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Report of: *Dawn Walton Director of Commissioning Inclusion and Learning and Sara Storey Interim Director of Adult Social Care*

Report to: *Cabinet*

Date of Decision: *18th December 2019*

Subject: *Procurement of Daytime Opportunities for people living with Dementia*

Is this a Key Decision? If Yes, reason Key Decision:-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
- Expenditure and/or savings over £500,000	<input checked="" type="checkbox"/>	
- Affects 2 or more Wards	<input checked="" type="checkbox"/>	
Which Cabinet Member Portfolio does this relate to? <i>Health and Social Care</i>		
Which Scrutiny and Policy Development Committee does this relate to? <i>Healthier Communities and Adult Social Care</i>		
Has an Equality Impact Assessment (EIA) been undertaken?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If YES, what EIA reference number has it been given <i>617</i>		
Does the report contain confidential or exempt information?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If YES, give details as to whether the exemption applies to the full report / part of the report and/or appendices and complete below:-		
<p><i>“Appendix is not for publication because it contains exempt information under Paragraph (insert relevant paragraph number) of Schedule 12A of the Local Government Act 1972 (as amended).”</i></p>		

Purpose of Report:

The purpose of this report is to gain approval to proceed with a joint procurement (led by Sheffield City Council on behalf of the Sheffield Clinical Commissioning Group) and award various contracts in respect of a number of daytime opportunities for people of all ages who are living with dementia and in addition improve the support network for younger people under 65 and their families.

Recommendations:

It is recommended that Cabinet:-

- 1) Approve the procurement of the daytime opportunities for people living with dementia as outlined in this report.
- 2) Delegate the decisions for the award of the various contracts procured to the Director of Commissioning Inclusion and Learning and the Interim Director of Adult Services in consultation with the Director of Commercial and Finance Services, the Director of Legal Services and Clinical Commissioning Group Director of Commissioning and Performance, Deputy Accountable Officer, in line with this report.
- 3) To the extent not already delegated to them by the Leaders Scheme of Delegation, delegate authority to the Director of Commissioning Inclusion and Learning and Interim Director of Adult Services in consultation with the Director of Commercial and Finance Services to take any other decisions necessary in order to meet the aims and objectives of this report.

Background Papers:

Lead Officer to complete:-		
1	I have consulted the relevant departments in respect of any relevant implications indicated on the Statutory and Council Policy Checklist, and comments have been incorporated / additional forms completed / EIA completed, where required.	Finance: <i>Hayley Ashforth and Anna Beeby</i>
		Legal: <i>Henry Watmough-Cownie / Gemma Day</i>
		Equalities: <i>Ed Sexton</i>
<i>Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.</i>		
2	EMT member who approved submission:	<i>John Macilwraith</i>
3	Cabinet Member consulted:	<i>George Lindars-Hammond</i>
4	I confirm that all necessary approval has been obtained in respect of the implications indicated on the Statutory and Council Policy Checklist and that the report has been approved for submission to the Decision Maker by the EMT member indicated at 2. In addition, any additional forms have been completed and signed off as required at 1.	
	Lead Officer Name: <i>Joanne Knight</i>	Job Title: <i>Strategic Commissioning Manager</i>
	Date: <i>29th November 2019</i>	

1. **PROPOSAL** ***Strategic Context***

- 1.1 Dementia is a broad term used to describe a range of progressive neurological disorders. These disorders are characterised by a range of symptoms including memory loss, mood changes, and problems with communication and reasoning.
- 1.2 The total number of people estimated to be living with dementia in the city is in excess of seven thousand. This equates to 1.21% of the population which is slightly lower than the national average of 1.3%.¹
- 1.3 Although the vast majority of people living with dementia are older people over the age of 65, there are approximately 150 people in Sheffield with young onset dementia which can be more progressive and brings with it different issues and challenges. Many of these people are living in family units often with partners and sometimes with young families.
- 1.4 Dementia remains a key priority for the Sheffield City Council (the “Council”) and the Sheffield Clinical Commissioning Group (SCCG) and together in partnership with other organisations we have been working on a number of initiatives to transform a range of services across the City to help support all people living with dementia and their family carers.
- 1.5 Following the Department of Health’s launch in 2015 of the ‘Prime Minister’s 2020 Challenge on Dementia’, the public, voluntary, community and private sector organisations across Sheffield have worked together to improve the care and support for people of all ages living with or caring for those living with dementia to enable them to live life to their full potential. One of the outcomes of this work was the development of a Sheffield Dementia Strategy (the “Strategy”).
- 1.6 The Strategy was developed over a 12 month period with robust co-production, discussion, debate and consultation with a significant number of stakeholders across the city with particular emphasis on inclusion of people with dementia and their families at every stage. The Strategy has not yet been approved, but a report will go to Cabinet for approval at the same time as this report.
- 1.7 The Strategy is made up of 13 commitments which the public, private and voluntary sector have agreed to deliver on and this proposal will support the delivery of a number of the commitments in particular the following:-
- Commitment 4 - For people with dementia support in Sheffield will be more personalised, local and accessible to help people to remain independent for as long as possible.

¹ Sheffield JSNA

- Commitment 5 - We will provide high quality support to families and carers of people with dementia in Sheffield to help people with dementia maintain their independence for as long as possible.
- Commitment 10 - Care and support services will take account of the needs of people with dementia.

Current Day Support

- 1.8 Currently there are a number of daytime opportunities for people living with dementia which also supports their families. Some of these are funded by the Council and SCCG others are totally independent. Some have been in place for many years with old outdated specifications; others have been developed and tendered for more recently to replace centres which have closed.
- 1.9 They offer everything from low level activities such as craft and walking groups traditionally managed by the voluntary sector (usually known as day activities) to those where more physical care and support is available (usually known as day care). There are groups for both older adults and those who are under 65 with a young onset dementia diagnosis. The key factor is that people are able to attend the sessions without the support of their family/friends which is different to other support such as dementia cafes where the person must be accompanied when attending.
- 1.10 The services usually operate on a Monday to Friday basis for approximately 5 hours per session, most have additional places for people who choose to buy these privately. All are delivered from a building base and the care provision is generally sited in a care home setting. Lunch is provided for which individuals pay a small fee.
- 1.11 Over the past 18 months the number of people attending day opportunities has been mixed with reducing numbers in the day care and increasing numbers in day activities all of which now have waiting lists. It is anticipated that joining both in one procurement will improve the offer and availability and ensure supply meets demand.
- 1.12 People attending can either be referred by the Council or refer themselves. Traditionally (but not always) those using a self-referral route will not have significant planned care needs although incidental care will be provided when needed for example on a one off basis. Those referred via the Council will need to have been assessed as having a care need and this is usually a requirement to access day care.
- 1.13 Historically there has always been a separation between the care and non-care support available. In this context 'care' means some element of personal care, for example support with eating and drinking or prompts to support continence management. Services have staffed their day support accordingly which can lead to the possibility of people needing to move from one day support provider to another when their needs change.

