

SHEFFIELD CITY COUNCIL



Executive Leader Report*

Report of:	Laraine Manley – Executive Director Communities
Report to:	Executive Leader
Date:	19 th Dec 2014
Subject:	Tender for Reprovision of Day Services and Residential Short Term Care Beds for people with Dementia.
Author of Report:	Joe Fowler (Director of Commissioning)
Key Decision:	YES
Reason Key Decision:	Expenditure/savings over £500,000* Affects 2 or more wards*

Summary:

National and local dementia strategies suggest there is a need for a more modern approach to the way in which we support people with dementia which means changing the way services are designed and delivered to ensure they reflect a person's individual needs and aspirations.

The emerging best practice in daytime activities for people with dementia is towards locally based services, whilst recognising that depending on the level and complexity of an individual's needs; for some this support may be better provided in a centre based setting.

This is in line with the feedback from the city wide Dementia consultation and engagement exercise which took place in 2012. The responses indicated that people favoured more innovative solutions to day opportunities than the

traditional centre based model of day support and that there would be more opportunities to support a wider range of people's needs if there was a mixture of solutions based on community models.

These services are provided in 2 centres and based on the traditional model by means of collecting people by mini buses and bringing them in to the centre.

Currently a large proportion of the city council's commissioned support for people with dementia is provided by the Sheffield Health and Social Care Trust (SHSCT) The Trust provide day services and residential short term care beds at Hurlfield View however this agreement expires on the 31st March 2015. Although the agreement with this provider ends there is still a need to ensure that there remains adequate provision in services to support people with dementia both in the early stages and also those people with more complex needs. This is particularly important given that it is predicted that there will be a significant increase in the number of those with dementia living in the city.

In addition there is a requirement achieve best value from the available resources which means looking at ways to reduce the cost of provision whilst maintaining the quality and the overall service levels.

Over recent months colleagues in the City Council's Commercial services section have been engaged in discussions with the SHSCT about more affordable and suitable solutions for people with dementia and their carers' and requested SHSCT respond with a proposal which could deliver this. Unfortunately their latest proposal has indicated that they are unable to deliver the scale of the savings without a significant reduction to current service levels.

A review by Commissioners of comparative costs of provision provides evidence that the service could be provided at the same quality and at a reduced cost to the council but with no loss of service to the Council. In addition a recent soft market test undertaken by Commercial Services provides further evidence that there are a number of other independent sector providers who could provide the specified services at a reduced cost whilst still maintaining the levels of service required. Based on this and the response from SHSCT the advice from Commercial Services is to proceed to tender the service across the wider provider market.

It is therefore proposed that a re-tender exercise is under taken for the existing services provided at Hurlfield View for both residential short term care beds and day services. In order to stimulate the market it will offer a block payment for 3 years with an agreed reduction in the volume of day services element after year 1.

Due to the timescales it is proposed that the current contract with SHSCT be extended until the end of June 2015 to facilitate the tender. The tender for the re-provision of services for both residential short term care beds and day services is proposed on a block basis for 3 years with a reduction in the volume of the day services element based at Hurlfield after the first year.

This will also help facilitate the shift of investment towards a more community based approach and offers further potential to explore other solutions such as an innovation fund. Commissioners will work with users, their carers and other key stakeholders to develop these alternative plans and this is in line with what people told us would help them and their carers to continue to live well at home and independently.

It is proposed the new contract for services will commence on the 1st August 2015

This report summaries:

- The requirement for the provision of dementia residential short term care beds and dementia day care services in Sheffield and the benefits of the services in terms of the reducing the health and social care expenditure and the wider benefits to the health and social care economy
- The current provision of funded dementia care services in the City
- The current cost and utilisation of services provided by SHSCT
- The need to reconfigure the current investment to facilitate change
- The key recommendations for re-tendering the existing day services currently provided by the Sheffield Health and Social Care Trust
- The outline proposals for the future reconfiguration of services including a new model of community based day support for people with dementia.

Reasons for Recommendations:

(Reports should include a statement of the reasons for the decisions proposed)

The emerging best practice in daytime activities generally and specifically for people with dementia is towards locally based services, whilst still recognising that depending on the level and complexity of an individual's needs support may be better provided in a centre based setting.

Feedback from the 2012 consultation - people indicated that they would like more innovative solutions to day opportunities that did not follow the traditional model of day support. The SHSCT currently run 2 centres of day support both based on the traditional model of collecting people in buses to bring them to centre based day care. Early indications are that there would be more opportunities offering day support with a mixture of solutions based on community models.

