

|  |
| --- |
| **Notes of Meeting****Date & Time: 11 December 2024 at 2.00 pm****Venue:** Microsoft Teams |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Agency** | **Attended** | **Deputy Present** | **No Deputy** |
| Adrian Green (AG) | Independent Chair | X |  |  |
| Helen Day (HD) | TEWV NHSFT |  | X |  |
| Ian Scott (IS) | North Yorkshire Police  | X |  |  |  |
| Emma Dixon (ED) | NYC Legal Services | X |  |  |
| Emma Stevens | NHS Humber and North Yorkshire Integrated Care Board (ICB) | X |  |  |
| Olwen Fisher (OF) | NHS Humber and North Yorkshire Integrated Care Board (ICB) |  | X |  |
| Emma Nunez (EN) | Harrogate District NHSFT | X |  |  |
| Kim Robertshaw (KR) | Housing Services Manager, NYC | X |  |  |
| Caroline O’Neill (CO’N) | Community First Yorkshire | X |  |  |
| Hannah Ellingworth (HE) | NY Safeguarding Children’s Partnership |  |  | X |
| Christine Pearson (CP) | NHS Humber and North Yorkshire Integrated Care Board (ICB) |  | X |  |
| Michelle Carrington (MC) | Place Nurse Director for York and North Yorkshire, NHS Humber |  | X |  |
| Katrina Uttley | NHS Humber and North Yorkshire Integrated Care Board (ICB) | X |  |  |
| John Pattinson (JP) | Independent Care Group | X |  |  |
| Louise Wallace (LW) | NYC Health and Adult Services | X |  |  |
| Richard Webb (RW) | NYC Health and Adult Services | X |  |  |
| Karen Siennicki (KS) | NYC Health and Adult Services |  | X |  |
| Jo Boutflower (JB) | Trading Standards, NYC | X |  |  |
| Thomas Hirst | North Yorkshire Fire and Rescue Service | X |  |  |
| Vicky Coe (TH) | North Yorkshire Fire and Rescue Service |  |  | X |
| Joseph Howard (JH) | National Probation Service |  |  | X |
| Ashley Green (AG) | North Yorkshire Healthwatch | X |  |  |
| Phil Hubbard (PH) | Safeguarding Exec Lead, BDCFT |  | X |  |
| Sally Lichfield | Head of Engagement & Governance, NYSAB | X |  |  |
| **Also in Attendance:** |  |  |  |
|  |  |  |  |
| **Name**Jenny MacNeillMargarita Gibson (MG)Helen Hart (HH)Nicola Everett (NE)Rachael Jennings (RJ)Janice Foxton (JF)  | **Agency**ICB (part meeting)NYC, HousingICBTEWV NHSFTNYSABNYSAB (Minutes) |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| **ITEM NO.** | **SUBJECT AND DISCUSSION** |
| **Item 1** | **Welcome / Introductions / Apologies for Absence** |
|  | Chair welcomed members of the Safeguarding Adults Board to the meeting. Apologies for absence: Karen Gullon, Laura Watson, Hannah Ellingworth, Phil Hubbard, Helen DayIt was noted that there was a deputy present for the majority of members of SAB that could not attend the meeting.No declarations of interestChair noted that papers would be taken as read.  |
| **Item 2** | **Minutes of the meeting held on 18 September 2024** |
|  | Minutes were noted and approved by the Board.**Matters arising - Preparing for CQC inspection:*** RW reported that HAS had received a CQC notification requesting initial data on Monday, 9 December. Key contacts to be provided by Monday 16 December 2024 and self-assessment by 10 January 2025. On site inspection visit could take place six to eight weeks after submission of self-assessment at the earliest (February) and the lates six months (mid-May).
* SAB briefing would be scheduled in due course.
* Team had planned to share “ensuring safety” section of the self-assessment at the SAB meeting in March 2025, but that section might be ready next week and RW asked SL to liaise with Sheila Hall and consider whether it would be possible to forward that section to members of SAB for comment.

