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| **Notes of Meeting****Date & Time: 15th December 2021 at 2pm****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 |  |  |
| John Pattinson (JPa) | 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** |  |  |  |
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| **Name**Emma Stevens (ES)Claire Byers (CB)Fran Friel (FF)Claire Robinson (CR)Sandra Rees (SR)Christina Cheney (CC)Julie McGregor (JM)Sheila Hall (SH)Joseph Smith (JS)Aurelie Redpath (AR) | **Agency**NHS NYCCGTEWV NHSFTNHS Staying PutNYCC Public HealthScarborough Borough CouncilNYCC Health and Adult ServicesNHS NYCCGNYSAB TeamNYSAB TeamNYSAB Team |  |  |
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| **ITEM NO.** | **SUBJECT AND DISCUSSION** |
| **Item 1** | **Welcome / Introductions / Apologies for Absence** |
|  | Due to the COVID-19 (Coronavirus) pandemic, this SAB meeting took place as a video conference. **Apologies for absence**: Rachel Bowes, Fran Wright, Olwen Fisher, Sarah Abram, Dave Winspear, Hannah Oakley and Karen AgarNo declarations of interest |
| **Item 2** | **Minutes of the last meeting held on 22nd September and matters arising** |
|  | Noted and recorded as accurate. |
| **Item 3** | **Action Log** |
|  | The action log was noted and SPr highlighted the following:- 2021/16 – 1. CJK confirmed that a meeting is being set up with Dr J.Shacklock regarding homelessness.- 2021/16 – 3. Conversations in relation to ICS are ongoing. Safeguarding will sit in Chief Nurses’ portfolios. Chief Nurse interviews took place on 14th December. 3 appointments should be made by 17th December or early w/c 20/12. SPe confirmed that the transition lead is the transition from the CCG to the ICS and the whole of the safeguarding team and adult social care are working together under that umbrella. The Chair is Sue Symington and the Chief Executive is Steven Eames.- 2021/16 – 4. and 5. CO’N was waiting for the notes of the Development Day on Homelessness to link in with the Chair of the NY Homelessness Group as there was no urgent need to. - 2021/08: No further update received.* **Action following the February Executive:** SPe or SPr to make direct contact with NHSE Regional Lead regarding LeDeR reviews.
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| **Item 10** | **Reducing Exclusion for Adults with Complex Housing Needs (REACH) Update**  |
|  | The report from the Executive was noted and CR highlighted the following:- The project is funded for 3 years to inform a more permanent housing solution in Scarborough. It is working with homeless people through a multi-agency approach. - The model should inform future funding for accommodation in Scarborough for people who require support. This will be phase 2 of the project.- The previous funded project was ‘Changing Lives’ and wasn’t recommissioned. The ‘Everyone in’ initiative from the government during the pandemic led to better outcomes for some people with an increase in engagement. - The partnership approach is funded by Scarborough Borough Council (SBC) and NYCC. The team is managed by SR and all were recruited during Covid. - The 2 elements to the team are to provide outreach support for people not ready to be fully supported yet, and intense support providing housing. - The team work with Horizons, substance misuse and the Police. - The aim is to provide people with a home they can maintain a tenancy for. - The team are working on an evaluation framework based on the national model.- The project was shortlisted for an innovation award for NYCC, offering recognition that this is a good way to support people.- 40 individuals have been referred into REACH since August 2021. They were assessed using the Multiple Disadvantage Index (MDI). - A wraparound service will be offered in 2022. - In terms of evaluation metrics, assessment tools are being used. - SR highlighted 2 specific case studies, demonstrating that the support offered is tailored to the individual. The team try to keep individuals engaged and it is important to keep support going until the individual is absolutely ready. - £40K have been secured, but funding is a challenge.- Individual organisations have their own processes for dealing with serious incidents (SI), but all need to be conscious of having shared learning.- SPr commented that the reason the SAB focus so much on homelessness has been triggered by SARs like SAR ‘Anne’. It reflects the shift in our strategic priorities around accountability.- RW said that being able to see the evaluation of the project will be very important. The project not only deal with homelessness, but also look at supporting people with mental health and substance abuse issues. In terms of serious incidents, HAS have their own process, but we need to think about how we do this across the whole system, not only following a person’s death, but more importantly whilst the person is still alive. Need to call a case conference prior to a person’s death.- JPa commented that this is an excellent example of a project that touches across all agencies within the system. Through the challenges of the pandemic, it is remarkable. - OR highlighted a stark cross-over with the work with Domestic Abuse (DA) and the safe accommodation strategy, supporting people with additional needs and working with Independent Domestic Abuse Services (IDAS). Linking this work with the REACH project is important. The concern is across partnership working. We need to make sure we do not lose individuals across our systems.- TC asked if there is something unique to Scarborough to explain why the project is set there and whether it should be rolled out across other areas of the Council. CR explained that this project is a model prior to being rolled out to other areas. Accommodation is being sold in Scarborough, creating additional people who are homeless. In terms of LGR, this project shows how Council and Districts can work together.- CR added that the evaluation of impact of the project is looking at 3 areas: individual outcomes, cost savings through this model and social investment.- CO’N echoed the positive comments made by other people on the project. CO’N asked how peer influence is being addressed. SR said this is something they are looking at. There are early signs that this is positive. People get a few choices regarding where to live as it needs to be somewhere they are happy with and will look after.- CO’N also asked at how difficulties with literacy and numeracy are being addressed. SR said that housing support workers look at both education and care and how to source the best support. They work with Stronger Communities and refer to NY Adult Learning as appropriate.* **Actions:**

