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| **Notes of Meeting****Date & Time: 22nd September 2021 at 2.30pm****Venue:** MS Teams |

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| **Name** | **Agency** | **Attended** | **Deputy Present** | **No Deputy** |
| Sue Proctor (SPr) | Independent Chair | X |  |  |
| Karen Agar (KA) | TEWV NHSFT | X |  |  |
| Lindsey Butterfield (LB) | North Yorkshire Police  |  | X |  |  |
| Ruth Andrews (RA) | NYCC Trading Standards |  |  | X |
| 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 |  |  |
| Emma Nunez (EN) | Harrogate District NHSFT |  |  | X |
| Marianne Franks (MF) | Army Welfare Service |  |  | X |
| Helen Hart (HH) | NHS Bradford District and Craven CCG |  |  | 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 |  |  |
| 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 |  |  | X |
| Louise Wallace (LW) | 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** |  |  |  |
|  |  |  |  |
| **Name**Jo Beilby (JB)Hannah OakleyDr Joy Shacklock (JSh)Colin Dales (CD)Alison ChiltonAllison Brown (AB)Julie Toman (JTo)Janine Tranmer (JTr)Louise Johnson (LJ)Sarah Abram (SA)Laura Watson (LWat)Joseph Smith (JSm)Aurelie Redpath (AR) | **Agency**North Yorkshire PoliceNorth Yorkshire Fire and Rescue ServiceNHS NYCCGRichmond District CouncilCare Quality CommissionNHS NYCCGNYCC Health and Adult ServicesNYCC Health and Adult ServicesNational Probation ServiceNYSAB TeamNYSAB TeamNYSAB TeamNYSAB Team |  |  |
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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**: Helen Hart, Ruth Andrews, Rachel Bowes, Lindsey Butterfield, Allan Harder, Fran Wright, Bev Proctor and Sheila HallNo declarations of interest |
| **Item 2** | **Minutes of the last meeting held on 23rd June and matters arising** |
|  | Noted and recorded as accurate.Matters arising – Covid-19:- LW alerted the board to the difficulties that are being experienced throughout the care sector and gave assurances that relevant Daily Gold and Silver Meetings are taking place to ensure that any issues are raised. - LW added that one particular care home had a higher number of Covid deaths, a total of five. A deep dive is taking place to understand what is happening and to offer assurances to the Board that any such cases are being picked up and looked at and reviews and mechanisms are in place. The Infection Prevention and Control team did not identify any issues, but the Board will be kept up to date with our findings.- SPe added that this was flagged at Care Home Gold meetings and work was already being done with that care setting prior to this. Increased visiting was taking place in case staff had any issues. No safeguarding issues or PPE breaches have been identified, so this does not currently need to be escalated. However, regular visits will continue to make sure services are safe.- RW said that there has been significant input from the Quality Monitoring Improvement team, working with NHS partners. |
| **Item 3** | **Action Log** |
|  | The action log was noted and SPr highlighted the following:- Some actions have been deferred to December due to current pressures. - There is nothing outstanding that will not be discussed at the Executive, Development Day or at the next Board meeting. |
| **Item 4** | **Report from Executive** |
|  | The report from the Executive was noted and SPr highlighted the following:* Item 3 – Multi-agency Safeguarding Hub (MASH) and Process around self-neglect (MASM)

- These two areas have not been progressing due to other commitments and capacity needs to be created to take this forward.- CJK said that this was due to operational pressures and how it fits around other work. We already have the Care and Support team who manage a lot of safeguarding concerns coming in. More governance is required. It is on the Care and Support work plan and is expected to be picked up in the new year. We have the makings of a MASH, which will be slightly different from Children Services’. MASH and MAST have been linked to a couple of agendas. - LW added that there was a review of policies and procedures in 2019 and we need to revisit where we left this at the time.- SPr said that whilst expectations need to be managed, learning from the audits that have taken place also needs to be done. - CJK added that there is pressure through related safeguarding agendas, trying to link in through these agendas, including MARAC and all are competing for our time. - KA agreed that there are increasing safeguarding agendas to respond to at the same time, which currently need to be managed with the same capacity and there is a need to refine what we do.- CO’N mentioned that they are working on creating an appropriate assessment for non-regulated activities/volunteer-led groups by November / December 2021. * **Action:**

Partners to bring a proposal at the Executive in February 2022, led by CJK.* Item 10 – Report from the Local Safeguarding Partnerships

