

Health and Adult Social Care Scrutiny Committee

Agenda

Date: Thursday, 12th August, 2010
Time: 2.00 pm
Venue: Council Chamber, Municipal Buildings, Earle Street, Crewe
CW1 2BJ

The agenda is divided into 2 parts. Part 1 is taken in the presence of the public and press. Part 2 items will be considered in the absence of the public and press for the reasons indicated on the agenda and at the foot of each report.

PART 1 – MATTERS TO BE CONSIDERED WITH THE PUBLIC AND PRESS PRESENT

1. **Apologies for Absence**
2. **Declaration of Interests/Party Whip**

To provide an opportunity for Members and Officers to declare any personal and/or prejudicial interests or members to declare the existence of a party whip in relation to any item on the agenda.

3. **Public Speaking Time/Open Session**

Please contact Denise French on 01270 686464
E-Mail: denise.french@cheshireeast.gov.uk with any apologies or requests for further information or to give notice of a question to be asked by a member of the public

A total period of 15 minutes is allocated for members of the public to make a statement(s) on any matter that falls within the remit of the Committee.

Individual members of the public may speak for up to 5 minutes, but the Chairman will decide how the period of time allocated for public speaking will be apportioned, where there are a number of speakers

Note: In order for officers to undertake any background research, it would be helpful if members of the public notified the Scrutiny officer listed at the foot of the agenda, at least one working day before the meeting with brief details of the matter to be covered.

4. **Minutes of Previous meeting** (Pages 1 - 6)
5. **Call In of Key Decision 48 - Future Provision for Older People with Dementia** (Pages 7 - 48)

To consider the Call In of the above decision.

CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Health and Adult Social Care Scrutiny Committee**
held on Thursday, 1st July, 2010 at Committee Suite 1,2 & 3, Westfields,
Middlewich Road, Sandbach CW11 1HZ

PRESENT

Councillor B Silvester (Chairman)
Councillor C Beard (Vice-Chairman)

Councillors C Andrew, D Bebbington, S Bentley, S Furlong, S Jones,
W Livesley, A Martin, A Moran, A Thwaite, C Tomlinson and C Thorley

Substitute

Councillor C Thorley

In Attendance

Councillors B Dykes and R Domleo

Officers

J Weeks – Strategic Director, People

40 APOLOGIES FOR ABSENCE

Due to Council business apologies for absence were received from Councillors G Baxendale and D Flude

41 DECLARATION OF INTERESTS/PARTY WHIP

None

42 MINUTES OF PREVIOUS MEETING

RESOLVED

That the minutes of the meeting held on 20 May 2010 be approved as a correct record and signed by the Chairman

43 THE CHESHIRE AND WIRRAL COUNCILS JOINT SCRUTINY COMMITTEE

RESOLVED

That the minutes of the meeting held on 25 May 2010 be received

44 PUBLIC SPEAKING TIME/OPEN SESSION

S Dykes, A Kantwell, G Clough and A Cartwright attended the meeting to speak in respect of Age Concerns proposals relating to the future of the day care centres. H Hamilton from the Wishing Well project also attended the meeting to highlight the possibility that some of the day centres could, in the future, be run by Wishing Well.

45 AGE CONCERN CHESHIRE - PROPOSED CLOSURES OF DAY CARE NETWORK

Ken Clemens from Age Concern, Cheshire, attended the meeting to outline the future proposals for day care centres. He highlighted that the trustees, PCT and Local Authority were currently undertaking a review as Age Concern would need to work differently in the future in order to provide the best value for money. This involved mapping out what services are provided and who they are provided to, assessing the possible options and finally developing strategies. Until this review had been completed no change would be made to the day centres.

Mr Clemens felt that the level of public interest was encouraging and that this needed to be taken into consideration by the local authority, when it assess what services are important to the public.

The Committee noted that a decision would not be made on the future of the centres until the review had been completed by April 2011 at the earliest. However Members expressed concern that this important issue had not been brought to their attention earlier.

Members agreed that as this issue was of significant importance to the public a Task and Finish Group comprising of Councillors C Beard, S Jones, C Andrew, D Bebbington, S Bentley and D Flude be established to investigate the wider issues and Cheshire East Councils involvement in further detail.

RESOLVED

That a Task and Finish Group comprising of Councillors C Beard, S Jones, C Andrew, D Bebbington, S Bentley and D Flude be established to review Cheshire East's involvement in Age Concern.

46 NORTH WEST AMBULANCE SERVICE

The Committee received a presentation by Cath Galaska, Director of Services Delivery, Dave Kitchen, Head of Service for Cheshire and Merseyside and Ian Moses, Head of Service Development from the Ambulance Service, on performance and the Quality Account.

The presentation detailed:

- Care Quality Commission Registration
- Actions undertaken in relation to the Quality Account
- Areas for improvement in 2010/2011
- The national standards for categorising emergency calls
- NWAS performance standards to be achieved across the North West
- The Headline performance data for Central and eastern Cheshire PCT
- Service Developments

With regard to category A response times, it was noted that only 67.47% of cases were reached within 8 minutes and that this would be difficult to address without additional resources.

Members commented on the successful First Responders Pilot Project ran in Nantwich and agreed that, where possible, similar arrangement should be implemented in other parts of the Borough.

In answer to a specific question on staff morale, Dave Kitchen responded that when staff are busy, and may be the only available resource in a large geographic footprint, it was possible that they might be frustrated when called out to cases where the cause of the illness or injury was alcohol related.

NWAS community resuscitation officers were eager to engage with local authorities and others to develop a register of defibrillators held in the community, which NWAS would hold alongside its own register of community based defibrillators, that had put in place through the 'defibrillators in public places' scheme. NWAS was not responsible directly for other agencies defibrillators, though it was willing to work with the agencies and give advice in return for the ability to hold a record of that defibrillator.

RESOLVED

That the presentation be noted.

47 MID CHESHIRE HOSPITALS NHS FOUNDATION TRUST - CLINICAL SERVICES STRATEGY

The Committee received a presentation by Andy Ennis, Director of Service Development at Mid Cheshire Hospitals NHS Foundation Trust on the clinical strategy.

The presentation detailed:

- Mid Cheshire Hospitals vision
- The key challenges
- The key objectives
- The strategic context with regard to the clinical drivers of change
- The political and financial strategic context
- The physical infrastructure
- What services should be provided

With regard to the physical infrastructure, it was reported that, due to funding, it would not now be possible to build a new hospital.