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

Future Plans

- 1.15 There is no intention to reduce the current level of funding available for this procurement but instead to improve the effectiveness using an integrated approach and enhance the offer by re-specifying what the service should look like and robustly monitoring the outcomes which need to be achieved.
- 1.16 It is proposed that the Council will lead the procurement on behalf of SCCG and will use the NHS Terms and Conditions and Service Specification.
- 1.17 By combining what previously was two contracts (day activities and day care) into one contract (day opportunities) multiple providers will be able to bid for either one element or both elements depending on the service they are able to offer.
- 1.18 It is proposed that the new contract will respond to the feedback from the market test where providers suggested a longer contract, potentially until the end of March 2025, and with some guaranteed funding. This ensures more stability in the market and more opportunity to develop the arrangements over time to meet changing needs.
- 1.19 Based on the feedback from the numerous consultations and the current evidence base including bench marking with other authorities it is proposed that the new model will continue to offer:-
- Day opportunities over 46 weeks of the year for at least 5 hours per session (excluding travel time) and be available in a number of locations.
 - Transport which will be included for everyone who is referred by the Council.
 - A tailored offer to younger people living with dementia.
- 1.20 As a result of the more recent consultation however we propose to improve the model by:-
- Emphasising more the importance of staff relationships with individuals and in particular engagement with their families and the need to provide advice and guidance when required.
 - Improving understanding of the term "activities" meaning working with individuals on a daily basis to assess their preferences rather

than delivering a schedule of planned activities which cannot adapt to how people feel on the day. This will require an interactive approach with individuals and their families at the heart of the design.

- Enhancing the wellbeing support for both the carers and individuals so the support has a dual purpose.
- Allowing providers to bid for both self-referrals and Council referrals and different days of the week.
- Increasing and developing the number of support groups available for people under 65 living with dementia and their families.
- Providing a central brokerage arrangement primarily for all of the Council referrals so places are managed and the number of voids is reduced.
- Developing our monitoring arrangements to capture the outcomes which are being achieved and assessing how flexible service delivery is adapting to meet changing needs.
- Putting greater emphasis on how the environment supports people with different needs, different activities and increasing access to outdoor spaces.

1.21 The timeline for the procurement will be as follows:-

Task	Date
Decision	Dec 2019
Publish ITT	Jan 2020
Closing date	Feb 2020
Evaluation	Feb 2020
Contract award	March 2020
Mobilisation (3 months)	March – end June 2020
Contract start	1 July 2020

2. HOW DOES THIS DECISION CONTRIBUTE?

2.1 The development of the daytime opportunities model will contribute in the following ways:

- To develop Sheffield as a healthy and successful city – Dementia specific activities are key to delivering on the recently developed dementia strategy and will enhance the lives of those both living with dementia and their families.
- Increase Health and Wellbeing – Being allowed the opportunity to contribute, give and learn affords people the chance of better health and wellbeing. ² The provision of a stimulating environment

² New Economics Foundation - Five Ways to Wellbeing 2008

and supportive opportunities should afford individuals with dementia the same opportunity and give carers the break needed to continue with their caring role.

- Provide children, young people and adults with the help, support and care they need and feel is right for them – The model of support is based around the consultation and evidence based practice therefore will offer the right sort of support at the right time.

2.2 As stated in section 1.7 this proposal has a key link to the Sheffield Dementia Strategy and will assist in delivering a number of the commitments.

3. HAS THERE BEEN ANY CONSULTATION?

3.1 There has been a significant amount of consultation in Sheffield over the past few years for people living with dementia and their families. This has included general consultation on the dementia strategy by the Council and SCCG (2018/19) and by other independent organisations such as Healthwatch³ and Shindig⁴. Whilst this has been useful in understanding the needs and wishes of people and their families some additional information was needed to build on this.

3.2 As a result additional smaller scale consultation exercises have been undertaken specific to the day opportunities.

3.3 Different consultation approaches were used including, meetings, online questionnaires, paper questionnaires and were supported by, SHINDIG, current providers and Health watch.

3.4 A total of 180 responses were received, 126 from individuals and families and 54 from people working with people and families. A copy of the complete report is attached at Appendix 1.

3.5 The main themes arising from the consultation were the need for:-

- **Staffing:** caring, consistent, well-trained, patient, understanding staff and volunteers.
- **Environment:** a clean, spacious, homely, non-traditional, fully-disabled accessible venue with outdoor space.
- **Stimulation:** a varied and flexible timetable of person-centred, purposeful activities within a routine, encompassing social, cognitive, physical and skill-based activities.
- **Location:** regular venues in a number of locations across the city

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

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

in order to reduce journey times.

- **Needs:** appropriate to an individual's age, the stage of their dementia and their levels of physical need.
- **Transport:** providing suitable transport and parking, as well as being located near to public transport.
- **Information:** clear and well-publicised services which support carers by providing necessary advice about both the person for whom they care and other related services.
- **Availability:** plenty of spaces available for a good length of time to give carers a break, including afternoons and weekends.
- **Atmosphere:** relaxed, respected, comfortable and dignified, creating smiles and laughter along with feelings of joy and happiness.

3.6 The proposal takes into account all the feedback raised in the consultation.

3.7 A market test was also used to ask Sheffield providers their thoughts on the provision of day opportunities. A total of 7 responses were received which included current providers (2) and other providers (5).

3.8 There were a numbers of differences in opinion about how the model could work; this is possibly linked to the type of business and their experience of day opportunities. However the following were areas where there was some consistency:-

- The environment/buildings should be fit for purpose.
- The support must be person centred.
- Providing/arranging or linking people to transport options is important.
- The service should support carers as well as individuals.
- The contract should offer some stability, therefore not spot purchasing or frameworks and a contract length of between 3-5 years.
- Smaller providers without the infrastructure shouldn't be disadvantaged so a lead provider model might not be appropriate without the time to develop the market more.
- The evaluation should recognise quality above price.
- There should be between 2-3 months for implementation.