There is a need to ensure that there is adequate provision in services that support people with dementia in the early stages and also for those people with more complex needs.

A review by Commissioners of comparative costs of provision provided evidence that the service might be provided at a reduced cost to the council but without compromise on quality or loss of capacity. This was based on financial and performance information supplied by the Trust and work on comparator costs through Laing and Buisson.

As the Council faces significant budgetary challenges over the coming years it also needs to diversify the service delivery market by looking at new and innovative approaches to deliver services to more people, achieve better outcomes and increase value for money where possible particularly if it is to meet the demographic demands.

Recommendations:

That approval is given to:

- The Interim Director of Commercial Services in consultation with the Director of Commissioning (Communities) to tender for the provision of dementia day services and residential short term care beds based on the existing specification and service volumes at Hurlfield View.
- Delegate authority to the Director of Commissioning (Communities) in consultation with the Cabinet Member for Care and Independent Living to develop the community day support facilities in line with consultation and the dementia commissioning plan.
- Delegate authority to the Director of Commissioning (Communities) in consultation with the interim Director of Commercial Services to award the contract for residential short term care beds and day services on a block for 3 years with a reduction in the day support element after 1 year and delegates authority to the Interim Directors of Legal and Governance and Commercial Services to take all necessary steps to negotiate and enter into the contract. The new contract will commence on the 1st August 2015.
- Delegate authority to the Director of Commissioning (Communities) in consultation with the Cabinet Member for Care and Independent Living to take such steps as they deem appropriate to achieve the outcomes set out in this report.

Background Papers:

Category of Report: **OPEN / CLOSED***

If CLOSED add 'Not for publication because it contains exempt information under Paragraph (insert relevant paragraph number) of Schedule 12A of the Local Government Act 1972 (as amended).'

* Delete as appropriate

Statutory and Council Policy Checklist

Financial Implications
YES/NO Cleared by: Karen Heskith
Legal Implications
YES/NO Cleared by: Deborah Eaton
Equality of Opportunity Implications
YES/NO Cleared by: Phil Reid
Tackling Health Inequalities Implications
YES/NO
Human Rights Implications
YES/NO
Environmental and Sustainability implications
YES/NO
Economic Impact
YES/NO
Community Safety Implications
YES/NO
Human Resources Implications
YES/NO
Property Implications
YES/NO
Area(s) Affected
ALL
Relevant Cabinet Portfolio Lead
Cllr Mary Lea
Relevant Scrutiny Committee
Health and Wellbeing
Is the item a matter which is reserved for approval by the City Council?
YES/NO
Press Release
YES/NO

REPORT TO THE EXECUTIVE LEADER

1. SUMMARY

National and local dementia strategies suggest there is a need for a more modern approach to the way in which we support people with dementia which means changing the way services are designed and delivered to ensure they reflect people's individual needs and aspirations.

The emerging best practice in daytime activities for people with dementia is towards locally based services, whilst recognising that depending on the level and complexity of an individual's needs for some this support may be better provided in a centre based setting.

This is in line with the feedback from the city wide Dementia consultation and engagement exercise which took place in 2012. The responses indicated that people favoured more innovative solutions to day opportunities than the traditional centre based model of day support and that there would be more opportunities to support a wider range of people's needs if there was a mixture of solutions based on community models.

These services are currently provided in 2 centres and based on the traditional model by means of collecting people by mini buses and bringing them in to the centre.

Currently a large proportion of the city council's commissioned support for people with dementia is provided by the Sheffield Health and Social Care Trust (SHSCT) The Trust provide day services and residential short term care beds at Hurlfield View, however this agreement expires on the 31st March 2015. Although the agreement with this provider ends, there is still a need to ensure that there remains adequate provision in services to support people with dementia both in the early stages, and also those people with more complex needs. This is particularly important given that it is predicted that there will be a significant increase in the number of those with dementia living in the city.

In addition there is a requirement achieve best value from the available resources which means looking at ways to reduce the cost of provision whilst maintaining the quality and the overall service levels.

Over recent months colleagues in the City Council's Commercial services section have been engaged in discussions with the SHSCT about more affordable and suitable solutions for people with dementia and their carers' and requested SHSCT respond with a proposal which could deliver this. Unfortunately their latest proposal has indicated that they are unable to deliver the scale of the savings without a significant reduction to current service levels.