- Learning and Review (LAR) sub-group to pick up the issue around SI to identify how earlier intervention around risk can be put in place- CR and SR will continue discussions with OR and IDAS- CR and SR to be invited to the February homelessness session- CR and SR to return to the SAB in Dec 2022 to provide a further update |
| **Item 4** | **Covid Updates** |
|  | SPr asked partners if they had specific safeguarding issues emerging from the pandemic they wished to highlight:- LW gave a brief overview of the situation in NY. There are a few confirmed Omicron cases in NY.There is a lot to learn as it is a new variant; vaccine escape and hospitalisations are still unknown.A press conference will take place on Friday 17th December with NHS colleagues. The Vaccine Equality Group works to ensure areas where the vaccine uptake is lower are targeted although, generally speaking, the uptake is very good across the region.The Public Health Team continue to support the care sector; care home visiting guidance has changed with lower numbers of visitors now allowed.- CJK added that Silver and Gold meetings are still taking place. They are also working on norovirus and other viruses.  |
| **Item 5** | **Report from Executive** |
|  | The report from the Executive was noted.- The Engagement Report recommendations were approved.- TC said that the Housing work stream has set up a sub-work stream for safeguarding.- RW added that in terms of structure, the core of our safeguarding team will not change following LGR and the risk around resources/staffing is probably a bigger risk. SPr commented that organisational change could affect staff morale further.- SPe said that NYCCG’s safeguarding work stream is very strong and will not let them leave anything behind through organisational change.- LB said that NYP are in a fortunate position with no upcoming restructure. The uplift programme will create 20,000 additional posts nationally. The investment in NY will be mostly going into safeguarding teams and LB is hoping to bring more detail to the Board soon.- SPr suggested that the recommendation for a formal piece of work from key partners on how they will ensure they remain particularly focused on safeguarding ahead of organisational changes to be changed as partners have engaged so well over the last 18-20 months. Instead, partners have agreed to escalate if there are any safeguarding issues arising in-between meetings. |
| **Item 6** | **Delivery Plan** |
|  | The delivery plan was noted and SH highlighted the following:- An update on MASH/MAST will be provided at the Executive in February.- There are 3 amber areas: * Progress has been made with engaging the LSPs. A meeting was held with SH and the LSP Chairs. CO’N is working with NYSAB on engaging with LSPs. It will be good to see if local engagement increases.
* Self-neglect: Issue with City of York dialogue.
* LPS is unlikely to be delivered by April 2022, but this is due to a lack of national guidance.
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| **Item 7** | **Risk Register** |
|  | The delivery plan was noted and SH highlighted the following:- Risk 3 has been updated to cover a more detailed area of risk around the workforce. - The Board agreed to keep risk 3 as amber after mitigating actions in the context of the SAB. |
| **Item 8** | **Update on Hospital Independent Domestic Violence Adviser (HIDVA) Pilot at Airedale**  |
|  | The report was noted and FF highlighted the following:- The project started in April 2021 and is NHS funded. They are hoping to secure funding on a more permanent basis. - An older demographic is emerging in DA reports. - HH said it has been a very successful pilot for both people and staff. - SPr asked how multi-agency partnership is working with NYCSP and NYP. FF explained that referrals are made through MARAC and Children Social Care. They are linking with external partners regardless of the geographical area. As the pilot is based with the safeguarding team, they are having open conversations with the safeguarding team to make sure they are involved.- JPa asked if any learning can be shared with communities regarding identifying DA cases for pregnant ladies as 70% of cases are identified in hospitals and only 30% in the community. FF said that a lot of the work is done on the maternity ward throughout pregnancies, which increases safe disclosures being made.- RW asked if there are plans to share with West Yorkshire and North Yorkshire acute trusts. SPr advised HH to contact Karen Colman from West Yorkshire ICS who will be able to provide the relevant contacts.- LW asked what resolution looks like for the person and how onward referrals with NYP work. FF said some people come in to the Emergency Department (ED) in relation to DA specifically, but it can sometimes be because of mental health or substance misuse, so they can be referred to her through several routes. People sometimes decide to stay in an abusive relationship upon discharge because they are not ready to explore other options, but it is about making sure that people have all support options in place on discharge if they wish to access them.- OR said that she would welcome being linked in to the outcome of the pilot. - LB said that NYP are fully supportive of this initiative.* **Action**: HH to link the pilot project lead with Karen Colman from West Yorkshire ICS.
