Working with you to make Sheffield HEALTHIER

NHS Sheffield Clinical Commissioning Group

Sheffield Dementia Strategy

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Governing Body meeting

7 November 2019

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Purpose of Paper

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 Boards for partner organisations for final approval; alongside a progress update on activity related to the Strategy. As part of this process, Governing Body is asked to review and sign off the document prior to its wider publication.

Key Issues

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.

Is your report for Approval / Consideration / Noting

Approval.

Recommendations / Action Required by Governing Body

The Governing Body is asked to:

- Review and sign off the Dementia Strategy prior to its wider publication; and
- Provide further comments and/or queries regarding next steps for the implementation stage of the strategy.

What assurance does this report provide to the Governing Body in relation to Governing Body Assurance Framework (GBAF) objectives?

Which of the CCG's Objectives does this paper support?

1. To improve patient experience and access to care
2. To improve the quality and equality of healthcare in Sheffield
3. To work with Sheffield City Council to continue to reduce health inequalities in Sheffield
4. To ensure there is a sustainable, affordable healthcare system in Sheffield

Description of Assurances for Governing Body

GBAF Risk 1.2 - *System wide or specific provider capacity problems emerge in secondary*

and/or primary care to prevent delivery of statutory requirements of the NHS Constitution and requirements of the NHS Longer Term Plan AND 4.6 *To ensure there is a sustainable, affordable healthcare system in Sheffield*

- The NHS Long Term Plan (2019) includes priorities about *preventing heart attacks, strokes and dementia cases* (as part of delivering world class care on major health problems) and *making further progress on care for people with dementia* (as part of supporting people to age well).
- 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.

GBAF Risk 2.4 - *Inability to deliver demonstrable change through agreed collaborative arrangements with our partners across the Accountable Care Partnership, and deliver the ambitions within the refreshed Shaping Sheffield Plan –*

- The Dementia Strategy was initiated as an ACP programme of work.
- Consultation on the strategy (including with people living with dementia and professionals) highlighted that monitoring and evaluation of the strategy and implementation plans was felt to be an important part in the assuring that we achieve results.
- Next steps for the project 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.
- We will also measure outcomes through a high level dashboard (covering key measureable targets and baseline data so it is possible to measure success). We are establishing a support and challenge group, with people with dementia and their carers' as an integral part.

Are there any Resource Implications (including Financial, Staffing etc)?

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.

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

Have you carried out an Equality Impact Assessment and is it attached?

A Quality Equality Impact Assessment has been completed (see *appendix 2*).

Detailed QEIAs will be completed as an integral part of the implementation stage of the strategy.

Have you involved patients, carers and the public in the preparation of the report?
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.

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1. Introduction/Background

1.1. The total number of people estimated to be living with dementia in the City is in excess of seven thousand. This equates to 1.21% of the population which is slightly lower than the national average of 1.3%[1]. Dementia is more common in people over the age of 65 with symptoms generally manifesting 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)[2].

1.2. Sheffield's estimated (2019) dementia diagnosis rate (the proportion of people who are expected to have dementia who have been formally diagnosed) for people aged 65 and over, is 80% - this compares well to the national rate of 68.7%. However it still falls short of the likely 'true' number of people with the condition.

1.3. Estimates suggest that by 2035, there may be approximately 121,500 people living in Sheffield aged 65 and over, with up to 9,411 of these having dementia (7.7% of the 65+ population)[3].

1.4. The number of patients admitted to hospital who suffer from dementia is increasing both locally and nationally. If prevalence of dementia continues to increase as predicted, this will pose a significant challenge for health and social care services.

2. A Collaborative Approach

2.1. In 2015 the Department of Health launched the 'Prime Minister's 2020 Challenge on Dementia'. The document called for local action to agree and work together on local plans and approaches to help transform dementia care.

2.2. 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. The development of the Sheffield Dementia Strategy Commitments forms our response to the Prime Minister's Challenge document and builds on ongoing work (both established and emerging) across the city.

[1] Sheffield JSNA
[2] *Projecting Older People Population Information System*
[3] See (2) above

2.3. 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.

2.4. 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. Progress So Far

3.1. 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. A Sheffield City Council commissioning plan to develop dementia support has been in place since November 2018. The CCG are cited on this and some of the work is being undertaken jointly.

3.2. Activity includes: developing user voice; community activities; community support developments in local neighbourhoods, including to proactively 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.

3.3. 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).

3.4. There is also other work being taken forward linked to the strategy, which has been progressed over recent months and continues to be developed. This includes: work to establish a dementia diagnosis pathway across primary and secondary care; activity to understand the current purpose and future model (mapped to the strategy) of CCG commissioned services; and the Sheffield Teaching Hospitals dementia plan of action.

4. Next Steps

4.1. The Dementia Strategy Implementation Group (DSIG) will continue to oversee the strategy development and drive it forward. This group reports into the Mental Health, Learning Disability and Dementia Delivery Board.

4.2. Next steps are to develop, and implement, detailed action plans for the strategy, through smaller multi-agency working groups that will report to the DSIG. Work has now started on this stage of the project. 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.

4.3. One of the measures needs to be a wellbeing one but this should be a consistent measure across the city - work is already taking place within Public Health to identify this and a tool to measure it.

4.4. 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.

4.5. By the end of the year (Dec 2019), key milestones to be achieved are:

- The action plans to be completed - existing activity will continue to be implemented during this time; gaps will have been identified and new activity to address these gaps will be starting to be progressed;
- Sign off by all relevant Boards/Leadership teams;
- The Commitments document will be published online and shared more widely with stakeholders; and
- The support and challenge group will be established and engaged in the governance of the strategy.

5. Action/Recommendations for Governing Body

5.1. The Governing Body is asked to:

- Review and sign off the Sheffield Dementia Strategy (which consists of 13 Commitments) (see *appendix 1*) prior to its wider publication; and
- Provide further comments and/or queries regarding next steps for the implementation stage of the strategy.

Paper prepared by: Liz Tooke, Project Manager, MH/LD/Dementia Commissioning Portfolio

On behalf of: Nicola Shearstone, Head of Commissioning, Early Support & Prevention, Sheffield City Council *(SRO for Dementia Strategy programme)*

Date: 17/10/19

Sheffield Dementia Strategy Commitments

VERSION: 02 OCTOBER 2019

Our commitments for dementia in Sheffield

There are approximately 7,000 people currently living with dementia in Sheffield: that's just over 1% of the whole of the city's population.

Organisations across the city are working together to improve the care and support for people of all ages living with - or caring for those living with - dementia in Sheffield.

The organisations that have been working in partnership are 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.

Partners would also like to acknowledge the important contribution of the following organisations in influencing the discussions and feedback that have informed this document: SHINDIG, Burton Street Foundation, Healthwatch Sheffield, Sheffield Hallam University, University of Sheffield, Young Dementia UK, Voluntary Action Sheffield and 'Our Place' (Alzheimer's Society).

Our vision is to make sure people with dementia are supported to live life to their full potential. With this in mind, we have created 13 commitments to delivering care and support, which aim to improve everyone's different experiences of dementia.

These commitments have been influenced by national guidance, as well as conversations we've had with people living with dementia, their carers, health and social care professionals and volunteer groups.

What is dementia?

The word 'dementia' describes a set of symptoms that may include memory loss and difficulties with thinking, problem-solving or language. A person with dementia may also experience changes in their mood or behaviour. The specific symptoms that someone with dementia experiences will depend on the parts of the brain that are damaged and the disease that is causing the dementia. Dementia is caused when the brain is damaged by diseases, such as Alzheimer's disease or a series of strokes.

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).

Alzheimer's disease is the most common cause of dementia - around 50%-75% of all cases. For Sheffield (based on 2019 data), this could potentially mean between 3,419 and 5,128 people aged 65 and above. Symptoms of Alzheimer's disease affect five main areas – memory, cognitive ability, insight, language and spatial awareness.

Vascular dementia is the second most common type of dementia with up to 20% of cases - for Sheffield, this could potentially mean up to 1,367 people aged 65 and above. This form of dementia results from small strokes which cause pockets of cell damage in the brain. Other forms of dementia include frontotemporal dementia, dementia with lewy bodies, and young onset dementia (those under the age of 65).

Why do we need a new Dementia Strategy in Sheffield?

