

## North Yorkshire County Council

### Care and Independence Overview and Scrutiny Committee

Minutes of the meeting held on Thursday 28 September 2017 at 10.00am at County Hall, Northallerton.

#### **Present:-**

County Councillor John Ennis in the Chair

County Councillors: Philip Broadbank, Eric Broadbent, John Ennis (in the Chair), Caroline Goodrick, Helen Grant, David Jeffels, Andrew Jenkinson, Stanley Lumley, John Mann, Chris Pearson (as substitute for Stuart Martin MBE) and Karin Sedgwick.

In attendance: County Councillor Caroline Dickinson (Executive Member for Adult Social Care Health Integration).

Officers: Ray Busby (Scrutiny Support Officer), Sheila Hall (Head of Engagement & Governance, Engagement & Governance HAS), Avril Hunter (Locality Head of Commissioning Craven and Harrogate, Commissioning (HAS)), Stephen Miller (Senior Strategy & Performance Officer (CYPS)) and Claire Robinson (Health Improvement Manager HAS).

#### Apologies:

County Councillors Michael Chambers MBE, Stuart Martin MBE and Nicola Wilson.

Voluntary and Community Sector: Jill Quinn (Dementia Forward).

Independent Sector: Mike Padgham (Independent Care Group).

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### **Copies of all documents considered are in the Minute Book**

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#### **134. Minutes**

##### **Resolved –**

That, the Minutes of the meeting held on 29 June 2017, having been printed and circulated, be taken as read and be confirmed and signed by the Chairman as a correct record.

#### **135. Declarations of Interest**

There were no declarations of interest to note.

#### **136. Public Questions or Statements**

The committee was advised that no notice had been received of any public questions or statements to be made at the meeting.

#### **137. Independent Advocacy**

##### **Considered –**

- a) Report by the Corporate Director of Health and Adult Service providing an overview of the Independent Advocacy service that the Council has a statutory duty to provide, including how the service was commissioned, how the service is monitored and a summary of advocacy activity.
- b) Presentation by Suzi Henderson, Chief Officer of Cloverleaf accompanied by Helen Beevers from Advocacy Alliance in Scarborough

Avril Hunter explained how the directorate has followed good commissioning practice when seeking in 2015 a provider for this service.

Under the Care Act, the category "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. Discretionary advocacy can also be provided for people who do not necessarily fall into the Care Act or more specialist advocacy requirements.

Avril talked through 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 has been there to provide more of this.

Suzi Henderson and Helen Beevers described how 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.

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.

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.

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

Members expressed satisfaction with what they saw as the many positives associated with the commissioning and running of the service. They found it rewarding to learn, from the very moving case studies looked at, the real difference having an advocate can and is making to people's lives.

#### **Resolved –**

Members concluded from the evidence they saw and from the comments they heard, that:

- 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.

#### **138. NY Safeguarding Adults Board: Annual Report 2016/17**

##### **Considered -**

Introduction by Colin Morris, Independent Chair to the Annual Report of the North Yorkshire Safeguarding Adults Board for the financial year 2016/17.

Colin and Sheila highlighted a number of headline issues in this year's report.

The Board has reviewed its governance arrangements. As an example, the introduction of the Learning and Improvement Group 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.

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.

Some examples which underline what has been achieved, in partnership terms, 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.

**Resolved -**

- a) That the report and subsequent discussions be noted.
- b) 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.
- c) So that members can be confident they are properly aware of national developments and best practice, it was agreed that arrangements be made for an extra, workshop type session.

**139. North Yorkshire Joint Alcohol Strategy: Update**

**Considered -**

Report by Claire Robinson, Health Improvement Manager, Health and Adult Services updating progress against the Alcohol Strategy Annual Report 2016.

The report described the three priority areas underpinning the alcohol strategy. It includes the main developments against these outcome areas, and the impact of increased investment in the alcohol strategy including new investment in Identification and Brief Advice (IBA) to assess changes in people's behaviours and contribute to reducing alcohol related harms.

In January 2015 North Yorkshire County Council (NYCC) published a joint alcohol strategy, the aim being to galvanise partners to collectively reduce the harms from alcohol. The key achievements included:

- Commissioning by the Public Health Team to deliver free Identification and Brief Intervention (IBA) training to target professional (but non-alcohol specialist) groups across North Yorkshire. To date over 900 people have been trained.
- The increased provision of IBA in GP settings and pharmacies.
- As a response to the change in licensing legislation Public Health has been working with colleagues to influence reviews of districts Statement of Licensing Policy and also developing local profiles which include health and police data to support the licensing process and provide alcohol related data for districts.
- The successful work by Trading Standards

**Resolved -**

- a) That the report be noted.
- b) From what members saw of the published annual report and the presentations at the meeting, they agreed that experience appears to bear out the decision to

identify three outcome areas: establish responsible and sensible drinking as the norm; identify and support those who need help into treatment through recovery and to reduce alcohol related crime and disorder. By selecting these, the strategy strikes a realistic and prudent balance between promotion, awareness raising, and intervention and treatment.

**140. Suicide Audit**

**Considered -**

Report by Claire Robinson, Health Improvement Manager, Health and Adult Services updating on activity and prevalence information in relation to the Suicide Audit. Stephen Miller (Senior Strategy & Performance Officer (CYPS)) highlighted the significance and relevance of some data.

**Resolved -**

That the report and presentation be noted

**141. Work Programme**

**Considered -**

The report of the Scrutiny Team Leader on the Work Programme.

**Resolved -**

That the Work Programme be agreed.