Public Document Pack

Cabinet

Wednesday 23 May 2012 at 2.00 pm

To be held at the Town Hall, Pinstone Street, Sheffield, S1 2HH

The Press and Public are Welcome to Attend

Membership

Councillor Julie Dore	Chair/Leader of the Council
Councillor Harry Harpham	Deputy Leader/Homes & Neighbourhoods
Councillor Bryan Lodge	Finance & Resources
Councillor Leigh Bramall	Business, Skills & Development
Councillor Jackie Drayton	Children, Young People & Families
Councillor Mary Lea	Health, Care & Independent Living
Councillor Isobel Bowler	Culture, Sport & Leisure
Councillor Mazhar Iqbal	Communities & Inclusion
Councillor Jack Scott	Environment, Waste & Streetscene

Sheffield City Council

PUBLIC ACCESS TO THE MEETING

The Cabinet discusses and takes decisions on the most significant issues facing the City Council. These include issues about the direction of the Council, its policies and strategies, as well as city-wide decisions and those which affect more than one Council service. Meetings are chaired by the Leader of the Council, Councillor Julie Dore.

A copy of the agenda and reports is available on the Council's website at www.sheffield.gov.uk. You can also see the reports to be discussed at the meeting if you call at the First Point Reception, Town Hall, Pinstone Street entrance. The Reception is open between 9.00 am and 5.00 pm, Monday to Thursday and between 9.00 am and 4.45 pm. on Friday, or you can ring on telephone no. 2734552. You may not be allowed to see some reports because they contain confidential information. These items are usually marked * on the agenda.

Members of the public have the right to ask questions or submit petitions to Cabinet meetings. Please see the website or contact Democratic Services for further information.

Cabinet meetings are normally open to the public but sometimes the Cabinet may have to discuss an item in private. If this happens, you will be asked to leave. Any private items are normally left until last. If you would like to attend the meeting please report to the First Point Reception desk where you will be directed to the meeting room.

Cabinet decisions are effective six working days after the meeting has taken place, unless called-in for scrutiny by the relevant Scrutiny Committee or referred to the City Council meeting, in which case the matter is normally resolved within the monthly cycle of meetings. Further information on this or any of the agenda items can be obtained by speaking to John Challenger on 0114 273 4014.

If you require any further information please contact committee@sheffield.gov.uk or call us on 0114 273 4014.

FACILITIES

There are public toilets available, with wheelchair access, on the ground floor of the Town Hall. Induction loop facilities are available in meeting rooms.

Access for people with mobility difficulties can be obtained through the ramp on the side to the main Town Hall entrance.

CABINET AGENDA
23 MAY 2012

Order of Business

1. Welcome and Housekeeping Arrangements

2. Apologies for Absence

3. Exclusion of Public and Press

4. Declarations of Interest
Members to declare any interests they have in the business to be considered at the meeting.

5. Minutes of Previous Meeting
To approve the minutes of the meeting of the Cabinet held on 25th April 2012.

6. Public Questions and Petitions
To receive any questions or petitions from members of the public.

7. Items Called-In For Scrutiny
The Deputy Chief Executive will inform the Cabinet of any items called in for scrutiny since the last meeting of the Cabinet.

8. Retirement of Staff
Report of the Deputy Chief Executive.

9. Community Right to Challenge - Implementation of the provisions within the Localism Act 2011
Joint report of the Deputy Chief Executive and the Executive Director, Resources.

10. Review of Care4you Resources Centres
Report of the Executive Director, Communities

11. Lowfield MyPlace (U-mix) Project
Report of the Executive Director, Children, Young People and Families

12. Learning Provision for Young People and Adults in Sheffield
Report of the Executive Director, Children, Young People and Families

13. Transforming Support for People with Dementia Living at Home
Report of the Executive Director, Communities

NOTE: The next meeting of Cabinet will be held on Wednesday 20 June 2012 at 2.00 pm

ADVICE TO MEMBERS ON DECLARING INTERESTS AT MEETINGS

You will have a **personal interest** in a matter if it relates to an interest that you have already registered on the Register of Interests; relates to an interest that should be registered but you have not yet done so; or affects your well-being or financial position or that of members of your family or your close associates, to a greater extent than it would affect the majority of people in the ward affected by the decision.

The definition of family is very wide and includes a partner, step-relations, and in-laws. A "close associate" is someone whom a reasonable member of the public might think you would be prepared to favour or disadvantage.

If you have a personal interest you must: declare the existence and nature of the interest at the beginning of the meeting, before it is discussed or as soon as it becomes apparent to you; but you can remain in the meeting, speak and vote on the matter unless the personal interest is also prejudicial.

However, in certain circumstances you may have an **exemption** which means that you might not have to declare your interest.

- You will have an exemption where your interest arises solely from your membership of or position of control/management in a body to which you have been appointed or nominated by the authority; and/or a body exercising functions of a public nature (e.g. another local authority).

In these exceptional cases, provided that you do not have a **prejudicial interest** you only need to declare your interest if you intend to speak on the matter.

- You will have an exemption if your personal interest is simply having received a gift or hospitality over £25 which you registered more than 3 years ago.

When will a personal interest also be prejudicial?

Your personal interest will also be prejudicial if a member of the public who knows the relevant facts would reasonably think the personal interest is so significant that it is likely to prejudice your judgement of the public interest; and

i. either the matter affects your financial position or the financial position of any person or body through whom you have a personal interest. For example, an application for grant funding to a body on your register of interests or a contract between the authority and that body; or

ii. the matter relates to the determining of any approval, consent, licence, permission or registration that affects you or any relevant person or body with which you have a personal interest. For example, considering a planning or licensing application made by you or a body on your register of interests.

Exemptions: You will not have a prejudicial interest if the matter relates to:

i. the Council's housing functions – if you hold a lease or tenancy with the Council, provided that the matter under consideration is not your own lease or tenancy;
ii. school meals, transport or travel expenses – if you are the parent or guardian of a child of school age, provided that the matter under consideration is not the school the child attends;
iii. statutory sick pay;
iv. Members' allowances;
v. ceremonial honours for Members; or
vi. setting the Council Tax.

If you have a prejudicial interest, you must:

(a) Declare the existence and nature of the interest (in relation to the relevant agenda item) as soon as it becomes apparent to you.

(b) Leave the room unless members of the public are allowed to make representations, give evidence or answer questions about the matter. If that is the case, you can also attend to make representations, give evidence or answer questions about the matter.

(c) Once you have finished making representations, answering questions etc., you must leave the room. You cannot stay in the room whilst the matter is being discussed neither can you remain in the public gallery to observe the vote on the matter. In addition, you must not seek to improperly influence a decision about the matter.

FURTHER INFORMATION

If at all possible, you should try to identify any potential interest you may have before the meeting so that you and the person you ask for advice can fully consider all the circumstances before reaching a conclusion on what action you should take.

Advice can be obtained from Lynne Bird, Director of Legal Services on 0114 2734018 or email **lynne.bird@sheffield.gov.uk**

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SHEFFIELD CITY COUNCIL
Cabinet Report

10

Report of: Richard Webb Executive Director Communities

Date: 23 May 2012

Subject: Review of the Care4you Resource Centres

Author of Report: Eddie Sherwood Director of Care and Support Communities

Summary:

The City Council and NHS Sheffield are working together to improve the experience of older people leaving hospital. As part of this both agencies have been reviewing the 42 beds at the Council's 2 Care4you resource centres, Hazlehurst at Jordanthorpe and Sevenfields at Wisewood.

The centres provide a service for people when they leave hospital who need rehabilitation before they go home, usually up to a period of around six weeks. Currently NHS Sheffield and Sheffield City Council jointly fund the centres although it's acknowledged that the majority of their use is for intermediate care, where the NHS has primary responsibility.

An options appraisal process was undertaken as a joint initiative between senior officers of NHS Sheffield (NHSS) and Sheffield City Council (SCC). This formally agreed process identified a number of options to be considered. An evaluation of each option identified the preferred option to decommission the 42 beds in the current buildings and commission alternative care elsewhere based on current needs and demand. The options within the appraisal, including the preferred option, have been subject to a period of consultation which began on 6th December 2011 and ended on 29th February 2012.

The NHS have stated their preference for a nursed bed model of service which is informed by clinical experience and by the outcome of the consultation on intermediate care which informed the development of IC strategy.

From an NHS and professional clinical perspective this means the services are better placed where there are qualified nurses on site 24 hours a day. The care4you resource centres are only registered to provide residential care. Even if the buildings were to remain open they would not be able to meet NHS Sheffield's requirement to provide nursing care

The proposal to procure alternative provision which better meets health needs and to decommission the centres is also based upon the need to ensure intermediate care is good value for money and the best way of meeting the needs of the people who require these services. In addition the resource centre

buildings are old stock, they lack modern facilities for rehabilitation and there are no en-suite bedroom facilities. Intermediate care could be provided by different providers of nursing care offering much improved facilities which are more cost effective.

Sheffield City Council has plans in place to accommodate people who require long term social care support (approx 11 of the 42 beds- 20% of users) in other more updated services in the independent sector. Not only would this provide more suitable accommodation but would also offer those people a choice of location in which they can be supported. NHSS is also committed to commissioning alternative provision for the remaining 31 beds

A formal period of consultation commenced on the 6th December 2011 and concluded on 29th February 2012. (A copy of the full consultation report is attached to this Cabinet report)

The consultation was as far as possible aimed to capture a wide and varied audience and focussed on an opportunity for people to express their views and concerns on the options appraisal, the preferred option, and to offer any alternative solutions.

Affected individuals and organisations, (including organisations for older people and carers) and members of the public were invited to comment using a variety of methods, which included meetings, visits, letters and online opportunities

In general there was a mixed response to the consultation. Whilst there was some support and acknowledgement of the financial issues leading to the recommendation of 'option 5', and the model of IC, there were also concerns which people felt should be taken in account if any reprovision is to occur. Concerns were raised about

- Not sacrificing quality solely on the basis of cost,
- The quality and recognition the resource centres have
- The future of the workforce from a personal perspective and as a valuable resource for the city,
- The capacity and capability of nursing homes to provide appropriate IC and the fact that a planned 120 bed NHS Sheffield IC resource had not been built as yet
- Critique of the options appraisal and review process.

Sheffield City Council and NHS Sheffield are fully committed to ensuring that all concerns raised are fully considered and embedded as part of any new delivery model. For example ensuring that the procurement process is robust and the quality of care is monitored as part of internal monitoring processes.
Both the City Council and the NHS are totally committed to ensuring that everyone who needs intermediate care will be able to receive this without delay and no changes in services will be made that would put this commitment into jeopardy

The Healthier Communities and Adult Social Care Scrutiny Committee considered this issues at its meeting on the 30th April 2012 (further details at section 9) and recommends that Cabinet considers the Committee's resolution in coming to a decision.
The Committee:

- supports the proposal detailed in the Cabinet report to decommission the

two resource centres;
- recognises the value of the skill and expertise of the staff currently employed in the resource centres, and requests that all efforts are made to retain them;
- supports the aim expressed by NHS Sheffield, that in commissioning an increased number of nurse led intermediate care beds from the independent sector, the number of sites providing intermediate care is not increased;
- recognises that in the case of these two resource Centres, running the service as a staff mutual or social enterprise is not a viable option. However this should be explored as an option in the earliest stages of the development of any future proposals involving the decommissioning of services

And furthermore
- expresses concern over the length of time it is taking to find a suitable site for the 120 bed intermediate care facility that was proposed as part of the Intermediate Care Strategy developed in 2008; and
    - requests that Cabinet offers the Council's assistance to NHS Sheffield in finding an appropriate site
    - will be asking NHS Sheffield to come to the Committee in 6 months time to provide an update on progress, including whether the newly established Clinical Commissioning Group will be continuing with this strategy; and the selection criteria for the site.

This report seeks agreement from Cabinet to decommission the 2 resource centres taking into account the outcomes of the recent consultation and the Healthier Communities and Adult Social Care Scrutiny Committee

Reason for the recommendations

- The NHS requires nursed beds for intermediate care which the resource centres do not offer
- The NHS professional view is that nursed beds are more appropriate for intermediate care where there are qualified nurses on site 24 hours a day. Neither the resource centres nor the City Council can offer this service.
- The City Council buildings are no longer fit for purpose for those people needing intermediate care and are provided at a comparatively high cost.
- Older people, their families and carers have told NHS Sheffield and the City Council that they want to be supported at home or as close to home as possible.
- The City Council and NHS Sheffield have given a commitment to secure alternative services within improved facilities and which will deliver better value for money.
- The requirement for the City Council to make savings whilst also maintaining essential services.

Recommendations

Cabinet

- Fully consider the outcome of the consultations and the Healthier Communities and Adult Social Care Scrutiny Committee
- Acknowledge both the council and NHS Sheffield will secure appropriate alternative provision from the independent sector
- Approve the recommendation to proceed with the decommissioning of the 2 resource centres and the proposals for the commissioning of alternative care by the end of June 2012 or a date as soon as practical after that date.

Background Papers:

- NHS Sheffield Consultation Proposals - Improving Intermediate Care Services in Sheffield -Care in your own bed 2008
- Pathways for Intermediate Care in Sheffield Tom Downes 2008
- Standing up for Sheffield Corporate Plan 2011-2014
- Department of Health Intermediate Care Halfway Home 2009
- Strategic Commissioning and Partnership Section Social Care Bed Based Reablement " Hypothesis Testing" March 2010
- Strategic Commissioning & Partnership 'Best practice guide for decommissioning'
- Outcomes from the Review. SCC Care4you Resource Centres in Sheffield January 2012
- Care4you Intermediate Care Resource centre consultation Report March 2012

Category of Report:

OPEN

Statutory and Council Policy Checklist

Financial implications
YES
Legal implications
YES
Equality of Opportunity implications
YES
Tackling Health Inequalities implications
NO
Human rights implications
YES
Environmental and Sustainability implications
NO
Economic impact
NO
Community safety implications
NO
Human resources implications
YES
Property implications
YES
Area(s) affected
ALL
Relevant Scrutiny Board if decision called in
Health and Community Care Scrutiny Committee
Is the item a matter which is reserved for approval by the City Council?
NO
Press release
YES

1.0 Report Summary

1.1 In December 2011, the Executive Director of Communities in consultation with the Cabinet Member for Health Care and Independent Living gave approval for a formal period of consultation on proposals about the future of the two Care4you resource centres.

1.2 This report sets out the proposals for the future of centres. It

- summaries the outcome of the consultation process
- describes the proposal for reproviding the services
- details the plan to de-commission the resource centres
- sets out the associated impacts and risks

1.3 It describes the strategic context for services for older people in the light of the transformation of Social Care and the proposals for the reconfiguration of intermediate care by NHS Sheffield.

1.4 The report seeks agreement from Cabinet to decommission the 2 resource centres and to support the commissioning of alternative care by the two commissioners (NHSS and SCC), taking into account the information detailed in the report and the outcomes of the consultation.

2.0 What does this mean for the people of Sheffield?

2.1 NHS Sheffield's plan for a new model of intermediate care has been informed by learning gained from successful services from around the country, and from a public consultation in 2008 where users and carers of intermediate services were saying that they wished to be cared for in their own homes or as close to home as possible rather than in hospital. [1]

2.2 People will still be able to access intermediate care services following hospital discharge, therefore no one leaving hospital should experience any change except they may receive this in a different place and in beds which are designed to support nursing care. This remains the case regardless of the outcome of the consultation or any decision to decommission the resource centres.

2.3 We know that if we are able to arrange the right kind of support, within the right setting and at the right time, we have better chance of helping peoples longer term ambition of remaining independent and healthy for as long as possible.

2.4 The decommissioning in the Wisewood area also opens up opportunities for the building and land to be part of a wider

[1] NHS Sheffield Consultation Proposals - Improving Intermediate Care Services in Sheffield -Care in your own bed 2008

regeneration plan which will benefit all citizens in that particular community.

3.0 Outcomes and Sustainability

3.1 This proposals detailed in this report will ensure better value for money as new services will be modernised and fit for purpose. There will no longer be a need to maintain council owned buildings at high cost which will ultimately reduce the council's carbon footprint and in some cases offer up opportunities for the wider regeneration in the particular areas.

3.2 It is recognised however that any service change must meet with NHS Sheffield's objective of providing 120 nursed intermediate care beds in the city[2] and that every individual has an opportunity to regain maximum recovery in a non-acute setting. This will include a planned return home (or to a suitable alternative residence) enabling the patient to achieve optimum levels of confidence and independence

4.0 National and Local Policy Drivers

4.1 Sheffield Council is in the process of implementing the Government's vision of transforming adult social care by providing services that are personalised and meet the needs of local citizens. These proposals support these principles by offering updated and modern facilities and opportunities for more individualised health care and support.

4.2 The proposals also link to and support the priorities and ambitions set out in the City Council's corporate plan' Standing up for Sheffield' by supporting and protecting communities. This means we will be investing in efficient services that people and local communities *really need*.[3]

4.3 NHS Sheffield's plans for intermediate care (IC) link to the Department of Health's proposal which emphasise the key messages about the purpose of intermediate care as being to:[4]

- support alternatives to inappropriate acute hospital admission
- support early discharge after acute illness or surgery
- and delay admission to long term care

4.4 The growing demographic pressures are also a significant driver for change so that our proposals and commissioning activity deliver services which are more personalised, efficient and effective. These

[2] Pathways for Intermediate Care in Sheffield Tom Downes 2008

[3] Standing up for Sheffield Corporate Plan 2011-2014

[4] DH Intermediate Care Halfway Home 2009

proposals are designed to do this and at the same time deliver high quality support that improves individual outcomes and aspirations.

4.5 Both parties had indicated that they believed there would be opportunities for making better use of the funding that had been historically used to fund the 42 beds. For the city council, the reductions in government funding was an important factor, particularly as this could lead to a net reduction in expenditure whilst also continuing to purchase the necessary alternative services.

5.0 Background

5.1 The Cabinet meeting in October 2010, agreed to;

5.1.1 Formally withdraw the PFI (Private Finance Initiative) proposals for the development of two new resource centres as they were no longer expected to meet the long term needs of older people.

5.12 A period of consultation on the proposal to develop a more flexible model of support for vulnerable older people and delegate the final decision on the decommissioning of Ravenscroft resource centres to the Executive Director of Communities in consultation with the Cabinet Member for Healthy and Independent Living and the Director of Legal Services.

5.2 After taking full consideration of the feedback from the consultation Ravenscroft Resource centre closed successfully on 31st March 2011.

5.3 In 2010, Cabinet also noted that a review would be needed on the future of Hazlehurst and Sevenfields, with a report back as soon as the review was complete. This is the said report.

6.0 Current Position

6.1 As part of the NHS Sheffield's remodelling of intermediate care services across the city it was agreed that the 42 resource centre beds should only be only used for 24 hour non nursed (residential) patients.

6.2 Therefore the 2 resource centres only accept referrals from health professionals and do not provide any services for permanent care meaning no one lives there on a permanent basis. They provide short term residential care but do not and are not registered to offer nursing care.

6.3 The resource centres are registered to provide residential care with in reach health care provided by NHS Sheffield. Even if the buildings were to remain open they would not be able to meet NHS Sheffield's requirement to provide nursing care

6.4 The intermediate care is provided in what were previously old City Council residential homes, which were only ever intended to be used for this purpose on a temporary basis. These are not modern buildings lacking in en-suites and purpose designed facilities for intermediate care. Any long term use of these buildings will require substantial investment for maintenance purposes; for example, repair of a flat roof at Hazelhurst and managing inefficient energy consumption at Sevenfields. Both centres would also require general refurbishment.

6.5 The buildings are currently run and managed by the City Council and employ approximately 62 staff across the two sites. Therapy, Consultant Geriatrician and GP services are commissioned and paid for separately by NHS Sheffield.

6.6 The beds are provided at a high cost in comparison to other similar facilities in the market. Contributions to the running costs are based on a historical arrangement between NHS Sheffield and social care as part of the pooled budget arrangements for intermediate care. The split of funding has been 1/3 funded by health and 2/3 funded by social care. The table below shows the comparative costs for residential care in other settings

Settings	**Weekly Cost/Bed**	**Variance**
	£'s	£'s
Resource Centres	913	
Resource centre beds excluding in-reach health care	755	-158
Residential Care Beds excluding in-reach health care	362	-551
Nursed Beds excluding in-reach health care	500	-413

6.7 Even though on occasions it is suggested that these beds may provide reablement opportunities, a recent study and analysis undertaken by social care has determined there is not a need/demand for social care reablement beds[5] and that people would prefer to receive any social care reablement as close to home as possible.. However it is acknowledged that approximately 20% (approx 11 of the 42 beds) of users require long term social care support and therefore plans are in place to accommodate these people in other more updated services in the independent sector. Not only would this provide more suitable

[5] Strategic Commissioning and Partnership Section Social Care bed Based Reablement " Hypothesis Testing" March 2010

accommodation but would also offer those people a choice of location in which they can be supported.

6.8 It costs approximately £1.5m to run the 2 resource centres each year (£500k from NHS Sheffield and £1m from the social care). When the council is facing significant reduction in its spending power, and the NHS is experiencing costs pressures requiring significant efficiency savings, it is essential that we reduce expenditure and secure better value for money whilst still providing the services that people need.

6.9 Currently the average price per bed in the resource centres costs £755 per week (excluding in-reach health costs) and £913 per week (including in-reach health costs) compared to £500 per week in the independent sector for nursed beds including nursing care fees (which NHS Sheffield but not the city council have to pay). This indicates the current beds are not good value for money and more importantly are unable to provide the services which are required, 24 hour nursed beds.

6.10 NHS Sheffield currently commissions approximately 122 beds across the city in various locations. Only 42 beds are provided by the council and the rest are provided by private, voluntary and independent sector organisations. The majority of other intermediate care beds commissioned by NHSS offer nursing care and it is their intention that this should be the model for the future

6.11 At the end of 2011 NHS Sheffield purchased an additional 20 intermediate care beds from the independent sector which did not create any supply issues in the market. Below is a list of the current nursed/residential intermediate care providers

Unit	Beds
Beech Hill (Norfolk)	16
Beech Hill (Shrewsbury)	15
Pexton Grange	24
	7
Jasmin Court	14
Northfields	14
Hazlehurst	22
Sevenfields	20
Woodhill Grange (temp residential interim)	10

Total number of beds	142

6.12 There are proposals developing about the regeneration of the Wisewood area, Sevenfields which is part of the area is not currently included in this plan which is potentially a missed opportunity for the wider community development.

6.13 Hazelhurst resource centre at Jordanthorpe was once used as a community hub but this has declined since the development of the White Willows extra care scheme which is almost adjacent to the centre. White Willows has up to date facilities and is developing as a community resource.

7.0 Proposals

7.1 The review of the units included evaluating options and was a joint initiative between NHS Sheffield (NHSS) and Sheffield City Council (SCC). This options appraisal was initiated to examine all the important factors before making a recommendation.

7.2 The main options appraised are detailed below and the suitability of each option was assessed against set criteria including meeting future need, value for money, strategic fit, do-ability and strategic market assessment

1. No change – maintain the current 42 jointly funded beds
2. Decommission the existing 42 beds and meet need through a redesigned community based model
3. Decommission 21 beds and one building without any re provision retaining 21 beds in the other building
4. Decommission 42 beds and 2 buildings without re providing care
5. Decommission 42 beds in the current buildings and commission alternative care elsewhere based on current needs and demand
6. Decommission the 42 beds and provide the same care in new or different buildings

7.3 Based on the options appraisal it is recommended to decommission the 2 resource centres and for NHSS to commission a number of nursed intermediate care beds, which reflects current need and demand (option 5).

7.4 The reasons for this recommendation were based on

Meeting Future Need

- This option meets future need well, offering nursed beds for intermediate care and flexibility to provide social care in line with people's choices

Potential savings

- There may be savings to be gained from open procurement of services.
- There is a risk to providing the beds in more than two locations as this will increase the therapy costs if the service is fragmented
- Staff redundancies would have to be considered against any savings

Strategic Fit

- This is a strategic fit with the Intermediate Care Strategy where there is a need to provide intermediate care in a nursed bed based environment
- This is a strategic fit with social care commissioning plans, where reablement beds are not deemed to be required

Do Ability

- This is do able within a reasonable timescale but it would need to take account of the provision required, the type of patients/ type of beds required, location of re commissioned beds and appropriateness

Strategic Market Assessment

- The independent sector could provide nursed beds and the current market position suggest sufficient availability of beds

7.5 The proposed timescales for decommissioning the resource centres is the end of June 2012. This takes account of any HR processes which will be required, sufficient time to reprovide appropriate resources and to meet with the council best practice decommissioning guidance[6]

8.0 Outcome of the Consultation

Summary of consultation

8.1 A formal period of consultation commenced on the 6th December 2011 and concluded on 29th February 2012. (A copy of the full consultation report is attached to this Cabinet report)

8.2 The consultation was as far as possible aimed to capture a wide and varied audience and focussed on an opportunity for people to express their views and concerns on the options appraisal, the preferred option and to offer any alternative solutions.

8.3 Affected Individuals and organisations, (including those age related and carers) and members of the public were invited to comment using a variety of methods, which included meetings, visits, letters and online opportunities

8.4 Opportunities have been provided for affected staff to have private discussions with Trade Unions, Human Resources (HR) and management.

[6] Strategic Commissioning & Partnership best practice guide for decommissioning

Number of responses received

Communication type	Number
e-mail	14
Telephone	5
Meeting	7
Letter	5
Web	168 hits

8.5 In general each communication was acknowledged or responded to by letter or in the same format as it was received. UNISON, LINk and the Carers Centre submitted questions and received detailed written responses.

8.6 Attendees at meetings received verbal responses at the time, though in addition both the Dignity and Older People's Champions submitted questions which were responded to alongside a written account of their meetings.

8.7 In general there was a mixed response to the consultation. Whilst there was some support and acknowledgement of the financial issues leading to the recommendation of 'option 5', and the model of IC, there were also concerns which people felt should be taken in account if any reprovision is to occur. Concerns were raised about

- Not sacrificing quality solely on the basis of cost,
- The quality and recognition the resource centres have
- The future of the workforce from a personal perspective and as a valuable resource for the city,
- The capacity and capability of nursing homes to provide appropriate IC and the fact that a planned 120 bed NHS Sheffield IC resource had not been built as yet
- Critique of the options appraisal and review process.

8.8 Sheffield City Council and NHS Sheffield are fully committed to ensuring that all concerns raised are fully considered and embedded as part of any new delivery model. For example ensuring that the procurement process is robust and the quality of care is monitored as part of internal monitoring processes, however the requirement for ensuring IC is provided in appropriate facilities which meet need e.g. 24 hour nursed beds, must remain a priority.

8.9 Below is a summary of the outcome for the consultation for the different groups:

8.10 *Members of the public*

8.11 Members of the public have been invited to comment using the methods outlined above in (8.3)

Responses from members of the public (10)

Support for option 5	1
Opposition to option 5	3
Mixed response	1
Neutral responses	4
Review report request/no comment	1

8.12 The main reasons for opposition to 'option 5' were

- The need to retain the specialist and therapeutic resources provided by the centres
- The capacity and capability of private sector nursing homes to deliver an equivalent or better service
- Personal positive experiences of the resource centres.

8.13 The reasons given for supporting 'option 5' was

- Personal experience of using the centres and opinion about the poor standard of one of the buildings.

8.14 Public consultation event

8.15 A public consultation meeting was held 31st January 2012 as part of the consultation on the Sheffield City Council budget for 2012/13. The event, focused on Adult Social Care which included the resource centres and wider budget proposals that could affect new customers.

8.16 There was a mixed response from members of the public with some support for 'option 5' .and some against the option. This was particularly in terms of impact on staff and the potential loss of their skills. There was also concern that any replacement service would sacrifice quality for cost and is ineffective in providing intermediate care.

8.17 *Carers & age related voluntary groups and individuals*

8.18 Responses were received from the Sheffield Carers Centre, Sheffield LINk, older people's champion, older people's dignity champion and SIF. There was a mixed response from the various groups. Concerns were raised about

- The fragmentation of services and the loss of skilled staff, experience and training.

- The decision being made based on quality not just costs
- The quality and capability of private sector nursing homes to effectively deliver intermediate care and rehabilitation given staffing levels and expertise and culture
- Sufficient preparatory work being undertaken.
- The rational on the need for ensuite facilities
- The evidence base for recommendation, savings being overstated and transparency about the use of savings
- The units providing respite for carers
- Clarity of plans for IC in the future
- Option 5 removes provision for older people and disabled adults

8.19 Comments and suggestions were made about reprovision which included

- Alternative provision being the use of closed hospital wards or closing one site
- The need to staff accordingly for rehabilitation and ensure quality standards are maintained
- Having a specialised 10 bed wing in a nursing home specific for rehabilitation
- Involving unpaid carers in individual cases
- There is investment in alternative models of IC such as support at home

8.20 Groups using the centres

8.21 There are 2 community groups that regularly meet at Sevenfields. These groups have been offered the opportunity to comment on the proposals and offered reassurance that they will be given support to find alternative accommodation should the need arise.

8.22 The Agewell group who meet at Sevenfields have expressed concerns about the future of the group and loss of a local resource/meeting place. They acknowledge the financial issues but suggest that support for older and vulnerable people should be prioritised.

8.23 In addition service users that use the hearing aid services at the units, have been handed letters about he proposals, 7 at Hazlehurst and 3 at Sevenfields. No feedback received.

8.24 Tenants of bungalows local to Sevenfields

8.25 There are 12 bungalows in the grounds of Sevenfields which were previously part of the unit, these are now separate and run by Pennine Housing Association. Tenants of the bungalows expressed concern about;

- The future of the building/site, vandalism and disruption if the building is demolished.
- The need to retain bed based IC as well as home based IC

8.26 Trade Unions

8.27 In a letter to Councillor Julie Dore one of the trade unions made comments about the:

- Need for wide and transparent consultation about the recommended proposal.
- Financial arguments for retaining the current provision.
- Accuracy of information in the joint review carried out by NHS Sheffield and Sheffield City Council.
- Dependence on the private sector.

8.28 As part of the consultation, UNISON asked for information about the:

- Numbers and a profile of staff working in the resource centres and details of management costs.
- Previous maintenance costs.
- Number of IC beds in the city, their location, providers, unit costs and bed occupancy rates.
- Consultation about remodelling the provision.
- Options appraisal and report on 'social care bed based reablement hypothesis testing'.
- Financial assumptions for IC beds in the medium term.

8.29 Resource Centre Staff

8.30 Staff main concerns were about their employment opportunities should both the resource centres be closed and the impact of potential redundancies and the process for VER/VS schemes.

8.31 Questions and comments have also been submitted about the proposals. The focus of these has been about the value, success and expertise of the resource centres and their staff

8.32 The requirement for en-suite facilities and disputing other building refurbishment needs. The basis for the decision to recommend 'option 5' and suggesting other potential areas for efficiencies and savings, including alternative uses for the buildings.

8.33 For all staff affected by the proposed changes a number of guarantees have been given by senior management and HR:

- No one would be disadvantaged or left vulnerable, all staff will be treated fairly and equal in line with procedures.

- There would be access to HR advice and trade union representation on a regular basis
- There would be regular staff meetings to share information
- There would be opportunities to apply for VER/VS schemes and continued advice and support would be given
- There would a skill audit of staff where appropriate.

8.34 Health Staff

8.35 Health staff currently providing support to both units, although not directly affected by the proposed changes, have also been provided information about the proposals and will continue to receive regular updates as part of this process.

