CITY OF WOLVERHAMPTON COUNCIL	**Cabinet** 31 July 2019

Time 5.00 pm **Public Meeting?** YES **Type of meeting** Executive

Venue Committee Room 3, Third Floor - Civic Centre, St Peter's Square, Wolverhampton WV1 1SH

Membership

Chair Cllr Ian Brookfield (Lab)
Vice-Chair Cllr Peter Bilson (Lab)

Labour

Cllr Harman Banger
Cllr Steve Evans
Cllr Dr Michael Hardacre
Cllr Jasbir Jaspal
Cllr Linda Leach
Cllr Louise Miles
Cllr John Reynolds
Cllr Sandra Samuels OBE

Quorum for this meeting is five Councillors.

Information for the Public

If you have any queries about this meeting, please contact the Democratic Services team:

Contact Philippa Salmon
Tel/Email Tel: 01902 555061 or philippa.salmon@wolverhampton.gov.uk
Address Democratic Services, Civic Centre, 1st floor, St Peter's Square, Wolverhampton WV1 1RL

Copies of other agendas and reports are available from:

Website http://wolverhampton.moderngov.co.uk
Email democratic.services@wolverhampton.gov.uk
Tel 01902 550320

Please take note of the protocol for filming, recording, and use of social media in meetings, copies of which are displayed in the meeting room.

Some items are discussed in private because of their confidential or commercial nature. These reports are not available to the public.

If you are reading these papers on an electronic device you have saved the Council £11.33 and helped reduce the Council's carbon footprint.

Agenda

Part 1 – items open to the press and public

Item No. *Title*

MEETING BUSINESS ITEMS

1 **Apologies for absence**

2 **Declaration of interests**

3 **Minutes of the previous meeting** (Pages 5 - 10)
[For approval]

4 **Matters arising**
[To consider any matters arising from the minutes of the previous meeting]

DECISION ITEMS (AMBER - DELEGATED TO THE CABINET)

5 **Draft Budget and Medium Term Financial Strategy 2020-2021 to 2023-2024** (Pages 11 - 36)
To present the Draft Budget and Medium Term Financial Strategy 2020-2021 - 2023-2024.]

6 **City Learning Quarter** (Pages 37 - 44)
[To approve the City Learning Quarter proposal.]

7 **Joint Dementia Strategy for Wolverhampton** (Pages 45 - 142)
[To approve the Joint Dementia Strategy for Wolverhampton.]

8 **Wolverhampton Multi-Agency Safeguarding Arrangements** (Pages 143 - 162)
[To approve the Wolverhampton Multi-Agency Safeguarding Arrangements, compliant with Working Together 2018.]

9 **Exclusion of press and public**
[To pass the following resolution:

That in accordance with Section 100A(4) of the Local Government Act 1972 the press and public be excluded from the meeting for the following items of business as they involve the likely disclosure of exempt information on the grounds shown below.]

PART 2 - EXEMPT ITEMS, CLOSED TO PRESS AND PUBLIC

10	**Grand Theatre Expansion Plans** (Pages 163 - 170) [To consider the Grand Theatre Expansion Plans.]	Information relating to the financial or business affairs of any particular person (including the authority holding that information)	(3)

This page is intentionally left blank

Agenda Item No: 3

CITY OF WOLVERHAMPTON COUNCIL

Meeting of the Cabinet

Minutes - 10 July 2019

Attendance

Members of the Cabinet

Cllr Ian Brookfield (Chair)
Cllr Peter Bilson (Vice-Chair)
Cllr Harman Banger
Cllr Steve Evans
Cllr Dr Michael Hardacre
Cllr Jasbir Jaspal
Cllr Louise Miles
Cllr John Reynolds
Cllr Sandra Samuels OBE

Employees

Mark Taylor	Deputy Managing Director
Emma Bennett	Director of Children's Services
John Denley	Director of Public Health
Kate Martin	Director of City Assets & Housing
Meredith Teasdale	Director of Education
David Watts	Director of Adult Services
Alison Shannon	Chief Accountant
Tracey Christie	Head of Legal Services
Philippa Salmon	Democratic Services Officer

Part 1 – items open to the press and public

Item No. *Title*

1 **Apologies for absence**
Apologies for absence were received from Councillor Linda Leach.

2 **Declaration of interests**
There were no declarations of interest submitted.

3 **Minutes of the previous meeting**
That the minutes of the meeting held on 5 June 2019 be approved as a correct record and signed by the Chair.

4 **Matters arising**
There were no matters arising from the minutes of the previous meeting.

5 **Capital Budget Outturn 2018-2019 including Quarter One Capital Monitoring 2019-2020**

Councillor Louise Miles presented the Capital Budget Outturn 2018-2019 including Quarter One Capital Monitoring 2019-2020 for approval and recommendation to Full Council. The report provided an update on the outturn position for 2018-2019 and on the 2019-2020 financial performance of the General Revenue Account and Housing Revenue Account (HRA) capital programmes, whilst also providing a revised forecast for 2019-2020 to 2023-2024 as at quarter one of 2019-2020. Revisions to the current approved capital programmes covering the period 2019-2020 to 2023-2024 were also recommended.

Resolved:

Council is recommended to:

1. Approve the revised City of Wolverhampton Council Capital Strategy.
2. Approve the revised medium term General Revenue Account capital programme of £334.2 million, a reduction of £7.9 million from the previously approved programme and the change in associated resources.
3. Approve the revised Housing Revenue Account capital programme of £441.9 million, a reduction of £609,000 from the previously approved programme and the change in associated resources.

Cabinet resolved:

1. That the virements for the General Revenue Account capital programme be approved as detailed at Appendix 5 to the report for;
   i. Existing projects totalling £11.1 million;
   ii. New projects totalling £6.8 million.
2. That the virements for the Housing Revenue Account capital programme be approved as detailed at Appendix 5 to the report for:
   i. Existing projects totalling £3.8 million.
3. That the General Revenue Account outturn position for 2018-2019 which stands at 76.1% of the approved capital budget be noted.
4. That the Housing Revenue Account outturn position for 2018-2019 which stands at 86.1% of the approved capital budget be noted.

6 **Treasury Management-Annual Report 2018-2019 and Activity Monitoring Quarter One 2019-2020**

Councillor Louise Miles presented the Treasury Management - Annual Report 2018 - 2019 and Activity Monitoring Quarter One 2019-2020 for noting and recommendation to Council. The report set out the results of treasury management activities carried out in 2018-2019, together with performance against the Prudential Indicators previously approved by Council. It also provided a monitoring and progress report on treasury management activity for the first quarter of 2019-2020, in line with the Prudential Indicators approved by Council in March 2019.

Resolved:

Council is recommended to note:

1. The Council operated within the approved Prudential and Treasury Management Indicators, and also within the requirements set out in the Council's approved Treasury Management Policy Statement during 2018-2019.

2. That a revenue net overspend of £2.2 million for the General Revenue Account and an underspend of £195,000 for the Housing Revenue Account were generated from treasury management activities in 2018-2019.
3. A break even position for the General Revenue Account and an underspend of £910,000 for the Housing Revenue Account are forecast from treasury management activities in 2019-2020.

Cabinet resolved:
1. That it be noted that £1.4 million was drawn down from the Treasury Management Equalisation Reserve in 2018-2019 in line with the approved budget.
2. That it be noted that during 2018-2019, it was projected that there would be an overspend against the General Revenue Account Treasury Management budget in the region of £2.0 million, primarily as a result of an increase in Minimum Revenue Provision charges following a review. Cabinet (Resources) Panel approved that the overspend could be met by a further draw down from the Treasury Management Equalisation Reserve, however, due to other underspends across the Corporate Directorate this was not required.

7 **Wolverhampton Youth Justice Plan 2019-2020**

Councillor John Reynolds presented the Wolverhampton Youth Justice Plan 2019-2020 for recommendation to Full Council. The Plan related to the work of the Youth Offending Team (YOT) partnership under the oversight of the YOT Management Board and the Safer Wolverhampton Partnership.

When compared against the previous year, the first-time entrant rate for the Criminal Justice System for Wolverhampton had shown a 32% reduction in young people and a 14% reduction in the number of offences committed by young people. Key achievements included the data provided by the Wolverhampton Reoffending Live Tracker toolkit, which showed an overall binary reoffending rate of 17%, compared to a regional performance of 35.3% and national performance of 37.9%. The Youth Justice Plan for 2019-2020 also set out priorities and areas of focus for the coming year including the implementation of trauma informed practice, strengthened links with the Early Intervention service and increased participation of YOT young people.

Resolved:

Council is recommended to:
Approve the adoption of the Youth Justice Plan 2019-2020.

8 **Wolverhampton's Tackling Violence and Exploitation Strategy**

Councillor Jasbir Jaspal presented the Wolverhampton's Tackling Violence and Exploitation Strategy for endorsement. The Strategy reflected the national shift towards a public health approach to violence and tackling all forms of serious violence and exploitation in a holistic manner. The Strategy addressed all related issues together rather than individually, namely child sexual exploitation, child criminal exploitation, modern slavery and gangs and youth violence. The model of delivery would focus on prevention, preparation, protection and progressing enforcement action against those involved in violence and exploitation.

Resolved:

That the implementation of Wolverhampton's Tackling Violence and Exploitation Strategy, as approved by the Safer Wolverhampton Partnership Board, Safeguarding Children Board and Safeguarding Adults Board, be endorsed and supported.

9 **Safer Wolverhampton Partnership Annual Report 2018-2019**

Councillor Jasbir Jaspal presented the Safer Wolverhampton Partnership Annual Report 2018-2019 for endorsement. The report summarised the progress made by the Safer Wolverhampton partnership during 2018-2019 and identified areas for future development. The Safer Wolverhampton Partnership was statutorily required to produce an annual report detailing progress against its strategic plan and performance. The annual report also detailed services which had been commissioned using the annual allocated grant from the Office of the Police and Crime Commissioner. The report also summarised performance against the 2017-2020 Community Safety and Harm Reduction Strategy. Collaborative partnership working had been undertaken against all of the strategic priorities. Areas of note included work to reduce aggressive begging and rough sleeping, address hate related crime and violence against women and girls and prevention activities for those either at risk of gang involvement or involved in youth violence.

Resolved:

That the Safer Wolverhampton Partnership Annual Report 2018 - 2019, as approved by the Safer Wolverhampton Partnership Board, be endorsed.

10 **The House Project**

Councillor John Reynolds presented The House Project for approval. The report detailed the benefits of running a local House Project for children in care and care leavers and the impact it could have on outcomes for young people. The House Project would give greater placement choice for young people to be supported into independence. It would also provide the additionality of peer support contributing to reducing feeling of loneliness and isolation, and offer opportunities via the potential funding for training and employment options for Wolverhampton young people in care and care leavers. Although the focus was on the benefits for young people, establishing the House Project in Wolverhampton would also be financially cost effective, resulting in an annual saving from Year 2 onwards.

The Cabinet recorded thanks to all involved in the House Project for their work.

Resolved:

1. That it be approved that the City of Wolverhampton Council, in partnership with the National House Project and Reconomy, delivers a local House Project for young people in care and care leavers.
2. That authority be delegated to the Cabinet Member for Resources, in consultation with the Director of Finance, to approve contributions from Reconomy towards the costs of the National House project.

11 **Local Lettings Plan - New Build Properties**

Councillor Peter Bilson presented the Local Lettings Plan – New Build Properties for approval. Wolverhampton was set to build or acquire over 500 new affordable rent Council properties by 2024, so the Local Lettings Plan was required to support their integration into the wider housing stock. The Local Lettings Plan had been designed to ensure the stability and sustainability of new communities created through new build development, whilst ensuring existing communities remained balanced and sustainable and would not be destabilised by the letting of concentrations of new builds within an area. The Plan would seek to make best use of stock by maximising the number of households in housing need, assisted by the development of new build properties as well as ensuring groups protected by an equality characteristic would not be disadvantaged.

Resolved:

That the Local Lettings Plan for new build properties, attached as Appendix 1 to the report, be approved.

12 **Green Park School - Significant Change Proposal**

Councillor Dr Michael Hardacre presented the Green Park School - Significant Change Proposal for formal consideration and approval. Levels of demand for educational provision in Wolverhampton had increased significantly in recent years and the total number of pupils with SEND within Wolverhampton's schools was forecast to increase by 13% between 2017-2018 and 2025-2026. The creation of additional capacity within the popular and successful school would provide extra places to meet an increasing level of demand in the City. The capital costs of the expansion scheme would be met through grant funding.

Resolved:

1. That, in accordance with statutory guidance, the outcome of Pre-publication Consultation and Representation regarding the proposed permanent expansion of Green Park School be formally considered.
2. That the permanent expansion of Green Park School be approved.

13 **Draft All Age Travel Assistance Policy**

Councillor Dr Michael Hardacre presented the Draft All Age Travel Assistance Policy for approval to commence a 12-week formal consultation on the Policy. The report detailed proposals to improve the Council's travel assistance offer, to better support the needs of residents and to promote the development of increased independence where appropriate. The development of a full range of travel assistance options, including Personal Transport Budgets and bespoke solutions for families would provide increased choice and personalisation. The new All Age Travel Assistance Policy would be more transparent, and person-centred.

Resolved:

The Cabinet is recommended to:

1. That the commencement of a 12-week formal consultation on the draft All Age Travel Assistance Policy, as attached at Appendix 2 to the report, from 2 September 2019 to 29 November 2019 be approved.
2. That authority be delegated to the Cabinet Member for Education and Skills, in consultation with the Director of Education and the Delivering Independent Travel – Councillor Reference Group, to approve supplementary accessible documents and summary of proposals to be made available during formal consultation aimed at individuals receiving travel assistance and their families.
3. That proposals 1 – 9, which outline the significant changes to current policy practice and are already incorporated in the draft All Age Travel Assistance Policy, attached at Appendix 2 to the report be noted.
4. That it be noted that supplementary accessible documents will be available during formal consultation aimed at individuals receiving travel assistance and their families along with a summary of proposals.
5. That it be noted that the results of the consultation commencing on 2 September 2019 and engagement with the City of Wolverhampton residents and transport stakeholders would be reported to and inform a subsequent decision by Cabinet in February 2020.
6. That it be noted that a summary of this document is available within the All Age Travel Assistance Policy Presentation, attached at Appendix 1 to the report.

Agenda Item No: 5

CITY OF WOLVERHAMPTON COUNCIL

Cabinet
31 July 2019

Report title	Draft Budget and Medium Term Financial Strategy 2020-2021 to 2023-2024	
Decision designation	AMBER	
Cabinet member with lead responsibility	Councillor Louise Miles Resources	
Key decision	Yes	
In forward plan	Yes	
Wards affected	All Wards	
Accountable director	Tim Johnson, Managing Director	
Originating service	Strategic Finance	
Accountable employee	Claire Nye Tel Email	Director of Finance 01902 550478 claire.nye@wolverhampton.gov.uk
Report to be/has been considered by	Strategic Executive Board	16 July 2019

Recommendations for decision:

The Cabinet is recommended to approve:

1. The draft budget strategy linked to the Five Year Financial Strategy, including the budget reduction and income generation targets, for inclusion in the Draft Budget and Medium Term Financial Strategy 2020-2021 to 2023-2024, to be reported to Cabinet in October 2019.

2. That work continues between August and October 2019 to further develop the budget reduction and income generation proposals identified in this report, in order to ensure that a balanced budget can be set for 2020-2021.

3. That progress on the development of budget reduction and income generation proposals be reported to Cabinet in October 2019 for approval to proceed to the formal consultation stage of the budget process.

4. That further options are explored between August and October 2019 to address the updated projected budget deficit of £4.9 million for 2020-2021 based on the Council's Five Year Financial Strategy.

Recommendations for noting:

The Cabinet is recommended to note**:**

1. That, a number of assumptions have been made with regards to the level of resources that will be available to the Council as detailed in section 5 of this report. It is important to note that there continues to be a considerable amount of uncertainty with regards to future income streams for local authorities over the forthcoming Comprehensive Spending Review period. At the point that further information is known it will be incorporated into future reports to Councillors. Any reduction in the Government's allocation of funding to the Council would have a significant detrimental impact and further increase the budget deficit forecast over the medium term.

2. That, due to external factors, budget assumptions remain subject to significant change, which could, therefore, result in alterations to the financial position facing the Council.

3. That an element of the high-level strategy for 2020-2021 relate to one-off opportunities that can be achieved in 2020-2021.

4. That the updated projected deficit assumes the achievement of budget reduction and income generation proposals amounting to £9.6 million over period 2019-2020 to 2023-2024.

5. That the 2020-2021 budget timetable will, as in previous years, include an updated report presented to Cabinet in October 2019 detailing budget reduction and income generation proposals that will be subject to formal budget consultation during October to December 2019. Further to this, an update on all budget assumptions and the Provisional Local Government Settlement will be presented to Cabinet by January 2020, with the final budget report due to be approved by Full Council in March 2020.

6. That the overall level of risk associated with the 2019-2020 Budget and Medium Term Financial Strategy 2019-2020 to 2023-2024 is assessed as Red.

1.0 Purpose

1.1 The purpose of this report is to provide Councillors with an update on progress towards identifying additional budget reduction proposals in order to address the projected budget deficit of £27.3 million in 2020-2021, rising to £40-£50 million over the medium term to 2023-2024.

1.2 This is the first report of the financial year on the Draft Budget and the Medium Term Financial Strategy (MTFS) for the period of 2020-2021 to 2023-2024.

2.0 Background and Summary

2.1 Since 2010-2011 despite the successive cuts in Council resources, which have led to significant financial challenges, the Council has set a balanced budget in order to deliver vital public services and city amenities. Over the last eight years the Council has identified budget reductions in excess of £220 million. The extent of the financial challenge over the medium term continues to represent the most significant challenge that the Council has ever faced, with reducing resources, growing demand for services and significant cost pressures.

2.2 In order to respond to this financial challenge and the growing demand for services, the Council has developed a Financial Strategy to address the projected deficit over the medium term which is detailed in section 3 of this report.

2.3 The Council's General Fund Balance stands at £10 million, which is the minimum balance as determined in the Council's Reserves and Balances Policy. In addition, the Council holds specific reserves which are set aside to fund future planned expenditure. It is vital the council continues to hold these reserves to fund future expenditure and therefore it is not an option to use the funds to meet the budget deficit.

2.4 The Budget and Medium Term Financial Strategy (MTFS) 2019-2020 to 2023-2024 was presented to Full Council for approval on 6 March 2019. The Council was able to set a balanced budget for 2019-2020 without the use of General Fund reserves. However, it was projected that the Council would be faced with finding further estimated budget reductions totalling £27.3 million in 2020-2021 rising to £40-£50 million over the medium term to 2023-2024.

2.5 It is important to note that the updated projected budget deficit assumes the achievement of budget reduction and income generation proposals amounting to £9.6 million over the five-year period from 2019-2020 to 2023-2024. Having identified budget reductions in excess of £220 million over the previous eight financial years, the extent of the financial challenge over the medium term continues to represent the most significant challenge that the Council has ever faced.

2.6 In March 2019, Full Council approved that work started immediately to identify budget reductions and income generation proposals for 2020-2021 onwards, in line with the Five Year Financial Strategy, and for progress to be reported to Cabinet in July 2019.

2.7 It should be noted that due to external factors, budget assumptions remain subject to change. This could therefore result in alterations to the financial position faced by the Council.

2.8 Since the 2019-2020 budget was set, work has been ongoing across the Council, including in depth service reviews undertaken by the Deputy Managing Director, to identify opportunities in line with the Five Year Financial Strategy to support the budget strategy for 2020-2021 and future years.

2.9 This report provides an update on progress towards the budget strategy for 2020-2021 and future years, whilst also detailing emerging pressures that the Council currently faces.

3.0 Five Year Financial Strategy

3.1 The Council's strategic approach to address the budget deficit continues to be to align resources to Our Council Plan 2019-2024 which was approved by Full Council on 3 April 2019.

3.2 Our Council Plan 2019-2024 sets out how we will deliver our contribution to Vision 2030 and how we will work with our partners and communities to be a city of opportunity. The plan includes six strategic priorities which come together to deliver the overall Council Plan outcome of 'Wulfrunians will live longer, healthier and more fulfilling lives.' Over the medium term, resources will continue to be aligned to enable the realisation of the Council's priorities of achieving:

- Children and Young People get the best possible start in life
- Well skilled people working in an inclusive economy
- More good jobs and investment in our city
- Better homes for all
- Strong, resilient and healthy communities
- A vibrant, green city we can all be proud of.

3.3 Extensive work has been undertaken to develop a Five Year Financial Strategy, which was presented to Full Council in March 2019, to address the deficit over the medium term. The Financial Strategy consists of five core principles underpinned by eight core workstreams. Using the Core Workstreams as the framework for the Financial Strategy detailed delivery plans are being developed all with a lead director. The Core principles and workstreams are:

- **Core Principles:**
  - **Focusing on Core Business**. Focus will be given to those activities that deliver the outcomes local people need and which align to our Council Plan and Financial Strategy.
  - **Promoting Independence and Wellbeing**. We will enable local people to live independently by unlocking capacity within communities to provide an effective and supportive environment.

- **Delivering Inclusive Economic Growth**. We will continue to drive investment in the City to create future economic and employment opportunities.
- **Balancing Risk**. We will ensure we base decisions on evidence, data and customer insight.
- **Commercialising our Approach.** We will boost social value in our City by maximising local procurement spend with people and businesses.

- **Core Workstreams:**
  - **Promoting Digital Innovation.** Improve access to digital services to empower local people to self-serve at a time and place that suits them whilst reducing 'traditional' operating costs.
  - **Reducing demand**. Through early intervention and closer collaboration with local people we aim to reduce demand for services and support greater independence and resilience.
  - **Targeted Service Delivery.** Our efforts will be focused in the areas and places that need us the most and where we can deliver the best possible outcomes within the resources available.
  - **Sustainable Business Models.** We will develop the most efficient and effective services possible, within the significant financial constraints we face, to meet the needs of local people.
  - **Prioritising Capital Investment.** Aligned to our strategic plan, investment will focus on the priorities that deliver the best possible return and outcomes for local people.
  - **Generating Income.** Better understanding the markets we operate in will enable us to develop new, innovative income generation opportunities with partners where appropriate.
  - **Delivering Efficiencies.** By reviewing our resources, business processes and better using technology, we will deliver services which meet customer needs efficiently and cost-effectively.
  - **Maximising Partnerships and External Income.** We will take a much more strategic role, working with our partners, to identify opportunities to collaborate, share resources, reduce costs and seize funding opportunities.

4.0 Budget Strategy 2020-2021 to 2023-2024

4.1 Since the 2019-2020 budget was set in March 2019, work has been ongoing to identify budget reduction and income generation opportunities to address the projected budget challenge of £27.3 million for 2020-2021, rising to £40-£50 million over the medium-term period to 2023-2024.

4.2 2019-2020 is the final year of the Comprehensive Spending Review 2015, which covers the parliamentary period to 2019-2020. At the point of writing, it remains unclear as to whether the Comprehensive Spending Review 2020, and the corresponding reforms to the Fair Funding Formula and Business Rates Retention, will be announced in this financial year in order to provide greater certainty for 2020-2021 and the medium term.

4.3 Due to the uncertainty the Council currently faces, it is particularly challenging to project the potential resources that will be available to the Council over the forthcoming Comprehensive Spending Review period.

4.4 The Local Government Association and financial research organisations envisage that the Comprehensive Spending Review 2020 will be delayed due to the extension of ongoing negotiations surrounding Brexit and the Leadership election process for a new Prime Minister, and therefore local authorities are likely to receive a one-year settlement for 2020-2021 only.

4.5 The various opportunities, as detailed in the paragraphs below, may in some instances require further analysis and consideration, which will take place between August and October 2019, prior to being incorporated into the Draft Budget and Medium Term Financial Strategy 2020-2021 to 2023-2024 report which will be presented to Cabinet for approval in October 2019.

5.0 Corporate Resources

5.1 A number of assumptions have been made with regards to the level of resources that will be available to the Council. It is important to note that there continues to be a considerable amount of uncertainty with regards to future funding streams for local authorities over the forthcoming Comprehensive Spending Review. The Budget and Medium Term Financial Strategy (MTFS) 2019-2020 to 2023-2024 presented to Full Council for approval on 6 March 2019 detailed the assumptions on the resources that will be made available to the Council over the medium term. These includes assumptions around the continuation of grants including the Improved Better Care Fund. These assumptions whilst robust do carry an element of risk due to the uncertainties facing the council. Any reduction in the Government's allocation of funding to the Council would have a significant detrimental impact and increase the budget deficit forecast over the medium term. The implementation of these increases will be subject to the Government providing this flexibility.

Council Tax assumptions

5.2 In the Autumn Spending Review 2015 the Government announced that it is to allow local authorities with adult social care responsibilities, the power to raise an additional 2% through Council Tax to fund adult social care. The 2% adult social care precept would be in addition to the Council Tax referendum limit and would need to be used for adult social care only.

5.3 Further to this, in the 2019 Final Local Government Finance Settlement the Government confirmed that the Council Tax referendum limit for local authorities in 2019-2020 would remain at 3%. This therefore enabled the Council to increase Council Tax by a maximum of 4.99% in 2019-2020; the sum of 2.99% Council Tax increase plus a 2% adult social care precept.

5.4 The Budget and MTFS 2019-2020 to 2023-2024 approved by Full Council on 6 March 2019 assumes an increase in Council Tax of 1.99% and zero change in the adult social care precept for 2020-2021. The Government have not yet indicated whether the adult social care precept will be continued or if the existing referendum limit will remain. It is forecast that additional funds in the region of £1.0 million could be realised in 2020-2021, if Council Tax were to be raised by an additional 1% to 2.99%. Furthermore, if the adult social care precept were to be increased by 2% in 2020-2021 additional funds in the region of £2.1 million would be realised. The additional funds generated would support the delivery of key services including Adult and Children's Services. It is therefore proposed that consideration is given to increasing Council Tax by a further 1% in 2020-2021 to 2.99% and increasing the adult social care precept by 2% as part of the 2020-2021 budget consultation process.

5.5 The council tax income reflected in Table 1 below assumes that the forecast increase in Council Tax and adult social care precept continues up until 2023-2024. Over that period, additional income totalling £14.3 million would be raised.

New Homes Bonus

5.6 In the 2019 Final Local Government Finance Settlement the Government provided illustrative New Homes Bonus allocations to 2022-2023. It was announced at this point that the Government remains committed to incentivising housing growth and will consult with local authorities on how best to reward housing delivery effectively. If the existing methodology were to be rolled forward it is anticipated that additional New Homes Bonus income in the region of £250,000 would be received each year over the medium term from 2020-2021 to 2023-2024, due to housing growth within Wolverhampton. Work will continue over the next few months to further analyse this projected value over the medium term.

Adult Social Care Grant

5.7 As detailed above, nationally it is envisaged that the Comprehensive Spending Review 2020 will be delayed due to extension of ongoing negotiations surrounding Brexit and the Leadership election process for a Prime Minister, and therefore local authorities will receive a one-year settlement for 2020-2021 only. Taking this into account, in conjunction with historical trends that the Council has seen over the last few years, it is anticipated that the Government will announce that local authorities receive adult social care winter pressures grant funding in 2020-2021. The resources available to the Council have therefore been revised to incorporate forecast Adult Social Care winter pressures grant totalling £1.4 million in each year over the medium term from 2020-2021 to 2023-2024.

Capital Receipts and other one-off funding sources

5.8 In 2016-2017 the Government allowed councils to use new capital receipts from April 2016 to March 2019 to pay for transformation work that is designed to make revenue savings. The 2018 provisional local government finance settlement announced the continuation of this flexibility for a further three years.

5.9 The Council's approved General Revenue Account Capital Programme includes assumptions about the level of capital receipts to be generated over the medium term and the use of capital receipts to pay for revenue transformational projects that are designed to make revenue budget reductions.

5.10 Following a review of the anticipated level of capital receipts that are likely to be generated over the medium term, it is proposed that capital receipts used to pay for revenue costs of transformational projects designed to make revenue budget reductions are maximised in 2020-2021 and 2021-2022. It is therefore proposed that capital receipts and other one-off funding sources totalling £10 million and £5 million in 2020-2021 and 2021-2022 respectively, are incorporated into the medium term financial strategy as detailed in Table 1.

5.11 In maximising capital receipts to fund transformational work, funding assumptions in the Council's approved General Revenue Account Capital Programme will be revised in future reports to Councillors.

6.0 Five Year Financial Strategy

6.1 As detailed above, work has been ongoing across the Council, including in depth service reviews undertaken by the Deputy Managing Director, to identify opportunities in line with the Five Year Financial Strategy to support the budget strategy for 2020-2021 and future years.

6.2 A summary of some of the proposals being developed are summarised below, whilst a full list of all opportunities being explored can be found at Appendix 1.

Reducing Demand

6.3 Wolverhampton has seen significant transformation within its Children's and Adults Services in recent years. Under the Transforming Children's Services Programme, the Council continues to focus on improving outcomes for children and young people so that the right children have the right support at the right time. The Transforming Adult Social Care Programme will focus on promoting independence, reducing demand, identifying efficiencies within services and maximise income opportunities. Directorates will continue to further develop and identify new budget reduction and income generation proposals between August and October towards these targets. The collective target is £3.5 million in 2020-2021.

Sustainable Business Models

6.4 A number of proposals are being developed to ensure we deliver the most efficient and effective services within the budget constraints we face. Further efficiencies of £50,000 for 2020-2021 and £150,000 for 2021-2020 have been identified through the review of the administrative process under the Business Support Programme. Proposals are also being developed across Waste Services which include income generation, a review of the Energy for Waste (EfW) contract and Depot review totalling £1.8 million over the medium term. In addition, WV Active will look to develop opportunities to reduce energy and agency costs along with generating more income.

6.5 From 28 January 2019 to 15 March 2019 the Council engaged in discussions with Trade Unions on proposals on Employee Terms and Conditions. In March 2019, Cabinet approved the amendments to the terms and conditions as detailed in the Collective Agreement to include mandatory three days unpaid leave and Christmas closure. The Council committed to further engagement regarding the removal of flexi leave and extended flexible working hours from 7am to 7pm. Following feedback from this consultation, the Council has decided not to implement the removal of flexi leave and extension of working hours.

6.6 In order to address the deficit and the challenge faced by the Council to enable a terms and conditions offer that is affordable and sustainable the Council need to reduce the pay bill by approximately £1.2 million in both 2020-2021 and 2021-2022. Discussions with Trade Unions to review the package of Terms and Conditions will commence over the coming months.

Generating Income

6.7 The Council offer a number of traded services to schools, proposals are being developed to increase income generation by £200,000 through an improved co-ordinated process.

Efficiencies

6.8 A number of proposals are being developed to ensure we deliver services in the most cost-effective way by maximising business processes and better using technology. Efficiencies are being developed across services including

- Commissioning Services – efficiencies will be realised following a restructure of the Commissioning Team into three teams.
- Education and Skills – a number of proposals are being developed that will deliver efficiencies across the services including, a new approach to fund apprentices, use of a national minimum data set to deliver efficiencies within Organisational Development, and a reduction to the Graduate Programme.
- Finance – efficiencies will be delivered through service reviews, reducing demand and a reduction in bank charges.
- Human Resources – Proposals will be developed following a business improvement review which will consider all policies, processes, systems and structures.

Maximising Partnerships and External Income

6.9 Working closely with partners we look to secure £400,000 in alternative funding for the Wolves at Work Programme.

6.10 Directors and Heads of Service will continue to further develop the budget reduction and income generation opportunities for 2020-2021 and the medium term, in order to ensure that a balanced budget can be set.

6.11 Progress on the development of budget reduction and income generation proposals will be reported to Cabinet in October 2019 for approval to proceed to the formal consultation stage of the budget process.

6.12 The overall impact of the revisions to the draft budget and medium term financial strategy 2020-2021 to 2023-2024, arising as a result of the items detailed in the paragraphs above, have been reflected in Table 1 below.

Table 1 – Draft Medium Term Financial Strategy 2020-2021 to 2023-2024

	2020-2021 £000	2021-2022 £000	2022-2023 £000	2023-2024 £000
Projected Budget Challenge as approved by Council, March 2019	**27,327**	**35,956**	**40,884**	**46,498**
Resources				
Council Tax	(1,045)	(1,119)	(1,196)	(1,278)
Adult Social Care Precept	(2,090)	(2,301)	(2,528)	(2,771)
New Homes Bonus	(250)	-	-	-
Additional Adult Social Care Grant	(1,400)	-	-	-
Use of Capital Receipts & other one-off funding	(10,000)	5,000	5,000	-
Offset by impact on Treasury Management Costs	-	600	-	-
Financial Strategy				
Reducing Demand	(3,500)	(1,250)	(1,100)	(1,000)
Sustainable Business Model	(1,875)	(2,725)	(700)	(1,700)
Generating Income	(350)	-	-	-
Efficiencies	(1,520)	(1,110)	(950)	(750)
Maximising Partnerships & External Income	(400)	-	-	-
Annual Change	**(22,430)**	**(2,905)**	**(1,474)**	**(7,499)**
Cumulative Change	**(22,430)**	**(25,335)**	**(26,809)**	**(34,308)**

Projected Budget Challenge after cumulative impact of Targets	**4,897**	**10,621**	**14,075**	**12,190**
Projected Annual Change	**4,897**	**5,724**	**3,454**	**(1,885)**

6.13 Cabinet approval is therefore sought to develop the proposals further and explore other options to incorporate the high-level budget strategy for 2020-2021 into the Draft Budget and Medium Term Financial Strategy 2020-2021 to 2023-2024, to be reported to Cabinet in October 2019. This report will also seek approval to proceed to the formal consultation stage of the budget process.

6.14 Further options will also be explored between August and October 2019 to address the updated projected budget deficit of £4.9 million for 2020-2021 based on the Council's high level strategy.

7.0 Update on Emerging Factors for 2020-2021 and the Medium Term

7.1 The assumptions used in the preparation of the budget and Medium Term Financial Strategy (MTFS) remain under constant review and update.

7.2 At the time of writing, emerging pressures within Education Catering Services following an overspend in 2018-2019 as reported to Cabinet (Resources) Panel in June 2019, and cost pressures within Adult Services following a fee review and demographic pressures in 2019-2020, are being kept under review. Service areas will focus on identifying ways to mitigate any pressures that arise.

7.3 In addition, the Council is aware that discussions are ongoing with Trade Unions at a national level to place a claim with regards to the 2020-2021 pay negotiations that would be in excess of the approved inflation of 2% which is included in the MTFS.

7.4 The Council will be consulting with the Trade Unions in the near future on a restructure of Waste and Recycling services. Any restructure where employees are not currently on NJC terms and conditions of employment, could result in them being employed on this basis, this may result in a cost pressure.

8.0 Budget Risk Management and Timetable

8.1 A summary of the 2020-2021 budget setting process timetable is detailed in the Table 2:

Table 2 – Budget Timetable

Milestone	Deadline
Report to Cabinet	31 July 2019
Intensive work to develop proposals	August – October 2019
Draft Budget and Medium Term Financial Strategy (MTFS) 2020-2021 to 2023-2024 report to Cabinet	16 October 2019
Formal Budget Consultation	21 October – 31 December 2019
Report to Cabinet following the Local Government Financial Settlement	22 January 2020
Final Budget Report 2020-2021 to Cabinet	19 February 2020
Full Council Approval of Final Budget 2020-2021	4 March 2020

8.2 The overall level of risk associated with the Draft Budget and Medium Term Financial Strategy (MTFS) 2020-2021 to 2023-2024 is assessed as Red. The following table provides a summary of the risks associated with the MTFS, using the corporate risk management methodology.

8.3

Table 3 – General Fund Budget Risks 2020-2021 to 2023-2024

Risk	Description	Level of Risk
Medium Term Forecasting	Risks that might materialise as a result of the impact of non-pay inflation and pay awards, uptake of pension auto enrolment, and National Living Wage.	Amber
Service Demands	Risks that might materialise as a result of demands for services outstretching the available resources. This risk often applies to adults and childrens social care.	Red
Identification of Budget Reductions	Risks that might materialise as a result of not identifying budget reductions due to limited opportunity to deliver efficiencies.	Amber
Budget Management	Risks that might materialise as a result of the robustness of financial planning and management, in addition to the consideration made with regards to the loss of key personnel or loss of ICTS facilities	Green
Transformation Programme	Risks that might materialise as a result of not delivering the reductions incorporated into the budget and not having sufficient sums available to fund the upfront and one-off costs associated with delivering budget reductions and downsizing the workforce.	Amber

Reduction in Income and Funding	Risks that might materialise as a result of the Comprehensive Spending Review 2020 and the Fair Funding Review. Risks that might materialise as a result of income being below budgeted levels, claw back, reduction to government grant or increased levels of bad debts. The risk of successful appeals against business rates.	Red
Third Parties	Risks that might materialise as a result of third parties and suppliers ceasing trading or withdrawing from the market.	Amber
Government Policy	Risks that might materialise as a result of changes to Government policy including changes in VAT and taxation rules, the impact of exiting the European Union and, in particular, from the Care Bill.	Amber

9.0 Evaluation of alternative options

9.1 In determining the proposed Five Year Financial Strategy, consideration has been made to the deliverability of budget reduction and income generation proposals and budget pressures. If we were to not implement the budget strategy as proposed in this report, alternative options would need to be identified in order for the Council to set a balanced budget for 2020-2021. This may therefore potentially impact upon service provision.

10.0 Reasons for decisions

10.1 It is recommended that the Five Year Financial Strategy, is approved by Cabinet for further development between August and October 2019. Cabinet will be provided with an update on progress in the Draft Budget and Medium Term Financial Strategy 2020-2021 to 2023-2024 report which will be presented to Cabinet in October 2019. In approving this strategy, the Council will be working towards identifying options to be able to set a balanced budget for 2020-2021.

11.0 Financial Implications

11.1 The financial implications are discussed in the body of the report.

[AS/22072019/I]

12.0 Legal Implications

12.1 The Council's revenue budgets make assumptions which must be based on realistic projections about available resources, the costs of pay, inflation and service priorities and the likelihood of achieving any budget reduction proposals.

12.2 The legal duty to spend with propriety falls under S.151 Local Government Act 1972 and arrangements for proper administration of their affairs is secured by the S.151 Officer as Chief Financial Officer.

12.3 Section 25 of the Local Government Act 2003 requires the Chief Financial Officer to report to the Council when it is making the statutory calculations required to determine its Council Tax. The Council is required to take this report into account when making its budget decision. The Chief Financial Officer's report must deal with the robustness of the budget estimates and the adequacy of the reserves for which the budget provides. Both are connected with matters of risk and uncertainty. They are inter-dependent and need to be considered together. In particular, decisions on the appropriate level of Reserves should be guided by advice based upon an assessment of all the circumstances considered likely to affect the Council.

12.4 The relevant guidance concerning reserves is Local Authority Accounting Panel Bulletin 77, issued by CIPFA in November 2008. Whilst the Bulletin does not prescribe an appropriate level of reserves, leaving this to the discretion of individual authorities, it does set out a number of important principles in determining the adequacy of reserves. It emphasises that decisions on the level of reserves must be consistent with the Council's MTFS, and have regard to the level of risk in budget plans, and the Council's financial management arrangements (including strategies to address risk).

12.5 In addition, Section 114 of the Local Government Finance Act 1988 requires the Chief Financial Officer to **'…make a report … if it appears to her that the Authority, a committee or officer of the Authority, or a joint committee on which the Authority is represented':**

a. has made or is about to make a decision which involves or would involve the Authority incurring expenditure which is unlawful,
b. has taken or is about to take a course of action which, if pursued to its conclusion, would be unlawful and likely to cause a loss or deficiency on the part of the Authority, or
c. is about to enter an item of account the entry of which is unlawful.

12.6 The Chief Financial Officer of a relevant Authority shall make a report under this section if it appears to her that the expenditure of the Authority incurred (including expenditure it proposes to incur) in a financial year is likely to exceed the resources (including sums borrowed) available to it to meet that expenditure.

12.7 These statutory requirements will have to be taken into account when making final recommendations on the budget and council tax requirement for 2020-2021.

[TC/19072019/V]

13.0 Equalities implications

13.1 The method by which the MTFS for 2020-2021 is developed is governed by the Council Plan priorities described in paragraph 3.2 which itself was guided by consultation and equality analysis. The further development of the various budget proposals for Cabinet's consideration in October will include an initial equalities screening for each proposal and, where necessary, a full equalities analysis which will provide for an initial understanding of the equality impact of the draft proposals. All of this will enable Councillors to pay, "due regard" to the equalities impact of their budget decisions at that point in the budget development process. The Council will then publish details of its income generating and budget reduction proposals as part of its public consultation around the 2020-2021 budget. No proposal will be approved until the details of the responses to public consultation have been analysed for their impact on equalities. The resulting and final report to Cabinet and Council will contain a supporting equality analysis that will offer information across the whole range of proposals and in doing so enable Councillors to discharge their duty under Section 149 of the Equality Act 2010.

14.0 Environmental Implications

14.1 There are no relevant environmental implications arising from this report.

15.0 Health and Wellbeing Implications

15.1 There are no relevant health and wellbeing implications arising from this report.

16.0 Corporate Landlord Implications

16.1 There are no relevant corporate landlord implications arising from this report.

17.0 Human resources implications

17.1 In line with the Council's statutory duties as an employer under the Trade Union Labour Relations (Consolidation) Act 1992, an HR1 form was issued to the Secretary of State for Business, Innovation and Skills identifying the intention to reduce employee numbers by up to 500 across the Council in the period 1st April 2019 up to 31 March 2020. The reductions will be through both voluntary redundancy and budget reduction targets which could result in compulsory redundancies.

17.2 The numbers included in an HR1 include posts held by colleagues who, as part of business review, redesign and/or restructure, need to be included, as they will need to be put at risk of redundancy. However, many of these employees will apply and be offered jobs in the new structure or elsewhere in the organisation and therefore the number of employees leaving the authority is anticipated to be far fewer than the number declared on an HR1.

17.3 As detailed in the report, budgetary reductions will be made through efficiencies with new and smarter ways of working and transformation initiatives. Income generation will be key.

17.4 If any reductions in employee numbers are required, these will be achieved in line with the Council's HR policies. Compulsory redundancies will be mitigated as far as is possible through seeking voluntary redundancies in the first instance, and through access to redeployment.

17.5 The Council will ensure that appropriate support is made available to employees who are at risk of and selected for redundancy. The Council will work with partner and external agencies to provide support. Budget reduction targets to move service delivery from direct Council management to private, community or third sector providers may have implications under the TUPE regulations. If TUPE were to apply, appropriate consultation with relevant Trade Unions and affected employees, would take place.

17.6 The Council will consult with the recognised Trade Unions on any proposals relating to revisions to NJC terms and conditions of employment. If any of the proposals are agreed these will be implemented on 1 April 2020. A formal consultation process will be followed to ensure that meaningful consultation is undertaken.

17.7 There is on-going consultation with the trade unions on the impact of the Council's budgetary position and the targets being made to meet the challenges posed by it.