3.9 These have all been taken account of when planning the model

4. RISK ANALYSIS AND IMPLICATIONS OF THE DECISION

4.1 Equality of Opportunity Implications

- 4.1.1 Under the Equality Act ([Public Sector Equality Duty](#)) local authorities have to pay due regard to: “Eliminate discrimination, harassment and victimisation, advance equality of opportunity, and foster good relations”. A key element of the Equality Act is that of ‘no delegation’ – public bodies are responsible for ensuring that any third parties which exercise functions on their behalf are capable of complying with the Equality Duty, are required to comply with it, and that they do so in practice. It is a Duty that cannot be delegated. This means that when we are both commissioning services and contract monitoring services, equality and diversity monitoring will form a key part of the criteria used to comply with our statutory obligations.
- 4.1.2 An equality impact assessment has been undertaken for this procurement which indicates a positive impact on individuals and families and no negative impacts.
- 4.1.3 In addition the impact assessment recognises the contribution of the voluntary sector in this area and the importance of maintaining and growing this.

4.2 Financial and Commercial Implications

- 4.2.1 The expectation of this proposal is that the current arrangements will be brought in line with commercial requirements and that there will be further effectiveness and efficiency as a result of joining the procurement and investment across both the Council and SCCG.
- 4.2.2 The total investment for this procurement will be in the range of £300,000 -£700,000 per annum.

4.3 Legal Implications

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

2014 include:

- Section 1, Promoting individual well-being.
- Section 2, Preventing needs for care and support.
- Section 3, Promoting integration of care and support with health services etc.
- Section 18, Duty to meet needs for care and support.
- Section 20, Duty and power to meet a carer's needs for support.

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

4.3.2 The proposed contract outlined in this report has a value in excess of the threshold for contracts for services in accordance with the Public Contracts Regulations 2015 (the 'Regulations') and thus the procurement and contract award processes to be followed in relation to the proposed contracts will be subject to those Regulations.

4.3.3 The procurement process outlined above, which also complies with the Council's Contract Standing Orders, should ensure the Council fulfils these legal obligations.

4.3.4 If there is a change in service provider this will have an impact on the staff providing the service and TUPE may apply. This will be drawn to the bidder's attention so that they can consider the potential impact of TUPE and current providers will be required to share information as appropriate in accordance with their existing contracts and the TUPE legislation.

4.3.5 As outlined in the report, the Council will be procuring providers via a compliant tender process, in doing so there may be a combination of day activity and day care services under one contract with various providers. The Council will ensure that any charging for these services will be in accordance with all relevant legislation and policies.

4.3.6 It should be noted that the proposals for this particular procurement are a slight departure from some of the specific services mentioned in the Dementia Commissioning Report approved by the Cabinet Member for Adult Social Care on the 2nd November 2018. In making this decision Cabinet would be varying these aspects of the 2018 decision.

4.4 ALTERNATIVE OPTIONS CONSIDERED

4.4.1 Alternative option 1 - Extend the contract with the current providers.

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

4.4.2 Alternative option 2 - Do not Procure.

The Sheffield Dementia Strategy recognises the need to support people in different ways and offer people living with dementia the opportunity to

live fulfilling lives, the contracts for all these services expire at end June 2020 and there would be no alternative if we did not procure.

4.4.3 Alternative option 3 - Provide the service in house.

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

5. REASONS FOR RECOMMENDATIONS

5.1 These proposals will ensure that:

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

Dementia Day Services consultation August-September 2019 Report



Introduction

Sheffield City Council carried out a consultation about Dementia Day Services for 3 weeks between 19 August 2019 and 06 September 2019.

By 'Day Services' the survey made it clear that this referred to somewhere for a person living with dementia to go for the majority of a day, which provides activities, company and a meal, and where a family member or carer does not have to stay with the person with dementia.

Purpose

The responses will be used by Commissioners to inform the re-commissioning of Dementia Day Activities and Dementia Day Care services, which have an anticipated start date of July 2020.

Method

In order to hear from a wide range of people, there were 2 versions of the survey:

1. Individuals and families living with dementia: 126 responses received
2. Professionals working with people with dementia: 54 responses received

Online versions were available for both on Citizenspace, and paper copies with a covering letter and freepost return envelope were distributed to individuals and families living with dementia via partner organisations. Those using existing Council-funded dementia day services were also offered face-to-face meetings and a telephone line.

Summary of responses

Further detail is given in the report below, but the main themes that emerged were:

- **Staffing:** caring, consistent, well-trained, patient, understanding staff and volunteers
- **Environment:** a clean, spacious, homely, non-traditional, fully-disabled accessible venue with outdoor space
- **Stimulation:** a varied and flexible timetable of person-centred, purposeful activities within a routine, encompassing social, cognitive, physical and skill-based activities
- **Location:** regular venues in a number of locations across the city in order to reduce journey times

- **Needs:** appropriate to an individual’s age, the stage of their dementia and their levels of physical need
- **Transport:** providing suitable transport and parking, as well as being located near to public transport
- **Information:** clear and well-publicised services which support carers by providing necessary advice about both the person for whom they care and other related services
- **Availability:** plenty of spaces available for a good length of time to give carers a break, including afternoons and weekends
- **Atmosphere:** relaxed, respected, comfortable and dignified, creating smiles and laughter along with feelings of joy and happiness

“It’s good for me [as a family carer] and it’s good for her [person living with dementia]”

“Without this she’d be in full time residential care”

“What is important for me when choosing a day centre is about going there, meeting new people and making friends and being able to do what I like”

Previous feedback on dementia services

This consultation focussed specifically on dementia day services, and was carried out in addition to previous consultations which gave more general themes about dementia services in Sheffield:

- January 2019: Dementia Strategy consultation on Sheffield’s citywide Dementia Commitments⁵
- April 2018: SHINDIG (Sheffield Dementia Involvement Group feedback session ‘What care and support is needed to live well with dementia: informing Sheffield Dementia Strategy’⁶
- April 2018: Healthwatch Sheffield report ‘Sheffield Dementia Voices: What we already know’⁷
- May 2018: Dementia Strategy pre-engagement report⁸

⁵<https://www.sheffieldccg.nhs.uk/get-involved/Dementia.htm> and <https://www.sheffieldccg.nhs.uk/Downloads/Involve%20Me/Have%20Your%20Say/Dementia/Dementia%20Strategy%20Engagement%20Report.doc>

⁶<https://shsc.nhs.uk/about-us/get-involved/sheffield-dementia-involvement-group-shindig/> and <http://shsc.nhs.uk/wp-content/uploads/2014/11/SHINDIG-Report-April-2018-What-Support-and-Care-is-needed-to-Live-Well-with-Dementia-Informing-Sheffield-Dementia-Strategy.pdf>

⁷<https://www.sheffieldccg.nhs.uk/Downloads/Involve%20Me/Have%20Your%20Say/Dementia/HWS%20What%20we%20already%20know%20Dementia%20Care%20April%202018.docx>

