

MEETING: CABINET MEMBER - HEALTH AND SOCIAL CARE
DATE: Wednesday 16 March 2011
TIME: 12.00 noon
VENUE: Town Hall, Bootle (This meeting will also be video conferenced to the Town Hall, Southport)

Councillor

DECISION MAKER: Porter
SUBSTITUTE: Parry

SPOKESPERSONS: Brennan D Rimmer

SUBSTITUTES: Friel Preston

COMMITTEE OFFICER: Paul Fraser
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The Cabinet is responsible for making what are known as Key Decisions, which will be notified on the Forward Plan. Items marked with an * on the agenda involve Key Decisions

A key decision, as defined in the Council's Constitution, is: -

- any Executive decision that is not in the Annual Revenue Budget and Capital Programme approved by the Council and which requires a gross budget expenditure, saving or virement of more than £100,000 or more than 2% of a Departmental budget, whichever is the greater
- any Executive decision where the outcome will have a significant impact on a significant number of people living or working in two or more Wards

If you have any special needs that may require arrangements to facilitate your attendance at this meeting, please contact the Committee Officer named above, who will endeavour to assist.

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A G E N D A

Items marked with an * involve key decisions

<u>Item No.</u>	<u>Subject/Author(s)</u>	<u>Wards Affected</u>
1.	Apologies for Absence	
2.	Declarations of Interest Members and Officers are requested to give notice of any personal or prejudicial interest and the nature of that interest, relating to any item on the agenda in accordance with the relevant Code of Conduct.	
3.	Minutes Of Previous Meeting Held On 2 March 2011	(Pages 5 - 8)
4.	Sefton Local Involvement Network Report of the Strategic Director - Social Care and Well-Being	All Wards; (Pages 9 - 14)
5.	No Health Without Mental Health - A Cross-Government Mental Health Outcomes Strategy For People Of All Ages. Report of the Strategic Director - Social Care and Well-Being	All Wards; (Pages 15 - 20)
6.	Independent Mental Capacity Advocacy Procurement Report of the Strategic Director - Social Care and Well-Being	All Wards; (Pages 21 - 24)
7.	Sefton Dementia Strategy Progress Report of the Strategic Director - Social Care and Well-Being	All Wards; (Pages 25 - 30)
8.	Non-Residential Care Fees For Vulnerable Adults Report of the Strategic Director - Social Care and Well-Being to follow	All Wards;

9. Sefton's Joint Strategic Response To The Public Health White Paper Healthy Lives, Healthy People

All Wards;

Joint report of the Chief Executive, Sefton Council and the Acting Chief Executive – NHS Sefton to follow

THE "CALL IN" PERIOD FOR THIS SET OF MINUTES ENDS AT 12 NOON ON WEDNESDAY, 9 MARCH 2011. MINUTE NO. 66 IS NOT SUBJECT TO "CALL-IN"

CABINET MEMBER - HEALTH AND SOCIAL CARE

MEETING HELD AT THE TOWN HALL, BOOTLE ON WEDNESDAY 2 MARCH 2011

PRESENT: Councillor Porter

ALSO PRESENT: Councillor D Rimmer

63. APOLOGIES FOR ABSENCE

An apology for absence was received from Councillor Brennan.

64. DECLARATIONS OF INTEREST

The following declaration of interest was received:

Member	Item	Interest	Action
Councillor D. Rimmer	Minute No. 66 – Charging for Non-Residential Social Care Services	Personal – Director of Sefton New Directions	Stayed in the room and took part in the discussion of the item

65. MINUTES OF PREVIOUS MEETING HELD ON 16 FEBRUARY 2011

The Cabinet Member considered the Minutes of the meeting held on 16 February 2011.

RESOLVED:

That subject to Minute No. 57 (Charging for Non-Residential Social Care Services) being amended by:

- (1) the addition of the words "with exceptions to be determined" at the end of Minute No. (I) (5); and
- (2) the addition of the words "containing further information" after the words "in respect of (1) and (2) above, a further report" at the beginning of Minute No. (II)

the Minutes of the meeting held on 16 February 2011 be confirmed as a correct record.

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CABINET MEMBER - HEALTH AND SOCIAL CARE- WEDNESDAY 2
MARCH 2011

66. CHARGING FOR NON-RESIDENTIAL SOCIAL CARE SERVICES

Further to Minute Nos. 57 and 211 of the Cabinet Member - Health and Social Care and the Cabinet at their meetings held on 16 and 17 February 2011 respectively, the Cabinet Member considered the report of the Adult Social Care Director requesting that a recommendation be submitted to Cabinet on revised charges for users of non-residential services.

