



SHEFFIELD CITY COUNCIL Cabinet Report

Report of: Richard Webb, Executive Director Communities

Date: 23/5/12

Subject: Transforming Support for People with Dementia Living at Home in Sheffield

Author of Report: Howard Waddicor, Commissioning Officer

Summary:

- This report sets out Sheffield City Council's commitment and vision for supporting people with dementia, those affected by dementia and those organisations that support them.
- It sets out the issues facing Sheffield by the increase in the numbers of people with dementia living at home at a time when expectations of what represents good support is changing.
- It describes the progress made so far and what needs to be done to build on this to ensure that Sheffield is a city where people with dementia and their carers can feel well supported and where we endeavour to support communities to become more 'dementia friendly'.
- It is essential that people with dementia, their families and friends, and staff working with them have a big say in shaping the city's future plans. This report seeks agreement from Cabinet to formally involve people in the process of planning for the future.
- It also outlines how the Council will work with people who use services and with staff to improve services, invest money to make the biggest impact and make savings within the context of the reduced funding made available by the Government as a result of the Comprehensive Spending Review.

Reasons for Recommendations

- The growing number of people with dementia represents a significant issue for the city. The expectation for most people with dementia is to remain at home as long as possible.
- The existing support arrangements will not meet the increase in demand or the changing expectations of people with dementia.

- To help understand how best to develop services, agreement is being sought to involve people and organisations affected by dementia
- In order to comply with the requirements attached to Government funding, Cabinet is asked to approve plans to commission an information and advice service in advance of the wider discussion.

Recommendations:

That Cabinet

- Confirms its commitment to people with dementia and the families, communities and organisations who support them.
- Endorses the strategic approach to addressing the changing aspirations and the environment in which support is delivered, including the intention to make Sheffield a dementia friendly city.
- Authorises a major involvement exercise with those affected by dementia to ensure that change fully reflects their views. A report on the outcome will be brought back to Cabinet for consideration.
- Agrees to establish an advisory group who will support officers undertaking the involvement exercise.
- Agrees, in advance of the wider discussions, to develop proposals for the commissioning of an information, advice and support service.

Background Papers:

- National Dementia Strategy, 2009
- Sheffield Dementia Health Needs Assessment, 2011
- Sheffield Dementia Commissioning Plan (updated November 2011)

Category of Report:

Open

Statutory and Council Policy Checklist

YES Cleared by: L Orme
YES
YES Cleared by: B Coukham
NO
YES
NO
NO
NO
YES
YES
ALL
Health and Community Care Scrutiny Committee
YES

1.0 Summary

- 1.1 This report sets out the issues facing Sheffield by the increase in the numbers of people with dementia living at home at a time when expectations of what represents good support is changing.
- 1.2 It sets out a vision for supporting those affected by dementia and those organisations that support them. It aims to ensure that the right support is offered in a timely way and responds to changing need.
- 1.3 It sets out the steps that Sheffield needs to take to meet the challenge and deliver on the vision.
- 1.4 It describes the process by which the voice of those affected by dementia is heard when changing the existing arrangements. It is acknowledged that there may be concerns that decisions about the future of services have already been made – including the dementia resource centres at Hurlfield view, Norbury and Bole Hill View. The report confirms that nothing has been decided and that there is a genuine wish to involve all people affected by dementia before final proposals are developed.
- 1.5 Nevertheless any proposals will have to consider how to deal with the financial savings already identified for this service area in 2012-13 within the context of the reductions in public expenditure as a result of the Government's Comprehensive Spending Review.

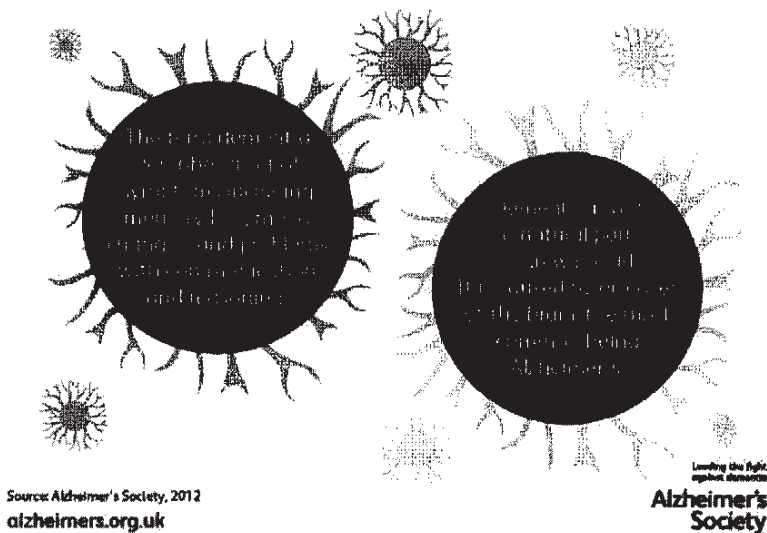
2.0 What does this mean for the people of Sheffield?

