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Merton Council

Health and Wellbeing Board - Community sub-group Agenda

Membership

Councillors:

Rob Clarke
Mark Creelman
Dave Curtis
Abi Fafolu
Dr Vasa Gnanapragam
Rebecca Lanning (Chair)
Martin Miranda
Oonagh Moulton
Kalu Obuka
Mohan Sekeram
Eleanor Stringer
Dr Dagmar Zeuner

Date: Tuesday 27 July 2021

Time: 5.00 pm

Venue: This will be a virtual meeting and therefore not held in a physical location

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Health and Wellbeing Board - Community sub-group Agenda

27 July 2021

- 1 Apologies for Absence
- 2 Declarations of Pecuniary Interest
- 3 Minutes of the previous meeting 1 - 4
- 4 Covid 19 Update
 - 4a) Situational Assessment Report (SAR)
 - 4b) Implications of 19 July end of restrictions
 - 4c) Vaccination programme update
- 5 Engagement and insight work 5 - 12
 - 5a) Introduction
 - 5b) Age UK
 - 5c) Alzheimer's Society – Effects of the Pandemic on people affected by Dementia in Merton
- 6 Q&A and Discussion

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 matter and must not participate in any vote on that matter. For further advice please speak with the Managing Director, South London Legal Partnership.

Agenda Item 3

HEALTH AND WELLBEING BOARD - COMMUNITY SUB-GROUP
25 MAY 2021

(5.00 pm - 6.36 pm)

PRESENT: Councillors Councillor Rebecca Lanning (in the Chair), Councillor Oonagh Moulton, Councillor Eleanor Stringer, Mark Creelman (left the meeting at 18:00), Dave Curtis, Abi Fafolu, Dr Vasa Gnanapragam, Martin Miranda (present from 17:54), Kalu Obuka, Dr Mohan Sekeram and Dr Dagmar Zeuner

IN ATTENDANCE: Barry Causer (Public Health Commissioning Manager), Hetty Crist (Communications Manager), Krishna Chapriba (Democratic Services Officer), John Dimmer (Head of Policy Strategy and Partnerships), Paula Jewes (Merton Mencap), Clarissa Larsen (Health and Wellbeing Board Partnership Manager), Farzana Karamat-Mughal (Democratic Services Officer), Hannah Neale (Programme Director, BAME Voice), Andrew Whittington (Chief Executive of Merton Mencap) and Evereth Willis (Equalities and Community Cohesion Manager).

1 APOLOGIES FOR ABSENCE (Agenda Item 1)

An apology for absence was received on behalf of Rob Clarke. An apology for lateness was received on behalf of Martin Miranda and Mark Creelman advised that he would need to leave early due to another meeting.

The Chair welcomed Hannah Neale, Andrew Whittington and Paula Jewes to the meeting.

2 DECLARATION OF PECUNIARY INTEREST (Agenda Item 2)

There was no declarations of interest.

3 MINUTES OF THE PREVIOUS MEETING (Agenda Item 3)

RESOLVED: that the minutes of the meeting held on 12th January 2021, were agreed as a correct record.

4 COVID-19 UPDATE - (SLIDES ATTACHED) (Agenda Item 4)

The Director of Public Health provided an update on COVID-19 in Merton, outlining the latest data cases, testing and vaccination. The number of cases with regards to the variants were highlighted.

In the ensuing discussion, Members the following points were highlighted:

- People, including school aged children, were still encouraged to complete regular lateral flow tests.
- Positive work, being done to promote vaccination in the community was acknowledged.

Dr Vasa Gnanapragam expressed his thanks to everyone involved, in particularly, health care workers for their hard work in the COVID-19 Vaccination Programme.

5 PRESENTATION AND DISCUSSION OF ENGAGEMENT AND INSIGHT WORK (Agenda Item 5)

The Head of Strategic Commissioning (Public Health) outlined the programme of engagement and insight work, involving residents and the voluntary and community sectors. The work was intended to help understand the impact of Covid-19 on communities across the borough, to help inform both the reach and effectiveness of communications and to build individual and community resilience.