- The NYSAB, NYSCP and NYCPS Chairs are meeting with the LSP Chairs on 28/09 and an update will be given in due course.* Item 11 – Annual Report

- The report was noted.* **Action:**

Colleagues to email the NYSAB if they have any concerns with grammar, layout or content in the annual report before it goes to design stage. |
| **Item 5** | **Delivery Plan** |
|  | The delivery plan was noted.  |
| **Item 6** | **Risk Register** |
|  | The risk register was noted and SPr highlighted the following:- Risk number 5 should be able to be updated following the LSP meeting on 28th September.- RW said that there may be a delay with LPS as a new Minister of State for Care has been appointed.- RW reinforced the workforce issue. There was fierce competition for the labour market across all sectors in the summer and there are concerns about autumn and winter. SPr will discuss this with SH as the whole care system is incredibly fragile from recruitment to retention, mental health and morale.- LW asked the risk of organisational changes (PHE and ICS) is reflected. CO’N said we need to keep some sustainability and some kind of stability / continuity in the CVS sector despite the change in relationships and people.* **Action:**

SPr to discuss workforce issue with SH and check that the risk posed by organisational changes is reflected strongly enough. |
| **Item 7** | **CQC Annual Visit - Care Home Market presentation** |
|  | The presentation was noted and AC highlighted the following:- The link between cases and hospitalisations and deaths has been weakened.- Some care staff are starting to lapse around PPE. - The CQC’s 2-3 year plan is to ensure all partners work together.- Contingency planning is taking place where NY care settings have 5 or more staff who are not vaccinated.- The number of Covid cases is rising, but not at the level that they were previously.- The CQC is being restructured internally so that we can work more closely with networks and ICS systems in the ASC sector locally. - Looking to support better outcomes for people in their care pathways and work in conjunction with other services such as primary medical services and hospitals, in tackling any issues with individuals care experiences.- RW corrected the point made in the presentation about NYCC not needing designated bed/settings. There is demand for it. Additional quality and infection control checks have been carried out with the NHS. Poses problems in terms of safe discharge for patients and significant issues for the care sector. This is not a quality issue, but a process issue. A letter has been written jointly with SPe and other colleagues to escalate the issues within the CQC. RW asked AC for her help to escalate this as a matter of urgency and AC confirmed that she will feed this back to her colleagues for them to link back with RW.- RW welcomes the partnership with the CQC over the last 18 months. AC echoed this. RW would also appreciate a local conversation with the CQC about what regulations will look like in the future. There is an urgent issue around the viability of care settings and it would be helpful to discuss whether nurses could go into care settings from the community rather than on-site as some settings are facing closure and residents will need to be rehomed if this is not resolved rapidly.- SPr thanked AC and asked if going forward, how the CQC’s role will adapt to regulate both ICS and individual provider organisations. - AC said that everything is still very much up for discussion internally, but the CQC will assess local authorities’ delivery of the Care Act and to regulate adult care settings, but will not be regulating the ICS and everyone in that system, just elements of it. The CQC are looking at data and being more sophisticated in their intelligence as well as making changes in their approach, but this has not yet been finalised. There is a monitoring approach in the interim.  |
| **Item 8** | **Quality Pathway Update** |
|  | The presentation was noted and JTo and JTr highlighted the following:- The Quality Pathway is in draft stages.- NYCC purchased the Provider Assessment and Market Management Solution (PAMMS) system, which will be rolled out around the Yorkshire and Humber region. - The team are trying to move to evidence-based assessment to inform on how to deploy resources.- The focus will be on continuous improvement by trying to support the whole of the market rather than providers who require improvement.- There will be 2 phases: phase 1 will be about developing tools and phase 2 about the implementation of the Quality Pathway, which applies to both in-house providers as well as the independent sector.- The team would like feedback on the green route of the Quality Pathway Provider Journey- A working group with NYCC, CCG, ICG and CQC is putting together a home closure guide.- PAMMS is a standardised system, based on the CQC strategy risk profile.- CO’N asked how this ties in with skills for care and health and with digital / new way of working.- JTr said that the aim is to take a standardised approach, but it needs to be proportionate to the organisation. The Hub provides user voice & feedback from families. The team are also working with partners around digital and supporting providers with systems through regular conversations with them.- SPe said that the approach is very welcome and asked how soft intelligence is going to be fed into the Quality Pathway. JTo said all data intelligence will be coming into a central hub. JTr added that the team are gathering and using the intelligence as well as risk rating. There is also crib sheet for professionals, but not many have come through yet. These will go on a portal from next year to encourage feedback. SPe commented that we need to make sure that we are not constantly reacting to a crisis.- SPr asked how long the support offered can be. JTr said it depends on the level of support required and the engagement of the provider. The longest has been 5 months, but it can be much shorter. There will need to be a limit on that to ensure there is sufficient capacity to support all providers who need and/or want it.- JTr added that clearer linkages are required in terms of levels of intervention and support and as the CQC are going back to BAU, a lot more providers are asking for support, so there is a need to determine who is best to provide this and how that demand can be balanced. This will be managed and reviewed at monthly board meetings with colleagues and partner agencies.* **Action:**

