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Report of: John Macilwraith
Report to: Cabinet
Date of Decision: 18 December 2019
Subject: Sheffield Dementia Strategy

Is this a Key Decision? If Yes, reason for Key Decision:-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
- Expenditure and/or savings over £500,000		<input type="checkbox"/>		
- Affects 2 or more Wards		<input checked="" type="checkbox"/>		
Which Cabinet Member Portfolio does this relate to? Cabinet Member for Health & Social Care				
Which Scrutiny and Policy Development Committee does this relate to? Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee				
Has an Equality Impact Assessment (EIA) been undertaken?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
If YES, what EIA reference number has it been given? <i>Via SCCG QEIA process</i>				
Does the report contain confidential or exempt information?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
If YES, give details as to whether the exemption applies to the full report / part of the report and/or appendices and complete below:-				
<i>"The (report/appendix) is not for publication because it contains exempt information under Paragraph (insert relevant paragraph number) of Schedule 12A of the Local Government Act 1972 (as amended)."</i>				

Purpose of Report:
 The purpose of this report is to seek approval of the Sheffield Dementia Strategy as a set of overarching principles for further projects relating to Dementia care.

The Dementia Strategy, and subsequent projects carried out under the strategy, will improve the support available to people living with dementia and their carers.

The Sheffield Dementia Strategy (which consists of 13 Commitments) (see *appendix 1*) has now been finalised by the Dementia Strategy Implementation Group (a multi-agency group, reporting to the Mental Health, Learning Disability

and Dementia Delivery Board).

The strategy is now being taken to the relevant decision making bodies for partner organisations for final approval; alongside a progress update on activity related to the Strategy.

Recommendations:

It is recommended that Cabinet:

- Approve the Dementia Strategy.

Background Papers:

- Sheffield Dementia Strategy Commitments document

Lead Officer to complete:-		
1	I have consulted the relevant departments in respect of any relevant implications indicated on the Statutory and Council Policy Checklist, and comments have been incorporated / additional forms completed / EIA completed, where required.	Finance: Paul Jeffries (19/11/19)
		Legal: Laura Garvin-Smith (27/11/19)
		Equalities: Ed Sexton (14/11/19)
<i>Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.</i>		
2	EMT member who approved submission:	John Macilwraith
3	Cabinet Member consulted:	Councillor George Lindars-Hammond
4	I confirm that all necessary approval has been obtained in respect of the implications indicated on the Statutory and Council Policy Checklist and that the report has been approved for submission to the Decision Maker by the EMT member indicated at 2. In addition, any additional forms have been completed and signed off as required at 1.	
	Lead Officer Name: Nicola Shearstone	Job Title: Head of Commissioning, Early Support & Prevention, People Portfolio
	Date: 03/12/19	

1. PROPOSAL

- 1.1 The Dementia Strategy Implementation Group¹ is a multi-agency group, reporting to the Mental Health, Learning Disability and Dementia Delivery Board. Public, voluntary, community and private sector organisations across Sheffield committed to work together to improve the care and support for people of all ages living with or caring for those living with dementia to enable them to live life to their full potential).
- 1.2 The Dementia Strategy Implementation Group has jointly authored the Sheffield Dementia Strategy (which consists of 13 Commitments) (see *appendix 1*)
- 1.3 The development of the strategy forms Sheffield's response to the Prime Minister's 2020 Challenge on Dementia. It is not a legal requirement to respond to the Challenge in this way but there is a Government expectation that progress is made to achieve the aspirations of the Challenge. It is also a positive step towards improving the health, care, and experience of people in Sheffield with dementia and their carers. It builds on ongoing work (both established and emerging) across the city.
- 1.4 During the strategy development stage it was agreed that the commissioning of support for people with dementia should continue to progress provided that it was broadly in line with the emerging themes. A Sheffield City Council commissioning plan to develop dementia support has been in place since November 2018.
- 1.5 Activity which has continued includes: developing user voice; community activities; community support developments in local neighbourhoods, including proactively contacting contact people who have been recently diagnosed. There has also been a focus on capacity building for dementia friendly communities - the dementia action alliance was given a grant in 2018 for 3 years to drive dementia friendly communities work. Some of their achievements include: 21 businesses are now member organisations, work with care homes on establishing dementia friendly environments, and delivery of Enrichment for the Elderly Dementia stars training sessions.
- 1.6 More recently the CCG and Sheffield City Council have agreed to develop a joint commissioning plan which SCC will lead on behalf of the CCG. This includes a specialist advice service for professionals to ensure care is co-ordinated and people can live well at home (October 2019); and redesign and remodelling of day support for younger and older adults (April 2020).
- 1.7 There is also other work being taken forward linked to the strategy, which

¹ Partners constituting the Dementia Strategy Implementation Group include: Sheffield City Council, NHS Sheffield Clinical Commissioning group, Sheffield Teaching Hospitals NHS Foundation Trust, Sheffield Health and Social Care Foundation Trust, South Yorkshire Housing Association, Sheffield Dementia Action Alliance, Age UK Sheffield, Alzheimer's Society, and St Luke's.

has been progressed over recent months and continues to be developed. This includes activity to understand the current purpose and future model (mapped to the strategy) of CCG commissioned services; and the Sheffield Teaching Hospitals dementia care plan of action.

