



Adults and Community Scrutiny Panel

8 July 2014

Time 6.00 pm **Public Meeting?** YES **Type of meeting** Scrutiny

Venue Committee Room 4 - Civic Centre, St Peter's Square, Wolverhampton WV1 1SH

Membership

Chair Cllr Paula Brookfield (Lab)
Vice-chair Cllr Patricia Patten (Con)

Labour

Cllr Payal Bedi
Cllr Ian Claymore
Cllr Jas Dehar
Cllr Linda Leach
Cllr Rita Potter
Cllr Susan Constable
Cllr Bishan Dass
Cllr Stephen Simkins

Conservative

Cllr Barry Findlay

UKIP

Cllr Malcolm Gwinnett

Quorum for this meeting is three Councillors.

Information for the Public

If you have any queries about this meeting, please contact the democratic support team:

Contact Deb Breedon
Tel/Email 01902 551250 or deborah.breedon@wolverhampton.gov.uk
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Some items are discussed in private because of their confidential or commercial nature. These reports are not available to the public.

Agenda

Part 1 – items open to the press and public

- | <i>Item No.</i> | <i>Title</i> |
|-----------------|---|
| 1 | Apologies |
| 2 | Declarations of Interest |
| 3 | Minutes of previous meeting (11 March 2014) (Pages 1 - 6)
[To approve the minutes of the previous meeting.] |
| 4 | Matters arising
[To consider any matters arising from the previous meeting.] |

PRE-DECISION SCRUTINY

- | | |
|---|---|
| 5 | Refreshed Joint Dementia Strategy and Implementation Plan 2014-2016
(Pages 7 - 36)
[To give pre-decision consideration of the Joint Dementia Strategy and Implementation Plan 2014-16] |
|---|---|

DISCUSSION ITEM

- | | |
|---|---|
| 6 | Care Act Implementation (Pages 37 - 46)
[To consider the Council's progress to date in response to implementing the Care Act and future integration working. To give suggestions about how and what to scrutinise during implementation of the Care Act, particularly in relation to the legal, public engagement, staffing and proposed savings implications for the Council.] |
|---|---|

Adults and Community Scrutiny Panel Meeting

Minutes – 11 March 2014

Attendance

Members of the Panel

Cllr Ian Angus
Cllr Ian Claymore
Cllr Jasbinder Dehar
Cllr Val Evans
Cllr Chris Haynes
Cllr Matthew Holdcroft
Cllr Linda Leach
Cllr Rita Potter

Other Councillors

Cllr John Reynolds

Staff

Earl Piggott-Smith
Kathy Roper
Nikki Hills

Scrutiny Officer- Item 8
Joint Commissioning Team Manager - Item 6
Senior Landscape Architect- Item 7

Other Officers

Apologies

No apologies were received

Part 1 – items open to the press and public

<i>Item No.</i>	<i>Title</i>	<i>Action</i>
MEETING BUSINESS ITEMS		
1.	Declarations of interest There were no declarations of interest received.	
2.	Minutes of the previous meeting (28 December 2014) Resolved: That the minutes of the meeting be amended to record Cllr Payal Bedi as attending.	Earl Piggott-Smith
3.	Matters arising Wolverhampton Adult Safeguarding Peer Review Outcome and Action Plan – The panel were advised that detailed proposals for reviewing the performance of the Adult Safeguarding Board and the implementation of the Peer Review Action Plan would be presented to a future meeting of the panel.	Earl Piggott-Smith

DECISION ITEMS

- Improving biodiversity on highway land**

Cllr John Reynolds introduced the report. Cllr Reynolds explained that the overall aim of the strategy was to make highway land in Wolverhampton more attractive spaces and environmentally friendly spaces. The aim of the strategy was also to encourage the natural wildlife to develop by making small changes to the maintenance of grassland and woodlands.

Nikki Hills detailed the legal duties of the Council and the work being done to meet its responsibilities following the granting of Nature Improvement Area status. Nikki gave details of the new approach to the maintenance of highways which was designed to create shade and shelter for small animals.

Nikki explained that fallen logs in woods would be allowed to decompose on the floor and create more natural habitats for insects. An important part of the work involved new approach to maintaining hedges and cutting a small strip of grass along the verge to keep the area tidy but allowing grass to grow taller to increase plant species diversity and creating wildflower corridors.

Nikki explained that the new approach will be applied in selective areas and the results monitored. Nikki explained that feedback from the public about the changes to the highways would also be monitored any complaints investigated. If there are complaints about the appearance then changes can be made to return to space back.

The panel welcomed the report and the plans for improving the appearance of highways and creating more environmentally spaces that support a range of animals and plants. The panel were very supportive of the plan.

The Panel were concerned about the potential for the long grass to become 'litter traps' and that it was important that changes in pattern and frequency of grass cutting was explained to the public as not being a cost cutting measure, but part of plan to increase biodiversity and improve the appearance of highway verges.

Nikki explained that the new policy will be only be used in selected areas before being rolled in other areas. Nikki accepted that litter was going to be an issue but confirmed that litter picking would continue and the situation monitored. The feedback from the public has been positive so far.

The Panel queried whether the budget was realistic to undertake the necessary maintenance once the trial ended. Nikki confirmed that the new maintenance regimes were to be cost neutral.

The Panel commented on the need to explain the new policy to the public and that work is done to avoid any negative publicity. The Panel commented on the importance of keep the appearance of highway verges as neat as possible.

Nikki explained that the posters would be used to tell the public about the changes.

The Panel suggested that it might be useful to discuss the publicity work done by Telford who have previous experience of using wildflowers to improve the appearance of grass verges.

Cllr Reynolds commented that £12,000 of funding from Nature Improvement Area would be used to restore the appearance of the hedges in Bantock Park. Cllr Reynolds explained that there are restrictions about how the money can be used and it was unlikely that money could be used for PR work to explain the changes.

The Panel suggested that it would be a good idea to try and involve local schools in the trial areas.

Resolved:

- The Panel supported the work being done to improve the appearance of selected highway areas.
- The Panel agreed to receive a progress report in 12 months' time.
- The Panel suggested that Facebook Today could be used to publicise the scheme and raise awareness about it.

Nikki Hills

5. **All Age Disability Strategy**

Kathy Roper outlined the key parts of the strategy and the consultation work done during its development. Kathy explained the aims of the strategy and how it provides a framework linking a number of national policies intended to support disabled people and their families in a more holistic way.

Kathy explained the consultation process undertaken with different stakeholder groups.

The Panel queried the support available to help disabled people who assessed as being not eligible to claim disability benefit or where benefit sanctions have been applied. Kathy confirmed that appropriate support would be provided to people affected and also that there were local organisations that would help people to appeal against decisions and represent them also.

The Panel commented on the issue of public transport and how well it meets the needs of disabled people. Kathy agreed that more work was needed to be done to improve transport.

The Panel discussed including employment and transport as a future scrutiny topic. The issue of changes to adult education was also suggested as a topic.

Resolved:

- The panel agreed to receive a progress report on the All Age Disability strategy in November 2014.

Kathy Roper

6. **Transforming Care: A national response to Winterbourne View Hospital - Wolverhampton response**

Kathy Roper briefed the Panel on work done to implement recommendations following the report on Winterbourne View Hospital that was presented in December 2013.

Kathy explained the work done to monitor care standards for people placed outside Wolverhampton. Kathy explained that people are placed in establishments across the West Midlands so that their care can be monitored. Kathy explained the main issue arising from Winterbourne View was that as all services were being provided by one organisation there was not the same opportunity to review the quality of care.

The Panel queried the process for recruiting staff. Kathy explained that there is a robust recruitment process. In addition, Kathy explained that before people are placed the Council will look at how people with disabilities are used to assess the standard of care provided. Kathy commented on the value of peer advocacy programmes in getting a better idea of what it feels like to be a resident.

The Panel commented on the findings of Francis Inquiry and the need to have proper recruitment practices to protect vulnerable people. Kathy commented on the work done with New Cross Hospital to develop services.

Resolved:

- The Panel welcomed the report and progress made to date.

8. **Adults and Community Scrutiny Panel – Draft Work Programme 2013/14**

Earl Piggott-Smith presented a report detailing the agenda for future meetings of the panel. The panel agreed to include a report on the Care Bill to work programme.

