Appendix C

Topics put forward by partners, officers, members and the public for the Committee’s consideration.

Options 1 - 5 completed by Adult and Community Services

Option 1: Falls

<table>
<thead>
<tr>
<th>Overview</th>
</tr>
</thead>
<tbody>
<tr>
<td>At least a third of people over 65 years of age living in the community fall each year, with significant implications for their health and utilization of health services. Injury and mortality caused by falls is significant as are the consequences of a fear of falling.</td>
</tr>
</tbody>
</table>

Falls are a major cause of disability and the leading cause of mortality resulting from injury in people aged over 75 in the UK.

Over 400,000 older people in England attend Accident and Emergency following an accident and up to 14,000 die annually in the UK as a result of an osteoporotic hip fracture. 20% of older people who sustain a hip fracture die within 4 months and 30% within a year.

Hip fractures also result in an annual cost to the NHS of £1.7b for England. Of this 45% of the cost is for acute care, 50% for social care and long term hospitalization and 5% for drugs and follow up.

It is clear that Falls are a significant issue for older people, with increased risks as people age. Older People are likely to have a range of conditions associated with ageing which make them vulnerable and more likely to enter acute hospital care. The effects of falling are exacerbated by problems with bone strength which can mean that older people are more likely to suffer a hip fracture following a fall. This can have a significant impact on mobility and the likelihood of requiring significant care and support, including a risk of needing residential or nursing care. In addition, even minor falls affect self confidence and the ability to remain independent and self caring, particularly where this is combined with other poor health and or long term conditions.

Recovering full functioning following a hip fracture is a lengthy process and many people will require significant rehabilitation and sometimes long term care, either at home or in residential or nursing care. For older people there is a significant risk of further fractures or complications.

Barking and Dagenham as an area has additional risk factors such as those of deprivation with the Borough being in the top 7% most deprived Boroughs within England and 46th in terms of income deprivation (JSNA 2012/13).

Barking and Dagenham was also highlighted as being one of only two boroughs in London that was significantly worse than the

Low levels of physical activity are a significant risk factor for ill health, contribute to health inequality, and are linked to Falls. For example, regular physical activity reduces the risk of falls and accidents (especially in older people) by improving bone health and maintaining strength, co-ordination, cognitive functioning and balance (JSNA 2012/13). A number of services such as exercise on prescription and active aging can positive reduce risk alongside practical interventions such as addressing trip hazards and improving vision.

For women in particular, it is important to recognize potential problems with bone density in middle age, 50, as there is evidence that treatment given early on can go some way to preventing problems in later life. Early diagnosis, before the problem becomes apparent is key.

As well as providing early diagnosis and effective treatment and rehabilitation for the consequences of frailty, treatment of hip fractures, there is also some evidence that other initiatives aimed at prevention can have an impact in the numbers of people who may require treatment and care. For example encouraging people to remain active, and engage in some form of physical exercise means they are less likely to suffer from problems associated with frailty, where conversely people who have experienced a fall are more likely to stay indoors because they are fearful of another fall.

Prevention can usefully focus on making sure the home environment is well lit and uncluttered. In addition a number of services such as ‘exercise on prescription’ and ‘active ageing’ can positively reduce risk alongside practical interventions such as addressing trip hazards and improving vision. One of the micro providers locally has developed a service “Whole Body Therapy” The therapy service incorporating deep tissue massage, holistic massage, strengthening and stretching techniques, postural assessments and advice on health and wellbeing for older people predominantly either in the home or community settings.

Work is currently underway to better understand the range of services that are involved with dealing with Falls.

