

Policy Committee Decision Report

Title of Report:	Care Homes Transformation: Complex Care and Respite Provision and Somewhere Else to Assess (S2A) Update
Date of Decision:	Wednesday 30 th October 2024
Report To:	Adult Health and Social Care Policy Committee
Report Of:	Alexis Chappell, Strategic Director Adult Care and Wellbeing
Report Author:	Catherine Bunten, Assistant Director Adult Commissioning; Jo Pass, Assistant Director Living and Ageing Well (Long Term Services).

Executive Summary:

This report seeks approval for a Commissioning Strategy for Enhanced Care in Residential settings. This will include provision of Planned and Emergency Respite, Complex Care and Somewhere Else to Assess Discharge Provision.

The report summarises:

- The Council's statutory duties
- Progress to date on our care homes transformation plan
- Our proposals to deliver services in a way that meets the needs of Sheffield citizens and to support timely discharge from hospital.
- Status and future direction of the Somewhere Else to Assess (S2A) pathway, highlighting work underway to refine processes, particularly for people experiencing mental health ill health and the development of a broader care offer.



Council Plan outcomes:

[Great neighbourhoods that people are happy to call home](#)

[People live in caring, engaged communities that value diversity and support wellbeing](#)

Policy Committee remit:

This report is to be considered by the Adult Health and Social Care Policy Committee as its remit includes matters related to Adult Social Care: [Part 3C - 3.3 Matters Delegated to Committees May 2024.pdf \(sheffield.gov.uk\)](#)

Does the report contain confidential or exempt information? No

Recommendations:

The Adults Health and Care Policy Committee is recommended to:

1. Note progress in delivery of the Care Homes Transformation Plan.
2. Approve the Commissioning Strategy to develop and deliver Enhanced Care in residential settings to ensure sufficiency of provision for older adults aged 65 + who have a Complexity of Care Needs. This includes Enhanced Care, Planned and Emergency Respite Provision, and Somewhere Else to Assess Beds. For 24/25, the available budget for Older People's Care Homes is £52.6m. The development of Enhanced residential care and Planned and Emergency Respite will need to be delivered within the available resources.
3. Approve the associated high-level delivery plan for the next 2 years (2024-26) including the intention to re-procure, support, and sustain the market.
4. Approve a further extension for current providers on the Somewhere Else to Assess Contracts to the 30th September 2025.
5. Note that charging for Somewhere Else to Assess beds will begin from completion of the care and financial assessment, in line with the charging policy.
6. Request that the Strategic Director of Adult Care and Wellbeing provides the Committee with an update on progress against the Care Homes Transformation programme in six months.

Financial Implications: Yes Approved by: Laura Foster and Judith
Town (21/10/24)

Legal Implications: Yes Approved by: Patrick Chisholm

Equality and Inclusion Implications: Yes Approved by: Ed Sexton
Full Equalities Impact Assessment: EIA number 2868

Climate Change Implications: Yes Approved by: Catherine Bunten

Background Papers:

Appendices:

Appendix 1 - Care Homes High Level Commissioning Plan

Appendix 2 - Equalities Impact Assessment

1. Background to the issue

1.1 The Adult Health and Social Care Strategy and accompanying Delivery Plan set out our vision for 2022 to 2030. Called 'Living the life you want to live', it's about how we work together to help the people of Sheffield to live long, healthy and fulfilled lives.

1.2 Since approval of the Strategy, significant activity has been undertaken to progress our priority area of Living and Ageing well: a transformation of our approach to Discharge; a new adult social care target operating model; and implementation of our new home care model. A Dementia Strategy is submitted for approval to Committee on 30th October as a further step towards an integrated approach to improving lives and outcomes for people living with Dementia.

