



Report to Policy Committee

Author/Lead Officer of Report: Tony Ellingham

Tel: 0114 2052770

Report of: *Director Adult Health and Social Care*

Report to: *Adult Health and Social Care Policy Committee*

Date of Decision: *21st September 2022*

Subject: Older Persons Prevention Service

Has an Equality Impact Assessment (EIA) been undertaken?	Yes	<input checked="" type="checkbox"/> Y	No	<input type="checkbox"/>
If YES, what EIA reference number has it been given? Number 1210				
Has appropriate consultation taken place?	Yes	<input checked="" type="checkbox"/> Y	No	<input type="checkbox"/>
Has a Climate Impact Assessment (CIA) been undertaken?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/> N
Does the report contain confidential or exempt information?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/> N

Purpose of Report:

Approval is sought to approve the commission of an extension to the existing arrangements for up to 12 months to allow for a review of early intervention and our model of operating to take place. This will then inform a recommissioning exercise.

Recommendations:

It is recommended that the Adult Health and Social Care Policy Committee:

- Approves the commission of an extension to the existing arrangements for prevention services for people who are aged 55 plus by 12 months, in line with this report whilst a review of early intervention and the operating model is taking place.

Background Papers:

Appendix 1 – Equalities Impact Assessment

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: Anna Beeby
	Legal: Henry Watmough Cownie and Sarah Bennett
	Equalities & Consultation: Ed Sexton
	Climate:
<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	SLB member who approved submission: Alexis Chappell
3	Relevant Policy Committee: Adult Health and Social Care
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 SLB member indicated at 2. In addition, any additional forms have been completed and signed off as required at 1.
	Lead Officer Name: Joe Horobin
	Job Title: Director Integrated Commissioning
Date: 09/09/22	

1. PROPOSAL

- 1.1 The current arrangements for prevention services for people who are aged 55 plus have been in place since 18 September 2017.
- 1.2 The service operates city wide. It provides short term support of six to nine months to people who are aged 55 plus and have recently experienced a deterioration in their health condition.
- 1.3 Typically, support is just under 3 hours per week, but there is the flexibility to adjust the hours of support according to needs. The purpose of the support is to help people to continue to live independently, maintain a safe home environment and prevent the need for formal support.
- 1.4 The service helps people by:
 - Facilitating safe and timely discharge from hospital
 - Building confidence and resilience
 - Maximising income by accessing benefits
 - Making the home environment safe and supporting people to get advice about aids, adaptations, or rehousing
 - Helping people to participate and take part in community activities
 - Helping people to get the most from their involvement with local health, housing, and other services.
- 1.5 The service does not provide personal care, but where people are in receipt of support, the service seeks to work in ways that limit the need these services.
- 1.6 A review of the service has been undertaken and this demonstrates the service is consistently full and achieving good outcomes. The service has strong links with other services and has worked particularly closely with the Health and Housing Team and the Home First Prevention Service. However, other new services are being developed around early help and ageing well portfolio and it's anticipated that further connections can be made. In addition, two wider strategic reviews are looking at housing related support and the early help offer that may influence how we see this service going forward. The early help review will look preventing deteriorating health and supporting people to live independently for longer.
- 1.7 Given that the wider reviews are taking place and that a new target operating model for Adult Health and Social Care is in development and this service will need to work alongside and support the development of the Living and Ageing Well Service and the Care and Wellbeing Service, approved at Committee on 15th June 2022¹, it is felt that we will need to review our commissioning strategy for this service as well.

¹ [\(Public Pack\)Item 9 - Recommissioning Homecare Services Agenda Supplement for Adult Health and Social Care Policy Committee, 15/06/2022 10:00 \(sheffield.gov.uk\)](#)

- 1.8 To facilitate that review it is proposed that we continue to commission the current service for a period of time. However, the current provision is made via a contract and so a further period of contract would be required to do this – we would not recommend other options such as moving to in-house provision. It is proposed that a period of contract of no more than 12 months would be sufficient. Considering the short period of contract, if the Committee approves this commissioning strategy, an extension to the current contract is the most likely way of implementing the decision.
- 1.9 The Adult Social Care Vision for Sheffield is that everyone in Sheffield lives in a place they can call home, in communities that care, doing things that matter to them, celebrated for who they are - and when they need it, they receive care and support that prioritises independence, choice, and recovery. This proposal is in alignment with this vision.
- 1.10 The Adult Health and Social Care Strategy 2022 to 2030 is called 'Living the life you want to live' and it sets out this vision. It has six commitments and this report links primarily to commitment 2:

Provide temporary assistance to help people regain some stability and control in their life following ill health or crisis.

- 1.11 The proposal will help the Council meet a duty under Part 1 of the Care Act 2014 to provide or arrange for the provision of services, facilities or resources which contribute towards the prevention or delay of needs for care and support and meet the general duty in carrying out functions under this Part of the Act to promote the well-being of individuals.