18.0 Schedule of Background Papers

Cabinet, 23 January 2019 - Draft Budget and Medium Term Financial Strategy 2019-2020 – Provisional Local Government Finance Settlement Update

Full Council, 6 March 2019 - Final Budget Report 2019-2020

Cabinet, 27 March 2019 - Employee Offer, Pay Model and Collective Agreement

Cabinet (Resources) Panel, 18 June 2019 - Revenue Budget Outturn 2018-2019

19.0 Appendices

Appendix 1 – Budget Reduction and Income Generation Proposals

Appendix 1

Budget Reduction and Income Generation Proposals

Leader

Proposal Title	Core Workstream	Brief Description	2020-2021 £000	2021-2022 £000	2022-2023 £000	2023-2024 £000
Communication Service Review	Efficiencies	Consideration will be given to income generation, restructuring the team and identifying non-pay efficiencies across the service. The impact on the service as a result of these proposals will be minimal.	(100)	(50)	(50)	-

Adult Services

Proposal Title	Core Workstream	Brief Description	2020-2021 £000	2021-2022 £000	2022-2023 £000	2023-2024 £000
Transforming Adult Social Care	Reducing Demand	A number of proposals are being developed to promote independence, reduce demand, identify efficiencies within services and maximise income.	(3,000)	(1,000)	(1,000)	(1,000)
Commissioning Restructure	Efficiencies	Efficiencies will be realised following the restructure of the Commissioning Team into three teams within Adult Services, Children Services and Public Health.	(300)	-	-	-

Children and Young People

Proposal Title	Core Workstream	Brief Description	2020-2021 £000	2021-2022 £000	2022-2023 £000	2023-2024 £000
Transforming Children's Services	Reducing Demand	Managing demand across the whole children's system should lead to the right children, having the right support at the right time and lead to improved outcomes for children and young people.	(500)	(250)	(100)	-

City Economy

Proposal Title	Core Workstream	Brief Description	2020-2021 £000	2021-2022 £000	2022-2023 £000	2023-2024 £000
Regeneration Service Review	Sustainable Business Model	Proposals are being developed including generating income from the newly refurbishment Civic Halls, and a review of all activity within the directorate to ensure that it is fit for purpose.	-	(350)	(250)	(250)

Education and Skills

Proposal Title	Core Workstream	Brief Description	2020-2021 £000	2021-2022 £000	2022-2023 £000	2023-2024 £000
School Improvements & Admissions review	Sustainable Business Model	A full service review will be undertaken.	(100)	(100)	(100)	-
Adult Education – Target to break even	Sustainable Business Model	Options are being explored to ensure the income is maximised to ensure the service breaks-even.	(75)	(75)	-	-
Traded Services to Schools and other LAs	Generating Income	Proposals are being developed to increase income generation from traded services with schools and other organisations through an improved co-ordinated approach.	(200)	-	-	-
Towers Outdoor Activity Centre	Generating Income	Options are being explored for the Towers Outdoor Activity Centre.	(150)	-	-	-
Apprentices Review	Efficiencies	A new all age corporate approach to apprenticeships in the council has been implemented which has resulted in an increase in starts. This will enable a different approach to funding apprenticeships, which will result in a reduction in costs.	(40)	-	-	-

Proposal Title	Core Workstream	Brief Description	2020-2021 £000	2021-2022 £000	2022-2023 £000	2023-2024 £000
Voluntary Sector Contracts Review	Efficiencies	A full review and scoping exercise will be undertaken across all contracts to Voluntary Sector Organisations.	-	(30)	-	-
Graduates Programme Rationalisation	Efficiencies	Review of the number of graduates across the Council.	(100)	(30)	-	-
Organisational Development Review	Efficiencies	The use of the National Minimum Data Set resources will reduce the resources required going forward.	(30)	-	-	-
Wolves at Work – Alternative Funding	Maximising Partnerships & External Income	Alternative funding options are being explored to support the Wolves at Work programme.	(400)	-	-	-

Governance

Proposal Title	Core Workstream	Brief Description	2020-2021 £000	2021-2022 £000	2022-2023 £000	2023-2024 £000
Governance - Efficiencies	Efficiencies	Proposals will be developed in conjunction with the new Director of Governance, with the focus on identifying efficiencies and new income generation opportunities.	(100)	(100)	(100)	(100)
Insight & Performance Review	Efficiencies	A restructure of the team will be undertaken along with exploring income generation opportunities.	-	(50)	(50)	-
Business Support Programme	Sustainable Business Model	Further efficiencies have been identified through the review of administrative process throughout the programme.	(50)	(150)	-	-

City Environment

Proposal Title	Core Workstream	Brief Description	2020-2021 £000	2021-2022 £000	2022-2023 £000	2023-2024 £000
Environmental Services - Efficiencies	Efficiencies	Efficiencies will be delivered through a variety of service reviews.	-	(250)	(250)	(250)
Waste Programme Phase 2	Sustainable Business Model	Efficiencies from income generation and review of the Energy for Waste (EfW) contract.	(250)	-	-	(1,000)
Depot Review	Sustainable Business Model	Efficiencies from the merger of all current depots and review of Household Waste & Recycling Centres.	-	(500)	-	-
WV Active Business Model Review	Sustainable Business Model	Proposals include efficiencies across energy budgets, reduction in agency staff and increase income generation.	(200)	(200)	(200)	(300)

Resources

Proposal Title	Core Workstream	Brief Description	2020-2021 £000	2021-2022 £000	2022-2023 £000	2023-2024 £000
Finance Efficiencies	Efficiencies	Efficiencies through service reviews, reducing demand and from a reduction in bank charges.	(500)	(150)	(150)	(150)
Efficiencies through contract procurement & management	Efficiencies	Proposal are being developed to identify efficiencies through improvements in contract procurement and management.	(250)	(250)	(250)	(250)
HR Business Improvement Review	Efficiencies	Proposals will be developed following a business improvement review which will consider all policies, processes, systems and structures.	(100)	(200)	(100)	-
ICT Review	Sustainable Business Model	Proposals are being developed to deliver efficiencies through the use of new technologies that will enable services to run more efficiently, along with contract negotiations also reducing costs.	-	(150)	(150)	(150)
Staff Terms and Conditions	Sustainable Business Model	Consultation will begin with Trade Unions to review a package on Terms and Conditions.	(1,200)	(1,200)	-	-

This page is intentionally left blank

Agenda Item No: 6

CITY OF WOLVERHAMPTON COUNCIL

Cabinet
31 July 2019

Report title	City Learning Quarter
Decision designation	AMBER
Cabinet member with lead responsibility	Councillor Harman Banger City Economy
Key decision	Yes
In forward plan	Yes
Wards affected	St Peter's
Accountable Director	Richard Lawrence, Director of Regeneration
Originating service	Regeneration
Accountable employee	Richard Lawrence Director of Regeneration Tel 01902 555533 Email richard.lawrence@wolverhampton.gov.uk
Report to be/has been considered by	Regeneration Leadership Team 18 June 2019 Strategic Executive Board 18 June 2019

Recommendations for decision:

The Cabinet is recommended to:

1. Approve the delivery of the City Learning Quarter project in line with the business case and funding strategy.
2. Approve funds of up to £4 million to progress the design and fund the continued development of the project, to be repaid once additional grants have been secured.
3. Approve for City of Wolverhampton Council to lead on both the City Learning Quarter and Wellington Road BCLEP bids (on behalf of City of Wolverhampton College) to deliver a comprehensive programme.
4. Approve that supplementary budgets are established for the Wellington Road project, subject to funding.

1.0 Purpose

1.1 On 20th September 2017, Council approved the capital budget of £50million for the City Learning Quarter and approved that authority be delegated to Cabinet to approve final business case and funding strategy.

1.2 The purpose of this document is to provide an update on the City Learning Quarter (CLQ) programme and to approve the final business case and funding strategy.

1.3 The funding strategy is subject to receiving grants through the Black County Local Enterprise Partnership (BCLEP) and therefore Cabinet are asked to consider approving the ongoing use of Council resources to fund the project until such time as external funding is secured.

2.0 Background

2.1 The New Horizon 2030 Vision for Wolverhampton sets out the ambition to ensure that the City Centre has 'a skills system which responds to the needs of employers' and is integral to the City of Wolverhampton's vision for the continued transformation of the City Centre.

2.2 The aspiration is to concentrate the College onto two main campuses in the City Centre and at Wellington Road in Bilston. This will enable the current campus at Paget Road to be disposed of to provide funding to support the new campus in the City Centre. Paget Road is a 1950's campus in a residential area outside of the City Centre which is not fit for purpose.

2.3 The intention is to provide a new learning campus that links the existing Metro One college building to the Adult Education facilities and Library in the City Centre by providing new and expanded learning facilities.

2.4 The benefits of the CLQ project will be in three key areas: education, jobs and regeneration. The programme provides a viable and sustainable future for City of Wolverhampton College. The consolidation into the City Centre along with increased concentration of Adult Education and the main Library provides a learning campus that supports the development of young people and their education and enhances employment prospects. It also provides a major regeneration stimulus to the City Centre. The economic effects have been independently assessed and are summarised below.

- 248 New Jobs created
- 497 Jobs safeguarded
- £223 million Gross Value Added.

2.5 When including monetised impacts, the overall Benefit Cost Ratio is 5:1 (for every £1 invested in the project, an additional £5 is delivered in economic benefits), demonstrating excellent potential investment returns. The project will also deliver:

- College population of almost 4000 students by 2023-2024 with further expansion beyond;
- Enabling development of 106 to 214 houses depending on development density;
- 11.82 ha of sites redeveloped;
- 4225 km reduction in private car journeys per day;
- 613 tonnes of CO2 per year not released into the atmosphere.

As such, the programme is a strategic priority for the Council.

2.6 The funding strategy has been developed with partners which demonstrates that the CLQ project can be delivered with a funding package including:-

- Capital receipts from Paget Road
- BCLEP Grant Funding
- Rental payment from college
- Prudential borrowing of £6m.

Further information is provided in section 6, Financial Implications.

3.0 Progress

3.1 Significant progress has been made including:

- The education model and projected growth of the College has now been agreed;
- Project Scopes have been fixed and multiple design studies completed;
- A Procurement strategy has been endorsed by the board and contractors engaged under the (Public sector compliant) SCAPE framework;
- Demolition and site clearance has received planning consent and is underway;
- Public consultation event was held in May 2019;
- A bid was submitted to the BCLEP in June 2019.

3.2 During Spring of 2019 the college submitted an application to BCLEP for funding to support design and site investigation activity for the Wellington Road project. This was rejected by BCLEP for reasons unknown and as a result the Programme Board considered their response. The LEP was engaged at the highest level to establish the appetite for supporting the wider college relocation programme (CLQ plus Wellington Road project) and it was agreed that an application would be made for Wellington Road which was not developed to the level of detail normally required alongside a full CLQ application.

3.3 It was further agreed by the Programme Board that the day to day management and responsibility would transfer from the college to the CWC team from 1st July 2019. The team will be developing a plan to assume the responsibility for this project in the short term, and the plan will be presented to the CLQ Programme Board at the beginning of August 2019.

3.4 The construction activity can be described as follows:

- College Building consisting of 2/3 new build activity on the NE and NW corners of the site with the existing Metro 1 building being substantially remodelled
- Conversion and extension of the existing vacant St Georges old rectory
- Remedial works to the Library façade and roof that seeks to rectify historic lack of maintenance
- New rear entrance to the Library and refurbished public toilets
- Modest reconfiguration, rationalisation and very light touch refurbishment of some Library areas
- Internal reconfiguration of the '30's building' and the Alan Garner building on Old Hall Street to accommodate Adult Education with a new link
- Light touch repairs and reconfiguration of the existing public open space.

Next Steps

3.5 In order for the projects both CLQ and Wellington Road to proceed to current programme timescales, it is necessary for work to continue on the detailed design and costings. The funding bids have been submitted to the BCLEP, however it will take a number of months for the appraisal work and due diligence to be completed ahead of grant contracts being signed.

3.6 Therefore, in order to proceed with these works, it is recommended that the Council funds the costs of these activities until the BCLEP funding is secured. It is anticipated that these costs will total up to £4 million and will be recouped from the grant, once secured. The costs are made up of further development spend including; project management and professional fees, site investigation, archaeological and survey work, planning fees, demolition and remaining site acquisitions.

4.0 Evaluation of alternative options

4.1 Cabinet could decide to not proceed further with this project. Site assembly in the City Centre has been largely completed including the demolition of the former Faces nightclub building. The cleared site could be brought forward for alternative uses. However this would not deliver the vision and outputs of the CLQ project which would put the financial status of the college at risk whilst not delivering the Council's regeneration ambitions for this area.

5.0 Reasons for decisions

5.1 The recommendation is to deliver the scheme and provide sustainable high quality education and skills for the people of Wolverhampton through the delivery of this key regeneration scheme.

6.0 Financial implications

6.1 On 20 September 2017 Council approved a £50 million budget for the City Learning Quarter and delegated approval to Cabinet to approve the final business case and funding strategy. Of this £50 million budget the approved capital programme includes a £6 million budget to enable site acquisitions and associated fees to bring forward the site for development, the Council has funded this budget through prudential borrowing.

6.2 The design and costing work to date indicates that the project can be delivered within the £50 million budget originally anticipated; cost estimates at this stage indicate that a project budget of £43 million will be required and that this will be funded through external grants, a contribution from the College, from the sale of their Paget Road site and Council resources. The following table provides a summary of the proposed funding package. A funding application was submitted to the Black Country LEP at the end of June 2019.

6.3 **Table 1**

Funding Source	Estimated £m
Capital Receipt from Paget Road	2.0
Borrowing funded by College Rent	8.0
Prudential Borrowing funded by the Council	6.0
External Grant request up to	30.0
Total	**46.0**

6.4 These costs are subject to change as the design process moves forward, however it is anticipated the £50 million envelope is still sufficient. The detailed design will progress to the next stage which will inform development and validation of detailed costings and associated contingency provisions. Any changes to the £50 million budget envelope will be reported to Cabinet.

6.5 The Council's approved budget of £6 million has been fully expended on site acquisitions, design fees, and site clearance works further funds are therefore required to continue with the early phases of the project, in line with the current programme.

6.6 It is intended that any further spend will be carefully monitored to ensure abortive costs are not incurred and therefore minimise risk to the Council should grant funding fail to be secured or be delayed. To allow the programme to continue in line with the project delivery plan it is considered approximately £4 million of forward funding will be required to take the project through the next stages of design, planning, site investigations and fees. This can be funded through the existing approved budget already in the Council's capital

programme. The approximate annual costs of borrowing the £4 million over the 40 year life of the asset are £163,000 per annum.

6.7 It is of note that this forward funding will be repaid by the Grant funding, once secure. The costs of the project are not increasing but to enable the pace of the project to continue, these activities are required prior to the LEP funding approval, currently envisaged for December 2019.

6.8 In line with the Project Board decision and in order to enable a comprehensive programme CWC will also take responsibility for the Wellington Road project. An additional funding bid has been submitted to the LEP for this project, approval of funding is again anticipated in December 2019.

6.9 The transfer of this responsibility to CWC has not yet taken place however at this point it is understood this project will be funded from LEP grant and the College's capital receipt and therefore will not require additional Council borrowing. As part of the ongoing delivery of this project it is requested that an additional supplementary budget is approved to allow the initial stages of the project to commence, the estimated expenditure on the Wellington Road scheme up to funding approval is £1 million. This is included in the total forward funding request of £4 million and again can be accommodated in the exisiting approved capital budget for the CLQ and will be recovered from the grant once approved.

[HM/23072019/F]

7.0 Legal implications

7.1 In order to receive the grant funding from the BCLEP the Council will be required to submit an application for funding. If the funding is agreed in principle, the Council will then be required to enter into a grant funding agreement with the accountable body.

7.2 The standard terms of the grant funding agreement require that the property which is developed using the grant funding is not charged and the Council do not dispose (including a lease) of any of the property without the consent of the accountable body. The current proposals for the CLQ involve a lease of part of the CLQ to City of Wolverhampton College which would then charge the leasehold interest to its lender. The Council would therefore be required to negotiate the consent of the accountable body to the disposal and the charge. There is a risk that the BCLEP may not be willing to provide such consent. If consent is not provided the Council may be subject to clawback of funds.

7.3 The standard terms of the grant funding agreement also set out that the Council must obtain all necessary consents for the project. The proposals for the CLQ project require a lease of part of the CLQ to the College for an undervalue. Such undervalues are not permitted under S.123 Local Government Act 1972 without Secretary of State consent. The Council will therefore need to apply for consent to the Secretary of State and obtain such consent in order to comply with the terms of the grant funding agreement. It is not

certain that the Council would receive this consent. If the consent is not provided the Council may be subject to clawback.

7.4 The Council has obtained advice that the proposals for the CLQ are in accordance with State Aid requirements. In order to obtain this advice, the Council needed to assess the use of the CLQ for non-commercial and commercial purposes. A similar exercise would need to be undertaken for the Wellington Road site to ensure that it is in compliance with State Aid requirements.

7.5 The Council is likely to be required to enter into a grant funding agreement for the works to be undertaken at Wellington Road. The standard terms require a certificate of title confirming that the recipient owns the property to be developed. As the Council do not own the property it will be necessary to negotiate and amendment to the standard terms. If the BCLEP will not agree to this, it may not be possible for the Council to receive the grant funding for Wellington Road

7.6 The Wellington Road site is subject to a charge to the College's lender. In order to carry out the works it will be necessary to obtain the lender's consent or remove the charge.

[TS/02072019/Q]

8.0 Equalities implications

8.1 The proposals described here will advance equalities for a range of learners. The report second recommendation asks for approval in relation to design and as the new site will be built to stronger access standards than those in operation when Paget Road was built this will provide better learning facilities for disabled students. Additionally, since the location of the new facility is city centre this too will create transport and therefore learning advantages for groups of people who otherwise may have struggled to access an out-of-city centre course. These equalities implications have been considered throughout the development of the programme and routinely via the council's procurement processes.

9.0 Environmental implications

9.1 The proposals will reduce carbon emission by over 600 tonnes of CO2 per year. The proposals will reduce NOX emissions by over 300 kg per year.

10.0 Human resources implications

10.1 Human Resource implications from this proposal will arise for staff from the City of Wolverhampton College, as a result of relocating existing staff from one site to another, and recruitment to new posts.

10.2 All relevant Human Resource policies and procedures will be followed dependant upon the impact of this proposal.

10.3 Recruitment to new posts and any revision to existing posts will adhere to the Council's job evaluation process. The nature of the change(s) will determine whether the Council's restructure policy is to be implemented, with consultation with employees and recognised trade unions, or the use of the Council's recruritment policy.

11.0 Corporate landlord implications

11.1 Corporate Landlord have been and remain an integral part of the delivery team. Wolverhampton Library and Adult Education are already part of the estate and other than the management of building contracts are unaffected from a Corporate Landlord perspective. Metro1 is the existing asset owned by CWC and currently leased to the City of Wolverhampton College. Several legal agreements are required prior to the substantial remodelling of this asset; including consent from Barclays who are the beneficiary of a charge against this asset. Barclays also require alternative security in the short term while this work in undertaken.

12.0 Health and Wellbeing Implications

12.1 City Learning Quarter will create a significant learning hub in the city centre consisting of the College, the Council's Adult Education service and Library in one location. This will enable the city to improve the learning, skill, apprenticeship and employment levels with a significant enhancement in accessibility for students, employers and residents. The provision of new facilities and services to advance education and skills across the city will in turn improve outcomes, mental health and wellbeing.

13.0 Schedule of background papers

13.1 Full Council, 20 September 2017 – City of Wolverhampton City College

Agenda Item No: 7

CITY OF WOLVERHAMPTON COUNCIL

Cabinet
31 July 2019

Report title	Joint Dementia Strategy for Wolverhampton
Decision designation	AMBER
Cabinet member with lead responsibility	Councillor Linda Leach Adults
Key decision	Yes
In forward plan	Yes
Wards affected	All Wards
Accountable Director	David Watts, Director of Adult Services John Denley, Director of Public Health Steven Marshall, Director of Strategy and Transformation and Deputy Chief Operating Officer, NHS Wolverhampton Clinical Commissioning Group
Originating service	People Commissioning
Accountable employee	Andrew Wolverson — Head of People Tel — 01902 555550 Email — andrew.wolverson@wolverhampton.gov.uk Sarah Fellows — Mental Health Commissioning Manager NHS Wolverhampton Clinical Commissioning Group

Report to be/has been considered by	Adult Leadership Team	19 February 2019
	NHS Wolverhampton CCG Governing Body	28 February 2019
	Health & Wellbeing Together Board	10 April 2019

Recommendations for decision:

The Cabinet is recommended to:

1. Approve the updated Joint Dementia Strategy 2019 – 2024 for Wolverhampton.
2. Approve the topic specific Joint Strategic Needs Assessment for Dementia in Wolverhampton.

Recommendation for noting:

The Cabinet is recommended to note:

1. That an action plan has been developed to accompany the Strategy document which will be monitored by the Better Care Fund Dementia workstream group.

1.0 Purpose

1.1 This report describes the aims and scope of the updated Joint Dementia Strategy 2019-2024 for Wolverhampton, produced by a multi-agency workgroup including representation from the voluntary and community sector as well as carers of people who are living with dementia.

2.0 Background

2.1 The City of Wolverhampton's previous strategy was developed in 2015 by a multi-agency partnership. Since 2015 there has been significant progress in developing and delivering support to people affected by dementia, including families and carers. This includes Wolverhampton Dementia Action Alliance being recognised as Dementia Friendly Community of the Year 2018 by the Alzheimer's Society.

2.2 The updated Joint Dementia Strategy 2019-2024 is an overarching document that incorporates City of Wolverhampton Council and NHS Wolverhampton CCG's commissioning intentions. It includes not just commissioned services to support people with a dementia diagnosis, but wider public services and workstreams to prevent dementia risk factors and promote community asset-based services to enable people affected by dementia to live well in their community.

2.3 The updated Joint Dementia Strategy 2019-2024 was informed and developed by an extensive consultation that was carried out as part of the development for the Strategy and the Joint Strategic Needs Assessment (JSNA) completed in February 2019 by Public Health. Initial feedback was sought on the draft Strategy and JSNA from Public Health, Council and NHS professionals, members of the Wolverhampton Dementia Action Alliance and the voluntary sector.

2.4 In terms of population needs analysis, dementia is one of the world's major causes of disability and dependency in older people. It has an impact on the quality of life of not only those that have dementia, but of their families and carers too. The impact on carers and family can be physical, psychological, social and economic. There is often a lack of awareness and understanding of dementia, which can result in stigmatisation of the disease and barriers to care and diagnosis. Worldwide, the number of people with Dementia is estimated to triple by 2050. In 2015, the cost of dementia to the global community was $818 Billion and is estimated to cost $2 Trillion by 2030 (Source: JSNA)

2.5 The Prime Ministers Challenge 2020 document stated the Government's key aspirations and commitment for improving dementia support services in England by 2020:

"The best country in the world for dementia care and support and for people with dementia, their carers and families to live; and

"The best place in the world to undertake research into dementia and other neurodegenerative diseases". The updated Strategy is aligned to the priorities outlined in the Prime Ministers Challenge.

3.0 National and local context

3.1 According to The Prime Ministers Challenge 2020 document:

- There are 676,000 people with dementia living in England and this figure is set to grow.
- Dementia costs society an estimated £26 billion a year, more than the costs of cancer, heart disease or stroke.
- A recent study estimated that by 2030, dementia will cost companies more than £3 billion, with the numbers of people who will have left employment to care for people with dementia set to rise from 50,000 in 2014 to 83,100 in 2030.

3.2 The Joint Strategic Needs Assessment (JSNA) for dementia in Wolverhampton:[1]

- estimated that there are over 3,000 people living with dementia
- projected that this figure will rise to 4,703 people by 2035
- demonstrated the relatively high prevalence of dementia in the City of Wolverhampton, with approximately five percent of citizens aged 65 and over living with the condition.

3.3 Recommendations in the JSNA include connecting people to support services earlier, ensuring that Black and Minority Ethnic Groups can access support, and promotion of both prevention messages and existing support available.

4.0 Joint Dementia Strategy 2019-2024

4.1 The Joint Dementia Strategy is underpinned by the topic specific JSNA. The aim of this JSNA was to analyse the current and future 'needs' of people living with dementia, and their carers, in the City of Wolverhampton. Both the Strategy and JSNA were informed by extensive consultation. This included:

- A public and professionals survey completed in 2018, which included specific questions related to dementia support and barriers.
- Focus groups with the community such as people affected by dementia, professionals and carers. The JSNA also analysed, local and national data sources.
- JSNA and Strategy Development Groups.

4.2 Reflecting both the local and national vision for transforming dementia care and support, the 2019 strategy seeks to develop proactive services and ensure good quality care and support that best meets the needs of people living with dementia, their families and carers. It follows a person-centred approach, aligned with NICE Quality statements and Prime Ministers Challenge on Dementia. This updated strategy keeps these central themes whilst recognising the opportunity to redesign services in a challenging climate with growing demand on resources.

[1] Source: http://www.poppi.org.uk/

4.3 The updated Strategy was developed in partnership with Public Health, City of Wolverhampton Council, Health Professionals and voluntary sector representatives. A Dementia Strategy Group met bi-monthly to review and discuss the pathways, need and demand to support people affected by dementia. The NHS Living Well Pathway for Dementia was used to provide thematic group discussions and ensure all elements of the pathway was discussed. This framework underpins the updated Joint Dementia Strategy 2019-2024 as detailed below and is grouped into themes, as follows: Preventing Well, Diagnosing Well, Living Well, Supporting Well and Dying Well.

Our Aims for people affected by Dementia in Wolverhampton

Preventing Well	The City of Wolverhampton will be 'memory aware' and promote risk reduction through healthy lifestyles.
Diagnosing Well	People living with dementia in the City of Wolverhampton will receive a timely diagnosis with an offer of early support.
Living Well	The City of Wolverhampton will be a Dementia Friendly City that supports people to continue to live well and connect to their community
Supporting Well	People living with dementia in the City of Wolverhampton will receive support that adapts to changing needs with access to good quality secondary care
Dying Well	People with dementia in the City of Wolverhampton can die with dignity and respect

4.4 In developing the updated Strategy it is recognised that there are pockets of good practice. However, this support was not always clear to individuals and professionals, and that work could be joined up better across the wider system. This Strategy will help to avoid unnecessary duplication and allows the identification of any gaps or unmet need such as in respect of the experience of those who are hard of hearing or deaf or from specific ethnic communities.

4.5 The updated Joint Dementia Strategy 2019-2024 provides a high-level summary of current achievements and planned workstreams across the City of Wolverhampton Council and CCG. It promotes messages of prevention, including specific pieces of work to engage with Black and Minority ethnic groups through all levels of support including being able to use good practice such as advance end of life care planning. It provides key actions, covering all levels of support from universal to specialist services.

4.6 The aim is to not only meet the specific needs of people diagnosed with dementia but also recognise the levels of support required as a person ages, or their dementia advances, whilst promoting positive messages of wellbeing and related risk factors.

5.0 Key Themes in the Joint Dementia Strategy 2019-2024

5.1 In addition to the recommendations of the JSNA, the key redesign highlighted in the Strategy is the development of a new integrated offer that supports the delivery of targeted specialist care and support in people's homes, this also includes residential care homes.

5.2 The Strategy also highlights gaps in the community pathway to support people with dementia to access day/community respite.

5.3 There is a commitment in the Strategy to engage with Black and Minority ethnic communities.

5.4 The partners are requested to continue to work together to deliver the actions and utilise partnership working groups including the Better Care Fund workstreams.

5.5 This updated Strategy has provided a framework for developing an action plan based on systematic identification of where support may be lacking, and opportunities for working across teams, sectors and organisations to deliver quality outcomes during challenging demands and budget pressures.

6.0 Evaluation of alternative options

6.1 An alternative option is for the Local Authority and Clinical Commissioning to not develop a joint strategy. The implications of this approach would result in an uncoordinated approach to deliver a system of support for residents diagnosed with dementia and their carers. The strategy enables a single point of commissioning intentions and supports all organisations to identify areas for development and in turn improve the pathways of support available.

7.0 Reasons for decision

7.1 The Joint Dementia Strategy enables a co-ordinated citywide approach strategy to support the Local Authority in meeting statutory duties in relation to people with dementia. The strategy will enable an improved support system that enables joint working across the voluntary, community, health and social care sectors.

8.0 Financial implications

8.1 There are no financial implications arising directly from this report. Any costs related to delivery of the strategy will be met from existing budgets.

[AJ/15022019/N]

9.0 Legal implications

9.1 The CCG has statutory obligations to commission safe, effective services that deliver value for money in partnership with key stakeholders and in response to levels of need and service user and carer views. This is in keeping with the seven key principles of the NHS Constitution (2015) and also with operational and planning guidance as laid out in the mandate to NHS England by the Department of Health.

9.2 Health and Wellbeing Together is a statutory Board established under the Health and Social Care Act 2012. It has a statutory duty to promote the integration of commissioning.

[TS/16052019/Q]

10.0 Equalities implications

10.1 A reduction in health inequalities is an overarching aim of the Strategy. Equalities impact assessments will be carried out as appropriate within the work programmes that make up the overarching Strategy.

10.2 The Strategy is inclusive and considers support for all needs and will continue to develop an understanding of potential barriers to access support and services. For example, considering the concerns from the Black and Minority Ethnic Groups, the deaf community and adults experiencing sight loss.

10.3 The Council and Wolverhampton Clinical Commissioning Group are committed to ensuring the correct assessments are completed through any associated projects.

11.0 Environmental implications

11.1 There are no environmental implications directly associated with this report. If specific implications arise in redesign projects, these will be highlighted through separate workstreams and reports.

12.0 Human resources implications

12.1 There are no human resources implications directly associated with this report. If specific implications arise in redesign projects, these will be highlighted through separate workstreams and reports.

13.0 Corporate landlord implications

13.1 There are no Corporate Landlord implications directly associated with this report. If specific implications arise in redesign projects, these will be highlighted through separate workstreams and reports.

14.0 Health and Wellbeing Implications

14.1 A Joint Dementia Strategy in place will have a beneficial impact on the local population but through facilitating discussions between partner organisations and key stakeholders an opportunity exists to ensure pathways, processes and in turn outcomes improve across organisations and sectors.

15.0 Appendices

Appendix 1 - Joint Dementia Strategy 2019-2024

Appendix 2 - Joint Strategic Needs Assessment – Dementia 2019

Joint Dementia Strategy 2019–24

Improving the lives of people affected by dementia in the city of Wolverhampton

CITY OF WOLVERHAMPTON COUNCIL

NHS Wolverhampton Clinical Commissioning Group

DAA Dementia Action Alliance

Executive Summary

Dementia is a debilitating illness which is estimated to affect more than 3,000 people in Wolverhampton - with that number expected to rise by over 50% by 2035.

It can affect any one at any time, and has a major impact on the quality of life of those living with the condition. It can also have a physical, psychological, social and economic impact on their families and carers too.

The Wolverhampton Dementia Action Alliance is determined to do all it can to support people living with dementia, and their families and carers. We are delighted that Wolverhampton has been recognised as a Dementia Friendly City by the Alzheimer's Society, in recognition of the efforts that we - as a community - are making to improve services and to make Wolverhampton as friendly and welcoming as possible to people living with dementia.

But there is much more we can and will do - and the Joint Dementia Strategy 2019–2024, an overarching document that incorporates the City of Wolverhampton Council and Wolverhampton Clinical Commissioning Group's commissioning intentions, will help us do this.

The strategy has been produced by a multi-agency workgroup including representation from the voluntary and community sector as well as people with experience of dementia, both those living with the condition and their families and carers.

It seeks to develop proactive services and ensure good quality care and support. It includes not just commissioned services to support people with a dementia diagnosis, but wider public services and workstreams to prevent dementia risk factors and promote community asset-based services which will help people affected by dementia to live well in their community.

Ultimately, it will enable joint working across the voluntary, community, health and social care sectors, and aims to support people living with dementia and their families and carers to have the best possible life.

Councillor
Linda Leach
Cabinet Member for Adults
City of Wolverhampton Council

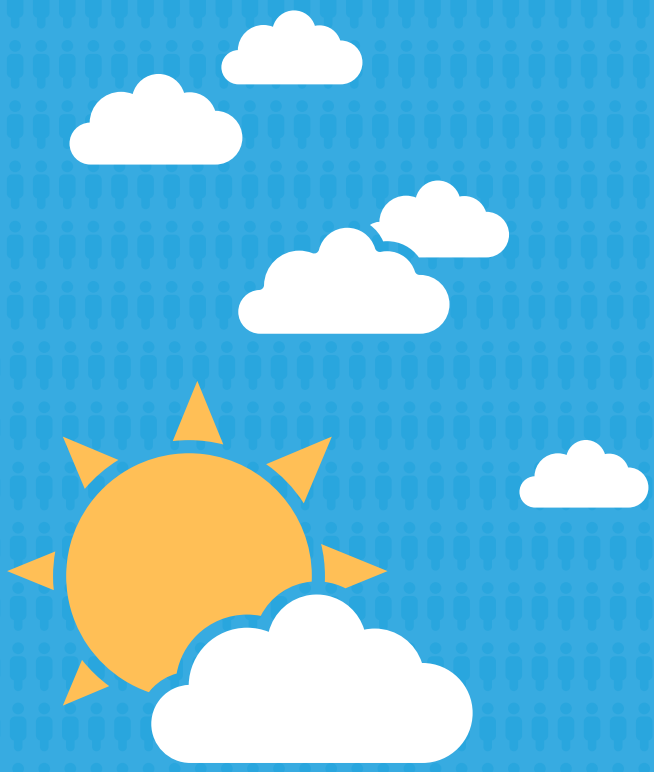
David Watts
Director of Adult Services
City of Wolverhampton Council

Steven Marshall
Director of Strategy
and Transformation
Wolverhampton Clinical Commissioning Group

Introduction

Dementia is one of the biggest challenges facing the nation today.

Some **650,000 people** in England are believed to be living with dementia, including **3,100 people in the city of Wolverhampton,** with somebody diagnosed with the condition every **four seconds worldwide.**



Dementia is an umbrella term used to describe many different types of dementia, particularly Alzheimer's Disease, Vascular Dementia and Dementia with Lewy bodies.

It can affect anyone and causes a decline in a person's cognitive (intellectual) abilities, affecting their memory, language, understanding, reasoning, problem solving and concentration, but each person's dementia is unique and so affects their lives in very different ways.

Cases of dementia increase with age, and as life expectancy increases, more and more people will be affected. Currently, one in 50 people between the ages of 65 and 70 have a form of dementia, compared to one in five over the age of 80. Around 42,000 people under 65 are living with dementia and this number is increasing.

Diagnosis is often made at a later stage of the illness and this can affect the person's ability to make choices and decisions.

Of course, dementia does not just have a devastating effect on the individual, but also their families and friends. An estimated 21 million people know a close friend or family member with dementia – that's nearly half of the population, and it's important that they get the help and support they need to carry out their caring role.

Life should not stop because of dementia. People with dementia and their family and carers may need support to enable them to carry out activities and engage in relationships in a positive way, so that they can continue to lead a full and active life.

Source: Alzheimer's Society, Dementia UK, Fingertips PHE

The City of Wolverhampton's Joint Dementia Strategy

The City of Wolverhampton Dementia Action Alliance were proud to be awarded Dementia Friendly Community of the Year 2018. Already a great deal of good work has taken place locally to improve the lives of people with dementia and their families.

The City of Wolverhampton's previous strategy was developed in 2015 by a multi-agency partnership with representation from the City of Wolverhampton Council, Wolverhampton Clinical Commissioning Group, Royal Wolverhampton NHS Trust and Black Country Partnership Foundation Trust. Businesses, organisations, community groups and individuals also came together through Wolverhampton Dementia Action Alliance to develop this strategy for people affected by dementia in the city of Wolverhampton.

Reflecting both the local and national vision for transforming dementia care and support, the strategy seeks to develop proactive services and ensure good quality care and support that best meets the needs of people living with dementia, their families and carers. It follows a person-centred approach, putting the service user at the heart of the decision-making process. The Strategy is aligned with NICE Quality statements and was developed in line with Living well with dementia 2012 and Prime Ministers Challenge on Dementia.

It highlights several key areas and actions, and an implementation plan to ensure a range of improvements are delivered.

Since 2015 there has been significant progress in developing and delivering support to people affected by Dementia, including families and carers.

Due to the consultation and partnership approach to developing this updated Strategy, the core aspirations remain unchanged. The way in which we design, develop and deliver support is changing due to many factors, including the increasing population and the increasing number of people being diagnosed with dementia in a climate of greatly reduced finance and resources.

This update is therefore an opportunity to:

- Align our strategic approach with national policy and relevant local delivery models
- Review the aspirations of the Strategy
- Work with partners, service users and carers to set new actions to continue delivering outcomes for people affected by dementia in the city of Wolverhampton.
- Drive new ways of working that will improve outcomes and the support available
- Promote prevention messages and healthy lifestyles especially to key age groups and Black and Minority Ethnic communities in line with the findings from Dementia UK, who highlighted in their recent study key groups of people whose understanding of dementia is lower, including those from black, Asian and minority ethnic backgrounds, and adults under 24 and over 65.
- Reflect a stronger offer of support through strengthening partnerships with health, social care and community organisations

Joint Dementia Strategy Headlines

The Joint Dementia Strategy 2015-17 included several aims and objectives which have a big impact on the lives of people with dementia. The headlines include:

- **Making the city of Wolverhampton a Dementia Friendly City,** in which people with dementia and their carers feel confident to participate in everyday life and can live well and independently for as long as possible.
- **Developing dementia awareness programmes for all members of the community,** including health and social care staff, public and emergency service workers, retailers, businesses, schools, colleges and universities, councillors and community groups, leisure and cultural facilities, care homes and housing associations.
- **Reducing waiting times for assessment and diagnosis,** and improving diagnosis, prescribing and post diagnosis support.
- Providing **written and verbal information** about dementia to people who are newly diagnosed and their carers, about the different types of treatment available to them and the kind of support on offer in Wolverhampton.
- Offering a **comprehensive health and well-being assessment** to carers and agreeing care plans which will help and support them in their role as a carer.
- **Improving access to key services,** including those provided by voluntary and community groups.
- Enabling more people with dementia and their carers **to attend dementia cafes** in the city of Wolverhampton, where they can meet other people with the condition, share their experiences and find out more about the help and support available to them.
- Ensuring people with dementia and their carers **play a part in developing personalised care plans** so they can maintain their independence for as long as possible.
- Improving services for people living with dementia such as **housing, extra care support and adaptions within the home** to help maintain their independence for as long as possible.
- Offering people with dementia and their carers **health and well-being assessments** to develop care plans which enable them to maintain a healthy lifestyle and their independence.
- Providing carers with a range of **respite and short-break services** that meet their needs, and the needs of the person they care for.
- Increasing the number of **people aged 40-74 who receive NHS health checks,** which includes dementia screening.
- Enabling more **people with dementia and their carers to be involved in advanced decision making.**
- Supporting people to plan and prepare for end of life care and **make informed decisions about their treatment.**
- **Improving clinical guidance** for managing symptoms for people with dementia.
- **Improving access to palliative care** services for people living with dementia.

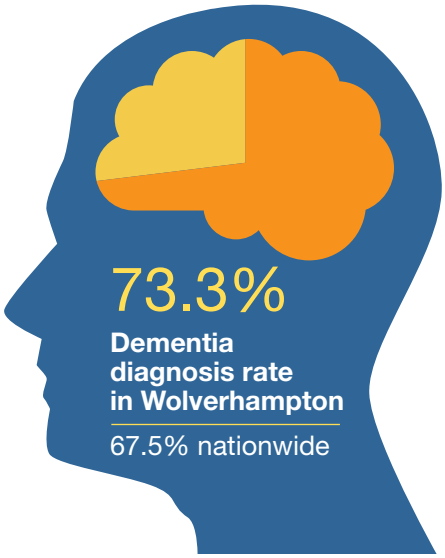
There are also several pledges aimed at improving the way health, social care and other organisations work together to continue developing dementia services in the city of Wolverhampton. These include integrating health and social care teams, improving dementia awareness among practitioners and sharing best practice.

Our Progress

The city of Wolverhampton is now an award-winning Dementia Friendly Community reflecting the excellent work taking place through organisations who are members of Wolverhampton Dementia Action Alliance. Significant progress has been made in raising awareness of dementia within communities. This progress is reflected in our diagnosis rates, which are among the highest in the Country at 73.3 percent compared to 67.5 percent nationwide. Wolverhampton also has 13,000 Dementia Friends in the city.

Through individual initiatives and collaborative efforts, more support is now available to people living with dementia in the city of Wolverhampton. Together, we are:

- Offering support and a free 'carers assessment' to **carers of people affected by dementia.**
- Commissioning a **new Dementia Navigator Community Service** that provides early, and ongoing one-to-one support.
- Undertaking a targeted approach to ensure people can access their **full benefit entitlement.**
- Enabling more people with dementia and their carers to attend **dementia cafes,** with more cafes being developed within our communities.
- Social Care deliver **Memory Matters and Talking Points** across the community to raise awareness and support people who are concerned about their or a loved one's memory.
- Equipping libraries with **Reading Well Books** on prescription.
- Extending **social prescribing.**
- Promoting independence with **Telecare**
- Becoming as dementia friendly as possible, with **organisations across the city reviewing their services.**
- Rolling out **Dementia Friendly GP Practices,** to raise awareness of dementia, support diagnosis and improve post diagnostic support.
- Strengthening the support offered in **care homes,** through partnership working on quality and providing training around Advanced Care Planning and End of Life care.
- Enabling people with dementia to **avoid hospital admissions** by reviewing the support available in the community through an early identification project delivered by the CCG.
- The University of Wolverhampton continue to **undertake research** and share their findings
- Completing timely **memory assessments** for people, we achieved an average waiting time of 7.9 weeks for the first six months of 2018.
- Offering a **Young Onset Dementia Clinic** to support people diagnosed before the age of 65.
- Improving support for people with dementia in hospital with the **enhanced Mental Health Liaison Service.**
- Enhancing the experience that people affected by dementia have in hospital by **developing a new Reminiscence Room.**
- Providing excellent care, with the Royal Wolverhampton NHS Trusts' specialist acute medical ward and outreach service recognised as a **centre of excellence.**
- **Supporting patients** better by offering a **bespoke training programme** on dementia for hospital staff.
- Delivering a **cognition clinic** to support in diagnosing people where there may be other causes of cognitive impairment.
- Improving outcomes for dementia patients by using **Graphnet,** which enables GPs and Consultants to share information.
- Developing the **SWAN Programme,** which will support End of Life Care.
- Developing a **GSF framework** to better equip care homes in supporting people with dementia during end of life.
- Sharing knowledge and improving support through our **Better Care Fund Group.**
- Extending the **Red Bag Project Wolverhampton** across all care homes and nursing homes, to help ensure patients receive safe, efficient and effective care.
- Refining our approach to dementia, by developing the **first topic specific Dementia JSNA for the city of Wolverhampton.**



Key Priorities 2019 - 2024

From our engagement exercises and partnership discussions, we know a lot of good work has taken place in the city of Wolverhampton. We are committed to continue the good work and will also continue to listen to our communities to support us in developing and improving services.

We know that our priorities need to focus on developing a whole system pathway that includes:

Playing our role in prevention, by promoting healthier communities and supporting the NHS Health Checks programme - raising awareness of Cardiovascular dementia and younger onset.

Raising awareness of available support for dementia and sharing this information with agencies and people affected by the condition. This includes working with partners across health and care to improve the quality, completeness and linkage of data. This also includes work with Black Asian and Minority Ethnic communities, the deaf community and adults with sight loss, to promote engagement and improve outcomes within all communties.

Working with GP's to ensure co-ordinated support throughout a persons dementia diagnosis.

Strengthening our offer around community support, including proactive support for people awaiting diagnosis and improved post diagnosis support.

Enabling people with dementia to live in their communitiies for as long as possible by ensuring a wide range of support. this includes connecting people to existing support such as existing community groups, frailty pathway, and integrated health and social care

Extending the cultural and leisure opportunities available to ensure that people living with dementia can connect to their community and have opportunities to do the things they enjoy.

Redesigning community services to facilitate a range of support that can meet people's needs, from young onset dementia to early stages and advanced dementia.

Strengthening our offer to carers and people affected by dementia by reviewing respite and day support.

Developing the support which helps people stay in their own homes, including care and nursing homes, thereby reducing avoidable hospital admissions and equipping people well as their dementia advances.

Connecting people to services and support early to avoid emergency crisis situations – this includes Advance Care Planning to enable a good death.

Joint Strategic Needs Assessment for Dementia

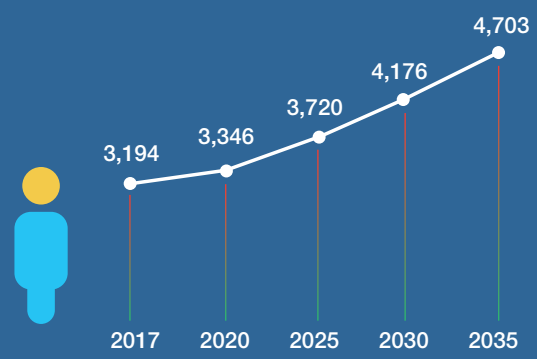
Nationally and locally the number of people living with dementia is rising.

In response, the City of Wolverhampton Council, the Royal Wolverhampton Hospital Trust and Wolverhampton Clinical Commissioning Group collaborated to produce the city's first Joint Strategic Needs Assessment (JSNA) for dementia.

The aim of this JSNA was to analyse the current and future 'needs' of people living with dementia, and their carers, in the city of Wolverhampton.