Mr Ennis reported there were three key challenges to local health care.

- Surgical provision
- Moving emergency care into the community
- Obstetric and Paediatric care.

Changes in surgical provision mean that in order to provide a safe service, partnerships with other acute providers would be required which may mean patients would need to travel further for specialised surgery.

For medical services a greater emphasis would be placed in managing patients in the community either preventing admission to hospital or keeping the admission to the minimum. Close partnerships with GP's, Social Services, community providers and the voluntary sector would be required in order for this to progress. A similar picture was emerging for Obstetric care, a move to 24 hr consultant cover would mean not all units would be able to maintain local services. This had the potential to effect the provision of neonatal and paediatric services.

No plans existed for services to change in the immediate future, but work continued to understand the impact of national policies on local service provision.

Members suggested that the possibility of general practitioners undertaking minor operations should be revisited, as this would relieve some of the pressures from hospitals.

RESOLVED

That the possibility of general practitioners undertaking minor operations be revisited with a view to relieving some of the pressures from hospitals.

48 CENTRAL AND EASTERN CHESHIRE PRIMARY CARE TRUST - FINANCIAL POSITION AND POSSIBLE NHS CHANGES

F Field, the Director of Governance and Strategic Planning at Central and Eastern Cheshire Primary Care Trust reported that, last year the PCT was financially challenged but did deliver a balanced budget at the end of March 2010. She highlighted that there would have to be a £1million surplus by the end of the year but there had to be cost reductions to achieve this and difficult decisions have been made. The future remains very challenging especially as locally, non-recurrent savings last year have added to the pressures in 2010/11.

RESOLVED

That the update be noted

49 SWINE FLU UPDATE AND PREPARING FOR FUTURE OUTBREAKS OF PANDEMIC FLU

The Committee received an update on swine flu and the preparations being undertaken for possible future outbreaks of pandemic flu. It was reported that the PCT were continuing the national immunisation campaign which targets pregnant women as well as the usual high risk groups – should swine flu return in the autumn, high risk groups will have better protection. The partnership working had won a leadership award for the Northwest and would now go forward to the national awards.

RESOLVED

That the report be noted

50 OBESITY AND DIABETES SCRUTINY REVIEW

Consideration was given to the draft final report of the Obesity and Diabetes Task and Finish Group, which aimed to address the rise in obesity and diabetes and reduce the health and financial impacts of this rise.

With regard to paragraph 5, Members felt that the criteria for receiving school meals was unfair and should be reviewed.

RESOLVED

That:

- a) the report of the Task and Finish Group be welcomed and supported, noting the progress achieved since the original Reviews were undertaken, but that more remains to be done;
- (b) the recommendations of the Group be endorsed, and referred to the relevant Cabinet Members and the Central and Eastern Cheshire Primary Care Trust for consideration and necessary action, and that they be invited initially to comment on the details of the recommendations;
- (c) the responses of the Cabinet Members and the PCT be considered by the Scrutiny Group in due course;
- (d) the Scrutiny Panel be requested to develop an action plan and to keep progress under review, and to report further on the implementation of the Report's recommendations in 12 – 18 months time.
- (e) that the criteria for receiving free school meals be reviewed
- (f) the Group be thanked for its hard work.

51 CORPORATE PLAN

The Committee considered a report of the Head of Human Resources enclosing for comment the draft Corporate Plan which was due to be considered by Cabinet on 19 July prior to making a recommendation to Council regarding its formal adoption on 22 July 2010.

With regard to the section relating to Contacts and Further Information, it was highlighted that Poynton was included in the index but had been omitted from the map.

With regard to the section 5 – How We Are Performing, reference was made to an increase in swimming as a result of the Council's support of the free swimming scheme. Members highlighted that that scheme had now been withdrawn by the Government but felt that Cheshire East Council should continue with the scheme.

RESOLVED

That Cabinet be informed of the comments highlighted above.

52 WORK PROGRAMME

Consideration was given to the work programme. It was agreed that the Task and Finish Group set up to look at Age Concern should also scrutinise the Dementia Strategy with a view to investigating the full range of services available and who they are provided by.

With regard to Admiral Nurses, it was noted that they were unable to attend this Committee meeting and therefore the presentation should be deferred until a future meeting.

RESOLVED

That the work programme be approved subject to the amendments highlighted above.

It was noted that as J Weeks was due to retire, this would be his last meeting of the Committee. The Chairman, on behalf of the Committee, thanked him for all his hard work.

The meeting commenced at 10.00 am and concluded at 12.15 pm

Councillor B Silvester (Chairman)

CHESHIRE EAST COUNCIL

**HEALTH AND ADULT SOCIAL CARE SCRUTINY
COMMITTEE**

Date of meeting: 12 August 2010
Report of: The Borough Solicitor and Monitoring Officer
Title: Call In of Cabinet Decision 48 - Future Provision for Older People with Dementia

1.0 Report Summary

- 1.1 This report sets out the procedure for the Call In of Cabinet Decision 48 - Future Provision for Older People with Dementia, and encloses the original report considered by Cabinet on 19 July 2010.

2.0 Recommendations

- 2.1 That the Scrutiny Committee considers whether or not it wishes to offer advice to Cabinet in response to the Call In.

3.0 Wards Affected

- 3.1 All

4.0 Local Ward Members

All for overall Dementia Strategy.

For Cypress House:

Councillors Crockatt, Whiteley and Stockton

For Crewe building changes:

Councillors Conquest, Martin, Thorley, Beard, Bebbington, Jones, Cannon, Flude, Howell, Cartlidge, Parker, Weatherill

5.0 Policy Implications

- 5.1 Contained within the attached Cabinet report.

6.0 Financial Implications for Transition Costs

- 6.1 Contained within the attached Cabinet report.

7.0 Financial Implications for 2009/10 and beyond

- 7.1 Contained within the attached Cabinet report.

8.0 Legal Implications

8.1 Contained within the attached Cabinet report.

9.0 Risk Assessment

9.1 Contained within the attached Cabinet report.

10.0 Background and Options

10.1 In accordance with Scrutiny Procedure Rule 12.3, Councillors D Flude, M Martin, T Beard, A Moran, M Parsons, C Thorley, R Cartlidge and S Conquest have called in the above decision for the reasons identified in Appendix 1.

