

Policy & Partnerships (contact details below) no later than midday on Wednesday 15 September 2021. Each speaker should limit themselves to 3 minutes on any item. Members of the public who have given notice will be invited to speak:-

- at this point in the meeting if their questions/statements relate to matters which are not otherwise on the Agenda (subject to an overall time limit of 30 minutes);
- when the relevant Agenda item is being considered if they wish to speak on a matter which is on the Agenda for this meeting.

If you are exercising your right to speak at this meeting, but do not wish to be recorded, please inform the Chairman who will instruct those taking a recording to cease while you speak.

- 5. Chairman's remarks**
Any correspondence, communication or other business brought forward by the direction of the Chairman of the Committee. (FOR INFORMATION ONLY)
- 6. Suicide Prevention: Update** (Pages 9 - 26)
Presentation by Claire Robinson, Health Improvement Manager
- 7. Overview of Local and National Adult Social Care Matters**
Briefing by the Corporate Director for Health and Adult Services
- 8. Work Programme** (Pages 27 - 30)
Report of the Scrutiny Team Leader
- 9. Other business which the Chairman agrees should be considered as a matter of urgency because of special circumstances.**

Barry Khan
Assistant Chief Executive
(Legal and Democratic Services)

County Hall
Northallerton

Friday, 10 September 2021

North Yorkshire County Council

Care and Independence Overview and Scrutiny Committee

Minutes of the virtual meeting held on 29 July 2021 at 1.30pm.

Present:-

County Councillor Karin Sedgwick in the Chair.

County Councillors: Eric Broadbent, John Ennis, Helen Grant, David Jeffels, Andrew Jenkinson, David Jeffels, Stanley Lumley, John Mann, Roberta Swiers and Robert Windass.

In attendance:

County Councillors Caroline Dickinson (Executive Member for Adult Social Care) and Andy Paraskos (Older Peoples Champion)

Officers: Toya Bastow, Direct Payments Support Service Manager, Care and Support (HAS), Ray Busby (Principal Scrutiny Support Officer), Dale Owens (Assistant Director of Commissioning & Quality, Health and Adult Services), Cath Simms, Head of Targeted Prevention, Care and Support (HAS),

Apologies:

County Councillors Mike Chambers MBE, Caroline Goodrick and Cliff Trotter
Co-opted Members - Jill Quinn (Dementia Forward) and Mike Padgham (Independent Care Group)

Copies of all documents considered are in the Minute Book

246. Minutes

Resolved –

That the Minutes of the meeting held on 4 March 2021 having been printed and circulated, be taken as read and be confirmed and signed by the Chairman as a correct record.

247. Declarations of Interest

There were no declarations of interest to note.

248. 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.

249. Chairman's Remarks

The Chairman welcomed Cllrs Robert Windass and Roberta Swiers as newly appointed committee members, and recorded her thanks to Cllr Philip Broadbank for

his service on the committee and as one of its group spokespersons since the last county election.

The Chairman then updated members on changes to the work programme she had agreed to.

She was grateful for members co-operation in the rescheduling the date of this meeting.

In her statement to council, she had reported the content of the well-received informal meeting members had had with user representative groups. An account of the meeting was included in the work programme item. It was hoped that something similar could be arranged next year.

250. Direct Payments and the Covid Pandemic

Considered

Presentation from Toya Bastow, Direct Payments Support Service Manager, Care and Support (HAS), explaining Direct Payments, including: how they were applied in practice, prevalence and the impact Covid 19 had had on the service and the people who requested and received a Direct Payment.

Cllr Lumley welcomed the heart-warming stories in the presentation but the drop in numbers applying for the service was disappointing - whether because people were not aware of the service and that it could help or those in need were reducing. Toya explained that a lot of work was ongoing on this, introducing peer support meetings, best practice sharing and enabling staff to promote direct payments as an option. The service was opening up more options around individuals being able to contract with single and micro providers (who work as a network) to overcome the misgivings many users had about contracting with large-scale providers. It was hoped that the positive reaction so far seen to this initiative would continue and build.

Toya commented that there was a perception that direct payments were difficult to manage. The directorate was doing what it can to address this by highlighting that they can be quite simple to arrange and can be an easy way to receive care. Councillors in their community leadership role can help with that messaging.

Cllr Lumley encouraged the use of community hubs to help increase awareness.