8.36 The main concerns have been about the reprovision of beds and where they will be. They have received reassurances that their skills and experience will be used in the replacement beds

8.37 Professionals

8.38 A number of Health and Social Care professionals involved in this area of work were asked to contribute and passed comment on the proposals:

- An opportunity to create a more flexible IC provision including assistive technology.
- Resourcing the beds with sufficient therapy, nursing, medical and social care staff to create flow.
- A more flexible approach to criteria and individuals timescales and accommodation types.
- Flexibility in bed numbers to create capacity during periods of high demand.
- Additional ideas to increase throughput.
- The need to create a good IC pathway and reprovision are essential.

8.39 *Members of Parliament*

8.40 Megg Munn, MP for Sheffield Heeley responded seeking assurances about retaining trained and experienced staff, maintaining good quality options for the people of Sheffield and ensuring the quality of reprovision.

8.41 Clinical Commissioning Group (CCG)

8.42 The CCG (a committee delegated by the South Yorkshire cluster) supports the recommended option for the future of the centres, to decommission the two centres and commission alternative care to meet future need and demand. Committee members recognised the

benefits of intermediate care being provided from nursed beds and agreed that, should the centres close, the CCG will work with the intermediate care service to procure alternative capacity, with a similar number of beds, in a nursed setting.

8.43 An officer's response to the questions raised in the consultations is available with this report.

9. Healthier Communities and Adult Social Care Scrutiny Committee - 30th April 2012

9.1 At full Council on the 4 April 2012, a petition opposing the proposal to decommission the two resource centres was presented with sufficient signatures to trigger a debate. As a result of the debate, the issue was referred to the Healthier Communities and Adult Social Care Scrutiny Committee for detailed scrutiny.

9.2 At its meeting on the 19th April, the Committee considered the draft Cabinet report, including the results of the consultation process and identified the following areas to be considered at a special Committee meeting to be convened on the 30th April 2012:

- How the proposals fit with the strategic plan for intermediate care in the city
- The reasoning for nurse-led intermediate care beds rather than social care led beds.
- Alternative options for delivering intermediate care beds in the city
- Capacity, capability and sustainability of the independent sector to provide intermediate care beds

9.2 The Scrutiny Committee considered the reports attached at appendix B and heard evidence from officers of the Council, NHS Sheffield and Sheffield Teaching Hospitals Foundation Trust, as well as Trades Union representatives from Unison and GMB.

9.3 Having considered the information presented to it, the Committee concluded that the proposal to decommission the two resource centres was in line with the City's strategy for intermediate care – moving towards providing more care in people's own homes, and where bed based provision is required, that it is nurse led; and recognises that alternative models of provision involving the resource centres, for example through a social enterprise or staff mutual, are not viable in this case. The Committee was also keen to see progress made in developing the 120 bed intermediate care facility, and will pursue this with NHS Sheffield.

9.4 The Committee:

- supports the proposal detailed in the Cabinet report to decommission the two resource centres;

- recognises the value of the skill and expertise of the staff currently employed in the resource centres, and requests that all efforts are made to retain them;
- supports the aim expressed by NHS Sheffield, that in commissioning an increased number of nurse led intermediate care beds from the independent sector, the number of sites providing intermediate care is not increased;
- recognises that in the case of these two resource Centres, running the service as a staff mutual or social enterprise is not a viable option. However this should be explored as an option in the earliest stages of the development of any future proposals involving the decommissioning of services

And furthermore

- expresses concern over the length of time it is taking to find a suitable site for the 120 bed intermediate care facility that was proposed as part of the Intermediate Care Strategy developed in 2008; and
    - requests that Cabinet offers the Council's assistance to NHS Sheffield in finding an appropriate site
    - will be asking NHS Sheffield to come to the Committee in 6 months time to provide an update on progress, including whether the newly established Clinical Commissioning Group will be continuing with this strategy; and the selection criteria for the site.

9.5 The Committee recommends that Cabinet takes this information into account as part of its decision making process. The minutes from the meeting are attached at appendix C

10. Risks

10..1 There is always a risk associated with the decommissioning of any resource centre as this brings with it a degree of anxiety and uncertainty for those affected. The service will handle the decommissioning sensitively and professionally and will use its Best Practice Guide for decommissioning, learning from previous consultation and decommissioning of homes. It is acknowledged that early, regular and open communication with those affected is critical to successful decommissioning.

11. Financial Implications

11.1 There will continue to be recurrent investment in residential care by the city council as a result of this proposed decommission, and this is likely to be in the region of £250k pa (based on the Independent sector rate for 11 beds) compared to the current investment of £1m. NHSS will also purchase all the intermediate care beds it requires within a 24 hour nursed setting, this will increase the NHSS spend on intermediate care.

11.2 There will be financial implications with regard to the current staff group and this may include redundancies or early retirement if there are no opportunities for redeployment. The estimated cost of this based on the current staff numbers including voluntary severance, early retirement or redundancy is a one off cost of £650k.

11.3 There will be other one-of costs in relation to the potential demolition of the two buildings and interim security costs. These will be funded from the revenue and capital budgets as appropriate.

11.4 The full year recurrent net revenue savings for the council arising from the decommissioning of the centres and the procurement of alternative provision is estimated to be £650,000.

12. Human Resources Implications

12.1 It is recognised these changes will provide both opportunities and concerns for staff and Trade Unions and staff have been fully consulted on these proposals.

12.2 Both the Council and NHS Sheffield will follow their agreed HR procedures for consulting and implementing the changes. Trade Union representatives will also be invited to actively participate in the process of redeployment of staff where this is available and practicable.

12.3 The closure could result in a reduction in the number of Council managed staff currently employed within the units. It is the intention of the Council to first seek alternative appointments for staff through redeployment opportunities however; the Council at present has limited options for redeployment of all staff and these plans could potentially result in the Council having to explore other options through voluntary severance, early retirement or redundancy. TUPE is unlikely to apply to the 11 social care beds as these will be purchased on a spot basis as and when required. There is a risk TUPE may apply to the 31 health beds but this will require the model of procurement to be on a like for like basis but this is unlikely at this stage.

12.4 Discussions are underway to determine the level and impact of the reductions and explore all other options to mitigate the need for redundancies.

13 Alternatives Considered

13.1 The options appraisal and review considered 6 options and has produced clear conclusions and recommended Option 5. The second preferred option would be to commission intermediate care in a community model, but this does not meet need as well, there is

evidence to suggest bed based services are required alongside any community model, additionally it would not provide value for money. The 3rd preferred option was to reprovide the current care in new or different buildings, but this does not meet need well, would not resolve the requirement for nursed beds and is likely to increase costs. The 4th and 5th preferred options sought to reduce the level of service and this is not the intended outcome or again would not meet the requirement for nursed beds. The least preferred option was no change and this would not meet future needs well, would require significant investment and would not be sustainable in the long term.

13.2 Feedback from consultations suggested a co-operative as a means to deliver the service. It is very difficult to see how this would be able to offer any solution to the need to relocate the services into more suitable buildings, to provide intermediate care within nursing beds and to provide this at less cost than presently. Over the years the council has considered all options for its residential care buildings, including the resource centres, and the cost of refurbishing and creating larger bedrooms with en-suites was always prohibitive. It is more cost effective to secure new build facilities which would be beyond the capability of a cooperative, or to purchase intermediate beds from other providers.

14. Legal Implications

14.1 The Council does not have a legal duty directly to provide intermediate care itself. The centres do not provide permanent homes for the users, nevertheless any interference in family and home life must be considered alongside the practical and economic impact of reorganisation of the services and be taken into account in the decision making. However, users of the service should not experience any changes in the availability of provision.

14.2 The Council’s consultation process has been planned appropriately (including considering equality issues) with those who will be affected by the proposals ensuring that they are offered the opportunity to comment on the proposals and that the Council responds to the issues raised by those who have been consulted

15 Environmental & Sustainability

15.1 It is not anticipated that there will be any negative impact upon the environment caused by these proposals. Careful consideration will be given to rationalising the use of any buildings ensuring that the preferred locations are viable.

15.2 As previously mentioned the site offers development opportunities in the wisewood area as a whole linking with those already being

discussed, and there are also investment opportunities from a local housing association and/or social care provider.

16 Equality of Opportunity

16.1 The Council's consultation process has been planned appropriately (including considering equality issues) with those who will be affected by the proposals ensuring that they are offered the opportunity to comment on the proposals and that the Council responds to the issues raised by those who have been consulted

16.2 The Council must have regard to the public sector equality duty under the Equality Act 2010 to eliminate discrimination that is unlawful and to promote equality of opportunity. The Duty to Promote Disability Equality: Statutory Code of Practice recognises that it will not always be possible for authorities to adopt the course of action which will best promote disability equality but when making the decision due regard must be given to the requirement to promote disability equality alongside other competing requirements. The Initial Equality Impact Assessment attached addresses the need to ensure that the reorganisation will not have a disproportionate impact on any one group of people has and this will be further considered during the consultation period.

An Equalities Impact Assessment (EIA) has been completed **(see Appendix A)**

17 Recommendations

17.1 It is recommended that cabinet:-

- Fully consider the outcome of the consultations and the Healthier Communities and Adult Social Care Scrutiny Committee
- Acknowledge both the council and NHS Sheffield will secure appropriate alternative provision from the independent sector
- Approve the recommendation to proceed with the decommissioning of the 2 resource centres and the proposals for the commissioning of alternative care by the end of June 2012 or a date as soon as practical after that date

Sheffield City Council
Equality Impact Assessment

Guidance for completing this form is available on the intranet
Help is also available by selecting the grey area and pressing the F1 key

Name of policy/project/decision: Proposals for the future of the 2 Care4you Resource Centres - EIA UPDATED FOLLOWING STAKEHOLDER CONSULTATION (See also CDU CDU-1112-318, Intermediate Care Resource Centres: pre-consultation EIA)

Status of policy/project/decision: New

Name of person(s) writing EIA: Jade Bann/Joanne Knight/Kay Thompson/Liz Tooke - Sheffield City Council Communities and Tim Furness NHS Sheffield

Date: 1st March 2012 **Service:** Strategic Commissioning and Community Development Section - Sheffield City Council (SCC) and Commissioning - NHS Sheffield

Portfolio: Communities

What are the brief aims of the policy/project/decision? Proposal to re commission the 42 intermediate care (IC) beds in alternative provision outside of the City Council remit

Are there any potential Council staffing implications, include workforce diversity? Yes this will affect City Council staff but not NHS Sheffield staff

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

Areas of possible impact	Impact	Impact level	Explanation and evidence (Details of data, reports, feedback or consultations. This should be proportionate to the impact.)
Age	-Select-	-Select-	Staff - high impact for staff but no disproportionate impact on protected groups The staff are predominately female, with people from BME backgrounds, a wide age range, and includes some people with disabilities. At this stage, we do not know which individuals will be affected by these proposals which may result in compulsory redundancies or redeployment of staff. As this proposal also links to a wider MER process across care4you any changes under this proposal will be taken account of in the wider MER process. In addition NHS Sheffield will need to communicate any plan to re provide these facilties as this may have a bearing on whether TUPE applies

Areas of possible impact	Impact	Impact level	Explanation and evidence **(Details of data, reports, feedback or consultations. This should be proportionate to the impact.)**
			Patients/users of the service - Positive and Low impact No one lives at the reource centres, they are used for short term health rehablilitation As the age range of those using the services is over 65, this proposal refers only to that age group. The plan is to continue providing services for this group of people in alternative provision with more updated facilities, therefore the impact will be positive and low. However, it will still be important to ensure that individual patients support needs are managed appropriately. See 'summary of impact' section for details of stakeholder consultation. There were no equalities implications arising from the consultation.
Disability	-Select-	-Select-	See comments re age
Pregnancy/maternity	-Select-	-Select-	See comments re age
Race	-Select-	-Select-	See comments re age
Religion/belief	-Select-	-Select-	No disportionate impacts are anticipated.
Sex	-Select-	-Select-	See comments re age
Sexual orientation	-Select-	-Select-	See comments re age
Transgender	-Select-	-Select-	See comments re age
Financial inclusion, poverty, social justice, cohesion or carers	Neutral	Low	The decommissioning of the units may result in some patients and carers having to travel to other areas of the city, so it will be important to ensure that individual patients support needs are managed appropriately.
Voluntary, community & faith sector	Neutral	High	There are some community groups and one health group using the facilities at one of the centres. It was agreed that these groups and the use of the centre by others would be subject to an exit strategy as part of the decommissioning of Ravenscroft resource centre (March 2011) The providers of these groups have been included in the consultation process and any megative impacts of the proposals will be minimised, including where necessary appropriate support to re locate. .
Other/additional: Voluntary, Community & Faith	Neutral	High	There are small numbers of people from the community dropping into the centre on an ad hoc basis for support with hearing aids. Consultation has taken place with

Areas of possible impact	Impact	Impact level	Explanation and evidence (Details of data, reports, feedback or consultations. This should be proportionate to the impact.)
Sector			these people and there are already opportunities for other similar services in the City In one of the areas there is an opportunity to include any decommissioning in the wider regeneration of the area which will be a positive impact for the majority of citizens in the area
Other/additional:	-Select-	-Select-	

Overall summary of possible impact (to be used on EMT, cabinet reports etc): These proposals remain subject to decisions by Cabinet taking account of the consultation with those affected. Although in the main those directly affected are City Council employees, other stakeholders have an interest in the outcome of the decision.

Consultations on the proposals relating to the care4you resource centres have been ongoing since 6th December 2011 and more recently they were extended until 29th February 2012. This was to allow people further opportunity to consider the options and issues and make their views known. Apart from staff and their representatives from the resource centres the consultation has included a wide range of stakeholders including:-
•Stakeholder groups/individuals, for example ; 50+, Voluntary Action Sheffield and network, Carers Centre, Age UK, Agewell, Service Improvement Forum,Quality Improvement Network, The Stroke Association (Sheffield), Older People's Partnership Board, Dignity Champion, and Older People Champion
•The Residents of bungalows built around Sevenfields
•Kier staff working at resource centres
• Individuals who provide services to residents e.g. hairdressers and chiropodists
•Through a public consultation meeting held on 31st January 2012 about budget proposals for 2012/13, particularly those where we don't have an obvious stakeholder/customer group to consult with.
People have also been offered the opportunity to comment in a number of ways including in writing, via a website, by e mail, telephone and also face to face discussion either on an individual or group basis
Following the consultation period a report has been developed and is available to all who would like a copy. This will also be submitted to Cabinet in April 2012 alongside the Cabinet report. There were no equalities implications arising from the consultation.

If Cabinet agree with the recommendation this would mean the closure of the 2 resource centres which may have significant implications for the staff group. However this will depend on a number of other links to this work including:-

- the wider MER process in care 4you
- the plan for NHS reprovision of the beds

These could both have an impact on the employment of the staff if the closure goes ahead, however this may be of a postive rather than a negative nature.

For patients/service users, we don't anticipate a disproportionate impact on any protected groups if the preferred option is agreed, as the service will be reprovided by Health in improved facilities in future. As the service provides intermediate care, there are no long term residential customers who will be affected. However, the decommissioning of the units may result in some patients and carers having to travel to other areas of the city, so it will be important to ensure that individual patients support needs are managed appropriately.

The Cabinet Lead for Health, Care and Independent Living has received regular briefings and information on the proposals and consultation. Ongoing dialogue will continue to be a key influence on the proposals and any decisions.

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

Review date: **Q Tier Ref** **Reference number:**

Entered on Qtier: -Select- **Action plan needed**: Yes

Approved (Lead Manager): Joanne Knight **Date:** 20/03/12

Approved (EIA Lead person for Portfolio): **Date:**

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

Risk rating: Medium

Action plan

Area of impact	Action and mitigation	Lead, timescale and how it will be monitored/reviewed

Area of impact	Action and mitigation	Lead, timescale and how it will be monitored/reviewed
All groups	Staff Information sharing and support will be available for staff of all ages and the use of the best practice desommissioning guidelines will continue. All staff affected have been given the opportunity to comment on the proposals and offered individual and collective meetings to voice concerns and ask questions	Consultation ended 29.2.12 but communication will continue before and after any Cabinet decision
	Care4you will apply the Recruitment and Selection process across the whole of Care4you to implement these changes. The Recruitment and Selection process will be open and transparent, to ensure that staff with protected characteristics are considered and included throughout the process, having due regard for equality issues.	After Cabinet decision 11th April 2012
	Once all proposals have been considered and approved, a full MER EIA will be undertaken for Care4you.	After Cabinet decision 11th April 2012
	The staff are predominately female, with people from BME backgrounds, a wide age range, and includes some people with disablititles. At this stage, we do not know which individuals will be affected by these proposals which may result in compulsory redundancies or redeployment of staff. As this proposal also links to a wider MER process across care4you any changes under this proposal will be taken account of in the wider MER process. In addition NHS Sheffield will need to communicate any plan to re provide these facilties as this may have a bearing on whether TUPE applies	
	Patients/users of the service	
	Support services users individual needs in transition to new facilities	After Cabinet decision 11th April 2012

Area of impact	Action and mitigation	Lead, timescale and how it will be monitored/reviewed
Cohesion	Work to continue subject to Cabinet decision to ensure any proposals fit with the planned regeneration in the Wisewood area	Ongoing and by end June 2012
VCF	Communication and discussion with the voluntary sector will continue, particularily where they are directly affected by any changes.	Ongoing
-Select-		
-Select-		
Other		
-Select-		
-Select-		
-Select-		
-Select-		
-Select-		
-Select-		

Approved (Lead Manager): Joanne Knight/Tim Furness Date: 20/03/12

Approved (EIA Lead Officer for Portfolio): Date:

Report to Healthier Communities and Adult Social Care Scrutiny Committee 16 April 2012

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Report of: **Eddie Sherwood, Director of Care and Support, Communities**

Subject: **Review of Care4you Resource centres**

Introduction.

During December 2011 and February 2012, the council undertook formal consultation on a proposal to decommission Hazlehurst and Sevenfields, two resource centres managed by the council's Car4you service.

The detailed report on the consultations, and the reasoning behind the proposal was to be considered by cabinet on the 11th April. Papers were sent out as scheduled.

On the 4th April a petition was presented to full council opposing this proposal and council referred the petition to this scrutiny committee.

Cabinet is likely to consider the matter in May and will be informed by the consultations so far, the petition, the council debate and the deliberations of this scrutiny.

Information available to Scrutiny.

In order to assist scrutiny to consider this issue, attached to this paper are all the documents that were prepared for Cabinet.

- The cabinet report.
- The consultation report.
- Officer responses to the consultations.
- The equalities impact assessment.

In addition, the wording of the petition is attached, and a further submission from the trade unions to the Leader and officer responses.

All this material provides scrutiny with a large amount of information and it includes detailed consultation responses from organisations such as LINk, the Dignity Champion, the Older People Champion, the Carers Centres, and Trade Unions.

In view of this, members may consider that it is not necessary to're-run' the consultations, and rather, to

- hear the views and evidence of the petitioner

- to use the material and expertise at hand, to focus in and scrutinise specific issues identified in the consultations
- to identify where members feel more information and discussion is required, before coming to a considered view.

If this is acceptable to members, then it should be possible to complete the scrutiny exercise this month.

Some potential key areas to consider.

As the senior officer leading on the future of the resource centres, I attended the full council meeting and listened to the points being made by the petitioner and elected members.

From my observations, some key themes emerged and scrutiny might like to explore these, and others, in more detail.

There were

- Is there a strategic plan in the city for intermediate care and how does the proposals for the resource centres fit with this?
- The reasoning for requiring nurse-led intermediate care beds rather than social care-led beds.
- How confident is the council and the NHS about the capacity, capability and sustainability of the independent sector to provide intermediate care services, rather than the council or the NHS.
- Are there any alternative realistic options for delivering intermediate care beds that officers have not considered or presented to members as potential alternative options? The example given in the debate was a social enterprise or employee cooperative.
- If the centres were to decommission the resource centres, is there a coherent plan for replacing the resource centre beds and can the council be assured that demand arising from hospital discharges will be met?

Recommendations.

Members are asked to identify the process and key elements of the focus of its scrutiny, taking into account the information provided; and the suggestions above.

Members are asked to identify a timescale for this scrutiny noting that there will be additional budget implications arising from delays in decision-making.

Members are also asked to consider which key individuals should be asked to attend, for example, officers of the council and the NHS, and lead members.

Appendix B (2 of 5)
NHS Sheffield Clinical Commissioning Group

NHS Intermediate Care

Position Statement, in relation to commissioning proposals for Hazelhurst and Sevenfields Resource Centres

The National Service Framework for Older People (Department of Health 2001) defined Intermediate Care as “a new layer of care between primary care and specialist services” which would provide integrated services to;

- Promote faster recovery from illness
- Prevent unnecessary acute hospital admissions
- Support timely discharge
- Maximise independent living

Intermediate care is a term used to describe a range of services with the following aims:

- To provide short term rehabilitation, including nursing and therapy, to enable people to fully recover following hospital treatment, so they can regain their independence and prevent premature needs for ongoing social and health care, including placement in care homes. No one should be placed in long term care without having the opportunity for rehabilitation
- To facilitate early discharge from hospital or residential care settings, as part of the pathway home
- To provide care in or as near to people’s homes such that hospital can be avoided

There are a wide range of services in Sheffield that are described as intermediate care, these include community based services and bed based services.

This position paper is intended to cover the areas of enquiry identified by the Scrutiny Committee:

1. NHS strategic plans for intermediate care
2. The plan for replacing resource centre beds
3. Reasoning for requiring nursed intermediate care beds
4. Capacity, capability and sustainability of independent sector provision

1. NHS Sheffield CCG position on Intermediate Care

In May 2008 the NHS Sheffield Board approved a strategic direction which described a new model of intermediate care in the city. This was intended to reduce inequality of service delivery and increase the number of patients who could access the intermediate care service.

The rationale for the service change was to improve the organisation of services, to provide care at home in the first instance and where that is not possible, to provide care in a new community facility.

The clinical evidence to support the reconfiguration of intermediate care services in Sheffield was based on the results of three months multi-agency work carried out in 2008 by Dr Tom Downes (Medical Advisor to the intermediate care programme) and Margaret Gibson (Programme Manager for Intermediate Care).

A three month consultation carried out in 2008 showed widespread support for the proposed model from both the general public and professionals.

The Intermediate Care programme approved by the Board had three main components:

- A single integrated and coordinated "care in your own bed" service for working age adults and older people including those with mental health needs
- A new single site 120 bedded unit intended to bring together the existing dispersed bed capacity (modelling undertaken in 2008 was based on bringing together the existing 119 beds. By assuming a level of reduction in length of stay offset by the projected increase in the elderly population, it was estimated that the proposed 120 bedded unit would be about the right size)
- The procurement of a service in the community facility to provide intermediate care to patients either as a "step down" from acute hospital care or as a "step up" from their own homes

The Board approved the award of the "care in your own bed" contract to a consortium of NHS and independent sector providers, led by Sheffield PCT Provider Services in November 2009. The contract value is £37.5M for the five years from 2010 to 2015.

Progress to date

Care in your own bed

This service has been successfully commissioned and on a monthly basis is providing care for 400 people at home. Data shows that around 175 admissions to an acute bed are avoided every month. There has also been a reduction in the placement of patients into long term care from intermediate care.

The 120 bedded unit

The development of a single bedded facility providing consistent care pathways represents a significant change to the way in which intermediate care needs are currently met. To test the concept, a 30 bedded prototype unit was established at Beech Hill in April 2009 focussing on 'step down' specialist Stroke and Ortho-medical rehabilitation. This unit has enabled testing, evaluation and proof of concept of the proposed bedded facility. It is clear from clinician feedback that this model of care is effective in delivering high quality clinical support and confirms the benefits of commissioning a single site solution to provide specialist intermediate care.

Community First Sheffield Ltd (LIFT Co) has been instructed to search for a site in Sheffield suitable for the development of a new Intermediate Care Facility. The site requirement is approximately 3.2 to 3.7 acres. Identification of the appropriate site is proving a significant challenge. The LIFT Co has undertaken a comprehensive search for an appropriate site. 21 options have been assessed, many of them several times, but NHS Sheffield CCG has yet to identify a site upon which to progress the 120 bedded facility. The key issues with unsuitable sites have been size, availability,

access and public transport links. The sites are not named in this document as the information is commercially confidential.

Independent Sector and Sheffield City Council Resource Centre Beds
Currently community beds are spread over a number of sites, making it relatively more expensive and fragmented. The sites are the Beech Hill prototype, independent sector nursing homes and Sheffield City Council Resource Centres.

The beds in the independent sector do not operate to the level of the prototype. In particular, lengths of stay are longer. None provide step up care from the community.

2. Proposal to commission replacement intermediate care beds

The two resource centres (42 beds in total) are funded by contributions on a historical split between health and social care as part of the pooled budget arrangements for intermediate care. The beds are used for people who do not require 24 hour nursing care. Therapy and nursing services provided into these beds are paid for and provided by health.

An analysis of the bed usage of the resource centres was undertaken in 2011 to improve understanding of the split between intermediate care and residential care provision. The findings showed 74% intermediate care and 26% Sheffield City Council assessment for longer term care (this equates to 31 intermediate care beds and 11 residential care beds)

Following the proposal to de-commission Hazelhurst and Sevenfields, NHS Sheffield CCG is clear that there is a need to re-provide the 31 intermediate care beds in order to maintain the number of intermediate care health beds required in Sheffield. It is also clear that these beds should be commissioned as intermediate care with 24 hour nursing in order to better meet people's health needs whilst they are receiving therapy services in order to maximise outcomes.

Firm plans for commissioning replacement beds have not been confirmed by the CCG, pending the decision on the future of the resource centres. Discussions are underway with Sheffield Teaching Hospitals with a view to STH commissioning those beds on behalf of the CCG, in the same way as it currently commissions the other Independent Sector beds providing intermediate care.

The 31 beds will be provided within a small number of independent sector nursing homes. STH will provide the therapy and case management input into the homes. The care provided and outcomes delivered will be monitored according to the performance measures currently in place for similar intermediate care facilities.

The CCG and partners will review and evaluate intermediate care provision within the Right First Time city wide unscheduled care programme. Intermediate care provision will be incorporated into Right First Time project 1 as part of the work to ensure people are supported to remain in their own home for as long as possible and as independently as possible.

3. Rationale for nursed beds

Work carried out in 2008 by Dr Tom Downes and Margaret Gibson explored models of intermediate care across the UK. Expert clinical opinion concluded that nursed beds on one site delivered optimal outcomes for patients. The Beech Hill prototype has provided an opportunity to evaluate the effectiveness of the model.

A clinical evaluation of the Beech Hill intermediate care prototype was carried out in 2010 and concluded that:

- Patients entering Beech Hill are frail with high levels of medical co-morbidities and mental health problems (diagnosed and undiagnosed)

  57% of patients had more than three co-morbid conditions, in addition to the primary medical diagnosis resulting in admission to Beech Hill. A further 37% had two or three co-morbidities and only 6% were recorded as having no or one co-morbidity (excluding any mental health diagnosis)

- High levels of mental health needs within the patient population can be associated with more complex discharge pathways

  The evaluation showed that mental health problems were common; a third of patients had a diagnosis of depression and 28% had a diagnosis of dementia. In addition, a number of patients had a mental test score indicative of dementia during their stay. Overall 68% of Beech Hill patients audited during the evaluation had one or more mental health issues

Both these points indicate the need for 24 hour nursed care in health intermediate care beds. Despite the frailty and complexity of the patients admitted, the model of care used within Beech Hill (including 24 hour nursing) provides good outcomes for patients with only 6% of patients being discharged to 24 hour care.

Comparison of discharge outcomes over the last six months from the current intermediate care sites shows that the resource centres achieve lower rates of people returning to their own home than the Beech Hill prototype or nursed beds, as shown below:

Unit	Discharges	Home	Care Home	Hospital	Deceased/ other	Percent Home
Beech Hill – Norfolk	48	40	5	3		83%
Beech Hill – Shrewsbury	52	33	15	4		63%
Pexton Grange	83	62	5	15	1	75%
Jasmin Court	45	22	5	14	4	49%
Northfields	21	13	1	6	1	62%
Sevenfields	62	18	26	17	1	29%
Hazelhurst	72	39	16	17		54%
Woodhill Grange	23	15	8			65%

The Beech Hill prototype model is therefore the one which will be adopted for the planned 120 bed facility. It is the preferred model for re-commissioning the 31 beds currently in the resource centres. In the short term, the beds will be commissioned by

the Sheffield Teaching Hospitals' NHS Foundation Trust (STH) Primary and Community Care Group on behalf of NHS Sheffield / CCG. In the medium to long term these beds will be included in the city wide model for the provision of nursed intermediate care beds.

The 31 beds will provide intermediate care nursed beds for step down care for patients in the acute hospital, including patients with non-complex mental health needs, especially those with dementia where their primary need is for general intermediate care.

4. Capacity, capability and sustainability of independent sector provision

The STH Intermediate Care service has established good working relationships with the care homes that currently provide intermediate care beds. The service is confident that the additional beds can be provided by a combination of existing providers offering more beds and, possibly, a small number of new providers offering beds. It is intended that the total number of providers offering intermediate care will not exceed the current number, as supporting a larger number of sites with therapy and other clinical input would reduce the efficiency of the NHS provided healthcare input and distil the expertise in providing nursed care.

With regard to sustainability and quality, a number of measures have been taken over the previous 2 years to ensure that the service specification for the providers ensures more robust monitoring, accountability and reporting, including audit, governance meetings and compliance with STH CS infection control procedures.

Contracts set out quality standards and, for 2012/13, are prescriptive about staffing requirements. There is a very close working between NHS Sheffield, the STH Intermediate Care service and the local authority contract section. This has already provided the opportunity for exchanging information, develop joint inspection visits, coordinate findings and monitor response and compliance with requirements. The care homes are within the scope of the Quality in Care Homes team.

Tim Furness
Associate Director of Business Planning and Partnerships
April 2012

Appendix B (3of 5)

Sheffield City Council
Communities

SCC Officer responses to questions from Healthier Communities & Adult Social Care Scrutiny Committee

For Scrutiny Meeting on

30 April 2012

Area for scrutiny – Reasoning for nurse led intermediate care rather than social care led beds

1. Is there demand for social care led beds? Could the centres be used for this?

Neither of the current resource centres are a permanent home for anyone. In relation to social care reablement (temporary support), a recent study and analysis undertaken by social care has determined there is not a need/demand for social care reablement beds[1] and that people would prefer to receive any social care reablement as close to home as possible.

The City Council has two services which provide social care reablement support to people in their own homes. The Short Term Intervention Team (STIT) provides reablement for those people discharging from hospital, and community reablement service provides reablement support to people in crisis in the community to avoid hospital admissions.

Both these services help people to build confidence and independence in the environment in which they normally live.

Keeping people in their own homes for reablement minimises the disruption to their lives and enables them to be reabled in their normal place of residence and is thought to enable them to improve and gain confidence more quickly.

2. What are the financial implications?

There will continue to be recurrent investment in residential care by the city council as a result of this proposed decommission, and this is likely to be in the region of £250k pa (based on the Independent sector rate for 11 beds) compared to the current investment of £1m. NHSS will also purchase all the intermediate care beds it requires within a 24 hour nursed setting.

The City Council also invests in social care reablement on a recurrent basis this includes approximately 7.5 m per annum to reablement at home services and approximately 320k per annum to the community access and reablement team. Both these areas have been recognised as a priority for the council both in investment terms and because of their known effectiveness in maintaining independence and keeping people at home for as long as is possible.