The report indicated that the Cabinet (Minute No. 211) had resolved that a further report be submitted to this meeting to:

- (i) agree the maximum amount to be charged for day centre placements and other care services provided by the Council;
- (ii) agree the increase in the percentage of disposable income from 65%; and
- (iii) consider the financial implications of (i) and (ii) above to the budget target saving of £635,000.

The report also provided information that detailed the impact upon savings achieved if different average day centre charges were implemented; and the percentage of disposable income, charged as part of the financial assessment, was increased from 65%.

The report concluded that it must be noted that any shortfall in the projected income must be met from within other budget areas available to the Council.

The Cabinet Member indicated that the shortfall should be met from other budget areas available to the Council including Health and Social Care.

RESOLVED: That

- (I) Cabinet be recommended to approve the following with an implementation date of 11 April 2011:
 - (1) that service users who have in excess of £23,250 capital or those who refuse to divulge their financial details be charged a maximum amount of £45 towards the actual cost of their day centre place and other care services provided by the Council; and
 - (2) that the percentage of disposable income charged against as part of the financial assessment be increased from 65% to 80%;
- (II) the Adult Social Care Director be requested to monitor and review the impact of the increases referred to in (1) and (2) above and submit a report thereon to the Cabinet Member in 6 months; and

- (III) it be noted that the proposal was a Key Decision but, unfortunately, had not been included in the Council's Forward Plan of Key Decisions. Consequently, the Chair of the Overview and Scrutiny Committee - Health and Social Care had been consulted under Rule 15 of the Access to Information Procedure Rules of the Constitution, to the decision being made by the Cabinet Member/Cabinet as a matter of urgency on the basis that it was impracticable to defer the decision until the commencement of the next Forward Plan because the savings targets contained within the report are a component in achieving the setting of the Council's balanced budget for 2011/12. The item was not included on the Forward Plan because of the timescales dictated by the Transformation Agenda to achieve significant budget savings across the Council.

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Agenda Item 4

REPORT TO: Cabinet Member for Health and Social Care

DATE: 16th March 2011

SUBJECT: Sefton Local Involvement Network

WARDS All

AFFECTED:

REPORT OF: Robina Critchley
Adult Social Care Director

CONTACT OFFICER: Margaret Milne
Principal Manager Adult Social Care
0151 934 3614

**EXEMPT/
CONFIDENTIAL:** N/A

PURPOSE/SUMMARY:

To inform the Cabinet Member regarding the statutory responsibility of the Directorate to continue to support the funding of The Sefton Local Involvement Network (LINK) during the transitional year 2011/12 preceding the establishment of HealthWatch in April 2012.

REASON WHY DECISION REQUIRED:

Cabinet Member's approval is sought to continue to financially support the LINK Host Support organisation (Sefton Council for Voluntary Services CVS) for the financial year 2011/12.

RECOMMENDATION(S):

1. Cabinet Member approval is sought to enter into an extension of the current Service Level Agreement with Sefton CVS at a cost of £91,500 for 1 year.
2. A further report to be presented to Cabinet Member in 6 months to update regarding specifications for the local HealthWatch.

KEY DECISION: No

FORWARD PLAN: No

IMPLEMENTATION DATE: 1st April 2011

Agenda Item 4

ALTERNATIVE OPTIONS:

None. There is a statutory responsibility for Local Authorities to financially support and commission the Local Involvement Networks.

IMPLICATIONS:

Budget/Policy Framework:

Financial: During the period 1st April 2008 to 31st March 2011 there has been a designated allocation for LINKs within the area based grant. There is no allocation for 2011/12 until the establishment of HealthWatch. There is a requirement of funding for £91,500 to support LINKs in 2011/12 from the Adult Social Care revenue budget.

<u>CAPITAL EXPENDITURE</u>	2009 2010 £	2010/ 2011 £	2011/ 2012 £	2012/ 2013 £
Gross Increase in Capital Expenditure				
Funded by:				
Sefton Capital Resources				
Specific Capital Resources				
<u>REVENUE IMPLICATIONS</u>				
Gross Increase in Revenue Expenditure				
Funded by:				
Sefton funded Resources				
Funded from External Resources				
Does the External Funding have an expiry date? Y/N	When? N/A			
How will the service be funded post expiry?	N/A			

Legal: Statutory duty to support LINKs.

