



Meeting: Health and Wellbeing Board (formal meeting)

Venue: Cedar Court Hotel, Park Parade, Harrogate HG1 5AH (see map)

**Date: Friday 24th May 2019
From 1.00 p.m. to 1.15 p.m.**

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Business

No.	Agenda Item	Action	Page Nos
	FORMAL BUSINESS		
1	Apologies for absence		
2	Minutes of the meeting held on 22 nd March 2019	To approve	6-17
3	Review of actions taken at the last meeting	To report	18
4	Any declarations of interest		

5	<p>Public Questions or Statements</p> <p>Members of the public may ask questions or make statements at this meeting if they have given notice and provided the text of their question or statement to Patrick Duffy of Democratic Services (<i>contact details below</i>) no later than midday on Tuesday 21st May 2019. Each speaker should limit themselves to 3 minutes on any Item.</p>		
6	<p>Proposal for the Multi Agency Safeguarding Arrangements in North Yorkshire – Report of the Corporate Director for Children and Young People’s Services</p>	To note and approve	19-31
7	<p>Other business which the Chair agrees should be considered as a matter of urgency because of special circumstances</p>		

Barry Khan, Assistant Chief Executive (Legal and Democratic Services)
County Hall, Northallerton

15th May 2019

PLEASE NOTE:

At the conclusion of the meeting there will be an event involving Members of the Health and Wellbeing Board. As this is not a formal meeting of the Health and Wellbeing Board Members of the public are not invited.

North Yorkshire Health and Wellbeing Board – Membership

County Councillors (3)		
1	HARRISON, Michael (Chair)	Executive Member for Adult Social Care and Health Integration
2	DICKINSON, Caroline	Executive Member for Public Health and Prevention
3	SANDERSON, Janet	Executive Member for Children and Young People's Services
Elected Member District Council Representative (1)		
4	FOSTER, Richard	Leader, Craven District Council
Local Authority Officers (5)		
5	FLINTON, Richard	North Yorkshire County Council Chief Executive
6	WEBB, Richard	North Yorkshire County Council Corporate Director, Health & Adult Services
7	CARLTON, Stuart	North Yorkshire County Council Corporate Director, Children & Young People's Service
8	WAGGOTT, Janet	Chief Executive of Selby District Council and Assistant Chief Executive, North Yorkshire County Council (Chief Officer, District Council Representative)
9	SARGEANT, Dr Lincoln	North Yorkshire County Council, Director of Public Health
Clinical Commissioning Groups (3)		
10	HIRST, Helen	Accountable Officer, Airedale, Wharfedale & Craven CCG
11	BLOOR, Amanda	Accountable Officer, Hambleton, Richmondshire and Whitby, Harrogate & Rural District and Scarborough & Ryedale CCGs
12	METTAM, Phil	Accountable Officer, Vale of York CCG
Other Members (3)		
13	JONES, Shaun	Interim Director of Delivery, Yorkshire and The Humber (NHS England Representative)
14	BRACKLEY, Chris	Chair of Healthwatch North Yorkshire (Healthwatch Representative)
15	QUINN, Jill	Chief Executive of Dementia Forward (Voluntary Sector Representative)
Co-opted Members (4) – Voting		
16	CROMPTON, John	Chair of YORLMC Ltd (Primary Care Representative) (Subject to formal approval by County Council)
17	MARTIN, Colin	Chief Executive, Tees, Esk & Wear Valleys NHS Foundation Trust (Mental Health Trust Representative)
18	MCARDLE, Siobhan	Chief Executive, South Tees NHS Foundation Trust (Acute Hospital Representative)
19	PIPPIN, Andrew	Sector Commander, Yorkshire Ambulance Service (Emergency Services Representative)
Substitute Members		
	AYRE, Nigel	Healthwatch
	BRAMHALL, Phil	Voluntary Sector
	BROWN, Brendan	Airedale NHS Foundation Trust
	BUTTERWORTH, Lesley	Yorkshire Ambulance Service
	LONERGAN, Naomi	Tees, Esk and Wear Valleys NHS Foundation Trust
	O'NEILL, Nancy	Airedale, Wharfedale & Craven CCG
	TYRER, Sally	YORLMC Ltd
	WARREN, Julie	NHS England NY & Humber Area Team

Notes:

1. The Health and Wellbeing Board is exempt from the requirements as to political balance set out in Sections 15-16, Schedule 1 Local Government Housing Act 1989
2. The Councillor Membership of the Board is nominated by the Leader of the Council. In the event that the number of portfolio holders responsible for health and well related issues increases, the additional portfolio holders will also be a Member of the Board.
3. All members of the Health and Wellbeing Board or any sub committees of the Health and Wellbeing Board are voting Members unless the Council decides otherwise.

Enquiries relating to this Agenda please contact Patrick Duffy Tel: 01609 534546
or e-mail patrick.duffy@northyorks.gov.uk Website: www.northyorks.gov.uk

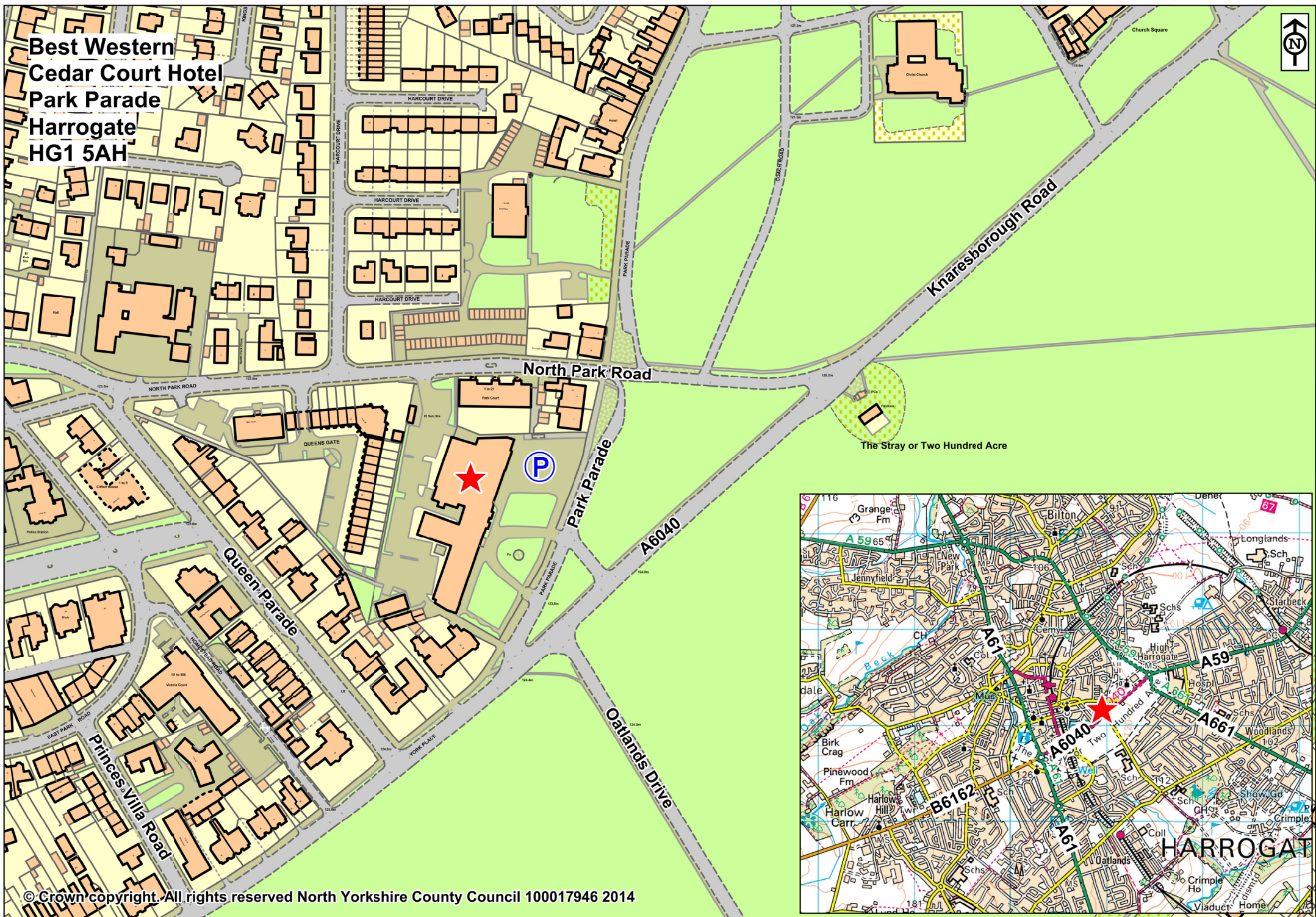


These ground rules are about Team North Yorkshire Health and Wellbeing Board and should apply within and outside of Board meetings. They were adopted by Board members in June 2015.

