Agenda Item 11



Author/Lead Officer of Report: Deborah Willoughby – Commissioning Officer

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Report of:	Executive Director of People Portfolio		
Report to:	Co-operative Executive		
Date of Decision:	21/07/2021		
Subject:	Update Report - Procurement of Daytime Opportunities for people living with Dementia		
Is this a Key Decision? If Yes, re-	ason Key Decision:- Yes x No		
- Expenditure and/or saving	gs over £500,000 x		
- Affects 2 or more Wards	х		
Which Executive Member Portfolio does this relate to? Health and Social Care Which Scrutiny and Policy Development Committee does this relate to? Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee			
Has an Equality Impact Assessm If YES, what EIA reference numb			
Does the report contain confidential or exempt information? Yes No x If YES, give details as to whether the exemption applies to the full report / part of the report and/or appendices and complete below:- "Appendix is not for publication because it contains exempt information under Paragraph (insert relevant paragraph number) of Schedule 12A of the Local Government Act 1972 (as amended)."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:			
To seek approval to implement the original decision to procure and award a			

number of contracts in relation to daytime opportunities for people living with

not implemented and the original tender was abandonded.

Approval was previously given at Cabinet on 18th December 2019 however due to the impact of COVID-19 on the operation of existing daytime opportunities this was

dementia as described in this report.

As the original decision was more than 12 months old, this report is a refresh taking into account the impacts of COVID and a request to proceed as per the original decision.

Recommendations:

It is recommended that the Co-operative Executive:-

- 1) Approve the implementation of the original procurement of daytime opportunities for people with dementia as outlined in this report and as per the original cabinet report of 18/12/2019.
- 2) Delegates authority to the Director of Health and Adult Social Care in consultation with the Director of Legal and Governance, the Director of Finance and Commercial Services and the lead Executive Member for Health and Social Care to:
 - Take any further decisions necessary, not covered by existing delegations, to achieve the aims, outcomes and objectives of this report.
- 3) Notes that the purpose of this report is to provide an update and to ensure the Co-operative Executive have all of the information available to them, this report contains similar detail to the original report that was approved in December 2019. However, this new report also contains new information for example updated and current data, details around the impact of Covid-19 and updated timelines.
- 4) Notes that since the original report was approved in December 2019, the Dementia Strategy was approved by Cabinet in December 2019.

Background Papers:

Lead Officer to complete:-			
in respect of any relevant imp	I have consulted the relevant departments in respect of any relevant implications indicated on the Statutory and Council	Finance: Ann Hardy	
	Policy Checklist, and comments have been incorporated / additional forms	Legal: Gemma Day	
	completed / EIA completed, where required.	Equalities: Ed Sexton	
	Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.		
2	EMT member who approved submission:	John Macilwraith	

3	Executive Member consulted:	George Lindars-Hammond		
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: Deborah Willoughby	Job Title: Commissioning Officer		
Date: 6 th July 2021				

1. PROPOSAL

Update

1.1 The procurement of the Daytime Opportunities contract for people living with Dementia was previously given approval at Cabinet on 18th December 2019. The tender was issued however, prior to the tender being awarded the tender had to be abandonded to give the Council time to assess any potential impact of COVID-19 on the operation of such daytime opportunities and to decide if the specification needed to be updated to ensure that the services were fit for purpose.

It has now been decided that the specification will still work as originally proposed with an amendment to include if a situation such as Covid arises in the future.

As the original decision was more than 12 months old, this report is a refresh of the original report, updating the data, taking into account the impact of COVID and requesting agreement to proceed as outlined in this report and in line with the original procurement.

