



**Norfolk Safeguarding Adults Board**  
**Minutes of meeting held on Tuesday 16 January 2024**  
**Virtual Meeting**

**PRESENT:**

Heather Roach, Independent Chair, Norfolk Safeguarding Adults Board (chair) (HR)  
Becky Booth, Deputy Board Manager, NSAB (BB)  
Kelly Boyce, Head of Safeguarding, JPUH (KB)  
Tina Chuma, Interim Clinical Lead for Complex Health and Safeguarding, NNUH (TC)  
Craig Chalmers, Director of Community Social Work, NCC (CC)  
Carolyn Fowler, Director of Nursing and Quality, NCH&C (CF)  
Emyr Gough, Safeguarding Lead, NFRS (EG)  
Mark Joyce, Detective Superintendent, Norfolk Constabulary (MJ)  
James Kearns, Chief Executive, Build Charity (JK)  
Trevor Key, Co-Chair, Norfolk Autism Partnership Board (TK)  
Cllr Mark Kiddle-Morris, County Councillor, NCC (MKM)  
Walter Lloyd-Smith, Board Manager, NSAB (WLS)  
Leon McLouglin-Smith, Head of Norfolk Probation Service, NPS (LMS)  
Claire Pratt, Associate Director for Wellbeing, UEA (CP)  
Mike Pursehouse, District Council Representative (MP)  
Andrea Smith, Board Co-ordinator, NSAB (AS)  
Helen Thacker, Head of Service – Safeguarding, NCC (HT)  
Dr Gavin Thompson, Director – Policy, Commissioning and Communications, OPCCN (GT)  
Gary Woodward, Designated Lead Professional for Adult Safeguarding, N&W ICB (GW)  
Petra Alford, Board Co-ordinator, NSAB (minutes) (PA)

**GUESTS:**

James Haydon, POhWER  
Rose Humphries, POhWER  
Jo Richardson, Head of Equality, Diversity & Inclusion, NCC  
Laura Riseborough, Quality Assurance Manager, NCC

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>HR welcomed new members to the board and updated board on changes to SARG now Saranna Burgess has left the area. Following an ask for expressions of interest, the executive board in January agreed for Gary Woodward to take up the Chair role with Kelly Boyce as Deputy Chair.</p> <p>The executive board met in January and going forward will meet quarterly to discuss any significant issues.</p>	
1.2	<p>Apologies were received from:          Lisa Barraclough, Paul Benton, Laura Bloomfield, Debbie Bartlett (Craig Chalmers attending as rep), Chris Butwright, Tricia D’Orsi, Nancy Fontaine (Tina Chuma attending as rep), Andy Hudson, Amanda Murr, Judith Sharpe and Alice Webster</p> <p>Claire Pratt advised she required be leaving the meeting at 11:30am. Craig Chalmers and Dr Gavin Thompson will be joining late.</p>	
1.3	There were no declarations of interest made.	
<b>2</b>	<b>Advocacy &amp; Safeguarding</b>	
2.1	James Haydon and Rose Humphries from POhWER joined the meeting to present on advocacy, presentation slides will be circulated with the meeting minutes for information.	
2.2	<p>GW raised the confusion around whether it was Care Act or IMCA. James clarified that if there is a s42 enquiry then they would need to be instructed as a Care Act advocate. General where protective measures are being put in place and the person lacks capacity that is where an IMCA is put in place.</p> <p>Once a referral is received POhWER will amend it on their system if required and work with the social worker around the type of referral required and what to expect when an advocate is put in place.</p>	
2.3	GW asked whether there was any assistance needed in Primary Care to better understand the role of an IMCA. James confirmed it was about helping teams to understand where and when to referral and shared that he would be happy to speak to any teams to help improve this channel of communication.	
2.4	HT queried the capacity of advocates at present as mindful of the previous wait times. James confirmed that at present allocation is taking place within a few days.	

