

The New London Plan Consultation Response

1. Summary

Alzheimer's Society is delighted to be able to respond to the draft London Plan.

People with dementia have a right to live a meaningful and enjoyable life, as involved in their community as they want to be, and development decisions play a big role in this.

The London Plan, as it sets out the strategic vision for how London is shaped over the coming years, is vitally important to ensure that people with dementia can play a full role in their community.

We welcome the themes of sustainable and inclusive growth that run throughout this document, in particular drawing a deliberate line from the health of Londoners to the continued success of the city.

As London grows and ages, more Londoners will have dementia and so facing it head on, and planning for the future is key. As this strategic document is adopted and progressed, we would urge you to work with Alzheimer's Society to consult with people affected by dementia on the changes that would directly affect the communities where they live.

Real consideration has clearly been given to the needs of older Londoners and people with dementia, nonetheless, there is more that could be in The London Plan. We must ensure that house builders and housing providers understand what constitutes dementia friendly housing, and in fact Alzheimer's Society have produced a Dementia-Friendly Housing Charter¹. The charter is aimed at the full range of professionals working in the housing sector. It has been designed to help housing professionals to support people living with dementia in their homes by improving knowledge and understanding so that all projects consider ways of minimising risks and enhancing wellbeing for people living with dementia, and therefore facilitating consistency and good practice in the sector.

Creating an accessible, inclusive London touches all aspects of our city, and so it is disappointing to not see anything explicit about making the public transport system accessible for people with cognitive impairment allowing them to maintain their independence.

2. About Alzheimer's Society

Alzheimer's Society is the UK's leading dementia support and research charity.

We cover England, Wales and Northern Ireland. Our mission is to transform the landscape of dementia forever. Until the day we find a cure, we will strive to create a society where those affected by dementia are supported and accepted, able to live in their community without fear or prejudice.

The Society provides information and support to people with all forms of dementia and those who care for them through its publications, dementia helplines and local services. It runs quality care services, funds research, advises professionals and campaigns for improved health and social care and greater public awareness and understanding of dementia.

3. About dementia in London

¹ https://www.alzheimers.org.uk/forms/form/263/en/download_the_dementia-friendly_housing_charter

Dementia is the biggest health and social care challenge facing London today.

There are an estimated 72,000 people with dementia living in London, a number which is growing each year. People affected by dementia can face many difficulties, but for Londoners, the types of challenges can depend on which borough you live in and the community you belong to. Whether or not someone is able to live well with dementia should not depend on a postcode lottery.

We want London to show the rest of the world the way in terms of support people with dementia.

We are proud to be working alongside the mayor and GLA to realise the commitment that, by 2020, London will lead the way by becoming the first dementia-friendly capital city in the world. A city where every person with dementia – no matter who they are or where they live – can live well and access the right support, at the right time, in the right way.

4. Detailed responses

- 4.1. We are encouraged to see the focus in these underpinning principles. In particular **GG1.B** which talks about “increasing active participation and social integration, and addressing social isolation.” If these intentions, and those expressed in **GG1.F**, are matched with action then they should have a tangible impact on the wellbeing on people with dementia. 50% of people with dementia living alone stated that they have stopped doing things that they used to do because they do not want to be a burden and 33% of people with dementia said that they had lost friends after a diagnosis of dementia.²
- 4.2. Policy **GG3** is right to identify the health inequalities that impact London. This is just as stark in dementia diagnosis which shows a 32% difference between diagnosis rates in the top performing borough and the bottom performing borough³. Ensuring a healthy London, which has adequate health and social care infrastructure will be vital to addressing that inequality. Policy **GG3.A** and **GG3.B** broaden out the conversation around health and social care to include preventative measures and ensuring London ‘designs in’ active and healthy lifestyles. Alzheimer’s Society is very supportive of this approach. There is increasing evidence that regular physical exercise can help prevent dementia, along with a healthy diet as highlighted in **GG3.G** and so encouraging healthy lifestyles is very much a part of our prevention agenda.
- 4.3. Research indicates there is a link between air pollution and dementia. A study of 6.6 million people from Canada published in 2016 reported a potential link between dementia and living close to very busy roads⁴. The study found that those living within 50 metres of a major road were 7% more likely to develop dementia than people living more than 300 meters away. This study doesn’t prove that air pollution causes dementia. However, it does suggest that the study of air pollution and dementia should be prioritised for future research. As London looks to tackle air pollution, we hope to see this explicitly used as part of the increasing evidence base around the impact of pollution on health.

