



Norfolk Safeguarding Adults Board
Minutes of meeting held on Tuesday 21 January 2025

PRESENT:

Walter Lloyd-Smith, Board Manager, NSAB (WLS) (Chair)
Lisa Barraclough, Advanced Customer Support Senior Leader, DWP (LB)
Becky Booth, Deputy Manager, NSAB (BB)
Chris Butwright, Assistant Director Public Health Prevention & Policy, NCC (CB)
Kelly O'Donovan, Head of Safeguarding, JPUH (KOD)
Craig Chalmers, Director of Community Social Work, NCC (CC)
Daniel Childerhouse, Chief Executive, Future Projects (DC)
Tina Chuma, Lead Professional for Safeguarding Children & Vulnerable Adults, NNUH (TC)
Anthony Deery, Chief Nursing Officer, NSFT (AD)
Dave Freeman, Temp/Detective Chief Superintendent, Norfolk Constabulary (DF)
Christine Hodby, Head of Safeguarding, N& W ICB (CH)
Rebecca Hulme, Director - Children, Young People and Maternity, N&W ICB (RH)
James Kearns, Chief Executive, Build Charity (JK)
Michael Millage, Director, NorCA (MM)
Amanda Murr, Assistant Director Policy & Partnerships, OPCCN (AM)
Judith Sharpe, Deputy Chief Executive, Healthwatch Norfolk (JS)
Andrea Smith, Board Co-ordinator, NSAB (AS)
Cllr Alison Thomas, County Councillor, NCC (AT)
Sarah Wolstenholme-Smy, District Councils Representative (SWS)
Gary Woodward, Designated Professional for Safeguarding Adults, N&W ICB (GW)
Petra Alford, Board Co-ordinator, NSAB (minutes) (PA)

GUESTS:

Vikki Bunting, Business Change Lead – Learning Disabilities, NCC
Claire Charwood, Equality, Diversity & Inclusion Officer, NCC
Dave Harris, Project Manager, Norfolk Constabulary

Item	Minute	Action
1	Welcome, apologies for absence and declarations of interest	
1.1	WLS welcomed everyone to the meeting and introductions were made. As Heather Roach was unwell WLS chaired the meeting. WLS thanked Daniel Childerhouse for joining the board, Daniel has taken up the second VCSE seat. Working with James Kearns, Daniel will providing a 'voice from' Norfolk's VCSE organisations.	
1.2	Apologies were received from Amy Askew, Victoria Aspinall, Kim Goodby, Carolyn Fowler, Emyr Gough, Trevor Key, Helen Thacker and Darrell Yaxley	
1.3	There were no declarations of interest made.	
1.4	Item 7 on the agenda has been moved to March as it needs to go through internal processes before being presented to Board.	
1.5	Darrell Yaxley will be taking over from Claire Pratt as the Board representative for the UEA.	
2	Review of minutes & matters arising from previous meeting	
2.1	The minutes from 12 November 2024 were agreed.	
2.2	WLS provided an update on actions which are shown on the action log at the end of these minutes.	
3	Challenge Log	
3.1.	<p>JK shared the challenge he had previous raised regarding the process for feedback when a safeguarding concern is raised. As a voluntary sector organisation they do not raise a large number of these however he was concerned that colleagues had raised with him the lack of feedback being given. He acknowledged that relationships can be harder to establish with voluntary organisations due to the sheer number of them.</p> <p>He also noted that the Board work hard to encourage people to raise a concern if they see something. However once that concern is raised it is very difficult to get any feedback.</p> <p>JK gave two examples of concerns he had raised but had received no feedback on. Having contacted Helen Thacker she arranged a meeting for him with Toby Thouless, SAPC.</p> <p>JK has made a number of recommendations to Helen and her team which he considered might help move the process forward as follows: instigation of a 4 stage process:</p> <ol style="list-style-type: none"> 1. Acknowledge receipt of concern – this does happen but can a named contact be given? 2. 7 day response on what actions were being taken 	