6 BAME VOICE (SLIDES ATTACHED) (Agenda Item 5a)

Hannah Neale introduced the Merton Covid-19 Resilience Programme Report which had been published and circulated to members of the Subgroup prior to the meeting. She provided a presentation on the methodology, findings and recommendations of the work of BAME Voice. She described some of the insights gained into the lived experience of people from BAME communities across Merton, with a focus on those most affected by both COVID-19 and structural inequalities.

The COVID-19 pandemic had resulted in a devastating time for many and the consequences are being felt deeply in BAME communities. Actions were recommended to address both this and structural inequality and racism which people experience.

Members welcomed the presentation and discussed how the recommendations be taken forward, acted upon and embedded in future planning and policy. Furthermore, on behalf of the Sub-Group, the Chair extended her thanks to Hannah Neale for her presentation and the hard work over the last months with the community.

7 MERTON MENCAP (SLIDES ATTACHED) (Agenda Item 5b)

Andrew Whittington and Paula Jewes presented the Merton Mencap Public Health Engagement Report, which had been published and circulated to members of the Subgroup prior to the meeting. They outlined the engagement work for Public Health in Merton and thanked Merton's Public Health team for their support in the critical work provided in the last months.

Merton Mencap is a charity which supports young people and adults with learning disabilities and autism. It was noted that Covid-19 has had a significant direct impact on these communities, as well as, a further and substantial impact on the carers of people with learning disabilities. The presentation outlined the methodology of the work together with some of the key findings and recommendations of the report.

The Sub-Group welcomed the insight work and discussed how the recommendations can be acted upon and be embedded as part of partners' work going forward. Furthermore, on behalf of the Sub-Group, the Chair extended her thanks to Andrew Whittington and Paula Jewes for their presentation and all their efforts over the last months.

8 NEXT STEPS AND LOMP OPPORTUNITIES (SLIDES ATTACHED) (Agenda Item 6)

Dagmar Zeuner briefly set out next steps. In the short-term, as part of work on COVID resilience, in continuing to help protect and support communities, including as part of the key priorities of the LOMP. In the medium and longer-term for partners to have a clear focus on reducing structural inequalities as part of the recovery programme, strategies and plans..

The Sub-Group then discussed taking forward the insight and recommendations of both reports. Key points included:

- findings from this and other work will be embedded into the new LBM Equalities Strategy;
- insight and co-production presents an opportunity to change the way we work - including through the ICS and Merton Health and Care Together;
- the theme of the divide between east and west Merton – people want east Merton to be a place they can feel proud of;
- LOMP presents an opportunistic way to take actions forward, but insight needs to also feed into and help form plans for longer-term recovery;
- the work 'speaks the truth' to us, giving an authentic voice to experiences;
- community cohesion is in all our interests – point that BAME people make up a significant proportion of those working in the NHS;
- assets across Merton are huge – we need to grow what we have in a sustainable way;
- trust is still a barrier – need to build trust between GP practices and their patients;

- engagement can be an intervention in itself and this work has in itself helped build understanding and resilience in communities;
- further work is underway through Your Merton – LBM’s largest ever community engagement programme. Understand need to value voluntary sector contributions and pay for them;
- culture is key to our behaviour. As younger people come of age it can be hard to navigate a way forward. There is no ‘tick box’ for many ethnicities and there is a need to respond to individual needs, listening to people in different ways, settings and languages;
- welcome the significant learning on the resilience and assets within the carer community;
- work to address the dangers of a digital divide is important across all groups.

It was agreed that the Sub-Group members need to hold themselves and each other to account and that progress would be tracked in future meetings.

Hetty Crist (Communications Manager) informed members that a Vaccine Equity Comms Plan was being drafted, to sit alongside the Merton Vaccine Equity Plan, which would be shared with members following the meeting. The Comms Plan outlined the key messages for each target audience, as discussed in the joint Comms Vaccine Working Group, and based on several surveys carried out locally.