Cllr Helen Grant highlighted the difficulties in rural areas of attracting Personal Assistants (PA) and concerns that, especially in the current climate, the PA might be off sick for a prolonged period. Toya reassured members that the directorate was working with those individual, sole providers to ensure resilience and support was available, through the network referred to earlier, should a PA be unable to support.

Members were pleased that the service continued to offer the level of service and had adapted well to the challenges of the pandemic.

The Chair stated that the presentation followed on from the committee's consideration two years ago. Ray Busby advised that then the committee decided that whilst levels of take-up might be where we would them to be, there is convincing evidence that there is a supporting infrastructure within the directorate combined with a good understanding of the principles behind direct payments.

Resolved –

- a) That the report be noted.
- b) The committee reaffirmed its earlier position that whilst levels of take-up might be where we would them to be, there is convincing evidence that there is a supporting infrastructure within the directorate combined with a good understanding of the principles behind direct payments.

251. Living Well During Covid 19

Considered –

The presentation covered how the Living Well service had coped and adapted during the Covid 19 pandemic.

Cath Simms explained that referrals to the service showed a dip from March 2020 but that demand quickly began to increase and returned to pre Covid-19 levels by Spring 2021. Analysis shows Living Well support was more concentrated in areas of highest need during the pandemic – areas with higher levels of deprivation

The flexible nature of the service remained a bridge between community and voluntary services and the council's adult social care response. Cath highlighted:

- Issues presented were resolved where possible by phone/virtual communication with face-to-face support when required.
- information, advice and guidance was provided to teams and to individuals to enable them to access the most appropriate support from the community and Universal offer.; this helped prevent people's needs from escalating
- Supported individuals and families to find solutions to remain well at home following discharge from hospital.
- Support for Community Support Organisations with people with more complex needs who were 'only just managing' prior to COVID-19 or were managing with support that was not available due to COVID-19.

With their experience in creative problem solving and knowledge of local services, staff were able to find ways to support people to be as independent as possible even where services were disrupted.

The type of support offered had included

- Connect people with a wide range of support, both low level and more complex
- Housing support & accommodation issues, heating, referral to Warm and Well, tenancy issues, hoarding
- Digital support – enabling people to access and use technology for family contact or online support
- Finances e.g. opening a bank account, NYLAF or grant applications
- Emotional support, accessing community groups and bereavement support
- Accessing community resources, social opportunities, finding cleaners, shopping and collecting prescriptions.
- Support to carers
- Low-level welfare checks and information gathering.

In response to a question from Cllr Paraskos, Cath Simms highlighted creative ways the service was continuing face to face contact where that was needed. She acknowledged his remark that there were indeed a group of people who were still anxious about getting out and about more and who were isolated. The directorate was doing what it can, in conjunction with GP surgeries for example, to overcome this. The connections the service had with other organisations and partners was helping to prevent people falling through the net and encouraging referrals to the service.

Cllr Mann asked whether there was a correlation between demand going back to pre Covid levels and increased waiting lists for NHS services. Were individuals with restricted mobility who were experiencing delays in receiving treatment, presenting to Living Well for support. Cath Simms acknowledged that this was likely to be the case; the service was seeing referrals from health colleagues for people needing support potentially for those very reasons. No formal analysis of this had been carried out on this but there was, however, definitely a case for working closely with health colleagues on this.

Members were reminded that the last time the committee looked at the findings of an evaluation report into Living Well, members believed evidence shows the positive impact upon service users.

The chair restated that conclusion. She believed Living Well is a genuine success story.

Resolved –

That the report be noted.

252. Dementia Village: Overview and Update

Considered –

Presentation by Dale Owens giving an update and situation report of the progress of the Dementia Village.

Dale explained that the project team were at the stage of presenting a business case to managerial leadership, which ultimately would go before Executive for formal approval.

The Dementia Village concept is aimed at tackling two of the main drivers in terms of directorate support for people with dementia.

- Supporting people with dementia when and as their condition worsens and trying to prevent the need for secondary mental health support. One of the key indicators of success in this initiative will therefore be the numbers of people detained under the mental health act.
- An economic imperative – where we do have to provide support for people detained under the mental health act or who require a rapid escalation in their need for support, this frequently means expensive, bought in services have to be commissioned. The more planning we can undertake rather than having to react in this way, the more likely we will see better outcomes at an more

affordable level, thereby increasing the directorate's capacity to provide more support and access to care for more people.