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[1] Strategic Commissioning and Partnership Section Social Care bed Based Reablement " Hypothesis Testing" March 2010

There will be financial implications with regard to the current staff group and this may include redundancies or early retirement if there are no opportunities for redeployment. The estimated cost of this based on the current staff numbers including voluntary severance, early retirement or redundancy is a one off cost of £650k.

There will be other one-of costs in relation to the potential demolition of the two buildings and interim security costs. These will be funded from the revenue and capital budgets as appropriate.

The full year recurrent net revenue savings for the council arising from the decommissioning of the centres and the procurement of alternative provision is estimated to be £650,000.

3. How and why does this affect the viability of the resource centres?

The proposal to decommission the 42 beds will ensure better value for money as new services will be modernised and fit for purpose. This is not a reflection of the quality of service in the resource centres as we know this is good however, the proposals are about a new way of providing the current service. This will mean there will no longer be a need to maintain council owned buildings at high cost which will ultimately reduce the council's carbon footprint and in some cases offer up opportunities for the wider regeneration in the particular areas.

Both the city council and NHS Sheffield have indicated that they believe there are opportunities for making better use of the funding that had been historically used to fund the 42 beds. For the city council, the reductions in government funding was an important factor, particularly as this could lead to a net reduction in expenditure whilst also continuing to purchase the necessary alternative services. See previous comments about priorities for investment.

The resource centres are registered to provide residential care with in-reach health care provided by NHS Sheffield. Even if the buildings were to remain open they would not be able to meet NHS Sheffield's requirement to provide nursing care

Area for scrutiny –Alternative options for delivering intermediate care beds

4. What alternative options were considered and why were they dismissed?

Options Appraisal

A robust options appraisal process to consider a number of options was undertaken as a joint initiative between officers of NHS Sheffield (NHSS) and Sheffield City Council (SCC). It is a formally agreed process where all the participants bring their knowledge and expertise to agree, the options to be considered, benefit criteria, scores and weightings. The weightings applied to each criterion were officer recommendations and subject to senior management approval.

The main options appraised are detailed below and the suitability of each option was assessed against set criteria including meeting future need, value for money, strategic fit, do-ability and strategic market assessment

The 6 options were

1. No change – maintain the current 42 jointly funded beds
2. Decommission the existing 42 beds and meet need through a redesigned community based model
3. Decommission 21 beds and one building without any re provision retaining 21 beds in the other building
4. Decommission 42 beds and 2 buildings without re providing care
5. Decommission 42 beds in the current buildings and commission alternative care elsewhere based on current needs and demand
6. Decommission the 42 beds and provide the same care in new or different buildings

Based on the options appraisal it is recommended ***option 5*** - to decommission the 2 resource centres and for NHSS to commission a number of nursed intermediate care beds, which reflects current need and demand

The main reasons for recommending option 5 are:-

- NHS Sheffield has determined that it wants IC to be provided in nursing homes where there is 24 hour nursed care. The resource centres are unable to do this as they are only registered to provide residential care.
- If the resource centre buildings were to continue they would require investment to both maintain them and to bring them up to a standard which people expect and which is suitable in which to achieve the longer term outcomes for IC.

- The resource centres do not offer value for money. There is potential for significant savings to be made as part of this proposal as the current cost per bed is high in comparison to other similar beds in the independent sector.

The preference for nursed beds is informed by clinical experience and by the outcome of the consultation on intermediate care which informed the development of IC strategy. This means procuring alternative provision which better meets health needs and to ensure intermediate care is good value for money and the best way of meeting the needs of the people who require these services.

From an NHS and professional clinical perspective this means the services are better placed within a nursing home where there are qualified nurses on site 24 hours a day. The care4you resource centres are only registered to provide residential care. In addition the resource centre buildings are old stock, they lack modern facilities for rehabilitation and there are no en-suite bedroom facilities. Intermediate care could be provided by different providers of nursing care offering much improved facilities which are more cost effective

<u>The alternatives considered and reasons they weren't chosen</u>

The options appraisal and review considered the 6 options which produced clear conclusions and recommended Option 5. The second preferred option would be to commission intermediate care in a community model, but this would not necessarily meet the known demand, as there is evidence to suggest bed based services are required alongside any community model, additionally it would not provide value for money. The 3rd preferred option was to reprovide the current care in new or different buildings, but this does not meet need well, would not resolve the requirement for nursed beds and is likely to increase costs. The 4th and 5th preferred options sought to reduce the level of service and this is not the intended outcome or again would not meet the requirement for nursed beds. The least preferred option was no change and this would not meet future needs well, would require significant investment and would not be sustainable in the long term.

<u>Other suggested alternatives</u>

Feedback from consultations queried the potential solutions of a social enterprise or employee co-operative as a means to deliver the service.

Officers have never considered viable an option for one or both of the two resource centres transferring to a new legal entity, such as a social enterprise, Co-operative or Mutual. The reasons for this are several.

The entity would be committing itself to an unsustainable and uncompetitive cost base arising from

- Inheriting employee costs associated with TUPE
- Additional capital investment (and subsequent loan repayments) required to the buildings, both in terms of maintenance, refurbishment and offering

en-suite and modern facilities, increasing the bed capacity and community facilities, and to operate as a care home registered to provide nursing care.
- Additional revenue investment needed to employ qualified nurses as managers and carers.

The entity would have no guaranteed income from the commissioners and would have to compete for contracts with other providers for business through the tendering process. This is within the context that

- The plan to replace the current intermediate care beds with a new facility, thus requiring the resource centres to find alternative use of their beds within a few years.
- The reality that the commissioners are able to purchase appropriate intermediate care bed provision from other providers and at considerable less cost than the resource centres.
- If the centres were to diversify their provision, the growth area is not traditional residential respite care but more individually tailored and non-building based innovative support packages made possible by self directed support, personal budgets and in the next couple of years, personal health budgets as well.
- The council and the NHS will continue to focus on increasing the opportunities when people can receive their 'step-down' or 'step-up' care in their own home rather than in a residential setting.

The review of the resource centres alongside the changing landscape of health and social care means that it is extremely unlikely that an organisation, or group of like-minded people, could construct a viable business case to attract financial loans or investment, based on the continuing use of the resource centres. To do this, the business case would require financial forecasts setting out sustainable income expected and which would cover the expenditure anticipated over a suitable period. There is no evidence that this could be achieved.

It is perhaps also worth noting the option to transfer to other organisations was explored previously by the council within the wider strategic review to determine the future of all the council's residential care homes for older people At the time, and this has not changed substantially, the cost of modernising the buildings and bringing them up to competitive standards, such as larger bedrooms and en-suite facilities, was not cost effective, compared to investing in new, state of the art facilities with increased bed capacity.

5. Are there any other alternatives to replacing the provision in the independent sector?

See answer to question 4

It has not been possible to identify other alternatives other than solutions based on the need to relocate the services into more suitable buildings, to

provide intermediate care within nursing beds and to provide this at less cost than presently. Over the years the council has considered all options for its residential care buildings, including the resource centres, and the cost of refurbishing and creating larger bedrooms with en-suites was always prohibitive

.

Sheffield City Council has plans in place to accommodate people who require longer term social care support (approx 11 of the 42 beds- 20% of users) in other more updated services in the independent sector. Not only would this provide more suitable accommodation but would also offer those people a choice of location in which they can be supported and which removes the need to move to another facility should they require long term residential care. .

6. What are the financial and operational implications of alternative options?

In terms of the financial and operational implications these were the reasons for not choosing the other options

Option 1. No change – maintain the current 42 jointly funded beds

Potential savings

- The buildings have a limited life span and would require substantial investment to maintain the buildings and bring the accommodation up to CQC standards e.g. no single rooms with on suite
- The present cost of the beds are significantly higher than in the independent sector,
- There are therefore no potential savings and significant need for investment associated with this option

Do Ability

- It is clearly possible to do nothing but the above suggests that it is not sustainable to do so, financially or with regard to CQC regulations
- Buildings not fit for purpose longer term
- Longer term financial impact not doable

Option 2. Decommission the existing 42 beds and meet need through a redesigned community based model

Potential savings

- There would be saving from not running and maintaining the buildings
- Cost of providing care for the patients who would have access to bed based care would be greater if provided in the community. Therapy staff provide care on two sites, the cost of visiting people in their own homes has the potential to increase the unit cost
- Possible double running costs - duplication of CICS and STIT service

Do Ability

- This may not be do-able within the planned timescale is April 2012 due to the time required to design, test and implement a new model of care

- A plan with a timescale would have to developed to expand or commission new services to provide for this group of people

Option 3. Decommission 21 beds and one building without any re-provision retaining 21 beds in the other building

Potential savings
- Make some savings through the closure of one building
- Investment in one unit to up- grade to CQC standards
- Likely negative impact on other services if care is not re-provided
- Cost of staff redundancy

Do Ability
- This is a partial solution so is do able
- Risk of not reinvesting saving from the closure of one unit and the impact on other community and hospital services
- Remaining building not fit for purpose – longer term financial impact – not doable

Option 4. Decommission 42 beds and 2 buildings without re providing care

Potential savings
- Savings from decommissioning if no reinvestment in alternatives.
- A major risk that not providing alternatives would result in increased costs in the wider health and social care economy, e.g. by delaying patient discharge from hospital resulting in increased length of stay, and pressure on SCC purchasing budgets for short term placements and increased home support. This risk is considered likely to outweigh savings
- Cost of staff redundancy

Do Ability
- Doable. However unmet demand will appear elsewhere in the system
- Timeframe to manage decommissioning for April 2012 would be challenging

Option 6. Decommission 42 beds in the current buildings and provide the same care in new or different buildings

Potential savings
- There is likely to be a significant additional cost to procuring new buildings

Do Ability
- It is not known whether it would be possible to find existing buildings. New building would be possible, but would take considerable time

Area for Scrutiny- capacity, capability and sustainability of the independent sector to provide intermediate care

7. Can the independent sector provide sufficient beds now and in the future?

The current market share of residential and nursing care home provision is dominated by the private sector with 79% share of the market, the voluntary sector having a 16% share, and the City Council and NHS share 5%. This is in line with national and regional patterns

There is capacity in the independent sector to provide sufficient beds as there are a number of vacancies and also demand is reducing, as shown below

Total number of care homes

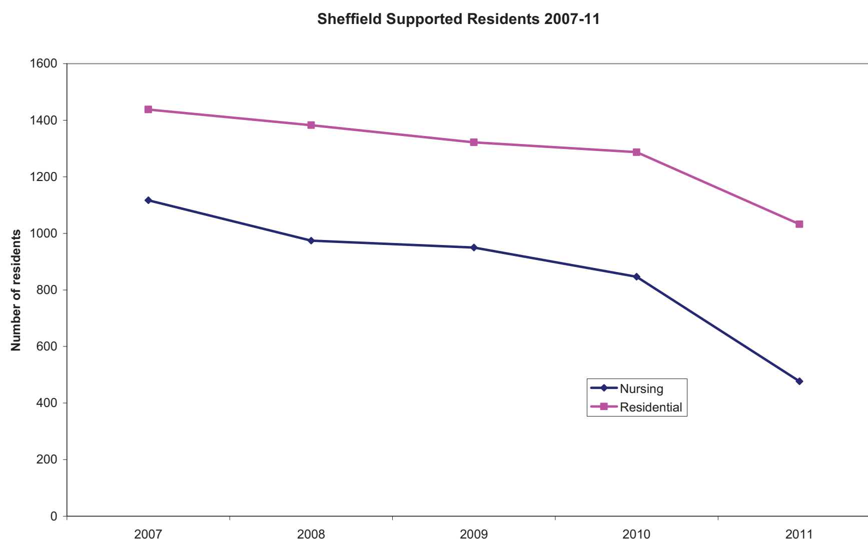
Care Type	Number of homes	Number of beds
Care homes with nursing	47	2007
Residential care homes	40	2032
Total Private Care Homes in Sheffield	95	3894

The number of vacancies in care homes in April 2012 is currently 405.

Occupancy April 2012

	% Occupancy
Nursing	90.4
Residential	89.7

Demand 2007 -11



NHS Sheffield and Sheffield Teaching Hospitals Foundation Trust currently commissions approximately 122 beds across the city in various locations. Only 42 beds are provided by the council and the rest are provided by private, voluntary and independent sector organisations. All the other intermediate care beds commissioned by NHSS offer nursing care.

At the end of 2011 NHS Sheffield purchased an additional 20 intermediate care beds from the independent sector which did not create any supply issues in the market.

8. What safeguards are in place to guarantee quality and continuity of provision in the independent sector?

Key Performance Indicators which includes data from a number of sources including CQC are monitored fortnightly. Representatives include the Contracts Team, Care Home Support Team (CHST), Care Home Assessment Team (CHAT), and NHS Sheffield (NHSS). Homes are risk rated according to their level of risk. Red = high, Amber = medium, Green =low .

The purpose of this group is to

- Provide a joint health and social care overview of all Serious Incidents, Safeguarding Incidents and incidents/concerns reported by health and social care professionals and others relating to care homes.

- Ensure appropriate joint action is taken to resolve the issues and improve the performance of providers and the quality of care delivered to residents either as single health and social care agencies or as joint action.

Homes with low level concerns as well as those which are being investigated through serious incident procedures are considered through this process. Where concerns exist in a care home there is active engagement with the provider through the SCC Contracts section with a clear remit to seek improvement

This systematic performance monitoring, combined with additional investments made jointly by SCC and NHS Sheffield to support care home provision (such as the Care Home Support Team and the GP Local Enhanced Service), have largely contributed to care home quality in Sheffield comparing favourably with other areas.

There are 93 residential and nursing care homes across the city and at April 2012 there are currently 80% in Green, 4% in Amber 8% in Red, 8% which are subject to a coroner's investigation and therefore highlighted for this reason.
The demands of national policies such as the national dementia strategy and end of life strategy also have implications for policy and practice which care homes are required to address as quality improvements.

10. How can we guarantee extra services if patients are scattered across providers?

For the provision of the 11 social care beds this would not be an issue as it would offer more choice for individuals. Explain

11. Understanding demand- reassuring communities that services are available?

See answer to question 8

12 Is there a coherent plan for replacing resource centre beds; can demand be met?

Sheffield City Council has plans in place to accommodate people who require long term social care support (approx 11 of the 42 beds- 20% of users) in other more updated services in the independent sector. Not only would this provide more suitable accommodation but would also offer those people a choice of location in which they can be supported. As mentioned above there is enough capacity in the independent sector to meet demand – see answer to question 9 for further detail.

Review of Care4you Resource centres
Sheffield City Council
Healthier Communities and Social Care Scrutiny Committee 30th April 2012

Statement from Sheffield Save Our NHS

Sheffield Save Our NHS supported the petition which led the Council to refer this issue to Healthier Communities and Social Care Scrutiny Committee. We broadly agree with many of the comments made by Sheffield LINK to the original consultation. We are not convinced they have been addressed in the subsequent reports.

1. Lack of clear analysis and strategy

We do not think that the Council and NHS Sheffield have provided adequate public justification for proposing that this type of provision should be closed, let alone that it should happen now. To us the rationale appears little more than cost reduction, certainly at this stage. For instance paragraph 6.9 in the Cabinet report interprets value for money solely in price terms. This repeats a major weakness of last year's NHS Sheffield proposals to close Birch Avenue and Woodland View, now overturned. It is far from clear that like is being compared with like.

According to official figures, over the next 20 years the number of people over 65 is predicted to increase by over 25% and the number over 85 by 40%. These numbers will include an increasing proportion of people from BME communities. Sheffield also has one of the highest levels of people with diagnosed dementia in England. In this context the Council and the NHS in Sheffield are currently trying to develop a coherent programme for care under the title Right First Time. However we have not seen any comprehensive analysis of what this actually means for people at the moment, let alone updates. Instead we have a series of seemingly unconnected papers over recent years on Dementia, Intermediate Care, and other matters, now interspersed with a series of closure proposals.

We have already seen across the country how school closures based on current rather than projected populations have led to major shortages of places. Are we on the same route for people approaching the closing stages of their lives?

Furthermore, reliance on the scattering of places in the independent sector poses major problem for monitoring of quality, as well as making it more difficult to provide culturally appropriate care.

2. Restricted definition of intermediate care

In 2008 NHS Sheffield and Sheffield Council consulted over the provision of intermediate care. The Sheffield definition of intermediate care appears to be strongly oriented towards a medically based understanding of need:

> "a range of services with the aim of providing short term rehabilitation, including nursing and therapy, to enable people to fully recover following hospital treatment, so that they can regain their independence and prevent premature needs for ongoing social and health care, including placement in care homes. No one should be placed in long term care without having the opportunity for rehabilitation."

This differs from a 2009 definition from the Department of Health which has a broader scope:

> "a range of integrated services to promote faster recovery from illness, prevent unnecessary acute hospital admission and premature admission to long-term residential care, support timely discharge from hospital and maximise independent living". *Intermediate Care - Halfway Home (DH 2009)*.

Although there is a general agreement that care should, where possible and appropriate, be provided nearer to home or at home, rather than in hospital, some problems with the Sheffield definition are

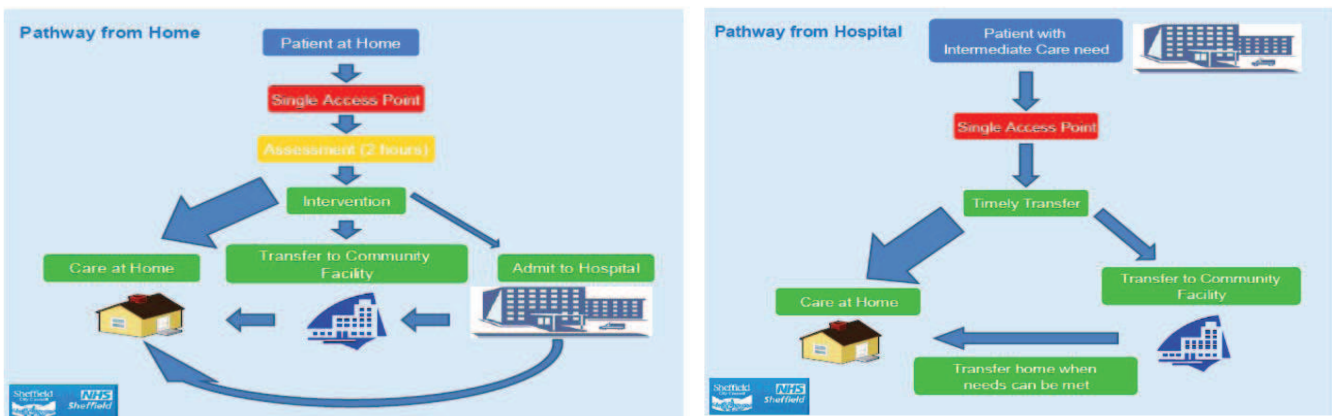
i) It seems to reflect needs of the NHS - reduce admissions / longer stays in hospital rather than the actual needs of people
ii) It makes intermediate care intrinsically more expensive by defining it as nursed care
iii) It helps legitimate the Council's questionable intention to move away from providing bedded accommodation
iv) It enables intermediate care to be considered separately from services such as respite care – resulting in two separate proposals for closure of service (this and the dementia resource centres) rather than a whole systems approach.

3. Apparent retreat from previous intermediate care proposals

The 2008 consultation on intermediate care had 2 elements:

- to refine the model of intermediate care that has a principle of delivering care in your own bed. This means increasing the care that can be provided at home. And if a patient is too unwell and needs to go to hospital, when they are well enough the intermediate care service will provide specialist care to give the patient the best chance of recovering to independent living.
- The building of a new community facility to reprovide the beds that are currently fragmented into small groups. This will allow intermediate care to become more specialised in Sheffield. [The community facility will provide specialist care in one place that will give the patient the best chance of recovering to independent living. This model of care is supported by clinical evidence and best practice.]

These two aims were shown as linked in two diagrams:



Although NHS Sheffield has recently reaffirmed some level of commitment in principle to the proposed 120 bed Community Facility, the current proposals simply substitute the two boxes labelled community facility in the diagram with two boxes now labelled 'Transfer to independent care'. Would the consultation have been quite so calmly received if this was the case? What would be the results of the same consultation now, following the widespread popular opposition to the 2012 Health and Social Care Act?

We suspect that the proposal for the community unit (which does not even have a site yet) is unlikely to proceed as the NHS suffers further financial pressures and the service becomes scattered among independent sector providers.

4. Costs

Are costs reflected accurately in the information given? While public sector expenditure has been frozen, costs in the independent sector have risen rapidly in the last year. BUPA in May 2010 stated that the weekly cost of care with nursing in Yorkshire and Humberside was £597. A survey by one money adviser site shows the following.

HOW THE COSTS HAVE SOARED IN JUST ONE YEAR

Average weekly fees charged by private care homes	NURSING CARE			RESIDENTIAL CARE		
	2010/11	2011/12	% change	2010/11	2011/12	% chang
North East and Cumbria	£575	£589	+2.34%	£439	£487	+10.93%
Yorkshire and the Humber	£604	£650	+7.62%	£443	£483	+9.03%
North West	£656	£647	-1.37%	£433	£483	+9.47%
West Midlands	£662	£700	+5.74%	£467	£470	+0.64%
East Midlands	£632	£650	+2.85%	£457	£488	+6.78%
East Anglia	£697	£736	+5.60%	£494	£554	+6.78%
Northern Home Counties	£854	£867	+1.52%	£605	£607	+0.33%
London	£808	£850	+5.20%	£594	£679	+14.31%
Southern Home Counties	£787	£806	+2.41%	£568	£583	+2.64%
South West	£753	£786	+4.38%	£510	£522	+2.35%
Scotland	£607	£672	+10.71%	£537	£566	+5.40%
Wales	£597	£646	+8.21%	£463	£472	+1.94%
Northern Ireland	£563	£553	-1.78%	£447	£466	+4.25%
UNITED KINGDOM	£692	£722	+4.34%	£498	£524	+5.22%

http://www.thisismoney.co.uk/money/pensions/article-2107029/Soaring-care-fees-force-thousands-pensioners-sell-homes.html#ixzz1tQL4OhCa

No doubt the figure of £500 in the Council reports reflects a lower price based on contracts rather than spot purchases, but even these may well have risen now. If there is to be exclusive reliance on the independent sector, what evidence is there that this will not be exploited, thus reducing what is presented as a price advantage?

5. Transfer of Costs

Furthermore the article accompanying the above analysis shows how the increasing inability of the public sector to pay market rates is both increasing prices for individuals needing care and threatening the viability of individual companies and the sector as a whole.

A paper on the Right First Time Programme for the May 2012 meeting of the Sheffield Shadow CCG Committee states that the "current reductions in Length of Stay for Sheffield Teaching Hospitals result in each new person staying 3 weeks longer in social care funded care and support". This results in a transfer of costs either to the Council or to individuals.

6. Workforce

The evidence suggests that high quality care is provided in these two units, regardless of the physical disadvantages of the buildings. The proposals for closure are pessimistic about the chances of employment within the Council, thus breaking up a considerable resource within the public sector of care expertise for the city. It is another example of the short term thinking behind the current proposals.

7 Request to Scrutiny

Sheffield Save Our NHS requests the Healthier Communities and Social Care Scrutiny Committee to recommend deferment of the closures of the two Intermediate Treatment centres until firm proposals for these services are presented in the context of the whole development and improvement of services for older people.

UNISON's submission to the Healthier Communities and Adult Social Care Scrutiny Committee 30th April 1012

The public of Sheffield have spoken overwhelmingly in favour of retaining Hazlehurst and Sevenfields. This is a message you their elected representatives must not ignore. 7300 people took the trouble to sign our petition so their views must not be ignored.

UNISON and its members concerns are outlined below:

There is no Strategic plan for Intermediate Care. There is no joined up strategy to provide Health and Social Care so it will continue to be a fragmented service delivery model.

The report isn't evidence based, there are no guarantees only commitments and it is full of inaccuracies. The options appraisal which Officers suggest demonstrates option 5 is the best way forward does not have any of the detail to prove the scores are correct. We appear to have to take Officers word on this which just isn't good enough on something as important as the proposed closure of these two homes.

The report paints a picture of a service that isn't fit for purpose with buildings that are unfit to house service user's, this couldn't be further from the truth. Where is the evidence that this is the case it is just the usual officer claim to back up their recommendation. Very recently the Care Quality Commission undertook an unannounced visit with the resulting report stating the service was excellent. If anyone thinks the private sector is like staying in a five star hotel then they are in for a shock. Most of the homes we visit are exactly the same as the one's you say aren't fit for purpose.

The report states there may be savings from procuring beds from the private sector it doesn't state there will be. It identifies

potential savings however these are nearly outweighed by the likely redundancy costs at £650k with other costs like demolition and security costs likely to be quite significant. It also states that the on-going costs will be £250k so in the first year there will be little if any savings.

In the report it claims beds are left unfilled which is untrue. When we spoke to staff they told us a different story altogether. The occupancy sheets in the homes confirm beds are very rarely left unfilled. There is a constant demand from the NHS for beds with a long list of people waiting to be admitted.

The report is full of possible outcomes, there are no guarantees this or that will actually happen. As Councillors you need to have confidence that the officers recommended option 5 will deliver and at present there is no guarantee that it will.

There is no detailed analysis of the outcomes achieved in the public sector or private sector to evaluate whether we can be confident that the service will continue to be excellent which is surely a must. We are told that there is no specialised rehabilitation in the private sector.

Nowhere within the report is there any evidence that the private sector have the beds only a statement that the NHS have previously been able to procure beds. Surely when writing a report recommending the decommissioning of the last two remaining re-enablement homes there would be evidence to prove that the beds are indeed available.

There is no incentive for the private sector to get the users back into independent living indeed it is in their interest to keep them in the home. Once the private sector have a monopoly and know the

Council can no longer provide their own intermediate care the price will go up. Who will provide the service when a Southern Cross type situation occurs when the Council have no homes of their own ?

These homes not only provide care post hospital they also provide care to people who if not receiving it would be admitted to hospital thereby saving the NHS money.

The issue of there being no en-suite facilities is a red herring. The CQC have not identified this as a problem, current service users don't appear to be bothered, hospitals don't have en-suite and most of the over 65's using the service won't have en-suite at home and don't demand it whilst they are in residence. It could be argued that if they were provided the service user's progress would be held back and if they weren't to use the communal facilities they would be more likely to remain in their rooms and not socialise. Walking to the facilities would speed up service user's recovery and mobility. There is no evidence to support managements claim that service users expect or are demanding single rooms with en-suite facilities. The CQC have not recommended or insisted on these facilities they appear to think things are perfect the way they are.

If Service users were to be asked whether they wanted these facilities in preference to the excellent outcomes they currently receive from these dedicated staff they would chose a quick return to independent living of that we are sure.

Previously there was no mention of NHS Sheffield wanting nursed beds however in the new report it states that is what they want. This appears to have been added to make the case to

decommission the two homes. At present there are excellent outcomes delivered with service users on average moving back into independent living within six weeks. There is no evidence that nursed beds will deliver better outcomes or speed up the move back to independent living yet this is used as a way of ruling out the retention of the two homes.

We need to retain the specialist and therapeutic resources that have delivered excellent outcomes and experiences for previous users.

In conclusion

Many of the repair costs outlined in the report to justify the decision to decommission the two homes are possible outlays, these costs may not be required. If the new unit was to be built in the next couple of years these costs would not have to be incurred.

The report does not sufficiently make the case for decommissioning Hazlehurst and Sevenfields neither does it guarantee the continuing excellent outcomes provided by the two homes. Putting people in nursing homes means their individual needs aren't met as is the case now due to the servicing culture that exists within these homes. Nursing homes can lead to service users becoming institutionalised rather than moving back into their own homes. There are too many unknowns, too many possible's not guarantees. We also believe that the potential cost savings have been overstated in an attempt to get Councillors to accept the Officers recommendation to go with option 5.

We fail to see how these proposals fit into the supposed longer term strategic plan that is being developed. These centres were to

be assessed within the context of the longer term plan. These proposals should be put on hold until an up to date Intermediate and Dementia Strategy for the city is drawn up.

We would request further options are explored so as to protect these valuable resources. Consideration should be given to keeping these two homes open until the new 120 bed unit is built which we are told the money is still available for. Some of the £4m underspend in Communities could be put into keeping Hazlehurst and Sevenfields open until the new unit is up and running.

Anyone watching last week's Panorama programme must be concerned about putting more care out into the private sector. As stated earlier who will pick up the pieces when there is another Southern Cross and where are we to accommodate these people if we close Hazlehurst and Sevenfields ? Many private homes are understaffed, under resourced and fail to provide the level of care needed. The emphasis will be on the collective rather than be person centred thereby slowing down the process of return to independent living. It will be profit before care with no incentive to return service users quickly to their own homes.

Sheffield City Council
Adult Social Care

Care4you
Intermediate Care
Resource centre
consultation report

March 2012

Introduction and background

Sheffield City Council runs two resource centres under its Care4you service. These are called Hazelhurst and Sevenfields. These centres offer 42 intermediate care beds for people aged 65 and over, 22 beds at Hazelhurst and 20 at Sevenfields. People stay in these beds for a short period of rehabilitation and reablement, usually for around 6 weeks. These resource centres are not like residential care homes as no-one lives in them on a permanent basis as their home.

The beds are paid for by Sheffield City Council and some funding also from NHS Sheffield. A joint NHS Sheffield and Sheffield City Council review during 2011 found that 74% of their beds were being used for their primary purpose of NHS-led intermediate care and 26% for social care led assessment for longer term care (31 Intermediate care beds and 11 Residential beds).

This consultation report will go alongside a Cabinet report to the Council's cabinet meeting on 11 April 2012.

As well as looking in detail at how the beds in the Resource Centres had been used by NHS Sheffield and the Council the review also looked at what other options there were. The review was done to look at all the important factors before reaching conclusions and making officer recommendations for the council and NHS Sheffield to consider.

Intermediate Care (IC) is a term used to describe a range of services with the aim; of providing short term rehabilitation, including nursing and therapy, to enable people to fully recover following hospital treatment, so that they can regain their independence and prevent premature needs for ongoing social and health care, including placement in care homes. No one should be placed in long term care without having the opportunity for rehabilitation.

NHS Sheffield

Options considered in the review:

1. No change – keep the current 42 jointly funded beds
2. Remove the existing 42 beds and use the money to provide intermediate care in people's own homes.
3. Close one of the resource centres and keep the beds in the other resource centre. But don't buy any more intermediate care anywhere else.
4. Remove all 42 beds and close both buildings without buying any other intermediate care
5. Remove the 42 beds in the current buildings and use the money to buy different intermediate care to meet current needs based on demand. This would include providing intermediate care in nursing homes.
6. Remove the 42 beds and re-provide the same care as now, in new or different buildings

Based on the review of the options, **'Option 5'** was recommended. The reasons given were:

- The buildings have a limited life span and will require investment to maintain them in their current form. They would also require investment to bring the accommodation up to highest standards as expected by Care Quality Commission (CQC) and public expectation.
- We want to make sure intermediate care is good value for money and the best way of meeting the needs of the people who use the service.
- For the council, we know that we will be able to buy alternative services at considerably less cost than the present services within the resource centres; and given the government's funding reductions to the council, this is an important factor. We believe it is better to save money this way rather than reducing the level of service we provide to older people in the city.
- Intermediate care needs to be provided in nursed beds.
- We want to offer improved facilities which help people to rehabilitate and become more independent.

