



Cabinet Member (Health and Adult Services)

Time and Date

10.00 am on Tuesday, 1st April, 2014

Place

Committee Room 2 - Council House

Public Business

1. **Apologies**
2. **Declarations of Interest**
3. **Minutes of the Previous Meeting**
 - (a) To agree the minutes of the meeting held on 18 February 2014 (Pages 3 - 4)
 - (b) Matters Arising
4. **Coventry's Living Well with Dementia Strategy: Informal Consultation and Next Steps** (Pages 5 - 26)

Report of the Executive Director, People
5. **Renewal of the Section 75 Partnership Agreement with Coventry and Warwickshire Partnership NHS Trust for Mental Health Services** (Pages 27 - 36)

Report of the Executive Director, People
6. **Any other items of public business which the Cabinet Member decides to take as matters of urgency because of the special circumstances involved**

Private Business

Nil

Chris West, Executive Director, Resources, Council House, Coventry

Monday, 24 March 2014

Note: The person to contact about the agenda and documents for this meeting is Su Symonds 024 7683 3069

Membership: Councillor A Gingell (Cabinet Member)

By invitation Councillors K Caan (Deputy Cabinet Member), Councillor H Noonan (Shadow Cabinet Member)

Please note: a hearing loop is available in the committee rooms

If you require a British Sign Language interpreter for this meeting
OR if you would like this information in another format or
language please contact us.

Su Symonds

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Agenda Item 3a

Coventry City Council
Minutes of the Meeting of Cabinet Member (Health and Adult Services) held at
10.00 am on Tuesday, 18 February 2014

Present:

Members: Councillor A Gingell (Chair)
Councillor K Caan (Deputy Cabinet Member)

Other Members: Councillors S Thomas

Employees:

P Fahy, People Directorate
I Lahel, People Directorate
S Symonds, Resources Directorate

Apologies: Councillor H Noonan (Shadow Cabinet Member)

Public Business

18. Declarations of Interest

There were no disclosable pecuniary or other relevant interests declared.

19. Minutes of the Previous Meeting

The minutes of the meeting held on 14 January 2014 were agreed and signed as a true record. There were no matters arising.

20. Market Position Statement

Cabinet Member received a report of the Executive Director, People, which presented the Market Position Statement for Adult Social Care. The document had been produced following engagement with provider groups as an analytical statement which set out to present a current picture of the Adult Social Care market and how this might need to change to meet the demands on the Council and the expectations of residents.

Coventry City Council was striving to develop a diverse vibrant and high quality social care market to meet the needs and aspirations of the people of Coventry who required social care support now and in the future. Communicating effectively with the market was a key part of market development. Market Position Statements (MPS) were a tool for providing communication and their production was a requirement of the newly formed Care Bill.

The MPS would be updated annually so that the document remained relevant and kept pace with changes within Adult Social Care in Coventry.

RESOLVED that after due consideration of the report and matters raised at the meeting, the Cabinet Member approved the Market Position Statement for Coventry.

21. **Any other items of public business which the Cabinet Member decides to take as matters of urgency because of the special circumstances involved**

There were no additional items of public business.

(Meeting closed at 10.37 am)



1st April 2014

Name of Cabinet Member:

Cabinet Member (Health and Adult Services): Councillor Alison Gingell

Director Approving Submission of the report:

Executive Director, People

Ward(s) affected:

All

Title:

Coventry's Living Well with Dementia Strategy: Informal Consultation and Next Steps

Is this a key decision?

No. Although the matter within the Report can affect all wards in the City, it is not anticipated that the impact will be significant and it is therefore not deemed to be a key decision

Executive Summary:

This report provides an update to the Cabinet Member on the current progress of the dementia strategy, outlines the proposed timeline for informal consultation to finalisation of the strategy and recommends for the Cabinet Member to note the progress with developing the strategy and for the cabinet member to receive a further update in June 2014 post informal consultation phase.

Recommendations:

The Cabinet Member (Health and Adult Services) is recommended to:

- (1) Endorse the progress with developing and consulting on the draft strategy.
- (2) Receive a further update on the strategy following the informal consultation phase.
- (3) Delegate authority to approve the final strategy to the Executive Director of the People Directorate, in consultation with the Cabinet Member (Health and Adult Services).

List of Appendices included:

Appendix A: Draft- Coventry's Living Well with Dementia Strategy
Appendix B: Draft Equality and Consultation Analysis to date

Other useful background papers:

[Living Well with Dementia: A National Dementia Strategy](#)
[Prime Minister's Challenge on Dementia](#)

Has it been or will it be considered by Scrutiny?

No

Has it been or will it be considered by any other Council Committee, Advisory Panel or other body?

No

Will this report go to Council?

No

1 Context (or background)

- 1.1 Coventry's draft 'Living Well with Dementia' Strategy has been developed by the multi-agency Dementia Strategy Board, following a series of engagement exercises with people with dementia, carers, third sector partners, and health and social care staff.
- 1.2 Dementia is a major and growing challenge for the UK society and economy due to increasing life expectancy, chronic morbidity and the ageing population. There are estimated to be around 3,600 people living with dementia in Coventry, and by 2016, this is set to rise to approximately 3,900 (Department of Health 2013).
- 1.3 'Living Well with Dementia: A National Dementia Strategy' was published by the Department of Health in 2009. The overall vision is for people with dementia and their family members and carers to be supported to live well with the disease. It was proposed that this would be achieved by changing attitudes towards dementia, people receiving a timely diagnosis and good quality interventions, such as use of assistive technology. The Strategy identified 17 key objectives to realise these improvements.
- 1.4 Published in March 2012, the Prime Minister's Challenge on Dementia sets out an ambitious programme of work to deliver major improvements in dementia care and research by 2015, building on the achievements of the existing National Dementia Strategy. The Prime Minister identified the national cost of dementia to be £55 billion. The identified work programme includes increasing resources for research into dementia, and creating 'Dementia Friends' and 'Dementia Friendly Communities,' to better equipped society to help people with dementia to 'live well.'
- 1.5 In response to the 'Living well with Dementia: A National Dementia Strategy' and the 'Prime Minister's Challenge on Dementia,' statutory and third sector organisations have worked in partnership with people with dementia and carers, to develop Coventry's draft 'Living Well with Dementia Strategy.'
- 1.6 In Coventry, Public Health undertook a 'Dementia Needs Assessment' in 2012, identifying current and future prevalence of dementia, current service provision for people with dementia, and possible gaps. This piece of work has informed the production of this draft strategy.
- 1.7 The draft strategy was developed through a series of engagement exercises with key stakeholders, including people with dementia and their family members and carers, staff from partner organisations, and third sector partners. The engagement exercises consisted of surveys, questionnaires, and workshops. People were supported to consider how things could be, how Coventry as a whole could be more dementia-friendly, and current examples of good practice and gaps in service provision.
- 1.8 Qualitative analysis of the feedback received through the events and sessions was undertaken, to produce a set of outcomes. Work was then undertaken within the partner agencies, through Coventry's Dementia Strategy Board, to determine what achieving these outcomes would look like, and to identify priority action points.
- 1.9 The draft strategy (Appendix A) outlines a set of outcomes for people with dementia and their carer's. The draft strategy is a city-wide and multi-agency, with an overall vision for people with dementia to be as independent as possible and to live well with dementia. The draft strategy will be accompanied by a yearly action plan to support implementation.

