

Appendix B

Dementia Action Alliance Annual launch event - Key points

Awareness of Dementia is growing

- The Dementia Action Alliance, of which the LGA is a member, has grown by 500% and has undertaken 3000 actions.
- The perception of dementia and awareness is the highest it has ever been.
- 100,000 people are now trained on dementia at foundation level.
- The Prime Minister's Dementia challenge had an ambition of creating 20 dementia friendly areas. This has been exceeded and now there are 50 dementia friendly areas.
- There are now 47 Local Alliances across the country with 700 people.

There needs to be an increase in the number of diagnosis and early diagnosis

- The number of people likely to suffer from dementia is projected to double over the next thirty years meaning that there will be further pressures on services.
- The UK currently has a low diagnosis rate (48%) – although this is 10% above the international rate. There are significant local variations in diagnosis rates.
- Clinicians are questioning what happens after diagnosis, as they have concerns about the stress and distress caused to carers if they are left too long without adequate support.
- Early diagnosis could save the state approx. £7b by avoiding the adverse effects of mental health and social issues.
- The highest levels of diagnosis are on admission to hospital. Only 18% of admissions are diagnosed with dementia before they come into hospital. After hospitalisation and diagnosis, less than a third return to their own homes.

There is an increasing emphasis on the importance of helping people after diagnosis

- There needs to be a focus on post-diagnosis and the support for carers, and for families to have a clear pathway between diagnosis and support.
- There are an estimated 550,000 family carers. Multiply this by 2 or 3 or 4 to get a better picture of all those who are affected.
- Fixed tests were described as not helpful, and there was a call for needs to be modelled and for the process to be discussed with families. There was a reflection that poor assessments are costly.

Increased role for Health and Wellbeing Boards, local authorities and CCGs

- The Department of Health is intending to provide guidance and a 'matrix' for Health and Wellbeing Boards on Dementia.

- Social care commissioning was compared to crisis management, and challenges were made about whether this is value for money.
- There was a call for one named person with dementia expertise within each local authority to whom the carer can turn to when a problem arises.

Importance of community rather than hospital based care

- People with dementia spend an average 28 days in hospital, compared with an overall average of 9 days.
- There is an opportunity for the integration innovation fund to provide more proactive care in the communities to help prevent unnecessary hospital admissions.
- Are public agencies ready to care for people with dementia at home?
- Proposal that care homes becoming dementia hubs providing outreach, but balanced against overall constrained resources.

There needs to be more emphasis on the role of carers

- Two thirds of people with dementia are cared for at home.
- Well supported carers will deliver better care and outcomes, reducing spend.
- Research has shown critical points when carers need support, including financial and emotional advice. There needs to be greater emphasis on reducing the number of crisis.
- The importance of the wellbeing of the carers was seen as a priority.

Personalisation and personal health budgets

- There is a pilot programme on NHS personal health budgets.
- From April 2014, 56,000 people with high social care needs will be able to ask for their own health budget from, to be implemented in September 2014.
- It is legal for the NHS to provide direct payments.
- An aim for the NHS is reducing the use of hospital beds and health services.
- There needs to be a move away from commissioning block services, with more on individual needs, including working with the third sector.
- There are risks and opportunities of personal health budgets.
- The provision of choice is not an outcome - it is a means to an end. There is a challenge to provide genuine choice, control and personalisation.
- Personal budgets need to affect the availability and supply of care services, with a changed relationship between users and providers.
- There was a vote amongst the audience on personal budgets for people with dementia – it was voted out by the audience including those with dementia.

Good practice examples

- Devon - genuine signposting, advisors, leadership group, feeding in all materials were appropriate.

- Lincolnshire has two alliances; North and South.
- Norfolk given as an example of an area with good co-production.
- Keith Oliver living with dementia is part of an East Kent group of 14 who have dementia. They speak at events in the region and are willing participants on staff panels and in training sessions.
 - www.dementivoices.org.uk
 - www.kmpt.nhs.uk/Keith-Oliver
 - www.youtube.com/watch?v=CPulwcrkcxA
- Wessex have achieved 28% tier one training hoping to achieve 50% by April 2014 - www.wessex.hee.nhs.uk

Appendix C

Mental Health Members Champions event - key points

How to support member champions and increase the network

- The network will allow charities to disseminate information at a local level.
- It is proposed that there is an annual event for member champions to bring them together to discuss current issues.
- Public Health England are developing a 'National Mental Health Intelligence Network' (NMHIN). The aim is to create a public facing 'shared resource' of mental health indicators that will allow local authorities to 'benchmark' themselves against similar local authorities. The aim is to launch this in April/May 2014, although PHE currently do not have a platform for the network. LGA raised issues of league tables.

Leadership role on mental health for local councillors

- Members can challenge CCG's on increasing the use of third sector services for mental health.
- Members can question how their authority interfaces with people who have mental health issues e.g. Council tax demand, ignored post, etc.
- Members can ask their authority how they deal with people who have mental health issues. For examples, those who have difficulties with form filling etc.
- Members can push to have mental health mainstreamed across their policy development and in the delivery of services.
- Members can challenge their authority.
- Members can advocate the need to involve the community, local service users and the local authority when changing and developing mental health services.
- Members can use their Health and Wellbeing Board, and the return of Public Health to local authorities, as an opportunity to integrate mental health with housing, employment, training and community cohesion.

Importance of schools and education

- Good mental health should start in schools.
- There was agreement that mental health should be on the national curriculum.
- 'If you care Share' is a case study that was recommended. This initiative goes into schools to talk about mental health and suicide etc. It works particularly closely with football associations etc.
- It was suggested that highlighting the link between attainment and mental health could be used as a strong argument.
- It was agreed that the member champions and the mental health challenge organisations will support an open letter for the newspapers advocating the inclusion of mental health on the national school curriculum.