The Department of Health launched the 'Prime Minister's 2020 Challenge on Dementia'[1] in 2015, which called for local action to agree and work together on local plans and approaches to help transform dementia care.

Public, voluntary, community and private sector organisations across Sheffield are 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.

The Sheffield Dementia Strategy is a set of shared commitments,with descriptions of what will be different as a result of the detailed actions plans that we will develop for each of the commitments. It forms our response to the Prime Minister's Challenge, and builds on ongoing work (both well established and emerging) across the city.

The Dementia Strategy has a strong focus on living well with dementia and delaying the onset of dementia. Dementia is more common in people over the age of 65 with symptoms generally manifesting in someone's seventies. A person can live with dementia for up to 10 to 15 years. Given the rise in the number of people living well into their seventies and eighties in the UK, 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] https://www.gov.uk/government/publications/prime-ministers-challenge-on-dementia-2020

What is the vision for Sheffield?

The vision in Sheffield is to ensure that people with dementia of all ages and their families are supported to live to their full potential. To achieve this vision, there are four key priorities that the commitments will focus on:

1. To prevent of delay the onset of dementia by maintaining a healthier lifestyle and behaviours, across all ages, (with a focus on mid-life 40s and 50s).

2. For all people living with dementia and their families/carers to feel empowered and know where to go to seek information, advice and help.

3. To be able to access timely care and support that enables them to live well at home for as long as possible and to die with dignity.

4. To live in a dementia friendly community, where people with dementia are understood, respected and supported.

How have the commitments been developed?

The commitments outlined over the following pages have been developed in line with the strategy's vision and priorities. They reflect best practice, and have been influenced by national guidance and through conversations with people living with dementia, their carers, volunteers and professionals who support people living with dementia, from across all sectors including health, social care and voluntary sector.

There is an on-going pledge 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 commitments.

There is a commitment to setting clear outcomes against which the success of the strategy can be measured. These will be based on the outcomes that people living with dementia and their carers say are important to them.

Commitments

1

Sheffield will become a dementia friendly city.

2

We will ensure prevention becomes an integral part of the dementia work.

3

We will improve access to the diagnosis of the diseases that cause dementia at the earliest possible stage for the people of Sheffield.

4

For people with dementia, support in Sheffield will be more personalised, local and accessible to help people to remain independent for as long as possible.

5

We will provide high quality support to families and carers of people with dementia in Sheffield to help people with dementia maintain their independence for as long as possible.

6

Sheffield will continue to provide out of hospital emergency assessments and short term care when people need it and in the most appropriate setting.

7

Sheffield will continue to provide specialist inpatient assessment and treatment for people who are unable to receive care in their own homes.

8

We will make sure that more people get access to personalised, good quality palliative and end of life care when they need it.

9

We will improve care for people with dementia attending A&E and those admitted to Sheffield Teaching Hospitals.

10

Care and support services will take account of the needs of people with dementia.

11

We will support the clinical and non-clinical research community in Sheffield.

12

We will provide guidance to clinicians in relation to the best medicines for dementia, including when to initiate and review medication.

13

We will monitor the strategy and the implementation plan supporting it

Commitment 1:

Sheffield will become a dementia friendly city

...a city where communities, organisations and local businesses all support people to **live well** with dementia.

There is still an unacceptable stigma surrounding dementia which can often lead to poor experiences for people living with dementia. To overcome this we need to improve awareness and understanding of dementia across all sectors of society. Working with partners to explore the potential to promote and support increased participation in dementia friendly initiatives and dementia befriending. Linking into the local neighbourhoods and the People Keeping Well Partnerships that currently exist in the city, will be key ways we deliver on this commitment.

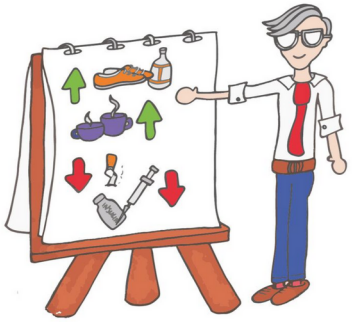
There are currently over 14,500 people registered as Dementia Friends and 92 Dementia Champions in Sheffield. Sheffield was one of the first cities in the country committed to being a Dementia Friendly Community. A Dementia Friendly Community is where cities, towns, villages and local businesses and organisations support people to live well with dementia, helping them remain independent for longer. By working towards being a dementia friendly city, Sheffield aims to encourage the inclusion of people with dementia, carers and their relatives to ensure they are heard.

A strong theme running through all groups and ages of people we spoke to through our engagement work was that people want to be able to continue with hobbies and interests that they have or maintain contact with activities that they have participated in since their diagnosis. Sheffield has a wealth of dementia activities provided by a wide range of providers but they can sometimes be hard to find and lack coordination.

Driving and transportation were also topics that were regularly discussed through our engagement work. As dementia progresses it has greater effects on people's ability to drive and as a result, everyone with dementia will eventually lose the ability to drive safely. From the feedback we received through our engagement work, it seems likely that for some people, the psychological consequences of having to stop driving are not fully addressed by current services.

What will be different?

- All public sector employees in the city will receive the appropriate level of dementia training for their role.
- Inter-generational programmes will link nurseries / schools with care homes and dementia cafes / lunch clubs.
- Sheffield Dementia Action Alliance partners will support the development of dementia friendly businesses across the city.
- Dementia Friends awareness sessions will be offered to all front line health and social care staff and the use of digital communities of practice to support this will be explored.
- More local (neighbourhood based) information will be included in the Alzheimer's Society Dementia Connect website.
- There will be better links between the dementia strategy programme and the Age Better Programme led by South Yorkshire Housing Association.
- There will be more dementia friendly public transport and taxi drivers.



Commitment 2:

We will ensure prevention becomes an integral part of the dementia work

...because dementia is not an inevitable part of ageing: there are lots of ways we can **delay or prevent** people getting dementia.

Dementia is not an inevitable part of aging. The Projecting Older People Population Information system (POPPI) estimated that in 2017 a total of 6,709 people aged 65 and over have dementia in Sheffield. This is set to rise to 10,186 by 2035.

The Lancet Commission (2017) on dementia prevention, intervention and care provides a number of suggestions for reducing the risk of dementia throughout the life-course, starting with more childhood education.

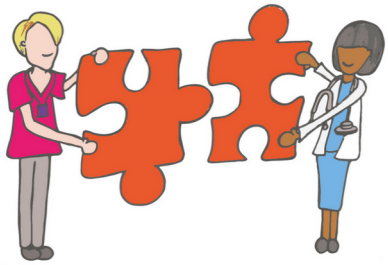
From their review the following interventions could delay or prevent a third of dementia cases:

- Increasing levels of physical activity
- Maintaining social engagement
- Reducing smoking
- Managing hearing loss
- Managing depression

- Managing diabetes
- Managing and reducing obesity
- Active treatment of hypertension in people without dementia of middle age (45-65 years) and in later life aged (65 and over).

What will be different?

- There will be increased awareness about the risk factors and progression of dementia in health and social care staff.
- People with hypertension will be identified and managed appropriately. All people in Sheffield with a diagnosis of hypertension will be in active treatment by 2020.
- Dementia risk awareness will be included in existing public health work.



Commitment 3:

We will improve access to the diagnosis of the diseases that cause dementia at the earliest possible stage for the people of Sheffield.

....because the **earlier** we diagnose, the more time and options we have for treatment and care.

Although there is currently no cure for dementia, a timely diagnosis unlocks the door to appropriate care and treatment. It also gives the person living with dementia the best opportunity to ensure their wishes are taken into account in the development of their care plan and more chance to take part in research if they wish to do so.

Sheffield continues to do relatively well (compared to other areas) in diagnosing dementia - however, we don't yet know if we are doing equally well in diagnosis across all groups of society. There is work to do to understand the rates of diagnosis in different groups. We will therefore look at information about people currently being diagnosed, to see whether any groups are under-represented.

There is a commitment in the Prime Minister's Challenge on Dementia 2020 to increase the numbers of people of black, Asian and minority ethnic (BAME) and other seldom heard groups who receive a diagnosis of dementia. This will be done through greater use by professionals of diagnostic approaches that are linguistically or culturally appropriate.

