



Norfolk Safeguarding Adults Board
Minutes of meeting held on Tuesday 11 March 2025

PRESENT:

Heather Roach, Independent Chair, NSAB (chair) (HR)
Lisa Barraclough, Advanced Customer Support Senior Leader, DWP (LB)
Becky Booth, Deputy Manager, NSAB (BB)
Hannah Brookes, Deputy Director of Safer Care, NSFT (HB)
Chris Butwright, Assistant Director Public Health Prevention & Policy, NCC (CB)
Daniel Childerhouse, Chief Executive, Future Projects (DC)
Tina Chuma, Lead Professional for Safeguarding Children & Vulnerable Adults, NNUH (TC)
Natalie Cowland, Independent Chair, NSAB (from April) (NC)
Carolyn Fowler, Director of Nursing and Quality, NCH&C (CF)
Dave Freeman, Temp/Detective Chief Superintendent, Norfolk Constabulary (DF)
Emyr Gough, Area Manager / Head of Prevention and Protection, NFRS (EG)
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)
Walter Lloyd-Smith, Board Manager, NSAB (WLS)
Michael Millage, Director, NorCA (MM)
Pauline Parke-Chatten, Acting Head of Norfolk Probation Delivery Unit (PP)
Judith Sharpe, Deputy Chief Executive, Healthwatch Norfolk (JS)
Andrea Smith, Board Co-ordinator, NSAB (AS)
Cllr Alison Thomas, County Councillor, NCC (AT)
Gavin Thompson, Director – Policy, Commissioning and Communications, OPCCN (GT)
Gary Woodward, Designated Professional for Safeguarding Adults, N&W ICB (GW)
Petra Alford, Board Co-ordinator, NSAB (minutes) (PA)

GUESTS:

Liam Bannon, Policy & Research Officer, OPCCN
Debbie Brown, Report Writer
Joan Maughan, Report Writer
Alex Scerri, Analyst, NCC

Item	Minute	Action
1	Welcome, apologies for absence and declarations of interest	
1.1	HR welcomed everyone to the meeting and introductions were made. Natalie Cowland was introduced and welcomed to the board as the new Independent Chair who will take over from HR in April.	
1.2	Apologies were received from Craig Chalmers, Rachael Cocker, Anthony Deery, Andy Hudson, Trevor Key, Paul Morris, Pippa Street, Ian Wake, Sarah Wolstenholme-Smy and Darrell Yaxley.	
1.3	There were no declarations of interest made.	
2	Review of minutes & matters arising from previous meeting	
2.1	The minutes from 21 January 2025 were agreed.	
2.2	HR provided an update on actions which are shown on the action log at the end of these minutes.	
3	Risk and Issues Register	
3.1.	HR gave updates on the risks and issues register, please see attached slides and updated register.	
3.2.	Issue 1 - Quality of care provided to residents in Norfolk. It was noted that as CQC respect the LAs PAMMS process they are happy that work has been undertaken with the provider and therefore don't reassess quickly so the provider stays at the same rating although considerable work has been undertaken. Although the providers have copies of their PAMMS report that they can then share with people, relatives often don't engage with providers who have a poor CQC rating. AT shared that she was challenging this politically.	
3.3.	MM raised concern that if there was no change in government plans there would be significant risk regarding the impact on providers due to lack of funding.	
3.4.	CB noted that it would also be helpful to reflect the sustainability of providers.	
3.5.	Action: HR to reflect this on the risk register. Having reviewed the risk register post meeting the above issues do not naturally fit within the current risk/issues. Suggest that if MM and CB consider these to affect multi-agency safeguarding a separate risk/issue is raised via the risk management form.	HR MM CB

