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July 2011



Wales welcomes the Dilnot report

The independent Commission on funding of care and support has published its report on how social care should be funded in the future in England. The report has been welcomed by Deputy Minister for Children and Social Services, Gwenda Thomas, who said that Wales has already taken action to cap social care charges for home care.

The Commission, chaired by economist Andrew Dilnot, was set up by the UK Government in July 2010 to make recommendations on how to achieve an affordable and sustainable funding system for care and support, for all adults in England.

Among its recommendations, the report proposes that individuals' lifetime contributions towards their care costs should be capped at a recommended £35,000, after which they would be eligible for full state support.

- The means-tested threshold, above which people are liable for their full care costs, should be increased from £23,250 to £100,000;
- National eligibility criteria and portable assessments should be introduced to ensure greater consistency;
- All those who enter adulthood with a care and support need should be eligible for free support immediately, rather than being subjected to a means test;
- Universal disability benefits for people of all ages should continue as now, though they should be better aligned with the reformed social care funding system

The Welsh Government has its own programme for the renewal of social services in Wales, as set out in its recent Paper *Sustainable Social Services for Wales: A Framework for Action*.

The First Minister has signalled the Welsh Government's intention to bring forward a major social services Bill to implement that Paper. That Bill could provide an opportunity to legislate in Wales on any relevant elements arising from the Dilnot report, if the Welsh Government so chose.

Although the Dilnot report applies to England only, Welsh Ministers have a long-standing commitment to building a new system of paying for social care that is fair, affordable and sustainable in the long term. Over the past few years the Welsh Government has issued a Green Paper and undertaken extensive consultation with a wide range of stakeholders across Wales, to find out what kind of system would command broad political and public support here.

The Deputy Minister for Children and Social Services Gwenda Thomas, said:

“I welcome the publication of this report on long term care funding in England.

This is an issue of vital importance for people in Wales, as well as the rest of the UK, and I would want to see a fair and sustainable system in place here. That is why we have already taken action in Wales to cap charging for social care - we have introduced a weekly maximum charge of £50 for non-residential care and I am delighted to see that people across Wales are now feeling the benefits of that change. I am pleased to see that the Dilnot Commission is following a similarly pragmatic and straightforward approach in making its key recommendations around capping an individual's lifetime contribution towards care costs. Some aspects of the recommendations made could have implications for Wales and I will want to discuss these with UK Government as early as possible.”

The Current Situation and the Proposals

At the moment, the amount primary care trust NHS services in England spend on end-of-life care varies widely, from £186 per patient in one area to £6,213 in another and access to services, including round-the-clock nursing care, also depends on where people live.

Far more people die in hospital than would wish to, and experts estimate that

more than 90,000 people are not having their palliative care needs met. The experts behind the report say the move could reduce deaths in hospital by up to 60,000 a year by 2021, translating into savings of £180 million annually.

The Palliative Care Funding Review, ordered by Health Secretary Andrew Lansley last summer, proposes a "fair and transparent" funding system where the money is linked to the individual patient.

Under the scheme, people would receive an initial assessment of their needs, which would then be combined with other factors such as their age and capabilities. This "needs classification system" would have 25 separate classes (13 for adults and 12 for children), each with its own pot of funding.

The funding would take account of things such as personal care needs, including help with washing and eating, the provision of 24/7 nursing care to support people at home and a co-ordinator to help patients work out their state entitlements as well as access to local voluntary services.

At present, some end-of-life care providers are paid regardless of how much work they do, offering poor value for money across the service, the review said. The majority of hospices do not receive all the funding they need for the NHS services they provide.

The review recognises a need to guarantee funding regardless of where patients live and whether they are in a care home, hospital or in their own home.

Professor Sir Alan Craft, adviser to the review, said: "The Government must act on the recommendations contained in the review because evidence shows us that incentivising the provision of palliative care leads to better outcomes for patients, supports choice and is the most cost effective way of using NHS resources.

Ciaran Devane, chief executive of Macmillan Cancer Support, said people wanted a choice over where to die. "Twenty-four hour community nursing services are crucial to the delivery of choice and to the realisation of these ambitious recommendations. It will be up to the Government to ensure that these services are standard across the country. We need to see a massive improvement on the 56% of PCTs who currently provide 24-hour community nursing."

