



**Norfolk Safeguarding Adults Board**  
**Minutes of meeting held on Tuesday 11 July 2023**  
**Edwards Room, County Hall**

**PRESENT:**

Heather Roach, Independent Chair, Norfolk Safeguarding Adults Board (chair) (HR)  
Chris Balmer, Detective Chief Superintendent, Norfolk Constabulary (CB)  
Becky Booth, Deputy Board Manager, NSAB (BB)  
Kelly Boyce, Head of Safeguarding, James Paget University Hospital (KBo)  
Saranna Burgess, Director for Nursing for CFYP, Patient Safety Specialist, NSFT (SB)  
Andy Collier, Detective Superintendent, Norfolk Constabulary (AJC)  
Carolyn Fowler, Director of Nursing and Quality, NCH&C (CF)  
Andy Hudson, Associate Director for Quality in Care, N&W ICB (AH)  
James Kearns, Chief Executive, Build Charity (JK)  
Councillor Mark Kiddle-Morris, County Councillor, NCC (MKM)  
Walter Lloyd-Smith, Board Manager, NSAB (WLS)  
Mike Pursehouse, District Council Representative (MP)  
Helen Thacker, Head of Service – Safeguarding, NCC (HT)  
Judith Sharpe, Deputy Chief Executive, Healthwatch Norfolk (JS)  
Petra Alford, Executive Support Assistant, NSAB (minutes) (PA)

**GUESTS:**

Stuart Richardson, Chief Executive Officer, NSFT (SR)

Item	Minute	Action
<b>1</b>	<b>Welcome, apologies for absence and declarations of interest</b>	
1.1	<p>HR welcomed everyone to the meeting and introductions were made.</p> <p>Councillor Mark Kiddle-Morris introduced himself to the group. Councillor Kiddle-Morris is replacing Councillor Carpenter on the Board.</p>	
1.2	<p>Apologies were received from: Debbie Bartlett, Paul Benton, Craig Chalmers, Tricia D’Orsi, Kim Goodby, Sally Hughes, Trevor Key, Paul Morris, Amanda Murr, Jon Sharpe, Ben Reed, Gavin Thompson and Gary Woodward</p>	
1.3	<p>There were no declarations of interest made.</p>	
<b>2</b>	<b>NSFT Update</b>	
2.1	<p>Stuart Richardson presented an update for NSFT, the presentation slides will be circulated with the meeting minutes for information.</p> <p>Trust Strategy - Improving together - <a href="http://nsft.nhs.uk">PowerPoint Presentation (nsft.nhs.uk)</a></p>	
2.2	<p>Stuart shared that the Trust have a plan in place to remove themselves from special measures which they are hoping to do by December, ensuring that this will be sustainable.</p>	
2.3	<p>MP queried how NSFT were tackling the level of inappropriate demand going into their system.</p> <p>SR confirmed that there was confusion and a lack of understanding on where people can go to receive help. There were a large number of people assessed who only ever have one contact which shows they don’t really need NSFT. It was noted that there are now a large number of mental health practitioners within primary care and the MIND hubs which was helping with this.</p>	
2.4	<p>AC highlighted that for those who are not skilled in this area such as uniformed officers, when there are clear issues with someone, but they are told it’s not a treatable illness this can cause frustration.</p> <p>SR noted that working as a collaborative meant no agency saying no. For some people there may be a joint working option however he acknowledged that currently people were getting so ill they were often already in crisis.</p>	
2.5	<p>SB queried how we, as a wider system, upskill some of our workers to have mental health first aid skills and to be aware of what is serious and needs to be referred into a secondary care option. How can this responsibility be shared across organisations?</p>	

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2.6	SR shared that NSFT want to have a consistent crisis offer but also need to ensure that there is a strong community offer of support once the crisis is over.	
2.7	<p>CB raised the issue of S136 for those who are kept in police cells querying to what extent this was an NSFT capacity issue as opposed to a national issue and whether this was expected to get better or worse.</p> <p>SR acknowledged that there was a need to be prepared for a difficult few months as NSFT don't yet have the bed capacity and there are also times when there are no beds nationally. There is also the issue of the number of people in beds who are ready to move to the community but there is not a community offer available.</p>	
2.8	<p>WLS asked what work NFST were undertaking with housing.</p> <p>SB highlighted that discharge is one of their key priorities. They have a large number of service users who are ready to leave but there are no housing options for them. If there was the right community resource in the system alongside families, carers and the service user then there wouldn't be such a need for beds. Ideally they want service users being cared for and supported in their own homes.</p>	
2.9	<p>SB noted that the ICB were undertaking a piece of work on delayed discharge and they would be keen for NSFT to be part of this work.</p> <p>HR asked AH whether the work with Newton Europe would be where NSFT would fit in. Action: AH to follow up.</p>	<b>AH</b>
2.10	CF agreed that sustainability was very important and thanked SR and SB for their honesty acknowledging that all agencies have issues in these areas. CF noted that this goes back to education, NCH&C have worked with NSFT looking more at in-reach which was making a real difference. CF highlighted the importance of sharing the risk.	
2.11	JS mentioned the number of empty and available properties that a housing colleague had mentioned at a recent event. She also noted that that the Julian Support Director of Development had said they operate a discharge support scheme which was used by some but not all parts of NSFT.	
2.12	<p>It was highlighted that there was a Mental Health Concordat around 6 years ago which had a large action plan. It was not known what had happened to this piece of work and whether there were the same issues now.</p> <p>AC shared that this may now be held within the community safety command who work closely with NSFT.</p>	

