



Author/Lead Officer of Report: Nicola Shearstone – Head of Commissioning for Prevention and Early Help (All Age)

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Report of: *Executive Director of People, Jayne Ludlam*
Report to: *Cabinet Member for Adult Social Care, Chris Peace*
Date of Decision: *2nd November 2018*
Subject: *Dementia Commissioning*

Is this a Key Decision? If Yes, reason Key Decision:-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
- Expenditure and/or savings over £500,000		<input checked="" type="checkbox"/>		
- Affects 2 or more Wards		<input checked="" type="checkbox"/>		
Which Cabinet Member Portfolio does this relate to? <i>Adult Social Care</i>				
Which Scrutiny and Policy Development Committee does this relate to? <i>Healthy Communities and Adult Social Care</i>				
Has an Equality Impact Assessment (EIA) been undertaken?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
If YES, what EIA reference number has it been given? <i>363</i>				
Does the report contain confidential or exempt information?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>

Purpose of Report:

To seek Cabinet Member approval for the dementia commissioning plan for 2018-19 until 2021-22 and the commencement of the necessary procurements, reprocurements and providing the grants needed in order to fulfil the commissioning plan.

Recommendations:

The Cabinet Member for Adult Social Care:

1. Approves the Dementia Commissioning Plan for 2018-19 to 2021-22.
2. Approves the necessary procurements and commissioning needed, as detailed within the report.
3. Approves the issuing of grants to the Sheffield Dementia Action Alliance and the Sheffield Dementia Involvement Group, as detailed within the report.

4. Delegates Authority to the Director of Commissioning, Inclusion and Learning in consultation with the Director of Finance and Commercial services to award the contracts and complete all necessary documentation.
5. Delegates Authority to the Director of Commissioning, Inclusion and Learning in consultation with the Director of Finance and Commercial services and in consultation with the Director of Legal and Governance to take such steps as they deem appropriate to achieve the outcomes set out in this report.

Background Papers:

(Insert details of any background papers used in the compilation of the report.)



Dementia

Commissioning Plan 1:



Timetable.xlsx

Lead Officer to complete:-		
1	I have consulted the relevant departments in respect of any relevant implications indicated on the Statutory and Council Policy Checklist, and comments have been incorporated / additional forms completed / EIA completed, where required.	Finance: <i>Anna Beeby</i>
		Legal: <i>Nadine Sime</i>
		Equalities: <i>Ed Sexton</i>
<i>Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.</i>		
2	EMT member who approved submission:	<i>Jayne Ludlam</i>
3	Cabinet Member consulted:	<i>Chris Peace</i>
4	I confirm that all necessary approval has been obtained in respect of the implications indicated on the Statutory and Council Policy Checklist and that the report has been approved for submission to the Decision Maker by the EMT member indicated at 2. In addition, any additional forms have been completed and signed off as required at 1.	
	Lead Officer Name: <i>Nicola Shearstone</i>	Job Title: <i>Head of Commissioning for Prevention and Early Help (All Age)</i>
	Date: <i>22nd October 2018</i>	

1.	PROPOSAL
1.1	This proposal covers a range of commissioning activity with the intention of investing over £2.5 million in community dementia over the next four years.
1.2	<p>The commissioning plan is the culmination of a long-term vision to invest in community activities and services for people living with dementia, and their family/carers.</p> <p>In 2016, the Council reprovided some day care and respite services for people with dementia, which were formally based at Hurlfield View in Gleadless. This resulted in additional monies being allocated towards a more community-based approach, which would offer potential to explore more innovative ideas around dementia friendly/accessible activities/services. This approach is in line with what the people with dementia have told the Council would help them and their family/carers, in order to live at home and remain part of their local communities for a long as possible.</p>
1.3	<p>The existing contracts the Council has for community day care, information advice and guidance, in-home support, and dementia cafes have not been updated for some time, and one of the current providers in the city no longer wishes to continue to provide services from April 2019 onwards.</p> <p>This gives us an opportunity to update specifications, ensuring they take into account recent consultation feedback and best practice, and allows the Council to meet its obligations of being open, honest and transparent by giving other potential providers a chance to enter this market, widening the choice for local people. Of course, this also gives current providers an opportunity to bid for the updated specifications, ensuring their activities meet the commissioning objectives and principles detailed below.</p>
1.4	The commissioning plan concentrates, in the main, on community activities or services for people with dementia and/or their family or carers – i.e. people with dementia who are living in their own home, in their community. Formal, emergency respite, EMI care home placements and CQC registered day care services are out of scope of this piece of work.
1.5	<p>Based on the consultation feedback and information from the Lancet Commission on Dementia and the Prime Minister’s Challenge 2020, the Council’s Commissioning Principles are as follows:</p> <ul style="list-style-type: none"> • To support people with dementia and their families to: <ul style="list-style-type: none"> – Develop and build resilience – Access suitable relevant and timely information and advice

