



**Norfolk Safeguarding Adults Board**  
**Minutes of meeting held on Tuesday 16 May 2023**  
**Norfolk Constabulary PDC**

**PRESENT:**

Heather Roach, Independent Chair, Norfolk Safeguarding Adults Board (chair) (HR)  
Paul Benton, Director for Quality in Care, N&W ICB (PB)  
Becky Booth, Deputy Board Manager, NSAB (BB)  
Saranna Burgess, Director for Nursing for CFYP, Patient Safety Specialist, NSFT (SB)  
Craig Chalmers, Director of Community Social Work, NCC (CC)  
Andy Coller, Detective Superintendent, Norfolk Constabulary (AJC)  
Kim Goodby, Associate Director for Complex Health and Safeguarding, NNUH (deputy for Nancy Fontaine) (KG)  
Emyr Gough, Safeguarding Lead, NFRS (EG)  
Nathan Jarvis, Lead Communications Officer, NSAB (NJ)  
James Kearns, Chief Executive, Build Charity (JK)  
Walter Lloyd-Smith, Board Manager, NSAB (WLS)  
Amanda Murr, Head of Community Safety and Violence Reduction Coordination Team, OPCCN (AM)  
Mike Pursehouse, District Council Representative (MP)  
Andrea Smith, Board Coordinator, NSAB (AS)  
Helen Thacker, Head of Service – Safeguarding, NCC (HT)  
Tony White, Assistant Chief Fire Officer, NFRS (TW)  
Gary Woodward, Safeguarding Adults Lead Nurse, N&W ICB (GW)  
Petra Alford, Executive Support Assistant, NSAB (minutes) (PA)

**GUESTS:**

James Dunne, Head of Communications - Assistant Director of Strategy & Governance, NCC (JD)  
John Spall, Enter and View Co-Ordinator, Healthwatch Norfolk (JS)

Item	Minute	Action
<b>1</b>	<b>Welcome and apologies for absence</b>	
1.1	<p>HR welcomed everyone to the meeting and introductions were made.</p> <p>HR thanked Cllr Penny Carpenter, on behalf of the board, for her commitment and enthusiasm which will be missed by the board as she moves to cover Children’s Services. .</p> <p>Congratulations were given to James Bullion who will take on the role of interim Chief Inspector of Adult Social Care and Integrated Care Systems for CQC for 12 months from June.</p> <p>Congratulations were given to Tony White, who has been appointed Assistant Chief Fire Officer. Emyr Gough will be attending board on behalf of NFRS going forward.</p>	
1.2	<p>Apologies were received from, Chris Balmer, Lisa Barraclough, Rob Black, Laura Bloomfield, James Bullion, Tracey Denny, Nancy Fontaine, Carolyn Fowler, Andy Hudson, Diane Hull, Trevor Key, Leon Mcloughlin-Smith. Michael Millage, Paul Morris, Judith Sharpe, Alice Webster</p> <p>Kim Goodby will be joining the meeting late due to a prior commitment.</p>	
<b>2</b>	<b>Declarations of interest</b>	
2.1	There were no declarations of interest made.	
<b>3</b>	<b>Communications Update</b>	
3.1	James Dunne, Head of Communications - Assistant Director of Strategy & Governance, NCC, updated the board on the recent changes to the communications team.	
3.2	HR noted that NSAB had greatly benefitted from having Nathan Jarvis as part of the team. His professionalism had been very beneficial and he had been the driving force behind the newsletter.	
3.3	James shared that he fully supported the need of the board to have someone from the communications team working with them. Extra funding had been received during Covid to support Nathan’s role but unfortunately this funding had now come to an end. The communications team structure had changed and they were no longer able to fully give one person to support the two boards. Nathan will remain in the communications team and will remain the main contact for the children’s and adults boards but he will also now pick up other work for the team. Nathan will join the structure under Kate Gooding, with the board sitting under Kate and day to day contact remaining with Nathan.	

