Meeting	Warwickshire Safeguarding Adults Board
Date	30th January, 2025
Present	Natalie Asser, GEH Moira Bishop, (RJC) SWFT Jackie Channell, ICB Angela Coates, North Warwickshire Borough Council James Essex, Warwickshire Police Jill Fowler, Warwickshire Police Jeanette Halborg, GEH Becky Hale, WCC Ren Katz, Voiceability Richard Long, OPCC Jodie Morris, Myton Hospice Andrew Odom, Stratford District Council Lisa Pratley, UHCW Ian Redfern, WCC Pete Sidgwick, WCC Tracy Southam, WCAVA Julie Vaughan, CWPT Andy Wade, Probation Services **In attendance** Elaine Coleridge-Smith, WSAB Independent Chair Amrita Sharma, WSAB Jennifer Coxley, WSAB Jen Wrottesley, WSAB
Apologies	Craig Dicken, Nuneaton and Bedworth Borough Council Tom Kittendorf, Rugby Borough Council Mary Mumvuri, CWPC Jerry Roodhouse, WCC Joanne Harrison, NHS England Jatinder Birdi, Warwick District Faith Forum Kelly Hayward, WCC Uju Okereke, WCC Fiona Burton, SWFT Amanda Mills, VoiceAbility Philippa Biddle, WCC Mandy Braimbridge, CWPC Natalie Green, GEH Ellie Monkhouse, ICB Jacqueline Barnes, NHS England Simon Powell, North Warwickshire Borough Council Richard Long, Warwickshire Police Martin Cowan, Stratford District Council Nick Cadd, Stratford District Council Sarah Moppett, SWFT Elizabeth Kiernan, UHCW Tessa Fletcher, VoiceAbility Marianne Rolfe, Warwick District Council Edward Williams, WCC Kelly Starkey, WMAS Nicola Albutt, WMAS

	Stuart Haste, Compass Kirsten Lord, Change, Grow, Live Emma Arnott, Age UK Helen Kirton, CQC Maxine Nicholls, CWPT Sarah Banholzer, Voiceability Alison Hallworth, WCC Moreno Francioso, Warwickshire Fire and Rescue Service Margaret Bell, WCC Sarah Raistrick, Designated GP, Warwickshire

Item	Discussion	Action Required *(if any)*	Owner
1.	**Welcome and apologies** *Elaine Coleridge-Smith* The Independent Chair welcomed everyone to the meeting. Apologies were recorded as above.		
2.	**Minutes of previous meeting: 10/12/24** Minutes reviewed page-by-page and approved with no changes.		
3.	**PRESENTATION & TABLETOP EXERCISE:** **Draft Vision, Values, Priorities & Governance** *Elaine Coleridge-Smith / Amrita Sharma* AS summarised key priorities about working with our partners and communities and vision statement was agreed. AS highlighted values, particularly the final one added about 'capturing the voices of people with lived experience', aligned with the expectations of the Care Act. Governance structure: AS went on to highlight the removed proposal for the executive board, noting how the WSAB would undertake the executive duties including signing off the annual report and strategic plan. Reports will be brought in final draft stage to the WSAB meetings, with the reviewer, supporting intentions for openness and to share learning. Outcome: this structure was agreed by the group. AS summarised the subgroups as follows: • Safeguarding Adults Review Group, chaired by Jackie Channell to remain unchanged was agreed. The business plan activities have been divided between the two subgroups: • Quality and Performance Subgroup • Learning, Communication and Engagement Subgroup: will be responsible for communications campaigns, for professionals but also hard to reach groups and processes like VARM that need promotion to the wider community.		

