

|  |
| --- |
| **Notes of Meeting****Date & Time: 16th March 2022 at 2pm****Venue:** MS Teams |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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** |  |  |  |
|  |  |  |  |
| **Name**Emma Stevens (ES)Jennifer MacNeill (JM)Louise Johnson (LJ)Abigail Barron (AB)Janine Tranmer (JT)Sheila Hall (SH)Sarah Abram (SA)Joseph Smith (JS)Laura Watson (LWat)Lucy Chester (LC)Aurelie Redpath (AR) | **Agency**NHS NYCCGNHS NYCCGNational Probation ServiceNYCC Health and Adult ServicesNYCC Health and Adult ServicesNYSAB TeamNYSAB TeamNYSAB TeamNYSAB TeamNYSAB TeamNYSAB Team |  |  |
|  |  |  |  |
|  |  |  |  |
| **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, Richard Webb, Emma Dixon, Ruth Andrews and Tony ClarkNo declarations of interest |
| **Item 2** | **Minutes of the last meeting held on 15th December and matters arising** |
|  | Noted and recorded as accurate. |
| **Item 3** | **Action Log** |
|  | The action log was noted and SPr highlighted the following:- The outcomes of the Homelessness Development Session on 22/03 will be discussed at the June Board meeting.- SPr met with Teresa Fenech, ICS Chief Nurse with responsibility for safeguarding, on 15/03 and received a lot of assurances about the ICS’s safeguarding arrangements from July 2022. The ICS safeguarding briefing document, which provides a concise summary of these, was shared on 16/03 with Board and sub-group members.- DW said the learning from a couple of fatal fires will be shared during Safeguarding Week in June. These are often related to mobility issues.- There will be a PiPoT update at the next Board meeting in June. |
| **Item 4** | **Verbal Updates on Urgent Matters** |
|  | SPr asked partners if they had specific safeguarding issues they wished to raise.- CO’N asked colleagues involved with managing frontline delivery if they could share their experiences on how they have dealt with safeguarding clients and staff when staff have chosen not to be vaccinated. LW advised CO’N to speak to HAS’s HR Lead, Hannah Morley. CJK said that we need to try and understand why we have vaccination hesitancy within the sector. HAS lost 9 staff members who did not want to be vaccinated. This has been challenged in some cases since the removal of mandatory vaccination. However, for members of registered professional bodies, professional responsibility, being accountable for what they do and how they keep people in their community safe need to be considered. CO’N added that the organisations that have come to Community First are large and have reported that a lot of job roles and job descriptions have been changed. SPr encouraged colleagues to share any documentation they have found helpful in relation to this with CO’N.- SPr asked if there is any further clarity on offering homes to Ukrainian refugees. SPr shared concerns about payment to families and the risk it could present and asked what the expectation is at local level.LW said that Neil Irving, Policy Partnerships and Communities Assistant Director, is leading on some of this work. CJK confirmed that safeguarding leads have joined this working group. JPar will link in with Neil too. This will be discussed again at the Executive in May and the Board in June.- In terms of Covid-19, LW said the data is less reliable as people are not always coming forward to be tested. Infections have increased as anticipated since the removal of restrictions, but we will need to see where it settles. Outbreak management response is being stepped down for now, but it will be stepped back up promptly if required. - CJK added that there has been no decrease in infections in care settings. Some care settings are still having large outbreaks. Reporting on outbreaks will change soon as testing is changing from 01/04.- SPr confirmed that all SAB meetings will continue on Microsoft Teams for the foreseeable future. |
| **Item 5** | **Report from Executive** |
|  | The report from the Executive was noted and SH highlighted the following:- SH asked LB if the HM Inspectorate of Constabulary (HMIC) inspection report had been published. LB said publication had been pushed back to 29/03. LB talked through the recommendations of the draft report as part of item 12.- The new implementation date for Liberty Protection Safeguards (LPS) has not yet been confirmed.- The second draft of the SAR James report has been received and is being worked through by the SAR panel. |
| **Item 6** | **Delivery Plan** |
|  | The delivery plan was noted and SH highlighted the following:- There are a lot of green areas, which is a credit to all involved considering recent pressures; there are 3 amber areas: Local Safeguarding Partnerships (LSPs), LPS and self-neglect; the Multi-Agency Safeguarding Hub (MASH) / Multi-Agency Safeguarding Team (MAST) item is red as it has been postponed. - CJK said LPS implementation could now be April 2024. - The self-neglect task and finish group have now met.- Conversations are ongoing in relation to LSPs and this is reflected in the report from the Executive. |
| **Item 7** | **Risk Register** |
|  | The risk register was noted and SH highlighted the following:- Risk levels remain unchanged. DoLS and LPS may not need to be red if there will be a 2-year delay in implementation.* **Action:** SH/CJK/CW to review the LPS risk ahead of the May Executive.
 |
| **Item 8** | **Care Market Sustainability Update**  |
|  | The report was noted and AB highlighted the following:- There has been a 2.85% increase in the number of people supported and an increase in discharge to assess – from 308 to 548 per month since March 2020. - Since Sep 21, 23 providers have applied for financial support through the sustainability process. These are mostly homecare providers, where there has been an increase in demand for support in all localities, with widespread capacity issues across the county rather than only super rural and rural areas. - There are also concerns around increasing fuel costs and cost of living. - Finding multiple carers has also been a challenge. Care packages have been handed back due to inability to support 54 people. This has been resourced, but does pose significant operational challenges for the wider sector too.- Local interventions to address capacity issues have been helpful. A pilot project in Ryedale aiming to help micro-providers grow is now being extended to the Reeth area. Increased home from hospital capacity in partnership with NHS colleagues in Hambleton and Richmondshire. - There has been a marked increase in unsourced packages of care. Those people are receiving care from alternative sources rather than their first choice; this is putting pressure on teams and is not ideal for individuals either. The team are trying to make packages more attractive to homecare providers, which is making a positive difference.- A range of interventions have been put in place to support the care market including the following: * an annual inflation settlement has been agreed with the Independent Care Group (ICG);
* active and regular engagement with current providers, potential new providers and non-regulated providers;
* funding has been available to care providers to help them through the Care Setting Outbreak Management Support;
* a procurement exercise ahead of new Approved Provider List (APL) going live hopefully in November 22;
* a fair cost of care exercise for home care; and
* the incorporation of the national Health & Social Care reform into the wider transformation plan.