Risk Assessment: N/A

Asset Management: N/A

CONSULTATION UNDERTAKEN:

DISCUSSIONS HAVE TAKEN PLACE WITH THE CHIEF EXECUTIVE OF SEFTON COUNCIL FOR VOLUNTARY SERVICE, NHS SEFTON AND THE CHAIR OF THE LINKS

The Interim Head of Corporate Finance & Information Services has been consulted and his comments have been incorporated into this report.

FD 672/2011

The Head of Corporate Legal Services has been consulted and has no comments on this report - **LD0064/11**

CORPORATE OBJECTIVE MONITORING:

<u>Corporate Objective</u>		<u>Positive Impact</u>	<u>Neutral Impact</u>	<u>Negative Impact</u>
1	Creating a Learning Community		√	
2	Creating Safe Communities			
3	Jobs and Prosperity	√		
4	Improving Health and Well-Being	√		
5	Environmental Sustainability	√		
6	Creating Inclusive Communities		√	
7	Improving the Quality of Council Services and Strengthening local Democracy	√		
8	Children and Young People		√	

LIST OF BACKGROUND PAPERS RELIED UPON IN THE PREPARATION OF THIS REPORT

- Our Health Our Care Our Say: A new direction for Community services – January 2006
- A Stronger Local Voice – December 2006
- Equity and Excellence: Liberating the NHS: Establishing HealthWatch (DH 2010)

Agenda Item 4

Background

Cabinet Member approved the report of the Director of Health and Social Care on 23rd January 2008, which related to the establishment of the Local Involvement Networks (LINKs) and the subsequent tendering exercise to procure a host to support the LINKs in Sefton. Sefton Council for Voluntary Services were awarded the contract from 1st April 2008 for 3 years.

The financial support for LINKs from 1st April 2008 to 31st March 2011 has been through a designated Department of Health grant.

The cost of the support to the Sefton LINKs during 2010/11 is £122,000.

Changes in legislation

In autumn 2010 the Government published their plans relating to the modernisation of the National Health Service "Equity and Excellence: Liberating the NHS". Within that document the Government announced plans to set up an independent champion for Health and Social Care consumers that will see LINKs evolve into what will be known as "HealthWatch" by 2012.

Local HealthWatch

Under the proposals, HealthWatch would become the local consumer champion covering most health and social care services.

Existing role

Local HealthWatch would: retain LINKs' existing responsibilities, i.e. to promote patient and public involvement and to seek views on services which can inform local commissioning; have continued rights to enter and view provider services, and continue to be able to comment on changes to local services.

Like LINKs, local HealthWatch organisations are likely to continue to champion the NHS Constitution and the patients' rights it sets out.

New role

The White Paper proposes giving local HealthWatch organisations additional functions and funding, to provide a complaints advocacy service and to support individuals exercising choice. In particular, HealthWatch would support people who lack the means or capacity to make choices.

Local HealthWatch would also be able to report concerns regarding the quality of local health and social care services to HealthWatch England. Local HealthWatch would be able to do this independently of their local authority and HealthWatch England would be able to recommend that the Care Quality Commission (CQC) takes action.

A HealthWatch representative would also sit on the new Health and Wellbeing Boards in order for the community to be engaged in local decisions.

There has been no indication of the amount of funding to be made available in order to establish HealthWatch, however, Councils have been advised that they continue to have a statutory duty to provide support to the LINK during the transitional year.

HealthWatch England

Under the current proposals, HealthWatch England would be set up as an independent arm of the Care Quality Commission, with a specific remit to represent, at a national level, people using health and social care services. This would give the public a real influence over the national planning, policy and regulation of care.

An independent part of CQC

CQC is the regulator for health and social care services in England, which aims to ensure better care is provided for everyone. Government are proposing to make HealthWatch England part of CQC to build on their existing use of patient experience information to regulate care and makes good economic sense in today's financial climate. Building on what already exists would enable HealthWatch to become established more quickly in order to provide national support and leadership to LINKs, as they evolve into HealthWatch organisations and beyond.

Shaping policy and delivery

Under the current proposals, HealthWatch England would use evidence from local HealthWatch organisations as well as carrying out its own work to identify concerns and poorly performing services. HealthWatch would then be able to recommend to CQC services for investigation. This would give the public, through HealthWatch, a powerful voice in identifying concerns and ensuring action is taken by the regulator.