10.2 In accordance with Scrutiny Procedure Rule 12.6, the Scrutiny Committee has three options. It may decide to offer no advice, in which case the decision may be implemented. If the Scrutiny Committee decides to offer advice, the matter must be referred to Cabinet in order for a decision to be made upon it, the Cabinet in accordance with Scrutiny Procedure Rule 12.8 will not be bound to accept any advice offered to it and will have sole discretion on any further action to be taken, such action may include:

- (1) Confirming with or without amendment the original decision; or
- (2) Defer the matter pending further consideration; or
- (3) Make a different decision.

Or the Scrutiny Committee may decide to recommend full Council to review the decision and decide whether or not to offer advice.

10.3 Where the Scrutiny Committee decides to offer advice, this must be clearly documented in the minutes.

10.4 If the Scrutiny Committee decides not to offer any advice, then the decision of Cabinet can be implemented immediately.

10.5 Full details of the Call In Procedure can be found at Scrutiny Procedure Rule 12.

10.6 The appropriate Cabinet Member and Officer will attend the meeting to explain the background and reasons for the decision and to answer any questions the Committee may have.

10.7 The following wording records the Cabinet decision of 19 July 2010:

“RESOLVED

For the reasons set out in the report, and as now reported: -

That agreement be given: -

1. To the closure of Cypress House based on the results of discussions with service users and their carers and noting that services currently provided on the site are available and nobody who qualifies will be denied a service.
2. That, Cypress House be declared surplus to requirements and that it be sold on the open market if not required for Cheshire East Council.

3. To complete further work to progress the business case to develop two further sites, one in Macclesfield and one in Congleton to deliver the Dementia model jointly with Central and Eastern Cheshire Primary Care Trust, with a next report anticipated for Cabinet in October this year.
4. To the rationalisation of building use where this does not impact upon the range and volume of service provided to enable additional capital receipts to be added to support progress with the Living with Dementia strategy.
5. To recognise that Care4CE has reduced its cost base, rationalised its structure and purpose in line with Cabinet decisions and budget requirements and should now explore securing further commercial freedom to assist its development as an asset to Cheshire East Council. “

10.8 The Cabinet report is attached at Appendix 2.

10.9 A report in response to the issues raised in the Call In Notice is attached at Appendix 3

11.0 **Appendices**

Appendix 1 – Call In Notice

Appendix 2 – Cabinet Report – 19 July 2010

Appendix 3 – Response to the issues raised in the Call In Notice

For further information:-

Officer: Denise French

Tel No: 01270 686464

Email: denise.french@cheshireeast.gov.uk

Background Documents:-

The Council's Constitution

Documents are available for inspection at:

Legal and Democratic Services, Westfields, Middlewich Road, Sandbach, CW11 1HZ

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Call In of Key Decision 48 – Future Provision for Older People with Dementia

The members listed below call in key decision 48 Future Provision for Older People with Dementia to the Health and Social Care Scrutiny Committee. This is on the grounds that the business case to develop two further sites, one in Macclesfield and one in Congleton, to deliver the dementia model jointly with the Central and Eastern Primary Care Trust will be difficult if not impossible because the Primary Care Trust has serious financial constraints at this time and that the Coalition Government has announced that the PCT's will demise by April 2012, General Practitioners will then be responsible for the purchase of Health Care.

Councillor D Flude

Councillor M Martin

Councillor T Beard

Councillor A Moran

Councillor M Parsons

Councillor C Thorley

Councillor R Cartlidge

Councillor S Conquest

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CHESHIRE EAST COUNCIL

REPORT TO: Cabinet

Date of Meeting: 19/7/2010
Report of: Adult Services – People Directorate
Subject/Title: Future Provision for Older People with Dementia
Portfolio Holder: Councillor Roland Domleo

1.0 Report Summary

- 1.1 Cabinet has considered three reports covering the development of the Dementia strategy, in June and November 2009, and April this year. This report should be seen in the context of its predecessors as it consolidates the work outlined within them and points the way for the future planning and delivery of services for people with dementia and especially the model of delivery within the Council's provider, Care4CE. The decisions requested in this report will sustain the transformational momentum in Adult Services and contribute to the wider development of commissioning, provision and delivery within the Council.
- 1.2 A particular feature of the report is the work done to consider the next phase of closure of the ageing Community Support Centres. The April report identified Cypress House, Handforth, as the most likely candidate and that suggestion is confirmed within this report.
- 1.3 The report also notes the opening of Lincoln House, the promised modernised service in the south of the area and begins to sketch how a similar approach should be adopted in the north. The preference is for a new building, given the difficulties in developing existing properties, so there are proposals concerning the rationalisation of building use and staffing that will generate capital receipts and make revenue savings against which a business case for future developments can be made.

2.0 Decisions Requested

Cabinet is asked to agree

- 2.1 To the closure of Cypress House based on the results of discussions with service users and their carers and noting that services currently provided on the site are available and nobody who qualifies will be denied a service.
- 2.2 That, subject to agreement to 2.1 that Cypress House be declared surplus to requirements and to be sold on the open market if not required for CEC.
- 2.3 That, subject to a business case, the capital receipt from the closure of Cypress House is available to develop a dementia facility in the north of the Council area.

- 2.4 To complete further work to progress the business case to develop two further sites, one in Macclesfield and one in Congleton to deliver the Dementia model jointly with CECPCT, with a next report anticipated for Cabinet in October this year.
- 2.5 To the rationalisation of building use where this does not impact upon the range and volume of service provided to enable additional capital receipts to be added to support progress with the Living with Dementia strategy.
- 2.6 To recognise that Care4CE has reduced its cost base, rationalised its structure and purpose in line with Cabinet decisions and budget requirements and should now explore securing further commercial freedom to assist its development as an asset to Cheshire East Council.

3.0 Reasons for Recommendations

- 3.1 This report highlights the current strategic planning already completed to implement the National Dementia Strategy and the further work required to take the strategy forward jointly with Central & Eastern Cheshire Primary Care Trust (CECPCT) in Cheshire East. It considers the demographic changes, the effect of the personalisation agenda on the current market and outlines the strategic direction for Cheshire East's older people's services provided by Care4CE – which is the new name for the Council's directly provided services for Adults.
- 3.2 Cheshire East experiences a higher than average older age population and it is predicted this will continue in an upward trend. Currently the area has 17.8% of over 65 year olds compared to the national average of 15.9%. The percentage of people aged over 85 is also above the national average of 2.1%. [See section 12.0- "Access to Information" for a link to demographic data].
- 3.3 The numbers for Cheshire East who will have a dementia type illness on the projected rate of (1 in 14) which equates to 7% are as follows split into geographical areas within Cheshire East;-
 - **Congleton and Sandbach** – population of older people 22,120 projected dementia **1549 by 2016.**
 - **Macclesfield and Poynton** - population of older people 20,419 projected dementia **1429 by 2016**
 - **Wilmslow and Knutsford** - population of older people 13,740 projected dementia **961 by 2016.**
 - **Crewe and Nantwich** - population of older people 24,490 projected dementia **1715 by 2016.**

These figures are based on population in 2008/9 and correlated using the national formula but it is worth noting that Cheshire East have higher incidence rates due to the higher old age population.

