



**Author/Lead Officer of Report:**  
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**Report of:** *Laraine Manley*  
**Report to:** *Leader*  
**Date of Decision:** *16<sup>th</sup> November 2016*  
**Subject:** *Supporting People with Dementia*

Is this a Key Decision? If Yes, reason Key Decision:-

Yes ☒ No ☐

- Expenditure and/or savings over £500,000

☒

- Affects 2 or more Wards

☒

Which Cabinet Member Portfolio does this relate to? *Communities*

Which Scrutiny and Policy Development Committee does this relate to? *Healthier  
Communities and Adult Social Care*

Has an Equality Impact Assessment (EIA) been undertaken?

Yes ☒ No ☐

If YES, what EIA reference number has it been given? *(Insert reference number)*

Does the report contain confidential or exempt information?

Yes ☐ No ☒

If YES, give details as to whether the exemption applies to the full report / part of the report and/or appendices and complete below:-

*"The (**report/appendix**) is not for publication because it contains exempt information under Paragraph (**insert relevant paragraph number**) of Schedule 12A of the Local Government Act 1972 (as amended)."*

**Purpose of Report:**

This report seeks approval to proceed with a tender for Short Term Residential Care and Day Support services to replace the support that will be lost when the Sheffield Health and Social Care Foundation Trust (SHSC) cease to provide services at the Hurlfield View Resource Centre.

It also confirms the intention agreed by the Leader on 3<sup>rd</sup> February 2015 to invest in new community dementia services to support more people in their local area with a range of options including short term care and day care as well as a range of lower level post diagnostic support services.

**Recommendations:**

- The Director of Commercial Services in consultation with the Director of Commissioning (Communities) to tender for the provision of dementia residential short term care beds and day services across the city based on the current demand at Hurlfield View.
- Delegate authority to the Director of Commissioning (Communities) in consultation with the Director of Commercial Services to award the contracts for residential short term care beds and day services and delegate authority to the Directors of Legal and Governance and Commercial Services to take all necessary steps to negotiate and enter into the contract. The new contracts will commence on the 1st April 2017.
- Delegate authority to the Director of Commissioning (Communities) in consultation with the Cabinet Member for Health and Social Care 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 Cabinet Member for Health and Social Care to take such steps as they deem appropriate to achieve the outcomes set out in this report including any subsequent plans for the closure of the Hurlfield Resource Centre.

**Background Papers:**

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

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>(Insert name of officer consulted)</i> Jane Wilby
		Legal: Depack Parmar
		Equalities: Liz Tooke
<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	<b>EMT member who approved submission:</b>	<i>Laraine Manley</i>
3	<b>Cabinet Member consulted:</b>	Cate McDonald
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.	
	<b>Lead Officer Name:</b> <i>Joe Fowler</i>	<b>Job Title:</b> <i>Director of Commissioning</i>
	<b>Date:</b> <i>15 November 2016</i>	

## **1.0 Background**

- 1.1 There are currently an estimated 6,800<sup>1</sup> people living with dementia in the city, over 4,900<sup>2</sup> of these people now have a formal diagnosis. The majority of people are over the age of 85 however, dementia also affects those under 65 with approximately 128/2% estimated to be living in the city. The number of people living with dementia in Sheffield is expected to rise to over 7,400 by 2020 and 9,500 by 2030, with the biggest increase in people aged 90 and over.

Dementia remains a key priority for the City Council (SCC) and the Sheffield Clinical Commissioning Group (CCG) and together in partnership with other organisations they have been working on a number of initiatives to transform a range of services across the City to help support people living with Dementia and their family carers

These plans were developed in line with the city wide consultation and engagement exercise and are aligned to the outcomes set out in the Prime Minister's 2020 Challenge on Dementia<sup>3</sup>.

Supporting people to be independent, safe and well at home is a key priority for the Council and, in line with this, and a commitment to a more personalised offer for people living with dementia, the Leader in February 2015 gave approval for a tender for the provision of dementia support services at Hurlfield View and authorised the plans for the reinvestment of funds for the development of a more holistic and preventative approach to support people through community based initiatives<sup>4</sup>.

## **2.0 Hurlfield View**

- 2.1 The Hurlfield View building and associated land is owned by SCC and the contract for both elements of the service provision and the lease for the management and maintenance of the building was awarded to the Sheffield Health and Social Care Foundation Trust on a block basis for 3 years from September 2015. It was agreed that over the term of the contract there would a planned reduction in the contract value and volume of commissioned day support places each year. This taper would enable a shift in investment towards the development of more community-based support and facilities so that people could get care and support nearer to their home.

Hurlfield View currently provides 20 beds for short term planned and unplanned residential respite care. There are no permanent residents. In addition there are 160 day support sessions available each week, which includes provision at a small satellite facility in the district of Stocksbridge.

The day service provides a range of social activities in a group setting aimed to help people maintain their social interests and help improve their general wellbeing so they are more able to continue to live at home for longer.