**Performance/Evidence**

Falls are a significant reason for admission to hospital and are therefore significant in our shared attempts to better manage acute admissions to and capacity of. As well as being painful and requiring major surgery, hip fractures are devastating as one third of people die within a year and a high proportion (41%) never return to their own home. (JSNA 2012/13). Specific falls prevention services which improve balance and strength can decrease falls by more than half (55%) if at least all fragility fractures were prevented in the Borough this would save £270,000 (JSNA 201/13).
In BHR in 2011/12 4442 admissions to hospital were as a result of falls across Barking and Dagenham, Havering and Redbridge.
In terms of usage of non acute beds 48% of reasons for admission were identified as falls.
In non-acute beds 66% of admissions due to falls were women with an average age for women of 87 and 83 for men. 87% were previously living in their own homes.
Alongside people living in their own homes it is important that we take steps to reduce admissions to acute care from care homes which from recent audit activity undertaken by the hospital, remains a significant issue.(BHRUT 2012).

### Policy and legislation issues

Frail Older people are a key group in their projected increase in numbers nationally and their usage of Health and Social Care Services. Developments such as the Care Act broaden responsibilities to Carers, enhanced provision of information and advice, personalization and market shaping and new funding reforms- engaging with people at an earlier point in their support journey.

The delivery of the Better Care Fund has nationally placed additional emphasis upon local areas steps to reduce admissions to hospital – this being the only area of performance to which performance related funding is now attached. NHS England have been clear that a 3.5% reduction in current admission rates will be expected in plans due to be re-submitted on the 19th September. Reducing levels of falls locally will therefore play its part in achieving this target.

### Areas of potential enquiry

As referred to above there is already a significant work programme established to review and improve services for older people under the umbrella of “Frailty”, of which Falls is a key priority and there is a significant amount of data available.

Areas of potential enquiry by the Committee could be to:
- Enquire about the extent to which primary care, GPs, are successful in diagnosing and treating people in middle age with bone density problems
- Hear evidence from local surgeons about the success rate of treatment for hip fractures, particularly in older people
- Ask about the extent to which physiotherapy and other services are available for people to help them regain functioning
- Ask patients about their experiences of recovering from a hip fracture
- Enquire about the range of initiatives to help people avoid falls around their home, sloppy slippers, lighting etc.
- Enquire about the range of aids and adaptations available to help people remain independent in their own home if they have lost some mobility or functioning.

Option 2: Sight loss

**Overview**

We know that visual impairment is a normal effect of ageing with the majority of the population wearing glasses by the age of 55. However more serious implications of sight loss increase with age:
- one quarter of over 65s state that the quality of their vision restricts their daily routine.
- the prevalence of severe eye conditions increases with age and the majority of people with serious visual impairment are over 65 with a steep increase in over 75s.
- Conditions such as diabetes and high blood pressure can further lead to sight problems and are associated with obesity and a lack of physical exercise.

We know that people living in the Borough are more likely to experience health conditions that can lead to sight loss than is the case in most other areas of the country and that predictions about the numbers of people with low vision underestimate the level of local need.

Given the level of need it seems likely that the take up of some eye care services is not as high as it could be e.g. only 16% of the predicted population of people with severe sight loss access low vision services whereas the proportion in other areas is higher- with neighbouring authorities achieving 21%.

For people with a visual impairment the importance of the built environment – such as the provision of audible crossings and accessible communications is key – if they are to be able to take part in the community as active citizens and access facilities and services.

There are a number of national organisations and also active local groups run by and involving service users who can inform our perspective on visual impairment and with whom the Committee might engage, these include:

- Macular Disease Society
- SeeAbility
- VIPERS
- Vision Strategy Group

- In addition there are officers and clinicians in the local
| Performance / Evidence | There appears to be a significant under diagnosis in Barking and Dagenham with only 1,220 people registered with slight 'sight impairment' (partially sighted) or severe sight impairment (blind) which is only 0.73% of the population. The vast majority are over 75 and 32% also have an additional physical disability or long term condition. (JSNA).

We have a low proportion of people with severe sight difficulties reaching the Councils register and this indicates that large numbers of visually impaired people are failing to access specialist services.