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	• Homelessness and rough sleeping task and finish group (AS attending the next Housing Board to establish what data exists, what can be shared and any concerns to feed into this T&F group). Three key headline priorities were introduced and discussed: 'Make Safeguarding Person Centred **and outcome focused**.' Was proposed as an amendment and agreed by the group. Tabletop activities: the group was tasked with reviewing TOR documents and responsibilities for groups; membership (who is best placed to sit on each group and support such as other specialists – e.g. communications leads or data analysts within partner organisations who could support the works of subgroups); chairing arrangements and meeting frequencies. Feedback notes collected.	Attendance of Housing Board. Amendment of key priority to include 'outcome focused'. Review and collate feedback; populate subgroups and establish meeting schedules.	*AS* *AS* *WSAB business team*
4.	**Right Care, Right Person** *Ian Redfern, Jackie Channell, Jill Fowler* IR introduced 'right care, right person' and reported success so far from ASC's perspective: Government agenda for people with mental health / care needs to be looked after by the right people; police often used to be called for welfare checks / to attend to people with mental health problems but the responders need to be people with the skills to deal with these. **Examples of shifts implemented – now** more of these needs are dealt with by social workers or mental health workers**:** - Welfare checks - AWOL and walking out from healthcare premises - Transportation of health patients **OCC (call centre) data capture** - Some small reductions in calls for welfare checks / concern logs. - Proportion of time at scene decreased. - But increased for mental health: 4.8-6%. Police want to ensure the person is at the centre so that it reduces the time of the police spent but also that the adult receives the right support at the right time. Right care, right person: next steps to ensure that partners such as ASC, ambulance service have resilience to deal with this. The Independent Chair reported regional concerns that police would not attend and leave people unattended to. Moira Bishop reported healthcare staff have had a change in culture to not immediately calling police for safe and well checks. Staff have been empowered to use their common sense more: calling other involved professionals first. Seconded by Julie Vaughan,		

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	who also noted that a police presence could make some situations worse. The Independent Chair thanked partners for this. Amrita Sharma queried what 'missing' protocols are used for adults with care and support needs? • Jill Fowler explained Herbert protocol which is under review, as well the possibilities of new technologies. • Data needed on whether this is a challenge for adults with care and support needs; Pete Sidgwick noted that this situation was rare.	'Missing adults' / Herbert protocol update to be added to future agenda.	*JF to update / WSAB business team*

5.	**Safeguarding and Local Authority CQC Assessments**
	Ian Redfern
	
	IR introduced the CQC assessments process and how it will involve the partnership organisations: CQC is assessing local authorities and how they are meeting their Care Act.
	• How do we assure ourselves that we are improving, learning and doing the right thing?
	• Some partners will be asked to meet with them.
	
	IR summarised the status of CQC assessments and reports so far: 19 published, 69 authorities contacted (not WCC so far).
	
	They will assess 4 key areas:
	• How we work with people
	• How we provide support
	• How authorities ensure safety within the system
	• Leadership
	
	IR explained that the assessment uses the following:
	• Within each key area, there are quality statements (local authorities' commitments) and 'I' statements (what people can expect).
	• Grades are: outstanding (very hard to achieve: only one area in any council has been awarded this); good, requires improvement and inadequate.
	• Triangulated data: must come from three sources to verify before assessors reach conclusions.
	• They examine:
	  ○ Board, effectiveness, how effective partnership working and strategy is.
	  ○ Talk to frontline staff and strategic partners.
	  ○ National data.
	  ○ Use of bespoke providers.
	
	IR highlighted that specifically for safeguarding, of 19 assessed so far, 10 have been assessed as 'requires improvement'.		