Earl Piggott-Smith

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Adults and Community Scrutiny Panel

8 July 2014

Report title	Draft Refreshed Joint Dementia Strategy for Wolverhampton 2014-2016	
Cabinet member with lead responsibility	Councillor Steve Evans Cabinet Member for Adult Services	
Wards affected	All	
Accountable director	Sarah Norman, Community Directorate	
Originating service	Commissioning – Older People	
Accountable employee(s)	Steve Brotherton	Head of Commissioning – Older People
	Tel	01902 555318
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	Grace Forrester	
	Tel	Joint Commissioning Officer
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Report to be considered by	Cabinet	23 July 2014
	Health and Wellbeing Board	3 September 2014
	Clinical Commissioning Board Group (CCG)	9 September 2014

Recommendation(s) for decision:

The Panel is recommended to:

1. To consider and approve the draft Refreshed Joint Dementia Strategy 2014 - 2016 and Implementation Plan.

1.0 Purpose

- 1.1 To invite comments from the panel and approval of the draft Refreshed Joint Dementia Strategy 2014-2016 and priority actions and implementation Plan.

2.0 Background

- 2.1 The National Dementia Strategy was published in February 2009, setting out a vision for transforming dementia services by achieving better awareness, early diagnosis and high quality treatment at whatever stage of the illness and in whatever setting.

- 2.2 In 2010/11 the Department of Health set four priority areas to support local delivery of the Strategy.

- 1. Good quality early diagnosis and intervention for all**
- 2. Improved quality of care in general hospitals**
- 3. Living well with dementia in care homes**
- 4. Reduced use of antipsychotic medication**

- 2.3 These areas provided a focus on activities that are likely to have the greatest impact on improving quality outcomes for people with dementia and their carers.

- 2.4 In response to the above requirements Cabinet approved a two year Joint Dementia Strategy on the 23 March 2011. This strategy has now been reviewed with an updated implementation plan in response to current drivers. An overview of the strategy is detailed in the attached report.

3.0 Progress

- 3.1 The Health and Social Care Act (2012) set out a new responsibility for the National Institute for Clinical Excellence (NICE) to develop guidance and associate quality standards in order to better serve people with dementia. These standards are also supported by the Social Care Institute for Excellence (SCIE).

- 3.2 In 2012, the Prime Minister issued a dementia challenge setting the goal of ensuring that the diagnosis, treatment and care of people with dementia in England should be among the best in Europe. A Central Government Mandate to NHS Commissioning Boards followed focusing on tackling barriers that stop services working together to serve people with dementia.

- 3.3 A number of actions have been completed from the current strategy:

- Development of health and social care managers and staff across the city in the care economy to becoming leaders and champions of dementia

- Dementia ward and outreach service at New Cross Hospital
- A Dementia Friendly Communities Conference (October 2012) in response to the Prime Minister's Challenge on dementia
- Established Wolverhampton's local Dementia Action Alliance Forum
- Evaluation and Value for Money Review of Inpatient/Residential Facilities for People with Dementia
- Improving standards in care homes in response to quality concerns
- Raising awareness for GP through a GP education event
- Wolverhampton Arts and Culture Services (WAVE) engage and support people living with dementia to access arts and cultural activities
- Development of six Dementia Cafés across the city, one for people who speak Asian languages and one for the Black African/Caribbean community
- A two year programme raising public awareness of dementia
- Development of pilot project using 'Smart Technology' and smartphones to raise awareness of dementia and local services

3.4 Consultation and review

3.4.1 The current strategy has been subject to the following consultation process:

- Alzheimer's Society consulted with people living with dementia and their carers regarding their experiences and views on the services they receive and the support they require as their journey with dementia progresses
- GP's and other health care professionals were consulted at the GP Education Event
- A local Dementia Review was carried out by Public Health for Wolverhampton

4.0 Financial implications

4.1 The recommended strategy is consistent with the approved Medium Term Financial Strategy; there are therefore no financial implications arising from this report. Any additional actions ensuing from the strategy will be subject to the normal governance requirements, including if appropriate, budget approvals.

[DK/19062014/A]

5.0 Legal implications

5.1 There are no legal implications associated at this stage with the report.

[RB/23062014/G]

6.0 Equalities implications

6.1 This report has equality implications and Equalities Analysis has been undertaken. It will continue to be reviewed and monitored as part of the future implementation plan.

7.0 Environmental implications

7.1 There are no environmental implications associated at this stage with the report.

8.0 Human resources implications

8.1 There are no human resources implications associated at this stage with the report.

9.0 Corporate landlord implications

9.1 There are no corporate landlord implications associated at this stage with the report.

10.0 Schedule of background papers

10.1 There are no additional supporting papers

Refreshed Joint Dementia Strategy for Wolverhampton

2014- 2016

Wolverhampton
City Council



Wolverhampton City
Clinical Commissioning Group

Black Country Partnership 
NHS Foundation Trust

The Royal Wolverhampton 
NHS Trust

Foreword

Currently one of the biggest challenges facing health and social care is dementia. Here in Wolverhampton we have developed our first Joint Dementia Strategy to reflect the significant national and local vision for transforming dementia services. However, bearing in mind the range of needs of people and families, the increasing prevalence of dementia and the pressure on finances, it is critical that we identify and harness all the resources to serve people with dementia well.

I'm really pleased with the work we've done so far and the commitment we've seen from individuals and organisations to improve services for people with dementia. Now we want to take things one step further by becoming, and being recognised as, a dementia-friendly city. To do this we need the help and support of local businesses, religious groups and other organisations, including health and social care, which everyone, including people with dementia need to access on a daily basis.

As described in the strategy we are setting up a framework and programme for delivering improvements over the next two years. Throughout this time we will be searching for good practice and innovation and checking with people with dementia and their families that we are achieving the outcomes they expect.

I look forward to seeing all of these aspirations become a reality.



**Wolverhampton City
Clinical Commissioning Group**



Introduction

This Refreshed Joint Dementia Strategy brings together the learning from the previous strategy along with the outcomes of locally commissioned research to effect change over the next eighteen months.

The strategy strives to deliver:

- Commitment and energy – to generate enthusiasm from all partners
- A person centred approach in response to people with dementia
- A standard of excellence and quality improvements

This Strategy is inclusive of all citizens, including those of working age, adults who may have a learning disability or other long term health conditions that impact on their cognitive abilities.

This strategy should be read in conjunction with the Joint Carers' Strategy; Joint Intermediate Care and Reablement Forward Plan, and Living Well in Later Life.

What is Dementia?

Dementia is an umbrella term used to describe many different types of dementia. The following are the most prevalent:

- *Alzheimer's Disease*
- *Vascular Dementia*
- *Dementia with Lewy bodies*

All dementias produce a decline in a person's cognitive (intellectual) abilities, affecting memory, language, understanding, reasoning, problem solving, and concentration, but each person's dementia is unique and will impact on individual lives in very different ways.

The prevalence of dementia increases with age with 1 in 50 people between the ages of 65 and 70 having a form of dementia, compared to 1 in 5 people over the age of 80. However, there are a number of people under 65 living with dementia and this number is increasing.

Dementia makes demands on families, local support networks and communities, and services supporting the person with dementia need to be flexible and responsive to the individual needs being presented.

Person Centred Approach

Professor Tom Kitwood (1997) pioneered a new culture approach to dementia care, developing an enriched model of support that moved the focus away from the neurological impairment (brain damage) and back on the person.

Kitwood's emphasised the need to consider and protect all of the things that make every person, including people with dementia, unique human beings:

- Personality
- Biography
- Social Psychology
- Health
- Fitness

These are described as the things that enrich everyone's life and represent the elements that need to be supported in order to retain a healthy, positive well-being.

Brooker (2007) further developed this new person centred culture as a VIPS model:

V = a *value* base that asserts the absolute value of all human lives

I = an *individualised* approach, recognising uniqueness

P = Understanding the world from the *perspective* of the person with dementia

S = Promotion of a positive *social psychology* in which the person living with dementia can experience relative well-being

This is the person-centred value base adopted by the Department of Health and is the foundation of Wolverhampton's Joint Dementia Strategy.

A key objective for this strategy is to ingrain this approach across all pathways and journeys serving people with dementia. In short,

'A person centred approach towards people with dementia is what we do.'

What are the key drivers for change?

Demographic Growth/Prevalence

In the context of a 26% contraction in budgets, serving the needs of a growing number of people with dementia is a high priority item for all public sector organisations. This driver can be summarised as more people to serve with less money.