2 Options considered and recommended proposal

- 2.1 Endorse the progress with developing and consulting on the draft strategy.
- 2.2 Receive a further update on the strategy following the informal consultation phase.
- 2.3 Delegate authority to approve the final strategy to the Executive Director of the people directorate, in consultation with the Cabinet Member (Health and Adult Services).

3 Results of consultation undertaken to date

- 3.1 A series of engagement exercises have been undertaken, in order to inform the content of the draft strategy, including at partnership boards, carers' meetings, Dementia Cafés, and with relevant health and social care teams. Advice was sought from third sector partners, including the Alzheimer's Society, to inform this consultation.
- 3.2 An informal consultation is currently underway. To date, this has consisted of an online survey, promotion on social media, focus groups, and presentations at pre-existing meetings, including the Older People's Partnership Board.

4 Timetable for implementing this decision

- 4.1 The informal consultation is due to end 31st March 2014.

5 Comments from the Executive Director, Resources

- 5.1 Financial implications

There are no direct financial implications arising from this recommendation.

- 5.2 Legal implications

The Public Sector Equality Duty as set out in section 149 of the Equality Act requires the Local Authority, in the exercise of its functions, to have due regard to the need to eliminate unlawful discrimination, harassment and victimisation. Advance equality of opportunity between different groups, and foster good relations between different groups.

6 Other implications

None

7 How will this contribute to achievement of the Council's key objectives / corporate priorities (corporate plan/scorecard) / organisational blueprint / Local Area Agreement (or Coventry Sustainable Community Strategy)?

- 7.1 Implementation of Coventry's Dementia Strategy would contribute to a number of the Council's objectives and priorities, including:
 - Citizens living longer, healthier, independent lives
 - Making Coventry an attractive and enjoyable place to be
 - Making places and services easily accessible
 - Encouraging a creative, active and vibrant city
 - Developing a more equal city with cohesive communities and neighbourhoods

8 How is risk being managed?

- 8.1 No risks have been identified in terms of this recommendation. Identification and mitigation of risks will form part of the finalised Equality and Consultation Analysis and will be taken into account as part of the implementation planning for the strategy.

9 What is the impact on the organisation?

None

10 Equalities / EIA

- 10.1 The finalised Equality and Consultation Analysis will be completed once the informal consultation has finished. See Appendix B for Equality and Consultation Analysis to date.

11 Implications for (or impact on) the environment

None

12 Implications for partner organisations?

- 12.1 The strategy is multi-agency and partner agencies will also be endorsing the key priorities. Key stakeholders are represented on the Dementia Strategy Board and have been fully involved in the development of the strategy.

Report author(s):**Name and job title:**

David Watts: Assistant Director – Adult Social Care Operations

Ian Bowering: Head of Older Adults and Physical Impairment

Lizzie Edwards: Project Manager (Living Well with Dementia)

Directorate:

People

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Enquiries should be directed to the above person.

Contributor/approver name	Title	Directorate or organisation	Date doc sent out	Date response received or approved
Contributors:				
Mark Godfrey	Deputy Director	People Directorate	19.03.14	20.03.14
Su Symonds	Governance Services Officer	Resources	21.03.14	21.03.14
Names of approvers for submission: (officers and members)				
Finance: Ewan Dewar	Finance manager-Community Services	Resources	20.03.14	20.03.14
Legal: Julie Newman	Children and Adults Legal Services Manager	Resources	20.03.14	20.03.14
Director: Brian Walsh	Executive Director	People Directorate	20.03.14	20.03.14
Members: Cllr Alison Gingell	Cabinet Member (Health and Social Care)	People Directorate	20.03.14	21.03.14

This report is published on the council's website:

www.coventry.gov.uk/councilmeetings

Appendix A

Coventry's Living Well with Dementia Strategy (Draft) 2014- 2017

Coventry City Council, Coventry and Rugby CCG, Coventry and Warwickshire Partnership Trust, University Hospital Coventry and Warwickshire, West Midlands Fire and Rescue, West Midlands Ambulance, the Alzheimer's Society, Voluntary Action Coventry Warwickshire County Council.

Introduction

Dementia is a major and growing challenge for the UK society and economy due to increasing life expectancy, chronic morbidity and the aging population. With better understanding of prevention, diagnosis, treatment and care for dementia, and an understanding of the local population, there is more scope to improve the quality of life and wellbeing of people with dementia and their carers in Coventry.

There are thought to be around 3,600 people living with dementia in Coventry, and by 2016, this is set to rise to approximately 3,900 (Dementia Partnerships 2013). Dementia can affect anyone irrespective of their gender, ethnicity and spirituality.

People with dementia typically experience a progressive decline in their memory, reasoning, communication skills and the ability to carry out daily activities. Alongside this, individuals may also experience behavioural and emotional symptoms.

Most people with dementia in Coventry live at home, with support from friends and family members. Caring for someone with dementia can increase the risk of depression and physical illness. This Strategy should be read in conjunction with Coventry's Multi-Agency Carers' Strategy and Coventry's Health and Wellbeing Strategy.

The National Dementia Strategy

'Living Well with Dementia: A National Dementia Strategy' was published by the Department of Health in 2009. The overall vision is for people with dementia and their family members and carers to be supported to live well with the disease. It was proposed that this would be achieved by changing attitudes towards dementia, people receiving a timely diagnosis and good quality interventions, such as use of assistive technology. The Strategy identified 17 key objectives to realise these improvements.

The Prime Minister's Challenge on Dementia

Published in March 2012, the Prime Minister's Challenge on Dementia sets out an ambitious programme of work to deliver major improvements in dementia care and research by 2015, building on the achievements of the existing National Dementia Strategy. The Prime Minister identified the national cost of dementia to be £55 billion. The identified work programme includes increasing resources for research into dementia, and creating 'Dementia Friends' and 'Dementia Friendly Communities,' to better equipped society to help people with dementia to 'live well.'