There would also be a legal requirement for its views to be taken into account by the Secretary of State, the NHS Commissioning Board and Regulators, including CQC. The intention is that HealthWatch England would have to be consulted about any new commissioning guidelines developed for our health and social care services. Thus, they would be able to influence national strategy, policy and operations, as well as input to the registration and regulation of services.

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The role of local authorities

Under current proposals, local authorities would have a vital role in ensuring that local HealthWatch organisations are successful and would be able to commission HealthWatch to provide services to the local community.

Local authorities would:

Fund the work of local HealthWatch organisations and would contract support to help them carry out their work; have a legal duty to ensure that the activities and support for local HealthWatch organisations are effective and value for money; in the event of under-performance, be able to intervene and if necessary re-tender the contract to support the work of HealthWatch; ensure that the focus of local HealthWatch activities is representative of the local community.

The consultation document “Local democratic legitimacy in health” explores how local HealthWatch could input into the process of assessing the needs of the local population and influencing commissioning decisions.

Under the White Paper proposals, local authorities would also assume responsibility for funding NHS complaints, advocacy, currently provided by the Independent Complaints Advocacy Service (ICAS). They would be able to commission local HealthWatch or HealthWatch England to provide complaints advocacy and support to individuals who wish to make a complaint.

Each local authority area would also have a Health and Wellbeing Board, the role of which would be to scrutinise local decisions. A representative from the local HealthWatch would sit on this board.

Recommendation

1. Cabinet member approval is sought to enter into an extension of the current Service Level Agreement with Sefton CVS at a cost of £91,500 for 1 year.
2. A further report to be presented to Cabinet Member in 6 months to update regarding specifications for the local HealthWatch.

Agenda Item 5

REPORT TO: Cabinet Member for Health and Social Care

DATE: 16th March 2011

SUBJECT: No Health without Mental Health.
A cross-government mental health outcomes strategy for people of all ages.

WARDS AFFECTED: All

REPORT OF: Robina Critchley
Adult Social Care Director

CONTACT OFFICER: Barry Robinson
0151 247 7342

EXEMPT/CONFIDENTIAL: N/A

PURPOSE/SUMMARY: To inform the Cabinet Member of ' <i>No health without mental health</i> ' a national mental health outcomes strategy for England.

REASON WHY DECISION REQUIRED: The report is presented for information.
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RECOMMENDATION(S): The Cabinet Member is asked to note and approve the content of this report

KEY DECISION: No

FORWARD PLAN: No

IMPLEMENTATION DATE: February 2011

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ALTERNATIVE OPTIONS: N/A

IMPLICATIONS: N/A
Budget/Policy Framework: N/A

Financial: There are no financial implications for Sefton Council directly arising from the content of this report.

<u>CAPITAL EXPENDITURE</u>	2009 2010 £	2010/ 2011 £	2011/ 2012 £	2012/ 2013 £
Gross Increase in Capital Expenditure		0		
Funded by:		0		
Sefton Capital Resources		0		
Specific Capital Resources		0		
<u>REVENUE IMPLICATIONS</u>				
Gross Increase in Revenue Expenditure		0		
Funded by:		0		
Sefton funded Resources		0		
Funded from External Resources		0		
Does the External Funding have an expiry date? Y/N		When?	N/A	
How will the service be funded post expiry?		N/A		

Legal: N/A

Risk Assessment: There are no significant risks arising from this report.

Asset Management: N/A

CONSULTATION UNDERTAKEN/VIEWS

The Head of Corporate Legal Services has been consulted and has no comments on this report **LD Number 00057/11**

The Interim Head of Corporate Finance & Information Services has been consulted and has no comments on this report. **FD667/2011**

CORPORATE OBJECTIVE MONITORING:

<u>Corporate Objective</u>		<u>Positive Impact</u>	<u>Neutral Impact</u>	<u>Negative Impact</u>
1	Creating a Learning Community		√	
2	Creating Safe Communities		√	
3	Jobs and Prosperity		√	
4	Improving Health and Well-Being	√		
5	Environmental Sustainability		√	
6	Creating Inclusive Communities	√		
7	Improving the Quality of Council Services and Strengthening local Democracy	√		
8	Children and Young People		√	

LIST OF BACKGROUND PAPERS RELIED UPON IN THE PREPARATION OF THIS REPORT

None

Agenda Item 5

Background

No health without mental health replaces *New Horizons* as the main policy driver for mental health services in England. Published in January 2010, *New Horizons* itself replaced the *National Service Framework for Mental Health* (NSF), a 10 year programme designed to set consistent and measurable standards for the delivery of mental health care across England and Wales and setting out the framework within which health and social care services were required to work.