1.3 A Care Homes transformation programme was approved at Committee in February 2023. This set out an ambitious 4-stage, 2-year delivery plan setting out our strategic direction and commissioning intentions for care homes to:

- Support the sustainability and development of the market to meet current and predicted future needs, specify our plans, and develop our relationship with providers (through financial and non-financial activities).
- Strengthen our contracts, integrate with partners, and support differing needs aligned to wider strategic programmes of work such as home care and day activities.
- Build and develop models for accommodation with care for complex needs.

1.4 Since the plan was implemented, the following intentions have been delivered:

- Quality
- 85% of Care Homes are rated at Good or Outstanding
 - A joint NHS and Social Care Quality Assurance Framework and Escalation Process providing oversight of quality in Care Homes in the City.
 - South Yorkshire Integrated Care Board are using the approach to quality to cascade learning from Sheffield to cascade across South Yorkshire
 - A dedicated Care Homes and Somewhere Else to Assess Social Work Service who are providing dedicated support to adults living in residential care homes. The model will be finalised and implemented by January 2025.
 - A dedicated Brokerage Service focused on brokering care. The model will be finalised and implemented for January 2025.

Sufficiency • A Standard Care Home contract is now operational.

- To date we have 27 providers with 48 care homes on the framework with new providers recently qualified to join following the opening of the standard framework for providers in August 2024.

1.5 Now that the Standard Care Home contract is in place, the next phase of the programme is to develop residential services for older people with more complex care and nursing needs.

1.6 Our commissioning intentions are to establish sufficiency, stability and a variety of high-quality care options that provide timely, outcomes focused care and support, reducing the need for out of area placements and use of direct awards by developing an Enhanced Care Homes offer to provide:

- Support to people with a complexity of care needs, understanding that people's needs may increase and decrease over time.
- 'Somewhere Else to Assess' capacity to support discharge from hospital.
- Respite provision, for both planned and emergency situations, including out of hours placements.

1.7 The high-level transformation plan has been updated and is provided at [Appendix 1](#) for reference. The plan supports delivery of our ASC Strategy key priorities as follows:

- Priority 1 and 2 - Ensuring the quality of care in care homes and with that the wellbeing and safety of residents
- Priority 3 - Enabling timely discharge from hospital
- Priority 9 - Valuing our care workforce
- Priority 11 - Managing our resources and costs effectively.

2. Proposal

2.1 Sustainable growth of Complex Care for Older People in Care Homes.

2.1.1 The Care Homes Transformation Plan approved in February 2023 set out the demand for care homes. This is kept under review, and more recent projections are summarised below.

2.1.2 Standard Care Homes:

- In the last two years there has been an increase of 63 people in standard care home placements (1,432 people in Sept 22 to 1,495 people in Sept 24). This is an increase of 4.4% over the two years period.

- Based on this trajectory, the growth for the next 5–10 years for Standard Care Homes would increase from 1,495 to 1,667 after 5 years and 1,858 after 10 years.
- However, the shift towards prevention, early help and living independently at home means that it is unlikely that demand and growth for standard residential and nursing Care Home placements will outstrip current supply, as more people will see their needs met in other settings.

2.1.3 Complex Care Homes:

- Complex Care Home growth has seen a growth from 77 people in October 2018 to 124 in Sept 2024. This is an increase of 47 people, a 61% increase over the 6-year period.
- Based on this trajectory, the growth for the next 5–10 years for Complex Care Homes is expected would increase from 124 to 185 after 5 years and 275 at 10 years.
- However, it is important to note that most of this growth started during the COVID pandemic and reflects the increased acuity and complexity of needs of individuals post pandemic.

2.1.4 Respite Provision:

- Based on the growth in standard care homes, the utilisation of the block contracted respite for the next 5 – 10 years will increase from 269 nights per year to 300 nights per year by 2029, further increasing to 334 night per year.
- This would represent a shift from 18% utilisation of the block, to 21% and 23% in years 5 and 10 respectively.