The following are the main headlines in relation to demographic growth:

- 21 million people in the UK know a close friend or family member with dementia – 42% of the population
- Dementia costs the UK economy £23 billion a year, more than cancer and heart disease combined (Alzheimer's Society, 2014)
- In the 65 plus population, the likelihood of developing dementia doubles every 5 years and 1 in 3 will have dementia by the time they die
- There is a new case of dementia every four seconds and by 2020 there will be 70 million people living worldwide with the condition (World Health Organisation)

A 2014 Public Health review of dementia in Wolverhampton has highlighted the following:

- The 'Putting Dementia on the Map' tool estimates 3,600 people living with dementia in the city
- 1,604 people are registered with a formal diagnosis, a diagnosis rate of 44.5% similar to the national average
- The above figures mean that 2000 people with dementia do not have a formal diagnosis
- An estimated 68% of people with dementia live in the community, whilst 32% live in residential care
- The population of people with dementia living in Wolverhampton will increase by 61 people per year between 2015 and 2020

State of the Nation Report

In 2013 the Department of Health (DH) published '*Dementia: A state of the nation report on dementia care and support in England*'. This report included data from a range of organisations and delivered an interactive online map to show the quality of dementia care and support in local areas – <http://dementiachallenge.dh.gov.uk/map/>

The report highlights the following:

1. The scale of the challenge

- a. There are approximately 670,000 people in England living with dementia
- b. This number will double in the next 30 years
- c. Dementia in England costs the economy £19 billion a year
- d. There are an estimated 550,000 carers of people with dementia

2. Prevention and diagnosis

- e. More needs to be done to prevent dementia through the impact of healthy lifestyle choices; for example, smoking, alcohol and obesity can affect many types of dementia, in particular vascular dementia
- f. Timely diagnosis is important as it helps people with dementia and their families to get the support they need and to plan for the future

3. Living with dementia

- g. Two thirds of people with dementia live in the community, which means services need to be tailored towards enabling people to continue living independently and avoid crisis situations which can lead to unnecessary hospital or care home admission
- h. Where admission to hospital cannot be avoided, people with dementia should receive high-quality compassionate in-patient care
- i. One third of people with dementia live in residential care (*two thirds of the care home population*), which means there is need for *all* care homes to provide high quality, personalised care, helping individuals to live as fulfilling a life as possible
- j. It essential to ensure that antipsychotic drugs are appropriately prescribed, and, if prescribed, reviewed on a regular basis
- k. People with dementia should receive early support to discuss palliative and end of life care as part of planning for their future

4. Dementia education and training

- I. All staff involved in the care of people who may have dementia should have the necessary knowledge and skills to provide the best quality of care

5. Dementia friendly communities

- m. The development of dementia friendly communities should be a priority
- n. Communities should be addressing and raising public understanding, challenging attitudes which prevent people with dementia living life to the full

What are the national and local priorities?

The National Dementia Strategy was published in February 2009, setting out a vision for transforming dementia services by achieving better awareness, early diagnosis and high quality treatment at whatever stage of the illness and in whatever setting.

In 2010/11 the Department of Health set four priority areas to support local delivery of the Strategy. These areas provided a focus on activities that are likely to have the greatest impact on improving quality outcomes for people with dementia and their carers.

Good quality early diagnosis and intervention for all – Two thirds of people with dementia never receive a diagnosis; only a third of GPs feel they have adequate training in diagnosis of dementia

Improved quality of care in general hospitals – 40% of people in hospital have dementia; compared to the general population, people with dementia have worse outcomes, stay longer as an inpatient; have higher mortality rates and are at increased risk of becoming institutionalised

Living well with dementia in care homes – One-third of people with dementia live in care homes and at least two-thirds of all people living in care homes have a form of dementia; dependency is increasing; behavioural disturbances are highly prevalent and are often treated in-appropriately with antipsychotic drugs

Reduced use of antipsychotic medication – There are an estimated 180,000 people with dementia on antipsychotic drugs. In only about one third of these cases are the drugs having a beneficial effect, with 1800 excess deaths per year as a result of this prescription

The Health and Social Care Act (2012) set out a new responsibility for the National Institute for Clinical Excellence (NICE) to develop guidance and associate quality standards in order to better serve people with dementia. These quality standards are contained in the Appendices of this strategy and cover the care and support provided by all staff, including a range of quality statements intended to improve the structure, processes and outcomes across health and social care. These standards are also supported by the Social Care Institute for Excellence (SCIE).

Also in 2012, the Prime Minister issued a dementia challenge which, whilst recognising dementia as the most feared illness in England by those over 65, accepted it had not received the attention and resources it deserves. To rectify this position, the Prime Minister set the goal of ensuring that the diagnosis, treatment and care of people with dementia in England should be among the best in Europe. This was followed by the Central Government Mandate to NHS Commissioning Boards which included a focus on tackling barriers that stop services working together to serve people with dementia.

What have we done so far?

To implement the first Joint Dementia Strategy, a multi-agency steering group was charged with the delivery of a number of actions in response to national and local priorities:

Developing Leaders and Champions

In 2012, the University of Worcester, Association of Dementia Studies were commissioned to deliver bespoke training for managers and frontline care staff from across health and social care. The work undertaken by Wolverhampton City Council is providing the Action Learning Sets in Leadership and in Dementia Champions and has been a real innovation in helping staff involved in the care of people living with dementia across the city, to skill-up to an advanced level of practice. Of particular benefit has been including staff from health, social care, third sector and private providers in coming together for an extended period to learn and develop practice using the same frame-work. This has led to real added value in breaking down barriers between services at the same time developing knowledge and skills in working with people with dementia and their families.

This commission resulted in 80 dementia leaders and champions working across the city to deliver a number of local projects: For example,

- A care home developed their business plan by involving residents, resulting in a much improved physical environment.
- A story book approach was introduced in a care home, providing staff with the information about the person, helping in the delivery of a person centred approach

- A Day Centre introduced 'History Life Books' that captured memories and stories about a person's life.
- A Nursing Home underpinned the work from the leaders and champions training with the gold standards framework, incorporating the principles of VIPS across their life care pathway. This is embedded in the nursing home's statement of purpose, training and supervision
- A work book approach was developed in a Community Resource Centre giving members of staff the opportunity to reflect on their care practice before and after the dementia training workshops
- I-Pads have been introduced in a Resource Centre , giving people with dementia the opportunity to access movies and music from the past and to research local areas and topics of interest – this content is used in subsequent group and one-to-one discussions
- iPods; headphones and docking stations have been introduced in care homes, enabling people with dementia to access music of choice for use in group activities; reminiscence therapy or simply individual, private enjoyment and relaxation

Dementia Ward and Outreach Service

In 2009, a dementia ward and outreach service was commissioned at New Cross Hospital.

This project developed and delivered a range of interventions to improve in-patient outcomes for people with dementia and their families: For example,

- A Care Bundle approach for patients with dementia – ensuring that information was gathered from families to maximise communication, nutrition & hydration, and the physical environment for each individual patient
- A specialist dementia acute medical ward providing an appropriate environment for people with dementia where staff can implement the care bundle
- A Dementia Outreach Team identifying patients for admission to the specialist ward and supporting use of the care bundle on other wards caring for people with dementia
- Trained volunteer buddies supporting staff and patients on the specialist ward by following the principles of the care bundle approach;
- Staff training and development: The Dementia Training Programme providing courses for all staff at all levels
- Dementia-friendly physical environment implementing dementia-friendly design principles in the specialist ward and across the wider hospital

- The integrated dementia pathway ensuring people with dementia and their families receive a quality service from beginning to end
- Organisational leadership and commitment to implementing excellence in dementia support and engagement to make the delivery of high quality care a priority and bring about a culture change at all levels across the Trust

In June 2012 The University of Worcester was commissioned to evaluate the project by the Strategic Health Authority and Royal Wolverhampton Hospitals.

This was followed in 2013 by an independent evaluation in by Dementia Care Matters, including a comparator inpatient experience perspective of other wards at New Cross Hospital and two wards at Queen Elizabeth Hospital in Birmingham. This evaluation delivered the following recommendations:

- Setting the minimum standards for all wards regarding dementia specific design and costs would begin to prepare for the projected increase of people living with dementia using acute services and in the longer term might lead to less need for a hub ward of excellence
- Expanding opportunities for an increased Outreach team into the hospital and also into the community/other care services would likely achieve the greatest cost savings on bed usage in hospitals
- Investing in enhanced dementia care training across the hospital, but not at an awareness raising level but at a measurable skills level, would continue to improve the quality of lived experience on wards
- Examination of a comprehensive range of dementia services joining together acute services, mental health services and rehabilitation and reablement is required as there are gaps in community base services

The Prime Minister's Challenge on Dementia

The local response to the Prime Minister's challenge was launched at a one day Dementia Friendly Communities conference held at Wolverhampton Science Park in October 2012.

The focus of the conference was to encourage and involve a number of commercial sector companies and religious organisations to do more to help and support people with dementia in Wolverhampton. With this in mind, 300 invitations were sent to banks, building societies, retailers, churches, temples. Over 200 people attended the event.

People with dementia were at the forefront of the day, speaking from the main stage about their lives, delivering the message that it is possible to lead a fulfilling life with care and support that is both sensitive and flexible.

