

NHS NORTH YORKSHIRE AND YORK CLUSTER

Minutes of the Meeting of NHS North Yorkshire and York Cluster Board held on 26 March 2013 at St Michael's Hospice, Harrogate

Present

Mr Kevin McAleese CBE (Chair)	Chairman
Mrs Elizabeth Burnley CBE	Non Executive Director
Mrs Janet Dean	Associate Non Executive Director
Mr Geoffrey Donnelly	Non Executive Director, Vice Chairman
Mr Roy Templeman	Non Executive Director
Mrs Maureen Vevers	Non Executive Director
Mr Christopher Long	Chief Executive
Mr Bill Redlin	Director of Standards
Dr Lincoln Sargeant	Director of Public Health, North Yorkshire
Mr Alan Wittrick	Director of Finance and Contracting

In Attendance

Ms Michèle Saidman	Executive Assistant to the Board and Committees
Ms Tina Smallwood (for item 8)	Director of Human Resources

Nine members of the public were in attendance.

Kevin McAleese welcomed everyone to the final meeting of NHS North Yorkshire Cluster Board.

The following statements were made by members of the public:

1. Lesley Pratt, York Local Involvement Network (LINK) Chair:

Expressed appreciation to the Board members for their work on behalf of York LINK and on a personal level to Kevin McAleese for his support.

2. Rex Negus, Patient

Recognised criticism of the Board over the years but "on behalf of the silent majority" expressed appreciation for the level of patient care experienced in North Yorkshire and York.

3. Councillor Jim Clark, Chair of North Yorkshire County Council Health Overview and Scrutiny Committee (OSC):

Welcomed the comments in the Chairman's Report and referred to the robust challenge between the OSC and the PCT but expressed appreciation of the good working relationship. He also commended the work to achieve the

forecast reduced financial deficit and noted that the OSC was building good relationships with the CCGs.

In response to clarification sought by Kevin McAleese Jim Clark confirmed that the report on the Friarage Hospital, Northallerton, had been submitted to the Secretary of State on 22 December but that no response had been received to date.

Kevin McAleese, on behalf of the Board, expressed appreciation of the comments.

1. Apologies

None.

2. Declaration of Members' Interests in Relation to the Business of the Meeting

None.

3. Minutes of the Meeting held on 22 January 2013

The minutes of the meeting of 22 January 2012 were agreed.

The Board:

Approved the minutes.

4. Matters Arising from the Minutes

Craven Locality Assurance Report: Bill Redlin referred to the report which had been circulated to members immediately prior to the last Board meeting. He advised of further work in regard to the contract with Airedale, Craven and Wharfedale CCG, noted their involvement in the Corporate Handover and representation at the recent Quality Summit, and confirmed that he was not aware of any further issues.

Chief Executive's Report: Chris Long clarified the CCG levels of support following the authorisation process: light touch conditions included absence of a secondary care doctor and would be removed following such an appointment; Directions, as imposed on Scarborough and Ryedale and Vale of York CCGs, were statutory instructions in response to a greater level of concern and would be subject to shared decision making with the NHS Commissioning Board Area Team. Chris Long advised that the CCGs would be supported to remove the Directions by the end of Quarter 3 at the latest. He also noted that Airedale, Craven and Wharfedale CCG had been authorised with Level 2 conditions.

Harrogate and District CCG contract with Harrogate and District NHS Foundation Trust: Kevin McAleese reported that he had been advised that this contract had not yet been signed but agreement was close. He also noted that none of the CCGs had signed final 2013/14 contracts to date.

Minutes of Local Safeguarding Children Boards: Kevin McAleese noted that these minutes were available on the Safeguarding websites but requested their inclusion with the PCT minutes.

The Board:

1. Noted the updates
2. Requested the minutes of the Local Safeguarding Children Boards be included with the minutes.

5. Chairman's Report

Kevin McAleese referred to his report which focused on expressing appreciation to a wide range of people and organisations who had worked with the PCT since its establishment in 2006. Chairman's Action on 22 March had fulfilled requirements relating to final Legal Transfer Handover and Closedown documents and would be discussed at item 8 on the agenda.

The Board:

Noted the Chairman's Report and Chairman's Action.

6. Chief Executive's Report

Chris Long referred to his report highlighting the complexity of the transition due to the multiple destinations for the PCT's functions and the intention of the changes to reduce management costs which in turn brought loss of organisational memory. Transition teams had been established for NHS patches to ensure that all responsibilities transferring to the Secretary of State and those which had not yet had their destination determined were covered. Bill Redlin was leading a small team for; the North of England; Tina Smallwood was also a member of this team.