The services are accessed via a referral from the Councils assessment process or by another health or social care professional.

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<sup>1</sup> POPPI and PANSI

<sup>2</sup> Dementia and LTC – John Soady Feb 16

<sup>3</sup> [Prime Ministers Challenge on Dementia 2020](#)

<sup>4</sup> [Leader Approval Report Jan 2015](#)

The day service also supports some people who purchase services direct from the provider under a private arrangement (i.e. funded by the individual and/or their family, not the Council).

### **3.0 Current Position**

- 3.1 The current contract at Hurlfield View commenced in September 2015 and has until April 2018 to run. Since the award of the contract, SHSC have continued to deliver the service and the workforce have demonstrated their on-going commitment in providing skilled care and support to people with dementia.

However, SHSC have, with regret stated that from April 2017 it is no longer possible for them to continue to provide the services at Hurlfield View within the agreed budget and to do so would result in future financial losses to the organisation. Equally SCC are unable to increase the funding available to the level that would be required to sustain the service. An increase would also have a detrimental impact to the overall available budget and on the agreed plans for increased investment in community services.

Both organisations have acknowledged that this means services based at Hurlfield View will now end. And, that this provides an opportunity for the reinvestment of the money committed to Hurlfield View to alternative services. It will also release funds for the development of increased community support which will mean that many more people across the city will have access to an increased choice in a range of alternative solutions (including short term care and day care).

Careful consideration has been given to those people currently receiving a service from Hurlfield View. SCC and SHSC have agreed to work in partnership to minimise the impact on service users and their family carers by ensuring that there is an alternative service (or services) identified which continue to meet their needs.

The City Council is providing dedicated staff to work with individuals and their family carers to ensure that alternative arrangements are identified.

This tender for services to replace those lost as a result of the closure of Hurlfield View does not detract from the agreed longer term plans to review all the day support and residential short term care provision during 2017. This will ensure that there is range of sustainable alternatives that can better meet people's individual and diverse needs and aspirations in the future. The specific proposals for the future model and design of these alternative plans will be subject to a wider programme of change and to a separate decision making process.

### **4.0 The Proposal - What is needed?**

- 4.1 Analysis of the current demand and usage of the residential care beds at Hurlfield View during 2015 shows that despite occupancy levels averaging at 90%, there were 192 individuals who used the service over this time and 83 people registered for the day support service. Some people attending on multiple days and 17 people used both the residential services as well as day services at the centre. Of the available day support places booked each week over 23% are unattended which means that the resources are committed to fund services that then go unused.

The current service supports only 5% of the population with a diagnosis of dementia. Our evidence also shows that for some people living with dementia the continuation and availability of this more traditional type of services does help them to continue live at home for longer and provides invaluable support for their family carers. However, for others because of their complex mental health needs/ behaviours and other physical health conditions, a more bespoke offer would be better suited. For example, more support for their carer at home or an alternative to a building-based service.

#### 4.2 **The Proposal – How will the need be met?**

In these proposals the investment currently supporting Hurlfield View will be used to facilitate a re-provision that will include short term care beds and a number of day care sessions. This will be based on current demand and usage and include options to review and reduce as necessary depending on actual demand and usage.

The tender will include;

- EMI residential short term care - 12 beds for short term/planned respite care available per week across the city
- EMI residential short term care for the provision of emergency/unplanned admissions – 4 beds available per week across the city
- Tender for day Support – for the provision of up to 120 sessions per week in year 1 with a reduction to up to 100 sessions per week in year 2. (Based on projected usage). Services will be available across the city not based wholly on one site or in one specific geographical location.
- In addition funding to be made available via the purchasing budget to ensure alternative support can be secured for those individuals who may need a more specific type or more intensive support short term support. The funding available is equivalent to the cost of 4 residential care beds per week.

These proposals will aim to:-

- Support significantly more people in the city by investing as promised in the development of new and innovative community based solutions which are provided at a more local level and new initiatives developed through the community partnerships in the People Keeping Well Programme.
- Continue to deliver the stated savings in the approved 2015 Leader report
- Support those people currently receiving a service.
- Provide more options for a bespoke offer to those who require more intensive short term support.
- Enable the closure of Hurlfield View as a resource centre by 1<sup>st</sup> April 2017, giving the potential in the longer term to generate additional income through a lease agreement for the use of the existing building or for the disposal of the whole site for a capital receipt.

## **5.0 HOW DOES THIS DECISION CONTRIBUTE?**

### **5.1** These proposals will ensure that:

- Sheffield will continue to be recognised for its commitment to supporting people with dementia and their families.
- The investment will be available to support more people with dementia in the city helping them to remain independent safe and well at home
- There will remain provision in bed based support and day services to support people with dementia both in the early stages and also those people with more intensive support needs,
- There will be no reduction in the current investment into services provided and the distribution of residential short term care beds and day support across the city will ensure services are more accessible to people in their local area.
- The future approach to services is more aligned to communities and one which helps keep people independent safe and well and the investment released for the development of a more innovative approach will provide opportunities for providers to be creative and innovative in providing a range of community based services.
- There are further opportunities for people with dementia and their carers to help shape the design and delivery model of support for the future.