- November 2016: consultation regarding Hurfield and Stocksbridge dementia day services
- 2015: consultation on Sheffield Carers Strategy

⁸<https://www.sheffieldccg.nhs.uk/Downloads/Involve%20Me/Have%20Your%20Say/Dementia/20180914%20Dementia%20Strategy%20engagement%20report.doc>

1. Report on responses from individuals and families

The survey was kindly distributed on Sheffield City Council's behalf by various partner organisations:

Partner Organisation	Method
Age UK Sheffield - Wellbeing Centre	Paper copies
Darnall Dementia Group	Paper copies
Alzheimer's Society - Our Place	Paper copies
SheffCare	Paper copies
Care2Care	Paper copies
Healthwatch Sheffield	Online
Sheffield Carers Centre	Online
Young Dementia UK Graves Group	Online
SHINDIG Tea & Talk	Paper copies at Tea & Talk meeting 21/08/19
SHINDIG (Sheffield Dementia Involvement Group)	Paper copies mailed out
Alzheimer's Society - Home Support Teams	Paper copies mailed out

Meetings were arranged with current dementia day service providers:

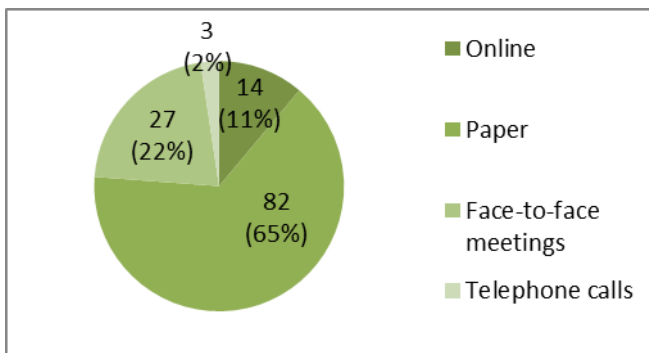
Current service	Date held	SCC attendees	People living with dementia	Family members	Service staff present providing support	Other info
Age UK Wellbeing Centre	23/08/19	<ul style="list-style-type: none"> 2 Commissioners 1 Procurement Professional 	0	6	2	Drop-in
Darnall Dementia Group	Due to be 06/09/19	Due to miscommunication over the date of the monthly Carers Group completion of questionnaires was encouraged instead and offered phone calls, but no take-up of the latter. 1 conversation with a family carer				
Care2Care	n/a	Covering letter said a meeting would be arranged subject to interest, but no interest was expressed so no meeting arranged				
Sheffcare	n/a	A date was arranged but only 1 person signed up so Commissioner arranged a phone conversation instead.				
Alzheimer's Society Young Onset	29/08/19	1 Commissioner	3	8	5	4-5pm
	30/08/19	2 Commissioners	5 (although just 1 for the	4	3	1.30-2.30pm

			majority of the session)			
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Responses were received from 126 individuals and families living with dementia.

Source of response

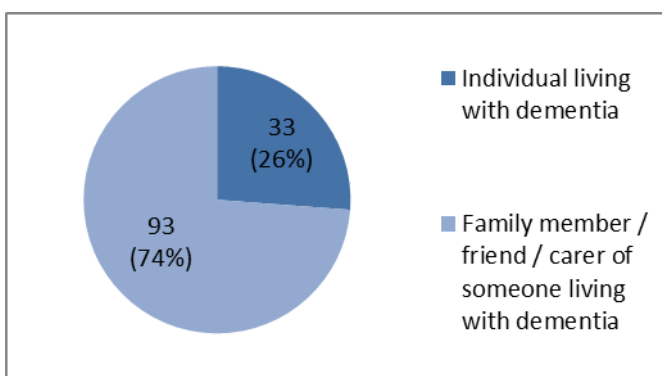
Online	14
Paper	82
Face-to-face meetings	27
Telephone calls	3
Total	126



The 3 telephone calls were to the phone line provided, although all were requesting information rather than providing responses.

Q1. Person providing the response

Individual living with dementia	33
Family member/friend/carer of someone living with dementia	93
Total	126

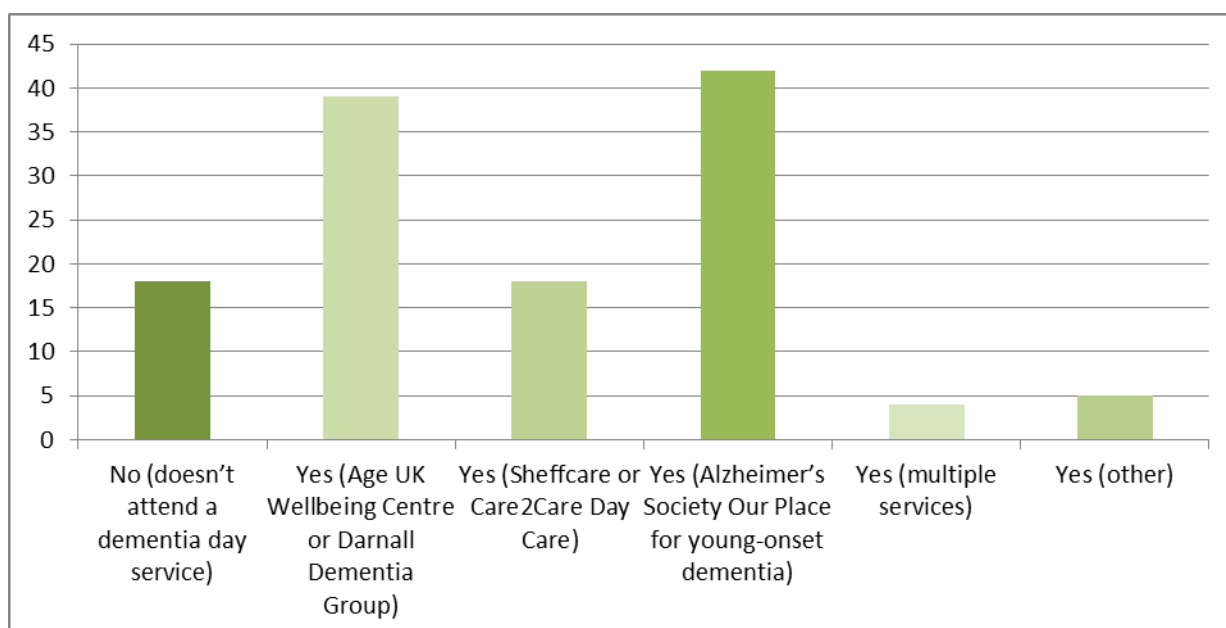


NB: This includes paper, online and face-to-face.

Q2. Currently attending a Dementia Day Service?

