

NORTH YORKSHIRE COUNTY COUNCIL

22 July 2015

CARE AND INDEPENDENCE OVERVIEW AND SCRUTINY COMMITTEE

CHAIRMAN'S STATEMENT

Deprivation of Liberty Safeguards

1. Sometimes, caring for and treating people who need extra protection may mean restricting their freedom. Introduced in 2009, the Deprivation of Liberty Safeguards (DoLS) defines the legal grounds by which an individual who lacks the capacity to consent to their own care and treatment may have their freedom restricted. This process occurs when it is deemed to be in an individual's best interest, primarily to keep that person safe from harm.
2. A court ruling in March 2014 extended the scope of these safeguards, increasing the responsibilities of the managing authority (the county council) to undertake assessments in more care situations. It also entails being more proactive in taking cases of deprivation of liberty in supported accommodation and domestic settings to the Court of Protection. This has prompted a significant increase in the number of requests for assessments, a waiting list of assessments, pressures on staff and the potential for erosion of some of the elements of the mental capacity act principles and practice.
3. Managing this demand and greater expectations will be achieved by a combination of reconfiguring in-house services, investments in resources, better use of purchaser services and changed internal processes to spread and enhance the capacity.
4. Measuring whether this response is having the right effect, and evaluating our overall performance relative to others, is not straightforward because there is so little national benchmarking data. All authorities seem to be struggling to cope with these increased demands and especially struggling to complete case assessments on time.
5. This unexpected surge in demand undoubtedly places the Directorate's performance in jeopardy, but from our assessment of the information given, all the indications are that the Directorate's response has been effective.

Draft Mental Health Strategy

6. "Mental illness can affect any one of us." Not often talked about, mental health is beginning to receive the national, local and regional profile it has needed for some

time. We were pleased to see the Health and Wellbeing Board taking a positive stance as it develops its Mental Health Strategy.

7. It is estimated that one in four people will experience at least one mental health problem during their lifetime. Mental health has a personal and an economic cost, with the potential to significantly affect life expectancy and reduce life opportunities. Someone with an enduring mental health problem is more likely to develop chronic diseases and die, on average, 20 years earlier than the general population. Someone with mental ill health is likely to have fewer qualifications, experience more unemployment and a lower income, and is more likely to be homeless or living in unsecured housing. Up to 23% of the total burden of ill health is due to mental ill health. The cost of mental health problems to the economy in England have recently been estimated at £105 billion, and treatment costs are expected to double in the next 20 years.
8. We particularly liked the clarity of the three priorities in the strategy: resilience, responsiveness and reaching out, which focus on support to individuals, families and communities working in partnership and responding to needs. The draft strategy has our wholehearted support; we intend to look at the final version that is put to the Health and Wellbeing Board.

Self-Funders

9. In England, older people who pay entirely for their own social care and support account for 45% of residential care home places, 47.6% of nursing home placements and 20% of home care support. These people (not just older people) are often referred to as 'self-funders'. The self-funded registered residential care and registered nursing home market is worth £4.9 billion per year and the self-funded home care market £652 million. (2011 Local Government Information Unit Survey)
10. Self-funders have the potential to become very costly to the state, and to local authorities in particular, if they make uninformed choices about care or purchase care which after a time they can no longer afford, they risk running out of funds.
11. This is a significant issue for a county like North Yorkshire, which has above average numbers of people who pay and arrange for their own care needs, and above average numbers of people who, through the Council's charging arrangements, pay the full cost of their care package.
12. The Committee reviewed some of the arrangements being made to help, which include preventative support services, and better access to information and advice. Recognising that, as is often the case, a person's decision to enter residential care is taken at a time of crisis - which can itself create a long-term dependency - we were encouraged by the work being done with NHS partners

aimed at delivering models of care that rehabilitate people to maintain and/or return to independent living.

13. The position of self-funders and paying for residential care will be significantly affected by the Dilnot proposals to be introduced as part of the Care Act. We will look at their likely impact before this part of the Care Act provisions comes into force in April 2016.

Assessment and Re-ablement Pathway Savings

14. The County Council recently decided that the Committee should review 2020 Savings in respect of complex cases, and the Assessment and Re-ablement Pathway.
15. Complex need cases have been considered, and, as I reported on a previous occasion, work has continued successfully in this area. At our last meeting we turned our attention to the Assessment and Re-ablement Pathway. We learned that the work on reconfiguring services to achieve the required savings is complex, ranging from improved information, changed roles for customer service, developments in the resource provided as part of the Assessment and Re-ablement Team, and management of demand in conjunction with partners. These may have staff implications, the detail of which will emerge throughout the year.
16. Given that the proposals are at such an early, sensitive stage, we will not be in a position to review how successful they will be in all respects, not just financially, until sometime next year.

Looking Ahead

17. Our next meeting in October has a fairly full agenda. Our intention is to look at our Stronger Communities programme (insofar as it relates to social care), targeted prevention, the Local Account, progress of the North Yorkshire Local Assistance Fund and the Director of Public Health's Annual Report.

COUNTY COUNCILLOR PATRICK MULLIGAN
Chairman, Care and Independence Overview and Scrutiny Committee

County Hall,
NORTHALLERTON

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