A review by Commissioners of comparative costs of provision provides evidence that the service could be provided at the same quality and at a reduced cost to the council but with no loss of service to the Council. In addition, a recent soft market test undertaken by Commercial Services provided further evidence that

there are a number of other independent sector providers who could provide the specified services, at a reduced cost whilst still maintaining the levels of service required.

Based on this and the response from SHSCT, the advice from Commercial Services is to proceed to tender the service across the wider provider market.

It is therefore proposed that a re-tender exercise is undertaken for the existing services provided at Hurlfield View for both residential short term care beds and day services. In order to stimulate the market it will offer a block payment for 3 years with an agreed reduction in the volume of day services element after year one.

Due to the timescales it is proposed that the current contract with SHSCT be extended until the end of June 2015 to facilitate the tender. The tender for the re-provision of services for both residential short term care beds and day services is proposed on a block basis for 3 years with a reduction in the volume of the day services element based at Hurlfield after the first year.

This will also help shift the investment accordingly towards a more community based approach and offers further potential to explore other solutions such as an innovation fund. Commissioners will work with users, their carers and other key stakeholders to develop these alternative plans. This is in line with what people informed us would help them and their carers to continue to live well at home and independently.

It is proposed the new contract for services will commence on the 1st August 2015

2 WHAT DOES THIS MEAN FOR SHEFFIELD PEOPLE

These proposals will ensure that:

- There remains adequate provision in bed based support and day services to support people with dementia both in the early stages and also those people with more complex needs, both in the short term and if needs and demand increases.
- The proposed changes will be introduced over a period of 3 years, therefore there will be no radical changes over a short period and no reduction in the current volume or quality of the services provided.
- Provide a further opportunity for people with dementia and their carers to help shape the future design and delivery model of day support.
- The future approach to services is more aligned to communities and one which helps keep people independent safe and well.

3 OUTCOME AND SUSTAINABILITY

The proposals are:

- In line with the consultation and engagement undertaken to date.
- Meet with the key principals of both national and local strategies.

- In line with the principles of the Care Act
 - Ensure there is no loss of service, but addresses the need to achieve best value from the available resources.
 - Addresses the need to meet the demographic growth and demand for services in a more affordable way
 - Offers security to communities of capacity building
 - Develops dementia awareness amongst communities
- The proposal for the developing the day opportunities on a community level basis meets with the joint SCC/CCG dementia commissioning plan which was discussed and endorsed by Scrutiny in October 2014

4 REPORT

Background

(Including Legal, Financial and all other relevant implications (if any))

National and Local Challenges

National estimates suggest that there are 800,000 people living with dementia in the UK and by 2021 this number is expected to reach over 1 million (Alzheimers Society 2014).

By 2015 there will be 850,000 people with dementia in the UK, with numbers set to rise to over 1 million by 2025 (Alzheimers Society 2014) The financial burden of dementia in the UK is significant and is expected to treble by 2040 and the latest estimates put the national costs of Dementia in the UK at over £26 billion a year. The greatest proportions of these costs are attributed to the care provided informally by an estimated 670,000 carers of people living with dementia in the UK. Unpaid carers supporting someone with dementia saves the economy £11 billion a year. (Alzheimers Society 2014).

The National Dementia Strategy (2009) and Prime Ministers Challenge on Dementia (2012) both highlight the need to ensure that people with dementia receive the right care and support at the right time to enable them to live independently at home for as long as possible.

In responding to the national requirements the City Council must also address a number of local challenges. There are currently and estimated 6,400 people living with dementia in the city, of which 4,000 have a formal diagnosis. The number of people living with dementia in Sheffield is expected to rise to over 7,300 by 2020 and 9,300 by 2030, with the biggest increase in people aged 85 and over.

The Sheffield Dementia Strategy and Commissioning Plan (2007) set out a number of key objectives building on the long history of the collaborative approach to the commissioning of dementia services in the City. A major consultation and involvement exercise was undertaken in 2012 by SCC, CCG and the Sheffield Health and Social Care Trust about the proposals for change to services that support people with dementia.

The outcome of these proposals informed an agreed plan for change. Since 2012 there has been good progress made in some areas including the reconfiguration of bed based emergency care and respite bed services provided under contract by the SHSCT. In addition the city council made a capital investment of £350k which provided the refurbishment of the day centre and created an additional 4 bed spaces to the building.

