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| **Notes of Meeting**  **Date & Time: 14 December 2022 at 2pm**  **Venue:** Microsoft Teams |

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| **Name** | | **Agency** | **Attended** | **Deputy Present** | **No Deputy** |
| Sue Proctor (SPr) | | Independent Chair |  | X |  |
| Tony Clark (TC) | | Richmondshire District Council (Chair) | X |  |  |
| Helen Day (HD) | | TEWV NHSFT |  | X |  |
| Mike Walker (MW) | | North Yorkshire Police |  | X |  |  |
| Jo Boutflower (JB) | | NYCC Trading Standards | X |  |  |
| Emma Dixon (ED) | | NYCC Legal Services | X |  |  |
| Olwen Fisher (OF) | | NHS Humber and North Yorkshire Integrated Care Board (ICB) | X |  |  |
| Emma Nunez (EN) | | Harrogate District NHSFT | X |  |  |
| Marianne Franks (MF) | | Army Welfare Service |  |  | X |
| Helen Hart (HH) | | NHS Bradford District and Craven Health and Care Partnership |  | X |  |
| Chris Jones-King (CJK) | | NYCC Health and Adult Services | 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 |  |
| Sue Peckitt (SPe) | | NHS Humber and North Yorkshire Integrated Care Board (ICB) | X |  |  |
| John Pattinson (JP) | | Independent Care Group |  |  | X |
| Louise Wallace (LW) | | NYCC Health and Adult Services |  | X |  |
| Richard Webb (RW) | | NYCC Health and Adult Services |  | X |  |
| Thomas Hirst (TH) | | North Yorkshire Fire and Rescue Service | X |  |  |
| Joseph Howard (JH) | | National Probation Service |  |  | X |
| Ashley Green (AG) | | North Yorkshire Healthwatch |  |  | X |
| Jennifer MacNeill (JM) | | NHS Humber and North Yorkshire Integrated Care Board (ICB) |  | X |  |
| **Also in Attendance** | |  |  |  | |
|  | |  |  |  | |
| **Name**  Elizabeth Moody (EM)  Brent Kilmurray (BK)  Fiona Wynne (FW)  Emily Crowe (EC)  Hannah Brown (HB)  Julie Toman (JTo)  Janine Tranmer (JT)  Joseph Smith (JS)  Janice Foxton (JF)  Aurelie Redpath (AR) | | **Agency**  TEWV NHSFT  TEWV NHSFT  North Yorkshire Police  Scarborough Borough Council  NYCC Health and Adult Services  NYCC Health and Adult Services  NYCC Health and Adult Services  NYSAB Team  NYSAB Team  NYSAB Team |  |  | |
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| **ITEM NO.** | **SUBJECT AND DISCUSSION** | | | | |
| **Item 1** | **Welcome / Introductions / Apologies for Absence** | | | | |
|  | **Apologies for absence**: Sue Proctor, Richard Webb, Sheila Hall, Helen Hart, Emma Stevens, Christine Pearson, John Pattinson, Joseph Howard, Louise Wallace, Mike Walker and Ashley Green  TC introduced himself and updated the Board with regard to SPr. SPr was undergoing treatment and had advised she hoped to be able to return in the New Year.  LW was unable to attend due to being unable to dial into the meeting from her remote location.  No declarations of interest | | | | |
| **Item 2** | **Minutes of the last meeting held on 21 September and matters arising** | | | | |
|  | Noted and recorded as accurate.  No further matters arising other than those captured on the action log and risk register. | | | | |
| **Item 3** | **Action Log** | | | | |
|  | The action log was noted and TC highlighted the following:  - 2022-01: JP to provide an update by the next meeting.  - 2022-10: Mapping exercise in progress, to be completed by the next Board meeting.  - 2022-02: ICS consultation would conclude on 21/12. The release of the final structure would be towards the end of January 2023 and this would be shared with the Board and on the ICS website. The new model would be operational from 1/04. All safeguarding posts would remain in place and would be place focused. There would be no change from an operational perspective.  SPe advised she would be retiring on 31/03/23. | | | | |
| **Item 4** | **Report from Executive** | | | | |
|  | The report from the Executive was noted and TC highlighted the following:  - There were early concerns from Local Safeguarding Partnerships (LSPs) in terms of participation, but it was hoped that solutions would be coming forward with Local Government Reorganisation to improve engagement and attendance. | | | | |
| **Item 5** | **Delivery Plan** | | | | |
|  | The delivery plan was noted. | | | | |
| **Item 6** | **Risk Register** | | | | |