The NSF was supported by a series of tightly performance-managed Policy Information Guides which set out in detail the type of service and team that were expected to be in place in all mental health services in the country. While the NSF aimed to improve services for all users, priorities in the main focused on those with complex needs accessing secondary services.

In later years, the previous Government's mental health policy became more focused on themes which promoted social inclusion, the individual's engagement with their communities and working life and which challenged inequality and stigma.

New Horizons supported these themes and was built on the premise that mental health and well-being - for individuals, families and communities – is not only the primary responsibility of health and social care services, but of a much wider group of statutory, voluntary sector and community organisations. It stressed the need for partnerships across organisations to deliver the agenda, and places emphasises on the key strategic role of local authorities and local strategic partnerships.

Following the formation of the Coalition Government in May 2010 it became clear that *New Horizons* was not going to be fully implemented and the Government announced that it would introduce a new, replacement, mental health strategy that built upon the strengths of *New Horizons* but placed a clearer focus on outcomes and greater clarity on delivery.

No health without mental health

No health without mental health is subtitled 'A cross-government mental health outcomes strategy for people of all ages'. This title supports the contention that mental health is everyone's business; requiring intervention from a wide range of stakeholders and organisations, including national and local government, private and voluntary organisations, employers, users, carers and the wider public.

The strategy is supported by a series of documents including the economic case for improving efficiency and quality in mental health, an outcomes paper, a four year action plan of action to improve access to talking therapies and an impact assessment.

No health without mental health adopts a life course approach; encompassing infants, children, young people, working age adults and older people.

Mental health problems are common and have profound consequences for individuals, families, communities and the wider society:

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- one in four people will experience a mental health problem during their life and one in six adults has a mental health problem at any one time,
- one in ten children between 5 and 16 years has a mental health or behavioural problem and many continue to have difficulties into adulthood,
- half of those with lifetime mental health problems first experience symptoms by age 14 and three-quarters by their mid-20s.
- people with severe mental illnesses often have worse physical health than the general population and die on average 20 years earlier,
- our most deprived communities have the poorest mental and physical health and wellbeing,
- mental ill health represents up to 23% of the total burden of ill health in the UK – the largest single cause of disability – estimates suggest costs could double over 20 years,
- the total cost of mental ill health in England is estimated at £105 billion, of which £30 billion is work related. It is the most common reason for incapacity benefit claims – 43% of the 2.6 million claimants.

The overall aims of the strategy are to:

- improve outcomes for people with MH problems, and
- improve MH and wellbeing of the population and keep people well.

The strategy is underpinned by the Coalition Government's three guiding principles of:

- freedom: - reaching our potential, personalisation and control,
- fairness: - equality, justice and human rights, and
- responsibility: - everyone playing their part and valuing relationships.

The aims and principles are underpinned by six high level mental health objectives;

1. more people will have good mental health
2. more people with MH problems to recover
3. more people with MH problems to enjoy good physical health
4. more people will have positive experiences of care and support
5. fewer people to suffer avoidable harm
6. fewer people will experience stigma and discrimination

Each objective is supported by a series of actions; 56 in total, which are described as either; underway, such as developing the Carers Strategy and implementing the new Drug Reduction Strategy and the Equality Act; ongoing, such as the Active at 60 programme, implementing the recommendations of *A Vision for Social Care* and the priorities of the *National Dementia Strategy*; or proposed, which include new national suicide prevention strategy, smoking, and tobacco reduction strategies, and prioritising health and wellbeing in schools.

No health without mental health is described as a cross-cutting and cross-Government strategy linked to the NHS, public health and local authority outcomes frameworks.

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The Government's Cabinet sub-Committee on Public Health will oversee the implementation of the strategy. It will be supported by the Cabinet Committee on Social Justice, which will oversee progress by government departments to ensure effective cross-government action to address the social causes and consequences of mental health problems. The Department of Health will provide support and advice to GP Commissioning Consortia to help consortia to commission mental health promoting services. The new statutory Health and Wellbeing Boards will bring local partners together to carry out a joint strategic needs assessment and ensure that local health and well being strategies respond to identified need and to influence both public health and GP consortia commissioning.