## **6.0 HAS THERE BEEN ANY CONSULTATION?**

### **6.1** The proposals set out in this report do not deviate from the service provision which is currently in place and which was agreed by the leader in 2015, except that it is now proposed that Hurlfield View will close and alternative provision will be sourced.

In the previous report, reference was made to the extensive consultation of 2012 where discussions focused on the views, needs and experiences of people with dementia and their families in Sheffield as well as other key stakeholders, business and service providers<sup>5</sup>. The feedback from this exercise formed the basis for the development of the joint plans between the SCC and the CCG.

Since this time individual discussions have taken place with existing providers, user groups, carers, and other stakeholders including business and enterprises around the plans for change including plans for the development of new more innovative solutions for people living with dementia.

We have also engaged more recently with people from various groups and organisations and the key issues have remained broadly the same.

- A lack of alternative support and services, other than those based in a residential care setting there is little available more locally in community settings.
- The need for a more diverse range of services themed around social, leisure, hobbies and interest and activities that aim to promote general health and wellbeing.
- Limited support for younger people with dementia (those aged under 65) and for those people who have dementia and other or more complex health and social care needs.
- Services available outside normal working daytime hours, for example over a weekend or after 5pm.

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<sup>5</sup> [Dementia - Report on Feedback from Engagement and Involvement Exercise](#)

- 6.2 As a result of the early ending of the contract, a period of consultation was undertaken from the 26<sup>th</sup> October 2016 until the 10<sup>th</sup> November 2016, with current user and their carers around the proposals. People were offered the opportunity to complete a questionnaire by post, online or meet in person, there was also a helpline.

In total there were 50 responses to the consultation mainly family carers but also a few users. There was general disappointment about the proposed changes to the service, people felt they had built a connection with the staff and most valued the support they received.

- 6.3 The key themes arising were:

*Change* - Some said people with dementia find change difficult and need time to adjust, they asked questions about what would be provided as an alternative and emphasised the need for time for people to settle.

*Consistency of provision* – People wanted a similar service to be provided which included meals and transport. Family carers wanted to be sure they could still access support to enable them to take a break on the days that they currently have (although some said this was not as important).

*Relationships* – Family carers commented that they had built relationships with the staff and other users and wanted to make sure staff had other employment.

*Availability of provision* – most of the people who responded were happy about services being available in their local area, they saw this as a positive move. They wanted to have an option to buy additional services with their own funds from the same provider where possible. One of the main concerns from family carers was the availability of pre bookable beds to support them with a longer break or a holiday

*Venue and Activities* – most said they would like services which respected the person with dementia as an individual and that the service was provided in good quality accommodation with support tailored to the individual.

We asked people what specific support and help they think they would need to be available when the services end. Things that were of key importance were:

- Some would be happy with anything similar
- The location as important, with the service being provided locally and accessible by public transport. Although some people commented that the location is not important.
- It is important to get have the service on the same day at the same times e.g. between approximately 9-5. Although others said as long as they got the same support the day didn't matter. A couple requested a weekend service.
- Transport is an important key element of the service. However some indicated that they would be happy with transport provided just one way if it the service was more local.
- The continuity of support, qualified caring staff
- Meal provision

- Respite available to be booked in advance
- The cost - that it is affordable for them to purchase
- A service more able to support people who are younger and more physically able.

In general people were reassured that any alternative provision would be available and that people would get support from care managers/social workers in making alternative plans.

More specifically as a result the proposals now include the following which aim to mitigate some of the concerns raised by users and carers.

- A tender which includes day support in local areas, this will include meals and transport
- Access to pre bookable beds in more localised areas ( including sufficient funding to achieve this)
- Encouragement to providers who offer services to people who fund their own care
- Services available 7 days a week if required
- The residential service must be registered by the Care Quality Commission and the day service providers will require accommodation that is fit for purpose.

The exercise also highlighted that some carers need more support at this time. A number of carers have been referred to other services i.e. our community support service to help with arrangements for health appointments and benefit checks.

A full summary of the feedback is attached at Appendix A

## **7.0 RISK ANALYSIS AND IMPLICATIONS OF THE DECISION**

### **7.1 Equality of Opportunity Implications**

As a Public Authority, we have legal requirements under Section 149 and 158 of the Equality Act 2010. These are often collectively referred to as the 'general duties to promote equality'. To help us meet the general equality duties, we also have specific duties, as set out in the Equality Act 2010 (Specific Duties) Regulations 2011.

We have considered our obligations under this duty in this report and the Council is committed to ensuring that all citizens, particularly those who are most vulnerable, have access to the information and support they need to access services and make decisions about their lives. This is pursuant to those aims.