Harrogate was identified as the area of the county experiencing the greatest numbers in the category but also in terms of cost - largely for demographic reasons. So, it made sense to pilot the dementia village approach here where it would have the most impact.

The model proposed includes some level of building based service, some bespoke housing and some day-time support provision with a "wrap around" outreach service.

The outline business case carried out sufficiently demonstrated that the proposal had merit and was worth pursuing. Different aspects of that model had been refined further – for example, what type of care model would work best to prevent detention under the mental health act; build costs; and land availability. All of this had been brought together to help complete the final, detailed business case detailing the benefits that would likely be seen and also the level of investment required to achieve savings over the longer term.

Sometime towards the end of summer/early autumn, it was expected that the Executive would be asked to decide the way forward. At this stage for reasons of commercial sensitivity, nothing further or more detailed could be aired with the committee. However, the intention was to share such information with the committee as soon as that was possible.

Resolved –

That the report be noted

253. Older Peoples Champion

Considered –

Presentation by Cllr Andy Paraskos giving an update and situation report.

Cllr Paraskos explained that the major part of the role is meeting older people through their representative groups, to extend their "voice", to listen to their views, concerns and experiences. As the report says, the pandemic has meant that most groups have not met - either digitally or face to face – so that engagement aspect has been curtailed.

He was pleased to be involved in the work done by stronger communities, which looks towards putting in place an effective approach to involving older people representatives.

The picture regarding older people's familiarity with digital communication is mixed across the county. Some people and their groups have yet to get to grips with digital communication, some have, but there is a sense that some may never manage it and are just marking time till they can go back to getting together face to face.

He praised stronger communicates for all their work keeping people connected and supported by befriending, by food deliveries and so on - loneliness and be isolation is

of course a significant concern, but the hope is as things open up, people can be encouraged to get out and about safely to foster their independence.

Some OPC work is focussed on how the council provides services, helping scrutiny approach the right things. Cllr Paraskos is keen to be involved with scrutiny of health and this committee, examining the physical effects of the pandemic on older people.

Cllr Paraskos referred to a paper from Age Concern that highlighted concern at so much negative media representation of older people during the pandemic. He does not expect this to manifest itself as a concern for NYCC, but will act if he senses it is happening.

Without the massive contribution by older people as volunteers a lot of activity supporting people in communities would simply not have happened.

He thanked Adele and Marie Ann from Stronger communities who are working so hard to not only build inclusive communities in which older people can thrive, but also to find better ways to engage with those older people

Resolved –

That the report be noted

254. Work Programme

Considered –

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

The Chair referred to the importance and success of Social Proscribing.

Resolved -

That the work programme be agreed.

The meeting finished at 3.15pm

Suicide Prevention Update

Claire Robinson Health Improvement Manager
Suicide Prevention Lead for North Yorkshire

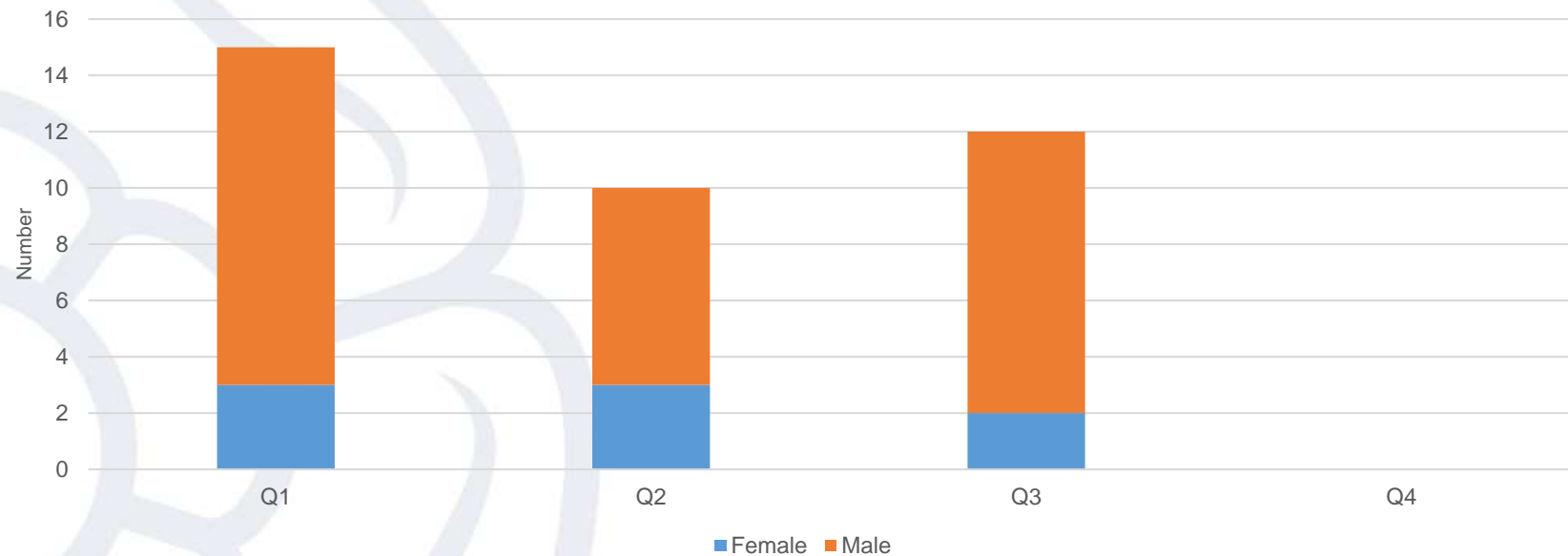
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Suspected Suicides in North Yorkshire 2020/2021