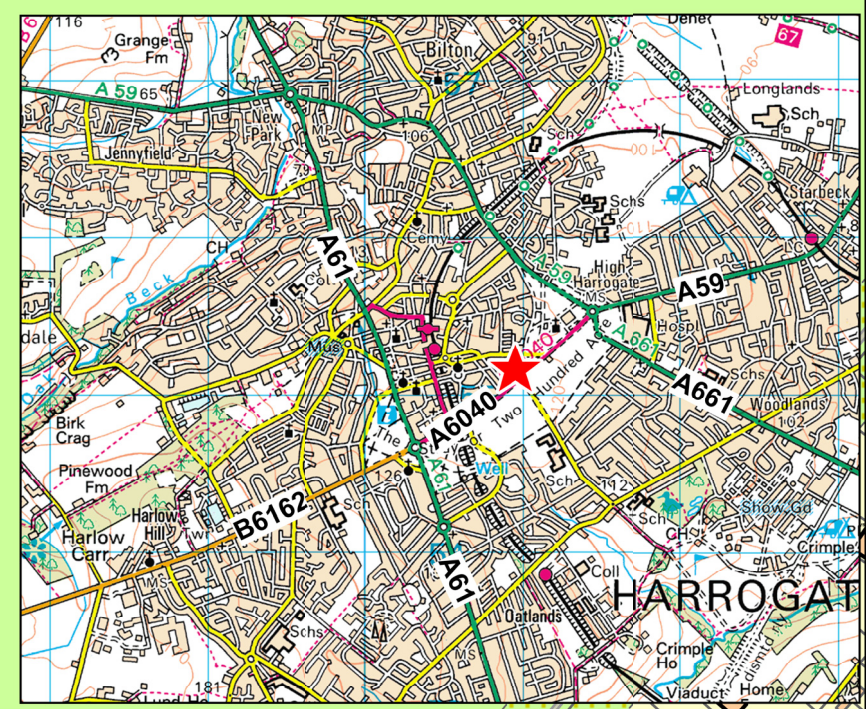
We have made a commitment that when working together we will treat each other with **respect**, with **openness and honesty**. We will make sure that there is **equality – everyone is of equal value in the room**. We will **contribute and take part, committing to listen and ask questions of each other, checking that what we heard is what was intended**. We believe it is **good to be passionate**, and we know that constructive **challenge is helpful in getting us to a better place**. We must **voice disagreement, otherwise silence implies consent** but recognise that this should be done **with respect** to other points of view. **We shouldn't expect the same sort of challenge in the public arena.**

We have a responsibility to model exemplary behaviour, inside and outside of the HWB meetings, as Board members we should **give and accept support** and **bring collective experience and knowledge to this Board**. Our discussions need to **focus on added value and outcomes** and we must **take responsibility for our decisions**. We should ensure that we **communicate and cascade to our respective audiences and organisations**.

We believe that we should **continually strive to be better and wear our team badges - Team North Yorkshire** with pride.



Best Western
Cedar Court Hotel
Park Parade
Harrogate
HG1 5AH



North Yorkshire Health and Wellbeing Board

Minutes of the meeting held on 22 March 2019 at Dishforth Village Hall

Present:-

Board Members	Constituent Organisation
County Councillors	
County Councillor Michael Harrison (Chair)	Executive Member for Adult Social Care and Health Integration, North Yorkshire County Council
County Councillor Caroline Dickinson	Executive Member for Public Health and Prevention
Elected Member District Council Representative	
Councillor Richard Foster	Leader, Craven District Council
Local Authority Officers	
Victoria Ononese (substituting for Dr Lincoln Sargeant)	Public Health Consultant, North Yorkshire County Council
Janet Waggott	Chief Executive, Selby District Council and Assistant Chief Executive, North Yorkshire County Council (District Council Chief Executive Representative)
Richard Webb	Corporate Director – Health and Adult Services, North Yorkshire County Council
Clinical Commissioning Groups	
Amanda Bloor	Accountable Officer, NHS Hambleton, Richmondshire and Whitby, NHS Harrogate and Rural District and NHS Scarborough and Ryedale CCGs
Nancy O'Neill	Director of Collaboration, Provider Alliances, NHS Airedale, Wharfedale and Craven CCG
Phil Mettam	Accountable Officer, NHS Vale of York CCG
Other Members	
Jill Quinn	Chief Executive, Dementia Forward (Voluntary Sector Representative)
Judith Bromfield	Chair, Healthwatch North Yorkshire
Shaun Jones	Interim Director of Delivery, NHS England, Yorkshire and the Humber
Co-opted Members	
Colin Martin	Chief Executive, Tees Esk and Wear Valleys NHS Foundation Trust (Mental Health Trust Representative)
Robert Harrison	Chief Operating Officer, Harrogate and District NHS Foundation Trust (Acute Hospital Representative)

In Attendance:-

County Councillor John Ennis, Nigel Ayre, Delivery Manager, Healthwatch North Yorkshire

North Yorkshire County Council Officers:

Katharine Bruce, Lead Adviser, Vulnerable Learners, Children and Young People's Services, Robert Ling, Assistant Director, Technology and Change, Louise Wallace (Health and Adult Services), Patrick Duffy (Legal and Democratic Services), Hannah Youngs (Business Support)

Copies of all documents considered are in the Minute Book

86. Apologies for Absence

Apologies for absence were submitted by:

- Stuart Carlton, Corporate Director, Children and Young People's Services, North Yorkshire County Council
- Richard Flinton, Chief Executive, North Yorkshire County Council
- County Councillor Janet Sanderson
- Helen Hirst, Accountable Officer, NHS Airedale, Wharfedale and Craven CCG
- Colin Renwick, Clinical Chair, NHS Airedale, Wharfedale and Craven CCG
- Lincoln Sargeant, Director of Public Health, North Yorkshire County Council
- Ros Tolcher, Chief Executive, Harrogate and District NHS Foundation Trust

87. Minutes**Resolved -**

That the Minutes of the meeting held on 22 January 2019 be approved as an accurate record.

88. Review of actions taken at the last meeting

Considered -

An Action Sheet produced by the representative of the Assistant Chief Executive (Legal and Democratic Services), who confirmed that the actions had been implemented, or were in the process of being.

Patrick Duffy, Senior Democratic Services Officer, reported that, with regard to Minute No.84, Multi-Agency Forum on End of Life Care, at the last meeting, it had been agreed that further information be provided on what the Forum had done in connection with the original recommendations made by Scrutiny of Health Committee, before a decision was taken as to whether it needs to continue.

