North Yorkshire Safeguarding Adults Board Meeting Minutes

**Date & Time:** 21st March 2018 at 2:00pm

**Venue:** North Yorkshire Police Headquarters, Northallerton

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| **Name** | **Agency Attended** | **Deputy Present** | **No Deputy** |
| Lisa Winward (LW) Nigel Ayre | North Yorkshire Police (Vice Chair) √Healthwatch |  | √ |
| Rachel Bowes (RB) Tony ClarkEmma Dixon (ED) Olwen FisherJill Foster (JF) Sheila Hall (SH) Jackie Hourigan Louise Johnson (LJ)Elizabeth Moody (EM) Christine Pearson Amanda Robson Lincoln SargeantLeah Swain | NYCC Health and Adult ServicesRichmond District Council √NYCC Legal Services √Scarborough and Ryedale CCGHarrogate District NHS FT √NYCC Health and Adult Services √NHS Vale of York CCG √National Probation Service √TEWV NHS FT √Scarborough and Ryedale CCG NHS England, Yorkshire & HumberNYCC Health and Adult Services √Community First Yorkshire | √√ | √√ |
| Michelle TurnerLouise Wallace (LWa) | NHS Airedale, Wharfedale Craven CCGNYCC Health and Adult Services √ | √ |  |
| Richard Webb Keren Wilson Carrie Wollerton Patrick Duffy (PD) *(Minute taker)* | NYCC Health and Adult Services √Independent Care Group √NHS Scarborough & Ryedale CCGNYCC Legal and Democratic √Services | √ |  |
| **Also in Attendance** |  |  |  |
| **Name** | **Agency** |  |  |
| Alice Clark (AC) Superintendent Alisdair Dey Sarah Gazzard (SG)Matt O’Connor (MO’C) Caroline O’Neill (CO’N) Sue PeckittPhilippa Sellstrom (PS) Bev Wilson (BW) | College of Policing North Yorkshire Police Avalon GroupNHS Airedale, Wharfedale, Craven CCG Community First YorkshireScarborough and Ryedale CCGNYCC Health and Adult Services Avalon Group |  |  |

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| **ITEM NO.** | **SUBJECT AND DISCUSSION** | **ACTION(S)** |
| **Item 1** | **Welcome / Introductions / Apologies for Absence** |  |
|  | Lisa Winward, Vice-Chair – in the Chair LW welcomed everyone to the meeting. Apologies had been submitted by:-‐ Rachel Bowes‐ Olwen Fisher‐ Amanda Robson‐ Leah Swain (Caroline O’Neill deputising)‐ Michelle Turner (Matt O’Connor deputising)‐ Carrie Wollerton (Sue Peckitt deputising) |  |
| **Item 2** | **Remembering Colin Morris** |  |
|  | LW took the opportunity to reflect on Colin Morris, who had been Chair of the Board, as this was the first meeting since Colin had passed away in January.Colin had experienced a broad, wide-ranging career that went beyond Safeguarding and North Yorkshire. He had a passion for driving forward the work of the Board and would be sorely missed both personally and professionally for his determination to safeguard those most vulnerable in our society. |  |
| **Item 3** | **Recruitment of Safeguarding Adults Board Chair** |  |
|  | LW advised that the Executive had agreed that she Chair the Board until a new Chair was in place, however that this would now need ratifying by this Board meeting. The Board agreed that LW should undertake this role until the recruitment of a permanent chair.The closing date for applications for the role was 18th March. A total of 17 applications had been received. Shortlisting was taking place and the interviews were scheduled for 4th April. She thanked members who were involved in the process.It was stressed that should, for any reason, the selection process not be going ahead as scheduled, Members involved in the process needed to be informed as soon as possible. LW said that a further update would be provided at the end of the week. | **SH** |
| **Item 4** | **Safeguarding Story** |  |
|  | Sarah Gazzard and Bev Wilson, from Avalon, attended the meeting.SG advised that Avalon is a charitable organisation providing flexible person-centred care, support and companionship for everyday life, |  |

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|  | housing, learning and employment. Its Head Office is in Harrogate, with eight satellite officers providing support to 400 customers.The following information was tabled:-* Data on Northallerton Hate Crime Incidents; and
* A draft poster, leaflet and calling cards that Avalink (Avalon’s Strategic Customer Committee) were developing