No	18
Yes (Age UK Wellbeing Centre or Darnall Dementia Group)	39
Yes (Sheffcare or Care2Care Day Care)	18
Yes (Alzheimer's Society Our Place)	42
Yes (multiple services)	4
Yes – other (please state if you wish to)	5
Total	126

NB: This includes paper, online and face-to-face.



Other: Homes Adult Carer Service, Bents Green Dementia Café, Clifford House, Alzheimer's Singing for the Brain, Spring Water Day Centre, Manu Integrity Service Ltd, and Parson Cross Dementia Café.

The full responses from individuals and families can be found by using the following link

<https://sheffield.citizenspace.com/communities-business-strategy/2269bf46/>

The following is a collated summary of the themes of the responses.

Q3. Reasons for not currently attending an organised dementia day service

- **Lack of information**
 - Not heard of services available or how to access them
 - Would like a brochure of available services
 - Won't attend services with 'dementia' in the title
- **Levels of need**
 - Too low - still able to participate in regular activities in their community therefore no need for a dementia day service yet
 - Too high – condition has deteriorated to requiring full time care, needs more rests during the day
- **Difficulties of travel**
 - Carer has no transport
 - Services are at a considerable distance

"I have not yet reached a point where I feel that a day service would be helpful"

"Do not know what provision there is or how to access it... we have not had any information... he would need transport as I do not drive"

Q4. Things that individuals and families particularly like about the dementia day service they currently attend

- **Stimulation**
 - Social interaction and friendship – reducing loneliness and isolation
 - Activities
 - for the mind (eg quizzes and games)
 - craft (eg painting, making things for others eg Christmas Fayres, baking, cooking)
 - physical (eg dancing, darts, mini golf, pool, walking in the park, gentle armchair exercise)
 - wellbeing (eg singing, music, animal visits, pampering)
 - Trips out
 - Cinema and theatres
 - Walks
 - Sports Centres
 - Places of interest
 - Meals out
 - Seaside
 - Shopping
 - On the tram
 - Meaningful occupation, using skills and keeping doing things they like doing
 - Flexibility – sometimes group activities, sometimes 1:1
 - Celebrating birthdays, special events and milestones
- **Staff and volunteers**
 - Kind and caring
 - Friendly and welcoming
 - Considerate and understanding, treating attendees with dignity and respect
 - Skilled and knowledgeable
 - Patient and attentive
 - Enthusiastic
- **Environment**
 - Spacious
 - Light
 - Outdoor space
 - Safe
 - Comfortable

- Relaxed
- Non-clinical
- Clean
- **Support for carers**
 - A break from caring
 - Peace of mind
 - Time for other commitments eg work, children, housework, gardening, shopping
 - Advice with personal issues eg women's issues if a male caring for a female relative
 - Chance to rest, have uninterrupted sleep, or enjoy something for themselves
 - Concerns (eg about health, safety, clothing, mood etc) and solutions or options raised by staff
 - Information and support to help navigate the system
- **Atmosphere**
 - Joy
 - Fun and laughter
 - Smiles
 - Community spirit
 - Feeling wanted, needed and accepted
 - Person-centred
 - Calm and content
 - Routine
- **Meets needs**
 - With people in a similar situation
 - Age appropriate
 - Help with toileting, mobility and communication difficulties
 - Good food (eg hot cooked meal) and refreshments
 - Flexibility with timings of the day
- **Travel/transport**
 - Picked up and dropped off
 - Reliable
 - Escort
- **Benefits for the system**
 - Less likely to be anxious, and wander (therefore less likely for Police, Ambulance, A&E to be involved)
 - Delay in use of full-time residential care
 - Reduced strain on mental health services for carers
- **Cost**
 - Reasonably priced

"The staff are considerate, caring, attentive, informative and they bring smiles to all who attend"

“My mum-in-law may not remember everything she has done that day, but she remembers how the day has made her feel which, in my opinion, is safe, respected, cared for, calm and content – that has a positive knock on effect for us, her family and carers. Feeling this way makes her less anxious and less likely to wander off during the evening”

“The room... is spacious, very light, views looking into parkland, so inviting in every way”

Q5. Things which individuals and families would change about the type of dementia day services that are currently available

- **Stimulation**
 - Weekends away and trips
 - More afternoon activities
- **Staffing**
 - Higher staff ratios
 - More training for staff so they are less disinterested
 - More information/feedback for the carer about what the person with dementia has been doing during the day (meals eaten, activities undertaken, mood changes etc)
- **Support for carers**
 - More and better information/publicity/advertising about other similar services
 - Carers groups/‘classes’ in the evenings so carers who work during the day can attend
- **Cost**
 - Price can be prohibitive, especially for more than 1 day per week
- **Transport**
 - Easier to access by public transport
 - Include transport
 - More flexibility around transport especially around timings
- **Availability**
 - More places
 - Age-related days
 - More activities for people under 65 with dementia
 - Longer hours
 - Weekend and evening availability
- **Location**
 - Closer to home
 - More choice across the city
 - Not based in residential homes

“Slightly longer hours would help. Somewhere closer to home and easier to get to by public transport”

“To have something available at the weekend – I’m currently not aware of anything”

Q6. The kind of activities that individuals and families would like to be available outside the home to help people with dementia to live well

- **Stimulation**
 - Social interaction - friendships and relationships
 - Activities
 - for the mind (eg. learning new skills, discussion groups, games, quizzes, bingo, scrabble, dominoes, storytelling, reminiscence theatre, creative workshops, computers)
 - craft (eg. cooking, baking, crafts, knitting, painting, jewellery-making, flower arranging)
 - physical (eg. indoor bowls, more exercise classes for dementia at sports centres, swimming, walking, golf, gardening, dancing, outdoor activities, mild exercise classes)
 - wellbeing (eg. animals, more events with music and singing, intergenerational – visits from children’s groups)
 - Trips out
 - Shopping, cinema, theatre visits, garden centres
 - Meals out
 - Must not exclude people in wheelchairs
 - Routine but not always regular (eg. varied activities within the routine)
 - Sense of purpose
- **Environment**
 - Safe outdoor areas
 - Same venue for familiarity
 - Venues with disabled toilets
 - Homely not institutional
- **Support for carers**
 - Buddy scheme
 - Coffee mornings/group chats for carers that are outside of working hours
 - More information about local groups
 - Workshops to educate wider family
- **Atmosphere**
 - Comfortable and relaxed
- **Meets needs**
 - Safe and well looked after
 - Activities for people who are further along the dementia journey and can’t go out on their own
 - Age appropriate
 - Flexible

- **Travel/transport**
 - Transport with escort/buddy
 - Needs to be reliable
- **Location**
 - More availability close by
- **Availability**
 - More places throughout the week
 - Weekend provision