Item	Minute	Action
	HR agreed that it would be good to revisit the Concordia and see what had happened with this piece of work.	
2.13	AC highlighted that there had been progress made such as liaison between teams however if demand outstrips supply there will remain an issue.	
2.14	HR noted that the answer lies with every organisation coming together with the ICB pulling together every strand.	
2.15	KB shared that cultural change was a core part of this. Acute health have had a huge change around what their responsibility is and now have mental health practitioners in the hospitals. There has been a cultural change for all agencies that engage with NSFT.	
2.16	HT queried whether with “right care right person” coming in at the end of the year whether NSFT would be able to meet these demands as there were concerns that pressures may be rolled onto other agencies.  SR noted that people had been waiting too long in S136 suites as there has not always been the resource to provide care for them. They are now having some positive conversations about how they make this right for the people of Norfolk and as they go through this it will highlight commissioning gaps. Early conversations have been very positive. One idea is to centralise the 136 suites to one place.	
2.17	AH noted the shift to a more preventative space and highlighted that there was a good evidence base around social prescribing which he encouraged SR to look at if it was not already happening.	
2.18	HR asked whether there was anything that the board, as a partnership, could do to assist NSFT.  SB asked that they were supported with their plea to have a system wide response. All agencies have their challenges and pressures but at the end of the day all want the same thing.	
<b>3</b>	<b>Review of minutes &amp; matters arising from meeting on 16 May 2023</b>	
3.1	The minutes were reviewed and <u>AGREED</u> .	
3.2	HR provided an update on actions which are shown on the actions log at the end of these minutes.	
<b>4</b>	<b>NSAB Annual Report Sign-off</b>	
4.1	HR thanked all those involved in creating this year’s annual report.	
4.2	It was queried whether naming agencies in the attendance register would be seen as naming and shaming.	

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	JK thought this was a positive as it showed that the board were being held accountable. He noted that a number of charitable reports were also now starting to show this. CF highlighted that the community trusts cover each other so ECCH and NCH&C should be together.	
4.3	It was shared that this year, with the support of our elected colleague, NSAB will be holding a briefing session for all councillors on 22 September 2023. The first half of this session will celebrate the work undertaken and the second half will look at how councillors can help to support the board. WLS will be attending a meeting tomorrow afternoon to ask for endorsement and support.	
4.4	CB shared that he thought it was a really good report which read well.	
4.5	CF queried what the expectation was for board members in terms of taking this to their own boards. WLS confirmed that the report was to be used as a tool to promote safeguarding.	
4.6	Board were asked to return any comments on the draft annual report by the end of Monday 17 July 2023.	<b>ALL</b>
<b>5</b>	<b>LSAP Update</b>	
5.1	BB presented an LSAP update, the presentation slides will be circulated with the meeting minutes for information.	
5.2	The September meeting the topic will be self-neglect and neglect. BB will look to make this more of a case study / discussion based topic.	
5.3	The issue of attendance at LSAPs was discussed. It was queried whether some of the LSAPs could be combined to ensure stronger group attendance. BB noted that this had been put to the groups but it was felt that there was value in the local level.	
5.4	BB noted that at the recent LSAP event a number of offers had been received from attendees to become meeting chairs.	
5.5	It was queried whether it would be helpful to have a standard introduction for new members or those that don't have a safeguarding background to help bring them up to speed so there was less repetition in meetings.	
5.6	HR noted that following NCC's strategic review the issue of business support to the LSAPs was unclear which may impact on the meetings going forward.  MP left the meeting at this point.	
<b>6</b>	<b>BREAK</b>	