It demonstrated the relatively high prevalence of dementia in the city of Wolverhampton, with approximately 5 percent of citizens aged 65 and over living with the condition. This figure is significantly higher than the national and regional rates and is expected to grow in line with national projections. The graph depicts Poppi's projections for Dementia in the city of Wolverhampton.[1]

Number of people aged 65 and over projected to have dementia in the city of Wolverhampton (Poppi)



Our research and engagement with stakeholders identified the following from a cohort of people diagnosed with dementia, carers and professionals:

- One in five respondents with dementia told us that they were 'not living well' with the condition.
- Less than one third of respondents with dementia said they have used a Dementia Café in the last three years, with many not being aware of the support and others struggling to access the service.
- The directly standardised rate of emergency admissions for dementia among people aged 65 and over has significantly increased and is significantly higher in Wolverhampton than nationwide.
- Many professionals working with dementia told us that they were not confident that the specific needs of people with the condition were being met or will be met in the future.

Key Recommendations:

- Raise awareness of the support available for people with dementia – especially BAME communities and connect support to other groups such as those people with sight loss, 'hard of hearing' and the deaf community.
- Connect people to the support available in the community by promoting Dementia diversifying Cafes.
- Ensure health and social care professionals are aware of the available support and equipped to signpost and refer people affected by dementia to the correct service in a timely way, using personalised care plans based on This is Me.
- To develop a whole system pathway to demonstrate how services connect to support anyone diagnosed with dementia.

To see the full JSNA please visit:
http://win.wolverhampton.gov.uk/dementia

[1] http://www.poppi.org.uk/

Our Strategic Direction: A Dementia Friendly City

The various actions contained within the Joint Dementia Strategy supported the city of Wolverhampton's ambitions of becoming a Dementia Friendly Community. Having achieved this status in 2018, we will continue efforts to make the city of Wolverhampton as dementia friendly as possible.

A dementia friendly community is one that is aware of and understands the needs of people with dementia, encourages them to seek support from their local community and, most importantly, gives them the help they need to live their lives.

It empowers people with dementia to aspire and feel confident to take part in everyday activities, enabling them to remain living independently and take greater control over their lives.

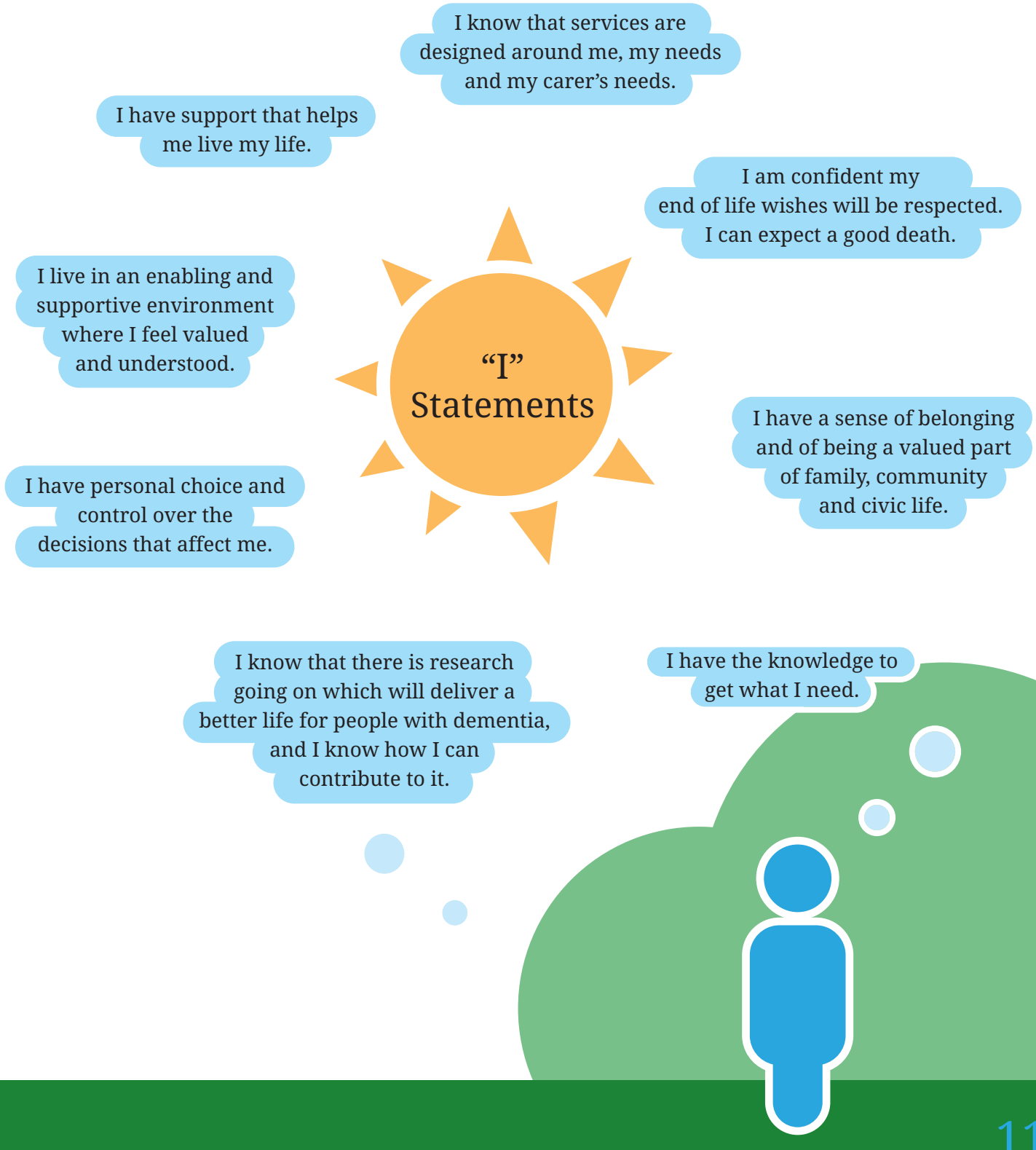
To become a dementia friendly community, the city of Wolverhampton needs the help and support of organisations which people with dementia access on a regular basis, and so a local Dementia Action Alliance has been established.

It has brought together more than 30 local organisations, including health and social care providers, retailers, banks, the emergency services, religious groups, education providers and more, who are working together to ensure people live well with dementia. Each organisation has produced its own action plan to ensure that it responds to the needs of people with dementia and their carers.

You can find out more at: **win.wolverhampton.gov.uk/dementia**

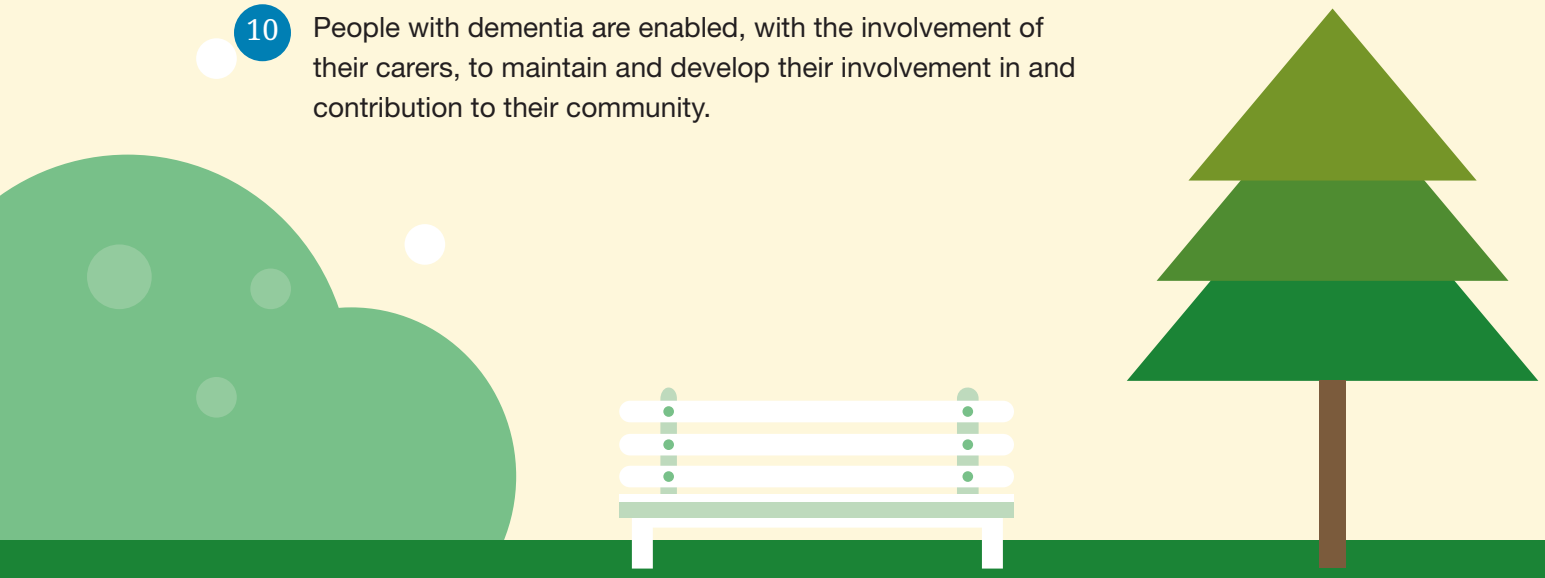
Guiding Principles

Our approach will be guided by the 'I' statements outlined in the 2020 Challenge on dementia and the NICE Quality Statements for dementia (QS30).



NICE QS30 Quality Statements for Dementia

1. People worried about possible dementia in themselves or someone they know can discuss their concerns, and the options of seeking a diagnosis, with someone with knowledge and expertise.
2. People with dementia, with the involvement of their carers, have choice and control in decisions affecting their care and support.
3. People with dementia participate, with the involvement of their carers, in a review of their needs and preferences when their circumstances change.
4. People with dementia are enabled, with the involvement of their carers, to take part in leisure activities during their day based on individual interest and choice.
5. People with dementia are enabled, with the involvement of their carers, to maintain and develop relationships.
6. People with dementia are enabled, with the involvement of their carers, to access services that help maintain their physical and mental health and wellbeing.
7. People with dementia live in housing that meets their specific needs.
8. People with dementia have opportunities, with the involvement of their carers, to participate in and influence the design, planning, evaluation and delivery of services.
9. People with dementia are enabled, with the involvement of their carers, to access independent advocacy services.
10. People with dementia are enabled, with the involvement of their carers, to maintain and develop their involvement in and contribution to their community.



Our framework

Our Aims	Measures	
Preventing Well **The city of Wolverhampton will be 'memory aware' and promote risk reduction through healthy lifestyles.**	• Number of Dementia Friends and organisations signed up to the Dementia Action Alliance • Promoting public health and wellbeing to reduce the vascular risk factors for dementia in our city	• https://www.nhs.uk/conditions/dementia/dementia-prevention/ • Increase the number of NHS health checks and utilisation of dementia screening tools
Diagnosing Well **People living with dementia in the city of Wolverhampton will receive a timely diagnosis with an offer of early support.**	• Increase the rate of timely diagnosis including younger onset dementia • Reduced waiting times for a memory assessment	• Offer early support at assessment, diagnosis and beyond • Offer information on support agencies, including benefits, carers support and Dementia Café's or groups.
Living Well **The city of Wolverhampton will be a Dementia Friendly City that supports people to continue to live well and connect to their community**	• We will be accredited as a 'Dementia Friendly City' • Reduction in inappropriate prescribing of anti-psychotic medication • More people with dementia using self-directed support	• More people with dementia and their carers connecting to support through their Navigator, who will use an asset-based approach to enable people to continue to live well • People have access to community support and information to prepare them for the future through personalised support plans
Supporting Well **People living with dementia will receive support that adapts to changing needs with access to good quality secondary care.** **The Trust will continue to deliver excellence in dementia care within the Trust, when hospital admission is unavoidable.**	• Integrated support for dementia is offered through health and social care teams and voluntary or community organisations – connect to existing pathways such as frailty and integrated care • People affected by dementia will have a named Navigator to connect them to the available support	• Develop community teams to treat more people in their own home leading to; • Reduction in admissions to acute care • More people with dementia will have an Advanced Care Plan that includes end of life planning – including lasting power of attorney information and support.
Dying Well **People with dementia in the city of Wolverhampton can die with dignity and respect**	• Develop a clear understanding of the end of life pathway and the support available for people affected by dementia, including families and carer	• Reduction in unnecessary hospital admissions within the last year of life • Bereaved carer's views on the quality of end of life care received to improve outcomes

Actions

Preventing Well

NHS Well Pathway Aim
The risk of people developing dementia is minimised.

Outcome	Action	
Promoting healthy lifestyles information with key messages about awareness, early intervention, prevention and risk factors for developing dementia	Targeted prevention messages in GP practices, both literature and screens. Regular messages in carers newsletters. Targeted awareness by all agencies during Dementia Action Week and business as usual. Ensure prevention messages and healthy lifestyles for people affected by dementia are included as part of public health events, literature and campaigns.	Ensuring existing campaigns feature dementia. Link dementia to healthy ageing city initiatives and healthy lifestyles. Collect baseline of NHS health checks and measure the increase of the number of people taking them. Ensure Dementia Friends Sessions continue to be delivered in all areas of the community.
Raising awareness to seek assessment early if there are memory concerns	Leaflets available in health services covering hospital, primary care and community settings (e.g. pharmacies)	Promote Memory Matters and Talking Points as ways to discuss early concerns. Continued service user, carer and provider engagement.
Enable key staff such as community nurses, Dom care and care home staff are aware of prevention and risk reduction and where to signpost	Increase the number of Dementia Friendly GP Practices. Increase the number of NHS Health checks and the utilisation of dementia screening tools.	Promote dementia friendly training and sessions as part of inductions.
Increase early diagnosis and access to targeted groups – including all protected characteristics	All agencies to promote awareness and support information to BME communities, people with disabilities, deaf communities and those with co-morbidities. This includes people under 65.	

Diagnosing Well

NICE Statement/ Dementia Declaration

Timely, accurate diagnosis, a care plan and a review within the first year for all.

Outcome	Action	
Continue to increase the rate of timely diagnosis	Work with NHS England to deliver targets in place.	Memory Matters Service continues to raise awareness and strengthen referral to GP.
Reduced waiting times for a memory assessment	Strengthen and formalise the assessment process where people receive a diagnosis at RWT by ensuring the screening and cognition pathway is utilised. Ensure GP's discuss diagnosis with patients when diagnosis is received and signpost to Dementia Navigator Community Service for post diagnostic support. Continue to strengthen diagnosis in acute settings and offer dementia support at RWT through staff induction and utilising dementia outreach team.	Ensure BCPFT maintain assessment waiting times below the 12-week threshold. Explore a high-quality memory assessment through the achievement of MSNAP accreditation. Explore the diagnostic role in community pathways such as pharmacies and community nurses and strengthen communication when a diagnosis is made, to ensure post diagnostic support is available earlier on. Improve diagnosis rates in care homes through early identification. Staff to receive appropriate training.
People are offered early post diagnostic support at assessment, diagnosis and beyond	Care Navigators at GP surgeries refer to Dementia Navigators Community Support Service and Carer Support Team. GP's are given messages on early support, dementia friendly initiatives and continue to deliver on QOF targets. Explore Dementia Navigators joining BCPFT at the end of assessment process to strengthen post diagnostic support.	Community nurse teams know how to refer to Dementia Navigators. Share information on support agencies, including benefits, carers support and Dementia Café's on websites, leaflets, GP.

Living Well

NICE Statement/ Dementia Declaration
People with dementia can live normally in safe and accepting communities.

Outcome	Action	
More people with dementia and their carers connecting to support through their Navigator, who will use an asset-based approach to enable people to continue to live well. Ensure high quality, appropriate post-diagnostic support is available to all, including younger people, those with comorbidities and those from BME groups	Ensure all agencies are referring directly to the Dementia Navigator Support Service delivered by the Alzheimer's Society. Make links with BME groups, community and faith groups.	Advertise all post diagnostic support available to the public and professionals. Explore Dementia Navigators meeting patients at Assessment.
More people with dementia engaged with agreeing advanced care plans and using self-directed support	Dementia Navigators will ensure a plan is in place that promotes independence and supports in planning for changes in the future. An asset-based approach will be taken to support people in what they can continue to do, like to do and enjoy doing to enable people to live fulfilling lives. This includes, healthy lifestyles, community activities, dementia cafes and benefit checks.	Information on where to go when things change will be readily available to avoid patients and carers entering crisis. All agencies will encourage people affected by dementia to plan for the future with early conversations and refer where appropriate, to compassionate communities and dying well.
Continue the work of the Dementia Action Alliance and remain accredited as a Dementia Friendly Community	Deliver community events. Increase members. Increase in number of dementia friends.	Expand activity to schools and transport. Explore cultural, leisure and social opportunities are available and promoted.
Carers and family support	Continue the assessment and support delivered by the Carer Support Team. Explore the development of the CRISP programme for carers.	Ensure carers needs are assessed and support is in place to maintain their own wellbeing. Enable carers to access support and promote community support available to them.
Promote independence	Information on what is available is accessible in all community and statutory agencies. Explore the possibility of commissioning Admiral nurses.	Navigators will make referrals to enable people to continue their independence by referring to assistive technology, welfare support and where to seek advice and guidance.

Supporting Well

NICE Statement/ Dementia Declaration

Access to safe, high quality health and social care for people with dementia and carers.

Outcome	Action	
People affected by dementia will have a named Navigator to connect them to the available support	All agencies to refer.	All services are equipped to signpost people to support, particularly for people who are receiving a late diagnosis.
More people with dementia will have an Advanced Care Plan that includes end of life planning.	Early conversations by all care co-ordinators to ensure the completion of an Advanced Care Plan- services are quipped to refer to teams that can complete Plans. Care plans should be personalised and specific on patient's wishes and deter hospitalisation which would cause further deterioration.	All patients will have a Care Plan, and this will be based on 'This is me' - this should include information on mental capacity and lasting power of attorneys.
Integrated support for dementia is offered through health and social care teams and voluntary or community organisations	Supporting Well strategy group continues to meet and ensures shared information to improve services by problem solving and sharing information. This may include, shared protocols and training between services. Co-ordination of services to be improved and full offer of support to be mapped and implemented.	Agencies make connections to existing services, such as the Frailty pathway and Telecare. Explore Frailty Co-ordinators in GP clinics who will connect to health and social care services. Report the impact of EPAC once rolled out – improve the expectations of GP's as care coordinators once EPAC is in place and LES in place.
Developing community teams to treat more people in their own home leading to below;	Supporting Well strategy group continues to meet and ensures shared information to improve services by problem solving and ensuring actions are undertaken.	Explore GP groups who have an interest in dementia and service improvement.
Reduction in admissions to acute care	Review respite and day support for people affected by dementia and develop a new model in line with modernised day services and incorporating new health community team input.	Map independent community services such as Age concern sitting service, carer support, community support and extra care schemes.

Supporting Well

NICE Statement/ Dementia Declaration

Access to safe, high quality health and social care for people with dementia and carers.

Outcome	Action	
Improving the quality of care in the community to reduce unplanned admissions, delayed discharges and placement breakdowns	Rapid Intervention Team already treating people in care homes and at home. This offer to be formalised to support hospital avoidance. Develop a bespoke community team that offers clinical support to care homes and to people in their home. Particularly to improve outcomes for patients with dementia where hospital admission often provides further challenges and confusion. Explore mental health teams home treatment team and crisis resolution model. Explore a targeted training and support package to those homes with high admissions to hospital. Explore Dementia Outreach Team and expanded offer in hospital to home. Develop D2A and Reablement pathway to ensure staff and professionals are able to support people with their primary goals with a dementia diagnosis.	Work with the Integrated Care Alliance to ensure outcomes are monitored and recorded. Work with care home, domiciliary and care home staff to equip them in supporting people with dementia. Quality assurance teams to share best practice within care homes to raise improvements in dementia friendly environments and activities. Explore national models of community support and targeted support for people with advanced dementia. Explore Admiral nursing programme to deliver training to health professionals. Ensure all agencies have and refer to This is Me /About Me document – continued use in Red Bag.
Excellence in Dementia Care Programme	The Trust will continue to develop and deliver the Excellence in Dementia Care programme through the development and delivery of RWT's Strategy and campaigns.	

Dying Well

NICE Statement/ Dementia Declaration

People with dementia die with dignity and in the place of their choosing

Outcome	Action	
Develop a clear understanding of the end of life pathway and the support available for people affected by dementia, including families and carers	Share the pathway within the End of Life strategy - ensure criterion are as flexible as possible to provide a person-centred approach. Ensure information is given to people about mental capacity and lasting power of attorneys. Ensure agreed documentation is in place for teams who can complete Advanced Care Plans, advanced directives and refusal for treatment and that they are aware of responsibilities.	Continue the work between quality teams and care homes to equip staff with difficult conversations and ensure correct documentation is in place. Build on the work between Compton Care and CCG to ensure staff are confident to deliver this pathway and promote available training on end of life care conversations.
Reduction in unnecessary hospital admissions within the last year of life	Explore the expansion of low-level palliative care and support.	Promote rapid discharge to home pathway as this is currently underutilised.
Bereaved carer's views on the quality of end of life care received	Promote Bereavement Hubs that provide advice and opportunities to connect with people who are in the same position as you. Continue to deliver Dying Matters awareness weeks and promoting conversations.	Ensure support plans and plans in place are used to respect patient's wishes. Ensure everyone has access to information to enable a good death.
Test the pathway	Undertake a walkthrough of all dementia interfaces and services. This will enable further understanding to develop areas and share good practice.	

Dementia Action Alliance

The City of Wolverhampton's Dementia Action Alliance is part of a national movement which aims to encourage and support local communities and organisations to bring about a society-wide response, including practical actions which enable people to live well with Dementia. The Alliance is co-ordinated through City of Wolverhampton Commissioning Team and chaired independently. Some examples of our members actions include, ensuring all staff become Dementia Friends, holding social spaces for people living with dementia and their carers, holding awareness days in their organisation and during Dementia Action Week, making their space more dementia friendly.

Members of Wolverhampton Dementia Action Alliance include but not limited to:

Age UK

Alzheimer's Society

Asda

Accord

Beacon Centre

Black Country Partnership NHS Foundation Trust

BME United

Citizen's Advice Bureau

City of Wolverhampton Council

Compton Care

Dementia Friendly GP Surgeries

Dementia UK

Diocese of Lichfield

FBC Manby Bowdler Solicitors

Fiddle Finger Quilts

Grand Theatre

Healthwatch

HSBC Bank

Home Instead

Interfaith Wolverhampton

Lloyds Bank

Memory Matters

Mid-Counties Co-op/Alz Cafe

Newhampton Arts Centre

Ring and Ride

The Royal Wolverhampton NHS Trust

Trading Standards

University of Wolverhampton

West Midlands Fire Service

West Midlands Police

West Midlands Ambulance Service

Wolverhampton Clinical Commissioning Group

Wolverhampton Homes

We hope our membership continues to grow - to become a member please contact the People Commissioning Team on **people.commissioning@wolverhampton.gov.uk**

Dementia Friends

As well as providing dementia awareness training to people from all walks of life, the Joint Dementia Strategy also seeks to encourage more people to become Dementia Friends.

Nationally, more than one million people have signed up to become Dementia Friends through the Alzheimer's Society, and in doing so have developed a greater understanding of dementia, and what can be done to help people who are living with the conditions. Becoming a Dementia Friend does not mean befriending someone with Dementia.

In Wolverhampton we have over 13,000 registered Dementia Friends! We hope this number continues to grow. Anyone can become a Dementia Friend and there are many ways in which you can become a Dementia Friend, to find out more please visit www.dementiafriends.org.uk for more details.

Dementia Friends

Appendix: key standards

Our Joint Dementia Strategy and Joint Strategic Needs Assessment will underpin the work we do to improve outcomes for people living with dementia and their carers in the city of Wolverhampton.

We are also aligning our approach with the national '2020 Challenge on Dementia Implementation Plan' (2016).[2] This plan sets out a 'Well Pathway' for people's journey with dementia and will continue to hold pertinence in the future. The city of Wolverhampton has aligned its measures and actions for support for dementia with this framework, as set out within this document.

Other key standards include:

- Prevention (NICE Guideline)
- Risk reduction (OECD Dementia Pathway)
- Health information (NICE Pathway)
- Supporting research (OECD Dementia Pathway)
- Preventing people dying prematurely (NHS Outcomes Framework)
- Diagnosis (NICE Guideline and OECD Dementia Pathway)
- Memory assessment (NICE Guideline and NICE Quality Standard 2010)
- Concerns discussed (NICE Quality Standard 2013)
- Investigation (NICE Pathway)
- Provide information (NICE Pathway)
- Integrated and advanced care planning (NICE Guideline, NICE Quality Standard 2010, NICE Quality Standard 2013 and OECD Dementia Pathway)
- Healthcare public health and preventing premature mortality (Public Health Outcomes Framework)
- Integrated services (NICE Guideline, NICE Quality Standard 2013 and OECD Dementia Pathway)
- Supporting carers (NICE Quality Standard 2010, NICE Pathway and OECD Dementia Pathway)
- Carers respite (NICE Quality Standard 2010)
- Coordinated care (NICE Guideline and OECD Dementia Pathway)
- Promote independence (NICE Guideline and NICE Pathway)
- Relationships (NICE Quality Standard 2013)
- Leisure (NICE Quality Standard 2013)
- Safe communities (NICE Quality Standard 2013 and OECD Dementia Pathway)
- Enhancing quality of life for people with long-term conditions (NHS Outcomes Framework)
- Choice (NICE Quality Standard 2010, NICE Quality Standard 2013 and NICE Pathway)
- Behavioural and psychological symptoms of dementia (NICE Quality Standard 2010)
- Liaison (NICE Quality Standard 2010)
- Advocates (NICE Quality Standard 2013)
- Housing (NICE Quality Standard 2013)
- Hospital treatments (NICE Pathway)
- Technology (OECD Dementia Pathway)
- Health and social services (OECD Dementia Pathway)
- Hard to reach groups (NICE Quality Standard 2013 and OECD Dementia Pathway)
- Ensuring people have a positive experience of care (NHS Outcomes Framework)
- Treating and caring for people in a safe environment and protecting them from avoidable harm (NHS Outcomes Framework)
- Palliative care and pain (NICE Guideline and NICE Quality Standard 2010)
- End of life (NICE Pathway)
- Preferred place of death (OECD Dementia Pathway)
- Prime Ministers Challenge 2020

[2] https://www.gov.uk/government/publications/challenge-on-dementia-2020-implementation-plan

Glossary

Glossary of key health and social care terminology that has been used in this document:

BCPFT	Black Country Partnership Foundation Trust
BME	Black and Minority Ethnic
CCG	Clinical Commissioning Group
CRISP	Carer Information Support Programme
D2A	Discharge to Assess
EPACC	Electronic Palliative Care Co-ordination
GP	General Practitioner
GSF	Gold Standard Framework
JSNA	Joint Strategic Needs Assessment
LES	Local Enhanced Service
MSNAP	Memory Services National Accreditation Programme
NHS	National Health Service
NICE	The National Institute for Health and Care Excellence
OECD	Organisation for Economic Co-operation and Development
POPPI	Projecting Older People Population Information System
QOF	Quality and Outcome Framework
RWT	Royal Wolverhampton Trust
SWAN	End of Life Programme
THIS IS ME	A support tool to enable person-centred care

The Joint Dementia Strategy 2019-24 is supported by members of Wolverhampton Dementia Action Alliance.

WCC 1235 07.19

Appendix 2

JSNA DEMENTIA

Topic Specific Report

Final Draft

Developed: 2017-18
Published: April 2019

Public Health

Table of Contents

To be added:

Service Mapping

Executive Summary

Dementia Key Indicators

- **Since 2014-15, the prevalence of Dementia in all ages in Wolverhampton (0.82%) has been significantly higher than the prevalence in England and the West Midlands. Similarly, the prevalence of Dementia in Wolverhampton in the over 65 population (5.04%) is significantly higher than England (4.33%), West Midlands (4.21%) and the Black Country (4.43%).**
- In England, the highest prevalence figures of Dementia are seen in the most deprived deciles, between 4.60% and 4.75% in the three most deprived deciles, compared to 4.16% in the least deprived decile.
- **The number of Wolverhampton residents aged over 65 predicted to have Dementia, is projected to increase by around 47.2% between 2017 (3,194) and 2035 (4,702).** The largest increase is predicted to be in the 90 and over age group, with figures predicted to increase two-fold. However, increase in Wolverhampton is predicted to be smaller compared to the national projections.
- **In Wolverhampton, the directly standardised rate (DSR) of emergency admissions that were for patients with Dementia in the over 65 population increased significantly in a 4-year period from 2,955 per 100,000 (2012-13) to 5,045 per 100,000 (2015-16). Current figures (4,458 per 100,000) in Wolverhampton are significantly higher than national and regional figures.**
- **The proportion of emergency admissions with Dementia which were short stays (defined as a stay of less than 1 day) in Wolverhampton increased significantly from 16.71% in 2012-13 to 30.70% in 2016-17.** Current figures are significantly higher than national and regional figures.
- The most recent data (2016) suggests that the rate of mortality in people with Dementia in Wolverhampton is significantly higher than national and regional figures, though this has not always been in the case in previous years.

GP Records

- **On GP records in Wolverhampton, there are 2,323 patients with a diagnosis of Dementia, of whom 1,441 are female and 882 are males. Over a quarter of these patients are aged between 85-89 years.**

Social Care

- **In Wolverhampton, social services have a record of 1,740 people in Wolverhampton with Dementia. There are 874 social care service users that have a diagnosis of Dementia, 601 service users are female and 273 service users are male. Each service user has an assigned care package.**
- **Of the 874 social care service users with Dementia in Wolverhampton, 306 live in the community either with family or in their own homes and 568 live in residential or nursing homes.**
- The most provided care packages are Domiciliary Care (201) and Residential Care (232). There are also a significant number of packages for Nursing (112) and Day Support (71).

NHS Clusters

- **In Wolverhampton, there are around 1,250 patients registered to a NHS Mental Health cluster that is indicative of a diagnosis of Dementia. Just under half of all patients are in the 80-89 year age group.**
- **Just over half of all patients registered to a cluster that suggest a diagnosis of Dementia fall into cluster 19. Patients in Cluster 19 are characterised by having moderate needs.**

People with Dementia Engagement

- **There were 52 surveys returned from respondents that had been diagnosed with Dementia, of which 1 survey was completed online and 51 surveys were completed on paper.** Of the 52 respondents, 35 reported their gender as female, 13 as male and 4 left the question blank.
- **The majority (60%) of people with Dementia that responded to the survey said they were living well with Dementia.** However, over a fifth (21%) stated they were not living well with Dementia.
- **Around 69% of respondents said they had enough family and friends around them that they could count on for support. But less than half of respondents (44%) said they felt involved enough with decisions about their care and support.**
- **Under a third of respondents (31%) said they had used a Dementia café over the past three years. The most common reasons why the 67% of respondents had not used a Dementia Café included:**
    - **Have never heard of it**
    - **People with Dementia struggle to get out of the house - so cannot attend**
    - **Carers or family members unable to take them due to the opening times.**
- There were a mixture of positive and negative comments about Dementia Café's when respondents were asked what was or was not, useful about them. The positive comments centred around the social aspect of the service; **the negative comments centred around logistic issues and age of attendees.**
- **Around 42% of respondents said they were able to make decisions about how they spend their time on a general day to day basis**, however, 37% said they were not able to make those decisions and 17% said they did not know.

Carers of people with Dementia Engagement

- **The 83 respondents consisted of 51 females, 24 males and 8 who either left their gender blank or said that they preferred not to say.** The 83 respondents cared for 44 Females, 28 Males and 11 people whose gender was not stated, all of whom were living with Dementia.
- 37% of carers were the spouse of the person with Dementia being cared for and 34% were the child. More than half of carers (57%) had been caring for the person with Dementia for more than 3 years.
- **More than a third of carers (37%) said they found getting information of services to support them 'Quite' difficult and a further third (33%) found it 'Neither easy nor difficult, just OK'.** The most selected reasons for finding it difficult to get hold of information were:
    - Not knowing where to get the information needed
    - Not knowing who to ask for the information needed
    - Not being told about something until it's too late
    - It takes too long to actually receive the information you need
- The most commonly used services identified by respondents were Dementia Café's, Carer Support, Memory Clinics, Social Services and Nursing Teams.

- **Although most respondents did not find services difficult to access, a common theme among reasons for finding it difficult to access services was that carers were unable to get the information required to access services from professionals, requiring them to either find the information themselves or get in contact with other support services to obtain the information.**
- **Respondents that found Dementia Café's the most useful support, said they found the social aspects for people with Dementia useful, helped lift spirits, gave them somewhere to go and provided useful information.**
- **When asked about needs that were not met, carers said there was a lack of support for carers when exploring their options for services and care homes, with one respondent suggesting there should be a carers information support programme that is available in other areas.**
- More than two-thirds of carers (69%) said there were no cultural or social issues that got in the way of the care they provided. However, 31% stated that there were cultural or social issues.

Professionals working with Dementia engagement

- **There were 24 responses from professionals that work with people with Dementia. Of these responses, 19 were completed online and 5 were completed on paper.** Respondents were from a variety of services. **Ten of the 24 respondents** were managers within their services.
- **Nine respondents did not think the additional needs of people with Dementia using their services were being met.** The themes within the comments for this question included: **Services not able to be proactive when personalising services, individuals isolated due to lack of social facilities and the need for a carers information programme.**
- Fourteen respondents said they thought their service did meet the needs of adults currently using their service and four respondents said they did not think the needs were being met. **The comments provided by those that didn't think the needs were being met included: more courses and information programmes for carers required, more personalisation of services is required, a Dementia Café aimed at younger people with Dementia required and more staff/multi-agency working is required.**
- **Twelve respondents said that they were not aware of any changes or new trends in the needs for their current clients** and seven respondents said they were aware of changes or new trends. Five respondents said their service had the right skill mix and capacity to meet the future need. However, 9 mentioned they did not and provided comments on what they needed.
- **Some respondents said there were certain groups of people with Dementia that do not use their service but could benefit from extra support. These groups of people include those with early on-set Dementia, limited mobility and vision impairment, as well as carers and people from ethnic minorities.**
- Eight respondents said there were some cultural issues that needed addressing when working with their clients, which included:
    - **Meeting cultural and religious needs by creating more links with religious organisations**
    - **Encourage people with BME backgrounds to use services**
    - **Need to reach out to hard to reach communities, such as homeless and LGBT communities**
    - **Need a more ethnically diverse specialist workforce**

- **Improve awareness of services among communities where sight loss might be more prevalent**

Recommendations

- Raise awareness of services available to people with Dementia and their carers, in a formal, well-structured manner, especially among those with an ethnic minority background and those who may be harder to reach, such as LGBT and homeless.
- To provide and/or raise awareness of services which support those with Dementia and sight loss, whilst simultaneously raising awareness of the association between Dementia and sight loss.
- Increase awareness and provision of Dementia Café's. Increase provision of Dementia Café's for younger people with Dementia, aged under 65.
- Introduce provision of a Dementia friendly transport service, in order to improve accessibility of Dementia services.
- Service providers should aim to provide care/services that are personalised for the individual with Dementia and ensure their needs are considered when providing their service.
- Service providers need to ensure they are prepared to support an increasing number of clients and ensure that staff are better informed, by increasing the amount of support and training provided, especially for lower graded staff.
- Service providers should aim to provide forward thinking community based activities, support services and training to enable staff to help people continue to connect with the world, rather than 'just holding' people with Dementia.
    - What community assets do we have that could contribute to this?

Population group whose needs are to be assessed

This needs assessment will examine the needs of people with dementia and their family carers living in the City of Wolverhampton. This includes the area covered by the Royal Wolverhampton Hospital Trust and Wolverhampton Clinical Commissioning Group (CCG).

Aims and objectives

The overall aim of this Dementia needs assessment is to assess whether the services for people with dementia, their families and/or carers are meeting the current need and any future needs that may arise. The objectives of the needs assessment are to:

1. Determine the scope of dementia in Wolverhampton, through descriptive and comparative epidemiological analysis.
2. Map dementia services currently provided in Wolverhampton and identify potential gaps in provision.
3. Review evidence of best practice.
4. Conduct stakeholder engagement, including professionals that work with people with Dementia, those caring for people with Dementia and those diagnosed with Dementia, to identify the needs and discuss potential solutions.
5. Frame recommendations for processes that would address the unmet need identified, which would improve the quality of life of people living with dementia and those that care for them.

The ‘need’ of a population for a service can be defined as the capacity to benefit from that service. However, this may differ from a demand for a service or the supply of a service. This needs assessment aims to outline the needs of the population and consider any inconsistencies between need and supply.

What is Dementia and what is the impact of Dementia?

Dementia is a syndrome most commonly seen in older people and is characterised by impaired cognitive function. World Health Organization (WHO) define Dementia as *'Dementia is a syndrome – usually of a chronic or progressive nature – in which there is deterioration in cognitive function (i.e. the ability to process thought) beyond what might be expected from normal ageing. It affects memory, thinking, orientation, comprehension, calculation, learning capacity, language, and judgement. Consciousness is not affected. The impairment in cognitive function is commonly accompanied, and occasionally preceded, by deterioration in emotional control, social behaviour, or motivation.' [http://www.who.int/en/news-room/fact-sheets/detail/dementia]*

Dementia is one of the world's major causes of disability and dependency in older people. It has an impact on the quality of life of not only those that have Dementia, but of their families and carers too. The Impact on carers and family can be physical, psychological, social and economical. There is often a lack of awareness and understanding of Dementia, which can result in stigmatisation of the disease and barriers to care and diagnosis.

Worldwide, the number of people with Dementia is estimated to triple by 2050. In 2015, the cost of Dementia to the global community was $818 Billion and is estimated to cost $2 Trillion by 2030. *[http://www.who.int/mediacentre/factsheets/fs362/en/]*

Types of Dementia

Alzheimer's Disease

Alzheimer's disease is the most common cause of dementia. There are thought to be more than 520,000 people in the UK with Alzheimer's disease. The disease causes proteins to build up in the brain to produce structures called plaques and tangles, causing the loss of connections between nerve cells, eventually leading to the death of nerve cells and loss of brain tissue. Alzheimer's disease is a progressive disease, which means that over time, more parts of the brain are damaged.

The vast majority of people who develop Alzheimer's disease will develop it after the age of 65, however some people do develop Dementia before reaching the age of 65. This is known as early-onset Alzheimer's disease, which is often reported under the umbrella term 'early onset dementia'. There are over 40,000 people with early onset dementia in the UK.

Age is the greatest risk factor for Alzheimer's disease. Above the age of 65, a person's risk of developing dementia doubles every 5 years. There are about twice as many females as males who have Alzheimer's disease, for which the reasons are not yet confirmed. This observation is not fully explained by the fact that women live longer than men, on average. Genetics can play a part in increasing the risk of developing Alzheimer's disease. A number of genes are known to affect a person's chances of developing Alzheimer's. In rare cases, early onset dementia can be passed down through generations of a family. Medical conditions such as diabetes, stroke, high blood pressure, high cholesterol and obesity in mid-life are all known to increase the risk of Alzheimer's disease. This risk can be reduced by keeping these conditions under control and adopting a healthy, active lifestyle.

Vascular Dementia

Vascular dementia is the second most common type of dementia and estimated to affect around 150,000 people in the UK. Vascular dementia is caused by disruption in blood supply to the brain. This disruption is due to diseased blood vessels, leading to the blood vessels leaking or becoming

blocked and causing brain cells to die. The death of these brain cells bring about the symptoms which are characteristic of dementia.

Vascular dementia can develop following a stroke. A stroke occurs when blood supply to the brain is suddenly cut off, due to a blood vessel in the brain either narrowing or being blocked by a clot. The severity of strokes depend on where the blocked vessel is and how long the disruption of blood supply is (could be permanent). This sudden disruption in blood supply reduces the oxygen supplied to the brain and leads to the death of a large volume of brain tissue. However, not everyone who has a stroke will develop vascular dementia, around 20% of people who have a stroke will develop dementia within the following six months. Consequently, once a person has suffered a stroke, they are at a higher risk of suffering another stroke, therefore increasing their risk of developing dementia.

Other types of vascular dementia include:

Single-infarct and multi-infarct dementia, which are caused by one or more smaller strokes. An infarct is a small area of brain tissue that has died due disruption of blood supply to the brain. A single infarct in an important part of the brain can cause dementia, but more often it is a number of infarcts spread around the brain that cause dementia (multi-infarct).

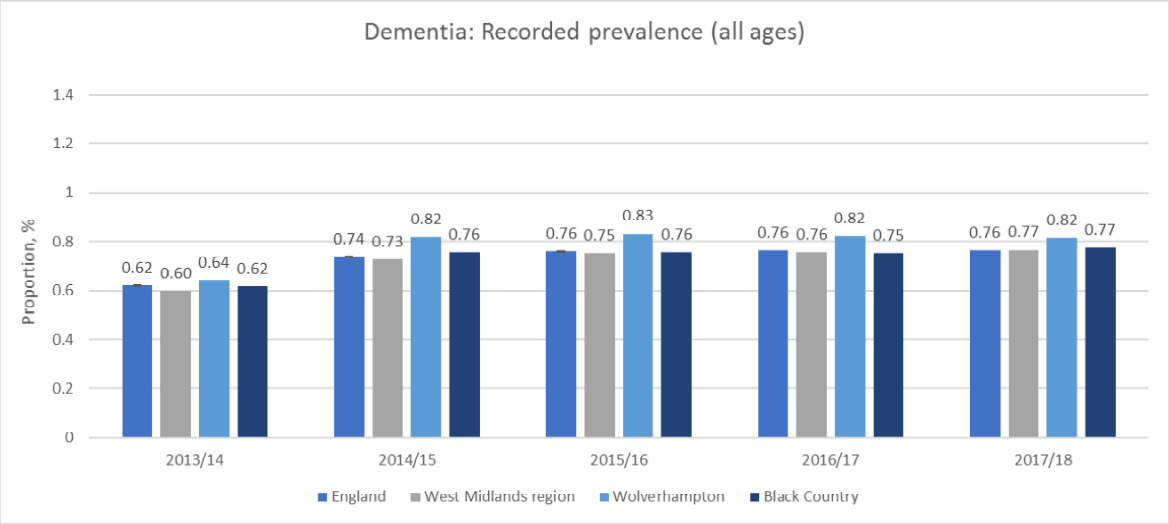
Subcortical dementia is caused by diseases of the very small blood vessels that lie deep in the brain, which cause them the vessel walls to thicken and vessels to become stiff and twisted. This causes damage to the nerve fibres that carry signals around the brain (white matter). It can also cause small infarcts around the base of the brain. Diseases of small vessels develop much deeper in the brain, compared to the damage caused by many strokes, therefore the symptoms are often different to stroke-related dementia.

Mixed Dementia

Around 10% of people with dementia are diagnosed with mixed dementia, which means that both Alzheimer's disease and vascular dementia have caused the dementia. Symptoms of mixed dementia can vary between the symptoms of Alzheimer's disease and vascular dementia.