He had discussed this with Gill Collinson, Executive Nurse, at Hambleton, Richmondshire and Whitby CCG, who chaired the Forum. She had advised that it was clear all of the CCGs had local commissioning infrastructure which worked well and that tight resources, particularly in the third sector, meant that additional meetings were not particularly attractive. Nor was there capacity to do additional work. However, people did want to share good practice and learn from each other. Scrutiny of Health Committee had been briefed accordingly and were happy with this approach.

Resolved -

That the Multi-Agency Forum on End of Life Care be not continued

(NOTE: The work on End of Life Care will continue but without the vehicle of the Multi-Agency Forum)

89. Declarations of Interest

There were no declarations of interest.

90. Public Questions of Statements

There were no questions or statements from members of the public.

NOTE: The Chair agreed that the order of business be varied slightly so that Theme updates 2018/19 and Themes for 2019/20 be considered as the next item, followed by the Growing Up in North Yorkshire Survey.

91. Theme Updates 2018/19 and Themes for 2019/20

Considered -

A report by the Assistant Chief Executive (Legal and Democratic Services) which:-

- updated the Board on progress against themes in 2018/19; and
- sought Members views as to how the themed approach had worked during its first year and its thoughts on the consideration of themes for 2019/20 (i.e. with effect from the May 2019 meeting of the Board).

Theme Leads provided an update as follows:-

Digital

Robert Ling, Assistant Director Technology and Change, provided his update via a presentation which concentrated on the engagement around the draft Digital Strategy *My Health, My Tech*.

He highlighted the following, in particular:-

- The aims of the engagement were to:-
 - let people know about *My Health, My Tech*;
 - start a conversation about the Digital Strategy; and
 - gather data that can be built on as the strategy develops
- Three drop-in workshops had been held in Scarborough, Northallerton and Harrogate, between 25th February and 12th March 2019, as well as an Online Survey, based on case studies.
- Some 90 people had attended the workshops and 43 responses had been received to the Online Survey (as at 20th March).
- Emerging themes included:-
 - “cautious support” for new technologies;
 - the ongoing importance of human contact;
 - the need for training for the public in the use of emerging technologies; and
 - maintaining and ensuring privacy

- The engagement was seen as the start of an ongoing conversation. Further opportunities would include invitations to speak at local forums; keeping the Survey open for an agreed period; encouraging people to complete it and updating <http://www.nypartnerships.org.uk/myhealthmytech> web page with progress on an interactive basis.
- He would arrange for the longer consultation document to be sent to Members. Further support from Board Members would be welcome.
- The process for the Digital Challenge, whereby the Board had agreed up to £50,000 to support up to four proposals to address major challenges facing health and social care across the county, was outlined. This would include presentations by successful bidders to the Board at its meeting on 24th May and culminate in mobilisation and implementation from 1st June 2019.
- The Local Health and Care Records Initiative (LHCRE) for Yorkshire and Humber would involve a digital care record; linking clinical systems together; improved intelligence; and people being actively involved in their health and wellbeing.

In response to a question from the Chair on timescales, Robert Ling confirmed that the LHCRE would come to fruition within the next eighteen months.

The Chair stressed that it was important that Members gave their views and that there was proper engagement with the Board

Following on from the above point, Members were asked to consider how digital engagement might best be continued in their areas and to let Robert Ling and Louise Wallace, Assistant Director for Health and Integration, have any views on this.

Richard Webb, Corporate Director for Health and Adult Services, felt that if further engagement from the Board was sought, then something more tangible/structured for the organisations that comprise it was required. Was there, for example, a pack that could be sent? Also, often feedback was about things that people found difficult or worrying; was there anything positive that could be pulled out?

He added that there was a danger that we *try everything once*, rather than focusing on particular areas. If it was possible to derive something that cuts across primary and secondary care that would be beneficial. A wider range of partners should be involved - staging when, for example, the voluntary sector become involved.

Nancy O'Neill, Director of Collaboration, Alliance Services, at Airedale, Wharfedale and Craven CCG, indicated that she wished to be involved in respect of the Craven area.

The Chair stressed that careful thought needed to be given as to how best to get the message out.

Jill Quinn, Chief Executive of Dementia Forward, commented that how this was marketed would be key. People's initial reaction would tend to be *I want to talk to a human being*. This had to be overcome.

Jill Quinn also referred to "Dementia Champions" and how this process worked. She would be prepared to be a *Digital Champion*.

She also commented that Commissioned Services were not always sharing information. Robert Ling said he would connect her in to the work going on with Stronger Communities and Community First.

Robert Ling said that a difficulty was that *we only know what we know* i.e. he was aware that there are a multitude of free apps for, say, people who have lost their voice, but probably most people who need to know about these do not. This needs to be turned around, so that people can say “I’ve used this and it worked well”.

Judith Bromfield, Chair of Healthwatch North Yorkshire, referred to a scheme developed by Hambleton, Richmondshire and Whitby CCG, about four or five years ago, where permission was sought from individuals for GPs to include on an individual’s records the full range of organisations involved in their care.

Amanda Bloor, Accountable Officer for Hambleton, Richmondshire and Whitby, Harrogate and Rural District and Scarborough and Ryedale CCGs, stated that the CCGs were finding that, increasingly, people are happy for their information to be shared. Primary Care Networks would assist this process.

Mental Health

Amanda Bloor and Richard Webb updated.

Detailed feedback had been provided at the November meeting of the Board. Real progress had been made, including the securing of additional investment.

Work around children’s eating disorders in North Yorkshire and York had been approached in a different way, resulting in better conversations and improved outcomes for the children concerned.

Difficult decisions would need to be made to move away from acute services towards community-based services.

Colin Martin, Chief Executive of Tees, Esk and Wear Valleys NHS Foundation Trust, agreed that difficult choices had to be made. However, the transition to a new, expanded Mental Health Service was progressing well and he looked forward to further service enhancement as a result of recent successful bids for funding streams. For example:-

- a Mental Health Diversion Liaison Service would operate for the first time within North Yorkshire;
- a Perinatal Service was to be introduced; and
- Children’s and Adolescent Mental Health Services would be expanded to a 24/7 Service from April 2019.

The Chair referred to the challenge faced by the fact that outcomes are easier to measure in the treatment of people who have had, say, a stroke, than those experiencing mental health issues.

Housing and Health

Janet Waggott, Chief Executive Selby District Council and Assistant Chief Executive, North Yorkshire County Council, advised that she was actively working on this theme in consultation with Councillor Richard Foster, who represents District Councils Elected Members on the Board and who chairs the York, North Yorkshire and East Riding Strategic Housing Partnership.

There had been a demonstrable shift in culture towards working in a more collective, partnership approach, as illustrated by the work on Homelessness Prevention, a new arrangement for which would commence in September 2019.

Partners were looking at how best to utilise resources and there were close links with Public Health and the District Council Network.

Several pieces of work were being undertaken and she would report on the decisions made at future meetings of the Board.

Nigel Ayre, Delivery Manager, Healthwatch North Yorkshire, advised that Homeshare UK (The UK Network for Homeshare) offered ten hours free care and wondered whether something similar occurred in North Yorkshire. Richard Webb said he would take note of this. Nigel said that he would send on the link to Richard.

Care Market

Louise Wallace advised that, although there had been a bespoke Workshop held on this topic in January 2019, the work involved was considered to be “business as usual”, rather than something that needed to be a theme.

The Board would continue to have oversight of the issues raised and would receive an update on progress in six months.

Following the above theme updates, the Chair sought views on the themed approach.

Amanda Bloor felt that the Board was now achieving more by looking at specific areas rather than *spreading itself too thinly*. She felt that the value added, in areas such as Digital, had been helpful.

District Council representatives welcomed the new approach, particularly given the links on the Housing and Health Theme.

The consensus was that the approach was more purposeful.