Kevin McAleese noted the challenge for members of the public to identify appropriate contact which had previous been via the PCT's Patient Advice and Liaison Team.

Chris Long paid tribute to the PCT's staff for their work through the challenge of the transition and to the CCGs for their accelerated progress. He also expressed personal thanks to Alan Wittrick for his work to reduce the deficit.

In regard to the financial position, Chris Long reported that the current forecast deficit was £12M, against the £19M deficit plan, and work was ongoing to reduce this further. He clarified the apportionment of the deficit to the CCGs and the NHS Commissioning Board noting that, whilst the historic

challenges in the healthcare system required addressing, there was the potential for recurrent balance after 2013/14; the money being spent non recurrently to repay the debt would become available for investment in 2014/15. Chris Long additionally clarified that separate arrangements had been made in regard to the Craven Locality share of the deficit: this had been bought out by NHS Leeds.

Members discussed in detail historical issues of the North Yorkshire and York health and social care economy, including in the context of the recommendations of the North Yorkshire and York Reviews, and the need to maintain the positive health outcomes within the resources available, which was becoming increasingly challenging. In response to concerns raised about sustainability, Chris Long advised on robust contracting by the CCGs with providers and potential for key performance indicators in contracts as thresholds for payment, but also noted potential risks in this system change which would require acute trusts and Foundation Trusts to reduce their cost bases. The need for the health economy to work together to achieve system change was emphasised. .

In terms of strategic planning, Chris Long noted that the CCGs were developing locally based plans but highlighted positive discussions with the Local Authorities in regard to integration of health and community social care. The CCGs' strategic planning would be informed by the work emanating from the North Yorkshire and York Reviews but based around the needs of local communities.

In view of the fragmentation of the PCT's responsibilities, members expressed further concerns in relation to the ageing population, dementia, impact on older people's care and Complex Case Panels. Chris Long noted that North Yorkshire and York was the only area in the country where the CCGs were explicitly inheriting the 2012/13 repayment of overspend.

The Board:

Noted the Chief Executive's Report.

7. Commissioner Core Performance Dashboard

In introducing this item Kevin McAleese noted attendance at the meeting of Vince Larvin and Helen Hugill from the Yorkshire Ambulance Service and Amanda Stanford from York Teaching Hospital NHS Foundation Trust.

Performance

Bill Redlin presented the Commissioner Core Performance Dashboard as at March 2013 which comprised information under sections: Summary Assessment, Performance and Quality Indicators, Financial Performance, QIPP and Corporate Performance. He noted that the full year information was not yet available but would be published in the Annual Report for 2012/13.

Bill Redlin highlighted exceptions:

- Eight minute Ambulance Red 1 and Red 2 response times (rated Red and Amber respectively): Despite a number of initiatives which had led to improved performance, the 75% indicator had not been achieved. The CCGs were working with Yorkshire Ambulance Service (YAS) on their local issues. Vince Larvin reported on negotiations with the PCT in recognition of underfunding of YAS and agreement, through provision of additional funding, of a 71.2% target for the current year against which achievement was reported at 71.5%. He also advised that a combined Red 1 and Red 2 target had been negotiated and noted that YAS had worked with the PCT to reduce demand; performance as per 2011/12 had been achieved.
- 62 day cancer performance (Amber): This related to seven patients in the reported month, one of whom had experienced delay at Sheffield Teaching Hospitals NHS Foundation Trust.
- Episodes of crisis resolution/home treatment care (Red): This appeared to be due to failure of expected delivery by Leeds and York Partnership NHS Foundation Trust. The CCGs were addressing the associated issues.
- Emergency admissions for acute conditions that should not usually require hospital admission (Red): This was a new target which the CCGs were working on, though the main issue was currently in the York area. Chris Long noted that this would be addressed through Commissioning for Quality and Innovation.
- Patients waiting 52 weeks or more for treatment from referral by their GP or other healthcare professional (Red): Ongoing issues were mainly at York Teaching Hospital NHS Foundation Trust, with a small number at South Tees Hospitals NHS Foundation Trust. At the former the main issue was capacity in general surgery.
- Percentage of patients who wait no longer than four hours at A&E from arrival to discharge or admission (Amber): This related in particular to York and Scarborough Hospitals where 95% had not been delivered and was a reflection of the pressures on the acute sector, a national issue. Chris Long additionally notified the Board that he had received initial notification earlier in the day of two breaches of 12 hour trolley waits in Scarborough; root cause analysis was being undertaken. Members noted the ongoing issues for the acute trusts in terms of demands emanating from A&E and unscheduled admissions and the associated challenges for the CCGs.
- Never Event (Red): A Serious Incident had been declared and was being fully investigated.