Pension Tracing Service

The Pension Tracing Service is a free service run by the Department for Work and Pensions who can help to trace an old pension scheme if the details are unclear or have been lost.

Pension Tracing Service
Tyneview Park, Whitley Road, Newcastle upon Tyne NE98 1BA
or telephone on **0845 600 2537**



Could the Family Fund Help a Family You Support?

Family Fund extra was formed to help all families who care for a disabled child or young person, and is separate from the grant making provided by the Family Fund. The Family Fund gives grants that relate to the additional needs of the disabled child and help relieve the stress of everyday life.

Grants that the Family Fund can help with include:

- Specialist toys
- Family holidays
- Driving lessons to get children around and about
- Trampoline for a young person to let off steam
- Domestic appliances inc. washing machines

If you live in Wales, you can apply if you can say 'Yes' to all of the following:

- You are the parent or carer of a severely disabled child aged 17 or under
- Your household's earned income before tax, excluding any overtime, is less than £25,000 per year OR your income is entirely from benefits
- You have less than £18,000 in savings
- You have permanent residency in the UK and have lived in the UK for six months

For further information please email info@familyfund.org.uk or tel: 0845 130 4542

www.familyfund.org.uk

Crossing your arms 'relieves hand pain' after injury to the hand could relieve pain, researchers from the University College London suggest.

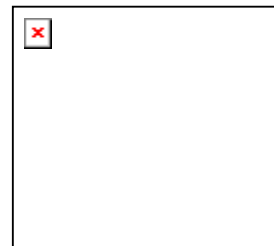
The team studied 20 people and say the brain gets confused over where pain has occurred.

In the journal *Pain*, they suggest this is because putting hands on the "wrong" sides disrupted sensory perception, after a 4-millisecond pinprick of pain was generated without touching the participants. Each person ranked the intensity of the pain they felt, and their electrical brain responses were also measured using electroencephalography (EEG). The results from both the participants' reports and the EEG showed that the perception of pain was weaker when the arms were crossed over the "midline" - an

imaginary line running vertically down the centre of the body.

In everyday life we mainly use our left hand to touch things on the left side of the world, and our right hand for the right side of the world. Areas of the brain contain a map of the right body and a map of right external space, which are usually activated together, leading to highly effective processing of sensory stimuli. Arm crossing means that these maps are not activated together, leading to less effective brain processing of sensory stimuli, including pain. This is perceived as lower pain levels.

Testing the theory is now being carried out on patients who have chronic pain conditions.

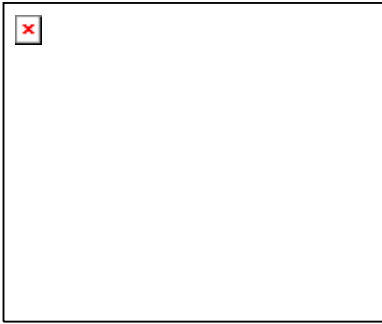


Laughing helps get blood flowing round the body

A good old belly laugh can help heal leg ulcers, experts say. The Leeds University team said good nursing and the occasional laugh was a better way to get the body healing than using the latest technology.

Hospitals and health clinics are increasingly using low-dose ultrasound for leg ulcers. But the five-year study of 337 patients found it did nothing to speed up recovery, the British Medical Journal reported. Lead researcher Professor Andrea Nelson said: "The key to care with this group of patients is to stimulate blood flow back up the legs to the heart. The best way to do that is with compression bandages and support stocking coupled with advice on diet and exercise. Believe it or not, having a really hearty chuckle can help too. This is because laughing gets the diaphragm moving and this plays a vital part in moving blood around the body."

During the study, the team concentrated on patients with hard-to-heal ulcers that had not cleared up after six months or longer. They found that adding ultrasound to the standard approach to care - dressings and compression therapy - made no difference to the speed of healing or the chance of ulcers coming back.