2.1.5 Somewhere Else to Assess Beds:

- We aim for the Somewhere Else to Assess pathway to be used for 1% of people being discharged from hospital, as set out in our aims and priorities in the Hospital Discharge programme.
- Current demand and capacity modelling for the next three years is suggesting that this will create a demand for around 5 discharges per day by July 2027.

2.1.6 Out of Area Placements:

- One of our priorities is to enable placement in care home settings in Sheffield and with that reduce out of area provision.
- 17 people over the age of 65 accessed out of area short term placements between September 2023 to 2024.
- A total of 44 people over the age of 65 are living in out of area placements of which 27 people are in a care home placement (11 people) and nursing home (16 people).

- 12 in a neighbouring area and to note some of the people who are 65+ living in out of area settings choose to do so to be close to family or other close ties and relationships.

2.1.7 Value of Complex Care

A snapshot of people aged 65+ with complex care needs in care homes and the average cost (figures are rounded) is provided in the table below.

Homes	People	Average Person Weekly Fee	Weekly Cost	Annualised Cost
Nursing	113	£1,750	£197,750	£10,283,000
Residential	11	£1,400	£15,400	£800,800
Total	124	£1,575	£195,300	£10,155,600

2.1.8 Whilst 124 people receiving complex care in nursing and care homes is not a high number, the costs are significant at over £10m per annum, this is almost 20% of the total Living and Ageing Well Care Homes budget.

2.1.9 Working with providers to develop provision in Sheffield, with clearer and consistent funding models will enable improved wellbeing outcomes, with people assured of quality of care and be closer to family at best value.

2.2 Enhanced Care Model – Transforming Care Home Provision

2.2.1 We want people who need enhanced care and support to feel valued, respected and treated with dignity. We also want our care sector workforce to have the opportunity to have access to stable employment and workforce development opportunities so that they can provide excellent quality care.

2.2.2 In Sheffield, we value the expertise and engagement from our provider market. We are proud to have developed stronger relationships in recent years, including through ensuring residential sector representation at the Adults Partnership Board, and regular meetings with the Sheffield Care Association.

2.2.3 Our aim is to work collaboratively with the sector and partners to develop our enhanced provision and specifications for different service models, building on soft market testing, learning from other areas and partnership arrangements. This will provide the council with assurances such as:

- joined up planning with providers
- understanding and shaping demand and supply through contractual arrangements and capacity building in the market
- quality control, performance and standards oversight, including through contract management
- sustainability and management of the cost of provision, fees and uplifts
- greater influence in strategies and practice with providers

- 2.2.4 Having an improved funding model in place, supported by contractual arrangements will enable the council to have a much tighter control over costs and provision.
- 2.2.5 We have also purchased Care Cubed to produce a refreshed and more in-depth Cost of Care exercise to understand the makeup of the different elements of the provision, and this will be used in fee modelling.
- 2.2.6 Appropriate procurement strategies will be developed to deliver the approved commissioning outcomes in line with the Council's Standing Orders and relevant procurement legislation. We would aim to provide longer term contracts to attract investment and provide more stability to the market and workforce.
- 2.2.7 The provisions we intend to develop are described below.

2.3 Complex Care

- 2.3.1 Our aim is to develop provision and settings that are enabling, and promote independence and wellbeing through homely, caring environments supported by highly skilled and trained care and support staff who are experienced in positive behaviour support, de-escalation techniques and who can prevent individuals experiencing distress.
- 2.3.2 Currently, older adults with complex care needs are placed in weekly placements, sometimes in out of area care homes, through a Direct Award contract. Direct Award arrangements tend to be more costly, do not enable the consistency and investment needed to promote quality and workforce development, and make it more challenging to develop and shape the market.
- 2.3.3 Our ambition is that successful care homes providers will be able to deliver enhanced care with the following key features:
- Tailored Care Plans: Each person would have a strength-based assessment prior to admission to ensure they can be supported safely in the setting. This assessment would develop into a personalised, outcome focussed care plan that addresses their specific needs, preferences, and challenges. Personalised care plans would reflect changing needs over time – recognising that some people's care needs may increase or decrease, and the provision would adapt and continue to support the person, reducing the need for people to move.
 - 24/7 Supervision and Support: The service would need to offer round-the-clock supervision and support to ensure the safety and well-being of all residents. Appropriately trained staff members would be available to assist residents with activities of daily living, medication management, and emotional support.
 - Secure Environment: The service would be equipped with security measures to maintain a safe and secure environment for all residents. This includes secure entry systems, monitoring devices and notification systems, gender specific accommodation and staff trained in crisis intervention.

