

## **COUNCIL SEMINAR 23rd July, 2013**

Present:- Councillor Doyle (in the Chair); The Mayor (Councillor John Foden), Ahmed, Atkin, Beaumont, Clark, Currie, Dodson, Ellis, Gosling, Goulty, Kaye, Pickering, Pitchley, G. A. Russell, P. A. Russell, Stone, Swift, Whelbourn and Wyatt.

Apologies for absence had been received from Councillors Ali and Donaldson.

### **DEMENTIA FRIENDLY COMMUNITIES.**

Councillor John Doyle, Cabinet Member for Adult Social Care, welcomed those present to the Seminar and thanked them for attending. He spoke about how common Dementia was and how, sadly, it was likely that everyone had, or would have, some experience of the disease through personal experience or friends and relatives who were sufferers. He welcomed two Officers who had prepared a presentation on the creation of 'Dementia Friendly Communities' to help sufferers and their carers: -

Jacqueline Clark, Operational Commissioner, Commissioning, Neighbourhood and Adult Services.

Ruth Fletcher-Brown, Public Health Specialist, Public Health, Neighbourhood and Adult Services.

The definition of a 'Dementia Friendly Community' was: -

One that showed a high level of public awareness and understanding so that people with Dementia and their carers were encouraged to seek help and were supported by their community.

A 'Dementia Friendly Community' encouraged and helped people to keep their independence.

Dementia was one of the six priorities within the Joint Health and Wellbeing Board Strategy.

- Within Rotherham, Dementia was the biggest health concern for the over 55s;
- Economically, the disease cost the Local Authority more than the cost of Cancer, Heart Disease and Stroke;
- There was a projected increase in the number of cases of Dementia over the next three years;
- Dementia was a priority of all agencies and partners;
- It was a national priority as the Prime Minister's Office had created a 'Challenge for Dementia'.

A quotation from the Joseph Rowntree Foundation was shared as it recognised that, along with the medical diagnosis and consequences of Dementia, there was a large impact on the person's wider lifestyle, and

also their partner and family's experiences. Dementia could lead to people's support networks reducing. There was evidence that the wider problems experienced by sufferers and their families led to earlier formal interventions being required than if a more supportive, community-based approach was available, allowing a person to retain their independence. The costs of formal intervention were high and on-going.

### **Dementia Friendly Communities: -**

Since Autumn 2012, a three-year project had been underway to develop 'Dementia Friendly Communities'. The initial target was for 20 towns/cities to receive a Charter by 2015. This had already been achieved, and in the region, Leeds, Sheffield, Wakefield and Bradford had already achieved this. The newly revised target was 50 towns/cities by 2015.

To achieve the 'Dementia Friendly Community Charter', communities had to: -

- Proactively work with businesses to understand and respond to the needs of people suffering from Dementia;
- Provide training for frontline workers of 'everyday services' to identify and respond to the needs of Dementia sufferers;
- Ensure as far as possible that shared/public spaces were safe, had clear signage and that staff had positive attitudes to people with Dementia;
- Local Authority Planners were aware of the needs of Dementia sufferers when planning new developments, transport, public signs and Services;
- Dementia awareness sessions were held for children and young people to increase their awareness and understanding.

Efforts were underway in Rotherham to achieve the Charter mark: -

- The Prevention Sub-Group of the Older Peoples' Mental Health Group was leading on this work;
- The Dementia Society was acting as an adviser;
- Work was underway to: -
  - Help staff to be 'Dementia-aware';
  - Help service users to be confident to access all types of provision;
  - Provide local businesses and taxis with training opportunities;
  - Train Culture and Leisure Services and Housing Services staff.
- Part of the Charter related to training individuals up to be 'Dementia Friends' and 'Dementia Champions'. These individuals would be trained to be aware of the problems of the disease and know how to help Dementia sufferers;
  - Rotherham had a combined target of 6,000 people to be trained as Dementia Friends and Champions by 2015;

- The training opportunity would be promoted through Area Partnership Groups, Rother-Fed, Area Assemblies and Community Action Groups;
- Rotherham already had 12 Dementia Champions (Doncaster had 60). Dementia Champions would train the Friends;
- At the present time, there were nationally 10,732 Dementia Friends. All of these had been recruited and trained since February, 2013, which demonstrated a really positive start.
- Rotherham's Elected Members were asked to consider undertaking the role and also publicising the opportunity within their networks.

Discussion ensued and the following issues were raised: -

- The importance of all agencies giving a clear message that Dementia should not be surrounded by stigma and for those concerned to visit their GP and take the simple tests;
- Personal experience of attending the Maltby 'Memory Café' that brought Dementia sufferers and their families and carers together to share ideas, experiences and enjoy time together;
- Were all Services that ran Dementia provision joined up?
  - Answer: Yes. There were very good connections with the Dementia Society. Services were commissioned by RMBC, with Public Health and the Voluntary Sector being key providers. Carers were also key to Dementia support. The Local Authority had a Strategy to support carers.
- Some of those present had personal experience of family members suffering from Dementia. Issues such as GPs being reluctant to engage with other family members, slow to diagnose, and support for carers were the main issues experienced.
  - Answer: - The Rotherham's Clinical Commissioning Group's key priorities were to ensure early diagnosis. A re-design of the Residential Care Specification sought to ensure that people continued to be active for as long as possible and were enabled to continue caring for themselves whilst in a residential home.
- The Health and Wellbeing Board were due to receive a presentation in relation to the Dementia priority;
- Commissioning could be used intelligently to ensure that all contracts were placed with providers that had undertaken the Dementia Friend training; such as Transport providers;
- How did we ensure that the carers' voice was always represented?
  - Answer: - A Dementia Forum hosted by RMBC, and Officers from Commissioning and Health attended the meeting. For all contracted services, feedback from service users and their family members was sought and acted upon. Consideration was being given to making 'secret shopper' visits to all provision. The

Carers' Strategy was also being refreshed.

- How had the training opportunities available been promoted?
  - Answer: - During Dementia Awareness week radio advertisements had been aired, videos had been uploaded to Youtube and a newsletter was sent to all Residential settings.
- The importance of carers; without them the Local Authority would not be able to operate. The Local Authority should seek to make the experiences of carers as easy and stress-free as possible. How well this was being achieved could be looked at through a Scrutiny Review;
- It was often hard for carers to receive information about their family member's condition as GPs could be reluctant to share confidential information. Often, Dementia sufferers would report on a good day that they were well and would not raise any concerns with health professionals. Family members could be reluctant to speak about their loved one's condition and daily experiences, as often Dementia manifested itself in suffers with an intense dislike about being talked about or not believed.

Councillor Doyle thanked Jacqui and Ruth on behalf of all members for attending the Seminar and for their informative presentation and contribution to the discussion.

Resolved: - (1) That the information shared be noted.

(2) That the presentation slides and information about becoming a Dementia Friend/Champion be circulated to all Elected Members.

(3) That a suggestion is made to the Improving Lives and Health Select Commissions that a Scrutiny Review is undertaken to look at the support available for carers to maximise their quality of life.