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3.6.	<p>Issue 2 – Health and social care system pressures</p> <p>WLS shared that he has asked whether any other SABs have guidance on issue which we can use.</p>	
3.7	<p>HR noted the new approach in social care under Ian Wake’s direction which was more preventative.</p> <p>Action: Ian Wake to be invited to present to board in next 3-6 months.</p>	HR/NC
3.8	<p>HR shared two risks which business group will be asked to put on the register – Devolution and Local Government reorganisation and SAB funding.</p>	
3.9	<p>It was noted that with regard to devolution there will be a period of instability for Norfolk.</p>	
3.10	<p>RH highlighted that alongside devolution there are also local government reforms planned. It will not be for board to influence this but they will need to be mindful of any impact.</p>	
3.11	<p>AT shared that the County Council proposal will go to the scrutiny committee tomorrow and is in the public domain. As the full proposal will need to be evidence based and a lot of research and data analysis will be undertaken for this. Once this has been pulled together it will raise questions on the impact of any change.</p>	
3.12	<p>WLS suggested a small working group was brought together to look at the impact this may have on the board. HR considered that there was a need to understand the impact moving forward therefore a working group was not required just yet.</p>	
3.13	<p>HR highlighted that currently board are funded in an unequal way with the LA contributing significant funding. District councils currently fund the deputy manager post.</p> <p>The statutory duty to undertake SARs has increased significantly in the last 3 years. This had previously been covered by a surplus in the budget however this surplus has now been exhausted. The executive board are due to meet in April to look at how the board is funded and to plan funding for the next 3 years.</p>	
4	Challenge Log	
4.1.	<p>HT gave a response on the challenge raised by James Kearns regarding feedback on safeguarding concerns raised, see attached slides.</p>	

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4.2.	<p>JK thanked Craig Chalmers and Helen for taking this challenge on board as the response was very helpful. He raised that his concern was more around those cases which don't go on to s42, as those that do go to s42 tend to have more contact with the referrer.</p> <p>In order to improve the understanding of the referrer on what is safeguarding and what isn't, as people are being asked to raise any concerns in training, they need feedback. Getting feedback is key even if it is a simple email to say the case is being looked at and information gathered or it has been assessed as low risk.</p> <p>JK queried whether there was any data for the cases which don't meet the threshold.</p>	
4.3.	<p>HT agreed that they did not want to discourage people from reporting but wanted to educate more on what people should be referring. ASSD have measures in place with some of their highest refers regarding this. HT noted that a high number of referrals come from providers who are receiving mixed messages from CQC on what they should refer.</p>	
4.4.	<p>It was shared that Ian Wake's vision was more place based, with the setting up of partnership hubs where multi-disciplinary groups of professionals can meet locally to discuss referrals coming in and decide the most appropriate pathway for that referral, including signposting and engaging community resources.</p>	
4.5.	<p>CH noted that as a system there has been confusion around what is 'big S' and 'little s' safeguarding. There have been mixed messages given on this therefore there will need to be change in culture.</p>	
4.6.	<p>JK noted that it was his hope that the low number of referrals from the voluntary sector was not due to a lack of confidence in the system.</p>	
4.7.	<p>It was noted that the service doesn't have the investment needed to enable them to respond in the way which they would like too. System pressures are significant therefore there was concern that there may be cases which fall through the gaps, more education 'little s' and 'big S' safeguarding will help with this.</p>	
4.8.	<p>HT clarified that there were not low numbers of referrals from the voluntary sector and there is a higher conversion rate from the voluntary sector therefore they are referring cases which are going on to a s42.</p>	
4.9.	<p>HT shared that the aspiration was always to feedback and best practice was to feedback but due to the volume coming through this was not happening in all cases at present however they do have measures in place to look at this.</p>	