Richard Webb felt that there may be topics, such as social prescribing, that would lend themselves to a one-off Workshop, rather than necessarily becoming a theme. Therefore, there would be a blended approach.

Resolved –

- a) That Members identify how digital engagement might be continued in their areas and let Louise Wallace and Robert Ling have their thoughts on this.
- b) That Robert Ling liaise with Jill Quinn about her offer to act as a “Digital Champion”.
- c) That Robert Ling link Jill Quinn into the work being undertaken with the Stronger Communities Team and Community First.
- d) That the progress made so far on the existing three themes - Digital; Mental Health and Housing and Health - be noted and that these be continued into 2019/20.
- e) That it be noted the Care Market will not be a theme but that work will continue on a business as usual basis, with progress being reported in six months time.

92. Growing up in North Yorkshire Survey 2018

Considered -

The presentation by Katharine Bruce, Lead Adviser, Vulnerable Learners, Children and Young People's Services, which provided a summary of the latest Growing Up in North Yorkshire Survey, undertaken in 2018.

Prior to the meeting, a link to a summary of the Survey had been emailed to Members.

Katharine highlighted the following:-

- The Survey resonated well with the Board's Start Well Theme, in its Joint Health and Wellbeing Strategy.
- Over 16,000 pupils had participated.
- The scope of the information enabled a very broad dataset to be produced, from which a "deep dive" had been commissioned on emotional and wellbeing.
- This was the seventh bi-annual Survey since its introduction in 2006 and a number of changes over time were apparent. For example, the percentage of children in Year 6 who said they had bullied someone at school had reduced every Survey, from 11% in 2006 to 3% in 2018 and the percentage of Year 8 pupils who said that they never drink alcohol had doubled from 29% in 2006 to the current 58%.
- Pupils in secondary school are more likely than primary pupils to have had nothing to eat or drink before school.
- Whilst the majority of children feel safe at school, fewer secondary pupils feel safe at school.
- More pupils are learning how to be safe on the internet.
- After school, a lot of primary school pupils, especially boys, are playing computer games.
- Girls are worrying more, in general, but types of worries are different between genders. A new worry is with *the way they look*, with 16% of boys saying they worry about this "often or all of the time" and 45% among girls.
- Worries about health are also significant and a recent change in the Department for Education Statutory Guidance Relationships and Sex Education (RSE) and Health Education (February 2018) has meant that if, in the year before their sixteenth birthday, a child wants to receive lessons in sex education, the school must now provide this even if the parents have requested that their child be withdrawn from Sex Education. Previously, parents could request that these be withdrawn.
- In terms of the Young and Yorkshire outcomes, the increasing awareness of sexual health was a positive development.
- With regard to vulnerability, there are a number of indicators where vulnerable children and young people indicate less positive perceptions and behaviours.

This is particularly marked for LGBT (Lesbian, Gay, Bisexual and Transgender) secondary aged pupils. It is noted that there is a strong strategy to support LGBT young people and this was recognised in the local authority being ranked top of all Local Authorities submitting in the Stonewall Education Equalities Index

- Cross-cutting themes and outcomes vary significantly for Districts versus all of North Yorkshire.
- Emerging priorities are:
 - *Smoking* - more pupils are trying electronic cigarettes
 - *Bullying* - because of the way they look and perceptions of how it is dealt with by schools
 - *Safety at school* – fewer pupils are feeling safe in secondary schools
 - *Online Safety* - experiences and keeping safe
 - *Emotional wellbeing* - more pupils with a low level of resilience, fewer with a high score of wellbeing
 - *Future Education* - fewer pupils intend to apply for University
 - *Healthy Eating* - pupils are less likely to eat fresh fruit/vegetables on 'most days'

Nigel Ayre commented that the traditional difference between feeling safe at home and at school was blurring as a result of social media. Katharine Bruce concurred – a lot of pupils lives are online so there is a need to support young people, especially those pupils with special educational needs and who are socially isolated.

Nigel Ayre further commented that it is difficult to differentiate between time spent, say, watching TV and “gaming”, as technologies have merged i.e. young people no longer exclusively watch TV on a television, or play games on a games console.

Katharine Bruce said that an encouraging development was that, if young people do not recognise someone’s details when gaming, they will increasingly block and report that individual.

Janet Waggott wondered whether not eating food at home was through choice or a lack of food?

Amanda Bloor commented that things which have traditionally been considered risky behaviours seem to be declining, yet young people are coming forward with mental health issues and there had been an increase in self-harm. Schools must ensure pastoral support and support online needs.

She added that pupils perceptions about safety were now not just bullying, but fear of terrorism.

Richard Webb thanked Katharine Bruce for the useful context she had provided. He felt that social media presented challenges and the key was how we overcome these. There had always been trauma for young people – the crucial aspect was how it is dealt with. We need to think of a different way of tapping into people’s aspirations other than the University route, which does not suit everyone.

He added that young carers are a concern, as there is so much going on in their lives. Were we overcoming prejudices on sex and sexuality? Katharine Bruce responded that the profile of young carers had increased and schools, through this Survey, are reminded of the numbers of young people reporting that they are young carers and the need to engage with them. In terms of higher education options, twenty Careers Guidance Hubs were being introduced nationally, managed through the Local Enterprise Partnerships, including a North Yorkshire Careers Guidance Hub.

Nancy O'Neill queried whether resilience could be tracked. Katharine Bruce advised that this was of primary importance, especially through transitions work; being clear who vulnerable children are; making preparations for these moving through the system; knowing the child well; and ensuring pastoral support for the child.

Councillor Richard Foster asked about the use of knives. Katharine Bruce responded that North Yorkshire levels are lower than for comparator Shire Counties but higher among a number of the most vulnerable groups.

Victoria Ononese, Public Health Consultant, commented that, although research seemed to indicate that children who use electronic cigarettes tend not to go on to smoke tobacco, it is still a "first behaviour" and, therefore, this cannot be said to be the case with certainty.

She also stated how useful the wealth of data from this Survey was and mentioned that a discussion on funding for future Surveys had taken place at a recent meeting of The Children's Trust with a mechanism being established for partners to contribute to the funding of the Survey.

Katharine Bruce asked Members to contact Tom Bryant, Strategy and Performance Team Leader, (whose details were included on the summary circulated), if they required any further information on the data.

The Chair thanked Katharine Bruce for her interesting and informative presentation.

Resolved –

- a) That the presentation be noted.
- b) That Stuart Carlton, Corporate Director of Children and Young People's Services, be asked to update the Board on future funding and possible funding contributions through the Health and Wellbeing Board.
- c) That the District Reports be shared with the Chief Executives of the District Councils.

93. Membership

Considered -

The report of the Assistant Chief Executive (Legal and Democratic Services) which sought the Board's approval to its membership being extended.

Patrick Duffy presented the report and highlighted the following aspects:-

- As mentioned in his previous report on Membership, to the meeting on 23rd November 2018, in addition to the Statutory Members, the Board comprised representative categories of membership. For example, Janet Waggott represents all of the District Council Chief Executives. The rationale was that

this helped avoid the number of Members becoming unwieldy, given the size of the county and the potential number of participants.

- It was, however, suggested that the Board might wish to extend its membership to include one representative from Primary Care and one representative from Care Providers, as Co-opted Members.
- The reasoning behind this was stated in paragraphs 2.3 and 2.4 of the report but, essentially, GPs play an important role in helping deliver the Board's objectives, particularly on prevention initiatives and the recent Workshop on the Care Market, held on 23rd January 2019, had highlighted the benefit of Care Providers being represented.
- If Members agreed with the suggestion, it was proposed that the three CCG Accountable Officers discuss and agree a recommendation in respect of Primary Care and that the Independent Care Group be asked to nominate a representative from Care Providers.