A number of organisations, including Asda, Costa Coffee; Wolverhampton Interfaith Network, West Midlands Police; West Midlands Fire Services all declared their support for the campaign and their aspiration and intention to become more dementia friendly – A number of organisations in Wolverhampton have registered their commitment and Action Plan towards becoming a dementia friendly city.

There were several key messages and recommendations that emerged from the conference:

- Wolverhampton City Council will bring together organisations from across the city by hosting a Dementia Action Alliance Forum
- Receiving a diagnosis of dementia is a major life event and ignorance of dementia among family and friends as well as the general population may mean that others respond negatively. A better awareness and understanding on the condition needs to be well publicised reaching out to every section of the communities including institutions such as schools, universities and places of worship
- Everyday community activities can be challenging such as withdrawing money at the bank, paying bills, shopping and using public transport, and trying to carry on daily life as before becomes more difficult and problematic. Commercial sector businesses need to ensure that they make the necessary adjustments and train all their frontline staff in order to deliver a flexible sensitive service
- People with dementia can feel disconnected from groups, friends, activities and places. A public awareness campaign needs to ensure that the information on dementia reaches all sections of the community and individuals in their spoken language
- A major incentive for businesses to become more dementia friendly is the increase in the numbers of people with dementia over the next twenty years and their purchasing power. If people with dementia are not welcomed into everyday activities or organisation the loss will be felt by the commercial sector

Wolverhampton Dementia Action Alliance Forum

A Wolverhampton Dementia Action Alliance Forum has been established, which is open to all organisations operating in Wolverhampton wanting to become dementia friendly. The first meeting was held in April 2014 attended by sixteen commercial sector business organisations and Terms of Reference on the purpose of the group has been agreed. All participating organisations will develop their Action Plans to improve services for people living with dementia.

Organisations were asked to encourage other businesses in their network to join the dementia friendly campaign for Wolverhampton.

Evaluation and Value for Money Review of Inpatient/Residential Facilities for People with Dementia

Community Gateway, an independent sector organisation was commissioned to undertake an evaluation and value for money review on inpatient and residential facilities across the City for people with dementia.

This evaluation was completed in February 2013 and reached the following recommendations:

- A refreshed joint commitment to deliver the priorities of the Dementia Strategy should be made by all key stakeholders
- The Memory Service should be formally commissioned
- The GP register should be brought up to date and a study undertaken to understand the reasons for the wide variation of diagnostic rates for people with dementia
- A market review and commissioning plan should be completed to improve care homes and day care experience for people with dementia, particularly for people with more challenging needs
- Consideration should be given to better alignment of services across health and social care, including a care pathway
- Reablement and rehabilitation services need to be more accessible for people with dementia

Improving Standards in Care Homes

In response to safeguarding and quality concerns, in 2012 the University of Bradford (School of Dementia) were commissioned to work with a number of care homes to evaluate and improve practice with the use of Dementia Care Mapping (DCM).

DCM delivers the perspective of the person with dementia on the quality and impact of the care received, including how they spend their time; the impact of intervention and their levels of well-being. The following was delivered as part of this commission:

- Each home received a six hour map of a formal care environment by 2 mappers
- Using the data collected and Action Plan was produced for the home to improve person centred care and well-being
- A follow-up six hour review map was completed three months later to check progress against the Action Plan
- A second Action Plan was produced

The general recommendations for care homes across the city from this work can be summarised under three themes:

People with dementia

- To have increased opportunities for interaction meaningful activities and occupation and have access to objects in the environment and enhance opportunities for engagement
- To have opportunities to go outside into the garden areas and engage in community outings

Staff

- To work with residents and their families to develop life stories and apply their knowledge of the person's life story to assist individuals to engage in life in a meaningful way
- To develop personalised rummage boxes for individuals based on knowledge of their life history
- To eliminate care practices which risk undermining people's psychological needs and understand how to enhance psychological well-being for residents
- To look at reasons why people are disengaged, in low mood or in distress
- To review sleep patterns for the residents

The environment

- To enhance orientation throughout the homes by use of appropriate signage and contrasting colour
- To look at ways of making the units less noisy and consider provider alternative stimulation and relaxation for residents instead of the television
- To consider how to make mealtimes a social, calm and enjoyable experience for people

Wolverhampton Arts and Culture Services

In 2013, Wolverhampton Arts and Culture Services (WAVE) in partnership with the Grand Theatre and the English Touring Opera Company were commissioned to deliver the following:

1. Engage and support people living with dementia to access arts and cultural activities

2. Raise awareness of people living with dementia participating in normal and enjoyable activities in the local community
3. Improve the wellbeing and quality of life of older people and those living with the various forms of dementia
4. Raise the profile of the Arts and Social Care Programme at WAVE
5. Contribute towards making Wolverhampton a Dementia Friendly City

Inspired by objects in the collection of Wolverhampton's Arts and Heritage Service, 30 people with dementia came together and worked with a writer, composer and musicians to write their own songs and deliver a staged opera in front of a specially invited audience of family and friends at the Grand Theatre on 17 April 2013. The publicity surrounding this event helped to raise awareness demonstrating that by providing the right support, people with dementia can continue to take part in activities and lead fulfilling lives.

In addition, the 'Memories in the Making' work undertaken by Wolverhampton's Arts and Heritage service (WAVE) has sought to integrate people with dementia into activities at the Art Gallery and Bantock House Museum: for example,

- Conversation groups have been designed and delivered for people with dementia
- The sculpture gallery includes poetry written by people with dementia – a powerful reminder to visitors that people with dementia are capable of creative, insightful and personal interpretation of works of art
- People with dementia living in care homes have taken part in art and reminiscence activities including the innovative use of iPads – evaluation showing that these activities improved participants' concentration, mood and general wellbeing

In total, 30 sessions have been delivered in 4 care homes. By creating a familiar combination of gentle exercise, memory games, reminiscence sessions and creativity, participants are encouraged to rediscover their prior selves within a safe setting.

Dementia Cafes in Wolverhampton

Wolverhampton City council has commissioned the Alzheimer's Society to facilitate six Dementia Cafes held at carefully selected venues throughout the city.

Three of the Cafes were opened in 2011 and a further three in April 2013.

Two Cafes offer a specialist provision – one for people who speak Asian languages and one for the Black African/Caribbean community.

The Cafes provide an opportunity for people with dementia to socialise in a friendly peer group atmosphere, with a variety of guest speakers delivering information and advice, talks, reminiscence and entertainment therapies.

A critical part of the Cafes remit is the support it provides for carers, and carers have said that their relative with dementia is much calmer; it lifts their mood, they don't feel so isolated and it is great to have somewhere to go where they can 'fit in' and be themselves.

In addition, the cafes are supported by a Dementia Support Worker to work with individuals requiring more detailed or emotional support on either a 1:1 or group basis. These interventions are issue-based and help to avoid crisis situations developing for either the person with dementia or their carer.

The following table highlights a steady rise in Café attendance figures for 2013;

April	May	June	July	August	Sep	Oct	Nov	Dec
67	78	79	99	106	90	126	140	119

This service is growing in Wolverhampton and the feedback from service users and professionals is overwhelmingly positive.

Raising Public Awareness in Dementia

In 2013, Alzheimer's Society was commissioned to deliver an Information Awareness Programme across the city, including an improved understanding of dementia and signposting to appropriate services; strategies to reduce stigma, promote the benefits of early diagnosis and provide sections of the community with targeted advice.

An Information Worker was engaged to work with schools, GPs, professionals, organisations (including churches, temples and mosques), businesses and community groups. The campaign began with a letter to all medical practices and meetings are under-way with practice managers to discuss ways to improve diagnosis rates and support patients with dementia and their carers. Schools are also being invited to book awareness sessions and the '*Dementia 4 Schools Resource Pack*' is being introduced as a teaching aid.

Information and awareness sessions have already been held for Age UK; Heath Town Senior Citizens Welfare Project; care homes; community support officers from the Police; local churches and tenant's groups. Further sessions are scheduled for the Police; Mander Centre staff; Pensioners Convention; Women of Wolverhampton Group; Wolverhampton's Interfaith Network, and several older people's friendship groups. An information stand was displayed at the carers' forum and will be deployed across the year in libraries, community centres, Civic Centre, Mander Centre, and at events such as the City Show and 'One 4 All' health event. A bilingual volunteer has been recruited to help engage with the Punjabi-speaking community and more volunteers are being sought from the university's active volunteer programme and the voluntary sector council.

During Dementia Awareness Week, a media campaign was deployed by the Council's communications team to promote the information project and its programme of events across the City.