Notwithstanding our legal responsibilities under the Equality Act, we believe that it is critically important that we understand how the difficult decisions taken by the Council impact on different groups and communities within the city, and that we take action to

mitigate any negative impacts that might be highlighted.

Tackling inequality is crucial to increasing fairness and social cohesion, reducing health problems, improving wellbeing and helping people to have independence and control over their lives. It underpins all that we do.

The EIA is included at Appendix B to this report.

## 7.2 Financial and Commercial Implications

7.2.1 The proposed financial investment is set out below; this is aligned to the original 3 year plan discussed in the leader report of Feb 2015.

The financial commitment already agreed for 17/18 and 18/19 will be used to re-provide the services to ensure we can continue to provide the current levels of service and support those people currently receiving support.

The table below shows the difference between the original investment and the proposed investment plan.

Investment Commitments	Year 1 15/16 £000	Year 2 16/17 £000	Year 3 17/18 £000	Year 4* 18/19 £000	Reason for variance
Contract Commitment agreed 2015 (tapering to reflect planned reductions in day care activity)	1,238	1,164	964	964	
Actual contract costs with SHSCT	1,238	1,292	N/A	N/A	Year 2 additional payment to SHSCT for spot purchases
Budget for the reprovision of alternative services (start April 17/18)			980	928	Slight increase in cost in year 3 to ensure provision for all existing users (50 more day care places than anticipated)
Target for investment in alternative support (agreed 2015)		700	700	700	
Projected investment in alternative community-based support	320	375	450	450*	Reduction in investment to facilitate reprovision for existing user cohort and cover additional investment in 16/17 *Committed reoccurring investment year on year

\*Year 4 (full year)

The changes are due to a number of unexpected reasons:

- Additional contract costs in 16/17 as the provider was unable to work within the contractual envelope
- Volume of day services did not reduce by as much as anticipated
- The investment previously committed for new community based activities has been reduced. This is to ensure that there is sufficient provision for those people who will require day support from April 2017.

## 7.3

### Land and Property

Discussions regarding the building and associated land will involve the Communities

portfolio and property services as part of the exit plans.

## **8.0 Other Implications**

### **8.1 Human Resources**

The staff working for the service are all employed by the SHSC Trust. It is recognised the proposed changes may cause some concerns for individuals in the organisation. In the event of this, SHSC will be expected to work with their employees and Trade Union representatives to fully consult on any specific proposals that may affect their staff group.

It is anticipated that the services will be provided by a number of separate providers and organisations at various locations across the city.

It is therefore not expected that TUPE will apply. However, any consultation with regards to employment Terms and Conditions will be undertaken by the SHSC Trust who will seek advice from their legal representatives as required.

### **8.2 Legal Implications**

In line with the contract the City Council has given 6 month notice to SHSC to confirm the ending of the contract on the 31<sup>st</sup> March 2017. There has been a joint agreement by both parties to ensure the exit plans and arrangements aim to minimise the impact to users and carers.

In relation to the building and premises lease, Property services will make the necessary arrangements and implement the exit plans for the termination of the lease agreement and the plans for the hand back of the building at the end of March 2017.

## **9.0 ALTERNATIVE OPTIONS CONSIDERED**

### **9.1 Alternative Provision Proposals**

In making the recommendation a number of alternative options were considered:-

Continue with the current provision with SHSC:-

- SCC is not able to renegotiate the terms and conditions of the tendered service as this could potentially be subject to commercial challenge (e.g. by organisations that would have tendered for the service).
- SCC is not able to identify the level of additional funding above the available agreed costs in the budget for 2017/18. Any additional costs and payments would have a significant impact to the agreed savings targets and would reduce the investment to develop and build capacity in the community for people living with dementia.

Retender for all the services within Hurlfield View:-

- A tender was undertaken in 2015 with very limited response.
- The current service is limited to one building and is restrictive in terms of opportunities for people to stay/be supported locally which can bring additional problems in terms of transport if people have to travel long distances across the city both to attend and visit relatives.
- Creates a potential barrier if a provider only wants to operate one element of the service e.g. current day care providers who do not operate overnight facilities

Re tender using a different payment models:-

- Spot purchase – this would not mean guaranteed capacity in the market. As previously stated many providers will not reserve a bed for an advanced short term placement. Many smaller and locally based day care providers rely on some element of guaranteed income to continue renting premises and providing meals and activities.
- Develop a new specification and tender for a range of alternatives service:-  
The early exit of the contract at the end of March 2017 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 providing short term support for people with dementia.

## **10.0 REASONS FOR RECOMMENDATIONS**

10.1 The recommendations will:

- Ensure that there continues to be sufficient volumes of short term care and day support for the people who are assessed and eligible for support.
- Release investment for the development of new innovative community based solutions which are provided at a more local level and designed to keep people independent safe and well and connected to the place they live.
- Contribute to the agreed savings plan, whilst not reducing the volume of services provided.
- Create potential to generate additional income through a lease agreement for the use of the existing building or for the disposal of the whole site for capital receipt.

