

Minutes

Meeting Name:	Suffolk Safeguarding Partnership Board (Adults)
Meeting Date & Time:	Monday 11 March 2024 10.00 – 12.00h
Meeting Venue:	MS Teams Meeting

Attendees

Role	Organisation
Independent Chair	Suffolk Safeguarding Partnership
Partnership Manager	Suffolk Safeguarding Partnership
Professional Advisor (Adults)	Suffolk Safeguarding Partnership
Detective Chief Superintendent, Head of Crime	Suffolk Constabulary
Detective Superintendent	Suffolk Constabulary
Detective Chief Inspector	Suffolk Constabulary
Safeguarding Manager	Suffolk Fire & Rescue Service
Safeguarding Manager	Suffolk Fire & Rescue Service
Training, Safeguarding and Quality Standards Development Officer	Community Action Suffolk
Head of Safeguarding	West Suffolk Hospital
Deputy CEO	Suffolk Family Carers
Deputy Director of Nursing	Suffolk and Northeast Essex Integrated Care Board
Designated Nurse for Safeguarding Adults	Suffolk and Northeast Essex Integrated Care Board
Designated Lead Professional for Safeguarding Adults	Norfolk and Waveney Integrated Care Board
Resources Director	Suffolk Care Association
Safeguarding Operational Manager	Adult Social Care, Suffolk County Council
Assistant Director, Service Development and Contracts	Adult Social Care, Suffolk County Council
CEO	Healthwatch Suffolk
Head of Service	Suffolk Probation

Role	Organisation
Safeguarding Lead	Trading Standards
Senior Lead for Safeguarding and Complex Health	East Suffolk and North Essex NHS Foundation Trust
Head of Safeguarding Families	Ipswich Hospital
Advanced Customer Support and Senior Leader	Department for Work and Pensions
Adult Safeguarding Lead	HMP Highpoint
Interim Chief Nurse	Norfolk and Suffolk Foundation Trust
Service Manager (Housing Options and Homelessness)	West Suffolk Council (representing the Districts and Boroughs)
	Border Force

In Attendance

Role	Organisation
Community Safety Lead	Public Health, Suffolk County Council
Team and Business Change Lead	Customer First, Suffolk County Council
Communications and Engagement Officer	Suffolk Safeguarding Partnership

Apologies

Role	Organisation
Partnership Co-Ordinator	Suffolk Safeguarding Partnership
Clinical Quality & Governance Lead	Public Health, Suffolk County Council
Assistant Director	Public Health, Suffolk County Council
Director of Adult and Community Services	Adult Social Care, Suffolk County Council
Assistant Director for Safeguarding	Adult Social Care, Suffolk County Council
Strategic Director	Borough and District Councils rep
Director of Nursing	Suffolk & Northeast Essex, and Norfolk and Waveney Integrated Care Boards

Role	Organisation
Designated Adult Safeguarding Nurse	Suffolk and Northeast Essex Integrated Care Board
Head of Public Protection	Prison Service
Director of Quality and Care	Norfolk and Waveney Integrated Care Board
Director	Norfolk & Waveney Integrated Care Board
Safeguarding Lead	West Suffolk Hospital
Safeguarding Manager	West Suffolk Council
Head of Public Protection	Prison Service
Performance Manager	Adult Social Care, Suffolk County Council