Members sought and received clarification on the Summary of Performance section and in respect of mental health indicators.

Finance

Alan Wittrick referred to the movement between forecast 2012/13 outturn as at Month 10 and Month 11 noting the winter pressures funding and separate specific allocations and confirming that the information was based on robust data. He highlighted differing forecasts by York Teaching Hospital NHS Foundation Trust and Scarborough and North East Yorkshire NHS Healthcare Trust but advised that the information presented was based on the CCGs' forecast year end position. Pressure in financial terms related to the fact that non elective emergency activity was paid at 30% of the cost whilst elective activity was paid at 100%. The main area of concern for commissioned services was York Teaching Hospital NHS Foundation Trust.

In terms of Other NHS Contracts Alan Wittrick noted increases at County Durham and Darlington NHS Foundation Trust and Newcastle upon Tyne Hospitals NHS Foundation Trust, mainly due to specialist commissioning, and also at private providers.

The £76M forecast for Continuing Care took account of both ongoing continuing care and retrospective claims. The four North Yorkshire and York CCGs were operating a risk share arrangement in regard to this budget.

Alan Wittrick expressed the view that £12M deficit would be achieved, subject to the final information relating to 2012/13 and the audit process. Members congratulated Alan Wittrick and the Finance Team on this progress.

In regard to the Capital Programme Alan Wittrick reported that slippage at the year end would be below allocation, mainly due to delays in transferring buildings and assets to other bodies. The majority of projects would transfer to NHS Property Services Limited on 1 April 2013 and existing commitments would be honoured.

All invoices would be settled at year end and there were no cash flow issues.

In response to assurance being sought by Geoffrey Donnelly, Audit Committee Chair, about aged debtors and creditors, Alan Wittrick reported on negotiations with Harrogate and District NHS Foundation Trust and South Tees Hospitals NHS Foundation Trust which would clear many of the issues. He additionally advised that he had done detailed analysis of all debt and that write off had taken place where appropriate. The main outstanding disputes were with public sector bodies.

In referring to the summary of QIPP analysis, which showed a year to date deficit of £21M, Alan Wittrick highlighted the need for system change across the health and social care economy and the inter dependence of commissioners and providers. Chris Long referred to the need to learn from established practice with particular reference to incorporation of standards in contracts.

Members expressed appreciation of the development of the Dashboard over the years to enable comprehensive discussion of performance and available resources. Bill Redlin advised that the CCGs were developing similar principles.

In concluding this item Kevin McAleese commended the continuing decrease in staff sickness through the uncertainty of the transition.

The Board:

1. Accepted the Commissioner Core Performance Dashboard.
2. Congratulated Alan Wittrick and the Finance Team on reducing the planned deficit from £19M to £12M.
3. Expressed appreciation to Bill Redlin and his team on the quality of the Dashboard.
4. Commended the comparatively low levels of staff sickness.

8. Transition and Closedown Report

Tina Smallwood attended for this item

Kevin McAleese explained the process in terms of the Chairman's Action meeting held on 22 March, attended by himself, Elizabeth Burnley, Maureen Vevers, Bill Redlin and Tina Smallwood. Detailed discussion had taken place on the property and staff transfer documents; notes of this meeting were tabled.

8.1 Corporate Handover Document

Members sought and received clarification on aspects of the document. Following confirmation by Bill Redlin that an amended version could be submitted, members agreed a number of amendments and corrections.

8.2 Quality Handover Document

This document was noted as a position at a point in time.

8.3 Transfer of Statutory Functions

Chris Long advised that work was ongoing with the Department of Health in respect of functions. Members expressed concern of potential risk of areas that had not been identified for transfer within the transition process.

8.4 Draft Transfer Schemes: Property Assets and Liabilities

This had been discussed in detail at the Chairman's Action meeting when members had been made aware that some property, equipment and IT had not transferred to providers under Transforming Community Services and consequently remained on the PCT's balance sheet. Bill Redlin clarified that

NHS Property Services Limited would assume responsibility for maintenance contracts of properties that were transferring to them.