This is compounded because people from BAME groups (projected to increase as a proportion of our population) are less likely to have their eyes examined and receive services that can improve their ability to carry on life as normal, or provide early diagnosis of other more serious conditions.

Poor or deteriorating eyesight is a significant contributor to falls which can result in admission to hospital, injury and a deterioration in an individuals ability to self care. On the spectrum of eye care a number of such incidences could have been avoided through having the right glasses and in other cases by more serious eye conditions.

People who are over the age of 75 are recommended to have their sight tested every two years. We know that a fear of having to buy glasses has a detrimental effect on having an eye test, particularly for poorer people. The Atlas of variation also shows that the number of primary eye care professionals is lower in Barking and Dagenham than for Redbridge and Havering. This may be because of the relationship between optometrists and spectacle sales.

The holistic Impaired Vision project that was jointly commissioned by the Council and NHS and was used by 48 people has now drawn to a close.

Nationally, there is no evidence of the effectiveness of rehabilitation and low vision services generally in improving sight but these do deliver other benefits such as improved independence, confidence and well-being. |

| Policy and Accessibility | Accessibility and Equalities legislation and policies relating |
### Legislation issues

Legislation issues to areas such as the ‘built environment’ alongside broader duties to assess need.

### Areas of potential enquiry

Potential areas for enquiry might include: Engagement with local groups and individuals, alongside commissioners, high street opticians and public health who can inform the Committee’s review of sight loss within the Borough. This would further help to establish:

- Why don’t more residents get their eyes tested, which would also help to identify other health problems which require treatment, such as diabetes.
- Are there potential problems with the growth in the number of people purchasing cheap reading glasses, rather than having glasses prescribed following an eye test?
- Are there a suitable range of appropriate eye care and support services (including psychological support) across the spectrum of need, within the Borough?
- How we might promote improved take up of services within the Borough by people affected by sight impairment and by those most vulnerable groups?
- Do we enable or disable those with sight conditions (through insufficient priority to communications, buildings and transport)?

---

### Option 3: HIV Prevention

#### Overview

HIV (Human Immunodeficiency Virus) attacks the immune system and weakens a person’s ability to fight infections and disease. AIDS (Acquired Immune Deficiency Syndrome) is the final stage of HIV infection (when the body can no longer fight life-threatening infections).

HIV is found in the body fluids of an infected person, which includes blood, semen and breast milk. HIV infection can be passed on:

- Through unprotected sex,
- Using/sharing a contaminated needle, syringe or other injecting equipment,
- Transmission from mother to baby (before or during birth, or by breastfeeding).
- Through blood or blood products.

Although there is no cure for HIV, early detection and treatment enable people with the infection to live a long and healthy life with normal life expectancy. This means a person diagnosed early with HIV and receiving antiretroviral
treatment can expect to live as long as someone without the infection. Identifying HIV early also minimises costs due to hospital admissions and care in the community. In the first year after diagnosis, it costs the health economy twice as much if the person is diagnosed late (National Institute for Health and Care Excellence, NICE)

Within London, 30 out of 33 boroughs have a high HIV prevalence rate (i.e. a rate greater than 2 HIV positive people per 1000 population, is considered high prevalence). Currently, Barking and Dagenham’s HIV prevalence is 5.47/1000. This means that for every 1,000 people living in Barking and Dagenham, at least 5 will be diagnosed with HIV.

As of 2011, within Barking and Dagenham;

- There are 660 people living with HIV (prevalence of 5.47 / 1000)
- 62% of these are female.
- 86% were infected through heterosexual transmission, 8% through MSM (Men who have sex with men).
- From 2007 to 2011, there was a 44% increase in reported HIV cases.

The borough has a very diverse population, some with their origins in countries with high HIV prevalence. This is also significant in the context of increasingly frequent global travel for leisure and ‘health tourism’ purposes.

As of 2011, 58% of HIV positive residents in Barking and Dagenham were diagnosed late, the 3rd highest late diagnosis rate in London.