The consultation

A formal period of consultation commenced on the 6th December 2011 and concluded on 29th February 2012 after being extended. Views and opinions expressed have been compiled into this report.

The consultation was as far as possible aimed to capture a wide and varied audience and focussed on an opportunity for people to express their views and concerns on the options appraisal, the preferred option and to offer any alternative solutions.

Process used for public consultation

Information about the proposals and background to them was sent to individuals, Trade Unions and stakeholder groups in letter form (appendix A) and a copy of the joint NHS Sheffield and Sheffield City Council report was made available on request (appendix B). it was also put on the website. This included:

- Wider stakeholder groups including; 50+, Voluntary Action Sheffield to distribute via it's networks, Sheffield Carers Centre, Expert Elders, Age UK, Care and Support Older People and Disabled Adults Service Improvement Forum and Quality Improvement Network, The Stroke Association (Sheffield), LINk (Local Involvement Network), Older People's Partnership Board, on the 24th of January 2012.

- Dignity Champion

- Older People Champion

- Stakeholder groups who make use of the facilities within the centres. These were an AgeWell Group using Sevenfields - via the coordinator and Whist Drive Group on the 25th of January 2012.

- The Residents of bungalows built around Sevenfields on the 27th of January 2012, inviting comment and to a meeting on 14th February 2012.

- Kier staff working at resource centres i.e. cleaners on 1st February 2012.

- Individuals who provide services to residents e.g. hairdressers and chiropodists on 27th of January 2012.

- A number of Health and Social Care professionals involved in this area of work were invited via email to contribute and pass comment on the proposals.

- Hearing Aid Service users at Sevenfields.

and

- A specific webpage and URL, www.sheffield.gov.uk/resourcecentres was created with 'Frequently Asked Questions' section giving information about how to 'have your say'. The page received 264 hits in total from 168 different people.

- The review of the Resource Centres was also included in a public consultation meeting held in the Town Hall on 31st January 2012 about some of the budget proposals for 2012/13, particularly those where we don't have an obvious stakeholder/customer group to consult with. (see event flyer appendix C)

- On 23rd February, the information was re-circulated to wider stakeholder groups, re-tweeted and the webpage refreshed with consultation closing date in the title.

- Consideration was given to asking people who've previously used the IC service about their views on the proposals. However to present a balanced view this would have required asking people who had used IC resource centres and those people who had used other forms of IC. We were not able to access to

information about people who had used NHS Sheffield services due to data protection* considerations. It was also considered that talking directly with people who are currently using services wasn't appropriate in terms of their health/recovery.

- There was also local media coverage about the proposal and this included the council being able to explain the review and encourage people to submit their views on the proposals.

*the Data Protection Act Sections 1 and 2.

To elicit feedback and comment on plans for a service unconnected to the patient's episode of care would be using their data for a purpose for which it was not collected and patients who have left the service and are mostly elderly, the gathering of this information and comment may cause distress and would therefore breach section 6 of the Act.

As a consequence of information being sent:

- The Carers Centre included an article about the consultation with links to 'have your say' in their e-bulletin 24th February 2012.
- LINk featured the consultation on their website.

A number of ways for stakeholders to comment were provided:

- email comments to PracticeDevelop@sheffield.gov.uk
- A number was provided for telephone comments and someone to record people's views.
- An offer of someone going talk to individuals or groups at a convenient time by request through contact by phone or email.
- Writing to The Director of Care and Support, c/o the Quality & Development Team, a part of Communities Business Strategy service.
- Attending an Adult Social Care Budget consultation event on 31 Jan 2012 where the issue was one of the items discussed.

Responses were gathered from:

- A public consultation meeting held on 31st January 2012.
- A meeting with residents of bungalows built around Sevenfields on 14th February 2012.
- Sheffield LINk in a written response after they had responses to questions they had submitted (a meeting with LINk planned for 15th January 2012 was cancelled due to members not being available).
- Dignity Champion 1st February 2012

- Older Peoples Champion 20th February 2012.

- Individuals including; professionals, members of the public and other stakeholders.

31 responses to the consultation were gathered in total, summarised below:

Communication type	Number
e-mail	14
Telephone	5
Meeting	7
Letter	5

- In general each communication was acknowledged or responded to in the same format as it was received.
- Both UNISON and LINk submitted questions and received detailed written responses.
- Attendees at meetings received verbal responses at the time, though in addition both the Dignity and Older People's Champions submitted questions which were responded to alongside a written account of their meetings.
- The Carers Centre also submitted a written response.

Summary of public consultation responses

Summary of views

People were invited to express their views and concerns on the options appraisal, the preferred option to stop having the 42 beds at Sevenfields and Hazelhurst and use the money to buy alternative care to meet current needs (including nursed intermediate care), based on demand and to offer any alternative solutions.

In general there was a mixed response to the consultation. Whilst there was some support and acknowledgement of the financial issues leading to the recommendation of 'option 5', there were also concerns raised about;

- not sacrificing quality solely on the basis of cost, the quality of service provided by the resource centres and the recognition they have,

- the future of the workforce from an individual impact perspective and as a valuable resource for the city,

- the capacity and capability of nursing homes to provide appropriate IC,

- the fact that a planned 120 bed NHS Sheffield IC resource had not been built as yet
- a critique of the options appraisal and review process.

Groups using the centres

There are 2 community groups that regularly meet at Sevenfields. These groups have been offered the opportunity to comment on the proposals and offered reassurance that they will be given support to find alternative accommodation should the need arise.

The Agewell group who meet at Sevenfields have expressed concerns about the future of the group and loss of a local resource/meeting place.

The group acknowledged the financial issues but suggest that support for older and vulnerable people should be prioritised.

In addition service users that use the drop in facility to have their hearing aid batteries replaced have been handed letters about the proposals, 7 at Hazlehurst and 3 at Sevenfields. Hearing aid batteries can now be exchanged at a range of places, and the Hallamshire hospital produce an information sheet for customers explaining where to get their batteries exchanged. This hasn't included information about the resource centres for some time now. No feedback was received.

Members of the public

Members of the public have been invited to comment using the methods outlined previously.

Responses from members of the public (10)

Support for option 5	1
Opposition to option 5	3
Mixed response	1
Neutral responses	4
Review report request/no comment	1

The main reasons for opposition to 'option 5' were about:

- The need to retain the specialist and therapeutic resources provided by the centres.
- The capacity and capability of private sector nursing homes to deliver an equivalent or better service.
- Personal positive experiences of the resource centres.

The reason given for supporting ‘option 5’ was

- From personal experience and opinion about the standard of one of the buildings.

Public consultation event (extract from full report appendix D)

A public consultation meeting was held 31st January 2012 as part of the consultation on the Sheffield City Council budget for 2012/13. The event focused on Adult Social Care which included the resource centres and wider budget proposals that could affect new customers.

There was a mixed response with some support for ‘option 5’. Those against the option were particularly concerned in terms of impact on staff and the potential loss of their skills. There was also concern that any replacement service would sacrifice quality for cost and be ineffective in providing intermediate care.

Tenants of bungalows local to Sevenfields

There are 12 bungalows in the grounds of Sevenfields which were previously part of the unit, these are now separate and run by Pennine Housing Association.

Tenants expressed concerns about:

- The future of the building/site, vandalism and disruption if the Sevenfields building is demolished.
- The need to retain bed based IC as well as home based IC.

Sheffield Carers Centre (full response appendix E)

- Endorsed the need for unit based IC in providing breaks and support for unpaid carers, and noted other benefits of the model.
- Urged Sheffield City Council to be transparent in how savings from adopting ‘option 5’ will be used for providing intermediate care(IC) in future and involve unpaid carers in individual cases.
- Ensure standards in nursing home based IC through the procurement process.

Sheffield LINk (full response appendix F)

LINk sent a series of detailed questions to SCC which we responded to; LINk then submitted a detailed official response:

Agreed ‘option 5’ is the best option if the centres were to close, but would have liked more information about how future need would be met and about NHSS plans for a 120 bed facility to be built. They also made a number of points about the rationale for closure:

- Questioned the need for en-suite bathroom facilities.

- Concerns about the use of nursing home beds for IC without preparatory work being undertaken on staff training, proper facilities being provided for reablement and a ‘change of culture’.
- That the cost savings from ‘option 5’ have been overstated.

Offered some suggestions to consider in future provision of IC:

- To have e.g. specialised 10 bed wing or group for the specific purpose of reablement or rehabilitation in a nursing home.
- Pilot studies of the needs and trends in IC to enable a balance to be found between traditional nursing care and reablement/ rehabilitation and be staffed accordingly.
- Using closed wards in hospital, adapted to perform the IC and be staffed by ‘care/support staff’, making good use of resources.

LINk also registered a number of comments and suggestions about the consultation process and in conclusion questioned the clarity of plans for IC in future.

Care & Support (for Older People & Disabled Adults) Service Improvement Forum (SIF)

Three SIF members commented on the proposals, two of those supported ‘option 5’ on a financial basis with the proviso’ of reinvestment in alternative IC models including support at home.

One member was opposed on the basis that ‘option 5’ removes provision for older people and disabled adults.

Dignity Champion (also LINk Vice chair and contributed to the LINk response) (appendix G)

- Questioned the evidence base for recommending ‘option 5’, including the financial information used in the review.
- Concern about potential fragmentation of the service in terms of the staff rehabilitation skills, experience and training.
- Questioned the capability of nursing home provision to effectively deliver intermediate care and rehabilitation given their staffing levels expertise and culture.

Older Peoples Champion (appendix H)

- Suggested alternative provision might be made on hospital sites, or alternative options for investment explored including closing one site (option 3).
- That decision should be based on quality not just cost.
- ‘Option 5’ requires capacity and quality to be assured in private nursing homes, with appropriate standards of support; enough staff, appropriate care, listening to the person.

Professionals

A number of Health and Social Care professionals involved in this area of work were asked to contribute and passed comment on the proposals:

- An opportunity to create a more flexible IC provision including assistive technology.
- Resourcing the beds with sufficient therapy, nursing, medical and social care staff to create flow.
- A more flexible approach to criteria and individuals timescales and accommodation types.
- Flexibility in bed numbers to create capacity during periods of high demand.
- Additional ideas to increase throughput.
- The need to create a good IC pathway and reprovision are essential.

Members of Parliament

The MP for Sheffield Heeley responded seeking assurances about retaining trained and experienced staff, maintaining good quality options for the people of Sheffield and ensuring the quality of reprovision.

Resource Centre Staff

Via Care4You managers staff and their representatives were offered the opportunity to comment both in pre-arranged meetings and on an individual basis. A series of ‘drop in’ sessions were also used as a way for staff to air their views. Care was taken to ensure those staff employed but currently absent have seen minutes of meetings and been given the opportunity to comment.

Staff raised issues about their employment opportunities should both the resource centres be closed. The focus of the discussion was on:

- The planned proposal and timescales to decommission both units pending cabinet approval.
- The impact of potential redundancies and the redeployment options available to them, as part of this process. The majority of staff wanted advice and information about the VER/VS schemes.
- The process for voluntary early retirement (VER)/ voluntary severance (VS) schemes, guidance on pensions and timetable for staff leaving.

- The opportunities to have private discussion with Trade Unions, Human Resources (HR) and management.

Staff also submitted questions and comments about the proposals, the focus of these was:

- The value, success and expertise of the resource centres and their staff have.
- The requirement for en-suite facilities and disputing other building refurbishment needs.
- The basis for the decision to recommend 'option 5' and suggesting other potential areas for efficiencies and savings, including alternative uses for the buildings.

For all staff affected by the proposed changes a number of guarantees have been given by HR:

- No one would be disadvantaged or left vulnerable, all staff will be treated fairly and equal in line with procedures.
- There would be access to HR advice and trade union representation on a regular basis.
- There would be regular staff meetings to share information.
- There would be opportunities to apply for VER/VS schemes and continued advice and support would be given.
- There would a skill audit of staff where appropriate.

Trade Unions

In a letter to the Council Leader trade unions made comments about the:

- Need for wide and transparent consultation about the recommended proposal.
- Financial arguments for retaining the current provision.
- Accuracy of information in the joint review carried out by NHS Sheffield and Sheffield City Council.
- Risks involved in reducing Local Authority provision and dependence on the private sector.

As part of the consultation, UNISON asked for information about the:

- Numbers and a profile of staff working in the resource centres and details of management costs.
- Previous maintenance costs.
- Number of IC beds in the city, their location, providers, unit costs and bed occupancy rates.
- Consultation about remodelling the provision.
- Options appraisal and report on 'social care bed based reablement hypothesis testing'

- Financial assumptions for IC beds in the medium term.

Health Staff

Health staff that currently provide support to both units, although not directly affected by the proposed changes were provided with information about the proposals and received regular updates as part of the process.

Their main concerns have been about the reprovision of beds and where they will be. They have received reassurances that their skills and experience will be used in the replacement beds

What we already knew from other sources about people's views on intermediate care:

- An NHS Sheffield Intermediate Care consultation was held in 2008. Key messages from that consultation were:

    - Whilst a wide range of positive views were expressed by respondents, there is widespread support for the proposed model of care in your own bed and when that is not possible in one community facility, both from the general public and professionals. Concerns were expressed about the fragmented nature of service provision at present, but the public welcomed the move to relocate the beds in one place to provide specialist care and the opportunity of diagnostics in the community.

    - The consultation was a positive experience and the engagement resulted in quality discussion, questions and agreement with the principle of "care in their own bed".

    - The site of the community facility provided a wealth of information and comment related to the "need to get it right for the citizens of Sheffield" with good transport links and adequate parking for both the public and staff.

As a consequence of the review NHS Sheffield planned to build a new 120 bed facility in the city. They are committed to and still plan to do this.

Appendices

Appendix A

UPDATE - on potential changes to the Intermediate Care Resource Centres, Hazelhurst and Sevenfields

Dear Stakeholder

I would like to inform you of some potential changes affecting the Council's two Care4You resource centres

Sheffield City Council runs two resource centres under its Care4you service. These are called Hazelhurst and Sevenfields. These centres offer 42 intermediate care beds for people aged 65 and over, 22 beds at Hazelhurst and 20 at Sevenfields. People stay in these beds for a short period of rehabilitation and reablement, usually for around 6 weeks. These resource centres are not like residential care homes as no-one lives in the two resource centres on a permanent basis as their home.

These beds are paid for by the NHS, but some funding also comes from Sheffield City Council.

During 2011, the resource centres were reviewed jointly with the Council and the NHS looking at a range of future options for them. A report has been drafted and will be presented at the Council's cabinet meeting on 11 April 2012.

I am writing to you to invite you to comment on the draft proposals. We are holding a consultation on the proposals which will be open until 29 February 2012. Following the consultation period, a report of the views and opinions expressed will be compiled and submitted to the Cabinet alongside the draft proposals.

You can Have Your Say in a number of ways:

1. You can email your comments to PracticeDevelop@sheffield.gov.uk
2. You can call 0114 203 7875 and someone will record your views
3. If you wish someone can come and talk to you and your group. Please call 0114 203 7875 or email PracticeDevelop@sheffield.gov.uk to arrange a time.
4. You can write to me at Eddie Sherwood, c/o Quality & Development Team, Floor 8, Redvers House, Union Street, Sheffield, S1 2JQ
5. There is an Adult Social Care Budget consultation event on 31 Jan 2012 where this issue will be one of the items discussed. The event takes place at the Town Hall between 2.00 – 4.00pm. If you would like to book a place to attend please call 273 5417 or email budget@sheffield.gov.uk

Background to the review

- We know that we offer high standards of care at the resource centres, and we want to put on record the professional and caring work that our Care4you staff undertake successfully at both centres.
- It has never been our intention to stop providing intermediate care in the city. Everyone who needs this service will be offered it, but possibly in other facilities rather than the two resource centres.
- Our review of the use of the beds and different options was a process to look at whether we should provide this service and the 42 beds in a different way.

What did we do in the review?

We looked, in detail at how the beds in the Resource Centres had been used by the NHS and the Council and what other options there were. This was a joint review by both NHS Sheffield (NHSS) and Sheffield City Council (SCC). This review was done to look at all the important factors before making a recommendation.

What options have been considered?

7. No change – keep the current 42 jointly funded beds
8. Remove the existing 42 beds and use the money to provide intermediate care in people's own homes.
9. Close one of the resource centres and keep the beds in the other resource centre. But don't buy any more intermediate care anywhere else.
10. Remove all 42 beds and close both buildings without buying any other intermediate care
11. Remove the 42 beds in the current buildings and use the money to buy different intermediate care to meet current needs based on demand. This would include providing intermediate care in nursing homes.
12. Remove the 42 beds and re-provide the same care as now, in new or different buildings

Based on the review of the options, '***Option 5'*** was recommended.

The reasons for this recommendation were:

- The buildings have a limited life span and will require investment to maintain them in their current form. They would also require investment to bring the accommodation up to highest standards as expected by CQC (Care Quality Commission) and public expectation. For example, people would like to have single rooms with en-suite facilities which are not available at the resource centres.
- We want to make sure intermediate care is good value for money and the best way of meeting the needs of the people who use the service.

- For the council, we know that we will be able to buy alternative services at considerably less cost than the present services within the resource centres; and given the government's funding reductions to the council, this is an important factor. We believe it is better to save money this way rather than reducing the level of service we provide to older people in the city.
- Intermediate care needs to be provided in nursed beds
- We want to offer improved facilities which help people to rehabilitate and become more independent.

If the proposals are accepted by the council, then we will look at how best to make use of the two sites.

What happens now?

We are inviting you to provide us your views on the recommended option to stop having the 42 beds at Sevenfields and Hazelhurst and use the money to buy alternative care to meet current needs (including nursed intermediate care), based on demand.

We will collate all the responses we receive, analyse these and present the feedback to Cabinet to so they can make a decision informed by the consultation as well as the recommendation following the review.

We want to know what you think. Please help cabinet make a fully informed decision by providing us with your views by the end of February. Tell us:

- What concerns does this option cause for you?
- Would you have chosen a different option and why?

Please see the paragraph 'You can Have Your Say in a number of ways' on page 1 for how to send us your comments and suggestions.

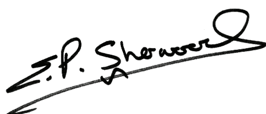
If you would like to see the Review Report written by the Council and NHSS that this letter refers to, then let me know and I will send it to you.

A report to summarise the feedback you give us will be presented to the Council's Cabinet on 11 April 2012. If you would like a copy of the consultation report, please let me know.

Who can I contact about this?

For more details contact Nick Hoult on 0114 205 3185 or Elaine Dutton on 0114 203 7875 or email PracticeDevelop@sheffield.gov.uk.

Yours sincerely,



Eddie Sherwood

Director of Care and Support

Appendix B

Outcomes from the Review

SCC Care4you Resource Centres in Sheffield

January 2012

Joint Report from Tim Furness NHSS and Eddie Sherwood SCC.

Outcomes from the Review of the Care4you Resource Centres in Sheffield

1. Introduction

The purpose of this report is to make recommendations and to conclude the review that was undertaken as a joint initiative between NHS Sheffield (NHSS) and Sheffield City Council (SCC) in relation to the proposed future organisational form of the two SCC Resource Centres (42 beds) at Sevenfields and Hazlehurst for 2012/13 and beyond.

This paper summarises the options for consideration, taking into account value for money, the rationale for change, impacts of system change on the delivery of care pathways, and the impact of change, particularly on the post-hospital discharge element of service provision, and recommends a preferred option for consideration.

2. Current Arrangements

As part of the remodelling of intermediate care services across the city it was agreed that the 42 resource centre beds for 2011/12 should only be only used for non 24 hour nursed patients.

The 42 resource centre beds are in a residential setting, old SCC stock, not en suite and are not fit for the purpose of providing intermediate care. They provide residential care, with all nursing and other clinical input being provided separately, by the NHS.

The resource centres are funded by contributions on a historical split between health and social care as part of the pooled budget arrangements for Intermediate Care. Therapy and nursing services provided into these beds are paid for and provided by health.

Recent work on pathways, eligibility, supply and demand has suggested that the use of the beds is not always intermediate care and an analysis undertaken by social care has determined there is not a need/demand for social care reablement beds.[*]

An analysis of the bed usage for the period April to September 2011 was undertaken to obtain an understanding of the split between Intermediate Care and Residential Care. The findings of the analysis indicated that the usage was 74% Intermediate care nursing and 26% SCC assessment for longer term care (31 Intermediate care beds and 11 Residential beds).

The table below shows the current costs of the resource centres, and how those are funded, including the cost of healthcare services into the two centres to provide intermediate care.

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[*] Strategic Commissioning and Partnership Section
Social Care bed Based Reablement " Hypothesis Testing" March 2010

Present Costs of Service				
Expenditure Category	Pay		Non Pay	Total Cost
	WTE	£000's	£000's	£000's
Hazlehurst				
Staffing	22.24	757.0		757.0
Building Running Costs			99.0	99.0
Sevenfields				
Staffing	20.67	700.0		700.0
Building Running Costs			94.0	94.0
Other Costs				
Liaison Nurses		81.3		81.3
Therapy Services (OT, Physio)		115.6		115.6
GP Cover		20.3		20.3
District Nurses		92.8		92.8
Training & Other			38.4	38.4
2011/12 Cost	**42.91**	**1,766.9**	**231.4**	**1,998.3**
Funding Source	2011/12			
	£'000s			
NHS Sheffield	765.9			

Sheffield City Council	1,232.5			
	1,998.4			

The table below shows comparative costs for residential care in other settings.

Settings	Weekly Cost/Bed	Variance
	£'s	£'s
Resource Centres	913	
Residential Care Beds	362	-551
Nursed Beds	500	-413

3. The Rationale for Change

NHS Sheffield (NHSS) and Sheffield City Council (SCC) agreed the need to review the role and future of the resource centres for 2012/13 and beyond so that there is clear joint understanding of the service required and of the options for how the required service is to be provided, as part of our joint work on intermediate care and vision to provide more support at home.

Both parties had indicated that they believed there would be opportunities for making better use of the funding that had been historically used to fund the 42 beds. For the city council, the reductions in government funding was an important factor, particularly if there could be a net reduction in expenditure whilst also continuing to purchase the necessary alternative services.

The rationale for this review and an options appraisal was that:

- The two buildings, at Hazlehurst and Sevenfields, are no longer fit for purpose
- The resource centre beds have higher running costs than other intermediate care rehabilitation beds
- There was an incomplete understanding of the service provided
- Models of care for intermediate care are changing, with NHSS requiring nursed beds and SCC moving away from bed based care and support

Any service change for 2012/13 and beyond must be clearly understood in the context of:

- The strategic case made for 120 nursed intermediate care beds for the city and the development of the Right First time strategy for urgent care

- A vision for more services to be delivered at home in the context of a wider market
- SCC's move away from bed based care and support
- NHS S and SCC's requirement to secure modern, high quality, recovery, reablement, and rehabilitation services to patients registered with a Sheffield GP
- Our aim to provide every individual with an opportunity to regain maximum recovery in a non-acute setting. This will include a planned return home (or to a suitable alternative residence) enabling the patient to achieve optimum levels of confidence and independence
- Our aim to prevent avoidable admissions to permanent residential care

4. Objectives of the appraisal:

An options appraisal was undertaken by officers, which was then challenged and reviewed by senior managers. As a result of this review a further option to avoid misinterpretation was added and compared with the five others. This made the option appraisal clearer, with explicit consideration of the option to decommission the 42 beds and provide the same (like for like) care in new or different buildings.

Senior officers also believed that there was an over-weighting (60%) on making savings/value for money, and that weighting should be given to meeting future need in any commissioning of services. The value for money rating was thus reduced to 30% and 30% weighting allocated to meeting future need.

Whilst these changes did not alter the outcomes from the appraisal, with its clear conclusions for decommissioning the resource centres, it did show that such a recommendation was not dominated by any single benefits criteria, such as the drive to making savings across health and social care.

Further work will be required as a result of this process to determine other significant issues, including the funding requirements for the service and the specification for the services.

We are proposing to proceed on the basis that the recommended option:

- Takes the interests of patients and carers into consideration
- Enables the provision of safe, effective, quality personalised care
- Supports NHS S and SCC commissioning strategies
- Is sustainable and flexible
- Is capable of evolving to meet an increasingly challenging environment
- Is a more effective targeting of resources to need
- Achieves value for money
- Provides increasing patient choice
- Seeks to maximise independence
- Reduces the demand for high cost long term placements

Benefit criteria

Criterion	Weighting	Notes
Meeting future need	30%	• To what extent does the option meet the needs of people discharged from hospital to receive therapy, to rehabilitate and to regain independence?
Value for Money	30%	• Does the option provide savings and therefore better value for money? • Is there a positive or negative impact on other services?
Strategic Fit	10%	• Does this option have a close fit with the strategic direction of commissioning, including the Right First Time strategy? • Or how far is the option away from meeting this? • Does it meet with current local and national policy drivers?
Do Ability	20%	• Is this option do able taking into account timing, reputational and political risks and the practicality of implementing this?
Strategic Market Assessment	10%	• Is there sufficient actual or potential supply in the market for this service? • Is this option sustainable?

5 Options:

1. No change – maintain the current 42 jointly funded beds
2. Decommission the existing 42 beds and meet need through a redesigned community based model
3. Decommission 21 beds and one building without any re provision retaining 21 beds in the other building
4. Decommission 42 beds and 2 buildings without re providing care
5. Decommission 42 beds in the current buildings and commission alternative care elsewhere based on current needs and demand
6. Decommission the 42 beds and provide the same care in new or different buildings

The following narrative describes how each option compared to the key factors against the available evidence. An overview of our scoring is available in Appendix 1.

Option 1. No change – maintain the current 42 jointly funded beds

Meeting Future Need

- As NHS Sheffield requires nursed care for the provision of intermediate care, and SCC is moving away from offering bed based care, this option does not meet future need well
- The buildings are no longer fit for purpose and therefore do not meet need well

Potential savings

- The buildings have a limited life span and would require substantial investment to maintain the buildings and bring the accommodation up to CQC standards e.g. no single rooms with on suite
- The present cost of the beds are significantly higher than in the independent sector,
- There are therefore no potential savings and significant need for investment associated with this option

Strategic Fit

- Not a strategic fit for health intermediate care, as this requires either nursed beds or care in people's own home
- Not a strategic fit with SCC direction of travel for social care re-enablement, an options appraisal previously undertaken determined that re-enablement should not be delivered in a bed based model

Do Ability

- It is clearly possible to do nothing but the above suggests that it is not sustainable to do so, financially or with regard to CQC regulations
- Buildings not fit for purpose longer term
- Longer term financial impact not doable

Strategic Market Assessment

- Would not be sustainable in the longer term

This option out of the 6 considered is deemed the **5th= choice**.

Option 2. Decommission the existing 42 beds and meet need through a redesigned community based model

Meeting Future Need

- As NHS Sheffield requires nursed care for the provision of intermediate care, and SCC is moving away from offering bed based care, this option might meet future need well

Potential savings

- There would be saving from not running and maintaining the buildings
- Cost of providing care for the patients who would have access to bed based care would be greater if provided in the community. Therapy staff provide care on two sites, the cost of visiting people in their own homes has the potential to increase the unit cost
- Possible double running costs - duplication of CICS and STIT service

Strategic Fit

- This is strategic fit with both NHS S and SCC policy to provide care at home

Do Ability

- This may not be do-able within the planned timescale is April 2012 due to the time required to design, test and implement a new model of care
- A plan with a timescale would have to developed to expand or commission new services to provide for this group of people

Strategic Market Assessment

- An assessment of the market would have to be undertaken to ensure the independent sector could provide an integrated community model of care
- An enhanced specification would have to be put in place to manage the level of care these people would require
- A strategic needs assessment would have to be undertaken for the night care element of the service that is provided in the existing beds

This option out of the 6 considered is deemed the **2nd choice**.

Option 3. Decommission 21 beds and one building without any re-provision retaining 21 beds in the other building

Meeting Future Need

- As NHS Sheffield requires nursed care for the provision of intermediate care, and SCC is moving away from offering bed based care, this option does not meet future need well
- This option reduces overall capacity to provide care
- The buildings are no longer fit for purpose and therefore do not meet need well

Potential savings

- Make some savings through the closure of one building
- Investment in one unit to up- grade to CQC standards
- Likely negative impact on other services if care is not re-provided
- Cost of staff redundancy

Strategic Fit

- Neither retention of one building nor not re-providing care meet strategic objectives

Do Ability

- This is a partial solution so is do able
- Risk of not reinvesting saving from the closure of one unit and the impact on other community and hospital services
- Remaining building not fit for purpose – longer term financial impact – not doable

Strategic Market Assessment

- Not sustainable in the long term
- Potential to buy alternative beds in the independent sector

This option out of the 6 considered is deemed the **4th choice**

Option 4. Decommission 42 beds and 2 buildings without re providing care

Meeting Future Need

- As there is an ongoing need for intermediate care and social care reablement, this option does not meet future need

Potential savings

- Savings from decommissioning if no reinvestment in alternatives.
- A major risk that not providing alternatives would result in increased costs in the wider health and social care economy, e.g. by delaying patient discharge from hospital resulting in increased length of stay, and pressure on SCC purchasing budgets for short term placements and increased home support. This risk is considered likely to outweight savings
- Cost of staff redundancy

Strategic Fit

- Current provision is not a strategic fit for NHS or SCC, as noted above

- However, not reproviding care would be inconsistent with NHSS and SCC strategies

Do Ability

- Doable. However unmet demand will appear elsewhere in the system
- Timeframe to manage decommissioning for April 2012 would be challenging

Strategic Market Assessment

- The market for bed based service is sufficient to manage displaced demand

This option out of the 6 considered is deemed the **5th= choice**

Option 5. Decommission 42 beds in the current buildings and commission alternative care elsewhere based on current needs and demand

Meeting Future Need

- This option meets future need well, offering nursed beds for intermediate care and flexibility to provide social care in line with people's choices

Potential savings

- There may be savings to be gained from open procurement of services.
- There is a risk to providing the beds in more than two locations as this will increase the therapy costs if the service is fragmented
- Staff redundancies would have to be considered against any savings

Strategic Fit

- This is a strategic fit with the Intermediate Care Strategy where there is a need to provide intermediate care in a nursed bed based environment
- This is a strategic fit with social care commissioning plans, where reablement beds are not deemed to be required

Do Ability

- This is do able within a reasonable timescale but it would need to take account of the provision required, the type of patients/ type of beds required, location of re commissioned beds and appropriateness

Strategic Market Assessment

- The independent sector could provide nursed beds and the current market position suggest sufficient availability of beds

This option out of the 6 considered is deemed the **1st choice**

Option 6. Decommission 42 beds in the current buildings and provide the same care in new or different buildings

Meeting Future Need

- This option meets future need poorly, as it does not offer nursed beds for intermediate care and does not give flexibility to provide social care in line with people's choices

Potential savings

- There is likely to be a significant additional cost to procuring new buildings

Strategic Fit

- Not a strategic fit for health intermediate care, as this requires either nursed beds or care in people's own home
- Not a strategic fit with SCC direction of travel for social care re-enablement, an options appraisal previously undertaken determined that re-enablement should not be delivered in a bed based model

Do Ability

- It is not known whether it would be possible to find existing buildings. New building would be possible, but would take considerable time.

Strategic Market Assessment

- No issues, if buildings could be found

This option out of the 6 considered is deemed the **3rd choice**

6. Conclusion and Recommendations

The review and challenge has produced clear conclusions and recommended Option 5. The second preferred option would be to commission intermediate care in a community model, but this does not meet need as well and may not provide value for money. The 3rd preferred option is to reprovide the current care in new or different buildings, but this does not meet need well and is likely to increase costs.