|  | The risk register was noted.  - Mitigating actions in relation to Risk 9 were noted.  - EN asked if impending strikes by NHS staff should be reflected as a separate risk as they were unlikely to be a one-off. Pressures will be acute on those particular days. HD explained that organisations had business continuity plans (BCP) and needed to be aware of what to look for. In terms of mental health, services needed to be all over the crisis lines, focusing on what may go wrong.  - CO’N asked whether the cost-of-living crisis should be recorded as a separate risk on the risk register as it might increase domestic abuse and mental health challenges.  - TC said the cost-of-living crisis was impacting on the whole system and impacts on all organisations in different ways. It could be challenging to provide mitigations to deal with the risk. CO’N said they were working with IDAS and that all staff needed to be aware of safeguarding issues families may be facing when they visited in relation to potentially other matters.  CJK suggested contacting Janine Tranmer in relation to mitigations (Arctic. Ensure) communications, some of the contingency plans.  - TH added that the Seasonal Health group communicates safeguarding issues arising from the cost-of-living crisis.  **Action**   * AR to add 2 new risks and mitigating actions to the risk register in relation to nursing strike action and to safeguarding issues arising from the cost-of-living crisis. | | | | |
| **Item 7** | **Urgent Verbal Updates from Partners** | | | | |
|  | **NYP**:  FW noted that a post inspection review by HMICFRS was currently taking place and MW would update the Executive in February or the Board in March when the report was available. | | | | |
| **Item 8** | **TEWV CQC Inspection Report Update** | | | | |
|  | TC welcomed BK and EM to the meeting.  **Key points:**  - BK explained that the Trust had been under significant pressure with an increased volume and complexity of issues of people who come through their services. One area of focus was around how TEWV respond to people with autism and complex needs.  - The Trust had been under a lot of scrutiny over the last 3 years and had undergone reorganisation in response through the creation of 2 care groups: North Yorkshire, York and Selby and Durham, Tees and Forensics.  - The Trust increased clinical leadership within their structure by over a third.  - The bed base was under a lot of pressure due to the demand for in-patient care; some pressures were in relation to flow with difficulties around discharge and sourcing community placements, particularly for people with learning disabilities and autism.  - Children and Adult Mental Health Services (CAMHS) were also a pressure, particularly in terms diagnosis for autism and ADHD.  - The Trust had embarked on a programme of change called ‘Journey to change’ and were at the planning process stage, with a focus on quality and safety.  - EM explained that the Trust required improvement overall. Core services inspections had taken place since the summer.  - A CAMHS inspection had taken place earlier in the year and the CQC had returned in July over 3 days. The initial CAMHS inspection outcome had been that the services were ‘Inadequate’ due to concern around waiting times and lack of staffing and risks to people on waiting lists.  - Recruitment and retention of staff in community teams and rural areas remained an issue, but CQC reinspection changed their grading to ‘Requires Improvement’.  - There were still long waiting lists for neuro-developmental disorders and the CQC had re-rated the core service as ‘Inadequate’. The underlying issues were safe staffing, restrictive practices and incident reporting system.  - In relation to staffing, the Trust started using ‘Safe Care’ to give better daily oversight of staffing as acute trusts previously used. In July, the core service was re-rated to ‘Requires Improvement’.  - The work around safeguarding incident reporting was still to be implemented, so remained inadequate at re-inspection. Patients reported improvements and reduction in restrictive practices. The CQC acknowledged that the culture around restrictive practices had started to turn around.  - Most recently, the CQC inspected provision for people with learning disabilities and autism. There are 2 wards in the Tees Valley and a contract with North Yorkshire. The service had been rated good in 2019, but service had significantly changed since as well as the regulatory guidance.  - The Trust were commissioned to provide 21 beds in those services and were providing care for 11 people with individualised care packages and people in single placements with their own accommodation and 3-5 staff members in long-term segregation, cared for away from other people.  - The CQC challenged whether this model of care was over-restrictive and questioned how people were supported to be socialised. This was a huge area of focus, with continuity of care difficult due to the need to use agency staff, which was not suitable for patients. The Quality Board were working closely with ICB to move people on and 2 discharges were due to take place in Dec/Jan.  - The Trust had commissioned a review from Mersey Care who had observed and talked to staff. Mersey Care had highlighted person-centred care and a comprehensive action plan alongside a significant reduction in restrictive practices. People were still able to have family visits and go on day trips.  - Staff recruitment proved difficult, and the provision would move to one site in the New Year.  **Comments:**  - BK said that support from SPe and CJK would be welcome and he invited people to come and visit the units.  - TC thanked BK and EM for their openness and honesty. There were many positive actions already taken and there was much work in progress.  - SPe acknowledged the level of scrutiny the Trust have been under and that the NHS were supporting where they could. SPe have been working very closely with HD in relation to SG. LD and MH units – one NY resident’s needs are particularly complex and the Trust are supporting to find a placement. Willingness to work with them was great.  **Action**:   * Add TEWV update to work programme for June 2023 meeting. * BK/EM to share the presentation with the SAB following the meeting. | | | | |
| **Item 9** | **REACH Project Update** | | | | |
|  | TC welcomed EC and DA to the meeting.  The presentation was noted and EC highlighted the following:  - Numbers of rough sleepers had increased in context for homelessness in Scarborough.  - During Covid-19, everyone was provided with accommodation, and it gave people a taste of what it could be like. 89% didn’t return to rough sleeping. 705 homeless households (statutory homeless households). Net backlog of 271 homeless households.  - Decrease in private landlords due to changes in legislation – energy standard was a big barrier for some landlords and also for those who were renting out their 2nd properties.  - The ‘Everyone In’ programme resulted in 45 people being temporarily accommodated over the course of Covid-19 lockdowns.  - Additional cost to Scarborough Borough Council (SBC): £1 million.  **REACH project update**:   * There had been some staffing changes with a 1-year fixed post for a Domestic Abuse support worker to support victims and perpetrators who had not accepted IDAS support, a dual diagnosis worker and a mental health worker. * People had really enjoyed the Healthy relationships work and found it helpful. They had also worked on assertiveness and communication. * The team assessed people with local connection to Scarborough, using the multi disadvantage index. * The information was collated from SBC, NYP, and any other service the person was open to. * Outcomes: 20 individuals had been accepted since 2021 and 64 had been assessed.   **Comments:**   * TC noted that the REACH project was evidently successful and asked how we could explore this project being expanded / replicated beyond Scarborough. * DA explained that there was the Safe project in Harrogate and another similar project in York, but the work of REACH should be promoted and shared across the County, particularly from 1st April. * CJK suggested that Adult Social Care become a partner and DA explained he was in discussions with the Service Manager for Scarborough. * CO’N highlighted the role of volunteering in people’s wellbeing. Some of the evaluations will be helpful to show how the project’s work can be cost effective and ultimately save money. * FW asked where the funding for the IDAS post came from. DA said it had come from the ICB. * TH asked how NYFRS can refer people in. DA confirmed that he and EC would be good points of contact initially. | | | | |
| **Item 10** | **Quality Pathway Update / Standards & Outcomes Framework** | | | | |