- 3.4 Within Cheshire East, Adult Services has implemented the national 'Putting People First' approach which focuses on providing people with the choice of remaining in their own home and encourages them to live as independently as possible for as long as possible. To support this model we have:

- commissioned Extra Care Housing schemes in Crewe, Handforth and Middlewich.
- improved access to information
- provided personalised budgets
- increased the use of technology within peoples own homes
- provided a reablement service, to maintain people's independence and enhance the lives of individuals and carers.
- Improved the journey of someone who experiences dementia

Appendix 2 identifies the journey of someone who experiences dementia and the impact that this has on their life and the life of their family. It notes the gaps in current provision that the Living with Dementia model is aspiring to address.

- 3.5 This move to personalisation is having an effect on the long term residential care market within Cheshire East and the demand for that service. There are currently vacancies within private residential care and in Care4CE's short break provision. The current level of occupancy within Care4CE Community Support Centres is:-

Existing provision and average usage for 2009/10 are:

	Total Capacity	Aver. bed use	Aver. vacant beds
Bexton Court , Knutsford	23 beds	80% (18)	5
Cypress House, Handforth	31 beds	69% (21)	10
Hollins View, Macclesfield	40 beds	65% (26)	14
Mountview , Congleton	36 beds	68% (25)	11
Lincoln / Santune, Crewe	45 beds	64% (29)	16
Total:	175 beds	119 beds	56

- 3.6 With both these elements in mind [independent provision and council provision] we need to consider carefully and plan future developments to meet the demographic and demand trends presented within Cheshire East. This is likely to have significant continuing impact on the staff and building base of current service provision that will require urgent corrective action to avoid double running costs.
- 3.7 With this reduction in demand for residential care we have undertaken consultation with users and carers on the closure of one of the five remaining Community Resource Centres provided by Care4CE at Cypress House in Handforth. [Appendix 1]

3.8 Based on the population profile for Cheshire East and an increase in people living with dementia the gaps in provision for dementia care will continue to grow. To meet this demand we are proposing that we have a joint specialist dementia service based on the model developed at Charnley Ford, details in Appendix 3. This service would provide the following;-

- Advice & Information
- First Stop Shop & Cafe - bringing agencies together who provide support and care
- Carers Support Services
- Assistive Technology
- Professional Advice & Support
- Training facilities
- Specialist Dementia care, day care & respite
- Intermediate Care Beds

Lincoln House in Crewe has recently been refurbished and will now provide this service for the Crewe and Nantwich area.

3.9 Within Cheshire East, the rural areas show the greatest proportion in both losses of young people and gains in older people. Macclesfield district has the largest population and the highest number of people aged over 65, representing 18.9% of the population. There is estimated to be 4,500 people living with dementia in Cheshire East over the age of 65, and of these it is estimated that 65% are women.

3.10 The three remaining Community Support Centres for Care4CE are Bexton Court in Knutsford, Hollins View in Macclesfield and Mountview in Congleton. We are proposing that these buildings will be considered as part of a total asset review noted at 3.14 which will also consider the properties owned by CECPT.

3.11 The business case development will need to take account of developments within the local market, future demand, demographics and property condition to consider the relative merits of property refurbishment and new building. The business plan will be mindful of the drive for local service access, links to the geographical boundary of the Local Independent Living Teams and GP clusters and access to the local hospitals, alongside economies of scale.

3.12 The population profile highlights demand in local areas. This suggests that specialist provision for dementia care will continue to grow within Cheshire East to meet this demand. Therefore it is essential that we consider the development of local specialist services in our future planning. These local services could save admissions to acute hospitals and enable people to be discharged with the right support to regain skills and independence. This will provide a seamless service for the customers requiring this level of support.

- 3.13 To understand demand, costs and future effects of the personalisation agenda on the whole local market we have commissioned work that will outline how we currently spend social care money and analyse how we need to change our current commissioning pattern in line with the growth of personalisation as well as demographic trends. This work will contribute to the business case.
- 3.14 Additionally, we have commissioned an assets review of property with CECPCCT. This will in making the choice between refurbishment and new purpose built development as well as identifying more effective use of our total building assets and scope for reductions.
- 3.15 Meanwhile, a review of day services in Crewe [Appendix 5] has identified that we could integrate the older people services currently provided at the Jubilee House in St Pauls Street, the mental health service at 291 Nantwich Road and the very small physical disability service now provided at the nearby Hilary Centre in Salisbury Avenue. All these could be accommodated within the Hilary Centre with just a small improvement to the toilet facilities. This would provide greater efficiencies in both staffing and non staffing costs without any reduction in services, and would provide better parking facilities for customers. Agreement is sought to commencing discussions with service users and staff concerned, with a view to implementing these moves in the autumn after the completion of the planned improvements.

4.0 Wards Affected

All

5.0 Local Ward Members

All for overall Dementia Strategy

For Cypress House

Councillors Crockatt, Whiteley and Stockton

For Crewe building changes Councillors Conquest, Martin ,
Thorley, Beard, Bebbington, Jones, Cannon, Flude, Howell, Cartlidge, Parker,
Weatherill

6.0 Policy Implications including - Climate change - Health

- 6.1 Having a range of locally based dementia services will enable people to access a service closer to home. From the work completed with Care Standards Efficiency Delivery Programme (CSED) we have found out that people do not want to travel to such facilities if possible.

- 6.2 Being closer to home will give access for the customer to their local GP's and health services. As well as assisting in sustaining important community links.