Smart Technology

In partnership Wolverhampton City Council and the University of Wolverhampton have developed a pilot project using Near Field Communication (NFC) smartphone technology to increase awareness of dementia. The project will be supported at all stages by service users and other experts in dementia care and will be subject to independent evaluation, resulting in a report on the project findings together with recommendation of future applications. The project is targeted towards people of all ages within the community and the workforce who may be involved in providing universal services. The aims of the project are as follows:

1. To improve awareness of dementia within the community, public and private sector workforce
2. To improve public awareness of dementia
3. To give information about support services

Posters will be presented at public locations operated by local organisations involved with the project including Asda, Costa Coffee, Lloyds Bank, West Midlands Travel, local telecommunication stores, and Wolverhampton University, schools, colleges and the council.

GP Education Event

In 2013, the University of Wolverhampton were commissioned to deliver a workshop for eighty-two health and social care professionals, including twenty-one GPs, with the purpose of achieving the following outcomes:

1. An improved awareness of a range of dementia related issues: for example, end of life care, delirium, carer perspectives, early diagnosis, managing distress
2. A platform for discussion about the progress of the joint strategy and an opportunity to inform future developments
3. An opportunity to raise questions and ideas regarding future strategies to improve the person's life style and journey with dementia
4. An opportunity to discover local support services through a 'market style' promotion.

The following suggestions were made for inclusion in the refreshed strategy:

- There needs to be an increase in psychology services for people with dementia
- More home based respite should be developed
- Joint research should be completed regarding reasons for re-admission to hospital

- More research is needed about the use of advanced directives; what system works well and why this has not been taken up in Wolverhampton
- Improved awareness training needs to be delivered to all levels of staff, particular in relation to working with people in distress and reducing the use of anti-psychotic medication
- There needs to be wider participation in the development and delivery of the strategy, with a shared commitment.

Consultation event with People with Dementia

As part of the evaluation and refresh of the Joint Strategy, in August 2013 Wolverhampton City Council commissioned Alzheimer's Society to consult with people living with dementia and their carers in order to seek their experiences and views on the services they receive and the support they require as their journey with dementia progresses.

The workshop was attended by 24 people with dementia and the results of participant's responses grouped into six themes:

Emerging concerns and seeking a diagnosis

'I was in denial'
 'We did not know what was going on'
 'It took too long (12 months) to find out what was wrong'
 'Memory clinic pointed us to the right direction but that was after we had waited to see them'

The diagnosis process

'Frightened when specialist said dementia'
 'Had to pay to get a diagnosis as no-one was listening' (person with younger onset)
 'GP not interested one diagnosis made'
 'Language confusing'
 'Don't just give out books – need someone to talk to instead'

Post diagnosis Support

'Need more public awareness'
 'Schools information programme would be good'
 'Tell the carer more about the progression of dementia'
 'People talk about dementia more now'
 'We were told – you are just getting old'
 'Dementia swept under the carpet in some communities' (Afro Caribbean)
 'Was ashamed of myself before I went to the dementia café'

On-going Support Needs

'Dementia friendly accreditation scheme so we know where to go'
'More groups needed where we can talk about dementia'
'Training programme for carers would be useful'
'Need support service where we can call and you are there when needed'
'Assistive technology is a great help'
'Respite when I need it'

Other issues

'More money needs to be spent on dementia research'

Progress over the last 2 years

There is an acknowledgement that awareness of dementia in Wolverhampton is improving but that more needs to be done particularly as some of the misconceptions about dementia are deep rooted. The speed of recognition of symptoms and the diagnosis process remains a concern and would be the area most would choose to invest any additional funds

What do we need to do next?

The Joint Dementia Strategy 2014-2016 will be underpinned by a person centred philosophy and approach across all journeys and pathways. For example, Wolverhampton City Council's Citizen's Journey:

The strategy will focus on the delivery of six priority outcomes:

- To deliver good quality early diagnosis and intervention
- To deliver improved quality of care
- To deliver a Dementia Friendly City
- To deliver an Integrated Dementia Pathway
- To deliver Home as the Hub
- To deliver Better Care Fund Work Streams

These priorities will be delivered through the Better Care Fund.

Better Care Fund

The Better Care Fund will ensure that the Wolverhampton health and social care economy is working in an integrated way to deliver the most efficient and effective response to the needs of all users and patients. It recognises and protects early stage interventions and the contribution they make to restoring and maintaining independence; reducing unnecessary hospital admissions; facilitating discharges back home and improving the quality of care for all.

Health and Social Care partners have agreed a vision for the delivery of the Better Care Fund under the heading 'Wolverhampton, One Ambition, Working as one, for everyone'.

Strategic Objective	One Ambition	Working as One	For Everyone
What Are We Trying To Do?	Single Plan Sharing everything Prevention & Recovery	Integrated Pathways All Partners Working Together Shared Sustainable Outcomes	Each Individual Keeping People Well Self-caring Communities
	Right Care	Right Place	Right Time

Building on the success and learning of the Joint Dementia Strategy 2012-14 the Better Care Fund will include a focus on dementia with the following dementia related work streams:

Dementia Services	To provide holistic services that keep people with dementia well and independent	<ul style="list-style-type: none"> • Single Assessment Process • Increased access To Resource Centres 	<ul style="list-style-type: none"> • Dementia Hub • Improved diagnosis and recording rate in Primary Care
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Priority Actions and Implementation Plan

In addition, from the analysis of the current strategy, there are a number of priority actions going forward:

Outcome	Actions	By
To deliver the Better Care Fund Work Streams	<ul style="list-style-type: none"> • Deliver a Single Assessment Process • Deliver improved access to rehabilitation services • Deliver a Dementia Hub • Deliver improved diagnosis and recording rate 	Mar 2016 Mar 2015 Mar 2016 Mar 2016
To deliver Wolverhampton's Public Health Dementia Review recommendations	<ul style="list-style-type: none"> • Clarify joint commissioning arrangements • Complete a comprehensive review of health and social care spend • Develop a comprehensive directory of statutory and voluntary services 	Sept 2014 Sept 2014 Dec 2014
To deliver and Promote the Independence Programme	<ul style="list-style-type: none"> • Delivery of person centred approach enabling independence living • Increasing options for independence living 	Oct 2015 Oct 2015
To deliver Dementia Leaders and Champions across all sectors and stakeholders	<ul style="list-style-type: none"> • Develop and deliver a training programme for all stakeholders to become either dementia leaders or Champions • Deliver an Action Planning Programme, bringing together all leaders and champions 	Mar 2015 Nov 2015
To deliver a Dementia Friendly City	<ul style="list-style-type: none"> • Each member of the local Dementia Action Alliance (DAA) to produce an action plan • Continue to support and monitor progress of DAA action plans 	Mar 2015 Mar 2015

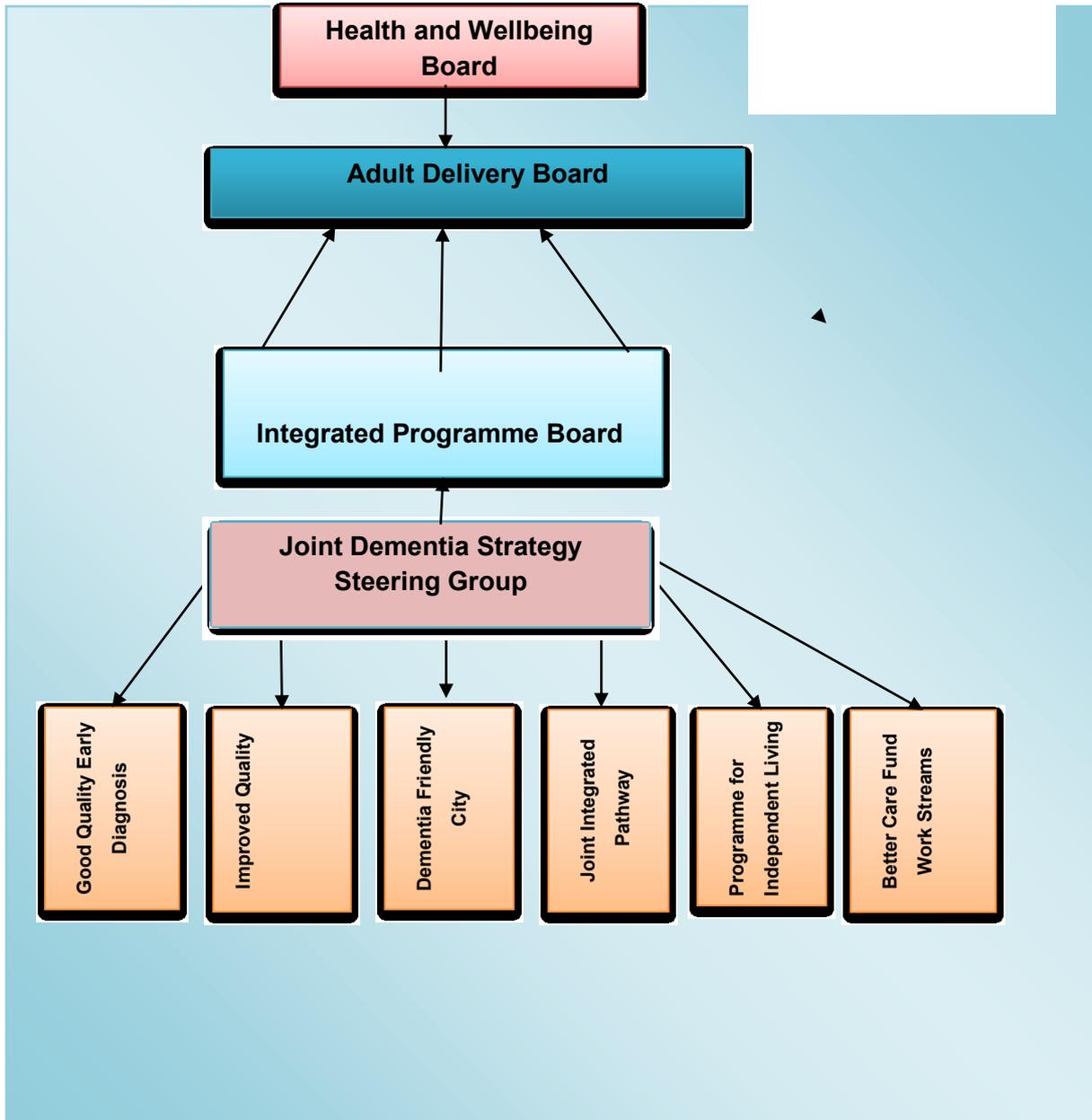
Finally, this refreshed Joint Dementia Strategy will retain a focus on the delivery of a person centred approach for people with dementia, utilising the NICE quality standards to measure its success – see Appendix Three – and guided by the following principles:

Principles Framework

Principle One 'I was diagnosed early'	Principle Two 'I was treated with dignity and respect'
Principle Three 'I understand, so I make good decisions and provide for future decision making'	Principle Four 'I get the treatment and support which are best for my dementia and my life'
Principle Five 'I am confident that my end of life wishes will be respected'	Principle Six 'I receive a quality service'
Principle Seven 'I get the treatment and support which are best for my dementia and my life'	Principle Eight 'I know what I can do to help myself and who else can help me'
Principle Nine 'I can enjoy life; I feel part of a community and I'm inspired to give something back'	Principle Ten 'Those around me & looking after me are well supported'

Governance and Next Steps

As shown in the governance structure below, the responsibility for delivering the overarching work programme will rest with the Integrated Programme Board, made up of subject matter experts from across all agencies and chaired by the Joint Commissioning Unit (JCU). The work programme will be broken into key projects and delivered through a project management approach by a number of Task and Finish Groups see Appendix One.

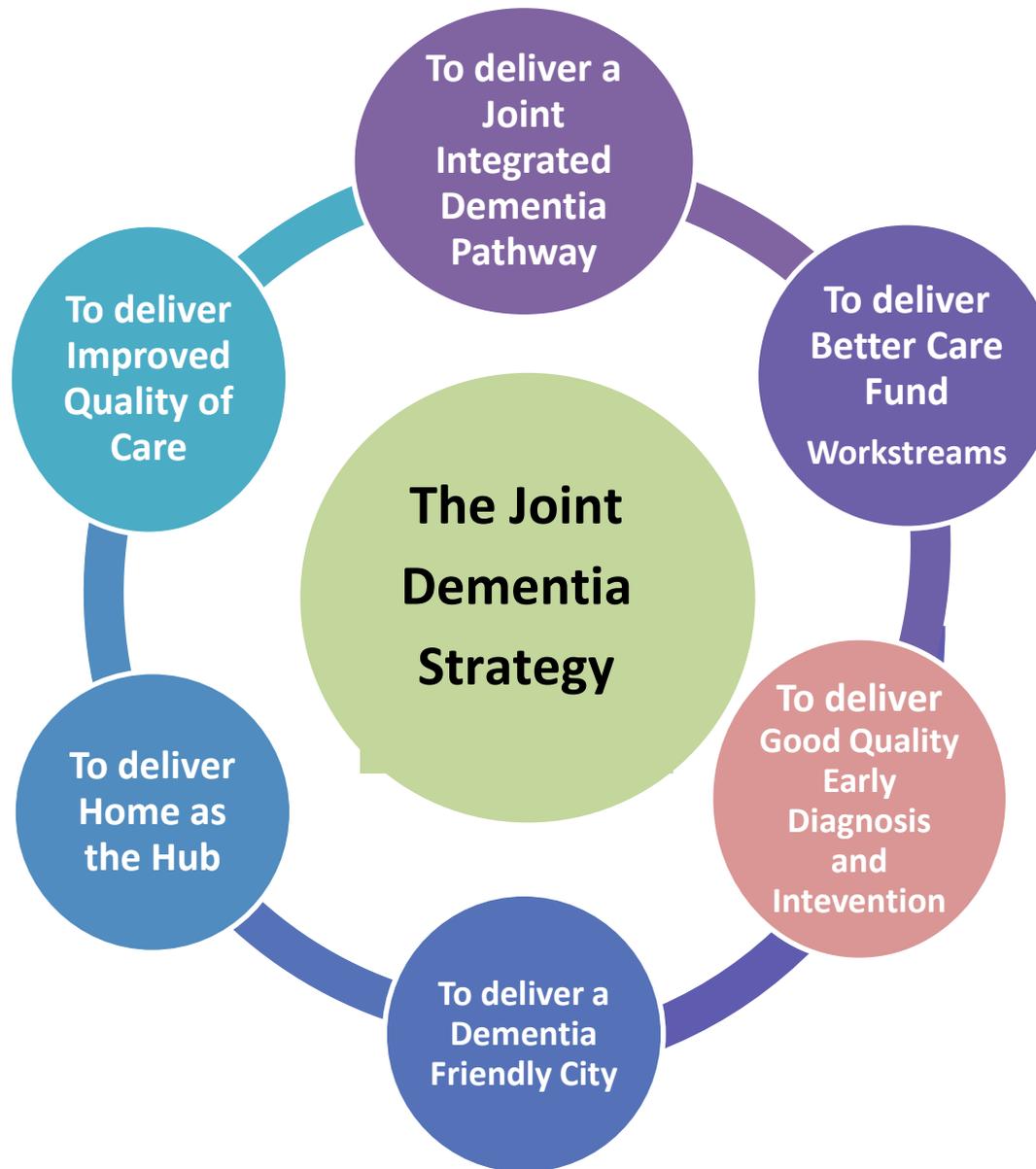


Joint Dementia Strategy - Plan on a Page

Metrics

- Avoidable emergency admissions
- Admissions to residential care homes
- Effectiveness of reablement
- Patient/service user experience
- Dementia diagnosis (local)
- increase in the number of formal diagnosis
- A reduction in the number of patients prescribed an anti-psychotic drug within the first year of diagnosis
- A measure of effectiveness of post diagnosis care in sustaining independence and improving quality of life
- Estimating the diagnosis rate of people with dementia
- Enhancing quality of life with long term conditions

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Principle One
'I was diagnosed early'
Principle Two
'I was treated with dignity and respect'
Principle Three
'I understand, so I make good decisions and provide for future decision making'
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'I can enjoy life; I feel part of a community and I'm inspired to give something back'
Principle Ten
'Those around me & looking after me are well supported'

QUALITY STANDARD FOR DEMENTIA

NATIONAL INSTITUTE FOR EXCELLENCE: QUALITY STANDARDS

Number	Quality Statements – QS30
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, 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.