Resolved –

- a) That the membership of the Board be extended to include, as Co-opted Members, with voting rights, one representative from Primary Care and one representative from Care Providers, subject to the approval of the County Council.
- b) That the three CCG Accountable Officers discuss and agree a nomination and designated substitute for Primary Care.
- c) That the Independent Care Group be asked to nominate a representative and designated substitute from among Care Providers.
- d) That it be noted the appointments will be until the County Council Elections in 2021.

94. Better Care Fund Update and Section 75 Agreement

Considered –

The presentation by Louise Wallace, which highlighted a number of key messages. These included:-

- the Better Care Fund (BCF) covered two years 2017/18 and 2018/19 with most schemes rolled forward from the 2016/17 Plan;
- agreement had been reached on the utilisation of the Disabled Facilities Grant;
- the escalation process had been exited, following submission of Delayed Transfers of Care (DToC) targets;
- Quarter 4 performance information had been submitted;
- the Section 75 Agreement for the BCF pooled budget had been signed;
- the BCF Review and Social Care Green Paper were awaited. These would inform the future direction of the BCF;
- there was a continued disconnect between quarterly return data and published metrics, resulting in partial data for each return period;

- performance against national metrics varied across areas with the overall position as follows:-
 - Non-elective admissions - 2017/18 outturn was 1475 NEA's (2.2%) above target. In 2018/19, Quarter 3 indicates on target.
 - Residential/Nursing admissions - 2017/18 outturn was 222 placements (32.3%) above target. In 2018/19, Quarter 3 indicates not on target.
 - Re-ablement - data for 2018/19 Quarter 3 indicates on target.
 - DTOC - 2017/18 outturn was 1884 days (8.4%) above target. In 2018/19 Quarter 3 indicates 24% above target.
- Improved BCF investment is split as below:
 - Meeting Adult Social Care needs = 34%
 - Reducing pressures on NHS, including supporting people to be discharged = 32%
 - Local Social Care Market is supported = 34%
- There were a number of priorities including: working to the revised DToC target; approving additional Improved BCF schemes; submission of Quarter 4 information by 18th April; and meeting BCF planning requirements, when these are published.
- Specifically on DToC, daily conversations between staff in Health and Social Care continued and performance was heading in the right direction. North Yorkshire's performance was not out of kilter. The target had not been met but this had to be seen in the context of the extremely challenging target.

Shaun Jones, Interim Director of Delivery for NHS England, Yorkshire and the Humber, advised that challenges with UNIFY data was a national issue.

He added that the ratio between delays attributable to Health or Social Care and those attributable jointly varied. Generally though, NHS delays have been more stable.

The Guidance had been delayed but he understood that, essentially, it would be a continuation of this year for 2019/20 and that Adult Social Care additional monies would be rolled into the BCF.

Resolved –

That the presentation and, in particular, the following be noted:-

- the North Yorkshire health economy is compliant with requirements;
- the Section 75 Agreement for BCF pooled budget has been signed; and
- that 2019/20 will be a one year BCF Plan.

95. Draft Protocol between Scrutiny of Health Committee; Care and Independence Overview and scrutiny Committee; and the North Yorkshire Health and Wellbeing Board

Considered the report of the Assistant Chief Executive (Legal and Democratic Services) which sought approval to a draft Protocol between the Board; the Scrutiny of Health Committee; and the Care and Independence Overview and Scrutiny Committee.

Patrick Duffy presented the report and advised that this stemmed from a recommendation made by the Regional Peer Challenge Programme, following their Inspection of Health and Adult Services in 2018.

The Inspection had been very positive, but the Inspection Team felt that there would be some benefit to a Protocol between this Board and the County Council's Scrutiny Committees.

A draft Protocol, which had been discussed with the relevant Chairs and Vice-Chairs, was appended to the report. It had a section for Members and a section for officers.

The approach taken was that the Protocol should be simple and straightforward, rather than being an encumbrance.

Resolved –

That the Protocol between Scrutiny of Health Committee; Care and Independence Overview and Scrutiny Committee; and the Health and Wellbeing Board be agreed.

96. Health and Wellbeing Board - Rolling Work Programme/Calendar of Meetings 2019/20

Considered -

The Work Programme/Calendar of Meetings for 2019/2020.

Amanda Bloor suggested that it would be helpful for the Board to have a view on the NHS Long Term Plan.

Victoria Ononese referred to social prescribing and felt it would be beneficial to link up the work that is taking place on this. Richard Webb advised that discussions were taking place between the NHS and the County Council and that Leah Swain, from Community First was also involved.

Resolved -

- a) That the Work Programme/Calendar of Meetings for 2018/2019 be noted.
- b) That the following be added to the Work Programme
 - NHS Long Term Plan – discussion (July meeting, potentially)
 - Social Prescribing (consider in the autumn)

The meeting concluded at 11.35 p.m.

PD

NORTH YORKSHIRE HEALTH AND WELLBEING BOARD – ACTION SHEET FOR MEETING HELD ON 22 MARCH 2019

MIN NO.	ITEM	ACTION AGREED	ACTION BY
88	Review of actions	That the Multi-Agency Forum on End of Life Care be not continued	PD
91	Theme Updates 2018/19 & Themes for 2019/20	a) Members asked to identify how we might continue digital engagement in their areas and let Louise Wallace and Robert Ling have their thoughts on this b) Liaise with Jill Quinn about her offer to act as a “Digital Champion” c) Link in Jill Quinn to the work being undertaken with Stronger Communities Team and Community First d) That the existing three themes continue into 2019/20 – Digital; Mental Health and Housing and Health	ALL RL RL RL/LW/AB/RW/JW
92	Growing up In North Yorkshire	a) That Stuart Carlton, Corporate Director of Children and Young People’s Services, be asked to update the Board on future funding and possible funding contributions through the Health and Wellbeing Board. b) That the District Reports be shared with the Chief Executives of the Districts.	SC
93	Membership	a) That Membership of the Board be increased to include, as Co-opted Members, one representative from both Primary Care and Care Providers b) That the three CCG Accountable Officers discuss and agree a nomination and designated substitute for Primary Care c) That the Independent Care Group be asked to nominate a representative and designated substitute from among Care Providers d) That the appointments be until the County Council elections in 2021	PD AB/HH/PM PD PD
95	Draft Protocol	That the Protocol between Scrutiny of Health Committee; Care and Independence Overview and Scrutiny Committee; and the Health and Wellbeing Board be agreed.	PD
96	Work Programme	That the following be added to the Work Programme - NHS Long Term Plan – discussion (July meeting, potentially) - Social Prescribing (consider in the autumn)	PD

NB: The progress made on Digital, Mental Health and Housing and Health Themes was noted, together with the fact that the Care Market work is *business as usual* and will not be a Theme, as such. Also, under BCF, noted that the North Yorkshire health economy is compliant with requirements; Section 75 Agreement for BCF pooled budget has been signed; and that 2019/20 will be a one year Plan.



Report to North Yorkshire Health and Wellbeing Board **24th May 2019**

1.0 Purpose of Report

- 1.1 The Purpose of this report is to provide the members of the Health and Wellbeing Board with an overview of the soon to be North Yorkshire Safeguarding Children Partnership. The proposed service change will combine current North Yorkshire Children's Trust with the North Yorkshire Safeguarding Children Board.
- 1.2 The initial proposal is attached and provides details regarding these changes, which may be subject to additional changes as a result of the consultation. A final proposal will be published no later than the 29th June 2019.

2.0 Recommendations

- 2.1 The Health and Wellbeing Board to note the North Yorkshire Safeguarding Children Partnership proposal.
- 2.2 The Health and Wellbeing Board to agree the combining of the North Yorkshire Children's Trust and North Yorkshire Safeguarding Children Board to create the North Yorkshire Safeguarding Children Partnership.