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4.10.	Action: BB suggested that the recent organisation wide learning (OWL) on feedback was shared with board.	BB
4.11.	JS queried what the script was for people taking calls and whether expectation was built in to thank people for making a referral and reassure them that it will be triaged but they might not hear back unless x, y, z.	
4.12.	HT shared that they had hoped to have an automatic email response when people refer via the portal however this was not technically able to happen. Action: HT to follow up with Mark Lewis on the script used by SCCE.	HT
5	Business Group Update	
5.1	WLS presented an update, presentation slides will be circulated with the meeting minutes for information.	
6	SARG Update	
6.1	GW presented an update, presentation slides will be circulated with the meeting minutes for information.	
6.2	SARG has regular observers from across the system. See attached reflections from an observer.	
7	LD Provider Review	
7.1	Joan Maughan gave an overview of the deep dive review undertaken by herself and Diana Gordon into the Real Care Deal framework, paper shared with agenda.	
7.2	AT highlighted that with regard to recommendation 6 on processes for procurement she is often asked to sign extensions to contracts. She always asks whether there is confidence that that service is still appropriate for the individual so from a political perspective there is a lot of challenge given however the reorganisation will also increase this tension.	
7.3	RH noted the link in with Childrens and the work on joint commissioning and joint arrangements for contracts. She highlighted that the transition point was important here and highlighted the issues around registration of settings, with Ofsted and CQC both having very different arrangements. There is work being undertaken to look at whether children can stay in their settled placement as they move through to adulthood.	
7.4	Action: HR asked the LA and ICB to respond to the recommendations and update board on how they are planning to take these forward.	TD/IW

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8	NICHE Pilot Report	
8.1.	Debbie Brown presented the evaluation report on the framework, see attached slides. The UEA had provided some funding from their NICHE programme for this piece of work.	
8.2.	HR thanked Debbie for undertaking this piece of work.	
8.3.	CF shared that she would like to see this framework implemented within the community teams.	
8.4.	CH noted that it would be helpful to take the report and recommendations to the senior leads health forum and also to undertake a fuller audit within the the 3 acutes and NSFT to help understand where the gaps are in training for health as a system.	
8.5.	Debbie shared that although embedding the framework had been incredibly difficult for the acutes due to system pressures/winter pressures there had been full support received from the leads with the pilot.	
8.6.	Action: WLS to refer the report back to the task and finish to look at the recommendations and take this forward.	WLS
9	Domestic Abuse Training Standards	
9.1	Liam Bannon, Community Safety Manager, Norfolk Community Safety Partnership shared the standards developed on Domestic Abuse training with the group, see attached slides.	
9.2	Liam also shared that they are undertaking a piece of work on DHR webinars to raise awareness of key themes. They are currently looking at how they can share the webinar recordings with partners.	
10	SAB Preparation for ASSD CQC Inspection	
10.1	HR gave an overview of how the board may be involved in the CQC inspection of ASSD following a briefing to SAB chairs from Partners in Care and Health. A briefing document is being pulled together in preparation for this which will be shared with board.	
11	NSAB Dashboard	
11.1	Alex Scerri joined to share an overview of the NSAB dashboard. The dashboard enables the sharing of key LA data with the board. Currently the dashboard only holds LA data but the ambition is to have partner data within this. This data is also used for the annual ASSD SAC return. Alex offered to undertake training on the dashboard with any board members who would like this.	

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11.2	Action: any board members who would like access to the dashboard to contact the business team who will arrange this.	
12	Key safeguarding messages from meeting	
12.1	<p>Completed post meeting due to lack of agenda time:</p> <ul style="list-style-type: none"> • NSAB actively aware of and monitors risks and issues which impact on multi-agency safeguarding effectiveness • Challenge log provided a useful debate and understanding around the importance of feedback to referrers of safeguarding concerns • Assurance provided through the LD report that recommendations relating to developing an ethical commissioning framework are on-going • Findings from the NICHE project have highlighted the usefulness of the safeguarding framework and with further work it could be utilised more widely • The safeguarding dashboard is developing a way of measuring the boards effectiveness against the NSAB strategy 	
13	Any other business	
13.1	<p>DF highlighted the Crime and Policing Bill 2025 which was introduced to Parliament on Tuesday 25 February 2025. The Bill is centred on delivering the government's Safer Streets Mission.</p> <p>The overarching aims of the Bill are to:</p> <ul style="list-style-type: none"> • Tackle the epidemic of serious violence, child sexual abuse and VAWG. • Protect the public and our town centres from antisocial behaviour, retail crime and shop theft. • Equip the police and others with powers to combat anti-social behaviour, crime and terrorism. • Rebuild public confidence <p>The Bill brings forward the offence of cuckooing - an offence to control a person's dwelling in connection with criminal activity without that person's consent. The offence will carry a maximum penalty on indictment of five years' imprisonment or a fine (or both).</p> <p>The government will publish guidance for police and other operational partners to help improve identification of cuckooing and support professionals to take effective action.</p>	