7.0 Financial Implications 2010/11 and beyond (Authorised by the Borough Treasurer)

- 7.1 The total cost of redundancies is £425,000, but there is a range of redeployment opportunities available to staff, limited only by personal commitments and restrictions that will reduce this figure although the likely minimum cost is £375,000.
- 7.2 Cost of Consultant – any consultancy required within Cheshire East Council for this development will be funded through Social Care Reform Grant.
- 7.3 Building security – approximate cost of Cypress House once closed is around £50k a year. A budget transfer to assets to cover these costs will be part of the closure action plan.
- 7.4 A copy of the Title Register for Cypress House is available through the Cheshire East internet website (see the link in section 12.0- Access to Information). The land and buildings comprise a CEC corporate resource occupied by Adult Services to provide respite care for frail and vulnerable older people to help them remain in or return to their own homes. In response to the reduction in the need for residential care referred to in item 3.0 and with only 69% occupancy, Cypress House is no longer meeting the operational needs of the Service and therefore the disposal of this asset would contribute to budget saving requirements for Care4CE as well as support the bidding for capital funding from corporate capital development to achieve the corporate aim of delivering the 'Living with Dementia' model in response to the National Dementia Strategy. Consultation reviews on the closure of Cypress House are included in Appendices 1 and 4.
- 7.5 The capital cost of provision of new facilities will potentially be shared with partners and also part funded through the realisation of land and buildings where current provision is located – some of which is prime development land. Longer term capital and revenue implications will be presented as part of the business case and will then be fed into the Councils medium term financial strategy, future budget setting and capital planning.
- 7.6 Revenue costs will remain the same, but efficiencies will be part of Care4CE's year on year financial plan. The closure of Cypress House will also provide revenue savings in this year, the full year effect of which is in the current budget.
- 7.7 Medium term financial savings reductions have been factored into the budget [750k in 2010/11] and a further 1 million per annum is currently expected over the next two financial years. Therefore the approach to rationalising

use of buildings without impacting on service delivery is essential to achieve financial plans but also to create the ability to improve provision in more fit for purpose environments.

- 7.8 Cost avoidance and cost savings in the provision of hospital beds to this customer / patient group needs further exploration as part of the business case.
- 7.9 Consultation with staff of Cypress House and the Trade Union Unison has taken place. This is outlined in the attached appendix 4.

8.0 Legal Implications (Authorised by the Borough Solicitor)

- 8.1 There are a number of legal vehicles, which may be utilised in seeking to deliver the Dementia Model jointly with CECPCCT, and it is noted at this stage that all options are open. The Council will need to ensure that any arrangements it makes for the modernisation and externalisation of services, does not compromise its ability to comply with its statutory obligations for the provision of a social service. Account will also need to be taken of any existing contracts, with third party service providers, which may affect the planning of future arrangements.

If it is intended to exercise the power to trade in function related activities, then there is a legal requirement to prepare a business case which will require the approval of members. As a minimum requirement any business case should contain the following information;

Strategic fit:

Description of the business need and its contribution to the organisations business strategy, objectives, why it is needed now, key benefits to be realised, key risks, critical success factors and how they will be measured, main stakeholders.

Options appraisal:

This should aim to arrive at the optimum balance of cost, benefit and risk. A cost/benefit analysis of (ideally) at least three options for meeting the business need, including an analysis of soft benefits that cannot be quantified in financial terms, identifying the preferred option and any trade offs. The options appraisal must be carried out in detail before selecting a preferred option.

Commercial aspects:

The key features of proposed commercial arrangements should be considered (e.g. contract terms, contract length, payment mechanisms and

performance incentives) the procurement approach strategy with supporting rationale and personnel issues including TUPE.

Affordability:

A statement of available funding will be required with broad estimates of the projected whole-life cost of the project, including departmental costs.

Achievability:

Minimum content under this heading would include a high level plan for achieving the desired outcome, with key milestones and major dependencies (e.g. interface with other projects), key roles, with named individual as the projects owner, outline contingency plans e.g. addressing failure to deliver service on time, major risks identified and outline plan for addressing them, providers plans for the same, skills and experience required.

In addition the Council will need to recover the costs of any accommodation, goods, services, staff or anything else it supplies to a trading company. The trading company would need to be able to win business in order to survive as a commercial company. Both the Council and PCT's are contracting authorities for the purposes of public procurement legislation and would need to procure any contracts for services, supplies or works in compliance with such legislation. This would mean that the council could not simply award contracts to a trading company without a competitive procurement process.

9.0 Risk Management

- 9.1 As with all major transformation projects, risks will be identified and mitigating actions taken. A risk register will be maintained by the Steering group undertaking the business case.

10.0 Background and Options

Work already completed

- 10.1 Care4CE has already undergone significant transformation in line with the redesign of Adult's social Care and its underpinning principles of addressing changing demand, maximising efficiency and responding to personalised needs. The overarching strategy for Care4CE has been to redefine its core purpose to deliver services in the following areas:

- Reablement to improve outcomes and reduce care costs
- Specialist Services for Long Term Conditions (e.g. Dementia/Complex Needs)
- Back up and benchmark for Market Failure

This work will also support Care4CE preparing for a transition to a wholly owned company by CEC that would enable this entity to trade with

individual customers and other providers whilst sustaining the priorities strategically commissioned by CEC. This will be the subject of a future cabinet paper.

- 10.2 With this reduction in demand for residential care we have undertaken discussions with users and carers on the closure of one of the five remaining Community Resource Centres provided by Care4CE at Cypress House in Handforth. Cypress House is a service, whose status with CQC has recently been confirmed as excellent, that is valued by its customers and this was borne out by these discussions. While most are sad about the loss of a familiar service, as alternative day service provision is available locally customers are accepting of the alternative offers. More concern has been expressed about the distance for some service users to the alternative council provision for respite in Macclesfield and Knutsford. However, as service users access all our services from across the borough this is not an issue for all. There are also alternative independent sector providers locally offering these services and service users will be assisted to explore these alternatives if required. A more detailed summary is contained in Appendix 1.
- 10.3 On 16 June 2009 Cabinet agreed that the re-commissioning of the Council's Community Support Centre (CSCs) is fundamental to its implementation of the National Dementia Strategy. To that end it further agreed that the development of the new and enhanced services at Lincoln House in Crewe should constitute *the first phase* of the Council's implementation plan, with services currently provided at Santune House being transferred to Lincoln House and Santune House closing. This report indicated that other CSC's would be considered at a later stage to help address capacity issues which, in turn, helps to maximise the quality of dementia provision within Cheshire East. It should be noted that there are no permanent or long term residents in the Council's Community Support Centres.
- 10.4 CEC and CECPCT have been working with CSED, looking at an Integrated Pathway for individuals and their carers living with dementia. Five planned structured workshops have been completed in April involving fifty stakeholders from statutory and non statutory organisations including customers and their carers. Many Members attended and were most impressed by the presentations and process. This process has enabled us to collate all relevant information across the whole of CEC allowing us to look at services already in existence and services that are required to deliver a seamless journey for people associated with dementia. The strategy and work plan are now being formulated but the content of this report is consistent with the content of these documents.