- 2.1 A diagnosis of dementia has a major impact for the individual and those who know and care for them. Much can be done however to reduce the consequences of dementia to allow people to make arrangements for the future and live as independently as possible, for as long as possible.
- 2.2 Whilst dementia impacts on older people and younger people, most people with a diagnosis are over 65. The council is committed to supporting strategic changes in a way that the issues facing older people are recognised and addressed to achieve its strategic vision as an age friendly city and '...a great place to grow older with people living happy, healthy and independent lives, and enjoying everything that the city has to offer'.

Dementia 2012

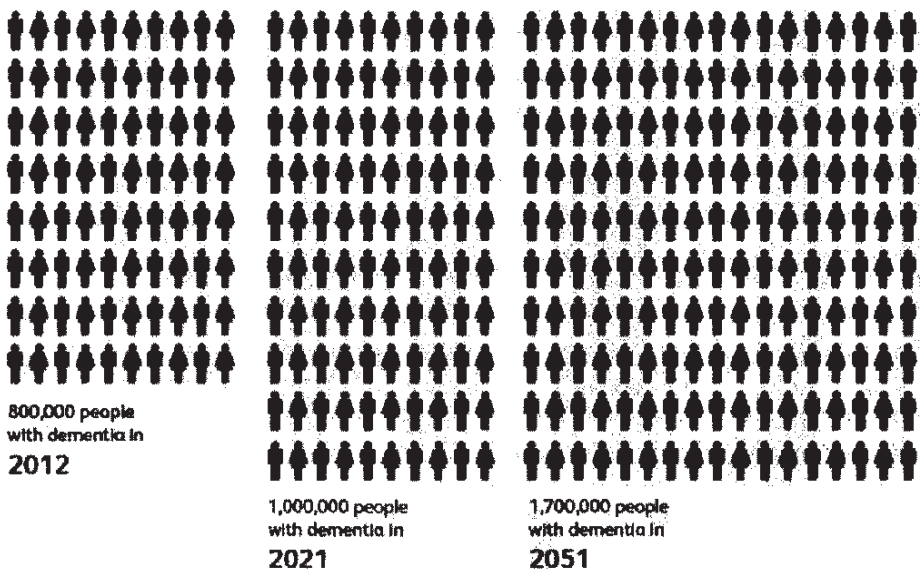
A national challenge

Defining dementia



Future projections

The number of people in the UK with dementia will double in the next 40 years. = 10,000 people



¹ Charts are reproduced by kind permission of the Alzheimer's Society

2.3 Whilst there is consensus that something needs to be done, the scale of the challenge to both communities and professionals should not be underestimated:

- The growing number of older people means that Sheffield faces a substantial growth in the numbers of people with dementia in the next 18 years. Currently 6,382 people are living with dementia in Sheffield. This is expected to rise to 7,342 by 2020 and 9,340 by 2030². The estimated number of people under 65 with dementia is currently 120 with a similar increase expected.
- National campaigns have successfully raised the profile of dementia and resulted in a greater understanding of the condition but dementia remains the single biggest cause of admissions to care homes.
- People with dementia admitted to hospital, on average, are likely to stay twice as long as others with the same illness.
- The impact on informal carers and family members is substantial. Not only are more people involved in caring but the level of need they are dealing with has increased significantly.
- The cost of supporting people with dementia is considerable. The council's current overall investment in supporting people with dementia is an estimated £19m. This is expected to grow as numbers increase.