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1.	<p>Minutes and Actions from the last meeting held on 13 December 2023. The minutes from the last meeting were agreed as the final account of the meeting.</p> <p>Actions/Decision</p> <ul style="list-style-type: none"> Carers passport – Adult Social Care (ASC) Contracts & Commissioning (C&C) to pick this up and will bring update to next Board.
2.	<p>Live Updates</p> <ul style="list-style-type: none"> Housing related support service - Discussed at full council meeting. SSP and ASC Contracts & Commissioning are in contact about this. HRS and funding being stepped down. ASC C&C agreed to bring something back to the Safeguarding Adults Board SAB once options have been worked up to discuss potential safeguarding impact. Working Together 2023 – The SSP Executive is meeting to discuss the changes to Working Together on 22 March. Although SAB will continue running in this format as it is already split from Children’s, it’s a note to inform SAB members that the governance that sits above this may change in terms of chairing/scrutineer arrangements. A further update will be shared at June’s SAB. Her Majesty’s Inspectorate of Prisons (HMIP) – Was hoping to be able to share more concrete feedback with SAB now the inspection has finished, but final findings haven’t been shared with Probation at this stage (anticipated to be published April/May). Probation thanked colleagues who supported with the inspection and noted that a lot of positives came out around safeguarding such as strong system working and relationships. Case work internally within Probation is more of what came out as needing some improvement. To schedule for June Board for a fuller update Winter pressures – Suffolk and Northeast Essex Integrated Care Board (SNEE ICB) explained there were continued pressures in health. SNEE ICB partnerships held up well over the winter including via well-established tactical cells in which all system partners come together on a frequent basis to look at what the challenges are and what the domino effect on systems might be. Felt partnership working is very effective

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	<p>and lessons learnt from each season are identified, of which SNEE ICB are happy to share with the partners.</p> <p>ASC updated that there is a business continuity meeting this week to debrief on wider winter pressures however, from a safeguarding perspective, ASC have seen that pressures in hospitals are impacting people being able to be admitted on to wards. Although this has been a concern, it was only linked to a small number of incidents and was therefore not raised as a wider system concern as partnership working was effective in these cases to resolve the issues.</p> <p>A big issue in care continues to be the challenges around safe staffing levels in residential and domiciliary settings, which is exacerbated by ASC not being prepared to pay certain rates for care packages. Care providers are not taking ASC placements due to this, which is leaving people with less options for care. ASC C&C said it's a hugely challenging picture: locally ASC are working hard to sustain the market, but this will continue to be a challenge throughout 2024, and sadly this is not unique to Suffolk but rather a national issue.</p> <p>Action/Decisions</p> <ul style="list-style-type: none"> • Housing related support – ASC C&C to bring something back to SAB once options have been worked up to discuss potential safeguarding impact. • Working Together – A further update will be shared at June's SAB relating to any knock-on impact for the adult's side of the partnership. • Her Majesty's Inspectorate of Prisons (HMIP) – Probation to bring the findings of the inspection to the June SAB. • Winter pressures – SNEE ICB to share winter pressure learning with SSP to feed into the partnership space.
Agenda Items for Discussion and Decision	
3.	<p>Serious Violence Duty</p> <p>The Community Safety Partnership (CSP) provided the SAB with an update on the duty, what work is happening, and what colleagues need to be aware of.</p> <p>There are eleven statutory partners responsible for the Serious Violence Duty, which requires partners to work together to prevent and reduce serious violence in our communities. It changes the Crime and Disorder Act, making tackling serious violence a distinct priority for the Community Safety Partnerships (CSPs) of which we have three in Suffolk. It requires a new serious violence response strategy, and in Suffolk we undertook a Strategic Needs Assessment which helped to formulate that.</p> <p>Tackling serious violence is not new for Suffolk, we already have other important forums that have a focus on this: Combating Drugs Partnership, Criminal Exploitation, and Violence against women and girls (VAWG).</p> <p>The approach in Suffolk was as follows:</p> <ol style="list-style-type: none"> 1. Formed a new partnership in early 2023 of the eleven duty holders which met monthly, now quarterly. 2. The Suffolk Office of Data and Analytics (SODA) undertook a robust Strategic Needs Assessment (SNA) looking at causes, risk factors, and data from multiple partners. 3. Engagement across the system capturing vital feedback. 4. Formulation of a strategy that reflects current work programmes objectives. <p>The SNA and engagement told us:</p> <ul style="list-style-type: none"> • The majority of serious violence is related to domestic abuse, sexual violence, and youth violence.