- 1.8 The strategy is now being taken to the appropriate decision making bodies of partner organisations for final comment and approval; alongside a progress update on activity related to the Strategy. As part of this process, Cabinet is asked to approve and adopt the strategy.
- 1.9 Next steps are to develop, and implement, detailed action plans for the strategy, through smaller multi-agency working groups that will report to the Dementia Strategy Implementation Group. Work has now started on this stage of the project.
- 1.10 A significant part of this process will be (as per commitment 13) to identify key measureable targets and baseline data so it is possible to measure success.
- 1.11 As part of the ongoing governance of the strategy, we will also establish a robust approach to ongoing engagement and challenge. This will ensure that there is sufficient challenge on the strategy implementation. Involvement of people with dementia and their carers will be a key element of this approach.
- 1.12 By early 2020, key milestones to be achieved are:
 - The detailed action plans for the strategy to be completed - existing activity has continued to be implemented during this time and gaps have started to be identified;
 - Approval by all relevant Boards/Leadership teams;
 - The Commitments document will be published online and shared more widely with stakeholders; and
 - Robust approaches to ongoing engagement and challenge will be established to support the development and governance of the implementation plans.

2. HOW DOES THIS DECISION CONTRIBUTE?

- 2.1 The Sheffield Dementia Strategy will support work to embed, drive and coordinate activity to improve dementia care and experiences across the system. It will directly contribute towards the following priorities outlined in the Corporate Plan:
 - *Thriving neighbourhoods and communities* – through creating dementia friendly communities, and ensuring prevention becomes an integral part of dementia work.
 - *Better health and wellbeing* – through improving the health and wellbeing of people with dementia and their carers.
 - *Tackling inequalities* – for example, through improving the outcomes for people with dementia, who have high rates of comorbidity, mortality, hospital admission, and experiences of stigma.

- 2.2 According to [POPPI](#) data there are 6,977 people aged 65 and above in Sheffield with dementia, with 80-84 year olds having the highest number. Dementia is more common in people over the age of 65, with symptoms generally starting to show in someone's seventies. In 2019 there are an estimated 95,000 people living in Sheffield aged 65 and over. It is predicted that 6,977 of these people will have dementia (7.2% of the 65+ population). Estimates show that this figure could rise to over 9,000 people aged 65 and above by 2035 (7.7% of the 65+ population).
- 2.3 The key impacts of dementia on individuals:
- Mortality - Of the top 25 causes of years of life lost in the UK due to premature mortality between 1990 to 2010, a study found Alzheimer's disease and other dementias had risen from 24th place to 10th, accounting for 2.6 percent of total years of life lost across the top 25 causes.
 - The individual and family - Those coping with dementia face the fear of an uncertain future; while those caring can see their loved ones slipping away. People over the age of 55 years fear dementia more than any other disease.
 - Unpaid carers and family - It is estimated that one in three people will care for a person with dementia in their lifetime. Half of them are employed and many will have to cut their working hours to make time for caring, or to leave work altogether.

3. HAS THERE BEEN ANY CONSULTATION?

- 3.1 The strategy developed over a 12 month period with discussion, debate and consultation with a significant number of stakeholders across the city with particular emphasis on inclusion of people with dementia and their families at every stage.
- 3.2 Stakeholders consulted include: SHINDIG, Burton Street Foundation, Healthwatch Sheffield, Sheffield Hallam University, University of Sheffield, Young Dementia UK, Voluntary Action Sheffield and 'Our Place' (Alzheimer's Society).
- 3.3 Engagement began on 3 December 2018 and ran until 1 February 2019. The engagement focused on those who are directly affected by dementia, namely the individuals living with dementia, their carers and family, as well as professionals involved in their care. We also wanted to ensure that other people were able to have their say and methods and activities were tailored to each audience.
- 3.4 Engagement activities included:
- A survey was available as a paper and online version and distributed through various networks.
 - Officers from the partner agencies engaged with a number of existing activities and groups to raise awareness of the Strategy and give people the opportunity to ask questions and share their views.

Existing activities were used to target individuals affected by dementia as they are in the familiar circumstances and environments that they are used to participating in.

- Materials were distributed through networks to reach a wider audience. This included paper copies of the survey distributed to all GP Practices, as well as information being sent to Tenants and Residents Associations, community newsletters, and organisations that work with communities under-represented in statutory dementia services.

3.4 Work has started in mapping current activity against each of the commitments and identifying the priorities. A workshop (including people with dementia and professionals) held in May 2019 was set up to identify the priority commitments for action. Although there was no consensus about which commitment to prioritise the following were areas of significant interest:

- Information and advice post diagnosis;
- Reducing stigma and making Sheffield more dementia friendly;
- Improving the quality of care for people admitted to A&E and Sheffield Teaching Hospitals;
- A more co-ordinated approach to care and support; and
- Support for families

3.5 There is an on-going pledge by the Dementia Strategy Implementation Group to ensuring that the voices of people living with dementia and caring for those living with dementia are heard and used to develop the actions plans that will drive the delivery of the Strategy once it is agreed.

