Merton Council
Healthier Communities and Older People Overview and Scrutiny Panel

Date: 17 March 2016
Time: 7.15 pm
Venue: Committee rooms C, D & E - Merton Civic Centre, London Road, Morden
         SM4 5DX

AGENDA

**This is a public meeting – members of the public are very welcome to attend.
The meeting room will be open to members of the public from 7.00 p.m.**

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Healthier Communities and Older People Overview and Scrutiny Panel membership

Councillors:
Peter McCabe (Chair)
Brian Lewis-Lavender (Vice-Chair)
Mary Curtin
Brenda Fraser
Suzanne Grocott
Sally Kenny
Laxmi Attawar
Michael Bull
Substitute Members:
Abdul Latif
Joan Henry
Gregory Patrick Udeh
Jill West

Co-opted Representatives
Myrtle Agutter (Co-opted member, non-voting)
Saleem Sheikh (Co-opted member, non-voting)
Hayley James (Co-opted member, non-voting)

Note on declarations of interest

Members are advised to declare any Disclosable Pecuniary Interest in any matter to be considered at the meeting. If a pecuniary interest is declared they should withdraw from the meeting room during the whole of the consideration of that mater and must not participate in any vote on that matter. If members consider they should not participate because of a non-pecuniary interest which may give rise to a perception of bias, they should declare this, .withdraw and not participate in consideration of the item. For further advice please speak with the Assistant Director of Corporate Governance.

What is Overview and Scrutiny?
Overview and Scrutiny describes the way Merton's scrutiny councillors hold the Council's Executive (the Cabinet) to account to make sure that they take the right decisions for the Borough. Scrutiny panels also carry out reviews of Council services or issues to identify ways the Council can improve or develop new policy to meet the needs of local people. From May 2008, the Overview & Scrutiny Commission and Panels have been restructured and the Panels renamed to reflect the Local Area Agreement strategic themes.

Scrutiny's work falls into four broad areas:

⇒ **Call-in**: If three (non-executive) councillors feel that a decision made by the Cabinet is inappropriate they can 'call the decision in' after it has been made to prevent the decision taking immediate effect. They can then interview the Cabinet Member or Council Officers and make recommendations to the decision-maker suggesting improvements.
⇒ **Policy Reviews**: The panels carry out detailed, evidence-based assessments of Council services or issues that affect the lives of local people. At the end of the review the panels issue a report setting out their findings and recommendations for improvement and present it to Cabinet and other partner agencies. During the reviews, panels will gather information, evidence and opinions from Council officers, external bodies and organisations and members of the public to help them understand the key issues relating to the review topic.
⇒ **One-Off Reviews**: Panels often want to have a quick, one-off review of a topic and will ask Council officers to come and speak to them about a particular service or issue before making recommendations to the Cabinet.
⇒ **Scrutiny of Council Documents**: Panels also examine key Council documents, such as the budget, the Business Plan and the Best Value Performance Plan.

Scrutiny panels need the help of local people, partners and community groups to make sure that Merton delivers effective services. If you think there is something that scrutiny should look at, or have views on current reviews being carried out by scrutiny, let us know.

For more information, please contact the Scrutiny Team on 020 8545 3390 or by e-mail on scrutiny@merton.gov.uk. Alternatively, visit www.merton.gov.uk/scrutiny

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HEALTHIER COMMUNITIES AND OLDER PEOPLE OVERVIEW AND SCRUTINY PANEL
9 FEBRUARY 2016
(7.15 pm - 9.15 pm)

PRESENT: Councillors Councillor Peter McCabe (in the Chair),
                  Councillor Mary Curtin, Councillor Brenda Fraser,
                  Councillor Suzanne Grocott, Councillor Sally Kenny,
                  Myrtle Agutter, Saleem Sheikh, Councillor Laxmi Attawar
                  Councillor Michael Bull and Councillor Abdul Latif.

ALSO PRESENT: Caroline Cooper-Marbiah

                  Barry Causer Public Health Commissioning Manager , Dr
                  Dagmar Zeuner, Director of Public Health and Stella Akintan
                  Scrutiny Officer

1   APOLOGIES FOR ABSENCE (Agenda Item 1)

Apologies for absence were received from Councillor Brian Lewis-Lavender and Hayley James.

2   DECLARATIONS OF PECUNIARY INTEREST (Agenda Item 2)

None.

3   MINUTES OF THE PREVIOUS MEETING (Agenda Item 3)

A panel member pointed out that the reference to Cabinet contained more detail than was discussed at the meeting. The Chair said officers had to align the Panel's comments with the relevant council savings.

RESOLVED
The minutes were agreed as a true record of the meeting

4   IMPROVING PHYSICAL ACTIVITY FOR THE 55 PLUS AGE GROUP
       (Agenda Item 4)

The Director of Public Health gave an overview of the report stating that physical activity is good for physical and mental health and helps to prevent long term conditions and has a positive impact on conditions such as dementia. We need to convey important messages such as, it is never too late to get more physically active and that even a little activity leads to gains in health.

Merton has developed a self assessment tool which benchmarks how the borough is performing against the latest evidence on how to get more people physically active and

showed good progress in a number of areas. The Director said they would welcome support from the panel to make a bid to Sport England for some funding that can be used to identify local priorities and to provide more opportunities for Merton residents to be more active.

A panel member said they are part of a local organisation providing a range of services to the local community including physical activity and queried why it is so difficult to get funding for physical activity. The Director of Public Health said funding is a big challenge; we need to also use our existing resources more effectively by linking up different projects and signposting people between services.

A panel member asked what practical steps are being taken to improve physical activity for the fifty five plus age group. The Public Health Commissioning Manager reported that the NHS health checks programme is a prevention programme that supports residents between 40 and 74 years of age and includes a discussion and signposting onto physical activity programmes. So far over one thousand people have benefitted from the programme.

A panel member asked how we engage with the voluntary sector. The Public Health Commissioning Manager said we work with the voluntary sector in a number of programmes including the Befriending scheme and the Exercise for Life programme.

A panel member asked if we are conducting education programmes. The Director of Public Health said education is important but it is also essential to provide opportunities for to people engage with physical activity so we will be working with the community to find out their needs.