2.4 We have a chance to overcome some of these challenges:

- A better understanding of dementia by the general public paves the way for communities that are more tolerant and supportive. Many families would welcome the support that a better informed community can offer. Shopkeepers and other customers who are prepared to be patient and supportive to people with dementia improve their chances of living independently.
- Raising expectations about what is possible for people with dementia – including the expectations of professionals – can help people live well with dementia. Improved diagnosis rates and earlier intervention can offer treatment that delays the onset of some symptoms.
- Better information and advice supports people with dementia and their carers to make choices and plan their lives. Having important conversations about the future whilst people still have capacity, helps carers and professionals make better informed decisions on their behalf when communication becomes more difficult.
- Changes in the way people choose the support they need through personal budgets give people options that did not exist before enabling

² Sheffield Dementia Health Needs Assessment, 2011

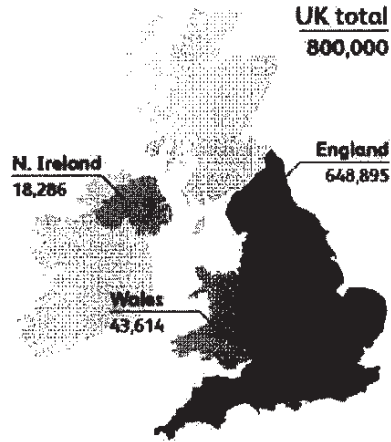
them to live well with dementia³. For example, supported walks, for those who enjoy them, can offer so much more than traditional day care whilst still giving the carer a break.

- For people with complex needs greater integration between health and social care can reduce crises and stress on carers. As needs become greater the number of people involved with support increases. The effort for carers required to engage with and monitor all these interventions can be significant.
- The use of new technology can help people live independently and reassure carers about the risks presented by people with dementia living in the community. Equipment is now available that, when used appropriately, can extend independent life by reducing risk.

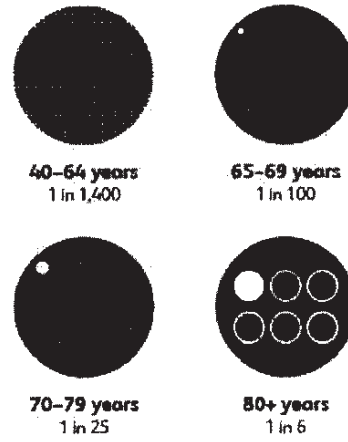
³ "Getting Personal? - Making personal budgets work for people with dementia" Alzheimer's Society, 2011

The size of the challenge

The breakdown of the population with dementia across the UK.



Dementia is most common in older people but younger people (under 65) can get it too.



Source: Alzheimer's Society, 2012
alzheimers.org.uk

Leading the fight
 against dementia
**Alzheimer's
 Society**

3.0 The Sheffield Vision for People with Dementia and their Carers

- 3.1 In February 2009 the National Dementia Strategy was launched. It is designed to transform the lives of people with dementia and their carers. The Strategy outlines objectives to improve the quality of services for people with dementia and their carers. See **Appendix A** for details
- 3.2 The key recommendations from the strategy are:
- Early intervention and diagnosis to reduce the need for long term care
 - A wider range of more personalised services
 - Effective integration with other services
 - Improved support for informal carers
 - A focus on a skilled workforce delivering quality services
- 3.3 In September 2010 DH produced “*Quality outcomes for people with dementia: Building on the work of the National Dementia Strategy*”. It describes what the Department of Health considers as its priorities for policy. Four key priorities were identified:
- Good quality early diagnosis and intervention for all
 - Improved quality of care in general hospitals
 - Living well with dementia in care homes
 - Reduced use of anti-psychotic medication
- 3.4 In addition to priorities identified by national consultations there have been a number of local consultations in recent years linked to the Sheffield Dementia Strategy⁴. The resulting priorities identified for people with dementia in Sheffield are:
- To live in communities that understand the impact of dementia and support those affected
 - Access to early diagnosis and treatment
 - Timely information, advice and support
 - Improved experience of living at home supported by integrated, flexible and personalised support
 - Greater choice of high quality support that represents good value for money
 - Greater awareness of the impact of dementia on informal carers and better support for them
 - Fewer unscheduled hospital admissions, better supported discharge and better care in hospital
 - Fewer admissions to care homes and better care for those with dementia who live in care homes

⁴ Sheffield Dementia Strategy, 2007

- To be treated with dignity and respect by all those involved in supporting people with dementia

