

## PART A - Initial Impact Assessment

**Proposal Name:** Dementia Strategy 2025-2030 (re-fresh)

**EIA ID:** 2856

**EIA Author:** Jo Pass (NCC)

**Approval Status:** Approved

**Proposal Outline:** This is a refresh of the established 2019-2024 Sheffield Dementia strategy, of which SCC and the ICB (Sheffield) are already key partner. There has been a robust approach to reviewing and updating the strategy for 2025-2030.

**Proposal Type:** Non-Budget

**Year Of Proposal:** 24/25

**Lead Director for proposal:** Alexis Chappell

**Service Area:** Living and Ageing Well

**EIA Start Date:** 10/7/2024

**Lead Equality Objective:** Understanding Communities

**Equality Lead Officer:** Ed Sexton

### Decision Type

**Committees:** Policy Committees

- Adult Health & Social Care

## Portfolio

**Primary Portfolio:** Adult Care and Well being

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**EIA is cross portfolio:** No

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**EIA is joint with another organisation:** Yes NHS SY ICB (Sheffield)

## Overview of Impact

### Overview Summary:

• No negative equality impacts were identified, with the majority of impacts expected to be positive and some neutral impacts • The strategy will particularly have a positive impact for people covered by the following Protected Characteristics: - Disability – the strategy aims to improve quality of life and care for people with dementia. People with dementia also have a higher likelihood of multi-morbidity/other disabilities. - Race and ethnicity – is an area for increased focus in the revised strategy, noting the increased risk of dementia for some ethnic minority groups and also the need to do more to ensure dementia support is accessible and culturally appropriate. - Women – positive because women are more likely to have dementia than men (in part due to living on average longer) and are more likely to be (informal) carers for people living with dementia. - Carers – there is a specific section of the strategy focusing on carers. - Age – the strategy will impact positively on people aged 65+ (the majority of people with dementia are older people) as well as smaller numbers of people with young onset dementia

### Impacted characteristics:

- Age
- Carers
- Disability
- Health
- Poverty & Financial Inclusion
- Race
- Religion/Belief
- Sex
- Voluntary/Community & Faith Sectors
- Partners

## Consultation and other engagement

**Is consultation or other engagement required:**

Yes

Engagement with those with lived experience, informal carers and a range of partners who work in the diverse communities of Sheffield took place in developing and reviewing the strategy proposals. Full details of the engagement are contained within the committee report.

## Cumulative Impact

**Does the proposal have a cumulative impact:**

Yes

Engagement with those with lived experience, informal carers and a range of partners who work in the diverse communities of Sheffield took place in developing and reviewing the strategy proposals. Full details of the engagement are contained within the committee report.

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**Impact areas:**

Across a Community of Identity/Interest, Year on Year

## Initial Sign-Off

**Full impact assessment required:**

No

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**Review Date:**

10/7/2024

## Action Plan & Supporting Evidence

**Outline of action plan:**

Each of the commitments in the strategy includes a 'what will be done' section, and we have noted specific actions

regarding ethnicity/religion and belief, sex (women), carers and disability.

**Action plan evidence:** please see attached word version

**Changes made as a result of action plan:**

## Mitigation

**Significant risk after mitigation measures:**

**Outline of impact and risks:**

Each of the commitments in the strategy includes a 'what will be different' section, and we have noted specific actions regarding ethnicity/religion and belief, sex (women), carers and disability. The majority of these were defined through the engagement and review of the strategy, but the EIA has also prompted some additional considerations and actions – for example regarding dementia risks/prevention opportunities for women; the importance of encouraging women to engage in clinical research (as they are under-represented); the need to explore ways to make diagnosis more accessible for Deaf people in Sheffield.

## Review Date

**Review Date:** 10/7/2024