



**Norfolk Safeguarding Adults Board**  
**Minutes of meeting held on Tuesday 12 March 2024**  
**Virtual Meeting**

**PRESENT:**

Heather Roach, Independent Chair, NSAB (chair) (HR)  
Chris Balmer, Head of Safeguarding and Investigations, Norfolk Constabulary (CB)  
Lisa Barraclough, Advanced Customer Support Senior Leader, DWP (LB)  
Becky Booth, Deputy Board Manager, NSAB (BB)  
Kelly Boyce, Head of Safeguarding, JPUH (KB)  
Craig Chalmers, Director of Community Social Work, NCC (CC)  
Carolyn Fowler, Director of Nursing and Quality, NCH&C (CF)  
Kim Goodby, Associate Director, NNUH (KG)  
Emyr Gough, Area Manager / Head of Prevention and Protection, NFRS (EG)  
James Haydon, Community Manager, POhWER (JH)  
Mark Joyce, Safeguarding and Investigations Command, Norfolk Constabulary (MJ)  
James Kearns, Chief Executive, Build Charity (JK)  
Trevor Key, Co-Chair, Norfolk Autism Partnership Board (TK)  
Walter Lloyd-Smith, Board Manager, NSAB (WLS)  
Claire Pratt, Interim Director for Student Services, UEA (CP)  
Mike Pursehouse, District Council Representative (MP)  
Judith Sharpe, Deputy Chief Executive, Healthwatch Norfolk (JS)  
Sarah Talbott, Health & Justice Partnership Coordinator – Norfolk & Suffolk Probation (ST)  
Helen Thacker, Head of Service – Safeguarding, NCC (HT)  
Gary Woodward, Designated Lead Professional for Adult Safeguarding, N&W ICB (GW)  
Petra Alford, Board Co-ordinator, NSAB (minutes) (PA)

**GUESTS:**

Alison Simpkin, Head of Social Care - Adult Mental Health

Item	Minute	Action
<b>1</b>	<b>Welcome, apologies for absence and declarations of interest</b>	
1.1	HR welcomed everyone to the meeting and introductions were made.	
1.2	Apologies were received from Debbie Bartlett, Laura Bloomfield, Christopher Butwright, Tricia D'Orsi, Nancy Fontaine, Mark Kiddle-Morris  Chris Balmer advised he would need to leave the meeting early. Craig Chalmers had advised that he would be joining the meeting late.	
1.3	There were no declarations of interest made.	
<b>2</b>	<b>Review of minutes &amp; matters arising from previous meeting</b>	
2.1	HR thanked those that attended the extraordinary board meeting in February. WLS highlighted that the documents for SAR T / DHR Cromer remain confidential and should not be shared until these have been signed off by the Home Office.  The minutes from 16 January 2024 were reviewed and <u>AGREED</u> .	
2.2	HR provided an update on actions which are shown on the actions log at the end of these minutes.	
<b>3</b>	<b>Business Group Update</b>	
3.1	WLS presented an update, presentation slides will be circulated with the meeting minutes for information.	
<b>4</b>	<b>Update on NCC Safeguarding Review and MSP project</b>	
4.1	HT presented an update on the review following her initial presentation to board in May 2023, presentation slides will be circulated with the meeting minutes for information.	
4.2	CB queried whether it was known how long people were staying on the holding list. Having undertaken work on backlogs/queues in a number of areas his question was always 'how long?' as well as 'how many?'. HT agreed this would give more oversight so will look at whether this can be added to the dashboard.	<b>HT</b>
4.3	WLS queried the larger number of provider concerns and whether these were new concerns or was this due to capacity within the team. HT confirmed there had been a rise in provider concerns as well as more of a focus on services within the County.	
4.4	GW queried any trends/themes which may imply a need for greater training in certain areas. HT confirmed that the concerns are usually due more to a systemic problem with a provider.	
4.5	CC highlighted to the board that in some areas Norfolk has the worst care market in the Country particularly for LD.	