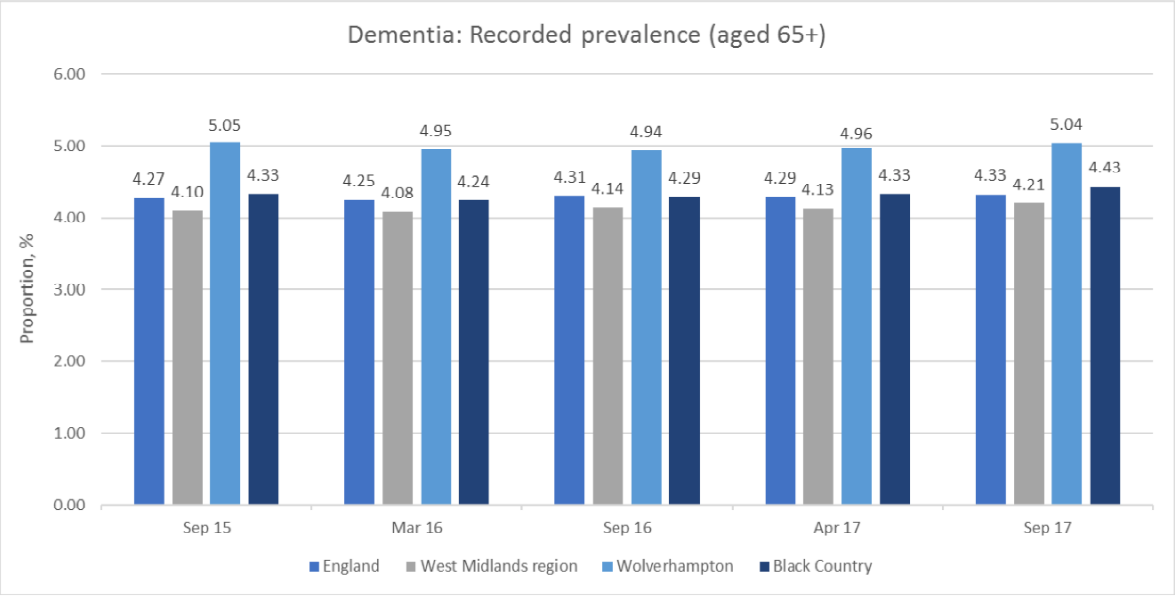
Dementia Indicators

Prevalence of Dementia



Source: Fingertips, PHE

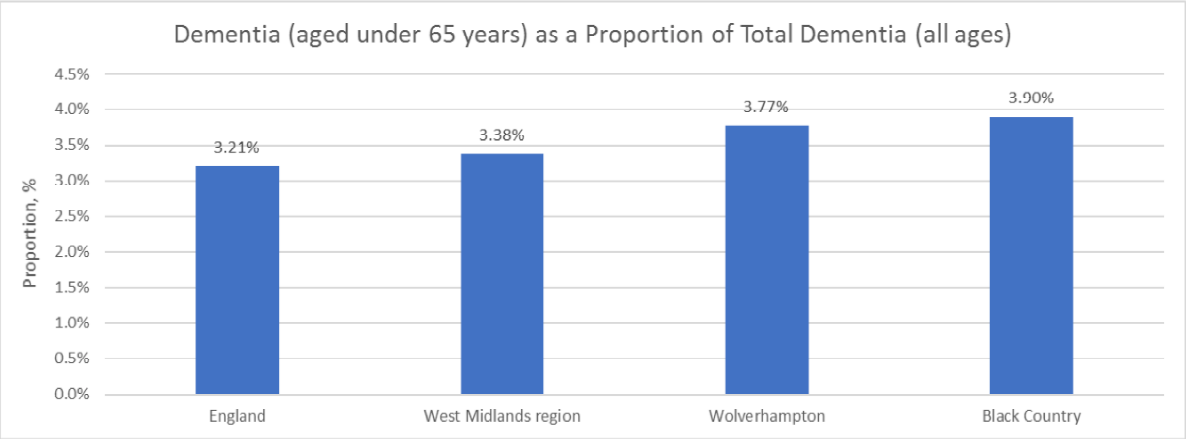
In Wolverhampton, the prevalence of Dementia in all ages has consistently been slightly higher than the prevalence in England, the West Midlands and the Black Country, however, this difference has only been statistically significant since 2014-15. In 2017-18, the proportion of the Wolverhampton population that had a diagnosis of Dementia was 0.82% (2,286 individuals), compared to 0.76% across England and 0.77% across the West Midlands. In Wolverhampton, the prevalence of Dementia increased significantly over a 5-year period from 0.54% (2011-12) to 0.83% (2015-16), an increase of 835 individuals and has remained steady since.



Source: Fingertips, PHE

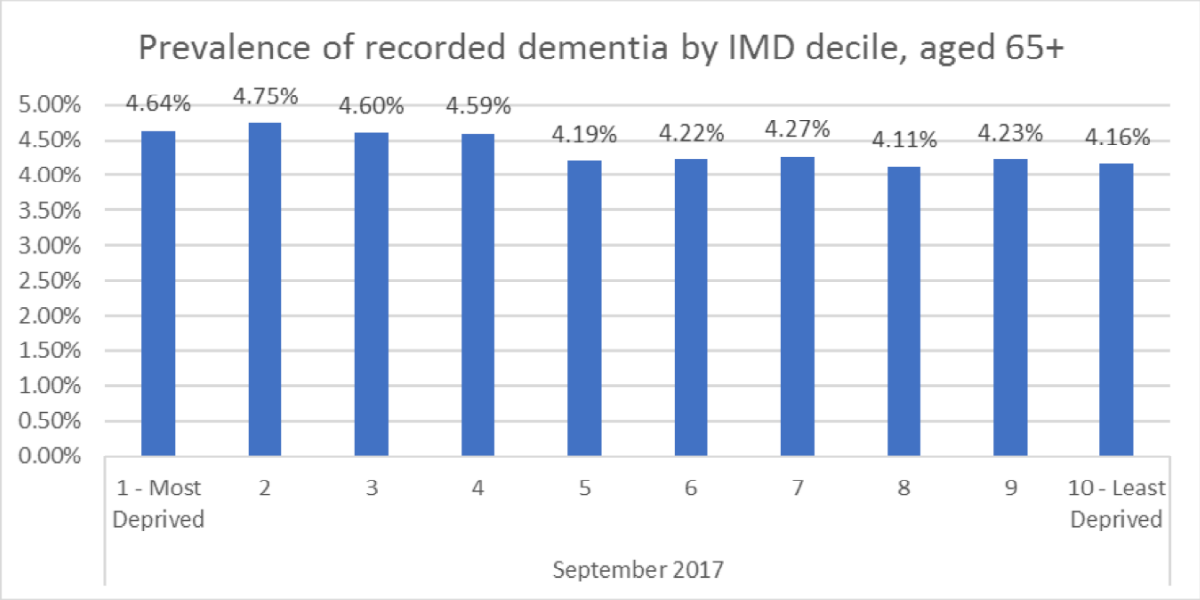
The prevalence of Dementia in Wolverhampton in the over 65 population has consistently been significantly higher than England, the West Midlands and the Black Country in the two-year period for which data was collected. In Wolverhampton, the proportion of over 65's with a diagnosis of Dementia has remained steady, ranging between 4.94% and 5.05%. The prevalence across England

and the West Midlands also remained steady across the two-year period, although the prevalence in England remained significantly higher than the West Midlands.



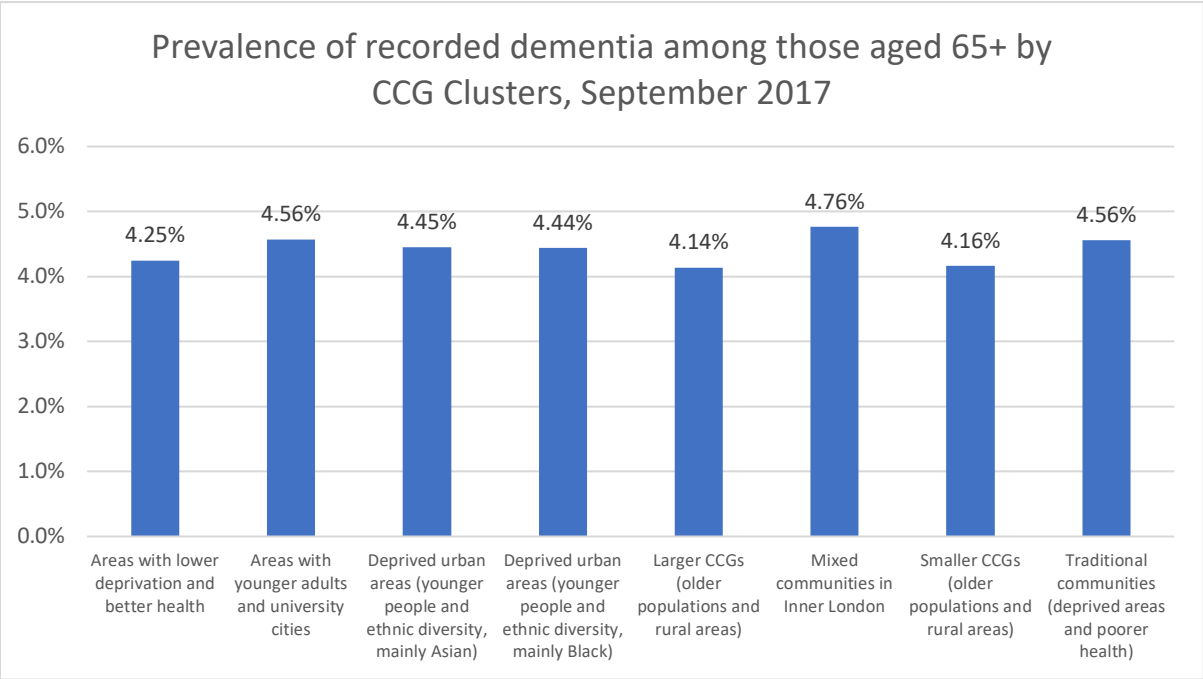
Source: Fingertips, PHE

As a proportion of Dementia in all ages, the population of under 65's with a diagnosis of Dementia in Wolverhampton is 3.77%, which is statistically similar to the proportion in England (3.21%), the West Midlands (3.38%) and the Black Country (3.90%). This accounts for 86 individuals in Wolverhampton, aged under 65 that have been diagnosed with Dementia.



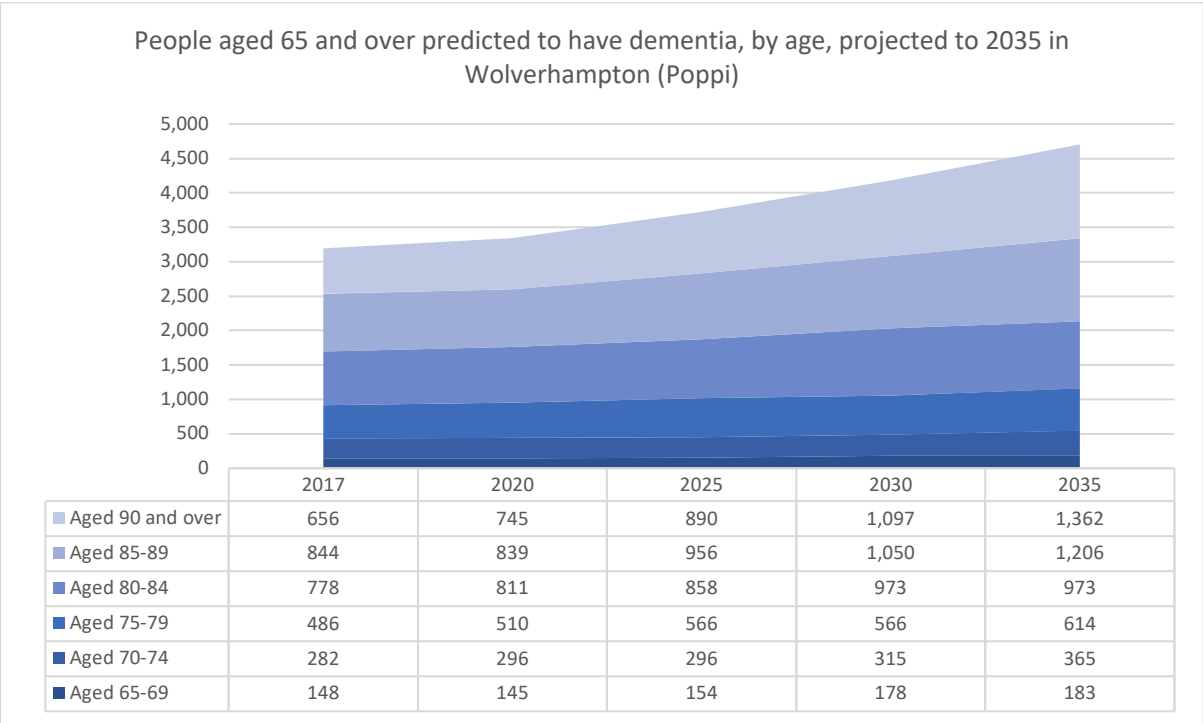
Source: Fingertips, PHE

The prevalence of recorded Dementia varies by Index of Multiple Deprivation in the 65+ population of England. This indicator is not available at Local Authority level, however in England the highest prevalence figures of Dementia are seen in the most deprived deciles, between 4.54% and 4.83% in the four most deprived deciles, compared to 4.19% in the least deprived decile. This trend remained similar at all three data points available: September 2015, March 2016 and September 2016.



Source: Fingertips, PHE

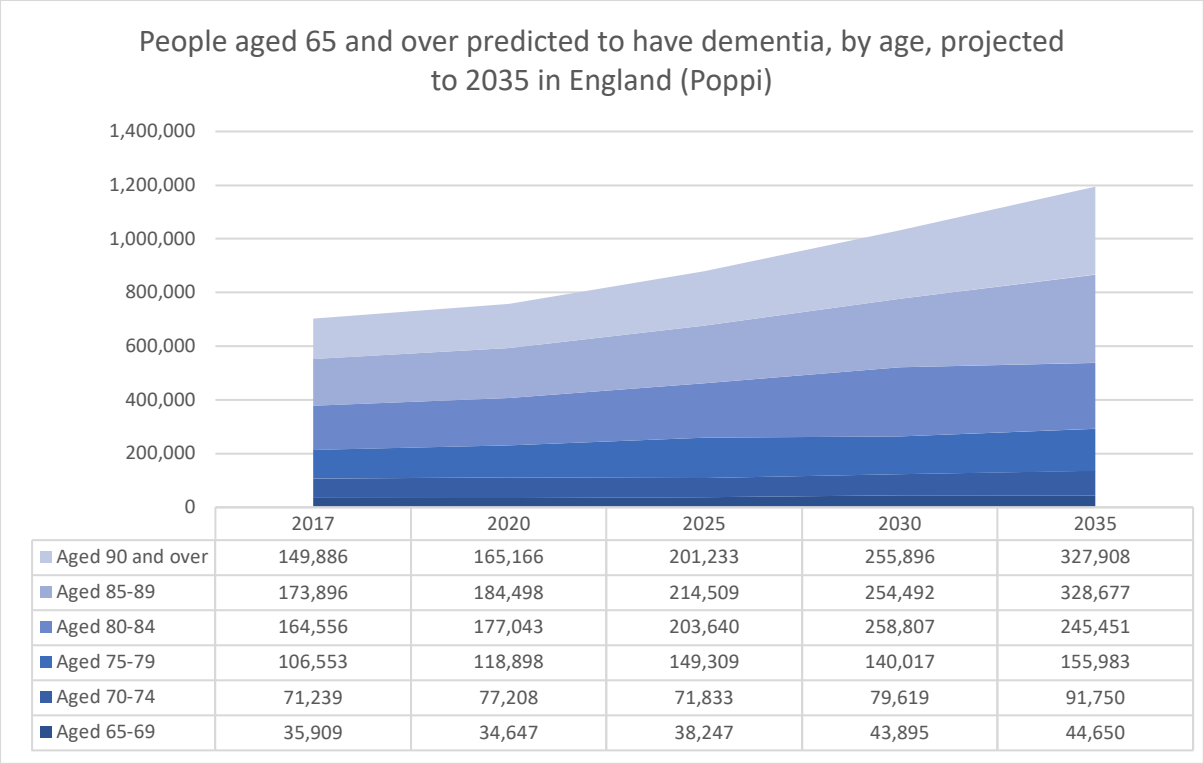
CCG Clusters are used to group CCGs with similar geographic and/or population characteristics across England. In England, the highest prevalence of Dementia is seen in 'Mixed communities in inner London' (4.76%), followed by 'Areas with younger adults and university cities' (4.56%). The lowest prevalence figures were seen in 'Smaller CCGs (older populations and rural areas)' (4.16%) and 'Larger CCGs (older populations and rural areas)' (4.14%). The characteristics of the population of Wolverhampton CCG would put it in the 'Deprived urban areas (younger people and ethnic diversity, mainly Asian).



	2017	2020	2025	2030	2035
Aged 90 and over	656	745	890	1,097	1,362
Aged 85-89	844	839	956	1,050	1,206
Aged 80-84	778	811	858	973	973
Aged 75-79	486	510	566	566	614
Aged 70-74	282	296	296	315	365
Aged 65-69	148	145	154	178	183

Source: Poppi

The number of Wolverhampton residents aged over 65 predicted to have Dementia is projected to increase by around 47.2% between 2017 (3,194) and 2035 (4,702). The largest increase is predicted to be in the 90 and over age group, with figures predicted to increase two-fold, from 656 in 2017 to 1,362 in 2035. The second largest increase is predicted to be seen in the 85-89 year age group, with an increase of 42.9% over the 18-year period.



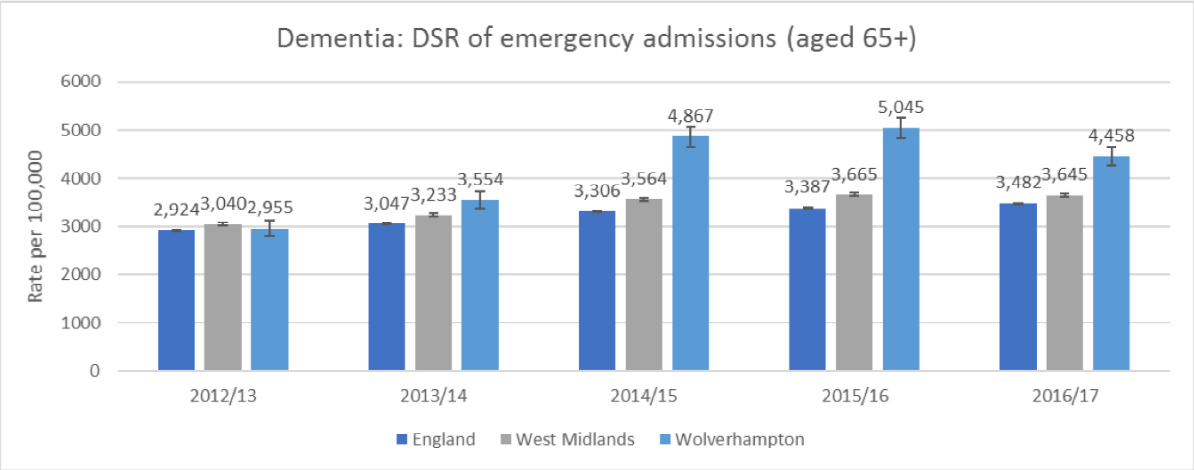
	2017	2020	2025	2030	2035
Aged 90 and over	149,886	165,166	201,233	255,896	327,908
Aged 85-89	173,896	184,498	214,509	254,492	328,677
Aged 80-84	164,556	177,043	203,640	258,807	245,451
Aged 75-79	106,553	118,898	149,309	140,017	155,983
Aged 70-74	71,239	77,208	71,833	79,619	91,750
Aged 65-69	35,909	34,647	38,247	43,895	44,650

Source: Poppi

The number of people in England aged 65+ is projected to increase by 70.1% between 2017 and 2035, from 702,039 to 1,194,419. The largest increase is predicted to be in the 90 and over age group, with figures predicted to more than double over the 18-year period, from 149,886 to 327,908. The second highest increase is predicted to be in the 85-89 year age group, with an increase of 89.0%. The youngest age group presented, 65-69 years is projected to increase by 24.3% over the 18-year period.

The overall increase in Wolverhampton is predicted to be smaller compared to the national projections. The projections by Poppi suggest that the number of people aged over 65 predicted to have Dementia in England is to increase by 70.1% between 2017 and 2035.

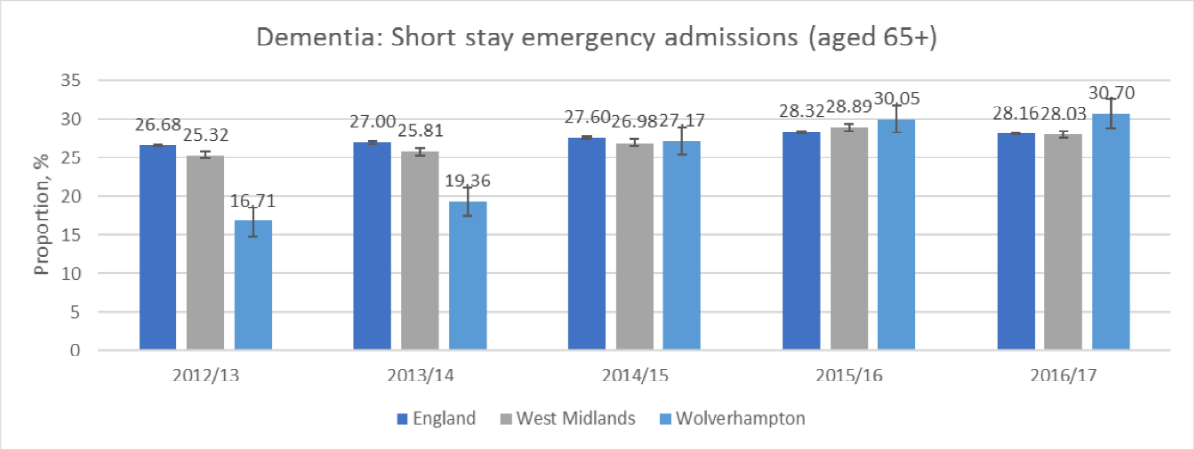
Hospital Admissions due to Dementia in Wolverhampton



Source: Fingertips, PHE

In Wolverhampton, the directly standardised rate (DSR) of emergency admissions with Dementia in over 65s increased significantly in a 5-year period from 2,955 per 100,000 (2012-13) to 4,458 per 100,000 (2016-17). In terms of numbers, the increase was from 1,307 in 2012-13 to 2,082 in 2016-17. The DSR for Wolverhampton consistently increased significantly between 2012-12 and 2014-15. In comparison to the England and West Midlands DSR's, in 2012-13, the Wolverhampton figure was not significantly different, however, the rate of increase over the following 3 years was much higher in Wolverhampton than England and the West Midlands. In the West Midlands, figure increased significantly from 3,040 per 100,000 in 2012-13 to 3,645 per 100,000 in 2016-17.

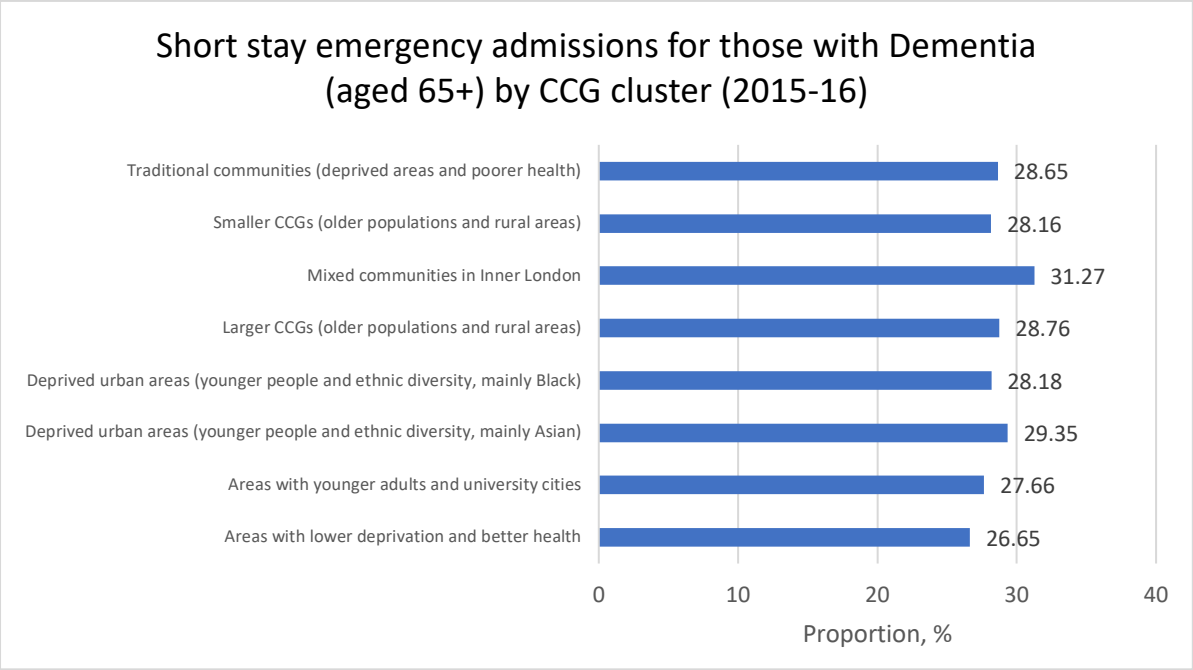
In England, the DSR for adults with dementia aged 65+ increased significantly year on year between 2012-13 and 2016-17. Overall, over the 5-year period, the rate of emergency admissions for Dementia in over 65's has increased by 16.0%, accounting for 558 admissions per 100,000 population.



Source: Fingertips, PHE

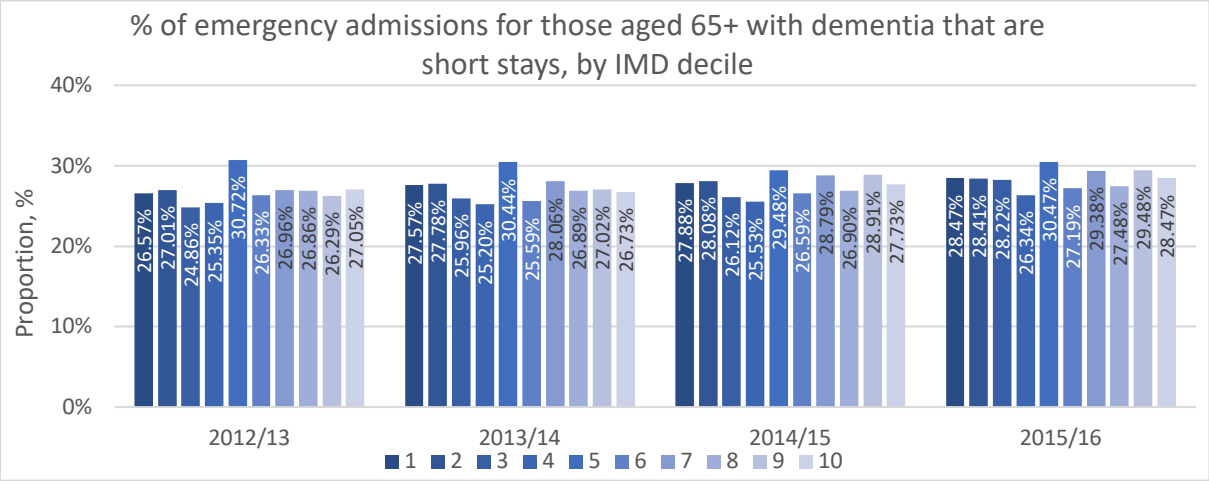
Short stay emergency admissions are defined as hospital admissions which last 1 night or less. Short stay emergency admissions are considered to potentially be detrimental to the health of individuals with Dementia. This is due to changes in the surrounding environment increasing the levels of anxiety and stress for an individual. Furthermore, people with dementia can be more susceptible to these changes, which can cause additional distress.

The proportion of emergency admissions for Dementia which were short stays (defined as a stay of less than 1 day) in Wolverhampton increased significantly from 16.71% (2012-13) to 30.70% in 2016-17. In terms of numbers this increase was from 243 in 2012-13 to 719 in 2016-17. The figures in England and the West Midlands also saw significant increases over the five-year time period, but at much smaller scales. In 2012-13 and 2013-14, the Wolverhampton figures were significantly lower than England and the West Midlands, however, following significant increases, Wolverhampton's figure in 2016-17 was significantly higher than England and the West Midlands figures. In England, there were two consecutive statistically significant increases in the four-year period, increasing from 27.00% in 2013-14 to 28.16% by 2016-17. Overall in England, there was an increase of 5.3% over the five-year period.



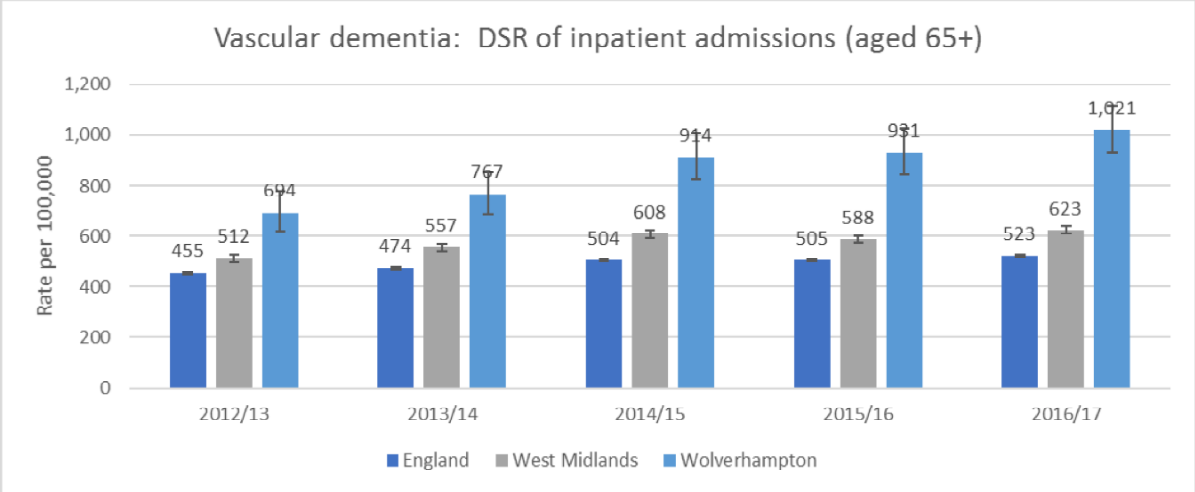
Source: Fingertips, PHE

CCG Clusters are used by the NHS to group together populations with similar characteristics. The population of Wolverhampton would be most similar to the 'Deprived urban areas (younger people and ethnic diversity, mainly Asian)'. In England, there is some variation between the CCG Clusters in regards to short stay emergency admissions for those with Dementia and aged 65+. The highest percentage of emergency admissions in those aged 65+ with Dementia is seen in 'Mixed communities in inner London' at 31.27%, followed by 'Deprived urban areas (younger populations and ethnic diversity, mainly Asian' at 29.35%. The lowest figure is seen in 'Areas with lower deprivation and better health' at 26.65%. The data would suggest that there is some association between higher deprivation and higher proportions of short stay emergency admissions for over 65's with Dementia. The figures for this indicator, in all of the CCG Clusters have experienced some level of increase over the three-year period between 2013-14 and 2015-16.



Source: Fingertips, PHE

The proportion of emergency admissions for those aged 65+ with Dementia that were short stays by IMD were not available at a Wolverhampton level. However in England, by IMD deciles there is no noticeable trend, with figures varying between 26.34% and 30.47% in 2015-16. Figures in the three previous time periods also varied to similar extents. One constant in the four data periods was that the percentage of emergency admissions for those aged 65+ with Dementia that were short stays, in the 5th most deprived decile was the highest. The figure varied slightly between 29.48% and 30.72% over the four-year period.

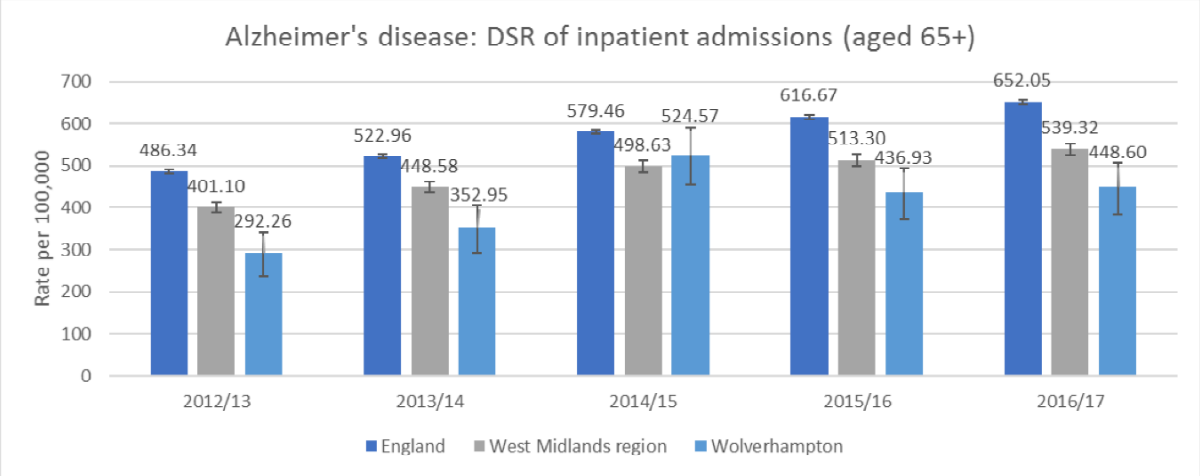


Source: Fingertips, PHE

Vascular Dementia is the second most common form of Dementia, affecting around 150,000 adults in the UK. The symptoms are often similar to Alzheimer's disease, though the issues affecting memory are often milder. The cause of Vascular Dementia is a reduced blood supply to the brain due to diseased blood vessels, resulting in the death of brain cells. The most common type of Vascular Dementia is thought to Subcortical Dementia, which involves reduced blood flow through the very small blood vessels deep in the brain. Vascular Dementia can also be caused by Strokes and Transient Ischaemic Attacks' (TIAs). [Alzheimers.org.uk]

The DSR of Vascular dementia in Wolverhampton has consistently been significantly higher than in England and the West Midlands, over the five-year period between 2012-13 and 2016-17. The rates

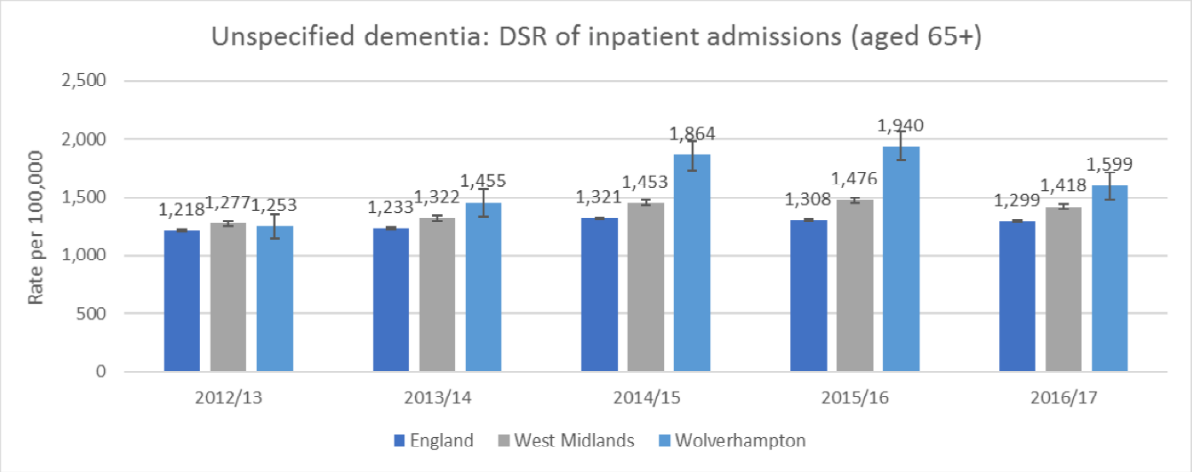
in all three geographies have significantly increased. The figures in Wolverhampton have increased from 693.7 per 100,000 (2012-13) to 931.3 per 100,000 (2015-16). In terms of numbers, the increase was from 308 in 2012-13 to 476 in 2016-17. In England, the directly standardised rate of inpatient admissions for Vascular Dementia in those aged 65+, increased significantly year on year between 2012-13 and 2014-15. Following this period of significant increase, figures continued to increase into 2016-17. In Wolverhampton, the rate of inpatient admissions in over 65's increased by almost a third (32.0%), equivalent to around 168 more admissions per year.



Source: Fingertips, PHE

Alzheimer's disease is the most common form of Dementia, with more than 520,000 people in the UK estimated to have Alzheimer's disease. Alzheimer's disease is a progressive disorder and the symptoms include: loss of short-term memory, language difficulties, visuospatial problems, orientation and difficulties in concentrating, planning and organising. [Alzheimers.org.uk]

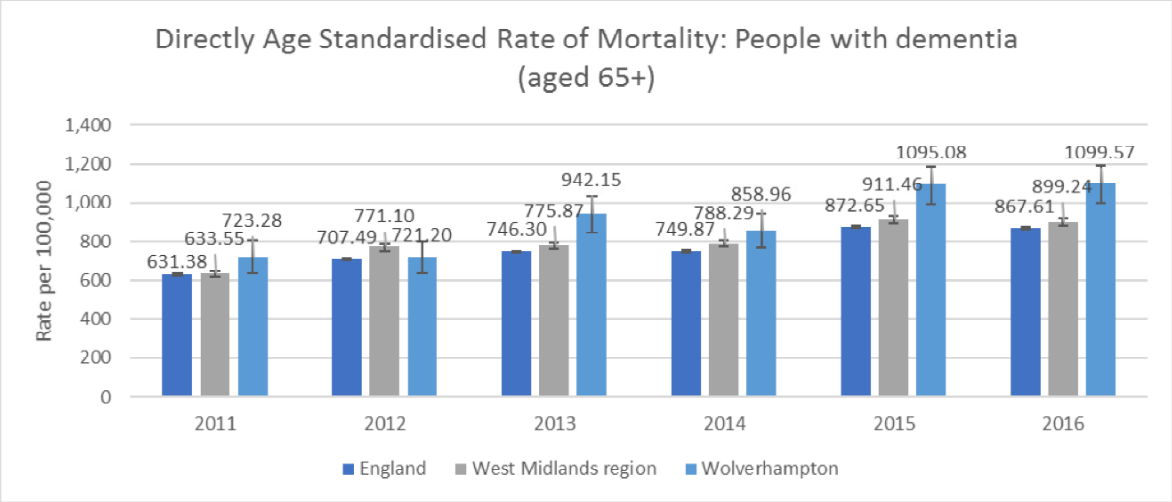
In 2016-17, the DSR of inpatient admissions for Alzheimer's disease in Wolverhampton (448.6 per 100,000) was significantly lower than the England figure (652.1 per 100,000) and the West Midlands figure (539.3 per 100,000). The Wolverhampton figures saw a significant increase between 2012-13 and 2014-15, followed by a slight non-significant decrease in 2015-16 and remained relatively constant going into 2016-17. Whereas, the England and West Midlands figures consistently increased significantly over the five-year period. The rate of inpatient admissions in England increased by 34.1%, accounting for around 166 more inpatient admissions per 100,000 adults aged 65+. In terms of numbers, in Wolverhampton, there were 208 inpatient admissions for Alzheimer's disease in people aged 65+, in 2016-17.



Source: Fingertips, PHE

Inpatient admissions for Unspecified Dementia are when the record of admission includes a mention of Unspecified Dementia in the diagnosis fields. The DSR of unspecified dementia in Wolverhampton increased significantly over a five-year period between 1,253 per 100,000 in 2012-13 to 1,599 per 100,000 in 2016-17, despite a fall in 2016-17. In terms of numbers, the increase in Wolverhampton was from 552 in 2012-13 to 748 in 2016-17. In comparison, the DSR's for England and the West Midlands also saw significant increases, but at much smaller scales. The Wolverhampton figures were significantly higher than England and the West Midlands between 2013-14 and 2016-17. In England, the directly standardised rate of inpatient admissions for Unspecified Dementia, in over 65's increased significantly between 2012-13 and 2014-15, followed by a significant decrease in 2016-17. In Wolverhampton, between 2012-13 and 2016-17, there was a 21.7% increase, equivalent to 196 more inpatient admissions per year in over 65's.

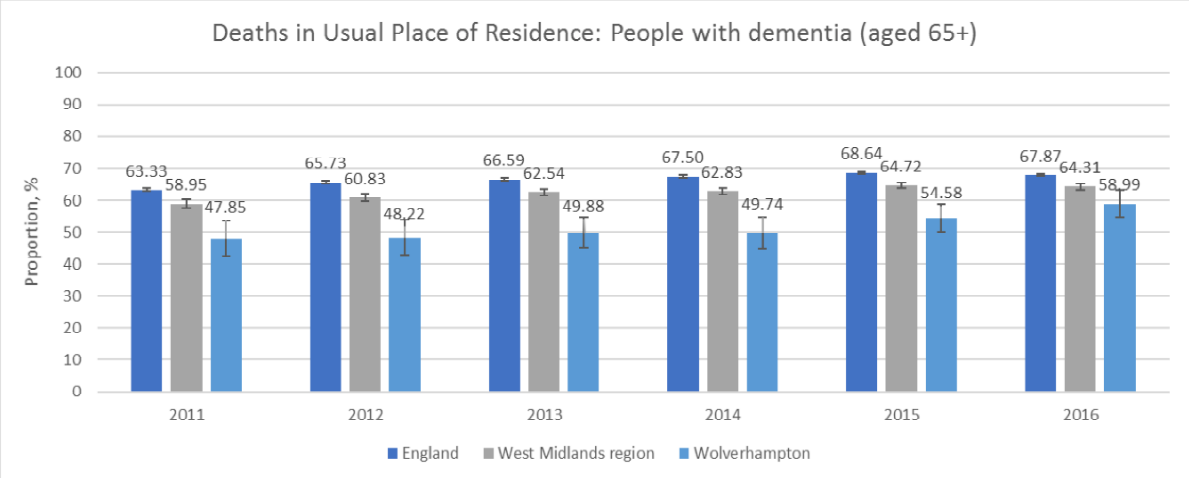
Mortality in people with Dementia



Source: Fingertips, PHE

In 2016, the DSR of mortality in people with Dementia aged over 65 was significantly higher in Wolverhampton at 1,099.6 per 100,000, than England (867.6 per 100,000) and the West Midlands (899.2 per 100,000). Over the five-year period between 2012 and 2016, the figures for Wolverhampton saw a general statistically significant increase from 721.2 per 100,000 to 1,099.6 per 100,000 (2016). Wolverhampton was significantly higher than England in four of five years (all but 2012), but only significantly higher than the West Midlands in three of the five years (2013, 2015 and 2016). In terms of numbers, there were 505 deaths of people with Dementia in 2015.

In England, the directly standardised rate of mortality with a mention of Dementia in those aged 65+, was 872.65 per 100,000 in 2015, which is significantly higher than each of the previous five years data points. The rate of mortality in those aged 65+ with Dementia increased significantly between 2011 and 2015, with figures increasing significantly year on year, except between 2013 and 2014. The cause of such an increase could be explained by looking at the increases in Dementia prevalence and diagnoses.

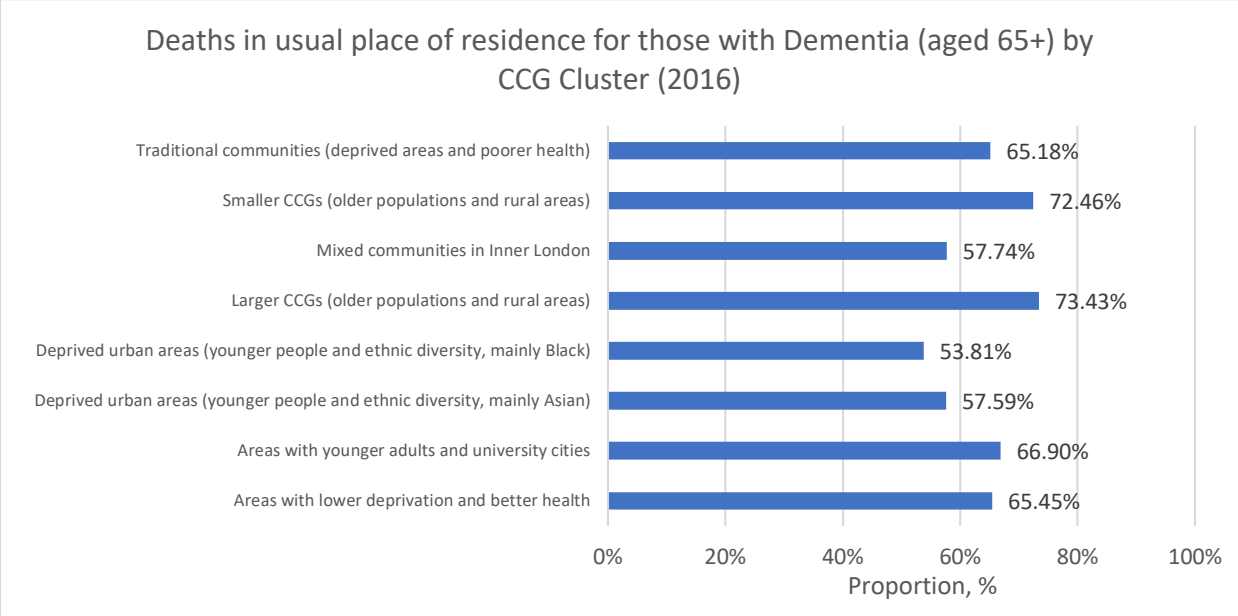


Source: Fingertips, PHE

End of life care for those with Dementia was a key objective in the National Dementia Strategy (2009) and a key measure of the quality of end of life care is 'death in usual place of residence'. The

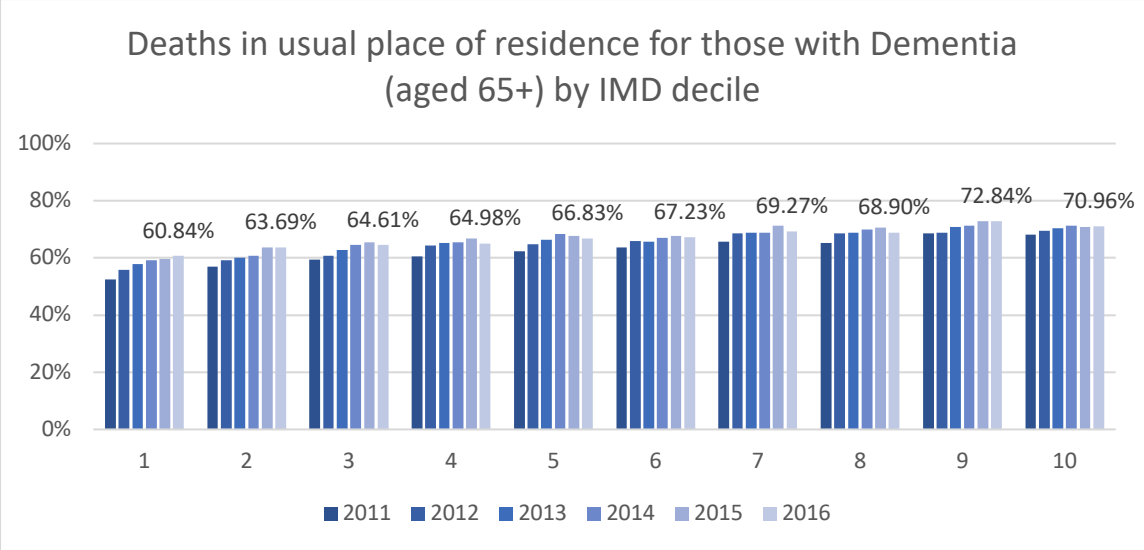
term ‘usual place of residence’ can refer to the individual’s own home, a care home or other residential setting.