Coventry Living Well with Dementia Strategy

In Coventry, there are thought to be approximately 3,600 people living with dementia. According to the Alzheimer's Society (2013), only around 50% of those people have received a formal diagnosis. The National Dementia Strategy highlights the importance of timely diagnosis, in ensuring that people receive appropriate treatment and support.

In response to the 'Living well with Dementia: A National Dementia Strategy' and the 'Prime Minister's Challenge on Dementia,' statutory and third sector organisations have worked in partnership with people with dementia and carers, to develop Coventry's 'Living Well with Dementia Strategy.'

The strategy outlines a set of outcomes for people with dementia and their carers. Partner agencies have adopted these outcomes and have committed to using them as a foundation for future commissioning intentions and on-going work with people with dementia and their carers. This will ensure that the delivery of the National Dementia Strategy and the Prime Minister's Challenge on Dementia is firmly rooted in the expectations and aspirations of local people and will support the aim for people in Coventry to live well with dementia.

In addition, an annual multi-agency action plan will be formulated. This will support the progression of the strategy and improvement across the work of joint partners. The action plan will be agreed by the Health and Wellbeing Board.

Developing the strategy

Coventry's Public Health Department undertook a 'Dementia Needs Assessment' in 2012, identifying current and future prevalence of dementia, current service provision for people with dementia, and possible gaps. This piece of work has informed the production of this strategy.

The Strategy was developed through a series of engagement exercises with key stakeholders, including people with dementia and their family members and carers, staff from partner organisations, and third sector partners. The engagement exercises consisted of surveys, questionnaires, and workshops. People were supported to consider how things **could** be, how Coventry as a whole could be more dementia-friendly, and current examples of good practice and gaps in service provision.

Qualitative analysis of the feedback received through the events and sessions was undertaken, to produce a set of outcomes. Work was then undertaken within the partner agencies, through Coventry's Dementia Strategy Board, to determine what achieving these outcomes would look like, and to identify priority action points.

Coventry's vision

- **Overall vision:** The overall vision for this Strategy is for people with dementia and their carers to be as independent as possible, for as long as possible, and for people with dementia to be enabled to 'live well' with the condition.
- **Raising awareness:** This Strategy aims to raise awareness of dementia and thus reduce stigma relating to the condition. This is integral to Coventry becoming a dementia-friendly community, and people with dementia having equal access to community resources, including local businesses and services.
- **Model of support:** The Strategy sets out an agreed model of support, based on the principles of person-centred dementia care, and a promoting-independence and co-production ethos.

Structure of the strategy

The outcomes in the strategy are organised alongside the stages of the dementia journey, from prevention through to bereavement. (See following table)

Pre-diagnosis	Information	First contact	Diagnosis	Post-diagnostic support	Planning for the future	When things begin to change	End of life	Bereavement
Reducing stigma, prevention and first concerns	Gathering information about dementia and what to do next	First discussion with health, social care or third sector	Assessment, receiving the diagnosis, being given information, receiving support, coming to terms with the diagnosis, finding out about living well with dementia		Power of attorney, advanced decisions, living will	Getting advice, support and help, making difficult decisions	Planning and preparing	Support and information
1. I know how to reduce the risk of developing dementia	3. I know where to get advice and I can return for more advice as and when I need it	4. Workers are knowledgeable about dementia	5. I will receive a timely diagnosis, and then be given information, advice and support tailored to me as an individual		9. I will be supported to plan for the future whilst I am able	10. I am confident I can get help when things suddenly change	11. I am confident that my end of life plans will be respected	12. As a carer, I will be supported to come to terms with my loss
2. Members of the public have a general awareness about dementia								
Living well with dementia								
Carrying on with life, continuing with hobbies and interests, managing changes over time								
6. My individual needs and how I want to live my life are respected			7. I am supported to try new things and feel valued by the community			8. As a carer, I am supported to balance my caring responsibilities with having a life of my own		

Outcome	Indicative Outcome Measures and Priorities
<p>1. I know how to reduce the risk of developing dementia.</p>	<ul style="list-style-type: none"> ● People having an awareness of risk factors, such as diabetes and heart failure, and how to manage and reduce these risks. ● All schools having access to 'dementia awareness' sessions that include information about preventing the onset of dementia. ● Public health schemes, such as Active for Health, being 'dementia friendly.' ● Education for GPs accessible, to ensure that they are aware of the benefits of a healthy lifestyle in relation to dementia. ● GPs and other health and social care professionals should understand the value of early diagnosis and intervention in enabling people to live well with dementia.
<p>2. Members of the public have a general awareness about dementia.</p>	<ul style="list-style-type: none"> ● Number of Dementia friends in Coventry increasing- target a wide range of professionals and members of the public regularly in contact with older people, e.g. emergency services. ● Messages about dementia being accessible to everyone, through different formats. ● Messages about dementia being accessible in community venues, such as libraries. ● Coventry being awarded 'Dementia Friendly Community' status.
<p>3. I know where to get advice and I can return for more advice as and when I need it.</p>	<ul style="list-style-type: none"> ● Number of people accessing Coventry and Warwickshire's Dementia portal (www.warwickshire.gov.uk/livingwellwithdementia). ● A consistent signposting approach to information and advice services throughout the journey with dementia.

<p>4. Workers are knowledgeable about dementia.</p>	<ul style="list-style-type: none"> • A consistent multi-agency Dementia Workforce Development Framework for all workforce staff that may come into contact with people with dementia and their carers. • A consistent specification and quality framework for dementia care providers in the city, specifying the level of training required for staff. • E-learning programmes to be promoted amongst all staff that may come into contact with people with dementia and their carers.
<p>5. I will receive a timely diagnosis, and then be given information, advice and support tailored to me as an individual.</p>	<ul style="list-style-type: none"> • Performance dashboard and targets for health and social care across Coventry, including waiting times for memory assessment. • Health and social care utilising the Dementia Needs Assessment (2012) and Dementia Prevalence Calculator to identify future projections of need. • A consistent and automatic referral route into post-diagnostic support. • Automatic contact from post-diagnostic support services following diagnosis. • A variety of post-diagnostic support services, tailored to the individual's needs, should be available.
<p>6. My individual needs and how I want to live my life are respected.</p>	<ul style="list-style-type: none"> • People with dementia and their carers are encouraged to be as independent as possible for as long as possible. • Coventry being awarded 'Dementia Friendly Community' status- everyday community services should be dementia friendly. • Personal budgets and direct payments being offered to eligible people with dementia and their carers (critical and substantial needs as defined under the FACS eligibility criteria). • Number of Dementia Friends in Coventry. • Health and social care staff have a working knowledge of the Mental Capacity Act. • People with dementia routinely being signposted to information about assistive technology.
<p>7. I am supported to try new things and feel valued by the community.</p>	<ul style="list-style-type: none"> • Number of Dementia friends in Coventry increasing. • Messages about dementia being accessible to everyone, through different formats. • Messages about dementia being accessible in community venues, such as libraries. • Coventry being awarded 'Dementia Friendly Community' status. • People being encouraged and supported through one to one or peer support groups to participate in normal community activities.