4.0 Progress so far in Sheffield since 2007

- 4.1 Since 2007 Sheffield has been developing a joint approach between health and social care to improve the experience of people with dementia in the city. The 2007 Sheffield Dementia Strategy anticipated some of the changes in the 2009 National Dementia Strategy and achieved the following:
- Establishing a memory service to improve diagnosis rates
 - Shifting resources from inpatient facilities with poor outcomes for people with dementia to community based rapid response services
 - Bringing together health and social care teams to form community mental health teams to create an integrated assessment and support service
 - Establishing a specialist home support service for people with mental health needs including dementia
- 4.2 Progress on these and other changes have been routinely reported to the Healthier Communities and Adult Social Care Scrutiny Board – on the last occasion in October 2010. A report seeking approval to consult on the future of Foxwood dementia resource centre went to Cabinet in October 2010.
- 4.3 The table overleaf gives a detailed account of the progress so far against the priorities set out in paragraph 3.4

Vision	Progress so far
To live in communities that understand the impact of dementia and support those affected	<p>In 2011-12 a pilot to develop a 'dementia friendly' community in Shiregreen has:</p> <ul style="list-style-type: none"> - Developed community links and raised awareness of dementia within existing local schemes - Explored the potential to influence the use of open spaces to improve local services. - Developed intergenerational opportunities - Looked at developing local transport links - Involved people with dementia, their families and carers in raising awareness and disseminating ideas. - Explored ways to involve local shops. - Examined ways to open up leisure and sports facilities to people with dementia. - Looked at developing training for specialist and non-specialist staff - The potential for rolling this out to other neighbourhoods
Access to early diagnosis and treatment	<ul style="list-style-type: none"> - Improved diagnosis rate to 57% of all those estimated to have dementia – the third highest rate for an authority in England - Reduction in waiting times for diagnosis, though there remains room for improvement - Progress towards greater follow up support from GPs for people with a non-complex diagnosis - Work with Sheffield Teaching Hospitals to identify patients with cognitive impairment without a formal diagnosis - Increased capacity for diagnosis within the memory service - Case finding activity in primary care
Timely information and advice and support	<ul style="list-style-type: none"> - The establishment of dementia cafes delivered by the Sheffield Alzheimer's Society offering information and advice to people who have memory problems - An information and advice service jointly funded by health and social care is being developed and will be commissioned in 2012-13.
Improved experience of living at home supported by integrated, flexible and personalised support	<ul style="list-style-type: none"> - All new referrals to social care now offer individual budgets to develop personalised packages of care - A specialist mental health home support service to support people with the most

Vision	Progress so far
	<p>complex needs</p> <ul style="list-style-type: none"> - Improved range of community activities for people who receive formal day support through the resource centres - The establishment of the health funded rapid response service which offers skilled interventions to help people with complex / acute needs remain at home
<p>Greater choice of high quality support that represents good value for money</p>	<ul style="list-style-type: none"> - More people are now choosing from a wider range of support opportunities for people using personal budgets - An improved range of community activities for people who receive formal day support through the resource centres
<p>Greater awareness of the impact of dementia on informal carers and better support for them</p>	<ul style="list-style-type: none"> - In response to the Sheffield Carers Strategy, NHS Sheffield and Sheffield City Council are jointly commissioning a range of services that help carers live independent lives and improve their well-being. The new service will commence in the autumn of 2012
<p>Fewer unscheduled hospital admissions, better supported discharge and better care in hospital</p>	<ul style="list-style-type: none"> - The Dementia Programme Board and the Right First Time project have agreed that there are significant areas of overlap. - Agreement to involve GPs more in following up people with non-complex needs after a diagnosis - Health Foundation funded events for GPs to support transition - Funding secured to support the transfer of some specialist nurse support in primary care to support review and case finding activities - National Dementia CQUIN in 2012 - 2013 - Sheffield Teaching Hospitals dementia pathway and clinical guidance launched December 2011 - Business case approved to support workforce development and implementation of the pathway at Sheffield Teaching Hospitals Royal College of Psychiatrists National Dementia Audit for Acute Hospitals - The Right First Time project to continue good progress on reducing the use of anti-psychotic medications
<p>Fewer admissions to care homes and better care for</p>	<ul style="list-style-type: none"> - Overall many fewer people are now supported in care homes but people with