## Consultation on the proposed Changes to Dementia Services at Hurlfield View and Stocksbridge Results from Questionnaire

### Who Responded

25 people responded. 3 service users completed the survey themselves, the rest were completed by a family carer.

Responses came from people who use the following services:

Hurlfield View Day Support	18
Hurlfield View Respite Beds	13
Stocksbridge Day Support	7
People with other interests in the service	0

### What do you value most about the service?

- 13 people said they valued having company from other people to break the social isolation at home. People feel this is beneficial for their well-being (4) and also some people (3) felt it was helpful in alleviating their medical symptoms and preventing the progression of the dementia.
- 13 people also valued the support it provides to the family carer, for them to have some time to themselves to get jobs done or just have a break. It is felt that this service supports the family carer in their role and in turn supports the person to continue living independently at home.
- 7 people said they valued the stimulating activities offered as well.
- 6 people valued the staff
- 4 people said they valued:
  - the provision of hot meals
  - the consistency of the support
  - knowing when it would be
  - knowing the centre and staff. It was felt for some that without that reassurance they would not get the benefit from the respite as it would be too stressful.
- 3 or less people valued:
  - the transport provided and the transport staff
  - feeling safe
  - a nice clean environment
  - the location
  - having a change of scenery

*'These days [at the centre] have proved a life line - she has food, company, outings and since her attendance, her Alzheimer's, managed via additional medication has not progressed to any further level. She has become much more sociable and can interact in a positive way'*

## **What support and help needs to be available for you when arrangements at Hurlfield View and Stocksbridge come to an end?**

- 8 people said they would be happy with anything similar
- 6 said the location as important, with the service being provided locally and accessible by public transport. Although 2 people commented that the location is not important.
- 6 said it is important to get have the service on the same day at the same times e.g. between approximately 9-5. Although another person requested a weekend service.
- 6 said the transport was important to them although 2 of them indicated that they would be happy with transport provided just one way if it the service was more local.
- 5 said the continuity of support was important
- 3 said the hot home cooked meals and assurances around liquid intake were needed
- 3 said it needs to be bookable in advance
- 3 said qualified caring staff are important
- 2 said that price is important – that it is affordable for them to purchase
- 2 said they would like the service to cater for people who are younger and more physically able.
- The following were requested by one person each:
  - Stimulating activities
  - Ability to mix with similar people e.g. Pakistani
  - Just wants company
  - Weekend service
  - Bookable at short notice
  - Would like to be able to book more sessions.

## **Suggestions**

There was one suggestion that Hurlfield become a small rest home, so that when needed the transition to living somewhere that is already familiar would be easier.

One person would like information about what other services are available to be provided.

## Concerns

The main concerns (from 6 people) were around the emotional stress of changing to a new service and the uncertainty of not knowing what will be provided as yet. There are also concerns around the possible impact on service users and carers' health if there were any problems in sourcing new provision of adequate quality.

A small number of people (2) are concerned for the current staff with one person requesting that the same staff transfer to the new service. There were other concerns about being able to mix with similar people, where the new service will be, how much it will cost, and whether transport will be provided.

5 people responded that they were upset or angry by the proposal. They are concerned that money from the government to support people with dementia is not being spent where it should. Also that closing down such services is a false economy as if other adequate provision is not found it could lead to people being admitted to residential care.

Overall people expressed that they greatly value this service. It plays a very important part in the lives of those attending the service and family carers.

‘It’s the best thing my mum’s got, it keeps her stimulated’  
‘I would be a prisoner in my own home without it’

## Equalities Monitoring

The majority of respondents were White British, one was Pakistani, and one was mixed /dual heritage.

### Equality Monitoring

White British	19
Pakistani	1
Mixed/dual heritage	1
No answer	4

### Religion

Christianity	12
Muslim	1
No religion	7
No answer	5

### Gender

Female	12
Male	9
No answer	4

### Sexual Orientation

Bisexual	1
Heterosexual	17
Not answered	1

### Age

40-64	4
65-80	7
80+	9
No answer	5

# **Consultation on the proposed Changes to Dementia Services at Hurlfield View and Stocksbridge**

## **Summary and feedback from meetings**

**Wednesday 26<sup>th</sup> October – Hurlfield View**

### **Attendees**

- 1 SCC funded (relative)
- 1 Private funded (relative)

### **What works well?**

- Location (my relative is in S13)
- The routine, my relative likes the routine
- It's invaluable – I get a break from caring. I also get regular respite stays which helps me, I'm not too well myself and my daughter has ill health so it's difficult.
- Transport. They pick my relative up and drop her off.
- Good for the carer – a break from caring and something tailored to the individual, activities rather than sat watching TV.

### **What are your main concerns?**

- The change, but I feel a little better now I know it will be provided but I'd like to know where this will be. My wife likes the routine so will need time to get used to the change.