<p>8. As a carer, I am supported to balance my caring responsibilities with having a life of my own.</p>	<ul style="list-style-type: none"> • Carers' Assessments being offered to eligible carers. • A carer's educational and employment needs being taken into account during their own assessment and the assessment of the person they care for. • Carers having access to education about dementia and wider wellbeing, including formal education and information support via peer support groups.
<p>9. I will be supported to plan for the future whilst I am able.</p>	<ul style="list-style-type: none"> • People with dementia and their carers are directed to legal advice regarding Lasting Powers of Attorney and Advanced Directives. • Health and social care staff have a working knowledge of the Mental Capacity Act. • Post-diagnostic support enables and encourages people with dementia and their carers to plan for the future both in terms of legal aspects but also in getting their financial and family support in place before things deteriorate.
<p>10. I am confident that I can get help when things suddenly change.</p>	<ul style="list-style-type: none"> • Carers are signposted to emergency planning support and education opportunities, such as online training. • People with dementia and their carers are encouraged to plan for the future. • Short cut for people with dementia and their carers to re-enter health and social care systems. • Planned emotional and practical support, including short breaks for carers.
<p>11. I am confident that my end of life plans will be respected.</p>	<ul style="list-style-type: none"> • People with dementia are encouraged to make plans for the future. • Health and social care staff have a working knowledge of dementia end of life care.
<p>12. As a carer, I will be supported to come to terms with my loss.</p>	<ul style="list-style-type: none"> • Carers signposted to online and community sources of support, for example, Grouple.

References

Dementia Partnerships (2013) *Dementia Prevalence Calculator* [online] available from <http://www.dementiaprevalencecalculator.org.uk/> [2 August 2013]
Department of Health (2009) *Living Well with Dementia: A national strategy*, HMSO: London
Department of Health (2012) *Prime Minister's Challenge on Dementia*, HMSO: London
Public Health Coventry (2012) *Dementia Needs Assessment*, Public Health Coventry: Coventry

Thanks

We would like to thank the following people for giving up their time to support the development of this strategy:

Action plan

A yearly Action Plan will be developed, to enable the implementation of the themes of this strategy. Organisations will pledge their yearly commitments to improve dementia care in Coventry.

Review

This strategy and its achievements will be reviewed during 2016.

If you need this information in another format or language please contact us

Telephone:

Fax:

Email:

Appendix B:

Equality and Consultation Analysis (DRAFT)

Context

Name of Review	Development of Coventry's Living Well with Dementia Strategy
Service Manager	Ian Bowering (Head of Older Adults and Physical Impairment)
Officer completing analysis	Lizzie Edwards (Project Manager (Living Well with Dementia))
Date	18.03.14

Scoping area of work

1. Briefly describe the area of work this analysis relates to:

Dementia is a major and growing challenge for the UK society and economy due to increasing life expectancy, chronic morbidity and the aging population. With better understanding of prevention, diagnosis, treatment and care for dementia, and an understanding of the local population, there is more scope to improve the quality of life and wellbeing of people with dementia and their carers in Coventry.

There are thought to be around 3,600 people living with dementia in Coventry, and by 2016, this is set to rise to approximately 3,900. Dementia can affect anyone irrespective of their gender, ethnicity and spirituality.

People with dementia typically experience a progressive decline in their memory, reasoning, communication skills and the ability to carry out daily activities. Alongside this, individuals may also experience behavioural and emotional symptoms.

Most people with dementia in Coventry live at home, with support from friends and family members. Caring for someone with dementia can increase the risk of depression and physical illness. There is also Multi-Agency Carers' Strategy for Coventry.

The National Dementia Strategy

'Living Well with Dementia: A National Dementia Strategy' was published by the Department of Health in 2009. The overall vision is for people with dementia and their family members and carers to be supported to live well with the disease. It was proposed that this would be achieved by changing attitudes towards dementia, people receiving a timely diagnosis and good quality interventions, such as use of assistive technology. The Strategy identified 17 key objectives to realise these improvements.

The Prime Minister's Challenge on Dementia

Published in March 2012, the Prime Minister's Challenge on Dementia sets out an ambitious programme of work to deliver major improvements in dementia care and research by 2015, building on the achievements of the existing National Dementia Strategy. The identified work programme includes increasing resources for research into dementia, and creating 'Dementia Friends' and 'Dementia Friendly Communities,' to better equipped society to help people with dementia to 'live well.'

Coventry Living Well with Dementia Strategy

In response to the 'Living well with Dementia: A National Dementia Strategy' and the 'Prime Minister's Challenge on Dementia,' statutory and third sector organisations have worked in partnership with people with dementia and carers, to develop Coventry's 'Living Well with Dementia Strategy.'

The strategy outlines a set of outcomes for people with dementia and their carers. Partner agencies have adopted these outcomes and have committed to using them as a foundation for future commissioning intentions and on-going work with people with dementia and their carers. This will ensure that the delivery of the National Dementia Strategy and the Prime Minister's Challenge on Dementia is firmly rooted in the expectations and aspirations of local people and will support the aim for people in Coventry to live well with dementia.

In addition, a yearly joint action plan will be formulated. This will support the progression of the strategy and improvement across the work of joint partners.

This equality and consultation analysis has been undertaken in order to consider whether the strategy will have any effect on different groups protected by the Equality Act 2010. Any unintended consequences have been considered, along with whether or not the strategy will be effective for target groups.

Public Sector Equality Duty

2. Which, if any, parts of the general equality duty is the service relevant to? Please mark with an 'X'

- | | |
|-------------------------------------|--|
| <input checked="" type="checkbox"/> | Eliminate discrimination, harassment and victimisation |
| <input checked="" type="checkbox"/> | Advance equality of opportunity between people who share relevant protected characteristics and those who do not |
| <input checked="" type="checkbox"/> | Foster good relations between people who share relevant protected characteristics and those who do not |

Gathering Information and Data

3. Who are the key groups that could be impacted by this work/service, including service users both existing and potential and stakeholders?