‐ The poster showed people the location of safe places in their area.‐ The calling card is a keep safe card containing numbers for clients to call, should they find themselves in trouble‐ The leaflet fully explained what hate crime is.The information would be rolled out to staff, who would be briefed on hate crime.SG related three recent examples of three hate crime cases that she had been involved in and how Avalon had been able to help the individuals concerned.SG and BW stressed that often clients who are vulnerable cannot distinguish between friendship and abuse.LW thanked SG and BW for their presentation which she had found insightful and which brought to life the breadth of safeguarding stories. She thought that there was a great opportunity for Avalon to link in with work being undertaken in connection with Safeguarding Week.LW added that communications seemed to be an issue and if Avalon considered they were not getting feedback from the Police and other Agencies this needed to be addressed.SH advised that Erin Outram, Business Development Officer, Safeguarding (who would be meeting Service Managers from Avalon) could also put them in contact with the Local Safeguarding Adults Groups (LSAGS) regarding becoming involved in activities planned for Safeguarding Week.RW commented that, whilst hate crime could never be controlled in its entirety, the presentations illustrated the importance of the community. He wondered if there was an opportunity to use local media to feature this issue and give publicity to the Safe Places Scheme.KW suggested that a presentation on Hate Crime could be made to the Board’s next Development Day.**AGREED:**1. That the information tabled by Avalon be shared with HAS staff working around responses and approaches to hate crime.
2. That Avalon be put in contact with the North Yorkshire Learning Disabilities Partnership Board.
 | **SH SH** |

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|  | 1. That the role of employers in case studies be flagged up with Julie Knight at the Local Enterprise Partnership.
2. That further details of the three cases referred to be provided to the Police, so that these can be followed up and feedback to Avalon provided.
3. That data on the incidences of Hate Crime be included in future quarterly Performance reports.
 | **CO’N SG/BW****LW** |
| **Item 5** | **Report from Executive Group** |  |
|  | A report, summarising the issues discussed by the Executive at its meeting on 15th February 2018, was considered.Appended to the report were the Strategic Outcomes for 2015/18 and the final draft of the Safeguarding Adults Awareness Survey, conducted by Healthwatch North Yorkshire.The following aspects were raised:- Primary Care Safeguarding arrangementsJH referred to the risk concerning *Lack of engagement by GPs and**Primary Care in the work of the Board and Sub-Groups, resulting in a negative impact on strategic and operational safeguarding*.She stated that work had been embedded within GP Practices for a couple of years now. Good engagement and bespoke training programmes had resulted in an increase in the number of concerns raised via GPs and in the number of safeguarding alerts.There was still work to be done – including greater engagement in local safeguarding groups but, in view of the progress made, she asked the Board to consider removing the risk from the Risk Register and monitoring through normal processes.LW acknowledged the engagement and awareness raising that had taken place but asked how the Board would ensure that this happened in practice. JH responded that structures were now in place with links to the Board, so it would be possible to monitor, interject and support as required.Whilst the progress that had been made was recognised, it was considered by some members of the group that further information around the quality and outcomes of involvement in local safeguarding arrangements, including the LSAGs, would be helpful. It was considered that this could be done through the Practice Development and Training Group (PDTG), and the Quality and Performance Group (QAP) to look at the number of concerns from GPs and their outcomes.MO’C agreed that it was clear a lot of positive work was being undertaken but how do the Board monitor compliance with this risk? The safeguarding stories that the Board had heard about from |  |

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|  | representatives of Avalon earlier on the Agenda for today’s meeting illustrated the need for continued vigilance. |  |
| It was agreed that the risk would be removed from the risk register and the impact GP awareness and involvement was having on safeguarding would be monitored through the sub groups as cited above. |  |
| Report from the Quality and Performance GroupLW advised that there was huge amount of data to consider. Any help from partners, who might have a performance framework they can recommend, would be appreciated to help condense the information – the Executive needed to concentrate on exception reporting. |  |
| SH advised that the Board’s approach to performance needed to be more refined and include a variety of approaches, including information from *deep dive* investigations. |  |
| Other mattersLW commented that Safeguarding Week, from 25-29 June, was fast approaching. She asked partners to encourage staff to undertake front- facing public engagement. This was an opportunity to disseminate key messages. |  |
| In response to a question from RW, SH advised that, as the intention was to adopt a public facing approach, input from Board Members was not necessarily required. She would include in the Newsletter a request that local groups be asked to provide details of their activities for Safeguarding Week |  |
| **AGREED:** |  |
|  | **ALL** |
| a) That the Board’s Strategic Outcomes be extended to March 2019or earlier, dependent on when a new Chair is in place and they have been reviewed. |  |
|  | **SH/PD** |
| b) That the Healthwatch Survey be discussed at the Board’s Development Day and the findings considered as part of theStrategic Plan and Delivery Plan. |  |
|  | **SH** |
| c) That the risk relating to lack of engagement by GPs and Primary Care be removed from the Risk Register and the above actions be carried out by the PDTG and QAP. The outcomes of the work be brought back to the SAB at its meeting in September as part of the Annual Report on Primary Care Safeguarding Arrangements, andthe position around the risk be reviewed in the light of the work. |  |
| d) That Board partners contribute to and participate in the LSAGs and remind their staff who are members of the Children’s Groups to recognise the value of engaging with LSAGs for Safeguarding Week. | **ALL** |
| **Item 6** | **Criminal Exploitation of Children and Vulnerable Adults: County Lines Guidance** |  |
|  | Guidance produced by the Home Office on this issue had been circulated with the papers for the meeting. |  |