|  | TC welcomed HB and JTo to the meeting.  The presentation was noted and HB highlighted the following:  - The previous Approved Provider Lists (APLs) had come to an end in Oct 22 and 4 new lists had come into effect on 1/11/22 with a new APL for supported living services to better define the Council’s expectations of providers.  - All lists had new service specifications with an enablement/reablement focus throughout as well as a focus on Technology Enable Care (TEC) to support independence.  - The Standards and Outcomes Framework had been introduced as the Council had not been explicit with providers about these previously, so these were now part of the contract.  - The standards were divided into 5 domains and 16 standards; the outcomes were based on Think Local Act Personal (TLAP) Making It Real ‘I’ and ‘We’ Statements, which had been co-produced to provide personalised care and support.  - The Framework also included links to national guidance and good practice to support providers.  JTo highlighted the following:  - PAMMS was an online system to assess and manage standards and outcomes through the gathering of data and intelligence.  - An Integrated Quality Assurance and Improvement Team Pilot was under way and focused on celebrating and sharing good practice and successes.  - The provider failure and service interruption process was being developed.  - The team were working on a regional peer review group.  - From January 2023, a dashboard, information hub, pathway to outstanding, obtaining feedback from people/staff and friends and relatives and a capacity tracker would be developed.  - The Quality Pathway provided a detailed support offer to providers with 3 levels of support.  - A PAMMS Provider Risk Profile was produced weekly for each provider and provided an overview of where the provider sat within the market.  - PAMMS tools and resources were available to support the market.  - PERSON approach to profession visits: a crib sheet had been replaced with a digital form developed with the ICPs and representatives from Safeguarding and City of York Council.  - TC thanked JTo and HB for the update and congratulated them on behalf of the Board on the significant amount of progress made since their last visit. | | | | |
| **Item 11** | **Trading Standards Update** | | | | |
|  | Due to shortage of time, it was agreed that the Trading Standards update would be presented at the meeting to be held in March 2023.  **Action**:   * Add Trading Standards update to the work programme for March meeting. | | | | |
| **Item 12** | **NEY Military Health Safeguarding Meetings** | | | | |
|  | The paper was noted.   * It was recognised that SAB regularly engaged with military colleagues in the county and that this was important in view of the large military presence in the sub-region. * Noted that NYCC provided an annual safeguarding conference for the Ministry of Defence in North Yorkshire. | | | | |
| **Item 13** | **LeDeR Report** | | | | |
|  | The report was noted. | | | | |
| **Item 14** | **Unplanned Care Home Closure Action Plan** | | | | |
|  | TC welcomed RB to the meeting.  The action plan was noted and RB highlighted the following:  - This paper was a working version of the plan and a public facing version was available on the NYSAB website.  - This action plan stemmed from the closure of 3 care homes in the Scarborough / Whitby area in 2020.  - A Task and Finish group had been convened and all actions had now been completed. Some were still amber, but other work was taking place to mitigate.  - One action was rated red as linked to where records were stored for business as usual.  - The action plan would be reviewed whenever a care home closed and would not be signed off until there were no further closures.  - Best quality was promoted across the care sector.  - A Lessons Learned Summit would be scheduled for spring, and the SAB would then be updated via the Learning and Review Group report to the Executive.  - RB suggested a six-monthly update to the Board would be helpful as further closures were expected.  **Action:**   * Add a further update to the work programme for the June and December 2023 Board meetings.   RB thanked JS for his work whilst in this role and noted that he would be missed and wished him well in his next role. | | | | |
| **Item 15** | **Any other business** | | | | |
|  | **-** The review of the SAB’s Terms of Reference will be carried forward to March 2023.  **Action:**   * Add a review of the SAB’s Terms of Reference to the work programme for the March 2023 Board meeting. | | | | |

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| **Calendar of Meetings** | |
|  | * Wednesday 22 March 2023, 2.00pm, MS Teams * Wednesday 21 June 2023, 2.00pm, MS Teams * Wednesday 27 September 2023, Time tbc, face to face * Wednesday 20 December 2023, 2.00pm, MS Teams * Wednesday 21 March 2024, 2.00pm, MS Teams |