Further updates for SAB colleagues would follow in due course.**Action:*** **SL to liaise with Sheila Hall and consider whether it would be possible to forward the “ensuing safety” section of self-assessment to members of SAB for comment week commencing 16 December 2024.**
 |
| **Item 3** | **Action Log** |
|  | The action log was noted.Outstanding actions:* **2023/06 -** LW reported that written confirmation had been received from the Drug and Alcohol Service/Supported Housing to confirm that the recommendations for Anne SAR had been adopted. This action could now be closed.
* **2023/09** - Work would commence on the Delivery Plan as soon as NYSAB had approved the priorities (See agenda item 8) CO’N asked whether it would be possible to involve partners from voluntary sector in preparation of the Delivery Plan. AG explained that this work would be undertaken by members of the sub-groups and partners were members of those groups. It was noted that Liz Lockey attended PQI group on behalf of the voluntary sector, but it may be pertinent to invite another representative/s to the meeting to contribute to this.
* **2023/10** – Adult MASH – IS reported that GW advised that a meeting was scheduled for 12 December 2024. Further update to follow.
* **2024/07, 08 and 10** were complete.

**Action:*** **Invite additional members of voluntary sector to PQI sub-group to assist with construction of strands from NYSAB priorities for PQI Delivery Plan/Work Plan. (JF would forward invitation to CO’N).**

The Chair thanked members of the Executive for the updates. |
| **Item 4** | **NYSAB Delivery Plan** |
|  | Members of NYSAB had read the report.SL updated:* As mentioned in item 3, work would commence on revision of the Delivery Plan once members of NYSAB had approved the priorities.
* Extra resource had been allocated from the involvement team to undertake work on “hearing peoples’ voices” (in line with the new priorities). It was hoped that the team may be able to present a proposal at next Executive group meeting. Involvement team would also be revisiting “keeping safe champion” roles.
* Organisational Safeguarding Policy had been launched on 1 October 2024 and that item would be closed.
* Training Directory had been reviewed and was available on the NYSAB website and that item would be closed.
* Work on Self-Neglect Practice Guidance was ongoing in conjunction with the Children’s Partnership with a view to this being presented to Executive group in February 2025.
* Anne SAR recommendations had been addressed.
* Elaine SAR action plan was almost complete and would be presented to LAR in January 2025. An audit would be undertaken c. 12 months after sign-off to ensure that practice embedded.

On a separate matter, it had been agreed by LW, AG, SL and NYSAB team that a review of the SAR policy would be undertaken. It was proposed that the draft revised policy would be presented to LAR group in January 2025 and Executive group and NYSAB in February and March 2025. AG noted that he had recently spoken to Chair of York SAB who were keen to join with NYSAB regarding the review. Questions/comments:* RW suggested that it may be worth adopting a “regional” approach to a panel of authors in future, possibly conjunction with other SAB’s.
* Chair noted that the current conversion rate was good but number of notifications was low and it was likely that we would see an increase.
* Consistent approach to criteria, thresholds, what constitutes a SAR, proportionality and a pool of authors would all be welcome.
* Bradford SAB were in the process of strengthening SAR framework and KU had passed information to RJ. Bradford SAB would consider SARs in rapid time and experienced the same problems with SAR authors.

Chair thanked SL for the update. |
| **Item 5** | **NYSAB Risk Register** |
|  | Members of the Executive Group approved the contents of the risk register.SL updated:* There had been no changes to the risk register recent as the team were awaiting confirmation/approval of the priorities for NYSAB.
* A new risk would be added at the next update about LSP’s as they were not running at present due to a number of Chairs resigning. Scarborough was the only LSP operational, and this was chaired by and elected member of the council which was not appropriate.