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|  | County Lines is the Police term for urban gangs supplying drugs to suburban areas and market and coastal towns, using dedicated mobile ‘phone lines.Superintendent Alisdair Dey delivered a presentation which briefed Members further on this issue and its implications.He made the following points in particular:-‐ This form of criminal exploitation has been going on for many years– primarily in coastal towns – but it was now moving inland. In addition to Scarborough, York and Harrogate had been targeted.‐ It is based on a simple model but, partly because of this lack of complexity, is very difficult to address.‐ The model involves “Class A” drugs being brought into an area in large quantities; the individual holding the mobile ‘phone is the dealer with sub dealer(s) and “runners”. There are usually a maximum of three or four people in a group but only one of the group holds the ’phone.‐ Disputes can result in “turf wars” with significant violence. The violence is usually between rival groups and does not usually affect the public.‐ The Police have had many successes in combatting this issue, but due to the simple nature of the model the individuals are easy to replace and, therefore, it is a challenge to continually keep on top of the ongoing criminal behaviour.‐ A real plus point in Scarborough is the Community Safety Partnership which operated extremely positively, with good intelligence sharing amongst agencies.‐ The Police and its partners need to think how we support vulnerable people. A particular challenge is how to keep people who, because of their circumstances, may be vulnerable to be preyed upon, away from the gangs.In response to a question from JF, AD confirmed that children can be involved.JF believed that Teams of Health Visitors and School Nurses might be able to pick up on warning signs.In response to a question from LWa, AD advised that, rather than internationally, this area of crime tends to stem from the cities.RW suggested that events for frontline staff (such as those used for Prevent) could be undertaken. SH said she could ask Odette Robson to talk to partners. |  |

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|  | AD suggested that partners feed any concerns that they may have through their local Community Safety Partnerships.LS said that it would be useful to share this information with the Drugs and Alcohol Partnership as some of the individuals would be known to Horizons.PS advised that a number of deaths caused by drugs were not known to Horizons.LW thanked AD for his informative presentation.A number of Members considered that further information on some of the cases would be useful, anonymised as appropriate. This could take the form of a safeguarding story/thematic review.**AGREED:**1. That discussions be held as to the most appropriate way of reporting back further detail to the Board on this matter.
2. That the Board then be consulted on the proposed approach.
 | **LW & SH****SH** |
| **Item 7** | **Risk Register** |  |
|  | The Risk Register was considered. Consideration of the risk relating to lack of engagement by GPs and Primary Care was considered under Minute No. 5, above.It was noted that the risk around the Independent Chair may need to be reviewed, depending on outcome of recruitment. NOTED. |  |
| **Item 8** | **Revised Multi-Agency Safeguarding Policy and Procedures Update** |  |
|  | The Board considered a report which informed it of work since the last meeting to prepare for implementation of the revised Policy and Procedures from April 2019.LWa reported that she was chairing the NYCC Project Group looking at this to understand the implications and plan for implementation. As previously agreed by the Board in December, the Practice Development and Training Group will be the route to progress and monitor the work required by all partners.A job description for a post to assist in this process, up to April 2019, had been agreed and would be advertised in April.York would be implementing from May 2018 and officers would take on board any learning from their experiences.**AGREED** that a copy of the membership of the Practice Development and Training Group be sent to Board Members so that they can confirm that the appropriate person is representing their agency in the months | **SH** |