The link below will take you to a website that has qualified GPs who will discuss specific issues of men's health. They do not have access to medical records and are not able to perform clinical examination. The site was opened to support Men's Health Week and "Manmot" (Monday Opportunity to Talk) will be open to provides this opportunity to talk in complete confidence live between 6.00 pm and 10.00 pm

<http://manmot.co.uk/>

Laughter can keep the weight off

Laughter burns calories and giggling for just 15 minutes a day burns enough calories to shed up to 5lbs of fat over a year. A US study in the *International Journal of Obesity* suggests a big belly laugh uses about the same energy as walking more than half a mile. The researchers measured the number of calories expended by 45 adults as they watched different TV programmes, including nature and comedy shows. Bouts of laughter when watching something funny used up to 20% more energy than at rest. This would mean that 10 to 15 minutes of laughter a day could increase total energy expenditure by 40 to 170 kJ or burn off between 10 and 40 calories, the researchers estimate. Studies have already suggests that laughter is good for the heart and immune system, and appears to help ease pain, and has even been found to increase the chances of success in fertility treatment.

Laughter has a physiological effect as well as a psychological one. It is an intuitive human trait. It is not learnt. Laughter has been found to help children relax, with a major impact on how they dealt with and accepted pain. Some experts believe the healing power of humour can reduce pain and stimulate immune function in children with cancer, Aids or diabetes in children receiving organ transplants and bone marrow treatments. Their study reinforces practices adopted by UK hospitals, where laughter is used as a tool to make hospital wards a friendlier place.

WCVA Volunteering Conference – Trends in Volunteering, 14 September,
Millennium Stadium, Cardiff 0800 2888 329 <http://www.wcva.org.uk/>

Are you in tune with the latest trends in volunteering? This year's WCVA Volunteering Conference focuses on that very subject, looking at new emerging expressions of volunteering – such as those encouraged by governments, or promoted by corporate sponsors or the Internet. How do we engage a broader range of people in volunteering and meet the changing demands of volunteers?



Our Healthy Futures will set the overall context and direction for action to protect and improve health in Wales, providing a strategic platform for future development. Though health in Wales has improved in recent years, the pace of change has not been fast enough, and Wales still lags behind the UK and Europe.

There are also unacceptable differences in health within and between our communities – and the health gap is widening.

Our Healthy Future aims to achieve:

- * Improved quality and length of life
- * Fairer outcomes for all.

In May 2010 *Our Healthy Future* was published and the approaches being taken to integrate it into NHS and Local Government planning. With the first anniversary of this work, the focus on delivering Our Healthy Future goes from strength to strength in:

- On-going Local Authority Outcome Agreements: Revised sets of guidance for both the Health, Social Care and Wellbeing Strategies and Children and Young People's Plans;
 - NHS 5 year Service, Workforce and Financial Framework Plans; NHS Annual Quality Framework;
 - Local Public Health Strategic Frameworks;

This is the update on the Welsh Assembly Government's response to the Our Healthy Future commitment to achieving greater equity in health in Wales. The Minister for Health and Social Services has approved the Reducing Inequities in Health Strategic Action Plan for Wales "*Fairer Health Outcomes For All: Moving the Agenda Forward*". The plan has been published as a technical working paper to the Welsh Assembly Government website:

<http://wales.gov.uk/topics/health/publications/health/reports/fairer/?lang=en>

Fairer Health Outcomes For All sets out seven action areas to strengthen a whole system approach to reducing health inequities in Wales, as follows:

- Building Health into all Policies and all Policies into health
- Giving Every Child A Healthy Start in Life
- Developing Health Assets in Communities
- Improving Health Literacy
- Making health and Social Services more Equitable
- Improving the Health of the Working Age Population

□ □ Strengthening the Evidence Base

Email link: ourhealthyfuture@wales.qsi.gov.uk

We welcome your support and look forward to working with you to deliver *Fairer Health Outcomes*



Participation Cymru Principles into Practice Event

Cost: Free

13 September 2011, 10am - 12:30pm YMCA, Newport

In March 2011 the Welsh Government endorsed a set of Principles for Public Engagement for Public Service organisations in Wales. These workshops will be an opportunity for you to familiarise yourself with these Principles and learn how to effectively put them into practice

Target audience: People working in the public and voluntary sector who are involved in engaging with the public in the design and delivery of public services

Aim: To equip practitioners with the knowledge and skills needed to design and deliver services that encourage good quality, consistent engagement activity with service users and the general public.