A panel member queried the effectiveness of the NHS health check programme based on their personal experience. Although they met the criteria they were not contacted and had to make their own appointment. This is a cause for a concern as many members of the community may not be proactive in this regard. The Public Health Commissioning Manager said it is a five year rolling programme and feasible that those towards the end of the programme have not yet been contacted. The public health team have take up figures by each GP practice and would be able to monitor the success of the programme.

A panel member was concerned that the council are withdrawing funding from community organisations that provide essential preventive services including physical activity exercises. They queried if there is any NHS funding to provide services for physical activity. The Director of Public Health said they are working closely with the NHS through the Health and Wellbeing Board and are looking at ways to use resources effectively to make them go further.

RESOLVED
The Panel thanked officers for their work and would like an update in six months with details of progress in each area.

5   UROGYNAECOLOGY SERVICES AT ST GEORGE'S UNIVERSITY
        HOSPITAL NHS FOUNDATION TRUST (Agenda Item 5)

Professor Andrew Rhodes, Chair of the Children's, Women's Diagnostics Therapies and Critical Care Division, gave an overview of the report stating that they suspended the Urogynaceology services in June last year as there were concerns about the safe running of the service. A consultation was conducted with patients and staff and this is still on-going and they are still actively listening to all views. A proposed decision will be taken to the Trust Board in March.

Professor Rhodes apologised on behalf of the Trust for the consultation. They recognise mistakes have been made and many lessons have been learnt from the process which will inform future consultations.

The purpose of the current consultation is to determine if the service should be re-configured, re-opened or closed. They need to address if there is safe provision for the nine hundred patients, it was agreed that they should be referred to Croydon because they have the required expertise, people had the option to go to other areas if they wanted to.

The Chair allowed the following speakers to address the panel;

Barbara Bohanna - lead of the women's campaign group which includes 22 Merton patients

In June people were informed that the service would be discontinued. The consultation was carried out in a shambolic way as the decision to end it was already taken before the consultation began. People had five days to respond to the consultation. People felt demeaned especially as phone calls were not answered or responded to. Patients were discharged back to their GP and they were deprived of the service. One patient who was dealing with incontinence had to take her three children on the bus to access the service at Croydon hospital.

Stephanie McPherson -Sulaman

The campaign has received 26,000 signatures to keep the service open. People were given five days to respond to the consultation. It has also come to light that the service is over subscribed at Croydon so people are being referred to Purley hospital which is an even further travelling distance for most people. The Clinic at Croydon was set up in an emergency and is next to a Sexually Transmitted Infection clinic, which is inappropriate. Councillors are called upon to ask St George's to keep the clinic open.

A panel member asked if Croydon has the capacity for patients and if specialist staff the run the Urogynaecology Clinic. Professor Rhodes said Croydon is well placed to run the service and is the only Trust in the sub region with a quality stamp accreditation.

A panel member asked why the consultant post was not re-advertised if the Trust was unable to appoint the first time and would like clarification about who has been involved in the decision making process. Professor Rhodes said there has been a problem with the service and a difficulty in recruiting quality staff. The Trust was advised by an external colleague that the service was not safe. Attempts have been made to recruit but this will remain difficult until the long term future of the service has been determined.

A panel member asked if the Trust were satisfied that the consultation was run to an acceptable standard and the legal requirements were met. Given that a standard consultation is 28 days and the panel were informed that people had five days to respond. Professor Rhodes said the lawyers were happy with the consultation and had advised that the Trust were not required to carry out a public consultation.

A Panel member asked if the concerns about the safety of the clinic were a sudden incident. Professor Rhodes said the concerns were raised as result of a number of sickness and behavioural issues. There was an attempt to create a team structure and the clinical lead from Croydon joined the team on a temporary basis, when they left, the service became

unviable. The Trust then began discussions with Croydon to create care for patients in another environment.

A panel member asked if the changes to the clinic are financially driven. Professor Rhodes said the Trust is facing financial challenges but the decision on this clinic is based upon safety concerns.

A panel member asked what factors would influence the Trust's decision to keep the service open. Professor Rhodes   said factors will include if it is viable, how quickly it can get up and running, how well does it fit within the structure of the hospital as well as cost effectiveness.

A panel member queried the proportion of patients who are being referred to Purley hospital from Croydon and the number of people who are being referred to a GP. Professor Rhodes said he was unaware of the referrals to Purley and will find out and report back to the panel. One of the concerns for the service was that too many people were being followed up within the service rather than through their GP.

The chair queried the proximity to the STD clinic. The professor said it was the first he had heard of it and will look into it.

The chair said the panel will accept the Trust's apology for failure to consult however the confidence in the organisation has been undermined.

The chair set out a resolution which was unanimously supported by the Panel;

RESOLVED

The Panel are dissatisfied with the consultation into the closure of the Urogynaecological clinic. Specifically with the length of time that people had to respond which gave the impression that a decision had been made and the Trust were simply going through the motions.

The Healthier Communities and Older People Overview and Scrutiny Panel ask St Georges to re-open the Urogynaecology clinic for local people as a priority.

6   WORK PROGRAMME (Agenda Item 6)

The work programme was noted.

Committee: Healthier Communities and Older People Overview and Scrutiny Committee

Date: 17th March 2016

Agenda item:

Wards: ALL

Subject: Epsom and St Helier University NHS Foundation Trust - verbal update.

Lead officer: Daniel Elkeles, Chief Executive Epsom and St Helier University Hospitals NHS Trust

Lead member: Councillor Peter McCabe, Chair of the Healthier Communities and Older People overview and scrutiny panel.

Contact officer: Stella Akintan, stella.akintan@merton.gov.uk; 020 8545 3390

Recommendations:

A. That the Panel consider and comment on the Epsom and St Helier Estates Strategy

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1	**PURPOSE OF REPORT AND EXECUTIVE SUMMARY**

1.1. The Chief Executive of Epsom and St Helier will give a verbal update on their Estates Strategy.

2	**DETAILS**

2.1. Mr Daniel Elkeles, Chief Executive attended the Panel in July 2015. The Panel were informed that the current Epsom and St Helier buildings are not fit for purpose therefore the Trust are planning to consult with the community and stakeholders to develop proposals for the future of the Estate.