Item	Minute	Action
	<p>Norfolk has a progressively intractable problem about trying to improve some poor providers in the older people market as well. Safeguarding often falls into market and provider improvement where it's not solely the role of safeguarding to undertake which burns up a lot of staff time. In one locality we saw 50 safeguarding referrals in one week. The wider system is throwing work to safeguarding and a large amount of this not appropriate causing capacity issues.</p> <p>CC noted that this may be a conversation that board have to come back to in terms of what the parameters are for the board in terms of risk due to Social Care capacity and market issues.</p>	
4.6	<p>HR thanked HT for the update and noted the huge amount of work undertaken. HR suggested that it may be helpful to have two or three board members look at the safeguarding triage process to give a multi-agency perspective to ensure everything that can be done is being done.</p> <p>HT to return in 6 months to give an update on the holding lists, which will remain on the board risk register.</p>	
4.7	<p>HT continued the presentation on Making Safeguarding Personal.</p>	
4.8	<p>CB queried whether there were parallels to be drawn with the work that Carlene Furmin has undertaken on contextual safeguarding.</p> <p>CB shared that what himself and MJ would take away for the Constabulary was contextual safeguarding in terms of locality based issues for vulnerable adults.</p>	
4.9	<p>JS was very interested in the difference with Hertfordshire regarding not screening in the same way that Norfolk had and queried whether there were any differences in what was being revealed. Noting that if complaints were being excluded then potentially this could exclude a lot of learning.</p> <p>HT wasn't aware of any issues from Hertfordshire. She noted that in Norfolk the learning from complaints would come from the complaints process, so there would be something to review and respond to. The reason complaints were not considered at this time was to ensure that the complaint did not cloud the safeguarding conversation.</p>	
4.10	<p>HR queried whether this piece of work would be continued. HT confirmed that this would be ongoing.</p>	
4.11	<p>HR asked board to feedback on the question HT raised at the end of the presentation:  "Could each member of the board consider how the human factors relating to safeguarding could be built into their work as preventative safeguarding actions?"</p>	<b>ALL</b>

Item	Minute	Action
	<b>BREAK</b>	
<b>5</b>	<b>DoLS Update</b>	
5.1	HR welcomed Alison Simpkin to the meeting to present an overview on DoLS, presentation slides will be circulated with the meeting minutes for information.	
5.2	Chris Balmer left the meeting at this point.	
5.3	GW noted the significant investment in BIA's and queried whether there were still restrictions on some people who undertook the training but then couldn't go on to practise. Alison to follow up on this with Donna Hewitt who manages the team.	<b>AS</b>
5.4	WLS asked if there was anything the board could do to support with regard to reminding providers of renewals. Alison shared that they do have an assistant practitioner and business support assisting with this but any help would be welcome. Upskilling around MCA across health and social care would be helpful.	
5.5	Alison shared that cases are constantly reprioritised based on the information that they are given. The cases on the backlog are the cases where the family are happy with the care being given and the people themselves are not challenging this.	
5.6	HR asked whether s12 capacity was on the ICB risk register. Alison noted she is also meeting with Mark Payne, as Head of Health, in a few weeks' time and could raise this then.	<b>AS</b>
5.7	CF raised that the risk was increasing due to the complexity and dependency of people coming through the system. The upskilling on safeguarding and the mental capacity act is key here, all NCH&C trained nurses should feel confident to be challenging and asking questions. CF will look at the risk on their risk register to ensure that it is actually articulating what the risk is.	
5.8	HR noted that the board do have some funding available for MCA work and therefore with this in mind she will put together a proposal around how the board might take this forward in a way that would best meet those needs of everybody and not just a small minority of the partnership.	<b>HR</b>
5.9	Thanks were given to Alison for her input.	
<b>6</b>	<b>SARG Update</b>	
6.1	Gary Woodward gave an update on the current work being undertaken by SARG, presentation slides will be circulated with the meeting minutes for information.	
6.2	Lisa Barraclough left the meeting at this point.	