2020		2021 January – to 8/9/21	
Male	63	Male	29
Female	15	Female	8
Total	78	Total	37

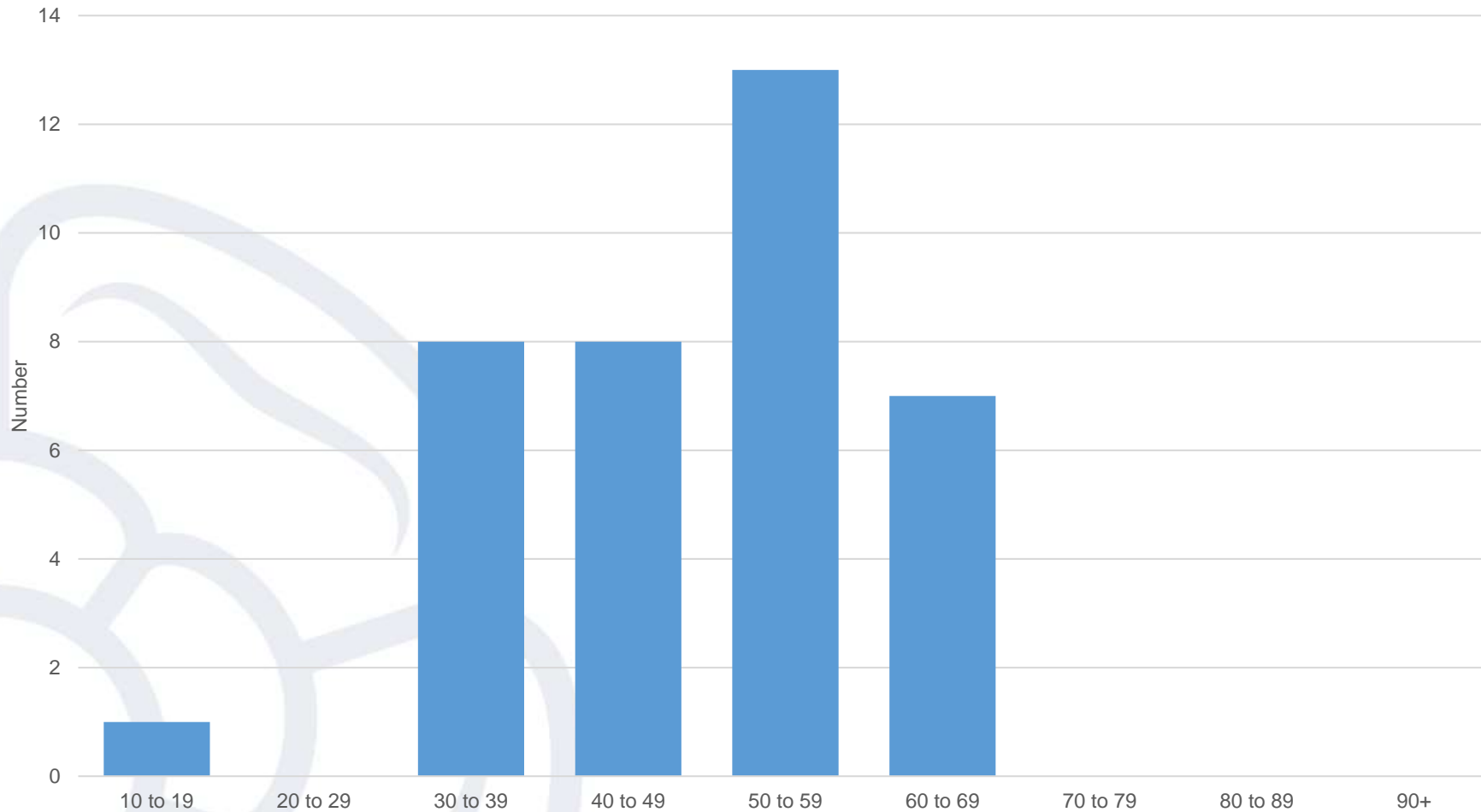
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Number of suicides by gender (1st January 2021 to date)