- Specialised Care Programs:
 - **Positive Behavioural Support:** This would include individualised strategies and pre planned intervention methods to support positive behaviour and reduce incidents in a therapeutic environment.
 - **Mental Health Support:** Provision would have access to specialised mental health support from professionals, including therapy sessions, medication management, and crisis intervention services.
 - **Fall Prevention and Mobility Support:** Provision would include comprehensive fall prevention measures and mobility support for residents with a history of falls or mobility issues. This includes adaptive equipment, physical therapy, and staff trained in safe transfer techniques and maximising the use of assistive technology.
 - **Comfortable Living Spaces:** Residents at the service should enjoy comfortable and homely living spaces designed to promote relaxation and well-being. Each room would be appropriately furnished that reflects resident's needs and wishes with safety features and be adaptable to personalised touches to create a sense of familiarity and belonging.
 - **Recreational Activities and Socialisation:** Provision would offer a variety of activities and social opportunities to promote engagement and quality of life for residents. This could include arts and crafts sessions, music therapy, or other therapeutic activities. Links to community and voluntary groups should be made, with the scope to offer day opportunities to individuals as a planned feeder route into the facility where appropriate.

2.4 Somewhere Else to Assess

- 2.4.1 The current contracts for Somewhere else to assess beds were extended from 30th September 2024 until the 31st of March 2025 following approval by Committee in June 2024.
- 2.4.2 The contract helps to ensure care and support provision when undertaking an assessment of eligible care and support needs at home is not an option, and there is a need for a place where people can be discharged from hospital, recover and be assessed for longer-term needs which is away from home but outside of an acute setting. This is known as Hospital Discharge as "Pathway 3".
- 2.4.3 Since implementation of the contract, following approval in June 2022, somewhere to assess is being used around 2% of the time and further work is needed to reduce this to the target 1%, in line with our ambitions set out to Committee. This will be undertaken through looking at discharge pathways as part of our hospital discharge improvement activity, including interface between intermediate care and somewhere else to assess and ensuring consistency of

guidance so that the system is working to the same model, guidance and performance objectives.

2.4.4 The current provision is largely suitable, however, in the recommissioning of somewhere to assess the expectation will be that health and care teams involved in discharge work in partnership with successful providers to ensure: -

- Assessments are undertaken in a timely manner across both Continuing Health Care Teams and Social Care Teams, so that people do not remain within the provision for longer than 28 days.
- The choice protocol is implemented, ensuring that people who are ready for discharge do not remain indefinitely in a hospital bed as a patient whilst choosing a care home or alternative care provider. We have seen requests and care brokered outside of the contract, which can have both quality and cost implications.

2.4.5 Our commissioning intention is to develop our Somewhere Else to Assess provision within the enhanced care home offer, delivering support to people with both physical and mental health needs and specifically: -

- A care home or nursing bed outside of an acute or mental health hospital setting to assess the longer-term needs of a person.
- A care home or nursing bed when a person is no longer able to safely stay at home until their longer-term needs are assessed.
- A requirement for providers to accept individuals proposed as part of contractual arrangements aligned to implementation of the Choice Protocol.
- Clear fee rates by which providers will be funded and setting out a difference between standard and enhanced provision, including costs associated with each.

