



Author/Lead Officer of Report:

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Tel: 0114 205 7142

Report of:

Executive Director of People Services

Report to:

Co-operative Executive

Date of Decision:

21st July 2021

Subject:

Commissioning and Procurement of Community Dementia Support

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 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 Assessment (EIA) been undertaken?

Yes ☒ No ☐

If YES, what EIA reference number has it been given? 617

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: -
n/a

Purpose of Report:

The purpose of the report is to seek Co-operative Executive approval for the Community Dementia Commissioning Plan for 2021-2027, the implementation of this Plan and the procurement and award of i) a contract; and ii) three grants.

This includes:

- The tendering for and award of a contract for the Dementia Specialist Advice Service which:
 - provides advice and training for professionals and volunteers supporting people living with dementia and their carers
 - fills a gap to provide a single point of access into local community dementia support for people living with dementia and their carers
- The award of grants to:
 - People Keeping Well organisations for local community dementia support across the city
 - Sheffield Dementia Action Alliance to support Sheffield becoming a dementia-friendly city
 - Sheffield Dementia Involvement Group to hear the voices of people living with dementia and their carers

The current contracts and grants expire during the period 1st December 2021 – 31st March 2022.

Recommendations:

That Co-operative Executive:

1. Approve the Commissioning Plan for Community Dementia Support 2021-27 as explained in the Proposal in this Report; and
2. Delegate authority to the Executive Director of People Service Portfolio in consultation with the Director of Legal and Governance Services, Director of Finance and Commercial Services and the lead Executive Member for Health and Social Care:
 - i) To undertake a procurement exercise and award a contract in line with this report and the Commissioning Plan; and
 - ii) Award grants in line with this report and the Commissioning Plan; and
 - iii) Take other such necessary steps not covered by existing delegations to achieve the outcomes and objectives of this report.

Background Papers:

Commissioning Plan: Community Dementia Support 2021-2027 – Appendix 1

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: Ann Hardy
		Legal: David Cutting
		Equalities: Ed Sexton
	<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:	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: Joanne Knight	Job Title: Strategic Commissioning Manager (Dementia and Older Adults)
	Date: 10/06/2021	

1. PROPOSAL

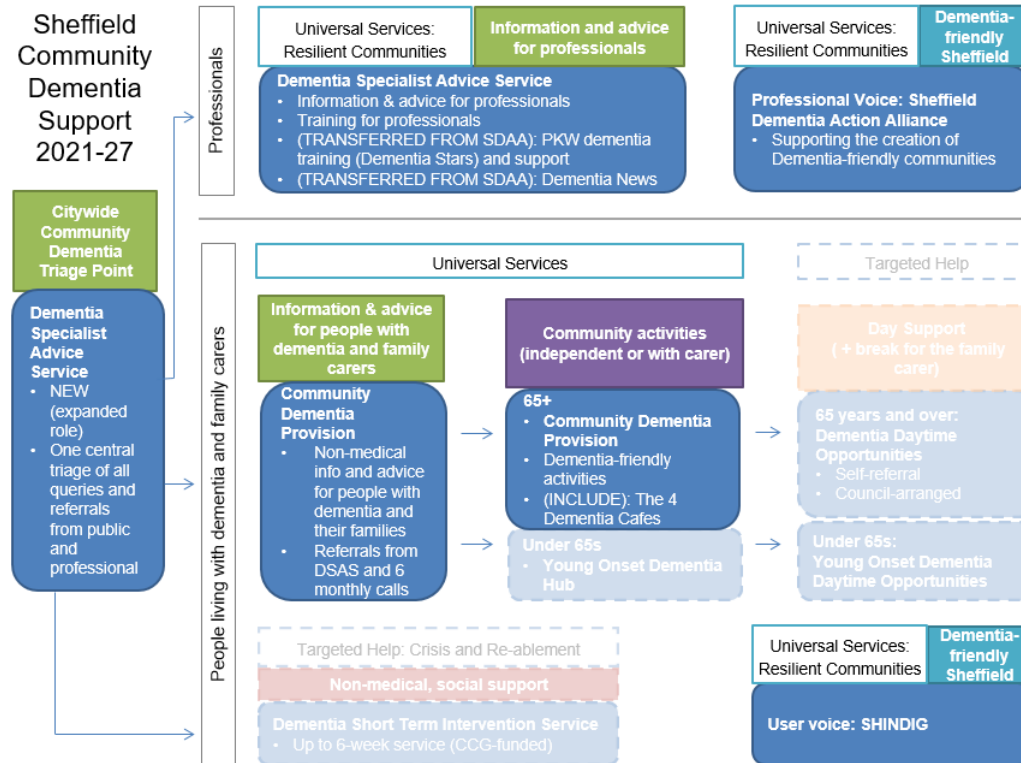
1.1 The Proposal

It is proposed that the community dementia commissioning model described in diagram 1 below is developed and implemented. To achieve this the following will be required:

- A slight re-alignment of existing community dementia support to distribute funding where it is most needed (as described in Section 1.4 of this report)
- The re-tendering for and award of a contract for a Dementia Specialist Advice Service April 2022 – March 2027 which:
 - provides advice and training for professionals and volunteers supporting people living with dementia and their carers
 - fills a gap to provide a new single point of access into local community dementia support for people living with dementia and their carers
- The award of grants to:
 - People Keeping Well organisations January 2022 – March 2027 to continue local community dementia support across the city
 - Sheffield Dementia Action Alliance December 2021 – March 2027 to continue to support Sheffield becoming a dementia-friendly city
 - Sheffield Dementia Involvement Group December 2021 – March 2027 to continue to hear the voices of people living with dementia and their carers

Diagram 1 : The Sheffield Community Dementia Support Model

(NB: The paler dashed-edged boxes are outside the scope of this Commissioning Plan but are relevant to the pathways and show other support available)



1.2 Current position

- 1.2.1 The community dementia model is a network of services which operate in partnership to provide support to individuals living with dementia and their families, friends, and carers. The current community dementia support model has been in place for 3 years. Over this period there have been discussions with individuals,

carers and providers and an evaluation of the current offer to establish what works well. Although the contracts and grants are due to come to an end during 21/22 there is evidence that they are working well. Therefore it is not proposed that there should be any significant changes.

1.2.2 The proposal within this Co-operative Executive Report therefore builds on what is already available for people living with dementia and their carers', but also aims to close the known gap to access on information and advice for individuals and build on the success of the current community offer. It involves some slight changes to the current support and some realigning of the investment to ensure it is focussed on what works well and what people have told us is needed.

1.2.3 Community dementia activities offer support to some of the 7,000 people already living with dementia in the city and support their unpaid carers. Continuing these services will provide community support and information to help individuals and their families to live safe and well in their local community and reduce or delay the need for more intensive ongoing support.

1.2.4 The community dementia services described in this report sit alongside:

- an existing contract for the Young Onset Dementia Hub (providing support for those aged under 65 with dementia) which is already in place and continues until 31st March 2025
- Dementia Daytime Activities which is the subject of a separate procurement exercise and decision report and
- the Dementia Short Term Intervention Service (DSTIS) which is solely funded by Sheffield Clinical Commissioning Group and which will continue in its current form

1.2.5	<table border="1"> <tr> <th>Sheffield City Council funding</th><th>Description of current services</th></tr> <tr> <td>Dementia Specialist Advice Service</td><td> <ul style="list-style-type: none"> • Link all those newly diagnosed with dementia from the Memory Service and Neurology to their local community dementia provision • Provide dementia guidance for professionals </td></tr> </table>	Sheffield City Council funding	Description of current services	Dementia Specialist Advice Service	<ul style="list-style-type: none"> • Link all those newly diagnosed with dementia from the Memory Service and Neurology to their local community dementia provision • Provide dementia guidance for professionals
Sheffield City Council funding	Description of current services				
Dementia Specialist Advice Service	<ul style="list-style-type: none"> • Link all those newly diagnosed with dementia from the Memory Service and Neurology to their local community dementia provision • Provide dementia guidance for professionals 				

(for professionals)	<ul style="list-style-type: none"> • Provide dementia training for professionals • Advise on dementia case reviews
Community dementia provision (18 partnership areas covering the whole of Sheffield)	<ul style="list-style-type: none"> • Initial phone call on referral from Dementia Specialist Advice Service and six-monthly check-in call thereafter • Provide dementia information, advice and support • Run regular dementia-specific and dementia-friendly groups • Dementia Small Grant pot
4 Dementia Cafes	<ul style="list-style-type: none"> • Run a monthly memory café in a specific location • Provide dementia information, advice and support
Sheffield Dementia Action Alliance	<ul style="list-style-type: none"> • Help organisations /communities make their activities/services more accessible to people with dementia and their family/carers • Upskill the workforce and volunteers of local organisations • Encourage organisations/communities to work towards becoming Dementia Friendly Communities
SHINDIG (Sheffield Dementia Involvement Group)	<ul style="list-style-type: none"> • Run four events each year to hear user voice feedback on dementia services and issues • Run four planning events each year • Produce and share a report about each event
Relevant to the community dementia model but outside the scope of this report	