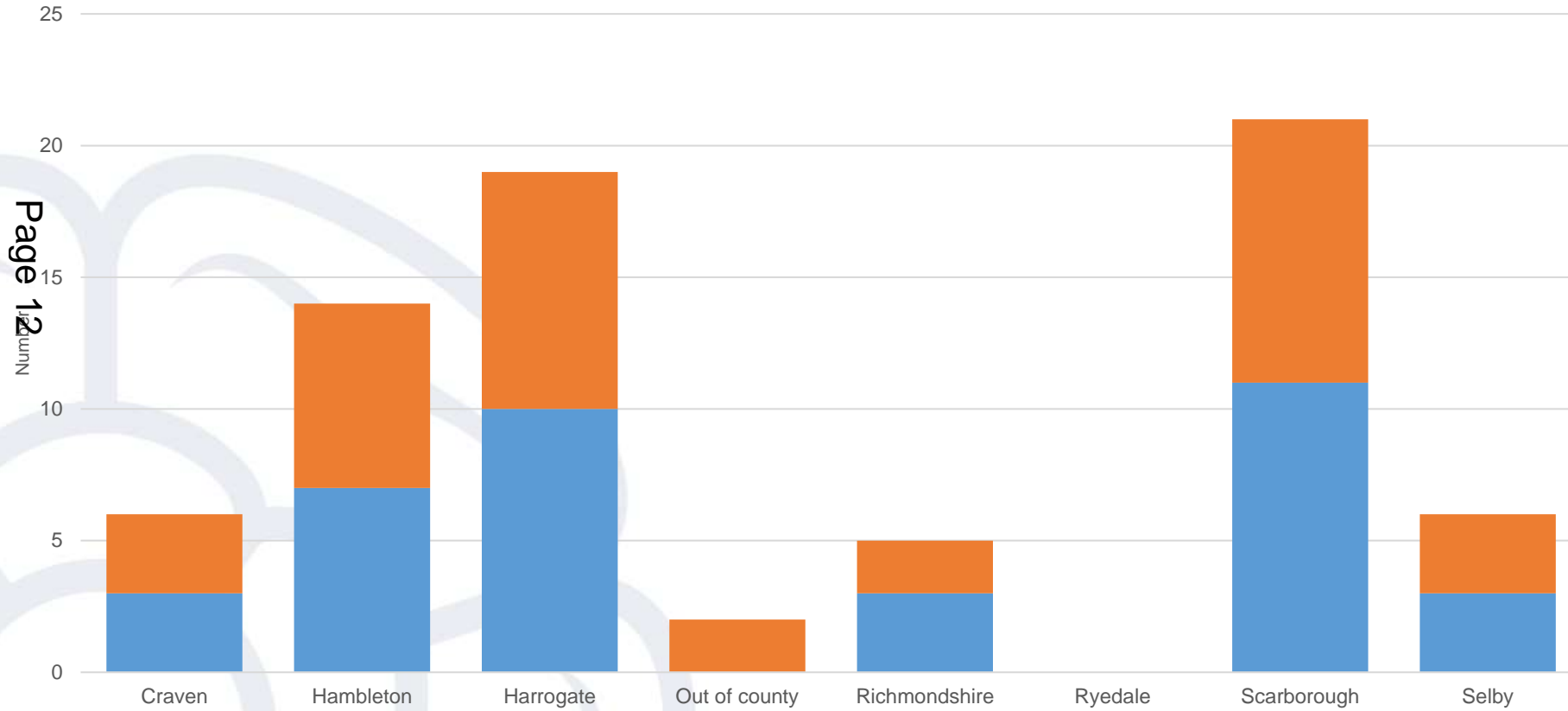
Age Range

Number of suicides by age (1st January 2021 to date)