- SPr thanked AB and colleagues on the breadth of the work they are doing. - JPat said that the Workforce Recruitment and Retention Grant has been well received and hopefully will be making a big difference, along with the general annual inflation settlement.- CO’N said that there has been a lot of partnership work, which needs to continue.- SPr asked whether any modelling has been done around the cost of living rises and how the number of providers requesting support could increase. AB said that a breakdown of expenditure was not requested last time, but that it will be as part of the procurement process for the new APL to provide a better understanding of what makes up providers’ rates. - JPat added that a survey of members was done in January; two thirds said they would choose to or would have to leave the market within the next 6 months. The reality is likely to be far from that, but there is an acute focus on home care. A significant number of people are still in hospital. - SPr asked SPe what the opportunities afforded by ICS and NHS England to encourage a career in the care sector are, such as working with Further Education colleges to support workforce development. SPe said local pieces of work have been done with schools. It needs visible leadership from the ICS.- CO’N added that North Yorkshire Local Enterprise Partnership (NY LEP) lead on this. It would be a good time for people engaging with them to look at a whole programme. - SPr said she would mention this to RW on 17/03. - SPe will email the lead of the workforce group and Teresa Fenech, ICS Chief Nurse, who will lead on this. |
| **Item 9** | **Quality Pathway Update** |
|  | The presentation was noted and JT highlighted the following:- A professionals’ crib sheet is now in circulation.- A Task and Finish group for organisational safeguarding has held a process mapping session of what is being asked for to ensure there is no duplication of paperwork or meetings.- The Quality & Market Support meetings which started in April 2021 have been well attended and have supported a multi-agency response to risk.- The timescales for delivery have been delayed due to Covid, but now looking at implementation from July 2022.- The Provider Assessment and Market Management Solutions (PAMMS) assessment tool will provide oversight of and gap in the market. PAMMS assessor training has been completed and a champion has been identified.- The Quality Data Intelligence Hub will determine the levels of intervention / support required. It is a dynamic tool, which captures information every day. After year 3, sufficient data will be available to create Key Performance Indicators (KPIs) for the Quality Pathway. The hub will also ensure all data and intelligence is as streamlined as possible. - Discussions took place with Healthwatch w/c 14/03 on how we can work collaboratively. - Different levels of support will be offered depending on the level of risk derived through the Data and Intelligence Hub, from Level 1 (Advice and Guidance) to Level 4 (Contract Compliance).- Good and outstanding providers will also be offered support through dip sampling.- SPe asked how often the dip sampling would be. JT said that 10% of capacity will be dedicated to good and outstanding providers and the system will hopefully generate a randomised way to do this automatically. - DW said that domiciliary care is an area NYFRS are interested in as they do not always know where people are, due to people receiving care within the home. DW asked if this information could be shared with NYFRS or if they can be informed to help them with supporting people. - JT said that some links were created with NYFRS during the recent storms. JT offered for NYFRS to join the weekly Care Connected meetings so that they can address providers directly. * **Actions:** JT/DW to discuss information sharing in relation to people receiving home care.

