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| **Notes of Meeting****Date & Time: 19 March 2025 at 2.00 pm****Venue:** Microsoft Teams |

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| **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) | NYCC Legal Services |  |  | X |
| Julie Wilburn (JW) | NHS Humber and North Yorkshire Integrated Care Board (ICB) | X |  |  |
| Emma Stevens (ES) | NHS Humber and North Yorkshire Integrated Care Board (ICB) |  | X |  |
| Olwen Fisher (OF) | NHS Humber and North Yorkshire Integrated Care Board (ICB) |  | X |  |
| Alison Smith (AS) | Harrogate District NHSFT | X |  |  |
| Kim Robertshaw (KR) | Housing Services Manager, NYC | X |  |  |
| Carol Roberts (CR) | 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 (KU) | NHS West Yorkshire Integrated Care Board (ICB) |  | X |  |
| Lindsey Britton-Robertson (LB-R) | STHFT | 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 |  |  |
| 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 (AGr) | North Yorkshire Healthwatch | X |  |  |
| Phil Hubbard (PH) | Safeguarding Exec Lead, BDCFT |  | X |  |
| Sally Lichfield | Head of Engagement & Governance, NYSAB | X |  |  |
| **Also in Attendance:** |  |  |  |
|  |  |  |  |
| **Name**Eloi Grainne (EG)Angie Casterton (AC)Amanda Robinson AR)Janice Foxton (JF)  | **Agency**West Yorkshire ICBTEWVBDCFTNYSAB (Minutes) |  |  |

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| **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: Olwen Fisher, Emma Dixon, Emma Stevens, Helen Day, Phil HubbardIt was noted that there was a deputy present for most 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 11 December 2024** |
|  | Minutes were noted and approved by the Board. |
| **Item 3** | **Action Log** |
|  | The action log was noted.Chair noted that:* the workshop on “rough sleeping” had been held on Friday 14 March and had gone well. KR would seek members for a task and finish group to take work forward.
* safeguarding week was on the agenda later in the meeting and would be discussed then.
* several actions were complete and would be removed from the log.
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| **Item 4** | **Report from Executive**  |
|  | Members of NYSAB had read the report from Executive group.SL highlighted:* James Harris, Quality Assurance Manager, Health and Adult Services had given a presentation on revocation of sponsorship licences and the impact on international recruits. Several of NYC suppliers were reliant on overseas recruits and the group considered the impact of revocation of sponsorship licences on care packages, and the support offered to those providers by the team. Factors that could lead to licence suspension included inadequate checks around “right to work”, failure to keep complete records, concerns about vacancies being genuine, incorrect salary level in place and so on.
* Members of the Executive had discussed Local Safeguarding Partnerships (LSP’s) and the fact that 3 of the 4 partnerships did not have a chair and meetings were not being held for those groups without a Chair. The only LSP currently operational was Scarborough. It was noted there was no resource available to support LSP’s. A “gap analysis” had been undertaken to illustrate/consider how the absence of LSP’s might impact the work of NYSAB. It was noted that the meetings had become information sharing forums, rather than a means to progress/promote key NYSAB strategic priorities. Following discussion, it was concluded that there would be no significant impact on NYSAB should LSP’s cease to operate and that, subject to agreement by NYSAB, LSP activity should cease.
* Hannah Ellingworth, Children’s Partnership Manager gave an update on the Joint Targeted Area (JTAI) Inspection that had taken place January/February 2025. Focus of inspection was domestic abuse/unborn children/children up to 7 years. Partnership had received good feedback, and it was noted, how well the child’s voice was captured. Final report would be issued in late March (c. 24 March 2025) and further update would be given to NYSAB in due course.
* Old and new delivery plans had been discussed and were on the agenda for this meeting.
* PQI data report had been considered and a query raised within PQI meeting as to where best the reporting of drug and alcohol related deaths would sit in the revised meeting structure. This report had recently moved from LAR group to PQI group and would be given further consideration by LW/AG.
* All sub-groups had discussed the new priorities and draft delivery plan.
* Members of PPDL group noted that the Pressure Ulcer Protocol review was still outstanding/awaiting update. Trauma informed work was being undertaken at NYC and the self-neglect practice guidance was presented and subsequently signed-off by Executive group and this guidance/work would support the new priorities for NYSAB. A One Minute Guide (OMG) on transitional safeguarding/preparing for adulthood was presented but it was agreed that further work would be required on the OMG prior to approval.
* LAR group had undertaken a review of the SAR Policy which would be presented to NYSAB later in the meeting for consideration/approval.