Key groups

People with dementia (including young onset)
People with mild cognitive impairment
People aged over 65 (at risk group)
People with co-morbid sensory or physical impairments
Carers and family members of people with dementia

Organisations

Providers contracted to the City Council

Key stakeholders

Coventry City Council
Libraries
Fire and rescue
Ambulance services
Coventry and Rugby CCG

4. From the list above, which of these constitute protected groups or vulnerable communities (e.g. those experiencing deprivation)?

People aged over 65 (at risk group)

People with dementia (classified as a mental health condition in the ICD10) (including people entitled to Section 117 aftercare if not subject to certain exemptions)

People with co-morbid sensory or physical impairments

Carers and family members of people with dementia

5. Which of the key protected groups and stakeholders representatives will need to be kept informed, consulted or actively involved in this area of work?

Key Stakeholder	*Type of Involvement	Method(s) used
People with dementia (including young onset)	Information, consultation and involvement	Information, questionnaire, website and focus groups
People with mild cognitive impairment	Information, consultation and involvement	Information, questionnaire, website and focus groups
People aged over 65 (at risk group)	Information, consultation and involvement	Information, questionnaire, website and focus groups
People with co-morbid sensory or physical impairments	Information, consultation and involvement	Information, questionnaire, website and focus groups
Carers and family members of people with dementia	Information, consultation and involvement	Information, questionnaire, website and focus groups
Coventry City Council staff	Information, consultation and involvement	Information, questionnaire, website and focus groups
Library staff	Information, consultation and involvement	Information, questionnaire, website and focus groups
Fire and rescue staff	Information, consultation and involvement	Information, questionnaire, website and focus groups
Ambulance service staff	Information, consultation and involvement	Information, questionnaire, website and focus groups
Coventry and Rugby CCG staff	Information, consultation and involvement	Information, questionnaire, website and focus groups
Coventry and Warwickshire Partnership Trust staff	Information, consultation and involvement	Information, questionnaire, website and focus groups
Third sector organisations, including but not exclusive of, Alzheimer's Society, Age UK, Coventry Carers' Centre, Coventry Crossroads	Information, consultation and involvement	Information, questionnaire, website and focus groups

* Information, Consultation or Involvement

Analysis

6. What information is currently available to be used as part of this analysis including data on current and potential service user, workforce etc?

- Towards the end of 2012, Coventry's Public Health department undertook a Dementia Needs assessment, reviewing demography and dementia epidemiology, service utilisation, economic costs, present service requirements, future need and planning, corporate and stakeholders' perspectives, innovation and best practice, and best model of care and gap analysis.
- Feedback from Adult Social Care Surveys (2012 and 2013) and Carers' Survey (2013).
- The results from a 4 week pre-consultation exercise that involved focus groups and questionnaires with pre-existing groups and teams.
- Dementia CQUIN 'Patient Experience' feedback exercises, undertaken by CWPT.
- National data on dementia prevalence levels and best practice models.
- The results from a 4 week consultation that will take place during November 2013:
 - i. Feedback from members of the public via a questionnaire
 - ii. Web-based survey
 - iii. Feedback from a programme of engagement via pre-existing meetings and groups
 - iv. Feedback received through social media

7. What are the information gaps?

According to the Alzheimer's Society (2013), only around 50% of people thought to have dementia in Coventry have a diagnosis. People who do not have a diagnosis have not, to date, been engaged. There are also data gaps; for example, the City Council does not record diagnoses of dementia.

8. How are you going to address the gaps?

These issues exist nationally, and the Dementia Needs Assessment and pre-consultation have provided a solid foundation on which to build the Dementia Strategy. Coventry is committed to enabling timely diagnosis of dementia, to ensure effective post-diagnostic treatment and support. This will involve promotion of Coventry and Warwickshire's Dementia Portal, and working towards being a 'dementia friendly' city. During the informal consultation, as many people as possible who will be affected will be invited to participate, including people with mild cognitive impairment.

Summary of Data

9. Please provide a summary of what the data is telling you and what key issues the data is telling you.

Dementia is a major and growing challenge for the UK society and economy due to increasing life expectancy, chronic morbidity and the aging population.

There are thought to be around 3,600 people living with dementia in Coventry, and by 2016, this is set to rise to approximately 3,900. Dementia can affect anyone irrespective of their gender, ethnicity and spirituality.

According to the data sources outlined above, the following are key issues for people with dementia, their families and carers:

- Stigma: During the pre-consultation, people with dementia and their carers talked of stigma faced in everyday life, as well as from family and friends.
- Information and advice: The pre-consultation identified that people did not always know where to go for information advice, and many stated that they would prefer a 'one-stop shop.'

- Workforce development: The pre-consultation identified that some workers do not feel equipped to work with people with dementia. Some people with dementia expressed that health and social care staff do not always know a lot about dementia.
- Timely diagnosis: Some people, particularly those with young onset dementia, waited a long time for a diagnosis.
- Post-diagnostic support: Some people spoke of never receiving any post-diagnostic support and then reaching crisis point. Others were involved heavily with groups and the Alzheimer's Society. Post-diagnostic support appears to be inconsistent.
- Carers: Some carers of people with dementia talked of reaching crisis point before receiving any support, and not knowing where to go. Carers identified the Alzheimer's Society, Carers' Centre, Age UK, faith groups, and the Carers' Team as invaluable sources of support.
- Planning for the future: As mentioned above, a lot of people talked of reaching crisis point and not having future plans in place. Many only visited solicitors and social work teams when the person with dementia no longer had capacity to make decisions over their future care.

Generating and evaluating options

10. What are the different options being proposed to stakeholders?

Coventry's Dementia Strategy Board, consisting of representation from Coventry City Council, Coventry and Warwickshire Partnership Trust, Coventry and Rugby CCG, University Hospital Coventry and Warwickshire, Fire and Rescue, Ambulance Service, Warwickshire County Council, and the Alzheimer's Society, analysed the data outlined above, and developed a draft Living Well with Dementia Strategy for the city. The following were identified as pertinent outcomes for people with dementia and their carers:

- I know how to reduce the risk of developing dementia
- Members of the public have a general awareness about dementia
- I know where I can get advice and I can return for more advice as and when I need it
- Workers are knowledgeable about dementia
- I will receive a timely diagnosis, and then be given information, advice and support tailored to me as an individual
- My individual needs and how I want to live my life are respected
- I am supported to try new things and feel valued by the community
- As a carer, I am supported to balance my caring responsibilities with having a life of my own
- I will be supported to plan for the future whilst I am able
- I am confident that I can get help when things suddenly change
- I am confident that my end of life plans will be respected
- As a carer, I will be supported to come to terms with my loss

The draft strategy also contained outcome measures, populated by board members.