Committee: Health and Wellbeing Board Community Subgroup

Date: 27 July 2021

Subject: Summary of the Report on the Effects of the Pandemic on People Affected By Dementia in Merton

PURPOSE OF REPORT AND EXECUTIVE SUMMARY

To brief Members on the impact and issues that Covid-19 has had on people in Merton living with dementia and their carers/families.

For Members to consider how they can take action across the system to better support people living with dementia and their carers.

Context

People living with dementia and their carers have been disproportionately impacted by the Covid-19 pandemic. National research by the Alzheimer's Society¹ highlights that ¼ of people who died from Coronavirus during the first wave had a diagnosis of dementia. People with dementia were also not identified as 'clinically extremely vulnerable' during the first wave. The research found 46% of people with dementia reported poorer mental health and 82% of respondents (people with dementia and their carers) reported noticing a deterioration of symptoms. Carers reported greater caring responsibilities during Covid-19, as services were closed, with 95% of respondents reporting that caring during the pandemic had a negative impact on their physical and mental health.

Merton Dementia Action Alliance and hearing the voice of people with dementia

Merton achieved 'Working towards dementia friendly community' status in 2018 and has worked to grow its Dementia Action Alliance to over 130 members. A key ongoing priority is ensuring the voice of people living with dementia and their carers is heard. As services worked towards recovery in Summer/Autumn 2020 we wanted to ensure that locally we understood the impact that Covid-19 had on people with dementia and their carers and to think of how DAA Members and services across the system can better support them going forward. This was part of a larger piece of research work across the Council that looked at a number of groups that national research has shown have been disproportionately impacted by Covid-19 including BAME communities, older people and people with learning disabilities.

¹ 'Worst Hit, Dementia during Coronavirus' (2020) available at [Worst-hit-Dementia-during-coronavirus-report.pdf \(alzheimers.org.uk\)](https://www.alzheimers.org.uk/resources/reports/worst-hit-dementia-during-coronavirus-report.pdf)

Local Research Work on Dementia

For the older person's work-stream we asked a number of voluntary sector partners (Age UK Merton, Carers Support Merton, Wimbledon Guild) to develop case studies reporting on the issues they had seen and the experience of local people during Covid-19. We also asked the Alzheimer's Society to carry out a survey of people living with dementia and carers to ascertain their views and understand the issues. The research findings from this survey are provided in the attached report.

Importance of Findings Feeding into Strategic Recovery Plans

It is vital that the insights from this research and from other partners feed into the strategic recovery plans and response of Merton Council and partner agencies to Covid-19. This includes consideration of findings within the response to the 'Your Merton' consultation; and the refresh of the Local Health and Care Plan for the Merton Health and Care Together Board. It is also important to communicate findings and consider how we will respond within existing strategies and plans, such as the Carers Strategy Action Plan and Dementia Action Alliance Action Plan. Finally consideration of findings can be addressed within commissioning intentions, such as the re-commissioning of community dementia services. We will work to ensure this takes place across the system. As national policy transitions into 'living with Covid-19' it is also important that the voice of people living with dementia as well as older people more widely continues to be heard and any new or continuing impacts of Covid-19 are considered and responded to locally.

How the Health and Wellbeing Community Sub Group and Merton's Dementia Action Alliance (DAA) can better support people living with dementia and their carers.

Recommendations in the report can be used to consider how existing services can better support people living with dementia, what the gaps may be and how we can all take action to address the disproportionate impact that Covid-19 has had on people living with dementia and their families and carers.

CONTACT FOR FURTHER INFORMATION

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Summary of the Report on the Effects of the Pandemic on People Affected By Dementia in Merton

1. Introduction

In July and August 2020, staff and volunteers at the Merton Dementia Hub, Wimbledon Guild and Carers Support Merton were asked to write case studies about how Covid-19 and the pandemic response have affected older people, mostly with reference to people affected by dementia. In this period Alzheimer's Society also published a study surveying nearly 1700 carers and 134 people living with dementia about how the Covid-19 pandemic and response has affected them.¹ Following on from this, Dementia Support Workers and Dementia Advisors at the Hub spent September and October 2020 collecting responses to a survey, designed to evaluate the prevalence and demographic breakdown of the issues discovered in the case study work. In total 38 responses were received, with data on both carers and people with dementia. Alongside the other work mentioned above, this provides a small snapshot of the effects of the pandemic on people in Merton, with reference to the issues discovered by the much larger Alzheimer's Society study, and guided by the open-ended case study work in which professionals were able to give their understanding of the issues without being influenced by the expectations of the researcher or previous findings of the field.²