Learning outcomes:

At the end of the workshop the learner will:

- Have understanding of what the principles are
- Have understanding of what engagement is and the levels of engagement
- Know how best to put the principles into practice
- Know what the benefits and barriers of applying the principles are

For more details:

<http://www.participationcymru.org.uk/advice-support/national-principles-for-public-engagement-in-wales/principles-into-practice-events>

participationcymru@wcva.org.uk or phone 01970 631126

Participation Cymru's Regional Network Events (FREE): Other subject areas:

October's network events will feature sessions on the completed version of Wellbeing Wales' **Sustainable Wellbeing Toolkit**

The toolkit provides a range of easy to use tools to help organisations, services and projects better understand what wellbeing is and how to measure the real impact of it. As the sessions are free.

'Sunshine vitamin' pills may extend lives of cancer patients

I don't know if it is because of the time of year but articles about Vitamin D have been popping-up all over the place in the last few weeks. Here's a report from one of them.

A vitamin pill available for a few pence in most chemists' shop may have a bigger impact in extending the survival of cancer patients than drugs costing tens of thousands of pounds, says a leading cancer specialist Professor Angus Dalgeish, consultant medical oncologist at St George's Hospital in London. He tests all his cancer patients for the level of Vitamin D and prescribes supplements where they are low. His melanoma (skin cancer) clinic tests have shown that the majority of patients had low Vitamin D.

Professor Dalgeish said "I spent a decade studying interferon for which the NHS paid £10,000 annually per patient for years for very little benefit. Vitamin D is much more likely to give a benefit in my view."

He also tests Vitamin D levels in his private patients who have different kinds of cancer and prescribes the vitamin where it is low. He joined other specialists who spoke at the BMA conference in London and presented evidence for the role of the vitamin in reducing cancer.

Also at the event was Joan Lappe, professor of medicine at Creighton University in Nebraska, US, described a trial showing how Vitamin D and calcium supplements given to cancer patients dramatically improved survival. The trial was originally designed to assess the effects of the supplements on osteoporosis, the bone-thinning disease, and only later switched to examine their effects on cancer. Other papers will present results of the effect of vitamin D on bowel cancer and adenocarcinoma, a cancer of the skin and other tissues.

In another trial at the University of Leeds Professor Dalgeish had previously found, through research on patients with melanoma, that those with the lowest level of Vitamin D had the poorest outlook. They were 30 per cent more likely to suffer a recurrence of the disease after treatment than those who had the highest levels.

Melanoma is commonest in people with pale skin who spend little time in the sun throughout the year, until they go on holiday and get severely sunburnt. Adults who have suffered severe sunburn before the age of 15 are at greatest risk.

Professor Dalgeish said: "We have always known that melanoma was caused by sunburn plus fair skin and moles plus an unknown Factor X. The speculation now is whether Vitamin D has something to do with Factor X. Why I am excited as a clinician is that with Vitamin D we can move low levels to high levels, with supplements."

Vitamin D is the only vitamin that humans make themselves, from the action of the sun on the skin, and is essential for the health of skin and bones.

Levels of sunshine in the UK are too low to produce healthy levels in many people. The

elderly, who don't go out much, particularly through the winter are at risk. The Vitamin has been link to low mood and is of course needed to prevent risk to bones.

Life expectancy at birth in the UK has reached its highest level on record for both men and women. Take a look at this and you will see why pension issues and retirement ages are such hot topics at the moment.

A newborn baby boy could expect to live 77.7 years and a newborn baby girl 81.9 years if mortality rates were to remain the same as they were in 2007–09.

However the gap between men and women has been closing. Over the past 27 years it has narrowed from 6.0 years to 4.2 years. Based on mortality rates in 1980–82, 26% of newborn males would die before age 65, but this had reduced to 15% based by 2007–09. The equivalent figures for newborn females were 16% in 1980–82 and 10% in 2007–09.

The number of further years a man reaching 65 in 2007–09 could expect to live is another 17.6 years, and a woman aged 65 could expect another 20.2 years.

Within the UK, life expectancy varies by area. England has the highest life expectancy at birth, 78.0 years for males and 82.1 years for females, while Scotland has the lowest, 75.3 years for males and 80.1 years for females.