Item	Minute	Action
	<p>3. Further update after 28 days or closure if sooner, acknowledging that there will be conversations that can't be had but information can be shared to say that there are ongoing investigations etc</p> <p>4. Feedback requested from the referrer on their experience</p> <p>Concern was raised that some colleagues have said what's the point of making raising a concern if you don't get feedback. JK queried what the process was if a member of the public raises a concern as there seemed to be processes for statutory partners to receive feedback that others don't have access to.</p> <p>JK asked board to consider whether the current system works, is applied consistently, or whether amendments can be made.</p>	
3.2.	<p>CC acknowledged that at times the process doesn't work and this could, in some case, be due to police enquiries. However, in response to whether there was more that ASSD can do then the answer is yes. He shared that there was currently a piece of work being undertaken to look at MASH which may be able to look at what is possible, what is institutional (i.e. are ASSD better at speaking to some people than others), are they able to give a better understanding about what information can or can't be shared when there is an active criminal investigations, etc.</p> <p>CC confirmed that service users we're always asked whether they felt safer at the end of the process.</p> <p>CC asked for the opportunity to come back to the Board with some answers to JK's questions and also to bring some data on the mix of investigations ASSD receive. In terms of a having a named person when a concern was raised he agreed to take that away to think about how it could work.</p>	
3.3.	<p>JK clarified that the person raising the concern / referrer doesn't require a lot of detailed information. The challenge was based on a concern being raised, an automated email being received back and then nothing. An update to say that it was still an active enquiry would be helpful, so the person knows that something is taking place. There are times when risk assessment decisions need to be made based on the information raised and to know that the local authority was looking at it and an update would be given at a later date would be helpful.</p>	
3.4.	<p>KOD echoed many of the issues raised. As someone who previously worked for the local authority safeguarding service and is now working for a provider she highlighted the removal of the safeguarding planning stage. In her Trust there are internal processes in place however smaller organisation may require support and guidance if they have not experienced certain situations before.</p>	

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	She noted that she is frequently contacted by practitioners asking if certain stages of the process have taken place and these were rarely criminal investigations.	
3.5.	BB noted that she had supported Helen Thacker with the ASSD Organisation Wide Learning (OWL) published in Spring which was called "Feedback – closing the loop." ASSD were aware of the issues raised and BB had shared with them the frustrations from partners. The OWL tries to promote MSP and feedback to the individual. The primary focus is the person at risk, but it also highlights the importance of the referrer being kept in the loop.	
3.6.	JS queried whether the customer service team needed a script which could outline expectations so people were aware of the process.	
3.7.	GW shared that he had spoken to SCCE lead regarding these issues recently and agreed that the current MASH review was the ideal opportunity to look at these issues. He noted that risk assessing someone out of the work force can have a big impact on any organisation, but some investigations can take a considerable time.	
3.8.	MM highlighted the tight process used in Children's Services, LADO, and queried whether Adults could not have something similar.	
3.9.	TC acknowledged the differences between Adults and Children's but noted that CADS works really well for Children's services. It was very clear and left you feeling reassured. She queried what other LA's do in Adult's with regard to Think Family.	
3.10.	AT noted that people also needed to be mindful regarding capacity within the team. Feedback should be given when appropriate rather than having set timescales, Children's was very timescale led but this wasn't always beneficial. She agreed that Board certainly wouldn't want to discourage people from raising a safeguarding concern, and for members of the public some guidance on what can and can't be shared might be helpful.	
3.11.	WLS noted that with regard to the piece of work on MASH scrutiny, if anyone from Board wishes to contribute to this, there are a series of working groups looking at particular workstreams in preparation for a meeting in March. Action: CC/HT to present a response to Board.	CC / HT
4	Business Group Update	
4.1	WLS presented an update, presentation slides will be circulated with the meeting minutes for information.	
4.2	Thanks were given to Mark Joyce for the contribution he has made to Business Group.	