Item	Minute	Action
3.4	James confirmed that the design work which the team currently undertake for the board, free of charge, would continue along with marketing.	
3.5	The communications team strongly felt that, although the boards have support, they could strengthen the way the partnership boards work together. James suggested setting up a mini comms group attended by people from the communications teams to look at a joint annual programme. This group could then report back to board meetings. Doing this would give a more structured, stronger forward plan for the boards with more joined up campaigns. James confirmed that there would be an equal balance of support to adults and children's.	
3.6	Kate will continue to stay close to this work to provide management and support for the SAR's.	
3.7	AC thanked James for continuing to commit to the board in these difficult times. AC noted that having worked with Nathan on a number of projects he had been concerned that board would lose his valued input.	
3.8	AM thanked Nathan on behalf of CCSP and agreed that having the comms group work together would be a smarter way to work together.	
3.9	James suggested that a further conversation was had to discuss how the various groups were pulled together to look at where there may be crossovers. He noted that there would be some senior oversight required to look at joining the boards up but highlighted that to campaign well there would be a cost. The communications team were being modernised, for example with training in animation and James raised the importance of getting better at reaching target audiences. James highlighted that it would not be fair to ask everyone for a set amount of money and noted that a contribution could be something that could be done, for example distribution or printing of materials. If board were in agreement this would be looked at to see how it could be co-ordinated.	
3.10	HR agreed that it would be a positive step to join the partnership and have a planned event calendar with joined up campaigns. HR noted that the 5 boards were meeting on an informal basis and this may be a useful avenue to have comms discussions.	
3.11	James agreed that this would be the logical place to have the discussion and would also be a good place to identify who should be the spokesperson for specific campaigns or communications. He noted that it may be necessary to make the comms meetings mandatory to stop any drift.  Kim Goodby joined the meeting at this point.	

Item	Minute	Action
3.12	GW agreed that it would be helpful to have matrix working at the right level and noted that this could be wider than Norfolk giving the example of the hoarding week campaign where Norfolk had linked in with Suffolk. This would help to share the load and maximise the output when working on the same campaigns.	
3.13	James shared that in the East there was an agreement in place to share campaigns and throughout Covid a lot of the work undertaken by Norfolk was used throughout the East.	
3.14	GW noted that Norfolk also has an advantage as HT chairs the ADASS Eastern Region Adult Safeguarding Group, WLS chairs the SAB Board Managers meetings and GW chairs both of the NHS England East of England Regional Safeguarding Adult Forums which gives good coverage.	
3.15	TW raised the issue of not knowing what was already out there and therefore might be available off the shelf. James agreed to reach out to his colleagues to see what was available and bring this back to board in July. An outline plan could also be presented to board in July.	<b>JD</b>
3.16	WLS noted that the importance of including the voluntary sector which although complicated and large had colleagues with a large reach. James queried the best mechanisms for this. NJ suggested going via Voluntary Norfolk.	
3.17	JK shared that Norfolk have the Empowering Communities Partnership which may be the best route in. This wouldn't give a complete reach so it would also be important to ensure that networks and advocates assist to disseminate information. JK noted that the sector was a large, diverse and complicated model and although most organisations would not have an identified comms person they do have a voice at grassroots level.	
3.18	James confirmed he would be happy to lead on trying to find out how to reach in. JK highlighted the challenges in this area noting that with Covid people were looking for the information and went to trusted sources but the information that board was trying to disseminate no one was specifically looking for. JK suggested that James contacted Alan Hopley at Voluntary Norfolk or Rik Martin at CAN.	
3.19	James highlighted the real benefit in getting the information out and evidencing how effective it is. BB noted that this was an area that NJ had improved for the board who were now trying to be much more effective about what they do due to his input.	
3.20	GW raised that there were so many opportunities when you consider the number of people who have contact with Health or Social Care and queried whether this interface was being capitalised on.	