The city council will conclude its consultations based on option 5 and both NHSS and SCC will be asked to make final decisions based on this review and the feedback from

the consultations. If approved, implementation will be subject to an NHSS business case and agreement of contractual terms that ensures value for money for the services it will commission to replace its use of the beds. SCC will carry out its own commissioning for its requirements.

.Appendix 1 Option Appraisal Scoring Sheet

		Option 1		Option 2		Option 3		Option 4		Option 5		Option 6	
Variation Description		No change		De commission 42 beds and re commission a re modeled community service		De commission 21 beds and 1 building		De commission the 42 beds without re provision		Decommission 42 beds in the current buildings and commission alternative care elsewhere based on current needs and demand		Decommission 42 beds in the current buildings and provide the same care in new or different buildings	
Benefit criteria	**Weight**	**Score**	**Weight x Score**	**Score**	**Weight x Score**	**Score**	**Score**	**Weight x Score**	**Weight x Score**	**Score**	**Weight x Score**	**Score**	**Weight x Score**
Meeting Need	**30**	2	60	3	90	1	30	0	0	4	120	2	60
Potential savings	**30**	0	0	2	60	1	30	1	30	3	90	0	0
Strategic Fit	**10**	2	20	3	30	2	20	0	0	4	40	2	20
Do ability	**20**	1	20	2	40	2	40	1	20	4	80	4	80
Strategic Market Assessment	**10**	2	20	2	20	3	30	3	30	4	40	4	40
Total	**100**		**120**		**240**		**150**		**80**		**370**		**200**

Appendix C

Adult Social Care and Support Budget Savings Consultation event

Come and hear an overview about how Sheffield City Council Adult Social Care and Support services are planning to manage with less money next year.

Who is this event for?

- Adults who have a Learning Disability or Mental Health condition, Disabled Adults and Older People who use Adult Social Care services
- Carers
- Organisations and people who have an interest in Adult Social Care and Support

At this event you'll be able to find out more about how these plans could affect you, ask questions, discuss your priorities and have your say.

For example we'll ask you about plans for:

- How we provide technology and small pieces of equipment to help you at home.
- Working with you to help you be as independent as possible.
- Supporting people at home during the Night.

We'll listen to your views and ideas about the plans.

When is the event?

Date: Tuesday, 31st January 2012
Time: 2.00 – 4.00pm
Venue: Sheffield Town Hall, Reception Rooms

Refreshments will be available.

How do I book my place?

Let us know you plan to attend and tell us about any adjustments you need by:

27 35417
budget@sheffield.gov.uk

You can find out more about the budget consultation and see updates on line by visiting **www.sheffield.gov.uk/budget**.

Appendix D

Public consultation 31/1/12 meeting report

Intermediate Care Resource centres.

Proposal:

Draft proposals about the future of two Intermediate Care Resource Centres.

Comments made:

- CQC rate the service as excellent, therefore not not fit for purpose.
- Physical environment important, but service provided also.
- Do not move people into care homes – 5 years ago St Lukes rented rooms in care homes – don't spoil the service.
- Any re-provision will need to meet same standards of excellence. What evidence is there to demonstrate it will be of same standard?
- Critical issue is what happens to staff, i.e. loss of skills, expertise & experience in rehabilitation. Service offered now is specialised & should remain so.
- How does this fit with the NHSS strategy for 'intermediate care'?
- Quality of care should not be sacrificed for cost.
- Quality Intermediate care critical in terms of efficiency.
- If having to support an option it would be option 5.

Appendix E

Response from Sheffield Carers Centre to potential changes to the Intermediate Care Resource Centres, Hazelhurst and Sevenfields

The Carers Centre endorses the need for unit-based intermediate care because we believe that providing care within a unit gives additional support to unpaid carers and family members by:

A) Giving the unpaid carer/family greater opportunity to adjust to the change in their cared-for person and become familiar with the new needs of the cared-for person and seek guidance and support from staff. This would apply, for example, post-hospital discharge for a person newly diagnosed with stroke.
B) Providing an opportunity for the staff of the unit to assess the needs of the cared-for person on a 24 hour basis, which is essential to understand the person's full abilities and therefore provide assistance/guidance for the unpaid carer who will be providing care long-term. This would not be achievable if the cared-for person is at home.
C) providing a point of reference, should there be difficulties for the carer in the future
D) Providing a break from caring for the carer in cases where the cared-for person has a long-term condition (i.e. not newly diagnosed).

The Carers Centre urges the Council to:

A) Be transparent regarding the savings made by option 5 and how it will ensure that the majority of funding will be used to develop alternative intermediate care
B) Be explicit in how it will work with carers in the development of the individual model of intermediate care, for example by consulting carers as part of any assessment, including carers in reviews, including carers' observations and treating them as expert partners in care. Carers often report how the cared-for person exaggerates their own abilities when communicating with professionals and how important it is that the views of carers and family are taken into account in order to ensure the best long-term support
C) Carry out careful selection and monitoring procedures for intermediate care delivered in nursing homes. Carers have often reported very variable experiences of nursing home-based intermediate care, which has sometimes caused considerable distress.

Sheffield Carers Centre
28 February 2012

Appendix F

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29th February 2012

Dear Eddie

Consultation on Potential Changes to the Intermediate Care Resource Centres, Hazlehurst and Sevenfields

Thank you for the "Dear Stakeholder" letter received by Sheffield LINk on 26th January 2012. Please accept this letter as Sheffield LINk's official response to the proposals outlined in that letter. I would be grateful if you could draw our comments to the attention of the Cabinet meeting on 11th April 2012.

This response is based on discussions at two LINk meetings, on a report from one of the LINk Vice Chairs (who is also the Sheffield Dignity Champion) and on comments by LINk members following their attendance at the Adult Social Care Budget Consultation Event held on 31st January 2012.

Unfortunately it was not possible for LINk to arrange a public meeting on these proposals within the short consultation period allowed for comments. Nor was it possible for us to gather as much information as we would have liked on the costs, staffing and usage as well as the outcomes for patients pertaining to this issue.

1. The Options Proposed

We agree that option 5 is the best if the centres were to close. We would have liked more information on how future need would be met by offering nursed beds for Intermediate Care (IC). Where will this be? Is the proposed new 120 bed community unit assumed to be available?

However we would make the following points on the rationale for closing the Centres:

Firstly we feel the state of the buildings is not as poor as is suggested. We understand that they both had a considerable refurbishment approx 8-10 years ago; this did not go as far as provision of en-suite facilities, but the bedrooms do have wash handbasins. As you know, toilets, showers and bathrooms are shared as in hospitals so we do not feel this ~~is~~ unreasonable given that the Centres are not permanent residential units. As one LINk member commented:

"Most people who need intermediate care do not have an en suite bathroom at home and would not expect to have one anywhere else. My mother had intermediate/respite care and never suggested that she would like to have an en suite bathroom".

Secondly we have concerns about the use of nursing home beds for IC without considerable preparatory work being undertaken on staff training, proper facilities being provided for reablement and a 'culture change'. As Sheffield's Dignity Champion says:

- *Nursing home staff tend to be risk averse, and with that practice will provide little opportunity for reablement or rehabilitation unless staff have training and a different approach. It is vital in IC to avoid 'institutionalisation'*

- *Concern that people who use intermediate care services will be subsumed into the workings of the nursing homes, i.e. staff focus on nursing care and not reablement or rehabilitation. That staff will be focussed on 'doing for' as opposed to 'doing with'.*

- *Staff will 'help' everybody in the rush to 'care for' people who need nursing care and not adopt a rehabilitation approach. An option to minimise this would be to have dedicated corridor/s in any nursing home used, where the staff would be trained and focussed on reablement and rehabilitation.*

- *Any alternative provision considered should help, rather than hinder the principle in RFT, i.e. as early discharge as possible & not undo work done earlier in the 'customer journey'.*

- *Current Resource Centres have designated 'therapy kitchens', which provide the opportunity for people to practise with and become familiar with equipment e.g. kettle tippers that they might subsequently need at home. This is a step change in reablement or rehabilitation, the process is a continuum. Hospital settings do not 'normalise' people, therefore a necessary step in the process is currently provided by Resource Centres. Not sure that nursing homes are able to provide this option.*

- *Many people who live in nursing homes have a degree of dementia (both diagnosed and undiagnosed) the evidence widely reported is of limited staffing and therefore limited numbers of staff would struggle to provide time for reablement or rehabilitation. This takes time, potentially more time than 'doing for'. It is stated"the independent sector could provide nursed beds and the current market position suggest sufficient availability of beds". Where is the evidence of capacity within 'nursing homes' to provide the capacity which would be lost with closure? When two homes were potentially to be closed last July there were less than 100 beds across the city available. There would be dispersion across the sector in the city as no one or two homes will have this 42 bed capacity. How will the capacity and the level and quality of staff be found for the preferred option to work?*

- *In IC therapists liaise and handover the therapy tasks to the responsible staff (key worker) this aids the reablement or rehabilitation process as therapy continues*

Another LINk member commented:

“Nursing homes by definition are not the most conducive environments for encouraging rehabilitation and independence, as they are usually populated by those who have significant health and care needs. It seems we are looking at making a different genre of care fit what is needed. Ethos and atmosphere play their part; will staff be able to provide both necessary environments?”

Thirdly we think the cost savings of the current service as compared to nursed beds elsewhere have been overstated. The nursed beds will still require most of the “in-reach” therapy and other health care services and so bring the per bed cost up to £600-700 rather than the average non-IC cost of £500. There will also be extra costs in providing IC in multiple locations, in recruiting the additional staffing needed and in the building/refurbishment work necessary for independent nursing homes.

Finally we understand that some nursing home beds are currently commissioned and in use for IC. Therefore we would like to see an analysis of the patients outcomes for those who have used them.

2. Some Suggestions

We would like to make the following suggestions for consideration in the provision of Intermediate Care:

- Within a nursing home an option would be to have e.g. specialised 10 bed wing or group for the specific purpose of reablement or rehabilitation

- Some pilot studies to be undertaken of the needs and trends in IC that would enable a balance to be found between traditional nursing care and reablement/ rehabilitation and therefore to be staffed accordingly

- Potentially use closed wards in hospital, they might be adapted to perform the function and be staffed by ‘care/support staff’, making good use of resources

3. The Consultation Process on these Proposals

We consider that the “Dear Stakeholder” letter gives very little information on the proposals. It refers to a Review Report and a document entitled “Outcomes from the Review” was distributed at the event on 31st January. It is not clear if this Outcomes document is the full Review Report referred to. Since neither the Outcomes document nor your letter are lengthy we consider it would have been better to issue both combined as a Consultation Document for these proposals.

Perhaps of greater concern is the fact that neither document refers to the previous closure of two Care4You Resource Centres – Ravenscroft and Foxwood, nor to the three other Centres at Bole Hill, Norbury and Hurlfield View. It was with some consternation that LINk read in the Sheffield Star on 20th February that there is a separate proposal to close these latter three Centres in addition.

We consider that for the purposes of this Consultation it would have been more open and transparent of the Council to have explained the background and the proposals for all of the Centres so that the public had the context within which to consider the future of Hazlehurst and Sevenfields!

For this reason Sheffield LINk will be referring this matter to the Healthier Communities and Adult Social Care Scrutiny Committee and requesting a detailed examination of the issues involved.

4. Lack of Strategic Context

The consultation documents do not mention how these proposals fit with the Intermediate Care Strategy of NHS Sheffield:

The Intermediate Care Strategy included the provision of a 120-bedded community unit to replace existing capacity in the city which is provided in a number of locations. *Local Improvement Finance Trust (LIFT) - Scheme Update Report NHS Sheffield Board Meeting 5 April 2011.*

The LINk had been informed that this is still NHS Sheffield's Strategy but it will need to be reviewed by the (shadow) Clinical Commissioning Group in the context of the Right First Time programme.

Clearly any proposal to reduce IC beds in the Resource Centres needs to be related to whether the proposed 120 bed community unit will ever become a reality or not.

Whilst recognising that these proposals refer to Intermediate Care, we believe that IC also needs to be considered in the overall context of care for people with dementia in the city, as often dementia plays a part in IC.

A report issued by the Council in January 2011 on Ravenscroft and Foxwood Centres (Report on Resource Centre De-commissioning Consultation October 2010 – January 2011) states:

5.3 There is a **longer term strategic plan being developed** between all partners in the City to develop services that better fit the needs of people with dementia and the people who care for them. The emphasis will be on earlier intervention to reduce the need in the longer term for residential and nursing care. The future of the remaining resource centres will considered within the context of these changes.

Nowhere in the documents issued for this consultation have we seen evidence of this longer term strategic plan.

Elsewhere in the same Report it says:

4.6 Both health and social care are now committed to focusing on earlier intervention and a more personalised approach to delivering support for people with dementia and their carers in line with the **National Dementia Strategy**. Through this approach it is anticipated that people will be able to stay independent longer and live better with dementia.

The papers for this Consultation, the subject of this response, fail to explain how the proposals align with the National Dementia Strategy or place the proposals within the context of the Sheffield Dementia Strategy, which was last published in 2007.

5. Concluding Comments

For the reasons given above Sheffield LINk cannot see with any clarity what future Intermediate Care service would replace the services lost if Hazlehurst and Sevenfields were

to close. It also appears to us that there is no obvious, agreed and up to date Intermediate Care or Dementia Strategy for the city at the present time.

Sheffield LINk strongly recommends that these proposals should be re-considered within an overall joint health and social care strategic plan for people with dementia and Intermediate Care needs and no changes made to any of the existing Resource Centres until this strategic plan has been approved by the shadow Health and Well Being Board.

I trust these comments are helpful.

Yours sincerely

Mike Smith
Chair, Sheffield LINk

cc Richard Webb
Councillor Mary Lea
Ian Atkinson
Tim Furness

Appendix G

Care4You Resource Centre Consultation

1/2/12

Quality & Standards Manager, SCC Business Strategy

Meeting with; Dignity Champion

Response to ‘stakeholder update’ and after brief consideration of ‘Review report’; summary of main points raised by Helen and responses.

Raised

Dignity Champion believed there may be a permanent resident still living at Sevenfields.

Response

Resolved.

Raised

Little evidence about effectiveness of the proposed option (5).

Response

Option 5 is affirming that NHS has used nursing home provision successfully for intermediate care and will continue to do so. It also acknowledges that it is better to have a nurse led bed provision, whilst the council will focus on social care provision for people who need discharge.

Raised

Within the document the potential savings state in bullet 2 “risk re beds in more than two locations”, please bear this in mind when reading on, as the comparison costs as set out in page 3 implies that using nursing beds will cost £500, this does not include the costs of the level of therapy services required or additional staff ratio to achieve reablement/rehabilitation in line with intermediate care.

Concern that people who use intermediate care services will be subsumed into the workings of the alternative provision if in nursing homes, i.e. staff focus on nursing care and not reablement or rehabilitation. That staff will be focussed on ‘doing for’ as opposed to ‘doing with’.

Response

The issue about the risk of fragmentation if the beds are in more locations is recognised and will be dealt with in commissioning alternative care, if that is the decision made – i.e. it will be a factor in procuring nursed intermediate care beds. With regard to the concern about

intermediate care patients being subsumed into general nursing home care, this has not been evidenced as an issue for the 70 plus intermediate care beds already provided within nursing homes.

Raised

Staff will 'help' everybody for speed in the rush to 'care for' people who need nursing care and not adopt a rehabilitation approach. An option to minimise this would be to have dedicated corridor/s in any nursing home used, where the staff would be trained and focussed on reablement and rehabilitation.

Any alternative provision considered should help, rather than hinder the principle in RFT, i.e. as early discharge as possible & not undo work done earlier in the 'customer journey'.

Current Resource Centres have designated 'therapy kitchens', which provide the opportunity for people to practise with and become familiar with equipment e.g. kettle tippers that they might subsequently need at home when presented with something new at home my experience is the use of it is not adopted despite the risk. This is a step change in reablement or rehabilitation, the process is a continuum. Hospital settings doesn't 'normalise' people, therefore a necessary step in the process is currently provided by Resource Centres. Not sure that nursing homes are able to provide this option.

Response

Helpful comments. Commissioning of alternative care would focus on enabling rehabilitation, and would be undertaken in the context of the RFT programme.

The analysis of beds in the resource centres indicated that 11 of the 42 beds were not being used for this purpose but were people who needed long term residential care, and it will be better if people were able to move to a home of their choice.

Raised

The Dignity Champion reported that LINk 'Enter & View' visits have generally found that residents in nursing homes are 'cared for' in some ways, but institutionalised in others, they (staff and management) are also in many ways risk averse, and with that practice will provide little opportunity for reablement or rehabilitation unless staff have training and a different approach.

Response

The intermediate care beds are commissioned by NHS with a specification for intermediate care and this would apply to any additional beds procured by NHS.

Raised

Many people who live in nursing homes have a degree of dementia (both diagnosed and undiagnosed) the evidence widely reported is of limited staffing and therefore limited numbers of staff would struggle to provide time for reablement or rehabilitation. This takes time, potentially more time than 'doing for'.

Response

Again this would for NHS to consider in their procurement. It would be NHSS's intention to commission therapy support to intermediate care patients in nursed beds, as it does with other such beds.

Raised

There's a familiarity with what exists, but little actual evidence within the report about what might replace it being effective.

Response

See previous comment on the use of all the 142 beds.

Raised

Where is the evidence of capacity within 'nursing homes' to provide the capacity which would be lost with closure? When two homes were potentially to be closed last July there were less than 100 beds across the city available where is the current capacity? "page 9 option 5 Strategic Market Assessment "the independent sector could provide nursed beds and the current market position suggests sufficient availability of beds" again you will be looking across the whole dispersed sector in the city no one or two homes will have this 42 bed capacity Tell us how you will create the capacity and the level and quality of staff for the preferred option to work.

Response

We are confident that there is capacity given that 3 new homes have opened in the last year and no closures and NHS were available to purchase another 20 intermediate care beds without difficulty.

Raised

The Dignity Champion described from experience the working relationship between the staff team and visiting therapists. Therapists liaise and handover the therapy tasks to the responsible staff (key worker) this aids the reablement or rehabilitation process as therapy continues throughout the stay not just when a therapist is present. The Dignity Champion questioned if this will still be able to occur in a 'dispersed' model.

Response

Wherever there are intermediate beds, there will be the required health input so that they can perform the intermediate care function. This includes therapy input. Commissioning nursed beds may not result in an increase in the number of providers of those beds and therefore the model may be no more dispersed than it currently is.

Raised

Staffs skills required are specific to reablement / rehabilitation.

Response

Again this is part and parcel of the requirements from NHS in their purchase of intermediate care beds.

Raised

The Dignity Champion felt there's not enough comparator information about the different options to consider any of them but fully appreciated the reasons the current model could not continue.

The NHSS Intermediate Care review concluded a specific city-wide resource should be built, this hasn't been done. (LIFT Project)

Response

This is still the long term plan of NHSS.

Raised

Areas that need consideration if it's assumed the current resources can't continue as they are would be:

- Not dispersed (although this does have an impact on accessibility & proximity for any visitors).
- An option would be to have e.g. specialised 10 bed wing or group for the specific purpose of reablement or rehabilitation.
- Balance between traditional nursing care and reablement/ rehabilitation based on analysis of needs/trends and staffed accordingly.
- Making use of what's effective about the current provision – focus as a specialism.
- Therapy trained 'care/support staff'.
- Appropriate training for staff.
- Potentially use closed wards in hospital, they might be adapted to perform the function & be staffed by 'care/support staff', making good use of resources.

17/2/12

Raised

The responses have no substantiation to support them, there is no evidence given about the outcomes being produced via the current contracted nursing beds in the independent sector for reablement/intermediate care, comparator results of the length of stays and the full outcomes as rated against the current Care4you homes, the issue about real costs i.e. the costs of therapy provision is neatly side stepped. There is no response to the list of issues at the end of the report.

Please pass these comments on

23/2/12

Response

- In terms of outcomes, still seeking that information and will pass on asap.

- Regarding costs, added to analysis by showing comparisons excluding in-reach health care below:

The total cost equates to £913 per bed per week including in-reach health care. (£755 excluding the cost of in- reach healthcare), compared with a cost of around £500 per week for nursed beds and around £362 for residential beds. See below:

Bed cost comparison;

Settings	Weekly Cost/Bed	Variance
	£'s	£'s
Resource Centres	913	
Resource centre beds excluding in-reach health care	755	-158
Residential Care Beds excluding in-reach health care	362	-551
Nursed Beds excluding in-reach health care	500	-413

and

Anticipated cost of maintenance;

Refurbishment of the two centres was carried out in 2004, with the materials designed to have a shelf life of around 5 years. Both centres would therefore be due for redecoration and a face lift. The flat roofs at both premises are also likely to require extensive work, possibly new roofs, over the next two to three years. Extensive patch repairs have been carried out. As you would expect, buildings of this age are not energy efficient.

Car parks were top surfaces as part of the 2004 work and will be due again.

These costs are purely estimates and will depend on climate interventions with the roofs and external decorations.

Hazlehurst

Roof approx £25K

Car Park £12k

Redecoration £120k

Bathroom refurbishment £10k minimum *per bathroom*.

Sevenfields

Roof approx for repairs £15K

Car park £15k

Lift may need renewing minimum £40k

And all as above.

In terms of the response to the list of issues at the end of the report of our meeting 1/2/12, as these are issues we discussed if it’s assumed the current resources can’t continue as they are would be, these will be recorded in the consultation report that will go alongside the Cabinet report on 11/4/12.

Appendix H

20/2/12

Quality & Standards Manager, SCC Business Strategy

Meeting with Older Peoples Champion.

Response to ‘stakeholder update’ and ‘Review report’;

Summary of main points raised by the Older Peoples Champion

Questions and responses provided:

Question raised	Response given
I have read through the documents you gave me and more questions occurred-- for instance-- what is the advantage of the council paying for beds that already exist elsewhere? I may be dim but it makes no sense to me. Surely patient’s going into respite generally have to get funding from somewhere anyway, isn't this the same thing? (Where does payment usually come from for someone in residential or nursing homes who can't afford the fees, council or NHS?) Option 5 states there are sufficient beds available in the independent sector so why can't the patients just book into them-- why does the council have to 'buy' them first? Will look forward to learning more	The capacity that would be purchased in place of the Resource Centres is vacant capacity in private nursing or residential care home places. Places not currently being used or funded. When the council purchases the required bed as and when, this will be on an individual basis, rather than en- bloc as it is currently through the provision of the centres. NHSS may well purchase their replacement beds on a bloc basis. A proportion of the capacity for social care use (11 beds notionally based on previous use) could also be provided by supporting/reabling people better at home. If a nursing assessor decides a person needs nursing care, the nursing part of care is funded by NHS Sheffield. The person still has to pay for the accommodation and the personal care they receive in the home. Unless they pay the full fee for their care this won’t affect their contribution. In the case of the residential beds in the Resource centres, they’re free to the person for the first 6 weeks. Then a fee is assessed for.

	In terms of paying for Residential care generally, SCC helps to pay the fees for residential care if the person is assessed as needing it. *A Financial Assessment is carried out based on evidence of the person's income and capital.* SCC sets funding levels each year; these are the amounts we agree to pay up to for certain types of care. SCC pays the difference between the person's contribution and the fee for the place in the home, as long as the home doesn't charge more than our funding level. All residents in residential and nursing homes have to pay something towards the cost of their support. The amount is worked out according to a national set of rules, and will vary depending on circumstances. Most of your income, including your state benefit, goes towards paying your fees. However you'll be left with a weekly amount for your own use, called your Personal Allowance

Summary:

The Older Peoples Champion asked about some background information:

Location, of 2 resource centres, Sevenfields is Ben Lane in Wadsley, in North of the city, Hazlehurst in the South at Jordanthorpe, near Lowedges. Both 'old stock' probably built in 70's.

The Dignity Champion felt that arrangements seem overly complicated at present and that NHSS should provide IC.

Questions why IC can't be provided in a hospital setting. SCC indicated previous consultation & findings, people's wishes to be cared for at home where possible. The Older Peoples Champion felt this ok if appropriate support provided, isolation at home is an important issue for some people.

Is there no money to upgrade the resource centres, wouldn't that be more cost effective than closure?

NH background reports, costs of upgrade and repair a key issue. No funding, not seen as desirable (see options appraisal).

The Older Peoples Champion believes:

- There does need to be provision, important to people's recovery. Thinks it should be 'hospital based' e.g. NGH site. Cottage hospital model?
- That a decision shouldn't be based on just money, but on quality as well.

- The NHS should provide IC (as in option 5), but there does need to be capacity in nursing homes to provide the service. Once the resource centers are gone, they're gone for good.

- Option 5 is ok provided that people aren't just abandoned in them ('out of sight out of mind') there does need to be a 'proper plan' in place from admission at the outset towards discharge home. The Older Peoples Champion felt in that respect it's a good thing that resource centres use is time-limited i.e. free to the person for the first 6 weeks. Then a fee is assessed for.

- Private provision is not always good; the Older Peoples Champion has experience of working in both public and private sector and gave examples of staffing levels and basic equipment not being as good. Therefore it's important to make sure quality is checked, there needs to be appropriate standards of support; enough staff, appropriate care, listening to the person.

- The Older Peoples Champion asked what the plans for the buildings are. NH indicated if the proposals are accepted by the council; then we'll look at how best to use the sites. The OPC thinks a plan should be up front as it may provide opportunity e.g. if sold might provide funding for alternative resources.

- The Older Peoples Champion wonders why one unit couldn't be closed to fund the other. NH the options appraisal considered that option but ruled it out; (see option appraisal re option 3)

- The Older Peoples Champion asked who we're consulting with aside from herself, NH indicated; some e.g. 50+, VAS, Carers Centre, Age UK, Dignity Champion. The Older Peoples Champion thinks ex service users would be a group to ask as they have direct experience.

Appendix I

Extract from CQC report:

What we found about the standards we reviewed and how well Sevenfields Resource Centre was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run.
We found the people who use services have their views and experiences taken into account in the way the service is provided and have their privacy and dignity respected.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights.
We found people who use services experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

Outcome 07: People should be protected from abuse and staff should respect their human rights.
We found systems and processes in place to help ensure people who use services are protected from abuse, or the risk of abuse, and their human rights upheld.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills.
We found that staff had undertaken training received regular supervision sessions along with an individual appraisal.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care.
We found effective systems were in place to monitor the quality of service provision so that people who use services will benefit from safe quality care.

Review of the Care4you resource centres

Officer responses to the consultation to be read in conjunction with the cabinet report and the consultation report

7th March 2012

Summary of the Public Consultation

Summary of views

People were invited to express their views and concerns on the options appraisal, the preferred option to stop having the 42 beds at Sevenfields and Hazelhurst and use the money to buy alternative care to meet current needs (including nursed intermediate care), based on demand and to offer any alternative solutions.
In general there was a mixed response to the consultation. Whilst there was some support and acknowledgement of the financial issues leading to the recommendation of 'option 5', there were also concerns raised about;

- not sacrificing quality solely on the basis of cost, the quality of service provided by the resource centres and the recognition they have,
- the future of the workforce from an individual impact perspective and as a valuable resource for the city,
- the capacity and capability of nursing homes to provide appropriate IC,
- the fact that a planned 120 bed NHS Sheffield IC resource had not been built as yet
- a critique of the options appraisal and review process.

Summary of officer responses

Sheffield City Council and NHS Sheffield are fully committed to ensuring that all concerns raised are fully considered and if considered to be a risk, are addressed and mitigated as part of any new delivery model. For example, in relation to concerns about potential quality and performance of other providers, the council and NHSS will ensure that the procurement process is robust and the quality of care is monitored as part of internal monitoring processes.

Both the City Council and the NHS are totally committed to ensuring that everyone who needs intermediate care will be able to receive this without delay and no changes in services will be made that would put this commitment into jeopardy

Concern. Not sacrificing quality solely on the basis of cost, the quality of service provided by the resource centres and the recognition they have,

Officers in the consultations were very explicit about recognising the quality of service given by the staff teams; and the proposal to decommission the centres is not a reflection on the contribution of the staff. Both officers in the NHSS and SCC, however, do need to look to how we can ensure people get nursed led intermediate care.

We should also look to opportunities, when they arise, to secure improved environmental standards and facilities as this is also an element in quality services.

We agree that reducing costs must not be at the expense of safeguarding quality; and the experience of NHSS using intermediate care beds in nursing homes does not demonstrate quality is compromised. It is correct to say that the council will reduce its costs by over £250 per bed per week, though purchasing the required services from the independent sector; and at a time of severe funding reductions, this must be an important consideration in the decision making.

Concern. The capacity and capability of nursing homes to provide appropriate Intermediate Care.

NHS Sheffield has a well-established model of intermediate care using beds in several nursing care homes. NHS Sheffield has a rehabilitation training programme and employs rehabilitation assistants in Intermediate care who support service users to return to independence. Intermediate care is managed by Sheffield Teaching Hospitals (STH) and the therapeutic care is provided by NHS staff into those homes. If the recommended option is approved, NHS Sheffield would work with STH to secure beds in nursing care homes, adopting a similar model of care as with existing nursing homes.

The Council's Strategic Commissioning & Partnership Section have internal monitoring processes for care/nursing homes and routinely check on quality and safety of the service provided. Formal compliance checks are scheduled throughout the year, along with unannounced visits; officers also visit to respond to complaints. This reduces any risk of failure in the market but provides early indications of where support may be required.

In the unlikely event that a provider in the private sector fails, the Council, along with the PCT where appropriate, will instigate its risk management procedure to stabilise and minimise the risk
On a fortnightly basis there are also meetings to discuss any incidents and monitor performance against KPIs. Representatives include the Contracts Team, Care Home Support Team (CHST), Care Home Assessment Team (CHAT), and NHS Sheffield (NHSS). An example of this type of organised response was the NHS and SCC joint approach to managing the risk from the recent collapse of Southern Cross.

Concern. A critique of the options appraisal and review process.

A robust options appraisal process to consider a number of options was undertaken as a joint initiative between officers of NHS Sheffield (NHSS) and Sheffield City Council (SCC). It is a formally agreed process where all the participants bring their knowledge and expertise to agree, the options to be considered, benefit criteria, scores and weightings. The weightings applied to each criterion were officer recommendations and subject to senior management approval.

The options appraisals undertaken by officers was then challenged and reviewed by senior managers. As a result of this review a further option to avoid misinterpretation was added and compared with the five others. This made the option appraisal

clearer, with explicit consideration of the option to decommission the 42 beds and provide the same (like for like) care in new or different buildings.

The preference for nursed beds is informed by clinical experience and by the outcome of the consultation on intermediate care which informed the development of IC strategy. This means procuring alternative provision which better meets health needs and to ensure intermediate care is good value for money and the best way of meeting the needs of the people who require these services.

From an NHS and professional clinical perspective this means the services are better placed within a nursing home where there are qualified nurses on site 24 hours a day. The care4you resource centres are only registered to provide residential care. In addition the resource centre buildings are old stock, they lack modern facilities for rehabilitation and there are no en-suite bedroom facilities. Intermediate care could be provided by different providers of nursing care offering much improved facilities which are more cost effective

Sheffield City Council has plans in place to accommodate people who require long term social care support (approx 11 of the 42 beds- 20% of users) in other more updated services in the independent sector. Not only would this provide more suitable accommodation but would also offer those people a choice of location in which they can be supported.

