



**Norfolk Safeguarding Adults Board**  
**Minutes of meeting held on Tuesday 12 November 2024**

**PRESENT:**

Heather Roach, Independent Chair, NSAB (chair) (HR)

Becky Booth, Deputy Manager, NSAB (BB)

Kelly Boyce, Head of Safeguarding, JPUH (KB)

Craig Chalmers, Director of Community Social Work, NCC (CC)

Tina Chuma, Lead Professional for Safeguarding Children & Vulnerable Adults, NNUH (TC)

Anthony Deery, Chief Nursing Officer, NSFT (AD)

Carolyn Fowler, Director of Nursing and Quality, NCH&C (CF)

Christine Hodby, Head of Safeguarding, N& ICB (CH)

Rebecca Hulme, Director - Children, Young People and Maternity, N&W ICB (RH)

Mark Joyce, Safeguarding and Investigations Command, Norfolk Constabulary (MJ)

Trevor Key, Co-Chair, Norfolk Autism Partnership Board (TK)

Walter Lloyd-Smith, Board Manager, NSAB (WLS)

Michael Millage, Director, NorCA (MM)

Amanda Murr, Assistant Director Policy & Partnerships, OPCCN (AM)

Mike Pursehouse, District Council Representative (MP)

Judith Sharpe, Deputy Chief Executive, Healthwatch Norfolk (JS)

Andrea Smith, Board Co-ordinator, NSAB (AS)

Helen Thacker, Head of Service – Safeguarding, NCC (HT)

Cllr Alison Thomas, County Councillor, NCC (AT)

Gary Woodward, Designated Professional for Safeguarding Adults, N&W ICB (GW)

Petra Alford, Board Co-ordinator, NSAB (minutes) (PA)

**GUESTS:**

Claire Charwood, Equality, Diversity & Inclusion Officer, NCC

Jo Malam, Project Manager, Assurance, Strategy and Performance, NCC

Andy O'Connell, Senior Nurse Manager for LeDeR, N&W ICB

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 Lisa Barraclough, Christopher Butwright, Daniel Childerhouse, Rachael Cocker, Kim Goodby, Emyr Gough, Andy Hudson, James Kearns, Paul Morris, Pauline Parke-Chatten, Claire Pratt, and Ian Wake	
1.3	There were no declarations of interest made.	
1.4	Cllr Alison Thomas was welcomed to the board as the elected member. Thanks were given to Cllr Mark Kiddle-Morris for contribution and support over the last 18 months.	
1.5	Thanks were given to Mike Pursehouse who is moving to a new role as Director for West Suffolk Council.	
1.6	<p>HR shared that she would be leaving NSAB at the end of March 2025. WLS is liaising working on the recruitment process for a new Chair.</p> <p>The draft timeline is:</p> <ul style="list-style-type: none"> <li>• Thursday 14 November - advert go live</li> <li>• Sunday 8 December – advert closes</li> <li>• 9 – 12 December – long listing to shortlisting</li> <li>• w/c Mon 13 January 2025 – interviews</li> </ul> <p>Candidates will be asked to participate in a virtual stakeholder panel interview on 13 January with a face to face interview on 14 January.</p> <p>The interview panel will consist of Ian Wake, Tricia D'Orsi, Chris Balmer, and Cllr Thomas. This will be supported by WLS and HR with Paul Wardle, Strategic HR Business Partner, NCC facilitating.</p> <p>Board were asked for volunteers to join the virtual stakeholder panel interviews on Monday 13 January 2025.</p>	
<b>2</b>	<b>Review of minutes &amp; matters arising from previous meeting</b>	
2.1	The minutes from 10 September 2024 were not reviewed, any amendments to be sent to PA.	
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>Challenge Log</b>	
3.1	The challenge and assurance log will be carried over to the January meeting as James Kearns, who had raised the issue, was unable to attend.	