<b>Item</b>	<b>Minute</b>	<b>Action</b>
6.3	Board were asked to agree for two new SARs to be commissioned.	
6.4	HR would like any early learning to be identified in relation to the LD provider case.	
6.5	KG raised that she would be interested to know what lessons have been learnt (or not) by the Cawston Park SAR and how we can reflect that in this case and actually embed learning/improvements going forward. HR noted that having held 2 large summits on this SAR that would probably not be repeated this year however there is some work to be done on the local questions around what's changed, what can we evidence? There is now an ethical framework - how is this being used.	
6.6	GW queried whether Board would find a rolling thematic chart helpful to identify the issues which are being raised in SARG.	
6.7	GW noted that Suffolk use a case review system to manage their SAR referrals which SARG will be looking at. GW and KB will be producing an options paper to board with regard to proposed changes on how the group will run going forward.	<b>GW/KB</b>
6.8	Confirmation was given by all in the chat facility that Board AGREED to support the recommendation for the two SARs to commissioned.	
<b>7</b>	<b>Annual Report</b>	
7.1	WLS shared with the group the plans for the 2023/24 annual report, presentation slides will be circulated with the meeting minutes for information.	
7.2	JK asked that the report documents how Norfolk is being made safer through our work if we are returning to the PML model.	
7.3	HR thanked the group in advance for their input for the annual report.	
<b>8</b>	<b>Key safeguarding messages from meeting</b>	
8.1	<ul style="list-style-type: none"> <li>• Safeguarding review update – structures, processes and practice has been looked at. Holding lists are still a risk which will continue to be monitored.</li> <li>• DoLS – we know what the risks are and the mitigating actions for this. Board to look at how they raise awareness across the sector on mental capacity</li> <li>• SARG – agreed to commission 2 new SARs, there are a large number of SARs being undertaken, board to focus on the impact and implementation of the recommendations from these</li> </ul> <p>WLS asked all boards members that at the next meeting they all give one example of how they have looked at the human factors relating to their safeguarding work whether in their organisation or their network.</p>	<b>ALL</b>

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	<p>JS shared that Healthwatch had undertaken a piece of work in response to the Cawston Park SAR called My Views Matter to seek the voice of people with learning disabilities living in residential care and also the voice of relatives and family carers. They are now undertaking a piece of work with Opening Doors, to set an annual set of focus groups. A set of topics for this year were given to three different focus groups to consider ranging from pharmacies, eye care, mental health, GP appointments and safeguarding. Safeguarding has been voted as the topic they would like to focus on this year. These will take place around June / July and feedback will be brought back to board.</p>	
9.2	<p>HR reminded the group that the May board meeting will be the assurance and development day. It has been brought forward this year from September in the hope that more executive leads are able to attend. The meeting will look at where we are with data and our measures of how we're performing as a board and will include feedback from the peer review with Wigan and feedback from the Eastern ADASS / LGA piece of work looking at how SABs are fulfilling their duties.</p> <p>HR asked board members to share any items they would like to cover at the development day with either herself or Walter.</p>	
9.3	<p>TK shared that 2 -8 April is Autism Celebration Week, details of events will be on the Norfolk Autism Partnership website soon.</p>	
	<p><b>Date of next meeting:</b>  30 April 2024 at 9.30am – virtual (extraordinary meeting to sign off SARs)  14 May 2024 at 9.30am – full day assurance and development day</p>	