²Alzheimer’s Society, Dementia 2013

³ NHS Dementia Workbook, December 2017. Best performing: Islington – 92.2%. Worst performing: Havering: 60.6%.

⁴ <https://blog.alzheimers.org.uk/research/living-near-busy-roads-increase-risk-dementia/>

- 4.4. The evidence base for Policy **GG4** contains a very well argued case for the type of housing London needs in the future. While policies around housing for older people and people with dementia is set out in H.15, we would like to see the commitment that suitable housing will be built for an aging London set out in policy GG4, especially as this will be a significant pressure on the housing market in the coming years⁵. Suitable housing for older people is covered in the Dementia Friendly Housing Charter, but should include options to downsize and housing that offers levels of support for a progressive disease like dementia.
- 4.5. Town centres are a vital part of ensuring that people affected by dementia can carry on taking a full part in their communities. It's encouraging to see that **Policy SD6 Town centres** explicitly talks about the accessibility of these town centres, and it is to be hoped that accessibility covers those with cognitive impairment as well as physical impairment.
- 4.6. **SD6.B** recognises that shopping habits are changing and becoming based more and more in the online space. However it is important that the intrinsic value of a community hub is not lost if The London Plan is to meet its aim of reducing social isolation. Many of the spaces that people with dementia would have traditionally used, such as libraries, community centres, and theatres, are closing down. How this gap is filled will be vital to mental and physical wellbeing as well as reducing isolation. As this strategic policy gets developed and becomes more specific, we would encourage planning authorities to consult with people affected by dementia about what is important to them about a town centre.
- 4.7. The suggestion in **SD6.D** that older people's housing would be suitable for town centres is to be welcomed, as it would keep people affected by dementia at the heart of the community and make the town centre's accessible to them. However, this must only be with satisfactory provisions in place to ensure the safety of the residents.
- 4.8. SCIE has provided some warnings about the effect of a noisy environment on people with dementia⁶ and so, while bringing people with dementia closer to amenities is a good thing, it must be done sensitively and with understanding of the condition. We would expect to see this explicitly addressed in the Building Regulations documents that will support the London Plan.
- 4.9. Policy **SD6.H** envisages an inclusive town centre environment that meets the needs of all Londoners. We thank the Mayor for his support of the Dementia Friendly London initiative and hope to see, as part of that, more town centres adopting the principles set out in the Becoming a Dementia Friendly Retailer guide⁷
- 4.10. It is encouraging to see the principles for Inclusive Design set out so clearly in Policy **D3**. We would urge that the policy should explicitly talk about being inclusive for people with cognitive impairment as this covers a set of discreet concerns that can get lost in the more obvious adaptations made for other at risk groups, such as ramps or wheelchair lifts.

⁵ DCLG, CSIP, ILC, Sustainable planning for housing in an ageing population, 2008

⁶ <https://www.scie.org.uk/dementia/supporting-people-with-dementia/dementia-friendly-environments/noise.asp>

⁷ https://www.alzheimers.org.uk/download/downloads/id/3064/dementia_friendly_retail_guide.pdf