2.4.6 With S2A beds that offer enhanced care, and are used as part of short-term care pathways to support independence after a period in hospital, including with exploration of technology enabled care, we aim for more people to be supported by our standard residential and nursing placements

2.4.7 Given the timescale to undertake this activity and to align with development of all Enhanced Care Homes development, Committee are asked to approve an extension to the current contract to the 30th September 2025. This will enable effective mobilisation of new complex care procurement.

2.5 Planned and Emergency Respite in Care Homes

2.5.1 The current contracts for Planned Respite and Emergency Placements were commissioned for four years from September 2022 and are due to expire in September 2026.

2.5.2 The trends in the use of planned respite services show fluctuations in demand, with certain periods experiencing higher usage and fewer vacant nights, while

other periods have lower usage and more vacant nights which suggests that demand for planned respite services can be influenced by seasonal or external factors.

2.5.3 Looking ahead, the forecast for planned respite services suggests an increase in demand due to the aging population and the growing number of individuals in the 75+ age group. We have also recognised a need for out of hours admissions and emergency support which will amendments in service delivery to meet projected needs.

2.5.4 Review of the contracts indicate some distinct themes:

- Emergency respite provision is well utilised, however there are issues where people remain in the beds for a long period of time, as this impacts on capacity available for the future needs.
- Equally, while these options are responsive, they are limited in the situation and levels of care and support needs of the people that they can accommodate.
- Planned Respite provision is underutilised and is limited to residential and residential EMI provision.
- There is increasing demand for both non care home based respite provision and for nursing care respite provision, which this contract does not cover.

2.5.5 It is recommended that planned and emergency respite be remodelled specifically for provision that will meet the needs of individuals with more complex care needs, ensuring that they receive necessary support during their short-term stay.

2.5.6 As with other enhanced provision, the specification will include:

- Implementation of a system wide Choice Protocol and operating guidance regards use of both Planned Respite and Emergency Placement beds
- Requirements for providers to accept individuals proposed for these beds, including out of hours expectation, with an aim to ensure better oversight of quality of care and fees.
- Clear fees modelling by which providers will be funded.

2.6 Next Steps

2.6.1 The proposed timeline is set out in the table below identifying the different stages of the process.

Stage	Task	Timeframe
1	Collaboration and engagement to design the specification with key stakeholders, including residents, families, care providers and system partners.	Autumn/Winter 2024
2	Agree and finalise the contracting model, terms & conditions of the contract and get to documentation readiness point.	Winter 2024/25
3	Invitation to tender, responding to clarification queries and questions as part of the bidding process.	Winter/Spring 2025
4	Evaluation of tenders received.	Summer 2025
5	The contract award process.	Summer/Autumn 2025

3. How does this decision contribute to the Council Plan?

3.1 Council Plan strategic outcomes

3.1.1 Great neighbourhoods that people are happy to call home:

- by working with the care home market across the city to secure consistent quality standards to ensure that people remain connected to their communities.
- engagement with communities in Sheffield to coproduce and codesign services to ensure a residential offer that meets the needs of all people in Sheffield and support equality of access and experience
- reducing the need for out of area placements and use of direct awards.

3.1.2 People live in caring, engaged communities that value diversity and support wellbeing:

- developing outcome focused care and support with an Enhanced Care Homes offer so that people can access appropriate services to meet their support needs
- Working collaboratively with the provider market to do things differently and encourage innovation in care delivery.
- Change and remodelling in market provision.

3.2 People – Prosperity – Planet

- People: The proposal supports people by ensuring those with complex needs receive timely and appropriate care.
- Prosperity: By managing care effectively and reducing over-reliance on emergency and out of area provision, financial sustainability is improved.
- Planet: Efficient use of resources supports sustainable care systems.