Item	Minute	Action
<b>7</b>	<b>Risk and Issues Register</b>	
7.1	HR took the group through the updated risk and issues register.	
7.2	Risk 5 – implementation of recommendation of SARs There is a need to spend some time thinking about resourcing in terms of the number of referrals received, and whether Norfolk are an outlier. The focus had very much been on the Cawston Park SAR but there was also a need to follow up with other recommendations and ensure that actions were being monitored. This will be covered in the September Development Day.	
7.3	Risk 6 – data To be covered on the agenda. It was highlighted that the board have no analytical capability. Children’s have this support as they have more statutory returns. Therefore board do not have the capability to analyse the information they have. CQC are due to inspect the LA at some point and the board may be found wanting on the amount of data they collect.	
7.4	It was queried whether resource from the joint strategic analysis group could be shared in the same way as comms resource was shared. CB confirmed that this was already a shared resource between children’s and the youth alliance and was funded on a pro rata basis by the boards for the amount of work undertaken.	
7.5	It was noted that there was a HMRC report last week which discussed the value of really good analysis acknowledging that this was a cost pressure.	
7.6	CB shared that the board may be able to seek assistance from Norfolk Office of Data Analytics (NODA).  WLS noted that conversations with NODA had been previously pursued but had not progressed.	
7.7	BB highlighted that in order to be evidence led it was important to know what questions you want the data to answer.	
7.8	HR raised that there was a basic level of data which the board needed regularly which they can then further question.	
7.9	CB queried whether there was another board that NSAB could share the costs with.	
7.10	HR highlighted that resourcing the board was an area that would need further discussion.	

Item	Minute	Action
7.11	<p>KB highlighted that they have to provide data to the ICB so queried whether the board have ever asked partners to share their data which could bring some simple wins.</p> <p>AC noted that they collate a huge amount of data for a number of different purposes therefore they would need to know what was being asked for. AC highlighted that if one area was chosen as a focus, data could be requested from agencies to layer and analyse.</p>	
7.12	<p>Issue 3 – delay in the introduction of the Liberty Protection Safeguards An update on this will be covered in business group which will then be fed back to board.</p>	
<b>8</b>	<b>Safeguarding Data – 6 month update</b>	
8.1	<p>BB and HT presented an update on data, the presentation slides will be circulated with the meeting minutes for information.</p>	
8.2	<p>HT thanked BB for persevering with the data which has been a huge amount of work.</p>	
8.3	<p>Due to concerns with the data the update is looking at the data from the Safeguarding Adults Collection (SAC) 2022 – 2023.</p>	
8.4	<p>HT shared that the current strategy for the data dashboard is around self-service which is usable for basic reports however anything more complicated can be difficult to extract. Therefore HT suggested:</p> <ul style="list-style-type: none"> <li>• A return to having automatically generated reports which are run regularly and can give the information the board would wish to see.</li> <li>• Access to an analyst to enable drilling down in certain areas.</li> </ul> <p>Although the dashboard is being redeveloped for board it was felt that this would still be above the technical ability of most workers.</p>	
8.5	<p>HT and HR will be raising these issues with the senior management team at NCC.</p>	
8.6	<p>HR asked board which areas of data they would like to focus on.</p>	
8.7	<p>JS thanked HR and BB for gathering the data they were able to. JS felt the areas of abuse with the highest numbers should be focused on as this was where the most difference could be made.</p>	
8.8	<p>KB queried whether the data was based on the outcome or the initial allegation noting that as a provider they know that an allegation of an act of omission can be made but when investigated it can be found not to be substantiated.</p>	

Item	Minute	Action
8.9	BB agreed that it would be helpful to have what was substantiated / unsubstantiated and that information was recorded but it was very complex to extract.	
8.10	SB noted that with regard to self-neglect she was surprised to see the numbers reducing but noted that SARG were seeing a number of people who were under the radar. SB queried whether the reduction in numbers was due to self-neglect being missed or agencies becoming better at responding to it. SB would like to look into this area further.	
8.11	CF noted that it was good that data was being debated but queried how easy it would be to make a decision without the next level of detail. CF shared that they were seeing coroners' inquests increasing around pressure ulcers.	
8.12	CF highlighted that she had noticed a slight change in practice with organisations raising concerns about each other more than they had prior to Covid and queried whether this was something about the culture.	
8.13	CB highlighted that currently there was a lot of data that we don't understand and if this was going to be looked at in more detail then extra resource would be required.	
8.14	CB acknowledged the pressure on budgets however highlighted that now would be the best time to look at putting something in the budget as it was the budget setting period.	
8.15	<p>HR asked the group to flag this issue with their executive leads and she will follow this up with them.</p> <p>KB and AH left the meeting at this point.</p>	<b>ALL</b>
<b>9</b>	<b>Scrutiny Report</b>	
9.1	HR presented on the scrutiny report, the presentation slides will be circulated with the meeting minutes for information.	
9.2	The report will go to the MASH oversight group next week.	
9.3	AC queried whether there had been discussions regarding the thresholds guidance and the continuation of needs work? HR/BB to pick this up.	<b>HR/BB</b>
9.4	CB shared that a review of multi-agency working in MASH had been looked at for Children's in terms of how this looks and what people are either in or out of the room. However adults don't have the data footprint to do this piece of work.	