Contents:

1. Introduction
2. Summary
3. Mental Health
4. Symptoms of Dementia
5. Public Services
6. Recommendations

Although this is still too few people for any solid conclusions, in context of larger studies we none the less get an indication of how Merton is doing and any issues that might be specific to the Borough. The demographic breakdown also provides an indication of how any solutions posed for people affected by dementia in Merton might need to consider how different communities are already responding to the pandemic, and how different communities are variously affected by individual issues.

¹ The Alzheimer's Society study was published as *Worst Hit: Dementia During Coronavirus* in 2020, and can be found at <https://www.alzheimers.org.uk/sites/default/files/2020-09/Worst-hit-Dementia-during-coronavirus-report.pdf>.

² This study was conducted by Jordan Dyck, the coordinator of the Merton Dementia Action Alliance, which is a Dementia Friendly Community managed by Alzheimer's Society and commissioned by the London Borough of Merton.

2. Summary

Below is a summary of the results to the questions asked in the survey, which will be followed by some commentary on the most striking things that were revealed, as well as some conclusions and recommendations for those considering policy responses with respect to people affected by dementia.

	Abbreviated Question to Carers	Total	Out of	Percent
1	Have you moved in together since start of lockdown?	3	16	19%
2	Shielded during lockdown?	10	16	63%
3	Felt sadder during lockdown?	9	9	100%
3	Felt happier during lockdown?	1	9	11%
3	Felt lonelier during lockdown?	9	9	100%
3	Felt more bored during lockdown?	5	9	56%
3	Felt more anxious during lockdown?	9	9	100%
4	Less social time during lockdown?	15	16	94%
5	Less social time since lockdown?	10	16	63%
6	Fewer in-depth conversations since lockdown?	7	16	44%
7	Unsatisfied with hospital communication?	3	16	19%
8	Found ordering groceries online difficult?	7	8	88%
9	PLWD ³ receiving more care than before lockdown?	7	16	44%
10	Unsatisfied with care provision organisations?	3	16	19%
11	Provided with enough care support information?	13	16	81%
13	Able to continue accessing support groups?	12	16	75%

	Abbreviated Question to People Living With Dementia	Total	Out of	Percent
2	Have you shielded during lockdown?	6	6	100%
3	Felt sadder during lockdown?	14	15	93%
3	Felt happier during lockdown?	2	15	13%
3	Felt lonelier during lockdown?	14	15	93%
3	Felt more bored during lockdown?	14	15	93%
3	Felt more anxious during lockdown?	14	15	93%
4	Symptoms increased deterioration during lockdown?	19	22	86%
5	Less social time during lockdown?	16	22	73%
6	Less social time since lockdown?	16	22	73%
7	Fewer in-depth conversations since lockdown?	17	22	77%
8	Socialise over phone twice weekly?	7	21	33%
9	Socialise online twice weekly?	4	22	18%
11	Found ordering groceries online difficult?	8	11	73%
12	Receiving more care than before lockdown?	12	22	55%
13	Unsatisfied with care provision organisations?	3	12	25%
14	Provided with enough care support information?	17	21	81%
15	Struggled to remember pandemic and restrictions?	18	22	82%
16	Able to continue accessing support groups?	5	20	25%

Notable issues arising from this study can be broken into three areas: **mental health**, the **symptoms of dementia** and ramifications for **public services**. For more details on any of these areas please see the full study.

³ Person Living With Dementia.