Item	Minute	Action
4	<b>LSAP Update</b>	
4.1	Becky Booth presented an update, presentation slides will be circulated with the meeting minutes for information.	
4.2	GW queried whether the CSP was linked into the LSAP's. AM confirmed that in terms of the relevant areas such as Prevent they do. BB also attends the Counter Terrorism Local Profiles (CTLP) meeting and gets the community tensions newsletter which she tries to share when possible.	
4.3	AT raised emollient cream as she was not aware of this issue and is aware that with the cost of living crisis people may be switching off their central heating and using bar heaters etc. AT agreed to share this information. BB suggested that this was refreshed and reshared in preparation for the winter months. <b>Action:</b> BB to share refreshed information.	BB
4.4	WLS highlighted that there was active work taking place between the NCC LD team and NF&RS on this issue.	
4.5	RH queried whether there was more detail on the issue of self-harm and whether we need to be doing more as a system in regard to training or signposting. <b>Action:</b> BB / RH to liaise further.	BB/RH
4.6	MM raised those people who were home alone and had no professional input in terms of how do they know how to keep themselves safe. CF noted that it was primary care and community care who need to be utilised to disseminate information on emollient creams.  RH queried whether a warning could be stapled to prescription bags for a short campaign to raise awareness in the community. WLS shared that these conversation had taken place previously with Tel Pinto, NF&RS. <b>Action:</b> WLS to link Tel Pinto with RH/CF.	WLS
4.7	HT noted that for adult social care an OWL (organisation wide learning) on fire safety and risk assessments was shared following the fatal fire review that highlighted the emollient cream issue.	
4.8	<b>Action:</b> CC agreed to share information with the domiciliary care providers on this to raise awareness.	CC
4.9	BB asked board whether there are any themes in the next 12 months that they would like the LSAPs to cover. BB has worked with Mark Osborn, who leads they children's group, on getting LSAP attendees to lead on topics in the meetings. Suggestions included transitional safeguarding, mental health within the family, mental capacity of parents, think family, and holistic safeguarding.	

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<b>5</b>	<b>SARG Update</b>	
5.1	Gary Woodward presented an update, presentation slides will be circulated with the meeting minutes for information.	
5.2	<b>Action:</b> WLS to share a SAR briefing with new members of board.	WLS
5.3	The 2 <sup>nd</sup> SAR analysis had highlighted a national trend regarding self-neglect which at the time wasn't being seen in Norfolk however SARG now have 4 active referrals with self-neglect issues.	
5.4	The SAR L, M & N action plan was shared with board prior to the meeting. SAR action plans should be revisited at board to ensure that recommendations have been actioned.	
5.5	GW highlighted that if the ICB or NSFT do not commission any beds within a private provider then they do not have any oversight of care or quality within this service.	
5.6	Board <b>AGREED</b> to sign off the SAR L, M & N action plan as completed.	
<b>6</b>	<b>NSFT Update on strategy, service delivery and future plans</b>	
6.1	Anthony Deery was welcomed to board. Anthony presented to the group, presentation slides will be circulated with the meeting minutes for information.	
6.2	<p>As of today NSFT are still at level 4 with a recovery support plan in place. They are at "requires improvement" with CQC and expect an inspection in 2025. There is a significant amount of work to be done. They are looking to enhance partnerships and address health inequalities. A chief transformation officer has been employed to help with the clinical transformation work, this role will begin in December.</p> <p>Following their internal restructure there are now 5 localities with their own management teams. 3 in Norfolk - West, Central and Great Yarmouth and 2 in Suffolk.</p>	
6.3	<p>RH queried the impact on service users, with regards to the themes from learning from deaths, how will they ensure that transitions between services is picked up within the localities.</p> <p>RH queried what the enabling functions were and where safeguarding fitted into the new structure. Given the size of the organisation she queried whether there was enough resource and where skills mapping and training fitted in.</p>	
6.4	AD noted that they were in the early stages of the transformation journey for the Trust. The mapping of the transitions was being undertaken under the new structure and they will need to watch this closely to ensure that they are responding to anything being missed.	

Item	Minute	Action
6.5	AT highlighted that it was good to see that there was a framework to work to however when in system wide meetings it was noted that NSFT were often unrepresented. The Trust need to engage in these wider partnership discussions and look to partners for help and support.	
6.6	AD agreed and shared that they were currently mapping all the meetings that need attendance, particularly in regards to safeguarding and were identifying who the key people were that need to attend through the new structure.	
6.7	TC queried with regard to the impact of waiting lists on the system whether the Trust had any targets or timelines on when the system might start to see a reduction.	
6.8	AD shared that the chief transformation officer starts in position in December and this was a system piece of work which he will be working at. AD will be meeting with Rachel Cocker, NNUH, tomorrow and this was one of the items on the agenda.	
6.9	It was highlighted that the commissioned thematic SAR recognises that this is not a single agency issue but a system issue and will be looking at what can be wrapped around people who are awaiting beds.	
6.10	HR shared that she had discussed the issue with Kevin Hanner, AMHP Team Manager, NCC to identify how this risk is being managed, especially in the community. Alongside the SAR they are also considering whether there is anything that can be done immediately.	
6.11	KB noted that it was positive to see a lot on the strategy which aligned with the JPUH strategy. KB raised that the acutes continue to care for people in crisis whilst waiting for a mental health bed and highlighted the importance of partnership working and keeping links cemented with those other organisations who are supporting the Trust through a very difficult time with regard to bed shortages.	
6.12	<p>HR thanked AD for sharing his update with the group. The partnership were all supportive of the huge amount of work being undertaken and required.</p> <p><b>Action:</b> HR asked AD to return to board in 6 months with an update on how safeguarding sits across the structure, the impact of the changes, themes from the learning from deaths and what improvements have been put in place around these themes.</p>	AD
	<b>BREAK</b>	