8.5 Sender Authorisation Process

Bill Redlin advised that, following the Chairman's Action meeting on 22 March, Annex 4 - record what Senders and Receivers have agreed - had been submitted to the Department of Health as required.

8.6 Staff Transfer Schemes and People Tracker

Tina Smallwood had gone through the People Tracker in detail at the Chairman's Action meeting on 22 March. The final position of unplaced staff would be presented at the Remuneration Committee following the Board meeting.

Tina Smallwood commended the resilience of staff through the unsettling period of the transition. She noted that the majority had been placed but there were a few who were not transferring to one of the new organisations.

8.7 Board Assurance Framework

The Board Assurance Framework identified key risks and action plans where these were in place. This had been discussed with the CCG Audit Committee Chairs and Governance Leads at a workshop in August 2012.

8.8 Corporate Risk Register

The Corporate Risk Register provided the narrative of identified risk.

Feedback from the Chairman's Action Meeting on 22 March

Maureen Vevers highlighted the complexity and level of detail associated with the transfer documents and commended the work involved in their development. She had felt reassured by the discussion and noted that the receiving organisations would be required to take action as appropriate. In terms of risk Maureen Vevers expressed greater confidence with areas being transferred to the CCGs, Foundation Trusts and GPs than to the Area Team and Public Health Organisations as there was more clarity.

Elizabeth Burnley supported this view noting also assurance in terms of the internal processes which had achieved the level of detail provided but expressing a level of concern at the complexity and unresolved areas. In regard to the staff transfer and People Tracker she expressed appreciation to the HR Team for their work and assurance through the transition.

Kevin McAleese thanked Bill Redlin and his team for their work on this complex process noting the fundamental reorganisation of the NHS.

The Board:

1. Noted the update on the Chairman's Action meeting held on 22 March 2013.
2. Noted the [draft] Generic Provisions of the Health and Social Care Act 2012 North Yorkshire and York Primary Care Trust Transfer Scheme 2013 (Item 8.5) [and further noted that these may be subject to change by the Secretary of State before 1 April 2013].
3. Resolved that it was satisfied that North Yorkshire and York Primary Care Trust (PCT):
 - 3.1 had carried out due diligence to identify all property, rights and liabilities that would be held by the PCT as at 31 March 2013;3.2 had used all reasonable endeavours to identify all PCT property, rights and liabilities and had, based on the function to which such property, rights and/or liabilities were currently deployed, notified the Secretary of State of the most appropriate permitted receiver in the new post 1 April 2013 North Yorkshire and York health and social care system architecture;
 - 3.3 had reviewed and agreed the draft Transfer Scheme against the information supplied by the PCT to the Secretary of State and had provided all corrections, amendments and additions as were reasonably required to ensure that the PCT's property, rights and/or liabilities transfer to the most appropriate permitted receiver in the new post 1 April 2013 North Yorkshire and York health and social care system architecture;
4. Acknowledged and ratified that Annex 4 was signed [on 22 March 2013] by a duly authorised officer of North Yorkshire and York Primary Care Trust to formally approve the [draft] Transfer Scheme for North Yorkshire and York Primary Care Trust [read in conjunction with the amendment submitted [DATE]].
5. Acknowledged and ratified that the staff transfer scheme and people tracker was approved through Chairman's action on 22 March 2013.
6. Approved the Corporate Handover Document subject to the agreed amendments.
7. Approved the Quality Handover Document.
8. Approved the Board Assurance Framework and Risk Register.
9. **Minutes of Board Committees**

The Board:

Received the following minutes, noting the additional information detailed below:

- a. Audit Committee held on 4 March 2013: Geoffrey Donnelly informed the Board that the Audit Committee members had agreed to be available for up to three days worth of work until sign off of the PCT accounts. He also highlighted and provided further clarification on the Key Messages to the Board.
- b. Hambleton, Richmondshire and Whitby Clinical Commissioning Group held on 20 December 2012 and 24 January 2013.
- c. Harrogate and Rural District Clinical Commissioning Group held on 20 December 2012 and 7 February 2013.
- d. Scarborough and Ryedale Clinical Commissioning Group held on 19 December 2012 and 23 January 2013.
- e. Vale of York Clinical Commissioning Group held on 6 December 2012 and 7 February 2013.

10. Any Other Business

Bill Redlin confirmed that the transfer of Hambleton and Richmondshire Specialist Children's Service and Community Paediatric Service to Harrogate and District NHS Foundation Trust had been successfully completed on 1 March 2013.