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13.2	<p>BB shared a request for funding for Great Yarmouth Borough Council Hoarding Panel, see attached.</p> <p>Self-neglect and hoarding is one of the most complex (and commonly multi-agency involving) types of abuse across the county. Norfolk has some innovative services and support in pockets, enabling local level risk reduction / early intervention preventing harm, but without multi-agency collaboration and longer term funding this can't be sustained.</p> <p>The NSAB self-neglect and hoarding subgroup have been trying to map the different approaches across our county, to better understand both the gaps potential solutions. The example in Gt Yarmouth shows how much can be done with a relatively small amount of funding, in terms of their collaboration hub and their hoarding panel and associated service support. However the latter currently faces the prospect of having to cease after nearly 2 years of successful interventions, due to the lack of multi-agency funding.</p> <p>Board was asked to review and relevant partners to consider this request for funding.</p>	
13.3	<p>Tom McCabe joined the meeting to thank Heather for her contribution to the board. Heather joined the board as independent chair in July 2021 and has led on a huge amount of work. The board all thanked Heather for her considerable contribution to the work of NSAB in this time.</p>	
14	Date of next meeting	
14.1	13 May 2025 at 9:30am	

Open actions			
Date of meeting	Item	Action	Responsible
12/03/2024	5	<p>DoLS update: Alison Simpkin to follow up with Donna Hewitt on restrictions on health staff undertaking BIAs. Alison Simpkin to query with Mark Payne whether s12 capacity is on the ICB risk register</p> <p>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.</p> <p>Update 10/09/2024: 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&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. Action: HR to revisit this with the relevant people.</p> <p>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 Simpkin will be asked to give an updated to board in March on progress made. Alison Simpkin 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 Simpkin 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> <p>Update 21/01/2025: Move to May board.</p> <p>Update 11/03/2025: Update on risk register</p>	

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> <p>Update 11/03/2025: Moved to May / July</p>	GW/CF

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.</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> <p>Update 11/03/2025: Carry forward.</p>	HT
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> <p>Update 11/03/2025: HB shared there is a new safeguarding lead starting shortly. NSFT are looking to engage and work collaboratively with the board and link more with localities. Annual report on learning from deaths being drafted.</p>	AD
21/01/2025	3.11	<p>Challenge Log – ASSD to present a response to Board on referral feedback.</p> <p>Update 11/03/2025: HT to follow up with Mark Lewis on the script used by SCCE.</p>	HT
21/01/2025	7.3	<p>Business Case for MCA Consultancy role - Project oversight group to be set up.</p> <p>Update 11/03/2025: Outcomes metrics have been drafted. WLS to take forward.</p>	WLS
11/03/2025	7.4	<p>LD Provider Review: LA and ICB to respond to the recommendations and update board on how they are planning to take these forward.</p>	TD/IW
11/03/2025	8.6	<p>NICHE Pilot Evaluation Report: Task and finish group to take forward recommendations.</p>	WLS

Closed actions			
Date of meeting	Item	Action	Responsible
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> <p>Update 11/03/2025: Action closed. Work going forward linking to place based board business as usual.</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. 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> <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> <p>Update 11/03/2025: Action closed as subgroup now in place on Homelessness. SARG task & finish group have met regarding rec 4.</p>	
21/01/2025	4.3	<p>RH to be sent a breakdown of those organisations attending the emollient cream webinar to ensure that there is wide attendance across the system.</p> <p>Update 11/03/2025: Action completed.</p>	WLS