In 2011, nationally, the proportion of late diagnoses was lowest among MSM and highest among heterosexual men (table 1). These figures suggest that MSM access testing services more effectively than the heterosexual population and the challenge is to target and encourage heterosexual women and men to be tested for HIV. This is relevant because of the nature of diagnosis and transmission in the borough.

Table 1: stage of HIV diagnosis by probable exposure category.
<table>
<thead>
<tr>
<th></th>
<th>count below 350 cells/mm³ within 91 days of diagnosis</th>
<th>200 cells/mm³ within 91 days of diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men who have sex with men</td>
<td>34%</td>
<td>16%</td>
</tr>
<tr>
<td>Heterosexual women</td>
<td>57%</td>
<td>34%</td>
</tr>
<tr>
<td>Heterosexual men</td>
<td>65%</td>
<td>42%</td>
</tr>
<tr>
<td>Overall</td>
<td>47%</td>
<td>26%</td>
</tr>
</tbody>
</table>

(See more at National Aids Trust (NAT): [http://www.nat.org.uk/HIV-Facts/Statistics/Latest-UK-statistics/Late-diagnosis.aspx#sthash.qty7xDMI.dpuf](http://www.nat.org.uk/HIV-Facts/Statistics/Latest-UK-statistics/Late-diagnosis.aspx#sthash.qty7xDMI.dpuf))

**London Borough of Barking and Dagenham currently provides the following services -**

- HIV testing as part of sexually transmitted infections (STI) testing as part of the Integrated Sexual Health service provided at Outpatients East (Barking Hospital), Vicarage Field and Oxlow Lane. This service is provided by Barking Havering Redbridge University Hospitals NHS Trust (BHRUT) and is jointly commissioned by the London Boroughs of Barking and Dagenham, Havering and Redbridge. This provision is currently being reviewed and a new service commissioned to start in October 2015.

The following services are contracted to the end of March 2015 and are being reviewed with the view to developing a more local service -

- Positive East provide HIV rapid testing and counseling support (Widows and Orphans are subcontracted for counseling provision)
- Terrace Higgins Trust provide HIV rapid testing
- From September 2014 four GP practices will provide HIV testing as opt out for all (estimated to test over 6000 residents)

Barking and Dagenham also contribute to the Pan London HIV service lead by the London Borough of Lambeth. This service includes outreach and condom distribution for MSM.

**Policy and legislation issues**

It is mandatory for HIV testing to be provided by Local Authorities. As of April 2013, the Local Authority became responsible for commissioning STI (including HIV) testing as well as HIV prevention and sexual health promotion work.

NHS England is responsible for commissioning HIV
treatment and care, including post-exposure prophylaxis after sexual exposure.

The number of people presenting with HIV at a late stage of diagnosis is measured through the Public Health Outcomes Framework (PHOF) and published nationally (indicator 3.04).

### Areas of potential enquiry
HIV services are currently being re-commissioned as part of a pan-London exercise. Discussions are underway with current providers of services to develop new specifications for the services we need here in Barking & Dagenham and across London. In the circumstances this might be a difficult area for scrutiny to explore as an in depth topic and a one-off report could be requested from officers responsible for commissioning services, which would facilitate a discussion of the relevant issues.

---

**Option 4: Carers including children as carers**

**Overview**
Carers (meaning family members or friends who provide informal care to those who need it) are an enormously significant part of the social care system. CarersUK estimate nationally that, every day, another 6,000 people take on a caring responsibility: over 2 million people each year. Of those, it is estimated that 625,000 people suffer mental and physical ill health as a direct consequence of the stress and physical demands of caring. In a cash-strapped health and social care economy, the estimates are of £119bn being saved through the work of informal carers.

The carers’ support system is about to undergo huge change as a result of the Care Act 2014, increasing the right to assessment and services for carers in their own right.

A joint (with the NHS) Carers strategy is currently being developed which will be discussed at the Health & Well-Being Board. This is intended to include changes outlined in the Care Act.