Kevin McAleese finally reiterated appreciation to everyone who had attended Board meetings over the years - members of the public, Board members and staff.

11. Exclusion of the Public

The Board moved into private session in accordance with Exclusion of Public and Press under Section 1(2) of the Public Bodies Admission to Meetings Act 1960 because of the confidential nature of the business transacted.



Minutes of the North Yorkshire Safeguarding Children Board

The Civic Centre, Northallerton

17 December 2012

<p>Present:</p>	<p>Nancy Palmer (NP) – Independent Chair Dr Kate Ward (KW) – Designated Consultant Paediatrician and Vice Chair Cynthia Welbourn (CW) – Corporate Director, CYPS Dallas Frank (DF) – Interim Safeguarding Board Manager, NYSCB Alan Critchlow (AC) – Principal Education Social Worker, CYPS Lesley Ingleson (LI) – Head of Youth Justice Judith Hay (JH) – Assistant Director, Children’s Social Care, CYPS Sue Barker (SB) – Interim Head of Safeguarding, Children’s Social Care, CYPS Hilary Irving (HI) – Legal Manager, People Services, NYCC William Shaw (WS) – Childline Schools Manager, NSPCC Joanne Atkin (JA) – Area Manager (Public Protection), York & NY Probation Trust Carrie Wollerton (CaW) – Assistant Director of Quality, Governance & Assurance, NHS North Yorkshire and York Elaine Wyllie (EW) – Designated Nurse (Safeguarding Children), North Yorkshire and York Jo Harding (JoH) – Lead Nurse, Hambleton/Richmondshire/Whitby CCG Janet Reeve (JR) – Welfare Support Officer (North), Army Welfare Service (representing Peter Stableford) Simon Mason (SM) – Head of Specialist Crime, NY Police Bob Curry (BC) – Service Development Manager, North Yorkshire & York Forum Sally Anderson (SA) – Policy Officer, Safeguarding Adults (representing Anne Marie Lubanski) Haydn Rees Jones (HRJ) – NYSCB Policy Officer Barbara Hartley (BH) – Lay Member Jacqueline Igoe (JI) – Lay Member Dee Dutton (DD) – NYSCB Administrator (taking Minutes)</p>
<p>Apologies:</p>	<p>Dr Phil Kirby (PK) – Associate Director of Public Health, NYYPCT Peter Stableford (PS) – Welfare Support Officer, Army Welfare Service Cllr Tony Hall (TH) – Lead Executive Member for Children’s Services Anne Marie Lubanski (AL) – Assistant Director, Adult Social Care Operations Marc Mason (MM) – Strategic Development and Commissioning Manager, CYPS DCI Nigel Costello (NC) – Protecting Vulnerable People Unit, NY Police Margaret Harvey (MH) – Service Manager, Cafcass (North Yorkshire and York) Hilary Jones (HJ) – Strategic Director, Scarborough Borough Council</p>

		For note or action by
1	INTRODUCTION	
	Nancy Palmer welcomed everyone to the meeting. Members introduced themselves, noting the meeting was quorate (CYPS, Health, Probation, Police present).	
2	APOLOGIES	
	Apologies were presented.	
3	REPORTS ON SERIOUS INCIDENT re “DAVID”	
	NP advised that it had been agreed Executive members would have the opportunity to make comments on the draft report written by Jane Booth. This had not happened and therefore Board members were asked to destroy the report they had been sent, as this may be further amended. JB will be asked to attend a future meeting of the Board to present her final report.	
4	TODAY’S AGENDA	
	NP stated that the Board Agendas had recently been very lengthy. Today’s Agenda had not permitted all the required items to be discussed and some of the items presented as ‘for information’ items did in fact require discussion. It was therefore proposed to slot in an additional Board meeting on Monday 18 February 2013 which will allow the Board to take forward some ‘for information’ items from today’s Agenda and also other items that should have been on today’s Agenda.	All
5	BOARD DEVELOPMENT DAY	
	NP referred to the invitations to Board members to attend the Board Development Day on Monday 7 January 2013 and commented that not many responses had been received. NP urged Board members to try to attend as this will be a very important meeting with guest speakers from Lancashire Police who will talk about the joint pan-Lancashire approach to Child Sexual Exploitation.	All
6	DIRECTOR OF CHILDREN AND YOUNG PEOPLE’S SERVICE	
	NP said she wished to recognise the vast contribution made by CW to the work of the LSCB and wished her a very long and happy retirement. NP then handed over to KW, as the longest serving Board member. KW stated that our work is not easy, it is very challenging and traumatic at times and can cause controversy and conflict. She said that it requires a very special person to cope with these situations. KW expressed a big thank you to CW for her commitment and hard work over the years and wished her all the very best in future.	

