Warwickshire Safeguarding Adults Board

Minutes

Date	6th May 2025
Present	Elaine Coleridge-Smith, WSAB (Chair) Jatinder Birdi, Warwickshire Faith Forum Jackie Channell, ICB Alison Hallworth, WCC Legal Ren Katz, VoiceAbility Richard Long, OPCC Kirsten Lord, CGL Charlotte Naughton, Warwickshire Police Maxine Nicholls, CWPT Andrew Odom, Stratford District Council Sarah Pady, SWFT Lisa Pratley, UHCW Ian Redfern, WCC Paul Roberts, North Warwickshire Borough Council Jerry Roodhouse, Healthwatch Warwickshire (WCC) Pete Sidgwick, WCC Duncan Vernon, SWFT Edward Williams, WCC Speakers: Michael Maddocks, Public Health Principal, WCC Debbie Savage, Coventry City Council James Squire, Warwickshire Police **In attendance** Amrita Sharma, WSAB Jennifer Coxley, WSAB Jennifer Wrottesley, WSAB
Apologies	Nicola Albutt, WMAS Emma Arnett, Age UK Natalie Asser, George Eliot Hospital Jacqueline Barnes, NHS England Fiona Burton, SWFT Moira Bishop, SWFT Craig Dicken, Nuneaton and Bedworth Borough Council Moreno Francioso, Warwickshire Fire and Rescue Service Jeanette Halborg, George Eliot Hospital Joanne Harrison, NHS England Elizabeth Kiernan, UHCW Helen Kirton, CQC Ellie Monkhouse, ICB Jodie Morris, Myton Hospice Mary Mumvuri, CWPT Sarah Raistrick, NHS Marianne Rolfe, Warwick District Council Tracy Southam, CAVA

	Kelly Starkey, WMAS Andy Wade, Probation Services

Item	Discussion	Action Required *(if any)*	Owner
1.	**Welcome and Apologies** Elaine Coleridge-Smith (ECS) opened the meeting. ○ Thanks were noted for Jill Fowler (Warwickshire Police) for her contribution to the Board. ○ Charlotte (Charlie) Naughton introduced herself and her responsibilities as Warwickshire Police's new representative on the Board.		
2.	**Minutes of previous meeting: 30/01/2025** The minutes of the last meeting of WSAB were approved as an accurate record.		

3.	**Updates from Subgroups/Task & Finish Groups**
	
	Quality and Performance Subgroup: Ian Redfern (IR)
	IR summarised a successful first meeting of the Quality and Performance Subgroup as follows:
	• TORs agreed with some changes.
	• A broad discussion about QA of core safeguarding practice for adults.
	• It was agreed that for SARs and other Learning Reviews, an ongoing analysis of outcomes would be done by this group.
	• For next meeting: group members will bring their own data sets or details of what they record, to be shared and compared.
	• The group agreed that emerging themes can be addressed in QA work and task and finish groups that can be convened as required to address themes.
	• SCS front door shadowing exercise is planned.
	• Cross cutting areas were identified:
	  • Equality, diversity and inclusion
	  • Making Safeguarding Personal
	  • Voices of people with lived experience
	• Important links were noted with other groups to avoid duplication but ensure that safeguarding is strengthened.
	• It was noted that ECS had raised in this meeting the extent to which the group might address a broader safeguarding agenda, outside those with care and support needs. It was noted that in some areas of work, there will be a cross-over between core safeguarding practice and protecting others (who may be vulnerably without care and support needs/close to this threshold, qualifying this as preventative):		

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	e.g. homelessness, scams and online harms, older people (even those without care and support needs). Further clarification may be needed about whether the work like this is better falling to community safety partnership. • Lived experience: Amrita Sharma (AS) clarified that members will be brought into safeguarding subgroups from Experts By Experience and the LCE group is reaching out to voluntary and community groups as part of its remit. This can also be addressed by interrogating the data around people's perceptions about how the process has gone: we will review this and consider whether this is the right data and what we are learning from this. **Joint Reviews Subgroup: Jackie Channell (JC)** JC summarised the last 4 months of referrals: 4 referrals were received; 3 progressed to rapid review. • The one that did not progress still had learning drawn out about the voices with adults with learning disabilities. • Rapid Review 1: care leaver with PTSD and EUPD: going to alternative learning review. • Rapid Review 2: adult with learning disability did not meet the criteria but a LeDeR review is taking place and the panel will reconsider any new information arising from this if necessary. • Rapid Review 3: adult with poor MH; self-neglect; obesity. Local learning review is being progressed in this case. A discussion arose around housing and to what extent this might be a factor. JC presented a list of themes (as per slides shared) outlining: • Several cases have emerged where there is an intersect between obesity and learning disabilities. • GPs have been relying on remote calls for learning disability annual checks and moving forward, this should be face-to-face. • Bereavement support for Autistic adults / those with learning disabilities. • Recording / referrals quality. • Self-neglect. • Self-harm. The voices of people with learning disabilities was raised: LeDeR were praised as being a good source of that voice and ideas about lived-experience from these people. **Learning, Communication and Engagement Subgroup: Jenn Coxley (JCo)** JCo summarised a successful first meeting of the LCE Subgroup as follows:		