In Wolverhampton, the proportion of people who die with Dementia whose death occurs at the usual place of residence increased slightly over a five-year period from 48.22% (2012) to 58.99% (2016). In terms of numbers, this increase was from 149 in 2012 to 292 in 2016. However, throughout the five-year period, the Wolverhampton figure was significantly lower than the England and West Midlands figures. In England, the proportion of deaths in over 65’s with Dementia that died in their usual place of residence consistently increased significantly, year on year, until 2016 when there was a slight decrease. Over the six-year period presented in the chart (2011 – 2016), there was a 4.54 percentage point increase, from 63.33% to 67.31%.



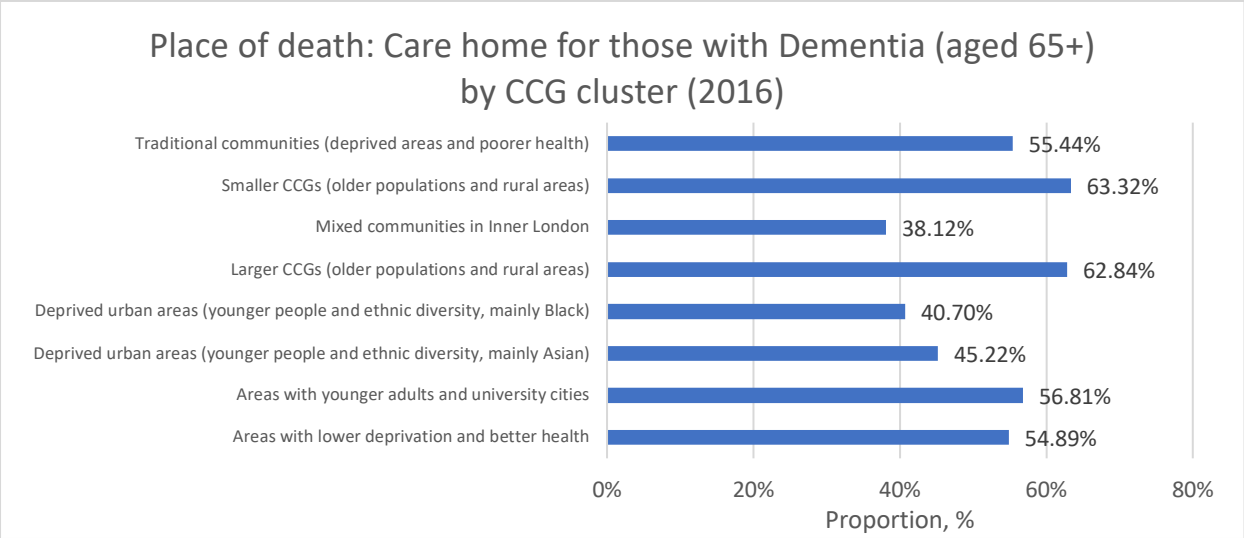
Source: Fingertips, PHE

In England, the proportions of deaths in over 65’s with Dementia that occur in the individuals usual place of residence were highest among the Smaller CCG (72.46%) and Larger CCG (73.43%) CCG clusters. Both CCG clusters are described as having older populations and being predominantly rural areas. The lowest figures were seen in the ‘Deprived urban areas (younger people and ethnicity diversity, mainly Black)’ with 53.81% and ‘Deprived urban areas (younger people and ethnicity diversity, mainly Asian)’ with 57.59%. The figure for ‘Mixed communities in inner London’ is also considerably low, at 57.74%.



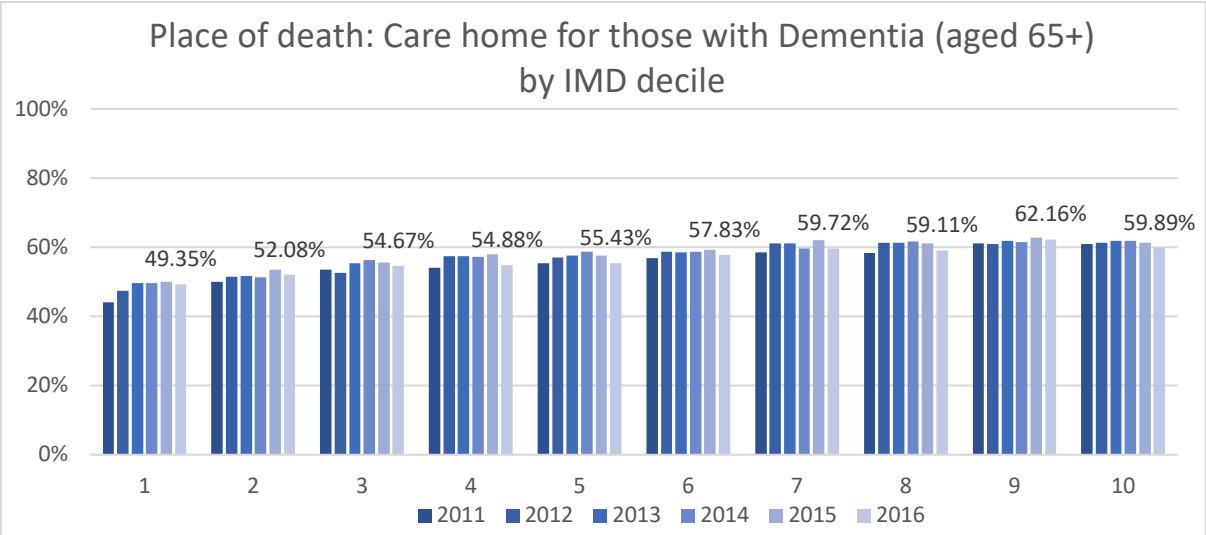
Source: Fingertips, PHE

The proportion of Deaths in usual place of residence for those with Dementia is not available by IMD deciles in Wolverhampton. However in England, over the six-year period between 2011 and 2016, the proportion of deaths of those aged 65+ with Dementia which occurred in the usual place of residence increased within each IMD decile. The largest increase was seen in the most deprived decile, an increase of 8.47 percentage points; the smallest increase was seen in the least deprived decile, an increase of 2.83 percentage points. In general, in each of the six years, the proportions of deaths in usual place of residence in those aged 65+ with Dementia increased and the level of deprivation decreased, with the highest figures in the most affluent deciles.



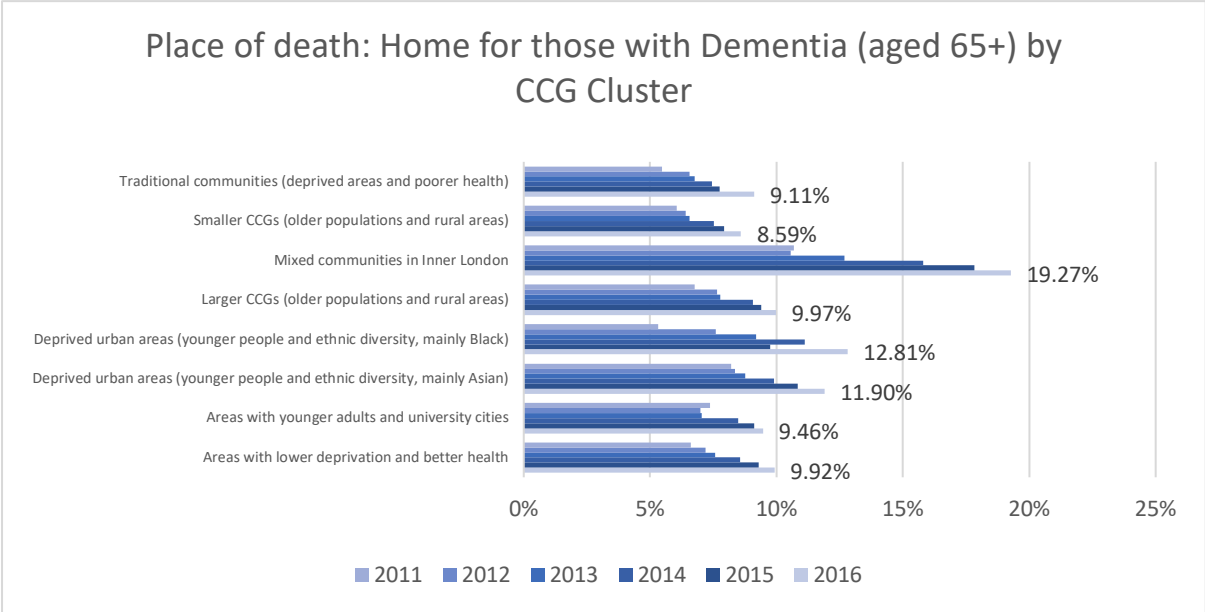
Source: Fingertips, PHE

In England, the proportion of deaths occurring in Care Homes, for individuals with Dementia and aged over 65 was highest among Smaller CCG's and Larger CCG's, which are both described as having an older population and rural areas. The lowest figures were seen in 'Mixed communities in inner London', 38.12%, Deprived urban areas (younger people and ethnic diversity, mainly Black), 40.70% and Deprived urban areas (younger people and ethnic diversity, mainly Asian), 45.22%. There were notable trends seen in the figures for the previous 6 data points (2011-2016).



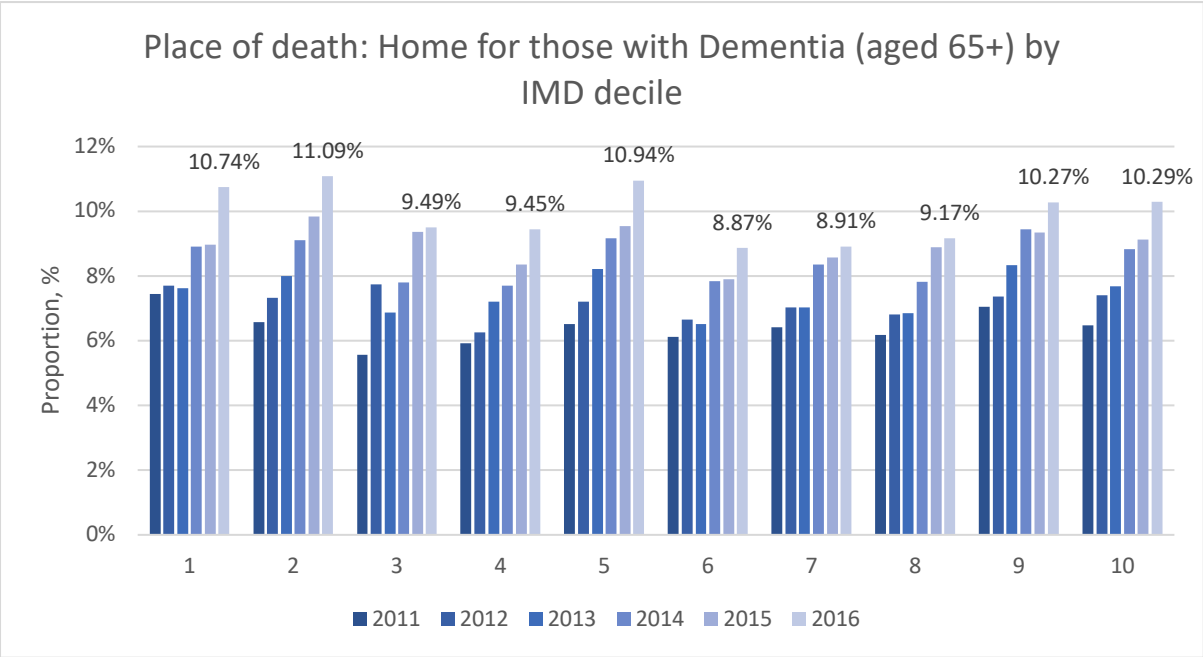
Source: Fingertips, PHE

The proportion of Deaths for those with Dementia that occurred in a care home is not available by IMD deciles in Wolverhampton. However in England, the proportion of deaths in those aged 65+ with Dementia that occurred in a care home increased as deprivation decreased, in 2016. There was a 10.54 percentage point difference between the most deprived and the least deprived areas of England. There have also been changes over time within each IMD decile, with figures within the majority of deciles increasing until 2014 and falling slightly by 2016.



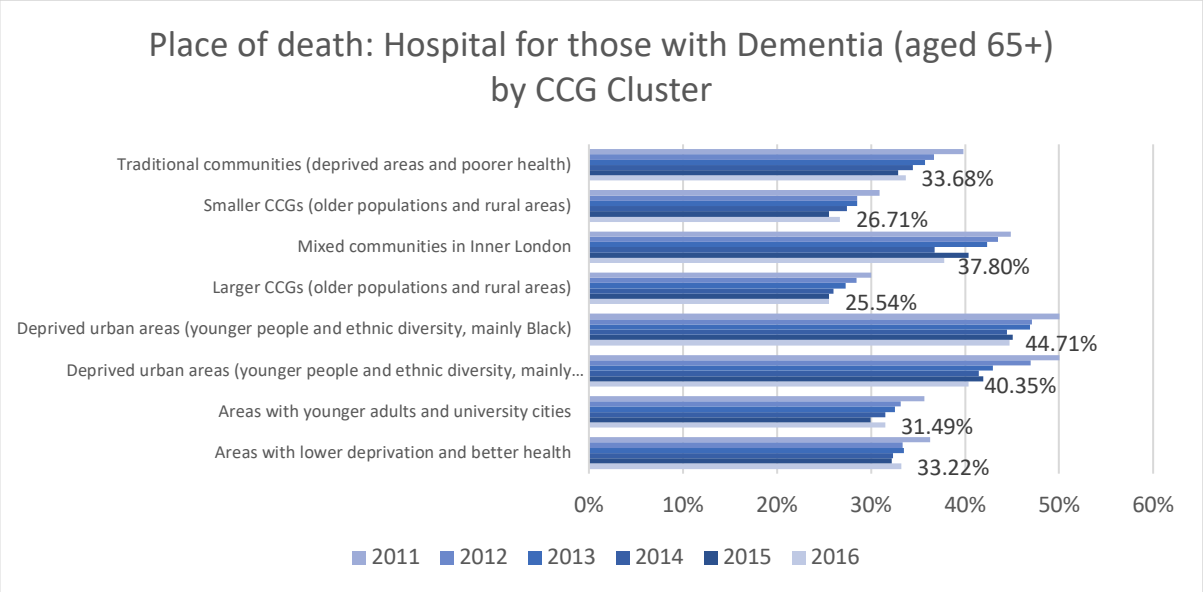
Source: Fingertips, PHE

In England, the proportion of deaths of over 65s with Dementia that occurred at home was, in 2016, highest in the 'Mixed communities in inner London' CCG cluster (19.27%). The rate in all other CCG clusters ranged between 9.11% in 'Traditional communities (deprived areas and poorer health)' and 12.81% in 'Deprived urban areas (younger people and ethnic diversity, mainly Black)'. Over the 5-year period between 2011 and 2016, the proportion of deaths, in those aged over 65 with Dementia, occurring at home increased in all of the CCG clusters. The largest percentage increases were seen in the 'Deprived urban areas (younger people and ethnic diversity, mainly Black)', with an increase of 140.3%. The smallest increase was seen in 'Areas with younger adults and university cities' with a 28.2% increase.



Source: Fingertips, PHE

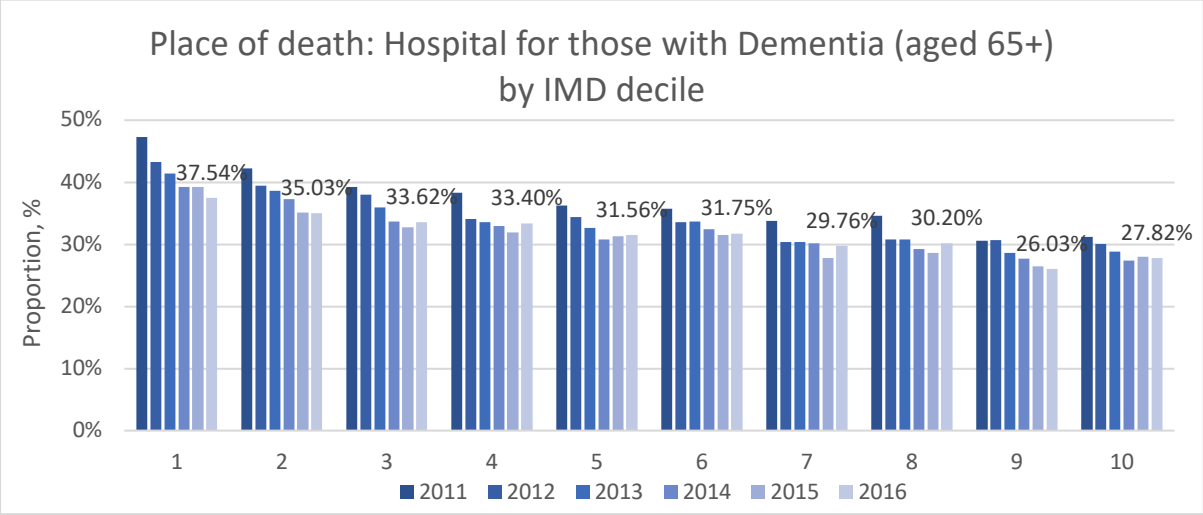
The proportion of Deaths for those with Dementia that took place within their own home, is not available by IMD deciles in Wolverhampton. However in England, there is slight variation and no notable trends between the proportions of deaths, of those aged 65+ with Dementia, occurring at home, in the different IMD deciles. The 2016 figures range from 8.87% in the 6th most deprived decile to 11.09% in the 2nd most deprived decile. However, over the five-year period, the figures have increased in every IMD decile between 2011 and 2015. The increases did not follow any notable trend, despite varying considerably between 38.8% and 70.4%.



Source: Fingertips, PHE

In England, the proportions of deaths, of those aged 65+ with Dementia, that occurred in a Hospital setting were highest in the 'Deprived urban areas (younger people and ethnic diversity, mainly Black)' (44.71%) and 'Deprived urban areas (younger people and ethnic diversity, mainly Asian)' (40.35%) CCG Clusters. The 2016 figure for the 'Mixed communities in inner London' CCG Cluster

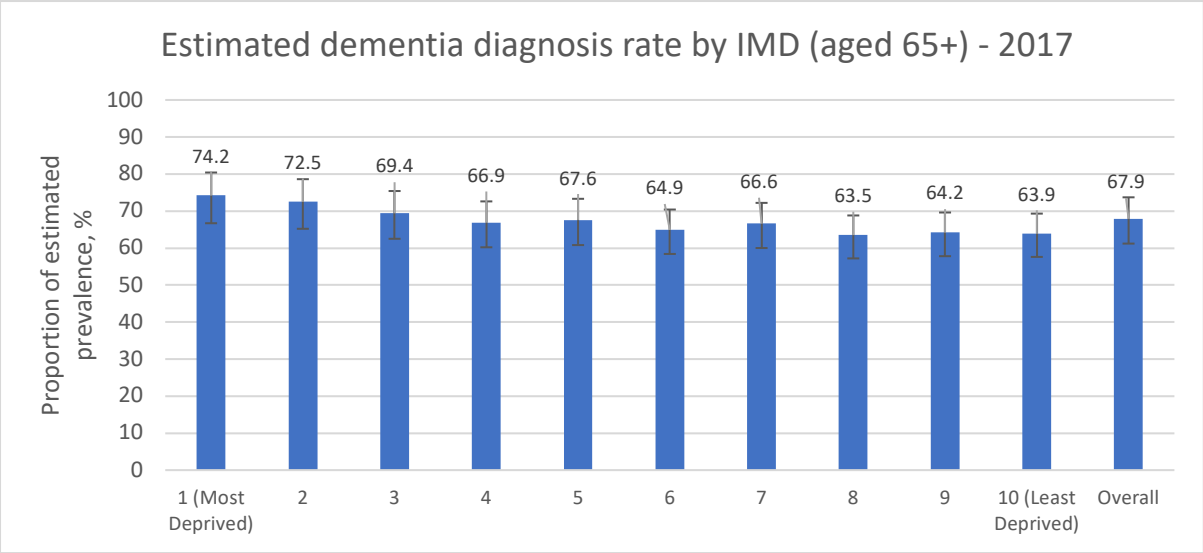
was also higher than average, at 37.80%. The lowest figures were seen in the 'Larger CCGs (older populations and rural areas)' CCG cluster, at 25.55%, and the 'Smaller CCGs (older populations and rural areas)' CCG cluster, at 26.71%. The figures also decreased in the six-year period between 2011 and 2016, with the largest percentage decreases seen in 'Traditional communities (deprived areas and poorer areas)' (17.36%) and 'Smaller CCGs (older populations and rural areas)' (17.25%). Therefore, suggesting that though numbers would be higher in the areas with older populations, there are increasingly higher proportions of over 65's with Dementia dying in hospitals in areas with younger populations.



Source: Fingertips, PHE

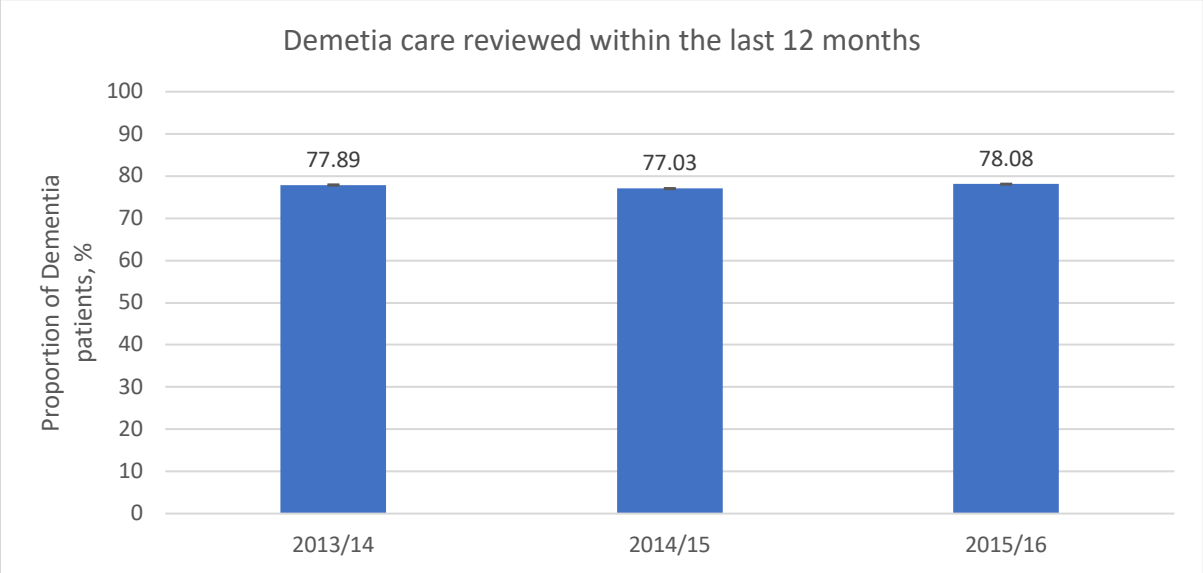
The proportion of hospital deaths for those with Dementia is not available by IMD deciles in Wolverhampton. However in England, the proportions of deaths of those aged 65+ with Dementia, that occurred in a Hospital setting were higher in the more deprived deciles, compared to the least deprived deciles. The proportions of deaths occurring in hospitals, for those with Dementia and aged 65+, in the three most deprived deciles were 37.54%, 35.03% and 33.62%, respectively; compared to the 30.20%, 26.03% and 27.82% in the three least deprived deciles. This suggests that the proportion of death is strongly associated with deprivation. Over the six-year period between 2011 and 2016, there were also decreases in figures within each decile. The smallest percentage decreases were seen in the least deprived deciles compared to the most deprived deciles, 11.96% in the least deprived decile compared to 25.87% in the most deprived decile.

Other Dementia indicators



Source: Fingertips, PHE

In England, around two-thirds (67.9%) of people aged 65+ estimated to have dementia, have received a diagnosis. This figure is known as the estimated diagnosis rate and is only available at a national level. The estimated diagnosis rate decreases slightly in line with decreases in deprivation, however, these decreases are not statistically significant. The figures suggest that there is poorer dementia diagnosis in the more affluent areas of the country, compared to the more deprived areas. Just under three-quarters (74.2%) of the people estimated to have dementia have been diagnosed in the most deprived decile, compared to less than two-thirds (63.9%) in the least deprived decile.



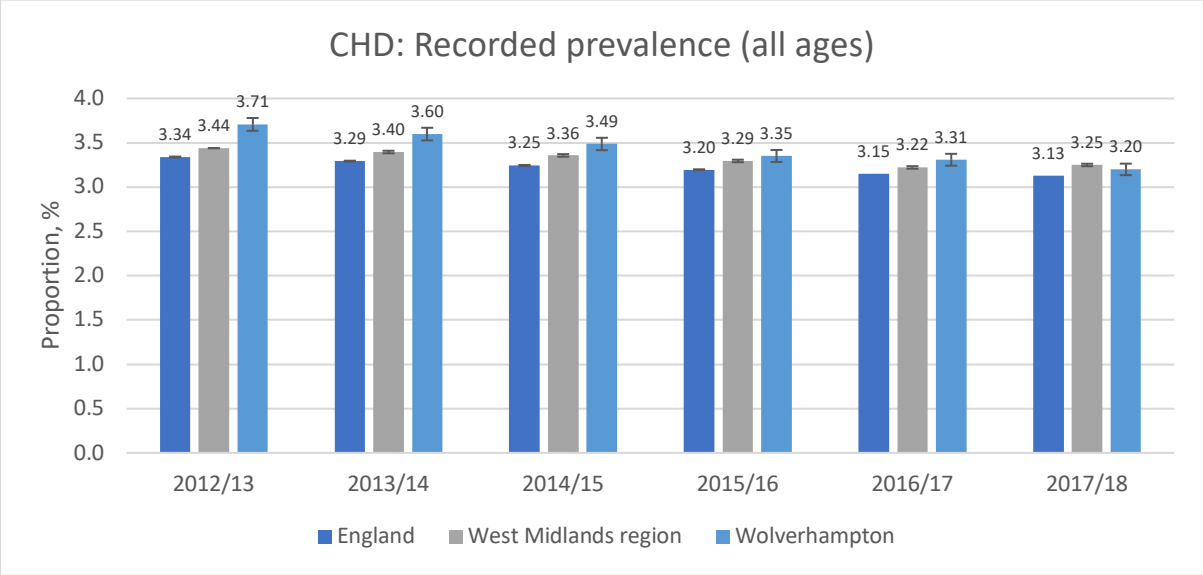
Source: Fingertips, PHE

The proportion of Dementia patients, in England, that had their care reviewed within 12 months of reporting ranged between 77.03% and 78.08%. This indicator is only available at a national level. Due to the variations between the three figures, a trend cannot be accurately reported. Although, the 2014/15 figure was significantly lower than both the 2013-14 and 2015-16 figures.

Risk Factors for Dementia

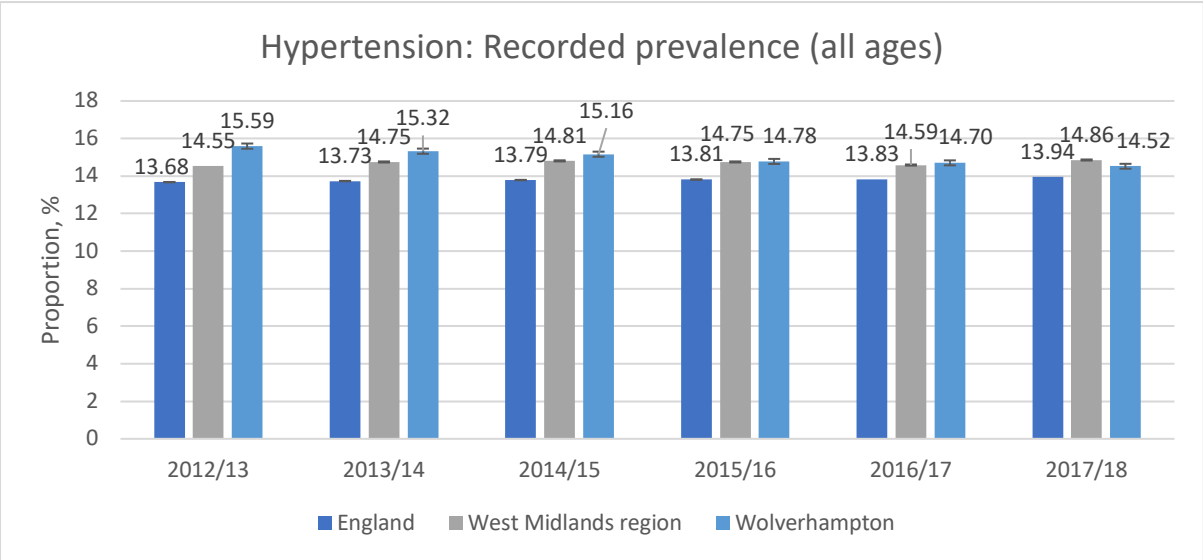
Research into Dementia have discovered a number of factors that affect the risk of developing Dementia. Some of these risk factors are genetic and age related, which are not controllable, but some are lifestyle factors which can be altered. Genetic and age-related risk factors include gender (females are more likely than males to develop Dementia, even when allowing for females living longer on average), ethnicity (there is some evidence that suggests South Asian people are more likely to develop Vascular Dementia than White Europeans) and inherited genes (there are around 20 genes which have been found to increase the risk of developing Dementia). Other risk factors are the presence of health conditions and lifestyle related, including: cardiovascular factors (such as type 2 diabetes, high blood pressure, high cholesterol levels and obesity), pre-existing mental health conditions (such as depression and Parkinson's disease), lack of physical activity, smoking and excessive alcohol consumption.

Detailed below is the prevalence of some of these risk factors in Wolverhampton.



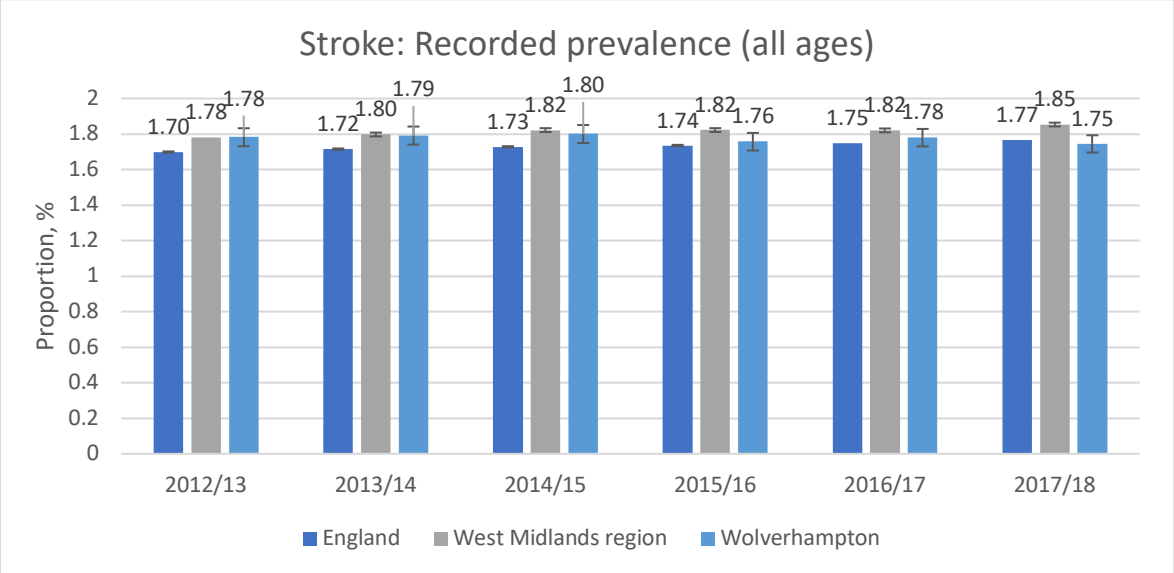
Source: Fingertips, PHE

The prevalence of Coronary Heart Disease, CHD, in Wolverhampton had consistently been significantly higher than England and the West Midlands, between 2012-13 and 2014-15, however figures in Wolverhampton have been consistently decreasing and since 2015-16 have statistically similar to the West Midlands. Over the six-year period, the figures in Wolverhampton decreased significantly, from 3.71% in 2012-13 to 3.20% in 2017-18. The figures for England and West Midlands also decreased significantly over the same time period. In terms of numbers, there were 8,969 people in Wolverhampton on the QOF register for CHD in 2017-18.



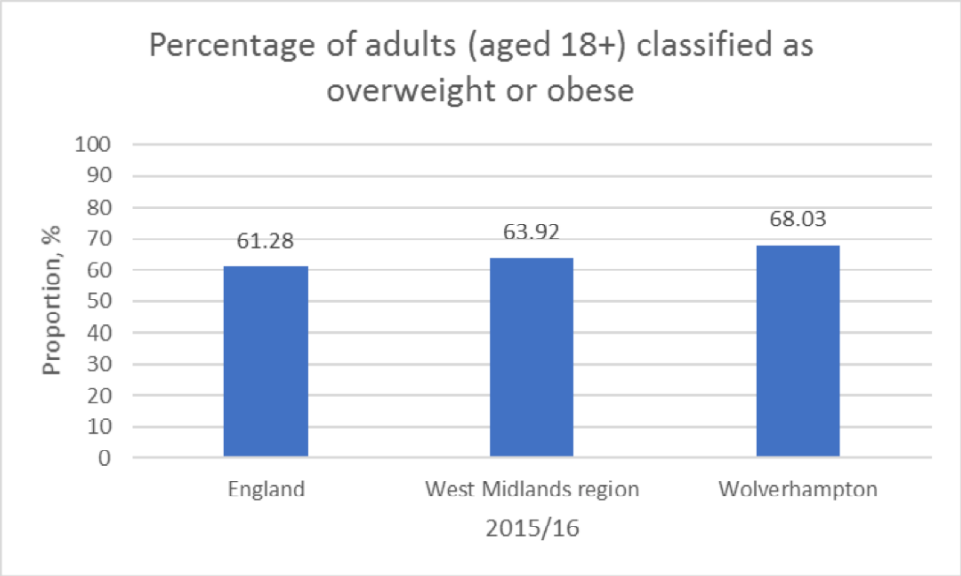
Source: Fingertips, PHE

Similarly, to the prevalence of CHD in Wolverhampton, the prevalence of Hypertension was consistently significantly higher than England and the West Midlands, prior to 2015-16, since which the prevalence has been similar to the West Midlands. The prevalence in Wolverhampton has reduced significantly over the six-year period from 15.59% in 2012-13 to 14.52% in 2017-18. However, during the same period, the prevalence of Hypertension in England and West Midlands significantly increased. In terms of numbers, there were 40,700 people in Wolverhampton on the QOF register for Hypertension in 2017-18.



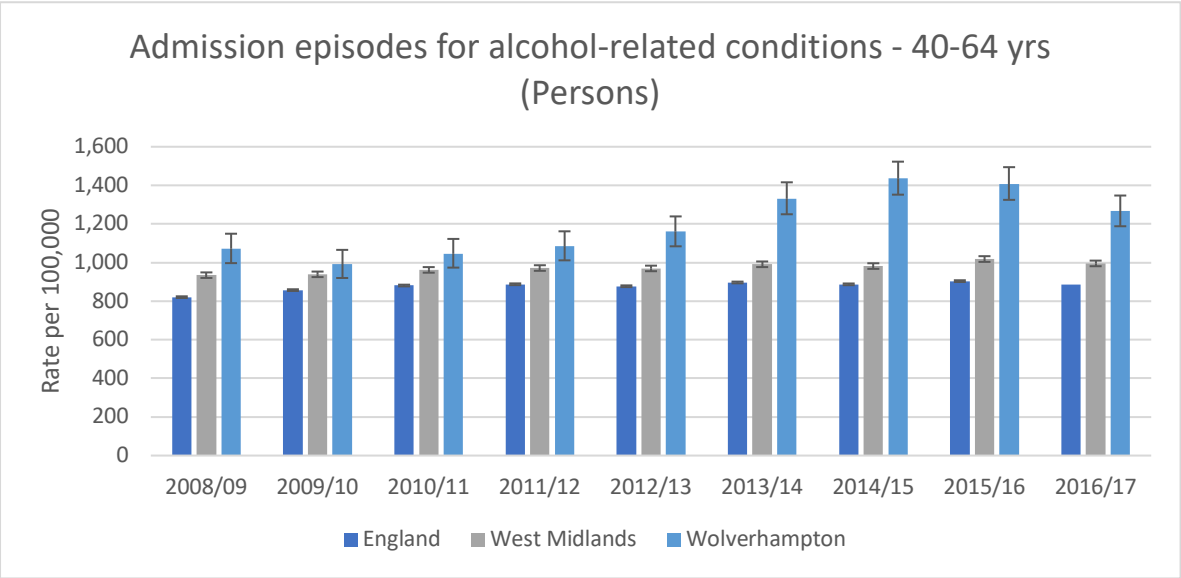
Source: Fingertips, PHE

In Wolverhampton the prevalence of people on the Stroke register was significantly higher than England in the 3 years between 2012-13 and 2014-15, but Wolverhampton was statistically similar to England between 2015-16 and 2017-18. The prevalence in Wolverhampton varied over the six-year period, between 1.75% in 2017-18 and 1.80% in 2014-15. However, in England and the West Midlands, the prevalence significantly increased over the same four-year period. In terms of numbers, there were 4,891 people in Wolverhampton on the QOF Stroke register in 2017-18.



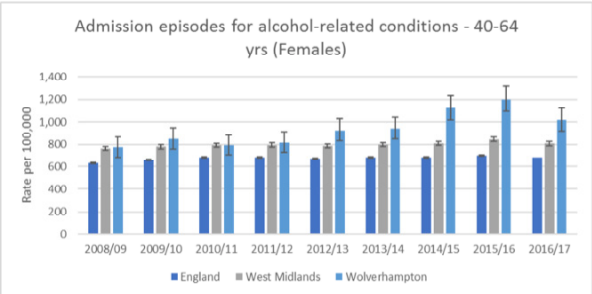
Source: Fingertips, PHE

In 2015-16, just over two-thirds of adults (68.03%) in Wolverhampton are overweight or obese, which is significantly higher than the England figure (61.28%), but not significantly different to the West Midlands (63.92%).

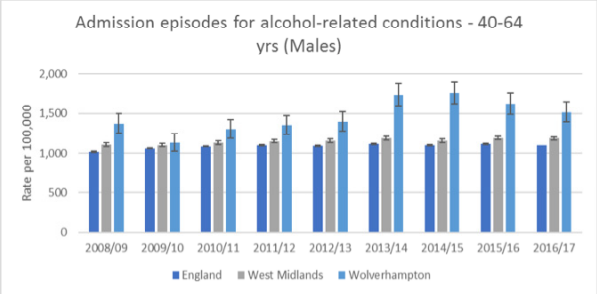


Source: Fingertips, PHE

The rate of admission episodes for alcohol-related condition in 40-64 year olds in Wolverhampton has increased significantly over the past nine years, from 1,071.2 per 100,000 (2008/09) to 1,265.8 per 100,000 (2016-17). This equates to an increase of 18.2%. The Wolverhampton figures were consistently significantly higher than England over the nine-year period, but only significantly higher than the West Midlands from 2011-12 to 2016-17.



Source: Fingertips, PHE

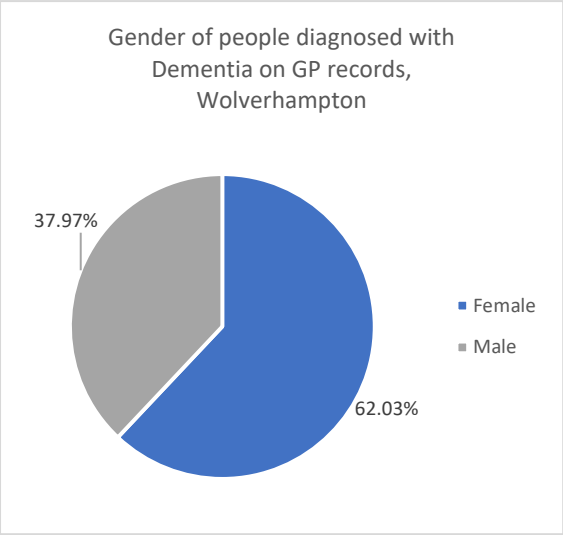


Source: Fingertips, PHE

When separated into males and females, the rates for males are considerably higher than females. In 2016-17, the rate of admission episodes for males was 1,516.6 per 100,000 and the rate for females was 1,018.4 per 100,000, a difference of 498.2 per 100,000. There have been notable increases in the rates for both genders, with figures for males increasing by 10.4% and females increasing by 32.0%, over the nine-year period.

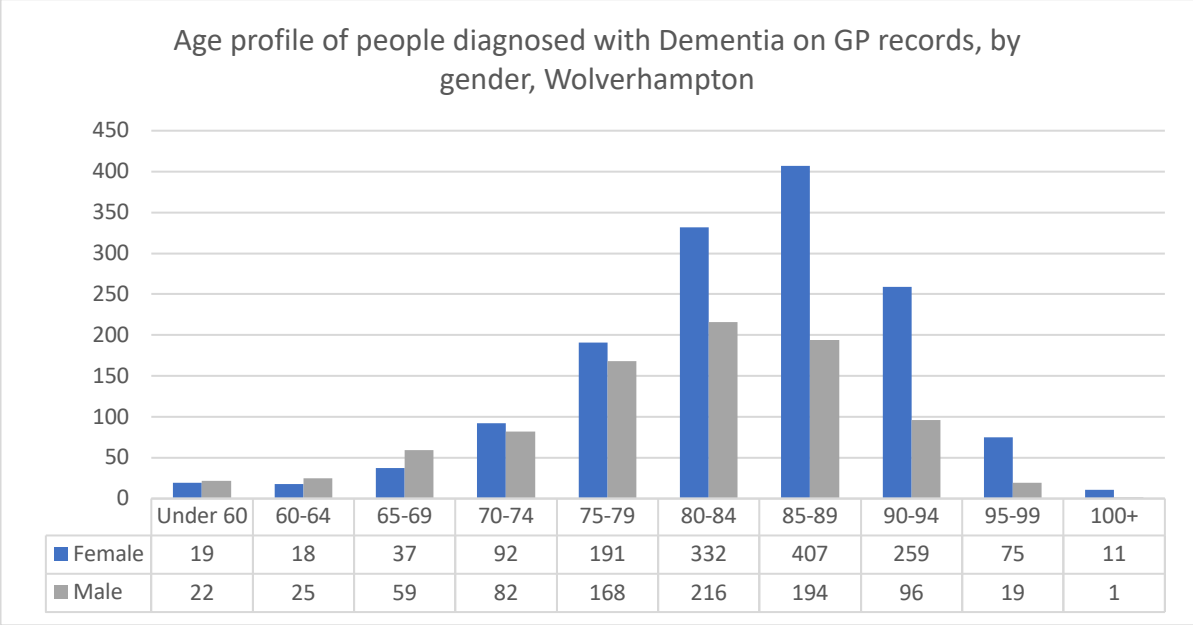
GP Records – Graphnet

In Wolverhampton, there were 2,323 people with a diagnosis of Dementia registered with a Wolverhampton GP.