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|  | ahead for the work around implementing the revised policy and procedures. |  |
| **Item 9** | **Memorandum of Understanding re Channels of Communication and Feedback for representatives attending the Safeguarding Adults Board** |  |
|  | The Board considered a draft Memorandum of Understanding which set out the agreed contribution to the Board and its Sub Groups and LSAGs from and between the Acute Hospitals Trusts’ representatives covering the county of North Yorkshire.CW, as Chief Nurse, had put this document forward after discussion with Trust representatives.CO’N considered that there should be provision for dispute resolution. The inclusion of Humber was raised, with CW and JF to discuss further.It was agreed that the document should state that it relates to Acute Trusts.LW thanked those concerned in developing the draft which she believed was a big step forward.**AGREED** that the draft Memorandum of Understanding be approved subject to it being amended to reflect the changes suggested above. | **CW/JF** |
| **Item 10** | **LeDeR Programme** |  |
|  | AR, who was due to present this Item, was unable to attend.CP reported that NHS England had commissioned a provider to undertake outstanding reviews but there was no timescale.EM said that TEWV NHS Foundation Trust agreed with the spirit of the programme but they had yet to receive feedback on any review that had been carried out.SH mentioned that Kirklees Council had referred a case for consideration as a Safeguarding Adult Review where a LeDeR had been started but paused until a decision was made about if a SAR would be commissioned. SH had asked for the information gathered as part of the LeDeR to help inform a decision to be made about whether a SAR was appropriate, but was having difficulty getting this.**AGREED** that the comments referred to above be fedback to AR, and be picked up as part of a presentation to the next meeting of the Board. | **PD/SH** |
| **Item 11** | **Information Sharing Protocol** |  |
|  | ED presented this Item which set out the core information sharing principles agreed by signatory organisations. |  |

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|  | ED advised that the Protocol had been amended to reflect the General Data Protection Regulation which comes into force in May 2018.It was noted that there were some minor amendments/tidying required to the document.**AGREED:**1. That the Protocol be approved.
2. That SH discuss with ED concerning the logistics of obtaining “signatures” from the signatories.
 | **ED/ALL SH & ED** |
| **Item 12** | **Board Meeting Minutes from 13th December 2017 and matters arising.** |  |
|  | **AGREED** that the Minutes of the meeting held on 13th December 2017 are an accurate record.Matters Arising1. Review of Safeguarding Procedures – Task and Finish Group SH had not received nominations from KW or CW. It would be helpful if these could be received by 3rd April.
2. Multi-Agency Policies and Procedures

With regard to suicide and self-harm, SH is meeting with Claire Robinson, NYCC Public Health, to look at what needed to be included in operational guidance.SH reported that there had not been any discussions with Bradford about dates for implementation, but that she would be attending York’s Launch Day.1. Risk Register

This had been discussed at today’s meeting (see Minute No. 5 above).1. New Health Commissioning arrangements

Action for CW to create central point for contact details remains outstanding.1. LeDeR Programme

Not possible to provide an update in the absence of AR.1. Safeguarding Adults Review Action Plan

SH will recirculate the version incorporating RWs comments to partners involved in the review and seek further comments before the LIG Meeting, following which it will be recirculated to statutory partners.1. Healthwatch Newsletter

LW to send a reminder to NA.1. Inappropriate referrals from Yorkshire Ambulance Service
 | **KW/CW****CW****SH****LW** |

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|  | RW reported that there were signs of improvement but this still needed to be monitored.1. General Data Protection Regulation Covered under Minute No. 11, above.
2. Memorandum of Understanding on Health Trusts involvement in the Board

Covered under Minute No. 9, above. |  |
| **Item 13** | **Any Other Business** |  |
|  | Board fundingSP asked for information on Board expenditure so that requests for further funding could be made to Health partners.Review of Safeguarding PracticeA request had been received from an individual for a copy of the Review report.ED advised that the Board was not subject to Freedom of Information legislation.**AGREED** that the person requesting a copy of the Review of Safeguarding Report be advised that it will not be released at this stage, as further work is being carried out to agree how the recommendations will be addressed. | **SH****SH** |
|  | **Future Meetings** |  |
|  | * Wednesday 20th June, 2:00 p.m. – 4:30 p.m. North Yorkshire Police HQ, Alverton Court, DL6 1BF
* Wednesday 19th September, 2:00 p.m. – 4:30 p.m. North Yorkshire Police HQ, Alverton Court, DL6 1BF
* Wednesday 12th December, 2:00 p.m. – 4:30 p.m. North Yorkshire Police HQ, Alverton Court, DL6 1BF
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