However, day support, information and advice services and other contracted dementia services have largely remained the same. These services are more variable in terms of the outcomes and benefits they deliver and do not consistently form part of the locally defined dementia care pathway, meaning that referrals are inconsistent and not always at the right time for individuals and the people who care for them.

With increasing focus within health and social care on the need to demonstrate value for money, quality and improved outcomes for people with dementia and their carers, continued commitment to a shared CCG and local authority approach to the commissioning and development of dementia services is essential. Dementia remains a key priority by both Sheffield City Council and the Sheffield Clinical Commissioning Group and a revised programme of work has been set out over the next 2 years.

Current Provision – Services Provided by SHSCT

Under the existing Section 75 partnership agreement SHSCT provide 20 residential short term care beds and 270 day care places per week at Hurlfield View. 230 of these places are offered at Hurlfield View over seven days with additional places from a satellite base at Stocksbridge.

The building and land is owned and managed by SCC and leased to SHSCT, 350k capital funding was recently invested to refurbish areas of the building and increase the bed space to 20 from 16.

Analysis of the demand and usage of the residential care beds shows that usage has remained consistent, largely due to the reconfiguration of the service provided by SHSCT in 2012 which resulted in the closure of two dementia resource centres and all services being relocated to one centre at Hurlfield View but also because of the lack of other available short term/respite care beds available across the independent sector for people with dementia.

Around 130 people use the 270, day care places available per week with many attending on multiple days. However, more than 35% of the places funded by the city council are taken up by full fee payers some of which, if they were assessed may not meet the city council's eligibility criteria. This means that the number of places commissioned by the city council are not being fully utilised. The full fee payers and others who choose to purchase additional support fund the cost of their own day care.

Feedback from some service users and carers suggests, that for younger people with dementia, or for those with more moderate needs, building based services

can be more limiting and frustrating and they tell us they often feel more isolated being away from others and their local community. This and the most recent data provided by SHSCT indicates that the current service design may not be the most appropriate way of meeting the wider general needs of people with dementia and their carers.

The proposals for a reduction in the volume of centre based day support over a period of time whilst retaining sufficient places to meet needs will release resources for the development of more preventative community based support. This will broaden the offer to current and future service users to enable the outcomes people want to achieve rather than a service which does not necessarily meet the needs of many possible users. Meaning the services will still be available to full fee payers, but this must be in addition to the volumes and levels of the commissioned services.

The City Council also commissions a range of other services specifically for people with dementia including information and advice, peer support and other opportunities for informal carers to have a break. These services are currently provided by the voluntary sector and are not subject to this tender. However, they will be included and part of the scope for the future design and development for new community based and preventative services for people with dementia.

The CCG also commissions the city wide Dementia Rapid Response and Home Treatment Team (DRRH TT) and the Community Dementia Support Service (CDSS). CDSS is a small service which operates from Hurlfield View. Currently four of the residential care beds are allocated for use by the DRRH TT for use when the home situation has broken down and to prevent admission to hospital. The city council has discussed the proposals with the CCG and confirmed that the CDSS service can continue to operate from Hurlfield View and that the DRRH TT can still access the allocated residential beds.

Key Milestones/Timetable

Key dates to facilitate the tender are set out below.

Task	Date
ITT Drafting	1 – 31 Dec 2014
Procurement strategy submission	26 Jan 2015
Procurement strategy approval	6 Feb 2015
Publish ITT	9 Feb 2015
Closing date	8 Apr 2015
Evaluation	9 – 24 Apr 2015
Preferred bidder	27 Apr 2015
Contract approval	8 May 2015
Contract signature	29 May 2015
Mobilisation	1 Jun – 31 Jul 2015
Contract start	1 Aug 2015

COMMUNICATION

Service users, their carers and relatives will initially be advised by letter of the proposals to retender the service. Staff in the resource centre will be available to support individual users and carers and the commissioning team along with care and support colleagues will provide further opportunities to support or meet with users and carers if they wish to discuss the proposed changes.

Other stakeholders including other organisations who provide support and services to people with dementia will be advised of the proposals and kept informed of the key changes.

An outline of the Communication Plan is attached at **Appendix A**

Future Proposals - Future design of day support for people with Dementia.

There is a clear and accepted need to continue with the provision of residential short term care beds and some centre based dementia day services. Nonetheless scope to achieve further efficiencies which in turn will release resources to support a more innovative community based approach to day support.