**Demography and prevalence**
In the 2011 Census, 16,201 people in Barking & Dagenham identified that they provided some degree of informal care for someone. Of those, over 7,500 provided 20 or more hours per week. Carers of Barking & Dagenham estimate regular contact with approximately 3,500 people (through their newsletter and the provision of other services). 2,580 people are in receipt of carers’ allowance from the Department for
Work & Pensions. During 2013/14, 745 people were assessed or reviewed by the Council (or Carers of Barking & Dagenham under contract to the Council) for their need for support as a carer.

For young carers, Census figures estimate 623 people under age 18 as carers, with 97 receiving an assessment (JSNA 2013).

Policy and legislation issues

The Care Act 2014, which comes into effect on 1 April 2015, will provide a right for all carers to an assessment, and to the services identified as needed. This is potentially a significant expansion of the support provided to carers, as is evidenced by the data above. During the period of any potential review a lot of work will be being undertaken to plan for the changes. This includes the agreement of a new Carers' Strategy and the retender of carers’ support services to a specification which is currently under development by CarersUK.

Under the Children & Families Act 2014, the Council is expected to try and identify young carers so they can be offered support, and both adult and children's social services will need to work together on helping young carers.

Areas of potential enquiry

Given the legislative and policy changes over the next 12 – 18 months, a scrutiny in this area might be a more useful area of focus in 2 years time. At that point it could usefully look at:

- examining how the changes had impacted on carers,
- how the Council was meeting its new responsibilities,
- and, if there were any gaps in policy, strategy or services available.

Option 5: Dementia

Overview

The term 'dementia' describes a set of symptoms which include loss of memory, mood changes, and problems with communication and reasoning. These symptoms occur when the brain is damaged by certain diseases, the most common being Alzheimer's disease, but also there can be similar symptoms from damage caused by a series of small strokes. There is a much smaller group suffering a discrete condition called Lewy bodies, a deteriorating brain disorder.

Alzheimer’s disease is progressive, which means the symptoms will gradually get worse. How fast the dementia
progresses will depend on a number of different factors. Each person will experience dementia in an individual way and the symptoms can be extremely distressing, sometimes being associated with behavioural changes where people can become aggressive.

### Performance/Evidence

Findings from a dementia needs assessment (April 2014) –

- In 2013, an estimated 1537 people in Barking and Dagenham had dementia, of these, 669 were diagnosed and recorded on GP registers.

- It is expected that the number of people with dementia in Barking and Dagenham will rise by approximately 10% over the coming decade; however, this increase is much steeper in the 90+ age group, with the number of people with dementia in this age group increasing by nearly 50% in this time.

- Barking and Dagenham’s poor general health and high levels of risk factors for vascular dementia, such as heart disease, diabetes and smoking rates, may result in a more rapid increase in dementia prevalence than is predicted in the figures above.

- Diagnosis rates of dementia have improved in the borough (currently standing at an estimated 43%-46%) but further work is needed to reach the 60% target. Combined with the expected prevalence increase, if diagnosis rates are successfully increased to this level by 2023, over 1,000 people in the borough will be diagnosed with dementia (compared to a current 669), increasing service demand.

- It is important to take into account the specific needs of people with dementia who live on their own, as more than a third of people aged 65+ in Barking and Dagenham currently live alone.

- The ethnic diversity of the dementia population in Barking and Dagenham is expected to increase substantially over the coming years, services and awareness raising programmes will need to adapt to the different needs of these groups.

Key feedback about services in Barking and Dagenham is summarised as follows:

- The integrated cluster team approach is working well and the borough has made good progress in taking forward the personalisation agenda.

- The Memory Service plays a central role in supporting
people through assessment, diagnosis and treatment of dementia. Memory Service capacity needs to be monitored. The Memory Service contributes to service improvement such as by providing feedback on inappropriate referrals and visiting care homes to improve the way they manage challenging behaviour and use medicines.