- 4.11. Paragraph **3.3.4** goes some way towards addressing these concerns by ensuring that entrances into buildings are easily identifiable and that is very important for people with dementia.
- 4.12. We are keen to ensure that the engagement, detailed in paragraph **3.3.7** with relevant user groups is meaningful, but we would encourage developers, especially those engaged in large scale operations, to not just engage with representative bodies, but engage in facilitated discussions with people affected by dementia themselves.
- 4.13. Policy **D5** addresses the issue of accessible housing and is to be commended. However, we must ensure that while Policy D5 applies primarily to new build housing, there must be efforts made to adapt some of London's inaccessible housing stock. The LSE found that 1.8million disabled people in the UK are struggling to find accessible housing⁸ and paragraph 3.5.1 accepts that older people should not be forced out of their homes because the housing is inadequate. Two thirds of people with dementia in the UK live in their own home in the community so if we are to create a truly inclusive London, the existing housing stock must also be adapted. There are increasingly affordable and convenient technologies being developed that could make this a reality.
- 4.14. Policy **D10** deals with resilience in the event of an emergency. Gloucestershire Fire and Rescue recently identified that their major accident planning did not comprehensively cover people with dementia, and so they invited Alzheimer's Society to take part in a couple of drills with them to ensure they were better prepared. People with dementia can easily become distressed in unfamiliar surroundings and this is heightened during a time of great stress. We would like to ensure that the needs of those with dementia are addressed in the London Risk Register.
- 4.15. People with dementia need to be considered at all stages of planning for an emergency. Policy **D11** covers Fire Safety and evacuation, including, in paragraph 3.11.4, the need for a safe and dignified escape route. The planning of these measures should involve people affected by dementia so that they have a chance to feed in to what measures will help them most in a time of emergency. This planning ahead, ensuring the measures are helpful, and ensuring people with dementia are familiar with them is the most important step that could be taken to keep people safe in an emergency.
- 4.16. Recently Alzheimer's Society identified a significant issue around people with dementia who are medically fit to be discharged but don't have somewhere to move on to. Policy **H14.A.3** identifies the need for re-ablement accommodation which would help with this need. When the placement and design of this accommodation is considered, it should be done do with people with dementia in mind. However we are also aware people with dementia are often not considered for this option, and the plan should highlight the opportunity for all to be eligible for re-ablement accommodation.
- 4.17. Policy **H15** identifies and seeks to address the need for specialist older persons housing. It is good to see the level of detailed research that has gone into identifying

⁸ <http://www.lse.ac.uk/website-archive/newsAndMedia/news/archives/2016/07/1.8-million-disabled-people-struggling-to-find-accessible-housing.aspx>

unmet demand for specialist accommodation. As with policy D5, we hope to see these efforts to improve the provision of older persons housing replicated with measures to retrofit the existing housing stock.

- 4.18. **H15.A.3** talks specifically about accommodation suitable for people with dementia. We are delighted that the Mayor has continued to indicate his commitment to people with dementia by highlighting this issue specifically. Alzheimer's Society found that 95% of homes in the UK have even basic accessibility features, and so we produced a Dementia Friendly Housing Charter⁹. This charter sets out some of the ways that homes can be made suitable for people with dementia. We hope this proves useful in the production of a supplementary planning document to support the London Plan.
- 4.19. It is really encouraging to see the understanding of dementia shown in Paragraph **4.15.9**. It is certainly true to say that, because dementia affects each person differently, it's very difficult to set out absolutes when it comes to dementia specific accommodation. However, there is a body of evidence being built up around some of the broad principles, and we hope that this lack of specificity is not used as a reason for lack of provision. The direction of travel ("a range of solutions") is the right one though and is positive. 85% of people with dementia say they want to remain in their homes, and so a person centred approach is required so every person is able to exercise choice and agency.
- 4.20. The focus on integration in policy **S2** is good to see. Alzheimer's Society strongly believes that it is only by fully integrating health and social care, and the voluntary sector, that dementia care will be improved. Poor arrangements for access to hospital outpatient services can cause people with dementia distress and worsen their condition. This research has found examples of people with dementia being forced to make long, uncomfortable and distressing journeys, then wait for delayed appointments¹⁰. Siting health and social care facilities close together in an easily accessible location can only help people with dementia.
- 4.21. Paragraph **5.2.5** makes explicit what has been apparent for some time, that GP surgeries are beginning to work to larger catchment areas. So long as transport, including public transport links, are maintained then this is not inherently bad. However, we know that there are already many barriers to overcome when seeking a dementia diagnosis- including the stigma that many still feel about the condition- we do not want access to a GP to become another barrier to diagnosis which will end up increasing the health inequalities in London.
- 4.22. These larger catchment areas will inevitably lead to each surgery covering a more demographically diverse community. We know that there is still a significant stigma around dementia in some communities. Recently Alzheimer's Society conducted a large piece of research with universities in Bristol to look into this in more detail and produce resources to help GPs explain dementia in a culturally sensitive manner¹¹.
- 4.23. Policy **S6** Public Toilets correctly identifies how important clearly signposted public toilets are for disabled people and older people. Last year the Lancet published