The proposal is to reduce over time the volume of building based day support provided at Hurlfield View, this is reliant on building capacity in other areas and developing alternative support and services. To maximise use of the current available resources it is our intention to decommission the other commissioned services that support people with dementia (currently provided by the voluntary sector) to fund this new approach.

All current providers have been notified of the outline proposals and dialogue will be ongoing as part of the development and scope of the new proposals.

We will also be working closely with service users, their carers, and other people with dementia and other key stakeholders as part of the wider communication about our future plans. Commissioners will be supporting current providers and users in relation to the impact of decommissioning the services.

It is anticipated that the new arrangement for community based support and day opportunities will be implemented during 2016.

5.0 FINANCIAL IMPLICATIONS

The annual investment in services with the SHSCT is currently £2.5m per annum. Efficiency savings have been identified by Commissioners against the current service volumes, based on a review of comparable costs provided across the market.

In addition the council has a requirement to make year on year savings in line with its long term financial plan. The savings proposed below will not impact on

the current volume or level of support, and the proposals set out for the shift in investments will support a community based model of day support

The tender for the reprovision for both residential short term care beds and day services is proposed on a block basis for 3 years with a reduction in the volume of the day services element after year 1.

Below is an illustration of the maximum available resources available for the new contracts.

	Year 1 15/16 £000	Year 2 16/17 £000	Year 3 17/18 £000
Budget	2,464	2,264	1,864
3 month extension to SHSCT	821	-	-
Savings	200	400	200
Shift of Investment to fund development of alternative support	-	700	700
Totals available for new tender	1,443	1,864	1,664

The building and land is owned by Sheffield City Council. The costs set out above will include all costs associated with the management of the building. The terms of the lease will be set out in the tender documentation.

It is proposed that the new contract for services will commence on the 1st August 2015 which will also provide sufficient time to develop and consult on alternative plans.

To facilitate this a waiver of standing orders has been agreed for the extension of the contract with the SHSCT and the Trust will be asked to continue with the current arrangement until the end of June 2015, this will be based on current costs (proportionate to 3 months).

There is the risk that the investment will be insufficient to entice an alternative provider to take on existing NHS staff under TUPE; however, it is anticipated that by providing investment security on a block basis over a 3 year period this will mitigate the risk.

The procurement will also ensure that the provider will work with the city council to support the development of the community based facilities and therefore identify other potential efficiencies over the remaining term of the contract.

Commercial services will run the tender with the associated costs for this procurement taken against the savings in the first year.

6.0 EQUAL OPPORTUNITES IMPLICATIONS

In exercising any of its powers in this area, the Council needs to be mindful of the Public Sector Equality Duty contained in Section 149 of the Equality Act 2010, that is the duty to have due regard to the need to:-

- (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act;
- (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; and
- (c) Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

The protected characteristics in the Act include age and disability and the functions to which the PSED applies. In considering whether to tender the services the Executive Leader must take into account the effect on people with such protected characteristics and where the impact is negative the proposals to mitigate those effects.

Equal opportunities implications arising from this work were subject to a comprehensive Equality Impact Assessment which is included at **Appendix B**

7.0 LEGAL IMPLICATIONS

The Council's powers and duties to provide services for people with dementia currently flow from provisions in the National Assistance Act 1948 and the Mental Health Act 1983. From 1st April 2014 the powers and duties will flow from The Care Act 2014 and s.117 Mental Health Act 1983. In addition to these individuals there may be a small number of people who are not eligible for care and support because of their immigration status who the Council has a limited duty to assist to avoid a breach of their human rights.

The Care Act 2014 establishes national eligibility criteria for care. The Act will require the Council to assess the needs of anyone with a physical or mental health disorder who may be in need of support to identify what needs the person may have which impact on their ability to achieve specified outcomes and whether and to what extent this impacts on their wellbeing.

The Care Act 2014 also requires the Council to identify specific preventive services from which service users may benefit by preventing or delays their needs from progressing. This provision broadens the duty of the Council to provide some support, advice and assistance for those with dementia beyond support to those who meet the eligibility criteria.

s.5 The Care Act 2014 requires the Council to promote the efficient and effective market in services for meeting care and support needs with a view to ensuring that there is a variety of providers to choose from, a variety of high quality services to choose from. In performing that duty the Council must have regard to the current and likely future demand for such dementia services, the importance of ensuring the sustainability of the market for such services, foster continuous improvement in the quality, efficiency and effectiveness with which such services are provided and ensure the sufficiency of such services in Sheffield.