Item	Minute	Action
<b>7</b>	<b>Overview of place based partnerships and opportunities for future engagement</b>	
7.1	Mike Pursehouse presented to the group, presentation slides will be circulated with the meeting minutes for information.	
7.2	Board were asked to consider how they can help influence the local operational managers safeguarding agendas at a local level as this is the structure that can help communities comes to life.	
7.3	RH noted that the better care fund had helped but this was a small amount of money which hadn't really been used in a preventative space. All of those partnerships have significant funding so how can this be unleashed for prevention. RH queried whether the Health and Wellbeing Steering Group might be the arena where board can influence more.	
7.4	AT shared that she had chaired the South Norfolk partnership for the first year and highlighted that the people in the room where the people on the ground who could facilitate change. They could trial changes to see what worked therefore there was a lot of scope in this area.	
7.5	CC reflected on who were the most vulnerable, those who were lonely, had no family, don't see their GP and who may be hard to engage or resistant. These people are not unknown to communities but what are the routes in acknowledging that trying something locally was more likely to find a route in. Board need to keep pushing this agenda.	
7.6	TC highlighted that they have a DNA policy in the acutes but struggle with adults around the links with deprivation and DNA. They are unable to collate this data therefore was there a way to link in with communities as if they can make these links this might alter the way appointments are set which will ultimately help the wellbeing of these people.	
7.7	TK noted that often the people who find it difficult to engage are autistic people, therefore what reasonable adjustments can be made to help support them to engage.	
7.8	HR highlighted that more detail was required on who sits where that we can link in with. <b>Action</b> WLS to liaise with MP on further detail.	WLS/MP
<b>8</b>	<b>Overview and update of Adult Social Care CQC assurance process</b>	
8.1	Jo Malam presented to the group, presentation slides will be circulated with the meeting minutes for information.	
8.2	As part of the preparation for the information return they would like to board to help with two questions IR26 and IR27.  IR26 – links to the NSAB strategic plan and annual report.  IR27 – 24 months of information regarding learning from SARs.	

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8.3	SARG will ensure that the CAP covers the thematic areas and the learning.	
8.4	JM will share a summary of the key themes CQC have highlighted as gaps in safeguarding in localities which have been inspected.	JM
<b>9</b>	<b>LeDeR update and position for Norfolk</b>	
9.1	Andy O'Connell presented to the group, presentation slides will be circulated with the meeting minutes for information.  <a href="https://improvinglivesnw.org.uk/our-work/healthier-communities/mental-health/learning-disabilities-and-autism/">https://improvinglivesnw.org.uk/our-work/healthier-communities/mental-health/learning-disabilities-and-autism/</a>	
9.2	TK noted that the report looked at those autistic people who have a diagnosis however in Norfolk there is a 4 year wait for diagnosis. With regard to mental health issues they are being told that there isn't the adequate support in place for autistic people therefore they suffer with mental health issues.	
9.3	<b>Action:</b> HR asked AOC to feedback to HR on the missed opportunities and the actions following this.	AOC
<b>10</b>	<b>Anti-Racism in Norfolk - recommendation M (SAR Joanna, Jon and Ben)</b>	
10.1	Claire Charwood presented to the group, presentation slides will be circulated with the meeting minutes for information.	
10.2	Board members were asked to: <ul style="list-style-type: none"> <li>Familiarise themselves with the article Eliminating persistent racism from the workplace - Learning from the Safeguarding Review into the tragic deaths of Joanna, Jon and Ben</li> <li>Share this with their management teams and assess the status of their organisation against the recommendations in the article.</li> </ul>	ALL
10.3	Board members were asked to consider whether they can: <ul style="list-style-type: none"> <li>Use the published guidance to ensure consistent and robust identification, reporting, and investigation of racist incidents at work</li> <li>Identify whether racist incidents are recorded and monitored to enable organisational understanding of <ul style="list-style-type: none"> <li>the extent to which this impacts workers</li> <li>the effectiveness of interventions</li> </ul> </li> <li>Actively encourage employees / volunteers to undertake training to understand the harm caused by racism and the actions anyone can take to eliminate persistent racism at work</li> </ul>	ALL