SCC funded Young Onset Dementia Hub	<ul style="list-style-type: none"> • Provide specific young onset dementia information, advice and guidance • Provide and connect people with young onset dementia (aged under 65) into activities, groups, courses or support specific to living well and remaining independent with young onset dementia, and if appropriate, remaining in work
SCC/SCCG funded Dementia Daytime Opportunities	<ul style="list-style-type: none"> • Personalised daytime opportunities (approx 5 hour per day) to support adults of all ages with dementia to continue to remain independent within their community and provide them with meaningful activities • Provide a break for the family carer and support them in their caring roles
SCCG funded Dementia Short Term Intervention Service	<ul style="list-style-type: none"> • An up-to-6 week service to support those struggling to cope with their situation, to help increase their resilience and avoid a crisis • Once the situation has stabilised, to reconnect people to support in their local community through the People Keeping Well community dementia provision

1.3 The Impact of COVID

- 1.3.1 The current Dementia Commissioning Plan 2018-21 was only just over a year into delivery when the COVID-19 pandemic struck. Services were forced to adapt rapidly and creatively in the face of the first and subsequent lockdowns, as well as ongoing social-distancing restrictions. Provision moved online, via the telephone and by way of post and doorstep deliveries. Providers had to entirely change their planned delivery.
- 1.3.2 For some services, there was positivity: “COVID has helped us as a new service to become more established and recognised as professionals are looking for support”. For some people with dementia, receiving community dementia support it was a lifeline: “When this Coronavirus happened you’ve been absolutely wonderful and kept us all in contact and I’m sure we wouldn’t have coped like we do without you”.

- 1.3.3 However, there were obvious difficulties and barriers to participation, as well as a heavy and intense workload for dementia workers with caring natures.
- 1.3.4 The current 'model' of community dementia support has been going well since 2019 but has not yet had a prolonged length of stable time to become fully embedded.

1.4 The need for change and the evidence considered

- 1.4.1 While the past 3 years have shown many positives in the model of community dementia support, there is also a need for some changes. Feedback from people with dementia, their carers and the professionals working with them has identified a gap in support and the need for increased investment and simplification in some of the current services. These are described in 1.4.2 – 1.4.5
- 1.4.2 ***The need for a single point of access to Community Dementia Support:*** Although the local community dementia support provided by the 18 partnerships has been described by many as a 'lifesaver', it can be hard for people to find the 'way in' as there is no central point of access for the public. Unless they have been referred by the Memory Service or Neurology (which is now the established pathway, but was only set up in 2019), they have to find the details of their nearest of the 18 partnerships on the Sheffield Directory website. However, this is not an obvious place for people to look, and they may not have access to the internet.

Some of the comments received included:

- *"Finding information about services and activities can be difficult"*
- *"Need a list of useful numbers!!"*
- *"Need a directory of up to date information"*
- *"If I have a problem who do I ring?"*
- *"Why is it all online? That's no use! I need a telephone number. Isn't there just one telephone number for Sheffield?"*

Some people also do not feel ready to be referred to community dementia support at the point of diagnosis but may desire some support a few years later. There are also many people in the city who were diagnosed with dementia before 2019 and therefore have not had the opportunity to be referred at the point of diagnosis. In addition, diagnosis rates have slowed due to the pandemic.

Creating a well-publicised triage point within the Dementia Specialist Advice Service would enable people living with dementia to have one initial contact point which would then direct them to their nearest community dementia support organisation.

- 1.4.3 ***The need for increased investment for the People Keeping Well Community Dementia Support partnerships:*** With the number of people living with dementia in Sheffield expected to rise from c.7,000 in 2020 to c.8,000 in 2030 there is an urgent need for more early help investment. The non-medical social support provided in the community, especially during the pandemic, has been invaluable. It has enabled people living with dementia to remain engaged and not feel abandoned. It has provided dementia carers with advice, information and peer support when they needed it most. For a relatively small-scale investment this has a huge impact, although the toll on the workload and emotional wellbeing of the dementia-trained workers is high.