3. Mental Health

Among issues related to mental health, the word that came up most often in the case study work was 'loneliness.' 100% of carers and all but one of the people with dementia surveyed, when

QUICK STATISTICS

- 100% of carers and 93% of people with dementia felt more sad, lonely and anxious during lockdown.
- 20% of White carers reported a decrease in social time during lockdown, compared to 82% of BAME carers.
- 86% of carers surveyed believed that the symptoms of the person with dementia are deteriorating more quickly during lockdown.
- 75% of carers are continuing to access support services remotely during lockdown, but only 25% of people with dementia, and both of these figures vary considerably by ethnicity.

asked to choose between an array of positive and negative responses, reported feeling more lonely, sad and anxious since the start of the pandemic. We know from the larger study conducted by Alzheimer's Society that this is much more the case for those who live alone than for those who do not, which is perhaps obvious but should nonetheless affect any professional support being offered.⁴ This problem stretched into the summer of 2020, as lockdown measures were easing and shielding ceased to be compulsory, when only 17% of people living alone with dementia nationwide reported meeting friends or family outdoors.⁵

Although the experience of increased loneliness during lockdown is nearly universal for people affected by dementia, one of the more interesting results of the study was the stark differences in the sources and amounts of social time that lead to that increased loneliness – while nearly everyone is more lonely in lockdown, the forms and amounts of social time people experienced varied, with notable differences arising between ethnicities, genders, and between carers and people with dementia. With respect to the situation during September-October 2020, only one of the five White carers reported a decrease in social time compared to before lockdown, but nine of 11 BAME⁶ carers did. Similarly, while 44% of all carers reported having fewer in-depth conversations during the pandemic, this included none of the White carers. Specific data

on modes of communication was not collected for carers, but this data supports the hypothesis below, that IT access and/or skills tend to be more of a barrier to socialising for BAME people in Merton.

For people with dementia, 77% of them reported having fewer in-depth conversations, about equally in White, Black and Asian homes. Yet when it comes to online socialising, BAME people with dementia fare much worse. All of the people with dementia who said they socialise more than once a week online were White (four). One possible explanation for the discrepancy between online socialising without a discrepancy in meaningful conversation is that Asian households in Merton tend

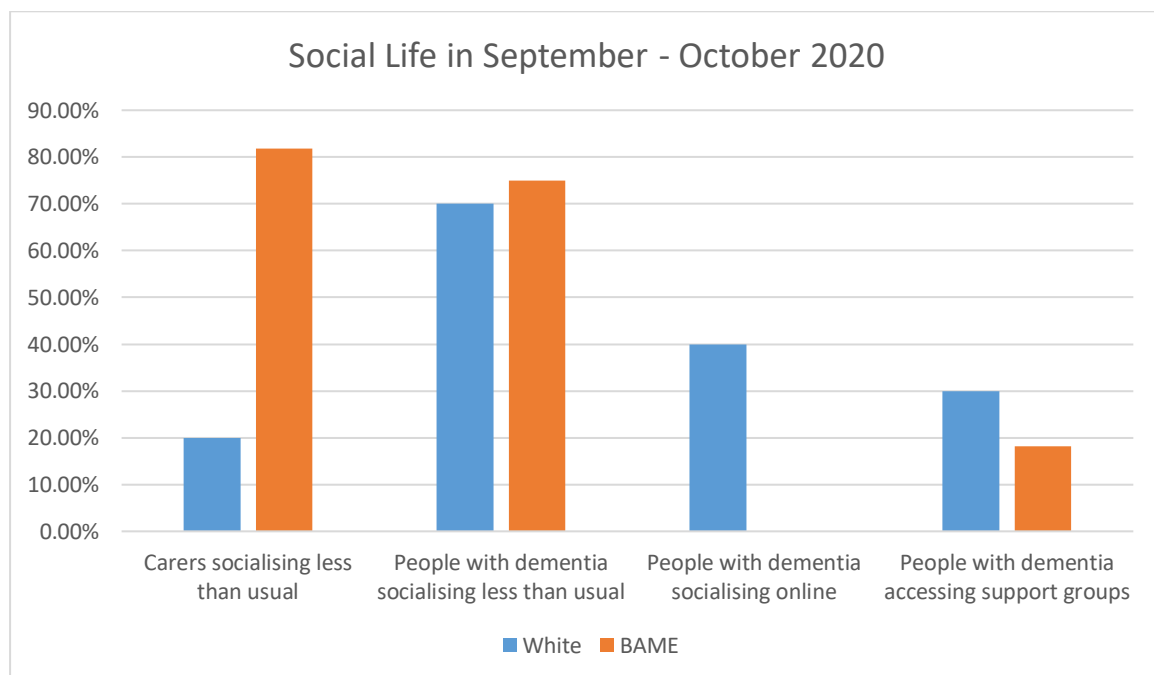
⁴ That study reported that 23% of people with dementia living with others reported feeling lonelier during lockdown, rising to 56% among people with dementia living alone. *Worst Hit: Dementia During Coronavirus* Alzheimer's Society, 2020, p. 27.