- The recruitment of a Dementia Advisor from the Alzheimer’s Society was welcomed by stakeholders because it has helped to introduce good practice and ways of working into the borough. ‘Carers of Barking and Dagenham’ play a central role in delivering a range of services and support for people with dementia and their carers.

- Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT) have placed a greater emphasis on training. Commissioning for Quality and Innovation (CQUIN) framework has led to dementia screening for all over 65s admitted into hospital. A buddy system at meal times is proposed to promote improved nutrition and fluid intake.

- There is growing awareness of dementia in the borough and this means that more people are being assessed and diagnosed in the early stages. This is giving service users greater scope to exercise choice and control over their lives and future care.

<table>
<thead>
<tr>
<th>Policy and legislation issues</th>
<th>National developments</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009 The Department of Health launched the first ever National Dementia Strategy for England. 17 recommendations across three key areas –</td>
<td></td>
</tr>
<tr>
<td>- Raising awareness and understanding</td>
<td></td>
</tr>
<tr>
<td>- Early diagnosis and support</td>
<td></td>
</tr>
<tr>
<td>- Living well with dementia</td>
<td></td>
</tr>
</tbody>
</table>

The Dementia Challenge was launched in March 2012 by Prime Minister David Cameron. Central to the PM’s challenge is to improve diagnosis (currently only 42% of people with dementia have a formal diagnosis) and improve care in hospitals (where ¼ of all beds are occupied with someone with dementia). Other parts of the PM’s challenge gives a commitment to more than double the investment in research to £66 million, and to establish at least 20 recognised dementia friendly communities by 2015. Three ‘champion groups’ are working to deliver the 14 commitments by 2015; progress is being reported through a series of annual reports – the first of which was published in May 2013.

Local developments
HASSC completed a review into local dementia services in
March 2010 which recommended –

- Awareness raising
- Single point of access for assessment
- Workforce development
- Keeping people with dementia in the community
- Changed system for out of hours/weekends
- Publicising respite for carers

Following another scrutiny by the Living and Working Select Committee (which also completed in 2010) into supported housing for older people, elected members recommended the re-development of Fews Lodge to change from sheltered housing to extra care for dementia. The new Fews Lodge opened in January 2014 and has 13 self-contained flats to support independent living and maintain quality of life. When more intensive support is needed, a resident of Fews Lodge can easily transfer to Kallar Lodge, the borough’s specialist dementia care home.

Office of Public Management (OPM) were commissioned by LBBD to complete a Dementia Needs Assessment to better understand the local picture. An action plan has been developed by Public Health LBBD and Barking and Dagenham CCG based on the recommendations.

| Areas of potential enquiry | As a scrutiny review on dementia was undertaken in 2009/10 and it remains to be seen whether there is more to be gained from a specific review into this area. However if the Committee wanted to review this area it might be useful to ask for a one-off item from officers reporting back on the action plan developed following the previous scrutiny. |
Option 6

Suggestion from Quaker Social Action: Funeral Poverty

Quaker Social Action sent the following briefing

Briefing on Funeral Poverty

What is funeral poverty?

Funeral poverty, where people are unable to cover the costs of a funeral for a person close to them, is on the increase. Sunlife report that now almost one in five people are unable to cover the cost of a funeral when someone close to them dies. For the bereaved, funeral poverty means spiralling debt and ongoing financial burdens, as well as the shame of not being able to provide a meaningful funeral for a loved one at a time when they’re at their most vulnerable.

How big a problem is funeral poverty?

- Cost of dying up 7.1% since 2012 with a significant postcode lottery
- Funeral cost up 80% since 2004 – average funeral now £3,456
- Sun Life Direct projects the average cost of a funeral will rise to over £4,300 by 2018
- This year, over 100,000 people will struggle to pay for a funeral. With the average shortfall experienced £1,277, it has been estimated that across the country funeral poverty now stands at £131million, over 50% higher than the £85million estimated 3 years ago.