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	<ul style="list-style-type: none"> • Risk and protective factors are often two sides of the same coin. • There was common thinking relating to causes, who is affected and solutions. • People felt that prevention at an early age is key to breaking the cycle of violence. • Local resources, community leaders and role models were needed to tackle violence in our communities. <p>The Suffolk Serious Violence Strategy is available to read on Suffolk County Council's website here.</p> <p>The strategy formalises and sets out what we want to achieve in Suffolk. The SNA didn't uncover anything else we think we need to prioritise at this stage (e.g., nighttime economy was raised but wasn't felt collectively that this was something that needed to be tackled in Suffolk at this time).</p> <p>The SVD fund released a large amount of grant money earlier this year and had a huge response, partners are making decisions about allocating this later in March.</p> <p>Next steps</p> <ul style="list-style-type: none"> • The SNA will be refreshed annually (mandated by the SVD). • The strategy is long term but can be adapted if needed. • Actions all held and maintained through the existing work programmes. • An Annual Report will be prepared evaluating the work programmes and detailing what's coming up over the next year. <p>Actions/Decisions</p> <ul style="list-style-type: none"> • Although this sits with the Safer Stronger Communities Board, CSP to let SSP know if there are any actions to add into the SSP Business Plan for action.
4.	<p>Police risk framework</p> <p>Suffolk Constabulary provided an update on the Police's stalking and harassment risk assessment tool. The DASH model was brought in well over a decade ago and has been useful in identifying risk in domestic abuse situations predominantly. HMIC identified that with new legislation (particularly Controlling and Coercive Behaviour) a lot of the risk police needed to identify on first contact would have to focus on areas DASH didn't cover e.g. emotional / psychological abuse. In 2019, the College of Policing started piloting the DARA. It has since been adopted by almost every force as best practice, although it is not mandated use.</p> <p>When using DASH, question 19 (depending on the victim's response) would often send Police down a route of sexual assault investigation rather than focusing on the domestic abuse element that was the victim's initial reason for reaching out. This route was often not wanted by the victim (at least at this stage), however that crime would have to take precedence, and this was removing power from victims who initially came forward to report domestic abuse. This slight change doesn't mean sexual assault is not raised; it means it empowers victims to report what they want to report at the time they choose.</p> <p>With DARA, to grade a case as high there must be an extreme level of control or violence, whereas under DASH too many were going through as high, and this made it hard to pull out the truest highest risk cases.</p> <p>Suffolk Constabulary have been using DARA for around 12 months now and are seeing fewer crime investigations having to have the risk assessment level changed compared to when using DASH. Additionally, far more coercive and controlling behaviour is being identified as a result which was a primary outcome intended from the change</p> <p>Key outcomes:</p> <ul style="list-style-type: none"> • Fewer high-risk cases as a percentage using DARA. The number of medium-risk cases remain roughly the same.