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	IR assured partners that the CQC are looking at the local authority and partners should be open and honest within the process. IR presented a summary of WCC data compared to national survey data. National data set has large variations in it: it is difficult to use national data to inform what 'good' looks like due to differences in reporting and recording. What is important for this group is to feel confident that we are doing well. For example, Warwickshire has an 11% conversion rate of enquiries going to enquiry (at the low end looking at averages) but WCC have audited records and are confident that criteria have been applied consistently and correctly. Examples were given around Quality Assurance of Providers. • Robust systems • Promote working together to improve work and support • Good record for mobilising resources to manage provider failure **Areas identified for development:** IR highlighted that safeguarding data suggests that making safeguarding personal is still an area for development: making people aware that a referral is being made and if they disagree, still have that conversation. DoLS is also focus of CQC assessments though challenges were noted around this, with people having long waits for assessment of a person's best interests. However, it was noted that waits have reduced and that this is a check of people's rights to be in a place they choose if they can make that decision, not something that would stop people accessing support where support is needed. IR explained CQC and how it relates to the Board: • WSAB has required elements in place. • We have a good culture, which we should be proud of and not be shy to be positive. • Robust groups and sub-groups. **IR raised a discussion on areas for development:** what are we not as good at as we could be? • The Independent Chair queried: Board meetings are effective for engagement but how do we ensure that this impacts the front line delivery of the services? • Pete Sidgwick noted front line staff are often not aware of what safeguarding is, including making referrals for people without care and support needs. Though it was noted that safeguarding is a broad term and can be mis-applied or misunderstood by people accessing services		

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	and staff. It was queried whether we should be promoting / sharing examples of what safeguarding is or isn't; however, it was agreed that we would prefer to err on the side of caution and promote openness to enquiries. Often, outcomes such as signposting people to services or discovering care and support needs which are not safeguarding concerns can come as positives from these contacts. • IR noted that it's how we deal with these queries that will inform the judgement: are we effective and friendly and efficient in informing people that this is not a safeguarding issue. • Angela Coates noted that 'Front Door' equivalent for adults is clunky compared to the children's service. IR noted that we are aware of this and making improvements: CQC will want to see that we are aware of areas to improve. • Ren Katz raised transitional safeguarding: for children leaving care who move into adulthood and need housing, support etc. Jill Fowler noted that the WSCP has an adolescent sub-group that does this. The Board were encouraged to be reassured that day-to-day, people should still be doing their jobs, not changing things to prepare for CQC.	Add transitional safeguarding as a future agenda item	*AS/ Business team*
6.	**What's in the news; what's our response?** *Elaine Coleridge-Smith* The Independent Chair introduced this as a regular section on the agenda for the group to share national issues and news and discuss the local safeguarding approach to these. Alex Rudakubana and Prevent Agenda: • Richard Long explained the Prevent Steering Group would already have knowledge in this area and it was agreed for AS to engage with Geoff (prevent coordinator) to gain information to bring back to the group or invite him to brief partners. Knife crime: • Again, Richard Long suggested contacting the Serious Crime Prevention Steering Group and Community Safety Partnerships. AI: • Vulnerable adults' faces used in pornographic imagery. • Partners reported that they have heard of work in this area.	Approach Prevent Steering Group (Richard Long can provide details) Approach Serious Crime Prevention Steering Group and Community Safety Partnerships Approach Community Safety Partnerships	*AS* *AS* *AS*

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	Contextual safeguarding was discussed and whether a group is needed to examine how these issues affect those with care and support needs: • IR noted that that he had had discussions about this and the numbers affected are small. • It was agreed to check in with the groups working on these things, e.g. Community Safety Partnerships. • Contextual safeguarding to be a future agenda item.	Possible future agenda item on contextual safeguarding / AI.	*AS/ Business team*
7.	**AOB** **AS** Developing Safeguarding resource/toolkit for faith-based organisations (nationally, commissioned an external organisation to look at this, including 8 different languages). Improve our assurance as partners as faith-based organisations are an area which we currently do not have oversight of. Website: one website will be retained for adults and children. Aim is to revamp this but retain the ease of use. The Independent Chair expressed a plea for people to attend these face-to-face meetings on a quarterly basis. Subgroups: these will meet in person for first meeting, then remote later.	Ongoing task to bring to group when complete. Meeting dates to be circulated. Membership of subgroups TBC and meeting dates circulated.	*AS* *WSAB Business team* *AS/ Business team*