2.2. Mr Elkeles will provide the Panel with an update and outline the next steps in the process.

2.3.

3	**ALTERNATIVE OPTIONS**

The Healthier Communities and Older People Overview and Scrutiny Panel can select topics for scrutiny review and for other scrutiny work as it sees fit, taking into account views and suggestions from officers, partner organisations and the public.

Cabinet is constitutionally required to receive, consider and respond to scrutiny recommendations within two months of receiving them at a meeting.

3.1. Cabinet is not, however, required to agree and implement recommendations from Overview and Scrutiny. Cabinet could agree to implement some, or none, of the recommendations made in the scrutiny review final report.

4 CONSULTATION UNDERTAKEN OR PROPOSED

4.1. The Panel will be consulted at the meeting

5 TIMETABLE

5.1. The Panel will consider important items as they arise as part of their work programme for 2014/15

6 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

6.1. None relating to this covering report

7 LEGAL AND STATUTORY IMPLICATIONS

7.1. None relating to this covering report. Scrutiny work involves consideration of the legal and statutory implications of the topic being scrutinised.

8 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

8.1. It is a fundamental aim of the scrutiny process to ensure that there is full and equal access to the democratic process through public involvement and engaging with local partners in scrutiny reviews. Furthermore, the outcomes of reviews are intended to benefit all sections of the local community.

9 CRIME AND DISORDER IMPLICATIONS

9.1. None relating to this covering report. Scrutiny work involves consideration of the crime and disorder implications of the topic being scrutinised.

10 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

10.1. None relating to this covering report

11 APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT

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12 BACKGROUND PAPERS

12.1.

Committee: Healthier Communities and Older People Overview and Scrutiny Committee

Date: 17th March 2016

Agenda item:

Wards: ALL

Subject: **Making Merton a Dementia Friendly Borough**

Lead member: Councillor Peter McCabe, Chair of the Healthier Communities and Older People overview and scrutiny panel.

Contact officer: Stella Akintan, stella.akintan@merton.gov.uk; 020 8545 3390

Report author: Nicola Nadanakumaran, work experience

Recommendations:

A. That the Panel consider and suggest ways to make Merton more Dementia Friendly.

B. That the Panel consider and comment on the work of our partners to make Merton more Dementia Friendly.

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1   PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1.   The purpose of the report is to provide the Panel with a background on Dementia and provide an overview of the key elements to make Merton more Dementia Friendly. Dementia nurses from Sutton and Merton Community Services, a representative from Transport for London and Merton Public Health Team will attend the meeting to discuss what they have been doing in this area. The report is attached.

2   ALTERNATIVE OPTIONS

The Healthier Communities and Older People Overview and Scrutiny Panel can select topics for scrutiny review and for other scrutiny work as it sees fit, taking into account views and suggestions from officers, partner organisations and the public.

Cabinet is constitutionally required to receive, consider and respond to scrutiny recommendations within two months of receiving them at a meeting.

2.1.   Cabinet is not, however, required to agree and implement recommendations from Overview and Scrutiny. Cabinet could agree to implement some, or none, of the recommendations made in the scrutiny review final report.

3   CONSULTATION UNDERTAKEN OR PROPOSED

3.1.   The Panel will be consulted at the meeting

4   TIMETABLE

4.1.   The Panel will consider important items as they arise as part of their work programme for 2015/16.

5   FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

5.1.   None relating to this covering report

6   LEGAL AND STATUTORY IMPLICATIONS

6.1.   None relating to this covering report. Scrutiny work involves consideration of the legal and statutory implications of the topic being scrutinised.

7   HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

7.1.   It is a fundamental aim of the scrutiny process to ensure that there is full and equal access to the democratic process through public involvement and engaging with local partners in scrutiny reviews. Furthermore, the outcomes of reviews are intended to benefit all sections of the local community.

8   CRIME AND DISORDER IMPLICATIONS

8.1.   None relating to this covering report. Scrutiny work involves consideration of the crime and disorder implications of the topic being scrutinised.

9   RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

9.1.   None relating to this covering report

10   APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT

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11   BACKGROUND PAPERS

11.1.

Healthier Communities and Older People Overview and Scrutiny Panel

Subject: Dementia

PURPOSE OF REPORT AND EXECUTIVE SUMMARY

This report addresses and sets out recommendations on how to make the borough of Merton a Dementia-friendly community and proposes strategies on how other councils are addressing this challenge.

1. DETAILS

1.1 Dementia- a definition:

The word dementia does not describe an illness or disease but refers to a set of symptoms associated with a loss of mental ability such as difficulties with memory, completing everyday tasks and problems with communication. It usually occurs when the brain is damaged by a disease like Alzheimer's or by small strokes or conditions like Lewy-Body Dementia.

According to the Alzheimer's Society there are around 800,000 people in the UK with dementia. One in three people over 65 will develop dementia, and two-thirds of people with dementia are women. The number of people with dementia is increasing because people are living longer. It is estimated that by 2021, the number of people with dementia in the UK will have increased to around 1 million.[1]

As the conditions which cause dementia are progressive it has become a leading cause of disability and death in individuals aged over 65. It must be noted that there are a number of different types of Dementia yet around 62%[2] of individuals who are diagnosed with the condition have Alzheimer's; whilst the remainder have Vascular dementia, Dementia with Lewy Bodies (DLB) or Frontotemporal dementia (FTD, also known as Pick's disease).

1.2 The impact of Dementia:

On everyday life

Individuals who suffer from dementia have a strong desire to live well and stay connected to their interests, social life and communities. However, research has shown that people with dementia usually withdraw from everyday life:

- 35% of people with dementia said that they only go out once a week or less and 10% said once a month or less.

- Shopping was identified as the most common activity that people with dementia do in their local area (79%), followed by socialising (72%), eating out (69%) and leisure activities (55%) such as going to the park, library or cinema.

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[1] Dementia Report: Opportunity for Change 2014
[2] http://www.merton.gov.uk/health-social-care/publichealth/jsna/older-adults/dementia-jsna.htm

- 63% of people with dementia did not want to try new things and the underlying issues of confidence, worry and fear must be overcome in a Dementia-friendly community.