		For note or action by
	CW responded by saying that our work never stops and the LSCB should always be a good, trusting, confident place in which partners have real respect for one another and what we all do. She added that the North Yorkshire LSCB will always be a good Board and the agenda will help the Board to fulfil its potential.	
7	MINUTES OF PREVIOUS MEETING – 24 SEPTEMBER 2012	
	The Minutes were accepted as an accurate record.	
8	MATTERS ARISING	
	As already mentioned, not all items that should have been on the Agenda, which were referred to at the last Board, have in fact been itemised as it has been necessary to prioritise from the lengthy number of items.	
	<p>NY Police Child Sexual Exploitation Information sharing Guidance and Report:</p> <p>SM reported that this has been taken forward. There are two further documents that have been produced in parallel to this and these will be shared with Board members before the end of the week. In addition, the Police have a strategy around vulnerable young people which will also be shared. This will be launched at a seminar in January.</p> <p>SB stated that this has been presented to the Adult Safeguarding Board and a further report is being produced to allow the Board to take this forward.</p>	SM
	<p>Section 11 Audit:</p> <p>DF reported that the peer challenge day had been held earlier this month and a report will be presented to the February Board meeting. EW assured members that Health have now supplied information for the first two quarters around attendances and admissions for children due to unintentional injury. This needs to be incorporated into the LSCB's dataset.</p>	LSCB 18.02.12
	<p>Army Foundation College at Harrogate</p> <p>NP reported that a meeting had taken place at the Army Foundation College and the response was not very receptive to changes in their Procedures. The LSCB will continue to work with them.</p>	
9	LSCB MANAGER'S REPORT	
	DF presented her report and referred to the attachments that were provided for members' information.	

		For note or action by
	<p>EW asked if reports from the Locality Forums would be incorporated into the Manager’s report or be separate reports. DF replied that the LSCB would wish to see reports that identify general issues. CW thought the important thing is to have clarity on what the Locality Forums report on. The Executive Group will ensure they work to a Work Plan provided by the LSCB. It was agreed that the reports will be a separate agenda item.</p> <p>SM asked if there would be a possibility of providing extra training for the Police if they identified any emerging issues. NP reassured SM that the Training Programme is only a core list of training and any additional training could be catered for if the eventuality arose.</p> <p>EW enquired whether a report from the SCR re Mark and Jane would be published. NP replied that we have to publish a Learning Lessons report. DF is currently looking at how to disseminate learning from SCRs and clarity around when it is acceptable to share this with colleagues. The Police will take the lead on ABEG training and SB will continue to liaise with the Police on this training provision to ensure that Social Workers receive this training.</p> <p>LI asked if the training for IMR report writing would go ahead. Following discussion, it was considered that the January training should be cancelled and that this would be rearranged if a Serious Case Review is started and then the LSCB would offer training to the IMR report writers. The resources will instead be used to train staff on the new methodology.</p>	DF
10	OFSTED FEEDBACK	
	<p>CW reported that North Yorkshire had been one of the first six Authorities to be inspected under the new framework. The Local Authority had carried out a self-evaluation prior to the Inspection and was graded as “Adequate” across the board. There were some issues around the Safeguarding Board itself, of which we were already aware.</p> <p>There have been fourteen inspections published so far, of which only one has received a “Good”, there have been 7/8 “Adequate” and 5/6 failed.</p> <p>One recommendation that the LSCB must make progress on within three months is around ensuring that as a Safeguarding Board we have a robust understanding of multi agency child protection processes in order to challenge and drive ongoing improvements.</p> <p>The Inspectors had found a lot of positive work with partners and had not found anything that was considered unsafe. One of the big challenges is to achieve consistency.</p>	