	<ul style="list-style-type: none"> - Access good quality community support - Remain independent, safe and well for as long as reasonable <ul style="list-style-type: none"> • To develop ‘dementia friendly communities’ in Sheffield, in which people with dementia are empowered to have high aspirations and feel confident, knowing they can contribute and participate in activities that are meaningful to them.
1.6	<p>Again, based on feedback from people with dementia and their families, national research, and local knowledge, in order to meet the commissioning principles for 2018 onwards, the Council needs to achieve the following six Commissioning Objectives:</p> <ul style="list-style-type: none"> • To ensure people receive good quality information, advice and guidance at the right time • To ensure people and their families are listened to and involved in future service shaping • To invest in building capacity within organisations and upskilling our communities to support people with dementia (i.e. providing advice to organisations about making services and activities more dementia friendly; training and awareness sessions) • To invest in the local VCF sector • To increase the number and range of activities across the city for people with dementia and their families, enabling people to live well, at home, for longer • To focus on prevention and increasing awareness about how lifestyle changes can reduce the risk of developing dementia <p>The commissioning intentions described in this plan offer these solutions, as well as including additional capacity building for organisations, the Council and the wider city to become more dementia friendly.</p>
1.7	<p>The commissioning plan is as follows:</p> <p>New commissioning/ procurement</p> <p>a) Community Activities - commission our People Keeping Well Partnerships to provide local information, advice and guidance, as well as dementia friendly/accessible activities.</p> <p>Each partnership will be allocated £15k a year for three years, plus an additional £2k per partnership for Year 1, totalling £894k over three years.</p> <p>This will be commissioned via the existing PKW Pseudo-Framework. The tendering process will not be competitive, but each tender will have to meet a quality benchmark before being awarded.</p> <p>Timescales: Commissioning in Nov/Dec. Contracts start on 1st January 2019 and run until 31st December 2021</p>

- b) Specialist Advice - commission a specialist advice service for other professionals (and families) to ensure care is co-ordinated and people can live well at home.

This will be a three year contract with a yearly value of £120k, totalling £360k over the three years.

This will be an open, competitive tender. We will award one contract up to the total value. This may be to one provider, or a group of providers working in partnership.

Reprocurement

- c) Community Activities – reprocure the four existing dementia cafes, currently run by Alzheimer’s Society.

Allocation of £3,750 per café - £15k in total a year, over 3 years = £45k.

This will be commissioned via the existing PKW Pseudo-Framework. The tendering process will not be competitive – the PKW Partnership which covers the existing café will be allocated the funding – but each tender will have to meet a quality benchmark before being awarded.

- d) Day Activities - reprocure day activities for younger people and older people with dementia, increasing the number of places available.

Based on a cost of £40 a session, for 46 weeks a year, five days a week = 100 sessions a week = 20 sessions a day.

Total fund for 3 years is £558k.

This will be an open, competitive tender. One or more providers could be successful. We would expect the younger person’s day activities to be awarded to a single provider.

Grants

- e) Capacity Building - grant to Sheffield Dementia Action Alliance (SDAA) to work with local organisations to build capacity and increase knowledge of dementia; training utilities staff in dementia awareness; supporting other organisations.

We expect the majority of this funding to be spent on Alliance staff. The grant will be for £65k a year for 3 years, totalling £195k

- f) User Voice - grant to Sheffield Dementia Involvement Group (SHINDIG) to ensure we continue to hear regular feedback from service users and their families.

This will involve SHINDIG running four engagement events and four planning events a year, all of which are inclusive to people with dementia and their families/carers, as well as involving staff from

	<p>different services/activities across the city.</p> <p>Total grant of £2k a year for 3 years, totalling £6k</p> <p>g) Community Activities - run a grant pot for a variety of activities via a one-off Innovation Fund to encourage local organisations to do inter-generational activities around dementia.</p> <p>This will be an open, competitive grant process with bidders competing against each other in their lot.</p> <p>The total pot will be a maximum of £100k for one year – 1st January 2019-31st December 2019.</p> <p>There will be three lots:</p> <ul style="list-style-type: none"> • Lot 1 – total fund of £20k for bids up to £2k each (minimum of 10 awards); • Lot 2 – total fund of £40k for bids up of £2,001-£10k each (minimum of 4 awards); • Lot 3 – total fund of £40k for bids of between £10,001-£20k (minimum of 2 awards). <p>In each lot, grant proposals bids will be scored and ordered from highest to lowest. Officers will go down the list from the top awarding until the total fund limit is reached in each lot. If there is money left over from a lot which cannot fully fund the next proposal in the list, officers have the right to talk to that bidder to agree what we can fund with the remaining amount.</p>
1.8	<p>Together, these provide a comprehensive and complimentary selection of activities and services across the city and follows our strategic vision of keeping people safe and well in their own homes for as long as possible.</p>
2.	HOW DOES THIS DECISION CONTRIBUTE ?
2.1	<p>This proposal contributes to all five of the priorities in the Corporate Plan.</p> <p>An in-touch organisation We are investing in user voice to ensure that we have regular feedback from service users and their families/carers to ensure we are responsive to changing needs.</p> <p>Strong economy We are investing in the local voluntary, community and faith sector and also building capacity in organisations by upskilling their staff and volunteers to become dementia friendly.</p> <p>Thriving neighbourhoods and communities We are investing in activities and services which are local to where</p>