<b>Item</b>	<b>Minute</b>	<b>Action</b>
9.5	It was noted that the safeguarding team felt that there were still very good relationships within the team even though this was now virtual.	
9.6	SB queried whether there should be Health representation in the room as part of the decision making. CB noted that they have to be part of the discussion but this could be by email, virtually or by being in the room. AC confirmed that there had always been a small involvement from Health and agencies were welcome to be in the room.	
9.7	HR will follow up on who will be taking forward the recommendations.	<b>HR</b>
9.8	HR noted that this was a useful piece of work and it had been good to be able to get in and talk to people.	
<b>10</b>	<b>SARG Update</b>	
10.1	SB presented an update, the presentation slides will be circulated with the meeting minutes for information.	
10.2	There have been a number of the referrals coming into SARG around discharge which was indicative of the pressures on services. SB would be interested to hear back from the ICB work around this.	
10.3	SARG has excellent attendance and always is quorate but work continues to be at a high capacity. At the last meeting there had been 7 cases to discuss which is a lot of information to work through.	
10.4	SARG have tightened up their process on whether a referral meets the criteria, adapting a checklist from Bexley which helps to focus minds.	
10.5	A case for Board to consider for full SAR was put forward by SARG.  (Confidential information removed)  Board agreed to commission this under S44 (2).	
10.6	Thanks were given to those who attend the meeting for their input.	
<b>11</b>	<b>Key safeguarding messages from meeting</b>	
11.1	<ul style="list-style-type: none"> <li>• Reassurance around the journey NSFT is taking</li> <li>• Recognising that the coordination of services will be key to managing demand in terms of mental health</li> <li>• Continued support from board welcomed by NSFT</li> <li>• Data – whilst able to extract SAC data, difficult to identify the key areas for action, options given on how to progress this</li> <li>• Concern regarding key theme of discharges and the issue of people being risk adverse with regard to discharges.</li> </ul>	

Item	Minute	Action
12	<b>Any other business including safeguarding impact on any organisational change or reduction of services (SAR Mr AA/rec 13.5)</b>	
12.1	None given.	
	<b>Date of next meeting:</b> NSAB Assurance and Development Day, Tuesday 12 September 2023, 9:30m to 4:30pm, Hethel Engineering Centre, Hethel	

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<b>Open actions</b>			
<b>Date of meeting</b>	<b>Item</b>	<b>Action</b>	<b>Responsible</b>
11/07/2023	2.9	NSFT would like to be part of the work that the ICB are undertaking on delayed discharge. AH to follow up on where NSFT would fit within this piece of work.	<b>AH</b>
11/07/2023	4.6	Board members were asked to return any comments on the draft annual report by the end of Monday 17 July 2023.	<b>ALL</b>
11/07/2023	8.15	Board members were asked to flag the lack of resource for data analysis with their executive leads. HR to then follow up.	<b>ALL</b>
11/07/2023	9.3	HR/BB to follow up on whether there have been discussions regarding the thresholds guidance and the continuation of needs work.	<b>HR/BB</b>
11/07/2023	9.7	HR will follow up on who will take forward the recommendations from the Scrutiny Report.	<b>HR</b>
16/05/2023	6.11	HT to present an update on the safeguarding review in 9 months. Update 11/07/2023 – carry forward to March	<b>HT</b>
16/05/2023	7.7	WLS to contact SABs within the Eastern region regarding SAR referral numbers. Update 11/07/2023 – data has been collated and will be shared.	<b>WLS</b>
16/05/2023	7.14	AM to update board on the Welsh single unified review system in November. Update 11/07/2023 – carry forward to November	<b>AM</b>
16/05/2023	11.1	7MB on fire risk emollient - risk for LD and autism. HR/WLS/TW to discuss. Update 11/07/2023 – meeting on 27/07/23.	<b>HR/WLS/TW</b>
27/04/2023	3.3	Task and finish group to be created to look at EDI Update 16/05/2023: In progress Update 11/07/2023 – group meeting on 28/7 with Claire Charlwood supporting.	<b>BB</b>