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	<ul style="list-style-type: none"> • Regardless of severity of crime, positive action always taken by Police. • Appropriate resourcing allocated to highest risk. • Haven't seen any significant drop in solve rates since changing, this is staying relatively static. • If graded as high risk, cases are passed on to IDVA. If medium risk, it is passed to Anglia Care Trust. <p>Norfolk and Waveney ICB explained that in Health the DASH model is still being used. It was queried how can service specialists use different models and the best tool be rolled out across the system. The Constabulary advised that DASH is still effective, and other professional bodies may have more time to use DASH to explore issues, whereas police at a point of crisis must apply a concise risk assessment. It was clarified that in terms of identifying what harm may look like, DARA is a tool for police officers. It is recommended that domestic abuse specialists continue to use DASH. DARA is not meant to be a replacement across the board for DASH.</p>
5.	<p>A focus on adults data in Suffolk</p> <ul style="list-style-type: none"> • Customer Service data and throughput – Customer First (CF) delivered a presentation giving an overview of the front door for social care in Suffolk, and the associated teams that are first, second, and third line in responding to contacts. CF are the first point of social care for Suffolk and handle around 10,000 contacts monthly through calls, webchats, and via the online portals. CF aim to resolve as much as possible at initial call by offering information, advice, guidance, signposting, and helping people to remain independent: this is achievable for around 50% of contacts. Only 2% of calls for adults into CF go through to MASH as safeguarding concerns. A large amount are new referrals that go to safeguarding teams or already have open cases. <p>Wait times are starting to reduce, this has been an ongoing issue for some time, however CF are now almost fully staffed.</p> <p>It was asked if data is being captured on if the Safeguarding Adults Framework is being applied. ASC confirmed this is captured in the MASH, and SSP advised this data is used to inform SSP promotional campaigns in widening awareness of the Framework in relevant areas to drive uptake.</p> <p>SAB felt this was a useful and informative update. The Chair suggested CF attends SAB 6 monthly due to the important key themes and updates which was welcomed by all.</p> <ul style="list-style-type: none"> • Safeguarding Data - Regular update to SAB on data that is showing trends/issues arising. The data lead was unable to make the meeting today, so the data is attached with these minutes circulated to SAB members. <p>Actions/Decisions</p> <ul style="list-style-type: none"> • CF to attend SAB 6 monthly to share key updates from the front door.
6.	<p>Update on recent Adults Reviews</p> <p>SSP updated on the recent adults cases within the SSP.</p> <ul style="list-style-type: none"> • 3 are new cases were referred in on Friday last week which will go out to triage. • 5 cases in progress (2 one-off learning events, 1 SAR, 1 single agency review looking at lessons learnt within a particular agency, 1 LeDeR). • 23 actions open to partners spanning 4 cases. • SSP are shifting focus to evidencing the impact of learning, assuring the partners that learning is trickling down and meaningfully affecting practice. Currently undertaking

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	<p>this work for Joe Pooley's case to look at how learning has been adopted and seek assurances around practice.</p> <p>Norfolk has a new developing working group looking at evidencing impact and has invited SSP to this to share good practice across our Norfolk and Suffolk.</p> <p>Top four learning themes emerging from recent cases:</p> <ul style="list-style-type: none"> • Sharing information (21 occurrences) • Multi-disciplinary Team meetings (16 occurrences) • Training and workplace shadowing (15 occurrences) • Application of the Mental Capacity Act (10 occurrences) <p>Actions/Decisions</p> <ul style="list-style-type: none"> • SAB members to request a one to one with SSP offline if they would like to get more up to date on learning from cases and discuss ways of dissemination within individual agencies.
7.	<p>Right Care, Right Person</p> <p>The Constabulary attended the meeting and shared an update on how the RCRP model is working in Suffolk. Phase 1 'Concern for Welfare' began in October 2023. The Constabulary have reviewed 3828 calls under the new RCRP policy. In 34% of incidents a police unit was dispatched, 208 were assessed as emergency police response required. Callers requested 47 appeals in the first 4 weeks but this has declined significantly over time.</p> <p>Two thirds of calls come from the public. There isn't a noticeable difference in calls, how they are graded, and how they are responded to (1%). The data from March will be able to tell us more about agencies requesting and the response/impact around that. The Ambulance Trust are the greatest referrer in to the Constabulary, to a lesser extent NHS 111, and then ASC – numbers from agencies are very small.</p> <p>Most calls are adult related opposed to child focused. Provided some examples of calls in a day.</p> <p>Phase 2 'Walkout from Healthcare' will begin this month (delayed from January). It will follow the same evaluation process as phase 1. From examination of 2022 data, it is anticipated that police will not attend 126 incidents over 12 months.</p> <p>Norfolk has paused on the launch of RCRP due to a significant incident.</p> <p>Actions/Decisions</p> <ul style="list-style-type: none"> • The Constabulary to provide SAB with an update on Phase 2 in June.
8.	<p>Partnership Task & Finish Groups</p> <p>The Adults Learning and Improvement Group (LIG) generates a number of Task & Finish Groups (T&F) each quarter which focus on specific areas of work in the partnership space that are seen as high priority or aligned to case review learning.</p> <p>SSP and ASC provided an update on what has happened in the T&F Groups this quarter:</p> <ul style="list-style-type: none"> • Professional curiosity – the purpose of this T&F Group was to find a shared definition of what we mean by professional curiosity as it comes up repeatedly in case learning to show that professionals are not being curious enough, or they don't have the capacity to be. Version 6 is available and was approved by the Adults and Children's LIGs in January. SAB agreed to sign this off today and this will now be published on the SSP website. • Herbet Protocol – Collaborative project with Suffolk and Norfolk Constabulary's and Norfolk SAB to re-launch the Herbert Protocol, which came about from George

