

## Policy Committee Decision Report

<b>Title of Report:</b>	Dementia Strategy 2025 - 2030
<b>Date of Decision:</b>	30 <sup>th</sup> October 2024
<b>Report To:</b>	Adult Health and Social Care
<b>Report Of:</b>	Alexis Chappell - Strategic Director Adult Care and Well-being
<b>Report Author:</b>	Jo Pass – Assistant Director Living and Ageing Well Liz Tooke - Transformation and Delivery Manager / Programme Lead Mental Health, Learning Disability, Dementia and Autism. NHS ICB (Sheffield Place)

### Executive Summary:

There are estimated to be between 6360- 7333 people aged over 65 currently living with dementia in Sheffield. This is between 6.7% and 7.7% of the 94,840 people aged 65 years and over in the city. There are approximately 140 people under 65 in Sheffield with young onset dementia. (Sheffield Primary Care data and POPPI data)

Our vision was and continues to be to making sure people with dementia are supported to live life to their full potential. Our plans are based on what people living with dementia, and people working with dementia, had said is important to them.

This report outlines and seeks approval for the nine commitments of the new Dementia Strategy 2025-2030. It will describe our vision for adults living with dementia and how our city will become a dementia friendly place to live.



## Council Plan outcomes:

[Great neighbourhoods that people are happy to call home](#)

[People live in caring, engaged communities that value diversity and support wellbeing](#)

[A city on the move – growing, connected and sustainable](#)

## Policy Committee remit:

“This report is to be considered by the Adults Health and Social Policy Committee as its remit includes living and aging well. [Part 3C - 3.3 Matters Delegated to Committees May 2024.pdf \(sheffield.gov.uk\)](#)”

**Does the report contain confidential or exempt information?** No

## Recommendations:

The Adult Health and Social Care Committee is recommended to:

1. Approve the 2025 – 2030 Dementia Strategy.
2. Requests that the Director of Adult Health and Social Care provides the Committee with updates on the progress in delivering upon the commitments made on an annual basis.

**Financial Implications:** [No] [Approved by: Laura Foster 16/10/24]

**Legal Implications:** [Yes/No] [Approved by: Patrick Chisholm]

**Equality and Inclusion Implications:** [Yes/No] [Approved by: Ed Sexton]

[Initial/Full Equalities Impact Assessment completed with EIA number: 2856]

**Climate Change Implications:** [Yes/No] [Approved by: Sustainability Officer name]

**Background Papers:** 2019-2024 Dementia Strategy.

**Appendices:** **Appendix 1** – 2025 - 2030 Dementia Strategy

**Appendix 2** – 2023 Dementia Survey

**Appendix 3** – Equalities Impact Assessment

## 1. Background to the issue

- 1.1 There are estimated to be between 6360- 7333 people aged over 65 currently living with dementia in Sheffield. This is between 6.7% and 7.7% of the 94,840 people aged 65 years and over in the city. There are approximately 140 people under 65 in Sheffield with young onset dementia. (Sheffield Primary Care data and POPPI data)
- 1.2 Dementia is a syndrome (a group of related symptoms) associated with an ongoing decline of brain functioning. There are many different causes of dementia, and many different types. Alzheimer's Disease is the most common cause of dementia (around 50%-75% of all cases) and vascular dementia is the second most common type (up to 20% of cases). Other forms of dementia include frontotemporal dementia, dementia with Lewy Bodies, and young onset dementia (those under the age of 65). As outlined on the NHS website
- 1.3 Dementia symptoms may include problems with:
- memory loss
  - thinking speed
  - mental sharpness and quickness
  - language, such as using words incorrectly, or trouble speaking
  - understanding
  - judgement
  - mood
  - movement
  - difficulties doing daily activities
- 1.4 A person with dementia will usually need help from friends or relatives, including help with making decisions. The symptoms of dementia usually become worse over time. In the late stage of dementia, people will not be able to take care of themselves and may lose their ability to communicate.
- 1.5 With the right help and support, many people can, and do, live well with dementia for many years. Although there is currently no cure for dementia, there are medicines and other treatments that can help with some dementia symptoms.
- 1.6 We know from national research that vulnerable to increased dementia risk due to lifelong exposure to











compounded by poverty and ethnicity. A timely diagnosis and early help is also key to ensuring people get the support that they need.


- 1.7 The purpose of the strategy is to enable people living with dementia to live good ordinary lives and the life they want to live.