The prevalence of dementia in people with learning disabilities is higher than in the general population. However, the early stages are more likely to be missed or misinterpreted, particularly if several professionals are involved in the person's care. The person may find it hard to express how they feel their abilities have deteriorated and problems with communication may make it more difficult for others to assess change. It's vital that people who understand the person's usual methods of communication are involved when a diagnosis is being explored, particularly where the person involved does not use words to communicate.

The engagement work which took place to shape this strategy identified that work to date to understand the experiences of people from BAME groups, people with learning disabilities and people with young onset dementia has been limited and it was recommended that more work needs to be done to actively seek their views. We also found that not all people presenting to their GP with memory problems are offered or want to be referred to a specialist memory service and this can limit their access to post diagnostic support.

What will be different?

- We will have a better understanding of the prevalence of dementia in BAME and other minority groups (e.g. people with learning disabilities, under 65s).
- There will be more active engagement with these groups to inform future support and service design through the implementation plan.
- We will ensure the leads for the different pathways for dementia diagnosis work more closely together and review the linkages between them – this will include people who are admitted to Sheffield Teaching Hospitals and diagnosed (informally) during their inpatient stay.
- There will be an improved understanding of linguistically and culturally appropriate approaches to support diagnosis and post diagnosis care in Sheffield.
- Equality impact assessments will have been completed for all dementia specialist services in the pathway to help guide how we address any issues identified.
- A baseline functional assessment will be captured for all people with a learning disability to aid future diagnosis.
- There will be improved awareness in primary care of the different pathways for diagnosis and dementia care with everyone given a choice by their GP to access a specialist memory service.
- Specialist dementia services will work more closely with primary care to offer a more integrated, flexible (person centred) approach to diagnosis for all groups.
- There will be earlier access to post diagnostic support for people diagnosed with dementia and their families / carers.
- There will be greater use of new technologies to support the diagnostic process.

Commitment 4:

For people with dementia, support in Sheffield will be more personalised, local and accessible

... a more **personal, flexible** approach to care will help people remain independent for as long as possible.

The Prime Minister's Challenge for Dementia 2020 states that every person with a diagnosis of dementia should have meaningful care following their diagnosis, which supports them and those around them, in line with the NICE Guidance (2018). This should include having a care plan, a named person to support them, and an assessment of any help they may need with day to day activities.

Following diagnosis by a specialist memory service people receive a wealth of information about health and social support available to them and about their diagnosis. Feedback from patients and carers is that this information can be overwhelming and a more personalised, flexible approach to this post diagnostic support could be beneficial.

For those going through the specialist memory service in Sheffield, they will also have a care plan agreed with them and an opportunity to make advanced care plan decisions. However, communicating about this plan back to other health and social care providers involved with a person is variable. Increased personalisation of care plans, focusing on a person's functional wellbeing and coordination of local information will help people to access activities most suited to them in the future, help people maintain their independence and potentially remain living in their own homes for longer.

A case management service is also available, which people living with dementia or their carers can access for support anytime post diagnosis.

There are a wealth of community based services and support networks available throughout Sheffield. The feedback from people with a dementia diagnosis is that they find it hard to find out about services local and relevant to them. Raising the profile of Sheffield's many community based assets, many of which are run by the voluntary sector, will be a key part of achieving this commitment.

There are many potential uses of technology to help support people living with dementia and their families / carers. Technology including assistive technology can help people to live independently for longer and potentially enhance their quality of life. Sheffield is committed to ensuring people are aware of what is available, as well as utilise technology in service provision as far as possible to monitor health, reduce social isolation and connect people.

What will be different?

- There will be a standardised set of information for people with dementia and the people who support them to ensure consistency to support flexible, personalised/local approach to post diagnostic information provision and on-going support.
- There will be improved support already provided by the voluntary sector to ensure availability of relevant and accessible support.
- There will a greater use of technology to support people with dementia to remain independent for longer.
- There will be a smooth transition from the point of diagnosis into local community activities supported through neighbourhood to ensure a person with dementia and their carer/ family remain linked into their local community networks.
- There will be closer working between specialist dementia services and local communities.
- Care plans will be shared (with the appropriate permissions) to all relevant people involved in a person's care and support.
- Care plans (including any advanced care planning statements) will be reviewed at least once a year by the person most appropriate to a person's care.
- There will be a review of the support available to people with young onset dementia across Sheffield.
- People diagnosed under the age of 65 will have equal access to appropriate high quality post diagnostic support.
- An offer of support will be developed for young people with a dementia diagnosis to support them to remain independent and in work.
- There will be improved support offer for people with a learning disability who are diagnosed with dementia to ensure equal access to appropriate post diagnostic support.
- Information will consistently be offered after a diagnosis of dementia and through support in relation to legal requirements.
- Local guidelines will be developed for practitioners who are responsible for advising people with dementia to stop driving, including information about the emotional impact this may have.
- Staff working with people with dementia will promote the use of memory aids & assistive technology to reduce risk and promote independence.
- Sheffield commissioners and providers will work closely with the digital workstream of the Accountable Care Partnership to ensure Sheffield residents benefit from the developing innovations locally.

Commitment 5:

We will provide high quality support to families and carers of people with dementia in Sheffield

...it's important to look after the physical health and psychological wellbeing of **families and carers** too, so they feel supported in their roles.

People with dementia can feel more vulnerable and increasingly rely on other people to do things for them as their disease and symptoms progress. Caring for someone with dementia can be frustrating and stressful at times, it's therefore important for the physical health and psychological wellbeing of the carer that they are supported with their caring responsibilities. In many cases A&E attendances and hospital admissions for people with dementia are due to carer stress and carer breakdown rather than an acute health needs. Carers are more likely to struggle to continue to study or work; be unwell (twice as likely as the rest of the population); suffer financial hardship and be lonely and unable to have a social life. Sheffield already has a Carer's Strategy containing six carer principles which are that by 2020 every carer should have appropriate opportunities to:

1. Access at the right time, the right type of information and advice for them, their family and the person they care for
2. Understand their rights and have access to an assessment
3. Have a voice for themselves and the person they care for
4. Have regular and sufficient breaks
5. Continue to learn and develop, train or work (if they wish to)
6. Look after their own health

Through the Dementia Strategy Implementation Group we will work with the Carer's Strategy Implementation Group to ensure that the needs of people caring for individuals with dementia are recognised and they are supported to continue in their caring role independently as long as they wish to.

What will be different?

- There will be improved identification and recording of carer status to ensure people are offered support.
- There will be an increased awareness across health and social care staff about the issues faced by carers and the importance of providing timely support.
- All carers for someone living with dementia will be made aware of their right to a carer's needs assessment at the time of diagnosis.
- Carers for someone living with dementia will have access to an effective intervention to reduce the risk of depression.

- Timely and appropriate respite will be available for people living with dementia and/or their carer.
- There will be improved quality of life scores for people caring for someone with dementia.
- There will be an improved offer of bereavement support pre and post their loved ones death.

Commitment 6:

Sheffield will continue to provide out of hospital emergency assessments and short term care when people need it and in the most appropriate setting

....we want to make sure that in **times of crisis**, it's easy to access help in a safe environment.

People with dementia and their families / carers currently can access support from a specialist dementia team 7 days a week between 8am and 8 pm and from alternative community mental health staff outside those hours. Feedback on the care provided by this team from families is generally very positive.

However, feedback from referrers to the service and from carers of people with dementia suggests that there is confusion regarding how to access help in times of crisis (particularly out of normal office hours) , a need for a quicker triage response and for better linkage between this team and the out of hours cover.

Accessing timely short term care either in a person's usual place of residence or for those who can no longer safely remain in their own home an alternative location is often difficult to put in place in a timely way in emergency situations.

What will be different?

- There will be a clear route for accessing support at times of crisis which will be well communicated regardless of the type of need (physical health, mental health, social care etc.)
- Everyone living with dementia and their carers will know who to contact in a crisis (whatever time and whatever day of the week)
- Carers and people living with dementia will be supported, as part of the care planning process, to complete and maintain an emergency plan.

- Dementia care plans will be linked into existing citywide care plans such as ‘OK to Stay’.
- There will be a faster response to requests for emergency assessments in the community.
- There will be improved access to emergency placements and care when required.
- There will be reduced inappropriate admissions to hospital and care homes for people with dementia.