⁹ https://www.alzheimers.org.uk/forms/form/263/en/download_the_dementia-friendly_housing_charter

¹⁰ Alzheimer's Society, Fix Dementia Care: NHS and Care Homes, 2016

¹¹ <http://www.bristolhealthpartners.org.uk/uploads/documents/2017-02-23/1487859789-dementia-needs-of-people-from-bme-communities-in-bristol.pdf>

short paper on the provision of dementia friendly toilets¹². In it they explain that some older people fear leaving the house because of the lack of appropriate, well signposted public toilets. They also emphasise that the lack of signposting can negate the positives of a well-designed toilet facility.

- 4.24. We're delighted to see the Changing Places toilets being advocated in paragraph **5.6.6**. One of the simple to solve issues that we have identified in the provision of dementia friendly toilet facilities is carers having to enter opposite-sex toilets to guide their partners out, or the person going through the wrong door and becoming lost¹³. This would avoid that problem.
- 4.25. Policy **E11** Skills and opportunities for all identifies some ways that S.106 obligations and other mechanisms could be used in developments to help people back into work. We would encourage you to explicitly consider the needs of carers, who often struggle to find flexible working conditions if appropriate, and former carers coming back into the workforce. Dementia currently costs UK businesses an estimated £1.6bn¹⁴, expected to rise to £3bn by 2030. Many of these costs are people leaving the workforce to care.
- 4.26. It is good to see the provision of non-residential disabled persons parking bays being included in policy **T.6**. As you will be aware, people with dementia are now explicitly entitled to be part of the blue badge scheme, and so we hope that the figures used to calculate the appropriate percentage of blue badge parking have included people with dementia. Other local authorities have experimented with Dementia Friendly parking bays¹⁵ with some success, and we would like to see those encouraged in other areas.
- 4.27. It was disappointing to note that none of the transport policies explicitly dealt with ensuring that public transport is accessible, including by people with dementia. 2/3 of people with dementia do not drive¹⁶, and so if we are to build a truly inclusive London we should ensure that public transport is accessible to those with dementia. There is much that can be done to ensure that public transport is dementia friendly and with the powers that the Mayor holds over public transport, London could become a beacon of dementia friendly transport. In the final London Plan it would be good to see a commitment that all future development in London will ensure that people with dementia have easy access to public transport and that Transport for London will work toward becoming a dementia friendly transport authority.

5. Contact Details

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¹² [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)31813-5/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)31813-5/fulltext)

¹³ <https://blog.alzheimers.org.uk/dementia-insight/dementia-friendly-toilet-facilities/>

¹⁴ <https://cebr.com/reports/cost-of-dementia-to-business/>

¹⁵ <https://www.localgov.co.uk/Plymouth-first-to-launch-dementia-friendly-parking-spaces/40235>

¹⁶ https://www.alzheimers.org.uk/download/downloads/id/3430/factsheet_driving_and_dementia.pdf