⁵ 'The Impact of Covid-19 on People Affected by Dementia' (an earlier summary of the *Worst Hit* study data), Alzheimer's Society, July 2020, p. 26.

⁶ In this study, the acronym 'BAME' stands for Black, Asian, Minority Ethnic.

to have more occupants, so there is more possibility for meaningful conversation within the home.⁷ Nonetheless, all people with dementia need to be able to access support services, the majority of which have moved online, and those from BAME homes are less likely to be accessing them during lockdown (18% as compared to 30% of White people with dementia).

Putting this all together, both carers and people with dementia are facing increased loneliness, and IT skills/access are a contributing factor to this, particularly among Merton’s BAME population. Further, while larger households might be mitigating the extent to which the pandemic is resulting in decreased social time for BAME people with dementia (resulting in similar rates of socialising to White people with dementia despite the difference in access to technology), they nonetheless are less likely to be accessing their usual support services. Inasmuch as the small sample size warrants any conclusions, the data consistently shows both that access to technology and/or IT skills are a major barrier to accessing support needed during the pandemic, and that this barrier needs to be considered in relation to Merton’s ethnic and socio-economic divides.



4. Symptoms of Dementia

Another challenge is the relationship between the pandemic and the actual symptoms of dementia, with the pandemic (and probably isolation in specific) causing many people with dementia to experience their symptoms worsening at a faster rate than might have otherwise been anticipated. Among people living with dementia in the wider Alzheimer’s

“My husband has deteriorated a great deal. Before lockdown he would make his own way [to places] by foot and bus, which gave me a break each day. Since lockdown he has forgotten his routines, lost confidence, become depressed, does not communicate and has no interest in leaving the house.”
 - A carer in Merton

⁷ The 2006 study ‘Ethnic Minority Communities in Merton Research Report’ by Merton Council reported that ‘All Asian residents have higher than average levels of overcrowding’ (p. 38), and this has not changed in more recent census data. Overcrowding should not be regarded as a positive, but the prevalence of larger households would explain the lower prevalence of loneliness among Asian people with dementia.

Society study, 47% report increased memory loss, 48% report increased difficulty concentrating and 45% report increased agitation/restlessness.⁸ For those living on their own, 54% report increasing memory loss. In Merton, one charity worker noted that her client's hallucinations and anxiety seem to have become much worse while socially isolating. In that case these issues were compounded by an awareness that something terrible existed outside of the house, without comprehension of what that thing is. In line with this, 86% of the carers in Merton who were asked about the person with dementia's symptoms responded that they believe them to be deteriorating more rapidly during the pandemic. Consequently, *any services being designed to support people with dementia to combat the effects of isolation should be regarded with the urgency of a medical intervention, as a matter of public health rather than recreation.* Lastly, the symptoms of dementia are relevant to pandemic response in that 82% of people with dementia in Merton said that they struggled to remember new restrictions in place, like wearing a mask or social distancing. This should impact how restrictions are put in place, and awareness must be spread that people with dementia might still be capable of doing things independently (like shopping), but *might need assistance or gentle reminders in doing so.*

5. Public Services

There are some bright sides when it comes to access to support services during the pandemic. One recipient of Alzheimer's Society's remote support services commented that 'They help to make me feel connected, part of the world. I often wake up feeling depressed, and [the Alzheimer's Society Dementia Support Worker] cheers me up. I don't feel down anymore after I've talked to her. I really look forward to her calls.' While the barriers discussed above are real and vary between ethnicities, overall 75% of carers said that they had been able to find a way to continue with previous support groups – so, at the very least, moving support online and to the telephone can be successful when IT skills and access are in place. However, this 75% falls to just 25% for people with dementia. This suggests that people with dementia need not just to be offered remote support services, but also to be offered training in IT skills, since they are likely to have the same access to technology as carers, but perhaps are not being offered support in learning to use IT, or the assistance they need to use it.