Commitment 7:

Sheffield will continue to provide specialist inpatient assessment and treatment for people who are unable to receive care in their own homes.

…we want to provide a range of services that can help support **different needs at different times**.

Even with comprehensive community based support for people living with dementia, there are occasions when people can no longer stay in their own home and need to receive care in a different setting. This can be for many reasons, for example a short period of respite, an assessment of needs following an emergency admission to hospital, rehabilitation following a physical health problem or palliative care at the end of life.

Sheffield has an inpatient service for people who are actually unwell where service users receive a full psychological and physical assessment and appropriate treatment and management. Patients admitted to this service have behaviour that is highly complex and unstable, presenting significant challenges to their usual care givers. The number of patients admitted to this acute inpatient service are low and consequently Sheffield has a very low number of Mental Health Act detentions for dementia (approx. 45 per year) putting it in the lowest 25% nationally.

Sheffield has a very low number of people that have to go outside of the city for specialist dementia care (up to five per year). The strategy will review this and look to the possibility of providing this higher level of on-going care within the city.

Currently there is a lack of consensus about what the level of need in the city will be going forwards over the next 10+ years. Additional work with public health and outcomes development group is required.

What will be different?

- There will be an agreed Sheffield model to provide inpatient and other levels of care for people with dementia
- There will be an agreed longer term plan for dementia assess to care beds following conclusion of pilot
- There will be equal access to rehabilitation and reablement services for people with dementia – reablement is the range of services provided by the NHS and local authorities aimed at helping people recover from illness as quickly as possible.

Commitment 8:

We will make sure that people get access to personalised, good quality palliative and end of life care when they need it

...allowing everyone to die with **dignity**, free from pain and in the place of their choice.

Each person with a diagnosis of dementia is unique. It is therefore key that the wishes of the person, as far as it is possible to do so, are understood and carried out, allowing them to die with dignity, free from pain and in the place of their choice.

The percentage of deaths in their usual place of residence can be taken as a good proxy for preferred place of death and therefore a measure of the quality of end of life care. In 2017/18 almost 69% of people with dementia died in their usual place of residence in Sheffield. This is the same as the national and regional average.

A cross organisational workshop looking at end of life care for people with dementia was held in Sheffield in September 2018 to look at how this could be improved. The workshop included commissioners of services and providers from the statutory, voluntary and private sectors.

The key challenges the group highlighted included:

- The lack of public awareness that end stage/advanced dementia is a terminal illness and how the end stages of dementia will impact on a person.
- The need for early conversations (post diagnosis) with people living with dementia and their families / carers about advanced care planning. Many professionals found it difficult to initiate these conversations.
- The difficulties sharing information (care plans) across organisational boundaries, particularly in times of crisis, meant that the persons wishes were often not heard or acted upon.

What will be different?

- Family and carers will be better supported to maintain care at home and avoid unnecessary hospital admissions at end of life.
- Health and social care providers will be better skilled to facilitate those early conversations about advanced care planning.
- People diagnosed with dementia will be offered early and on-going opportunities for advanced care planning.
- A robust step up and step down process will be agreed with providers as appropriate, with the least disruption to the person receiving the care.
- Care planning information will be shared better across organisational boundaries.

Commitment 9:

We will improve care for people with dementia attending A&E and those admitted to Sheffield Teaching Hospitals

...we want to **prevent unnecessary admissions** to hospital and **reduce lengthy stays**.

National data shows that in the UK people living with dementia who are over 65 occupy approximately 25% of beds in hospitals. 42% of people over 70 who have an unplanned admission to an acute hospital have dementia; 20% of hospital admissions of people living with dementia are for preventable conditions. The readmission rate for people living with dementia is also far higher than for people without, 8.2% vs. 3.5% for planned care and 25% vs. 17% for emergency care.

Once in hospital people with dementia often have longer stays than people without dementia and there can also be delays in supporting them to leave hospital. In Sheffield between Aug 2017 and July 2018, 42% of the nights people with dementia spent in a hospital bed were after they were medically fit for discharge. Delays in discharging people from hospital are a system wide problem and will require the whole health and social care system to work together to resolve. For emergency hospital admissions, 36.4% of people living with dementia are discharged to a different residence to when they were admitted.

Someone who has dementia can find changes, such as moving to an unfamiliar place or meeting new people who contribute to their care, unsettling or distressing. Having some basic information about the person when they are admitted to hospital can help health and social care professionals to build a better understanding of who the person really is and therefore make that move less difficult.

One of the goals of the Prime Minister's Challenge on Dementia 2020 was to increase training of NHS staff to ensure that people living with dementia received the best possible care in hospital.

What will be different?

- There will be improved screening for cognitive impairment in A&E and /or at point of admission to a ward.
- People with dementia who could be best cared for out of hospital will be less likely to be admitted from A&E onto a ward.
- When a person with dementia visits hospital, attends as an outpatient or has an inpatient stay, they will be care for in a physical environment that meets their needs.
- There will be improved sharing of information about the person's preferences and basic personal information at point of admission
- The use of the "All About Me" tool will enhance a person's personalised care.
- Hospital staff (including specialist healthcare professionals) will receive the appropriate level of dementia training for their role.
- There will be improved reviews of drugs to reduce use of antipsychotic medications and reduce the cumulative effect of using multiple medications (anticholinergic burden) for people in hospital with dementia.
- As an inpatient in specialist wards, there will be access to a programme of support, stimulation and activity in order to enhance their inpatient experience.
- The person with dementia, their family, and carers, will be better supported to access support on discharge by easy access to available community support whilst they are in hospital.

Commitment 10:

Care and support services will take account of the needs of people with dementia

...so that people with dementia will receive great care and have a good experience in **any** service across the city, not just dementia specialist services.

An estimated one-third of people with dementia live in residential care and two-thirds live at home.

Home care workers provide a growing range of vital care and support services to enable people to live well with dementia in their own homes, including personal care, administration of medication and more general support.

National data shows that:

- Dementia and cognitive impairment are estimated to affect around 80 per cent of residential care home residents. Supporting people with dementia in non-specialist homes can enable them to stay there.

- People with dementia living in a care home are more likely to go into hospital with avoidable conditions (such as urinary infections, dehydration and pressure sores) than similar people without dementia.

Sheffield is working with partners across South Yorkshire to implement the Enhanced Health in Care Homes (EHCH) Framework. The EHCH model seeks to overcome some of the challenges faced by people with dementia by improving health care support within care homes and by improving access to secondary care and to mental health services in the community.

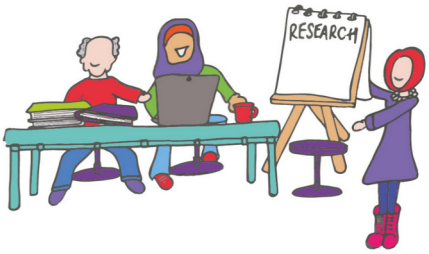
Key parts of the work include:

- Timely diagnosis of dementia and support following a diagnosis.
- Shared care planning to deliver high-quality, personalised care planning and life planning.
- Ensuring timely access to secondary care, specialised mental health services and end of life services.
- Education, training and professional development help ensure that carers, families, and staff employed by social care providers feel supported.
- Medication reviews. Reducing polypharmacy and optimising antipsychotic medication are key for people with dementia.
- The physical environment for residents. Well-designed facilities, such as sensory environments and home environments, have been shown to improve the quality of life for persons living with dementia.
- Use of the ‘This is Me’ tool, which helps NHS services ensure that all care home residents’ needs are met, both when NHS staff attend the care home and when residents attend NHS services as outpatients, day patients, or in-patients.

What will be different?

- People will be supported to remain in their choice of residence.
- Care staff will receive on-going specialist dementia training.
- Dementia specialist services will offer a proactive approach to supporting all care providers.
- We will increase use of technology in all settings where care is received to monitor and share information with health and social care colleagues.

- Guidance will be provided to care providers on what is a good physical environment for people with dementia.
- Ongoing work to support the provision of innovative and high quality dementia care at home, delivered in a way that is personalised and appropriate to the specific needs of the person with dementia, their family and carers.



Commitment 11:

We will support the clinical and non-clinical research community in Sheffield

...to **involve** people with dementia and their carers in their research, and collaborate on new opportunities and **innovation**.

