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| **Notes of Meeting****Date & Time: 16th December 2020 at 2pm****Venue:** MS Teams |

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| **Name** | **Agency** | **Attended** | **Deputy Present** |
| Sue Proctor (SPr) | Independent Chair | X |  |
| Sarah Abram (SA) | NYCC Health and Adult Services | X |  |
| Karen Agar (KA) | TEWV NHSFT |  | X |
| Annette Anderson (AA) | North Yorkshire Police  | X |  |
| Ruth Andrews (RA) | Trading Standards |  |  |
| Rachel Bowes (RB) | NYCC Health and Adult Services |  | X |
| Tony Clark (TC) | Richmondshire District Council | X |  |
| Emma Dixon (ED) | NYCC Legal Services | X |  |
| Olwen Fisher (OF) | NHS NYCCG | X |  |
| Jill Foster (JF) | Harrogate District NHSFT |  | X |
| Marrianne Franks (MF) | Army Welfare Service |  |  |
| Sheila Hall (SH) | NYCC Health and Adult Services | X |  |
| Helen Hart (HH) | NHS AWCCG |  | X |
| Chris Jones-King (CJK) | NYCC Health and Adult Services | X |  |
| Elizabeth Moody (EM) | TEWV NHSFT |  | X |
| Caroline O’Neill (CO’N) | Community First Yorkshire | X |  |
| Erin Outram (EO) | NYCC Health and Adult Services |  | X |
| James Parkes (JP) | NY Safeguarding Children’s Partnership | X |  |
| Christine Pearson (CP) | NHS NYCCG | X |  |
| Sue Peckitt (SPe) | NHS NYCCG | X |  |
| Beverley Proctor (BP) | Independent Care Group |  |  |
| Michelle Turner (MT) | NHS AWCCG |  | X |
| Louise Wallace (LW) | NYCC Health and Adult Services | X |  |
| Aurelie Redpath (AR) | NYCC Health and Adult Services | X |  |
| Richard Webb (RW) | NYCC Health and Adult Services | X |  |
| Dave Winspear (DW) | North Yorkshire Fire and Rescue Service |  | X |
| Fran Wright (FW) | National Probation Service | X |  |
| Ashley Green (AG) | North Yorkshire Healthwatch | X |  |
| **Also in Attendance** |  |  |  |
|  |  |  |  |
| NameCara NimmoAbigail BarronAllison BrownHannah OakleyLyn-Marie WatersMargaret Brett | AgencyNYCC Health and Adult Services NYCC Health and Adult ServicesNHS NYCCGNorth Yorkshire Fire and Rescue ServiceNHS AWCCGTEWV NHSFT |  |  |
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| **ITEM NO.** | **SUBJECT AND DISCUSSION** |
| **Item 1** | **Welcome / Introductions / Apologies for Absence** |
|  | Due to the government guidelines in relation to the COVID-19 (Coronavirus) pandemic, this SAB meeting took place as a video conference.Apologies for absence: * Rachel Bowes
* Dave Winspear
* Ruth Andrews
* Erin Outram
* Jill Foster
* Helen Hart

No declarations of interest |
| **Item 2** | **Minutes of the last meeting held on 8th September and matters arising** |
|  | The minutes were accepted as a true reflection of the meeting. |
| **Item 3** | **Action Log** |
|  | The action log was noted.2020/15 will go to the Board in March. OF added that a review will take place in January following the closure of a care home in Whitby. OF will provide a verbal update on this at the next Board meeting in March.SPr asked CO’N for an update on VCS’s work with Healthwatch. CO’N explained that VCS have regular updates every couple of weeks with AG, in addition to contact through other forums. CO’N also provided the link to the VCS resilience survey: <https://communityfirstyorkshire.org.uk/what-we-do/representation/results-of-november-2020-pandemic-impact-survey-unveiled/>The two main messages are financial sustainability and that 40% of volunteers have stood down. CO’N is working closely with NHS and Public Health partners regarding volunteers and vaccinations. C’ON will offer an update on the main findings of the surveys at the next Board meeting in March 2021.SPr welcomed AG and introduced him as the new Head of HealthWatch. AG said he is happy to support and share pieces of work with colleagues. |
| **Item 12** | **Care Market Sustainability update** |
|  | SPr moved Item 12 up to accommodate AB’s schedule.AB highlighted a reduction in occupancy of 17.5% (from 97.5% to 80%) and an increase in mortality compared to last year. AB’s team carried out a survey of the residential and nursing market:* 32 providers expect to see some financial challenge in the next 12-18 months.
* The survey provided insight to enable targeted support and helped to understand areas of risk.
* Out of 90 non-regulated care service providers, 23 are still reporting challenges with reopening.
* Financial support is in place to support the market with compensatory payments made to non-regulated domiciliary providers to help with PPE, staffing costs and reducing risk and staff challenges. Payments are made in advance to support cash flow.
* The IFC fund supports with visiting and testing. The PPE portal enables providers to access support. The hardship process of supply and relief enables rapid COVID support. 2 providers have gone through this process. Support is available for those with a sustained period of hardship, which entails a review of accounts and making the best plan for them to ensure they still have a place in the market. Since February, 7 providers have applied, which is a very small proportion out of around 220 providers in the system.