Item	Minute	Action
	He shared that time sensitive cases were always prioritised. There had been a long waiting list in March / April last year however this had been cleared.	
2.5	HR highlighted that the NICE guidelines talks about advocacy from the first point of contact with the LA and queried whether this was the best point to be involved or whether they had to wait until it tips over to a s42 enquiry. James confirmed that they would always welcome a referral as early as possible, as it was always helpful to be involved at an early stage, if the person was found not to be eligible then this would be addressed.	
2.6	HR welcomed Helen Thacker and Laura Riseborough to present to the group on data for the use of advocacy in Adult Social Care and the findings of an audit undertaken last year, presentation slides will be circulated with the meeting minutes for information.	
2.7	CC shared that Adult Social Care were undertaking some urgent safeguarding remedial work across the service which includes advocacy. James offered to support with any additional learning for the teams as part of this.	
2.8	<p>WLS shared that last week Durham Safeguarding Adults Partnership held a summit on the Whorlton Hall SAR. NSAB supported the summit and gave a presentation on the links between the Whorlton Hall SAR and the Norfolk SAR looking into the deaths of Joanna, Jon and Ben. The Whorlton Hall SAR makes seven system findings all of which were national.</p> <p>Finding 3 is on advocacy 'an illusion of advocacy provision for people with learning disabilities, and/or who are autistic in specialist hospitals.'</p> <p>It notes 'current arrangements for the commissioning and oversight of advocacy services and the skill requirements of independent advocates, are inadequate for people with learning disabilities and/or who are autistic, who are in-patients in specialist mental health hospitals or who are at risk of becoming in-patients.'</p> <p>'This leaves people in the most high-risk settings, the least well served and creates a false security that advocacy is in place.'</p> <p>WLS queried how the board could/might use this finding in the Norfolk system.</p>	
2.9	<p>HR summarised:</p> <ul style="list-style-type: none"> <li>• There were some gaps however some actions were already being undertaken by Adult Social care</li> </ul>	

Item	Minute	Action
	<ul style="list-style-type: none"> <li>• The organisation wide learning could be adapted and shared more widely</li> <li>• HR suggested that it might be helpful for James, Rose, Laura and Helen to look further at this area to see whether there was anything the board can do to help raise awareness of advocacy</li> <li>• HR highlighted that the NICE guidance mentions having a representative from advocacy on safeguarding adults boards therefore James and Rose were asked to consider whether it would be appropriate for them to attend board.</li> </ul>	HT
2.10	James, Rose and Laura left the meeting at this point.	
<b>3</b>	<b>Review of minutes &amp; matters arising from meeting on 14 November 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.	
3.3	<p>Action 9.1 from 15 November 2023.</p> <p>HT updated that if the IQS team do not have this information there needs to be a piece of work undertaken on this.</p> <p>CC shared that the legal position was that everyone under the Care Act requires a review within a 12 month period regardless of whether they are placed within or out with the county. This is not being met at present, significant work is being undertaken on this. LD and MH are making progress on this, however considerable work was required in OP and PD. CC highlighted that the vast majority of people are not placed out of county, they choose to go out of county. The difficulty is knowing whether a provider was in difficulty or inadequate as the placing authority are not notified of this, and safeguarding arrangements fall to the host authority. Therefore issues with quality can be difficult to identify which is the position nationally.</p> <p>HR asked the board for their position on this as this was not a good position to be in.</p> <p>WLS noted that this was echoed in Durham’s SAR last week. WLS shared that the Eastern region ADASS have commissioned a regional piece of work on how well SABs are undertaking their statutory duties and this may be an avenue to highlight this issue both regionally and nationally.</p> <p>KB agreed that it would be helpful to highlight this with ADASS noting that the fact that “we don’t know what we don’t know” should give power to all agencies to undertake annual reviews.</p>	