<http://www.statistics.gov.uk/images/charts/168.gif>



Numbers Becomes Us

This link will take you to a publication from the WCVA called the Third Sector Statistical Resource.

http://www.wcva.org.uk/images_client/publication/WCVA%20Almanac%202010%20E.pdf

It will give you the low down on the funding to the voluntary sector. Significantly 32% comes directly from the Welsh Government and just 13% from the NHS and local authority collectively.

(Some of) What's Been Doing On – Journeys of a Wandering Facilitator (me)

The WCVA held a conference called ***Demonstrating Impact in Difficult Times*** Have a look at WCVA's Information Sheet 2.17 Impact and Impact Assessment at www.wcva.org.uk

Marie Curie Cancer Care supported the **End of Life Alliance Conference** in Cardiff on the many aspects and experiences of palliative care for health staff and patients and innovations, research and best practice.

GAVO held showcase event to **celebrate Communities First** and how these local community led groups, in identified areas of deprivation, across Gwent have supported local regeneration and community cohesion objectives. The Facilitator distributed literature to the Communities First Coordinators from the Wales Public Health Team in Newport to encourage young people aged over 16 to take-up vaccinations.

The Aneurin Bevan Health Board **Stakeholders Reference Group** examined the Summary of the Health Board's Annual Plan and formed a sub-group to coordinate a response from group members.

See the full plan at:

<http://www.wales.nhs.uk/sitesplus/866/opendoc/155608/&EEC9AFF4-1143-E756-5C890B23092BCB99>

The WCVA held an information event in Torfaen to update people in the voluntary sector working with children and young people, or vulnerable people, about changes, which had been announced by the **Independent Safeguarding Authority on Vetting and Barring**.

The Director of Social Services, Locality Health Board Director, Social Services Duty Team Manager and the Facilitator sat on a question and answer panel for a **Carer's Question Time event** during Carer's Week.

At the new University of Wales Newport Campus Muslim leaders and other representatives from the Police, Health and Local Authority came together to gain a greater understanding of **What Islam Says**.

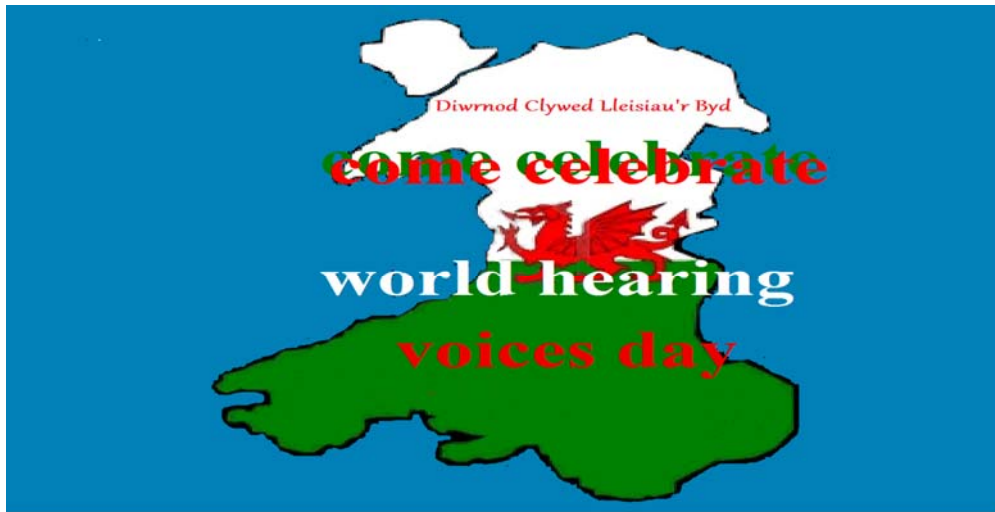
Coming to a place near you soon.....SCiP(SE) Stakeholder Engagement Seminars
September 2011 - March 2012

Due to additional project money from the Care Council for 2011 - 2012 other seminars are being planned and a schedule will be released in late July 2011. Topics will cover:

- Learning to Care Seminar - Engaging Training Providers, FEI & HEI
- SME Support Surgeries - business sustainability, building IT infrastructure, Extending Working Lives legislation etc
- Domiciliary Care Seminar - Recruiting staff - a joint approach, Manager Registration/Qualifications
- Pathways into care 14 -19 & NEET engagement as potential recruits, Building on the Care Week success working with Newport Jobcentre Plus - engaging with Jobcentre Plus for a sustainable workforce

Penny wants to know if there are any other topics that need addressing in seminars and focus groups ~ this is a window of opportunity to raise these issues before the schedule is set.