 JT to provide a further update on the Quality Pathway at the December SAB. |
| **Item 10** | **Ethical Framework Update** |
|  | CJK described the background to the Ethical Framework in light of the Omicron variant.- There are 4 types of decisions: * ‘operational’ relate to individual person decisions;
* ‘tactical’ where specialist provision is required but there is limited space for a number of people;
* ‘strategic’ are to respond to market and service issues and look at how to re-profile services, such as closing respite provision and redeploying staff to care settings; and
* ‘system’ where decisions will have wider system impact, or where system solutions might be required to make safe. These feed into the ICS ethical panel too.

- The Ethical Review Group meet weekly to review the ethical decisions that have been made.- A review mechanism has been built into the process so that the ethical decisions made are reviewed regularly. - The sector has responded well to Omicron and only 8 ethical decisions have been made: * 5 strategic cases where they have had to explore alternatives to respite care, with no significant disruption for people;
* 2 tactical decisions where specialist provision had a limited number of spaces available. This involved prioritising people and sourcing alternative support for those who were unable to access specialist provision; and
* One operational decision around the discharge to assess process.

- The team are expecting one more strategic case and one more tactical case to come through. |
| **Item 11** | **Violence Against Women and Girls (VAWG) Progress Update** |
|  | LB shared the VAWG strategy and highlighted the following:- The strategy has been developed in response to a national request and is internal facing. - A follow-on piece of work is being developed by the Office of the Police, Fire and Crime Commissioner OPFCC) to engage partners in a more holistic strategy. - The strategy was launched on 3rd March and is in the public domain. It records misogyny as a hate crime. There is more work to do despite North Yorkshire being one of the safest counties. - The strategy is public facing and includes consulting with women and girls to know that they are making a difference, as well as promoting access to services and support even if people do not want to make an official report. - The strategy also focuses on pursuing perpetrators, building public trust and confidence in policing and creating safer spaces. The Street Safe pilot service provides an opportunity for women and girls to report areas where they feel unsafe.* **Action**: LB to send the link to the VAWG strategy to the NYSAB for onward sharing and inclusion on the NYSAB website and social media channels.

- LB also provided an update on Her Majesty’s Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS) draft inspection report. 10 recommendations are being acted upon through an organisational response. Internal changes are required, but support from partners will be required for some of the recommendations. This will be taken forward for the MASH/MAST. The link to the report will be shared at the end of March when it is published.  |
| **Item 12** | **LeDeR Report** |
|  | The report was noted and JM highlighted the following:- 8 notifications were received at once in January due to a backlog in notifications. - There are 16 open cases and 14 cases are in progress. - The Local Area Contact (LAC) will assume the Black, Asian, Minority Ethnic (BAME) lead role.- Reviews of the deaths of autistic adults are now included. |
| **Item 13** | **Current Issues** |
|  | None raised. |
| **Calendar of Meetings** |
|  | * Wednesday 22nd June 2022, 2.00pm, TBC
* Wednesday 21st September 2022, 2.00pm, TBC
* Wednesday 14th December 2022, 2.00pm, TBC
* Wednesday 22nd March 2023, 2.00pm, TBC
 |