Vision	Progress so far
those with dementia who live in care homes	<p>dementia are the group most likely to be admitted</p> <ul style="list-style-type: none"> - The establishment of a Quality in Care Homes programme has significantly improved understanding of the issues for people in care homes. - Improved and coordinated monitoring of care homes has resulted in a more systematic approach to identifying and mitigating risk to care home residents - The establishment of a Care Home Dementia Forum to support the development of dementia champions in care homes and improve practice - The opening of a number of newly-built high quality independent sector care homes in Sheffield which set a new standard for the built environment for people with dementia
To be treated with dignity and respect by all those involved in supporting people with dementia	<p>Agreement has been reached by the Dementia Programme Board to develop a workforce development programme which would operate at three levels:</p> <ul style="list-style-type: none"> - basic (all staff at induction) - intermediate (people who work with people with dementia on a regular basis) - a leadership framework to support heads of service/lead professionals in delivering the programme and ensuring its implementation

5.0 Changing expectations since 2007

- 5.1 Even in the last 5 years since the Sheffield Dementia Strategy was written it has become clear that older people have different expectations about how they want to live their lives. This applies equally to those who have dementia and those who care for them.
- More people with dementia are choosing to live at home than ever before. This trend is expected to continue⁵.
 - Notions about what represents good support are also changing. Many people want to continue to do the things they have always done. They are increasingly looking to social care to support them to do this rather than rely on traditional, often institutional, services⁶.
 - Consultations with carers in 2010 reported that⁷ many people with dementia have not been offered support following diagnosis and this has increased the sense of isolation. Increasingly families are looking for support and advice before they need more intensive support.
 - Many people have found it difficult to access support when it is needed and experienced delays in processing requests for help⁴. They are looking for earlier intervention to help them resolve issues before they become a crisis.
 - Whilst carers of people with dementia still need opportunities for a break to allow them to live their own lives they also want the support offered to the person with dementia to be of a high standard. They expect it to be personalised – reflecting the interests and abilities of the person they care.⁸
 - They are also looking for support to be flexible, at times which suit them or when they are facing a crisis.

⁵ Dementia UK, 2007

⁶ Users of Social Care Personal Budgets – National Audit Office, July 2011

⁷ Report on Resource Centre De-commissioning Consultation - October 2010 – January 2011

⁸ Review of Carer Breaks for People with Dementia and their Carers in Sheffield, 2007

6.0 What do we need to do to modernise in the next five years?

- 6.1 To take account of the changing expectations and developing practice we now need to think again about what works best for people affected by dementia in Sheffield. There are already many ideas about how change can be brought about and these are set out below. However it is important that people in Sheffield are given the opportunity to shape these and contribute ideas of their own. This will begin with a major engagement exercise to test these ideas and learn from those most affected about what works for them.
- 6.2 Local dementia alliances can bring together the community within a locality to raise awareness of issues facing local people with dementia, to promote the dementia declaration and to take forward actions to improve the lives of people living with dementia and support development of dementia friendly communities.
- 6.3 We can build on the local learning from the dementia friendly communities pilot in Shiregreen to enable all areas of Sheffield to better support people with dementia.
- 6.4 We can improve information and advice so that all people with dementia and their carers will have access to a comprehensive information and advice service. This will help them identify ways of living well with dementia before more formal support is needed and then make that transition easier. We need to begin this in advance of the wider engagement to take advantage of Government funding opportunities.
- 6.5 We need to develop capacity for people with more complex needs to have individualised support, using community resources, alongside an integrated range of more formal health and social care interventions to reduce the likelihood of admission to a care home.
- 6.6 Providing opportunities for carers to have a break – both planned and in a crisis - enables them to live their own lives and be confident about the support offered to the person with dementia.
- 6.7 By improving the way health and social care and other public services work together to support people to live at home we can be more efficient and improve the experience of people with dementia.
- 6.8 By ensuring that investment in services continues to represent good value for money we can enable resources to be targeted to where the need is greatest.
- 6.9 Working with the City's *Right First Time* project we need to reduce the likelihood of someone being admitted to hospital because there is insufficient support available to them in the community. Similarly we need to make it possible for people with dementia to be discharged

from hospital in a way that is safe and timely and for the levels of community support to be adequate to sustain them.

- 6.10 As part of the Quality in Care Homes Board priorities we need to make sure that people with dementia are treated with dignity and respect whichever care home they live in.