### **What do you think needs to be available?**

- Similar type of support, with meals and transport
- It's important that there are things to do, activities and such like.

### **Specific requests**

- Information about carer assessments
- Information for self-funders. Often you feel disadvantaged because you pay for your own care.
- Information about other services available for the carer

## **Thursday 27<sup>th</sup> October – Stocksbridge**

1 SCC funded (husband of user)

### **What works well?**

- We've not been using it that long and it works well for me.
- Whilst my wife's at day care I use the time to get things done, house chores, shopping and other things that need doing. I'm also trying to keep up with the things that I like to do, the garden and I'm a volunteer. I think this helps me to carry on caring.

### **What are your main concerns?**

- I'm worried that there will be no service to go to and worried about how we would cope.

### **What do you think needs to be available?**

- The same sort of thing, its works for us at the minute and she enjoys the day out and I get time to do the things I need to get done.

### **Specific Requests**

- Help for the carer around keeping themselves well, help to access routine health services for example hearing tests etc.

## **28.10.16, Hurlfield View Consultation**

### **Attendees**

Relative (partly private funded)

4 SCC funded (relatives)

Relative (private fee payer)

### **What are your main concerns?**

There was a lot of questions about what the building would be used for and frustration about why this had happened.

- How the services will be provided what will happen to the building?
- What will happen to the staff?
- Why Grenoside Grange was being offered when this was so far away?
- What happens to self-funders does the building have to close why can someone else run it?

**What do you think needs to be available?**

- If this has to go then the same level of support, same day and regular respite.
- Ongoing support for the carer, regular etc.

**Monday 31<sup>st</sup> October – Hurlfield View****Attendees**

1 User

7 Relatives SCC funded

2 Relatives (Private Funded)

2 members of staff Alzheimer's Society

**What are your main concerns?**

- In general people felt disappointed that the services would end.
- In particular their concerns were about where the services would be provided from and worried that the service would not be as good as what is provided now?
- What would happen to the building and the staff? They wondered if this could carry on with another provider.

**What do you think needs to be available?**

- Same level of support and beds that was pre-bookable.
- People had very specific questions about their own circumstances
- This was about the level of support that they needed and how they would be supported to find an alternative.
- People responded saying they felt a little more reassured after they had the facts and that there would be alternative services. They had feared that this was all being taken away.

## **Tuesday 1<sup>st</sup> November - Stocksbridge**

### **Attendees**

1 Relative SCC funded

### **What are your main concerns?**

- Came to find out what this would mean, concerned that there would be no service and that they would not be able to cope without a regular break.
- Felt reassured that there would be another service offered and even that this may be a little closer to home.

### **What do you think needs to be available?**

- The same thing, somewhere to go and for the person (both people) to get a break.
- My wife really enjoyed the whole day there so this is important to me but it's important they do things whilst they're there. She gets bored so needs something to do.

### **In Summary, Our Responses.**

- People felt disappointed, some angry that things had to change and felt that the services were good and provided invaluable support for carers. They had a good relationship with the centre and valued the staff and the service.
- There were concerns about what will be provided and where this will be.
- We explained that people would be reassessed/reviewed and supported to find the alternatives. Some wanted to sort this sooner rather.
- We were able to provide responses to specific answers and explained the plans for reprovision.
- People felt a little more reassured from talking to us and were reassured that they would continue to get support but were still anxious about where this will be.
- Some felt less worried knowing that we were working on plans and that support would be provided.
- We were also able to signpost a number of carers towards other support e.g. community support service.

# Sheffield City Council

## Equality Impact Assessment



[Guidance for completing this form is available on the intranet](#)

Help is also available by selecting the grey area and pressing the F1 key

**Name of policy/project/decision:** Hurlfield View - Reprovision of Services to Support People with Dementia

**Status of policy/project/decision:** New

**Name of person(s) writing EIA:** Sharon Marriott

**Date:** 22<sup>nd</sup> August 2016

**Service:** Communities Commissioning

**Portfolio:** Communities

**What are the brief aims of the policy/project/decision?** To re procure the services currently provided by the Sheffield Health and Social Care Trust (SHSC) at Hurlfield View. The reinvestment of the current investment will also enable the development of the other alternative support for people.

Hurlfield View currently provides 20 beds for short term planned and unplanned residential respite care, there are no permanent residents. In addition there are 160 day support sessions available each week, which includes provision at a small satellite facility in the district of Stocksbridge.

The day service provides a range of social activities in a group setting aimed to help people maintain their social interests and help improve their general wellbeing so they are more able to continue to live at home for longer.

The services are accessed via a referral from the Councils assessment process or by another health or social care professional. The day service also supports some people who purchase services direct from the provider under a private arrangement. These people fund the service from their own money.