Strategic Context

- 1.2 Dementia is a broad term used to describe a range of progressive neurological disorders. These disorders are characterised by a range of symptoms including memory loss, mood changes, and problems with communication and reasoning.
- 1.3 The total number of people estimated to be living with dementia in the city is in excess of seven thousand. This equates to 1.21% of the population which is slightly lower than the national average of 1.3%.¹
- 1.4 Although the vast majority of people living with dementia are older people over the age of 65, there are approximately 130 people in Sheffield with young onset dementia which can be more progressive and brings with it different issues and challenges. Many of these people are living in family units often with partners and sometimes with young families.
- 1.5 Dementia remains a key priority for the Sheffield City Council (the "Council") and the Sheffield Clinical Commissioning Group ("SCCG") and together in partnership with other organisations we have been working on a number of initiatives to transform a range of services across the City to help support all people living with dementia and their family carers.
- 1.6 Following the Department of Health's launch in 2015 of the 'Prime Minister's 2020 Challenge on Dementia', the public, voluntary, community and private sector organisations across Sheffield have worked together to improve the care and support for people of all ages living with or caring for those living with dementia to enable them to live life to their full potential. One of the outcomes of this work was the development of a Sheffield Dementia Strategy (the "Strategy").
- 1.7 The Strategy was developed over a 12 month period with robust co-production, discussion, debate and consultation with a significant number of stakeholders across

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¹ Sheffield JSNA

- the city with particular emphasis on inclusion of people with dementia and their families at every stage.
- 1.8 The Strategy is made up of 13 commitments which the public, private and voluntary sector have agreed to deliver on and this proposal will support the delivery of a number of the commitments in particular the following:-
 - Commitment 4 For people with dementia, support in Sheffield will be more personalised, local and accessible to help people to remain independent for as long as possible.
 - Commitment 5 We will provide high quality support to families and carers of people with dementia in Sheffield to help people with dementia maintain their independence for as long as possible.
 - Commitment 10 Care and support services will take account of the needs of people with dementia.

Current Day Support

1.9 Currently there are a number of daytime opportunities for people living with dementia which also supports their families. Some of these are funded by the Council and SCCG, others are totally independent. Some have been in place for many years with old outdated specifications; others have been developed and tendered for more recently to replace centres which have closed.

Description of current services in scope for re-procurement Personalised daytime opportunities (approx 5 hour per day) to support Dementia Day Care adults of all ages with dementia to continue to remain independent for over 65's within their community and provide them with meaningful activities Provide a break for the family carer and support them in their caring roles Dementia Dav Traditionally (but not always) those using a self-referral route will not Activities for under have significant planned care needs although incidental care will be 65's & Selfprovided when needed. Those referred via the Council will need to Referrals have been assessed as having a care need.

- 1.10 There are a number of other jointly funded community dementia support services that are outside the scope of this contract and which the new services are expected to work in partnership with. These services are described in the community dementia commissioning plan 2021-2027 and the co-operative executive report titled Commissioning and Procurement of Community Dementia Support.
- 1.11 Before Covid-19 the number of people attending day opportunities has been mixed with reducing numbers in the day care and increasing numbers in day activities all of which had waiting lists. It is anticipated that joining both in one procurement will improve the offer and availability and ensure supply meets demand.
- 1.12 Historically there has always been a separation between the care and non-care support available. In this context 'care' means some element of personal care, for example support with eating and drinking or prompts to support continence management. Services have staffed their day support accordingly which can lead to the possibility of people needing to move from one day support provider to another when their needs change.

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1.13 A commissioning review of the day opportunities has taken place; the aim of this was to find a way to integrate the proposals for day care and day activities, whilst also integrating them across health and social care. The proposal described below aims to deliver a more responsive service which responds to people's needs at the time and minimises where possible the need to transfer services.

Impact of Covd-19

- 1.14 The procurement of dementia day opportunities that had been approved by Cabinet on 19/12/2019 had gone out to tender, but during the provcurement process the Covid-19 pandemic struck. The tender process was initially put on hold for 6 months as it wasn't clear at that point what the impact of Covid would be.
- 1.15 In August 2020 an options appraisal was completed which recommended that the current contracts be extended to September 2021 to enable further work to take place about what type of support would be needed for the future, with a new Tender to begin in April 2021. Theses dates have been slightly delayed to ensure that there is time available for mobilsation. Contract extensions have been issued to all current providers for this interm period via a decision taken in accordance with the Leaders Scheme of Delegation.
- 1.16 At the same time, existing services were forced to adapt, they acted quickly and creatively to continue supporting individuals with dementia even through several lockdowns and imposed social distancing restrictions.
- 1.17 Providers had to change the way they delivered services as not all face-to-face building based services could continue. This saw some services move to on-line, via telephone and doorstep delivery of activity packs as well as vital support with food and medicine deliveries.