<b>Open actions</b>			
<b>Date of meeting</b>	<b>Item</b>	<b>Action</b>	<b>Responsible</b>
14/03/2023	11.4	<p>Police policy change – right care / right person.</p> <p>Action - CB to update the board with more detail as the policy develops.</p> <p>Update 16/05/2023 - HR met with ACC Nick Davison, summary in minutes, board will be given a fuller brief at a later date. Action: watching brief</p> <p>Update 11/07/2023 – Nick Davison will be attending the 5 Board meeting to give a briefing</p>	<b>HR</b>
10/01/2023	7.2	<p>Safeguarding issues related to pressure sores / wound care</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>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.</p> <p>Update 16/05/2023 - GW confirmed that this meeting was postponed until 15/05/2023 where the terms of reference were signed off. GW suggest that Karen Bradley was invited to present to board in 6 months to help drive forward this. Action: GW to approach Karen to ask her to present at the November board meeting.</p> <p>Update 11/07/2023 - GW has approached the chair of the PU meeting but she has passed to a new incumbent whom he will approach later in the year.</p>	<b>LS / KBr</b>          <b>GW</b>
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. Action: SB to ask the LA how they monitor this and report back to board.</p> <p>Update 14/03/2023: HT had provided some narrative on social care, a response is awaited from the Quality Assurance team.</p>	<b>SB</b>

<b>Open actions</b>			
<b>Date of meeting</b>	<b>Item</b>	<b>Action</b>	<b>Responsible</b>
		<p>Update 16/05/2023: HT to follow up with Tim Weller.</p> <p>Update 16/05/2023: Following the meeting Tim Weller confirmed that IQS has no remit for care services outside of Norfolk (with the exception of the Quality Improvement Nurses and himself who have ICB responsibilities for care settings in Waveney).</p> <p>Update 16/05/2023: Board agreed for this to be covered at the 4 July progress summit rather than July board meeting.</p> <p>Update 11/07/2023: Position statement to be requested from ICB. Safe and wellbeing reviews were a one off following the Cawston Park SAR, in the new CTR policy there are scrutiny powers every quarter. AH to bring update to next meeting.</p> <p>Oversight is the annual review of the person and the provider would be the responsibility of the area. HT to ask how many out of county placements there are. HR/HT to meet to discuss.</p>	<p><b>HT</b></p> <p><b>TC/CC</b></p> <p><b>AH</b></p> <p><b>HR/HT</b></p>

<b>Actions closed during this meeting</b>			
<b>Date of meeting</b>	<b>Item</b>	<b>Action</b>	<b>Responsible</b>
16/05/2023	3.15	<p>James Dunne to bring an outline communications plan to board in July.</p> <p>Update 11/07/23 – will go to the 5 boards on 27 July</p>	<b>JD</b>
16/05/2023	6.7	<p>Recommendations from MASH Scrutiny piece of work to be presented to the July board.</p> <p>Update 11/07/23 – on agenda</p>	<b>HR</b>
27/04/2023	2.7	<p>WLS to raise the issue of agency staff other SAB's around the country to see how NSAB can strengthen these links.</p> <p>Update 16/05/2023 - Carry forward.</p> <p>Update 11/07/23 – WLS asked the question nationally but had very little response. HR highlighted that providers who employ agency staff are bound by CQC regulations therefore this was the providers responsibility. Agencies to be added under providers on the business delivery plan.</p>	<b>WLS</b>

<b>Actions closed during this meeting</b>			
<b>Date of meeting</b>	<b>Item</b>	<b>Action</b>	<b>Responsible</b>
27/04/2023	5.2	AC/HR to meet to discuss representation at the Norfolk Older People's Strategic Partnership. Update 16/05/2023 - 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. Update 11/07/23 – David Button now sits on business group	<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 Update 16/05/2023 - Moved to July board, to be presented by either ICB or Newton Europe rep. Update 11/07/23 – to be covered in September under system pressures	<b>ICB</b>
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. Update 16/05/2023 - HR has received a copy of the audit tool which she has shared with Chris Robson and Abigail McGarry. She had also discussed the tool with James Bullion who was keen to do something around this topic. HR does not think that that this tool kit will assist with this issue. Action: HR to follow up. Update 11/07/2023 – to be covered in September. Simon Shreeve invited to give assurance for Norfolk. CB noted they are starting to see some degree of intolerance starting.	<b>HR</b>
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	<b>TW</b>

Actions closed during this meeting			
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>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.</p> <p>Update 16/05/2023 - Rescheduled date still to be set.</p> <p>Update 11/07/2023 –Tim and Ruth invited to September meeting.</p>	<p><b>PA</b></p>

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