On 20 May 2010 the Health and Social Care Scrutiny Committee received a presentation on this work and proposals for changing the use of the buildings managed by Care4CE to help deliver better service in the future. The Committee resolved that "the specific proposals outlined at the meeting as part of the Council's dementia strategy be supported";

- 10.5 These developments would lead Care4CE services to become a specialist social care and health provider of dementia services within Cheshire East.
- 10.6 Care4CE is registered with the Care Quality Commission for residential and domiciliary care. They will demonstrate that resources are delivered in a cost effective way in delivering individual's care. The service will incorporate assistive technology to allow individuals to maximize their independence.
- 10.7 Care4CE employ well trained qualified staff who will be able to demonstrate the knowledge and skills required to support people who need a specialist dementia service. The model of support will be developed through good leadership, team working and supervision which Care4CE are capable of delivering.
- 10.8 Care4CE services are exploring opportunities to make the best and most effective use of its buildings and has identified under usage in the South Cheshire area [Appendix 5]. This has arisen because of the increasing personalisation agenda and focus on greater social inclusion of vulnerable adults. Therefore some buildings are often empty for most parts of the day. Care4CE will continue to develop plans to determine which buildings could be made surplus whilst not affecting the deliver of the service to the customer.

11.0 Overview of Term One Issues

- 11.1 In June 2009, members agreed to the investment of £1 million to create a new Dementia wing at Lincoln House in Crewe, to enable the integration of the service provided at Santune House where a new integrated staff team was created. On the 7th June 2010 Lincoln House Community Support Centre was handed back to the Council by the building contractor. The work undertaken includes an extension and conversion of an existing wing to create a 12 bedroom specialist dementia care unit and a 12 place day service, as well as some remodelling of other parts of the building and refurbishment of its existing 32 bedrooms. The project has also included the installation of fire misters throughout the building and assistive technology in the dementia unit. The garden is being landscaped to provide a secure sensory and raised bed area. The initiative marks the completion of another stage in the modernisation agenda of social care and Care4CE services enabling the service to develop with need and demand whilst delivering savings and maximising the value of existing resources in so doing.
- 11.2 The Business Case will outline the Living with Dementia model for Cheshire East and will aspire to provide the following range of services;
 - Intermediate Care Beds [CEC & CECPT to avoid un-necessary hospital admission and provide step down services from hospital where these are appropriate]

- Residential Beds [Private / Independent Sector where longer term care is needed]
- Respite beds [CEC & CECPCT to provide a break for customer / patient and carer]
- Day Places [for carer break – CEC and wider market]
- Specialist nursing/ and other support services – Reablement, Local Area Co-ordination [CEC & CECPCT to support customer / patient, carer and family members]

The overall volume of the above will be determined through the business case development.

12.0 Access to Information

Further information is available from the report author and from Liz Austin and Jill Greenwood - Commissioning Managers

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lucia.scally@cheshireeast.gov.uk 01260- 375414

The background papers relating to this report are below:

June 2009 Cabinet report

[http://moderngov.cheshireeast.gov.uk/ecminutes/Published/C00000241/M00002477/\\$\\$ADocPackPublic.pdf](http://moderngov.cheshireeast.gov.uk/ecminutes/Published/C00000241/M00002477/$$ADocPackPublic.pdf)

November 2009 Cabinet Report link

[http://moderngov.cheshireeast.gov.uk/ecminutes/Published/C00000241/M00002483/\\$\\$ADocPackPublic.pdf](http://moderngov.cheshireeast.gov.uk/ecminutes/Published/C00000241/M00002483/$$ADocPackPublic.pdf)

April 2010 Cabinet Report link

[http://moderngov.cheshireeast.gov.uk/ecminutes/Published/C00000241/M00002489/\\$\\$ADocPackPublic.pdf](http://moderngov.cheshireeast.gov.uk/ecminutes/Published/C00000241/M00002489/$$ADocPackPublic.pdf)

Demographic Report link

http://www.cheshireeast.gov.uk/social_care_and_health/adults_18_social_care/car_e4ce.aspx

Cypress House Title Register link

http://www.cheshireeast.gov.uk/social_care_and_health/adults_18_social_care/car_e4ce.aspx

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Appendix 1-Cypress House Service User and Carer Consultation Process

On 7 May , all service users and carers were sent a briefing note relating to the decision made at Cabinet on April and to advise on the process for them to enable them to express their views or concerns

All of the service users had received letters and information regarding the proposed changes at Cypress House when arrangements were made for day service/ one call service users to be seen by a social care assessor in a different service to Cypress House. The one call system allows service users and carers to arrange directly for respite care at a time of their choosing from an assessed allocation of days.

Out of the 39 day care service users attending Cypress House 35 were seen in person. Several family members of these services users also visited the assessor at Cypress House to discuss their concerns.

From the 4 people that were not met, one was on an extended respite stay, one was ill, one rarely attends and another had just been discharged from hospital.

Several families telephoned the assessor with their concerns and a summary of their comments are listed below.

Several of the day care clients also have the one call service and the options and alternatives were discussed with all of these clients and their families.

3 other family members were spoken to on the phone regarding the change of one call provider and also given the information on direct payments and alternative providers.

Summary of findings

11 service users have a diagnosis of Dementia, but which has been manageable in Cypress House and therefore could be managed at any of the alternative Community Support centres

15 rely on the bathing service at Cypress House to manage their personal hygiene safely. Alternative arrangements can be made

1 has been assessed as needing EMI Residential Care.

Most attend to allow carer respite.

26 would be socially isolated without some form of day activity.

Everyone without exception chose to transfer to The Lindow Centre in Handforth but 6 people have been identified for Reablement with a view to finding alternative day care services closer to their homes.

Other comments and related issues from the meetings

As Lindow Centre do not provide a tea (like Cypress House) , it was asked what would happen to those clients who live alone and depend on this service?

Service users want to go on existing days with their friends.

Some users and families thought it terrible that Cypress House might close. Clients enjoy Cypress House and hope to enjoy Lindow Centre or alternative day centres in the future.

Cypress House had been wonderful and the staff are very conscientious and look after everyone very well.

Some people felt let down by Cheshire East Council regarding the proposed closure and felt it is yet another facility taken away from people in this area.

There were concerns about the alternative arrangements for bathing.