Source: Graphnet

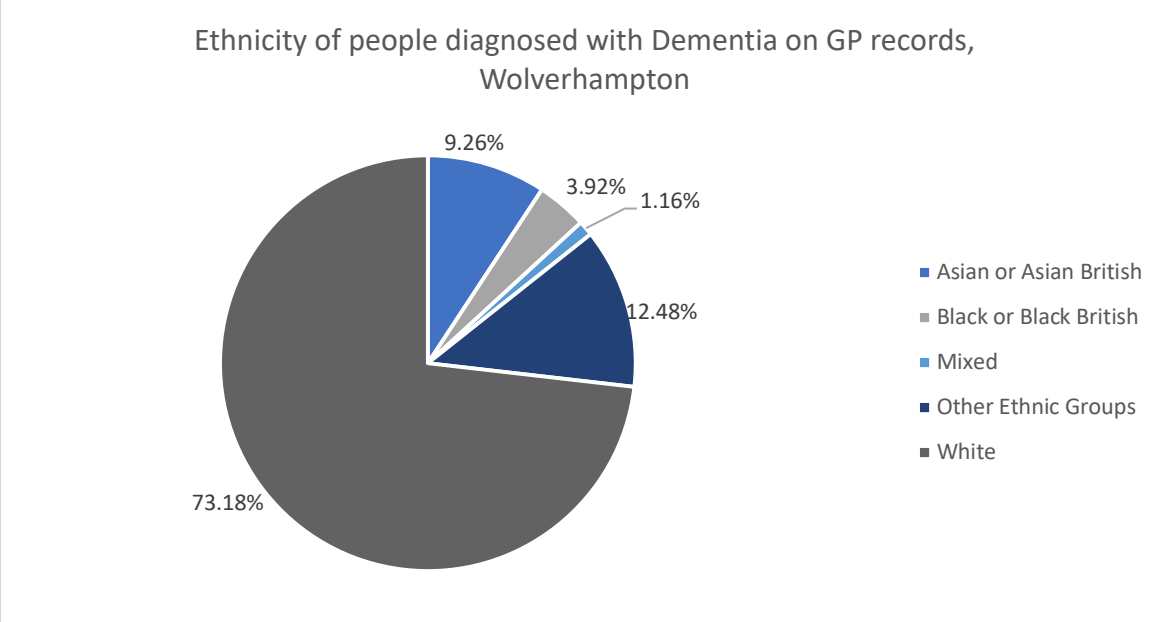
Of the 2,323 people with a diagnosis of Dementia in Wolverhampton, around 62.03% were Female and 37.97% were Male. This accounts for 1,441 Females and 882 Males.



	Under 60	60-64	65-69	70-74	75-79	80-84	85-89	90-94	95-99	100+
Female	19	18	37	92	191	332	407	259	75	11
Male	22	25	59	82	168	216	194	96	19	1

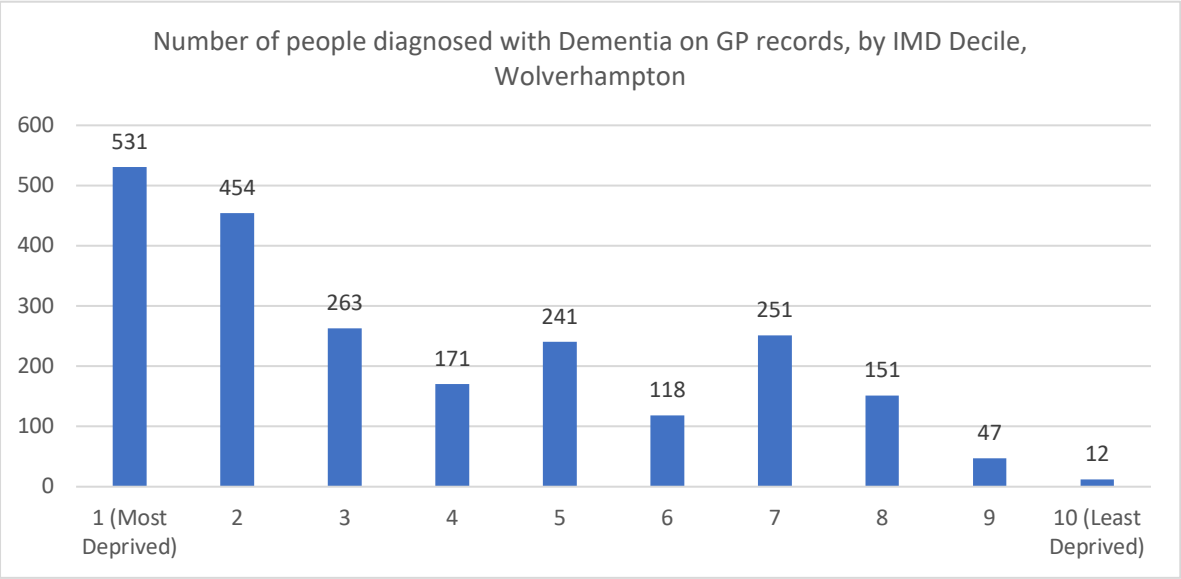
Source: Graphnet

The age profile of the population of Wolverhampton diagnosed with Dementia on GP records is slightly skewed towards older people. The most populous age group was 85-89 years, with 601 patients, making up just over a quarter of all patients (25.87%) with a diagnosis of Dementia. In the 85-59 year age group, there were more than two-times the number of Females (407), than there were Males (194). The 80-84 year age group was the second most populous age group, with 548 patients, making up 23.59% of all patients diagnosed with Dementia. The 80-84 year age group, was made up of 332 Females and 216 Males. The mean age of an individual with a diagnosis of Dementia was 82.51 years. The average age for Females was slightly higher (83.81 years) than Males (80.38 years).



Source: Graphnet

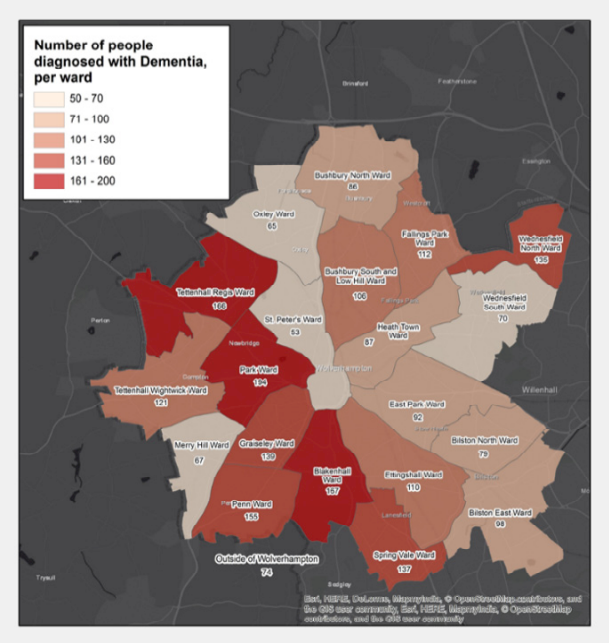
Almost three-quarters of people with a diagnosis of Dementia had a White ethnic background, 73.18%, which is significantly higher than the proportion of people with a White ethnic background in the general population of Wolverhampton. The second largest proportion was of those with an ethnic background listed as 'Other', which made up 12.48% of people with a diagnosis of Dementia. This is likely to a recording error, where the ethnicity of the patient was not correctly recorded. Just under a tenth of people diagnosed with Dementia had an Asian or Asian British ethnic background, which was significant lower than the proportion of people with an Asian or Asian British ethnic background in the general population of Wolverhampton. Similarly, the proportion of people with Dementia with a Black or Black British ethnic background (3.92%) is also significantly lower than the proportion in the general population.



Source: Graphnet

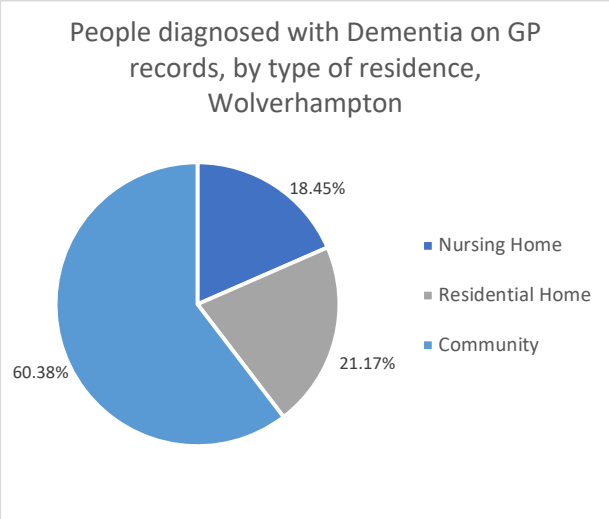
The number of people with a diagnosis of Dementia decreases as Deprivation decreases, in Wolverhampton. More than half of those diagnosed with Dementia (53.72%) in Wolverhampton reside in areas which are in the top 30% most deprived areas nationally. Whereas, only 9.04% of those with Dementia live in the top 30% most affluent areas nationally. This is due to there being a

smaller number of Lower Super Output Areas, LSOA's, in the top 30% most affluent areas when compared nationally. However, when IMD rankings are scaled to a Wolverhampton level, there is a much more even spread.



Source: Graphnet

In geographic terms, the highest number of people diagnosed with Dementia on GP records reside in West of the city, in wards such as Tettenhall Regis, Park and Blakenhall. Wards in the East and North of the city generally had lower figures, ranging from 65 in Oxley to 135 in Wednesfield North. There were also 74 people diagnosed with Dementia, who were registered to Wolverhampton GP's, but live outside of the Wolverhampton boundary.



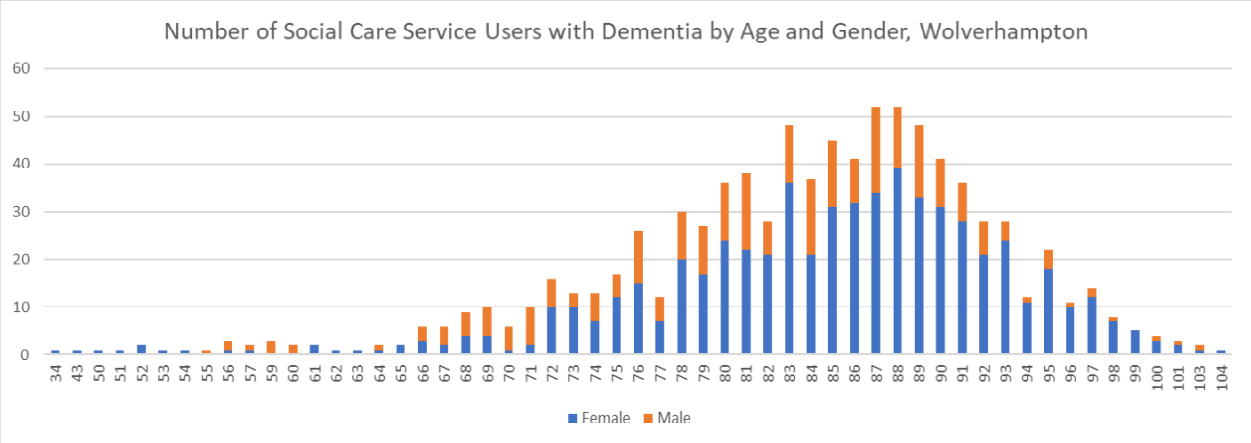
Source: Graphnet

The majority of people (60.38%) diagnosed with Dementia on GP records in Wolverhampton live in the community, accounting for 1,352 people. Around a fifth of people (21.17%) diagnosed with Dementia live in residential homes and 18.45% live in nursing homes, accounting for 474 and 413 people, respectively.

CareFirst – Service Users with Dementia Analysis

In Wolverhampton, there are 1,740 people known to social care service users that have a diagnosis of Dementia. Of these people, 874 are currently receiving services funded by the City of Wolverhampton Council. Of those currently receiving services, 601 service users are female and 273 service users are male.

Service User Demographics



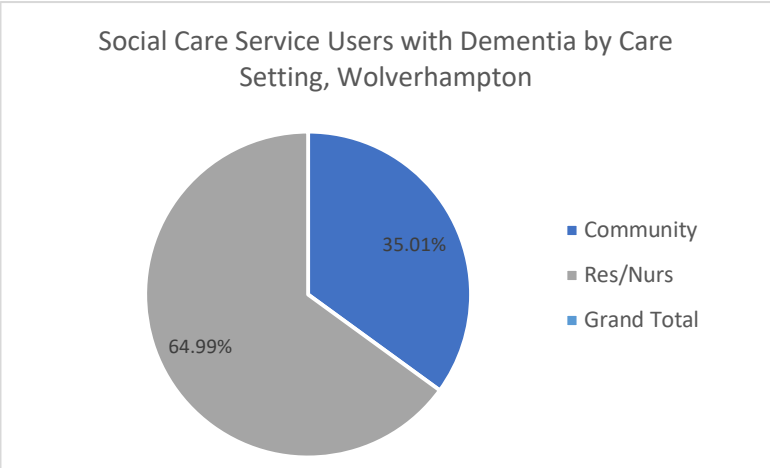
Source: CareFirst, CWC

The number of social care service users with Dementia are aged between 49 and 103 years of age. However, the numbers are less than 10 service users per year of age in the ages below 72 and above 95 years. The interquartile range is between 80 and 89 years of age, which is the range in which the middle 50% of service users reside and the median age is 85 years. The distribution of ages is slightly positively skewed, which means that the majority of service users are aged towards the older end of the 49 – 103 years age range.

	Female	Male
100+	58.82%	41.18%
90-99	48.78%	51.22%
80-89	59.41%	40.59%
70-79	68.94%	31.06%
60-69	81.46%	18.54%
Under 60	70.00%	30.00%

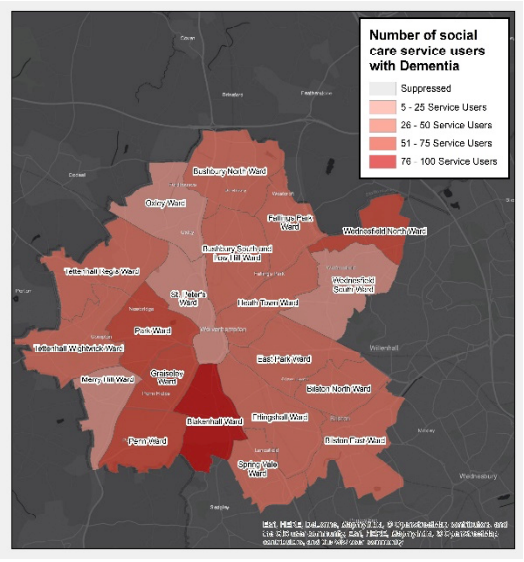
Source: CareFirst, CWC

In the most populated age groups, 70-79, 80-89 and 90-99, the proportion of service users that were female was higher compared to the proportion of males. The largest difference was seen in the 90-99 year age group, which was comprised of 81.5% female and 18.5% male service users. However, in the age groups with smaller numbers, the proportions varied, with a slightly higher proportion of males compared to females in the 60-69 year age group. In general, the proportion of female compared to male service users increased as the age groups got older.



Source: CareFirst, CWC

Of the 874 social care service users receiving services with Dementia in Wolverhampton, 306 live in the community either with family or in their own homes and 568 live in residential or nursing homes. Of those living in the community, around 64.7% are female, 35.3% are male. Of those service users living in residential or nursing homes, 71.0% are female and 29.0% were male. On average, service users who live in the community were on average 6 years younger, at 78 years, compared to those that live in residential or nursing homes, at 84 years.

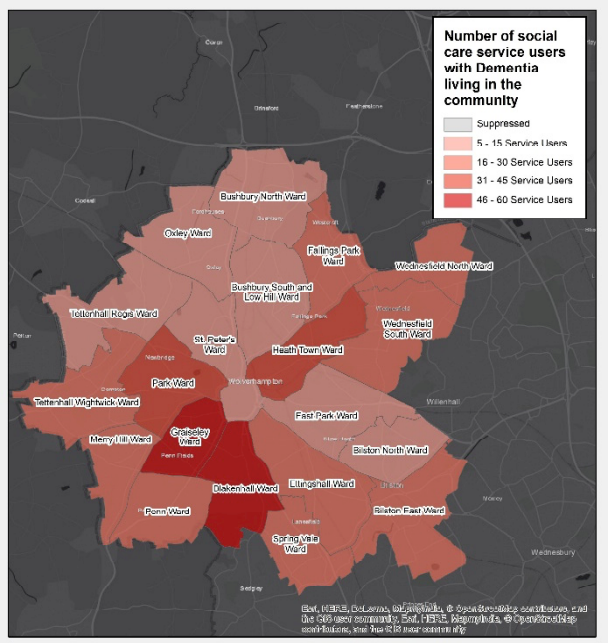


Source: CareFirst, CWC

The number of service users with social care needs with Dementia are highest in Blakenhall ward, with more than 75 service users, followed by Wednesfield, Park, Penn and Graiseley wards, with between 51-75 service users.

The wards with the highest number of service users are some of the more affluent parts of the city, except from Blakenhall which is in the 3rd most deprived IMD quintile. However, this is not a strong correlation, because the most deprived wards of Wolverhampton do not necessarily have the lowest numbers of service users.

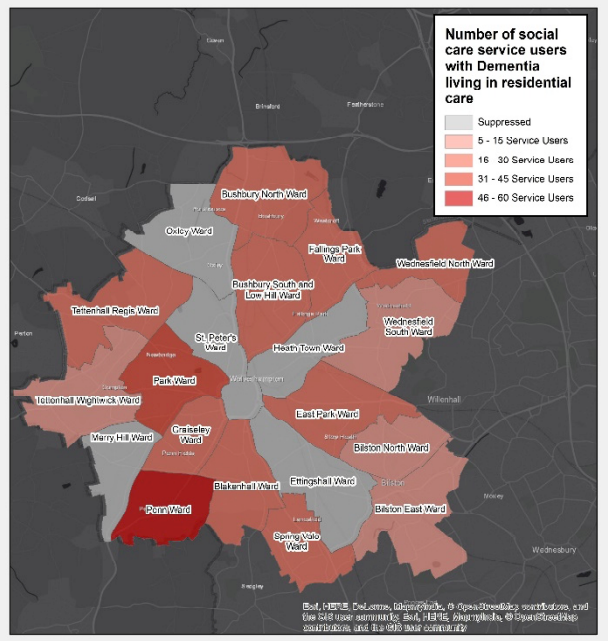
The geographical trend of social care service users does not have a strong correlation with the proportion of over 65's in each ward. Wednesfield North does indicate a correlation with over 50 service users and 24.56% of residents in the ward are aged 65+. However, Blakenhall ward contains over 75 service users, but the proportion of residents aged 65+ in the ward is considerably lower at 15.34%. The ward with the highest proportion of over 65's is Tettenhall Wightwick, 27.66%, but only has between 30-39 service users.



Source: CareFirst, CWC

However, when looking at service users that live in the community, the spread of service users varies considerably. The wards across the north east and south of the city have the highest number of service users living in the community.

This spread does not seem to be correlated with deprivation or proportion of over 65's.



Source: CareFirst, CWC

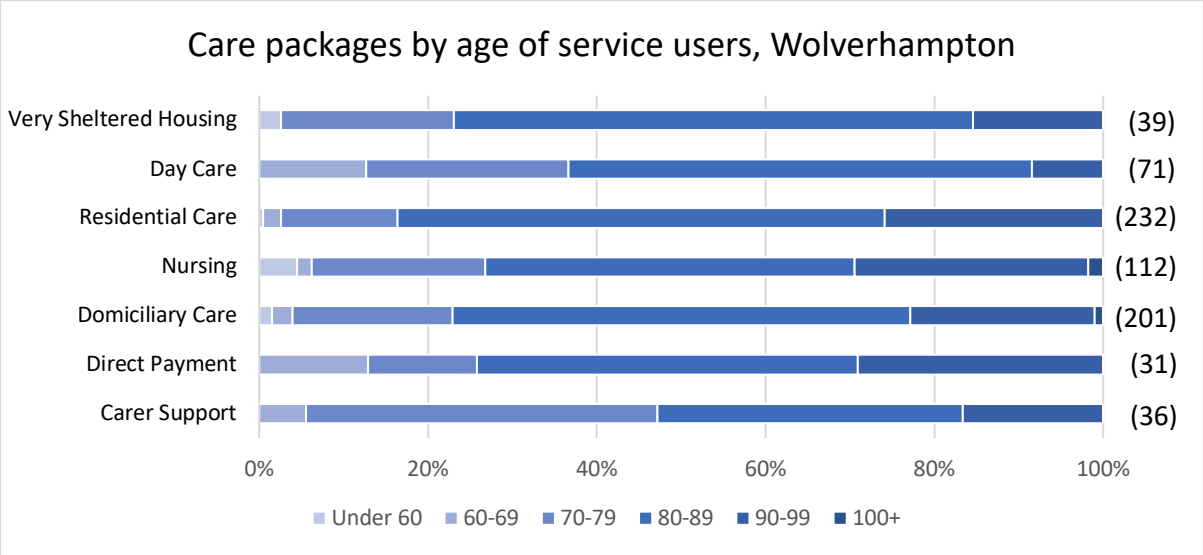
The geographical spread of the number of social care service users with dementia that live in residential/nursing homes is concentrated in two areas in Wolverhampton. In the south of the city, there is are five wards with at least 15 service users in each and North East of the city where there are 4 wards clustered together with more than 15 service users in each.

The geographical spread of social care service users in residential/nursing homes is dependent on the location of nursing homes and the type of service user the care homes cater for. The areas with the highest numbers of service users also have the highest density of care homes, as shown on the map.

Care Package Distribution

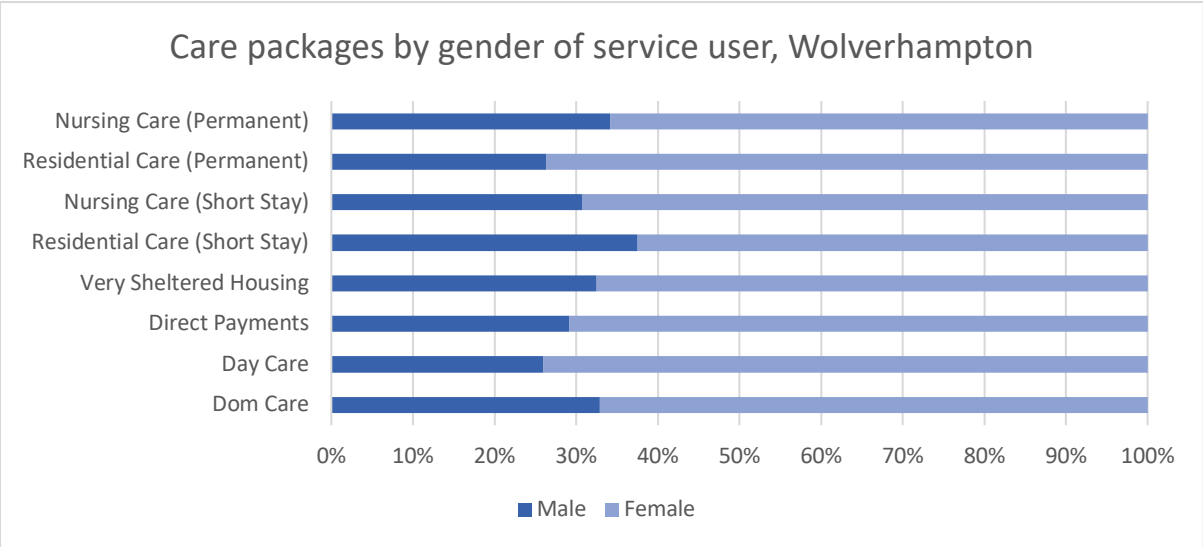
Service Setting	Number of Service Users
Dom Care	167
Day Care	73
Direct Payments	24
Individual Service Fund	<5
Supported Living	<5
Very Sheltered Housing	40
Shared Lives	<5
Residential Care (Short Stay)	24
Nursing Care (Short Stay)	52
Residential Care (Permanent)	369
Nursing Care (Permanent)	199
Carer's Services	50

In Wolverhampton, Social Care provide 952 services for the 874 service users. The table above shows the number of each type of care package. Around 38.76% of services provided were Residential Care (Permanent) services, this was the highest proportion of services. Just over a fifth (20.90%) of services were for Nursing Care (Permanent). Around 17.54% of services were for Domiciliary Care and 7.67% of services were for Day Care.



Source: CareFirst, CWC

For all types of care packages, except carer support, the highest proportion of service users are in the 80-89 year age group. More than half of service users that receive residential care and domiciliary care are aged between 80-89. The second largest proportions of service users that receive residential care, nursing and domiciliary care are aged 90-99.



For all types of care packages, the majority of service users are female. Day Care and Residential Care (Permanent) have the highest proportion of females for any of the care packages in the chart, with 74% of service users being female. Residential (Short Stay) has the lowest proportion of females of any of the care packages, with only around 63% of service users being female.

NHS Dementia Clusters Analysis

Care Cluster Definitions

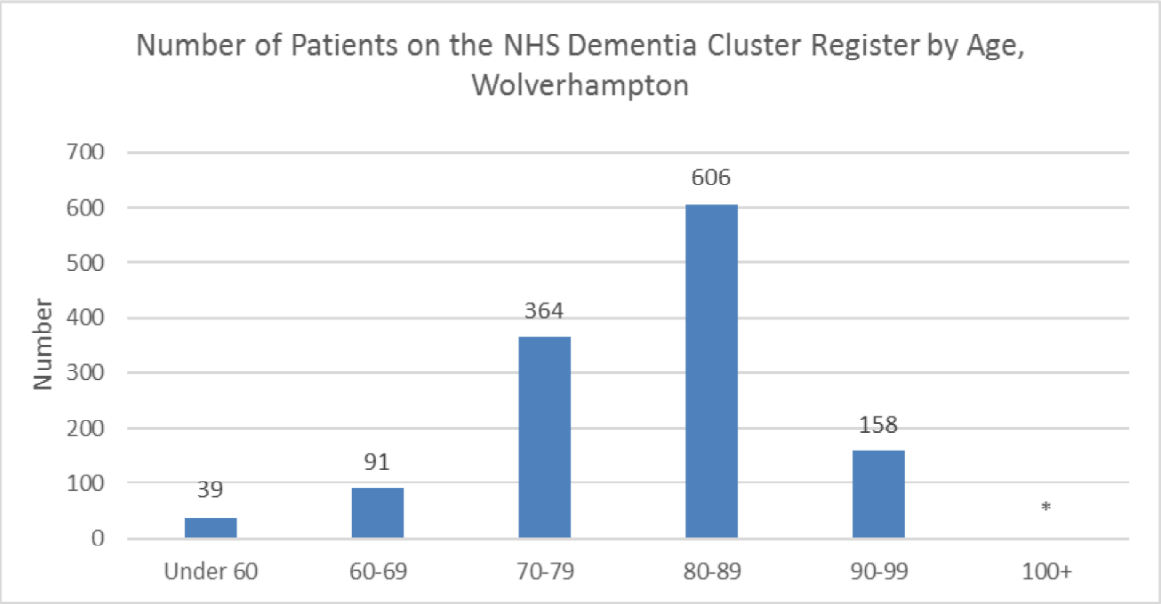
Care Cluster 18: People who may be in the early stages of dementia (or who may have an organic brain disorder affecting their cognitive function) who have some memory problems, or other low level cognitive impairment but who are still managing to cope reasonably well. Underlying reversible physical causes have been ruled out.

Care Cluster 19: People who have problems with their memory, and or other aspects of cognitive functioning resulting in moderate problems looking after themselves and maintaining social relationships. Probable risk of self-neglect or harm to others and may be experiencing some anxiety or depression.

Care Cluster 20: People with dementia who are having significant problems in looking after themselves and whose behaviour may challenge their carers or services. They may have high levels of anxiety or depression, psychotic symptoms or significant problems such as aggression or agitation. The may not be aware of their problems. They are likely to be at high risk of self-neglect or harm to others, and there may be a significant risk of their care arrangements breaking down.

Care Cluster 21: People with cognitive impairment or dementia who are having significant problems in looking after themselves, and whose physical condition is becoming increasingly frail. They may not be aware of their problems and there may be a significant risk of their care arrangements breaking down.

Patients registered to all clusters



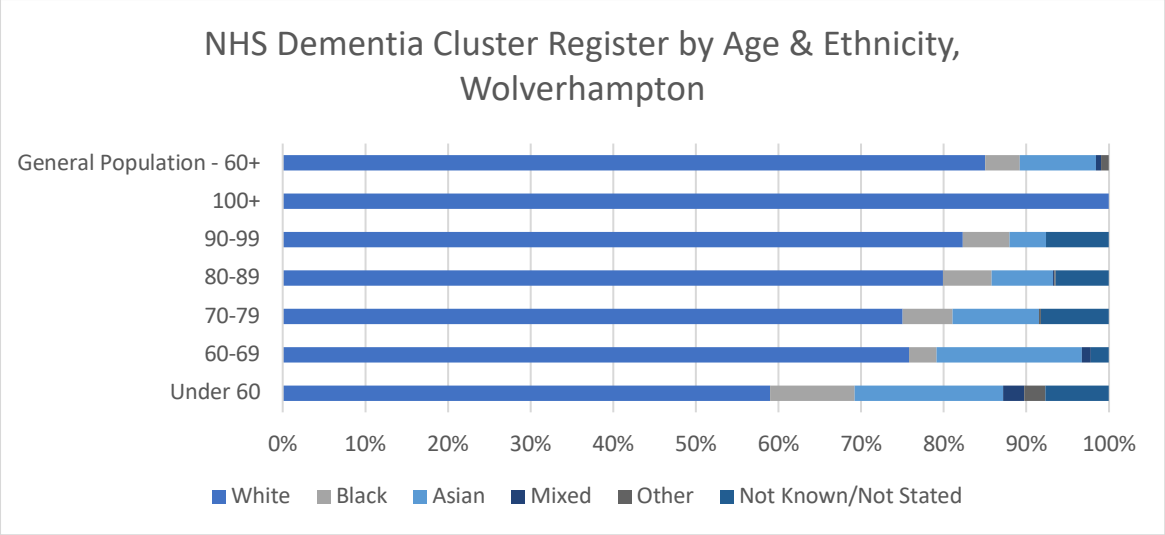
Source: NHS BCPFT

In Wolverhampton, there are around 1,250 patients registered to a cluster that is indicative of a diagnosis of Dementia. Just under half of all patients (606 patients) are in the 80-89 year age group. The second most populated age group is the 70-79 year age group, in which there are 364 patients.

	Population	Number in Cluster	Rate per 100,000
Under 60	199,144	39	19.58
60-69	24,397	91	373.00
70-79	18,303	364	1,988.75
80-89	10,384	606	5,835.90
90+	2,178	159	7,300.28

Source: NHS BCPFT

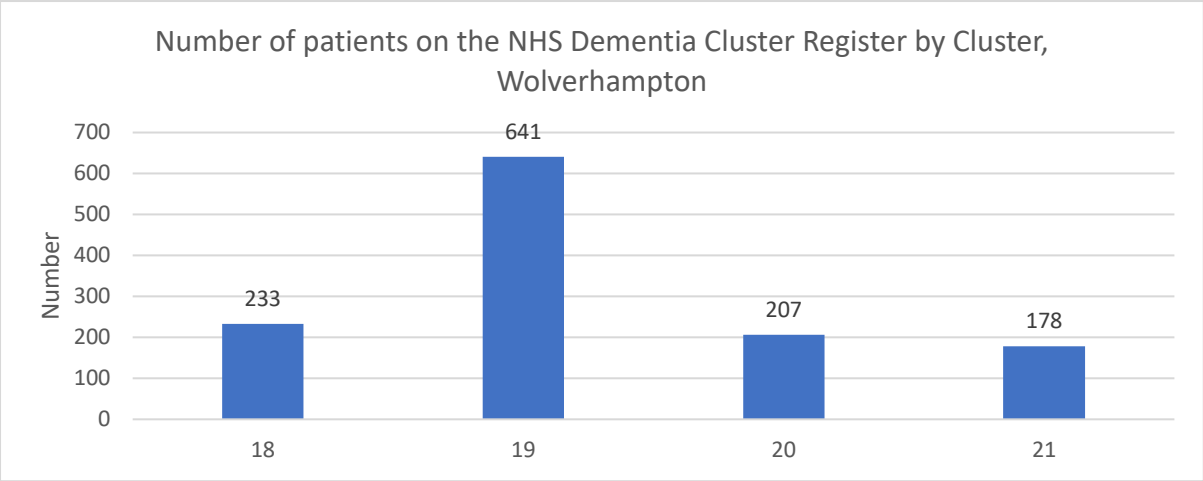
However, when the number of patients registered to a cluster are compared to the general population, the highest rate of residents registered to a cluster is in the 90+ age group, at 7,300 per 100,000. The rate for the 80-89 year age group, of which around 48% of all registered patients fall into, has the second highest rate of 5,836 per 100,000. The rates for the 70-79, 60-69 and under 60 age groups are considerable lower.



Source: NHS BCPFT

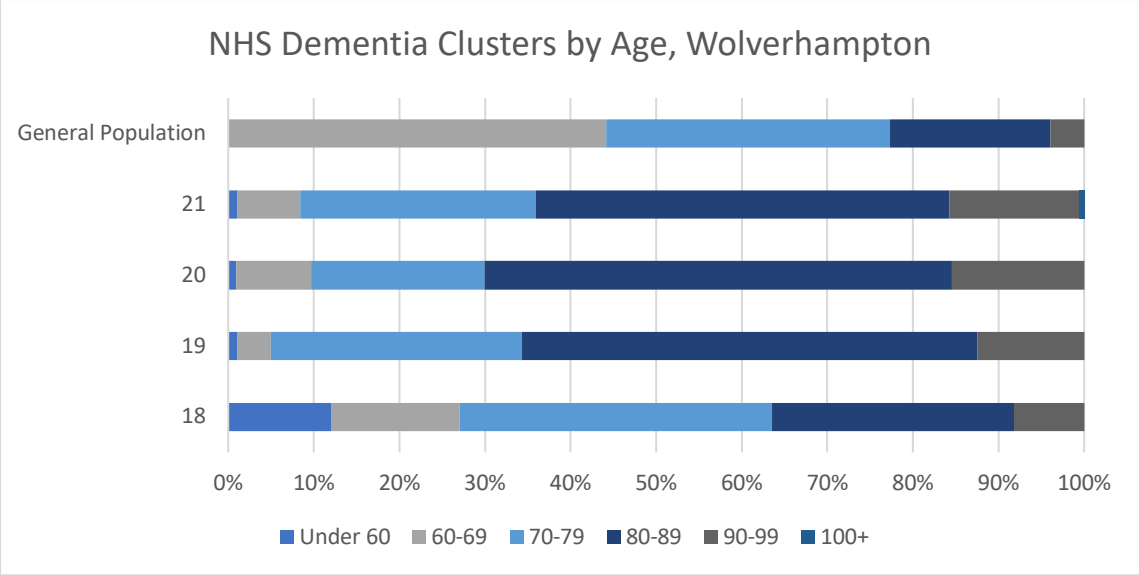
The majority of patients registered to clusters that are related to Dementia are of a White ethnicity. In the most populated age groups (70-79, 80-89 and 90-99), between 75.0% and 82.3% of those registered in clusters are of a White ethnicity. Compared to the general population of Wolverhampton aged 60+, the White ethnic group in the three most populated age groups is slightly under-represented. The Asian ethnic group is also slightly under-represented in the 80-89 and 90-99 year age group, but slightly over-represented in the 70-79 year age group. The Black ethnic group is slightly over represented compared to the general population of Wolverhampton aged over 60 (4.1%), with figures between 5.7% and 6.0% in the three most populated age groups.

Patients within clusters



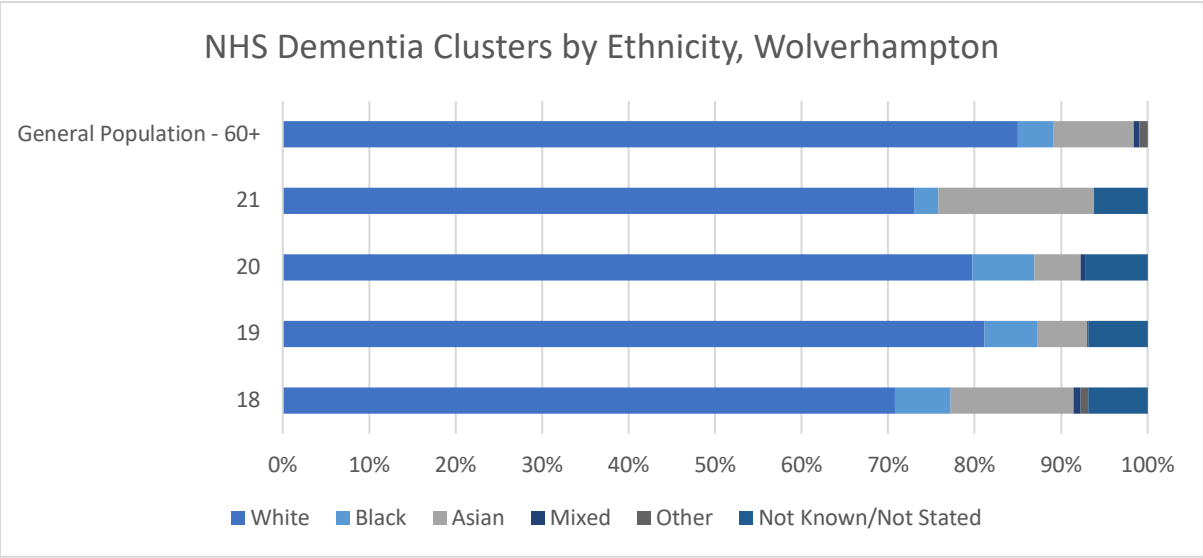
Source: NHS BCPFT

Just over half of all patients registered to a care cluster that suggest a diagnosis of Dementia fall into cluster 19. Patients in Cluster 19 are characterised by having moderate needs. The number in the cluster with the least needs, Cluster 18, have just under a fifth of all patients registered for Dementia related needs. The two clusters which contain patients with significant needs, Clusters 20 and 21, contain 16% and 14% of patients, respectively.



Source: NHS BCPFT

The age profiles for each of the dementia clusters vary slightly. Cluster 18, which is characterised as having the least severe cognitive symptoms, on average has the youngest patients, with a median of 76 years of age. Almost 40% of patients in Cluster 18 are aged between 70-79, the highest among the four clusters for that age group. Cluster 18 also has the highest proportion of under 60's and the lowest proportion of over 90's. In Clusters 19, 20 and 21 around half of patients are aged between 80-89. On average the patients in Clusters 19, 20 and 21 are older than the patients in Cluster 18, the median age is 83 years for Cluster 19 and 20, and 82 years for Cluster 21. The proportion of patients in the 90-99 age group increases as the severity of symptoms increases, with the highest proportions seen in Cluster 20 and 21, 15.5% and 15.2%, respectively.



Source: NHS BCPFT

The majority of patients registered to a dementia cluster were of a White ethnicity, although the proportion of patients with a White ethnicity was lower compared to the proportion of the White population in the Wolverhampton population aged 60+. The lowest proportions of patients of a White ethnicity are seen in clusters 18 and 21. The proportion of patients of an Asian ethnicity is highest in clusters 18 and 21, at 14.2% and 18.0%, respectively. Whereas, the proportions in clusters 19 and 20 were much lower at 5.8% and 5.3%, respectively. Compared to the general population of Wolverhampton, the Asian ethnicity is over represented in clusters 18 and 21; and underrepresented in clusters 19 and 20. There is also a slight data quality issue in this chart, with between 6.2% and 7.2% of patients in each cluster, with an ethnicity recorded as 'Not Known/Not Stated'.

Stakeholder Views

Surveys were conducted to obtain the views of service providers, professionals working with people with Dementia, carers and people diagnosed with Dementia on services provided for people with Dementia. Three separate surveys were conducted to obtain stakeholder views. One survey for professionals working with people with Dementia, one for carers of people with Dementia and one for people diagnosed with Dementia. The results of these surveys are only the views and opinions of the people who responded to the survey and should be interpreted with caution as they may not reflect the views of all the survey audience in Wolverhampton. A summary of the stakeholder engagement processes is presented below and a detailed stakeholder engagement report is available on request.

Methodology

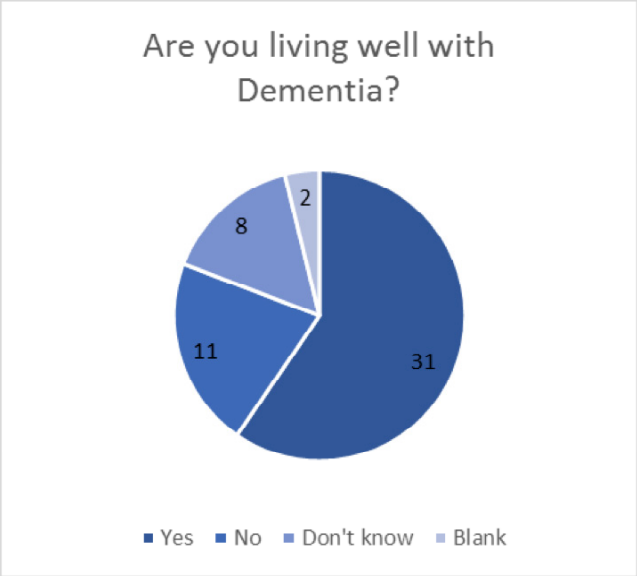
The three survey questionnaires were co-produced with colleagues from social care commissioning and with consultation of the JSNA Steering Group members, which includes membership from the Wolverhampton CCG, Royal Wolverhampton Trust and Black Country Partnership Foundation Trust. An implementation plan was agreed to ensure timely administration.

The questionnaire was sent to the stakeholders via a survey monkey link along with an email detailing the importance of the Dementia JSNA and how stakeholders could help to shape future services. There were also hard copies of each of the surveys for those respondents who were either unable to fill it online or did not wish to. The JSNA Steering Group supported dissemination to key stakeholders and there was additional direct distribution to further known networks. The links to the surveys were also disseminated via the City Council's communications team with press releases, articles on the Council's intranet and local newspapers. Colleagues from social care commissioning that were involved with Dementia Café's also took along hard copies of the surveys for people diagnosed with Dementia and asked service users to fill them in and assisted respondents with this.

Survey for people diagnosed with Dementia

There were 52 surveys returned from respondents that had been diagnosed with Dementia, of which 1 survey was completed online and 51 surveys were completed on paper. Of the 52 respondents, 35 reported their gender as Female, 13 as Male and 4 left the question blank.

Are you living well with Dementia?



The majority (59.62%) of respondents reported 'Yes' when asked 'Are you living well with Dementia?'. Around a 21.15% of respondents reported 'No' to the question, a further 15.38% said they 'Don't know' and 2 respondents left the question blank.

Alongside the response, respondents were asked for any comments they may have to along with their answer. Comments from those who responded 'Yes' included: 'With lots of help from carers and daughter', 'Yes, because my wife looks after me' and 'Best I can'. Comments alongside those that responded 'No' included: 'Every day it's different. You don't know what you are going to face. (People with Dementia do not feel comfortable around new people).' Other comments from those who reported to being unsure were around the themes of not being able to say how they were feeling.

What is your type of residency?

Type of Residency	Number	Percentage
Living alone at home	10	19.23%
Living at home with partner	23	44.23%
Living in residential care	2	3.85%
Living in supported accommodation	4	7.69%
Living with extended family	9	17.31%
Blank	4	7.69%

Respondents were asked about the living arrangements using a closed question: 'What is your type of residency?'. Almost half of the 52 respondents (44.23%) said they live at with their partner, a further 10 respondents said they live at home alone and 9 respondents said they lived with extended family.

Do you have enough family and friends around you that you can count on for support?

Responses	Number	Percentage
No	8	15.38%
Yes	36	69.23%
Don't know	6	11.54%
Blank	2	3.85%

Respondents were also asked whether they have enough family and friends around them that they could count on for support. Around two-thirds of respondents reported that they had enough family

and friends around for support, whereas a further 14 respondents reported that they either did not have enough (15.38%) or did not know (11.54%).