RW/CJK/JTr and JTo to discuss a timeframe to provide a further update to the Board on the Quality Pathway. |
| **Item 9** | **Housing and Homelessness Update** |
|  | SPr welcomed JSh and CD and stressed that Housing and Homelessness is one of our strategic priorities. **The presentation was noted and JSh highlighted the following:** - The weekly homeless drop-in clinic started in Harrogate in 2017.- The patients are mainly young men with complex problems such as severe domestic abuse / violence during childhood and many undiagnosed physical health problems and learning disabilities. They often have prison experience and complex mental health issues, including suicidal thoughts. - Back payments of PIP payments can leave them open to exploitation.- There is a high level of deaths of homeless people. - Safeguarding issues centre around self-neglect, vulnerability to all types of abuse and risk to others, often all in one person. - There is a lack of trauma informed care for people with Adverse Childhood Experiences (ACEs), a lack of information sharing between professionals and a lack of response to safeguarding referrals.- Finding housing is not enough.- JSh asked the Board how they are prioritising complex needs of those who are homeless; what specific actions the board are taking to find out whether those who are homeless are being afforded the level of care they should be by all agencies and how NYSCP and NYSAB work together to support young people going through transition.- SPr suggested the questions be answered outside of the formal meetings and will - RW said there are 2 areas of focus to the work of the SAB – traditional safeguarding for older people and younger people with complex issues. Younger people feel a much bigger priority now and the team are addressing issues through the Drug and Alcohol Related Deaths (DARD) and Serious Incidents processes.**The presentation was noted and CD highlighted the following:**- Service provision can vary due to the Local Authority being 2-tier.- The Chief Housing Officers Group are working hard to reduce inequalities in service. - The challenges are mainly around supporting people with chaotic lifestyles and ensuring we have the right support in the right places with the right capacity.- CD asked if we are setting our safeguarding expectations too high.- There is a reluctance to make referrals on occasions due to a lack of confidence in the system. Could the system cope if every potential safeguarding issue was raised?- In terms of solutions, there is no quick fix, but clearer pathways are needed. Good quality services are very costly. - There is scope for establishing more consistency through clear mapping.- JB said that this update is timely with the Domestic Abuse Bill and statutory requirements for housing. There is scope to look at the homelessness model as one size does not fit all. Hostel accommodation is sometimes turned down because people are trying to get off drugs and do not want to live somewhere where they are taxed and exploited. We need to look at the model of homelessness and look to offer dispersed units , assisted living as opposed to a hostels only approach.- CJK said that in terms of practice, we need to shift our thinking in the way we engage and work with people and look at a trauma based approach to try and identify the root causes. There is work already being done in Scarborough. - JSh said that the aggression and anger displayed by teenagers is usually a sign of anxiety and childhood trauma and would welcome the opportunity to work with CJK. - RW said that a strategy is not enough. Housing officers often do not have the back-up of regulations that other professionals have. We need to look at how we train and support colleagues doing those jobs.- JP said that childhood ACEs is very much on Children Services’ agenda. They would like to help through prevention and early intervention and would welcome the opportunity to work.- TC said that moving forward over the next 18 months, it may be good for the NY Homelessness group and/or the Chief Housing Officers’ Group (CHOG) to look at the issues raised by JSh and feed back to the Board. Officers will need to maintain a service across all of NY during the transition period to one council. There is an opportunity beyond this with one Council for radical change to improve how we respond to homelessness across the region.- CO’N said it would be helpful if the support and treatment joining up of those services could link with CVS as it is also about nurturing individuals to help them through their difficulties. Community based activities around health prevention (mental health for younger people) is the other strand to focus on. - LJ said looking at ways to improve outcomes is a key area for NY Probation Service. Yorkshire and Humber has been chosen as one of 5 regions to be involved in the Vanguard Project, which is around providing extended temporary accommodation support to prison leavers for up to 12 weeks. The programme went live in June / July. A more joined-up approach can only be a good thing.- AG said it is important to utilise the CVS and Healthwatch are happy to support any work that JSh does to develop short-term solutions and/or opportunities.-SPr and RW wanted to shift the focus of the SAB from the care home sector to the wider risks in the community and to reflect the fact that there is a number of at-risk groups. Addressing safeguarding issues linked to Housing and Homelessness has stemmed from recent SARs and is one of the 4 strategic priorities. A number of connections will be made around the NY Homelessness group, Probation Services and what happens in the new Council in relation to homelessness.- SPr said that ICS have declared a strong commitment to tackling inequalities as part of their agenda. * **Actions:**
* CJK and JSh to work together to particularly look at behaviours, especially for men and teenagers.
* February 2022 Executive meeting to be dedicated to Housing and Homelessness. Agencies from the 3rd sector, Probation Services and JSh will be invited.