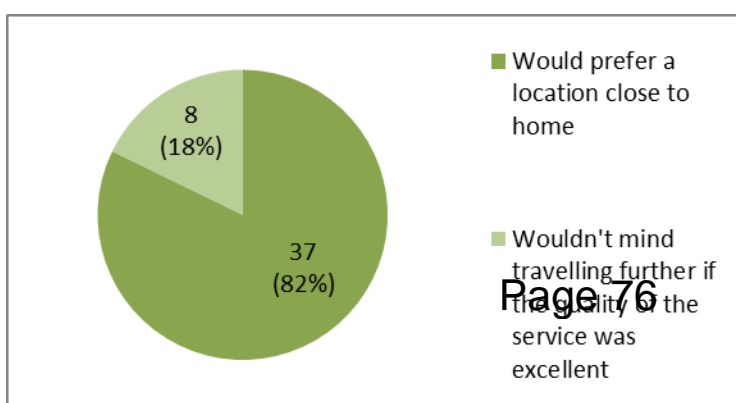
"For me now disabled toilets are a must"

"I don't go out on my own, I prefer to come to the same place. I like the staff - regular routine has given me a lot of confidence. I am quite happy to "go with the flow" with activities. It's nice doing them with other people as sometimes they have different skills and interests which gives me the opportunity to do/learn new things. I like the cooking/baking group, discussion groups (can communicate with other people and relate to what they're saying), crafts, making things for special events, discussing with others what they like and finding common ground"

Q7. Things that are important to individuals and families when choosing a dementia day service

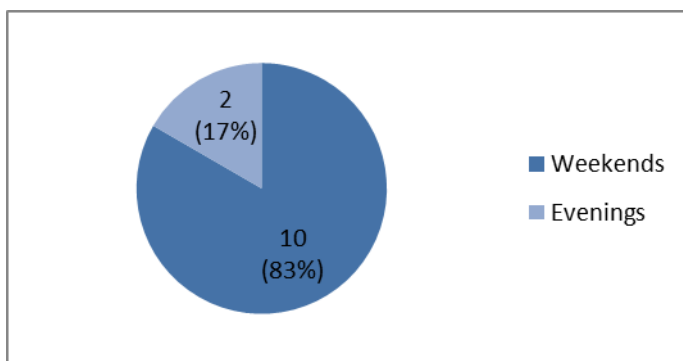
- **Stimulation**
 - Physical activity
 - Socialising
 - Music
 - Trips out
 - Hot meal
 - Varied timetable of activities within a routine
 - Manicure and nail-cutting service, hairdresser, accessible shower, chiropody
 - More about the feelings these activities produce, rather than the actual activities
- **Environment**
 - Clean
 - Accessible for those with limited mobility
 - Spacious
 - Comfortable
 - Safe
 - Personalise-able
 - Outside space
 - Familiarity
- **Staff**
 - Understanding of needs

- Trained in dementia
- Caring
- Appropriate ratios
- Friendly and supportive
- Interested in people
- Reliable
- Continuity of staff
- **Support for carers**
 - Chance to visit the service and make an informed choice
 - Top tips
 - Guidance on the next stage of the dementia journey
- **Atmosphere**
 - Treated with dignity and respect
 - Feel valued
 - Laughter
 - Well organised
 - Person-centred
 - Stable with only gradual changes
- **Meets needs**
 - Suitable
 - Age-appropriate
 - Increased support as needs progress
- **Location**
 - Consistent
 - Local
 - Not a clinical care home setting
- **Availability**
 - At different times especially afternoons as mornings and evenings can be difficult for people with dementia
 - Longer hours eg a full day not just 4-5 hours
 - Weekends – Saturdays and Sundays
 - Flexibility of days and hours
- **Cost**
 - Affordable
- **Transport**
 - Parking available
 - Reliable transport provided to get there and back
 - Cost of transport can be an issue
 - Accessible by bus/tram



37 responses said they would prefer a location close to home, 8 responses said if the quality of the service was excellent they didn't mind travelling further.

Of those who referred to it, there was a higher preference for additional services at weekends rather than evenings.



“Staff and volunteers - make you feel welcome. I get used to the staff - people who know you well, regular staff. Activities - particularly music! Music means a lot”

“Knowing that my husband is safe and well cared for”

“The day service needs to be person centred, not one size fits all, because it doesn’t. People with dementia change. What they enjoyed last week might not be what they enjoy the next, so the service has to be flexible”

2. Report on responses from professionals

The link to the online survey was sent for distribution to workers on Sheffield City Council's behalf by various partner organisations:

Partner Organisation	Professionals
NHS Sheffield Health and Social Care Foundation Trust	Older Adults Community Mental Health Teams
	Memory Service
	Occupational Therapists at Grenoside Grange Dementia Ward
Sheffield Teaching Hospitals NHS Foundation Trust	Neurology Department Occupational Therapists for young onset dementia
	Neurology Department Consultants
Sheffield City Council	Social Work Teams incl. Hospital First Contact, Crystal Peaks, Howden House, Moorfoot
	Adult Social Care Managers, Heads of Service and Director of Adult Social Care
	Commissioning and Contract Teams and Managers
NHS Sheffield Clinical Commissioning Group	Commissioning Managers
People Keeping Well partnerships	Age UK Sheffield, Darnall Wellbeing, Heeley City Farm, Heeley Trust, Manor & Castle Development Trust, Reach South Sheffield, Shipshape, SOAR, Woodhouse & District Community Forum, ZEST,
Dementia News Recipients (email bulletin)	Incl Alzheimer's Society Sheffield, Sheffield Carers Centre, Care2Care, Darnall Dementia Group, Older Adults Home Treatment Team, Sheffcare, Sheffield Dementia Action Alliance, SHINDIG organisers, South Yorkshire Housing Association, Young Dementia UK Sheffield

The survey was also raised in Sheffield City Council's Senior Management Team meeting for social work teams to cascade to workers. The deadline was extended to 10 September 2019. 54 responses were received in total.

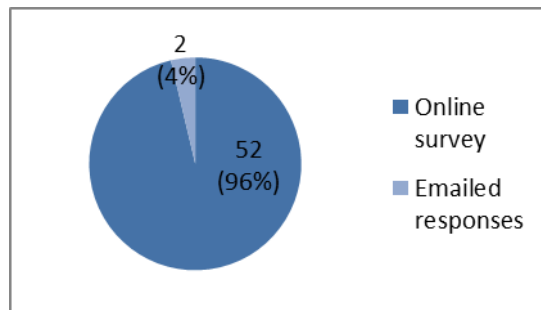
The full responses professionals can be found by using the following link

<https://sheffield.citizenspace.com/communities-business-strategy/2269bf46/>

The following is a collated summary of the themes of the responses.