11. How will the options impact protected groups or vulnerable groups e.g. those experiencing deprivation?

There are around 3,500 people in Coventry over 65 years of age, estimated to have dementia; almost half of them (1,612) are over 85 years of age; more than half of them are women (2,222). The percentage of dementia in the age groups 65+ is 7.4%. The prevalence of dementia increases with age, the highest proportion being over 85 (Barker, P. & Dyakova, M. (2012) *Dementia Needs Assessment*, Public Health Coventry: Coventry).

The number of older people and the number of people with dementia will rise especially quickly in several minority ethnic groups as first generation migrants from the 1950s to the 1970s age into

the age groups most at risk for dementia (esp. Indian, Black Caribbean, Black African and Chinese minority ethnic groups) (Barker, P. & Dyakova, M. (2012) *Dementia Needs Assessment*, Public Health Coventry: Coventry).

Co morbidities, such as Parkinson's disease, diabetes, depression, HIV etc. are known to significantly increase the risk of developing dementia (Keith A. Swanson and Ryan M. Carnahan (2007) 'Dementia and Comorbidities: An Overview of Diagnosis and Management,' *Journal of Pharmacy Practice*, 20: 296).

The draft strategy aims to positively impact on protected groups outlined above, and to ensure greater consistency for people with dementia and their carers.

12. Please detail how you could mitigate any negative impacts

It is hoped that the strategy will not impact negatively on the key stakeholders outlined above. However, work will be undertaken to enable timely diagnosis of people with dementia, including increasing diagnosis rates. Along with increasing prevalence and financial constraints, this may result in reduced levels of support for individuals and their carers. We will review the strategy once it is implemented and focus on impacts for people with dementia and their carers. We will work to ensure a consistent approach.

13. Identify which stakeholders would be positively/negatively affected by the options (consider contractors/service users/employees).

It is hoped that all of the key stakeholders outlined above will be positively affected by the introduction of the strategy. The strategy aims to address the issues for people with dementia and their carers outlined above, and enable a more consistent approach. In essence, the strategy aims to enable people to live well with dementia.

The following sections will be completed once the informal consultation has ended on 31.03.14.

Informal Consultation

14. Who took part in the consultation? Please also specify representatives of any protected groups for example service users, employees, partners etc.

(Click and type here)

15. Are there any protected groups that you have not consulted with? If so, why not?(Some groups might not be relevant)

(Click and type here)

16. What are the key findings of the consultation?

(Click and type here)

17. Following the consultation, what additional equality issues have emerged (if any)?

(Click and type here)

18. Have any of the options, service models etc changed following consultation? If so, please provide details of the changes made:

(Click and type here)

Equality Impact of Final Option

19. Please confirm below which option has been chosen for implementation.

(Click and type here)

20. Following consultation, please indicate which of the following best describes the equality impact of this analysis.

- There will be no equality impact if the proposed option is implemented.
- There will be positive equality impact if the proposed option is implemented.
- There will be negative equality impact if the preferred option is implemented, but this can be objectively justified. Please state clearly what this justification is and what steps will be taken to ameliorate the negative impact.

21. How will the changes be monitored for equalities over the next 6 – 12 months?

(Click and type here)

22. What is any will be the impact on the workforce following implementation of the final option?
Please make reference to the relevant equality groups (as protected under the Equality Act).

(Click and type here)

Social Value

23. Please state how the social value outcomes have been considered in making this decision.

(Click and type here)

Formal decision-making process

Please detail below the committees, boards or panels that have considered this analysis.

Name	Date	Chair	Decision taken

Approval

Approval required from Director and Cabinet Member

Director Name	Signature	Date

Cabinet Member Name	Portfolio	Approval Date

***Note:** Failure to comply with duties on equalities and consultation will put the Council (and specifically the elected member or officer making the decision) at risk of judicial review.

Monitoring and Review

This section should be completed 6-12 months after implementation

- a) Please summarise below the most up to date monitoring information for the newly implemented service, by reference to relevant protected groups.

(Click and type here)

- b) What has been the actual equality impact on service users following implementation?

Analyse current data relating to the service and think about the impact on key protected groups: race, sex, disability, age, sexual orientation, religion or belief, pregnancy or maternity, gender reassignment.

It may help to answer the following questions: Since implementation

- Have there been any areas of low or high take-up by different groups of people?
- Has the newly implemented service affect different groups disproportionately?
- Is the new service disadvantaging people from a particular group?
- Is any part of the new service discriminating unlawfully?

- c) What have been the actual equality impacts on the workforce since implementation?

(Click and type here)



Public report
Cabinet Member

1st April 2014

Name of Cabinet Member:

Cabinet Member (Health and Adult Services): Councillor Alison Gingell

Director Approving Submission of the report:

Executive Director, People Directorate: Brian Walsh

Ward(s) affected:

All

Title:

Renewal of the Section 75 Partnership Agreement with Coventry and Warwickshire Partnership NHS Trust for Mental Health Services

Is this a key decision?

No. Although the matter within the Report can affect all wards in the City, it is not anticipated that the impact will be significant and it is therefore not deemed to be a key decision

Executive Summary:

This report provides an update to the Cabinet Member on the current progress relating to the renewal of the Section 75 Partnership Agreement with Coventry and Warwickshire Partnership NHS Trust for Mental Health Services.

Recommendations:

The Cabinet Member (Health and Adult Services) is recommended to:

1. Approve Coventry City Council entering into a further partnership arrangement to provide Integrated Health and Social Care Secondary Mental Health Care Services in the renewed three year Section 75 Partnership Agreement commencing 1 April 2014.
2. Delegate the responsibility to agree any changes, and make amendments to, particular schedules of the section 75 for the duration of the renewed s75 agreement, should this be required, to the Executive Director, People, in consultation with the Cabinet Member (Health and Adult Services).

List of Appendices included:

Appendix A: Coventry and Warwickshire Mental Health Section 75 Governance Chart

Appendix B: Operational Delivery of the Section 75 Partnership Agreements for integrated mental health services between Warwickshire County Council and the Coventry and Warwickshire Partnership NHS Trust and Coventry City Council and the Coventry and Warwickshire Partnership NHS Trust

Copies of the renewed section 75 agreement with Coventry and Warwickshire Partnership Trust for Mental Health Services are available on request from the report author and consists of 159 pages.

Other useful background papers:

None

Has it been or will it be considered by Scrutiny?

No

Has it been or will it be considered by any other Council Committee, Advisory Panel or other body?