3.0 Author

- 3.1 James Parkes, NYSCB Board Manager

Proposal for the Multi-Agency Safeguarding Arrangements (MASA) In North Yorkshire

March 2019

Introduction

1. This report sets out the proposal for the new MASA for North Yorkshire, following the publication of Working Together to Safeguard Children, July 2018 (WTSC, 18).
2. The three safeguarding partners who are responsible for the MASA arrangements in North Yorkshire are the Chief Executive of North Yorkshire County Council (NYCC), the Accountable Officer of the Clinical Commissioning Group's (CCG) and the Chief Constable of North Yorkshire Police (NYP). It has been agreed within North Yorkshire that the lead officers will delegate their function to the following Officers: (see Chapter 3.13 p75)
 - Director of Children Services, NYCC
 - Executive Nurse, CCG's
 - Assistant Chief Constable, NYP

The nominated senior officer in their agency will have responsibility and authority for ensuring full participation of these arrangements.

3. The purpose of these local arrangements are to support and enable local organisations and agencies to work together in a system where:
 - Children are safeguarded and their welfare promoted;
 - Partner organisations and agencies collaborate, share and co-own the vision for how to achieve improved outcomes for vulnerable children;
 - Organisations and agencies challenge appropriately and hold one another to account effectively;
 - There is early identification and analysis of new safeguarding issues and emerging threats;
 - Learning is promoted and embedded in a way that local services for children and families can become more reflective and implement changes to practice;
 - Information is shared effectively to facilitate more accurate and timely decision making for children and families.

In order to work together effectively, the safeguarding partners with other local organisations and agencies should develop processes that:

- Facilitate and drive action beyond usual institutional and agency constraints and boundaries;
- Ensure the effective protection of children is founded on practitioners developing lasting and trusting relationships with children and their families.

To be effective, these arrangements should link in with other local strategic partnership work which support children and families. This will include other public boards including: Health and Wellbeing Boards, Adult Safeguarding Boards, Channel Panels, Improvement Boards, Community Safety Partnerships, the Local Family Justice Board and MAPPAs.

4. The MASA will look to amalgamate the North Yorkshire Children’s Trust Board within the new safeguarding partnership arrangements. *Further discussions need to be undertaken around this area.*
5. Relevant agencies are those organisations and agencies whose involvement the safeguarding partners consider is required to safeguard and promote the welfare of local children. Strong, effective multi-agency arrangements are ones that are responsive to local circumstances and engage the right people.

Relevant agencies¹ in North Yorkshire have been identified to include but not exclusively so:

Education and Early Years
Education (Maintained, Academies, Independent, FE, HE)
Early Years
Health
North Yorkshire County Council Public Health
North Yorkshire County Council Health and Adult Service
Tees Esk Wear Valley NHS Foundation Trust
NHS England
Harrogate and District NHS Foundation Trust
Bradford District Care NHS Foundation Trust
York Teaching Hospital NHS Foundation Trust
Primary Health Care (Pharmacy, Opticians)
General Practitioners
Yorkshire Ambulance Service
Humber Teaching Foundation Trust
Airedale, Wharfedale and Craven CCG
South Tees Hospitals NHS Foundation Trust
Airedale NHS Foundation Trust
Leeds York Partnership Foundation Trust
Child Death Review Partnership

¹ The Child Safeguarding Practice Review and Relevant Agency (England) Regulations 2018

Vocare
Criminal Justice
CAFCASS
National Probation Service
Community Rehabilitation Company
Voluntary Sector
NSPCC
Community First Yorkshire
Commissioned services i.e. Compass, Horizons, IDAS
Local Government
District Councils
Youth Justice Service
NYCC Lead Executive Member for Children's Services
Public Services
British Transport Police
Police, Fire and Crime Commissioner
North Yorkshire Fire Service
Army Welfare Service
Miscellaneous
Faith Groups
Lay Members
Youth Voice Executive

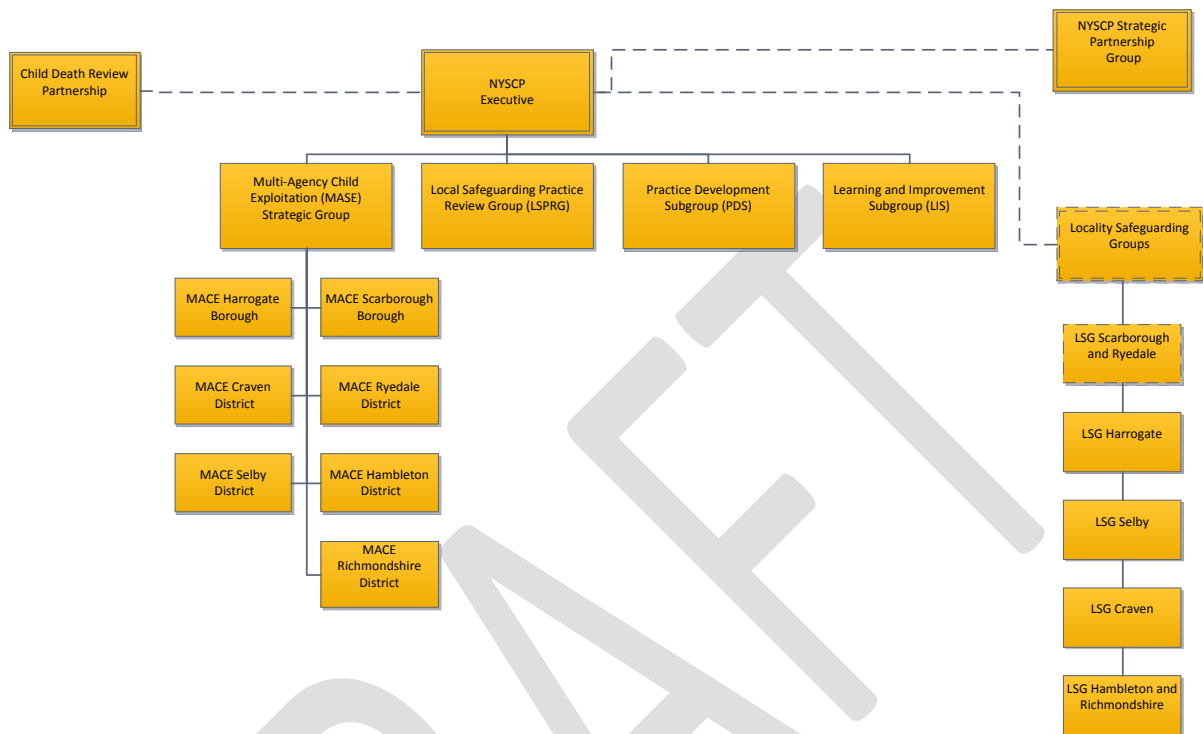
Partnership name

6. North Yorkshire Safeguarding Children Board (NYSCP) and the North Yorkshire Children's Trust (if agreed) will change its name to North Yorkshire Safeguarding Children Partnership (NYSCP).

Vision and Values

7. NYSCP will adopt the Young and Yorkshire Strategy developed by the Children's Trust which set out the plan for all children, young people and families living in North Yorkshire.
8. The strategic headings will be amended to Safe, Happy, Healthy and Achieving
9. Vision: *To be identified by the partnership in due course*
10. Values: *To be identified by the partnership in due course*
11. NYSCP Priorities for 2019/2020 will be identified by the partnership in due course

12. The following structure chart outlines the new proposed arrangements for NYSCP.



13. NYSCP Executive Partnership (or Chief Officers Group)

Overview: To provide the strategic direction for the NYSCP in line with national, regional and local objectives and priorities. This will be lead through the NYSCP Young and Yorkshire Strategy and NYSCP Work Plan and reviewed in the yearly report regarding progress against the priorities. The group will maintain and develop links with all current and potential partnership agencies such as Health and Wellbeing Board, Community Safety Partnership, Systems Leadership Group and Safeguarding Adult Board. Reporting from the Chairs of the Subgroup Group will be tabled at the Executive where the chair will provide progress to the work plan/priorities.