Chair thanked SL for the update. |
| **Item 6** | **Report from Executive** |
|  | Members of SAB had read the report.SL updated:* Discussion about mission statement and priorities for SAB had been productive and outcomes would be discussed today with a view to be members of SAB approving the proposal.
* Discussion about LSP’s and whether NYSAB continue the initiative or consider different approach. During discussions at Children’s Partnership, it was noted that LSPs were not considered a priority for them at present. Three Chairs had resigned from Hambleton and Richmond, Harrogate and Selby LSP’s. Chair of Scarborough and Ryedale LSP was an elected member of NYC, and this would be reviewed. Work had been undertaken with a view to relaunching LSP’s as Local Safeguarding Network (LSN) and a proposal had been drawn-up with a view to piloting the scheme for one year, commencing quarter four. It was agreed that prior to launching the scheme a gap analysis would be undertaken to understand how the absence of LSPs would affect the work of NYSAB, e.g., safeguarding week, how we maintain links locally and disseminate information, as there might not be the appetite to support LSP’s as we had previously. Board and partnership managers had scheduled a meeting to discuss this further.
* Considerable work underway in LAR, PQI and PPDL groups and work plans would be updated to reflect NYSAB priorities once approved.

Questions/comments:* CO’N noted the challenges involved in maintaining engagement with LSP’s but felt it was important to continue to ensure safeguarding information was disseminated in localities and suggested that we consider holding meetings twice per year rather than quarterly.
* AG felt that it was good opportunity to rethink LSP’s and how best to cascade/gather information locally and suggested that SAB consider whether Community Anchor could be used to help fulfil this role.

The Chair thanked SL for the update and noted the considerable amount of work that was ongoing. |
| **Item 7** | **LeDeR Annual Report key points** |
|  | Chair welcomed Jenny MacNeill (JM’N) (Quality Lead, NHS Humber and North Yorkshire Integrated Care Board (ICB)) to the meeting.Jenny noted highlights from the LeDeR Annual Report:* For period 1 April 2023 to 31 March 2024, 126 LeDeR reviews were completed across the six Places. A large proportion of these reviews were completed outside of the required NHS England timeframe of six months from the date of notification.
* The most common confirmed cause of death identified within 37% of the reviews completed were diseases of the respiratory system with pneumonia accounting for 17% and aspiration pneumonia accounting for 14%
* Diseases of the circulatory system (cardiac issues) remained the second most common cause of death recorded within 21% of completed reviews.
* Cancers were the third most common cause of death recorded within 12% of completed reviews.
* Completed and closed 126 LeDeR reviews and this number increased year on year.
* Measured on two performance indicators by NHS England. One, the number of focus reviews that were completed and NHS England state that 35% of all LeDeR reviews should be focused. The second indicator was to complete all reviews within six months. In terms of performance the team were in a good position.
* Regarding findings, focused reviews would be undertaken for any individual whose death was notified to the LeDeR programme where the cause of death as recorded within part 1 of a completed Medical Certificate of Cause of Death (MCCD) identified as cardiac or cancer. These conditions related directly to the ICB health outcome priorities for 2024/2025 (cutting cardiovascular disease and reducing harm from cancer). The main learning identified was linked to deterioration and end of life care.
* Focus approach adopted to pneumonia and aspiration pneumonia with learning from completed reviews relating to these causes fed into the steering group to identify areas of concern/focused pieces of work required, e.g., education and training related to feeding which may reduce the risk of aspiration pneumonia.
* Mental capacity had been a theme since LeDeR commenced and work was underway to look at training and mental capacity leads within all Trusts.
* Work would continue to fully understand the position across the ICS regarding our non-white British population and where possible individuals within this cohort who have a learning disability to ensure no individual who passed away was missed from having their death reviewed.
* All involved with LeDeR programme across the ICS would continue to share the learning from completed reviews within their respective organisations (and wider).
* Team would continue to raise awareness of LeDeR to ensure all individuals with a learning disability or who were autistic and passed away within the Humber and North Yorkshire Integrated Care System had their death reviewed through notification to the programme.
* Team was undergoing a restructure at present, so contacts were Jenny MacNeill and Nicky Sparling.