<b>Open actions</b>			
<b>Date of meeting</b>	<b>Item</b>	<b>Action</b>	<b>Responsible</b>
12/03/2024	5	DoLS update: Alison to follow up with Donna Hewitt on restrictions on health staff undertaking BIAs. Alison to query with Mark Payne whether s12 capacity is on the ICB risk register	<b>AS</b> <b>AS</b>
12/03/2024	5.8	HR to draft proposal for board funding of MCA work to upskill practitioners	<b>HR</b>
12/03/2024	6.7	GW and KB to present an options paper to board with regard to proposed changes on how SARG will run going forward.	<b>GW/KB</b>
12/03/2024	8.1	WLS asked all boards members to give one example of how they have looked at the human factors relating to their safeguarding work whether in their organisation or their network at the next meeting	<b>ALL</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>Update 12/03/2024:</b> To be carried forward until completion of the SAR X report. HR shared that HR/WLS have quarterly meetings with prison reps. HR chairs the National SAB subgroup on criminal justice who are undertaking a survey on prison issues which she will share once completed. GW highlighted the “Reconnect” programme which helps those in prisons reconnect with Health services. LB raised an interest in this area due to the connection with DWP.	<b>HR/WLS/LMS</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>Update 12/03/2024:</b> GW/HT had discussed the LA’s review of s42 consideration around pressure area damage, which often occur in care homes and domiciliary settings, and how best to support non health professionals determine whether it's substantiated neglect or something of that nature. Guidance has now been released but there are issues regarding resourcing and capacity to undertake this work.	

Open actions			
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		<p>HT has checked with regional colleagues who have similar issues, they want to follow the guidance but this is challenging without extra resource in Health. If funding is received from the ICB for a Health representative to sit within the LA front door this would help considerable. CF noted that this was an important area and therefore she will take this back to her colleagues and look to bring something back to Board.</p> <p>GW shared that he had received an email from the Deputy Director of Nursing at the Suffolk ICB who was proposing a review of their local protocol on pressure ulcers, mapped against the revised PU and safeguarding guidance, they will be doing this alongside the Suffolk Safeguarding Board, so this may be an opportunity to consider some joint work. GW to keep board updated on this.</p>	<p>CF</p> <p>GW</p>
14/11/2023	6.8	<p>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.</p> <p><b>Update 16/01/2024:</b> HR had a discussion with Chris Balmer and this was also raised with the Quality &amp; 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&amp;A group for further discussion to identify a key focus which will then be brought back to board.</p> <p><b>Update 12/03/2024:</b> Carry forward to the next board meeting in May.</p>	HR/BB
14/11/2023	11.3	<p>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.</p> <p><b>Update 16/01/2024:</b> Carry forward, potentially to be covered in March.</p> <p><b>Update 12/03/2024:</b> This has currently been paused. HR shared that she has been invited to sit on the Home Office Oversight Panel for RCRP which is an opportunity to look at any themes, trends and learning which can be fed back into Norfolk.</p>	HR

Open actions			
Date of meeting	Item	Action	Responsible
16/05/2023	6.11	<p>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>Update 12/03/2024:</b> HT to query whether length of wait can be added to the dashboard. HT to return in 6 months to give an update on the holding lists, which will remain on the board risk register.            Each member of the board to consider how the human factors relating to safeguarding could be built into their work as preventative safeguarding actions.</p>	<p><b>HT</b> <b>ALL</b></p>
16/05/2023	7.14	<p>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 &amp; 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>Update 12/03/2024:</b> Work in progress, carry forward and monitor.</p>	<p><b>AM</b></p>

Closed actions			
Date of meeting	Item	Action	Responsible
16/01/2024	2.9	<p>Advocacy &amp; Safeguarding – HT to look at whether the organisation wide learning could be adapted and shared more widely.</p> <p>Update 12/02/2024 – HT met with POhWER, Laura Riseborough, Rob Cooper and Nick Pryke. Actions agreed:</p> <ul style="list-style-type: none"> <li>- <b>Rob</b> to share some feedback from staff following a survey of operational staff about the current statutory advocacy service as part of the prep for recommissioning the service.</li> <li>- <b>James</b> agreed to carry out a training session for all OP/PD teams. It will include when to refer/role of advocate and appropriate individual but will also be an opportunity for Q&amp;A. <b>James</b> agreed to do some bullet points about learning outcomes from the session. Session will need to cover the need to support a relative to carry out the role of appropriate person to avoid referring unnecessarily for advocacy.</li> <li>- <b>Nick</b> will communicate with ODs/Heads about booking these sessions in with their teams.</li> <li>- <b>Nick</b> would like to get feedback from staff for managers about what's happening across the localities and use the learning cycles – to be discussed with ODs/Heads.</li> <li>- <b>James</b> to approach POhWER' s marketing and business division to ask if they could provide a vlog that could be used with staff ongoing as we know there are diminishing returns following a training session.</li> <li>- <b>James</b> will also produce a myth buster/FAQs sheet for circulation.</li> <li>- <b>Rose</b> will send a flow diagram to James to include in this information.</li> <li>- James and Rose have already reviewed the information in our procedure and confirmed it is still accurate.</li> <li>- <b>Helen</b> will put the information from James together in an email for teams to go out via the TM/PC distribution list and will include a link to the procedure for information.</li> </ul>	HT