SHSC have stated that from April 2017 it is no longer possible for them to continue to provide the services at Hurlfield View within the agreed budget. It is therefore being recommended that the current investment in Hurlfield View will be used to facilitate a re-provision of short term care beds and a number of day care sessions based on current demand and usage.

**Are there any potential Council staffing implications, include workforce diversity?** No the current services are provided under contract by the SHSC Trust.

Under the [Public Sector Equality Duty](#), we have to pay due regard to: "Eliminate discrimination, harassment and victimisation, advance equality of opportunity and foster good relations." [More information is available on the council website](#)

Areas of possible impact	Impact	Impact level	Explanation and evidence (Details of data, reports, feedback or consultations. This should be proportionate to the impact.)
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Areas of possible impact	Impact	Impact level	Explanation and evidence (Details of data, reports, feedback or consultations. This should be proportionate to the impact.)
<b>Age</b>	Neutral	Medium	<p>This service is predominantly provided to people over the the age of 65 therefore there will be an impact on this group. The reprovision plans will not result in a reduction in the level of service they currently receive although the service will be delivered from a number of locations across the city rather than based in one location. This ensure that people can continue to access support to help them remain at home for as long as possible. The procurement will seek to ensure that the service quality is maintained and therefore there should be no discernable impact to those who are using the service and those people who are eligible to receive support in the future. Should there be some people identified who are not eligbile or are no longer eligible to receive support the city council will provide support, information and sign post them to organsiations who provide support on a voluntary basis or under a private arrangement.</p> <p>Consultation feedback on dementia services in Sheffield highlights that there is limited support for younger people with dementia (those under 65 years of age) - the reprovision will help address this.</p>
<b>Disability</b>	Positive	Low	<p>The provision is for people with Dementia.</p> <p>These proposals will:-</p> <ul style="list-style-type: none"> <li>- Support significantly more people in the city by investing as promised in the development of new and innovative community based solutions which are provided at a more local level through the community partnerships in the People Keeping Well Programme.</li> <li>- Support those people currently receiving a service</li> <li>- Provide more options for a bespoke offer to those with more complex social care needs</li> </ul> <p>Careful consideration has been given to those people currently receiving a service from Hurlfield View and SCC and SHSC have agreed to work in partnership to minimise the impact service users and their family carers by ensuring there is an alternative service identified which can continue to meet their needs.</p> <p>There will be a planned communication strategy with the current users of the services and their family carers and individuals.</p> <p>The City Council will provide dedicated resources to work with those individuals and their family carers to ensure that alternative arrangements are identified for those people who will require on-going support. The reprovision of services will ensure that the provider/s and the premises and venues they use are also suitable to meet the needs of people with physical disabilities, sensory impairments, learning disabilities and mental health problems.</p> <p>This procurement process will ensure that the needs</p>

<b>Areas of possible impact</b>	<b>Impact</b>	<b>Impact level</b>	<b>Explanation and evidence (Details of data, reports, feedback or consultations. This should be proportionate to the impact.)</b>
			<p>of people with disabilities are met and will be monitored as part of routine monitoring arrangements.</p> <p>There was extensive consultation in 2012 on the future of dementia services. The feedback from this exercise formed the basis for the development of the joint plans between the SCC and the CCG. Since this time individual discussions have taken place with existing providers, user groups, carers, and other stakeholders including business and enterprises around the plans for change including plans the development of new more innovative solutions for people living with dementia. The key issues have remained broadly the same, and this reprovion will continue to address these issues. One of the issues was that there was limited services available for those people who have dementia and other or more complex health and social care needs - the reprovion will help address this.</p>
<b>Pregnancy/maternity</b>	Neutral	Low	No disproportionate impacts are anticipated
<b>Race</b>	Neutral	Low	<p>The organisation/s providing the services will be required to ensure that the needs of BME users are taken account of and met. Any equalities issues will be monitored as part of the performance monitoring of the services and as there are to be no visible service changes to users as a result of the re procurement. The procurement process will ensure race equality related issues are specifically addressed. For example, providers are required to ensure that services are culturally appropriate and that needs relating to race and to strive to match the ethnicity of their workforce to the ethnicity of their customers.</p>
<b>Religion/belief</b>	Neutral	Low	<p>The provider/s will be required to ensure the beliefs of users are taken account of and met. Any issues relating to this will be monitored as part of the performance monitoring of the service therefore there it is not anticipated there will be any impact in this area. The procurement process will ensure faith equality related issues are specifically addressed.</p>
<b>Sex</b>	Neutral	Medium	<p>As there are older women than men living in the city there are proportionately more women currently with a diagnosis of dementia. In addition, the recent carers' strategy noted that most of the caring is done by women. The reprovion will seek to ensure that the services continue to support those caring for a family member or relative with dementia.</p>
<b>Sexual orientation</b>	Neutral	Low	<p>This should not affect any LGB people using the service so noticable changes from a funded resident perspective.</p> <p>The City Council will provide dedicated resources to work with those individuals and their family carers to ensure that alternative arrangements are identified for those people who will require on-going support. We will ensure that there is a consideration of LGBT</p>