Every experience of dementia is varied, in terms of symptoms and rate of progression and as of yet there is no cure. However, this only means that there is a lot that can be done to make sure that those with dementia can be supported and live well through a Dementia-friendly environment.

On the NHS

Currently, the estimated cost of Dementia on the NHS is approximately £26.3 billion for individuals living within care and the community which works out at an average annual cost of £32,250 per person. This consists of £4.3 billion of healthcare costs and £10.3 billion of social care of which:

- £4.5 billion spent on publically-funded social care.
- £5.8 billion spent on privately-funded social care.
- £11.6 billion of unpaid care.
- £111 million on other dementia costs.

The £11.6 billion cost of the 1.34 billion hours of unpaid carer provided each year has been calculated on the basis of the replacement and opportunity costs of this care. [3] According to the Alzheimer's Society, for every person who is able to live at home rather than in residential care there would be a saving of £11,926 per year. Thus, the concept of dementia friendly communities is an answer both to the individual need and to the recognition that the future financial cost of increasing incidence of dementia may be unsustainable if the only responses are through the health and social care systems.

2. <u>Key statistics on dementia for Merton</u>

Merton is fortunate to have strong partnership arrangements that help support older people and the issues they face. These partners are crucial in the borough as the number of people (aged 65 and over) predicted to have dementia is forecast to grow by 51% from (1,782) in 2015 to (2,683) in 2030.

According to the NHS Dementia Prevalence Calculator, Merton has 72% of dementia cases diagnosed as at March 2015. This may put a strain on services due to the increased number of referrals thus Merton must ensure that there is a sufficient capacity to meet the increase in demand. This can also be seen as an opportunity to improve Merton, whilst considering dementia friendly initiatives.[4]

2.1 Merton and South West London comparators

Figure 1 below shows Merton dementia prevalence and comparators from March 2015. There are 1,926 people in Merton with dementia according to the NHS Dementia Prevalence Calculator (DPC) out of a total registered population of 217,858. This gives a prevalence of 0.9% for Merton which is statistically significantly lower than three of the South West London comparators (Sutton, Richmond and Croydon) and statistically significantly higher than Wandsworth.

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[3] https://www.alzheimers.org.uk/site/scripts/documents_info.php?documentID=418
[4] Dementia Health Needs Assessment 2015/16, Public Health, London Borough of Merton October 2015

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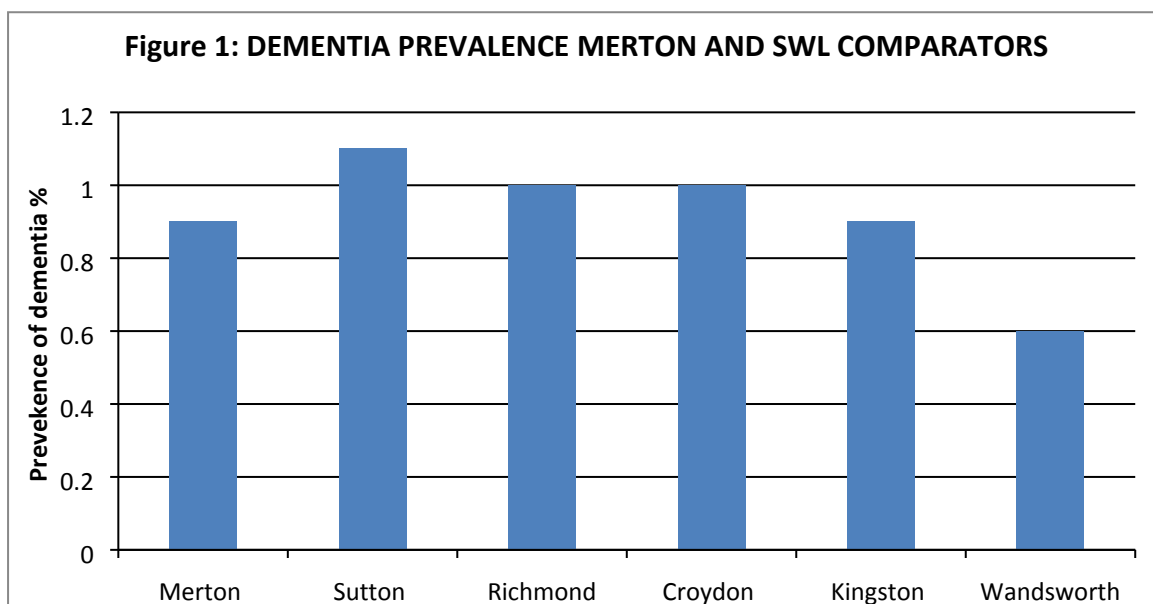**Figure 1: DEMENTIA PREVALENCE MERTON AND SWL COMPARATORS**

Figure 1. Source: NHS Dementia Prevalence Calculator (DPC) as at March 2015

2.2 BAME Groups

Merton's latest dementia needs health assessment, it is estimated that 332 BAME (aged 65 and over) have dementia in Merton in 2015. Furthermore, there is an anticipated growth of 56% in people aged 65 and over from BAME groups from 2015-2025.

There is a higher prevalence of dementia amongst the Merton BAME community (5.5%) compared to all other communities (0.9%)[5]. This is in line with previous research that indicates that the Black African Caribbean and South Asian UK Population have a higher prevalence of dementia compared to the White UK Population since these groups have higher incidences of vascular diseases.[6] See figure 2.

2.3 What are the living arrangements for people with dementia?

The DPC estimates that 83% of people with dementia in Merton are in the community and 17% are in local care homes, see figure below. As the majority of people with dementia are in the community, this shows that unpaid/informal carers play a very important role in Dementia care in Merton. This exemplifies the need for the borough to adopt dementia friendly initiatives especially if more people with dementia are living within the community.