7.0 How we plan to involve others in this modernisation

- 7.1 We want to give all those affected by dementia, and those who work with them, the opportunity to genuinely shape the future of support in Sheffield. This is a chance for people to have their say about what works and what doesn't. It is also intended to begin a debate about what might be possible if we are genuinely open to new ways of working.
- 7.2 This opportunity will last three months and will include people with dementia, their carers, staff and relevant stakeholders. The questions to be asked are:
- How can Sheffield communities better understand the needs of people with dementia so that living at home is a safe and positive option?
 - What types of support work best for people with dementia living at home?
 - What are the features of good support for carers of people with dementia?
 - How can we facilitate change but protect existing users of services?
 - How can health and social care providers work closer together for the benefit of people with dementia?
- 7.3 These questions will be posed to:
- Community groups and organisations
 - People who may need services in the future
 - People who are supported using the current arrangements
 - Staff working in the current support services
 - Other staff working with people affected by dementia
 - Current and future providers of support
 - Other interested parties including NHS Sheffield, housing providers, the wider council and the voluntary community and faith sector
- 7.4 The methodology will vary dependent on the capacity of the individuals involved. It will include carers and it is also planned to work with the Alzheimer's Society and others to ensure that people with dementia themselves have a say in how support is arranged.
- 7.5 There are some existing mechanisms for involving people, including the Community Dementia Forum and carers groups supported by the

resource centres, but opportunities will be given for online and face to face meetings with individuals through evidence gathering sessions.

- 7.6 It is also planned to use creative techniques to capture the feelings and aspirations of individuals affected by dementia.
- 7.7 In addition it is intended to establish a group of lay people who are willing to help understand what the responses are telling us and act as an advisory group on implementation.
- 7.8 The results of the involvement exercise will be brought back to Cabinet for final decision.

8.0 Financial Implications

- 8.1 The council's current overall investment in supporting people with dementia is an estimated £19m. This includes those people supported in residential and nursing care. Specialist provision for people living at home is an estimated £9m. Doing nothing to the services will not mean that costs will remain the same because the growth in numbers of people with dementia will change this.
- 8.2 To understand the consequences of the growing numbers of people with dementia, Sheffield Programme Board, supported by the Yorkshire and Humber Improvement Partnership, undertook to model the financial impact of the demographic changes. The modelling assumed that without changes that supported early intervention there would be a combined additional cost to both health and social care of £3.5m by 2019.
- 8.3 In contrast the model also predicts that through the key interventions such as those set out in the vision there is the potential for combined annual savings of £2.4m by 2019. Without change the additional costs to Sheffield City Council for care home placements alone will be £1.4m each year.
- 8.4 These assumptions were based on continued growth in the number of people admitted to care homes and hospital in line with the demographic changes. The evidence was that early intervention not only allowed people to remain at home longer but also reduced the cost of funding care.
- 8.5 The Council in its March 2012 Budget Report made it clear that access to adult social care services was to be maintained at current levels and to protect frontline services as far as possible. It confirmed that supporting and protecting communities is a key objective. It made it clear that this is "...about making the best possible use of our resources to meet the needs of Sheffield and its people. This means protecting services for people that most need extra help and support

from the Council and focusing our investment on efficient services that people and local communities really need”

- 8.6 As part of the overall savings required there are target savings of £385,000 set against this area in 2012-13 on an annual budget of £3.9m
- 8.7 All Local authorities have been awarded one-off funding to improve dementia memory services. Sheffield's allocation is £112,000. The allocation of this funding was not made until late 2011/12 and a request has been made to Members to earmark this amount into a reserve for spend in 2012-13. It is proposed to begin the commissioning of this service prior to the planned involvement exercise to ensure that funding requirements are met. The details of this are set out in **Appendix C**.

9.0 Legal Implications

- 9.1 The Council's involvement process must be planned appropriately (including consideration of equality issues) with those who will be affected by the proposals, ensuring that they are offered the opportunity to comment and that the Council responds to any issues raised
- 9.2 The Council must have regard to their duty under the Disability Discrimination Act 1995 to eliminate discrimination that is unlawful and to promote equality of opportunity between disabled persons and other persons. The Duty to Promote Disability Equality: Statutory Code of Practice recognises that it will not always be possible for authorities to adopt the course of action which will best promote disability equality but when making the decision, due regard must be given to the requirement to promote disability equality alongside other competing requirements.
- 9.3 The Initial Equality Impact Assessment attached, addresses the need to ensure that any subsequent proposals will not have a disproportionate impact on any one group of people and this will be further considered during the involvement exercise.