Frequency: Bi monthly (6 times a year)

Length: 2.5hrs

Chair: Chair to be confirmed

Membership:

• Chair	• District Council
• Director of Children’s Services	• Education*
• Assistant Chief Constable	• Designated Nurse Safeguarding CCG
• Executive Nurse CCG	• Community First Yorkshire
• Safeguarding Board Manager	<i>*to identify membership via Learning Trust</i>

14. **NYSCP Strategic Partnership Group**

Overview: Bringing together all the members of the Executive with the relevant agencies to consider local priorities and national themes which will inform the NYSCP in delivering the priorities set out in Young and Yorkshire.

Frequency: Twice a year

Length: 1 day

Chair: *Chair to be confirmed*

Membership: (To reflect Relevant Agencies once confirmed in point 5)

15. **Local Safeguarding Practice Review Group (LSPRG)**

Overview: The LSPRG should identify improvements to practice and protecting children from harm and should maintain an open dialogue on an ongoing basis. LSPRG will enable the partnership to share concerns, highlight commonly-recurring areas that may need further investigation (whether leading to a local or national review), and share learning, including from success, that could lead to improvements elsewhere.² (to be developed in more detail by SPRG)

Frequency: Quarterly (4 times a year)

Length: 2 hrs

Chair: Designated Doctor for Safeguarding

Membership:

Membership	
Designated Doctor (Chair)	NYCC Head of LAC
Safeguarding Partnership Manager	NYCC Head of Early Help
NYP Detective Superintendent	HDFT Head of Safeguarding
CCG Designated Nurse	Safeguarding Unit Manager
TEVV Head of Safeguarding	Additional invited member*

²

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/729914/Working_Together_to_Safeguard_Children-2018.pdf

NYCC Head of Safeguarding	
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* Additional invited members will be identified from relevant health providers when considering cases for possible LSPR to ensure the relevant NHS provider organisations are included.

16. Practice and Development Subgroup (PDS)

Overview: The Practice Development Subgroup will:

- Assure and contribute to the development of strategic and operational child safeguarding practices in line with National and NYSCP Priorities.
- Provide challenge and hold partners and commissioned services to account with respect to Safeguarding Children practice.
- Where appropriate identify, initiate and take a lead on portfolio areas in relation to Safeguarding Children practice.
- Where appropriate appoint a lead officer with responsibility for identified portfolio work relating to Safeguarding Children practice.
- Where appropriate set up task and finish groups, with specific end dates, to action and conclude portfolio work relating to Safeguarding Children practice.
- Deliver additional responsibilities as directed by the NYSCP Executive Partnership Group.
- Maintain strong links, via the NYSCP Executive Partnership Group and other channels.

Frequency: Quarterly

Length: 3 hours

Chair: *Chair to be confirmed – Proposed Assistant Director, Designated Professional or Detective Chief Inspector*

Membership:

Core membership	Others to consider
(Chair)	Named Nurse Safeguarding Children Team, TEWV
Board Manager	CYPS Commissioning Manager
Policy & Development Officer	Head of Safeguarding Children, YTHFT
Head of Service Children's Social Care	Safeguarding Unit Manager, CYPS
National Probation Service	Named Nurse, Safeguarding Children, HDFT
Designated Doctor or Nurse, Safeguarding Children	Nurse Consultant Safeguarding Children & Adults, Primary Care
Head of Safer Communities, HAS	Head of Early Help
NYP Detective Chief Inspector	Public Health, Health Improvement Manager
Service Manager, Cafcass	Voluntary Sector
Education & Skills, NYCC	Education and Skills
Senior Strategy and Performance Officer, CYPS	Office of the Police and Crime Commissioner

Head of Early Years, NYCC	Head of Disabled Children's Services
Interchange Manager, CRC	

17. Learning and Improvement Subgroup (LIS)

Overview: Learning and Improvement Subgroup will:

- Be proactive in identifying, reporting and acting upon any appropriate examples of national learning, innovation and good practice in relation to safeguarding children on behalf of the NYSCB
- Review and analyse the NYSCB Multi-Agency Dataset and identify any performance, themes, trends and actions accordingly including challenge where appropriate
- Maintain the NYSCB Learning and Improvement Framework which is shared across agencies to enable organisations to be clear about their responsibilities, to learn from experience, to learn from good practice (positive and negative) and to improve services as a result
- Plan, coordinate, commission, and evaluate the impact of multi-agency safeguarding training and conferences
- In accordance with the NYSCB's Learning and Improvement Framework commission audits and research regarding significant themes arising from performance information, serious incident review outcomes and learning needs analysis. These will include but are not limited to:
 - Audits of agency compliance with their responsibilities as outlined in Working Together (2015)
 - Case file audits
 - Practitioner audits
 - School and Early Years audits
 - Partner audits where directed by the Executive/Board
- Analyse information from single and multi-agency audits and report any key learning themes to the NYSCB Executive and Practice Development subgroup
- Monitor, and where appropriate, direct the implementation of recommendations arising from audit activity, Serious Case Reviews or other forms of learning reviews
- Undertake any additional action as directed by the NYSCB Board or Executive

Frequency: Quarterly

Length: 3 hours

Chair: *Chair to be confirmed – Proposed Assistant Director, Designated Professional or Detective Chief Inspector*

Membership:

Core membership	Others to consider
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NYSCB Board Manager & Chair	Health and Wellbeing Adviser, Education & Skills, NYCC
NYSCB Policy & Development Officer	Nurse Consultant Safeguarding Children & Adults, Primary Care
Head of Safeguarding, Children's Social Care	Senior Strategy and Performance Officer, CYPS
Head of Safeguarding, TEWV	Early Years Lead Improvement Adviser
Head of Safeguarding Children, YTHFT	Interchange Manager, CRC
Senior Probation Officer, NPS	Health Improvement Manager
North Yorkshire Police	Head of Early Help
North Yorkshire Police	Voluntary Sector
Safeguarding Unit Manager, CYPS	Lead Advisor SEMH
Head of Safer Communities, HAS	Service Manager, Cafcass
Designated Doctor, Safeguarding Children	Named Nurse, Safeguarding Children, HDFT

18. Multi Agency Child Exploitation Strategic Subgroup (Heather to review following two sections)

Overview: The purpose of the MACE Strategic subgroup is to take ownership and accountability for the development and performance of the MACE arrangements across North Yorkshire. Members will support the development of robust and effective practices and procedures, as well as providing oversight and scrutiny for the strategic development and operational activity of MACE. The group will go on to be responsible for the creation, progression and management of the MACE strategic action plans and management of MACE arrangements.

Frequency: Quarterly

Length: 2hrs

Chair: Safeguarding Unit Manager

Membership:

Core membership	
NYCC Safeguarding Unit Manager	CCG - Designated Nurse
Partnership Manager	NY Police - Detective Superintendent
Policy and Development Officer	NY Police - Detective Chief Inspector
NYCC Head of Safeguarding	Head of Engagement and Governance
NYCC Head of LAC and Permanence	Head of Safer Communities, Policy and Partnerships
NYCC Head of Early Help	

19. MACE Practitioner Groups

Overview: Members will be responsible for driving forward performance, as well as disseminating the learning and action plans within their own organisations. They will

ensure that the MACE procedure is embedded into day to day practice. The group will also undertake scoping and research of local, regional and national developments in policy and practice surrounding MACE.

The group will act as the conduit between strategic management and operational practice and provide quarterly updates to the NYSCP Practice Development Sub-Group. The MACE Strategic Group is a NYSCP Executive priority and therefore it is requested that members who attend prioritise these meetings and actions given and as such activity will be reported quarterly to the NYSCP Executive.