District

Home district and place of district of death (1st January 2021 to date)



Orange is residence
Blue is location of death

NHS England funding to reduce suicides

NHS England have over the last three years provided funding to reduce suicides nationally.

In North Yorkshire we have received the following which is managed by the Stronger Communities project:

- 2019/20 £71,000 Training and community projects
- 2020/21 £96,000 Training community projects and postvention support
- 2021/22 £143,000 Training, community projects, self-harm project, postvention support

Total £310,000



Priority 1 - Reduce the risk of suicide across the North Yorkshire population, particularly targeting high-risk groups

Case Study

Supporting people who are at high risk of suicide. REACH (Reducing Exclusion for Adults with Complex Housing needs). A three-year partnership project between, Scarborough Borough Council (SBC), Health and Adult Services (HAS), Tees Esk and Wear Valley (TEWV) and Beyond Housing (BH). The model is based on a Housing First approach.

The REACH project will provide dedicated housing and intensive and community support to people who are currently homeless or likely to be made homeless due to a range of social and long term health needs including; mental health/substance misuse, physical health needs or because of their criminal activity or anti-social behaviour.

Support for men (North Yorkshire and HCV STP wide)

Qwell for men provides vital counselling, peer support and a safe, confidential space for round the clock support

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**Free, safe and
anonymous support**

Qwell for Men
Humber Coast and Vale



qwell.io/hcv



Priority 2 Recognising and reducing common contributory factors and life stressors

Annual audits of coroners records identifies factors which contribute to a person taking their own life these include:

- Financial
- Family break down
- Substance misuse
- Mental Health issues (a combination of people with low level anxiety and those with a mental health diagnosis)

Community Grass root grants

- Music events
- Men in sheds projects
- School projects to support young peoples mental health and wellbeing
- Wellbeing projects in the community 1-1 and group focused
- Counselling support
- Activities; nature, art, social
- Awareness raising events



Total allocated to community projects £124,558

Priority 3 Reduce access to the means of suicide

Samaritans signage at Malham Cove and along the coast at Whitby/Scarborough. Working with Humber Bridge to look at work they have been doing to prevent suicides on the bridge. Work with British Transport Police (BTP) to prevent suicides at stations

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Priority 4 Supporting the media in delivering sensitive approaches to suicide and suicidal behaviour

The media have been very supportive and work closely with the media/communication team at NYCC to ensure we promote the right messages and adopt the Samaritans guidance

**Samaritans' media
guidelines for
reporting suicide**

Priority 5 - Improve support for those affected by suicide in North Yorkshire in the days, months and years after a death.

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Major Incident Response Team (MIRT) provides support for those affected by suicide and we are enhancing the volunteer offer from MIRT. We have put a funding opportunity together for a organisation to work alongside MIRT volunteers to offer specialist counselling support to families who may need access to free counselling service to help them deal with their grief.

Supporting those
bereaved by suicide

Major Incident Response
Team (MIRT)



Priority 6 Further develop research, data collection and monitoring

We are working with the coroner and police to continually review data collection and monitoring to ensure we are able to react to any increases or changes.

A review of the research and working with partners ensures that the work we do contributes to a reduction in suicides and supports those affected by suicides across North Yorkshire.

Priority 7 - Develop opportunities for training and awareness raising



Head First [Home > Head First \(headfirst-northyorks.org\)](https://headfirst-northyorks.org) is North Yorkshire's first Mental Health Training Hub and was developed in September 2020 to provide resources and news around mental health and suicide prevention as well as a range of online and face-to-face training options free of charge for people living, volunteering and / or working in North Yorkshire.

- Approved 14 training providers,
- During the Covid-19 pandemic, face to face training has not been possible but providers have still delivered 17 training courses
- Over 200 people trained who live / work / volunteer in North Yorkshire.