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	• Terms of Reference were signed off • Appointment of Vice Chair (Tracy Southam, CAVA) was made • Updated resources were presented for feedback and actions agreed to move towards publication. • The quarterly newsletter was discussed and planned. • The use of events for promotional purposes in the future was also raised. The group's main priorities were summarised as follows: • Identify training needs • Update / promotion of VARM • Update resources and documents • Engagement with community and voluntary organisations **Homelessness and Rough Sleeping Task and Finish Group, Amrita Sharma (AS)** AS summarised that requirements have been placed on WSAB by ministerial letter to understand the extent of homelessness and rough sleeping and complex cases in the county. The current picture is: • 9-11 complex cases on average per four district/boroughs With these cases it has been noted that there is: ○ Sustaining involvement ○ Often there is underlying trauma • Total numbers are estimated at 100-155 people being supported at any one time. • Thera are good levels of multi-agency involvement at MDT meetings; some notable gaps. • Moving forward, the group will develop a shared statement of intent (replacing the previous homelessness strategy), aiming for a seamless service to support the most complex cases. The Board needs oversight that different areas have appropriate and consistent strategies: these are a legal requirement for districts / boroughs to have. The statement of intent should overarch these and prevent conflicting messages / priorities with individual areas, whose needs may differ from each other. • It was queried if the Board has access to the policies of the 5 boroughs and confirmed that these are public documents. When these are renewed, feedback should be considered from WSAB. • In a discussion about the current picture, Jerry Roodhouse stated that organisations on the group give a different picture so there may be a hidden problem.		

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	• In the health and homeless sphere, a statement of intent is used. Gap analysis of what is there and what needs to be put in place to address these needs. • The difference was clarified between people who are rough sleeping and those who are homeless. Pete Sidgwick (PS) queried if the numbers included intentional homelessness: pressure is put on WCC to buy properties to provide for them. AS confirmed our focus is people with care and support needs. • Dashboard for a future meeting suggested. • Continued agenda item to be maintained.	AS to progress these issues in T&F group. Add to forward plan for future agenda items.	Amrita Sharma WSAB Business Team
4.	Nick & Leo LLB **Jenn Coxley** JCo summarised background cases of 'Nick and Leo' • The cases had similarities: both were in their 50s, living in the same housing complex, substance misuse, victims of exploitation (e.g. financial exploitation of someone borrowing Leo's card and taking £3000), poor mental health. • Nick was scared, living conditions were poor and he was a victim of home invasion and suffered from poor mental health. • Professionals struggled to engage with both. **Learning:** • Multi-agency meetings are important when an adult is hard to engage. There were missed opportunities around information sharing and lead agencies. • Assessment of mental capacity was not considered: capacity is likely to have fluctuated due to substance abuse and inconsistent use of medication. • Professionals should be aware of signs of exploitation because victims are unlikely to identify themselves. 7MBs already in existence (incl. home invasion (cuckooing), self-neglect). Members approved the publication of the Lessons Learning Briefing.	Promote learning and use LLB with staff. LLB to be published on WSAB website.	Board members WSAB Business Team
5.	NHS England reforms ***Jackie Channell*** Jackie Channell stated that the impact of Working Together in 2025/26 is not yet fully known as a new 'blueprint' document has just been published outlining the responsibilities of ICBs, but clarifications and details are still not available. The picture to date is as follows: • Government announcement stated that NHS England was to be abolished.	Carry forward this agenda item to update on	WSAB Business team / JC

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	• The blueprint document suggests an alternative model for safeguarding but no advice yet on what this should look like. • Similarly, CHC, infection control and SEND will be subject to alternative models being trialled. • ICB will predominantly be a commissioning organisation, meaning significant redundancies. • Timescales are short and presented with caveat that legislative changes will be needed to implement many of these changes.	further changes / clarifications. ICB Blueprint document to be shared.	WSAB Business team
6.	Adults with a Learning Disability JSNA ***Michael Maddox*** Michal Maddox introduced the Joint Strategic Needs Assessment (JSNA) data helping to understand the local profile of adults with a learning disability and their safeguarding needs to better support this cohort of people. The latest data is specific to Warwickshire and the document has three key sections: - The local population: overview of the learning disabled (LD) population in Warwickshire - Health of the population - Wider determinants **Key messages** A number of sources are used: GP registers, local expectations of LD numbers based on national information. The following was noted: o 8-9000 people who would be expected to have LD are not registered on GPs' LD registers. o There is an under-representation of minority ethnic people with LD. o It is expected that the total will increase with an extra 1500 expected due to population growth. o Male / female split was presented: younger males are well-represented (18-34 bracket). Large health inequalities were identified for LD people, notable difficulties included: • Moving from child to adult services difficult (changes in routines, loss of friends and structures etc, adjustments not being made for their disability). • Barriers for Annual Health Check (AHC) o Duplication o Not being aware of invitations • Many people with LD are living with parents, including people in their 50s living with elderly parents which might raise increasing vulnerability on both sides.		

