

Sheffield
**Health &
Wellbeing**
Board

HEALTH AND WELLBEING BOARD PAPER FORMAL PUBLIC MEETING

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Date: Thursday 12th December 2024

Subject: Sheffield Dementia Strategy 2025 – 2030

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Summary:

This report outlines the nine commitments of the new Sheffield Dementia Strategy 2025-2030 and the background to the development of the Strategy.

Questions for the Health and Wellbeing Board:

How can the Health and Wellbeing Board further support its member organisations, and other partners organisations across Sheffield, to enact the “What Will Be Different” pledges within the new Strategy?

Recommendations for the Health and Wellbeing Board:

- That the Health and Wellbeing Board note that the Dementia Strategy 2025-2030 has been approved through the internal and partnership-based governance structures of the Dementia Strategy partner organisations
- That the Health and Wellbeing Board consider how the Board can support its member organisations, and other partners organisations across Sheffield, to enact the “What Will Be Different” pledges within the new Strategy.

Background Papers:

[Sheffield Dementia Strategy 2025-2030](#)

[Dementia Survey Report](#)

[Equality Impact Assessment](#)

Which of the Building Blocks in the Health & Wellbeing Strategy does this help to deliver?

- *Tackle racism and discrimination:* See the Equality, diversity and inclusion implications summary in section 3 of this report.
- *Enable everyone to fulfil their potential and have control over their lives:* The Dementia Strategy is to make sure people with dementia are supported to live life to their full potential. In relation to the health and wellbeing priority within this building block ‘ensuring everyone can have a dignified death in the place they choose’, the Dementia Strategy also makes a specific commitment to personalised, good quality end of life care for people living with dementia when they need it (aligned to the South Yorkshire End of Life and Palliative Care Strategy).
- *Ensure a healthy standard of living for all:* The Dementia Strategy commits to doing more in Sheffield to prevent, reduce, and delay, the risk of developing dementia in reference to the Lancet Commission report which recommended how a life-course model can potentially reduce modifiable risks for dementia.
- *Develop healthy places and communities:* this building block aligns with the commitment in the Dementia Strategy for Sheffield to become a dementia friendly city. The commitment includes working with transport authorities and businesses to ensure there are dementia-friendly transport options, including active transport (which links to the Health and Wellbeing priority to *Provide good public transport*).
- *Ensure fair access to quality NHS and Social Care services:* the Dementia Strategy includes specific commitments that include improving access to (and quality of) NHS and Social Care services for people with dementia and their carers, including diagnostic services, when people are in crisis, and hospital services. This includes priorities around improving access and experience for specific communities that experience even greater

health inequalities – for example, people from Ethnic Minority groups, people with a learning disability and Deaf people.

Which of the Radical Shifts in the Health & Wellbeing Strategy does this help to deliver?

- *Working together across sectors and organisations and with communities:* the implementation of the 2019-2024 Dementia Strategy has shown strong collaboration between people living with dementia, unpaid carers, VCSE, NHS South Yorkshire Integrated Care Board, NHS trusts, primary care and Sheffield City Council. Integrated working and collaboration will continue to form the foundations of the implementation of the 2025-2030 strategy.
- *Resources:* the Dementia Strategy does not come with any additional funding or resources. However Sheffield City Council and NHS South Yorkshire Integrated Care Board are committed to looking at dementia funding through the Better Care Fund and how it links in its entirety and what contracts we have to help deliver the Dementia Strategy.
- *Monitoring and Accountability:* The Dementia Strategy Partner organisations will meet regularly to review and assure progress against the detailed implementation plans that will sit under each commitment in the Strategy. Where appropriate, lead organisations will monitor elements of their plans through their own internal governance processes. We will report into the citywide *Mental Health, Learning Disability, Dementia and Autism* Delivery Group. We will seek assurance regarding the implementation of specific strategy commitments at the relevant specific boards – for example the Urgent Emergency Care Board; updates to health and social care committee. We will also continue to involve people with lived experience in the ongoing delivery of the strategy, its implementation plans, and our assurance of the strategy.

Who has contributed to this paper?