Contact: Penny Copner, Social Care in Partnership (South East) - SCiP (SE)
The Regional Social Care Partnership for SE Wales
01873 735450 Fax 01873 73 5447 PennyCopner@monmouthshire.gov.uk



World Hearing Voices Day celebrates the acceptance of voice hearing and promotes recovery for those with distressing voices

14th Sept 2011

10:30am-3:30pm

@ Dolman Theatre, Newport, Gwent

For more info, or to book your place:

please call Maria 07975 528367 or Jess 07968 822505

or email visionsandvoices.newport@gmail.com

Have your say on how Social Workers are trained – the Care Council for Wales has launched a consultation about proposals on how qualified social workers can continue their education and training. The consultation, *Continuing Professional Education and Learning (CPEL) framework* will run until 16 September and responses are being sought from social workers and their employers; education providers; service users and carers; and any individual or organisation with an interest in social work. You can find all documentation for the consultation, including a CPEL Framework Podcast, on the Care Council's website at <http://www.ccwales.org.uk/your-voice/consultation/current>
Contact: meilir.thomas@ccwales.org.uk or call 01745 586850.

Divorce and the elderly

A growing number of divorce cases between elderly couples have highlighted specific problems facing this group.

The dynamics of our population are changing and as most of us live significantly longer. The Office for National Statistics (ONS) data shows that while the overall number of divorces may not have increased significantly between 1981 and 2005, the proportion of divorces among the over 60s has increased. For example, in 1981, 3.7 % of all men divorcing were over 60. In 2005, this proportion rose to 5.7 %. In 1981, 2.6 % of all women divorcing were over 60. In

2005, this had increased to 3.3 %. Similarly, the average age of divorcees increased for men from 37.7 in 1981 to 43.1 in 2005, and for women from 35.2 in 1981 to 40.6 in 2005.

While the number of divorces have not increased dramatically, it has become more common for the elderly. There are many possible reasons for this. Divorce is becoming more “socially acceptable”, particularly among the older generation for whom divorce has, in the past, not been an option. Couples who have been in long, unhappy marriages are more likely to consider divorce than their parents or grandparents.

On the whole, couples today are more financially secure than ever before. We are, as a nation, wealthier per head than we have been in past generations. In the past, limited resources may have left couples financially tied. Now, increased resources, whether through paid income, welfare benefits or capital growth from increasing property prices have allowed couples to achieve financial independence from each other.

Second and even third or more marriages are not uncommon, with parties marrying at a later age. The statistics have shown that more marriages between older people end in divorce than first marriages, and divorcees in second or third marriages are likely to be, on average, older than those who have married just once.

Issues specific to elderly divorcing couples.

In general, the same legal principles apply on divorce whatever the age of the divorcing couple. A court will take into account the factors outlined in section 25 of the Matrimonial Causes Act 1973 when considering what provision to make for each spouse. These naturally include the financial needs and resources of each spouse. However, there are certain issues that are more likely to arise for a divorcing elderly couple, and other issues that might take on increasing relevance, such as inheritance issues and tax planning. While making a will is something everyone should do, this is particularly important for the elderly, when divorcing. They may not be aware that throughout the process of divorcing their spouse, a valid current will, will remain valid. Do they still want their ex-spouse to benefit on their death? If they do not have a current will, are they happy with the way in which their estates will pass-on under the intestacy rules? Who will inherit in the absence of a spouse? Are they aware of the claims that a current or ex-spouse can bring against their estate under the Inheritance (Provision for Family and Dependents) Act 1975? This Act allows certain categories of claimant to bring a claim against the estate of a deceased where reasonable financial provision has not been made for them either under the will or intestacy of the deceased. As a result of the divorce, the spouse exemption from inheritance tax no longer applies. This may be something that has not been considered before.