<b>Areas of possible impact</b>	<b>Impact</b>	<b>Impact level</b>	<b>Explanation and evidence (Details of data, reports, feedback or consultations. This should be proportionate to the impact.)</b>
			<p>issues as part of this. National research shows that LGBT people do not always have positive experiences of health and social care services. If LGBT clients use Hurlfield View (and are happy with the current service), they or their carers may have concerns about how welcoming and inclusive alternative provision may be for LGBT people, particularly if they have 'come out' in the context of the current provision and would have to do this again if they moved.</p> <p>The procurement process will ensure sexual orientation equality related issues are specifically addressed</p>
<b>Transgender</b>	Neutral	Low	<p>This should not affect any transgender person currently using the services as although they will still receive an equivalent service there will be discernible/visible changes.</p> <p>See above about support for any existing clients.</p> <p>The procurement process will ensure equality issues for trans people are specifically addressed.</p>
<b>Carers</b>	Neutral	High	<p>The City Council will provide dedicated resources to work with those individuals and their family carers to ensure that alternative arrangements are identified for those people who will require on-going support.</p> <p>These services should have a positive affect on the carers of those people using the services will be available more locally and therefore it is anticipated that this will make it easier for carers who wish to visit their relatives who are in short term care.</p>
<b>Voluntary, community &amp; faith sector</b>	Neutral	Medium	<p>The current provider of the scheme is a NHS organisation. The procurement of the services from April 2017 will be through a competitive tender which will offer an opportunity for the VC&amp; F sector</p>
<b>Financial inclusion, poverty, social justice:</b>	Neutral	Medium	<p>The re procurement will ensure that value for money is achieved. There should be no other adverse impacts in this area</p>
<b>Cohesion:</b>	Positive	Low	<p>There should be no adverse impacts in this area. Although the service is currently provided by an NHS organisation they are already expected to ensure there is community engagement. The re procurement will continue community development and the service will eventually be re modelled and provided within or closer to peoples community</p>
<b>Other/additional: Self funders</b>	Negative	Medium	<p>SHSC currently provide day services also supports a number of people who purchase services direct from the provider under a private arrangement. These people fund the service from their own money. Careful consideration has been given to those people currently receiving a service from Hurlfield View and SCC and SHSC have agreed to work in partnership to minimise the impact service users and their family carers by ensuring there is an alternative service identified which can continue to meet their needs.</p>

**Overall summary of possible impact (to be used on EMT, cabinet reports etc.):**  
**As a result of an early exit from the contract by the current provider, this is a reprovision of services of the Short Term Residential Care and Day Support services currently provided by the Sheffield Health and Social Care Foundation Trust (SHSC) at the Hurlfield View Resource Centre. It also confirms the intention agreed by the Leader on 3rd February 2015 to release funding for the development and investment in a range of new community dementia services to support more people in their local area with a range of options including short term care and day care as well as a range of lower level post diagnostic support services. These proposals do not deviate from the service provision which is currently in place and which was agreed by the leader in 2015 except that as a result of the change Hurlfield View will close and the provision will be sourced more locally.**

If you have identified significant change, med or high negative outcomes or for example the impact is on specialist provision relating to the groups above, or there is cumulative impact you **must** complete the action plan.

**Review date:**

**Q Tier Ref**

**Reference number:** 1002

**Entered on Qtier:** -Select-

**Action plan needed:** Yes

**Approved (Lead Manager):** Joanne Knight **Date:** 01.09.16

**Approved (EIA Lead person for Portfolio):** Liz Tooke **Date:** 20.10.16

**Does the proposal/ decision impact on or relate to specialist provision:** yes

**Risk rating:** Medium

# Action plan

Area of impact	Action and mitigation	Lead, timescale and how it will be monitored/reviewed
All groups	To minimise the impact to all groups the reprovision plans have been developed to ensure that the changes will not result in a reduction in the level of service currently being delivered. Services will be delivered from a number of locations across the city rather than based in one location. This ensures that people can continue to access support to help them remain at home for as long as possible.	Sharon Marriott/Joanne Knight This will be a robust monitoring plan developed and this will be monitored as part of the routine quality performance processes. In addition the services will be subject to regular reviews throughout the term of the contracts. This will include ensuring all relevant protected characteristics are considered – e.g. gender, race, sexual orientation, religion and belief, as well as age / disability.
Other	Self-Funders As part of the reprovision of the service, the impact on self-funders will be considered and those users who are receiving a service under a private arrangement will be offered support and signposted to other services that are able to meet their individual needs.	Sharon Marriott There will be dedicated support for all users irrespective of their funding status.  This will be monitored as part of the implementation of the reprovision of the services.

**Approved (Lead Manager): Joanne Knight Date: 01/09/16**

**Approved (EIA Lead Officer for Portfolio): Liz Tooke Date: 20.10.16**