- Partners in the Dementia Strategy include: NHS South Yorkshire Integrated Care Board (Sheffield Place), Sheffield City Council, 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, Sheffield Carers Centre, St Luke's Hospice, Sheffield People Keeping Well Organisations, SACHMA, Sheffield University, Sheffield Hallam University, and Enrichment for the Elderly.
- Our plans and activity are based on what people with dementia and their (informal) carers had said was important to them. We have checked our progress regularly to make sure we had been making a difference, including by asking people with dementia and their family carers what their experiences have been and what we need to focus on to help people to live as well as possible with dementia.

Sheffield Dementia Strategy 2025 – 2030

1 SUMMARY

- 1.1 Organisations in Sheffield including the NHS, Sheffield City Council, and voluntary/community sector organisations are working together as part of the Sheffield Dementia Strategy to improve the lives of people living with dementia and their (family/informal) carers.
- 1.2 There were significant positive achievements resulting from the collaborative work of the first Dementia Strategy between 2019-2024 (these are summarised in the Dementia Strategy document), but we know there is still more to do.
- 1.3 Our vision has been - and continues to be - to make sure people with dementia are supported to live life to their full potential. Our plans are based on what people living with dementia, and their unpaid carers, have said is important to them. The new Dementia Strategy 2025-2030 includes nine commitments which describe how we will achieve this vision.
- 1.4 The Dementia Strategy 2025-2030 has been approved (autumn 2024) through the internal and partnership-based governance structures of the Dementia Strategy partner organisations, including Sheffield City Council; NHS South Yorkshire Integrated Care Board (ICB) (Sheffield); the cross-organisational Sheffield Mental Health, Learning Disability, Dementia, Autism Delivery Group; SCC/ICB Executive Strategy Group; and Adult Health and Social Care Policy Committee.
- 1.5 The next steps for partners are to review the current (2019-2024) Dementia Strategy implementation plans, to ensure that partners enact the “What Will Be Different” pledges within the nine commitments of the new Strategy. This work will continue to be overseen by the cross-organisational Dementia Strategy Implementation Group.

2 HOW DOES THIS SUPPORT DELIVERY OF THE FAIR AND HEALTHY SHEFFIELD PLAN?

- 2.1 The Dementia Strategy makes a contribution across the Building Blocks and Radical Shifts of the Fair and Healthy Sheffield Plan, as outlined on pages 2 and 3 of this report.
- 2.2 The Dementia Strategy aims to contribute to a fairer and healthier future for Sheffield, by reducing the risk of developing dementia and to make sure people with dementia living with dementia, and their carers, are supported to live life to their full potential. The Strategy recognises where targeted action is needed for specific communities that experience even greater health inequalities relating to dementia – for example, people from Ethnic Minority groups, people with a learning disability, and Deaf people.


3 MAIN BODY OF THE REPORT









3.1 Introduction and background

- 3.1.1 There are estimated to be between 6,360 and 7,333 people aged over 65 currently living with dementia in Sheffield. This is between 6.7% and 7.7% of the 94,820 people aged 65 years and over in the city . There are also approximately 140 people aged under 65 in Sheffield with young onset dementia. Data suggests that the number of people aged over 65 years in Sheffield could rise to about 7,940 by 2030.
- 3.1.2 National research also tells us that by modifying the dementia risk factors we are able to change, around 4 in 10 cases of dementia could be prevented. Experts agree that what is good for your heart is also good for your brain.
- 3.1.3 In 2019 organisations in Sheffield across the NHS, Sheffield City Council, and voluntary/community sector organisations started working together on actions to improve the lives of people living with dementia – and their (family/informal) carers - as part of our first Sheffield Dementia Strategy (2019-2024).
- 3.1.4 Our plans have been – and continue to be - based on what people with dementia, their carers, and people working with people with dementia, had said was important to them. We have checked our progress regularly to make sure we had been making a difference, including by asking people with dementia and their family carers what their experiences have been.
- 3.1.5 In 2023/24, as we started to reach the end of the current strategy, we carried out a period of review and engagement – through this we have updated and reshaped our strategy to ensure that it will continue to help us to improve dementia care and support between 2025-2030. Within the 2025-2030 strategy we have nine commitments that describe how we will do this.
- 3.1.6 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. 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.