Of the 10 respondents that reported to living at home alone, 6 said they had enough family and friends around for support, 3 said they didn't and 1 said they did not know. There were 32 respondents who reported to living with either their partner or extended family, 4 of these respondents said they did not have enough family or friends around them and 3 said they did not know. None of the respondents living in either supported accommodation or residential care said they did not have enough friends or family around to count on for support.

Are you receiving any support to live well with Dementia?

Responses	Number	Percentage
No	13	25.00%
Yes	26	50.00%
Blank	5	9.62%
Don't know	8	15.38%

Respondents were asked if they received any support to live well with Dementia. This question had a text box alongside it for respondents to identify who they received support from and to explore what people with Dementia may identify as support.

Half of the respondents said they received some support to live well with Dementia, accounting for 26 respondents. In the comments, respondents elaborated on this. The common themes were:

- Support from carers from social services/council
- Nurse visits
- Carer support to carry out tasks such as getting changed and shopping
- Support from family

Do you feel involved enough in decisions about your care and support?

Responses	Number	Percentage
No	9	17.31%
Yes	23	44.23%
Blank	3	5.77%
Don't know	17	32.69%

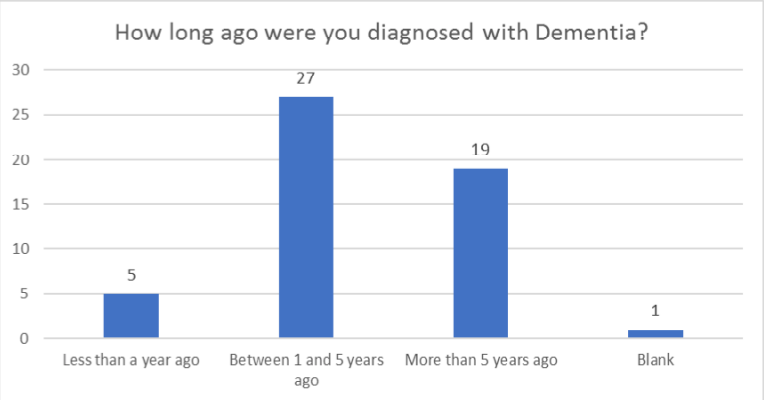
Respondents were also asked whether they felt involved enough in decisions about their care and support, via a closed question. Almost a third of respondents (32.69%) reported that they did not know if they were involved enough with decisions about their care and support. However, the majority of respondents said they did feel involved enough with decisions (44.23%) and just under a fifth (17.31%) said they did not feel involved enough.

If you have a carer (family or friend), do they receive help to care for you?

Responses	Number	Percentage
No	20	38.46%
Yes	25	48.08%
Blank	4	7.69%
Don't know	3	5.77%

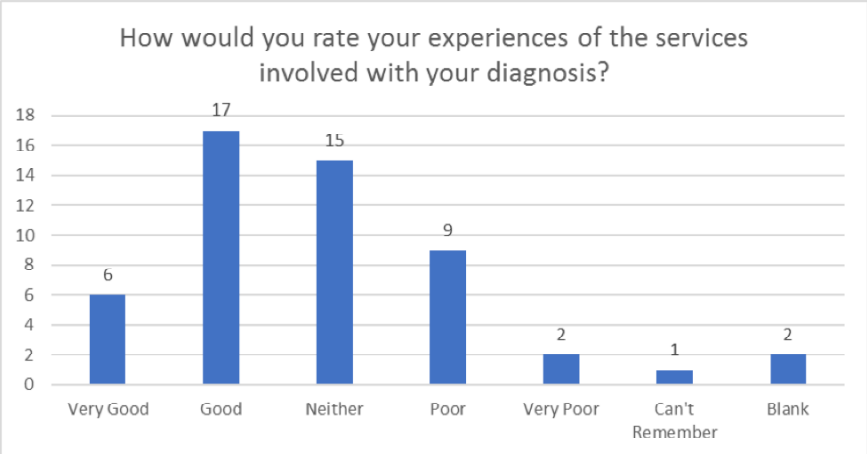
Respondents were asked if they had a carer (family or friend), whether that carer received help to care for them, with an open text box asking who the help was provided by. Just under half of all respondents (48.08%) reported that their carers received support to care for them. The common themes from the text within the free text box were financial support, additional carer support and family support. Around 38.46% of respondents said their carers did not receive any help and 5.77% said they did not know. None of the respondents who said their carers did not or they did not know whether their carers received any help, left any comments alongside their answer. Four respondents left the question blank, but did say that their family helped their carer in the text box.

How long ago were you diagnosed with Dementia?



Respondents were asked how long they had been living with a diagnosis of Dementia, via a closed question with three-time periods. Just over half of respondents (51.92%) had been diagnosed with Dementia for between 1 and 5 years, at the time of the survey. There were 19 respondents (36.54%) who reported to had been diagnosed more than 5 years ago and only 5 respondents were diagnosed less than a year ago.

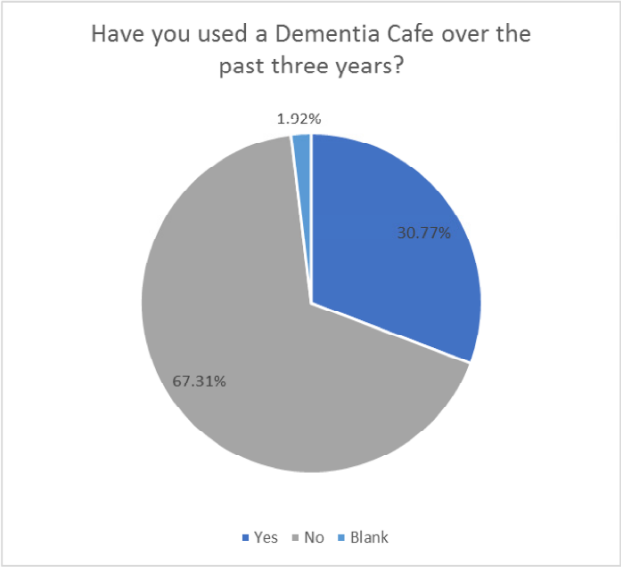
How would you rate your experiences of the services involved with your diagnosis?



Respondents were asked to rate their experiences of the services involved with their diagnosis. Just under half of respondents (44.23%) said their experience with the services involved with their diagnosis was either 'Good' or 'Very Good'. Over a fifth of respondents (21.15%) said their experience was 'Poor' or 'Very Poor'.

Of the respondents that were diagnosed more than five years ago (19 respondents), nine said they rated their experience of services as 'Good' or 'Very Good', whereas only 4 respondents rated it as 'Poor' or 'Very Poor'. A similar split was seen in respondents who were diagnosed between 1 and 5 years ago, with 13 rating their experience as 'Good' or 'Very Good'; 6 rating it as 'Poor' or 'Very Poor'. However, in respondents that were diagnosed less than a year ago, 60% rated their experience as 'Neither' (3 respondents).

Have you used a Dementia Café over the past three years?



Respondents were asked whether they have made use of the Dementia Café's based in Wolverhampton at any point over the past three years. Of the 52 respondents, only 16 (30.77%) said they had used the Dementia Cafe service. Over two-thirds of respondents (67.31%) said they had not used a Dementia café.

If not, what stops you using a Dementia Café?

A further question was asked to those respondents who said they had not used the Dementia Café service in order to explore the reasons why they did not use them, using a list of three potentially common reasons and an 'Other' option for respondents who had reasons that were not in the list. Respondents may have chosen more than one option for this question.

Reason	Responses
Isn't one near me	4
Have never heard of it	15
It is not useful	3
Other	14
Blank	16

The most common reason for not using Dementia Cafés was that respondents had not heard of the service. A small number of respondents reported that they did not have a Dementia Café near them (4 respondents) or that they did not think the service was useful (3 respondents). The common themes that were presented alongside the 'Other' category were:

- People with Dementia struggling to get out of the house
- Carers or family members unable to take them due to the opening times.

Do you have any comments about the Dementia cafes? What is useful/not useful?

There was also an opportunity for respondents to provide comments on Dementia Café's and which aspects of the service respondents thought were useful or not useful. Common themes arising from the responses to this question were:

- Positive:
    - Somewhere to meet and talk to people about their condition
    - Somewhere to share problems and get help
    - Volunteers and users are very good and very friendly
    - Social aspects and activities
- Negative:
    - All run in the morning, need some café's open in the afternoon in the local area
    - Lack of fellow younger attendees can unsettle younger attendees that do attend
    - No transport available

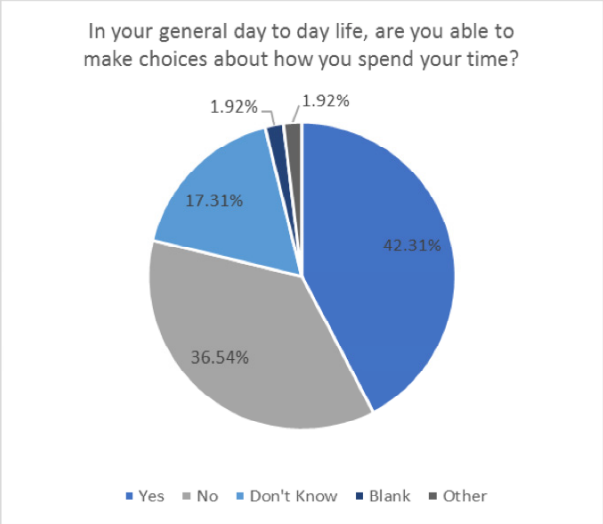
If you feel well supported with your Dementia in your local area, please tell us why?

Respondents were also asked if they felt supported to live well with Dementia in their local area, there were 14 responses to this question. This question was asked to explore which aspects of the respondent's environment support them to live well with Dementia. The responses to this question were quite diverse, the responses included:

- Carers are provided to support me
- Dementia cafes are good but more support is needed for more one to one [illegible] for dementia sufferers
- I attend Blakenhall Day Centre two days a week for dementia and feel well supported while I am there
- I feel well supported in my area because there is people to help you

- I have a number of Dementia cafes to choose from. However, there are non-catering for people from the Afro-Caribbean Community
- No - nothing in local area to me - just need to be with others i.e. social meetings - not organised facilities
- The dementia cafes are very supportive

In your general day to day life, are you able to make choices about how you spend your time?

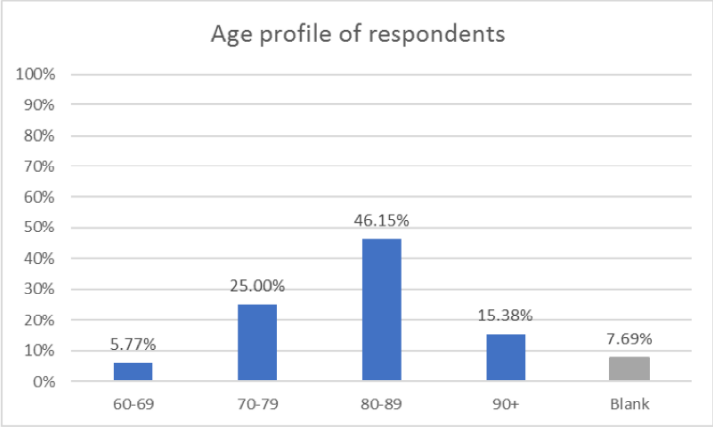


Respondents were asked whether they felt that they able to make decisions about how they spend their time, in their general day to day lives. There were 22 respondents who said they were able to make decisions, which was the highest proportion of responses (42.31%). Just over a third of respondents (36.54%) said that they were not able to make those decisions and 17.31% said they did not know. Two respondents did not select a response, but one of those wrote a comment to answer the question: 'Not always'.

Demographics of Respondents

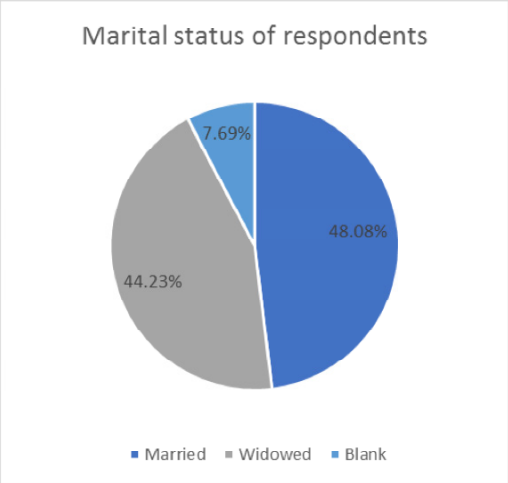
To complete this survey, we asked a set of demographic questions to understand the responses and to ascertain whether the current Dementia services provided in Wolverhampton are fair and accessible to a diverse range of people with dementia. Respondents were asked about a range of characteristics, such as gender, age, ethnicity and sexuality. This information will also allow us to determine how representative our sample of respondents is against the population of Wolverhampton with Dementia.

Age:



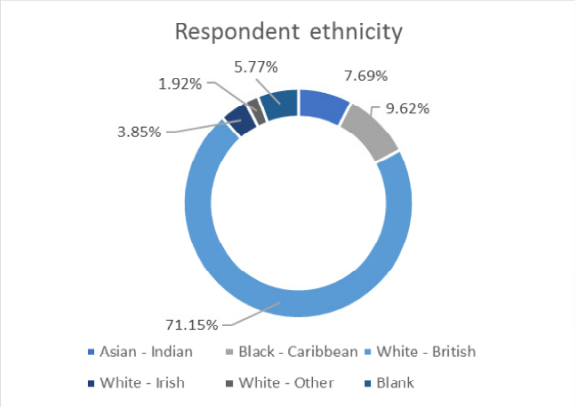
Just under half of all respondents said they were aged between 80-89 (46.15%). A quarter of respondents reported to being aged between 70-79, with lower proportions reporting to be aged below 70 and over 90.

Marital status:



Similar proportions of respondents reported to being Married or Widowed, at 48.08% and 44.23%, respectively. Four respondents did not leave a response and a number of options were left unticked (Civil Partnership, Co-habiting, Divorced, Single, Prefer not to say and Other).

Ethnicity:



The majority of respondents reported that their ethnicity was White – British (71.15%), whilst a further 3.85% said their ethnicity was White Irish and 1.92% said that it was White – Other. The second highest proportion of respondents reported that their ethnicity was Black – Caribbean (9.62%), followed by the proportion that said they were of an Asian – Indian ethnicity (7.69%).

Religion:

In addition to ethnicity, respondents were also asked which religion they followed, if any at all. The vast majority of respondents said they were Christian (including Catholic and Methodist), making up 78.85% of all respondents. Around 5.77% said they were Hindu, 1.92% said they were Sikh and 7.69% said they did not follow a religion. A further 5.77% left the question blank.

Sexuality:

Respondents were also asked about their sexuality, in order to see if there was any variation in the access and experience of living with Dementia between people with different sexualities. However, the vast majority reported their sexuality as Heterosexual/Straight (78.85%) and the remaining 21.15% either chose 'Prefer not to say' (4 respondents) or left the question blank (7 respondents).

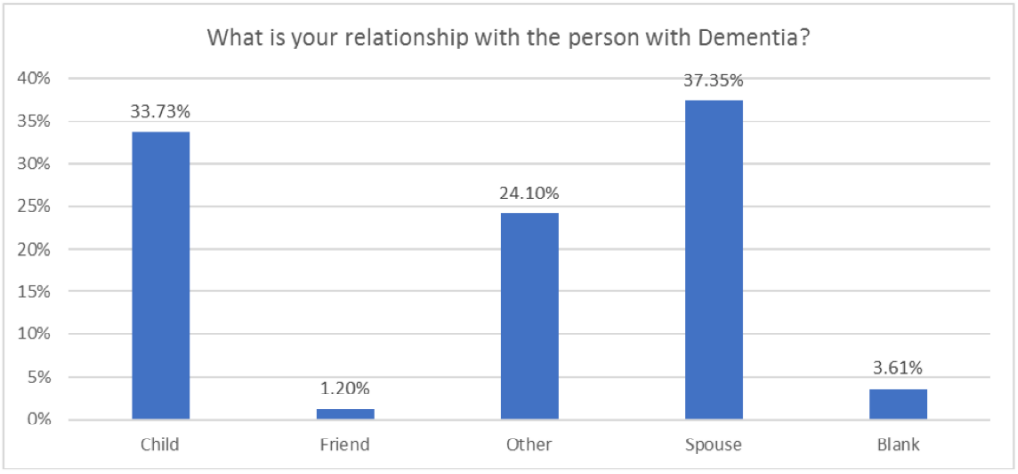
Further Comments:

Further comments were also placed at the end of some of the hard copies of the survey. Three of the comments were regarding completing the form, informing us that the person with Dementia was unable to complete the form, so a daughter filled it out with the person with Dementia. The other comment explained that the person with Dementia struggles to intercept letters and that due to English not being their first language, carers can struggle to communicate and understand her needs.

Survey for people caring for a person with Dementia

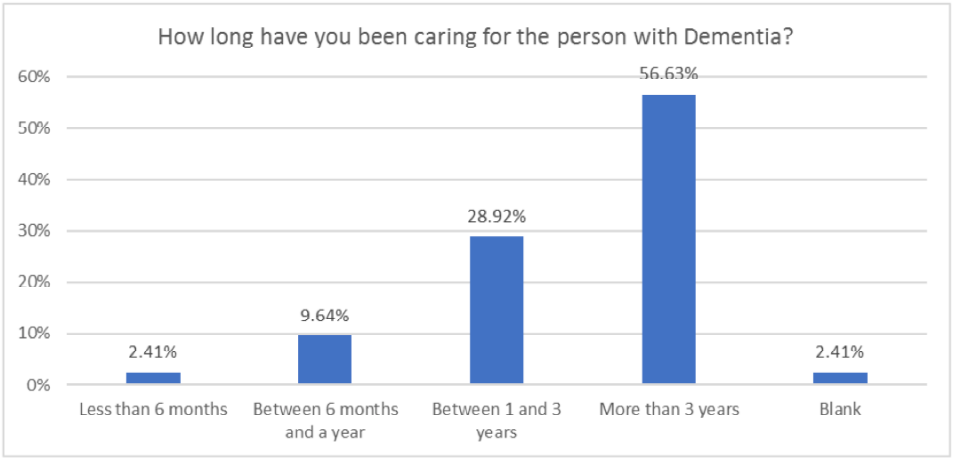
The survey aimed at carers generated 83 responses, 26 of the responses were done online and 57 were completed on paper. The 83 respondents consisted of 51 females, 24 males and 8 who either left their gender blank or said that they preferred not to say. The people with Dementia, that the 83 carers cared for, consisted of 44 females, 28 males and 11 people whose gender was not disclosed.

What is your relationship with the person with Dementia?



Respondents were asked what their relationship is with the person with Dementia that is cared for, the vast majority of carers were close relatives to the people they cared for. The most common relationship was 'Spouse', which made up 37.35% (31) of respondents, followed by carers that cared for a parent, with 34.94% (29) saying that they were the child of the person they cared for. Just under a quarter of respondents, 22.89% (19) of respondents said they were in the 'Other' category, which included other relatives and care workers.

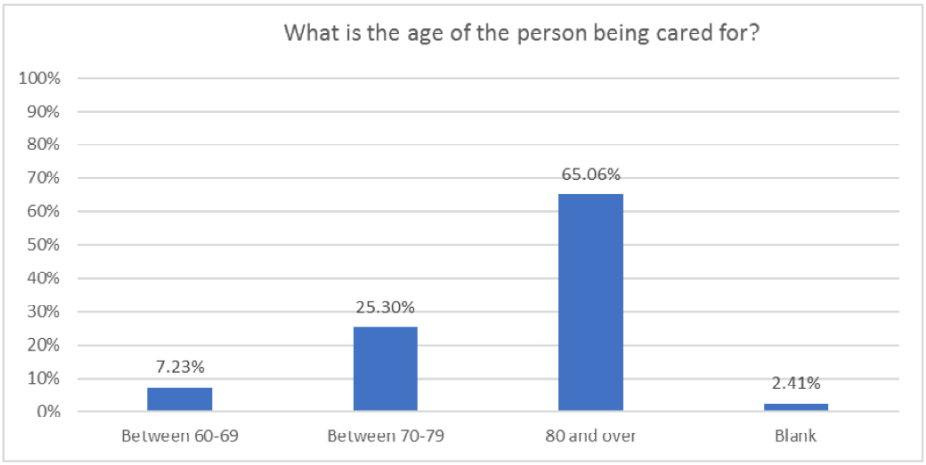
How long have you been caring for the person with Dementia?



Carers were asked how long they had been caring for the person with Dementia, more than half of the 83 carers said they had been caring for more three years (47 respondents). Over a quarter said they had been caring for between 1 and 3 years (24 respondents) and 9.64% said they had been caring for between 6 months and a year. Only 2 respondents said they had been caring for less than 6 months and a further two left this question blank.

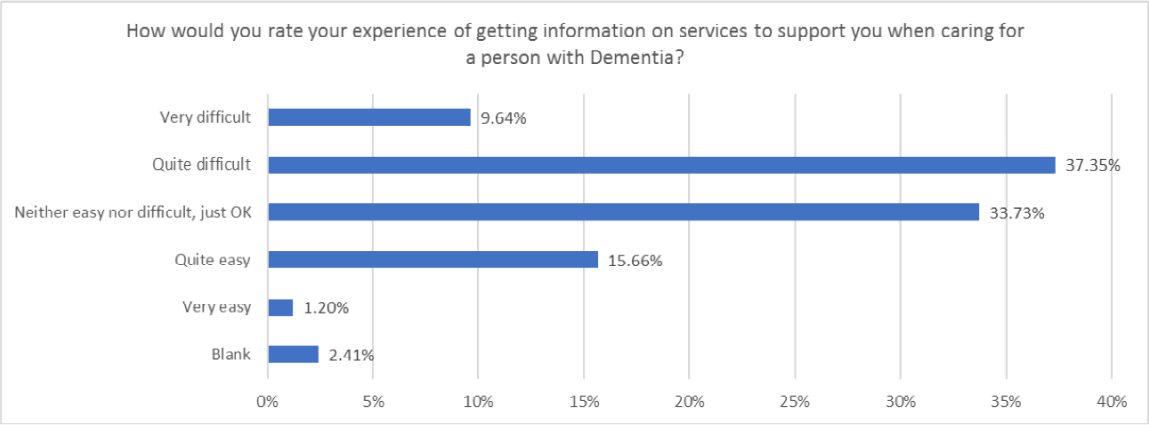
Around 60.71% of carers that care for a parent said they had been caring for them for more than 3 years and 32.14% said they had been caring for between 1 and 3 years. More than two-thirds (67.74%) of carers caring for a spouse said they had been caring for them for more than 3 years.

How old is the person with Dementia?



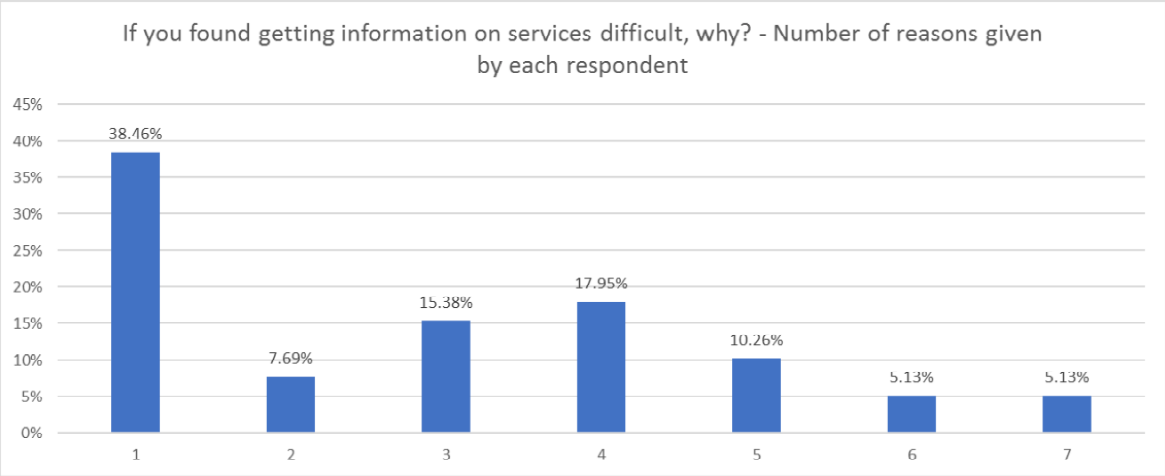
The majority (65.06%) of the people cared for by the respondents were aged 80 and over, accounting for 54 respondents. Around a quarter of those cared for were aged between 70-79, accounting for 21 respondents (25.30%). There were six respondents that said they were looking after someone aged between 60-69 (7.23%). None of the respondents reported to be caring for someone below the age of 60 with Dementia, however 2 respondents did not answer the question.

How would you rate your experience of getting information on services to support you when caring for a person with Dementia?



Carers responding to the survey were asked how they would rate their experience of getting hold of information on services to support them when caring for someone with Dementia. The responses were slightly skewed towards people finding it difficult to get hold of information, with 'Quite difficult' getting the most responses, 37.35% of responses. The second most common response was for 'Neither easy nor difficult, just OK', which was selected by 28 carers (33.73%). A further 8 respondents said they found it 'Very difficult', making up 9.64% of respondents. Only one respondent found it 'Very easy' to get hold of information and 13 found it 'Quite easy'.

If you found getting information on services difficult, why?



A follow up question was asked, looking into the reasons why respondents may have found getting information on services difficult, 21 respondents left this question blank. There were nine potential reasons provided, including an 'Other (please specify)' category and respondents could select as many as were appropriate. Around 38.46% of carers that found getting information difficult said they only had 1 reason. The proportion of respondents that said they had 2 reasons was much lower, at 7.69% and higher for respondents saying they had 3 or 4 reasons.

Reasons	Number
Not knowing where to get the information needed	24
Not knowing who to ask for the information needed	19
Not being told about something until it's too late	14
It takes too long to actually receive the information you need	14
Not knowing what services to look out for	9
Health and/or Social Care professionals have not been able to provide the information you need or where to get it from	8
The services for which you received information were not suitable	7
The information was in a format you couldn't use (e.g. online only)	5
Other (please specify):	17

The most commonly selected reason for finding it difficult to obtain information on Dementia services was 'Not knowing where to get the information needed', which was selected by 24 respondents, making up 38.71% of respondents that answered this question. The second most commonly selected reason was 'Not knowing who to ask for the information needed', which was selected by 19 respondents, (30.65%). The least selected reason was 'The information was in a format you couldn't use (e.g. online only)', selected by 5 respondents, making up 8.07% of respondents. The 'Other (please specify)' option was selected 17 times.

Common themes from the comments provided by those that selected the 'Other (please specify)' option included respondents saying that difficulties were a mixture of the option and provided specific examples of difficulties they encountered; lack of information provided around costs of care; fragmented information and support services; examples of difficulties involving multiple services, getting in touch with a certain support service was a 'waste of time' and that there is a lack of concern for individuals with Dementia and carers.

Which Dementia support services have you used?

Type of Service	Number
Dementia Café	26
Carer Support	21
Other	14
Memory Clinic	10
Social Services	10
None	9
Nursing Teams	9
Day Centre	6
Care Home	5
Telecare	3
GP	2

Respondents were asked to identify which services they had used to support them to live well with Dementia. This question had a free text box, so that we could also explore which services respondents thought supported them to live well with Dementia. The most commonly identified service by respondents were Dementia Café's, of which six individual Dementia Cafés were identified. The second most common form of support identified by carers was Carer Support, which was identified by 21 respondents. The least commonly identified services were GP's, with only two carers identifying them. However, it could be assumed that the majority of people that the respondents cared for visit their GP on a regular basis, but would not list them as a support service for Dementia.

Did you find accessing any of these services difficult?

A follow up question was asked looking to explore whether carers found accessing services difficult and if so, why they found it difficult. Of the 21 carers that said they had used Dementia Café's, the majority said they had no difficulties accessing the service. However, two difficulties were detailed in the responses in relation to difficulties accessing Dementia Café's. One respondents commented that the dates and times of Dementia Café's made it difficult for them to access the service and another respondents comment was unclear. Another respondent left a positive comment regarding the Dementia Café's, in which they suggested that the Café's provided information which opened doors to other services. A common theme among the answers for this question was that carers were unable to get the information required to access services from professionals, requiring them to either find the information themselves or get in contact with other support services to obtain the information. Other recurring themes were the initial diagnosis at the GP taking too long delaying the access to services, carers unable to contact either the service or the healthcare/social care professional who is working them and carers unable to access online only information.

What type of Dementia support have you found most useful? And why?

Respondents were asked which type of support they found most useful and why. This question was asked to explore what support carers find beneficial and the aspects of the support that has the most effect. The types of support identified in the responses to this question were similar. Respondents that found Dementia Café's the most useful type of support said they found the social aspects for people with Dementia useful. Carers also said Dementia Café's helped lift spirits, gave them somewhere to go and provided useful information. Respondents that found Carers Support

and Agency carers most useful said that they supported carers with challenging tasks, provided a break for carers and signposted to other support services. Carers said they found day care services useful because they provide respite and provide other support such as personal hygiene. Memory clinics were found to be useful to carers, however there was a lack of detail provided about which aspects of Memory clinics were most useful.

Do you think there are any needs that are not being met by Dementia services?

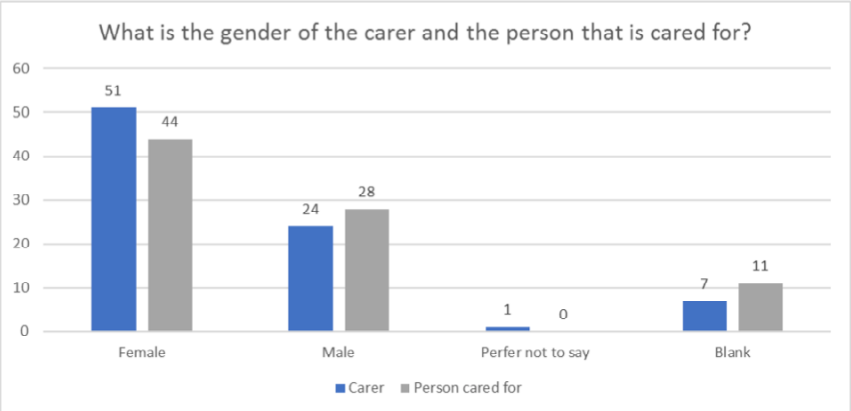
Respondents were also asked in an open question, whether they thought there were any needs that were unmet by current service provision. There was a diverse range of responses, however, some key themes did emerge. Carers said there was a lack of support for carers when exploring their options for services and care homes, with one respondent suggesting there should be a carers information support programme that is run in other areas. A number of respondents said that there was a lack of readily available information on what support was available to them, some saying that the onus was on the carer to find the information themselves. A number of respondents said they didn't think the level of support provided was adequate and in particular that there was a lack of quick response support either when newly diagnosed or in case of emergencies.

Are there any cultural or social barriers affecting the care you provide?

Respondents were also asked to comment on whether there were any cultural barriers that affect the care that they provide. The majority of respondents, 68.67%, either ticked the 'No' box or left the question blank, which means that just under a third of respondents, 31.33%, found that cultural issues affected the care they provided. There were nine responses from carers with a BME background, of whom six carers said there were cultural or social barriers. This suggests that those from a BME background are twice as likely to face cultural or social barriers that affect the care they give, although it should be noted numbers were small. There were a diverse range of comments and there were very few common themes. However, some themes which did stand out were that there was a lack of support in different languages for both carers and people with Dementia, a lack of Dementia friendly transport to/from services and a lack of understanding of the condition among the community.

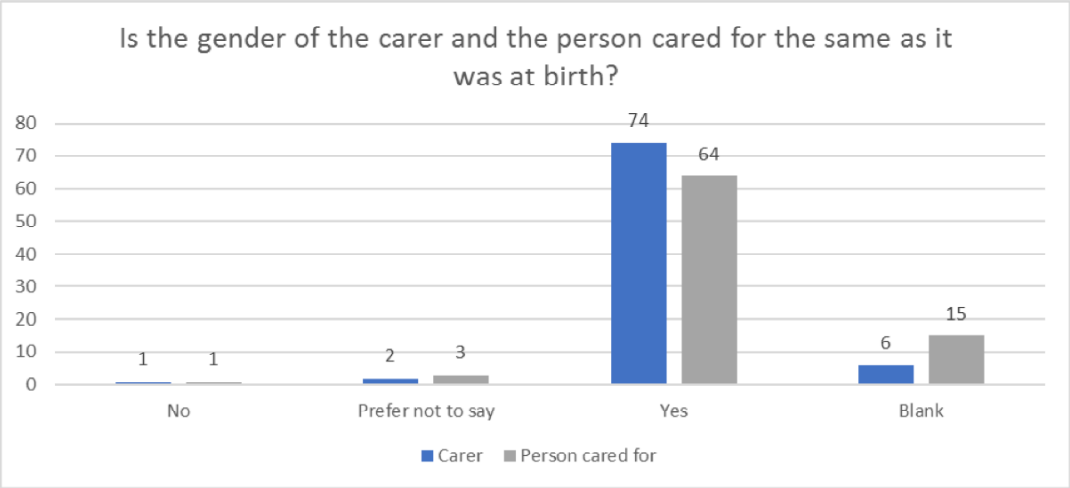
Demographic of carers and people cared for

Gender:



The majority of respondents (61.45%) said they were Female and around 28.92% said they were Male. When asked about the people they cared for, the majority said they cared for a female (53.01%) and around a third said they cared for a male (33.74%).

Is your gender identity the same as the gender you were assigned at birth?



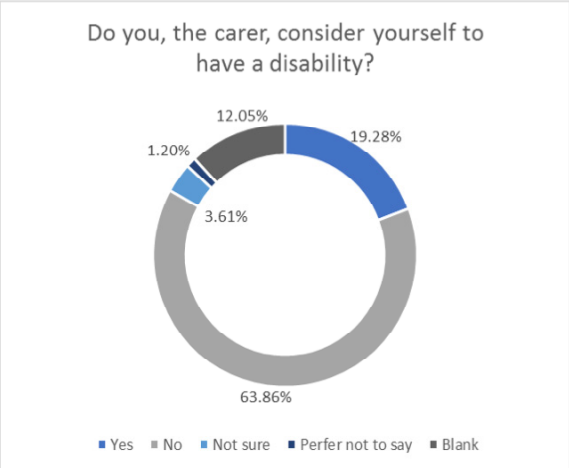
The majority of respondents said their gender and the gender of the person they cared for was the same as it was at birth, at 89.15% and 77.11%, respectively. There were 8 carers who either left the response about their gender blank or preferred not to say and 18 carers who either left the response about the person they cared for blank or preferred not to say.

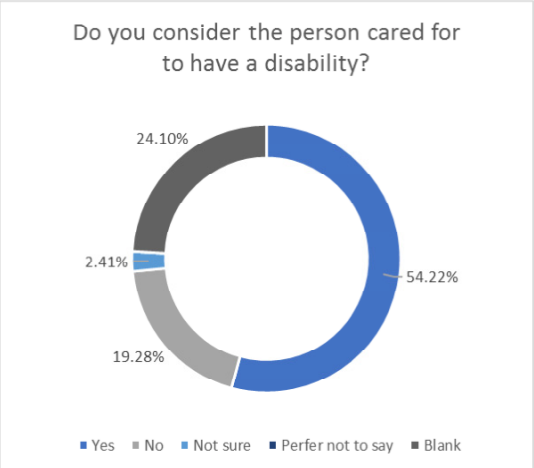
Marital Status:

Marital Status	Carer	Person cared for
Co-habiting	8	0
Divorced	4	5
Married	53	33
Single	10	1
Widowed	3	28
Prefer not to say	1	0
Blank	4	16

Almost two-thirds of carers stated that their marital status was 'Married' (63.86%) and a further 12.05% said they were 'Single'. Regarding the people cared for, the carers said that 39.76% of them were 'Married', 33.73% were 'Widowed' and 19.28% of responses were left blank.

Do you have a disability which affects your day to day activities, which has lasted, or you expect to last, at least a year?





Respondents were asked whether they considered, both themselves and the person they care for, to have a disability. There were 53 carers, making up almost two-thirds of carers (63.86%), that stated that they did not consider themselves to have a disability. There were 16 carers (19.28%) that considered themselves to have a disability and the remaining 14 respondents (16.87%) either were unsure, preferred not to say or left the question blank.

There were 45 carers that stated they considered the person they cared for to have a disability, making up 54.22% of responses. A further 16 respondents (19.28%) said they did not consider the person they cared for to have a disability and the remaining 22 respondents (26.51%) said they were either unsure or left the question blank.

Ethnicity:

Ethnicity	Carer	Person cared for
Asian – Indian	5	6
Asian – Pakistani	0	1
Black	3	4
White – British	67	61
White - Irish	1	1
White - Other	0	1
Other - Any Other	1	0
Blank	6	9

Respondents were asked to describe their ethnicity as well as the ethnicity of the people they cared for. The majority of carers said that their ethnicity and the ethnicity of the person they cared for was 'White – British', making up 80.72% of carers and 73.49% of people cared for. Respondents stated that around 6.02% of carers and 7.23% of the people cared for had an 'Asian – Indian' ethnic background. A further 3.61% of carers stated that their ethnic background was 'Black' and 4.82% of carers stated that the person they cared for had a 'Black' ethnic background.

Religion:

Religion	Carer	Person cared for
Christian	56	55
Sikh	3	4
Hindu	3	3
Muslim	1	1
Prefer not to say	4	1
No religion	9	4
Blank	7	15

Respondents were asked which religion they and the person they cared for followed. Around two-thirds of respondents said that they (67.47%) and the person they cared for (66.27%), followed Christianity. Around 10.84% of respondents said they did not follow any religion and 4.82% of respondents said that the person they cared for did not follow a religion. Around 8.43% did not leave an answer for their religion and 18.07% did not leave an answer for the person they cared for.

Survey for Professionals working with people with Dementia

There were 24 responses from professionals that work with people with Dementia, of these responses 19 were completed online and 5 were completed on paper.

What sector do you work in?

Sector	Number	Percentage
Health	3	12.00%
Social Care	6	24.00%
Private Sector	3	12.00%
Voluntary Sector	8	32.00%
Primary Care	1	4.00%
Other	3	12.00%
Blank	1	4.00%

The most responses came from professionals working in the Voluntary sector, making up just under a third of responses (32.00%). The second highest number of responses came from Social Care, making up just under a quarter of responses (24.00%) and there were 3 responses each from professionals who worked in the Health, Private and Other sectors.

At which level is your role?

Role	Number	Percentage
Carer	2	8.00%
Frontline	2	8.00%
Manager	10	40.00%
Nursing	3	12.00%
Volunteer	4	16.00%
Other	2	8.00%
Blank	2	8.00%

There were 10 responses from professionals who said they had a managerial role within their organisation, this made up 40.00% of the 25 responses. There were 4 responses from professionals who said they were volunteers within their organisation, two of whom stated that they were volunteers at Dementia Café's. There were two carers that responded to this survey, one of whom also said they were also a volunteer at a Dementia Café.

Brief description of service:

Respondents were also asked to provide a brief description of the service provided by the service they worked for. The three responses from professionals that worked in the Health economy stated that they provided:

- Dementia outreach service
- Provision of Dementia services across an acute hospital trust
- Work to improve the health and wellbeing of residents of the city

The responses from professionals that worked in Social Care stated that they provided:

- Community care for those living with Dementia, ranging from companionship to personal care
- Advising carers and people with Dementia how to live will with Dementia, delivering carers information support program and living well with Dementia programme for Dudley
- Domiciliary care for elderly within their own homes
- Day services
- Social care assessment for adults

The responses from professionals working in the private sector stated they worked for organisations which run care homes, providing care for elderly and frail people, including those with Dementia.

The responses from professionals working in the voluntary sector stated that they work for organisations that provided:

- Services for people of all ages living with sight loss across the Black Country and Staffordshire, which include a diverse range of on site and community based services with the aim of nurturing independence, reducing isolation, building confidence and physical and mental well-being. The service also provides residential care, including hospital to residential packages.
- Dementia Café's via Alzheimer's Society UK
- Providing day care to visually impaired who have pan disabilities
- Provision of Dementia Café's, Dementia support workers and providing access to the National Dementia Hotline and online forum.

There was one respondent that said they worked in a Primary Care organisation, the respondent stated that the organisation they worked for provided a day service for older adults with mental health conditions.

Three respondents classed the organisation they worked for as 'Other', these respondents said that their organisations provided:

- A ring and ride service transport service for people with limited mobility, to help individuals maintain independence and quality of life
- Listening to the effects on carers living with a partner with Dementia, watching their deterioration, acknowledging the impact on them and coming to terms with their loss
- Wolverhampton older adult mental health service

Age range you work with:

Sector	18-65	65-75	75-85	85+	Total Responses
Health	2	3	3	3	3
Social Care	3	6	5	5	6
Private Sector	2	2	3	2	3
Voluntary Sector	2	5	5	5	8
Primary Care	1	1	1	1	1
Other	3	3	2	2	3
All Sectors	13	20	19	18	24

Respondents were asked what age range their organisation worked with and the following age ranged were provided: 18-65 (working aged adults), 65-75, 75-85 and 85+. Out of the 24 respondents, 13 said their organisation worked with working aged adults (18-65), 20 worked with 65-75 year olds, 19 worked with 75-85 year olds and 18 worked with 85+ year olds. All three of the respondents in the Health economy said that their respective organisations worked with people aged 65-75, 75-85 and 85+, whereas only two respondents said they also worked with working aged adults. There were six respondents who said they worked in a Social Care organisation, of which only three said they worked with working aged adults, all six said they worked with 65-75 year olds, 5 respondents said they worked with 75-85 year olds and five said they worked with those aged 85+. Out of the eight respondents that worked in the Voluntary Sector, only two said that their organisation worked with working aged adults, whereas five respondents said their organisations worked with people in the 65-75, 75-85 and 85+ age groups.

How many adults diagnosed with Dementia do you work with, in a year (12 months)?

Sector	0-4	5-10	11-16	17-19	20+	All Ages
Health	-	-	-	-	2	3
Other	1	-	-	-	2	3
Primary Care	-	-	-	-	1	1
Private Sector	-	1	-	-	2	3
Social Care	1	-	1	-	4	6
Voluntary Sector	-	1	-	1	5	8
All Sectors	2	2	1	1	16	24

There were two respondents that said their organisation worked with less than 4 individuals that are living with Dementia, of which one respondent worked in Social Care and the other respondent classed their organisation as Other. There were also two respondents who stated that their organisation worked between 5-10 people with Dementia, of which one respondent worked in the Private Sector and one in the Voluntary Sector. Only one respondent said their organisation worked with 11-16 people with Dementia, which was a Social Care organisation, similarly only one respondent said their organisation worked with between 17-19 people with Dementia, which was a Voluntary Sector organisation. Two-thirds of respondents said their organisation worked with more than 20 people with Dementia. Of the 16 respondents that said their organisation worked with more than 20 people with Dementia, five worked in the Voluntary Sector, four worked in Social Care and 2 respondents each worked in the Health economy, Private Sector and in an Other sector. The only respondents from a Primary Care setting reported to work with more than 20 people with Dementia.

What are the referral routes into your service?

Referral Route	Number of times identified
Local Authority	10
Anyone Can Refer	8
Self-Referral	8
NHS Hospital	6
GP	5
NHS BCPFT	4
Other	3
CPN	2
Electronic Referral System	2
NHS	2
Alzheimer's Society	1
Carers	1
CCG	1
Church	1
NHS Eye Hospital	1
N/A	1

There were 56 referral routes identified by the 24 respondents. Due to the question requiring a free text response, the responses needed to be categorised into over-arching categories. The most common referral route was identified as Local Authority, which includes Social Care and other parts of the local authority. Local Authority was a referral route identified by 10 respondents. Self-referrals and 'Anyone can refer' were identified by 8 respondents each. NHS Hospitals were identified by 6 respondents, including one respondent who identified a specific ward that refers into their service. Referrals by GP's was also a commonly identified route into services, identified by 5 respondents. NHS BCPFT, who operate memory clinics, were also identified by 4 respondents as a common referral route.

How do you manage demand for your service (if applicable)?

Method	Number
Refer to other organisations for extra support	8
Criteria	7
Waiting Lists	6
Not seeing as often as preferred	4
Not applicable	4
Utilise varied grade of professional staff	2
Other	2
Shorter appointments	1

Respondents were asked how they managed the demand for their service, if applicable. This question had some potential answers provided, including an 'Other' option. There were 34 methods selected by the 24 respondents, although 8 respondents did not make a selection.