3.3 City Goals

3.3.1 The proposal contributes to Sheffield's City Goals in the following ways:

- **Resilient and Determined City:** The development of the complex care provision in Care Homes contributes to the city having robust systems for managing health and social care and strengthens its capacity support its most vulnerable residents.
- **Our City, Our Community:** The plan focuses on supporting individuals living in care homes. By promoting engagement in our communities, we will foster an environment where residents are part of a more engaged and supportive community.
- **Step Up:** The proposal calls for collaborative efforts from health, social care, and community partners to address the current challenges. By working together to improve services, Sheffield demonstrates how its residents and systems can step up to meet complex health and social care needs.
- **Dream Big:** The proposal reflects the city's aspiration to create a forward-thinking, sustainable model that meets the needs of future generations. By driving change and improving long-term care solutions, Sheffield is positioning itself as a leader in innovative and sustainable care for its residents.

4. What community or partner engagement has been undertaken and how has it informed the proposal?

- 4.1 The Care Homes Transformation Plan approved in February 2023 was based on engagement with individuals, carers and care home providers and provided foundations for the transformation underway.
- 4.2 We have conducted an extensive soft market test exercise and invited local providers as well as from across the country to engage with us and share their experience and knowledge of delivering complex care models for older people. This exercise has been extremely beneficial in showcasing the variety of complex care home models operating across the country and how they are managed, whom they support, what it is costing, what is the makeup and what outcomes they are expected to deliver. We are also engaging with other local authorities who have complex care homes operating in their patch to get an insight how they are meeting this need. We have also commissioned local groups such as Enrichment for the Elderly to seek views of people with lived experience, family carers, voluntary sector groups and other professionals.
- 4.3 The approach to remodelling of pathway 3 and somewhere else to assess provision has been developed as a partnership across health and care and taking on board learning from operational and commissioning teams as well as providers.
- 4.4 Learning has also been undertaken from individuals, particularly where individuals have expressed concerns about current provision, from unmet need

and complaints. This learning has informed the standards and performance expectations on providers who will deliver in the new contract.

- 4.5 Learning has also been undertaken through development of our Dementia Strategy and the Nine Commitments contained in the Strategy. The Dementia Strategy and Engagement report is also at Committee on 30th October 2024 for approval.

5. What alternative options did we consider?

5.3 Do Nothing

There is an on-going need for this provision, not commissioning new models and ending of these contracts would lead to an increased in spot purchasing, this is likely to create a significant operational challenge to manage effectively and increased budget pressures.

5.4 Have Separate Commissioning Strategies

This would result in similar work with the provider market being duplicated, risking inefficiencies, confusion, and conflicting asks, as well as unclear distinctions between care pathways.

5.5 Recommissioning

There is a need to ensure that the commissioning model is fit for purpose for people with a complexity and acuity of care needs, and new models with innovative solutions are implemented.

6. How has equality, diversity and inclusion been actively considered?

- 6.1 The proposal aligns with the Public Sector Equality Duty by advancing equality of opportunity and ensuring that vulnerable individuals receive appropriate quality care and support. It has a significant impact on health and well-being, particularly for older adults aged 65+ with complex care needs and individuals with disabilities.

- 6.2 The proposal also supports carers by providing respite and emergency overnight short breaks, reducing financial strain by managing costs effectively, and fostering good relations by supporting community-based care.

- 6.3 Overall, the proposal is designed to address disparities and improve outcomes for vulnerable groups, contributing to a more equitable and inclusive care system.

7. Financial and Commercial Implications

- 7.1 For 24/25, the available budget for Older People's Care Homes is £52.6m. The development of Enhanced Residential Care and Planned and Emergency Respite will need to be delivered within the available resources.