Questions were asked about the support being given to access information about care provision, and about amounts of social care provision during the pandemic. The responses here were encouraging, with 81% of people with dementia saying that they are provided with enough care support information (with the remaining 19% a mix of those dissatisfied and those with no opinion).

"The bi-weekly Carers Group delivered by the Alzheimer's Society has been a godsend, just being able to connect with other carers and the Alzheimer's Society team member regularly has made a huge difference to my own emotional and mental health."

- A carer in Merton

Only 25% were dissatisfied with organisations that help them to access care.⁹ While these numbers do leave room for improvement, they compare favourably with nationwide data.¹⁰ Likewise, there were a few cases of dissatisfaction with communication during hospitalisation that arose in the case study work, but these

⁸ *Worst Hit: Dementia During Coronavirus* Alzheimer's Society, 2020, p. 28.

⁹ This question was kept open, so could be referring to information support, social services or social care provision.

¹⁰ Nearly half of those who receive a care and support package have had this reduced or stopped since lockdown began. *Worst Hit: Dementia During Coronavirus* Alzheimer's Society, 2020, p. 35.

referred to situations that arose very early in the pandemic, and these issues did not appear widely in the later survey work, which reported only three of 16 carers having had difficulties with communication during hospitalisation (which were also cases from earlier on in the pandemic). Less positively, seven of eight carers who were doing grocery shopping online found it difficult, as did one of two people with dementia doing grocery shopping online. This is another reason why working to increase IT skills should form a part of pandemic response.

6. Conclusions and Recommendations

In conclusion, while many of the findings are quite positive (available services, access to care and information, and a decrease in complaints about hospital communication), some recommendations can still be made on the basis of this study.

- The main concern reported is loneliness, which has knock-on effects for accelerating deterioration and increasing the amount of support and healthcare needed, also making it more difficult to access support. Services that combat loneliness during the pandemic should be of high priority. Loneliness of both the person with dementia and carer must be considered.
- More regular medical check-ups could be needed as deterioration accelerates, or more awareness on the part of all support workers to advise seeking advice from the GP whenever noticeable deterioration or new symptoms occur.
- Remote support, such as online groups and phone support, are proving effective when they are able to be accessed.
- The main barriers to accessing these services that reduce loneliness are access to IT skills and the technology itself, both of which vary between carers and people with dementia, and those of different ethnicities and means.
- Two approaches for increasing the amount of people with dementia who have the skills to access support services remotely could be: (1) training could be offered to help them to learn IT skills and/or re-learn the skills they might have lost; and (2) carers could be specifically encouraged not to presume that those they support are not capable of using IT, and instead to offer to support and encourage them to use it.
- Technology could be made available to people with dementia and/or carers who would access support if they had the means.
- Specific support is needed in accessing groceries, either in the form of providing groceries or assisting people in ordering them online. Providing training in IT skills could have the knock-on effect of helping with this issue as well.
- Carer support is even more necessary now than usual, when they are perhaps isolated with the people for whom they care. Carer support must be sufficient, and linked to the priority outcomes of the Carer Strategy.
- Measures put in place by local authorities or other institutions should include consideration of people with dementia who might have difficulty remembering new restrictions, and so might either need reminding or some sort of exception. One approach might be for the form of the restrictions themselves to be made more dementia-friendly, if there is a way to put them in place that does not depend upon memory. Often the most dementia-friendly solutions require intentional creativity, rather than the removal of independence.
- Although it seems to be the case that Merton is doing well in providing care and information when compared with nationwide figures, care must be taken that information is provided widely and effectively, through means that do not depend upon technology or on skills not universally possessed.