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3.21	JK noted the need for a level of personal responsibility. His organisation ensures that at every event they attend they take safeguarding leaflets and information along with their other information and they promote safeguarding on their social media. All organisations need to be asked to have safeguarding information available on their stalls at any public facing events.	
3.22	BB highlighted that the board team were struggling to get the new leaflets out to GP surgeries. Although the information regarding the leaflets had been sent in a newsletter to GP's there had been no response or requests from this.	
3.23	CC shared that, as a regular attender at a GP surgery, he always looked at the noticeboard, as a captive audience, which was always so covered in leaflets he queried how many people actually read these. He raised the difficulty with how you direct the information to the people you need to see it as putting out leaflets to the general public might only get a 1% return. Bearing in mind that the board mainly deal with vulnerable individuals he queried whether there was a need for an evidence based strategy that gives information on how to reach the various groups people need to reach e.g. learning disability, older people, etc. He queried whether with limited funds would it be better to use an evidence based strategy to target one area one year and another the next.	
3.24	James shared that if his team are given a profile of the audience they can focus on how best to target them. It can be challenging when "everybody matters" as there needs to be a focus somewhere therefore profiling would be really beneficial.	
3.25	HR highlighted that this would need to link to the board strategy, data and risks & issues log.	
3.26	HR thanked James for his input and the opportunity to look at how the board can shape communication to have a real impact.	
<b>4</b>	<b>Review of minutes &amp; matters arising from meeting on 14 March 2023 and 27 April 2023</b>	
4.1	The minutes were reviewed and <u>AGREED</u> .	
4.2	<p>There were two sets of minutes, with one from the board meeting held on 14/03/2023 and the other from the extraordinary board held on 27/04/2023.</p> <p>HR provided an update on actions which is shown on the actions log at the end of these minutes.</p>	

Item	Minute	Action
4.3	<p>11.4 Police policy change – right care / right person</p> <p>HR met with ACC Nick Davison who updated on this national policy change. HR summarised:</p> <ul style="list-style-type: none"> <li>• Face to face briefings are being held at present.</li> <li>• There will be a 4 phase approach from December: <ol style="list-style-type: none"> <li>1. Concern for welfare e.g. someone who you are involved with hasn't been seen for a few days but there is no real risk around that person – who is the most appropriate person to knock on the door?</li> <li>2. Missing from health care settings – national guidance already – who takes resp. who does what</li> <li>3. Transport</li> <li>4. Section136</li> </ol> </li> <li>• A national toolkit will be developed.</li> <li>• Board will be given a fuller brief at a later date.</li> <li>• This will be added to the agenda as a discussion point for the 5 boards.</li> </ul>	
4.4	<p>AC shared that whilst this was partly about demand management it was also about having the right people to deal with a situation noting that the uniform element was not always helpful. Police officers are trained in many areas but are not necessarily the best people to deal with someone having a mental health crisis. This policy change will take place over time and there will be a number of communications sent out at the various stages.</p>	
4.5	<p>GW agreed that mental health issues could be a huge drain on the police when NSFT practitioners would be best placed to deal with this and noted that there were some models already in place in this area.</p>	
4.6	<p>SB noted that this would highlight gaps in services. NSFT are undertaking a piece of work looking at what secondary services offer and what they don't. SB highlighted the importance of looking at data and the conversion rate, querying that if a person doesn't meet the threshold what this will mean for commissioning services.</p>	
4.7	<p>GW shared that the serious violence strategy was mapping all preventative services for serious violence.</p>	
4.8	<p>AM noted that data analysis of the cohort target would be important being mindful that you can't predict who will commit serious violence and noted that this mapping exercise would be undertaken by working with the community.</p>	
5	<p><b>BREAK</b></p>	