Chair invited questions/comments:* AG (Chair) reported that Children’s Safeguarding Partnership had decided that they would no longer support the work of LSP’s and noted that it would be difficult to support LSP’s as a single board. The Chair asked members of NYSAB if they had any objections to discontinuing LSP’s. Members of NYSAB agreed that LSP’s should be discontinued.

Chair thanked SL for the report/update. |
| **Item 5** | **NYSAB Delivery Plan** |
|  | Members of NYSAB had read the report.SL asked partners to contact her via the nysab email should they wish to make and changes or updates to the delivery plan.* Comms and engagement work would be carried forward to the new delivery plan.
* Self-neglect guidance was now complete and approved.
* Ongoing commitment to MASH being undertaken by North Yorkshire Police and shadowing was ongoing and this would expand over time. Monthly task and finish groups were ongoing.
* Elaine SAR action plan was not complete. Compilation was underway and would be presented to SAR sub-group in due course.
* NYC had not received notice of date of inspection from CQC.

Chair thanked SL for the update. |
| **Item 6** | **Preparing for CQC Inspection** |
|  | RW and LW had prepared a presentation to update members of NYSAB on preparation that was underway for the forthcoming inspection by CQC:* CQC would consider people’s experience, feedback from staff and leaders, feedback from partners and processes.
* Our approach to CQC Assurance for social care was about our improvement journey first and, alongside that, preparing for inspection.
* Our main priority remains improving services and outcomes – inspection is how we evidence what we are doing: the good stuff/the challenges (and what we are doing about them).
* Team still awaiting notification of inspection date, but it could be May or June. Team would advise members as NYSAB when aware of date.
* A considerable amount of work had been undertaken in preparation for the inspection including identification of improvement priorities, regular data and performance reporting, review of all policies and procedures in HAS Directorate, engagement sessions with colleagues, submission of information return to CQC, development ASC self-assessment, updates/feedback from regional and nation peers, weekly meeting of Engine Room group (working on actions, performance, preparation for inspection and communications and a monthly Improvement and Inspection Leadership Board (Chaired by RW and comprised internal representatives and senior partners).
* Team had identified strengths and areas for improvement under the nine quality statements and within the four domain areas and these were illustrated in the presentation.
* Team would ensure that all those that are asked to contribute to the inspection were aware of what was expected. CQC would ask contributors to complete a survey prior to arrival on site. Support sessions would be scheduled to ensure that all those involved in the inspection were aware of what would be required. Additional guidance and tools would be available and regular updates offered throughout the process.
* RW and LW invited feedback from partners regarding what may be useful to facilitate preparation for the inspection and asked whether partners would like to make the team aware of anything ahead of the inspection.

LW highlighted a number of links where further information was available:* **Internal NYC colleagues:** [CQC Assurance](https://northyorksgovuk.sharepoint.com/sites/HAS/SitePages/CQC-Assurance.aspx)
* **External colleagues:** [CQC Assurance | North Yorkshire Partnerships](https://nypartnerships.org.uk/CQC-assurance)
* **CQC website:** <https://www.cqc.org.uk/guidance-regulation/local-authorities/>

Chair thanked RW and LW for the update. |
| **Item 7** | **Safeguarding Week – 16 to 20 June 2025** |
|  | SL updated:* Safeguarding Children’s Partnership would lead on planning this year.
* Working group had been formed with partners.
* Eventbrite would be used for bookings.
* Theme was “Safeguarding is everybody’s business” as per previous years with an emphasis this year on how we can work together.
* An email had been sent to members of SAB and all sub-groups to ask partners to consider delivering session/s during the week – considering the revised priorities for SAB, e.g. learning from SARs, suicide, drug and alcohol and so on.