April 2013

QUALITY STANDARD FOR DEMENTIA
NATIONAL INSTITUTE FOR EXCELLENCE: QUALITY STANDARDS

Number	Quality Statements – QS1
1	People with dementia receive care from staff appropriately trained in dementia care.
2	People with suspected dementia are referred to a memory assessment service specialising in the diagnosis and initial management of dementia.
3	People newly diagnosed with dementia and/or their carers receive written and verbal information about their condition, treatment and the support options in their local area.
4	People with dementia have an assessment and an ongoing personalised care plan, agreed across health and social care that identifies a named care coordinator and addresses their individual needs.
5	People with dementia, while they have capacity, have the opportunity to discuss and make decisions, together with their carer/s, about the use of: <ul style="list-style-type: none"> • Advance statements • Advance decisions to refuse treatment • Lasting Power of Attorney • Preferred Priorities of Care.
6	Carers of people with dementia are offered an assessment of emotional, psychological and social needs and, if accepted, receive tailored interventions identified by a care plan to address those needs.
7	People with dementia who develop non-cognitive symptoms that cause them significant distress, or who develop behaviour that challenges, are offered an assessment at an early opportunity to establish generating and aggravating factors. Interventions to improve such behaviour or distress should be recorded in their care plan.
8	People with suspected or known dementia using acute and general hospital inpatient services or emergency departments have access to a liaison service that specialises in the diagnosis and management of dementia and older people's mental health.
9	People in the later stages of dementia are assessed by primary care teams to identify and plan their palliative care needs.
10	Carers of people with dementia have access to a comprehensive range of respite/short-break services that meet the needs of both the carer and the person with dementia

2010

Outcomes Framework	Source Documents
Deliver Better Care Fund	Better Care Fund Work Streams
An increase in the number of formal diagnosis	State of the Nation Report
Reduction in delayed transfers of care	Adult Social Care Outcomes Framework
Reduction in avoidable hospital admissions	NHS Outcomes Framework
A reduction in the number of patients prescribed an anti-psychotic drug within the first year of diagnosis	State of the Nation Report
A measure of effectiveness of post-independence and improving quality of life	Adult Social Care diagnosis care in sustaining and NHS Outcomes Framework
Estimating the diagnosis rate. Diagnosis care in sustaining	Adult Social Care diagnosis care in sustaining and NHS Outcomes Framework
Enhancing quality of life with long term conditions	NHS Outcomes Framework
Living with dementia – better information and support after diagnosis	State of the Nation Report
Improving the care environment	Dementia Care Mapping Outcome
A joint critical performance indicator between the CCG and Council to strengthen the joint strategic management of services for people with dementia	Review of Dementia Services
Training programme for stakeholders to become either dementia leaders or champions	Prime Ministers Challenge
Continuous support to the members of Wolverhampton’s Dementia Action Alliance	Prime Ministers Challenge



Adult & Community Scrutiny Panel

8 July 2014

Report title	Care Act Implementation
Cabinet member with lead responsibility	Cllr Steve Evans
Wards affected	All
Accountable director	Sarah Norman, Community
Originating service	Transformation Programme
Accountable employee(s)	Simon Nightingale Transformation Programme Team Tel 01902 550285 Email simon.nightingale@wolverhampton.gov.uk
Report to be/has been considered by	Health and Wellbeing Board – 9 July 2014

Recommendation(s) for action or decision:

The Panel is recommended to:

1. Indicate how they wish to scrutinise the implementation of the Care Act.

Recommendations for noting:

The Panel is asked to note:

1. Note the Council's progress to date in response to implementing the Care Act.

1.0 Purpose

- 1.1 To inform members of the Health and Wellbeing Board of the work of the Care Act Implementation and Personalisation Programme Board.

2.0 Background

- 2.1 The Care and Support Bill published in July 2012 was developed into the Care Bill, which was announced in the Queen's Speech on May 9 2013 and published on 10 May 2013. It brings into a single statute all legislation on adult care and support, the government's response to the Dilnot Commission into the funding of adult care and support services, as well as the findings of the Francis Inquiry into the failings of Mid-Staffordshire Hospital. The Care Act 2014 received Royal Assent on 14 May 2014.

- 2.2 The Department of Health has summarised the aims of the Care Act, it:

- ensures that people's well-being, and the outcomes which matter to them, will be at the heart of every decision that is made;
- puts carers on the same footing as those they care for;
- creates a new focus on preventing and delaying needs for care and support, rather than only intervening at crisis point;
- puts personal budgets on a legislative footing for the first time, which people will be able to receive as direct payments if they wish.
- reforms the funding system for care and support, by introducing a cap on the care costs that people will incur in their lifetime.
- will ensure that people do not have to sell their homes in their lifetime to pay for residential care, by providing for a new universal deferred payments scheme;
- provides for a single national threshold for eligibility to care and support;
- gives new guarantees to ensure continuity of care when people move between areas, to remove the fear that people will be left without the care they need;
- includes new protections to ensure that no one goes without care if their providers fails, regardless of who pays for their care;
- has new provisions to ensure that young adults are not left without care and support during their transition to the adult care and support system.

- 2.3 The main changes to the Care Bill prior to Royal Assent were:

- Right to independent advocacy for those needing most support to engage with key processes such as assessment.
- Ensure focus on prevention in assessment process by signposting to other services in the community.
- Stronger emphasis on importance of housing.
- Local authorities to take a more active role on financial advice.
- Commissioning must take account of well-being of individuals.
- New appeals system to challenge decisions.
- Secretary of State must have regard to well-being principle when issuing regulations and guidance.

2.4 The reforms within the Care Act will be implemented through:

- Primary legislation – the Care Bill
- Secondary legislation – the regulations
- Statutory guidance
- Practice guidance/implementation support

2.5 The consultation process on the [Care Act guidance and regulations](#) began on 6 June and will run until 15 August 2014. Responses under the consultation will be used to clarify and improve the guidance and regulations. The Councils' response is likely to be submitted as part of a West Midlands Regional Group.

3.0 **The Care Act Implementation and Personalisation Programme**

3.1 In response to the Care Act 2014 the Council has initiated a Programme, with a named Programme Manager, to oversee the implementation of the Act including ensuring its Personalisation agenda is aligned with the Programme objectives. The Programme utilises existing Council resources across its Directorates supported by the Community Transformation programme Team. The structure of the Programme is shown at Appendix A.

3.2 The initial workstreams established within the Programme are currently working on defining their objectives and deliverables but much of this detail will be dependent on future regulations and guidance. The structure of the Programme will need to adapt to the requirements of the regulations and guidance in that workstreams may be subject to change.

3.3 The structure includes a two way relationship between the Care Act Implementation and Personalisation Programme and the Health and Wellbeing Board. Within the Act the general wellbeing duty places the individual at the heart of any judgements and decisions about them. The wellbeing principle is intended to establish what the Law Commission called a 'single unifying purpose around which adult social care is organised'. The duty also emphasises the importance of preventing or delaying the development of needs for care and support or needs for support and the importance of reducing needs of either kind that already exist. In preventing needs for care and support the Council must provide or arrange for the provision of services, facilities or resources, or take other steps, which it considers will:

- contribute towards preventing or delaying the development by adults and carers in its area of needs for care and support;
- reduce the needs for care and support of adults and carers in its area.

This is not just about what the Council does itself, but also how it works with other local organisations to provide preventative information, build community capacity and make the most of the skills and resources already available in the area. Whilst these provisions

set out the council's duties, it is clear that 'promoting wellbeing' and 'preventing needs' are dependent on all parts of the system acting with these objectives in mind. The duty to promote integration deals explicitly with well-being and prevention.

3.4 To promote integration of care and support with health services etc. the council must exercise its functions under this Part with a view to ensuring the integration of care and support provision with health provision and health-related provision where it considers that this would:

- (a) promote the well-being of adults in its area with needs for care and support and the well-being of carers in its area,
- (b) contribute to the prevention or delay of the development by adults in its area of needs for care and support or the development by carers in its area of needs for support, or
- (c) improve the quality of care and support for adults, and of support for carers, provided in its area.

The duty to integrate also extends to some of the other general duties within the Care Act – for example, the duty to provide information and advice, the duties to assess and meet needs and the duties to co-operate generally and in specific circumstances, etc. Councils need to ensure that their operations and workforce are aligned to the promotion of well-being and prevention.

4.0 Financial implications

4.1 Implications for the Council are huge, multiple and, as yet, not fully defined. Within the Care Act Implementation and Personalisation Programme is a workstream focused on understanding the financial implications of the Care Act.

4.2 The most significant changes to be introduced by the Act from a financial perspective are the introduction of a cap on the total lifetime cost of care for any individual, anticipated to be at £72,000 for those of state pension age, and lower for working age adults (although the amount is yet to be announced), and increases in capital thresholds used in calculating client contributions. The effect of these changes is to transfer a significant portion of the total cost of care from individual care recipients to local authorities. These changes will take effect from 1 April 2016.

4.3 The Act is also expected to introduce a wide range of other changes, including a national eligibility threshold, a universal entitlement to request a deferred payment, additional assessments, and a duty on councils to provide advice and information. Most of these changes take effect from 1 April 2015. See Appendix B for a summary of changes and timescales.

4.4 The position on funding for the costs of the Care Act remains unclear. The Government has announced £335.0 million of funding nationally, as set out below. It is not clear how much of this will be 'new money'.

- £145.0 million for early assessments and reviews.

- £110.0 million for deferred payment (cost of administering the loans and the loans themselves).
- £20.0 million for capacity building including recruitment and training of staff.
- £10.0 million for an information campaign.
- £50.0 million for capital investment, including IT systems (which sits in the Better Care Fund).

