



**Report to  
Healthier Communities & Adult Social Care  
Scrutiny & Policy Development Committee  
18 April 2018**

**Report of:** Dawn Walton, Director of Commissioning, Inclusion and Learning

**Subject:** Dementia

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**Summary:**

- ‘Dementia’ is a broad term that may include memory loss and difficulties with thinking, problem-solving or language
- Approx 7,000 (1.2%) people have dementia in Sheffield which is slightly lower than that of the national average (1.3%)
- This report is to introduce the draft approach and work in progress

**Type of item:** The report author should tick the appropriate box

Reviewing of existing policy	
Informing the development of new policy	<b>x</b>
Statutory consultation	
Performance / budget monitoring report	
Cabinet request for scrutiny	
Full Council request for scrutiny	
Call-in of Cabinet decision	
Briefing paper for the Scrutiny Committee	
Other	

**The Scrutiny Committee is being asked to:**

The Committee are requested to note this report and give a steer to the following:

1. Should the Sheffield approach align with the national statements?
2. Dementia friendly communities:
  - What should dementia friendly communities look like in Sheffield?
  - How we can support communities to become ‘dementia friendly communities’?

**Background Papers:**

List any background documents (e.g. research studies, reports) used to write the report. Remember that by listing documents people could request a copy.

1. Information about Dementia in Sheffield  
<https://sheffieldcc.maps.arcgis.com/apps/Cascade/index.html?appid=64e9dcb79b8141f384cdee38c53a7b9b>
2. National context  
Prime Minister's challenge on Dementia 2020  
<https://www.gov.uk/government/publications/challenge-on-dementia-2020-implementation-plan>  
  
The Lancet Commission on Dementia  
<http://www.thelancet.com/commissions/dementia2017>  
  
The National Dementia Statements  
[https://www.alzheimers.org.uk/info/20091/what\\_we\\_think/1238/dementia\\_statements\\_and\\_rights](https://www.alzheimers.org.uk/info/20091/what_we_think/1238/dementia_statements_and_rights)

**Category of Report:** OPEN

# **Report of the Director of Commissioning, Inclusion and Learning, Dawn Walton**

## **Dementia**

### **1. Introduction/Context**

- 1.1 'Dementia' is a broad term that may include memory loss and difficulties with thinking, problem-solving or language
- 1.2 The vast majority of people with dementia either have Alzheimer's disease or vascular dementia
- 1.3 Approx 7,000 (1.2%) people have dementia in Sheffield which is slightly lower than that of the national average (1.3%)
- 1.4 The recorded prevalence is people with dementia recorded by the GP practice – Sheffield is the highest of all core cities (0.86%) and this is because Sheffield is good at early diagnosis.
- 1.5 It is more common in people over the age of 65 with signs generally manifesting in someone's seventies. On average, a person can live with dementia for a further 10 to 15 years. Given the rise in the number of people living well into their seventies and eighties, this means dementia is an increasingly important factor in relation to healthy life expectancy (how long we can expect to live in good health).
- 1.6 For more about the numbers / prevalence of dementia in Sheffield, please see the link in the background paper<sup>1</sup>.
- 1.7 The Mental Health and Learning Disabilities Delivery Board has charged partners to review existing dementia pathway and provision and this report is to give an early outline.

### **2 What do people nationally with dementia and families say?**

- 2.1 Age UK<sup>2</sup> working with people with dementia have identified three key contributors to living well; personal wellbeing, positive relationships and active daily lives
- 2.2 Sheffield's aspirational vision (draft) for people with dementia and their carers in Sheffield is that:
  - a. All people living with dementia and their families/carers to feel empowered and know where to go to seek information, advice and help.

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<https://sheffieldcc.maps.arcgis.com/apps/Cascade/index.html?appid=64e9dcb79b8141f384cde38c53a7b9b>

<sup>2</sup> [https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/health--wellbeing/rb\\_feb2018\\_promising\\_approaches\\_to\\_living\\_well\\_with\\_dementia\\_report.pdf?](https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/health--wellbeing/rb_feb2018_promising_approaches_to_living_well_with_dementia_report.pdf?)

- b. People are able to access the care and support that enables them to live well at home for as long as possible and to die with dignity.
  - c. To live in dementia friendly communities
  - d. Work to prevent or delay the onset of dementia by modifying lifestyle and behaviours in mid-life
- 2.3 Nationally in 2010 there was a great deal of work listening to people with dementia and their families. They were asked '*what type of care and support they would hope to receive in the future*'. These conversations led to the National Dementia Declaration, the forming of Dementia Action Alliance, seven statements of what life should be like for people with dementia and helped in inform the Prime Minister's Challenge on Dementia.
- 2.4 In 2017 these statements<sup>3</sup> were refreshed and they now form the centre of Sheffield's approach:

### **The Dementia Statements**

1. We have the right to be recognised as who we are, to make choices about our lives including taking risks, and to contribute to society. Our diagnosis should not define us, nor should we be ashamed of it.
2. We have the right to continue with day-to-day and family life, without discrimination or unfair cost, to be accepted and included in our communities and not live in isolation or loneliness.
3. We have the right to an early and accurate diagnosis, and to receive evidence based, appropriate, compassionate and properly funded care and treatment, from trained people who understand us and how dementia affects us. This must meet our needs, wherever we live.
4. We have the right to be respected, and recognised as partners in care, provided with education, support, services, and training which enables us to plan and make decisions about the future
5. We have the right to know about and decide if we want to be involved in research that looks at cause, cure and care for dementia and be supported to take part.