As part of the Prime Minister's Challenge on Dementia 2020, the Government committed to a further £300m for funding for dementia research by 2020.

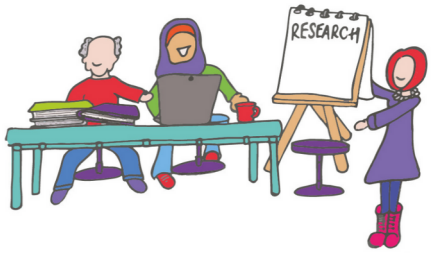
Sheffield already has an active dementia research community and is committed to providing more opportunities for people with dementia and their carers to get involved in research and to improving collaboration across the sector by creating new opportunities, encouraging inter-disciplinary working and innovation in research.

There is an on-going portfolio of commercial and non-commercial research being undertaken in Sheffield some of which focuses on drug trials, other work focuses on innovation and the use of technology. Sheffield Health and Social Care Trust is the only mental health trust within Yorkshire and Humber to deliver commercial research for dementia. The University of Sheffield has a dedicated website outlining the dementia research it is involved in https://www.sheffield.ac.uk/dementia.

Working with clinical and research leaders in Sheffield and discussions with the public it is clear that locally there is an appetite to ensure that any research that is carried out is practice based and (where successful) can be quickly adopted to improve care.

What will be different?

- We will offer early and on-going opportunities for people with a diagnosis of dementia and their families /carers to get involved in research trials.
- There will be improved cross organisational working to collaborate on bids for research funding.
- We will raise the profile of research in the city and nationally.



Commitment 12:

We will provide guidance to clinicians in relation to the best medicines for dementia, including when to initiate and review medication

...making sure that healthcare professionals can treat patients with **confidence and consistency**.

As the prevalence of dementia increases in the population and GPs encounter more dementia patients in their day to day work, we need to ensure they are able to treat their patients with confidence and consistency. The NICE dementia guidance was updated in 2018. This included significant changes to prescribing guidance including:
- After a specialist diagnosis of dementia, the first prescription of cognitive enhancer medicines can now be made by a GP. These are medicines which can improve cognitive functions like memory.

As the person's dementia progresses GPs can now consider the addition of a second medication, however advice can still be sought from specialists as needed. The use of cognitive enhancer medication should only be part of a wider package to support patients with dementia. Non-pharmacological social support and assistance with day-to-day activities should also be in place as needed as the disease progresses.

NICE guidance says that certain medicines can reduce a person's cognition (anticholinergics). Increased awareness and promotion of reviewing the use of these medicines is promoted in the guidance and will be shared with health care professionals.

A lot of work has already taken place in the city to reduce the inappropriate use of antipsychotics to manage behaviour that challenges people with dementia. Training in this area has already been established to increase peoples knowledge of alternative approaches to using antipsychotics. We will continue to monitor the use of antipsychotics to ensure appropriate use is maintained.

What will be different?

- There will be a local review of prescribing guidance in light of NICE dementia - guidelines published in 2018, including the initiation of acetylcholinesterase (AChE) inhibitors in primary care.
- There will be an improved awareness in GP services and hospital services regarding the association of some commonly prescribed medicines with increased anticholinergic burden, and therefore cognitive impairment.
- We will improve GPs access to expert advice in relation to prescribing for people with dementia.
- There will be a reduction in inappropriate prescribing of antipsychotic medication for people with a diagnosis of dementia.
- There will be a reduction in the variation in prescribing levels across Sheffield for people with dementia.

Commitment 13:

We will monitor the strategy and the implementation plan supporting it

...we will work with our partners to implement this plan, **achieve results**, and keep **evaluating** to make sure our work for people with dementia is the best that it can be.

Public, voluntary, community and private sector organisations across Sheffield have 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.

There is an on-going commitment to ensuring that the voices of people living with dementia and caring for those living with dementia are heard and used to develop a strategy for the city and services.

We have established a cross-organisational Dementia Strategy Implementation Group to oversee the strategy development and continue to drive it forward. Detailed work to achieve the commitments we will managed through working groups (workstreams), using the latest evidence base as well as the voices of the service users and their carers to inform direction and priorities.

What will be different?

- Each partners' organisation will formally agree to supporting the commitments outlined in the strategy
- The existing workstreams and projects will be reviewed to ensure they have dedicated leadership to drive through the plan that supports this strategy
- The Dementia Strategy Implementation Group will continue to meet (at least bi-monthly) and will report on a regular basis into the Mental Health Transformation Steering Group and Board as part of the Accountable Care Partnership governance arrangements
- There will continue to be joint leadership by NHS Sheffield CCG and Sheffield City Council to drive the work forward and ensure dementia is linked into other relevant strategies across the city
- We will engage the public throughout the life of the strategy to provide transparency on progress and to ensure the strategy continues to listen to and meet the needs of the population of Sheffield

Quality & Equality Impact Assessment

Instructions

There are 4 domains relating to patient care: ***Safety, Effectiveness, Experience and Impacts and an Equality Impact Assessment in this tool.***

Begin the tool by completing this sheet and then complete Safety assessment first.
Please work through this tool to identify the impact of your proposed service changes against the status quo. Complete the four worksheets with either text or using the drop down boxes in highlighted in white. Calculations are then automated.
You will also need to complete the Equality Impact Assessment (EIA) to demonstrate compliance with the Equality Act 2010.
Results are displayed in the summary sheet.

(Use Ctrl - C and Ctrl - V to copy and paste.)

Menu

Assessments

Other views

On completion please send a copy to:

Goto Version and History using link below using link:
Version & Notes

Sheffield STP Quality Equality Impact Assessment

Title:	Development and Implementation of the City Wide Dementia Strategy

Summary description of the change proposal:

This QEIA reflects the fact that the dementia strategy is still in development. The subsequent work plans which are developed as a result and in line with the 13 committments will need to consider the quality and equality impact in their own right with a much greater focus on the detail, the numbers and the evidence base.

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 no. 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). There are also small number of people under 65 in the city with dementia. Overallthis equates to just over 1% of the whole of the city's population.

The key impacts of dementia:
- 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 Department of Health 'State of the Nation' report on dementia care and support in England (DOH, 2013)
- Ecconomy - Dementia costs the UK society an estimated £23 billion a year, more than the costs of cancer, heart disease or stroke. (NHS Improvement 2015)
- 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. 39 per cent of over 55s fear getting Alzheimer's disease the most, compared to 25 per cent who worry most about cancer.
- Unpaid carers and family - There are around 540,000 carers of people with dementia in England. It is estimated that one in three people will care for a person with dementia in their lifetime. Half of them are employed and it is estimated that 66,000 people have already cut their working hours to make time for caring, while 50,000 people have left work altogether.

We know the variation in outcomes for individuals are impacted by a number of different factors including:-
- Access to early diagnosis - The NHS is making a national effort to increase the proportion of people with dementia who

Completed by:	Joanne Knight / Liz Tooke
Date:	01/05/2019
Initial or Review	Initial

Review Group	QEIA Panel	**Outcome**	Not Considered
Date:	10/10/2019		
Max Review Date:	08/10/2020		

Notes

Updated Liz Tooke (project manager) 10/10/19

Please enter the CCG total population (thousands)