This data is from the ‘Sunlife Cost of Dying’ report 2013.

Focus on Barking and Dagenham

Given that funeral poverty follows other poverty indicators such as low income, debt, and low pay, the London Borough of Barking and Dagenham (LBBD) is likely to have a particular issue with funeral poverty given it has some of the highest poverty across London.

The LBBD has:

- The highest proportion of people with long term health problems of all London boroughs (14%)
- The 2nd highest proportion of residents who are low paid (25%)
- The 2nd highest level of Local Housing Allowance claims - 43% of private renting households in Barking and Dagenham need housing benefit to cover their costs.

Statistics from the London Poverty Profile 2013.

Support for those in funeral poverty

Quaker Social Action are a charity that run a direct support service (Down to Earth) supporting people in funeral poverty, trying to help the bereaved find a funeral that is both
meaningful and affordable. We have a history providing practical support to people on low incomes in the boroughs of East London. Down to Earth’s direct delivery supports 200 people annually in the boroughs of East London (Redbridge, Hackney, Havering, Newham, Tower Hamlets, Barking and Dagenham and Waltham Forest). But given capacity our service can only support a limited number of people so only reaches the ‘tip of the iceberg’.

Statutory safety net?

It’s often assumed that the state will provide for people who can’t afford to pay for a funeral. This is not the case. Although people on benefits can apply to the Social Fund Funeral Payment, the maximum amount they’ll be awarded is around £1,200, not nearly enough to cover even the most basic funeral. The maximum amount a person can apply for has not risen since the inception of the Funeral Payment 10 years ago. Rejections to the Funeral Payment are up and now stand at fifty percent.

The role of the funeral industry

Government support for people in funeral has been eroded at the same time as funerals have got much more expensive. In 2003 Citizen’s Advice Bureau produced a report which stated, 'Much of our evidence refers to the extra distress caused by lack of information and ensuing debt that comes from a necessary purchase for a deceased and loved person. We feel strongly that buyers need to be better protected at this very difficult time.'

Funeral Directors vary greatly but there is evidence to suggest there is a growing commercialisation of funerals and many within the industry are not doing all they could to offer straightforward information on affordable funerals. There are huge differences in what funeral directors charge. There is also a lack of transparent information available to the bereaved about prices. Although members of trade association are supposed to offer people on low incomes affordable options, there’s a lot of anecdotal evidence to suggest this isn’t always happening.

A problem set to get much worse

The long term decline in death rates is about to reverse, with a projected rise by around 15-20% in the next two decades. Therefore it is imperative that the public, private and charity sectors work together to support the ageing population – and the generations behind them - to prepare for the costs associated with death.

Increase in public health funerals

When a family member can’t pay for a funeral, the deceased will be given what’s termed a ‘public health funeral’ paid for by the local authority. In 2010/11 there were 2,900 public health funerals in the UK, costing local authorities £2.1 million. This figure does not include staff or administrative costs. In a survey by the Local Government Association in 2011, 52% of local authorities indicated that they had “observed an increase in the number of family or friends unable to contribute to the costs of a funeral over the last three years”.

Suggested terms of reference

1. Examine the ‘costs of dying’ across the borough (e.g. the price of a funeral, burial/cremation, state administration) and the increasing demand for local authority funerals.
2. Investigate the quality and scope of support/provision available from the Council for those on low income unable to afford to cover costs on their own.
3. Examine advice available for residents on registering deaths, funerals and burials to ensure clarity and cultural sensitivity.
4. Investigate the development of online information resources to support local people experiencing funeral poverty.
5. Examine ways to improve information to residents about funerals and affordability.
6. Examine the efficacy of multi-agency working between the Council and local partners in the funeral industry.
7. Investigate examples of best practice from other boroughs and third sector organisations.
8. Investigate how the Council can encourage a culture of saving for death.
9. Examine the councils own use of funeral directors and whether these are a member of a national trade body.
10. Examine other low cost steps to become a ‘best practice’ council on funeral poverty.