Future Plans

- 1.18 Since the abandonment of the previous tender the service requirements have been reworked in consultation with service users and with feedback from providers to better suit the needs of the city both during and post covid.
- 1.19 There is no intention to reduce the current level of funding available for this procurement but instead to improve the effectiveness using an integrated approach and enhance the offer by re-specifying what the service should look like and robustly monitoring the outcomes which need to be achieved.
- 1.20 As before, it is proposed that the Council will lead the procurement on behalf of both the Council & SCCG and by combining what previously was two contracts (day activities and day care) into one contract (day opportunities) multiple providers will be able to bid for either one element or all elements depending on the service they are able to offer.
- 1.21 The timeline for the procurement will be as follows:-

Activity	Date
Scheme of Delegation Approval	21/07/2021
Contract Notice/ITT Issued	02/08/2021-13/09/2021

Evaluation	Week commencing 20/09/2021
Preferred Bidder	04/10/2021
Standstill	04/10/2021-14/10/2021
Award	31/10/2021
Contract Start	01/02/2022

2. HOW DOES THIS DECISION CONTRIBUTE?

- 2.1 The development of the daytime opportunities model will contribute in the following ways:
 - To develop Sheffield as a healthy and successful city Dementia specific
 activities are key to delivering on the recently developed dementia strategy and
 will enhance the lives of those both living with dementia and their families.
 - Increase Health and Wellbeing Being allowed the opportunity to contribute, give and learn affords people the chance of better health and wellbeing. ² The provision of a stimulating environment and supportive opportunities should afford individuals with dementia the same opportunity and give carers the break needed to continue with their caring role.
 - Provide adults with the help, support and care they need and feel is right for them
 The model of support is based around the consultation and evidence based practice therefore will offer the right sort of support at the right time.
- 2.2 As stated in section 1.7 this proposal has a key link to the Sheffield Dementia Strategy and will assist in delivering a number of the commitments.
- 2.3 As well as responding to the voice of people living with dementia and their carers this proposal also assists the council to meet its statutory duties under the Care Act 2014 in the following ways: -
- 2.3.1 *The Care Act 2014 (Sections 42-47-* safeguarding from the 6 key principles)
 - Prevention From the basis that it is better to take action before harm occurs
 - Partnership Local solutions through services working with their communities.
 These communities have a part to play in preventing, detecting and reporting neglect and abuse
- 2.3.2 **The Care Act 2014 (Section 2)** The requirement to provide or arrange services that help prevent people developing needs for care and support or delay people deteriorating such that they would need ongoing care and support and take account of:-
 - What services, facilities and resources are already available in the area (for example local voluntary and community groups), and how these might help local people
 - Identifying people in the local area who might have care and support needs

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² New Economics Foundation - Five Ways to Wellbeing 2008

2.3.3 The Care Act 2014 (Section 4) provide information on:

- What types of care and support are available e.g. specialised dementia care, befriending services, reablement, personal assistance, residential care etc.
- The range of care and support services available to local people, i.e. what local providers offer certain types of services
- 2. 4 It supports and links to the principles of the draft **Adult Health and Social Care Strategic Plan (2021 2030),** in particular the models of care by delivering:
 Resilient Communities and Universal Services
 Supporting people to live a fulfilling life at home, connected to the community and resources around them, and provide care and support when needed
- 2.5 In particular it has a strong link to and supports the proposals to develop the new **Local Area Committees** and will assist in delivering some of the key aims of the Committees by:
 - Engaging, empowering, enabling and seeking the active participation of all residents and community organisations on a topic of local interest
 - Actively utilising all available communication methods, including social media, improved local websites and blogs and where possible the use of virtual meeting technology
 - Providing a geographical framework that prioritises and directs the local delivery of services
 - Contributing to the production of a co-produced annual Area Committee Plan, with strong commitment to delivery from Council services and partner organisations, which reflect resident priorities
 - Providing plans which have ambitious but achievable improvement targets that have been agreed with the community, feeding into, and influencing the strategic plans of the Council
 - Demonstrating work with local partners and stakeholders to ensure services are joined up and operating effectively in line with the needs of local communities
 - Involving key partnership with local Voluntary, Community and Faith Sector organisations to ensure greater efficiency of resources, improved services, and a stronger local voice.