Item	Minute	Action
<b>6</b>	<b>Safeguarding Review</b>	
6.1	Helen Thacker presented to the board; the presentation slides will be circulated with the meeting minutes for information.	
6.2	CC added that it was clear from both their part and Sue Darker's that she would require full access with no restrictions. It was felt important to have someone independent and well respected in the region to undertake this piece of work.	
6.3	Discussions were taking place with Lorraine Barrett and Suffolk around a peer audit process.	
6.4	Currently every safeguarding concern is discussed with the Police as per the process set up in 2002. Having spoken with other LA's and the Police a new protocol will be agreed so that any non-criminal matters are no longer raised with them.	
6.5	DLT have agreed these recommendations which will now be put into a programme of work. DLT were minded that funding will be required to enable this programme of work.	
6.6	CC highlighted that with a 19% vacancy rate in social workers there was pressure on staff therefore they were looking at what unqualified staff can do in the safeguarding arena to help alleviate the pressure.	
6.7	HR highlighted that Sue had recognised the scrutiny work undertaken with children's services regarding MASH. This piece of work will be added to the July board agenda to share the recommendations.	<b>HR</b>
6.8	GW queried whether the safeguarding team would be reverting back to place based working given this was the ICS model. HT shared that increased capacity would mean that the team would be better able to provide a more localised response.  Mike Pursehouse left the meeting at this point.	
6.9	TW queried whether the large holding lists were linked to how they were triaged and whether the organisations at board could help with their processes for this. CC noted that there was something for all agencies around what pre-triaging can take place. However they are mindful that there will be a steady and increasing volume of safeguarding referrals due to a higher awareness in the safeguarding arena and the acknowledgement of the lives people were choosing to live.	
6.10	AC shared that with regard to s47 enquiries they had met with children's services and have set up a working group to look at how they work together. AC will set a meeting with HT and other relevant people to move the protocol forward.	<b>AC</b>

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6.11	HR noted that this was an excellent piece of work and the board would look forward to hearing how it progresses. Board AGREED that an update would be given in 9 months.	HT/CC
<b>7</b>	<b>Safeguarding Adults Reviews (SARs) update</b>	
7.1	SB presented an update, the presentation slides will be circulated with the meeting minutes for information.	
7.2	SARG continue to be busy. Meetings are well attended and supported but meetings have had to be extended due to the volume of work.	
7.3	<p>SB shared that as she also sits on the Suffolk panel she was able to compare the number of referrals they receive which is lower than Norfolk's.</p> <p>Since 2019 Norfolk have had 51 referrals, Suffolk have had c.10</p> <p>Norfolk have a 46% conversion rate for cases going forward to some form of review. 45% of all referrals come from social services with 24% from NSFT. There are not many received from other avenues.</p> <p>Those referrals that are not taken forward still receive a robust discussion and may be linked to other thematic pieces of work.</p>	
7.4	<p>Themes remained the same:</p> <ul style="list-style-type: none"> <li>• Unsafe / unsatisfactory discharge from acutes and community settings. SB noted that for NSFT, as part of their patient safety inspection framework they were looking at discharge</li> <li>• Fire deaths</li> <li>• Those under the radar of any services</li> <li>• LeDeR reviews</li> </ul>	
7.5	<p>SB highlighted that they had seen a number of the same issues coming through from the LeDeR reviews which raised the question of whether LeDeR reviews were having any input nationally. These issues, lack of best interest assessments and lack of MCA assessments, were the same issues which were there when LeDeR was first established.</p> <p>Tricia D'Orsi is looking into a recent review where it appears that issues were not investigated.</p>	
7.6	CC queried whether it would be helpful to look further in the Eastern region at the numbers. He queried whether having a library of lessons learnt built up made people reluctant to cover the same areas.	

<b>Item</b>	<b>Minute</b>	<b>Action</b>
7.7	WLS shared that across the Eastern region Norfolk were towards the top end of referrals. WLS agreed to raise this with SABs within the Eastern region. He noted that in Norfolk the board and SAB take a positive stance around not triaging out therefore the numbers can be seen as a positive reflection of the partnership and the system.	<b>WLS</b>
7.8	WLS queried whether there were any other sectors missing from SARG who should be part of this ongoing review work. Nothing that at present SARG is made up of the 3 statutory partners, HT and Tim Weller.	
7.9	SB highlighted that with regard to repeating lessons learnt, SARG were very mindful of this and the balance of legislative duty against not repeating work therefore they do look at referrals from a thematic approach.	
7.10	PB highlighted that board have an opportunity, as the design for the next 10 years is created, to aim for a place where more is being done on prevention. He queried how to get from where we are to where we want to be which at present was still too reactive.	
7.11	HR noted the ongoing work regarding resourcing for SARG. Some boards have a dedicated resource for this as management of this area is challenging. In Norfolk time and quantity was the current issue.	
7.12	GW shared that he also sits on Suffolk panel and queried that as referrals in Norfolk largely come from members of SARG whether there may be a bit of work for Suffolk to do on this.	
7.13	BB highlighted the challenge of implementing SAR recommendations.	
7.14	AM raised the use of a single unified review system noting that in Wales they have one team who receive all referrals and do all the work for child, adult, mental health, domestic violence, serious violence, etc. This is currently in consultation but they have given access to their documentation so AM will bring an update on this piece of work to board in November.	<b>AM</b>
<b>8</b>	<b>John Spall, Healthwatch</b>	
8.1	John Spall presented the preliminary results from "My Views Matter," the presentation slides will be circulated with the meeting minutes for information.  HT left the meeting at this point.	
8.2	HR queried where the ongoing work that is taking place in this area would feed into this. JS confirmed that they were in contact with Tricordant and were meeting with Coalition for Change next week.	