Priority 8 Reducing rates of self-harm as a key indicator of suicide risk

We have funded 'Just B' (part of Herriot Hospice) to help us design and develop a specification for a new non-clinical self-harm support service as part of the wider suicide prevention programme. We are keen that the design of the specification for the new service is co-produced with people with lived experience of self-harm and support services, and that it reflects the needs and views of people affected

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Members Seminar – Mental Health Training

Wednesday 10th November 2021 colleagues will provide members with information on support for people bereaved by suicide and provide mental health training taster session delivered by Pat Sowa a HeadFirst trainer, champion for suicide prevention and a mother who lost her son Dom to Suicide in 2017.

We ask that as many people join this event and support the work in reducing suicides in North Yorkshire.



Further Work

- Understand the impacts of covid and monitoring changes in suicide rates
- Development of a new self-harm support service in January including potential opportunities to enhance provision in Scarborough
- World Suicide Prevention Day 10th September panel discussion with professionals to strengthen the work we do in collaboration with agencies
- Work with Sirius Minerals to inform the funding strategy for children and young peoples mental health.
- Evaluate the enhanced postvention support delivered by MIRT

Thank you

Any questions?

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NORTH YORKSHIRE COUNTY COUNCIL

Care and Independence Overview and Scrutiny Committee

20 September 2021

Work Programme Report

1.0 Purpose of Report

- 1.1 The committee has agreed the attached work programme (Appendix 1).
- 1.2 The report gives members the opportunity to be updated on work programme items and review the shape of the work ahead.

2.0 Background

- 2.1 The scope of this committee is defined as ‘The needs of vulnerable adults and older people and people whose independence needs to be supported by intervention from the public or voluntary sector’.

3.0 Scheduled Committee dates/Mid-Cycle Briefing dates

Committee meetings

- Thursday 2 December 2021 at 10am
- Thursday 10 March 2022 at 10am

Mid cycle briefing dates

- Thursday 28 October 2021

4.0 Recommendations

- 4.1 The committee is recommended to consider the attached work programme and determine whether any further amendments should be made at this stage.

DANIEL HARRY
SCRUTINY TEAM LEADER

County Hall,
Northallerton

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9 September 2021

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Care and Independence Overview and Scrutiny Committee

Scope - The needs of vulnerable adults and older people and people whose independence needs to be supported by intervention from the public or voluntary sector

Meeting Details

	Monday 20 September 2021 at 10am
	Thursday 2 December 2021 at 10am
	Thursday 10 March 2021 at 10am

Programme

BUSINESS FOR Thursday 2 December 2021			
DPH Annual Report		For Information	Louise Wallace
Local Account			Louise Wallace
All Age Autism Strategy	Update focussing on implementation within Health and Adult Services.		
Social Prescribing	Update on Progress	Discussion session with Community First	
Has Financial Pressures	An account of the pressures faced by the directorate and its relationship to national issues	Report and Presentation	Anton Hodge
Charging for Social Care	Revisit of impact of previous decisions regarding transport for day services and two handed care, but with general overview	Report and Presentation	Anton Hodge
Respite/Short breaks current position	Progress on a transformational approach to short breaks	Report and Presentation	Dale Owens
Dementia Village	Update of business case and development	Report and Presentation	Dale Owens
Reablement			Rachel Bowes
BUSINESS FOR Thursday 10 March 2021			
Transitions	Transitions pathway update – progress and review		

Commissioned Services: The Provider perspective	Series managed dialogue/conversation with providers:	eg Wellbeing, Prevention and mental health contracts, Advocacy, Dementia Support	
Support for Carers	Overview item to help assess the support provided to adult carers of adults in North Yorkshire - specifically to provide an objective view of these services and whether they provide value for money	Update on the Strategic plan for the transformation of carers offer across North Yorkshire	
Intermediate Care	Briefing on introduction of Pilot scheme		

Mid Cycle Briefings Dates –10am start

<p>Yorsexualhealth – results of procurement and possible meeting with providers</p> <p>Safeguarding - Annual Report of the NY Safeguarding Adults Board</p> <p>Shared Lives Scheme</p> <p>Procurement: Information on how the procurement of services (such as residential, nursing and domiciliary care) is linked to evidence-based medium-term commissioning strategies</p> <p>Re-imagining Homecare</p> <p>Quality Pathway</p> <p>Reablement</p>	<p>Thursday 28 October 2021</p> <p>Thursday 10 February 2022</p>
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