7 ,000

NHS
Northern, Eastern and Western Devon
Clinical Commissioning Group

© NEW Devon CCG

Click to return to menu

Safety

Geography, hospital, department or other area this applies to:	Describe the change proposed and the clinical area(s) the change applies to.
CCG, SCC, independent and voluntary sector providers, citizens with dementia and their families	*This QEIA reflects the fact that the dementia strategy is still in development. The subsequent work plans which are developed as a result and in line with the 13 committments will need to consider the quality and equality impact in their own right with a much greater focus on the detail, the numbers and the evidence base.* *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 no. 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). There are also small number of people under 65 in the city with dementia. Overallthis equates to just over 1% of the whole of the city's population.* *The key impacts of dementia:* *- 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 Department of Health 'State of the Nation' report on dementia care and support in England (DOH, 2013)* *- Ecconomy - Dementia costs the UK society an estimated £23 billion a year, more than the costs of cancer, heart disease or stroke. (NHS Improvement 2015)* *- 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. 39 per cent of over 55s fear getting Alzheimer's disease the most, compared to 25 per cent who worry most about cancer.* *- Unpaid carers and family - There are around 540,000 carers of people with dementia in England. It is estimated that one in three people will care for a person with dementia in their lifetime. Half of them are employed and it is estimated that 66,000 people have already cut their working hours to make time for caring, while 50,000 people have left work altogether.* *We know the variation in outcomes for individuals are impacted by a number of different factors including:-* *- Access to early diagnosis - The NHS is making a national effort to increase the proportion of people with dementia who are able to get a formal diagnosis, from under half, to two-thirds of people affected or more. Encouraging diagnosis and post-diagnosis support closer to a patient's home can shorten the time from the onset of symptoms to diagnosis.* *- Carer support and resilience - There is evidence that providing carers with better information, training and coping strategies, including emotional and psychological support, improves their quality of life and is also cost-effective, with costs being off-set by reduced use of services.* *- Living situation - CQC's report on care homes and hospitals they visited found the quality of care for people with dementia varied greatly, people with dementia are often admitted to hospital because of their dementia and safety rather than for an accute episode* *- Treatment - the inappropriate use of antipsychotic medication, normally in response to behavioural and psychological symptoms of dementia is declining but more needs to change*

Description	What is the impact on the SAFETY of patients of implementing the change proposed including any improvement actions? (Please add a description of evidence)
Consider: *Avoidable Harm to patients* *Waiting leading to harm* *Impact on Safeguarding* *Suitably qualified and experienced staffing* *Safe levels of staffing* *Infrastructure* *Clean & Safe environment* *Treatment procedures* *Communication* *Administration*	*Safety may be affected by dementia symptoms (such as confusion, memory loss and disorientation), limited mobility and coordination, or by changes in the environment. The commitments described in the strategy will aim to support people with dementia and their families to live to their full potential, and to help prevent and delay the onset of dementia. Therefore there should be a positive impact on the safety of individuals as a result of the strategy development and implementation plans. However the detailed work on the implementation plans will need to consider the impact on safety as an integral factor, to ensure that the opportunities for improving safety are maximised and that there are no unintended negtaive safety impacts. For example:* *- The introduction of changes in the commissioning of certain services and potential decommissioning plans will need to consider the impact for individuals who are currently supported and ensure support is continued either in the same or alternative provision. This will mean being clear about the individuals affected by each of the individual changes linked to the strategy* *- If plans are reviewing pathways of care, in some areas the evidence base suggests the timing of interventions will need careful consideration to ensure they do not impact on safety for example the critical window for dementia treatment (evidence; Bond, Stave and Sganga)*

		Band
3	Total Impact	
7000	Number of patients affected per week of the change	5
52	Time, in weeks, the change will continue.	5

Impact Description

Moderate benefit requiring professional intervention
Reduction in length of hospital stay by 4-15 days

d

Effectiveness

Geography, hospital, department or other area this applies to:	Describe the change proposed and the clinical area(s) the change applies to.
CCG, SCC, independent and voluntary sector providers, citizens with dementia and their families	*This QEIA reflects the fact that the dementia strategy is still in development. The subsequent work plans which are developed as a result and in line with the 13 committments will need to consider the quality and equality impact in their own right with a much greater focus on the detail, the numbers and the evidence base.* *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 no. 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). There are also small number of people under 65 in the city with dementia. Overallthis equates to just over 1% of the whole of the city's population.* *The key impacts of dementia:* *- 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 Department of Health 'State of the Nation' report on dementia care and support in England (DOH, 2013)* *- Ecconomy - Dementia costs the UK society an estimated £23 billion a year, more than the costs of cancer, heart disease or stroke. (NHS Improvement 2015)* *- 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. 39 per cent of over 55s fear getting Alzheimer's disease the most, compared to 25 per cent who worry most about cancer.* *- Unpaid carers and family - There are around 540,000 carers of people with dementia in England. It is estimated that one in three people will care for a person with dementia in their lifetime. Half of them are employed and it is estimated that 66,000 people have already cut their working hours to make time for caring, while 50,000 people have left work altogether.* *We know the variation in outcomes for individuals are impacted by a number of different factors including:-* *- Access to early diagnosis - The NHS is making a national effort to increase the proportion of people with dementia who are able to get a formal diagnosis, from under half, to two-thirds of people affected or more. Encouraging diagnosis and post-diagnosis support closer to a patient's home can shorten the time from the onset of symptoms to diagnosis.* *- Carer support and resilience - There is evidence that providing carers with better information, training and coping strategies, including emotional and psychological support, improves their quality of life and is also cost-effective, with costs being off-set by reduced use of services*

Description	What is the impact on the EFFECTIVENESS of care on patients, of implementing the change proposed including any improvement actions? (Please add a description of evidence)
Consider: *HCAI* *NICE* *National Evidence Base* *Effect on Health Outcomes* *Promotion of self care* *Leadership* *Competence* *Reliability* *Responsiveness* *Use of Evidence* *Attach key documents*	*The strategy itself should have a significant positive impact on effectiveness and health outcomes for people living with dementia and their carers. This is evidenced by the fact that it was co-produced with people with dementia and their families but that it also mirrors the national guidance in terms of what is effective. This includes:-* *- The four priority areas in the 2010 National Dementia Strategy implementation plan – Good quality early diagnosis and interventions; Better care in hospitals; Better care at home and in care homes and Reduced use of anti-psychotic medication.* *- The Prime ministers 2020 dementia challenge which lists those areas most important to people with dementia, including living well, being supported and enabled, having knowlegde and support, being valued and understaood and beings citizen who is valued in a community until end of life when wishes are respected and there is a good end to life.* *The strategy should have a significant positive impact on people with dementia and their carers as it aims to consider interventions which prevent dementia developing, where diagnosis is quicker and post diagnostic support is more timely and appropriate.* *The detailed work on the implementation plans will need to consider the impact on effectiveness as an integral factor, by:* *- continuing to follow national guidance and good practice* *- ongoing coproduction* *- ensuring a responsive and collaborative approach across partner organisations and with stakeholders (e.g. through representation at workstream meetings)* *- embeding evaluation, use of relavant evidence bases, and monitoring within the workstreams* *- effective leadership through the Straetgy Implementation group and organisational sign off process* *- consideration of how we make improvements that are well embeded and therefore consistent and reliable* *See also 'measurement' section of QEIA.*

3	Total Impact Score

Impact Description
Treatment has significantly improved effectiveness

Patient Experience

Geography, hospital, department or other area this applies to:	Describe the change proposed and the clinical area(s) the change applies to.
CCG, SCC, independent and voluntary sector providers, citizens with dementia and their families	*This QEIA reflects the fact that the dementia strategy is still in development. The subsequent work plans which are developed as a result and in line with the 13 committments will need to consider the quality and equality impact in their own right with a much greater focus on the detail, th numbers and the evidence base.* *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 no. 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). There are also small number of people under 65 in the city with dementia. Overallthis equates to just over 1% of the whole of the city's population.* *The key impacts of dementia:* *- 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. (Th Department of Health 'State of the Nation' report on dementia care and support in England (DOH, 2013)* *- Ecconomy - Dementia costs the UK society an estimated £23 billion a year, more than the costs of cancer, heart disease or stroke. (NHS Improvement 2015)* *- 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. 39 per cent of over 55s fear getting Alzheimer's disease the most, compared to 25 per cent who worry most about cancer.* *- Unpaid carers and family - There are around 540,000 carers of people with dementia in England. It is estimated that one in three people will care for a person with dementia in their lifetime. Half of them are employed and it is estimated that 66,000 people have already cut their working hours to make time for caring, while 50,000 people have left work altogether.* *We know the variation in outcomes for individuals are impacted by a number of different factors including:-* *- Access to early diagnosis - The NHS is making a national effort to increase the proportion of people with dementia who are able to get a formal diagnosis, from under half, to two-thirds of people affected or more. Encouraging diagnosis and post-diagnosis support closer to a patient's home can shorten the time from the onset of symptoms to diagnosis.* *- Carer support and resilience - There is evidence that providing carers with better information, training and coping strategies, including emotional and psychological support, improves their quality of life and is also cost-effective, with costs being off-set by reduced use of services*