10.0 Human Resources

- 10.1 It is recognised there may be changes that may follow on that will provide concerns for staff. In the event of this, staff and Trade Unions will be fully consulted on any specific proposals that may affect them.
- 10.2 The full implications for staff including redeployment and redundancy options will be fully explored as part of this process.

11.0 Environmental & Sustainability

- 11.1 It is not anticipated that there will be any negative impact upon the environment caused by these proposals.

12.0 Equality of Opportunity

- 12.1 An Initial Equalities Impact Assessment (EIA) has been completed **(See Appendix B)**
- 12.2 The groups most affected by dementia are
- Older people due to the age related nature of the condition
 - Women as more survive to an older age than men
 - BME communities because of the lower early diagnosis rates
 - Carers who often undertake the burden of supporting people with dementia
- 12.3 The involvement exercise will:
- Follow good practice to ensure it is accessible and representative.
 - Monitor engagement with protected groups throughout the process, and address gaps where required
 - Carry out equality monitoring of responses where appropriate.
 - Carry out equality analysis of findings/key themes/issues etc, by protected groups where appropriate.
- 12.4 The EIA concludes that the issues to be considered as part of the involvement exercise do not adversely impact our statutory equality or human rights duties

13.0 Recommendations

It is recommended that Cabinet:-

- Confirms its commitment to people with dementia and the families, communities and organisations who support them.
- Endorses the strategic approach to addressing the changing aspirations and the environment in which support is delivered, including the intention to make Sheffield a dementia friendly city.
- Authorises a major involvement exercise with those affected by dementia to ensure that change fully reflects their views. A report on the outcome will be brought back to Cabinet for consideration.
- Agrees to establish an advisory group who will support officers undertaking the involvement exercise.
- Agrees, in advance of the wider discussions, to develop proposals for the commissioning of an information, advice and support service.

APPENDIX A: National Dementia Strategy (extract)

Objective 6: Improved community personal support services.

Provision of an appropriate range of services to support people with dementia living at home and their carers. Access to flexible and reliable services, ranging from early intervention to specialist home care services, which are responsive to the personal needs and preferences of each individual and take account of their broader family circumstances. Accessible to people living alone or with carers, people who pay for their care privately, through personal budgets, or through local authority-arranged services.

A comprehensive community personal support service would provide:

- home care that is reliable, with staff who have basic training in dementia care;
- flexibility to respond to changing needs, not determined by rigid time slots that prevent staff from working alongside people rather than doing things for them;
- access to personalised social activity, short breaks and day services;
- access to peer support networks;
- access to expert patient and carer programmes;
- responsiveness to crisis services;
- access to supported housing that is inclusive of people with dementia;
- respite care/breaks that provide valued and enjoyable experiences for people with dementia as well as their family carers;
- flexible and responsive respite care/breaks that can be provided in a variety of settings including the home of the person with dementia;
- independent advocacy services; and assistive technologies such as telecare.

APPENDIX B: Equality Impact Assessment



Name of policy/project/decision:

Transforming Services for People with Dementia Living at Home

Status of policy/project/decision: New

Name of person(s) writing EIA: Howard Waddicor

Date: 14/5/12

Service: SCaP

Portfolio: Communities

What are the brief aims of the policy/project/decision? To improve the quality and range of services to support people at home

Are there any potential Council staffing implications, include workforce diversity? Yes

Areas of possible impact	Impact	Impact level	Explanation and evidence
Age	Positive	High	Dementia is an age related condition. The Sheffield Health Needs assessment shows a projected increase in late onset dementia in Sheffield from 6,137 in 2010 to 8,292 in 2025, an increase of 74%. The greatest increase in prevalence of dementia in Sheffield is predicted to occur for those people aged 80 and over. The changes are anticipated to allow people to remain at home as long as possible with the right type of support
Disability	Positive	High	Critical to a positive outcome for this and all groups affected is an integrated, whole-system approach to transforming services. This requires dedicated resources to manage the project throughout the stages.
Pregnancy /maternity	Neutral		No disproportionate impact anticipated
Race	Positive	Medium	There is evidence from a report compiled by the NHSS Community Development BME Mental Health Team that some BME communities are unable to gain early diagnosis and support because of shortcomings in the way symptoms are understood and a reluctance to attend GP services. Following diagnosis the existing support arrangements are not