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[5] Dementia Health Needs Assessment 2015/16, Public Health, London Borough of Merton October 2015
[6] Dementia Health Needs Assessment 2015/16, Public Health, London Borough of Merton October 2015

ESTIMATED PREVALENCE OF LATE ONSET DEMENTIA IN THE MERTON BAME POPULATION IN 2015

Age	%Prevalence of all dementias in BAME communities	Merton BAME population within that age band (GLA projections 2015)	Indicative number of people from BAME communities in Merton with dementia in each age band.
65-69	1%	2007	20
70-79	4%	2865	115
80+	17%	1159	197
TOTAL		6054	332

Figure 2. Source: Dementia Health Assessment 2015/16, Public Health, London Borough of Merton October 2015.

Figure 3: Living arrangements of people with dementia (PWD)

336, 17%

1590, 83%
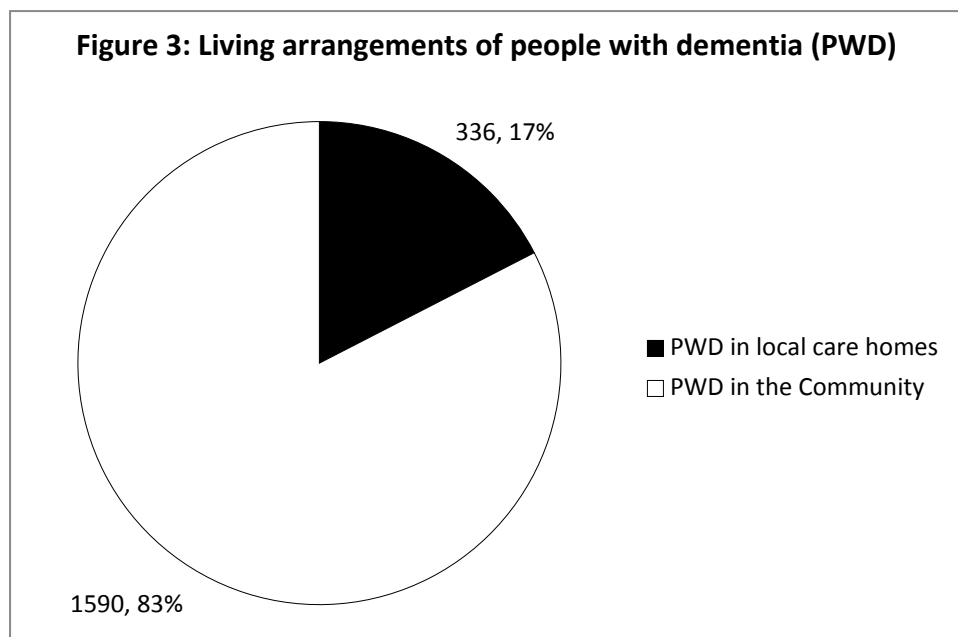
■ PWD in local care homes
□ PWD in the Community

Figure 3. Source: DPC as at February 2015

3. **What is Merton council and partners doing to support people with Dementia?**

Within the borough, individuals who suffer from Dementia are able to access local services for support and advice:

3.1 NHS

For medical diagnosis, treatment and management of dementia the NHS provides services through primary care (GPs) and secondary/tertiary/specialised services through the South West London and St George's Mental Health NHS Trust. The Mental Health Trust also provides community support through a community mental health team. It is also running a Memory Clinic at Claire House, St George's Hospital, where patients with dementia are reviewed along with their medication. The Memory Clinic also diagnoses people with a diagnosis of dementia for the first time.

3.2 Merton Council – Social Care

Merton Council provides a variety of services for people with mild to moderate dementia, who need opportunities for additional social support and contact, and respite for carers – these needs are predominantly met through non-specialist day centres.

3.3 Merton Dementia Hub, Mitcham

The main aims of the Merton Dementia Hub are to raise awareness and understanding amongst the local community, provide early diagnosis and support for individuals and support the Living Well with Dementia Strategy. Formed as a part of the Alzheimer's Society it provides additional outreach services held across the borough and works in partnership with the Merton Older Peoples CMHT (Community Mental Health Trust) Memory Clinic.

The Hub has information workers who raise awareness and promote the benefits of diagnosis amongst professionals and the local community. Alongside this, the Dementia Adviser Service provides early diagnosis and works with newly diagnosed individuals to identify their specific needs and preferred styles of support. Service users are also able access facilitated peer support at this stage which has been shown to be highly beneficial as highlighted through the National Dementia Strategy for England (NDSE) in 2009. The hub also offers activities such as the Dementia Cafes and Singing for the Brain, which address the social needs of people with dementia and their carers. They can be an opportunity for both parties to enjoy a more social activity together.

4. **What are Dementia-friendly Communities?**

Dementia-friendly Communities (whether cities, towns, villages or streets) do as much as possible to remove the barriers to everyday living that people with dementia and their carers face. They also help people with dementia to make the most of their own capabilities, encouraging them and including them in what is going in the community (see figure 4 below).

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Figure 4. Source: Alzheimer's Society, 'Building Dementia-friendly communities: A priority for everyone, August 2013.

4.1 What is the Dementia-friendly initiative?

Since the introduction of Living Well with Dementia: A National Dementia Strategy (2009), significant improvements were made in the diagnosis of dementia, with more and more people getting a diagnosis at a stage when they still have potentially many years of independence ahead of them. This of course started a chain reaction, with many charities and organisations' introducing programmes and initiatives to highlight the wider issue of dementia, by showing that dementia was an issue that incorporated communities, not just individuals.

Age UK, launched their Dementia-friendly initiative in 2012, after the Prime Minister's Challenge on Dementia during February of that year, which called for increases in early diagnosis and research as well as more dementia friendly community support. Thus, as a part of the "Fit as a Fiddle" programme, the dementia friendly initiative's chief aim was to work with local Age UKs in order to make their mainstream services more Dementia-friendly.

Through this, Age UK was able to identify clear areas for improvement in the accessibility of mainstream services. Due to the changing demographic and with individuals being diagnosed with dementia at much earlier stages people did not need or want specialist services at the time they were diagnosed, they wanted to remain part of their communities, which is what made the prospects of Dementia-friendly communities all the more important.

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5. Why is it important for Merton to become a Dementia-friendly borough?