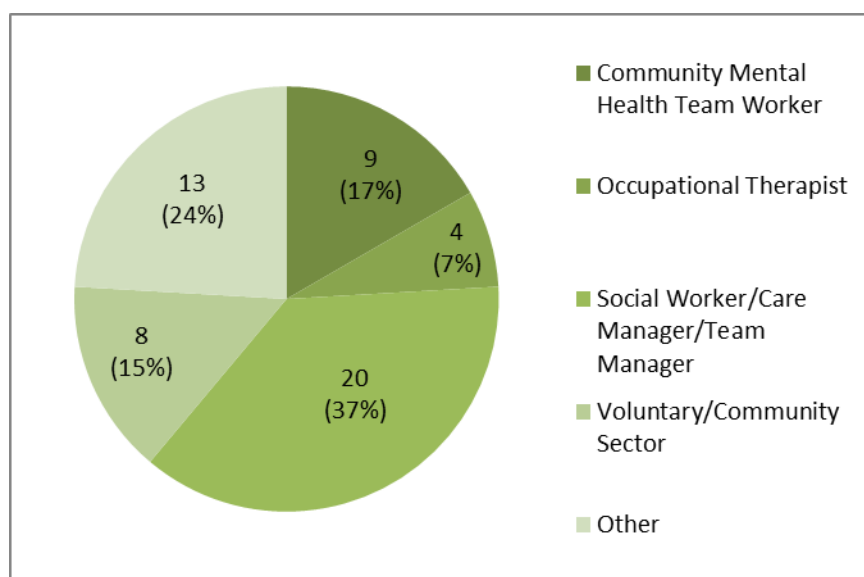
Source of response

Online	52
Emailed responses	2
Total	54



Q1. Professional providing the response

Community Mental Health Team Worker	9
Occupational Therapist	4
Social Worker/Care Manager/Team Manager	20
Voluntary/Community Sector	8
Other	13
Total	54



Other professionals included two Neurology Consultants, Commissioner, three Prevention Officers, Employment and Vocational Coordinator First Contact Prevention, a Travel Assessment

and Training Officer, a Prevention Support Worker, a Day Support Worker, a Dementia Support Worker and a Day Centre Support Worker.

Q2. Good things about current dementia day services for the people with whom the professionals work

- **Stimulation**
 - Variety
 - Friendships
 - Mental stimulation
 - Part of a community
 - Variety of activities/occupation
- **Staff and volunteers**
 - High quality, person-centred care
 - Reliable and familiar
 - Friendly
 - Knowledge, experienced and trained
 - Caring
- **Environment**
 - Change of environment away from the home
 - Safe
 - Positive character of the environment
- **Support for carers**
 - Respite and a break from caring
 - Opportunity for carers to access information
- **Atmosphere**
 - Engaging
 - Support and structure
 - Peer support
- **Meets needs**
 - Age appropriate
 - Flexible
- **Travel/transport**
 - Supported transport to and from the service
- **Availability**
 - Short waiting lists

“Consistency, meaningful occupation & familiarity are the three most important elements to dementia day services from my perspective. Having knowledgeable, skilled teams to empower & support people living with dementia & their families is essential”

“There are a variety of activities undertaken throughout each day which give the individuals their independence, and improve their feeling of self-worth. The activities encourage social interaction and focus on their skills and interests”

Within this question, there was a considerable amount of contrasting feedback regarding whether professionals felt services were widely-available or well-publicised.

As examples, positively:

- *“There is plenty of availability currently for people needing access to dementia day services so they aren’t waiting for long to get a place”*
- *“There’s a good awareness of what’s available amongst colleagues and how to arrange it”*
- *“There are provisions citywide for our clients with dementia so we can always find something local for the people that we are working with”*

As examples, negatively:

- *“Nothing; we have no dementia support services to support clients or carers”*
- *“There is none”*
- *“I feel that there are not enough services to offer people with dementia, I find that the places on offer are full and not able to accommodate”*
- *“Not sure what is available”*

There is clearly some awareness and information work to be undertaken with particular teams and workers to ensure that they can fully support people living with dementia to access the available services.

Q3. Not so good things about current dementia day services for the people with whom the professionals work

- **Stimulation**
 - Not enough activities in a care home setting
- **Staff and volunteers**
 - Insufficient dementia understanding
 - Not always person-centred
 - Need more staff and for them to help people to interact
- **Environment**
 - Poor physical environment
 - Physical spaces too small and containing groups that are too large
- **Does not meet needs**
 - Lack of places for people with more advanced dementia
 - Stigma of ‘day care’ and ‘day service’
 - Insufficient culturally sensitive day care
 - Not enough support for people with young onset dementia
 - Can be too traditional or repetitive
- **Travel/transport**
 - Long journeys
 - Unreliable transport arrangements
 - Limited travel options
 - Bus passes not available

- **Lack of availability**
 - Lack of provision in some areas of the city
 - More places required
 - Need weekend availability
 - Exclusions eg no dementia diagnosis means no access to services
- **Lack of information**
 - Unsure of all possible options
 - Need a central database or directory of services
 - Lack of feedback to referrers as to whether person has attended or enjoyed
- **Cost**
 - Too expensive
 - High fees

“Some [places] just allow people to come along, without any extra provision or activities. Someone I work with went for a taster day, as his wife thought it would help familiarise him if he ever needed respite. He was just left on his own to wander about; he has limited ability to understand his surroundings and needs someone to help him. There were activities taking place but they were not suitable for him and he wasn't helped in any way to take part. He was upset for a week afterwards although he had no memory of where he had been”

“Younger people find themselves in provisions for the elderly as this is all that is available. This is not appropriate as people with early onset dementia have different needs”

Q4. The gaps in current dementia day services as experienced by professionals

- **Stimulation**
 - Using skills, knowledge and employability
- **Staff and volunteers**
 - Skilled in managing challenging symptoms and behaviours
 - More staff with a faster response
- **Needs**
 - Variety
 - Younger people with dementia especially as they are more physically active and may wish to continue working
 - Different types of dementia
 - Different stages of dementia
 - Different care needs eg toileting, incontinence, moving and handling
 - Flexibility and outreach services eg one-to-one outside of a person's home to do activities in their community
 - Culturally suitable services, especially for those needing support around their first and early languages
- **Availability**

- Range of geographical locations
- More places
- Evenings and weekends
- Longer hours especially for those with young-onset dementia
- **Support for carers**
 - Carer support without the person with dementia attending
 - Sitting service
 - Support in accessing new services and for better transitions
 - Access to family counselling
- **Transport**
 - All options should offer transport
- **Information**
 - Card for following up concerns about a person
 - An established pathway
 - Improved publicity of services and referral routes
 - For people with learning disabilities and dementia
- **Cost**
 - Needs to be cheap or reasonably priced

“Dementia Day service for people with potentially challenging behaviour, that is sufficiently staffed with highly trained carers, in a safe and stimulating environment”

Q5. Activities that professionals think should be available for people with dementia outside their homes to help them live well with dementia.