Description	What is the impact on the EXPERIENCE of care on patients, of implementing the change proposed including any improvement actions? (Please add a description of evidence)
Consider: *Waiting* *Patient Autonomy* *Dignity, respect & compassion* *Travel to place of care* *Informed Choice* *Control of care* *Responsiveness* *Empathy & Caring* *Family & Friends Test* *Feedback complaints* *Feedback from PALs* *Attach key documents*	*The development of the strategy is likely to have a favourable impact on those with dementia and their families and the main focus is around improving the experience of the person with dementia. There has been a significant amount of consultation with people and the dementia commitments reflect the outcomes of the consultation. The experience of people with dementia and their families will therefore be an integral focus of the implementation plans, and the monitoring of the plans. We will also ensure that people with dementia and their families continue to be involved in the development of the activity around the strategy, including in having the opportunity to challenge the progress of the strategy. Consideration of feedback from existing mechanisms (e.g. from PALS, Frieds and Family Test, Adult Social Care Outcomes Framework, complaint etc) will also be considered as part of the ongoing activity and monitoring.* *See under EIA/consultation for details of the consultation and what people said.The consultation details are summarised below:* *- A survey was produced to allow feedback based on the purpose of the engagement activity. The survey was available as a paper and online version and distributed through various networks. An optional equality monitoring form was included with every survey to monitor the demographics of respondents* *- 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.* *These activities included face to face contact at Dementia Cafes, the Memory Clinic, and a Dementia friendly screening at The Light cinema.* *- 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.* *- Media relations were used to raise awareness and explain the key commitments of the Strategy, and the opportunities to get involved in the consultation. A media release was produced and sent to numerous media agencies across Sheffield. Extra effort was made to identify alternative media outlets beyond usual print and broadcast media.* *- A dedicated section on the NHS Sheffield CCG website acted as the central hub for all information relating to the engagement, a vital link for people to find out what's happening, how they can get involved and have their say. As well as information about the process and the draft Strategy, it held links to an engagement pack of materials* *- Social media accounts of all partner agencies were used to support the process. This reach was further extended by targeting other organisations' social media* *People said*

4	Total Impact Score

Impact Description
Multiple letters of praise / positive independent review Repeatedly exceeds internal standards

Click to return to menu

System & other Impacts

Geography, hospital, department or other area this applies to:	A description of the clinical area(s) the change impacts on.
CCG, SCC, independent and voluntary sector providers, citizens with dementia and their families	*This QEIA reflects the fact that the dementia strategy is still in development. The subsequent work plans which are developed as a result and in line with the 13 committments will need to consider the quality and equality impact in their own right with a much greater focus on the detail, the numbers and the evidence base.* *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 no. 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). There are also small number of people under 65 in the city with dementia. Overallthis equates to just over 1% of the whole of the city's population.* *The key impacts of dementia:* *- 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 Department of Health 'State of the Nation' report on dementia care and support in England (DOH, 2013)* *- Econonmy - Dementia costs the UK society an estimated £23 billion a year, more than the costs of cancer, heart disease or stroke. (NHS Improvement 2015)* *- 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. 39 per cent of over 55s fear getting Alzheimer's disease the most, compared to 25 per cent who worry most about cancer.* *- Unpaid carers and family - There are around 540,000 carers of people with dementia in England. It is estimated that one in three people will care for a person with dementia in their lifetime. Half of them are employed and it is estimated that 66,000 people have already cut their working hours to make time for caring, while 50,000 people have left work altogether.* *We know the variation in outcomes for individuals are impacted by a number of different factors including:-* *- Access to early diagnosis - The NHS is making a national effort to increase the proportion of people with dementia who are able to get a formal diagnosis from*

Description	Please describe how the change proposed may impact on other parts of the health and social care economy or other services or ability to deliver the change. (Please add a description informing the score)
Consider: *Shared risk with partner agencies* *Clarity of accountability & clinical leadership* *Cost effectiveness* *Engagement of staff in design & Implementation* *Location of service* *Public and Patient involvement in development & feedback* *Environmental consideration* *Social value (Social Value Act 2012) Impact* *Privacy Impact (Personal data)* *Impact on other partner organisations* *Impact on employees and other staff, contractual & welfare* *Reputation* *Visitors, temporary residents & carers.* *Sufficient change management proposed?*	*Partner agencies including health bodies, the local authority, social care and voluntary and independent sector have been involved in actively shaping the strategy.* *The strategy is aiming to develop a coherent plan across multiple partners in the city and will therefore have impact in relation to these partners which will be identified via the implementation plan. Risks will be monitored by each implementation plan working group and the Strategy Implementation Group and with support from the project manager. This will include information governance risks.* *All 13 commitments will have a different impact on different individuals and organisations and as previoulsy stated these will be considered individually when each work plan is developed. This will also include a description on how the system will have to change / plan/ work together differently to deliver the outcomes* *The reporting and governance mechanisms already in place in each orgainsation will be utilised however ultimately the accountability will be to the ACP via the Mental Health, Learning Disabilities, and Dementia Delivery board. The implementation of the strategy and its delivery will be monitored through the dementia implementation group where there are clinical leadership representatives, SHSCT, CCG, GPs and the voluntary sector.* *The change management principles will guide the process of implemetation and the Nolan principles of selflessness, integrity, objectivity, accountability, openess, honesty and leadership will be observed. Change management will be supported by a (part time) project manager; through effective governance (as described above); with support of the Senior Responsible Officer; working with communications andinvolvement representatives from across partner organisations; using appropriate tools, e.g. Aspyre, etc.* *One of the strategy aims is to provide services that are needed and therefore this allows for a review of the current service types including their value for money. The use of open tender processes will allow for there to be more robust monitoring of the market and the value it can offer to the system as a whole, this is an integrated strategy and therefore the benefits to the system and individuals should be significant* *Staff will be engaged throughout the process. The multi agency strategy implementation group has continued to monitor progress and feedback to the relevant organisations and there is consideration of setting up a dementia challenge group involving indvoduals and family members who can also monitor the progress of the strategy* *The social value aspect of this work is mirrored in the fact that the strategy considers the environmental approach through dementia friendly communities, the economic impact through the use of tools to support better value, integrated working and more support to family carers who help the economy by both caring and*

Choose the key impact type

Carers

Please indicate other key impacts.

Financial sustainability	Yes	*Staff Experience*	Yes	*Carers*	Yes
Impact on Partner Organisations	Yes	Environment	Yes	Reputation	Yes

Total Impact Score

3

Band

7000 Number of patients, carers or public affected per week. 5

Impact Description

Carers role, personal health and welfare is temporarily signifcantly enhanced

Click to return to menu

Equality Impact Assessment

Click here to go to Useful Links...

In order to demonstrate compliance with the Equality Act 2010
Do I need to complete this analysis?
- If you are introducing change, you should complete this analysis.
What do I need to do?
- Be proportionate to your work - you will know the significance of the work you are carrying out
- Be reasonable in your judgement and completion of the analysis
- Be honest in your appraisal and actions that you will undertake to address any (negative/ positive) issues
- Use intelligent information for your analysis that helps you to understand who are your customers and how they will be affected by your project/ plan
- Share your work with the Equality & Diversity lead, especially if you have any concerns and/or do not understand anything in this tool.

When considering the potential impact on those that share protected characteristics, think about:
- if there are any unintentional barriers to particular communities
- whether your project/ plan will bring about positive improvements
- if it creates good opportunities for accessing services
- will it improve personal choice for one particular group and not another
- the consequences for individual people; people can have more than one protected characteristic
- both people who use the service and staff
Have you identified any potential discrimination or adverse impact that cannot be legally justified?

