the Sue Darker report would be presented at the May meeting. Action: CC/HT.	CC/HT
14/03/2023	11.4	Police policy change – right care / right person. Action: CB to update the board with more detail as the policy develops.	CB
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 Update 14/03/2023: HR to request a copy of the Waltham Forest audit tool and discuss with Chris Robson, Chair of Norfolk Safeguarding Children Partnership.	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. Update 14/03/2023: The first meeting of the ICS pressure care group is due to take place next week. GW to bring an update to board.	LS / KBr GW
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 14/03/2023: Tim Weller unable to attend to update due to illness. Will be rescheduled for a future meeting. Ruth Butterfield, CQC, invited to April meeting.	TW PA

Actions closed during this meeting			
Date of meeting	Item	Action	Responsible
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. Update 14/03/2023: Action to be closed.	HR
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. 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. Update 10/01/2023: Meeting moved to 25/1/23. Update 14/03/2023: The first meeting with all 5 boards took place at the end of January. Dates for future meetings are being set and Claire Charwood will be invited to the next date. To be removed from actions.	HR

FINAL