Proposed new wording structure.

- **Level One – Child/Children or Young Person(s) related** –this involves the identification, risk assessment and risk management of those children identified as being at risk of child exploitation and incorporates three key components:
 1. Initial identification of risk through a safeguarding referral into the MAST
 2. Multi-Agency risk assessment and risk management of children at risk of exploitation
 3. Locality mapping meetings for all high risk cases and where a specific risk is identified that requires the need to explore the detailed links between children as directed by the MACE Level 2 meeting (see criteria in Section 8 below).
- **Level Two - Perpetrator and Community Intelligence** – information relating to a perpetrator or potential perpetrator and/or community intelligence. This involves the following four components:
 1. The identification and assessment of perpetrators or potential perpetrators of child exploitation
 2. The sharing of community intelligence related to perpetrators or potential perpetrators as well as locations where harm is being caused within communities.
 3. The sharing of details of children identified as at risk of exploitation through the Level 1 MACE process, to identify the community links between victims, perpetrators and locations. This includes any concerns raised by private care home providers around OOLAC children placed in North Yorkshire
 4. To develop a robust locality partnership action plan to develop intelligence, pursue and prosecute perpetrators and disrupt exploitation activity within communities.

Frequency: Monthly in 7 geographical areas

Length: 2hrs

Chair: NYSCB Policy and Development Officer

Membership: Agreed Locally

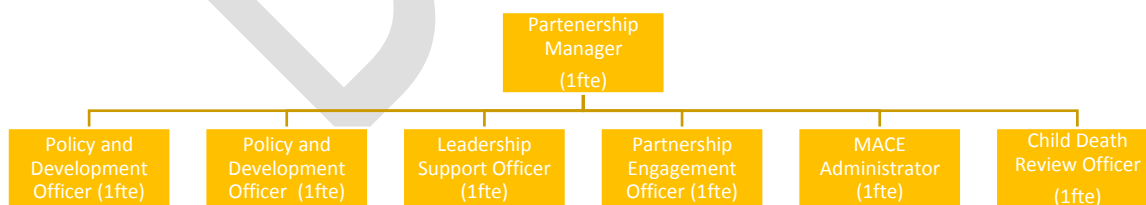
Interboard, Systems leadership and Safeguarding Locality Group to be added once confirmed.

Child Death Overview Panel

20. The Child Death Overview Panel (CDOP) arrangements are undertaken cross-border and cover the geographical areas of City of York and North Yorkshire County Council, with learning enhanced by collaboration with other regional neighbours.
21. It has been agreed by the Child Death Review Partners (CDRP), namely the Clinical Commissioning Groups across York and North Yorkshire and both Local Authorities, that CDOP will report to the Safeguarding Children Partnership
22. Arrangements in each local authority, given that the statutory CDRP make up two of the three Safeguarding Partners; the third being North Yorkshire Police who are also involved in CDOP processes.
23. The CDOP is chaired by a senior manager from Public Health, York and will be agreed on an annual basis.
24. CDOP will continue to provide reports on activity to each of the York and the North Yorkshire Safeguarding Children Partnerships and will publish an Annual Report.
25. Information will also be shared during the Regional CDOP meeting that takes place twice a year

Staffing Structure

26. The NYSCP Business Unit proposed staffing structure will comprises of:



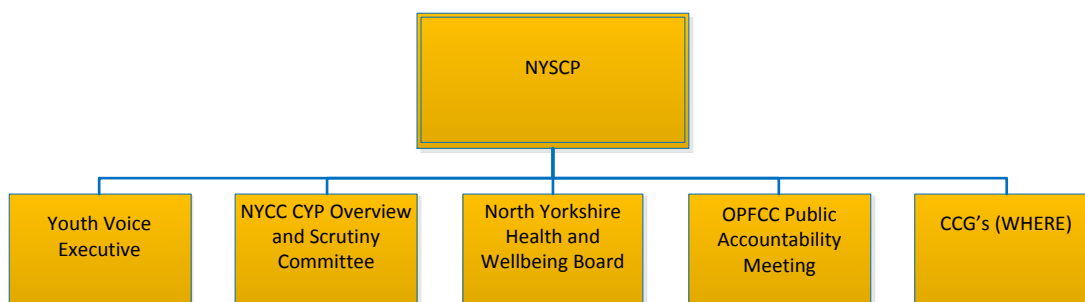
Funding arrangements

27. The three partners have agreed to maintain the current budget based on the below contributions for 2019/20. With the view to negotiate the budget contributions for 2020/21 and beyond.
28. NYSCP budget for 2019/20 will be £252,861.00 made up from:

North Yorkshire County Council	£124,900
North Yorkshire and York CCG's	£79,761
North Yorkshire Police	£33,050
CAFCASS	£550
National Probation Service	£1433,65
Community Rehabilitation Company	£2600
City of York (CDOP)	£12,000
Total	£252,861.00

Independent Scrutiny

29. WTSC (2018) states that the role of independent scrutiny is to provide assurance in judging the effectiveness of multi-agency arrangements to safeguard and promote the welfare of all children in a local area, including arrangements to identify and review serious child safeguarding cases. This independent scrutiny will be part of a wider system which includes the independent inspectorates' single assessment of the individual safeguarding partners and the Joint Targeted Area Inspections.
30. The independent scrutineer in WTSC (2018) is set out to consider:
- How effectively the arrangements are working for children and families as well as for practitioners.
 - How well the safeguarding partners are providing strong leadership
 - Agree with the safeguarding partners how this will be reported.
 - Work with safeguarding partners to produce an annual report
31. The proposal for scrutiny of the NYSCP will form a part of a scrutiny framework which will comprise of a NYSCP Chair who will have a role profile (*Non-executive chair, who has local knowledge with expertise in child safeguarding and effective partnerships.*) that will chair the NYSCP Executive and NYSCP Partnership Group in addition the NYSCP Chair will provide a Scrutiny summary report of how effective the MASA are in North Yorkshire and will act as a constructive critical friend and promote reflection to drive continuous improvement.
32. As part of the framework of scrutiny NYSCP will biannually consult with the relevant agencies who sit on the NYSCP Partnership Group to ensure wider partnership involvement and scrutiny of the NYSCP Executive. In addition updates to the following external scrutiny boards which feed into the three partner organisation to ensure there is wider scrutiny. These will consist of:



33. To ensure scrutiny of the partnership NYSCP will continue to undertake audit activity as established under the NYSCB. These will comprise of the following activity:

- Section 11 Audit
- Schools Safeguarding Audit
- Voluntary Sector
- Early Years Audit
- Multi-Agency Audits
- Practitioner Audit
- CDOP – Case Reviews
- Learning Lessons Reviews
- National Safeguarding Reviews
- Local Safeguarding Reviews
- Thematic Reviews

34. The Scrutiny framework will help to deliver against the Young and Yorkshire priorities within the plan to ensure all children and young people are Safe, Healthy, Happy and Achieving. This will then help to identify the future priorities for NYSCP.

Time Line

35. The following dates are proposed for the NYSCP timeline:

25 th March	NYSCB Board Meeting / Draft Proposal to be consulted
25 th March – 19 th April	Consultation with Relevant agencies*
22 nd April – 6 th May	The three partners Review comments
24 th May	Final Version of the NYSCP arrangements to SLB
3 rd June	Last NYSCB Executive / Approval of Final NYSCP arrangements
24 th June	Last NYSCB Board Meeting
29 th June	Notify the DfE of the intended arrangements
29 th Sept	Launch Date of the new NYSCP

*Three Partners to identify organisational meeting to sign off the arrangements.

James Parkes, NYSCB Board Manager, March 2019