## 2. Proposal

- 2.1 Our vision is to make sure people with dementia are supported to live life to their full potential. Our plans have been – and continue to be - based on what people with dementia, and people working with dementia, had said was important to them.
- 2.2 Our priority is for our organisations to work together to make sure people with dementia in Sheffield are supported to live life to their full potential. People with lived experience of dementia will be key partners in this work.
- 2.3 As the Dementia Strategy 2019 to 2024 was coming to a conclusion, engagement took place during 2023 to refresh and update the Strategy. This led to the development of a Sheffield Dementia Strategy 2025-2030. A full copy of the Strategy is included in Appendix 1.
- 2.4 The Sheffield Dementia Strategy 2025-2030 sets out Nine Commitments to enable delivery on our strategic vision and improve outcomes for people living with Dementia.
- 2.5 The Nine Commitments in the Strategy are: -

<p><b>Commitment 1</b></p> <p>Sheffield will become a dementia friendly city – where individuals, communities, organisations and businesses all support people with dementia to live as well as they can.</p>	<p><b>Dementia Friendly Sheffield</b></p> 
<p><b>Commitment 2</b></p> <p>We will do more in Sheffield to prevent, reduce, and delay, the risk of developing dementia.</p>	<p><b>Prevention of developing dementia</b></p> 
<p><b>Commitment 3</b></p> <p>We will improve access to dementia diagnosis at the earliest possible stage for the people of Sheffield.</p>	<p><b>Diagnosis</b></p> 

<p><b>Commitment 4</b></p> <p>For people living with dementia in the early stages of their dementia journey, support in Sheffield will be personalised, local and accessible, to help them to remain independent for as long as possible.</p>	<p><b>Early local support</b></p> 
<p><b>Commitment 5</b></p> <p>We will provide high quality support to families and carers of people living with dementia in Sheffield to:</p> <ul style="list-style-type: none"> <li>• Promote their health and wellbeing</li> <li>• Enable them to continue their caring role for as long as they want.</li> </ul>	<p><b>Support for Carers of people living with dementia</b></p> 
<p><b>Commitment 6</b></p> <p>People living with dementia and their carers will receive Care and Support that recognises and works with them as individuals, so that people living with dementia receive excellent care at the right time and have a good experience in any service across the city.</p>	<p><b>Care and Support services</b></p> 
<p><b>Commitment 7</b></p> <p>We will support families and staff to plan ahead to reduce the likelihood of dementia related crisis. Recognising that not all crisis situations can be avoided, we will raise awareness about help in a crisis and we will make it easier for people to access this support quickly.</p>	<p><b>Crisis support</b></p> 
<p><b>Commitment 8</b></p> <p>We will improve care for people with dementia attending the Emergency Department, those admitted to Sheffield Teaching Hospitals, and those supported in hospital outpatient care. We want to prevent unnecessary admissions to hospital and reduce lengthy stays.</p>	<p><b>Hospital care</b></p> 

<p><b>Commitment 9</b></p> <p>We will ensure that more people with dementia have access to personalised, good quality palliative and end of life care when they need it.</p>	<p><b>End of life support</b></p> 
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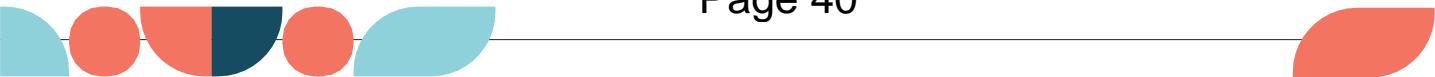
2.6 The implementation of the dementia strategy is through the Dementia Strategy Implementation group (DSIG) a multi-agency group of primary and secondary health care, social care, voluntary sector and Sheffield City Council (SCC) and the Sheffield Integrated Care Board (ICB).

**3. How does this decision contribute to the Council Plan?**

3.1 Council Plan outcome

3.1.1 The Dementia strategies and delivery plans contribute to the follow Council outcomes.

- A place where all children belong, and all young people can build a successful future by supporting parents and grandparents who may be affected by Dementia as well as supporting interventions which may delay or prevent Dementia.
- Great neighbourhoods that people are happy to call home by establishing a Dementia Friendly City where individuals, communities, organisations and businesses all support people with dementia to live as well as they can.
- People live in caring, engaged communities that value diversity and support wellbeing by enabling people living with dementia to early help and personalised, local and accessible support to help them to remain independent for as long as possible.
- A creative and prosperous city full of culture, learning, and innovation by working as a multi-agency group to lead best practice and learn together to deliver best outcomes for people.