No

Will this report go to Council?

No

Report title: Renewal of the Section 75 Partnership Agreement with Coventry and Warwickshire Partnership NHS Trust for Mental Health Services

1 Context (or background)

- 1.1 The Section 75 Partnership Agreement between Coventry City Council and the Coventry and Warwickshire Partnership NHS Trust was put in place to support joint working which provides a more holistic and seamless service to service users and their carers.
- 1.2 It provides a legal framework to underpin the joint working in Adult and Older People's Mental Health Services that had been in place for many years.
- 1.3 Under this framework, joint Health and Social Care teams deliver mental health services from a single line management structure led by the Partnership Trust with the secondment of designated Council staff to the Partnership Trust, and delegation of specific social care duties to the Trust. (See paragraph 5.4 for the delegated functions)
- 1.4 Cabinet approved these arrangements in March 2011 and the Partnership Agreement commenced on 1 April 2011 for a three year term with provision for annual extension.
- 1.5 A Section 75 Partnership Agreement enables seconded staff to be managed by Partnership Trust managers and social care functions to be delivered from integrated teams managed by the Partnership Trust, both with the support of social care professional leads in mental health services.
- 1.6 This particular arrangement keeps Partnership Trust and City Council financial responsibilities for health and social care separate and recommends this to continue.
- 1.7 The Warwickshire Section 75 Partnership Agreement, which was extended for one year, also expires on 31 March 2014. There has been collaboration between the Trust and both Councils over the revisions of both Section 75 Partnership Agreements in order to streamline arrangements and adopt the same refreshed strategic and operational governance arrangements and reporting structures as far as possible. (See appendices A and B).
- 1.8 Community Mental Health Services in the Trust are currently undergoing a transformation process. This will impact on the Section 75 Partnership Agreement, in particular the detail to be contained in Schedule 4 The Integrated Mental Health services; Schedule 7 Seconded Employees, a list of seconded staff showing which teams they are located in, their line managers and team locations; and Schedule 9 The Coventry Mental Health Management and Professional structure. It is anticipated that the transformation process will in the main be completed by the time a renewed Section 75 Partnership Agreement would start on 1 April 2014.
- 1.9 The approval route for a renewed Section 75 Partnership Agreement by the Coventry and Warwickshire Partnership NHS Trust is via report to and decision by the Trust Board on 25 March 2014. The report will recommend that the Trust enter into a further agreed Section 75 Partnership Agreement for three years commencing 1 April 2014.

2 Options considered and recommended proposal

Options:

- 2.1 The City Council could withdraw from the S75 partnership arrangement and assume responsibility of all the relevant local authority functions. In order to undertake such a withdrawal, the local authority would need to be of the view that the partnership arrangement was not delivering the desired outcomes for people that use those services. There is a significant commitment to integration of health and social care services at both a local and national level where this delivers benefits to people that use those services.
- 2.2 To agree the renewal of the S75 partnership arrangement with the Coventry and Warwickshire Partnership Trust to deliver Integrated Health and Social Care Secondary Mental Health Care Services. The Coventry S75 Partnership Agreement has been reviewed by the senior management representatives of both the Coventry City Council and the Coventry and Warwickshire Partnership NHS Trust who consider that it is in the best interests of customers of community mental health services to recommend to both organisations that health and social care services should continue to be delivered from integrated mental health teams within a framework of a renewed or new Section 75 Partnership Agreement.
- 2.3 Whilst some authorities nationally have decided to withdraw from s75 agreements, the consensus in Coventry was that the benefits of and commitment to integration could be explored and progressed to a greater extent through renewing the current section 75 agreement.

The recommendation is therefore to enter into a further Section 75 agreement due to the continued benefits this would deliver for people that use mental health services.

Summary of the scope of the section 75 agreement and main amendments

Strengthening strategic governance of the arrangements

- Both Coventry City Council and Warwickshire County Council, and the Trust have collaborated to update and strengthen their partnership arrangements under the Coventry Section 75 and the Warwickshire Section 75 ensuring greater alignment in relation to strategic and operational governance and reporting structures (Appendices B and C).
- The Section 75 Strategic Board will provide improved oversight of the joint arrangements and delivery of delegated functions. A joint performance dashboard is now being used by the Section 75 Strategic Board to bring together Health and Social Care key performance indicators and ensure that agreed targets are met and that delegated social care functions are delivered to the satisfaction of the Section 75 Strategic Board. The Section 75 Strategic Board will consider and agree arrangements that effect the Agreement including significant service changes and developments, changes in structure or responsibility, new or changed legal, statutory and policy changes.
- Performance reporting requirements for Council delegated functions have been updated and will be updated further in accordance with statutory requirements when necessary.

Updating safeguarding services in accordance with the Section 75

- The joint safeguarding protocols have been strengthened and updated and the Section 75 Strategic Board will oversee joint audits of safeguarding work to evidence best practice is being adhered to.

Streamlining systems and processes in integrated services

- As far as possible, HR processes in single line managed services have been streamlined to help managers manage single line managed teams. However the seconded Council staff remain employees of Coventry City Council and are subject to their employer's terms and conditions of employment which requires Council policies and processes to be followed. Managers and staff are supported by a revised Schedule 10, Joint Operational and Human Resources protocols, contained in the Section75 Partnership Agreement and are supported by their line managers and the appropriate Human Resources Departments.

3 Results of consultation undertaken to date

- 3.1 Consultation was carried out of all parties prior to the original section 75 agreement being signed. As this is a renewal there are no significant changes to the way people will experience services as a result of the renewal of the agreement.

4 Timetable for implementing this decision

- 4.1 The current s75 agreement expires on the 31st March 2014. The agreement will be signed off by the CWPT board on 25th March 2014.

5 Comments from Executive Director, Resources

- 5.1 Financial implications

The s75 agreement does not require any transfer of resources or pooling of budgets between Coventry City Council and Coventry and Warwickshire Partnership Trust.

Resourcing of the service is supported by recharges between the organisations with regard to elements of staffing costs, management costs and administration costs which will continue.