		For note or action by
	<p>CW referred to the Post Inspection Action Plan and explained that some sections are clear about the milestones and reporting processes and others are not as clear. It is possible that the Inspectors could return as early as next year. CW referred to Ofsted recommendation number 5 for the LSCB. NP pointed out that when the Board meets on 18 February, the deadlines will have passed for some of the required work.</p> <p>CW thanked everyone who had contributed to the Inspection, including colleagues from Health and the Police, and particularly Dr Kate Ward.</p> <p>KW pointed out that we need to be smart about data and outcomes, together with audit and challenge in order to be able to evidence what has been done. NP emphasised that Board members need to reaffirm commitment to multi agency audits.</p> <p>DF advised that CaW has written to colleagues asking for nominations to sit on the Multi Agency Audit Group and to undertake an audit at the end of January. NP asked colleagues to respond to this request and also to the letter regarding the Board Development Day.</p>	<p>All</p> <p>All</p>
11	<p>WORKFORCE DEVELOPMENT GROUP (Penny Yeadon, Head of HR – CYPS, attended for this item)</p>	
	<p>PY presented her report and explained that she has been carrying out some work with DF to look at refreshing the strategy and giving it more momentum. She referred to the current arrangements with the Training Sub Group operating as a strategic group, whose objectives are to oversee the planning, coordination and review of multi agency training offered by the LSCB. The Trainers Task Group is responsible for commissioning delivery and evaluation of the inter agency safeguarding training strategy.</p> <p>The proposals for future arrangements are that the Training Sub Group is renamed the Workforce Development Strategic Group, to be made up of nominated representatives from partners, with appropriate seniority, to influence the development and implementation across partners of a LSCB workforce strategy.</p> <p>As part of the overall review, HR will be reviewing the job description and person specification of the Training and Development Officer, and also considering line management arrangements.</p> <p>BC referred to trainers needing to be aware of the ‘Prevent’ agenda. He would like this to be coordinated with work in the voluntary sector so that smaller groups are able to access training. BC will let DD have nominations for training.</p>	<p>PY</p> <p>BC/DD</p>

		For note or action by
	PY asked Board members to agree the proposals as detailed in the report. The recommendations were all accepted and PY was asked to take this forward with colleagues. PY plans to start rolling this out from 1 April 2013 and will bring an update to the LSCB in March.	LSCB 25.03.13
12	PERFORMANCE REPORT: CHILD PROTECTION ARRANGEMENTS	
	<p>JH presented the report and referred to the number of referrals, which Children's Social Care is not able to control. These are steadily climbing (there was a 10% increase between April and July) and to deal with this the Social Worker capacity has been increased by three. Timeliness has improved and is now consistent embedded practice. There has been significant improvement in completed core assessments within 35 working days. The proportion of re-registrations was above our statistical neighbours. The number of Looked After Children is very slightly coming down, whereas other Authorities are reporting that their numbers are increasing.</p> <p>With reference to stability of placements, JH reported good performance in terms of long term arrangements. Health is looking at ways of collecting data more accurately but JH pointed out that this issue has been raised many times. EW advised that they are currently looking at Health workers having limited access to the ICS system so that they can input data direct. JH said that this is now imminent.</p> <p>JH referred to the Team Around the Child (TAC) and advised that numbers are going up which is good as these are not then referred to Children's Social Care. AC reported that a lot of positive work is being carried out by a full range of referring agencies. SA would like to see more dialogue to explain whether the figures are good or bad. JH explained that where no comments are made, this is because it is not an issue. SB added that it would be useful to have more Health information. JH said if any Board members wished to attend one of the TAC meetings they would be very welcome and NP encouraged Board members to contact JH if they would like to do this.</p>	All
13	UPDATE ON HEALTH CHANGES	
	CaW reported that all the CCGs are going through the authorisation process at the moment and this is progressing well. There are 110 indicators that have to be met and initially the number of 'red' indicators was quite high but they are now coming down as these areas of work are addressed. It is expected that all the CCGs will be authorised by 1 April 2013, with some conditions around finance. If any Board members would like to see the reports, they can contact CaW direct. Discussion is currently taking place around the Local Area Teams for Humber and North Yorkshire. A dedicated unit will be set up to commission work around vulnerable people and children. CAMHS commissioning will sit with Children and Maternity Services.	All/CaW