Item	Minute	Action
10.4	AM shared that she had spoken to CC about bringing this into the CSP and would like CC to attend their meeting to ensure that this is being shared across the wider landscape.	
10.5	HR asked board to sign up to this and commit to sharing this within their organisations.	ALL
10.6	MJ endorsed the training package and shared that he has approached CC to build this into their action plan alongside the work they are doing.	
10.7	AOC shared that following some LeDeR reviews they were looking at putting a framework together for people on pathways where capacity may be an issue.	
10.8	CC noted that there was a specific area in the training around a service user being racist who has a cognitive impairment. This looked in terms of what tools are available to practitioners if they are unable to change the behaviour. It is acknowledged that people have a higher tolerance in these situations.	
10.9	TK queried whether this e-learning was this freely available. CC confirmed that e-learning was published on the NCC external website.	
10.10	HR asked if the board were happy to adopt this as our commitment. <b>All agreed.</b>	
<b>11</b>	<b>Key safeguarding messages from meeting</b>	
11.1	Board business concluded prior to this item due to time pressures.	
<b>12</b>	<b>Any other business</b>	
12.1	It was agreed that the next meeting will be in person and have a slightly extended time.	
<b>13</b>	<b>Date of next meeting</b>	
	Extraordinary meeting to signoff DHR/SAR 'Doris' – 11 December 2024 (Virtual meeting) 21 January 2025 at 9.30am – 1.00pm in person at County Hall	

Open actions			
Date of meeting	Item	Action	Responsible
12/03/2024	5	<p>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>Update 09/07/2024:</b> Confirmed that s12 capacity is on ICB risk register. Norfolk and Suffolk County Council are going to be asked to attend the System Quality Group to present a DoLS update. Therefore as this is covered on the ICB risk register it will be removed from the board risk register. <b>Action:</b> ICB to bring an update paper to the board, on the impact and mitigation across the system.  <b>Update 10/09/2024:</b> KBr shared that the issues regarding BIAs in acutes would be raised at the SQG meeting at the end of September. KG had highlighted that when acutes apply for DoLS they do not receive any feedback, they have between 50-80 people under DoLS at NNUH who have not had formal assessments. CF noted this was also an issue for NCH&amp;C. It was acknowledged that the extra BIAs who were trained are only able to undertake assessments in their own setting as NCC have stated that they would only be signed off as BIA's if they joined the DoLS rota which they cannot be released for. It was highlighted that the new CQC portal has higher governance when uploading DoLS which asks for the application acknowledgement which is not being received. <b>Action:</b> HR to revisit this with the relevant people.  <b>Update 12/11/2024:</b> HR met with CF and Alison Simpkin, a link will be made between NCH&amp;C and Alison's team. HR has asked for the current time delay before a DoLS is authorised. <b>Alison will be asked to give an updated to board in March on progress made.</b> Alison will share with board how risk is managed and some of the reasons for the delay which are not due to a lack of capacity to undertake the assessment. Alison has met with the new DASS to update him on actions being taken to address the backlog and Cllr Thomas has also been briefed. CC noted the shortage of S12 Dr's which impacts on this.</p>	HR
12/03/2024	5.8	HR to draft proposal for board funding of MCA work to upskill practitioners	

Open actions			
Date of meeting	Item	Action	Responsible
		<p><b>Update 09/07/2024:</b> No update as yet however WLS is working with a number of colleagues on job description for an MCA practitioner. To be added to September agenda.</p> <p><b>Update 10/09/2024:</b> HR is meeting with TD at end of September to discuss the funding for this post.</p> <p><b>Update 12/11/2024:</b> HR and WLS met with RH regarding the funding and proposals for this post. Update to be brought to board in January.</p>	HR/WLS
14/11/2023	5.7	<p>Safeguarding issues related to pressure sores / wound care - Lisa Sutherland to be invited to Board in 12months to update.</p> <p><b>Update 16/01/2024:</b> Carry forward</p> <p><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. 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. 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><b>Update 09/07/2024:</b> ICB are working with NCC safeguarding team on this to support care homes and domiciliary care providers around whether this is deliberate neglect or not. Lisa presented at the last System Quality Group meeting and it was felt as a system more could be done. There had been a 'Stop the pressure' campaign a few</p>	