SL welcomed volunteers to run a session and suggestions from members of SAB as to what sessions could cover.Chair thanked SL for the update and encouraged partners to get involved.  |
| **Item 8** | **Revised SAR Policy** |
|  | Members of SAB had read the policy.Chair noted that considerable work had been undertaken within the policy review.LW updated:* There had been a considerable increase in the number of potential SARs received and as this trend may continue it was important to ensure that the SAR Policy was fit for purpose.
* The SAR Policy had been reviewed/updated to ensure it was effective, compliant, and reflective of best practice.
* Updates had been drafted following discussion with Independent Chair and the Business Unit, and after reviewing SAR policies from East Riding, York, Teeswide, Bradford and Stoke/Staffordshire SABs.
* The Learning and Review Group reviewed an initial draft on 16 January 2025. Further feedback from this group was collated to inform the final draft presented to the Board.
* Main changes were to: **Language,** whichhad been revised to give clarity around Section 44 criteria and updating of language. Cease referring to ‘Learning Events’, ‘Discretionary SARs’, ‘non-Stat SARs’ ‘Roundtables’, etc. **Structure**, which had been revised in line with new subgroup structure, separating SARs out of the current LAR to ensure dedication of time, focus and monitoring. **Forms** were updated referral and decision-making form, to assist referrers and scoping panels in the process and improve recording. **Chronologies** had been revised and moved from collation of full chronologies prior to scoping, to a request for initial information that was appropriate/proportionate (with robust analysis e.g. around service gaps, missed opportunities, good practice) to decide whether a referral meetings the S44 criteria. This should reduce partners workloads, for referrals which are then deemed not to meet the SAR criteria. If fuller chronology information is needed following commissioning of a SAR, this will be actioned. **Decision making/voting** had been revised toensure a fair and robust voting supported as above with better recording. **Accountability** was considered and processes clarified for ongoing review and sign off from action plans.

Questions/comments:* RW thanked the team for the work undertaken on the policy and noted the importance of doing the “right thing” for the person and within the law.
* AR noted that when dealing with SARs in Bradford the team had learned that it was important to be clear about and manage a family’s expectations around a SAR as to what it would or would not deliver. Fox example, ensure that they are aware that is SAR is not a complaints procedure and might not provide all the answers.