Geography, hospital, department or other area this applies to:	**A description of the clinical area(s) the change impacts on.**
CCG, SCC, independent and voluntary sector providers, citizens with dementia and their families	*This QEIA reflects the fact that the dementia strategy is still in development. The subsequent work plans which are developed as a result and in line with the 13 committments will need to consider the quality and equality impact in their own right with a much greater focus on the detail, the numbers and the evidence base.* *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 no. 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). There are also small number of people under 65 in the city with dementia. Overallthis equates to just over 1% of the whole of the city's population.* *The key impacts of dementia:* *- 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 Department of Health 'State of the Nation' report on dementia care and support in England (DOH, 2013)* *- Ecconomy - Dementia costs the UK society an estimated £23 billion a year, more than the costs of cancer, heart disease or stroke. (NHS Improvement 2015)* *- 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. 39 per cent of over 55s fear getting Alzheimer's disease the most, compared to 25 per cent who worry most about cancer.* *- Unpaid carers and family - There are around 540,000 carers of people with dementia in England. It is estimated that one in three people will care for a person with dementia in their lifetime. Half of them are employed and it is estimated that 66,000 people have already cut their working hours to make time for caring, while 50,000 people have left work altogether.* *We know the variation in outcomes for individuals are impacted by a number of different factors including:-* *- Access to early diagnosis - The NHS is making a national effort to increase the proportion of people with dementia who are able to get a formal diagnosis, from under half, to two-thirds of people affected or more. Encouraging diagnosis and post-diagnosis support closer to a patient's home can shorten the time from the onset of symptoms to diagnosis.* *- Carer support and resilience - There is evidence that providing carers with better information, training and coping strategies, including emotional and psychological support, improves their quality of life and is also cost-effective, with costs being off-set by reduced use of services.* *- Living situation - CQC's report on care homes and hospitals they visited found the quality of care for people with dementia varied greatly, people with dementia are often admitted to hospital because of their dementia and safety rather than for an accute episode* *- Treatment - the inappropriate use of antipsychotic medication, normally in response to behavioural and psychological symptoms of dementia is declining but more needs to change* *- End of life - Early conversations with people with dementia are important to ensure that people at the end of life get the right care at the right time and are able to die in the place of their choosing* *In light of this the main aspects of this change proposal are:-* *- to develop and implement a single strategy which has been agreed with people with dementia their families and carers and both statutory and non statutory agencies* *- to ensure the voice of people with dementia and their families and carers are embeded in the strategy and its implementation*

Equality and Diversity Profile Screening

Protected Groups	**Potential People with protected characteristics**	**Does this group currently use/access the service?**	**What impact will there be on each group from the proposal?**	**No's people Affected**	**Impact Score**	**Is there any particular information on this group relating to the proposal? Outline any evidence of current use. Outline evidence from engagement activities including involving communities. Any further information?**	**Has there been specific engagement or consultation with this group?**
Sex / Gender	Women	Yes	Benefit	0	0	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.	Yes
	Men	Yes	Benefit	0	0	35% of people living with dementia are men. 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.	
Race / Ethnic Group	Asian	Yes	Benefit	0	0	SCIE report that more than 25,000 older black and minority ethnic (BME) people live with dementia in the UK, in part due to vascular risk factors such as hypertension often found in African-Caribbean and South Asian UK populations. The low diagnosis levels in BAME groups was something that was a thread running through the consultation.	No
	Asian British	Yes	Benefit	0	0	See above	
	Black	Yes	Benefit	0	0	See above	
	Black British	Yes	Benefit	0	0	See above	
	Chinese	Unknown	Benefit	0	0	anecdotal limited number of chinese people, culturally don't recognise this as a condition	
	Gypsy or Roma	Unknown	Benefit	0	0		
	Irish	Unknown	Benefit	0	0	There is a demographically-older population so with the link between age and dementia, prevalence is likely to be higher.	
	Mixed Heritage	Yes	Benefit	0	0		
	White	Yes	Benefit	0	0		
	White British	Yes	Benefit	0	0		
	other ethnic backgrounds	Unknown	Benefit	0	0	Knowledge of dementia and dementia services is limited for some BME groups	
Disability	Physical	Yes	Benefit	0	0	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. Four of the five most common comorbidities people living with dementia are admitted to hospital for in the UK are preventable conditions: a fall, fractured hip or hip replacement, urinary infection and chest infection.	Yes
	Sensory (hearing and/or partial sight)	Yes	Benefit	0	0	See above	
	Deaf people	Yes	Benefit	0	0	Managing hearing loss is identified as a preventative factor in dementia prevention. However Deaf people (those who are born profoundly deaf) who use sign language are not known to be more or less likely to experience dementia than the general (hearing) population, but it has not been studied extensively. There are good reasons, however, to be concerned that the early signs of dementia among Deaf people are likely to be missed, both by family or community members and by professionals from whom they seek advice and support. There is very little information available about dementia in BSL and general knowledge in the Deaf	
	Learning Disabilities	Yes	Benefit	0	0	People with learning disabilities, particularly those with Down's syndrome, 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.	
	Mental Health	Yes	Benefit	0	0	There is evidence to suggest that people with dementia suffer inequalities in receipt of physical and mental healthcare in the UK (see Parity of Esteem, below). Dementia can affect a person's mental health and wellbeing (depression and anxiety). With dementia and late-onset depression, researchers and doctors are unclear if late-onset depression is an indicator of developing dementia, or a symptom of dementia itself.	
	Dementia	Yes	Benefit	7000	5		
	Other long term conditions	Unknown	Unknown	0	0		
Sexual Orientation	Lesbian, gay men and bisexual	Unknown	Unknown	0	0	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. For people who have experienced prejudice, discrimination or harassment earlier in life, these memories can become more pronounced, and this can cause distress. www.alzheimers.org.uk/get-support/daily-living/lgbt-living-dementia	No
Gender reassignment	Men to women	Unknown	Neutral	0	0	See above	No
	Women to men	Unknown	Neutral	0	0	See above	
	Trans	Unknown	Neutral	0	0	See above. If you are trans, you may have complex bodily needs as a result of medical procedures or your body may not align with your gender identity. You may be undergoing longterm hormone therapy, for example. Dementia can make it harder to manage these problems. You may experience memory loss or problems with planning that can make it harder to remember to take medicines and tablets. If you are trans, you may go back to a time before you transitioned. This can be problematic both practically and emotionally. It can be very distressing (for you and those supporting you), but it can also make day-to-day things like going to the toilet confusing and difficult.	
	<5 years old	No	Neutral	0	0		Yes

Age	5 - 18 years old	No	Neutral	0	0		
	18 - 65 years old	Yes	Neutral	0	0		
	65 - 85 years old	Yes	Benefit	0	0		
	>85 years old	Yes	Benefit	0	0		
Faith or Belief		Yes	Benefit	0	0	Sheffield Jewish community - there is a demographically-older population so with the link between age and dementia, prevalence is likely to be higher.	No
Maternity and Pregnancy		Unknown	Neutral	0	0		No
Marriage and Civil Partnership		Unknown	Neutral	0	0		No
Others	Asylum seekers and refugees	Unknown	Neutral	0	0		
	Travellers	Unknown	Neutral	0	0		
	Variation in care provision	Yes	Benefit	0	0		No
	Rurally Isolated	Unknown	Neutral	0	0		No
	Parity of Esteem	Yes	Benefit	0	0	There is evidence to suggest that people with dementia suffer inequalities in receipt of physical and mental healthcare in the UK (Age and Ageing, Volume 46, Issue 3, May 2017, Pages 393–400, https://doi.org/10.1093/ageing/afw208	No
Inequalities Check	Least deprived parts of the population	Yes	Benefit	0	0	to note also - Carers are an important group to consider - It is estimated that one in three people will care for a person with dementia in their lifetime. There is evidence that providing carers with better information, training and coping strategies, including emotional and psychological support, improves their quality of life and is also cost-effective, with costs being off-set by reduced use of services.	
	Most deprived parts of the population	Yes	Benefit	0	0		
Have you engaged in public engagement activities?						There is a lead engagement group who have been involved in the strategy development (SHINDIG). Whilst they acknowledge that they are not reresentative of the whole dementia population they are representative in age and diagnosis. SEE UNDER EXPERIENCE SECTION OF QEIA FOR DETAILS OF CONSULTATION. Further groups have been consulted with however it is clear these do not necessarily fit the population profile and further work will be undertaken to ensure that consultation groups are representative of the population profile	Yes
Total number of groups affected		21	24			Groups covered by engagement activities.	3
Total Impact Score		5					

Next Steps (Summary)

Outline any actions to ensure equality and engagement?

EIAs - and involvement activity - to completed to infoirm the detailed implementation plans. This will include targeted EIA/consultation with groups identified above that have not been specifically engaged woth the strategy to date.
EIA/involvement progress to be monitored via the workstreams and the Strategy Implementation Group.

EIA Completed? Yes