What will happen to the staff at Cypress House?

Everyone is very disappointed at the proposed closure and are very sad.

What about continuity for that age group, it will be very disruptive.

The distance between the alternative one call centres is massive for some clients who live on the border of the area.

Will the changes affect clients on a S117?

This is very distressing for carers concerned about the distance that they will now have to transport their relatives to for respite and are upset that this has not been taken into account and no provision provided.

What about the added pressure on the carers?

One relative feels it is all about money, without a thought for the staff and client group.

Generally everyone is very upset at the plans and feels it is always this area that loses out to the bigger towns.

Summary

The concerns of service users and their carers were not unexpected. Cypress House has recently had its CQC rating as excellent confirmed and it is a valued service to many service users and their carers. However there are alternative ways of addressing their assessed needs and these have been shared with them and they will be supported to explore these alternatives to traditional services.

Some people will have to travel further for respite care but as this is for a maximum of six weeks in a year this is relatively infrequent. The day care users have been offered alternative local provision and all except six have taken up this offer .

Appendix 2-Dementia Journey

Pre Diagnosis

Person feels like there is a problem, forgetting names, mood swings, something “not quite right” etc, nothing specific. Can go various ways:

- Ignore, the possibilities are too frightening to think about.
- Talk to family member, friend
- Ring/
- Speak to their G.P

When the person is older, what can happen is that they tend to ignore it, putting it down to age themselves or if they live alone, they may not notice they are acting out of character so it would go unnoticed until more extreme behaviour/symptoms are noticed. Often with isolated older people this could lead to hospital admittance, neighbours call in Police if extreme behaviour. This can then result in emergency Social services involvement.

If the person is living with a partner, it can cause stress on the partner/spouse, especially if the person with memory problems refuses to recognise there is a problem.

If someone does recognise that there is a problem, where do they go for advice? Often going to the GP can make it too official and even if they are able to think in a reasonably rational way, they may be frightened or embarrassed to go.

The best option would be to go see your GP. However with these early symptoms often (but not always) GPs, depending on the age of the patient could dismiss symptoms as stress, depression, busy life style (if younger patient) or age if older.

Life with a Diagnosis

If a diagnosis of dementia is given at present there is no ongoing support or information available. Depending on how and where you are diagnosed you may be referred (if you're not already aware) to the Alzheimer's society. Their Dementia Support Service will give free information on what your specific dementia is; what is it?, what is likely to happen? (if you want to know), carry out a benefits check and help you fill out forms, refer into ongoing support networks – both AS services or signpost to other voluntary section eg: Age Concern, Redcross, Carers Centre.

Information and support from the AS can be “dipped into” along the whole of the dementia journey, either by the carer or the person with dementia.

As the dementia progresses carers come under increasing pressure to deal with changes in behaviour (challenging behaviour, verbal abuse, physical abuse) physical changes (incontinence, mobility etc) with the pwd. Support and information on how to cope with these changes is part of the AS Dementia Support Service. Ongoing support to both the carer and person with dementia (pwd) can

result in delayed social services involvement as a supported carer can cope for longer.

When Help is Needed

Whether living alone or with a spouse/partner/family member there will come a time when extra help is needed to cope with daily living. Hopefully if you have had support from the AS or other voluntary agency you will have coped for longer without intervention and you will be supported in your decision to get help and access it.

Until your situation becomes “critical” or “substantial” you will not be able to access services run by the Council or be given a personal budget to buy in your own help.

If you are a pwd living lone, it would be hoped that when you reach the stage that you require extra care that you are able to get it. Often people living alone may end up in hospital as an emergency admission. This group of people are particularly vulnerable as they can easily “slip through the net”. Intervention for these people often comes much later and often can result in either hospitalisation or direct admittance to a nursing/care home.

It can be confusing as to know how to access services especially if you have no other intervention from you GP, memory clinic (plus help may be needed in between appointments) or other voluntary network. Often people do not know how to access Social Services at this stressful time which only adds to the stress. Whether you enter the system via any of the above or other means you will have to wait (depending on priority) for an initial assessment of your and your carers needs.

Older people do not ask for help easily. They are a generation of copers plus there's the added stigma that as a carer you should be able to look after your loved one.

Feed back from carers about this time in the dementia journey is that they need quick access and help and easy to understand information about should happen. Unless their situation is seen as a priority 1 they will not get quick answers or help. Adding to their stress.

After their assessment (pwd and carer) plus a financial assessment they can chose, if able and they qualify financially to either manage their own direct payments (good option for younger people) or they can access services direct via Social Services. Help will be given to initially set up and manage their personal budget.

If they do not qualify for services (savings over the threshold) their case will be closed to Social Services and they will have to arrange their own care. An easily accessed directory of services available for both is needed.

Carers should have the option to care for their loved one at home, with help. Many people want to care at home and avoid nursing care or hospitalisation but good end of life care or support for carers is scarce. Many carers do not even know that they have the option to care for their loved one at this time.

Ongoing support from the AS Dementia Support Service is available throughout end of life and afterwards for the carer/family if needed

Appendix 3- A Living with Dementia Model we are aspiring to deliver

Charnley Fold Service



State of the art service for older people in South Ribble

A state of the art service for older people in South Ribble with mental health needs is almost ready to open following significant investment by Lancashire Care NHS Foundation Trust, Central Lancashire PCT and Lancashire County Council.

A former County Council residential care home Charnley Fold in Bamber Bridge has been leased to Lancashire Care.

£1.5 million has been spent on completely renovating and redesigning the building to create an open, light, multi-purpose community resource centre for older with people with mental health needs. This groundbreaking and innovative scheme is one of the first of its kind in the country. It has been developed in response to an increase in the number of older people with mental health needs.

Lancashire Care, Lancashire County Council, Central Lancashire PCT, Age Concern and the Alzheimer's Society have developed a unique partnership to provide a range of person centred services to support people and their carers with a range of mental health needs.

Traditionally, services provided by health, social care and the voluntary sector have been fragmented and delivered from a number of different locations across the area. The development of Charnley Fold heralds a new era, bringing organisations together to offer a more seamless and accessible service on one site. This innovative service will support people with a range of needs to maintain their independence. Charnley Fold has an open door policy, aiming to provide an environment that is as unrestrictive as possible. It has been designed with the needs of older people with mental health needs in mind.