Somewhere Else to Assess

- 7.2 The extension of the current contracts for Somewhere Else to Assess will utilise the existing budget, set at £1.7m pa for the block contract of 40 beds, plus flexible capacity for an additional 20 beds if needed to a total of £2.5m pa.
- 7.3 The S2A contract is a joint contract with SYICB. The ICB fully fund the nursing element of the block beds. Any spot purchases are paid for by the appropriate commissioner.
- 7.4 Delays in discharges have led to higher-than-expected costs, with over £1m attributed to excess lengths of stay in two-thirds of nursing and residential packages. This means that there is first, an overspend to the whole health and care system, and second, that there is a loss of income to SCC as contributions are not paid whilst someone remains in the pathway.
- 7.5 There are also additional costs accrued where people remain in block purchased provision after their formal offer of care has been provided for various reason, and spot purchases are required to facilitate other discharges from hospital. There is an opportunity to review the discharge to assess period to look at opportunities to further increase income recovery for people.
- 7.6 Efficiencies are expected to be realised through process improvements in the contract extension period, reducing reliance on costly spot beds and improved bed utilisation.
- 7.7 Appropriate procurement strategies will be developed to deliver the approved commissioning outcomes in line with the Council's Standing Orders and relevant procurement legislation

8 Legal and Commercial Implications

- 8.1 The core purpose of adult health and social care support is to help people to achieve the outcomes that matter to them in their life. The Care Act 2014 sets out the Council's statutory power to direct the provision that:
- promotes wellbeing
 - prevents the need for care and support
 - protects adults from abuse and neglect (safeguarding)
 - promotes health and care integration
 - provides information and advice
 - promotes diversity and quality.

- 8.2 Further, to shape how Local Authorities may meet these objectives, the Care Act 2014 also sets out the law around market development in adult social care. It enshrines in legislation duties and responsibilities for market related issues for various bodies, including local authorities. Section 5 of the Care Act sets out duties on local authorities to facilitate a diverse, sustainable high-quality market for their whole local population, including those who pay for their own care and to promote efficient and effective operation of the adult care and support market.
- 8.3 Section 5 also requires the Council to have regard to the importance of promoting the well-being of service users when arranging for the provision of services for meeting their care and support needs. It follows from the above that when establishing a new framework for the provision of care and support services the Council should consider the welfare of service users and their carers, as well as the management of the market to ensure a diverse and high-quality supply of services that are properly publicised and designed to meet their needs
- 8.4 The proposals in this report are therefore in line with the Council's legal obligations.

9 Climate and Environmental Implications

- 9.1 The negative impacts of climate change are disproportionately and more severely felt by vulnerable groups, including people reliant on adult health and social care services e.g. public health impacts as a result of extreme weather events such as heatwaves and flooding, poor air quality, food and water shortages and the cumulative effect on cost of living.
- 9.2 Any new service development will be adapted to improve resilience and agility against the impacts of a changing climate. This will be achieved by:
- openly discussing the impact of climate change with individuals, family members, providers, faith and voluntary sector so that we are working collaboratively to mitigate effects of climate change as well as contributing to net zero
 - ensuring that any provider funded through the council is contributing to climate change
 - influence care providers to implement their own net zero strategy and reduce emissions by decarbonising their fleet, improving their buildings, invest in renewable energy projects, and to adapt their services to be resilient to the impacts of a changing climate.

10 Other implications

- 10.1 Over reliance on Direct Awards increases costs and is not guaranteed under contract, posing a financial risk.

- 10.2 Staffing shortages can delay improvement efforts, and securing continued support is critical for success. The Continuing Health Care nurse capacity and somewhere else to assess team has been increased, addressing delays in DST processing.

11 Reasons for decision

- 11.1. Ensuring provision of support for people with a complexity and acuity of care needs through having dedicated provision for complex care, somewhere else to assess and planned and emergency respite will make steps towards sufficiency, quality and value of care homes in the City.
- 11.2 Approval is sought for a commissioning strategy to develop and deliver enhanced care in residential settings to ensure sufficiency of provision for older adults aged 65 + who have a complexity of care needs. This includes long term complex care, planned and emergency respite provision, and Somewhere Else to Assess Beds.
- 11.3 Provision of updates to committee provides an assurance to Members of delivery and scrutiny of actions undertaken.

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