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4.3	RH asked for a breakdown of those attending the emollient cream webinar to ensure that there is wide attendance from those that need to be there.	WLS
5	SARG Update	
5.1.	GW presented an update, presentation slides will be circulated with the meeting minutes for information.	
5.2.	AT queried the information given back to families and whether this was written or verbal. GW confirmed that written information was returned. AT shared that she found engaging directly could, at times, make it easier to articulate your point.	
5.3.	RH highlighted that there was always learning from a SAR referral in so it may be helpful to offer the referrer the opportunity to meet with the key agencies involved. GW confirmed that in most cases that had already taken place and for referrals from family members it was likely the referrer had already been through the complaints process with individual agencies.	
5.4.	CC observed, as a department that has a lots of families coming back to the them, it felt like many providers were becoming much more risk adverse in having conversations with families due to legal issues. There seemed to be less of a focus on support for people's bereavement now which is something that will be seen more as more families seek legal redress or complaints.	
5.5.	SARG made a recommendation for two SARs: Redacted.	
5.6.	The SAR P action plan was shared with Board prior to the meeting. SAR action plans are revisited at Board to ensure that recommendations have been actioned.	
5.7.	It was agreed that SARG would further discuss how to help to move recommendation 2 forward. AT shared that there was some work taking place in this area and there was a big change coming with the landline switch off which could create a risk.	
5.8.	JS queried whether these were private providers and whether there was any incentive from the local authority for them to sign up. WLS confirmed that there were national standards which were voluntary for providers to sign up to.	
5.9.	AM queried whether it shouldn't part of the required governance to ensure that providers were signed up to this. CC highlighted that many people arrange assistive technology privately or via district councils, therefore the LA has little negotiating space.	

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5.10.	CH asked whether board were clear on the reasons why the provider didn't want to sign up. BB agreed that SARG could ask what the issues were as this may help the decision on whether the recommendation is possible to action. Action: GW to write to the providers to request this.	GW
5.11.	Board AGREED to commission the SARs as recommended by SARG.	
6	Equality Impact Assessment	
6.1.	Claire Charwood presented to the group, presentation slides will be circulated with the meeting minutes for information.	
6.2.	Claire highlighted that Norfolk were leading the way with regard to this piece of work, having spoken to the LA family group they hadn't, as yet, undertaken anything similar.	
6.3.	TC highlighted that culturally some ethnic groups tend to care for their elderly. Claire confirmed that they did gather feedback on this from carers who raised racism, medication misuse, and lack of trust and some of the barriers on this.	
6.4.	JS shared that with regard to those with hearing loss/deafness Healthwatch undertook a piece of work 3 years ago with them regarding access to GP surgeries. These was being revisited and JS was happy to share the data they collate. GW noted he would also be interested to hear this feedback as the ICB were looking at translation services used in Primary Care.	
6.5.	Board AGREED to the recommendations put forward and were asked which of the 3 they would you like Business Group to look at first.	
6.6.	JK considered the first recommendation to be the priority. JS agreed and noted that the piece of work with Opening Doors would tie in and may have some useful learning.	
6.7.	TC agreed with this priority but highlighted the need to consider the impact of having a visa as there were misconceptions regarding what you are and aren't entitled to if you have a visa, such as access to a GP.	
6.8.	MM highlighted the importance of understanding and knowledge on what people can access and what safeguarding means amongst some ethnic groups who might not see some things as safeguarding.	
6.9.	AM noted that she would be really interested in the area of accessibility and would like to work alongside business group on this area.	WLS
	BREAK	

Item	Minute	Action
7	MCA Consultancy Role	
7.1	WLS shared an update on this role. The outline paper had been shared prior to the meeting.	
7.2	It was noted that confidence around MCA remains a difficult area. Vikki Bunting and Kate Brolly have restarted the facilitated sessions regarding MCA for practitioners. WLS acknowledged the national context with the 2 nd SAR analysis highlighting that 58% of reviews identified MCA as an issue. The objective for the role was outlined in the paper with the aim to help develop a community of practice that was self sustaining when the role concluded.	
7.3	It was suggested that Board involvement in the job specification and selection process would be helpful.	WLS
7.4	Board AGREED to take this role forward.	
8	Adult Social Care Holding Lists Update	
8.1.	Vikki Bunting presented to the group, presentation slides will be circulated with the meeting minutes for information.	
8.2.	Rob Mack was due to co-present but was unwell therefore some questions may have to be taken back to him for a response.	
8.3.	AT queried whether the I&A team would be able to find a work around for the issues with regard to data counting twice if a person had multiple tasks allocated to their LAS record.	
8.4.	CC confirmed that the I&A team were working to address this structural problem for when ASSD report back to CQC. CC shared that, when looking in depth into this, they found that practitioners had undertaken the work within the time frame but often hadn't recorded it on LAS. They are also trying to address the understanding of when safeguarding starts and finishes.	
8.5.	Vikki noted that other LAs would have the same issues as they also use LAS and therefore CQC will be aware of these issues.	
8.6.	AT asked that thanks were given to the teams for the amount of work undertaken to reduce these numbers.	
8.7.	CC highlighted that Covid had a huge impact which led to the huge increase in demand.	
9	Right Care Right Person Update	
9.1.	Dave Harris presented to the group, presentation slides will be circulated with the meeting minutes for information.	