Option 7

Suggestion from member of public: provision for children and young people with mental health problems

The member of the public sent a link with their suggestion to the following BBC article:

Mental health services cuts 'affecting children'

By Jeremy Cooke UK affairs correspondent

20 June 2014 Last updated at 17:01

Cuts in mental health services for children in England amount to a national crisis with tragic consequences, a charity has said.

More than half of councils have cut or frozen budgets for child and adolescent mental health, according to official figures obtained by Young Minds.

Experts believe early care is better for patients and value for money.

But budget reductions meant tough decisions were necessary, according to the Local Government Association.
Provision of mental health services for young people varies widely across England, with entry-level care largely funded by local authorities, which are trying to slash spending.

**NHS 'responsibility'**
Research has found young people who do not receive help in the early stages of their illness can suffer serious consequences, often needing time in hospital or remaining ill during adulthood.

Young Minds submitted a Freedom of Information request about funding of child and adolescent mental health services for 2014-15 and the previous four financial years.

**Annie's story**

Like hundreds of thousands of young people, 17-year-old Annie Hart carries the burden of mental illness.

Annie was diagnosed with bipolar disorder last year. Her condition led to her feeling very low. She self-harmed and spent time in hospital.

"On a bad day, you wake up in the morning and you have this feeling that nothing is good, that everything is black, and that if you step out of bed you will fall into a black hole," she says.

In Annie's area, West Sussex, there was a long waiting list.

Her father Jeremy says she "would have had eight months thinking about it and not knowing what was happening to her".

"For us that was just unacceptable," he adds.

In the end her family decided to pay. Once in the system, Annie's condition improved and she continues to have treatment.

Professional help is "really good", she says, but long waiting lists and patchy service provision can put young people at risk.

"It's a deadly illness - some people take their lives because of it. And that's not them taking their lives; that's the illness taking their lives."

It had responses from 99 out of the 151 councils it contacted.

More than half had made cuts over the last five years, while nine councils had kept funding at the same level.

The biggest reduction was at Birmingham City Council, from just above £2.3m in 2010-11 to £125,000 in 2014-15, a drop of 94%.

A spokesman for the authority said government funding had ended in 2010 and after a public consultation, it was decided to stop paying for a service that was primarily an "NHS responsibility".
The council preferred to "prioritise those services for which it was responsible" at a time when significant savings were required.

"We are very much committed to ensuring that children and young people in Birmingham have access to the mental health services that they need," the spokesman added, adding other services were provided for vulnerable children by the council, the NHS and the voluntary sector.

However, some local authorities have increased spending, such as Worcestershire County Council, where the budget went from £678,523 in 2010/11 to £4.9m for 2014/15.

Overall the figures were "deeply distressing", said Sarah Brennan, chief executive of Young Minds.

"Children and young people's mental health services have been chronically underfunded for decades.

"The latest round of cuts will add to the devastation of local services and compound the struggles of young children and their families."

'No justification'

There is no justification for disadvantaging mental health as against physical health

Norman Lamb, Care minister

Ministers continue to stress their commitment make young people's mental healthcare as good as their physical healthcare.

"The government has legislated for it," said care minister Norman Lamb. "We now have to get every area of the country to do what is clearly the right thing.

"There is no justification for disadvantaging mental health as against physical health."

Mr Lamb said the government backed the introduction of waiting time for mental health services, to bring them into line with NHS physical health care.

David Simmonds, chairman of the Local Government Association's children and young people's board, said councils had "worked hard" to protect services to vulnerable children but this had become "increasingly challenging" in the current financial climate.

"Local authorities have serious concerns about mental health funding for children, and want a complete overhaul of the fragmented and complex system they currently face each day when trying to access services delivered by the NHS and other partners."

Councils were "committed to change" and were "already playing their part", he stressed.