### **3. Caring for someone with dementia**

- 3.1 As the condition progresses, people with dementia can feel more vulnerable and they increasingly rely on other people to do things for them. With the focus of dementia being mainly on the person who is suffering from the disease, the needs of their carer (often the spouse or other family member) can be overlooked.
- 3.2 Caring for someone with dementia can be frustrating and stressful at times. It's important therefore for a carer's physical health and psychological wellbeing that they are supported with their caring responsibilities. This can include, for example to help them to take a

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<sup>3</sup> [https://www.alzheimers.org.uk/info/20091/what\\_we\\_think/1238/dementia\\_statements\\_and\\_rights](https://www.alzheimers.org.uk/info/20091/what_we_think/1238/dementia_statements_and_rights)

break or a holiday, if they need to go into hospital or to meet other important commitments.

- 3.3 Social isolation is something that can seriously affect carers (and not just those caring for people with dementia). There is a clear link between loneliness and poor mental and physical health.

#### **4. Prevention of dementia**

- 4.1 There is currently no certain way to prevent all types of dementia. Vascular disease however can be prevented. Consequently, reductions in the incidence of vascular and mixed dementias may be expected to follow. There is, for example, evidence to suggest that the incidence of dementia may be reducing in the UK, by as much as 2.7% per year. The main reason for this is improvement in vascular risk factors, with increased physical activity accounting for the largest proportion of this decline.
- 4.2 In general terms therefore, what is good for the heart may also be good for the brain.

#### **5. What are we doing – the Council?**

- 5.1 The Council's aims and objectives are:

5.1.1 To support people with dementia and their families to:

- Develop and build resilience
- Access suitable relevant and timely information and advice
- Access good quality community support
- Remain independent, safe and well for as long as reasonable e.g. identify and access support that will support this such as; home care, day activities and respite

5.1.2 To develop 'dementia friendly communities' in Sheffield.

The national definition of 'a dementia-friendly community' is one in which people with dementia are empowered to have high aspirations and feel confident, knowing they can contribute and participate in activities that are meaningful to them. The following is the 10 Steps to Building a Dementia Friendly Community<sup>4</sup>

- Involvement of people with dementia
- Challenge stigma and build understanding
- Accessible community activities
- Acknowledge potential
- Ensure an early diagnosis
- Practical support to enable engagement in community life
- Community-based solutions
- Consistent and reliable travel options
- Easy-to-navigate environments

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<sup>4</sup> [Building Dementia-Friendly Communities: A Priority for Everyone](#)

- Respectful and responsive businesses and services

5.2 The following describes the emerging approach to delivering these aims:

5.2.1 Dementia friendly communities - we will work with all stakeholders to identify and implement what 'dementia friendly communities' mean in Sheffield based on the national definition and the Dementia Statements

5.2.2 Supporting carers will be important – for people with dementia to remain safe and independent as long as possible will be reliant on carers having timely support

5.2.3 Prevention will be key at all stages i.e.

- A healthy lifestyle will reduce the risk of dementia
- Preventing carer breakdown
- Technology in the home
- Meaningful activities

5.2.4 Commissioning support in communities

5.3 The diagram on the next page describes the Council's DRAFT approach which is work in progress:

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DRAFT

### Dementia 'is everyone's business' Friendly Communities

Building capacity and increasing awareness in communities to help them be 'friendly' and accessible to those with dementia and their families  
e.g. family and friends, local communities, businesses and organisations

