

**NORTH YORKSHIRE COUNTY COUNCIL**

**8 November 2017**

**CARE AND INDEPENDENCE OVERVIEW AND SCRUTINY COMMITTEE**

**CHAIRMAN'S STATEMENT**

I will concentrate on the two items which dominated our last meeting: the Adults Safeguarding Board Annual Report; and the Advocacy Service. Both are important and interesting topics, but above all else I wanted to recount why and how we chose to scrutinise them.

**Safeguarding**

1. All councillors share a responsibility for Safeguarding, and scrutiny members in particular must ensure that arrangements for safeguarding of communities, particularly for vulnerable adults, are effective. We do this, at least in part, by reviewing the Annual Report of the North Yorkshire Adults Safeguarding Board. Its Chair, Colin Morris came to present this year's version.
2. There are many encouraging initiatives underway, but I will single out a few which contributed to our positive view of the Board's efforts to make safeguarding "everybody's business".

***"Is there a culture of continuous learning around safeguarding?"***

3. The Board has reviewed its governance arrangements – a sure sign of an organisation that is not sitting on its laurels, that there is no complacency, and that there is a desire for processes to be robust. The introduction of the Learning and Improvement Group, for example, is helping to break down historical barriers between partner agencies, and thus reduce the bureaucracy that previously may have deterred service users from accessing appropriate help at a time when they may have most needed it.

***"Are appropriate measures are being taken by the Board to ensure high standards of adult protection across all agencies?"***

4. This year has witnessed many additional changes and challenges to the safeguarding "agenda", many of which do not fit the traditional profile of work that the Board has previously been involved in. These new areas highlight how vulnerable people, be they adults, young people or children, are being targeted and placing them increasingly "at risk". Modern day slavery, human trafficking, sexual exploitation, and forced marriage are all very real examples where an individual's vulnerabilities are taken advantage of and exploited. Advances in technology have brought about liberating opportunities for people,

but at the same time opened up huge opportunities for exploitation - cyber bullying, on-line fraud, sexual exploitation and grooming are all examples of this.

***“Has the Board assessed its priorities effectively and has it an action plan which helps it achieve them in a timely manner?”***

5. Whilst acknowledging these new challenges and developing ways to address them, the Board has ensured that previously identified priorities do not fall by the wayside. So, for example, the Board’s commitment to personalisation, with a strong emphasis of placing the individual at the heart of everything it does, and the commitment to “Making Safeguarding Personal ” is fitting.

***“Is there a strong commitment from parties within the Board to the Safeguarding Agenda?”***

6. Despite the obvious evidence of austerity cutting deep into everyone's resources, working together as one collective partnership, rather than a bundle of individual agencies, brings about far greater impact, improvement, and efficiency. Some examples which underline what has been achieved include:
  - Working in partnership with representatives from West Yorkshire, and York to review the Multi-Agency Safeguarding Policy and Procedure.
  - Partnership working with City of York Council to share good practice and look at where closer joint working is possible.
  - Participation in initial multi-agency meetings to develop a partnership approach to Modern Slavery and Human Trafficking.
7. When the committee reviewed last year's report, my predecessor Chairman praised the Registered Safe Places scheme. A ‘Safe Place’ symbol is displayed on a window or door so that people who are out and about and begin to feel anxious or at risk – be it because they have learning difficulties, disabilities, frailty, dementia or mental health problems – can look out for the symbol and enter the Safe Place to get help. Cllr Mulligan will be as pleased as I was to learn that 65 members are now on the scheme, with 155 registered safe places across the county. Whilst these safe places are predominantly public buildings, Phase 2 includes working with private businesses and organisations.
8. Taking into account all the above and all the other initiatives and activity outlined in the report, the evidence suggests the Board is in a healthy state - governance arrangements are sound; partnership commitment is good; work on community prevention and awareness is robust, and strategic links with other partnerships in localities are working well.
9. The session prompted us to reflect again upon how much we understand our role as councillors when it comes to safeguarding. So that we can be confident we are properly

aware of national developments and best practice, Colin has kindly agreed to help out when we hold an extra, workshop type session.

## **Advocacy**

10. Advocates provide an independent support to people, who through vulnerability or lack of capacity need support to help them make a decision, or express what they want to say, or someone to act on their behalf and represent their best interests. This is if there is no family or friend who can undertake this.
11. A good advocate:
  - listens to a person's views and concerns;
  - helps explore options and rights (without advising in any particular direction);
  - give information to help make informed decisions;
  - helps people contact relevant people, or contact them on his/her behalf; and
  - accompanies and supports people in meetings or appointments.
12. An advocate will not:
  - give their personal opinion;
  - solve problems and make decisions for the person supported;
  - nor will they make judgements about that person
13. With these principles uppermost in our minds, we assessed how the directorate has met, and continues to meet, its statutory responsibilities to provide an advocacy service. We were, of course, seeking reassurance that the directorate has followed good commissioning practice. But we wanted to know how confident we were that advocates are working effectively on a one-to-one basis with people to help them to continue to enjoy an active and independent life for as long as possible, that they are improving people's quality of life, promoting their independence and helping them to plan and to maintain or widen their social networks. I am pleased to say we were satisfied on both counts.
14. Under the Care Act, "Statutory Advocacy" was widened to include individuals who would experience substantial difficulty in being involved with care and support 'process' or safeguarding, and does not have an appropriate individual to support them. Where someone is unable to fully participate in these conversations and has no one to help them, local authorities will arrange for an independent Advocate. Other statutes place specific requirements for advocates where someone may be deprived of their liberty, and where they do not have the capacity to make a particular decision about their health and care, or living arrangements and have no close family or friend able to act on their behalf, through for example Lasting Power of Attorney. We can also provide discretionary advocacy for people who do not necessarily fall into the Care Act or more specialist advocacy requirements.

15. We reviewed the detailed data used to monitor the performance of the service. In terms of service reach, the successful lead provider, Cloverleaf, working with Advocacy Alliance and York Mind under the banner "Total Advocacy", provided effective and timely support to around 1000 people a year. Specialist advocacy continues to increase, comprising 60% of advocacy activity in 2016/17. This has increased steadily since 2012/13 in line with a doubling of Deprivation of Liberty assessments, with a need for both one-off assessments and longer term advocacy support. 25% of referrals for advocacy were for the non-statutory or discretionary independent advocacy. As the demand for Care Act advocacy has not been as high as expected, the capacity is there to provide more of this.
16. From the evidence we looked at, and from the comments we heard, we concluded:
- Contracting processes and subsequent communication with providers is transparent and fair.
  - There is constructive information sharing.
  - Contract terms are flexible enough to allow changes to be made, for example to priorities and targets, in the light of experience and changing circumstances.
  - The impact the service is having is kept under proper review.
  - Regular and productive dialogue between commissioner and provider is helping shape thinking about future provision before the end of the contract period.
17. Whilst it is, of course, pleasing to report the many positives associated with the commissioning and running of the service, our interest was always about more than just compliance. In that context it is most rewarding to learn, as we did from the very moving case studies we looked at, the real difference having an advocate is making to people's lives.

### **Looking Ahead**

18. The greater part of our next meeting will be turned over to answering the question, "How we can be confident that North Yorkshire care providers, particularly those who operate residential establishments, are meeting appropriate quality standards and requirements". Or in other words, "What makes a good care home and a good care provider"

### **JOHN ENNIS**

Chairman, Care and Independence Overview and Scrutiny Committee  
County Hall,  
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26 October 2017

Background Documents - Nil