	<p>people live and work. Enabling communities to become more dementia friendly makes them more inclusive and safer to all residents, especially those who are more vulnerable.</p> <p>Better health and wellbeing We are investing in a variety of activities which will help keep people safe and well and in their own homes for as long as possible. This helps them maintain their social networks and helps them keep doing what they've always done (as well as starting new things) to reduce loneliness and isolation, and improve mental wellbeing.</p> <p>Tackling inequalities We are investing in local activities and services across the city, which will help people help themselves and achieve their potential, wherever they live in the city. We are also investing in projects to develop inter-generational links between young people and older people with dementia.</p>
2.2	<p>This proposal aims to make the city more dementia friendly and reduce the stigma around dementia, as well as providing innovative activities for people to attend with the following six objectives:</p> <ul style="list-style-type: none"> • To ensure people receive good quality information, advice and guidance at the right time • To ensure people and their families are listened to and involved in future service shaping • To invest in building capacity within organisations and upskilling our communities to support people with dementia (i.e. providing advice to organisations about making services and activities more dementia friendly; training and awareness sessions) • To invest in the local VCF sector • To increase the number and range of activities across the city for people with dementia and their families, enabling people to live well, at home, for longer • To focus on prevention and increasing awareness about how lifestyle changes can reduce the risk of developing dementia
3.	HAS THERE BEEN ANY CONSULTATION?
3.1	<p>The Council is not required to consult on these proposals. However, via the Dementia Strategy Implementation Group (DSIG), we have recent feedback from people with lived experience, which mirrors feedback we have had from consultations in 2012 and 2015. The results from the recent feedback session were compiled by the Sheffield Dementia Involvement Group (SHINDIG) and can be seen in section 3.2</p>
3.2	<p>In April 2018 SHINDIG held a consultation event to seek the views and experiences of people living with dementia, in order to inform, influence and enhance the citywide strategy by including views from people with lived experience. Over 20 people with dementia gave their views, along</p>

	<p>with around 40 others people (including carers, family members, provider staff, volunteers etc). People were asked about the services they receive; what they thought was going well (or not so well); and how they thought dementia services in the city could be improved to help people live well.</p> <p>The responses were grouped into a number of themes:</p> <ul style="list-style-type: none"> • Support and access to information to live with dementia after diagnosis – people want their diagnosis to be given in a sensitive way and followed up with timely support and signposting to local activities/services • Driving and transportation – people struggle with isolation if they can no longer drive and not everyone knows about Community Transport • Support for people to remain living supported at home – people want organisations in the city to work closer together, to be able to solve complex situations quickly, and for wider society to become more dementia friendly to enable people to live independently • Maintaining interests and activities – local activities are seen as ‘essential therapeutic services’ and people want to be able to continue doing what they’ve always done as well as starting new things • Support from family, peers and friends – peer support is important to people and organisations should work in a ‘whole family’ way • Stigma and dementia awareness – we need to work together to ensure Sheffield enables people with dementia to live well, by increasing awareness and reducing stigma across the city <p>We have used these points to inform this commissioning plan.</p>
3.3	We have kept the local market informed of the plans by presenting at DSIG and the quarterly Sheffield Dementia Action Alliance meeting, as well as individual meeting with current providers.
3.4	We will also be holding a number of provider events in October/November 2018 to further share our plans and receive feedback which we can build into the development of our specifications before we release the tenders.
4.	RISK ANALYSIS AND IMPLICATIONS OF THE DECISION
4.1	<u>Equality of Opportunity Implications</u>
4.1.1	In Sheffield, there are currently an estimated 7,000 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. Prevalence varies significantly by age group from as low as 1% in females aged 65-69 to almost one in three for females aged 90+.
4.1.2	Overall

