

Adult and Safer City Scrutiny Panel

Minutes - 28 March 2017

Attendance

Members of the Adult and Safer City Scrutiny Panel

Cllr Paula Brookfield (Chair)

Cllr Ian Claymore

Cllr Malcolm Gwinnett

Cllr Dr Michael Hardacre

Cllr Lynne Moran

Cllr Anwen Muston

Cllr Rita Potter

Cllr Sandra Samuels

In Attendance

Cllr Sandra Samuels

Cabinet Member for Adults

Part 1 – items open to the press and public

Item No. Title

1 Apologies

Apologies were received from Cllr Patten and Cllr Leach.

2 Declarations of Interest

There were no declarations of interest.

3 Minutes of previous meetings

Resolved: That the minutes of the previous meeting be agreed as a correct record.

4 Matters arising

There were no matters arising.

5 Update on the Dementia City (report to follow)

Cllr Sandra Samuels introduced a report providing an update on the Dementia work plan and the milestones that were planned to support Wolverhampton work towards becoming a "Dementia Friendly City".

On 9 October 2012 at the 'Creating Dementia Friendly Communities' conference Wolverhampton had signed up to the Dementia Action Alliance and took up the challenge. Each organisation committed to producing and publishing their own Action Plans setting out what they each would do to secure the required outcomes and improve the quality of life of people living with dementia. Wolverhampton achieved the status of 'Working towards becoming a dementia friendly community'

The Panel noted that Wolverhampton had previously been ahead of the game in this area and questioned whether we still were. Officers confirmed that there had been a slight dip but yes we were now back on track and that the City would always be working towards becoming a dementia friendly city and continuously looking to improve.

Officers stated that one of the most successful projects developed through the BCF work stream was Memory Matters. Memory Matters had been launched by the City of Wolverhampton Council in partnership with the Black Country Partnership NHS Foundation Trust, Wolverhampton Clinical Commissioning Group and the Alzheimer's Society. It was a 'travelling' information, advice and guidance service where experts including community psychiatric nurses and social workers were available at each to assess whether someone's memory loss was serious, such as the onset of dementia, and direct them towards appropriate help and support.

Officers confirmed that work priorities for the coming two years had been agreed and would take into consideration consultation and co-production with people who used services and their family carers. Key amongst these was the need to develop a refreshed Strategy and Implementation Plan for completion in December 2017.

Officers stated that it was important to consider ways for early diagnosis as people were often given drugs once it was too late and that work needed to be done with the CCGs and GPs. Members expressed concern regarding the diagnosis of dementia by GPs and considered that there should be some form of monitoring the various rates of diagnoses and referrals. Officers stated that there was a dementia link in each area but members considered that this did not work and that GPs needed to be accountable as the service at the moment was not acceptable.

Resolved: That there be an update in 6 months to include advise on how GP services could be improved, any identified strengths and weaknesses and if possible data on which GPs were reporting incidents.

Older People Assessment and Case Management - promoting independence approach - update (report to follow)

A report was submitted to provide the Panel with an update about the progress of the promoting independence for older people project, which had commenced on 18 April 2016 and was due to close on 1 June 2017.

Officers stated that an occupational therapist had now been brought on board and a number of positive outcomes were being generated. Officers confirmed that the Promoting Independence team had not been co-located in order to allow team members to operate out of existing locality bases and reduce costs.

Officers stated that they were also reducing the number of double handed visits where appropriate and ensuring that carers all had the appropriate training and the right equipment. Carers were also now able e to carry out more 30 minute visits

[NOT PROTECTIVELY MARKED]

instead of 15 minute visits. Officers stated that where possible admission to a home would be delayed as people were happier in their own homes if they could be provided with the correct support. The telecare system was also being expanded and Officers stated that if required a report on this could be brought to a future meeting. Members considered that in some circumstances people might actually be better off in a care home rather than being left on their own after a visit and that sometimes the company of other people was more beneficial that independent living. Officers stated that the telecare system would be used alongside initiatives to help address loneliness.

Members expressed concerns regarding the care that would be required in the future by people currently living independently and the aging population. Officers stated that there was a commitment to understand the current demographics and predicted growth and that the budget was a fair reflection of what was thought to be required. The Cabinet Member for Adults stated that the Council had been tasked with saving £11 million the previous year and that funding had been reduced from the Government.

Members queried whether people living independently were aware of what they were entitled to. It was stated that the Council was working closely with the University and that Financial Services had responsibility for providing welfare rights advice. Officers stated that they had supported an additional £10 million of benefits in the City which would make a massive difference to the City economy as much of this money was then spent in the area. Officers stated that they were also working with MacMillan and the CAB to help ensure that people were claiming what they were entitled to especially in relation to end of life care. Members expressed some concern regarding claims for disability living allowances which were thought to be turned down regularly and people often didn't appeal them even though they would be likely to win an appeal. Officers stated that exercises were carried out to cross reference who was receiving what care and that these people were picked up and contacted by Officers.

Members also expressed concern regarding self-assessment in that elderly people would say that they could manage when really they couldn't but they didn't want to be a burden. Officers stated that social work assessments would not be carried out over the phone and that any self-assessment would only ever be used as an initial indicator.

Members remained concerned that the required capacity had still been underestimated and not fully addressed.

Resolved: That the content of the report be noted.