- **Stimulation**
 - Social interaction and peer support
 - Activities
 - for the mind (eg games, life history, reminiscence activities, memorabilia, educational promoting good health, sensory stimulation, computer)
 - skills (eg craft, painting, cooking, DIY, handling money, preparing meals, photography, embroidery, knitting, art)
 - physical (eg dancing, walking, sports activities inside and outside, gardening, therapeutic sports, yoga, adapted bikes in parks)
 - wellbeing (eg singing, music, animal/pet therapy, music therapy, pampering, relaxation, doll therapy)
 - Trips out
 - Local interest and amenities
 - Music experiences, gigs and concerts
 - Shopping
 - Pub trips
 - Sporting events eg matches

- Tea dances
 - Volunteering opportunity in workplaces for those with early-onset dementia
 - Food oriented options
 - Activities that promote independence
 - Being involved in the local community eg going to cafés
- **Needs**
 - Specific groups for BAME community who may not be able to access some services as non-English speakers
 - Age-appropriate
 - Suitable for those with more complex needs
 - Specialised support for people with learning disabilities
- **Support for carers**
 - Respite
 - Sitting services
 - One-to-one to take people out into the community
- **Cost**
 - Not means-tested
 - Free of charge

Of the activities, music (13 mentions), singing (8 mentions), reminiscence (8 mentions), walking (7 mentions) and gardening (7 mentions), were the most frequently suggested activities by professionals.

“Establishing what hobbies the service user was interested in, then ensuring [the service is] able to provide specific support to meet the individual’s need”

“Personalised non-traditional activities to stimulate the senses”

Q6. Things which are important for people when choosing a dementia day service, in the experience of professionals.

- **Stimulation**
 - Variety of enjoyable, interesting and stimulating activities
 - A positive experience
 - Activities suitable for both men and women
- **Staff and volunteers**
 - Caring
 - Skilled and experienced
 - High staff to client ratio
 - Trained in dementia care
 - Communicative
- **Support for carers**

- Provides respite
- Feel reassured
- Support with admissions procedure and arrangements
- **Needs**
 - Person-centred
 - Meets any care or behavioural needs
 - Age appropriate
 - Treated with dignity
 - Cultural mix
 - Good food on offer (nourish to flourish)
- **Environment**
 - Facilities available
 - Small groups
 - Welcoming
 - Safe
 - Pleasant, peaceful, appropriate, homely setting
- **Cost**
 - Reasonable
- **Location**
 - Close to home
- **Availability**
 - Opening times for drop-off and collection
 - Longer hours during the day to allow a proper break for carers or during working hours
- **Transport/travel**
 - Short travel time
 - Reliable
 - Transport arranged

“Dedicated staff who have had training in Dementia, understand how it affects people and are not patronising. Varied activities that help stimulate the mind. Activities that help people feel good about themselves. The opportunities to make friends”

“Whether the people working or volunteering there, love and have fire in their belly about what they do. The rest naturally follows”

Q7. a) Professionals’ views on whether there are specific challenges in providing a service for people who may have very different support needs

- Different levels of security of environment required
- Specific and specialist is preferred than generic and diluted
- Money and funding
- More specialist trained staff required for those with higher needs

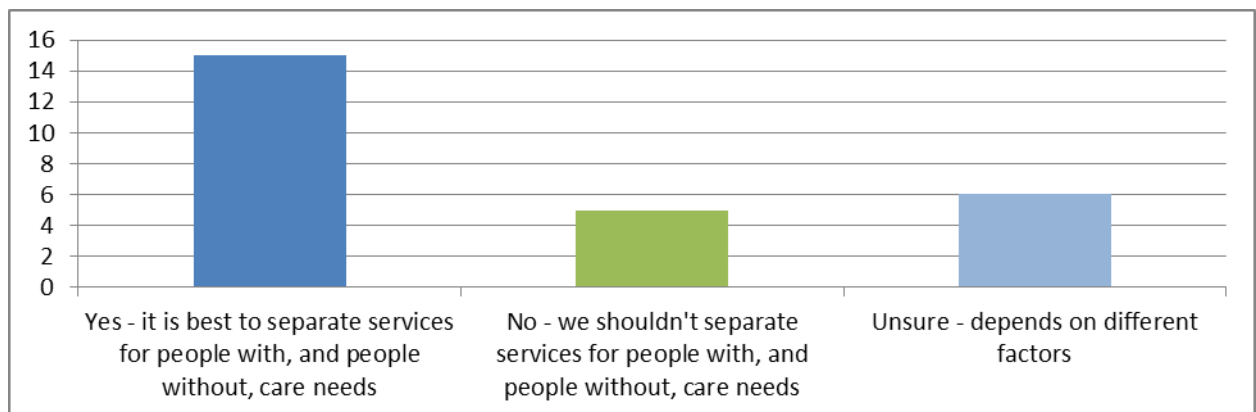
- Levels of mobility and physical ability can impact on activities provided
- Transitions can be difficult – need a clear pathway from the start
- Important to provide separate services for those with young-onset dementia

“Services can fit into a ‘one size fits all’ situation if having to deal with many differing needs. Some groups can be very large and despite good intentions this can be a detriment to the people being supported”

“It is difficult because some people with or without care needs can be very active and want to be kept busy. However, many of these clients are put off day centres where people have very advanced dementia and spend the day sleeping”

Q7. b) Professionals’ views on whether we should separate services for people with, and people without, care needs as we currently do.

From the professionals who answered this part of the question, the majority felt it was better to separate services for people with, and people without care needs.



“Services can fit into a ‘one size fits all’ situation if having to deal with many differing needs. Some groups can be very large and despite good intentions this can be a detriment to the people being supported”

“There are challenges in this but it can also be very difficult to move people on to another service when they are dealing with increased cognitive impairment. There should be a very clear pathway from the start. More dementia understanding throughout is extremely important. We seem to want to do things the same way they always have rather than looking at extreme changes”

“Higher care need patients may ‘put off’ earlier stage patients who may benefit from social interaction from attending, as they may be worried everyone is very severe which makes them depressed rather than a positive experience”

Date of report: 30 September 2019

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