In arranging the provisions of services by other persons or organisations to meet eligible needs the Council must have regard to the importance of promoting the well-being of adults and carers in its area.

The proposed contracts outlined in this Report have a value in excess of the threshold for contracts for services (£172,514) in the Public Contracts

Regulations 2006 (the 'Regulations') and thus the procurement and contract award processes to be followed in relation to the proposed contracts will be subject to those Regulations. However, health services are Part B Services for the purposes of the Regulations and as such, only some of the requirements of the Regulations will apply.

The Council should also comply with the general EU Treaty principles such as non-discrimination, transparency and proportionality. This will require an open and fair procedure to be adopted.

The procurement process must also comply with the Council's Contract Standing Orders and this should ensure the Council fulfils these legal obligations.

8.0 HUMAN RESOURCE IMPLICATIONS

It is recognised the proposed changes will cause some concerns for staff working for the service provider and across the wider service. In the event of this, the SHSCT will be expected to work with staff and Trade Unions and fully consult on any specific proposals that may affect them.

In the event a change in service provider it is likely that a transfer of undertaking will apply. This may mean that existing staff will be employed via TUPE regulations.

Bidders will be advised that It will be suggested to bidders that they consider the potential impact of TUPE and current providers will be required to share information as appropriate in accordance with their existing contracts and TUPE regulations.

Any TUPE transfer will be managed by the provider and will not represent any HR implications for the City Council.

9.0 ALTERNATIVE OPTIONS EXPLORED.

In making the recommendations a number of other options were explored.

Do nothing: This option is not favoured as this would not meet with the changing needs of those with dementia or meet with their wishes and desires as expressed in the consultation. From a City Council perspective this would not offer value for money.

Extend the contract with the current provider: SHSCT has indicated that they would be unable to continue with this contract at a more affordable price without

a significant reduction in the level of service. This option is not favoured and does not appear to provide the most effective way of providing these services and does not offer the opportunity to redesign services to meet needs more effectively.

Develop a new specification and tender for a new service: The expiry of the contract at the end of March 2015 does not give sufficient time to develop the new specification and undertake the necessary consultation with current users, carers and stakeholders about a new approach to community support for people with dementia.

10 REASONS FOR RECOMMENDATIONS

The emerging best practice in daytime activities generally and specifically for people with dementia is towards locally based services, whilst still recognising that depending on the level and complexity of an individual's needs support may be better provided in a centre based setting.

Feedback from the 2012 consultation - people indicated that they would like more innovative solutions to day opportunities that did not follow the traditional model of day support. The SHSCT currently run 2 centres of day support both based on the traditional model of collecting people in buses to bring them to centre based day care. Early indications are that there would be more opportunities offering day support with a mixture of solutions based on community models.

There is a need to ensure that there is adequate provision in services that support people with dementia in the early stages and also for those people with more complex needs.

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As the Council faces significant budgetary challenges over the coming years it also needs to diversify the service delivery market by looking at new and innovative approaches to deliver services to more people, achieve better outcomes and increase value for money where possible particularly if it is to meet the demographic demands.

(Refer to circumstances where exemption is justified as explained in the Access to Information Procedure Rules in the Constitution and apply the public interest test. Further advice can be obtained from the Director of Legal Services).

11.0 RECOMMENDATIONS

That approval is given to:

- The Interim Director of Commercial Services in consultation with the Director of Commissioning (Communities) to tender for the provision of dementia day services and residential short term care beds based on the existing specification and service volumes at Hurlfield View.
- Delegate authority to the Director of Commissioning (Communities) in consultation with the Cabinet Member for Care and Independent Living to develop the community day support facilities in line with consultation and the dementia commissioning plan.
- Delegate authority to the Director of Commissioning (Communities) in consultation with the interim Director of Commercial Services to award the contract for residential short term care beds and day services on a block for 3 years with a reduction in the day support element after 1 year and delegates authority to the Interim Directors of Legal and Governance and Commercial Services to take all necessary steps to negotiate and enter into the contract. The new contract will commence on the 1st August 2015.
- Delegate authority to the Director of Commissioning (Communities) in consultation with the Cabinet Member for Care and Independent Living to take such steps as they deem appropriate to achieve the outcomes set out in this report.

Author: Sharon Marriott
Job Title: Commissioning Officer
Date: 19th December 2014