Concern. The future of the workforce from an individual impact perspective and as a valuable resource for the city,

We do recognise and value the professionalism and expertise of our staff working the resource centres, and we will ensure that we follow council procedures, working with the staff, trade unions and HR.

It is the intention of the Council to first seek alternative appointments for affected staff through redeployment opportunities. However, the Council at present has limited options for redeployment of all staff and these plans could potentially result in the Council having to explore other options through voluntary severance, early retirement or redundancy.

For all staff affected by the proposed changes a number of guarantees have been given by senior management & HR:

- No one would be disadvantaged or left vulnerable, all staff will be treated fairly and equal in line with procedures.
- There would be access to HR advice and trade union representation on a regular basis
- There would be regular staff meetings to share information
- There would be opportunities to apply for VER/VS schemes and continued advice and support would be given
- There would a skills audit of staff where appropriate to best match people to job opportunities.

NHS Sheffield staff currently providing support to both units, although not directly affected by the proposed changes, have also been provided information about the proposals and will continue to receive regular updates as part of this process. They have received reassurances that their skills and experience will be used in the replacement beds as they undertake an ‘in-reach’ role to these services

Concern. The fact that a planned 120 bed NHS Sheffield IC resource had not been built as yet

The establishment of a 120 bed community facility remains one of the NHS's objectives to be considered as part of the Right First Time programme. There is now a much greater emphasis on providing intermediate care in people’s own homes whenever possible, although both the NHS and City Council recognise that we will always require some bed based provision.

<u>Questions raised from staff working at Sevenfields resource centre and officer responses</u>

1 **Who chose the six options?**

The options considered were part of an options appraisal process undertaken as a joint initiative between officers of NHS Sheffield (NHSS) and Sheffield City Council (SCC). It is a formally agreed process where all the participants bring their knowledge and expertise to agree, the options to be considered, benefit criteria, scores and weightings. The weightings applied to each criterion were officer recommendations and subject to senior management approval.

2. **Who made the decision on option 5?**

As mentioned above, senior officers of NHS Sheffield (NHSS) and Sheffield City Council (SCC) were part of the options appraisal process and recommended Option 5. There has been no decision to proceed with this option as this will be subject to Cabinet approval in April.

3 **Why have the buildings a ‘limited life span’ as recorded in the communities’ portfolio?**

Refurbishment of the two centres was carried out in 2004, with the materials designed to have a shelf life of around 5 years. Both centres would therefore be due for redecoration and a face lift. The flat roofs at both premises are also likely to require extensive work, possibly new roofs, over the next two to three years. Extensive patch repairs have been carried out. As you would expect, buildings of this age are not energy efficient. Car parks were top surfaced as part of the 2004 work and will be due again.

4 **“No en-suite- we are an extension of hospital rehab. They don’t provide en-suite and most elderly don’t have en-suite in their own homes. This does not affect their rehab program and setting of goals. Sufficient**

toilets and bathrooms are already available or the building wouldn't have passed regulations.

As the buildings are 1970s builds, they lack the facilities people prefer and are not appropriate for providing rehabilitation services. They no longer meet people's aspirations - for example people are required to share bathrooms and toilets.

5 **Where is it documented it needs to be en-suite? Outcome 10 in the current care standards does not state that bedrooms should be an en-suite; our bedrooms at both units are fit for purpose.**

The units meet the basic care standards but the environment is not appropriate for providing rehabilitation, and does not meet people's aspirations, for example people have to use shared bathrooms and toilets. We want to ensure that we are providing the very best facilities for people requiring rehabilitation. The proposals provide an opportunity to do this at lower cost and to provide care in a nursed environment to gain better outcomes for people.

6 **Why does rehab cost more with the council than the private sector?**

The council has higher overhead costs and staff have different terms and conditions of pay compared to the private sector.

7 **Front line staff have not had a pay rise in a number of years. Increments were frozen so why is Care4you in deep trouble?**

Care4you is not in deep trouble. Regrettably the budget cuts identified by the coalition government in the comprehensive spending review set out in October 2010 had a major impact nationally across all public sector organisations. The Council is required to make savings of £230 million over a period of three years from April 2011 which equates to savings of 30% on the Portfolio budget over the three year period. The NHS fund beds in the resource centres and have made the decision not to continue to funding them as they wish to deliver the services differently due to the reductions in their budget.

The council introduced a new pay model in April 2010 and employees in front line positions in the Care4You service received a significant increase in salary as a result of this review. A freeze on pay increments was not introduced until April 2011.

8 **What alternative residence is the council going to provide for patients to achieve optimum levels of confidence and independence?**

CICS and STIT along with the proposed home care reablement service (which will provide home support reablement to people in the community to avoid hospital admissions etc) will provide intermediate and reablement care

and home support for people in their own homes, to help them to build confidence and independence in the environment in which they normally live.

Keeping people in their own homes for rehabilitation and reablement minimises the disruption to their lives and enables them to be reabled in their normal place of residence and is thought to enable them to improve and gain confidence more quickly.

9 Why are the elderly being targeted, surely cuts could be made elsewhere within the council.

This proposed change does not mean there will be cuts to older people's services. We want to provide the best facilities appropriate for the rehabilitation of older people. It has never been our intention to stop providing intermediate care services in the city. Everyone who needs this service will be offered it, but we are suggesting that this will be in other facilities rather than the two resource centres. Our review of the use of the beds and different options was a process to look at whether we should provide this service and the 42 beds in a different way.

10 Why spend money on tracking devices in 2011 when you knew this decommissioning was going to happen? (total waste of money)

We have commissioned a homecare monitoring system for in-house services and in the independent sector which efficiently controls the delivery of our commissioned home care. Home care workers have devices which enables them to log in and out of service users homes.

The system brings huge benefits for both the council and for service users and is a very important step in increasing the safety of vulnerable people. It has enabled us to actively manage and verify the quality and timeliness of services, and the added security for service users and carer's means for example, should a care worker not arrive within a specified time, thereby identifying a possible missed visit, the system can automatically notify the provider via alerts and the situation can be resolved immediately

The system resolves most service queries, complaints and investigations and reduces resource time required.

Other benefits include cost reductions' in payroll and invoicing, improved cash flow and reduced back office costs. There is also eradication of laborious manual production and checking of timesheets.

11 Why have nurses based in units when they could visit twice weekly to save in NHS funding like they did year ago?

We believe that most patients who need intermediate care will benefit from having nursing care constantly available in a nursing home, rather than having visiting nurses. This is the model of care we have in most of the other intermediate care sites and is the model proposed in our strategy.

12 Why have contracts with food retailers when we could cut the costs going to supermarkets.

As a public organisation we have to conform to procurement rules and buy responsibly in a way that is consistent with obtaining value for money and complying with EU legislation. We have to ensure we are, fair, flexible, and transparent, and providing equal treatment to all potential suppliers when buying goods or services. We award contracts on the basis of 'Most Economically Advantageous' (a balance of quality and cost) tender rather than on price alone.

13 Kier charges are high, why not use independent contractors and cuts the costs. (shop around for reasonable prices)

See answer for 12

14 If councillors do not agree to the closures, will commissioning go ahead and do it anyway like they did with the day care service?

NHS Sheffield will have to revisit the issue either jointly with SCC, or separately, in relation to the 31 beds that have been calculated as their share of the current service. In doing that they would want to take into account the reasons for the councillors' decision, which may alter their current view of the options.

15 Letter that went out to people's homes from Julie Dore, 84% of returns stated not to cut elderly services, so why go ahead with the closure?

This proposed change does not mean there will be cuts to older people's services. We want to ensure we are providing an environment which has the facilities most appropriate for rehabilitation. This proposed change is due to condition of the two centres and the fact that they do not provide nursed accommodation. The changes would mean commissioning beds in a nursing care setting rather than residential care, as this will provide better care and better outcomes for people. The Council has tried to protect as much social care spending as possible.

16 The cost of the beds in these units states £900 per week, when the new staffing structure was implemented we were told that we had reduced unit's costs to £700 per week?

The total cost of the beds equate to £913 per bed per week which includes the in-reach health care costs. The bed cost excluding this cost is £755 per week.

17 Why not have AICS back like we used to have this worked perfectly and there is currently none available at this side of the city.

AICS are still operation at the Northern General Hospital covering all areas of the city. They continue to assess and refer service users onto care pathways suitable for their needs.

18 Is there any other way without decommissioning these two units Sevenfields and Hazelhurst that we could use the buildings in respect for care for the elderly?

It is not part of our strategy or direction of travel for older people to continue providing building based services in this way. People have been telling us they want to be supported to live independently at home or closer to home as possible. The demand for bed based / building based support is therefore reducing, and with the introduction of personal budgets people are now using their money more creatively to enable them to remain in their homes for longer.

19 Who in Sheffield City has rehab trained staff as we do, that can provide the same amount of rehab care with high rates of successes of clients returning back home?

NHS Sheffield have a rehabilitation training programme and employ their own rehabilitation assistants in Intermediate care who support service users to return to independence.

20. Have the cost of weekly charges been over inflated to use as an excuse to close Sevenfields and Hazelhurst.

No, the beds are provided at a high cost in comparison to other similar facilities in the market. The total cost of the beds per week equates to £913 per bed per week (£755 excluding the cost of in-reach healthcare). This compares to a cost of around £500 per week for nursed residential care in the independent sector, and £362 per week for residential beds.

21. Our facilities are used for training purposes, this will mean the Council will have to find alternative venue which could incur higher costs to the service.

We have arrangements with a wide range of facilities in the city which could be used to accommodate training at low or no cost, for example we have

several Council occupied buildings which have the capacity to accommodate training sessions on a regular basis. i.e. Brockwood, Moorfoot, Townhall.

Questions raised by LINk and officer responses

1. **Firstly we feel the state of the buildings is not as poor as is suggested. We understand that they both had a considerable refurbishment approx 8-10 years ago; this did not go as far as provision of en-suite facilities, but the bedrooms do have wash hand basins. As you know, toilets, showers and bathrooms are shared as in hospitals so we do not feel this ~~is~~ unreasonable given that the Centres are not permanent residential units. As one LINk member commented:**

   "Most people who need intermediate care do not have an en suite bathroom at home and would not expect to have one anywhere else. My mother had intermediate/respite care and never suggested that she would like to have an en suite bathroom".

   See responses to 3.4.5 above

2. **We have concerns about the use of nursing home beds for IC without considerable preparatory work being undertaken on staff training, proper facilities being provided for reablement and a 'culture change'**

   Response NHSS

   We understand the concerns expressed, and the suggestions made are helpful. We would note, though, that the NHS in Sheffield has a well-established model of intermediate care using beds in several nursing care homes. Intermediate care is managed by STH and the therapeutic care is provided by NHS staff into those homes. If the recommended option is approved, NHS Sheffield would work with STH to secure beds in nursing care homes, adopting a similar model of care as with existing nursing homes (some of whom may offer additional beds, of course, in our procurement). We would be happy for LINk to visit and talk to the intermediate care service, if that would be helpful in providing further reassurance.

   With regard to the risk of dispersal of the service, we recognise the risk. Sevenfields and Hazlehurst are two of seven current providers of intermediate care beds. We would prefer not to have more providers than this, as it increase travel time and reduces the effectiveness of the therapy service working into the homes. This preference may be one of the criteria that inform our procurement of alternative beds.

3. **We think the cost savings of the current service as compared to nursed beds elsewhere have been overstated. The nursed beds will still require**

most of the "in-reach" therapy and other health care services and so bring the per bed cost up to £600-700 rather than the average non-IC cost of £500. There will also be extra costs in providing IC in multiple locations, in recruiting the additional staffing needed and in the building/refurbishment work necessary for independent nursing homes.

Response NHSS
Cost comparisons - we accept the point made about the comparisons in the option appraisal. Both the Cabinet report and the report that CCG Committee received use the correct comparisons.

Response SCC

In the written response to LINk, an adjusted figure was given showing cost per bed. This shows that if the 'in-reach' health care costs are discounted i.e. Resource centre beds excluding in-reach health care cost around £755 per week and nursed beds excluding in-reach health care cost around £500 over 31 beds an annual saving of around £411k is potentially made.

Whilst it's not the intention to replace all 11 residential care beds like for like, residential care beds excluding in-reach health care cost around £360 per week, compared with Resource centre beds excluding in-reach health care cost around £755 per week. An annual saving of around £226k is potentially made.

Total potential saving of £637k.

3. **We understand that some nursing home beds are currently commissioned and in use for IC. Therefore we would like to see an analysis of the patients outcomes for those who have used them**

   Response NHSS

   Outcomes - our preference for nursed beds is informed by clinical experience and by the outcome of the consultation on intermediate care which informed the development of our strategy. We do not have comparative data for outcomes in nursed beds and in residential beds. However, as noted above, we would be happy for LINk to visit our intermediate care service and talk to the clinicians about the outcomes they achieve with patients.

4. **We would like to make the following suggestions for consideration in the provision of Intermediate Care:**
   - **Within a nursing home an option would be to have e.g. specialised 10 bed wing or group for the specific purpose of reablement or rehabilitation**

- **Some pilot studies to be undertaken of the needs and trends in IC that would enable a balance to be found between traditional nursing care and reablement/ rehabilitation and therefore to be staffed accordingly**

- **Potentially use closed wards in hospital, they might be adapted to perform the function and be staffed by 'care/support staff', making good use of resources**

  Response NHSS

  These are helpful suggestions, which will be passed to the intermediate care service to consider.

5. **We consider that the "Dear Stakeholder" letter gives very little information on the proposals. It refers to a Review Report and a document entitled "Outcomes from the Review" was distributed at the event on 31st January. It is not clear if this Outcomes document is the full Review Report referred to. Since neither the Outcomes document nor your letter are lengthy we consider it would have been better to issue both combined as a Consultation Document for these proposals.**

   Response SCC

   The 'Dear Stakeholder' letter stated that if people wanted access to the 'Review Report', they could request a copy. The Review report was available at the public consultation event on 31st January and attention was drawn to this.

   The 'Dear Stakeholder' letter was intended to give a proportionate amount of clear and succinct information to stakeholders with an opportunity for those people who wanted further information to be able to request it.

   The Review Report was made available at a meeting with Sevenfields bungalow residents.

   A copy of it was forwarded electronically to LINk on 2nd February 2012 and a copy of was provided to both the Older People's and Dignity Champions.

   The report was requested and sent to 3 individuals separately.

6. **Perhaps of greater concern is the fact that neither document refers to the previous closure of two Care4You Resource Centres – Ravenscroft and Foxwood, nor to the three other Centres at Bole Hill, Norbury and Hurlfield View. It was with some consternation that LINk read in the Sheffield Star on 20th February that there is a separate proposal to close these latter three Centres in addition.**

16 It is important to note that the care4you resource centres provide very different facilities to the other resource centres. The dementia resource

centres are managed by the Health and Social Care Trust as opposed to the City Council and are part of the review of dementia services in the City. The three dementia resource centres mentioned provide day support and respite care – they do not provide a permanent home for anyone. The intention is not to reduce access to services but modernise them so that they meet the changing expectations of older people. No person who currently attends these centres will have their overall service reduced through any changes that may happen.Sheffield City Council has not yet made a decision about the future of these centres – a detailed consultation will be undertaken to help us determine how best to provide dementia day and respite in the future.

Ravenscroft was providing a mix of services before it was closed in 2011 and all the services have been successfully re provided. The fact that the term resource centre is used does not necessarily mean they provide the same facilities

5. **Clearly any proposal to reduce IC beds in the Resource Centres needs to be related to whether the proposed 120 bed community unit will ever become a reality or not.**

Response NHSS

The establishment of a community facility remains one of the NHS's objectives, although the question will be reconsidered as part of the Right First Time programme. Our current model of care, including any procurement of new beds, is an interim model.

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SHEFFIELD CITY COUNCIL
Cabinet Report

11

Report of: Sonia Sharp

Date: 23 May 2012

Subject: The Lowfield MyPlace (U-Mix) Project

Author of Report: Tony Tweedy 2296140

Summary The purpose of this paper is to set out a proposal to take forward the Lowfield MyPlace project (named the U-Mix project) including the establishment of arrangements for the operational management of the centre and associated programme of activity.

This proposal builds on the success of key elements of current work to date including:

- Securing MyPlace, Football Foundation and Play Builder funding to provide the capital investment required to create a range of facilities to meet the needs of children, young people and the wider community.

- The involvement of young people throughout the process of designing the facilities and the provision to be delivered.

- On-going consultation with a range of partners, including the VCF and private sectors.

- The key role played by Football Unites, Racism Divides (FURD) in developing and delivering a successful project.

- The identification of city council revenue funding required to support the facility in accordance with the business plan.

- The development of an income generation strategy to address and reduce the reliance on city council funding in the future.

Reasons for Recommendations:
The City Council has placed significant priority on improving facilities at a local level for children, young people and the wider community. This proposal supports this commitment and provides a real opportunity to improve the local offer available.

The investment by the City Council of the revenue funding required will provide a secure basis on which to allow the income generation strategy to be realised.

This proposal delivers the requirement of funding bodies that external providers to the Council have a key role in the development and operation of this facility. It also supports the Council's commitment to working in collaboration with external organisations and ensuring that high quality activities and services and are secured and provided.

This proposal seeks to use existing resource within the CYPF budget and is not seeking to secure any additional City Council funding.

Scarce funds need to be utilised effectively and this is best delivered through a joined up approach that engages a range of partners and draws on their expertise and access to additional, external resources.

Recommendations:
Cabinet is recommended:

To allocate funding from the Youth budgets to the U-Mix centre project for the first two years of the centre's operation, such funding to be up to the levels set out in paragraph 6.3 above, and to be used to support running costs including, but not limited to, staffing and management costs referred to in this report;

To note the proposed contractual arrangements described in paragraph 5.6 and to delegate authority to the Executive Director, Children Young People and Families in consultation with the Lead Cabinet Member for Children Young People and Families and the Director of Commercial Services, to appoint, through a process approved by the Director of Commercial Services, a suitable provider by way of a formal agreement on such terms as she considers appropriate to undertake the management of the U-Mix centre, including the appointment and provision of staff, as described in this report; .

To confirm the authority of the Executive Director, Children, Young People and Families, in consultation with the Cabinet Member for Children, Young People and Families, to take such further steps to progress the Lowfield project or to safeguard the City Council's interests in relation to it as she shall consider appropriate, including entering into such agreements or arrangements with third parties on such terms as she considers appropriate, and, if she considers it necessary, to vary the arrangements for the management of the U-Mix centre proposed in this report.

Background Papers:

Category of Report: OPEN

If Closed add – ‘Not for publication because it contains exempt information under Paragraph… of Schedule 12A of the Local Government Act 1972 (as amended).’

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* Delete as appropriate

Statutory and Council Policy Checklist

Financial Implications
YES Cleared by: Tricia Phillipson
Legal Implications
YES Cleared by: Andrew Bullock
Equality of Opportunity Implications
YES Cleared by: Bashir Khan
Tackling Health Inequalities Implications
YES
Human rights Implications
NO:
Environmental and Sustainability implications
YES
Economic impact
YES
Community safety implications
YES
Human resources implications
YES
Property implications
YES
Area(s) affected
Relevant Cabinet Portfolio Leader
Jackie Drayton
Relevant Scrutiny Committee if decision called in
CYPF
Is the item a matter which is reserved for approval by the City Council?
YES
Press release
NO

The Lowfield MyPlace (U-Mix) Project

1. Summary

1.1 The purpose of this paper is to set out a proposal to take forward the Lowfield MyPlace project (named the U-Mix project) including the establishment of arrangements for the operational management of the centre and associated programme of activity.

2. Background

2.1 The MyPlace initiative was launched as part of the previous Government's plans to provide an additional capital investment of £190m over a two year period to support the establishment of state of the art youth facilities. Sheffield City Council, with the support of key partners, succeeded in securing £2.14m of MyPlace funding to take forward the Lowfield project alongside a host of additional funding to establish a range of additional facilities on the site.

2.2 Following the election of the Coalition Government, all plans to finalise arrangements to release funding were suspended subject to a Government review of the quality and sustainability of proposed projects.

2.3 At its meeting on 23 March 2011 Cabinet:

a) confirmed its belief that the development of the U-Mix project would promote and improve the social and environmental well-being of the people of Sheffield, and especially of young people in the Lowfield area;

b) authorised the Head of Design and Project Management to issue instructions to the contractor, William Birch, to carry out the construction of the Lowfield youth and open space facility programme, subject to the Executive Director, Children, Young People and Families, being satisfied that the necessary funding for these works had been secured; and

c) authorised the Executive Director, Children, Young People and Families, in consultation with the Cabinet Member for Children and Young People's Services, to 'take such further steps to progress the Lowfield project or to safeguard the City Council's interests in relation to it as she shall consider appropriate, including entering into such agreements or arrangements with third parties on such terms as she considers appropriate'.

2.4 The contractor was duly instructed to proceed and the construction works are now largely completed. Final fit out and handover of the facilities is scheduled for the end of June/beginning of July 2012. The intention is to bring the centre into operation as soon as possible after this date.

2.5 The purpose of this paper is to set out a proposal to take forward the U-Mix project, including the establishment of arrangements for the operational management of the centre and associated programme of activity.

2.6 This proposal builds on the success of key elements of current work to date including:

- Securing MyPlace, Football Foundation and Play Builder funding to provide the capital investment required to create a range of facilities to meet the needs of children, young people and the wider community.

- The involvement of young people throughout the process of designing the facilities and the provision to be delivered.

- On-going consultation with a range of partners, including the VCF and private sectors.

- The key role played by Football Unites, Racism Divides (FURD) in developing and delivering a successful project.

- The identification of City Council revenue funding required to support the facility in accordance with the business plan.

- The development of an income generation strategy to address and reduce the reliance on City Council funding in the future.

2.7 The proposal highlights the need for the Council, through existing CYPF budgets, to commit the resource required to ensure that the facility is managed and operated effectively to meet the requirements of funders, as set out in the business cases supporting funding applications.

2.8 There is also a need to create effective links between the range of groups and organisations delivering Positive Activities to ensure a model of provision is delivered appropriate to children and young people.

2.9 In addition, the role of the recently established Community Youth Teams (CYT), comprising of Sheffield Futures staff and youth crime prevention staff is being defined to support service delivery within the facility. The CYT will provide additional targeted services and programmes for those children and young people who are identified as vulnerable and need of more support.

2.10 This paper also outlines a proposed governance model for the facility to ensure accountability and the engagement of all partners, stakeholders and the local community in the running of the centre.

3. What does this mean for the people of Sheffield?

3.1 The overall vision for U-Mix is:

"Young people working together achieving their full potential"

3.2 The U-Mix facility aims to bring young people together in a recognised neutral venue by providing activities that have universal appeal. The universal/open access engagement programme will be provided by a range of partners committed to the development of this as a facility offering a wide range of provision for local people.

3.3 U-Mix will predominantly serve as the One- Stop- Shop for the Community Youth Team and Multi-Agency Support Team in the West area of the city serving the Central, South and South West Community Assembly areas. The facilities created, alongside collaborative working with partners, Lowfield Primary and surrounding schools, will provide exciting opportunities for the delivery of an all age universal/open access offer of activity, enhanced by a targeted offer of support and services in response to local need.

3.4 U-Mix will provide a range of activities and initiatives that will benefit not only children, young people and the local community, but also others from across the city. This facility will provide a unique opportunity for young people and other members of the community to develop confidence, skills and knowledge that will have a positive effect on their future lifestyles.

3.5 Since the original business plan was composed, the project has worked in partnership with the University of Sheffield. The University has secured EU ProFit funding and committed to investing the funding within the Lowfield project. The funding will provide outdoor equipment that will make Lowfield the first UK field laboratory for innovation in sport and physical activity. This project is about working with other European cities to provide innovative and exciting outdoor fitness opportunities that will encourage individuals not normally active to become so. This element of the project and the management of funding will remain the responsibility of the University.

4. Outcome and Sustainability

4.1 Outcomes to be Delivered

The project will deliver the following for children, young people and the wider community:

- ensure the range of delivery partners work in collaboration with the Community Youth Team to address the needs of young people who are not engaged in education, employment or training. This includes the provision of personalised support, volunteering opportunities and activity programmes

- offer a comprehensive range of positive activities to ensure young people gain the skills, knowledge and experience to avoid risk taking behaviour, feel informed to make positive choices about their lifestyle and make a positive contribution to community and city life

- provide a high quality offer of sport and physical activity to enhance health and emotional well-being outcomes for children and young people, promoting healthy lifestyles, individual and team activities and physical well-being

- promote community cohesion through the delivery of a range of activities to celebrate cultural differences and diversity, remove barriers that prevent young people accessing provision and provide intergenerational approaches to engage the wider community in the life of the U-Mix facility

- ensure the engagement of young people in the development and delivery of the project through the active involvement of young people in decision-making processes associated with U-Mix.

4.2 Programme Development and Income Generation Strategy

4.2.1 Considerable work has been undertaken to assess potential income that the project can generate, whilst also meeting outcomes required by funders and the community. The facility has a synthetic sports pitch that has considerable potential to generate income. A seasonal activity programme has been developed for the synthetic pitch allowing for both access by community organisations and the generation of income.

4.2.2 The business case includes a sensitivity analysis that indicates income at different percentages of use at the full commercial rate. During the first 2 years of operation surplus will be generated that will off set the need to greatly increase the full commercial percentage at year 3 and beyond. If operating at 25% commercial use it is estimated that a surplus will be generated over a 10 year period

4.2.3 Market research has also taken place by the Urban Mixtures young people's group to test out the potential development of commercial football and cricket leagues. The research centred around potential teams made up of people employed locally. For instance, a range of restaurants were visited on London and Ecclesall roads with employees subsequently expressing an interest in using the facility.

4.2.4 In addition, an activity programme for the building is also being developed on a similar basis that will include commercial, concessionary and free access to local groups and providers.

4.2.5 A major partner in the U-Mix Lowfield project is Football Unites, Racism Divides (FURD), a third sector project with a track record of delivering high quality sports and educational activities, tackling racism and inequality. FURD played a lead role in securing Football Foundation funding for the U-Mix centre and have been a primary partner from the start. FURD do not receive any core funding from the City Council but bring with them a wide range of externally funded services and activities that will add value to the work undertaken in the facility.

4.2.6 The City Council has agreed with FURD that it will dispose of the latter's existing premises, The Stables on the Mount Pleasant site, and that this organisation will take up residence at U-Mix as the 'anchor tenant'. As a result, FURD will be a lead partner in the delivery of activities at the facility and as a result will transfer all of the organisations current delivery to the U-Mix site. FURD has successfully provided a wide range of activities in the city for many years making it well placed to deliver a range of youth activities in its own right and with other partners at no cost to the City Council.

4.2.7 FURD has, therefore, the potential to make U-Mix highly successful in that it not only has a national reputation for providing high quality sports, positive activities and educational activities but it has also a track record of securing substantial amounts of external funding from a wide range of sources that will now benefit this facility.

4.3 Governance Arrangements

4.3.1 It is proposed that a project board is established to oversee the development and management of the centre. Although the centre will, initially at least remain a Council controlled facility, the board will have an important advisory role and will be charged with monitoring the operation of the centre to ensure that the vision for U-Mix, performance targets and the associated strategic objectives are achieved.

4.3.2 It is proposed that the Board will include representatives of all key stakeholders, including (subject to confirmation by Full Council) elected members, a senior representative of Lifelong Learning, Skills and Communities, FURD, Community Youth Teams, Lowfield Primary school, health representatives, local Voluntary, Community and Faith sector representatives and private sector representation.

5. Management Arrangements

5.1 In order to achieve these required outcomes the Council needs to ensure that the centre is effectively and efficiently managed and staffed. A considerable amount of effort has gone into assessing what staffing structure will be required and this is outlined below.

5.2 Project Coordinator

5.2.1 It is believed that a *Project Coordinator* is required who would be responsible for:

- developing excellent partnership working with local and city-wide organisations, including young people

- developing a programme that meets sustainability, community and external funding requirements

- ensuring appropriate financial and reporting systems are in place.

5.2.2 The Project Coordinator would not necessarily be a full-time post. The Project Coordinator would be supported, in running the centre and the activities organised through it, by the Facility Manager and Receptionist and a team of Project Development Assistants. It is proposed that the Project Coordinator will line manage the Facility Manager and be responsible for leading the development and implementation of the activity programmes.

5.3 Facility Manager and Receptionist

5.3.1 These roles will be key to the effective operation of the facility both in terms of working with the general public, centre users, partners and funders.

5.3.2 The Facility manager will have overall responsibility for Health and Safety, Safeguarding and day-to day operation of the facility supported by relevant city council colleagues. A main emphasis will be to ensure relationships are maintained with current funders and developed with future funders, potential users of the facility and the private sector.

5.3.3 The Receptionist role will ensure the priority of customer focus is maintained and further developed when dealing with the general public and facility users in relation to enquiries, needs, bookings and information. The receptionist will coordinate the booking of spaces throughout the facility on behalf of partners and providers and ensure resources and equipment are well maintained and available for programme delivery.

5.4 Project Development Assistants

5.4.1 It is envisaged that the facility will be operational seven days per week from 8.30 am to 10.30 pm daily. In order to ensure there is full staffing coverage at all times it is proposed that part-time Project Development Assistant posts are established.

5.4.2 It is intended that the Project Development Assistants will undertake evening and weekend duties providing continuous staffing of the facility responsible for duties in relation to the operation of the facility and the activity programmes. The Project Development Assistants will report to the Facility Manager to ensure effective communication and planning to support the operation of the facility.

5.5 Hours of Operation and Staff Cover

5.5.1 It is proposed that the staffing establishment described above will be deployed as follows:-

Hours	Monday– Friday staff in Attendance	Weekends staff in Attendance
8:30 am – 4:30 pm	Facility Manager Receptionist	Programme Development Assistant
3:30 pm – 10:30 pm	Programme Development Assistant	Programme Development Assistant

5.5.2 The above table indicates the Manager's core hours. It will be a requirement that the manager is flexible in his/her work programme to meet service needs.

5.6 External Provider

5.6.1 It is proposed that that an external provider of activities for children and young people is appointed to lead on activity to operate the facility and ensure an attractive wide ranging activity offer is developed and delivered to meet the needs and interests of facility users. This approach will continue to demonstrate the Council's commitment to partnership working with external organisations as well as delivering the vision and values set out in the MyPlace funding proposal.

5.6.2 Accordingly it is intended that the Council will identify through an appropriate process, and enter into a contractual arrangement with, a suitable organisation to manage the centre on the Council's behalf, including employing, coordinating and managing the work of all staff appointed to the roles and responsibilities set out above in paragraphs 5.2, 5.3 and 5.4.

6. Financial Implications

6.1 The financial information set out within the project business case includes the assumed council contribution of £185,000 for the financial years 2012-13 and 2013-14 as submitted in the MyPlace bid. This is expected to be the maximum amount of resource required as the council's contribution and this will be off-set in accordance with income generated. The £185,000 revenue spend may not be required to be paid 'up front' or at all. There are planned revenue streams which could reduce or remove the required revenue spend from the City Council. An additional £50,000 from the Council's Youth budget (revenue) has been allocated to support the capital spend. This allocation forms part of the overall youth service revenue budget for 2012-13.

6.2 This financial summary does not include any potential income from sponsors or the private sector, applications to additional funding sources or income generated through letting of the building. Whilst the potential exists, it is felt that until the facility is open and the benefits and outcomes can be demonstrated strategically, additional income generation cannot be assumed at this stage.