Chair thanked JM’N for the presentation updated and invited questions or comments from members of NYSAB:* HH noted that from adult safeguarding perspective there was a requirement to consider the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) in particular, and to triangulate the work of LeDeR with SABs across the country. HH noted that themes were similar in West Yorkshire.
* Important to ensure that the MCA was embedded in all organisations.
* CO’N asked that a link to the video be forwarded to NYSAB once it was completed to be cascaded to partners and sub-groups.
* Noted that people with learning disabilities often died earlier than the rest of the population and this was unfair and at times avoidable. It was imperative to ensure that people with learning disabilities received the best care.
 |
| **Item 8** | **NYSAB Mission Statement and Priorities** |
|  | Chair shared the two options A or B, for the Mission Statement for NYSAB with members of the group and asked them to select their preferred option.**Option A:**Listening to our diverse communities, we will keep adults with care and support needs at risk of abuse and neglect, safe by challenging and supporting partners to deliver effective, complementary, and preventative responses through informed, confident, and empowered professionals, and carers.**Option B:**Listening to our diverse communities, we will work with adults with care and support needs to keep them safe from abuse and neglect by challenging and supporting partners to deliver effective, complementary, and preventative responses, through informed, confident, and empowered professionals, and carers.Members of NYSAB unanimously selected B. Chair shared the draft priorities with members of SAB:**2025-2027 Priorities**1. **Connection** Our Promote equality.

 Communities. Involve and amplify the voice of communities. Workforce. Engage with and continue to support the workforce. Awareness.Raise awareness of abuse and neglect and how to report it. Raise the profile of the SAB.1. **Prevention** Recurring rough sleeping.

 Transition of service, location, young person into adulthood.  Self-Neglect. 1. **Confident** Trauma Informed Approach.

**Practice** Mental Capacity Assessment.  Information sharing & recording. Professional Curiosity. Learning & Continuous Improvement.The Chair asked members of SAB to consider the above and whether they felt able to sign off the priorities for 2025-27.Chair invited questions/comments:* RW thanked all involved for their work on these the Chair for leading the process and noted that they were a very clear set of priorities.

Members of SAB **approved** the priorities for 2025-27. |
| **Item 9**  | **NYSAB Structure** |
|  | Chair wished to consider the structure of NYSAB and sub-groups and explore whether it would remain appropriate to deliver the new priorities. About “prevention and engagement”, Chair suggested that the new priorities might be best supported by five sub-groups. SARs would be one sub-group, learning another, prevention another, engagement another, and audit/assurance/quality the fifth group.Chair invited views from members of the group:* RW wondered whether LSPs would be worth the continued effort it takes to maintain the structure. Might it be worth considering a prevention/engagement strand that would link to local networks, and this might be the Community Safety Hubs?
* JB felt that prevention being incorporated in a sub-group would be useful and could encompass contributions from Trading Standards.
* CO’N asked whether the five areas outlined were sufficiently distinct to warrant five groups and wondered where communication would sit? AG explained that communication was within “connect”. There were three key pieces of work, rough sleeping, mental capacity, and self-neglect, but this would be too big an area if those were tied with engagement. The same was true for connect/involve/engage. Chair would like to see “cross-commissioning” between sub-groups. For example, if there were issues impacting prevention or SARs, they would commission the engagement group. Ideally there would be different people on each sub-group to spread the workload and increase voices, rather than the same people doing everything.
* CO’N would be keen to see links to community groups where possible to facilitate dissemination of information. Illustrating two-way comings and showing that voices have been heard.
* RW noted that about engagement, the arrangements for the Health and Wellbeing Board and the structure in the 30 areas of community anchor organisations may change and a workshop would be held in March to discuss this further. We should work with Community First to consider how we develop community organisation engagement. Chair noted that an audit of engagement opportunities would be undertaken prior to undertaking/investing in engagement to ensure that we were headed in the right director.
* HH felt that clear Terms of Reference for each group was of paramount importance to define roles/responsibilities and noted that commitment from partners was essential.
* Chair had structure diagram that he would share with members of SAB following the meeting which would illustrate the proposed structure for NYSAB and sub-groups.
* CO’N said that Community First would work with NYC on formation of locality networks and support with that work.
* ES noted that s44 panel was not noted on the current structure of meetings. ES chaired that panel which had representatives from the three statutory partners in attendance. The panel was formed pre-SARs so did not necessarily sit with the sub-group. Chair noted that s44 panel would not be lost but the SAR policy process was currently under review. Once the review was complete there would be clarity as to where s44 would sit. ES offered to assist with the SAR policy review.
* IS asked that we align the number of groups and the structure of SAB to the City of York SAB if possible as partners attend both SABs and parity would be welcomed. Chair would bear the suggestion in mind but felt that it was important to have one sub-group per priority.