	<p>These plans should have a positive impact on all groups with protected characteristics. There are no adverse risks or implications of these plan, which invest in additional local activities and promote independence and living well in your community. There is a commitment to reprovide day activities for all those currently attending; to provide day activities for both younger and older people; and to provide local activities based on local demographic need.</p> <p>Plans also focus on user voice and using feedback from service users and family to improve services, as well as building capacity across the city to ensure more front line workers have dementia friendly training.</p>
4.1.3	<p>Age</p> <p>The majority of people diagnosed with dementia are over 65, however those who are diagnosed younger often have different circumstances (such as still being at work, or having young families). Therefore, our plans include day activities provision for older and younger people to accommodate different needs.</p>
4.1.4	<p>Gender</p> <p>Dementia diagnoses are higher in the female population, mainly due to the fact that women have longer life expectancy. We are not planning to have any gender specific activities/services, but our specifications will require providers to consider personalised activities for whoever attends.</p>
4.1.5	<p>Ethnicity</p> <p>We are not intending to commission ethnicity-specific services, but will expect our providers to provide culturally appropriate support to all attendees.</p> <p>Our local activities will be based on local demographic need because, by commissioning local activities via our People Keeping Well Community Partnerships, they are best placed to understand the needs of the local community.</p>
4.1.6	<p>Provision</p> <p>Although some current contracts are coming to an end, we are making a commitment to reprovide a similar service for all current service users so there will be no detrimental impact to them or their family/carers, especially for those attending current day activities and dementia cafes. For the day activities we are going to increase the number of sessions per week, enabling more people to benefit from this service.</p> <p>Additional provision will be commissioned through the People Keeping Well Community Partnerships and the Innovation Fund which will mean more people will be able to access activities closer to their homes.</p>
4.2	<u>Financial and Commercial Implications</u>
4.2.1	Finance

	The plans have been costed and fit within the current budget envelope. The total spend for the four year period for 18-19, 19-20, 20-21 and 21-22 is £2,592,000, representing a substantial investment in community dementia activities and services.
4.2.2	Commercial Existing contracts are being ended in line with existing contracts T&Cs. The reprocurement and new commissioning is being undertaken in line with advice and guidance from Commercial Services. The grants are being undertaken with advice and guidance from the Voluntary Sector Liaison Team who administer many grants on behalf of the Council.
4.3	<u>Legal Implications</u>
4.3.1	<p>The Council has a general duty under the Care Act 2014 to promote the individual's well-being and meet the needs for care and support of that individual, where it has assessed there is a need. A Local Authority must provide or arrange for the provision of services facilities or resources, or take other steps, which it considers will-</p> <ol style="list-style-type: none"> a) contribute towards preventing or delaying the development by adults in its area of needs for care and support; b) contribute towards preventing or delaying the development by carers in its area of needs for support; c) reduce the needs for care and support of adults in its area; d) reduce the needs for support of carers in its area. <p>In order to do so the Council needs to ensure that people:</p> <ul style="list-style-type: none"> • receive services that prevent their care needs from becoming more serious, or delay the impact of their needs. • can get the information and advice they need to make good decisions about care and support. • have a range of provision of high quality, appropriate services to choose from. <p>In providing the various services it is procuring or reprocuring and providing grants to the organisations, detailed above, the Council is complying with its duties under the Care Act 2014.</p> <p>The Council will ensure compliance with the Public Procurement Regulations. The process will also be compliant with the Council's Standing Order and an audit trail of the procurement process will kept.</p>
5.	ALTERNATIVE OPTIONS CONSIDERED
5.1	<p>In making the recommendations two other options were considered and rejected:</p> <ol style="list-style-type: none"> a. Continue with the existing services and do not invest in other provision

	<p>This alternative was rejected for a number of reasons: it does not allow us to update the current service specifications and increase the number of places in day activities; and neither does it meet our commissioning objections of investing in the VCF sector and making Sheffield more dementia friendly</p> <p>b. End the existing services and invest in other new provision This alternative was also rejected for a number of reasons: it would mean existing clients would lose their day activities and dementia cafes, and the new provision would not be complimented by these existing services</p>
5.2	Neither of these options was considered acceptable as they would be detrimental to current service users and create a disjointed picture of provision in the city.
6.	REASONS FOR RECOMMENDATIONS
6.1	<p>As discussed above, the commissioning plan combines two elements:</p> <ol style="list-style-type: none"> 1. Reprocurring some existing services, which allows us to update the specifications to ensure they match our current objectives, as well as providing a continuing service for existing users and spaces for new users; and 2. Commissioning new projects to widen the number and range of services and activities available to people with dementia and their families in Sheffield <p>Together, these provide a comprehensive and complimentary selection of activities and services across the city and follows our strategic vision of keeping people safe and well in their own homes for as long as possible.</p> <p>For this reason, we recommend this approach as it updates existing provision whilst ensuring continuity for service users and their families, as well as providing more opportunities across the city.</p>