Chair thanked LW for the update and agreed that language was an important factor and welcomed the move from full chronologies to information requests. It was noted that the Chair of the SAR sub-group would be responsible for strategic management and oversight of SARs in progress. A SAR tracker had been devised to allow visibility around progress of SARs. Chair noted that it was highly likely that volume of SARs would increase. The Chair asked if members of NYSAB were happy to approve the revised SAR Policy. **Members of NYSAB approved the SAR policy.** |
| **Item 9** | **NYSAB sub-groups and chairing arrangements** |
|  | Members of NYSAB had noted the revised meeting structure for NYSAB and sub-groups.The meeting structure was shared with NYSAB in December 2024 and was subsequently presented to sub-groups for consideration.SL presented the revised structure and explained the revisions and how the sub-groups corresponded with the priorities for NYSAB.Louise Wallace would chair the SAR sub-group and Helen Williams would remain as deputy chair. A chair was sought for the audit sub-group and deputy chair would remain Claire Lindsay. (Carol Kirk, Deputy Chief Inspector, Safeguarding had subsequently been appointed Chair of the sub-group.Connection and Involvement sub-group would be chaired by Ashley Green, Chief Executive Officer, Healthwatch North Yorkshire, and it was hoped that there could be a co-chair with “lived experience”. It was hoped that the Confident Practice and Learning sub-group would continue to be chaired by a suitable rep from Health and Adult Services. However, chairs were sought for the other groups (Audit and Prevention) from partner organisations.Chair stressed the importance of members of NYSAB sharing the load when it came to chairing and representation at these meetings.Questions/comments:* AS supported the revised structure and asked how suggestions for membership of groups should be approached. Should nominations come from individual organisations or should health volunteers/representation be presented via Julie Wilburn. Head of Safeguarding at HDFT may be interested in a role as chair or co-chair of one of the groups. SL reported that we would be open to all volunteers/nominations.
* RW wondered whether chair of audit should be from an organisation that was not involved in provision of services/care provision – i.e. independent. RW also wondered whether connection/prevention might sit together. RW supported the revised structure. Chair noted that both prevention and engagement comprised large pieces of work and did not want to combine the two.
* IS offered a North Yorkshire Police representative as Chair of audit sub-group. Chair thanked IS and said that SL would contact him after the meeting.
* AGr suggested that he and CG consider how they may assist with support to the connection group and requested further information as to role/responsibilities re co/deputy chair. SL thanked AG and would contact him with further information. Both AG and CG were happy to support where possible.
* AC was deputising for Helen Day and would pass on the message seeking volunteers.
* LB-R noted that HW had just resigned from Chairing Hambleton and Richmond LSP and suggested that SL get in touch with LB-R should we have trouble filling the roles.

SL asked that members of NYSAB approved the revised meeting structure. **Members of NYSAB approved the revised meeting structure for NYSAB and sub-groups.** Chair thanked members of NYSAB for the discussion and those that had volunteered to help with representation at meetings.**Action:** * **All agencies to put forward volunteers for chairing/deputies and membership representation for each subgroup to the nysab e-mail address** **nysab@northyorks.gov.uk** **.**
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| **Item 10** | **NYSAB Delivery Plan 2025-27** |
|  | Members of NYSAB had noted the Delivery Plan.Chair shared the revised Delivery Plan with members of NYSAB and noted that:* It had been suggested that the plan could include a RAG rating and that there may be too much room for detail, i.e. it could be more succinct.
* This plan was still a draft, and it would become more polished once it was applied to each sub-group, and they had tailored it to the work being undertaken.

SL explained that the Delivery Plan:* sections aligned with NYSAB’s revised priorities.
* areas had been further populated with goals and actions since last shared.
* incorporated work that was already underway in Health and Adult Services, e.g. Trauma Informed.
* would be presented at the next round of sub-group meetings and work would commence on populating the plan for each area of work/sub-group.

Chair thanked SL for the update. Chair noted that there would be cross-over between groups in terms of support for relevant work. The delivery plan should empower the sub-groups and NYSAB would be updated on progress quarterly.Questions/comments:* AGr noted that each group would tailor some of the actions to their work/requirements.
* AGr asked whether there may be budget/funding for tool kits, communications and so on. Chair noted that where work was already underway, there may be ability access to tools/resource. If specific funding was required for a project that would need to be presented to NYSAB.
* Consensus was that the delivery plan was well structured and easy to follow.