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| **Item 9** | **Deep Dive into admissions into hospital under sections 2 and 3** |
|  | The presentation was noted and CC highlighted the following:- There has been a 22% increase in activity in the last 2 years. - Prevention work has increased by 20%.- A lot of assessments are completed out of hours by daytime staff. - The proportion of people over 65 increases for section 3. Pressures around provider packages may be the cause. - The main themes at the end of the presentation highlight that an increase in activity is expected to continue, given the mental health impact of the pandemic. The number of Approved Mental Health Practitioners (AMHP) is dwindling. - The figures come from a new dashboard. A lot of these assessments generate social care assessments and additional work. - JPa asked whether the profiling of the ages (up to 65 or under 65) could be more precise. CC said we can but this is how our breakdown currently works. - CJK said that requests for assessments go up and down, but there has been increased activity overall through the Care Act and the Mental Capacity Act.- CO’N mentioned the link with loneliness which comes up in Voluntary Community and Social Enterprise (VCSE) conversation about mental health and also that the highest incidences of experiencing mental health is among 25-35 year olds.  The Staying Social Staying Well strategy and action plan continues to be used by partners as well as various tools which are in place to help engage with people who might need support to connect and get involved.- CO’N shared the following links:* [Strategy to Tackle Loneliness](https://imsva91-ctp.trendmicro.com:443/wis/clicktime/v1/query?url=https%3a%2f%2fcommunityfirstyorkshire.org.uk%2fprojects%2ftlc%2dnorth%2dyorkshire%2f&umid=38F8059C-D332-7605-B098-D8EE7B1AB12C&auth=de41389fcd07b045c2bf0b8b6a6bb2cde097bfb7-33d378f8fee98bcea74344d4b69ee02431b477e0) entitled Staying Social, Staying Well - the link to the area of the website with information and resources to help VCSEs support people and their teams to tackle loneliness, including information about the importance of volunteering.  The various campaigns are here and Top tips documents

Staying Social, Staying Well - [The loneliness risk quiz](https://imsva91-ctp.trendmicro.com:443/wis/clicktime/v1/query?url=https%3a%2f%2fcommunityfirstyorkshire.org.uk%2fprojects%2ftlc%2dnorth%2dyorkshire%2fstaying%2dsocial%2dstaying%2dwell%2f&umid=38F8059C-D332-7605-B098-D8EE7B1AB12C&auth=de41389fcd07b045c2bf0b8b6a6bb2cde097bfb7-e7f00de403fa7a82ee34b0ee81c74026e047c3b3) in North Yorkshire which was the App* [Covid page](https://imsva91-ctp.trendmicro.com:443/wis/clicktime/v1/query?url=https%3a%2f%2fcommunityfirstyorkshire.org.uk%2fcoronavirus%2f&umid=38F8059C-D332-7605-B098-D8EE7B1AB12C&auth=de41389fcd07b045c2bf0b8b6a6bb2cde097bfb7-5044c561b72717a24541741558b15fa604637814) – in particular Community Building guidance. Updated frequently
* **Action:** CC to link in with SH on reporting for the PQI.

RW asked if reporting could be offered by the acute trusts too. SPr said that we can pick up with MH colleagues at the Executive. |
| **Item 11** | **LeDeR Report** |
|  | The report was noted and JMcG highlighted the following:- The LeDeR steering group was held on Tuesday 14th December. A focused review was presented and the learning was shared at that meeting. This is where things will be reviewed in terms of learning. |
| **Item 12** | **Safeguarding Week 2022 Planning** |
|  | The report was noted and JP highlighted the following: - Fiona Wynne (NYP) and JP discussed Safeguarding Week 2022 a few weeks ago. A planning meeting will be held in January with NYSAB, NYCPS and NYP. The intention is to use the 2021 plan as a base model for 2022, utilising materials and learning.* **Action**: Safeguarding Week 2022 planning to be added to the Executive meeting agenda.
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| **Item 13** | **NYSAB Development Day** |
|  | The report was noted.- SPr asked the Board to reflect on the following ahead of the Executive meeting in February:* how we extend the dialogue beyond statutory members of the Board regarding emerging structures around NY, the Office of the Police, Fire and Crime Commissioner
* seeking assurances about how we are supporting staff wellbeing.

- RW mentioned that with the new national Drug Strategy, LW and RW discussed with Cllr Michael Harrison having a health and wellbeing workshop to involve NYSCP and NYSAB. SPr asked that we are kept informed and for partners to take part.* **Actions**:
* Invite the new Police, Fire and Crime Commissioner to attend one of the Board meetings in 2022
* Add to the Executive meeting agenda - review of our delivery plan to ensure we have captured everything
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| **Item 14** | **Current Issues** |
|  | - None noted. |
| **Calendar of Meetings** |
|  | * 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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