Local councils as leaders and service providers have a civic duty to support and lead the development of sustainable and community led approaches for individuals living with dementia in the borough so that they can overcome daily struggles and live well within their communities. This can be done by working with key partners and communities locally, councils can alleviate the pressures that are put on health and social care services and as a result enable people living with dementia to become a part of the wider community.

The main aim of Dementia friendly boroughs are to create an environment in which individuals with dementia feel as if they are in control of their lives and that their carers are being properly supported. Many health and social care services are able to involve the people they treat in shaping services and the development of strategies. However, carers have been the proxy voice for people with dementia speaking on their behalf as people with dementia tend to be diagnosed at a late stage of their illness, making care a priority rather than an involvement.

6. What are other councils doing to make their local areas Dementia-friendly?

In recent years councils have already started working towards becoming Dementia-friendly. These communities are more inclusive of people with dementia, are able to improve their ability to remain independent and have a greater control over their own lives. According to the Alzheimer's Society, there are 20 areas that are listed as Dementia-friendly but listed below are three that have made a significant steps towards improving the lives of people with dementia.

6.1 Bradford

Bradford has been Dementia-friendly since 2011 and its local Alzheimer's Society has built lines with eight organisations to work on dementia awareness and develop good practice. The organisations were made up with small community groups and bigger companies such as Lloyds TSB, the Diocese of Bradford, Bolton Road Gurdwara and a local pharmacy. Once these organisations were committed to becoming dementia friendly, they were helped to draw up and action plan identifying the changes that they would make and how they would implement them.

Notably, the Bradford dementia friendly community programme used a range of approaches when raising awareness and influencing businesses and organisations. Many were invited to awareness sessions within their ward. Work to raise awareness of dementia and train staff by Co-operative stores in Bradford has been communicated throughout the broader co-op organisation. Local banks in the area have also been responsive and connected to national initiatives developed through Dementia Action Alliance.

6.2 Manchester

The towns of Cheetham and Crumpsall, Manchester, have a combined population of 4,462 who are aged 60 years or over. One of the programme's aims was to explore the extent to which local organisations and providers of services are disposed to support progress towards dementia friendly community.

One success was through the Supporting Health Dementia Programme (SHDP) which was established in 2007, started working with community and voluntary groups in an attempt to tackle the lack of understanding about dementia within the community. Cheetham and Crumpsall have a high proportion from the BAME community and through previous partnership work has shown a lower level of awareness about dementia and the existence of stigma.

Due to the programme, one of the aims of the partnership event with Anchor Housing (a sheltered housing scheme in Cheetham) was to bridge the gap between Anchor and the broader community. As a result of the event, local services, and organisations have begun to have discussions and build partnerships with Anchor; a clear outcome of this work has been that the Manchester Community Health Trainer Service now provide monthly sessions drop in sessions at Anchor.

6.3 York

Organisations in York have agreed to try and make the city more dementia friendly through their project, 'York Dementia without Walls'. Through this project it was shown that there were many resources and services in a place which can be harnessed for the benefit of people with dementia.

The aim of this work was to make individuals with dementia feel as if they were part of the project and thus were making a contribution to society. This occurred through working groups and a sounding board event. It emerged that the most important aspects to consider when making a community more dementia friendly were place, people, resources and networks. As a result of this, British Transport Police colleagues worked with the project to improve their understanding of dementia. They have also offered to support people with dementia and their families in building confidence to travel safely by rail.[7]

7. <u>What measures could be implemented in Merton?</u>

When considering the measures that could be implemented in Merton is it important that they are both beneficial for People with Dementia in the borough and cost effective. Though it is clear that funding for local councils and thus its services have been reduced, dementia is a health issue that 1 in 14 people over 65 have in their lifetime[8]. This coupled with a rise in life expectancy in Merton, means that dementia is an issue that requires a community response through active involvement.

7.1 Promoting befriending and social group schemes

A main issue for those who have Dementia and those that care for dementia patients is the challenge of breaking down stigma and increasing understanding within their communities. Following the Merton JSNA (2015), social isolation and loneliness contribute to poor health outcomes of older people.

- The Alzheimer's Society through its introduction of Dementia Friends have been highly successful in spreading awareness and trying to contribute towards making a society that is dementia friendly.

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[7] Dementia communities York summary, JRF report. October 2012
[8] 5 things you should know about Dementia: Alzheimer's Society

- Promote awareness of dementia in shops, businesses and services so all staff can show understanding and know how to recognise symptoms. Organisations can register and have training sessions in order to become dementia friends. Providing the training for people at all levels and sectors through online training is one way this could be done, as it has easy access and is affordable.

- Consider effectively promoting services at the Dementia Hub, raising the profile and developing strong links between existing services, e.g. The Dementia Hub and GPs as well as the Hub and social workers.

7.2 Training for support staff in housing

People with dementia and their carers live in a range of housing including privately owned homes to care homes. Councils and their partners can help to ensure that housing supports people with dementia to live independently and engage with their community as much as they can. Merton could implement methods such as:

- Training for support staff who are involved in housing which allows them to respond to the needs of people with dementia in the setting in which they work. This way, staff will be able to identify changes that can be made in people's homes to make them easier to live in with dementia.
- Providing training to staff that work within a housing association such as Merton Priory Homes.

7.3 Improvements for public transport hubs and training for staff

With Merton having an excellent public transport, it is important for residents of the borough to harness and benefit from them. However, for those with dementia, using public transport can become a challenge, especially through a loss of confidence and a fear of how unsuitable transport would be in accommodating their needs.
Many people with dementia are able to drive some time after diagnosis but as dementia progresses; many make the decision to stop driving. Not only is this an inconvenience but can also cause a psychological impact, as it may feel like a loss of independence.
Merton can help alleviate these problems however through service specifications and small changes for people with dementia such as:
- Training for customer-facing transport staff.
- Clear signage and written information about services.
- Ensuring that staff can be seen at key points in transport hubs.
- Clear explanations and support to understand changes and disruptions.

7.4 More activities for BAME groups

For Merton, dementia prevalence is higher in BAME populations, and is over 5.5%. This is higher than all other ages and ethnicities in Merton which is 0.9%. Furthermore, it is estimated that there will be a substantial growth of 56% in people aged 65 and over from BAME groups from 2015-2025.