4.5 For the costs arising in 2015/16, funding has effectively been taken from Wolverhampton's Better Care Fund allocation (£989,000). A breakdown of this £989,000 is provided at Appendix C (these are Government estimates of the cost to the council, and it should be noted that they include a deduction of £71,000 for 'savings from staff time and reduced complaints and litigation').

4.6 One-off funding has been announced (4 June 2014) by the Minister of State of £125,000 to each local authority in England to provide adequate provision for programme management to implement the requirements of the Care Act.

[AS/30062014/A]

5.0 Scrutiny

5.1 The Panel are requested to provide indication of how they want to scrutinise the Care Act implementation. These could include:

- Staffing and workforce development
- How do we engage with communities and what is the impact on the public?
- Market development of services
- Legal compliance

6.0 Legal implications

6.1 The Care Act will change the legislative framework for care, as outlined above. In particular the legislation will have a major impact on local authorities in relation to their adult social care responsibilities. The Care Act places new duties and responsibilities on local authorities as well as extending existing responsibilities. The Act also seeks to introduce new regulations in relation to people's eligibility for care and support services, and in changing the existing charging regimes. RB/27062014/K

7.0 Equalities implications

7.1 This report has no equalities implications. The wider Care Act work, including the implementation of the changes, will require an equality analysis in due course.

8.0 Environmental implications

8.1 No direct implications at this stage.

9.0 Human resources implications

9.1 No direct implications at this stage.

10.0 Corporate landlord implications

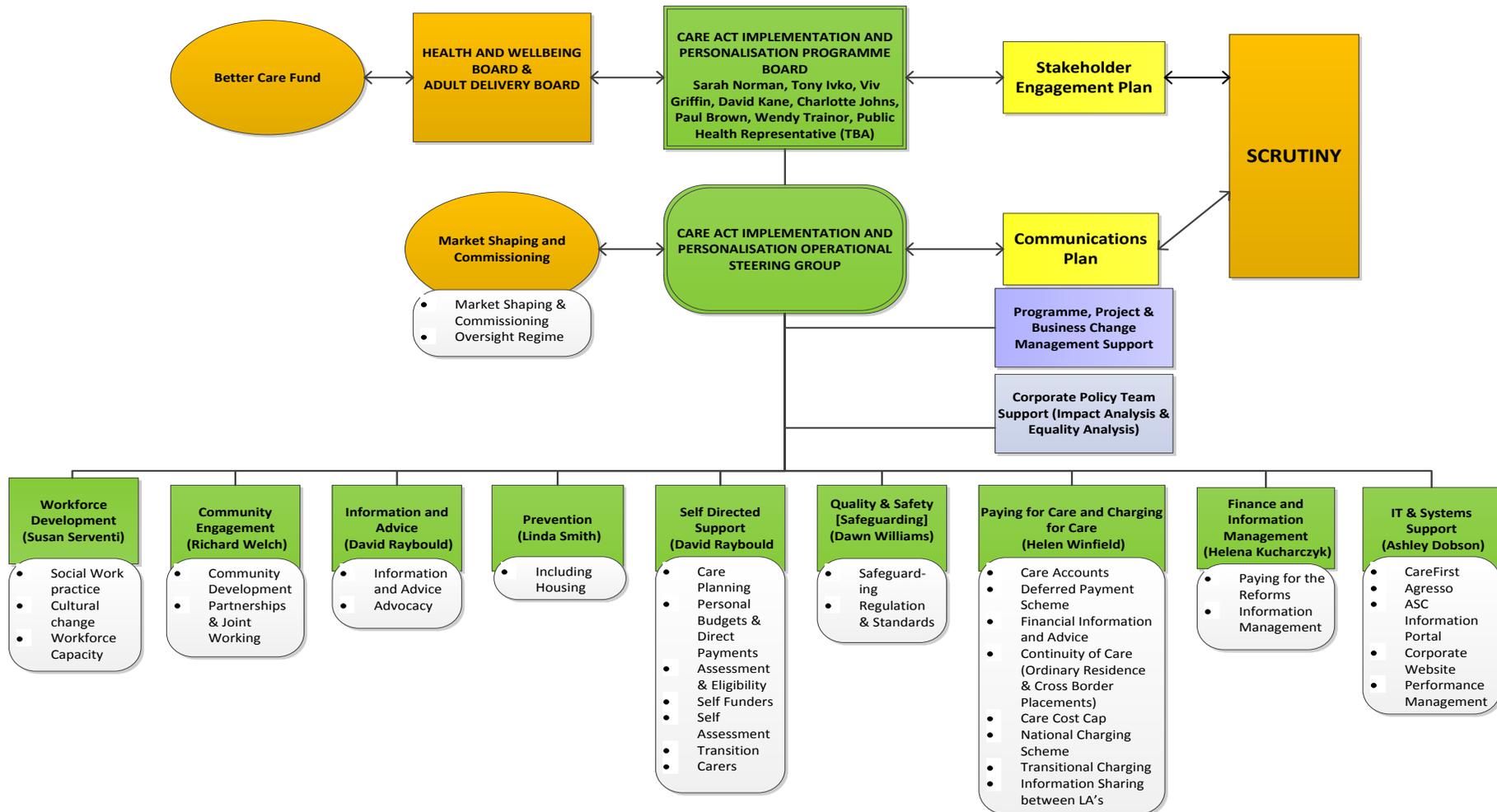
10.1 No direct implications at this stage.

11.0 Schedule of background papers

11.1 References:

- Care Act Briefing Note – Executive Team 25 June 2014

CARE ACT IMPLEMENTATION AND PERSONALISATION PROGRAMME – GOVERNANCE @ MARCH 2014 (Version 3)



Care Act Implementation and Personalisation Programme – Key Events Timeline

****New in Law and Practice - Will have an impact on Local Authorities****

Area	01/04/2015 Care Act Provisions in Force (excl. Funding Reforms)	01/04/2016 Care Act Provisions in Force (inc. Funding Reforms)
Information and Advice	Duty to provide universal information and advice service Duty to provide an independent advocacy	
Legislation, Governance and Law Reform	Care Bill Provisions in Force (excl. Funding Reforms) Statutory Wellbeing Principle Duties and powers to meet needs Power to delegate provision Delayed Discharge provisions Mental Health after care Duty to promote integration Duty to co-operate Duty to maintain sight register Clarification re. care and support for people in prison and bail accommodation	
Paying for Care and Charging for Care	Universal Deferred payment agreements and loans to be available Charging Framework (regulations and guidance in force) Power to charge for care and support Duty to carry out financial assessment Recovery of charges, transfer of assets Right to choice of accommodation and extension to provision of top-up payments	Cap on Care Costs in Effect Duty to Provide Care Accounts Duty to provide independent personal budgets
Prevention	Duty to ensure the provision of preventative services	
Quality and Safety	Statutory Duty to establish Safeguarding Adults Board Responsibility to ensure enquiries into cases of abuse and neglect Information Sharing Protocols	
Care Planning & Personalisation	Duty to provide and review care and support plan in force Right to Direct Payments (inc. for authorised persons) Personal Budgets (as defined) Expanded scope of ordinary residence principle New arrangements in place to make placements in DA's	
Assessment and Eligibility	Duty to determine eligible needs Duty to conduct needs assessment Duty to provide continuity of care Legal duty on transition assessments Duty to provide carers' assessments in force Duty to meet carers' needs	
Care Markets	Duties on market shaping in force Duties in case of provider failure	

APPENDIX C

Care Bill implementation funding in the Better Care Fund (£135m nationally)		W'ton allocation, £000
Personalisation	<i>Create greater incentives for employment for disabled adults in residential care</i>	16
Carers	<i>Put carers on a par with users for assessment.</i>	86
	<i>Introduce a new duty to provide support for carers</i>	172
Information advice and support	<i>Link LA information portals to national portal</i>	0
	<i>Advice and support to access and plan care, including rights to advocacy</i>	129
Quality	<i>Provider quality profiles</i>	26
Safe-guarding	<i>Implement statutory Safeguarding Adults Boards</i>	42
Assessment & eligibility	<i>Set a national minimum eligibility threshold at substantial</i>	208
	<i>Ensure councils provide continuity of care for people moving into their areas until reassessment</i>	23
	<i>Clarify responsibility for assessment and provision of social care in prisons</i>	34
Veterans	<i>Disregard of armed forces GIPs from financial assessment</i>	13
Law reform	<i>Training social care staff in the new legal framework</i>	24
	<i>Savings from staff time and reduced complaints and litigation</i>	-71
Total		702
IT	Capital investment funding including IT systems (£50m nationally)	287
Grand Total		989

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