3.6 This will include, as part of the ongoing governance of the strategy we will establish a support and challenge group which will ensure there is sufficient challenge on the strategy implementation. The group will work inclusively, with people with dementia and their carers playing an integral part in all activity.

4. RISK ANALYSIS AND IMPLICATIONS OF THE DECISION

4.1 Equality of Opportunity Implications

4.1.1 An Equality Impact Assessment has been completed as part of the SCCG QEIA process. Detailed EIAs will be completed as an integral part of the implementation stage of the strategy.

4.1.2 Different groups of people will also be impacted differentially by dementia – something that will be considered as part of the implementation of the strategy. For example:

- Women are more likely than men to develop dementia in their lifetimes. One of the main reasons for the greater prevalence of dementia among women is the longer life expectancy of women. 65% of people living with dementia are women. 60 -70% of carers for

- people with dementia are women.
- Some research suggests that dementia is more likely to be missed in men because they are less likely to lose their memory, as male dementia sufferers were more likely to have suffered from “atypical” symptoms which are more difficult to spot.
 - National evidence shows that’s people from Black, Asian, and minority ethnic communities often have lower than average diagnosis rates and access to services.
 - People living with dementia who are over 65 have on average four comorbidities, while people without dementia have two on average. 91.8% of people living with dementia have another health condition.
 - Although there are only small numbers of younger people in the city with dementia, their support needs are often different to those of older people, and it is important that these needs are met.
 - People with learning disabilities are at increased risk of developing dementia. If a person with a learning disability develops dementia, they will face different and additional challenges to people who do not have a learning disability.
 - Dementia is challenging for everyone, however, being LGBT and having dementia can present extra difficulties. For example, memory problems might make it harder for an individual to remember who they have told about their sexual orientation or gender identity.

4.2 Financial and Commercial Implications

4.2.1 To support this development and drive priorities forward NHS Sheffield CCG (SCCG) , Sheffield Health and Social Care NHS Foundation Trust (SHSC) and Sheffield City Council (SCC) have funded a part time project officer (from September 2019) to work on ways to identify and take forward the priorities. This replaces a gap left by the previous post holder who left in early 2019.

4.2.2 There is no specific budget attached to the strategy and work under the strategy principles is currently being delivered within existing resources. Partner organisations continue to resource ongoing activity and services to support people with dementia and their families.

4.2.3 It is however important to note that dementia prevalence is predicted to increase significantly over coming years, and this will lead to increased demand on primary and secondary care (as well as local authority and voluntary sector services). The Dementia Strategy has a strong focus on cross-system work to support people to live well with dementia and prevent or delay the onset of dementia. In the longer term this should help to manage (and potentially reduce) demand for services. However in the short and mid-term, the system will need to find ways to manage demand in the context of ongoing budget pressures, alongside making improvements to patient experience and access to care. The Dementia Strategy will help provide a collaborative framework to do this for people with dementia and their carers in Sheffield, but it does not come with additional resources attached.

4.2.4 There are no commercial implications for this report. To note, during the strategy development stage it was agreed that the commissioning of support for people with dementia should continue to progress providing it was broadly in line with the emerging themes which are now captured in the strategy principles. However, all commercial considerations for the commissioning plans will be subject to the usual processes and are therefore not considered in this report.

4.3 Legal Implications

4.3.1 There are no legal implications in adopting the strategy. It is not a legal requirement to have a strategy, but there is a Government expectation that progress will be made. Any recommendations or activity from the detailed work plans of the strategy will consider potential legal implications as part of the usual organisational processes, as required.

4.4 Other Implications

4.4.1 There are no specific other implications for this report. Any recommendations or activity from the detailed work plans of the strategy will consider potential implications as part of the usual organisational processes, as required.

5. **ALTERNATIVE OPTIONS CONSIDERED**

5.1 **Not have a strategy** - It is not a legal requirement to respond to the Prime Minister's Challenge with a strategy. However there is a Government expectation that progress is made to achieve the aspirations of the Challenge and it was felt by the Dementia Strategy Implementation Group that having a strategy will help Sheffield to achieve this.

5.2 **Have a local authority-specific strategy for dementia** – The Dementia Strategy Implementation Group felt that having a strategy that all key partners were signed up to would be the most effective way to embed, drive and coordinate work to improve dementia care and experiences across the system.

6. **REASONS FOR RECOMMENDATIONS**

6.1 The Sheffield Dementia Strategy is now being taken to the appropriate decision making bodies across partner organisations for final comment and approval; alongside this progress update on activity related to the Strategy. As part of this process, Cabinet is asked to approve and adopt the strategy.

6.2 The development of the strategy forms Sheffield's response to the Prime Minister's 2020 Challenge on Dementia. It builds on ongoing work (both established and emerging) across the city. It will support work to embed,

drive and coordinate activity to improve dementia care and experiences across the system.

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