Currently, there are limited 'culturally appropriate' community activities for BAME groups. Yet, a recommendation from the latest Dementia Health Needs Assessment from Merton Council states that the borough could develop 'culturally appropriate' community activities for

BAME groups and develop South West London Partnerships for BAME service developments.[9] Other changes the council could introduce are:

- Consider targeted interventions at the BAME population as they have a higher prevalence of vascular disease and are more at risk of vascular risk factors.

Steps to make areas dementia friendly

- Provision made towards a clear referral pathway, integrated with services from other organisations where health professionals are aware of local services and are then able to diagnose dementia at an earlier stage. There must be one smooth care pathway for services users, where information about services is clearly signposted and accessible to all residents.
- Local businesses, shops or transport hubs in the area could sign up to the Dementia Action Alliance and allow employees to access e-learning on dementia. This would be easily accessible and low cost for businesses. By promoting the dementia friends initiative, amongst those who have customer facing roles, individuals can simultaneously raise the profile of dementia and be trained.
- Furthermore, there could be improved signage in Council buildings targeted towards people with dementia. Local shops and businesses could also display the dementia friendly logo.
- identifying Dementia Champions who are able to train individuals, training can be given to Council employees and councillors who wish to be dementia friends.
- Leisure and cultural services provides a sense of well-being to individuals thus there is a need for activities be made available for people with dementia. This means activities should be varied; taking into account the changing needs of the ageing population. Leisure and cultural services must address the needs of dementia patients and their carers, encouraging physical and mental activity as appropriate when considering their plans for widening any participation in the borough.
- Provide more activities for BAME groups in Merton by coordinating with BAME organisations in the borough to spread awareness and battle stigma amongst communities.
- The council could coordinate the provision of community transport services between themselves and local partner organisations. Combatting loneliness and isolation in older people, is a growing challenge to modern Britain. Loneliness can lead to depression, anxiety and mental decline and those who feel isolated need more support from health and social care services[10]. Through community transport services, those with dementia could be given access to social opportunities and even opportunities to leave the house. This could even improve access to GPs and healthcare facilities by providing lose cost and high quality means of transport for those who require it.

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[9] Merton Dementia Health Needs Assessment 2015
[10] Tackling loneliness and isolation through community transport, Deloitte,

Committee: Healthier Communities and Older People Overview and Scrutiny Panel.

Date: 17 March 2015

Agenda item:

Wards: All

Subject: Planning the Healthier Communities and Older People Overview and Scrutiny Panel's 2016/17 work programme

Lead officer: Stella Akintan, Scrutiny Officer

Lead member: Councillor Peter McCabe, Chair of the Healthier Communities and Older People Overview and Scrutiny Panel

Contact officer: Stella Akintan; stella.akintan@merton.gov.uk; 020 8545 3390

Recommendations:

A. That the Panel reviews its 2015/16 work programme (set out in the appendix), identifying what worked well, what worked less well and what the Panel would like to do differently next year;

B. That the Panel suggests items for inclusion in the 2016/17 work programme – both agenda items and potential task group review topics;

C. That the Panel advises on agenda items for its meeting on 28 June 2016.

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 To enable the Panel to plan its work programme for the forthcoming municipal year and, in particular, to agree agenda items for the first meeting of the municipal year.

2. DETAILS

Identifying issues for the 2016/17 work programme

2.1 The scrutiny officers are currently gathering suggestions for issues to scrutinise, either as Panel agenda items or task group reviews. Suggestions are being sought from members of the public, councillors and partner organisations including the police, NHS and Merton Voluntary Service Council. Other issues of public concern will be identified through the Annual Residents Survey. The council's departmental management teams have been consulted in order to identify forthcoming issues on which the Panel could contribute to the policymaking process.

2.2 The Panel is therefore invited to suggest items for inclusion in the 2016/17 work programme – both agenda items and potential task group review topics.

2.3 All the suggestions received will be discussed at the Panel's topic workshop on 24 May 2016. As in previous years, participants will be asked to prioritise the suggestions using criteria so that the issues chosen relate to:

- the Council's strategic priorities;

- services that are underperforming;

- issues of public interest or concern;

- issues where scrutiny could make a difference

3.   ALTERNATIVE OPTIONS

3.1   The Healthier Communities and Older People Overview and Scrutiny Committee can select topics for scrutiny review and for other scrutiny work as it sees fit, taking into account views and suggestions from officers, partner organisations and the public.

4.   CONSULTATION UNDERTAKEN OR PROPOSED

Scrutiny topic suggestions are being sought from members of the public, councillors, council officers and partner organisations including the police, NHS and Merton Voluntary Service Council.

5.   FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

5.1   None for the purposes of this report.

6.   LEGAL AND STATUTORY IMPLICATIONS

6.1   There are none specific to this report.

7.   HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

7.1   It is a fundamental aim of the scrutiny process to ensure that there is full and equal access to the democratic process through public involvement and engaging with local partners in scrutiny reviews. Furthermore, the outcomes of reviews are intended to benefit all sections of the local community.

8.   CRIME AND DISORDER IMPLICATIONS

8.1   The Police and Justice Act 2006 requires every Council to have a scrutiny committee with the power to review or scrutinise decisions made, or other action taken by the Council and the other responsible authorities in the exercise of their crime and disorder functions. The other responsible authorities are the police, the police authority (Metropolitan Police Authority), the fire and rescue authority and the Primary Care Trust.

8.2   In Merton the responsible committee is the Overview and Scrutiny Commission.

8.3   Under the 2006 Act, the responsible committee is required to "meet to review or scrutinise decisions made, or action taken, in connection with the discharge by the responsible authorities of their crime and disorder functions, no less than once every twelve months". In doing so, it may require the attendance of officers from the Council, the police and co-operating authorities.

9.   RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

9.1   None relating to this report.

10.   APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT

10.1   2015/16 work programme

11.   BACKGROUND PAPERS

11.1   None

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Healthier Communities and Older People Work Programme 2015/16

This table sets out the draft Healthier Communities and Older People Panel Work Programme for 2015/16. This Work Programme will be considered at every meeting of the Panel to enable it to respond to issues of concern and incorporate reviews or to comment upon pre-decision items ahead of their consideration by Cabinet/Council.