1.2 Market Position and Adult Health and Social Care Target Operating Model

- 1.2.1 An Adult Health and Social Care Market Position Statement is proposed for approval at Committee on 21st September 2022. This provides providers with our intentions and standards and supports the implementation of the recommissioning of supports for adults across the City.
- 1.2.2 It is intended that further partnership and engagement activity is undertaken with Older Adults, providers, and partners to enable a further dedicated Living and Ageing Well Strategic Outcome Delivery Plan and Market Shaping Statement to be co-produced and considered for approval at Committee by February 2023.
- 1.2.3 Through implementation of our Adult Health and Social Care Strategy, a new target operating model is being developed which will enable practical realisation of the strategy. It is intended that through the development, our focus is on co-design of the Living and Ageing Well part of the model along with Adults, Families, and wider partners so that our model reflects and deliver improved outcomes for people of Sheffield.

2. HOW DOES THIS DECISION CONTRIBUTE?

- 2.1 The service provides people who have an age-related health condition with information, advice, and support so they can continue to live independently. It has a strong focus on people leaving hospital whose health needs have deteriorated and who need additional support so they can maintain independence.
- 2.2 The proposal contributes to enabling people to live independently for longer, maximising income and reducing inequalities in the city. These are key objectives in the Our Sheffield, Delivery Plan.
- 2.3 An evaluation of the current service was completed in May 2022. At this point 2572 people had used the service and their average age was 74 years old. The number of people worked with each year has varied over the life of the contract. In the first year of the contract 794 people were supported, in the last full year the number was 372. The reason for this is that needs have increased, and many people worked with have required more staff time.
- 2.4 Just under half the referral (47%) have been from health or social care and just over a fifth have been self-referrals (22%).
- 2.5 People using the service had a variety of needs variety of needs and these include:
- 31% with a mental health need
 - 41% with a mobility need
 - 29% with a physical/sensory disability
- 2.6 A needs measurement tool is used by the service that counts the number of needs against a designated list and this and this shows an increase in needs from an average of 9.9 needs per person in the first year of the service to 14.4 needs per person now.
- 2.7 Although needs have gone up the service has proved effective at helping many people meet most of these needs:
- 90% met one or more economic wellbeing goals
 - 90% said their health had improved
 - 90% said they felt safer
 - 89% said they were enjoying life more
 - 92% said they were contributing to their community more
 - 87% said they were more secure in their accommodation
- 2.8 Service demand is high and exceeds availability of provision, the service currently receives 25 referrals a week.

3. HAS THERE BEEN ANY CONSULTATION?

- 3.1 It is proposed to extend the existing contract for up to 12 months to allow for a review of early intervention and our model of operating to take place. This will then inform a recommissioning exercise.
- 3.2 An online customer satisfaction survey was developed, and people were encouraged to complete the survey by staff. Focus groups were also arranged. A total of 42 people contributed. The survey feedback demonstrated that people value the service and like the way the service is delivered.
- 3.3 A questionnaire was sent to referral organisation and ten people responded. All respondents rated the service as good or very good. Separate feedback was sought from the Health and Housing Team and Home First Prevention Team. Feedback from these teams was also broadly positive.

4. RISK ANALYSIS AND IMPLICATIONS OF THE DECISION

4.1 Equality Implications

- 4.1.1 An Equality Impact Assessment has been undertaken and the proposal has a positive impact particularly in relation to age, health, disability, carers, and financial inclusion. *Appendix 1*

4.2 Financial and Commercial Implications

- 4.2.1 When the service began in September 2017 the contract value was £1,099,601, following budget revisions in subsequent years the annual contract value has been adjusted to £746,601 on 1 April 2020.
- 4.2.2 The maximum cost of the extension is £746,601.
- 4.2.3 The recommendation is to extend the contract for a duration of no more than 12 months whilst a review of options is being carried out.

4.3 Legal Implications

- 4.3.1 The service that it is proposed will be provided under this contract help to meet the Council's duty under Part 1 of the Care Act 2014 to provide or arrange for the provision of services, facilities or resources which contribute towards the prevention or delay of needs for care and support, and meet the general duty in carrying out functions under this Part of the Act to promote the well-being of individuals. They may also contribute to meeting the Council's accommodation duties under the homelessness provisions in Part 7 of the Housing Act 1996.

4.4 Climate Implications

- 4.4.1 The proposal does not have adverse environmental implications.

5. ALTERNATIVE OPTIONS CONSIDERED

- 5.1 **End the service** –This would have an adverse impact on older people with health conditions. It would weaken the council’s ability to fulfil statutory wellbeing and prevention duties under the Care Act 2014. It would result in immediate savings, but could increase costs elsewhere in the council budget, by making it more likely for more people to need more expensive services.
- 5.2 **Reduce the service** – Reducing the service would have less of an adverse impact on people than ending it, but it would still leave future beneficiaries without a service, and this would have a harmful impact. The high demand for the service raises the question whether it should be expanded.
- 5.3 Decisions about pursuing either of these options are best made once the strategic reviews are complete. This will enable any new investment to be part of system wide improvements and for mitigations to be put in place to deal with decisions to stop or reduce any areas of provision.
- 5.4 **Provide the service in house** – This would bring TUPE implications for staff transferring to the Council. The current provider brings links with a range of partnerships that have charitable benefits, such as delivery of meals on Christmas day to people who are isolated. They also have expertise in working with experts by experience and co-production that adds value and expertise to the way we work in Sheffield.

6. REASONS FOR RECOMMENDATIONS

- 6.1 Extending the existing contract for up to 12 months will allow for a review of early intervention and our model of operating to take place. This will then inform a recommissioning exercise in line with strategic priorities.

This page is intentionally left blank