- The Dementia Strategy is a core element of achieving the ambitions outlined in the Adult Social Care Strategy – Living the life you want to live, which is a Tier 2 Strategy. This plan supports our aim in ensuring all those living with dementia feel valued and supported.

### 3.2 People – Prosperity – Planet

- 3.2.1 The ‘*People*’ element of the Council’s triple-lock is addressed by this strategy because the strategy supports people to achieve their potential and therefore to lead fulfilling and healthy lives.
- 3.2.2 The ‘*Prosperity*’ element is addressed because the strategy enables more people to succeed, and with more people being successful our whole city will succeed.
- 3.2.3 ‘*Planet*’, is supported by this strategy because as people have better health and wellbeing, they are able to take and make more sustainable decisions within their communities.

### 3.3 City Goals

- 3.3.1 The 2025-2030 supports achieving our city goals, specifically in ensuring where create a caring and safe Sheffield where all our voices are heard and acted on equally, and we feel respect and celebration for each other’s histories, heritage and culture across the city.
- 3.3.2 And generate a connected Sheffield where we all have opportunities to form lasting, positive relationships in our neighbourhoods and across they city, through technology, great transport and common causes.

## **4. What community or partner engagement has been undertaken and how has it informed the proposal?**

- 4.1 A period of review and engagement took place in 2023 to enable the Dementia Strategy. Co-production has been central in this process and it has enabled us to update and reshaped our strategy to ensure that it will continue to help us to improve dementia care and support between 2025-2030.
- 4.2 The review and engagement process included undertaking a survey - Of the 183 responses received 44% was from people living with dementia, their unpaid carers and family members. 44% was from professionals working with people living with dementia and 12% was

from other respondents. The dementia survey report is attached in **Appendix 2.**

- 4.3 Analysis of the survey told us of the things that are working well for people for example community services for example dementia cafes / dementia support groups which have increased in number from just 4 in 2019 to over 40 now. Respondents also identified good support in residential settings.
- 4.4 The survey told us of the areas that are not working for people living with dementia in our city and those included the length of time people are waiting for diagnosis, barriers accessing transport, some poor experiences of health and social care services, a lack of dementia specialist support for carers and the cost of services and support.
- 4.5 The survey also told us several areas where our support was inconsistent, so availability of information and advice worked well for some people. Whereas other respondents experienced a lack of access to information. Ensuring those supporting people living with dementia who a good understanding of dementia was positive. Where people experienced a lack of knowledge, understanding and skill it was very detrimental to their experience.
- 4.6 The nine commitments that are contained within the proposed Strategy were drafted jointly by colleagues across public health, the ICB, primary care, adult care and well-being and the voluntary sector based on the feedback.
- 4.7 The drafts were reviewed by people with lived experience of dementia through the Sheffield Dementia Involvement Group – SHINDIG, which is a city-wide forum for those with lived experience to share their experiences of services and in this case proposed commitments. In addition, by colleagues who work and support our diverse communities across Sheffield. Their feedback reflects the nine commitments in the strategy.
- 4.8 The strategy reflects the feedback we have received. We would like to thank all those who have contributed to the development of the dementia strategy 2025-2030.

## **5. What alternative options did we consider?**

### **5.1 Alternative Option 1:**

#### **Do nothing and let existing Strategy expire.**

Agencies would continue to support those living with dementia and their carers, but it would mean a lack of focus and coherence. We would not be taking a coordinated approach to what our citizens living with dementia tell us.



The sum of our parts is far greater than we are as individual organisations we can only harness this potential through the co-ordination the Strategy gives the city.

## 6. How has equality, diversity and inclusion been actively considered?

*The Equality Impact Assessment will be published alongside the report.*

- 6.1 No negative quality were identified in the EIA, 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 Protected Characteristics:

### 6.2 Disability

6.2.1 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. People living with dementia who are over the age of 65 have on average four comorbidities. (Browne et al. 2017).

6.2.1 This contributes to the complex health and social care needs that people with dementia and their families often experience. National research predicts that healthcare costs for people with dementia will more than double between 2024 and 2040<sup>1</sup>.

### 6.3 Race and Ethnicity

6.3.1 The Strategy has increased focus, 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. National evidence highlights that dementia rates are 22% higher among black people in the UK compared to white people, while black and South Asian dementia patients die younger, and sooner after diagnosis<sup>2</sup>.