Item	Minute	Action
8.3	CC shared for boards awareness that 21 homes had closed in the last 16 months in Norfolk with significant capacity lost.	
8.4	CC highlighted that an increasing number of parents thought that their young person of 18/19 should transition immediately therefore part of the normalisation process was highlighting that a large number of young adults who don't go away to university remain at home with family.	
8.5	CC noted that this was a great piece of work, which was very positive and encouraging as although Norfolk have some great providers there are a number who have substantial difficulties.	
8.6	CC highlighted that the required specialist accommodation had not been built in Norfolk due to the funding processes not being clear cut in this area. However there was a broader piece of work taking place with funding received for 153 supported housing place across LD, MH and PD acknowledging that this will not cover the demographic.	
8.7	HR raised that this piece of work was almost a blueprint for how good care should be therefore it was important that it didn't get lost and was included in the work that is being undertaken by Coalition for Change and Tricordant.	
<b>9</b>	<b>Business Group update</b>	
9.1	AC presented an update, the presentation slides will be circulated with the meeting minutes for information.	
9.2	The delivery plan, see attached, is updated after each meeting and will be updated following the production of the new strategic plan.	
9.3	HR gave thanks to the business group for the work they undertake.	
<b>10</b>	<b>Key safeguarding messages from meeting</b>	
10.1	<ul style="list-style-type: none"> <li>• ASC review – very thorough and transparent, shone a light on some of the areas of risk</li> <li>• Healthwatch – really significant report showing what matters to people and influencing the way care is provided</li> <li>• Coordination of communications – great opportunity going forward to target the right people, promote safeguarding messages and look at the impact of this</li> </ul>	
<b>11</b>	<b>Any other business including safeguarding impact on any organisational change or reduction of services (SAR Mr AA/rec 13.5)</b>	
11.1	Andy O'Connell had raised some points regarding the 7MB on fire risk emollient, attached, related to LD and autism also being at risk not just the older population.	

Item	Minute	Action
	HR queried whether there was anything wider that needed to be done around this. HR/WLS to discuss further with TW.	<b>HR / WLS / TW</b>
11.2	<p>NJ shared that one area where the partnership approach had begun was with regard to exploitation. A comms approach had been scoped and they will be launching something shortly. They are looking at creating one space / digital presence for exploitation for all people to access to find resources, advice etc. The assistance of an external agency will be required to develop a brand and assist with the creation of a website. This will be taken to business group.</p> <p>AC highlighted that this would require funding therefore they will look across the 3 partnerships involved on how to achieve this.</p> <p>Board gave support for this piece of work.</p>	
	<p><b>Date of next meeting:</b> Tuesday 11 July 2023, 1.30pm to 4.30pm at County Hall</p>	