Closed actions			
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		<ul style="list-style-type: none"> <li>- <b>Laura</b> will carry out another safeguarding audit which will include face to face conversations with practitioners. This will be an opportunity to monitor and give reminders to staff about advocacy and prompt them to look at resources.</li> <li>- There is a DLT away day at the end of the month to consider key messages for staff. <b>Helen</b> to ask Lorraine and Susanne if they could include some key messages about advocacy, particularly linked with how we ensure people's voices are heard.</li> </ul> <p><b>Update 12/03/2024:</b> James Heydon has joined the board today following the invitation from Heather at the last meeting. HT shared that she will update the board again later in the year following an audit. Close action, keep on forward agenda.</p>	
14/11/2023	4.9	<p>LeDeR Annual Report 2023-24 - clarity required on where reviews sit, Board to consider further.</p> <p><b>Update 16/01/2024:</b> HR will pick up this issue with GW and KB going forward.</p> <p><b>Update 12/03/2024:</b> LeDeR criteria now also covers autism. LeDeR to remain on the forward plan.</p>	<b>HR</b>
14/11/2023	8.11	<p>SAR P - action plan to be created in the next 4 weeks.</p> <p><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.</p> <p><b>Update 12/03/2024:</b> Completed, action to be closed.</p>	<b>WLS/PN</b>
15/11/2022	9.1	<p>SARs update – 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>	<b>HR/CC</b>

Closed actions			
Date of meeting	Item	Action	Responsible
		<p>Update 14/03/2023: HT had provided some narrative on social care, a response is awaited from the Quality Assurance team.</p> <p>Update 16/05/2023: Tim Weller confirmed that IQS has no remit for care services outside of Norfolk.</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. 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>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> <p><b>Update 12/03/2024:</b> HT shared that the data on this for Norfolk County Council has been reviewed. For OP/PD there are 251 people placed out of County, 96 with overdue reviews. For LD there are 131 people place out of County, 25 with overdue reviews. For Mental Health there are 40 people place out of County, 4 with overdue reviews. Due to the risks to these people there has been a push on the overdue reviews. The procedure for Out of County placements has been reviewed to ensure that providers can meet the persons needs prior to the placement being agreed, contact is made with the local host authority to gather any information related to the provider including whether there are any placement restrictions and whether they're accredited with Norfolk County Council. If they are not accredited with Norfolk County Council they can contact the procurement team who can assist with this process.</p>	

Closed actions			
Date of meeting	Item	Action	Responsible
		<p>TK asked whether there were any plans to separate the numbers for those with autism from the learning disabilities placements. HT shared that this was not currently possible however they will be focusing more on people with autism going forward. CC shared that as Adult Social Care record by primary need rather than diagnostic terms this can be challenging. There is work being undertaken under the Autism Act to ensure that people's needs are being met. There is also a new voluntary sector service for those with autism which has just started in Norfolk.</p> <p>JS highlighted that the data dashboard used to track out of county placements and queried whether this should be brought back. HT queried whether this had been when ASD had been looking to reduce the number of people placed out of county in high need mental health / learning disability hospitals. BB and HT will raise this with colleagues in the next quality and assurance subgroup meeting.</p> <p>Action to be closed, to be monitored going forward.</p>	

FINAL