A number of specific areas for development are identified within the strategy. These include:

- promoting personalisation, choice and personal health budgets. This supports, and is modelled on, the direction of travel in adult social care. Sefton is in a good position regarding personal health budgets as NHS Sefton, in collaboration with the Adult Social Care Department, has been the lead PCT, in partnership with Liverpool and Knowsley colleagues, in a national personal health budget pilot that concludes in March 2012,
- improving access to psychological therapies. £400 million over the Spending Review period is to be invested to ensure greater choice of psychological therapies and to ensure that such approaches are available in children and young people's services,
- the importance of employment in promoting recovery is identified and each area is required to people accessing psychological therapy services have access to an employment advisor,
- mental health services have a key role in fulfilling the Military Covenant in providing support to veterans and members of the armed forces,
- payment by results for mental health services will be introduced from 2012 and are identified in the strategy as means of driving up quality. Providers will be required to assess and allocate service users to one of 21 currencies and will be paid a tariff based on need. The currencies are not setting-dependent, minimising any incentive for providers to keep people in hospital longer than is necessary,

Local government will play a central role in ensuring that local partners and partnership arrangements can deliver the shared mental health objectives via the local health and wellbeing boards. The new enhanced role played by local government in delivering public health recognises that mental health is intrinsic to positive health and wellbeing.

Agenda Item 6

REPORT TO: Cabinet Member for Health and Social Care

DATE: 16th March 2011

SUBJECT: Independent Mental Capacity Advocacy Procurement

WARDS AFFECTED: All

REPORT OF: Robina Critchley
Adult Social Care Director

CONTACT OFFICER: Barry Robinson
0151 247 7342

EXEMPT/CONFIDENTIAL: N/A

PURPOSE/SUMMARY: The purpose of this report is to seek approval to extend the current Independent Mental Capacity Advocacy (IMCA) contract for a period of up to 3 months and approve the re-procurement of the service via a competitive tender exercise.

REASON WHY DECISION REQUIRED:

The current contract for the provision of an IMCA service is due to end and arrangements need to be put in place to ensure continuity of service

RECOMMENDATION(S):

1. That the current IMCA contract with Advocacy Experience is extended for a period of up to three months
2. That following completion of the competitive procurement exercise the successful bidder is awarded a contract until 31st March 2014 with an option to extend for a further 2 years subject to satisfactory performance.

KEY DECISION: No

FORWARD PLAN: No

IMPLEMENTATION DATE: March 2011

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ALTERNATIVE OPTIONS:

There is no alternative, value for money option to the current procurement process.

IMPLICATIONS:

Budget/Policy Framework:

Financial: Funding for the contract is contained within the Adult Social Care Revenue budget

<u>CAPITAL EXPENDITURE</u>	2010/ 2011 £	2011/ 2012 £	2012/ 2013 £	2013/ 2014 £
Gross Increase in Capital Expenditure				
Funded by:				
Sefton Capital Resources				
Specific Capital Resources				
<u>REVENUE IMPLICATIONS</u>				
Gross Increase in Revenue Expenditure				
Funded by:				
Sefton funded Resources				
Funded from External Resources				
Does the External Funding have an expiry date? N	N/A			
How will the service be funded post expiry?	N/A			

Legal: Provision of an IMCA service is a statutory duty of local authorities

Risk Assessment: N/A

Asset Management:

Consultation Undertaken/Views

The Head of Corporate Finance and Information Services has been consulted and his comments have been incorporated into this report **FD670/11**

The Head of Corporate Legal Services has been consulted and has no comments on this report - **LD0062/11**

CORPORATE OBJECTIVE MONITORING:

<u>Corporate Objective</u>		<u>Positive Impact</u>	<u>Neutral Impact</u>	<u>Negative Impact</u>
1	Creating a Learning Community		√	
2	Creating Safe Communities		√	
3	Jobs and Prosperity		√	
4	Improving Health and Well-Being	√		
5	Environmental Sustainability		√	
6	Creating Inclusive Communities		√	
7	Improving the Quality of Council Services and Strengthening local Democracy		√	
8	Children and Young People		√	

LIST OF BACKGROUND PAPERS RELIED UPON IN THE PREPARATION OF THIS REPORT

None

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Background

The requirements of the Mental Capacity Act 2005 make provisions for an IMCA service to be provided for adults who lack capacity in certain areas of decision making (changes of accommodation, serious medical treatment and adult protection) and as an additional safeguard for people liable to the provisions of the Deprivation of Liberty Safeguards.