Item	Minute	Action
	<p>KB queried whether it was mandatory to review CQC information on a provider prior to undertaking the review.</p> <p>CC highlighted that any providers who were rated inadequate would not be used for placements.</p> <p>KB queried what happens to those people placed with a provider who were rated inadequate following placement. CC clarified that with regard to those with learning disabilities they are offered the choice on whether they wish to move however families can be very reluctant to move their family members. CC noted that it was becoming increasingly difficult due to the number of home closures to find placements for those more complex cases therefore there would probably be more out of county placements for this cohort.</p> <p>HR reflected that, whilst being clear on the current challenge around this, for assurance board need to be aware of the number of out of county placements funded and what their review period has been.</p> <p>HR and CC to look further at what assurance can be given to board in this area whilst being clear on what the challenges are.</p>	<p style="text-align: center;"><b>HR/CC</b></p>
<b>4</b>	<b>Risk Register</b>	
4.1	HR shared the current risk register.	
4.2	<p>Risk no. 3: Failure to ensure appropriate oversight, governance and resourcing of multi-agency safeguarding arrangements</p> <p>Updates are awaited from Adult Social Care on the MASH scrutiny.</p>	
4.3	<p>Risk no. 5: Failure to implement recommendations from Safeguarding Adults Reviews</p> <p>The implementation of recommendations from SARs are reviewed in the combined action plan (CAP) however there are 6 SARs to be published this year which will have a number of recommendations, board were asked for assistance in ensuring that these recommendations are being implemented and what the impact of this has been.</p>	
4.4	HR queried whether SARG should continue to follow up on this or whether this should come to board.	
4.5	<p>GW shared that evidencing impact and traction of recommendations was something that himself and KB would be looking at next week.</p> <p>Health have recently adopted “evidencing the impact meetings” which looks at keeping up the momentum of actions. As this process matures there is the opportunity to look at potentially having a system wide overlay on how we move this forward.</p>	

Item	Minute	Action
4.6	WLS added that it should not be a surprise to partner agencies that a recommendation will be coming to them as it is an explicit role of the panel members to share these with their organisation.	
4.7	TC shared that at the NNUH all recommendations are taken to their safeguarding assurance committee where it is disseminated however evidencing the impact is challenging. They would welcome any suggestions on what other areas do in this area.	
4.8	HR agreed that more work needs to be undertaken with partner organisations on how they evidence impact and this needs to be built into the action plans.	
4.9	KB highlighted that if it was not auditable it was not an action.	
4.10	MB queried whether actions from SARs were SMART. It was confirmed that this was used in panel meetings however this relies on panel members understanding of SMART and their confidence to challenge authors.	
4.11	HR noted that panel members need to challenge the authors on this to ensure that recommendations are specific.	
4.12	<p>Risk no. 6: Lack of available safeguarding information and data to support NSAB</p> <p>The risk score has been reduced now assistance has been provided by the NCC I&amp;A team.</p>	
4.13	<p>Risk no. 7: Cost of living crisis impacting upon most vulnerable people in the community</p> <p>This risk has been mitigated down and is now on the register to monitor. HR is awaiting an insight project on the impact on safeguarding of the cost of living.</p>	
4.14	<p>Issue no. 1: Quality of care</p> <p>There is a very good level of activity within the Integrated Quality Group on this area therefore HR was assured that there was good oversight in this area.</p>	
4.15	<p>Issue no. 3: DoLs</p> <p>This has been discussed at Business Group. LPS has been delayed and there are concerns regarding backlogs and the risks around this. HR suggested this was added to a future agenda in order to take a deep dive so board understand the issues and the types of actions that board might be able to assist with.</p>	

Item	Minute	Action
4.16	CC shared that the failure to introduce LPS was creating problems in DoLs with spiralling numbers across the Country. Norfolk has brought in a private company to assist with this work which was helping but has not dramatically reduced the numbers due to the amount coming in.	
4.17	GW noted that whilst it was a concern that the waiting lists were so high it was positive that the DoLs process was still being held in high value.	
4.18	HR reminded the group that if there were any risks that partners wished to raise they can complete the form which goes to Business Group to score before being added to the register.	
	TC left the meeting at this point.	
<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	MJ shared that he holds the strategic lead for Fraud and will therefore liaise with BB on the Financial Abuse topic to see whether they can input into this.	
5.3	GT added that fraud would be a continuing priority for CSP and there would be a wider review of the County response to this in the next 6 months.	
	<b>BREAK</b>	
<b>6</b>	<b>SARG Update</b>	
6.1	WLS presented a SARG update, the presentation slides will be circulated with the meeting minutes for information.	
6.2	A reminder was given that 2 extraordinary board meetings had been set in February and April to give board the opportunity to review the reports for the SARs coming through.	
6.3	HR shared that support has been received from the ICB with regard to obtaining feedback on the recommendations for SAR L, M & N.	
6.4	LMS raised the gap in the provision and support for general releases from prisons. He noted that there were a number of vulnerable people being released who don't seem to be being picked up. WLS highlighted that some of this will be picked up in SAR X but there may also be the ability to link in with the author of SAR X on this issue.	