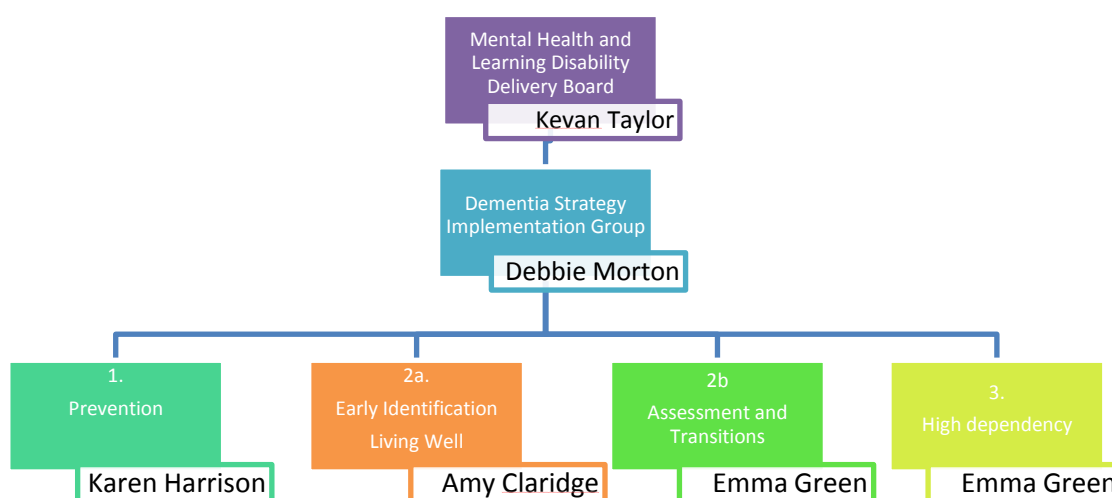
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<b>Health and Wellbeing (Prevention)</b>	<b>Resilience and Coping (People Keeping Well)</b>	<b>Coping with Support (Active Support &amp; Recovery)</b>	<b>Complex needs (Ongoing Care)</b>
<p>Reducing the risk of dementia in later life</p> <ul style="list-style-type: none"><li>- Ensuring that more people understand a healthy lifestyle reduces the risk of developing dementia e.g. eating well, move more, keep connected</li><li>- Public Health messages/campaigns linking to wider campaigns such as Food, physical activity</li><li>- Use Health Trainers for targeted messages</li><li>- Health Checks</li></ul>	<p>Community support and building resilience <i>Community/Universal Offer/Early Help</i></p> <ul style="list-style-type: none"><li>• Prevent Problems Occurring and Escalating</li><li>• Community based activities for people with dementia and/or their carers</li><li>• Carers: Information, advice &amp; guidance for families (planning, coping and resilience)</li><li>• Building capacity and confidence within community organisations to support people with dementia</li></ul>	<p>People who need some formal support <i>Targeted Support</i></p> <ul style="list-style-type: none"><li>• Support to remain independent safe and well e.g. home care, day activities and respite</li><li>• Supporting carers:</li><li>• Preventing Problems Escalating</li><li>• Reducing the Severity of the Problem</li></ul>	<p>People with complex needs <i>Specialist Provision</i></p> <ul style="list-style-type: none"><li>• Person centred approach</li><li>• Ensuring that care homes continue to promote good quality of life and enrichment activities for people with dementia</li><li>• Management of Need</li><li>• CHC / joint packages of care Residential or nursing care</li><li>• Adopt a Care Home</li></ul>

## 6. What are we doing – all partners?

- 6.1 The Dementia Implementation Group has been established and is meeting regularly. It includes partners from the Council, health, other statutory partners and providers including VCF
- 6.2 The diagram below describes the governance structure and identified workstreams for the Dementia Implementation Group.

The Council / Public Health are leading two of the workstreams and the Clinical Commissioning Group are leading the other two workstreams. All workstreams include partners from relevant stakeholders



- 6.4 Over the next six months, the workstreams will meet and identify key issues / objectives and develop recommendations for changes. Listed below are the emerging requirements:

### **1. Prevention – preventing dementia through improving lifestyles in mid life e.g. uncontrolled blood pressure is a risk factor for dementia**

- Working with existing health and wellbeing activities to ensure they include the messages that healthy lifestyle reduce the risk of dementia

### **2a. Early identification and living well – improving resilience of people with dementia and families to live a fulfilled life**

- Awareness raising of the public to spot the signs of dementia and reduce stigma to encourage people to come forward earlier for diagnosis.
- Awareness raising, education and training of public and staff across all sectors to spot the signs of dementia and know referral routes/support available, need to make better use of dementia champions resource



- A 'key worker' type role to support the person and their family with practical information, advice and guidance after (early) diagnosis
- Increasing the range of (meaningful) community-based activities available to the person and their family
- Cross-organisational working to improve dementia awareness amongst staff and the general public (including young people)
- Defining what dementia friendly communities are in Sheffield and implementing them
- Need to consider use of technology to keep people in their own homes longer (including care home residents)

## **2b. Assessment and transitions – appropriate formal support for people with dementia**

- Review of processes to support timely discharge from hospital
- Review services to support families in crisis
- Need to look at potential for intensive, time limited packages of care in peoples in times of crisis

## **3. High dependency – people with complex needs**

- Need to ensure that care can be stepped up and stepped down as appropriate, with the least disruption to the person receiving the care.
- Review of people's needs should be done in a timely way with improved communication with families/carers

## **7. Recommendations**

7.1 The Committee are requested to note this report and give a steer to the following:

7.1.1 Should the Sheffield approach align with the national statements?

7.1.2 Dementia friendly communities:

- What should dementia friendly communities look like in Sheffield?
- How we can support communities to become 'dementia friendly communities'?

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