The provision of the IMCA service is a statutory responsibility of Local Authorities.

In 2007 an IMCA service was jointly commissioned by Sefton and Liverpool Councils. The contract was for three years with the service being provided by an independent advocacy organisation, Advocacy Experience.

This contract was subsequently extended until March 2011 and is currently subject to a further joint procurement exercise between the two councils. The process, which began in November 2010, is being led by the Liverpool Council Corporate Procurement Unit. Unfortunately, a number of factors have resulted in delays in the process and it is unlikely that the new contract will be able to commence in April 2011.

Councils receive Department of Health funding to enable them to deliver their statutory duties under the Mental Capacity Act (MCA), including the provision of an IMCA service. This resource is currently made available to Councils through the Area Based Grant. Local Authority Circular LAC (DH) (2010) 3 sets out future funding arrangements. From financial year 2011/12 the MCA funding will be delivered through Formula Grant at an amount based on 2010/11 allocations. In 2010/11 Sefton Council was allocated £190,892 to meet its duties under the Mental Capacity Act. The resource was allocated in two parts; 60% to meet the main requirements of the MCA, including training and the IMCA service, and which continues unchanged into the future, and 40% to meet the Council's duties under the Deprivation of Liberty Safeguards. The MCA component remains constant over the future. The Deprivation of Liberty Safeguards element will reduce by 5% each year until 2015 and then reach steady state at 75% of the 2010 level.

This report seeks approval to extend the current contract (annual cost £60,200) for up to 3 months to allow completion of the procurement exercise and adequate time for handover to a new provider should the incumbent provider be unsuccessful in their bid to continue with the service.

In addition, approval is sought to re-commission the service for a period of three years following completion of the procurement exercise. It is expected that the preferred provider will be known by 24th February 2011 and reported to the Cabinet Member.

Agenda Item 7

REPORT TO: Overview and Scrutiny Committee (Health and Social Care)
Cabinet Member for Health and Social Care

DATE: 24th May 2011
16th March 2011

SUBJECT: Sefton Dementia Strategy Progress

WARDS AFFECTED: All

REPORT OF: Robina Critchley
Adult Social Care Director

CONTACT OFFICER: Barry Robinson
Mental Health Joint Commissioning Manager
0151 247 7342

**EXEMPT/
CONFIDENTIAL:** NO

PURPOSE/SUMMARY:

To present the Overview and Scrutiny Committee with the progress in the implementation of the Sefton Dementia Strategy.

REASON WHY DECISION REQUIRED:

To continue with the implementation of the Dementia Strategy in Sefton

RECOMMENDATION(S):

Members are asked to note the content of this report outlining progress on local implementation of the Dementia Strategy during 2011 – 2014.

KEY DECISION: No

FORWARD PLAN: No

IMPLEMENTATION DATE: March 2010

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ALTERNATIVE OPTIONS:

IMPLICATIONS:

Budget/Policy Framework: N/A
N/A

Financial: There are no financial implications for Sefton Council directly arising from this report.

<u>CAPITAL EXPENDITURE</u>	2009 2010 £	2010/ 2011 £	2011/ 2012 £	2012/ 2013 £
Gross Increase in Capital Expenditure		0		
Funded by:		0		
Sefton Capital Resources		0		
Specific Capital Resources		0		
<u>REVENUE IMPLICATIONS</u>				
Gross Increase in Revenue Expenditure		0		
Funded by:		0		
Sefton funded Resources		0		
Funded from External Resources		0		
Does the External Funding have an expiry date? Y/N	When?			
How will the service be funded post expiry?				

Legal: N/A

Risk Assessment: There are no significant risks arising from this report.

Asset Management: N/A

CONSULTATION UNDERTAKEN/VIEWS

The Interim Head of Corporate Finance & Information Services has been consulted and has no comments on this report. **FD660 /2011**
There are no legal implications and therefore, the Head of Corporate Legal Services has not been consulted

CORPORATE OBJECTIVE MONITORING:

<u>Corporate Objective</u>		<u>Positive Impact</u>	<u>Neutral Impact</u>	<u>Negative Impact</u>
1	Creating a Learning Community	√		
2	Creating Safe Communities	√		
3	Jobs and Prosperity		√	
4	Improving Health and Well-Being	√		
5	Environmental Sustainability		√	
6	Creating Inclusive Communities	√		
7	Improving the Quality of Council Services and Strengthening local Democracy	√		
8	Children and Young People		√	

LIST OF BACKGROUND PAPERS RELIED UPON IN THE PREPARATION OF THIS REPORT

Living Well with Dementia – A National Dementia Strategy

Background

The publication of '*Living well with dementia - a National Dementia Strategy*' in February 2009 gives direction for improving the treatment and support available to people with dementia, their families and carers.