Chair would like NYSAB to start delivery of tangible prevention as soon as possible.Chair thanked members of SAB for the discussion. JF would circulate the draft meeting structure to member of NYSAB following the meeting and feedback/suggestions invited.**Actions:*** **Circulate draft structure for NYSAB and sub-groups to members of NYSAB (JF).**
 |
| **Item 10** | **Rough Sleeping – Ministerial letter** |
|  | MG/KR updated:* The housing team needed to understand what information was required for safeguarding referrals/reporting deaths and in particular the threshold at which the level for a “serious case” would be reached.
* Housing was changing the procedure for collation of information for safeguarding referrals.
* Housing’s “rough sleeping account” had grown in comparison to last year, but the team had considerably more information about rough sleepers. Team were now aware of all rough sleepers in the area.
* Housing team was constantly promoting services available to rough sleepers.
* Team was not undertaking “enforcement” work on any rough sleepers.
* Positive feedback had been received from central Government about the fact that NYSAB had appointed “Rough Sleeping Champion”.
* KR had met with Assistant Directors about safeguarding rough sleepers and those that appear to be falling through the gaps for homeless services and adult social care and want to understand why they did not hit the threshold for care/support or not eligible to enter services due to their capability to manage tenancies.
* Team needs to work with partners to consider what our services need to look like from 2026 onwards and be bold/innovative.
* Housing was undertaking work with TEWV to consider what could be put in place in York.

Chair thanked MG/KR for the work undertaken and the update. |
| **Item 11** | **Any other business** |
|  | **NYSAB Funding:**SL raised the matter of NYSAB funding for 2025/26 and noted that a meeting would be arranged with North Yorkshire Police (Ian Scott) and NHS (Michelle Carrington), Adrian Green and herself to discuss funding.**AI bots at meetings:**Chair had asked that members of SAB consider whether the use of AI bots either to attend a meeting in place of the appointed representative, or to take notes at meetings was considered appropriate. IS (North Yorkshire Police) and TH (North Yorkshire Fire and Rescue Service) reported that both NYP and NYFRS had clearly stated their position on this matter and had advised colleagues that the use of bots for either purpose would not be permitted in either organisation as privacy could not be guaranteed.It was noted that there were ethical issues to consider around discussing safeguarding, human beings and human lives using AI.Following discussion, members of NYSAB agreed that there was a time and place for AI but the use of bots in NYSAB meetings or sub-group meetings would not be permitted.**Action:*** **Arrange meeting between Chair/ICB/Police/SL regarding funding 2025/26.**
* **Send email to members of NYSAB and all sub-groups advising of the decision about the use of bots in meetings.**
* **Ensure that the use of AI in meetings was noted in the Terms of Reference for NYSAB and sub-groups.**

Chair thanked members of NYSAB for attending the meeting and contributing and wished everyone a “Merry Christmas”. |
| **Calendar of Meetings** |
|  | Wednesday 19 March 2025 at 2.00 pm via TeamsWednesday 25 June 2025 at 11.00 am via TeamsWednesday 17 September 2025 at 11.00 am via TeamsMonday 15 December 2025 at 11.00 am via TeamsWednesday 18th March 2026 at 11.00 am via Teams |