Councils as employers

- It was noted that councils are themselves large employers and questions were raised about how they deal with mental health in the workplace.
- BT was given as an example of a private company that has taken mental health seriously. This has saved them £25m a year through adapting their working policy.

The role of the police force

- Hackney was given as an example where the police force is being trained with front line mental health services.
- The use of the police tactical support squad in London on mental hospital wards was discussed and deemed by attendees to be inappropriate.
- It was agreed that there was an opportunity for local authorities to work collaboratively with their local police force to help generate mental-health friendly solutions.
- An example of a police officer in Birmingham who is focusing on mental health issues was given as a positive example. It was discussed that there is the opportunity to have police officer on mental health.
- It was proposed that the challenge should look to work with Police Crime Commissioners (PCCs) to highlight the issue of mental health.
- It was proposed that a day should be organised to work with the police and/or PCCs.

Case study examples

Councillor Michael Bevan - Dorset member Champion

- Set up 'Dorset link' to talk about mental health.
- Set up the Dorset Mental Health Conference, which had 140 attendees.
- Working with the armed forces, prisons, and nearly every organisation in Dorset to pledge an understanding on mental health.
- It was proposed that the current champions send letters to their counterparts encouraging them to become Champions.
- On the 23rd January Dorset Council will sign the pledge

Cllr Edward Davey – Lambeth member Champion

- Cllr Edward Davey was the first Mental Health Member Champion.
- Focus on children's services and schools, and that the aim was healthy young people. Schools and children's services costs at least £500b per year – a focus on mental health should not be seen as an expensive 'add-on', but a way to prevent costs.
- Discussed the local issues of high population 'churn', poverty, the challenges associated with greater diversity creates challenges, and in particular the

challenge where people are settling who have experienced war and have been living in war zones.

Appendix D

LGA comments on the Review of the National Autism Strategy for Adults

28 November 2013

Introduction

Members of the LGA's Community Wellbeing Board discussed and debated the review of the National Autism Strategy at their board meeting on Wednesday 6 November 2013.

Members supported the strategy, the review and the refresh and agreed that:

- The LGA should submit a statement to DH contributing to the review of the National Autism Strategy 2010, in liaison with lead members.
- The submission should reflect the above comments made by members and particularly emphasise the transition of support between Children's and Adult's Services as an area of focus.
- The LGA with ADASS should approach PHE to work with them to expand on the self-evaluation to establish local examples of good practice in supporting adults with autism, and that this approach should include DH as well as PHE.

A full set of minutes of the board meeting will be available on the LGA's website.

This paper summarises the key points made by members attending the Community Wellbeing Board and forms the LGA's statement on the review of the National Autism Strategy.

Key Points

Members discussed the preliminary findings of the self-assessment returns, recognising that whilst in some areas the response indicated that improvement was still needed, there was progress from 3 years ago and since the baseline self-assessment in 2012. It was agreed that the **findings of the self-assessment should inform the sharing of good practice.**

Members highlighted that issues arising regarding housing were likely to be the result of the **complex and lengthy housing pathway needed to support members of the community with autism.** Members suggested that this pathway could be as much as 15 years. Cllr Pritchard highlighted an example from his own local authority, Bath and North East Somerset, where the need for the specific design of tailored housing had been identified when the individual was still considered a child, so that it was ready and available for them when they became an adult.

Members reflected on the response that just under half of local authorities (48%) reported themselves as having an appropriate local diagnostic pathway in place, accessible, and with a waiting list less than 6 months. Members discussed the **importance of timely access to diagnosis**, highlighting the value of good links between children and adults services and the importance of the review taking into account both children and adult services.

Some members were concerned by strategy's statement that local authority provision "should not be limited by the availability of services", arguing that **authorities were inevitably constrained to some extent by the resources available to them** and to claim otherwise placed unrealistic demands on them. The constraining of resources is a key issue for local government at present and has to be reflected in any strategy review.

There was a broader discussion about the **national eligibility criteria** and its **wider implications for welfare reform**, and how this may affect supporting adults with autism. This was linked to opportunities that local authorities could have to support adults with autism gaining and retaining **employment**.

Members asked for reassurance that the review of the strategy had cross sector engagement with stakeholders, including the **involvement of Whitehall departments** not directly working on health outcomes, such as DWP.

The need to establish a clear **support pathway** and timeframe for any changes as a result of the review was highlighted by members in order to ensure that local authorities had sufficient time and budget to make any necessary adaptations to their services.

Of particular concern for members was the **transition of support between Children and Adult Services**, and how important the support, diagnosis, and preparation for adulthood is during the individual's early years. Members discussed how the support a person receives whilst they are a child will impact the support they need as an adult, and that their needs as a child should help adult services identify the support they will need going forwards. The importance of services in later life continuing to reflect individuals' needs appropriately as their requirements evolve was also mentioned. **Members wanted to see the review of the Autism Strategy take into account childhood services and the transition of individuals from children to adults.**

In light of the amount of work on diagnostic pathways, Cllr Katie Hall, Chair of the Community Wellbeing Board, said a key question was what the social care response was like and what was happening in terms of **post diagnosis** work. It was agreed that it is very important that **the personalisation agenda informs the autism strategy**.

Winterbourne View Joint Improvement Programme

The LGA also wants to acknowledge the important link between the work of the Winterbourne Joint Improvement Programme, the review of the National Autism Strategy and future work on supporting those with Autism.