The main themes of the National Strategy are:

- Raising awareness – reducing the stigma associated with dementia through a public information campaign, improved training for staff in all settings and good quality information for people with dementia and their carers.
- Early assessment and diagnosis – a good quality specialist diagnosis made early in the illness, communicated sensitively and followed by intervention and support as needed.
- Living well with dementia – improving the quality of care for people with dementia in acute general hospitals, at home and in care homes.

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The three key themes are supported by 17 objectives that describe the range of services that people with dementia and their carers should be able to access locally and ways in which such services will be delivered.

Following publication of the national strategy a multi-agency group was formed to deliver a Sefton Dementia Strategy. This group comprised officers from NHS Sefton, Sefton Council, Mersey Care Trust, GP representation, Sefton Carer's Centre, Sefton Pensioners Advocacy Centre and Sefton CVS. The strategy became operational in March 2010.

Progress

The progress report to the Overview and Scrutiny Committee on October 2010 report cited, among other activities:

- a series of successful Dementia Roadshows that raised awareness of dementia among the general public,
- dementia training for health and social care staff,
- day care developments at the Parkhaven Trust and an expansion of services offered by the Alzheimer's Society.

All the above contributed to the early implementation of the Sefton Dementia Strategy. Further dementia roadshows are being planned for 2011/12 and dementia training for staff remains a priority.

Progress and actions following the report presented to Members at October 2010 Overview and Scrutiny Committee meeting include:

- The establishment of a Forum for the providers of dementia care services in Sefton. Early work indicates a strong commitment to raising standards and improving information available to the public. Better links with memory services and the Voluntary Community and Faith Sector in order to tackle social isolation is also a high priority for the group,
- The first Living Well with Dementia conference was held in Southport on the 24th February 2011. This will be followed by further, similar, events later in the year,
- 2011/12 Council tax notifications to Sefton residents included information about recognising signs of dementia and how to seek help,
- A dementia workforce collaborative with Mersey Care NHS trust has been developed together with Liverpool and Knowsley PCTs and Councils that will explore opportunities to further integrate dementia education and training for health and social care staff across those localities.

Quality, Innovation Productivity and Prevention (QIPP)

Attention in recent months has focused largely on reviewing current dementia services as part of the Government's QIPP initiative to enable local authorities and the NHS deliver their quality and efficiency commitments within the financial profile detailed in the Spending Review starting in 2011/12.

The Dementia QIPP has been informed by a series of five workshops that began in October 2010, and concluded in January 2011. The meetings, facilitated by the Department of Health, Care Efficiency Services Department and led by Mersey Care NHS Trust, were attended by a range of stakeholders across Liverpool, Knowsley and Sefton including primary care trusts, Mersey Care, GPs, social care representatives, members of the voluntary and faith sectors and service users and carers .

The Dementia QIPP Workstream has developed four interlinked proposals to improve services that deal largely, but not exclusively, with dementia. People with other mental disorders in old age will benefit from the service developments that are proposed. If implemented, the developments will provide a whole system change in the way services are delivered to people living with dementia and their carers.

The proposals are consistent with the National Dementia Strategy and the Coalition Governments stated priorities for dementia care. The proposals have been presented to NHS Sefton, NHS Knowsley and Liverpool PCT as Invest to Save initiatives and aim to ensure:

- patients receive the right treatment, at the right place, by the right professional through improved access and connectivity between services,
- increased productivity of existing services,
- prevention of unnecessary attendances at and admissions to secondary care (acute and mental health hospitals),
- provision of care at home, or closer to home where possible,
- reduction in costs and increased value for money,
- increased connectivity across the whole health and social care system.

The proposals focus on specialist NHS support to general hospital, care homes and support to people in their own homes. It is anticipated that these initiatives will lead to a reduction in the inappropriate prescribing of antipsychotic medication to people with dementia.

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The proposals have been accepted in principle by NHS Sefton and further work is being undertaken to assure the primary care trust that the predicted savings can be realised.

If implemented in full by NHS bodies, the Dementia QIPP will make a significant contribution to the delivery of the Sefton Dementia Strategy.