 - Seek assurances from ICS about how it will commission a dedicated SG service for those  with complex needs, particularly for those who are homeless or in transition between  mental health services and acute services. (SPe, LW and OF)* CO’N to contact TC to arrange for someone from the Homelessness group to join the young people’s group on 21.10.2021.
* CD to link CO’N with the Chair of the NY Homelessness group.

- JSh said she will try and garner views from patients to bring to the Executive meeting in the new year. - CD said that the housing partnerships team are happy to support in any way they can.- SPr mentioned that we have been struggling to recruit an independent reviewer of supported housing arrangements with views of improving and informing policy, and asked all, including JSh and CD, to think about whether they have contacts who may be suitable for this role. TC suggested contacting the Health and Housing Consortium, but JS confirmed this route has already been explored unsuccessfully. |
| **Item 10** | **LeDeR Annual Report** |
|  | The position statement was noted and AB highlighted the following:- The number of deaths of people with learning disabilities (LDs) match the national picture.- LeDeR reviews will include people with autism by the end of the year.- SPr asked if the report could include activities classed as prevention to have a sense of how other agencies work together to really tackle the poor life expectancy, particularly in respect of respiratory illness, of people with LDs. AB confirmed that now that LeDeR is well established, the ‘So what?’ question is being incorporated through their local steering group.- OF wanted to note AB’s contribution to the work of LeDeR over the last three years. It is a very difficult job, but enhances positive outcomes for the living.- SPr said that the Board is enormously thankful to AB for her work and thanked AB for sharing the easy read version of the University of Bristol annual report. This is something we need to link with the work we do with advocates and circulate as a model. AB said a North Yorkshire and York easy read report has also been produced. LeDeR have advocates and self-advocates on their steering groups to ensure their voices are heard. |
| **Item 11** | **Feedback on Safeguarding Week** |
|  | The report was noted and JP highlighted the following: - This year’s Safeguarding Week was the most successful so far. It has highlighted the great partnership work between SAB, NYSCP and NYCSP.- JP thanked North Yorkshire Police for organising it.- Looking at 2022, JP suggested a similar approach.- SPr would like to invite JSh to one of the workshops as we need consistency across NY rather than pockets of excellence.* **Action**: Safeguarding Week 2022 planning to be added to the December Board agenda.
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| **Item 12**  | **SAR ‘Anne’ Progress Report** |
|  | The report was noted and JS highlighted the following: - An independent reviewer for the Horizons review is being recruited. Horizons have conducted their own audit. - An internal audit of supported housing has been completed and provides assurances in recognising that supported housing typically supports people with complex needs.- An eligibility panel has been introduced to make sure people are accessing the right accommodation.- Support has been given to providers in terms of signposting them to training regarding making safeguarding referrals and a 1-minute guide on safeguarding referrals has been produced.- The Commissioning team has responsibility for housing. |
| **Item 13** | **SAR ‘Anne’ Action Plan Review** |
|  | The action plan review was noted and discussed as part of item 12. |
| **Item 14** | **Current Issues** |
|  | - None noted. |
| **Calendar of Meetings** |
|  | * Wednesday 15th December 2021, 2.00pm, TBC
* Wednesday 16th March 2022, 2.00pm, TBC
* Wednesday 22nd June 2022, 2.00pm, TBC
* Wednesday 21st September 2022, 2.00pm, TBC
* Wednesday 14th December 2022, 2.00pm, TBC
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