FINAL DRAFT

<b>Open actions</b>			
<b>Date of meeting</b>	<b>Item</b>	<b>Action</b>	<b>Responsible</b>
16/05/2023	3.15	James Dunne to bring an outline communications plan to board in July.	<b>JD</b>
16/05/2023	6.7	Recommendations from MASH Scrutiny piece of work to be presented to the July board.	<b>HR</b>
16/05/2023	6.11	HT to present an update on the safeguarding review in 9 months.	<b>HT</b>
16/05/2023	7.7	WLS to contact SABs within the Eastern region regarding SAR referral numbers.	<b>WLS</b>
16/05/2023	7.14	AM to update board on the Welsh single unified review system in November.	<b>AM</b>
16/05/2023	11.1	7MB on fire risk emollient - risk for LD and autism. HR/WLS/TW to discuss.	<b>HR/WLS/TW</b>
27/04/2023	2.7	WLS to raise the issue of agency staff other SAB's around the country to see how NSAB can strengthen these links. <b>Update 16/05/2023:</b> Carry forward.	<b>WLS</b>
27/04/2023	3.3	Task and finish group to be created to look at EDI <b>Update 16/05/2023:</b> In progress	<b>BB</b>
27/04/2023	5.2	AC/HR to meet to discuss representation at the Norfolk Older People's Strategic Partnership. <b>Update 16/05/2023:</b> AC/HR met to discuss and agreed to make contact for further information on how this would best work and what value can be added to each other.	<b>HR/AC</b>
14/03/2023	6.15	Newton Europe Report 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  <b>Update 16/05/2023:</b> Moved to July board, to be presented by either ICB or Newton Europe rep.	<b>ICB</b>



Open actions			
Date of meeting	Item	Action	Responsible
		<p>Programme has now commenced. TW to bring an update at the beginning of next year for more of a deep dive.</p> <p><b>Update 14/03/2023:</b> Tim Weller unable to attend to update due to illness. Will be rescheduled for a future meeting. Ruth Butterfield, CQC, invited to April meeting.</p> <p><b>Update 16/05/2023:</b> Rescheduled date still to be set.</p>	PA
15/11/2022	9.1	<p>SARs update</p> <p>Decisions required on the composite action plan (CAP) to be carried over to the January meeting.</p> <p>Update 10/01/23: 15.1, 2 and 3 – SAR F&amp;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. <b>Action:</b> SB to ask the LA how they monitor this and report back to board.</p> <p><b>Update 14/03/2023:</b> HT had provided some narrative on social care, a response is awaited from the Quality Assurance team.</p> <p><b>Update 16/05/2023:</b> HT to follow up with Tim Weller.</p> <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. <b>Action:</b> TC and CC</p> <p><b>Update 16/05/2023:</b> Board agreed for this to be covered at the 4 July progress summit rather than July board meeting.</p>	<p>SB</p> <p>HT</p> <p>TC/CC</p>

Actions closed during this meeting			
Date of meeting	Item	Action	Responsible
14/03/2023	11.2	Board <u>AGREED</u> that the Sue Darker report would be presented at the May meeting. <b>Action:</b> CC/HT. Update 16/05/2023: On agenda, close action.	CC/HT
27/04/2023	2.11	WLS and AC to look at the strategic plan with the business delivery group to decide how this will be delivered. <b>Update 16/05/2023:</b> Meeting date set, action to be closed.	WLS/AC
27/04/2023	2.12	HR to make final amendments to the strategic plan, as suggested by KB, and send this formally to Healthwatch for comment. <b>Update 16/05/2023:</b> Action completed, to be closed.	HR
27/04/2023	3.4	The final version of the policy and procedures and EDI statement to be circulated with any further comments to be sent within a week. <b>Update 16/05/2023:</b> Action completed, to be closed.	BB
27/04/2023	5.3	HR to ensure that the impact of strike action is recorded on the risk register. <b>Update 16/05/2023:</b> HR has added additional comment and contacted Toni Scattergood to enquire whether there was anything obvious coming through safeguarding regarding this. There has been nothing to support that this was a particular issue at this time. <b>Action:</b> HT/HR to monitor through QA subgroup. Action to be closed.	HR
27/04/2023	5.4	HR to discuss with Nick Davison the concerning language used in the Nicola Bulley case. <b>Update 16/05/2023:</b> HR had discussed with Nick Davison and responded to Cllr Carpenter. This would be handled on a case by case basis and would always be done in conjunction with the family. Action to be closed.	HR