2.6 It supports the **Sheffield City Council People Portfolio Strategic Objectives 2021- 22**

- Increase equality, resilience and inclusion
- Thriving communities where people like to live
- People are and feel safe
- People are independent and can achieve their potential
- People are healthier and happier

3. HAS THERE BEEN ANY CONSULTATION?

- 3.1 There has been a several consultation activities over recent years and months, and the evidence of which has informed this proposal.
- 3.2 General consultation on the dementia strategy by the Council and SCCG (2018/19)

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- and by other independent organisations such as Healthwatch³ and Shindig⁴ and a small scale consultation exercise in 2021.
- 3.3 Between August and September 2019 Consultation exercises with people living with dementia and their family carers, and professionals working with people living with dementia, specific to the day opportunities, have been undertaken using different consultation approaches including, meetings, online questionnaires, paper questionnaires and were supported by, SHINDIG, current providers and Health watch.
- 3.4 February 2021 A Soft Market Test was undertaken to obtain the views of potential providers to inform our view towards the market to get an understanding of the impact of Covid-19 on the delivery of day activities before a formal tender opportunity.

3.5 Changes & Impact of Covid-19:

- Covid-19 has shown it was important for carers to have a break from their caring role and people living with dementia to have their own opportunities to engage with others and build relationships
- Technology for example the use of online engagement opportunities could enhance services and be more beneficial at the early stages, but also a barrier for those who cannot participate due to accessibility; remote activities only utilised as a temporary measure.
- If further restrictions are imposed, services can be delivered safely without affecting the level of support, but more staff/volunteers needed, and staff trained in best practice i.e., PPE, Social distancing, etc.
- 3.6 All the above have been taken account of when planning the model.

4. RISK ANALYSIS AND IMPLICATIONS OF THE DECISION

4.1 Equality of Opportunity Implications

- 4.1.1 In Sheffield, there are currently an estimated 7,000 people living with dementia in the city, of which approximately 4,000 have a formal diagnosis. The number of people living with dementia in Sheffield is expected to rise to 8,000 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 Studies have shown that people living with dementia have been among those most impacted by the Coronavirus pandemic. In July 2020, an Alzheimer's Society survey found that since the start of Lockdown 1 in March 2020 for people living with dementia:
 - 76% had seen a deterioration in their dementia
 - 36% had lost confidence in going out and carrying out daily tasks
 - 46% felt it had impacted on their mental health
 - 35% felt more lonely

4.1.3 For people living with dementia, the most common symptoms reported as having

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³ Sheffield Healthwatch 'Sheffield Dementia Voices: What we already know' 2018

⁴ Sheffield Shindig 'What care and support is needed to live well with dementia...' 2018

increased were difficulty concentrating (48%), memory loss (47%), and agitation / restlessness (45%). The longer the pandemic continues, these figures are likely to increase. This highlights the clear benefits to people's physical and mental health of being able to be part of their local community.

- 4.1.4 In November 2020, Carers UK released research into carers' experiences during the COVID-19 pandemic which showed that "More than three quarters (78%) of carers reported that the needs of the person they care for have increased recently."
- 4.1.5 An equality impact assessment has been undertaken and there are no adverse effects as a result of thisproposal.