6.3 The following financial detail sets out how the resources are to be allocated through identified council youth budgets:

Financial Year 1 April 2012 – 31 March 2013

Recruitment and staffing costs	£125,979.00
Programme development	£ 16,308.00
Launch costs	£ 7,000.00
Site Security	£ 15,000.00
TOTAL	£164,287.00
Management fee/overheads	£ 20,778.00
TOTAL	**£185,065.00**

Financial Year 1 April 2013 – 31 March 2014

£185,065.00 **as above**
Less: recruitment costs and launch costs which will not be required in year 2.
plus 3% increase on salary costs

Total : £175,617

6.4. The project business case detailing projected income and expenditure, in accordance with the MyPlace Business Case included in the funding bid

7. Legal Implications

7.1 The legal power for the Council to fund the running of the U-Mix Centre and to appoint an external organisation to manage the centre is provided by the new general power of competence contained in the Localism Act 2011.

7.2 The appointment of the external manager must be undertaken in accordance with guidance from the Council's Director of Commercial Services to ensure that a proper process is followed. A formal agreement between the Council and the appointed organisation will be necessary to make clear the respective parties' rights, responsibilities and expectations.

7.3 Further agreements will be required to confirm the terms of use of facilities at the centre.

8. Human Resource Implications

8.1 All recruitment processes will be conducted in accordance with best practice and with advice from HR professionals as appropriate.

9. Equal Opportunities

9.1 It is important to ensure all children, young people and the wider community have the opportunity to access services to be provided from the facility. This will

include the need for additional targeting and support for those of our young people who are most vulnerable and whose chances and choices may be reduced because of family income, family circumstances, culture, race, gender, ability, religious beliefs or sexuality.

9.2 This will be achieved through the establishment of customer feedback, review and evaluation processes including on-going consultation and satisfaction surveys with facility users and the local community. Facility governance arrangements will also establish a User Forum/Committee to ensure facility users have a voice in influencing the activity offer at the facility and are fully engaged in decision-making processes.

9.3 Activity programmes and additional targeted services will be provided in accordance with local need and the views of facility users and local people.

9.4 In addition, requirements to ensure the facility is fully inclusive will be included in contracts and agreements with service providers and will be monitored through performance management processes.

9.5 A full Equality Impact Assessment is attached to this report.

10. Environmental Sustainability

10.1 Through consultation and involvement processes, many young people have demonstrated concerns about their local environment and the benefits that this facility will provide in the local community. It is important that the local environment is maintained to a high standard and children and young people value the improvements this facility will make to the local environment.

10.2 The activity and programme offer will provide opportunities to encourage and support facility users to increase their awareness and knowledge in relation to environmental issues. In particular service users will be encouraged to be involved in the establishment and development of the community garden.

11. Alternatives considered

11.1 The Council has considered the option of transferring the facility through Trust arrangements with an appropriate organisation/group. However, exploration of this option has concluded that this would require the implementation of a longer term project to establish a robust, sustainable arrangement. The requirements of funders also mean that the operation of the facility must be prioritised. Further work in relation to this option could continue alongside the operational plans for the facility.

11.2 A further consideration has explored the establishment of the facility under direct Council management and operation. This option has been rejected as it will not achieve the added value provided through establishing the facility through an external provider. External, independent providers have

opportunities to apply for and secure funding sources not accessible to local authorities and provide significant added value to Council services in this way. In addition, the current funding bodies require the engagement of external providers as key to the development and operation of the facility.

11.3 The proposed approach set out in paragraph 5 of this paper has therefore been established as the preferred option that will bring the most value to the establishment of the facility.

12. Reasons for Recommendations

12.1 The City Council has placed significant priority on improving facilities at a local level for children, young people and the wider community. This proposal supports this commitment and provides a real opportunity to improve the local offer available.

12.2 The investment by the City Council of the revenue funding required will provide a secure basis on which to allow the income generation strategy to be realised.

12.3 This proposal delivers the requirement of funding bodies that external providers to the Council have a key role in the development and operation of this facility. It also supports the Council's commitment to working in collaboration with external organisations and ensuring that high quality activities and services and are secured and provided.

12.4 This proposal seeks to use existing resource within the CYPF budget and is not seeking to secure any additional City Council funding.

12.5 Scarce funds need to be utilised effectively and this is best delivered through a joined up approach that engages a range of partners and draws on their expertise and access to additional, external resources.

13. Recommendations

13.1 Cabinet is recommended:

13.1.1 To allocate funding from the Youth budgets to the U-Mix centre project for the first two years of the centre's operation, such funding to be up to the levels set out in paragraph 6.3 above, and to be used to support running costs including, but not limited to, staffing and management costs referred to in this report;

13.1.2 To note the proposed contractual arrangements described in paragraph 5.6 and to delegate authority to the Executive Director, Children Young People and Families in consultation with the Lead Cabinet Member for Children Young People and Families and the Director of Commercial Services, to appoint, through a process approved by the Director of Commercial Services, a suitable provider by way of a formal agreement on such terms as she

considers appropriate to undertake the management of the U-Mix centre, including the appointment and provision of staff, as described in this report; .

13.1.3 To confirm the authority of the Executive Director, Children, Young People and Families, in consultation with the Cabinet Member for Children, Young People and Families, to take such further steps to progress the Lowfield project or to safeguard the City Council's interests in relation to it as she shall consider appropriate, including entering into such agreements or arrangements with third parties on such terms as she considers appropriate, and, if she considers it necessary, to vary the arrangements for the management of the U-Mix centre proposed in this report.

Equality Impact Assessment Form
Lowfield MyPlace Project

Please refer to the guidance when filling in this form which can be found by clicking on the link below

http://sheffield.net/managers/equalitydiversity/equality-impact-assessments

Sheffield City Council Equality Impact Assessment (EIA) Form

PART 1: Details and purpose of function/policy/procedure/ procurement/strategy/project (to be referred to collectively as "policy or project" in this form). This section must be completed

Policy or Project title: Lowfield MyPlace Project	Portfolio/s:CYPF Service Area/s:Lifelong Learning, Skills and Communities
Is this policy or project: This is a new project	
Person responsible for the policy or project: Ian Blakemore/Kim Allen Youth Services, Person responsible for completing a full EIA if appropriate: Kim Allen, Senior manager Universal Services and Strategic Development	
Are there any other people involved in the EIA – for example, as part of peer review/external challenge? A Governance structure will be implemented that will involve local community groups and the private sector. The structure will consist of a strategic management group supported by sub groups who will concentrate on facility operation, finance and a young people's group. The overall project aims which all have equality implications will be monitored and their success evaluated by the project management group.	
What are the main aims, purpose and outcomes of the policy or project, how do these fit in with the wider aims of the Council? Sheffield City Council's Lifelong Learning Skills and Communities (LLS&C) within CYPF is leading the development of the Lowfield MyPlace initiative, delivering a new state of the art youth facility. The City Council, working in partnership with a range of stakeholders and partners has secured a variety of external funding to construct the new facility and establish play, sports and community facilities located on the Lowfield green space. The project is seeking to appoint a suitable external organisation to recruit key staff to take forward operational elements of the service delivery from this facility._ The proposed contracting arrangements will ensure that the Third Sector play a leading role in the development of the facility working in partnership with the council and that the requirements of funders are met..The vision of the project is **Young people working together achieving their full potential"** The Lowfield facility aims to bring young people together in a recognised neutral venue by providing activities that have universal	

appeal and need. The engagement programme will be provided by a range of partners committed to the development of this as a Youth and Community 'One-Stop-Shop' and local Hub.

The facility will provide a range of activities and initiatives that will benefit not only children, young people and the local community, but also others from across the city. This facility will provide a unique opportunity for young people to develop confidence, skills and knowledge that will have a positive effect on their future lifestyles.

A further development to the work set out in the original project business case and plan has emerged through funding gained from the EU funded ProFit project which will make Lowfield a unique site by becoming the first UK Field Lab for innovation in sport and physical activity stimulation. This project is about working with other European cities to provide innovative and exciting outdoor fitness equipment which will encourage individuals not normally active to become active.

The scheme will be monitored by Sheffield Hallam University over a three year period and there is ongoing collaboration with the local GP surgery in relation to the potential for income generation from health related fund.

Outcomes to be Delivered

As set out in the project business case, the project will deliver the following outcomes for children, young people and the wider community:

- To ensure the range of delivery partners work in collaboration with the Community Youth Team to provide effective responses to address the needs of young people not engaged in education, employment or training. This includes the provision of personalised support, volunteering opportunities and activity programmes to support progression into EET.
- To offer a comprehensive range of positive activities and additional targeted programmes based on need to ensure young people gain the skills, knowledge and experience to avoid risk taking behaviour, feel informed to make positive choices about their lifestyle and behaviour and make a positive contribution to community and city life.
- To provide a high quality offer of sport and physical activity to enhance health and emotional well-being outcomes for children and young people, promoting healthy lifestyles, individual and team activities and physical well-being.
- To ensure potential community tensions are addressed by promoting cohesion through the delivery of a range of activities to celebrate cultural differences and diversity, remove barriers that prevent young people accessing provision and provide intergenerational approaches to engage the wider community in the life of the Lowfield facility.
- To ensure the engagement of young people in the development and delivery of the Lowfield project continues through the active involvement of young people in decision-making processes, governance and serviced delivery.

Will this policy or project have any implications on other procedures/projects/strategies etc of the City Council? e.g. The Corporate Plan http://sheffield.net/performance--statistics/a-city-of-opportunity-corporate-plan-2008-11

The project will support the Corporate priority of Successful Children, Young People and Families enuring children and young people are;

Informed and Prepared

- Young people are better prepared for the transition to adult life and work.
- Young people are well-informed about the learning and career pathways that are open to them and opportunities in the jobs market.
- Young people have high aspirations and are equipped with the skills, confidence and determination to succeed.

Active and Engaged

- Young people are encouraged to pursue their talents, interests and ambitions to the full through equitable access to a wide range of enrichment activities and the richness of the city's assets including its theatres, museums, galleries, parks and sports facilities
- Young people play an active part in the life of their community and feel valued and respected for doing this.
- Young people have a say in the decisions that affect them and help to shape provision designed to meet their needs.

Safe and Resilient

- Young people feel safe, live healthily, avoid risky behaviours that can damage them and the communities in which they live and are given support if they fall victim to these risks.
- Young people respect differences in others and have the confidence, awareness and support to challenge discrimination, bullying and prejudice.

Are there any implications on our statutory duties? e.g. social care or homeless eligibility criteria (see guidance.)
This project will contribute to the the Local Authority's statutory duty to provide sufficient Positive Activities for young people 13-19 years

Will the aims identified above have workforce implications, either for existing members of staff e.g. additional training requirements or involve the recruitment of additional staff?
Contracting arrangements will involve a recruitment process to ensure the individuals selected will be equipped to carry out the requirements of the posts. The appointed organisation will be expected to have robust staff development and support processes in place to ensure effective staff management and training.

PART 2: Initial Impact Assessment

Complete this part to evaluate whether you should proceed to a full EIA. If you know your policy or project will have any significant impact whether positive or negative on communities of interest, please fill in Part 2 and Part 3.

A. Will the aims identified in Part 1 affect our statutory equality or human rights duties (please refer to both positive and negative changes) to:	
a) Advance equality of opportunity? √	e) Promote understanding & tackle prejudice √
b) Encourage participation in public life and activity √	f) Eliminate discrimination? √
c) Consider reasonable adjustments for disabled people? √	g) Eliminate harassment or victimisation? √
d) Promote and protect human rights? √	h) Foster good community relations?
I) Include measures to promote equal pay, ensure fair promotion, development opportunities and tackle occupational segregation √	

If so, please comment:
a) Advance equality of opportunity?

The facility will promote and address issues of equality of opportunity. by ensuring the that the needs of all young people in the locality and surrounding area are recognised through their involvement in the design of provision and the delivery of a broad menu of activities

c) Consider reasonable adjustments for disabled people?

The facility has been designed to be fully accessible and reasonable adjustments in the design and delivery of the programme will be made wherever practicable to facilitate access by young people with a disability.

B. Are the particular communities or groups below likely to have different needs, experiences and attitudes in relation to the project? Is there any significant cohesion or social inclusion issues for the project? (*please tick as appropriate)

Black & Minority Ethnic ✓ Disabled ✓ Women or Men ✓ People of different Ages ✓ Religion/Belief √ Sexual Orientation √
Carers Socio Economic Status/Inclusion ✓ Transgender
Pregnant Women Married or Civil Partnered Community Cohesion √ Other

C. Will your project/policy have any impact on workforce implications? If so, how might they impact workforce diversity?

No

Please briefly detail any evidence you have used to reach your assessments:

Lowfield is a significantly diverse area and local data has been used to define the range of communities that may seek to access the facility and the activities provided. This will include children and young people from a wide range of BME backgrounds, male and female, of varying abilities, religious groups and economic backgrounds. There is a likelihood that this will include LGBT young people. Where children and young people are coming together from different areas of the city there will be the potential for conflict and the young people involved in the project have been carrying out a range of work to address potential cohesion issues.

If the EIA is not being done at the start of the policy or project please give reasons for the delay:

N/a

Date for review:

March 2013

If you have identified any significant impacts under sections 2A or 2B then you will need to proceed to a full EIA in PART 3.

If you have not identified any significant impact you do not need to conduct a full EIA.

Please note - this decision still needs to be cleared (signed off) by the officer in your Portfolio responsible for signing off EIAs.

I have now considered the equality implications of my policy or project and **I will / will not (*delete as appropriate)** proceed to carry out a Full Impact Assessment.
Date of EIA form (Parts 1 and 2) completed:

Signed (Officer completing the form): Date:

Signed (EIA Responsible Officer): Date:

Once you've completed the Full EIA

- The officer responsible for signing off EIAs in your Portfolio will need to see a final copy of the EIA and any associated reports (e.g. Cabinet Reports) which it refers to, so that they can formally approve and sign it off. For Cabinet reports, Band As/Bs and other projects requiring reports - bring together a very brief summary of the most important aspects of the EIA and add it to the report in the section titled 'Equality of Opportunity Implications'.
- Please keep the completed EIA form and monitor actions appropriately. Portfolio / equality representatives/officers may ask you to provide evidence that you have done this.
- Make sure that everyone who needs a copy of the EIA has one (e.g. Members, officers working towards action points; project steering groups; other Portfolios, or services (if the EIA concerns from outside your own Portfolio or service)

Signed (Officer completing the form): Kim Allen Date:

Signed (EIA Responsible Officer for Portfolio) : Date:

PART 3: Full EIA

1. Identify what impact the policy or project has on particular Communities of Interest
It may be helpful to refer to the Equality Pages on the Internet by clicking here.

Group or issue (Click on the each stand to reach the relevant internet pages)	Note - Impact positive or negative for the following groups	Note evidence used to support your statement? E.g. satisfaction survey; national research	Note consultation, who, when, how and results	Note actions to limit the negative impact or increase the positive impact?
Black & Minority Ethnic People	**Activities will be delivered in line with the needs of different BME groups living within given localities. These will be articulated by participants themselves and the relevant partners The overarching aim of the provision will be to improve the engagement, progression and life chances , levels of activity and overall economic resilience of those BME citizens who require it.**	Local consultation with BME children and young people who have indicated the nature of the provision and activities that would support them. The work of BME young people within the projects Youth Involvement group	The city council and project steering group partners and young people have carried out a range of regular consultations with children and young people, community groups and stakeholders from the out set of the project. Consultation is on-going	**Investment in activities tailored to meet the needs of different BME groups in the area**
Disabled people	**Activities will be delivered in line with the needs of children and young people with disabilities living within given localities. These will be articulated by participants themselves and the relevant partners. The overarching aim of the provision will be to improve the engagement, progression and life chances of those children and young people with disabilities who require it.**	Local consultation has included children and young people with varying disabilities and learning needs and this has informed the design of activities and provision	**See above.**	**Investment in activities tailored to meet the needs of different children and young people with disabilities in the area**
Women and Men (Include pregnancy and maternity issues)	**The sport and physical activities delivered will predominantly attract young men. The project has therefore made provision to ensure marketing attracts young women and that women only sessions are delivered as required**	Local consultation with girls and young women has indicated the nature of the provision and	**See above.**	**Investment in activities tailored to meet the needs of girls, young and adult women**

Page 137

		activities that would support them. The work of young women within the projects Youth Involvement group		
Lesbian, Gay & Bisexual	**Activities will be delivered and ensure an inclusive approach to LGB residents**			**The contract with Fruitbowl will support service delivery as required**
Transgender People	**Activities adult learning will be delivered and ensure an inclusive approach to transgender residents.**			**The contract with Fruitbowl will support service delivery as required**
Religion and Belief Groups	**Activities will be delivered and ensure an inclusive approach to different religion and belief groups.**			**The project will continue to work alongside local Faith groups.**
People of different ages	**Activities will be delivered to promote inter-generational activities with young and older citizens coming together to share skills and over come age barriers**		**See above.**	**Investment in tailored activities to promote inter-generational opportunities**
Socio Economic Status	**Activities will be delivered in line with the needs of the citizens in the area and will therefore be more tailored to customer needs and aspirations.**		**See above.**	**Investment in activities tailored to meet the needs of different groups of citizens living within the area based on a fair pricing policy providing free and subsidised access**
Workforce Diversity	**FURD has a diverse workforce reflecting the local community**			
Other issues e.g. cohesion, social inclusion, carers etc	**Activities will be delivered in line with the needs of young people living in the immediate and wider areas and they will continue to have a key role in the governance of the facility through a User Forum Young people will be supported to develop respect for those from other cultural backgrounds and diversity will be fully promoted and celebrated**	**See above.**	**See above.**	**Investment in activities will reflect a range of cultural backgrounds**

If you have identified **potential negative impact** for any group please discuss with your Portfolio equality rep, as this may have potential legal implications for the Council. You will then need to make immediate changes to address this.

Did you or your Portfolio rep identify any potential adverse practices? YES / NO **(*please delete as appropriate)**

2. EIA Action Plan

In the table above (section 1 of Part 3) you identified what actions you needed to take to promote positive impacts or reduce negative impacts for all groups. Please use the plan below to record these actions and to make sure that they are specific, measurable, achievable, realistic and time bound.

Group or issue	What action is required?	Who will lead?	What is the timescale?	Progress / date completed
Black & Minority Ethnic people	**Activities will be delivered in line with the needs of different BME groups living within given localities. These will be articulated by participants themselves and the relevant partners The overarching aim of the provision will be to improve the engagement, progression and life chances , of BME citizens.**	**The project Management Group supported by the appointed contractor organisation FURD Sheffield Futures in association with the Community Youth Team**	**Develop Plan with clear targets, to be reviewed on an annual basis**	**Ongoing for the life of the project**
Disabled people	**Activities will be delivered in line with the needs of children and young people with disabilities groups living within given localities. These will be articulated by participants themselves and the relevant partners The overarching aim of the provision will be to improve the engagement, progression and life chances of children and young people with disabilities**	**See Above**	**See Above**	**See above**
Women & Men (Include pregnancy and maternity issues)	**The sport and physical activities delivered will predominantly attract young men. The project has therefore made provision to ensure marketing attracts young women and that women only sessions are delivered as required**	**See Above**	**See Above**	**See Above**

Group or issue	What action is required?	Who will lead?	What is the timescale?	Progress / date completed
Lesbian, Gay & Bisexual People	Activities will be delivered and ensure an inclusive approach to LGB residents.	See Above	See Above	See Above
Transgender people	Activities adult learning will be delivered and ensure an inclusive approach to trans residents.	See Above	See Above	See Above
Religion / belief groups	Activities will be delivered and ensure an inclusive approach to different religion and belief groups.	See Above	See Above	See Above
People of different ages (Younger/ older etc)	Activities will be delivered to promote inter-generational activities with young and older citizens coming together to share skills and over come age barriers	See Above	See Above	See Above
Socio Economic Status	Activities will be delivered in line with the needs of children, young people and the wider community in the area and will therefore be more tailored to customer needs and aspirations.	See Above	See Above	See Above
Workforce Diversity	FURD has a diverse workforce reflecting the local community	See Above	See Above	See Above
Other equality issues e.g. cohesion, social inclusion, carers etc.	Activities will be delivered in line with the needs of children, young people living in the immediate and wider areas and they will continue to have a key role in the governance of the facility through a User Forum Young people will be supported to develop respect for those from other cultural backgrounds and diversity will be fully promoted and celebrated	See Above A/A	See Above A/A	See Above A/A

SHEFFIELD CITY COUNCIL
Cabinet Report

12

Report of: Sonia Sharp

Date: 23rd May 2012

Subject: **Learning provision for young people and adults in Sheffield**

Author of Report: Dee Desgranges

Summary:

This report proposes the creation of a new commissioning framework that will allow the local authority to draw on a network of local providers to deliver tailored programmes to young people and adult learners across the city. It seeks permission to use a proportion of the funding awarded annually to the City Council by the Young People's Learning Agency and the Skills Funding Agency to secure learning opportunities for 16-19 and adult learners from a quality assured network of local providers selected through tender.

Recommendations:

Cabinet is asked to approve:

- the creation of a commissioning framework that allows for a more responsive, flexible and innovative approach to matching teenage and adult learners to the provision that best meets their needs
- the tendering, through this framework, of a proportion of the Adult Safeguarded Learning funding awarded to the City Council to better meet the needs of adult learners
- the tendering, through this framework, of a proportion of the Employer Responsive and Learner Responsive funds to better meet the needs of both teenage and adult learners in their local communities.

Background Papers:

Category of Report: **OPEN**

If Closed add – 'Not for publication because it contains exempt information under Paragraph… of Schedule 12A of the Local Government Act 1972 (as amended).'

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* Delete as appropriate

Statutory and Council Policy Checklist

Financial Implications
YES/NO Cleared by: Patricia Phillipson
Legal Implications
YES/NO Cleared by: Gillian Anderson
Equality of Opportunity Implications
YES/NO Cleared by: Bashir Khan
Tackling Health Inequalities Implications
YES/NO
Human rights Implications
YES/**NO**:
Environmental and Sustainability implications
YES/**NO**
Economic impact
YES/NO
Community safety implications
YES/**NO**
Human resources implications
YES/NO
Property implications
YES/**NO**
Area(s) affected
Relevant Cabinet Portfolio Leader
Cllr Jackie Drayton
Relevant Scrutiny Committee if decision called in
Children, Young People and Family Support
Is the item a matter which is reserved for approval by the City Council?
YES/**NO**
Press release
YES/**NO**

Learning provision for young people and adults in Sheffield

1.0 SUMMARY

1.1 This report proposes the creation of a new commissioning framework that will allow the local authority to draw on a network of local providers to deliver tailored programmes to young people and adult learners across the city. It seeks permission to use a proportion of the funding awarded annually to the City Council by the Young People's Learning Agency and the Skills Funding Agency to secure learning opportunities for 16-19 and adult learners from a quality assured network of local providers selected through tender.

1.2 The Lifelong Learning Skills and Community Service (LLSC) is charged with organising adult and community learning provision in the city on behalf of the Skills Funding Agency (SFA). In addition, LLSC holds a contract from the Education Funding Agency(EFA) to organise learning for 16-18 year olds, particularly the most vulnerable and disengaged. LLSC draws down funding from the SFA and the EFA deliver these objectives.

1.3 The service has developed strong and effective networks of local providers, mainly drawn from the third sector, that are able to tailor their provision to meet the specific needs of the targeted young people and adult learners. The new commissioning framework is designed to allow LLSC to use these funding streams to ensure that learners are connected to the learning provision that best meets their needs.

2.0 WHAT DOES THIS MEAN FOR SHEFFIELD PEOPLE

2.1 The framework will allow the young people and the adult learners targeted by these EFA SFA programmes to benefit from learning opportunities shaped to meet their specific needs. LLSC will do this by using the framework to draw on a wide variety of organisations that have been quality assured, which are regularly monitored and which can demonstrate that they bring different strengths and specialisms that benefit learners with a wide variety of needs and aspirations from, for example, language support to specific vocational training. The framework is also designed to build local capacity by providing small and niche providers, usually drawn from the third sector, with the opportunity to develop their offer and to strengthen their sustainability.

3.0 OUTCOME AND SUSTAINABILITY

3.1 It is proposed that the commissioning framework will operate for three years. However, EFA SFA funding is determined on an

annual basis and for each academic year. The amount of funding available is, therefore, likely to vary over the lifetime of the framework.

3.2 Organisations that are selected for the framework, following a standard corporate procurement exercise, will be supported by LLSC to develop and manage the data returns required by the national funding agencies and to deliver the quality of teaching and learning required by Ofsted. All of the provision in the framework will be monitored regularly by LLSC and it is likely that it will be subject to Ofsted inspection during the lifetime of the framework. It is anticipated that through the support offered by LLSC as part of the framework agreement that the organisations with which we contract will develop the capacity sufficiently to be able to bid for mainstream funding and other grant awards in their own right in future years.

4.0 MAIN BODY OF THE REPORT

4.1 LLSC is in receipt of:

- EFA L*earner Responsive* funding for 16-18 year olds
- SFA *Learner Responsive* funding for 19+ learners
- SFA *Adult Safeguarded Learning* funding for 19+ Community Based Learning

4.2 ***Adult Safeguarded Learning (ASL) funding***

Currently, Adult Safeguarded Learning programmes are delivered through a mixture of direct delivery from tutors employed on a sessional basis by LLSC and by local organisations commissioned to deliver learning in community settings.

4.3 The Department for Business Innovation & Skills (BIS) recently published its *Further Education & Skills Reform Plan: building a world class skills system.* This suggests that, in the spirit of improved localism, those organisations at the local level that have a good knowledge of local needs and training requirements should undertake to establish arrangements by which learners are better engaged to the courses most suited to their needs. The commissioning framework, as proposed in this paper, is designed to meet this requirement.

4.4 The Further Education & Skills Reform Plan also proposes the establishment of 'Community Learning Trusts' to organise community learning in local areas. Bids for Community Learning Trust are due in on the 25th May and LLSC will apply to be a pilot trust. The trust is not required to be a legal entity, rather a loose partnership of funded providers and community organisations. Tendering out to these organisations will be part of the trust plan whose focus is to increase local recruitment to and delivery of adult learning.

4.5 The local organisations that will be recruited to the commissioning framework will be selected by the standard City Council tendering process. The tender will specify that applicants would preferably have local knowledge and a history of working with community assemblies and local learning partnerships.

4.6 The amount to be tendered for the ASL funding stream, based on the indicative SFA allocation for Sheffield will be approximately £700,000.

4.7 ***Employer Responsive (ER) /Learner Responsive (LR) Funding***
These funding strands are almost exclusively allocated to the City Council's own learning centres, including Sheaf Training, Red Tape Central and the Construction Design Centre as managed by LLSC.

4.8 The commissioning framework will provide access to a wider range of partner providers delivering in other local settings and therefore a more diverse and flexible learning offer. This will be designed to meet the needs of young people and adults in their own communities and address the very specific needs of vulnerable or disadvantaged groups, for example teen parents, those with learning difficulties and disabilities and some black and minority ethnic communities.

4.9 Indicative amounts to be tendered for ER and LR funding coming from the SFA and EFA will not exceed £250,000.

4.10 ***HR Implications***
A small number of the staff currently employed by LLSC and delivering ASL in community settings may be subject to TUPE if the commissioning of this funding stream goes ahead. The detail of this is currently being worked through by HR on an individual basis.

4.11 ***Financial Implications***
Moving towards a flexible commissioning framework model will ensure a maximisation of the SFA and EFA contract value awarded to LLSC. The model will also financially support those community based organisations that are accepted on to the framework.

4.12 The SFA and EFA allocations have not been confirmed for the period of the proposed framework, however this does not preclude the service from proceeding with establishing appropriate mechanisms for commissioning in advance of the funding being confirmed

4.13 ***Legal implications***
The Council has the power to secure learning provision under Education Act 1996, provided it:

- considers the needs of persons with learning difficulties
- encourages diversity, opportunity and choice
- facilitates the education and training of certain 16-18 year olds
- takes account of education and training whose provision might be secured by other persons.

Contracts need to be awarded in accordance with procurement law and the Council's Contract Standing Orders. Organisations delivering in these funding streams will be required to adhere to SFA/Education Funding Agency contractual requirements.

4.14 ***Equality Implications***
An Equalities Impact Assessment has been carried out and approved.

Consultation will take place with the funding agencies, community assemblies and strategic partners as appropriate to any commissioned activity. This will occur as and when any proposals to move to commissioning are confirmed.

5.0 ALTERNATIVE OPTIONS CONSIDERED

5.1 Retain direct delivery of all adult and community learning by the City Council. This is in direct conflict with the national direction of travel to localise responsibility for the planning and delivery through Community Learning Trusts.

5.2 Retain direct delivery of the ER and LR funding streams exclusively through the City Council's own learning centres. This would militate against the development of a more flexible and diverse provider base across the city that is, in some cases, better placed to meet the needs of the most vulnerable learners.

6.0 REASONS FOR RECOMMENDATIONS

6.1 The national picture for adult learning is changing and there is a projected move towards developing the activities of local community involvement in adult learning. Offering contracts to local organisations and supporting them to build capacity and expertise will enable them to be better prepared for this. It will also help to strengthen their ability to secure other sources of external funding for education and training.

6.2 The city also needs a more flexible, varied, and easily accessible programme of learning for vulnerable and disadvantaged young people that makes us better able to further reduce the NEETS cohort and to meet the challenges associated with the Raising of the Age of Participation to 18 by 2015. A commissioning framework through which quality assured partners are able to respond rapidly, reach into communities and engage potential

learners in innovative ways will contribute to this agenda.

7.0 RECOMMENDATIONS

7.1 Cabinet is asked to approve :

- the delegation to the Assistant Director of Lifelong Learning, Skills and Communities – Family and Communities, in consultation with the Cabinet member with the Children, Young People and Families Portfolio and the Directors of Finance and Legal, to award the contracts and to determine the terms and conditions upon which the contracts will be awarded.
- the creation of a commissioning framework that allows for a more responsive, flexible and innovative approach to matching teenage and adult learners to the provision that best meets their needs
- the tendering, through this framework, of a proportion of the ASL funding awarded to the City Council to better meet the needs of adult learners
- the tendering, through this framework, of a proportion of the ER and LR funds to better meet the needs of both teenage and adult learners in their local communities
- the delegation to the the Assistant Director of Lifelong Learning, Skills and Communities – Family and Communities, in consultation with the Cabinet member with the Children, Young People and Families Portfolio the ability to do anything which they feel is necessary to achieve the outcomes outlines in this report.

SHEFFIELD CITY COUNCIL
Cabinet Report

Report of: Richard Webb, Executive Director Communities

Date: 23/5/12

Subject: Transforming Support for People with Dementia Living at Home in Sheffield

Author of Report: Howard Waddicor, Commissioning Officer

Summary:

- This report sets out Sheffield City Council's commitment and vision for supporting people with dementia, those affected by dementia and those organisations that support them.

- It sets out the issues facing Sheffield by the increase in the numbers of people with dementia living at home at a time when expectations of what represents good support is changing.

- It describes the progress made so far and what needs to be done to build on this to ensure that Sheffield is a city where people with dementia and their carers can feel well supported and where we endeavour to support communities to become more 'dementia friendly'.

- It is essential that people with dementia, their families and friends, and staff working with them have a big say in shaping the city's future plans. This report seeks agreement from Cabinet to formally involve people in the process of planning for the future.

- It also outlines how the Council will work with people who use services and with staff to improve services, invest money to make the biggest impact and make savings within the context of the reduced funding made available by the Government as a result of the Comprehensive Spending Review.