Wider work is being undertaken around managing and working with the market to create a more sustainable market. The Strategic Market Development Board (SMDB) has been set up and comprises of a range of colleagues from the care market and NYCC. The priority areas are sustainability and ensuring the cost of care is relative to the care offer.A review of the residential and nursing market has been undertaken to understand it in the context of COVID. Regarding domiciliary care, access to packages can be difficult. The team have witnessed fantastic examples of support during the pandemic though virtual offers and support to compensate for face-to-face support. They are reviewing block booked beds to support hospital discharge. Locality-based commissioning plans have been made to identify gaps and opportunities. RW thanked Abi for the pivotal role she has played and praised the great collaboration between various agencies: NHS, voluntary sector and care providers. The care sector stuck with us and has now become national policy thanks to lobbying nationally and the provision of quarantine beds since March. CO’N commented that she had heard positive messages about NYCC Commissioning and what they are doing to support the sector. CO’N will be exploring the work being done in the community – surveys showed that 40% of people are still struggling with technology/equipment to be able to sustain contact, which needs to be explored further. AB suggested linking up with CO’N to take some of the learning. It has been a huge learning curve for volunteers in regards to using IT/technology.SPr asked for a geographical spread of struggling providers. AB said it is varied, spread throughout the county and can affect both large and small providers. SPr also asked what would help the work of the SMDB and how the NYSAB can support. AB suggested to continue to brief the Board. AB also added that her team are currently scoping out work stream groups, for which representation from SAB partners may be beneficial.Action(s) Agreed* 3-way meeting with AB, CO’N and AG from Healthwatch to share lessons learnt.
* AB will provide a 6-monthly update at the Board and escalate anything important in-between if required.
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| **Item 4** | **Response and Recovery to COVID-19** |
|  | SPr asked for an update from partners about the impact of the pandemic on safeguarding.**- Health colleagues:*** Sue Pe said there has been an upward trend in concerns about the levels of abuse, especially towards children. This could be down to the fact that fewer visits are being carried out. There are also concerns around some staff behaviour and practices, which are being followed up.
* OF mentioned that there are concerns around the Mental Capacity Act (MCA) in care homes particularly. Thanks to the good working relationships between the CCG, NYCC and the CQC, they are managing these concerns effectively. Four care homes have been closed since September, with residents moved to other care homes. The increased workload is impacting on staff. The CCG and NYCC are working on developing guidelines across the Humber Coast and Vale ICS footprint regarding the MCA and vaccination for care home residents. Some care providers are refusing visits, which affects human rights. There has been an increase in deterioration of mental health and capacity due to people moving less and having limited social interactions during lockdown. Health professionals must check mental capacity before taking consent for vaccination.

**Action(s) Agreed*** **AB/CO’N/AG to include MCA-related issues due to lockdown in discussions to share areas of best practice.**
* LMW reported similar issues, and an increase in agency staff. An emerging theme has been that agency staff are not always supervised by managers sufficiently. This is being challenged by the CCG. They have also noticed a rise in mental health issues for both residents and staff.
* MB said that TEWV are prioritising face-to-face visits wherever possible. They have noted the particular vulnerability of children, especially under 1-year-olds, when they have been unable to carry out home visits. They have also tried to focus on whole families, as fathers are suffering with mental health too. An increase in domestic abuse has also been noticed.
* OF said NHS England are collecting information from the CCG and posted the following in the comments:

There has been an increase in the number of MAPPA and MARAC cases. ​The CCG Safeguarding Adult Team contributed the following points to a recent NHSE data collection regarding changes to working practices during COVID:* ​Rapid adaptation to using technology
* Improved engagement at forums, e.g: GP safeguarding lead forum. Virtual attendance is convenient and saves time
* Multi-agency working to identify vulnerable families and offer support to families in need during lockdown
* Domestic abuse one system approach meetings and MARAC increased in frequency to meet demand in the increase in referrals
* Development of awareness and support materials re DA at Covid-19 testing sites
* Feedback from some looked after children is that they like telephone assessments
* The development and delivery of online safeguarding training

**NYP**AA said that the findings on the domestic abuse deep dive have not yet been received from the Home Office. AA is chasing this through the TFCC. NYP have not seen an increase in reports of domestic abuse, but have seen a huge increase in instances of controlling and coercive behaviour. This could be partly due to an increased awareness of staff as they have received training on this. The number of non-accidental injuries for children has increased a lot locally and nationally. NYP’s immediate concern is about households mixing indoors over the next couple of weeks at a pressurised time of year and NYP are planning their response. **Action(s) Agreed*** **AA to inform the Board when the results of the deep dive on domestic abuse come through.**

**NYSCP**JP echoed AA’s comments. Fewer social care referrals from schools were made than expected after lockdown. A lot of work has been done around hidden harm; when children were not in school, they were in contact with fewer services. However, social care and early help have maintained face-to-face visits to families. There has been a large increase in elective home education – 110% increase since September. 50% is due to a COVID-related lack of confidence in schools’ safety and in the government. It is anticipated that it will reduce when the vaccine is rolled out. An increase in non-accidental injuries for children has been noted, especially for children under the age of one. Some children’s deaths have been caused by an increase in co-sleeping. Staff are issuing guidance around safe sleeping arrangements. In addition, NYSCP are working closely with Public Health and schools to minimise the impact of children being out of school due to bubbles isolating.Overall, JP said they are in a better place than anticipated overall, but have some concerns to work through. **HAS**CJK said there had been no increase in mental health or domestic abuse reports after the second lockdown, unlike after the first lockdown. More work has been done to support children over the last three weeks. A deep dive is being carried out into admissions into hospital under sections 2 and 3 in order to try to identify why the referrals are coming through, where they are coming from and what the impact is on older people. **Action:** * **CJK to share findings with the Board when the Deep Dive has been completed.**

Safeguarding referrals have tracked against the average and so have DoLS requests. They have been a little higher because of vaccine and testing issues. HAS continue to work with care settings not only regarding safeguarding, but also around quality issues, which have not been identified by management or the CQC who have not been carrying out visits. There has been a fragility of the care market around staffing. In one case, NYCC went in to support as the majority of staff had COVID-19 and agency staff were difficult to get for frontline care.There has also been a logistical issue around testing staff in care settings. They are using lateral tests alongside PCR tests for residents also. HAS are supporting through weekly online CareConnect sessions for providers, and providing support with the guidance and how to approach it. HAS have received a positive response from providers.CO’N said she also heard about the staffing issue and would like to pick this up with the Local Enterprise Partnership (LEP) to try to re-train/re-skill people to provide further staffing. There may be a need for a strategic approach regarding re-skilling people. CJK said staffing shortages have included re-ablement staff in Selby and Scarborough where they would not normally struggle to recruit. **Action:*** **CO’N to link back with CJK regarding recruitment to help support care settings in Selby and Scarborough.**