4.2 Financial and Commercial Implications

- 4.2.1 The expectation of this proposal is that the current arrangements will be brought in line with commercial requirements and that there will be further effectiveness and efficiency as a result of joining the procurement and investment across both the Council and SCCG.
- 4.2.2 The total investment for this procurement will be in the range of £500,000 £700,000 per annum which is in line with the current budget.
- 4.2.3 A waiver for a further extension has been granted to continue with the current contracts to 30th January 2021 with new contracts to start with an effective date of 1st February 2022 and will be for a period of 5 years and 2 months and follow an open tender process.
- 4.2.4 The procurement is being undertaken in line with advice and guidance from Commercial Services and will meet all legal commercial requirements.
- 4.2.5 TUPE may apply but this will form part of the negotiations between outgoing and incoming providers.

4.3 **Legal Implications**

- 4.3.1 The Council has a number of powers and duties that are relevant to the provision of the services proposed in this report:
 - a) Section 75 of the National Health Service Act 2006 and National Health Service Bodies and Local Authorities Partnership Regulations 2000 allows local authorities and specified NHS bodies to work jointly including having pooled budget arrangements and undertaking commissioning on each other's behalf.
 - b) The Care Act 2014 provides the legal framework for adult social care and places a duty on councils to promote individuals wellbeing. Under the Care Act, councils must support and promote the wellbeing and independence of working age disabled adults and older people, and their carers; provisions of the Care Act 2014 include:
 - Section 1, Promoting individual well-being.
 - Section 2, Preventing needs for care and support.
 - Section 3, Promoting integration of care and support with health services etc.

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- Section 18, Duty to meet needs for care and support.
- Section 20, Duty and power to meet a carer's needs for support.

The proposed service will contribute to the fulfilment of these duties.

- 4.3.2 The proposed contract outlined in this report has a value in excess of the threshold for contracts for services in accordance with the Public Contracts Regulations 2015 (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.
- 4.3.3 The procurement process outlined above, which also complies with the Council's Contract Standing Orders, should ensure the Council fulfils these legal obligations.
- 4.3.4 If there is a change in service provider this will have an impact on the staff providing the service and TUPE may apply. This will be drawn to the bidder's attention so that they can consider the potential impact of TUPE and current providers will be required to share information as appropriate in accordance with their existing contracts and the TUPE legislation.
- 4.3.5 As outlined in this report and the original report of December 2019, the Council will be procuring providers via a compliant tender process, in doing so there may be a combination of day activity and day care services under one contract with various providers. The Council will ensure that any charging for these services will be in accordance with all relevant legislation and policies.

5. ALTERNATIVE OPTIONS CONSIDERED

5.1 *Alternative option 1* - Extend the contract with the current providers.

This option would not meet the council's procurement requirements and would lead to the continuation of a fragmented service design.

5.2 *Alternative option 2 -* Do not Procure.

The Sheffield Dementia Strategy recognises the need to support people in different ways and offer people living with dementia the opportunity to live fulfilling lives, the contracts for all these services expire at end January 2022 and there would be no alternative if we did not procure.

5.3 *Alternative option 3* - Provide the service in house.

Day opportunities for people with dementia is currently provided by the voluntary sector in all but one of the contracts. Bringing this in house would not be in keeping with the Council and SCCGs aim to develop and maintain a thriving voluntary sector. The delivery of day opportunities in house will also increase the funding require or would mean a reduction in service to meet the price difference.

6. REASONS FOR RECOMMENDATIONS

6.1 These proposals will ensure that:

- People living with dementia are able to enjoy life, forge meaningful relationships and feel they have a purpose.
- Daytime opportunities actively contribute to a more fulfilling rewarding life that maintains good health and well-being and help prevents 'decline'.
- Support is aimed at families so individuals are able to remain at home for as long as possible but carers are also able to take a break from their caring role and improve their own health and wellbeing.
- Daytime opportunities are person centred, tailored towards the individual, their preferences and their support needs.
- There will be improved access through more locally based provision and the support will be able to adapt to changing need.
- There will be improved collaboration across health and social care which will achieve better outcomes for people and increase value for money across the system.
- It will meet with legislation, guidance and operational requirements.