The work programme table shows items on a meeting by meeting basis, identifying the issue under review, the nature of the scrutiny (pre decision, policy development, issue specific, performance monitoring, partnership related) and the intended outcomes. The last page provides information on items on the Council's Forward Plan that relate to the portfolio of the Healthier Communities and Older People Panel so that these can be added to the work programme should the Commission wish to.

The Panel is asked to identify any work programme items that would be suitable for the use of an informal preparatory session (or other format) to develop lines of questioning (as recommended by the 2009 review of the scrutiny function).

Scrutiny Support

For further information on the work programme of the Healthier Communities and Older People please contact: -
Stella Akintan (Scrutiny Officer)
Tel: 020 8545 3390; Email: stella.akintan@merton.gov.uk

For more information about overview and scrutiny at LB Merton, please visit www.merton.gov.uk/scrutiny

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Meeting Date 02 July 2015

Scrutiny category	Item/Issue	How	Lead Member/Lead Officer	Intended Outcomes
Consultation	Epsom and St Helier University NHS Trust – update on current priorities	Report to Panel	Daniel Elkeles, Chief Executive, Epsom and St Helier Lisa Thomson, Director of Communications, Epsom and St Helier	Panel to receive an update on the Trust's plans to modernise Epsom and St Helier hospital
Policy Development	Merton Step down accommodation	Report to Panel	Mark Clenaghan, Service Director, South West London and St Georges Mental Health Trust Caroline Farrar, Assistant Director of Commissioning and Planning	Panel to receive an update on proposals to close Norfolk Lodge mental health facility.
	Work Programme			

Meeting date – 03 September 2015

Scrutiny category	Item/Issue	How	Lead Member/ Lead Officer	Intended Outcomes
Pre-decision scrutiny	Healthy Child 0-5 Transfer	Report to the Panel	Julia Groom, Consultant in Public Health	Panel to comment on the report before it goes to Cabinet.
Scrutiny Review	Preventing incontinence task group update report	Report to the Panel	Catrina Charlton, Senior Commissioning Manager. Merton Clinical Commissioning Group	Panel to comment on progress with implementing the recommendations.
	Work Programme –	Report to the Panel	Stella Akintan/ Cllr Peter	

	agree final draft		McCabe	

Meeting date – 22 October 2015

Scrutiny category	Item/Issue	How	Lead Member/Lead Officer	Intended Outcomes
Performance Monitoring	Adult Social Care Savings	Report to the Panel	Simon Williams, Director of Community and Housing	
Performance Monitoring	Use of Volunteers in day centres	Report to the Panel	Andy Ottoway-Searle, Head of Direct Provision	To review the progress with recruiting volunteers.
Policy Development	Preventing ill health	Report to the Panel	Dr Kay Eilbert, Director of Public Health	To look at the prevention agenda and consider how the Panel can provide ideas and support.

Meeting Date – 10 November 2015

Scrutiny category	Item/Issue	How	Lead Member/Lead Officer	Intended Outcomes
Policy Development	Update on the Care Act	Report to the Panel	Simon Williams, Director of Community and Housing	To gain an overview and the main implications of the Care Act, and the progress with implementing it in Merton.
Performance monitoring	Budget	Report to the Panel	Caroline Holland, Director of Corporate Services	To review savings proposals

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Meeting date – 12 January 2016 BUDGET

Scrutiny category	Item/Issue	How	Lead Member/Lead Officer	Intended Outcomes
Performance monitoring	Budget	Report to the Panel	Caroline Holland, Director of Corporate Services	To comment on the council's draft budget

Meeting date – 09 February 2016

Scrutiny category	Item/Issue	How	Lead Member/Lead Officer	Intended Outcomes
Performance monitoring	St Georges report on substantial variation to a local Urogynaecology clinic.	Report to the Panel	Miles Scott, Chief Executive, St Georges University Hospitals NHS Foundation Trust	Panel to be consulted on proposed changes to the clinic
Scrutiny Review	Physical activity for the fifty five plus	Report to the Panel	Public Health Team	Panel to review services in place to support physical activity amongst the 55 plus age group

Meeting Date - 17 March 2016

Scrutiny category	Item/Issue	How	Lead Member/Lead Officer	Intended Outcomes
Consultation	Update from Epsom and St Helier Hospital on Estates Strategy Community Consultation	Senior officers to attend Panel	Daniel Elkeles, Chief Executive Epsom and St Helier University NHS Trust	To review/ discuss outcomes on recent consultation with community on estates strategy
Policy Development	Making Merton a Dementia Friendly Borough	Report to the Panel		Panel to consider measures to make the borough more friendly to people with dementia
Policy Development	Work Programme	Report to the Panel	Stella Akintan, Scrutiny Officer	Panel to consider topics for the next municipal year

Suggested topics for 28th June meeting

	Invite Chief Executive of Merton Clinical Commissioning Group	Report and Officers to attend Panel		To outline their key priorities and challenges for the year ahead
	Invite Chief Executive of St Georges Hospital	Report and Officers to attend Panel		To outline their key priorities and challenges for the year ahead
Scrutiny Review	Diabetes task group Final Report	Report to the panel	Cllr Brian Lewis Lavender	Panel to comment on the final draft report on Diabetes in the South Asian community
	Merton Improving Access to	Report to the Panel	Merton CCG	Panel to review impact/ progress of this new

	Psychological Therapies			service.

Agenda items that the Panel did not have time to consider

Policy Development	Healthy High Streets	Report to the Panel	Public Health Team	Panel to consider the measures in place to ensure that Merton's high streets have a variety of shopping outlets to support the health and wellbeing agenda.
Policy Development	Out of hospital Care	Report to the Panel	Merton Clinical Commissioning Group	Review the services available to support people in the community and reduce reliance on in-patient hospital care.
Policy Development	Support for older people with physical and mental disabilities in the community	Report to the Panel		Review the services and support available for the vulnerable group.
Policy Development	Integrated Care	Report to the Panel		Review the progress with integrating health and social care