Item	Minute	Action
9.2.	AT thanked Dave for the update which was very helpful and asked if this could be shared with the members as they have public contact.	
9.3.	GW noted that he had not been made aware of concerns regarding EEAST and queried whether the ICB could support in anyway. Dave highlighted that a number of forces who have gone live at the same time, they hadn't seen any data for EEAST which showed an increased impact on them but they did acknowledge the additional system pressures on them.	
9.4.	It was queried whether there has been an impact on police call handling times due to them now using this script and whether the script was flexible enough to allow the call handler to go back and revisit earlier questions or answers if needed. Dave confirmed that the script takes an extra 1 minute on average but this was tracked and was within the call handling targets that are used. The script is a set of guide questions and the call handler is able to amend how the script has been graded as long as they record the reason for the amendment.	
9.5.	SWS shared that the districts had been concerned that RCRP would lead to an increase in calls to them but this hasn't happened. They had also created a guide sheet for staff who receive calls. Dave offered to share their signposting documents which may be helpful for call handlers.	
9.6.	CC noted that the monthly meetings were very helpful. He highlighted that the next level was to understand the gaps which was mainly in the children's area via EDT. CC shared that this process will have identified the overuse of welfare calls by ASSD which has raised the issue of who is responsible for those people who live alone with no family or support network.	
9.7.	RH shared that for Health, Primary Care have struggled with RCRP the most, therefore there had been a lot of comms shared with them to support them.	
9.8.	WLS asked Board to ensure that their organisation attended the monthly partnership meetings if needed and to share information to ensure a wider understanding of RCRP.	ALL
10	Key safeguarding messages from meeting	
10.1	<ul style="list-style-type: none"> • Adult Social Care to report back to Board to give assurance regarding the challenge raised by JK. Date to be agreed. • Connecting NSAB to Place Based Boards – meeting to be set with those who volunteered to discuss further. • 2 new SARs were agreed. • NSAB multi-agency policy: Equality impact assessment report – report & recommendations agreed. Business Grp to start with recommendation 1 first. 	

Item	Minute	Action
	<ul style="list-style-type: none"> • Business Case for MCA Consultancy role agreed. Project oversight group to be set up. • Right Care Right Person (RCRP) relevant agencies to support monthly partnership meetings. 	
11	Any other business	
11.1	<p>GW highlighted the NHS England Sexual Safety Charter. This asks ICBs and Trusts to sign up to taking and enforcing a zero-tolerance approach to any unwanted, inappropriate and/or harmful sexual behaviours within the workplace.</p>	
11.2	<p>Board were asked whether X was an appropriate place for NSAB to continue to have a presence and whether it aligned with NSAB's view. Blue Sky was offered as an alternative platform. A member of one of the LSAPs queried this, as had a member of SARG.</p> <p>RH suggested that an impact assessment should be undertaken to understand the impact of this rather than relying on people's opinions.</p>	
11.3	<p>Thanks were given to those who had supported the stakeholder panel and interview panels for the new Chair. The role has been offered and verbally accepted and it was hoped that the new Chair would be able to join the March Board meeting.</p> <p>The March Board meeting will be Heather's last meeting as Chair therefore colleagues were welcome to take this opportunity to mark this or share a reflection.</p>	
12	Date of next meeting	
	<p>23 January 2025 - Extraordinary meeting to signoff SAR Eric and SAR X</p> <p>11 March 2025 at 9.30am – 12.30pm in person at County Hall</p>	