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	The JSNA identified 32 recommendations some key ones highlighted were: - Be LD aware - Support people to sign up to GP Annual Health Checks and remove barrier to attendance / support people to attend for this. - Improve data collection on this. - Promote use of health and social care passports - Remove barriers for health screening and vaccination (again, people should be supported to attend) - Support and promote advance care planning ECS welcomed the presentation with a query about whether JSNA could support the board in their reviews of LD people. JC noted that the lack of uptake of the GP health checks: this part of the JSNA could be taken to the LMC to promote the changes, connected to what we have also noted in recent SAR reviews. A final point was emphasised that reasonable adjustments are crucial.	Presentation of the report / findings to LMC.	JC / MM
7.	Elderly adults – cybercrime and identity theft ***James Squire, Cybercrime and Fraud Co-ordinator*** James Squire (JS) presented an overview of cybercrimes / scams and information on protecting vulnerable adults to ensure effective support/signposting. JS introduced his role specialising in frauds and scams to raise awareness of the threat landscape. Locally: ○ Cybercrime has the highest growth area for crime in our area ○ It is still estimated to be hugely under-reported ○ A dedicated team has been in place for 5 years ○ Custodial success rate is less than 1% ○ The team works to protect, prepare, prevent (e.g. young hackers), pursue: 3.1 million fake websites taken down (e.g. fake online stores etc). Threats include: • Financial: access money / defrauding • Romance fraud: with fake relationships and emotional attachment; some people even like this contact • Blackmail / sextortion • Identity theft: devastating scale of crime Often there is a lot of information about a person out there and criminals can contact and gain some small bits of information to fill in the blanks and use this for fraud. Identifying risks:		

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	• Digital presence: even if this is just Facebook or messages via WhatsApp (an increase in criminals pretending to be a family member in trouble). • Financial hardship: people who cannot get credit or loans in a normal way can be vulnerable. • Support network: when considering this, consider whether these support networks know what a person is doing online. Resources: • Cyber aware top tips signposting / support packs available • Free cyber action plan: cyber aware is a government-backed process that runs through 6 top tips • Use strong passwords on email • Enable 2-factor authentication • Update devices and turn on backups • It's a step-by-step process to take people through how to improve their safety. • Think Jessica – 'Don't Fall for a Scam' – free PDF Support available via the Police includes - offer of cyber security awareness training for organisations - Scam Awareness Sessions – group presentations - e-learning packages available Reporting: Action Fraud (being rebranded as Stop Fraud which will disseminate the report to law enforcement). JC queried scam phone calls: how to stop the huge number of calls. JS noted that providers like BT and Sky can help, or a 'Truecall' device can be added to a phone, creating an approved and allowed list but blocking other calls. **ECS thanked James for his presentation and encouraged members to promote awareness amongst their respective organisations.**		
8.	Elder Sexual Assault & Abuse ***Debbie Savage*** Debbie Savage (DS) introduced her role: NHS provided finding to local authorities and Coventry and Warwickshire brought in DS to work with victims and survivors of sexual assault and abuse. DS has space to be independent and provide what victims need: professionals can contact DS with concerns, as can families and individuals. DS shared a case study of dementia patient who was being accessed by an individual who sexually assaulted her to		

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	exemplify how she can support victims/families in such scenarios. There is currently no formal pathway for progressing things in such cases to ensure that a Dementia diagnosis does not impact upon the process to safeguard the adult and follow the process to achieve justice. Dementia as a term can cause difficulties: DS queried whether a similar process could be initiated for adults without capacity so that cases can be pursued (how the process should continue without a victim; who makes decisions/is the voice of this adult; does a strategy meeting need to be called for adults with difficulties the same as any time a child discloses sexual abuse?) DS suggested that we should be guided in this by some of the children's processes. - Ian Redfern noted that he and Edward Williams could pick this up and progress this from SCS. - Accusations are common but there needs to be a specific process. - Data exploration needed into reporting. DS has delivered training in Social Care and Support; DS has new Warwickshire.gov email address which should be in use soon so she will be contactable to book in more training. ECS thanked DS for a very informative overview.	DS to liaise with Ian Redfern / Edward Williams to progress this.	DS / IR / EW
9.	DRAFT Warwickshire Exploitation Strategic Framework ***Richard Long (RL)*** RL introduced the new framework that has been developed for sharing updates on the local response to all forms of exploitation. Members agreed the adoption of the proposed framework which will support the Board's assurance function moving forward.		
10.	What's in the news; what's our response? ***Elaine Coleridge-Smith*** • Discuss local response to issues raised at national level /in the press • Debate around trans-issues and whether this affects any of our settings		
11.	Any other business: none raised		
	Close		

Next Meeting: 02/09/2025, 14:00-16:30