6.3.2 Each of the commitments in the strategy includes a 'what will be different' section, and we have noted specific actions regarding Race and ethnicity. For example, under commitment 1 (Dementia Friendly Sheffield), we have both noted the progress that has been made to increase representation of people from ethnic minority backgrounds in groups such as SHINDIG (Sheffield Dementia Involvement Group); and that the Sheffield Memory Hub, SACMHA and Cultural Appropriate Resources have been working to ensure dementia support is accessible

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<sup>1</sup> [CF/Pathway Touchpoint \(alzheimers.org.uk\)](https://www.alzheimers.org.uk/pathway-touchpoint) - The forecasted increase in dementia prevalence and cost is due to population growth, an aging population, and projected increases in the real-terms unit prices of care

<sup>2</sup> [Dementia rates over 20% higher among black adults than UK average | UCL News - UCL – University College London](https://www.ucl.ac.uk/news/2018/05/dementia-rates-over-20-percent-higher-among-black-adults-than-uk-average)

and culturally appropriate. However, we have committed to doing more through the strategy to celebrate and develop our inclusivity.

Under commitment 2 (prevention) we have specifically recognised the need for more targeted interventions to reduce dementia risks for ethnic minority groups.

Another example is under commitment 3 (diagnosis), we have noted feedback that patients from ethnic minority groups have increased barriers to diagnosis due to lack culturally appropriate information and diagnostic tests. We have committed to increasing the diagnosis rates for people across ethnic minority groups, working with communities to develop and use more culturally and linguistically appropriate resources and diagnosis tools.

#### 6.4 Women

6.4.1 There is a positive impact 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.

6.4.2 Two in three people with dementia (65%) are women, and longer life expectancy alone does not explain this disparity. We have recognised this within commitment 2 of the strategy (prevention), the need for more targeted interventions to reduce dementia risks for women.

#### 6.5 Unpaid Carers

6.5.1 Commitment 5 in the strategy that outlines our ambitions to support carers, in line with (and building on) Sheffield Carers Strategy.

### 7. Financial and Commercial Implications

7.1 There are no specific financial or commercial implications generated by the proposed strategy. There are multiple contracts held by both the ICB and or SCC that support the dementia services in the city. Those contracts are reviewed as per normal contractual arrangements. No additional funding is being sought and no savings are identified through this paper.

### 8. Legal Implications

8.1 The core purpose of adult health and social care support is to help people to achieve the outcomes that matter to them in their life. The Care Act 2014 sets the Council's statutory power to direct the provision that:

- promotes wellbeing
- prevents the need for care and support.

- protects adults from abuse and neglect (safeguarding)
- promotes health and care integration.
- provides information and advice.
- promotes diversity and quality

8.2 Beyond the Act itself the obligations on Local Authorities are further set out in the Care Act statutory guidance issued by the government. By virtue of section 78 of the Act, Local Authorities must act within that guidance.

8.3 The Care Act Statutory Guidance paragraph 4.52 requires Local Authorities to:

“have in place published strategies that include plans that show how their legislative duties, corporate plans, analysis of local needs and requirements (integrated with the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy), thorough engagement with people, carers and families, market and supply analysis, market structuring and interventions, resource allocations and procurement and contract management activities translate (now and in future) into appropriate high quality services that deliver identified outcomes for the people in their area and address any identified gaps”.

8.4 The proposed strategy will assist in the discharge of those duties.

## 9. Climate and Environmental Implications

9.1 There are no direct climate implications associated with approving this report. We are committed to working with partners aligned with our Net Zero 2030 ambition and where specific procurement/commissioning exercises take place related to care and support provision we will aim to consider providers approach and performance in terms of managing the climate impacts of the services they provide. This would be undertaken via more detailed Climate Impact Assessments for specific procurements. Many other partner organisations on the board will also have their own climate strategies.

## 10. Other implications

10.1 There are no other implications generated by this Strategy.

## 11. Reasons for decision

11.1 Those living with dementia and their cares have told us that 2019-2023 Dementia Strategy has made a significant positive difference to how we

support them. They also highlighted that we have a lot more to do to deliver on our vision which is to make sure people with dementia are supported to live life to their full potential. This strategy supports in delivering our vision through.

“Alone we can do so little; together we can do so much”

- Helen Keller -