Item	Minute	Action
6.5	HR shared that she chairs a subgroup of the national network of chairs who are hoping to use SAR X to escalate these issues. The business team have also had a few meetings with the local prisons which they are trying to build on. Action: HR/WLS to liaise further with LMS.	HR/WLS/LMS
6.6	JK queried the reason for the increase in the number of live SARs at present. WLS confirmed that previously the board had only had 1 live SAR open at a time. There were a number of reasons for the increase, one of which being a wider awareness of the criteria for a SAR which is seen as a positive. The increase can also be partly attributed to the impact of Covid. JK acknowledged the work previously undertaken to raise people's awareness however he raised concern that the quantity doesn't start impacting on quality. HR agreed that this was an issue and therefore the board would be looking at whether they can be smarter on the methodology used when undertaking SARs.	
6.7	WLS shared that he was looking at possible training on methodologies for SARs for the board.	
<b>7</b>	<b>Update on recommendation M from SAR Joanna, Jon and Ben</b>	
7.1	Jo Richardson presented an update on recommendation M from SAR Joanna, Jon and Ben, the presentation slides will be circulated with the meeting minutes for information.	
7.2	<p>The board was reminded that recommendation M was as follows:</p> <p>The taboo of addressing the racism of people with cognitive impairments remains to be explicit and made visible in all services. Norfolk's SAB should begin a process of (i) gathering the efforts and experiences of the county's service providers in challenging racism and racist stereotyping and (ii) convening "world café" conversations with providers and other interested people, including those at the sharp end of injustice.</p>	
7.3	HR thanked Jo and her team for the work undertaken on recommendation M.	
7.4	GW queried whether the workplace now accepted that this behaviour should not be normalised or accepted.	
7.5	CF raised that she shared hope that although people were struggling to manage these situations the good thing was that people were talking about it and escalating for help. What they now needed was the skills and confidence to handle these situations themselves.	

Item	Minute	Action
	<p>CF shared that she had been shocked at some of the issues the Trust had experienced in the last few years, as the environment had changed with the introduction of a new international workforce coming into Norfolk, with micro aggressions from staff. CF noted that if the board can work together and share ideas it would be very helpful.</p>	
7.6	<p>MJ shared that there was some good work going on within Norfolk Police which works in parallel with this process which “Right Culture” which is really looking at this at present.</p> <p>MJ highlighted that reported, recorded, investigated means a very different thing to their organisation and therefore queried whether the language could be amended.</p>	
7.7	<p>GW queried whether members of the board were seeing anything regarding current world situations reflecting in local behaviours. GT shared that the weekly briefing created through CRPSG does not support the hypothesis that there has been an increase in hate crime as a result of world events, but he noted that it had been challenging getting agencies to report issues vis a vis the police reporting mechanism to allow for a fuller, more accurate picture.</p>	
7.8	<p>HR asked board whether they agreed to the recommendations suggested and asked for assistance from board to move these recommendations forward. Board <b>AGREED</b> to support the recommendations.</p>	
7.9	<p>Jo using the boards influence in the best way possible to change the current dynamic. Jo thanked the board for their leadership and commitment to trying to find a way to navigate and work through this area.</p>	
<b>8</b>	<b>Key safeguarding messages from meeting</b>	
8.1	<ul style="list-style-type: none"> <li>• Advocacy – there are some concerns but there is a plan in place to raise awareness and willingness from the provider to work with the local authority and join board.</li> <li>• Out of area placements – to be raised via ADASS and Norfolk’s position to be examined further.</li> <li>• Financial Abuse/Fraud – an area of key focus across the County with an opportunity for the LSAPs to support this.</li> <li>• Tackling persistent racism – Board to give their voice to supporting this recommendation.</li> <li>• SARs – how do we make recommendations stick and how do we evidence the impact.</li> </ul>	