3.2 Our 2025-2030 commitments

- 3.2.1 Our Dementia Strategy commitments for the next five years are summarised below. Full details of these are included in the Dementia Strategy document (appended to this report. Each of the commitments within the strategy highlights ‘what will be different’ based on the collaborative work that local authority, NHS, and community/voluntary sector partners are leading as part of the Dementia Strategy commitments.

<p>Commitment 1 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 style="text-align: center;">Dementia Friendly Sheffield</p> 
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<p>Commitment 2: We will do more in Sheffield to prevent, reduce, and delay, the risk of developing dementia</p>	<p>Prevention of developing dementia</p> 
<p>Commitment 3 We will improve access to dementia diagnosis at the earliest possible stage for the people of Sheffield.</p>	<p>Diagnosis</p> 
<p>Commitment 4 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>Early local support</p> 
<p>Commitment 5 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"> • Promote their health and wellbeing • Enable them to continue their caring role for as long as they want 	<p>Support for Carers of people living with dementia</p> 
<p>Commitment 6 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>Care and support services</p> 
<p>Commitment 7 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>Crisis support</p> 
<p>Commitment 8 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>Hospital care</p> 
<p>Commitment 9 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>End of life support</p> 

3.3 Financial implications, staffing, procurement implications

3.3.1 There are new no new financial, resource, staffing, or procurement implications associated with endorsing this 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/strategy.

- 3.3.2 However, as evidenced by national research by the Alzheimer's Society, the projected rise in dementia prevalence poses a significant healthcare, social care and economic challenge, with healthcare costs for people with dementia estimated to more than double between 2024 and 2040. The study recommends that key areas of action to mitigate this are to: improve early and accurate diagnosis; ensure full uptake of NICE approved medicines; Support unpaid care; Improve social care; and Improve dementia data capture

3.4 Equality, diversity and inclusion implications

- 3.4.1 An Equality Impact Assessment was completed on the Strategy and concluded that the majority of impacts of the Strategy were expected to be positive with some neutral impacts and no negative impacts. The section below is a summary of the key findings of the Equality Impact Assessment:
- 3.4.2 Disability - People with dementia also have a higher likelihood of multimorbidity/other disabilities. This contributes to the complex health and social care needs that people with dementia and their families often experience. We have also noted that we need to do more to meet the needs of people who are Deaf with dementia and of people with a Learning Disability with dementia
- 3.4.3 Race and Ethnicity - 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. 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 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 of 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.

- 3.4.4 Women - Sheffield is one of the 20% most deprived local authorities in England whilst at the same time having some of the most affluent 1% of areas in the country. Not surprisingly, Sheffield has health outcomes to match these extremes. This includes a gap in healthy life expectancy of 20 years for women between most and least deprived areas. There is a direct correlation between this and the disproportionate impact of dementia on women: Two in three people with dementia (65%) are women, and longer life expectancy alone does not explain this disparity. Women are also more likely to care for a loved one with dementia – making up around two thirds of unpaid carers. We have recognised this – for example - within commitment 2 of the strategy (prevention), noting the need for more targeted interventions to reduce dementia risks for women.
- 3.4.5 Unpaid Carers - Commitment 5 in the strategy that outlines our ambitions to support carers, in line with (and building on) Sheffield Carers Strategy.

4 QUESTIONS FOR THE BOARD

- 4.1 How can the Health and Wellbeing Board further support its member organisations, and other partners organisations across Sheffield, to enact the “What Will Be Different” pledges within the new Strategy?

5 RECOMMENDATION

- 5.1 That the Health and Wellbeing Board note that the Dementia Strategy 2025-2030 has been approved through the internal and partnership-based governance structures of the Dementia Strategy partner organisation.
- 5.2 That the Health and Wellbeing Board consider how the Board can support its member organisations, and other partners organisations across Sheffield, to enact the “What Will Be Different” pledges within the new nine commitments of the Dementia Strategy 2025-2030.