SPrasked RW about workforce planning across partners. RW said the LEP are looking at a task group, but also feels that there is a need for all to be more flexible around job roles. A different approach on recruitment may be required, especially with the anticipated downturn. **Voluntary & Community Service**CO’N mentioned they provide support groups with DBS checks**.** **Richmondshire District:**TC said that poverty and debt levels are going up as well as benefit applications. Domestic abuse cases are starting to increase. SPr asked if they are seeing changes in sector fragility regarding housing such as housing associations and supported living. TC said it has not really been an issue as they have adapted working practices and are still doing home visits when residents are happy for them to. **Probation Service:**FW said there had been fewer cases of domestic violence, but that these are expected to increase in the new year as usual.**Healthwatch:**AG echoed what others said. There was an increase in calls from people around safeguarding in September, which slowed down in November, but has picked up again. Some people are saying they do not have the support they were hoping to get due to the pandemic and are turning to other organisations such as Healthwatch for support instead. RW asked if the recent months have changed our view of risk. SPr said this will form part of future discussions around planning beyond the pandemic by the Board.  |
| **Item 5** | **Report from Executive** |
|  | The report from the Executive was noted. |
| **Item 6** | **Local Safeguarding Partnerships**  |
|  | The report was noted and next steps agreed.CO’N said that the VCS will look at building closer links with the local groups when things have settled down more. RW said it was the combination of a long and detailed piece of work and thanked all who were involved in it. It provides assurance to the respective boards and will be like a community of practice, which can be done virtually.  |
| **Item 7** | **Delivery Plan** |
|  | The delivery plan was noted. SH said that the sub-groups will review the delivery plan and suggest priority actions for 2021-22, which will then be submitted to the Board in March.  |
| **Item 8** | **Risk Register** |
|  | The risk register was noted.It was noted that there were a number of risks where the level remained high after mitigating actions, but that this is to be expected given the current situation. |
| **Item 9** | **Expectations of the vaccination programme** |
|  | Health partners provided a verbal update.SPe said that for the first time the previous day, a small number of vaccines have been secured. The over-80s and care home staff are prioritised. The vaccines cannot be moved once delivered, which provides challenges to rolling them out. Wave 1 sites can apply for more vaccines for next week. A trial is being carried out to get vaccines to care homes. More vaccines are expected, especially as a second vaccine should be approved shortly. There is anxiety around how people are selected for it and there are strict controls on who can administer the vaccine.SPr thanked Sue P and all health colleagues for their work on this.LMW said that vaccinations are starting in Airedale in the next 2 weeks. LW said it will take time and we have to try and be patient and need to continue to comply with preventative measures such as social distancing, handwashing, etc. |
| **Item 10** | **LeDeR Update** |
|  | The position statement was noted and ABr highlighted the following: * LeDer are a better position than a few months ago as more reviews have been completed thanks to funding secured from NHS England.
* There have been 16 deaths this year as opposed to 5 last year.
* Notifications are quite low at the moment, lower than in lockdown 1.
* The steering group has asked for providers for assurances that learning is taking place.

Sue Pr asked whether partners have given assurances that they are learning from the reviews and changing practices. ABr said that they have and have been showing what they have implemented. SH said that JS has joined the steering group and will feed back to the LAR where lessons are identified. CN asked ABr about whether an increased awareness of the LeDer process may have contributed to the increase in reported deaths. ABr said that it was a marked increase (from 5 to 16), so feels that it is probably a combination of an increase in awareness and in notifications of the spread from different professionals.OF said that all North Yorkshire and York GPs have received training about LeDer over the last 2 years.**Action(s) Agreed*** Inequality issues for adults with learning disabilities to be included to the section on Lessons Learnt from COVID-19 at the Safeguarding Development day.
* AR to ask ABr for the Lessons Learned report to circulate to SAB members.
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| **Item 11** | **Liberty Protection Safeguards** |
|  | The report was noted.CN said that with implementation postponed to April 2022, there is no code of practice or consultation yet. CW requested a person to link with from each agency as part of preparation for implementation. The PPDL sub-group will lead on this.JP said that there is a lack of knowledge about DoLS in CYPS and how it applies to 16-18 year-olds. CN will provide CYPS with a slide set to support with their understanding of DoLS and capacity. LMW said that MO’C has taken up the lead role for MCA within the CCG part-time. CJK feels the right representation has been established at the PPDL and that further work is being carried out to strengthen practice around MCA and Best Interest decision-making prior to LPS implementation. SH asked if City of York colleagues should be included and CN confirmed that she is linking with the new Head of Mental Health and DoLS there.**Action(s) Agreed*** **Discuss potential partner gaps at the Executive in February.**
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| **Item 13** | **Update from Domestic Abuse deep dive** |
|  | NYP have not yet received the information from the Home Office, so AA was unable to provide an update.**Action(s) Agreed*** **AA to update the Board when the information is received.**
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| **Item 14** | **Current Issues** |
|  | RW thanked SPr for her leadership during this time. SPr thanked everyone for their commitment to pulling together. **Action(s) Agreed*** **CCG to provide assurance to the Board that they are looking at maternity services regarding the safety and wellbeing of women and babies, following the Ockenden report.**
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| **Calendar of Meetings** |
|  | * Wednesday 17th March, 2.00pm, MS Teams
* Wednesday 23rd June, 2.00pm, TBC
* Wednesday 22nd September, 2.00pm, TBC
* Wednesday 15th December, 2.00pm, TBC
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