Open actions			
Date of meeting	Item	Action	Responsible
		<p>years ago and the ICB are committed to reinvigorating the work around pressure ulcers. Lisa is being invited back in November to give an update on the work being undertaken. <b>Action:</b> schedule an update for November board.</p> <p><b>Update 12/11/2024:</b> GW to invite Lisa to update the board in January or March. CF asked that someone from the community is also invited to give the voice of the community.</p>	GW/CF
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> <p><b>Update 09/07/2024:</b> executive group to agree the wording of the recommendation from the Q&amp;A subgroup.</p> <p><b>Update 10/09/2024:</b> Awaiting response from Anthony Deery, NSFT on planned area of focus.</p> <p><b>Update 12/11/2024:</b> HR and AD have discussed looking at neglect cases with mental health aspects and the executive board have agreed that this is a piece of work they would like the board to undertake.</p>	HR
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>	

Open actions			
Date of meeting	Item	Action	Responsible
		<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> <p><b>Update 09/07/2024:</b> On agenda to discuss at the Executive board next week. CB confirmed it has been up and running since 30 May, from a Police perspective going okay and partners meetings have been stepped down to weekly. KG agreed it was going really well, there had been some issues highlighted from the acutes which have been worked through, communication has been very good. <b>Action:</b> CB to ask Nick Davison what data can be shared. Update to be given at the end of the year.</p> <p><b>Update 10/09/2024:</b> Cba shared that Mr Davison attended the touchpoint meeting yesterday, from a Policing perspective it has gone okay and they have seen the benefits they thought they would with no major concerns raised. Dave Harris to be asked to give an update in January.</p> <p><b>Update 12/11/2024:</b> On January agenda.</p>	HR
16/05/2023	6.11	<p>HT to present an update on the safeguarding review in 9 months.</p> <p>Update 11/07/2023: carry forward to March.</p> <p>Update 14/11/2023: carry forward to March.</p> <p><b>Update 16/01/2024:</b> carry forward to March</p> <p><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.</p> <p>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>Update 09/07/2024:</b> HT shared that they are able to now look at the data for medium and maximum length of wait, which has come down significantly in the last year.</p> <p><b>Action:</b> HT to update board on data in November.</p> <p><b>Update 12/11/2024:</b> Neil Ricketts and Rob Mack to attend January board.</p>	HT

<b>Open actions</b>			
<b>Date of meeting</b>	<b>Item</b>	<b>Action</b>	<b>Responsible</b>
09/07/2024	4.9	<p>Agenda item to be added: Overview of local arrangements including place boards – what they look like, where they sit and how safeguarding is represented.</p> <p><b>Update 12/11/2024:</b> More detail is required on who sits where and who board can link in with. WLS to liaise with MP on further detail.</p>	<b>WLS/MP</b>
09/07/2024	9.2	<p>Agenda item to be added: Ministerial Letter – to be added to the agenda for September board to give an overview of what work is being undertaken. Recommendation 4 to be picked up by SARG. Public Health to be included in the conversation.</p> <p><b>Update 10/09/2024:</b> Carry forward.</p> <p><b>Update 12/11/2024:</b> Kim Goodby has agreed to be the homeless rep on board. SARG are bringing a task &amp; finish group together to look at recommendation 4. Once agreed the policy will be added to the SAR policy and procedures appendix.</p>	<b>GW</b>
12/11/2024	6.12	<p>AD to return to board in 6 months with an NSFT update on how safeguarding sits across the structure, the impact of the changes, themes from the learning from deaths and what improvements have been put in place around these themes.</p>	<b>AD</b>

Closed actions			
Date of meeting	Item	Action	Responsible
09/07/2024	8.2	<p>MASH scrutiny - HT to follow up with SCCE on whether holding list numbers will be published.</p> <p><b>Update 10/09/2024:</b> HT had queried this with CC and Mark Lewis, who are looking into how best to gather this data. HR asked for an update to be given on what the numbers are, when they will be published and whether people will be able to access this information.</p> <p><b>Update 12/11/2024:</b> It was shared that SCCE is a 5 day service with a 72hr target for triaging safeguarding concerns. Approx 40% are found to be quality issues and don't require a safeguarding response. Overall holding list for all cases in SCCE is currently 35 so only a 4hr delay for triage at present, these are triaged according to risk. Anything that goes outside 72hrs CC is notified. The intention is to publish these figures. Close action.</p>	HT