The most selected method of controlling demand was 'Refer to other organisations for extra support', which was selected by 8 respondents. The respondents who selected this option worked in a variety of areas, such as Social Care, in the Health economy and the Voluntary Sector. The second most selected option was 'Criteria', which means that clients must meet the criteria that a service has set to receive their support. Seven respondents selected Criteria as a method of managing the demand for their service, who worked in a variety of areas, including the health economy, social care and the voluntary sector. 'Waiting lists' was also a common method, selected by 6 respondents. Four respondents selected the 'Not applicable' option, which suggests that they have the capacity to deal with the demand for their service and do not need to implement any of these measures. The two respondents that selected 'Other' provided some further comments on the question, one respondent said their service works on a 'First come, first served basis' and the other respondent, working in social care, said they operate a continuous recruitment policy, but it is not clear whether this is in relation to staff or clients.

For the adults diagnosed with Dementia you see in your service, do you think their additional needs are being met?

Respondents to this survey were asked if the additional needs of adults they see with Dementia using their service were being met. Six respondents said they thought the additional needs were being met, nine respondents said they did not think additional needs were being met and eight of them left comments. Ten respondents did not select an answer, although one respondent did leave a comment.

The themes which arose from the comments written by respondents that did not think additional needs were being met were:

- Services are not able to proactive when personalising their services for individuals with Dementia
- Care assessments do not achieve helpful outcomes
- Many individuals with Dementia are isolated due to a lack of social facilities
- Lack of provision for under 65's with early on-set Dementia
- Smaller services do not have the time to spend therapeutically with patients
- Need for a carers information program and living well with Dementia program that is run in Dudley.

In your view, do you provide a service which meets the needs of adults diagnosed with Dementia currently using your service?

Respondents were also asked whether the service they provide meets the needs of adults with Dementia that are currently using their service. Fourteen respondents said they thought their service did meet the needs, whilst four stated they did not think the needs were being met and 5 respondents left the question unanswered.

The common themes which arose in the comments from respondents that thought their service met needs of adults using their service were:

- Provision of a personalised service that consider the individuals needs
- Providing the opportunity for social engagement for people with Dementia
- Well trained staff help meet the needs of people with Dementia and good access to GP's and interdisciplinary teams.

One respondent said that they thought their service met the needs of their service users, but the comments suggested that this may change in the future. The respondent's concerns were:

- Decisions are based on finances rather than clinical needs of people with Dementia
- Managers do not consider the vital opinion of clinicians
- Loss of resources and poor relationships with partners leading to loss of multi-agency working
- Currently the only place where an accurate diagnosis of Dementia can be made

The themes which arose from the comments left by respondents that did not think needs of adults using their service were being met were:

- More courses and information programmes are required for carers and people with Dementia to inform them about the condition and services available to them
- More personalisation and consideration of an individual's needs are needed by services
- A Dementia Café is required that is aimed at younger people with Dementia
- More staff and multi-agency working are required

Are there any key issues or needs for the adults diagnosed with Dementia you currently work with, which you don't provide, but wish to or someone else could deliver?

Respondents were asked whether they are aware of any key issues or needs for adults with Dementia that they work with, that they cannot support and would either like to support or someone else could support. Of the 24 respondents, five did not leave a response, eleven responded that they were aware of issues and needs and 8 respondents said they were not aware.

The common themes that arose from the comments provided by respondents who said they were are of issues and needs that they are not able to support were:

- Being able to raise more awareness of local services available to support people with Dementia
- Provision of forward thinking activities that socially stimulate people with Dementia rather than just 'holding them'
- Provision of more support for carers/family, including a sitting service to give carers a break and the Carers Information and living well with Dementia programs that are run elsewhere in the Black Country.
- Provision of services aimed at people with Dementia aged under 65

Are you aware of any changes or new trends in the needs for your current clients over the next 3-5 years?

Has your service got the right skill mix and capacity to meet this future need?

Respondents were asked whether they were aware of any changes or new trends over the next 3-5 years, in the needs of their current clients. Those that answered yes to this question were asked a follow up question, exploring whether services had the right skill mix and capacity to meet these future needs. Respondents who answered no to the follow up question were asked to elaborate on what they required to be prepared to meet the future need.

Twelve respondents said that they were not aware of any changes or new trends in the needs for their current clients. Whilst, seven respondents stated they were aware of changes or new trends and six did not respond. Although there were seven respondents who were asked to answer the follow up question, there were 14 responses.

There were 5 respondents that said 'Yes' their service had the right skill mix and capacity to meet the future need and 9 said they did not have the right skill mix and capacity. Those that said they did not have the right skill mix or capacity were asked to elaborate on what they would need to be prepared to meet future need. The comments provided were:

- Services need to be prepared to work with more clients, due to an aging population and be able to provide an accessible service with the needs of the customer at the centre
- Forward thinking community based outcomes, activities, support services and training to enable staff to help people continue to connect with the world
- Increase of capacity to provide support from point of diagnosis
- More support and training for staff, especially lower graded staff
- More local services
- Better informed staff
- More senior medical staff

Beyond the adults diagnosed with Dementia currently using your service, are there any further groups of adults diagnosed with Dementia that you feel would benefit from extra support from your service?

Respondents were asked whether there were any people with Dementia, beyond those that currently use the service, that would benefit from extra support from their service. Eleven of the respondents said 'No' and eight respondents said 'Yes' and five respondents did not answer the question. Respondents that said they did think there were people with Dementia that would benefit from extra support from their service were asked to elaborate on their answer. The themes which arose from the comments were:

- People with early on-set Dementia
- People with limited mobility
- People with vision impairments, due to the lack of awareness among services about the link between Dementia and sight loss.
- Carers
- Ethnic minorities

Are there adults who don't meet your service criteria but you think need some sort of support by your service?

Respondents were also asked whether there were any adults that did not meet their services criteria but they thought would need some support from their service. Four respondents said there were people that did not meet their service criteria that would need support, 12 said there were not any and 8 respondents did not answer the question. The four respondents that said there were adults who would need support were asked to elaborate on their answer, their comments included:

- Aging learning disability adults whose nursing needs are increasing and they are also a minority group that do not receive the appropriate care in hospital and most nursing homes
- Those in the early stages of Dementia, service provision could enable them to plan for the future and maintain independence
- Those who cannot afford to pay for the service

Are there any services or support you think your clients need, which are not being met by other services, including secondary diagnosis?

Respondents were asked whether there were any services or support that service users needed, but were not being provided by other services. Six respondents said there were services and support needed by their clients but were not being provided, 11 respondents said there were not aware of any and 7 respondents did not answer the question. The six respondents that said there were services and support not provided were asked to elaborate on their answer. Their comments included:

- More community based options are required, because people keep being referred into the same services
- More one to one support, rather than group support
- Clients with Dementia who have been hospitalised are not consistently assessed prior to discharge to ensure correct and appropriate care/support is in place, considering their reason for hospitalisation
- Other health care professionals may reassess clients, but no other help is provided even if it is deemed necessary
- Services for people with alcohol-related brain damage
- Because of the evidence between Dementia and sight loss, there needs to be a link between specialist organisations to ensure appropriate interventions are provided

Are there any social or cultural issues which need addressing to work with your current or any potential future adults diagnosed with Dementia?

Respondents were asked whether they thought there were any cultural issues that needed addressing to work with current clients or any future clients with Dementia. Eight respondents said there were some cultural issues that needed addressing, 12 respondents said there were no cultural issues and 4 respondents did not answer the question. The eight respondents that said there were some cultural issues were asked to elaborate on their answers, the comments include:

- Meeting cultural and religious needs by creating more links with religious organisations
- Encourage people with BME backgrounds to use services
- Need to reach out to hard to reach communities, such as homeless and LGBT communities
- Need a more ethnically diverse specialist workforce
- Improve awareness of services among communities where sight loss might be more prevalent.

This page is intentionally left blank

Agenda Item No: 8

CITY OF WOLVERHAMPTON COUNCIL

Cabinet
31 July 2019

Report title	Wolverhampton Multi-Agency Safeguarding Arrangements
Decision designation	AMBER
Cabinet member with lead responsibility	Councillor John Reynolds, Children & Young People Councillor Linda Leach, Adults
Key decision	Yes
In forward plan	Yes
Wards affected	All Wards
Accountable Director	Emma Bennett, Director of Children's Services David Watts, Director of Adult Services
Originating service	People
Accountable employee	Andrew Wolverson Head of People Tel 01902 555550 Email andrew.wolverson@wolverhampton.gov.uk
Report to be/has been considered by	Wolverhampton Safeguarding Board 19 June 2019

Recommendations for decision:

The Cabinet is recommended to:

1. Endorse the Multi-Agency Safeguarding Arrangements for children, as approved by the Wolverhampton Safeguarding Children's Board, to ensure compliance with the Social Work Act 2017 and subsequent guidance set out in Working Together 2018.
2. Endorse the application of the outlined proposals for the Wolverhampton Safeguarding Children's Board to be applied to the Wolverhampton Safeguarding Adult's Board, to ensure the continued integration of the arrangements going forward.
3. Agree that City of Wolverhampton Council, as a statutory safeguarding partner in both arrangements, participate within the Wolverhampton Safeguarding Together arrangements, as set out in Appendix 1 to this report.

Recommendation for noting:

The Cabinet is recommended to:

1. Note that the new arrangements for children were published on 28 June 2019 in line with statutory requirements and will take affect from 30 September 2019.

1.0 Purpose

1.1 This report sets out the new Multi-Agency Safeguarding Arrangements for Wolverhampton, which will be known as Wolverhampton Safeguarding Together, to ensure compliance with the Social Work Act 2017 and subsequent Working Together 2018 guidance.

1.2 The report will highlight the consultation work undertaken by Wolverhampton Safeguarding Board in developing the proposals and highlight the main significant changes between the existing arrangements and the new ones which will be implemented from 30 September 2019.

1.3 A key strength of the current arrangements is the integration of the Adult's and Children's Safeguarding Boards. The report will therefore set out how the new arrangements can also be applied to the Adult's Board and maintain compliance with the Care Act 2014 requirements.

2.0 Background

2.1 The Local Safeguarding Board 2006 regulations (part of the Children Act 2004) came into effect on 1 April 2006 and required local authorities to establish a safeguarding board made up of representative partners and independently chaired.

2.2 The purpose of the safeguarding board was to provide strategic oversight in five key areas:

a. Developing policies and procedures that safeguard and promote the welfare of children within the local area.

b. Communicate to agencies within the local area the need to safeguard and promote the welfare of children and how this can best be achieved.

c. Monitor the effectiveness of Safeguarding Board partners arrangements for safeguarding and, where necessary, advise on how these can be improved.

d. Participate in the planning of services for children in the local area.

e. Undertake reviews of serious cases and advise the local authority and its partners of the lessons to be learned.

2.3 Partners were defined in legislation as the Police, Clinical Commissioning Group, Probation Service, Youth Offending Team, Hospital Trust, Education Services and the Children and Family Court Advisory and Support Service. In addition to this the local area could include other partners. In Wolverhampton this included representatives from the Fire Service, Ambulance Service and Voluntary Sector.

2.4 In 2008 additional responsibilities were included into the remit of the Board which required them to collect and analyses information in relation to child deaths and to also put in place procedures that ensured a co-ordinated response to such situations by the local authority and its partners.

2.5 Following the establishment of the Children's Safeguarding Board, in 2014 the (Adults) Care Act required local authorities to set up similar arrangements for the safeguarding of adults. These arrangements were to be established to:

a. Assure itself that local safeguarding arrangements are in place as defined by the Care Act 2014 and statutory guidance.

b. Assure itself that safeguarding practice is person-centred and outcome-focused.

c. Work collaboratively to prevent abuse and neglect where possible.

d. Ensure agencies and individuals give timely and proportionate responses when abuse or neglect have occurred

e. Assure itself that safeguarding practice is continuously improving and enhancing the quality of life of adults in its area.

2.6 The arrangements were designed to undertake the three core duties of; developing and publishing a strategic plan setting out how the board will meet its objectives in conjunction with partners; publish an annual report setting out how effective the arrangements have been and commissioning safeguarding adults reviews. Although not required, the Adult's Safeguarding Board also chose to operate with an independent chair.

2.7 Having operated the arrangements for children's and adult's separately, in 2017 the decision was taken to integrate the two Boards and employ a single independent chair for both Boards. This has meant that since 2017 the business of the Board has been split into an adult's section, children's section and integrated section with more business being dealt with through the latter as the arrangements embedded. In addition to the integration of the Boards, another strength identified was the engagement of partners in participating in the current arrangements. Again, this strength will be built upon in the new arrangements.

3.0 Review of current safeguarding arrangements for children

3.1 The Social Work Act, 2017 required all local areas to review their children's safeguarding arrangements in line with guidance set out in Working Together 2018. The new guidance established the Council, Wolverhampton Clinical Commissioning Group and West Midlands Police as statutory equal partners in the new arrangements.

3.2 The statutory partners commissioned an independent person to review the current structure of the Board, supported by a small task and finish group of senior officers from the respective statutory partners.

3.3 As set out in section one of Appendix 1, the review process included face to face interviews of current safeguarding board partners as well as a wider online survey. The new arrangements were formulated taking into account the outcome of the consultation which included reducing the level of bureaucracy, sharpening the focus of the priorities and building upon the strengths of the partnership and integration of the board. The review group also took account of the learning from early adopters.

3.4 Having reviewed the various options for the new arrangements the preferred option as set out in section three of Appendix 1, was endorsed by the statutory safeguarding partners and ratified by the Safeguarding Board on 19 June 2019. This will see the current Safeguarding Board become Wolverhampton Safeguarding Together from September 2019.

3.5 The significant differences between the current and new arrangements include:

a. Reducing the number of boards and committees to an executive group made up of the statutory safeguarding partners, with the main Partnership Board becoming the scrutiny and assurance co-ordination group. In addition, following learning from early adopters, education will become the 'fourth' partner on the executive group.

b. Replacing the independent chair with a nominated chair from the statutory safeguarding partners and implementing a range of independent scrutiny arrangements including a bi-annual event facilitated by an independent person who will also undertake an appraisal of the executive group.

c. Strengthening the arrangements for engagement of the wider community and 'experts by experience' through the Community and Engagement group to ensure the voice of children, families and vulnerable adults is at the forefront in the new arrangements.

d. Ensuring the work of Wolverhampton Safeguarding Together is always focussed on answering the question "What difference have we made?" through the arrangements set out in section four of Appendix 1.

4.0 Review of current safeguarding arrangements for adults

4.1 In order to build upon the identified strengths of the Board the opportunity has been taken to review the arrangements for adult's safeguarding to ascertain if the model would enable continued integration. Following discussion and consultation with the adult's statutory partners including the Director for Adult's Services, and subsequently the wider Adult's Safeguarding Board partners, the decision has been taken to apply the model and this is reflected within section three of Appendix 1.

4.2 The same partners (excluding education) make up the executive group with the wider safeguarding partners, set out within the Care Act 2014, being involved in the new arrangements through the scrutiny and assurance co-ordination group. It should be noted that for adult's safeguarding the requirement to form a Safeguarding Board

remains with the Council, with the Police and Clinical Commissioning Group as partners. This is different to children's where the three partners hold joint responsibility.

4.3 The other key requirements set out in the Care Act 2014 will continue to be fulfilled through the new arrangements as set out in Appendix 2.

4.4 The new arrangements will come into effect following the last scheduled meeting of the current board on 12 September 2019. During this time a task and finish group has been commissioned to draft a transitional plan and to develop terms of reference for the other groups within the new structure. In addition to this, the Executive Group has been set up in shadow form and is meeting on a regular basis to prepare for full implementation.

5.0 Evaluation of alternative options

5.1 As part of the review three options were presented to the statutory partners for consideration. Options one and two were rejected for the reasons set out below.

5.2 Option one was to make no changes and continue with the existing arrangements. This option was rejected based on the feedback from partners around the desire to reduce bureaucracy and provide more focus in any arrangements going forward.

5.3 Option two was to retain the current board structures but with no independent chair. Whilst it was considered that this would potentially allow for a wider range of scrutiny methods, as outlined above it did not respond to the changes desired by partners.

6.0 Reasons for decisions

6.1 The Council, along with its statutory partners were required to review the existing safeguarding children arrangements in line with the Working Together 2018 guidance. Having considered the options and decision outlined within this paper Cabinet are required to endorse the Council's participation within the new arrangements in order to remain compliant with statutory requirements.

6.2 It is felt that the review of children's arrangements presented an opportunity to review the adult's arrangements in order to maintain integration and provide the best opportunity to improve outcomes across the whole life course. Therefore, Cabinet are being asked to endorse applying the arrangements to the Adult's Board.

7.0 Financial implications

7.1 The approved budget for the safeguarding partnership board for 2019-2020 is £271,000. This is made up of contributions from various partners shown in the table below:

Partner Contributions	£000
Statutory:	
Local Authority	158
Clinical Commissioning Group	78
West Midlands Police	31
Total Statutory Partner Contributions	267
Other:	
CAFCAS	1
SWM Community Rehabilitation Company Lts	1
National Probation Service	2
Other Partner Contributions	4
Total Contributions	271

7.2 The new proposed arrangements set out in Appendix 1 will need to be contained within the existing budget otherwise additional partner contributions will need to be agreed in order to ensure a balanced budget.

[NM/10072019/U]

8.0 Legal implications

8.1 The Council is one of three statutory partners named within the legislation for both children's and adults safeguarding arrangements. The other two partners are Wolverhampton Clinical Commissioning Group and West Midlands Police. For children's safeguarding partners have equal responsibility for the safeguarding arrangements, however, this is not the case for adults with responsibility for the arrangements sitting with the Council.

8.2 The arrangements ensure compliance with the (Children's) Social Work Act 2017 and (Adult's) Care Act 2014 respectively.

[SB/07072019/U]

9.0 Equalities implications

9.1 The work of the Safeguarding Board is to ensure the systems within the city protect some of the most vulnerable people. The new arrangements seek to ascertain deeper engagements from a wide range of groups and residents on the safeguarding issues that matter to them. This will be driven through the community and engagement group which will provide feedback and engagement in the current priorities and the development of new ones.

9.2 A number of the groups who would be engaged with through the work of Wolverhampton Safeguarding Together will have protected characteristics as defined within the Equalities Act 2010.

10.0 Environmental implications

10.1 There are no environmental implications arising from this report.

11.0 Human resources implications

11.1 A review of the current arrangements for supporting the safeguarding functions will be undertaken to ensure they continue to be fit for purpose.

11.2 Any proposals for changes to the current arrangements will be manged in line with the Council's policies for re-structures and in consultation with employees and their unions.

12.0 Corporate landlord implications

12.1 There are no corporate landlord implications arising from this report.

13.0 Health and Wellbeing Implications

13.1 Safeguarding is intrinsically linked to the health and wellbeing of the residents of Wolverhampton. An area of current focus is the arrangements for child deaths. These have been reviewed across the Black Country and it is proposed to transition responsibility to the Health and Wellbeing Together Board with clear oversight from the new safeguarding arrangements. This will be put forward for approval at the Health and Wellbeing Together Board in September.

14.0 Appendices

Appendix 1 – Wolverhampton Safeguarding Together – Our Arrangements for Safeguarding Children and Young People in Wolverhampton

Appendix 2 – Care Act 2014 safeguarding arrangements compliance table

Wolverhampton Safeguarding Together

Our Arrangements for Safeguarding Children and Young People in Wolverhampton

Foreword

Wolverhampton is proud of the work undertaken by the Local Safeguarding Children Board and the progress it has made in some key areas of safeguarding including; work on the Orange campaign for domestic abuse; promoting good practice and awareness raising as part of the annual Safeguarding week, in turn raising the profile of the many aspects of abuse; the Children's Safeguarding Board - B-Safe; multi-agency learning and development opportunities and development of a number of documents to support practitioners in effective safeguarding.

The existing strong partnership engagement with the board and the integrated arrangements with the Safeguarding Adult's Board provides a strong platform from which the new arrangements have been developed.

It is a key aim of the new arrangements to capture the best bits of the current board and build on these to strengthen the impact the partnership has on safeguarding some of the most vulnerable in the city.

We look forward to engaging with partners, children, young people and families across the city in Wolverhampton Safeguarding Together.

NHS Wolverhampton Clinical Commissioning Group

Sally Roberts
Chief Nurse & Director of Quality Services

Andy Beard
Chief Superintendent

CITY OF WOLVERHAMPTON COUNCIL

Emma Bennett
Director of Children's Services

1. Introduction

1. This document sets out how the strategic safeguarding partners in Wolverhampton intend to work together with our wider safeguarding partners (the relevant agencies) to keep children, young people and families in Wolverhampton safe.
2. Wolverhampton's statutory key partners (the Local Authority, Clinical Commissioning Group and West Midlands Police) met in October 2018 to consider 'Working Together to Safeguard Children 2018' guidance and agreed that an independent review should be commissioned to support Wolverhampton in implementing the new arrangements, whilst maintaining distinct links between the Children's Partnership and the Adult Safeguarding Board.
3. The independent review process included face-to-face and online consultation with current Board members, stakeholders and partner organisations.
4. The safeguarding partners together with relevant agencies (appendix 1), concluded that the new arrangements should be more dynamic, flexible and responsive to learning from feedback from children, young people and families, and utilise data obtained from a variety of scrutiny and audit methods, as well as learning from all safeguarding reviews. Our structures moving forward will be simplified, will reduce bureaucracy, whilst ensuring partners hold each other to account.

5. Wolverhampton takes pride in the effectiveness of our current integrated child and adult safeguarding structure that we will maintain and develop as 'Wolverhampton Safeguarding Together' (WST). There will be 'mirrored' arrangements across the adult and child partnerships as illustrated in our safeguarding arrangements diagram in section 3 below.

6. Under our new arrangements, Wolverhampton Safeguarding Children Together will continue to safeguard children and young people through our relationship and strength- based restorative practice approach. We will promote and build a sense of community, developing shared responsibility and accountability, so that children, young people and families develop resilience that supports them in staying safe.

7. We will agree our shared priorities, set in consultation with our wider partners, and with an overarching emphasis upon scrutiny and assurance.
   We will measure our success by responding to the question; "what difference have we made?" with reliable data and first hand accounts drawn from audit responses and the experiences of children, young people, families and our frontline professionals.

8. We have confidence that Wolverhampton's children and young people and families are best placed to support us in setting our shared priorities and we will have conversations and learn from what they tell us about the impact we are having upon their welfare and that of our communities and how we can improve.

9. We will develop and expand our existing relationships with early years, schools, colleges and educational establishments so that education becomes the 'fourth' safeguarding partner.

10. Wolverhampton Safeguarding Children Together will maintain already close and established relationships with other local partnerships.

Thresholds of Need and Support in Wolverhampton

1. We updated our threshold document in 2017, and its purpose is to assist everyone involved in making decisions about the most appropriate support to provide to children, young people and their families in relation to different levels of need. It also clarifies how various levels of support can be accessed as a new threshold of need is reached.

2. This guidance contains the framework in which all agencies and organisations provide support and early help to vulnerable children, young people and their families. It recognises that many agencies and organisations as well as parents / carers and other family members provide support to children and young people.

3. Wolverhampton has formulated a Multi-Agency Safeguarding Hub (MASH) that includes early intervention services and social care services. This is supported by partner representation of agencies including Probation, Royal Wolverhampton NHS Trust, Black Country Partnership Foundation Trust, Wolverhampton Clinical Commissioning Group, West Midlands Police and Recovery Near You.

2. The safeguarding partners and our relevant agencies

1. **A safeguarding partner in relation to our local authority area is defined under the Children Act 2004 (as amended by the Children and Social Work Act, 2017) as:**
   (a) City of Wolverhampton Council
   (b) Wolverhampton Clinical Commissioning Group
   (c) West Midlands Police

2. **In Wolverhampton the lead representatives for the Safeguarding Partner organisations are:**
   (i) The City of Wolverhampton - Managing Director
   (ii) Wolverhampton Clinical Commissioning Group - Accountable Officer
   (iii) West Midlands Police- Chief Constable

3. **All three partners have equal and equitable responsibility for safeguarding arrangements. Locally, the lead representatives have delegated their functions to the:**
   - Director of Children's Services - City of Wolverhampton Council
   - Chief Nurse & Director of Quality - Wolverhampton CCG
   - Chief Superintendent-Wolverhampton Neighbourhood Policing Unit

4. **The local safeguarding partners have acknowledged the strength and maturity of the current safeguarding partnership arrangements and will maintain the same relevant agencies list as currently exists for the Wolverhampton Safeguarding Children Board (see appendix 1), whilst acknowledging that the list is flexible and will be revised and republished as necessary.**

5. **Residential homes are recognised as relevant agencies and will be involved in our bi-annual safeguarding events and all other safeguarding activities including workforce development. (There are currently no youth custody facilities within the local authority area.)**

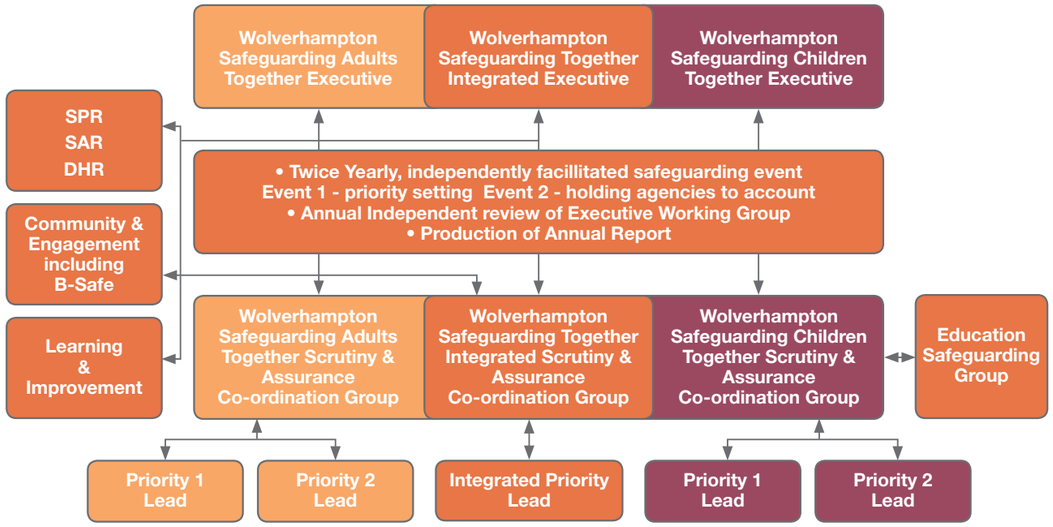
6. **Organisations not individually named in the relevant agencies list of the Wolverhampton Safeguarding Children Together arrangements should nonetheless collaborate with the safeguarding partners to safeguard children in Wolverhampton.**

7. **These safeguarding arrangements will apply across the geographical area of the City of Wolverhampton.**

8. **The safeguarding partners; Wolverhampton CCG and West Midlands Police Wolverhampton Neighbourhood Policing Unit boundaries correspond with those of the local authority.**

3. Wolverhampton Safeguarding arrangements

Proposed structure



The Executive Group

1. The safeguarding partner representatives listed in section 2 paragraph 3 above will Chair the Executive Group in rotation. In addition Wolverhampton Safeguarding Children Together will identify and include representation upon the Executive Group from the Education Safeguarding Group to make education a 'fourth' safeguarding partner.
2. The Education Safeguarding Group will represent all educational providers - Early Years Settings, schools, colleges and universities.
3. The Scrutiny & Assurance Co-ordination Group Chairs, and the Wolverhampton Safeguarding Children Together Business Manager will attend the Executive Group.
4. The Executive Group will ensure regular review and scrutiny of arrangements and activity of the Wolverhampton Safeguarding Children Together. The commissioning of an independent scrutineer to further the work of Wolverhampton Safeguarding Children Together will provide assurance:

- That we are responding to the needs of children in the area through our shared priorities.
- Concerning the effectiveness of the Executive Group safeguarding arrangements and how the safeguarding partners hold each other to account and escalate concerns. (Wolverhampton Safeguarding Children Together will operate according to a Memorandum of Understanding between the Safeguarding Partners that will include an escalation policy).

5. The Independent scrutineer and facilitator will include accounts of these two areas within the Wolverhampton Safeguarding Children Together partnership annual report (see section 9)

Setting the priorities for Wolverhampton Safeguarding Children Together

1. Wolverhampton Safeguarding Children Together will work with partners on clear priorities, which are agreed by the Executive Group.
2. Drawing upon the audits and performance data from the Scrutiny & Assurance Co-ordination Group and our 'expert by experience' consultations with children and young people and families through our community engagement group, priority setting will be a flexible and dynamic based on a core set of priorities developed in response to the needs of children and young people in the city.
3. The Executive Group will work with an independent facilitator and scrutineer will bring together all Wolverhampton Safeguarding Children Together partners at bi-annual safeguarding events.
4. At the first event, our priorities will be agreed and shared with partners and together we will identify how they can contribute and respond. At the second event, the independent facilitator and scrutineer and Wolverhampton Safeguarding Children Together will collate progress against the priorities from all our partners. We will share an agreed action plan with partners that ensures that we are able to identify impact upon outcomes and demonstrate how safeguarding of children in Wolverhampton has been improved by our priorities.
5. For each shared priority a priority lead will be established drawn from our partner agencies. Each priority will follow a cycle:

- The group will work flexibly to initially scope a priority, identify appropriate data review, audit and consultation processes and how they can be achieved
- Audits, data review and consultations, feedback, or an 'expert by experience phase' are carried out
- Succinct summary report and action plans from the priority working group are shared with the Scrutiny and Assurance Co-ordination Group and Executive Group and are then reported at the Bi-annual safeguarding event, where action plans are agreed with all partners

4. Scrutiny and Assurance: assessing the effectiveness of help (including early help) being provided to Children and families

Independent scrutiny

1. The independent scrutiny function will provide the constructive and critical challenge to the effectiveness of the multi-agency safeguarding arrangements. Wolverhampton Safeguarding Children Together partnership has chosen to use a range of independent scrutiny methods rather than retain a single independent scrutineer.

2. Our progress against our shared priorities will be subject to constant challenge and review by an independent scrutineer. The scrutineer will work with the Executive Group and Scrutiny & Assurance Co-ordination Group to ensure sufficient data and feedback is available to allow the partnership to demonstrate whether priorities have been achieved.

3. The scrutineer will facilitate our bi-annual safeguarding event that will ensure that our priorities are responding to the needs of children in the city and have a direct influence upon positive outcomes.

4. It is essential that our all our partners have a sense of ownership and responsibility for achieving our priorities, hence the shared agreement against our priority setting.

5. There will in addition be independent scrutiny of the effectiveness of the Executive Group and of the safeguarding arrangements of the Wolverhampton Safeguarding Children Together partnership through an appraisal carried out by an independent scrutineer.

6. It will be the responsibility of the Executive Group to take forward any recommendations made (either through the independent scrutineer or through peer/LGA reviews) concerning the arrangements and these will be accounted for in the annual report.

7. Wolverhampton Safeguarding Children Together will employ a 'toolkit' of scrutiny methods designed to identify the strengths and areas to be developed in the new arrangements.

8. These will include:
   - Multi-agency case file audits
   - Young people peer reviews
   - Peer reviews in arrangements with other Local Multi Agency Safeguarding Arrangement (MASA) Partnerships.
   - Peer review commissioned through the Local Government Association
   - Commissioned independent audits/ inspection
   - Scrutiny of single agency quality assurance systems
   - Inter agency peer review
   - Learning walks
   - Children's advocates

9. Annually the Executive Group, working with the Scrutiny & Assurance Co-ordination Group, will set our scrutiny plan that will inform our decisions concerning areas requiring independent scrutiny. We intend to re-visit priorities to ensure they remain embedded in best practice.

The Scrutiny and Assurance Co-ordination Group

1. The Scrutiny and Assurance Co-ordination Group will draw upon the experience and expertise and active involvement of our current board members and partners to assist the Executive Group identify priorities and the most suitable methods of scrutiny.

2. Our independent review of safeguarding arrangements revealed a strong desire amongst partners for less report writing and more focused and targeted activity to improve outcomes for children, involving a wider range of agencies and individuals from within the partnership. We believe that the Wolverhampton Safeguarding Children Together arrangements will offer this opportunity.

3. The Scrutiny and Assurance Co-ordination group will be pivotal in answering the question 'What difference have we made?' in relation to any area of activity identified by the Executive Group.

4. Our safeguarding partners can already provide valuable detailed performance and quality data drawn from their statutory and governance responsibilities, that can inform our priorities and can be subject to independent or peer review.

5. We intend to increase the use of the already established and successful frontline practitioner forums across all safeguarding partner agencies, so that practitioners feel empowered to contribute feedback on outcomes against our priorities, or share concerns, knowing they will be listened to.

6. We believe that a learning culture embedded throughout every organisation with a safeguarding responsibility is vital to ensuring we continue to safeguard children, young people and families effectively.

7. The Scrutiny and Assurance Co-ordination group will work with the Learning and Improvement Group to ensure that key themes and learning from Local and National Child Safeguarding Practice reviews and Learning lessons reviews, rapidly inform our multi-agency training and influence the priorities we set and our subsequent action plans.

8. Our Community Engagement group will provide young people's peer reviews and audits to the Scrutiny and Assurance Co-ordination Group and feedback from the already established young people's B-Safe and Youth Council.

9. Consultation with children, young people and their families who have received help (or early help) as part of an 'Expert by Experience' approach will ensure the voice of the child is central to our work.

10. Our emphasis upon flexibility will allow thematic audits to be agreed by the Executive Group and Scrutiny and Assurance Co-ordination Group as a response to concerns raised by partners. These audits will occur as a rapid response to a concern and may sit outside the priority setting cycle.

5. Learning and development: our multi-agency training

1. Wolverhampton has a well-established integrated learning and improvement framework 2016-2018 and this will be revisited in 2019 to ensure the structure is suitable for the Integrated Safeguarding Wolverhampton Together arrangements.
2. We are committed to a culture of continuous learning to identify improvements needed and to consolidate good practice. Professionals will continue to have access to a wide range of learning and this will be disseminated through a range of methods:
    - Wolverhampton Safeguarding Together multi-agency training
    - The Bi-annual Safeguarding Events
    - Conferences
    - Development days
    - Wolverhampton Safeguarding Children Together newsletters
    - Information on the Wolverhampton Safeguarding Children Together website
    - Awareness campaigns
    - Partnership forums.
3. The Learning and improvement Group will ensure training is effective and complies with best practice in Working Together 2018 guidance.
4. The group will draw a multi-agency training programme which brings together a range of professionals and organisations to model partnership working in practice.
5. We are committed to evaluating the effectiveness of training through quality assurance and feedback and evaluation. We will develop impact measures through audits, and action plans completed with participants allowing them to identify changes they could make to their professional practice based on Learning from the training. We will then revisit those plans, with their consent at agreed intervals to assess how practice has been influenced in reality.
6. The Scrutiny and Assurance co-ordination group will also have a role in monitoring and evaluating the impact of multi-agency training through thematic audits.

6. Voice of the Child and Community Engagement

Voice of the Child

1. Wolverhampton is proud of the outstanding level of engagement the Wolverhampton Safeguarding Children Board has already developed with children and young people in the city. The B-Safe Team is Wolverhampton's Junior Safeguarding Children Board, made up of local young people who get involved with safeguarding activities and decisions across the city.
2. The board enables the voice of Wolverhampton's young people to be heard and reflected in safeguarding business and activities, empowering young people to contribute to the processes and methods to keep them safe, and to increase awareness of safeguarding amongst parents and professionals.
3. The B-Safe Team has been finding out about issues that matter to young people in this city around staying safe, such as extremism and terrorism, bullying, drugs and alcohol, violence in relationships and mental health.
4. Wolverhampton Safeguarding Children Together aim to develop a range of young people's forums to ensure the voice of young people is always heard and that they can have a part in shaping the priorities of the partnership.
5. We believe that by establishing 'Expert by Experience' audits of the views of children, young people and their families who have been offered or received help or (Early Help) in Wolverhampton, we will have a clearer perspective on what is effective and what needs to change, to improve outcomes and strengthen families.

Education- our 'fourth' Safeguarding Partner

6. Wolverhampton Safeguarding Children Together recognises that in 2019 early years settings, schools, colleges and educational establishments have an ever expanding role in identifying children with needs and children at risk and are a crucial part of Early Help in the city. This is one reason that we see education as a crucial 'fourth' safeguarding partner.
7. The Wolverhampton Safeguarding Children Board already has well- established links into the Board through the Education Reference Group and Connect-ED but we will explore in 2019 the most effective way of enhancing the safeguarding role of schools, early years settings and colleges through our local networks and safeguarding mechanisms within the local authority.
8. Early Years settings are not presently fully represented on the current Wolverhampton Safeguarding Children Board and it will be a goal in the first year of the Wolverhampton Safeguarding Children Together arrangements that we identify how Early Years can be established as full safeguarding partners and the views of the sector represented at Executive Group and the bi-annual safeguarding events, as well as where appropriate, on Priority working groups.

Community Engagement

1. Our present Community Engagement Group has established close links to faith and religious groups in our diverse city. We work constructively with third sector organisations, charities and other providers working with children and young people.
2. The Wolverhampton Safeguarding Together integrated children and adult safeguarding partnership will continue to deepen and develop the engagement with all our communities to 'make safeguarding everyone's business.'

7. Child Safeguarding Practice Reviews

1. The Wolverhampton partnership took part in a Birmingham-led process around the implementation of Local Child Safeguarding Practice Reviews (LCSPRs) and has subsequently adopted 'West Midlands Regional Framework and Practice guidance' for Local Child Safeguarding Practice Reviews providing guidance for decisions on whether to undertake Child Safeguarding Practice Reviews.
2. Our current integrated standing Serious Case Review (SCR) and Safeguarding Adult Review (SAR) Group will continue in place and will follow the new practice guidance. It will be closely linked with the Learning and Improvement and the Scrutiny and Assurance co-ordination groups.
3. Upon receipt of a notification of a serious incident, the Group will assure that they make the appropriate notifications to safeguarding partners, the Department of Education, Secretary of State, OFSTED (dependent upon the nature of the incident). The Business manager and support team of the Wolverhampton Safeguarding Children Together will facilitate the sharing of notifications.
4. The Group will undertake a rapid review process as described in the guidance. All decisions related to the commissioning and publication of LSCPRs will be notified to the national SCPR Panel, the Department of Education and OFSTED.
5. The decision whether or not to conduct a LSCPR will be taken by the Chair of the Executive Group in consultation with the other statutory partners. All LSCPR undertaken by Wolverhampton Safeguarding Children Together will be published on the Wolverhampton Safeguarding Children Together Partnership website.
6. The Learning and Improvement group will ensure that key learning, themes and action plans arising from any review undertaken are shared promptly with the Scrutiny and Assurance group so that themed audits may be considered, but also so that they may influence our shared priorities.

8. Financial arrangements

1. The Safeguarding Partners have already agreed a funding formula for 2019-20, that extends the financial arrangements in place for the previous Safeguarding Children Board.

9. Reporting on our Shared Priorities: our Annual Partnership Report

1. The Wolverhampton Safeguarding Children Together will continue to publish an annual report that will include a substantial contribution from the independent scrutineer who will report upon the bi-annual safeguarding events and reflect on progress across the partnership's stated shared priorities.
2. Independent scrutiny and assurance of the effectiveness of the safeguarding arrangements will also be a feature of the annual report.
3. The report will describe the work of the Scrutiny and Assurance Co-ordination Group over the year and provide data from all our scrutiny methods to provide evidence of the difference Wolverhampton Safeguarding Children Together has made to outcomes for children, young people, families and vulnerable adults receiving help (including Early Help) in Wolverhampton and how it has contributed to safeguarding these groups.
4. The report will celebrate the Wolverhampton Safeguarding Children Together partnership's engagement with all elements of our communities through our community engagement group, and lay out how our 'expert by experience' feedback from children, young people and families has influenced service provision in the city.
5. We will ensure that the report is widely shared with the safeguarding partners and relevant agencies and will be available for public access on the Wolverhampton Safeguarding Children Together website.

Appendix 1

Relevant Agencies

Wolverhampton Safeguarding Together will comprise of the named statutory safeguarding partners and those agencies and organisations listed below, each of whom has been chosen because they have varying degrees of contact with children and/or adults at risk and those who care for them:

- Adoption at Heart
- The Armed Forces
- The Royal Wolverhampton NHS Trust
- Black Country Partnership Foundation Trust
- British Transport Police
- Care Quality Commission (CQC)
- Childcare providers including nurseries and childminders
- Children and Family Court Advisory and Support Service
- City of Wolverhampton Council
- Wolverhampton Clinical Commissioning Group
- Education Providers including college and university settings
- General Practitioners and other relevant Primary Care Professionals
- Healthwatch Wolverhampton
- Housing Providers
- Independent Fostering Agencies
- National Health Service England/Improvement
- Probation – The National Probation Service and the Community Rehabilitation Company
- Care Homes & Care Providers (children & adults)
- Safer Wolverhampton Partnership
- UK Visa, Immigration, Enforcement and Border Force
- Urgent Care Provider
- Voluntary, Community and Faith Sector including charities, religious organisations and providers of sport and leisure activities
- West Midlands Ambulance Service Foundation Trust
- West Midlands Coroner's Office
- West Midlands Fire & Rescue Authority
- West Midlands Police
- Youth Offending Service
- Where appropriate, other services commissioned by any of the above

Representatives should be able to promote the effectiveness of the Partnership through their responsibility and accountability for the services their agencies deliver to children & adults at risk, and through their ability to influence the effectiveness of their agencies contribution to multi-agency safeguarding.

Glossary of Terms

CCG - Clinical Commissioning Group

DHR - Domestic Homicide Review

EWG - Executive Working Group

MASA - Multi Agency Safeguarding Arrangement

MASH - Multi Agency Safeguarding Hub

LCSPRs - Local Child Safeguarding Practice Reviews

LSCB - Local Safeguarding Childrens Board

LGA - Local Government Association

SAR - Safeguarding Adult Review

SCPR - Safeguarding Children Practice Review

SCR - Serious Case Review

WSCB - Wolverhampton Safeguarding Children's Board

WST - Wolverhampton Safeguarding Together

WSCT - Wolverhampton Safeguarding Children Together

For further information

Email: **safer@wolverhampton.gov.uk**

This page is intentionally left blank

Appendix 2

Care Act compliance with the proposed Multi-agency safeguarding arrangements

Care Act Requirement	**How this will be achieved in the new arrangements**
Publish a strategic plan	Through the annual events the key priorities for the Safeguarding Partnership will be determined and endorsed through the EWG. These will then be developed into work plans for each priority which will be published as the strategic plan.
Publish an annual report	The annual report will be produced by an independent person based on the annual events and appraisal of the EWG.
Conduct any Safeguarding Adults Review	This function will be discharged by the joint SPR/SAR/DHR group and report to the Executive Working group
Specific Board Responsibilities	
All agencies have a responsibility and accountability to protect adults	All current members of the Safeguarding Board will be members of the Scrutiny & Assurance co-ordination group. This is where oversight in the effectiveness of safeguarding arrangements will be monitored and challenged. In addition, an independent person will facilitate annual events where partners are held to account for how they have embedded the priorities within their own agency and the demonstrable impact this has had.
Arrangements to hold partners to account	As above
Arrangements for Peer Review and self-audit	Peer review and self-audit will form part of the scrutiny 'tool box' that the Scrutiny & Assurance co-ordination group will have available as part of assuring the system that there is sufficient impact across the system in relation to the core priorities.
Oversight of Policy and strategy	Oversight of Policy & Strategy will be through the EWG with specific actions arising from this devolved to the Scrutiny & Assurance co-ordination group, community & engagement group or learning & improvement group for implementation. Strategy discussion will also form part of the annual events.
Ensuring there is a central referral point for safeguarding concerns	Existing arrangements for referring safeguarding concerns will continue.

Guidance on procedures including complaints and malpractice	The existing guidance will continue and any future developments in this area will be overseen by the Scrutiny & Assurance co-ordination group with the work undertaken by task and finish groups.
Equalities impact and policies to address it	The existing practice will continue and any future developments in this area will be overseen by the Scrutiny & Assurance co-ordination group with the work undertaken by task and finish groups.
Policies and practice around confidentiality and information sharing – the need to know.	The existing guidance will continue and any future developments in this area will be overseen by the Scrutiny & Assurance co-ordination group with the work undertaken by task and finish groups.
Ensure there is a process for multi-agency training and that it is sufficient and effective	Existing arrangements for multi-agency training will continue and be driven by the Learning & Improvement group.
Membership	The CCG, Police and LA will make up the core membership on the EWG. All other current members of the Adult's Safeguarding Board will become members of the Scrutiny & Assurance co-ordination group.

Document is Restricted

This page is intentionally left blank