Feedback showed that people who were already connected into their local community dementia support highly valued it:

- *“It’s a lifeline for us, especially through this COVID. Don’t know where we would have been if it hadn’t been for this”*
- *“We saw people in the same boat, and we could communicate amongst ourselves the best way of doing things”*
- *“I’ve got to know people better. It’s been one of the best things [about lockdown] for me”*
- *“I am living alone. I felt so alone due to all my family live out of town. I was so pleased [the] dementia link worker stayed contacted with me throughout*
- *“The amazing activity packs which were focused round our needs. They actually kept me going with my mum”*

- *“The referral to local [dementia] services who despite the restrictions have gone out of their way to support with calls, referrals to other agencies and keeping us occupied with activities and support like joining a Zoom”*
- *“Having an assigned [dementia] contact in my community. They have helped with signposting, [dementia] activity support and keeping in touch and updated especially with COVID info. This has been most helpful and kept me feeling less isolated and supported as I knew they would call and send things and that I could talk through my worries and concerns - the staff worth their weight in gold 10/10”*

1.4.4 ***The need for dementia training and support for professionals to sit within one organisation:*** Dementia training and support for professionals is high quality, creative, engaging and well-regarded, but is currently split between the Dementia Specialist Advice Service and Sheffield Dementia Action Alliance. This is confusing for professionals and even for the providers of these services. Efficiencies and clarity would be brought by bringing all of these together under the Dementia Specialist Advice Service, leaving Sheffield Dementia Action Alliance clear to focus on supporting organisations to become dementia friendly.

Feedback has shown there is some unnecessary confusion:

- *“Training is available but a bit piecemeal”*
- *“I didn’t know there’s some training in Dementia Advice Sheffield and some in Sheffield Dementia Action Alliance – and I work for them!”*
- *“Why is it separate? It doesn’t make sense”*
- *There could be economies if it was all in one place”*

1.4.5 ***The need to ensure investment for dementia activities is equitable across the city:*** The dementia cafés in 4 specific locations that form part of the community dementia offer have been in place for over 10 years. At that time there was little other dementia provision available. In mid-2019 the original provider decided to step back due to a change in the way they operated. To ensure the continuation of these 4 dementia cafés, delivery of them was transferred to the People Keeping Well community dementia providers in those 4 areas. When the 18 People Keeping Well community dementia providers were established at the start of 2019 covering all areas of Sheffield, part of their remit was to start similar dementia cafés and dementia-friendly activities across the city, including in the 4 areas in which the original cafés were held. There are now at least

24 different dementia groups in operation across the city, most online at the time of writing due to the national restrictions caused by the pandemic, but planning to resume face-to-face when safe and permitted. The investment and availability of support therefore now needs to be more equitable across the city. These 4 Cafés may continue to exist but as part of the People Keeping Well community dementia provision.

- 1.4.6 In order to fill the information gap, rationalise the training offer, increase the community dementia People Keeping Well support and create equitable investment, the following changes are proposed.

Current Service	Proposed Change
Dementia Specialist Advice Service (for public and professionals)	<ul style="list-style-type: none"> • Tender for a contract for 5 years 2022 – 2027 increasing the current investment • Include the requirement for a Sheffield Community Dementia Triage Point for public as well as professionals • Transfer all training and support for PKW dementia workers into this contract • Transfer Sheffield Dementia News for professionals into this contract • Remove Case Reviews from the contract
Community Dementia Provision (18 partnership areas covering the whole of Sheffield)	<ul style="list-style-type: none"> • Re-commission as grants to meet with current People Keeping Well arrangements • Increase in funding for each area
4 Dementia Cafés in specific locations (a legacy of previous funding)	<ul style="list-style-type: none"> • De-commission the 4 dementia cafes that were established 10 years ago in specific locations
Sheffield Dementia Action Alliance (SDAA)	<ul style="list-style-type: none"> • Re-commission as a grant • Move the training element and support for People Keeping Well dementia workers

	<ul style="list-style-type: none"> • Move the Sheffield Dementia News for professionals • Reduce the funding accordingly
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1.4.7 All other aspects of the contracts/grants as described in 1.2.5 and not mentioned as a change in 1.4.6 will continue in their current form

2. HOW DOES THIS DECISION CONTRIBUTE?

2.1 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:

2.1.1 ***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

2.1.2 ***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 that are not being met

2.1.3 ***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

2.2 This proposal 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

2.3 In particular this proposal has a strong link to the new ***Local Area Committees*** and their ***Empowering Communities*** work. Community dementia services will be in line with the commitments to:

- Empower communities
- Harness community assets to strengthen cohesion and connectedness
- Improve health and wellbeing.

It will contribute to the Local Area Committees' aims of:

- 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
- 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 partnerships with local Voluntary, Community and Faith Sector organisations to ensure greater efficiency of resources, improved services, and a stronger local voice.

2.4 The ***Joint Sheffield Dementia Strategy*** identifies six dementia commissioning objectives towards which this proposal contributes:

- 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 and offering training and awareness sessions)
- To invest in the local voluntary, community and faith 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

2.5 This proposal 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 We have undertaken several consultation activities over recent years and months, the evidence of which has informed this proposal.