Item	Minute	Action
9	<b>Any other business including safeguarding impact on any organisational change or reduction of services (SAR Mr AA/rec 13.5)</b>	
9.1	None given.	
	<b>Date of next meeting:</b> 28 February 2024 at 9.30am – virtual (extraordinary meeting to sign off SARs)	

FINAL DRAFT

<b>Open actions</b>			
<b>Date of meeting</b>	<b>Item</b>	<b>Action</b>	<b>Responsible</b>
16/01/2024	2.9	Advocacy & Safeguarding – HT to look at whether the organisation wide learning could be adapted and shared more widely.	<b>HT</b>
16/01/2024	6.5	HR/WLS to liaise with LMS on the gap in the provision and support for general releases from prisons and the link to SAR X.	<b>HR/WLS/LMS</b>
14/11/2023	4.9	LeDeR Annual Report 2023-24 - clarity required on where reviews sit, Board to consider further. <b>Update 16/01/2024:</b> HR will pick up this issue with GW and KB going forward.	<b>HR</b>
14/11/2023	5.7	Safeguarding issues related to pressure sores / wound care - Lisa Sutherland to be invited to Board in 12months to update. <b>Update 16/01/2024:</b> Carry forward	<b>HR</b>
14/11/2023	6.8	Data priorities - HR and BB to consider looking at the overarching question on data first before looking at the self-neglect issue as the Board doesn't have assurance on this. <b>Update 16/01/2024:</b> HR had a discussion with Chris Balmer and this was also raised with the Quality & Assurance Group. BB has met with the insight and analytics team who are going to look at numbers for the top 10 types of abuse and how many of these then turn into safeguarding enquiries. This will then be brought back to the Q&A group for further discussion to identify a key focus which will then be brought back to board in March.	<b>HR/BB</b>
14/11/2023	8.11	SAR P - action plan to be created in the next 4 weeks. <b>Update 16/01/2024:</b> Action plan drafted, 6 recommendations to be taken forward. The SAR P report will be published on 25/01/24.	<b>WLS/PN</b>
14/11/2023	11.3	Right Care Right Person - David Harris to be invited back to Board in the New Year to give a further update on progression and any challenges.	<b>HR</b>

Open actions			
Date of meeting	Item	Action	Responsible
		<b>Update 16/01/2024:</b> Carry forward, potentially to be covered in March.	
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. Update 14/11/2023: carry forward to March. <b>Update 16/01/2024:</b> carry forward to March	<b>HT</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>Update 14/11/2023:</b> The last meeting was stood down to await the outcome of the resource & capacity issues of a Single Unified Review System (SURS) in January 2024. CB raised the link to the request for an interim SARG chair. <b>Update 16/01/2024:</b> Carry forward	<b>AM</b>
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. Update 14/03/2023: HT had provided some narrative on social care, a response is awaited from the Quality Assurance team. Update 16/05/2023: Tim Weller confirmed that IQS has no remit for care services outside of Norfolk. Update 16/05/2023: Board agreed for this to be covered at the 4 July progress summit rather than July Board meeting. 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. Oversight is	<b>HR/CC</b>

Open actions			
Date of meeting	Item	Action	Responsible
		<p>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>Update 14/11/2023:</b> update from AH circulated with meeting papers. Data on the number of people placed out of county still to be received. HR to follow up with CC.</p> <p><b>Update 16/01/2024:</b> an update on the numbers of OOC placements has not been possible. For assurance board need to be aware of the number of out of county placements funded and what their review period has been. <b>Action:</b> HR and CC to look further at what assurance can be given to the board in this area whilst being clear on what the challenges are.</p>	

FINAL DRAFT