6 Legal implications

- 6.1 A "S75 agreement" is an agreement made under section 75 of National Health Services Act 2006 between local authorities and an NHS body. Section 75 arrangements can include arrangements for pooling resources and delegating certain NHS and local authority health – related functions to the other partners if it would lead to an improvement in the way those functions are exercised.
- 6.2 Arrangements made under this section do not affect the liability of local authorities for the exercise of any other functions or any power or duty to recover charges in respect of services provided in the exercise of any local authority functions
- 6.3 The power to enter into section 75 agreements is conditional on the following:

- The arrangements are likely to lead to an improvement in the way in which those functions are exercised.
- The partners have jointly consulted people likely to be affected by such arrangements
- Regulations stipulate that the NHS bodies shall report to the local authorities, both quarterly and annually, on the exercise of the health-related functions which are the subject of the arrangements

7 Other implications

7.1 Council functions to be delegated to the Trust under the Section 75 Partnership Agreement in relation to Adult Mental Health Services:

- Assessment under the (National Health Service and Community Care Act 1990). Including the duty to assess and safeguard vulnerable adults.
- Arrangements for the Provision of services under the National Assistance Act 1948).
- The assessment of Carers and provision of services (Carers Recognition and Services Act 1995 and (Carers and Disabled Children Act 2000).
- Assessing the need for, and publishing information about welfare services, provision of certain services, and providing certain information to the Secretary of State; (Chronically Sick and Disabled Persons Act 1970).
- Representation and assessment of disabled persons (Disabled Persons (Services Consultations and Representation) Act 1986).
- Co-operation in relation to homelessness; (Housing Act 1985, 1996).
- Making of Direct Payments (Health and Social Care Act 2001).
- Functions relating to community care services and hospital discharge (Community Care (Delayed Discharges etc) Act 2003).
- Co-operation between authorities (Carers (Equal Opportunities) Act 2004);
- Instructing Independent Mental Capacity Advocates (Mental Capacity Act 2005).
- Assessment and review of after-care services (Mental Health Act 1983).
- Provision of Social Circumstances Reports (Mental Health Act 1983).

8 How will this contribute to achievement of the Council's key objectives / corporate priorities (corporate plan/scorecard) / organisational blueprint / Local Area Agreement (or Coventry Sustainable Community Strategy)?

8.1 Renewal of the s75 agreement would contribute to a number of the Council's objectives and priorities, including:

- citizens living longer, healthier, independent lives
- making Coventry an attractive and enjoyable place to be
- making places and services easily accessible
- encouraging a creative, active and vibrant city
- developing a more equal city with cohesive communities and neighbourhoods

9 How is risk being managed?

No risks have been identified in terms of this recommendation..

10 What is the impact on the organisation?

None

11 Equalities / EIA

As a result of the recommendation being to renew there is no significant change to the current arrangement to require amendments to the existing EIA.

12 Implications for (or impact on) the environment

None

13 Implications for partner organisations?

None

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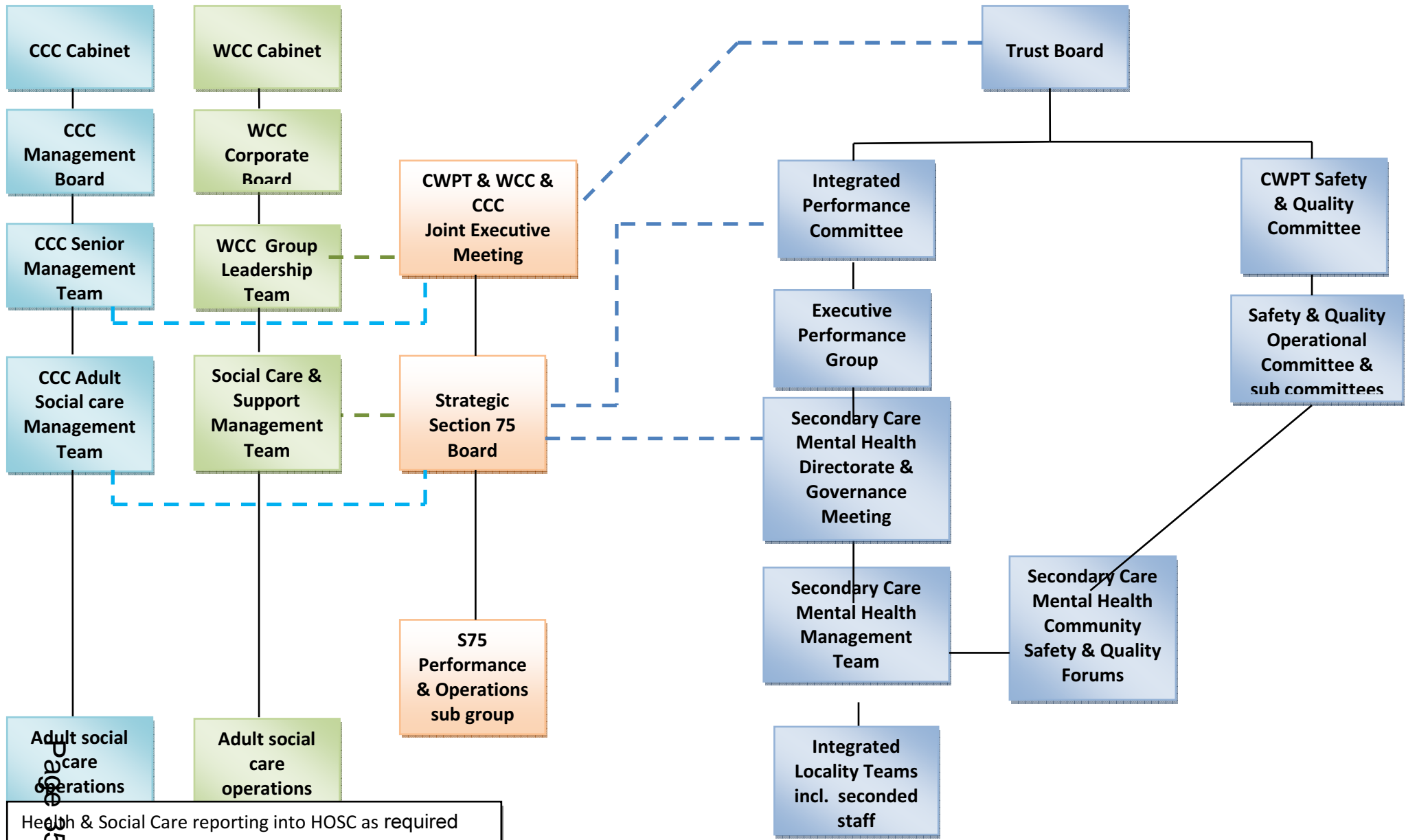
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Members: Cllr Alison Gingell	Cabinet Member (Health and Social Care)	People Directorate	20.03.14	21.03.14

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HEALTH AND WELL BEING BOARD



**Operational Delivery of the Section75 Partnership Agreements for integrated mental health services between
Warwickshire County Council and the Coventry and Warwickshire Partnership NHS Trust and
Coventry City Council and the Coventry and Warwickshire Partnership NHS Trust**