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	<p>Herbert's story. An animation is being developed, funded by Norfolk and Suffolk SABs, which tells George's story, and this will be used as part of the official re-launch in May/June. The animation will be signed off at LIG in April and shared with SAB in June. A reminder that the Protocol can apply to anyone, not just people with dementia (e.g. acquired brain injury, LD&A, etc).</p> <ul style="list-style-type: none"> • Learning & Development subgroup – A permanent subgroup under the LIG, this group have recently been focusing on standardising level 1, 2, and 3 safeguarding training across all partners in Suffolk. • Safeguarding Multi-Agency Policy – This has been reviewed, waiting for one infographic to be revised and some language updated, the final refreshed version of which will be signed off at LIG in April and published/circulated among partners. • Self-Neglect and Hoarding – the refresh is taking a little longer as ASC are adapting some pathways which are: replicating the SN&H forum in Waveney across all areas and removing MASH from pathway as not adding value. This will be re-launched at the beginning of April alongside SN&H guidance for practitioners and the multi-agency policy made available on the SSPs website. • Financial Abuse Guidance – Almost finalised, the Equality Impact Assessment is being undertaken currently. This guidance will be launched in April. <p>All papers were attached to the agenda.</p> <p>Actions/Decisions</p> <ul style="list-style-type: none"> • SSP to circulate links to all published policies and guidance in June as information only items.
Standing and Information Items	
9.	<p>Lived experience / Sharing good practice</p> <p>A standing item for partners to share lived experiences of adults they are working with, or invite them along personally, and to share good practice.</p> <p>SSP shared the story of a gentleman in the West who made national news, Mr Edgar, because he went on hunger strike to affect a planning matter. The article surrounding Mr Edgar can be viewed here.</p> <p>Behind the scenes there was effective coordination in the partnership space driven by West Suffolk Council's planning department to safeguard Mr Edgar and ensure a positive outcome for him whilst putting his safety needs at the forefront. This MDT approach involved planning, ASC, the GP, and the Safeguarding Lead in West Suffolk Council. This resulted in a better outcome, rather than just driving a process through. Mr Edgar is now no longer withholding food and water.</p> <p>Actions/Decisions</p> <ul style="list-style-type: none"> • SSP to pull together as a case study and publish as a good practice example on the SSPs website once enough time has passed, and the situation fully resolved. SSP to reach out to MR Edgar to include his story in the case study. The link to this will be shared with the SAB in June.
10.	<p>Suffolk's multi-agency Issues Log</p> <p>This is a 6 monthly agenda item and is an opportunity for partners to raise new issues for the partnership's engagement / response. The Issues Log is a focused log which pulls out the key, top level multi-agency safeguarding issues in Suffolk that need to be collectively worked on to achieve a positive result for the people of Suffolk and is not intended as a duplicate place for risks and issues within each single agencies risk logs. It also captures single agency issues which the wider system is concerned about and are not reaching a solution within</p>

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	<p>existing partnership escalation mechanisms. There are currently no 'open' issues, and no new issues were raised today.</p> <p>Actions/Decisions</p> <ul style="list-style-type: none"> Partners to email SSP with any issues they would like to log.
11.	<p>Any Other Business</p> <ul style="list-style-type: none"> SSP encouraged partners to look at the SSPs website and newly published learning from case reviews.