- 3.2 Consultation with people living with dementia and their family carers:
- March 2021 – Sheffield Dementia Strategy Survey on progress made in meeting the Strategy Commitments
 - September 2020 - two online dementia groups run by People Keeping Well community dementia providers – Parson Cross Forum Memory Café and Age UK Sheffield Dore Rosemary Dementia Café
 - July 2020 - SHINDIG meeting 'The impact of Covid-19 and lockdown on people with dementia'
 - March 2019 - SHINDIG meeting 'Information, advice and support services experiences and needs of people with dementia'
 - April 2018 - SHINDIG meeting 'What support and care is needed to live well with dementia: informing Sheffield Dementia Strategy'
- 3.3 Consultation with professionals working with people living with dementia:
- March 2021 – meeting with providers of the 4 dementia cafes in specific locations
 - November 2020 – Workshop 'Community Dementia Support beyond 2021' and to review Year 2 of the community dementia provision
 - February 2020 – Workshop to review Year 1 of the community dementia provision
- 3.4 The evidence collected in these ways led to the aspects of community dementia support that need change, as detailed in Section 1.4.2 – 1.4.5
- 3.5 We have kept the local market informed of the plans by meeting individually with current providers. We will also be holding a provider events during 2021 to further share our plans and receive feedback which we can build into the development of our specifications before we release the tender and grants.

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 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 Equalities Impact Assessment has been undertaken and there are no adverse effects as a result of this proposal.

4.2 ***Financial and Commercial Implications***

- 4.2.1 The anticipated cost of this proposal is £449,000 per annum which is an increase of £12,300 however this difference is being met by reductions to day care contracts within the same budget and therefore this plan fits within the current community dementia budget envelope.
- 4.2.2 The existing contracts and grants are coming to an end during late 2021 and 2022. The re-procurement and new commissioning is being undertaken in line with advice and guidance from Commercial Services. The grants will be undertaken with advice and guidance from the Voluntary Sector Liaison Team who administer many grants on behalf of the Council.
- 4.2.3 The re-procurement of the Dementia Specialist Advice Service will meet all legal and commercial requirements, the contract will be for up to 5 years and follow a tender process.
- 4.2.4 TUPE may apply for the Dementia Specialist Advice Service but this will form part of the negotiations between the outgoing and incoming provider.
- 4.2.5 The proposed timeline for the Dementia Specialist Advice Service is as follows

Activity	Date
Co-operative Executive Decision	July 2021
Tender released	August 2021
Evaluation	October 2021
Award of Contract	November 2021
Mobilisation	Dec – March 2021/22
Start date	1 st April 2022

- 4.2.6 The grants will be awarded in-line with Council requirements and issued as each current grant ends.
- 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 people's wellbeing. Under the Act, councils support, and promote the wellbeing and independence of working age disabled adults and older people, and their carers; provisions of the Care Act 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.
 - 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 services 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 as recently amended (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 Council must also comply with the Council's Contract Standing Orders.

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 Each grant will be subject to a subsidy control assessment prior to a grant being awarded. This assessment will be undertaken to ensure that it complies with the subsidy control rules and details around the grant may require publishing in accordance with the government requirements if deemed to be a subsidy.
- 4.3.6 The terms and conditions for both the contract and the grant have not yet been finalised. Legal will support with the drafting of these documents.

5. ALTERNATIVE OPTIONS CONSIDERED

5.1 In making the recommendations two other options were considered and rejected:

5.1.1 *i. Continue with the existing services*

This alternative was rejected because:

- It does not respond to feedback gathered during the past 3 years from people with dementia, their carers and professionals working with them
- It does not allow us to update the current service specifications and
- It does not meet with legal and commercial regulations

5.1.2 *ii. End the existing services and invest in other new provision*

This alternative was also rejected because:

- The current model begun in 2019 has not yet fully embedded, particularly due to the pandemic
- More change for existing users would be disruptive

6. REASONS FOR RECOMMENDATIONS

6.1 The preferred option is:

iii A slight re-alignment of existing community dementia support services

This option was chosen because it:

- Distributes funding where it is most needed and is simplified
- Responds to feedback gathered during the past 3 years from people with dementia, their carers and professionals working with them
- Allows us to update the current service specifications
- Meets with legal and commercial regulations
- Allows the current model to become more fully embedded, particularly during and after the COVID-19 pandemic
- Reduces disruptive change for existing users and workers

6.2 The intended outcomes are that people living with dementia and their carers will be supported in a dementia-friendly Sheffield to:

- Receive suitable relevant, quality and timely dementia information and advice
- Access good quality community dementia support and participate in activities that are meaningful to them
- Develop and build resilience
- Remain independent, safe and well for as long as reasonable
- Be listened to and involved in future service shaping