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 Update 09/07/2024: 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. Action: ICB to bring an update paper to the board, on the impact and mitigation across the system. Update 10/09/2024: KBr shared that the issues regarding BIA's 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&C. It was acknowledged that the extra BIA's 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. Action: HR to revisit this with the relevant people. Update 12/11/2024: HR met with CF and Alison Simpkin, a link will be made between NCH&C and Alison's team. HR has asked for the current time delay before a DoLS is authorised. Alison will be asked to give an updated to board in March on progress made. 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. Update 21/01/2024: Move to May board.</p>	HR

Open actions			
Date of meeting	Item	Action	Responsible
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>Update 16/01/2024: Carry forward</p> <p>Update 12/03/2024: 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>Update 09/07/2024: 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 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. Action: schedule an update for November board.</p> <p>Update 12/11/2024: 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> <p>Update 21/01/2025: Update to be given in March.</p>	GW/CF

Open actions			
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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>Update 16/01/2024: carry forward to March</p> <p>Update 12/03/2024: 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>Update 09/07/2024: 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>Action: HT to update board on data in November.</p> <p>Update 12/11/2024: Neil Ricketts and Rob Mack to attend January board.</p> <p>Update 21/01/2025: Neil Ricketts update to be rescheduled once it has been through internal processes.</p>	HT
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>Update 12/11/2024: More detail is required on who sits where and who board can link in with. WLS to liaise with MP on further detail.</p> <p>Update 21/01/2025: Carry forward. WLS to link with AT, JS, CB, DC and SWS to discuss further.</p>	WLS/SWS
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.</p> <p>Recommendation 4 to be picked up by SARG. Public Health to be included in the conversation.</p> <p>Update 10/09/2024: Carry forward.</p>	

Open actions			
Date of meeting	Item	Action	Responsible
		<p>Update 12/11/2024: Kim Goodby has agreed to be the homeless rep on board. SARG are bringing a task & finish group together to look at recommendation 4. Once agreed the policy will be added to the SAR policy and procedures appendix.</p> <p>Update 21/01/2025: GW is bringing a working group together to look at recommendation 4.</p>	GW
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> <p>Update 21/01/2025: On agenda for May 2025.</p>	AD
21/01/2025	3.11	Challenge Log – ASSD to present a response to Board on referral feedback.	CC/HT
21/01/2025	4.3	RH to be sent a breakdown of those organisations attending the emollient cream webinar to ensure that there is wide attendance across the system.	WLS
21/01/2025	7.3	Business Case for MCA Consultancy role - Project oversight group to be set up.	WLS

Closed actions			
Date of meeting	Item	Action	Responsible
12/03/2024	5.8	<p>HR to draft proposal for board funding of MCA work to upskill practitioners</p> <p>Update 09/07/2024: 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>Update 10/09/2024: HR is meeting with TD at end of September to discuss the funding for this post.</p> <p>Update 12/11/2024: HR and WLS met with RH regarding the funding and proposals for this post. Update to be brought to board in January.</p> <p>Update 21/02/2025: On agenda. Board agreed to proceed with the role. Action to be closed.</p>	HR/WLS
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>Update 16/01/2024: 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.</p> <p>Update 12/03/2024: Carry forward to the next board meeting in May.</p> <p>Update 09/07/2024: executive group to agree the wording of the recommendation from the Q&A subgroup.</p> <p>Update 10/09/2024: Awaiting response from Anthony Deery, NSFT on planned area of focus.</p> <p>Update 12/11/2024: 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> <p>Update 21/01/2025: Action to be closed as QA Subgroup have picked this up.</p>	HR

Closed actions			
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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>Update 16/01/2024: Carry forward, potentially to be covered in March.</p> <p>Update 12/03/2024: 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>Update 09/07/2024: 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. Action: CB to ask Nick Davison what data can be shared. Update to be given at the end of the year.</p> <p>Update 10/09/2024: 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>Update 12/11/2024: On January agenda.</p> <p>Update 21/01/2025: On agenda. Action to be closed.</p>	HR

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