Reasons for Recommendations

- The growing number of people with dementia represents a significant issue for the city. The expectation for most people with dementia is to remain at home as long as possible.

- The existing support arrangements will not meet the increase in demand or the changing expectations of people with dementia.

- To help understand how best to develop services, agreement is being sought to involve people and organisations affected by dementia

- In order to comply with the requirements attached to Government funding, Cabinet is asked to approve plans to commission an information and advice service in advance of the wider discussion.

Recommendations:

That Cabinet

- Confirms its commitment to people with dementia and the families, communities and organisations who support them.
- Endorses the strategic approach to addressing the changing aspirations and the environment in which support is delivered, including the intention to make Sheffield a dementia friendly city.
- Authorises a major involvement exercise with those affected by dementia to ensure that change fully reflects their views. A report on the outcome will be brought back to Cabinet for consideration.
- Agrees to establish an advisory group who will support officers undertaking the involvement exercise.
- Agrees, in advance of the wider discussions, to develop proposals for the commissioning of an information, advice and support service.

Background Papers:

- National Dementia Strategy, 2009
- Sheffield Dementia Health Needs Assessment, 2011
- Sheffield Dementia Commissioning Plan (updated November 2011)

Category of Report:

Open

Statutory and Council Policy Checklist

YES Cleared by: L Orme
YES
YES Cleared by: B Coukham
NO
YES
NO
NO
NO
YES
YES
ALL
Health and Community Care Scrutiny Committee
YES

1.0 Summary

1.1 This report sets out the issues facing Sheffield by the increase in the numbers of people with dementia living at home at a time when expectations of what represents good support is changing.

1.2 It sets out a vision for supporting those affected by dementia and those organisations that support them. It aims to ensure that the right support is offered in a timely way and responds to changing need.

1.3 It sets out the steps that Sheffield needs to take to meet the challenge and deliver on the vision.

1.4 It describes the process by which the voice of those affected by dementia is heard when changing the existing arrangements. It is acknowledged that there may be concerns that decisions about the future of services have already been made – including the dementia resource centres at Hurlfield view, Norbury and Bole Hill View. The report confirms that nothing has been decided and that there is a genuine wish to involve all people affected by dementia before final proposals are developed.

1.5 Nevertheless any proposals will have to consider how to deal with the financial savings already identified for this service area in 2012-13 within the context of the reductions in public expenditure as a result of the Government's Comprehensive Spending Review.

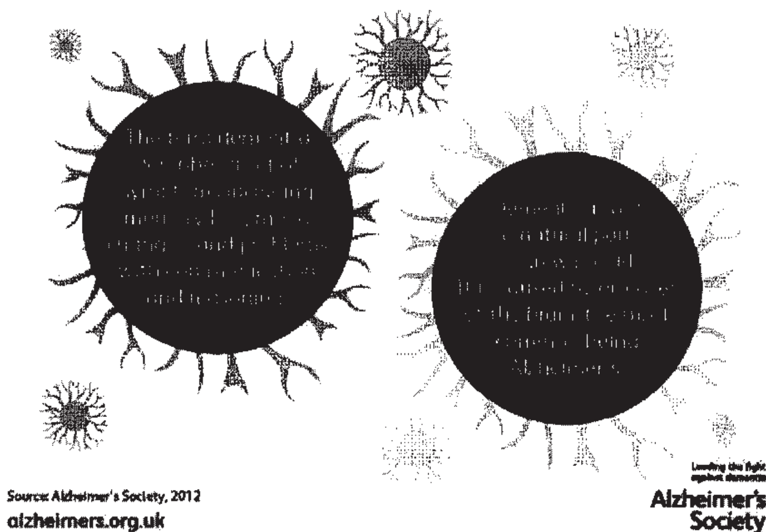
2.0 What does this mean for the people of Sheffield?

2.1 A diagnosis of dementia has a major impact for the individual and those who know and care for them. Much can be done however to reduce the consequences of dementia to allow people to make arrangements for the future and live as independently as possible, for as long as possible.

2.2 Whilst dementia impacts on older people and younger people, most people with a diagnosis are over 65. The council is committed to supporting strategic changes in a way that the issues facing older people are recognised and addressed to achieve its strategic vision as an age friendly city and '...a great place to grow older with people living happy, healthy and independent lives, and enjoying everything that the city has to offer'.

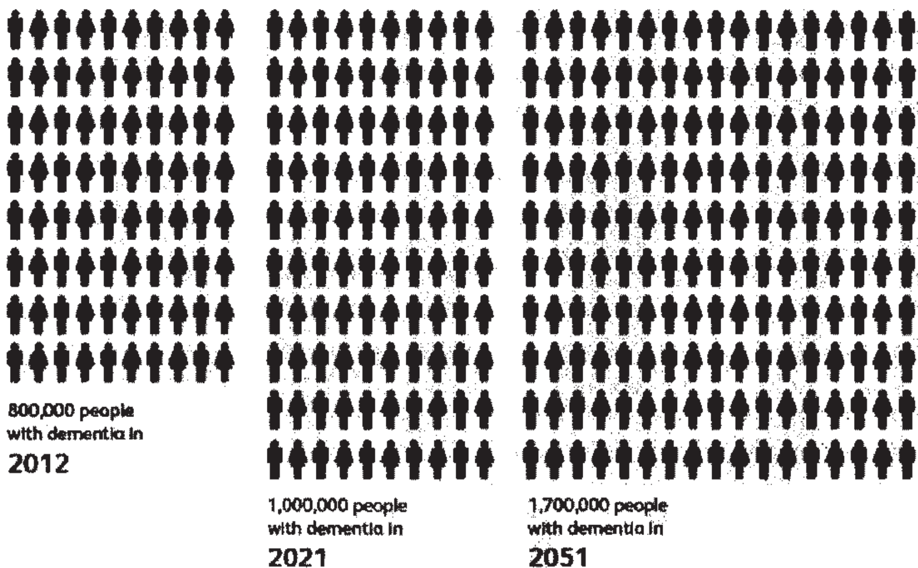
Dementia 2012
A national challenge

Defining dementia



Future projections

The number of people in the UK with dementia will double in the next 40 years. = 10,000 people



[1] Charts are reproduced by kind permission of the Alzheimer's Society

2.3 Whilst there is consensus that something needs to be done, the scale of the challenge to both communities and professionals should not be underestimated:

- The growing number of older people means that Sheffield faces a substantial growth in the numbers of people with dementia in the next 18 years. Currently 6,382 people are living with dementia in Sheffield. This is expected to rise to 7,342 by 2020 and 9,340 by 2030[2]. The estimated number of people under 65 with dementia is currently 120 with a similar increase expected.

- National campaigns have successfully raised the profile of dementia and resulted in a greater understanding of the condition but dementia remains the single biggest cause of admissions to care homes.

- People with dementia admitted to hospital, on average, are likely to stay twice as long as others with the same illness.

- The impact on informal carers and family members is substantial. Not only are more people involved in caring but the level of need they are dealing with has increased significantly.

- The cost of supporting people with dementia is considerable. The council's current overall investment in supporting people with dementia is an estimated £19m. This is expected to grow as numbers increase.

2.4 We have a chance to overcome some of these challenges:

- A better understanding of dementia by the general public paves the way for communities that are more tolerant and supportive. Many families would welcome the support that a better informed community can offer. Shopkeepers and other customers who are prepared to be patient and supportive to people with dementia improve their chances of living independently.

- Raising expectations about what is possible for people with dementia – including the expectations of professionals – can help people live well with dementia. Improved diagnosis rates and earlier intervention can offer treatment that delays the onset of some symptoms.

- Better information and advice supports people with dementia and their carers to make choices and plan their lives. Having important conversations about the future whilst people still have capacity, helps carers and professionals make better informed decisions on their behalf when communication becomes more difficult.

- Changes in the way people choose the support they need through personal budgets give people options that did not exist before enabling

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[2] Sheffield Dementia Health Needs Assessment, 2011

them to live well with dementia[3]. Foe example, supported walks, for those who enjoy them, can offer so much more than traditional day care whilst still giving the carer a break.

- For people with complex needs greater integration between health and social care can reduce crises and stress on carers. As needs become greater the number of people involved with support increases. The effort for carers required to engage with and monitor all these interventions can be significant.

- The use of new technology can help people live independently and reassure carers about the risks presented by people with dementia living in the community. Equipment is now available that, when used appropriately, can extend independent life by reducing risk.

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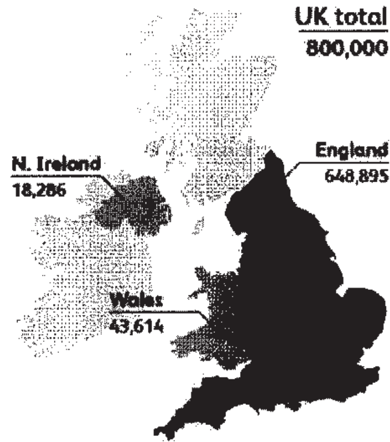
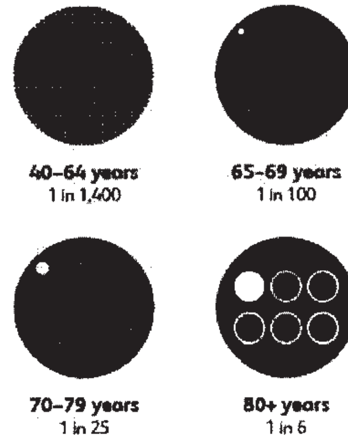
[3] "Getting Personal? - Making personal budgets work for people with dementia" Alzheimer's Society, 2011

The size of the challenge

The breakdown of the population with dementia across the UK.



Dementia is most common in older people but younger people (under 65) can get it too.



Source: Alzheimer's Society, 2012

alzheimers.org.uk

Leading the fight against dementia

Alzheimer's Society

3.0 The Sheffield Vision for People with Dementia and their Carers

3.1 In February 2009 the National Dementia Strategy was launched. It is designed to transform the lives of people with dementia and their carers. The Strategy outlines objectives to improve the quality of services for people with dementia and their carers. See **Appendix A** for details

3.2 The key recommendations from the strategy are:

- Early intervention and diagnosis to reduce the need for long term care
- A wider range of more personalised services
- Effective integration with other services
- Improved support for informal carers
- A focus on a skilled workforce delivering quality services

3.3 In September 2010 DH produced *"Quality outcomes for people with dementia: Building on the work of the National Dementia Strategy"*. It describes what the Department of Health considers as its priorities for policy. Four key priorities were identified:

- Good quality early diagnosis and intervention for all
- Improved quality of care in general hospitals
- Living well with dementia in care homes
- Reduced use of anti-psychotic medication

3.4 In addition to priorities identified by national consultations there have been a number of local consultations in recent years linked to the Sheffield Dementia Strategy[4]. The resulting priorities identified for people with dementia in Sheffield are:

- To live in communities that understand the impact of dementia and support those affected
- Access to early diagnosis and treatment
- Timely information, advice and support
- Improved experience of living at home supported by integrated, flexible and personalised support
- Greater choice of high quality support that represents good value for money
- Greater awareness of the impact of dementia on informal carers and better support for them
- Fewer unscheduled hospital admissions, better supported discharge and better care in hospital
- Fewer admissions to care homes and better care for those with dementia who live in care homes

[4] Sheffield Dementia Strategy, 2007

- To be treated with dignity and respect by all those involved in supporting people with dementia

4.0 Progress so far in Sheffield since 2007

4.1 Since 2007 Sheffield has been developing a joint approach between health and social care to improve the experience of people with dementia in the city. The 2007 Sheffield Dementia Strategy anticipated some of the changes in the 2009 National Dementia Strategy and achieved the following:

- Establishing a memory service to improve diagnosis rates
- Shifting resources from inpatient facilities with poor outcomes for people with dementia to community based rapid response services
- Bringing together health and social care teams to form community mental health teams to create an integrated assessment and support service
- Establishing a specialist home support service for people with mental health needs including dementia

4.2 Progress on these and other changes have been routinely reported to the Healthier Communities and Adult Social Care Scrutiny Board – on the last occasion in October 2010. A report seeking approval to consult on the future of Foxwood dementia resource centre went to Cabinet in October 2010.

4.3 The table overleaf gives a detailed account of the progress so far against the priorities set out in paragraph 3.4

Vision	Progress so far
To live in communities that understand the impact of dementia and support those affected	In 2011-12 a pilot to develop a 'dementia friendly' community in Shiregreen has: – Developed community links and raised awareness of dementia within existing local schemes – Explored the potential to influence the use of open spaces to improve local services. – Developed intergenerational opportunities – Looked at developing local transport links – Involved people with dementia, their families and carers in raising awareness and disseminating ideas. – Explored ways to involve local shops. – Examined ways to open up leisure and sports facilities to people with dementia. – Looked at developing training for specialist and non-specialist staff – The potential for rolling this out to other neighbourhoods
Access to early diagnosis and treatment	– Improved diagnosis rate to 57% of all those estimated to have dementia – the third highest rate for an authority in England – Reduction in waiting times for diagnosis, though there remains room for improvement – Progress towards greater follow up support from GPs for people with a non-complex diagnosis – Work with Sheffield Teaching Hospitals to identify patients with cognitive impairment without a formal diagnosis – Increased capacity for diagnosis within the memory service – Case finding activity in primary care
Timely information and advice and support	– The establishment of dementia cafes delivered by the Sheffield Alzheimer's Society offering information and advice to people who have memory problems – An information and advice service jointly funded by health and social care is being developed and will be commissioned in 2012-13.
Improved experience of living at home supported by integrated, flexible and personalised support	– All new referrals to social care now offer individual budgets to develop personalised packages of care – A specialist mental health home support service to support people with the most

Vision	Progress so far
	complex needs – Improved range of community activities for people who receive formal day support through the resource centres – The establishment of the health funded rapid response service which offers skilled interventions to help people with complex / acute needs remain at home
Greater choice of high quality support that represents good value for money	– More people are now choosing from a wider range of support opportunities for people using personal budgets – An improved range of community activities for people who receive formal day support through the resource centres
Greater awareness of the impact of dementia on informal carers and better support for them	– In response to the Sheffield Carers Strategy, NHS Sheffield and Sheffield City Council are jointly commissioning a range of services that help carers live independent lives and improve their well-being. The new service will commence in the autumn of 2012
Fewer unscheduled hospital admissions, better supported discharge and better care in hospital	– The Dementia Programme Board and the Right First Time project have agreed that there are significant areas of overlap. – Agreement to involve GPs more in following up people with non-complex needs after a diagnosis – Health Foundation funded events for GPs to support transition – Funding secured to support the transfer of some specialist nurse support in primary care to support review and case finding activities – National Dementia CQUIN in 2012 - 2013 – Sheffield Teaching Hospitals dementia pathway and clinical guidance launched December 2011 – Business case approved to support workforce development and implementation of the pathway at Sheffield Teaching Hospitals Royal College of Psychiatrists National Dementia Audit for Acute Hospitals – The Right First Time project to continue good progress on reducing the use of anti-psychotic medications
Fewer admissions to care homes and better care for	– Overall many fewer people are now supported in care homes but people with

Vision	Progress so far
those with dementia who live in care homes	dementia are the group most likely to be admitted – The establishment of a Quality in Care Homes programme has significantly improved understanding of the issues for people in care homes. – Improved and coordinated monitoring of care homes has resulted in a more systematic approach to identifying and mitigating risk to care home residents – The establishment of a Care Home Dementia Forum to support the development of dementia champions in care homes and improve practice – The opening of a number of newly-built high quality independent sector care homes in Sheffield which set a new standard for the built environment for people with dementia
To be treated with dignity and respect by all those involved in supporting people with dementia	Agreement has been reached by the Dementia Programme Board to develop a workforce development programme which would operate at three levels: – basic (all staff at induction) – intermediate (people who work with people with dementia on a regular basis) – a leadership framework to support heads of service/lead professionals in delivering the programme and ensuring its implementation

5.0 Changing expectations since 2007

5.1 Even in the last 5 years since the Sheffield Dementia Strategy was written it has become clear that older people have different expectations about how they want to live their lives. This applies equally to those who have dementia and those who care for them.

- More people with dementia are choosing to live at home than ever before. This trend is expected to continue[5].

- Notions about what represents good support are also changing. Many people want to continue to do the things they have always done. They are increasingly looking to looking to social care to support them to do this rather than rely on traditional, often institutional, services[6].

- Consultations with carers in 2010 reported that[7] many people with dementia have not been offered support following diagnosis and this has increased the sense of isolation. Increasingly families are looking for support and advice before they need more intensive support.

- Many people have found it difficult to access support when it is needed and experienced delays in processing requests for help[4]. They are looking for earlier intervention to help them resolve issues before they become a crisis.

- Whilst carers of people with dementia still need opportunities for a break to allow them to live their own lives they also want the support offered to the person with dementia to be of a high standard. They expect it to be personalised – reflecting the interests and abilities of the person they care.[8]

- They are also looking for support to be flexible, at times which suit them or when they are facing a crisis.

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[5] Dementia UK, 2007

[6] Users of Social Care Personal Budgets – National Audit Office, July 2011

[7] Report on Resource Centre De-commissioning Consultation - October 2010 – January 2011

[8] Review of Carer Breaks for People with Dementia and their Carers in Sheffield, 2007

6.0 What do we need to do to modernise in the next five years?

6.1 To take account of the changing expectations and developing practice we now need to think again about what works best for people affected by dementia in Sheffield. There are already many ideas about how change can be brought about and these are set out below. However it is important that people in Sheffield are given the opportunity to shape these and contribute ideas of their own. This will begin with a major engagement exercise to test these ideas and learn from those most affected about what works for them.

6.2 Local dementia alliances can bring together the community within a locality to raise awareness of issues facing local people with dementia, to promote the dementia declaration and to take forward actions to improve the lives of people living with dementia and support development of dementia friendly communities.

6.3 We can build on the local learning from the dementia friendly communities pilot in Shiregreen to enable all areas of Sheffield to better support people with dementia.

6.4 We can improve information and advice so that all people with dementia and their carers will have access to a comprehensive information and advice service. This will help them identify ways of living well with dementia before more formal support is needed and then make that transition easier. We need to begin this in advance of the wider engagement to take advantage of Government funding opportunities.

6.5 We need to develop capacity for people with more complex needs to have individualised support, using community resources, alongside an integrated range of more formal health and social care interventions to reduce the likelihood of admission to a care home.

6.6 Providing opportunities for carers to have a break – both planned and in a crisis - enables them to live their own lives and be confident about the support offered to the person with dementia.

6.7 By improving the way health and social care and other public services work together to support people to live at home we can be more efficient and improve the experience of people with dementia.

6.8 By ensuring that investment in services continues to represent good value for money we can enable resources to be targeted to where the need is greatest.

6.9 Working with the City's *Right First Time* project we need to reduce the likelihood of someone being admitted to hospital because there is insufficient support available to them in the community. Similarly we need to make it possible for people with dementia to be discharged

from hospital in a way that is safe and timely and for the levels of community support to be adequate to sustain them.

6.10 As part of the Quality in Care Homes Board priorities we need to make sure that people with dementia are treated with dignity and respect whichever care home they live in.

7.0 How we plan to involve others in this modernisation

7.1 We want to give all those affected by dementia, and those who work with them, the opportunity to genuinely shape the future of support in Sheffield. This is a chance for people to have their say about what works and what doesn't. It is also intended to begin a debate about what might be possible if we are genuinely open to new ways of working.

7.2 This opportunity will last three months and will include people with dementia, their carers, staff and relevant stakeholders. The questions to be asked are:

- How can Sheffield communities better understand the needs of people with dementia so that living at home is a safe and positive option?
- What types of support work best for people with dementia living at home?
- What are the features of good support for carers of people with dementia?
- How can we facilitate change but protect existing users of services?
- How can health and social care providers work closer together for the benefit of people with dementia?

7.3 These questions will be posed to:

- Community groups and organisations
- People who may need services in the future
- People who are supported using the current arrangements
- Staff working in the current support services
- Other staff working with people affected by dementia
- Current and future providers of support
- Other interested parties including NHS Sheffield, housing providers, the wider council and the voluntary community and faith sector

7.4 The methodology will vary dependent on the capacity of the individuals involved. It will include carers and it is also planned to work with the Alzheimer's Society and others to ensure that people with dementia themselves have a say in how support is arranged.

7.5 There are some existing mechanisms for involving people, including the Community Dementia Forum and carers groups supported by the

resource centres, but opportunities will be given for online and face to face meetings with individuals through evidence gathering sessions.

7.6 It is also planned to use creative techniques to capture the feelings and aspirations of individuals affected by dementia.

7.7 In addition it is intended to establish a group of lay people who are willing to help understand what the responses are telling us and act as an advisory group on implementation.

7.8 The results of the involvement exercise will be brought back to Cabinet for final decision.

8.0 Financial Implications

8.1 The council's current overall investment in supporting people with dementia is an estimated £19m. This includes those people supported in residential and nursing care. Specialist provision for people living at home is an estimated £9m. Doing nothing to the services will not mean that costs will remain the same because the growth in numbers of people with dementia will change this.

8.2 To understand the consequences of the growing numbers of people with dementia, Sheffield Programme Board, supported by the Yorkshire and Humber Improvement Partnership, undertook to model the financial impact of the demographic changes. The modelling assumed that without changes that supported early intervention there would be a combined additional cost to both health and social care of £3.5m by 2019.

8.3 In contrast the model also predicts that through the key interventions such as those set out in the vision there is the potential for combined annual savings of £2.4m by 2019. Without change the additional costs to Sheffield City Council for care home placements alone will be £1.4m each year.

8.4 These assumptions were based on continued growth in the number of people admitted to care homes and hospital in line with the demographic changes. The evidence was that early intervention not only allowed people to remain at home longer but also reduced the cost of funding care.

8.5 The Council in its March 2012 Budget Report made it clear that access to adult social care services was to be maintained at current levels and to protect frontline services as far as possible. It confirmed that supporting and protecting communities is a key objective. It made it clear that this is "...about making the best possible use of our resources to meet the needs of Sheffield and its people. This means protecting services for people that most need extra help and support

from the Council and focusing our investment on efficient services that people and local communities really need"

8.6 As part of the overall savings required there are target savings of £385,000 set against this area in 2012-13 on an annual budget of £3.9m

8.7 All Local authorities have been awarded one-off funding to improve dementia memory services. Sheffield's allocation is £112,000. The allocation of this funding was not made until late 2011/12 and a request has been made to Members to earmark this amount into a reserve for spend in 2012-13. It is proposed to begin the commissioning of this service prior to the planned involvement exercise to ensure that funding requirements are met. The details of this are set out in **Appendix C.**

9.0 Legal Implications

9.1 The Council's involvement process must be planned appropriately (including consideration of equality issues) with those who will be affected by the proposals, ensuring that they are offered the opportunity to comment and that the Council responds to any issues raised

9.2 The Council must have regard to their duty under the Disability Discrimination Act 1995 to eliminate discrimination that is unlawful and to promote equality of opportunity between disabled persons and other persons. The Duty to Promote Disability Equality: Statutory Code of Practice recognises that it will not always be possible for authorities to adopt the course of action which will best promote disability equality but when making the decision, due regard must be given to the requirement to promote disability equality alongside other competing requirements.

9.3 The Initial Equality Impact Assessment attached, addresses the need to ensure that any subsequent proposals will not have a disproportionate impact on any one group of people and this will be further considered during the involvement exercise.

10.0 Human Resources

10.1 It is recognised there may be changes that may follow on that will provide concerns for staff. In the event of this, staff and Trade Unions will be fully consulted on any specific proposals that may affect them.

10.2 The full implications for staff including redeployment and redundancy options will be fully explored as part of this process.

11.0 Environmental & Sustainability

11.1 It is not anticipated that there will be any negative impact upon the environment caused by these proposals.

12.0 Equality of Opportunity

12.1 An Initial Equalities Impact Assessment (EIA) has been completed **(See Appendix B)**

12.2 The groups most affected by dementia are

- Older people due to the age related nature of the condition
- Women as more survive to an older age than men
- BME communities because of the lower early diagnosis rates
- Carers who often undertake the burden of supporting people with dementia

12.3 The involvement exercise will:

- Follow good practice to ensure it is accessible and representative.
- Monitor engagement with protected groups throughout the process, and address gaps where required
- Carry out equality monitoring of responses where appropriate.
- Carry out equality analysis of findings/key themes/issues etc, by protected groups where appropriate.

12.4 The EIA concludes that the issues to be considered as part of the involvement exercise do not adversely impact our statutory equality or human rights duties

13.0 Recommendations

It is recommended that Cabinet:-

- Confirms its commitment to people with dementia and the families, communities and organisations who support them.
- Endorses the strategic approach to addressing the changing aspirations and the environment in which support is delivered, including the intention to make Sheffield a dementia friendly city.
- Authorises a major involvement exercise with those affected by dementia to ensure that change fully reflects their views. A report on the outcome will be brought back to Cabinet for consideration.
- Agrees to establish an advisory group who will support officers undertaking the involvement exercise.
- Agrees, in advance of the wider discussions, to develop proposals for the commissioning of an information, advice and support service.

APPENDIX A: National Dementia Strategy (extract)

Objective 6: Improved community personal support services.

Provision of an appropriate range of services to support people with dementia living at home and their carers. Access to flexible and reliable services, ranging from early intervention to specialist home care services, which are responsive to the personal needs and preferences of each individual and take account of their broader family circumstances. Accessible to people living alone or with carers, people who pay for their care privately, through personal budgets, or through local authority-arranged services.

A comprehensive community personal support service would provide:

- home care that is reliable, with staff who have basic training in dementia care;
- flexibility to respond to changing needs, not determined by rigid time slots that prevent staff from working alongside people rather than doing things for them;
- access to personalised social activity, short breaks and day services;
- access to peer support networks;
- access to expert patient and carer programmes;
- responsiveness to crisis services;
- access to supported housing that is inclusive of people with dementia;
- respite care/breaks that provide valued and enjoyable experiences for people with dementia as well as their family carers;
- flexible and responsive respite care/breaks that can be provided in a variety of settings including the home of the person with dementia;
- independent advocacy services; and assistive technologies such as telecare.

APPENDIX B: Equality Impact Assessment

Name of policy/project/decision:
Transforming Services for People with Dementia Living at Home

Status of policy/project/decision: New

Name of person(s) writing EIA: Howard Waddicor

Date: 14/5/12 **Service:** SCaP

Portfolio: Communities

What are the brief aims of the policy/project/decision? To improve the quality and range of services to support people at home

Are there any potential Council staffing implications, include workforce diversity? Yes

Areas of possible impact	Impact	Impact level	Explanation and evidence
Age	Positive	High	Dementia is an age related condition. The Sheffield Health Needs assessment shows a projected increase in late onset dementia in Sheffield from 6,137 in 2010 to 8,292 in 2025, an increase of 74%. The greatest increase in prevalence of dementia in Sheffield is predicted to occur for those people aged 80 and over. The changes are anticipated to allow people to remain at home as long as possible with the right type of support
Disability	Positive	High	Critical to a positive outcome for this and all groups affected is an integrated, whole-system approach to transforming services. This requires dedicated resources to manage the project throughout the stages.
Pregnancy /maternity	Neutral		No disproportionate impact anticipated
Race	Positive	Medium	There is evidence from a report compiled by the NHSS Community Development BME Mental Health Team that some BME communities are unable to gain early diagnosis and support because of shortcomings in the way symptoms are understood and a reluctance to attend GP services. Following diagnosis the existing support arrangements are not

Areas of possible impact	Impact	Impact level	Explanation and evidence
			always flexible or culturally appropriate. Though the number of BME elders is currently low the numbers are due to increase. The numbers of Pakistani elders 65+ will increase by 250 by 2025. The proposed changes may reduce investment in traditional services and increase opportunities for funding for people from BME communities to access social care support in a more personalised flexible way The revised information and advice service will be expected to work with existing BME organisations to ensure that there is a wider understanding of the need for early diagnosis and support for people with dementia.
Religion/belief	Positive	Low	Recent prevention work with the Muslim Elders Support project has identified the potential of using faith based sessions to broaden understanding of the impact of poor lifestyles on the level of vascular dementia in communities. A preventative approach has the potential to reduce this in the long term by reducing the number of strokes
Sex	Positive	Medium	There are more older women than men so there are proportionately more women with dementia. In addition the Sheffield Carers Strategy shows that most caring is done by women. Improvements in support to carers, as proposed in these changes, will reduce the burden of caring for people with dementia
Sexual orientation	Positive	Medium	Dementia has the potential to have a profound impact on the lives of the individual and those who care for them. The purpose of the change is to help reduce the impact of the condition by providing personalised support in a way that allows people to live a normal life for as long as

Areas of possible impact	Impact	Impact level	Explanation and evidence
			possible.
Transgender	Neutral		No disproportionate impact anticipated
Financial inclusion, poverty, social justice, cohesion or carers	Positive		The National Dementia Strategy 2009 and the Sheffield Carer Breaks Strategy for People with Dementia 2006 both highlighted the significant impact on carers of looking after someone with dementia. The involvement exercise will give carers the opportunity to shape the way support is offered to people with dementia.
Voluntary, community & faith sector	Neutral		No disproportionate impact anticipated
Other/additional: Existing service users	Negative	High	Those people with dementia are amongst the most vulnerable people living at home. By the nature of the condition change can be difficult for some users. Any transitions need to be carefully managed to reduce the impact

Action plan

Area of impact	Action and mitigation	Lead, timescale and how it will be monitored/reviewed
All groups	- Follow good practice to ensure the exercise is accessible and representative. - Monitor engagement with protected groups throughout the process, and address gaps where required - Carry out equality monitoring of responses where appropriate. - Carry out equality analysis of findings/key themes/issues etc, by protected groups where appropriate.	Howard Waddicor - Planned Cabinet report for May 2012 Involvement June - August 2012
All groups	We will involve people with dementia and, separately, their carers through the Community Dementia Forum hosted by the Alzheimer's Society and other groups.	Howard Waddicor - June to August 2012
Workforce	SHSC will meet with staff through appropriate meetings including the Trade Unions	SHSC by August 2012
All groups	All stakeholders will be involved appropriately in developing the model. This will include GPs as part of the 'Right First Time Project'	Howard Waddicor by August 2012
All groups	The strategic approach will be shared at the Dementia Programme Board chaired by Richard Webb	Richard Webb by August 2012
All groups	Proposals for change will include a risk management plan for existing users and carers to ensure that any changes have the minimum impact on this group	Howard Waddicor - by April 2012

APPENDIX C: Proposals for improving Information and Advice Service

Sheffield has received £112,000 as a one-off payment. The conditions attached to the funding require *"PCTs and local authorities to agree appropriate areas of investment in memory services and the outcomes expected from this investment. This could, for example, include provision of advice and support including information about local care and support services; follow up and review services including peer support, assessment of carers' needs and advice and support on planning for the future.*

The Department of Health expects that decisions about the use of this funding will take into account the Joint Strategic Needs Assessment for local populations, and the existing commissioning plans for both health and social care. PCTs should work with local authorities to achieve these outcomes in a transparent, efficient and integrated manner, with local authorities keeping PCTs informed of progress using appropriate local mechanisms."

- It is proposed that Sheffield looks at its existing investment in this type of support and both health and social care jointly commission a service that is appropriate for, and available to, all people with a diagnosis and the people who care for them.

- Prior to developing a specification it is intended to work with interested organisations to ensure that an innovative and cost effective service is developed. It is expected that this will include contributions from existing users of the service. The outcome of this process will determine the procurement arrangements.