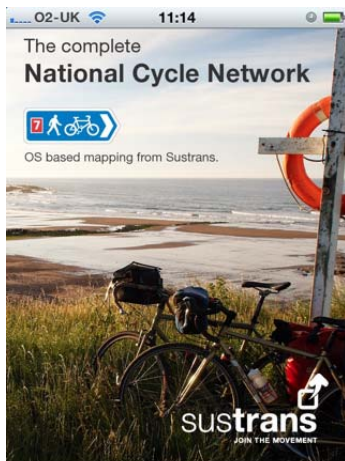
Death of one party during divorce proceedings

While this is not a risk for an elderly person exclusively but if either are infirm particular care should be taken to obtain legal advice. The courts have upheld a case where the age (although, note that old age is in itself not a disability) and ill health of one of the parties prevented the granting of the decree absolute because of the possibility of death before the settlement of the financial matters was decided. A spouse remains a spouse until decree absolute.

j4bCommunity

Website providing information on over 3,000 grants dedicated to the voluntary and community sector.

www.j4bcommunity.co.uk/



Supported by  healthier scotland

Below is a link, which lets you locate cycle networks and traffic-free routes and other amenities where ever you are in the UK

<http://www.sustrans.org.uk/map?searchKey=np20&searchType=search&Search=Find>

Also bike related freebies are available on:

<http://www.sustrans.org.uk/what-we-do/free-your-bike>

What's Coming Up

The Gwent Facilitators are putting on a conference with the Aneurin Bevan Health Board focusing on the Health Board and local authority's new **Compact with the voluntary sector** as we address the changes in the environment in which we will work together.

The Strategic Planning Groups across the area are putting together their Action Plans based on fulfilling the aims and objects of the **Health, Social Care and Well-being Strategies**.

The WCVA are providing training opportunities for the facilitators to help role out the new **Standards for Health Care 'How To Guide'** for the voluntary sector.

The **Gwent Frailty Programme** continues to develop its provision for the delivery of patient centred treatment to people being supported to recover in their own homes.

The **Neighbourhood Care Networks** for West, East and the North/Central Newport districts are meeting to consider how to deliver improved Primary Care following the Welsh Government's *Setting the Direction* Strategy.

Adult Social Care – Law Commission's Final Report Published

Joseph Rowntree Tackling Loneliness

www.jrf.org.uk/sites/files/jrf/loneliness-neighbourhoods-engagement-full.pdf

This paper:

- Defines loneliness and explores how lonely people can be identified and engaged;
- Outlines previous JRF research that could inform the Neighbourhood Approaches to Loneliness programme;
- Identifies other research and projects that could inform the Neighbourhood Approaches to Loneliness programme.



The Law Commission has published the final part of its project to reform adult social care law. The recommendations are the most far-reaching reforms of adult social care law seen for over 60 years.

The Commission's recommendation for a single, clear, modern statute and code of practice would pave the way for a coherent social care system. For the first time, older people, disabled people, those with mental health problems and carers will be clear about their legal rights to care and support services. Local councils across England and Wales will have clear and concise rules to govern when they must provide services.

The third sector in Wales, including the WCVA, responded to the consultation on this very important review and updating of adult social care law last year, and has been awaiting the final report to find out the Commission's recommendations and what they will mean for Wales.

Included in the Commission's recommendations are:

- Putting the individual's wellbeing at the heart of decision-making, using new statutory principles;
- Giving carers new legal rights to services;

- Placing duties on councils and the NHS to work together;
- Building a single, streamlined assessment and eligibility framework;
- Protecting service users from abuse and neglect with a new legal framework;
- and for the first time, giving adult safeguarding boards a statutory footing.
-

There were several key issues for adult social care in Wales:

- **Impact of the outcome of the referendum in Wales for greater legislative powers:** there will therefore be separate statutes for England and Wales, with Wales having the powers to legislate for all of adult social care in this country.
- **Principles – what the legislation is seeking to achieve:**
- **Recognition of Two Types of Service Provision:** The provision of universal services to the wider community to help prevent or delay the need for more targeted social care interventions. Here local authorities would have a broader role to ensure the provision of information, advice and assistance to people who have not had or do not want an assessment, or who are not eligible for services. Authorities would also have a responsibility to stimulate the development of sufficient types of services and support in the local market.
The second level would be targeted social care services, provided following a community care assessment.
- **Assessments:** To help prevent a service-led approach to assessment, meaning they must focus on the person's care and support needs and the outcomes they wish to achieve.
- **Joined Up Approach:** the new statute will make it clear that a local authority can carry out a Community Care Assessment at the same time as any other assessment is carried out, such as NHS continuing healthcare.
- **Eligibility:** The statute would allow Welsh Ministers to make regulations prescribing the eligibility framework for the provision of community care services, which local authorities would have to use to set their eligibility criteria. The code of practice would specify how local authorities should set their eligibility criteria, including the needs the authority must, at a minimum, provide services for.
However, the Assembly Government would also be allowed to set eligibility criteria at a national level in Wales.
- **Carers' Assessments:** The new statute would set out a single and standalone duty to undertake a carer's assessment. This duty would not depend on the cared-for person simultaneously receiving a Community Care Assessment. The new duty to assess a carer would remove the existing requirement for the carer to be providing a *substantial amount of care on a regular basis*, and although paid or volunteer care workers would be excluded from carers' assessments, local authorities would have discretion to assess such a carer where they believe the caring relationship is not principally a commercial or ordinary volunteering one. A carer's assessment,

once triggered, would be required to focus on the carer's ability to provide and to continue to provide care for the person cared for and also take into account whether the carer wishes to work or undertake education, training or any leisure activity. To ensure a joined-up process between community care assessments and carers' assessments, the assessment regulations would require that the results of the carer's (including young carer's) assessment and cared-for person's assessment should inform each other.

- **Direct Payments:** The Welsh Government will have a power to make regulations to require local authorities to allocate a personal budget to service users and carers. The existing legal provisions regulating direct payments will be maintained.
- **Adult Protection:** The new statute would provide clearly that local social services authorities have the lead coordinating responsibility for safeguarding.
- **The Health and Social Care Divide:** The Assembly Government would also be given a power to establish in regulations an eligibility framework for the provision of NHS continuing healthcare and to specify what combination of needs establish a primary health need whereby the person would be eligible for NHS continuing healthcare.
- **Duty to Co-operate:** The new statute would establish a duty on each social services authority to make arrangements to promote co-operation with specified bodies, including other authorities, the NHS and police. It would also introduce an enhanced duty to cooperate.
- **Children and Young People:** The new statute would apply to those aged 18 and above, but to assist with the transition of young people from children's services to adults' services, local authorities would have a power to assess and provide service to 16 and 17 year olds under the adult statute.
- **Advocacy:** There is an existing right to advocacy in adult social care legislation, which has never been implemented. This would be maintained, with a power for the Assembly Government to implement the right and modify it to bring it into line with modern understandings.
- **Disability Registers:** The existing duty on local authorities to maintain a register of all disabled people will be replaced with a more discrete requirement to establish a register of blind and partially sighted people in their area. Local authorities would have a power to maintain registers, if they wished to do so.

In Wales we await the announcement of our new Ministers with the establishment of the new Cabinet to see how these recommendations will be taken forward.

The Final Report, and a summary of the report, is available on the Law Commission website (www.justice.gov.uk/lawcommission/adult-social-care.htm). The summary of the Final Report is available in Welsh, large print, easy read and audio versions. If you have any further queries relating to the

report or to any other aspect of the project, these can be sent to Justin Leslie by email to adultsocialcare@lawcommission.gsi.gov.uk.



MORBUM NON SPIRITUM MODERARE :
"Control the illness, not the spirit"

Due to expansion, the Bipolar Carers' Trust is looking to recruit people to train as
TUTORS
to deliver "Together" Support Sessions to carers.

Experience not necessary, as training is provided.

We are looking for people who have excellent communication skills, are enthusiastic and motivated, are able to work with others and have the ability to deal with sensitive issues. A full driving licence is also required.

Generous fees paid for each course delivered.

For more information RING BPCT UK 07779 202426
www.bipolarcarerstrustuk.org.uk

If you would like to know more about our organisation or to book your place on a "Together" course please contact : lesleykarenjenkins@gmail.com or tel. 07779 202426 .(www.bipolarcarerstrustuk.org.uk)

Did You Know?

The human body grows a new stomach lining every five days. The average lifespan of a human taste bud is ten days. The body grows a completely new skin every four weeks. The liver is replaced every six weeks. The human skeleton is replaced every three months.

I have tried, wherever I could make it possible, to make the links work properly for you, if they don't please try cut and paste.

**Please contact me if you would like this
newsletter in another format or for further
information - Kate**