		For note or action by
	<p>CaW was asked to bring a written report to the next Board showing the new structure.</p> <p>SM referred to a NHS Commission for all individuals who come into the Criminal Justice setting. He thought that a colleague from Health should sit on this group and JoH confirmed that this is being considered. KW felt it was important that forensic medicine should have a representative. SM will ensure there is adequate consultation.</p>	<p>CaW</p> <p>SM</p>
14	AUDIT OF STRATEGY MEETINGS / QUALITY ASSURANCE AND AUDIT GROUP	
	<p>CaW has sent a letter to Board members asking them for appropriate nominations for representation on an Audit Group, at a half day meeting to take place in the week commencing 21 January 2013. Following this, there will be a practitioner meeting in the week commencing 11 February 2013. An audit has taken place in the West Locality Forum looking at the number of referrals and strategy meetings. There were issues in relation to the Audit Tool and they have offered to take this piece of work forward. SM said he welcomed this audit and referred to the quality of information given and indicated he would be happy to check that information given by the Police had been recorded. DF will follow up responses to these requests.</p>	<p>All</p> <p>DF</p>
15	PROTECTING DISABLED CHILDREN	
	<p>AC introduced a report which reminded the Board of the decision to undertake further work on safeguarding disabled children following the publication of the Ofsted report 'Protecting Disabled Children: Thematic Inspection' in August 2012.</p> <p>It was agreed that Terms of Reference would be provided for a working group to be chaired by Karl Podmore, Manager of the Disabled Children's Service, NYCC, to be agreed with HRJ. The group's work will include self-assessment to ensure that the LSCB is in a position to assess the quality and impact of partnership working to protect disabled children. Agency nominations should be provided for the group. It will also consider the non-statutory guidance published in 2009 with a view to providing local practice guidance. In addition to the report a LA self-assessment and CYPP highlight report were provided to inform the TOR.</p> <p>It was agreed that a progress update will be included in the Agenda for the March Board meeting and KP will be invited to speak to this.</p>	<p>KP/HRJ</p> <p>LSCB 25.03.13</p>
16	PROPOSAL FOR REPRESENTATION OF NHS ORGANISATIONS ON THE LSCB	
	<p>EW presented the report and confirmed that we are facing an increase in NHS organisations that have a statutory right to sit on the Board. There has been wide consultation with CCG partners.</p>	

		For note or action by
	<p>EW confirmed that if the guidance were to be followed literally, NHS representation on the NY LSCB would comprise eight members and two advisors. This situation would make the LSCB both large and unevenly weighted in terms of representation from the NHS. The LSCB had previously indicated that a total membership of five NHS representatives would be an acceptable number.</p> <p>In the report at section 3, EW lists the proposals for NHS representation. There need to be clear mechanisms for the commissioning organisations who will not be members of the LSCB, in order to fully participate in and contribute to the working of the Board. This will be achieved by the Health Partnership Board continuing to interact with the LSCB.</p> <p>After discussion, it was agreed to accept the proposals for the time being but agreed that this will be kept under review.</p>	
17	REPORT FROM INTERNET SAFETY TASK GROUP	
	<p>WS tabled a paper detailing the work of the group. The group needs to decide what they can tangibly do to take this forward and what can be achieved. The group has met three times, with good representation and good attendance. Tim Pinto, E Safety Manager at Yorkshire and Humberside Grid for Learning, and Cllr Joe Plant, NYCC have agreed to be involved.</p> <p>WS advised that some colleagues are willing to help with training and would like young people to be part of this work. It is planned that the group will complete its work and then close and pass on any remaining work to the Child Sexual Exploitation Group.</p> <p>It was agreed that WS will attend the next LSCB Executive Group to discuss what is required from the Internet Safety Task Group, so that they have a strategic steer.</p>	
18	INCIDENTS OF RESTRAINT IN CUSTODIAL SETTINGS RESULTING IN INJURY	
	<p>LI presented the annual report. There have only been two reported cases, both involving young women. The Youth Justice Team is reliant on reporting from the Units and have written to remind them that all incidents resulting in injury must be reported. LI has again reinforced the message that these incidents have to be monitored. She is of the view that there is nothing further that the Board could do to assist her in gaining this information.</p>	

		For note or action by
19	PAPERS FOR INFORMATION	
	<p>The following papers were presented for information:</p> <ul style="list-style-type: none"> ▪ Minutes of LSCB Executive held on 29 August 2012 ▪ Private Fostering Annual Report – October 2012 ▪ CSC Protocol with Adult Care (Draft) ▪ NHS Adult Safeguarding Risk Domains 	
20	ANY OTHER BUSINESS	
	<p>KW stated that there needs to be a system to ensure that North Yorkshire children subject to a Child Protection Plan are notified to Health on a regular basis to ensure that this information is available should they attend hospital. There has in the past been a difference of opinion between hospitals as to whether they require this information. This is particularly pertinent in Airedale. KW confirmed that she had written to the LSCB some months ago regarding this issue.</p>	
21	DATE OF NEXT MEETING	
	<p>The next meeting will be held on Monday 18 February 2013 at 2.00 pm in Meeting Room 3, Brierley Building at County Hall.</p>	