Areas of possible impact	Impact	Impact level	Explanation and evidence
			<p>always flexible or culturally appropriate. Though the number of BME elders is currently low the numbers are due to increase. The numbers of Pakistani elders 65+ will increase by 250 by 2025. The proposed changes may reduce investment in traditional services and increase opportunities for funding for people from BME communities to access social care support in a more personalised flexible way</p> <p>The revised information and advice service will be expected to work with existing BME organisations to ensure that there is a wider understanding of the need for early diagnosis and support for people with dementia.</p>
Religion/belief	Positive	Low	<p>Recent prevention work with the Muslim Elders Support project has identified the potential of using faith based sessions to broaden understanding of the impact of poor lifestyles on the level of vascular dementia in communities. A preventative approach has the potential to reduce this in the long term by reducing the number of strokes</p>
Sex	Positive	Medium	<p>There are more older women than men so there are proportionately more women with dementia. In addition the Sheffield Carers Strategy shows that most caring is done by women. Improvements in support to carers, as proposed in these changes, will reduce the burden of caring for people with dementia</p>
Sexual orientation	Positive	Medium	<p>Dementia has the potential to have a profound impact on the lives of the individual and those who care for them. The purpose of the change is to help reduce the impact of the condition by providing personalised support in a way that allows people to live a normal life for as long as</p>

Areas of possible impact	Impact	Impact level	Explanation and evidence
			possible.
Transgender	Neutral		No disproportionate impact anticipated
Financial inclusion, poverty, social justice, cohesion or carers	Positive		The National Dementia Strategy 2009 and the Sheffield Carer Breaks Strategy for People with Dementia 2006 both highlighted the significant impact on carers of looking after someone with dementia. The involvement exercise will give carers the opportunity to shape the way support is offered to people with dementia.
Voluntary, community & faith sector	Neutral		No disproportionate impact anticipated
Other/additional: Existing service users	Negative	High	Those people with dementia are amongst the most vulnerable people living at home. By the nature of the condition change can be difficult for some users. Any transitions need to be carefully managed to reduce the impact

Action plan

Area of impact	Action and mitigation	Lead, timescale and how it will be monitored/reviewed
All groups	<ul style="list-style-type: none"> - Follow good practice to ensure the exercise is accessible and representative. - Monitor engagement with protected groups throughout the process, and address gaps where required - Carry out equality monitoring of responses where appropriate. - Carry out equality analysis of findings/key themes/issues etc, by protected groups where appropriate. 	Howard Waddicor - Planned Cabinet report for May 2012 Involvement June - August 2012
All groups	We will involve people with dementia and, separately, their carers through the Community Dementia Forum hosted by the Alzheimer's Society and other groups.	Howard Waddicor - June to August 2012
Workforce	SHSC will meet with staff through appropriate meetings including the Trade Unions	SHSC by August 2012
All groups	All stakeholders will be involved appropriately in developing the model. This will include GPs as part of the 'Right First Time Project'	Howard Waddicor by August 2012
All groups	The strategic approach will be shared at the Dementia Programme Board chaired by Richard Webb	Richard Webb by August 2012
All groups	Proposals for change will include a risk management plan for existing users and carers to ensure that any changes have the minimum impact on this group	Howard Waddicor - by April 2012

APPENDIX C: Proposals for improving Information and Advice Service

Sheffield has received £112,000 as a one-off payment. The conditions attached to the funding require *"PCTs and local authorities to agree appropriate areas of investment in memory services and the outcomes expected from this investment. This could, for example, include provision of advice and support including information about local care and support services; follow up and review services including peer support, assessment of carers' needs and advice and support on planning for the future.*

The Department of Health expects that decisions about the use of this funding will take into account the Joint Strategic Needs Assessment for local populations, and the existing commissioning plans for both health and social care. PCTs should work with local authorities to achieve these outcomes in a transparent, efficient and integrated manner, with local authorities keeping PCTs informed of progress using appropriate local mechanisms."

- It is proposed that Sheffield looks at its existing investment in this type of support and both health and social care jointly commission a service that is appropriate for, and available to, all people with a diagnosis and the people who care for them.
- Prior to developing a specification it is intended to work with interested organisations to ensure that an innovative and cost effective service is developed. It is expected that this will include contributions from existing users of the service. The outcome of this process will determine the procurement arrangements.