**Members of NYSAB approved the delivery plan.** |
| **Item 11**  | **NYSAB Risk Register** |
|  | Members of NYSAB had noted the risk register.SL noted that there had been some changes to the register since the last meeting:* The register would need a full review by members of NYSAB regarding inclusion of mitigations within each organisation and any additional risks/actions that should be added. SL asked each member to review the register after the meeting and include any updates in colour or tracked changes and submit to NYSAB.
* The risk “making safeguarding personal” had been removed as it was felt that this was well embedded as “business as usual” and mitigated via the PQI sub-group.
* The risk around “DoLS” had been expanded to include a range of issues and included waiting times and backlogs.
* A risk around risk of embedding learning and review – it was felt that processes were in place to capitalise on learning and could be removed. However, it had not totally disappeared as a new risk had been added.
* The new risk included SAR tracking and timeliness of SARs. It was important to ensure that action plans incorporated all themes/areas.
* Risk to partners in relation to system pressures, which had been introduced during the pandemic and it was agreed that this could be removed.
* A new risk had been created that considered overall board resourcing and funding which linked with budgets and the increase in the number of SARs and to the capacity to support the new sub-groups and board.
* The risk around international recruitment had been revised to reflect the wider care sector capacity/growth, rather than just sponsorship risk.
* A risk had been added after the last NYSAB meeting about the loss of LSP’s and how that may affect safeguarding, but now that the board had approved the decision to cease LSP’s it may be that this risk could be removed.

**Action:*** **SL/JF to circulate risk register to members of NYSAB for review/update.**
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| **Item 12** | **Rough Sleeping – Ministerial letter – Board champion update** |
|  | Chair noted that a workshop had been held last Friday 14 March in Northallerton to discuss rough sleeping, hosted by Kim Robertshaw (KR) and Maggie Gibson.KR updated:* The meeting was well attended.
* We would seek assistance from partners (internal and external) that would be interested in forming an action plan and taking that forward. This would form part of the “Prevention” sub-group.
* Work was underway with HAS on a multi-disadvantaged offer and a workshop was scheduled for tomorrow to consider how this could progress working towards April 2026. This work would include external partners.
* We heard about the REACH project, where that works well and will consider how we could expand this service.
* We could form a team to assist our most vulnerable customers, but we are always mindful that accommodation must be available to fulfil a service.

LW found it an interesting session, but it was evident that some organisations/areas that you might assume were communicating/working together, were not. HAS and housing were working hard to maintain a strong partnership. Chair challenged the Board to think about what NYSAB brought to the party, e.g., why would a safeguarding be closed when an individual went to prison (short term), rather than keep it open. Could the team think differently to ensure added value, could we lobby and how could we use this mandated issue “rough sleeping” to form a problem-solving model. There are c. 40 people sleeping rough in North Yorkshire. Chair asked that members of the board see this as a mini project to undertake. KR noted that highest demand was from Scarborough and Harrogate and several people had been accommodated under “severe weather provisions” recently, but that provision would be removed today. This would have a knock-on effect for partners, e.g. North Yorkshire Police if people offend to gain accommodation, and emergency departments if people present to keep warm. Chair reiterated that this was a priority for the Board, and particularly the three statutory partners. If the Board can tackle this issue, that would transfer into other areas.Members of NYSAB were shown the video of Richard Webb talking about the pods for rough sleepers in the Harrogate area:[https://youtu.be/D3LhN\_mAtUc](https://eur02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fyoutu.be%2FD3LhN_mAtUc&data=05%7C02%7Cnysab%40northyorks.gov.uk%7C59c0f869bfb841ea8f3c08dd228214df%7Cad3d9c73983044a1b487e1055441c70e%7C0%7C0%7C638704664264774182%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIlAiOiJXaW4zMiIsIkFOIjoiTWFpbCIsIldUIjoyfQ%3D%3D%7C0%7C%7C%7C&sdata=pe%2ButK01SC4U32MwHfqPeQ11ciyQ9XcWIxL6rbJBEH0%3D&reserved=0)KR reported that there was the budget to purchase pods for Scarborough, but it was difficult to identify a suitable location for the placement of pods. |
| **Item 13** | **Any other business** |
|  | Chair reported that he would like to include case studies/presentations at board meetings to tease out issues and help understand problems faced within the region around safeguarding if members would welcome this.Chair asked members of NYSAB to email any ideas that they may have to the business unit and thanked members for attending the meeting. |
| **Calendar of Meetings** |
|  | Wednesday 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 |