The range of services provided will include:

- A ground-breaking health and wellbeing centre and support facility for older people provided by established voluntary sector organisations. This will include a range of services covering advice, information, carer's café, carer support services, all of which will be provided under an open door policy to allow service users and their families to take full advantage of the flexible services on offer
- A flexible care service to work with patients and their carers at an early stage of being diagnosed with dementia
- A community based assessment, diagnostic and treatment service. Specialist staff including psychiatrists, psychologists, social workers and

other therapists who provide a range of support services in the local community

- An enhanced day care service for older people with complex mental health needs
- A resource for training and skilling staff who work with older people with mental health needs to promote high standards in service delivery and dignity in care in a range of different settings

People will start to use the facilities this month and an official opening is planned for the summer.

Appendix 4- Cypress House Staff Briefing/Consultation Process 2010

2 March:

Full staff briefing took place prior to proposals going to Cabinet. The date for Cabinet had been moved from March to April but the decision was taken to proceed with the briefing in view of rumours circulating

20 April

Cabinet agreed to a process of consulting with staff and service users on proposed recommendation to close Cypress House

21 April 10

Follow up staff briefing to advise of outcome of Cabinet decision

23rd, 24th, 25th April

All staff seen individually to explore first preferences if the decision is taken in July to close Cypress House and to start to explore options, or obtain VR figures where appropriate so that staff are in a position to make more informed decisions about their future

24th, 25th May:

HR Officers met with those whose first preference was to be redeployed so that the process of declaring them at risk and getting them put on the redeployment register could be completed. This was to enable them to be made aware of and considered for appropriate vacancies subject to the outcome of the Cabinet decision and agreed timescale for implementation

2nd, 4th, 5th June:

Follow up individual meetings to confirm the preferences following receipt of additional information, and to advise on the process once Cabinet had made their decision

20 July

Proposed full staff briefing to advise them on outcome of Cabinet decision and proposed next steps

All have been fully supported on either a group or one to one basis though this difficult time .

All who indicated that VR was a possibility took up the offer to meet with the senior admin officer to look on the intranet calculator to get an indication of their projected VR entitlements.

The Trade Unions have been fully briefed and have been either present at the briefing sessions or sent a message asking staff to contact them if they have any concerns

Current position

Total Number of Staff:	41
First choice VR:	22
First Choice Redeployment	16
Not Sure	2
Still to be seen	1

A separate report is being presented to Cabinet on the financial implications of these preferences

Appendix 5- Wider Building Review

Care4CE Day Services in Crewe

The purpose of this report is to consider the provision of Day Services in the south of Cheshire East.

The report and its appendices focus on three services situated in Crewe

- The Hilary Centre
- Jubilee House
- 291 Nantwich Road.

1. Current position:

The Hilary Centre and Jubilee Centre are 2 services currently run separately but with one Resource Manager responsible for the two services. Following work done as part of the Physical Disability Services review of services, the number of people using the Hilary Centre each day has been reduced to a number that does not sustain a viable service.

Current numbers are 17 people registered at the Hilary Centre and 85 registered at Jubilee House. The latter are predominantly people over 65 .

Average attendance/ occupancy at the Hilary Centre is 25% and at Jubilee House 73%. Across both centres the days used are 5 people attend for 4/5 days a week. 25 attend 3 days a week. 72 attend 1 or 2 days a week.

A third service is provided at Salinae in Middlewich, this has the same Resource Manager and this will be reviewed at a later date with a view to providing one central service, with outreach groups to support people as required in alternative settings.

Salinae has 83 people registered to attend, 20 attend for 3 or more days each week, 63 for 1 or 2 days a week. Average attendance is 70%. A few are CWAC residents.

2. Buildings:

There are advantages to each building, but by combining the two services, one building can be designated as surplus to our needs. After consideration of the two buildings, this report recommends that we retain the Hilary Centre. Although it lacks the town centre location, it is convenient for Nantwich Road which is a shopping area and is near to the local college and transport links.

The Hilary Centre has good car parking, an interior that is suitable for powered wheelchairs, an adapted kitchen for basic living skill developments, a garden with a greenhouse and raised beds (where the centre produces

vegetables for use in the centre kitchen) and adapted shower and toilet facilities.

Some of the options available to people at Jubilee House would not be available at the Hilary Centre, such as hairdressing and this might be a disappointment to some existing customers. However, as part of reviewing/re-abling people currently using the service, an introduction to and use of local community services and opportunities would be encouraged.

The Hilary Centre offers the opportunity to include other sections of the community in its building as a multipurpose centre, including some groups presently located in other services. There are sufficient social areas which can be accessed without going through the main service user areas to be able to develop this.

Appendix 3 gives further details of the current services from these centres

3. Financial Information:

The total spend in 2009 /10 was

Hilary Centre - £229,802

Jubilee House - £308,530

4. Staffing

A full evaluation has been carried out in respect of the ratio of staff to service users needed to provide an effective and safe service within a new single Day Service. It is expected that this will result in a reduction of staff, and should aim for equity across Cheshire East Day Services for people with complex conditions or needs.

If the proposals are agreed, discussion will commence with staff and union representatives about opportunities for redeployment or voluntary redundancy

5. Mental Health Day services

291 Nantwich Road (Crewe) was acquired by Cheshire County Council in the 1980s as a day centre. Initially, it offered a drop in day service for people with mental health problems. It is a converted residential house. 291 is on a busy main road with no car parking at the front and a small space for just 3 cars at the rear.

Over the years the building has proved popular and has been well-used, including use as staff offices. However there are now no staff based at 291.

6. Social Exclusion Report

The Mental Health & Social Exclusion Report in 2003 was critical of mental health day services, particularly those situated in day centres. It pointed out that people with mental health problems were one of the most disadvantaged and isolated groups in society and that it made no sense to take them away from their local communities and provide them with day services in a segregated building. It argued for services being provided in libraries, leisure centres, community centres, colleges and other non-segregated buildings. It also stressed that services should concentrate more on the development of skills and the provision of support necessary to move people towards employment and away from long term dependence on services.

Following the social exclusion report most mental health day services have been relocated to community venues and there is no longer an essential role for 291 as a venue for service users to attend.

7. Current situation at 291 Nantwich Road:

Currently there are 72 attendances at 291 Nantwich Road each week (44 service users). Two of these are wheelchair users. 26 people attend one day per week, 10 on two days, 6 on three days and 2 on four days. The building has an art suite, conservatory, café/dining area, a large activity room, an IT/games room, a conference room and a relaxation room. There is also a rehab kitchen, a shower room and 5 toilets. It is a large Victorian semi in a block of residential houses (both large family houses as well as houses converted into flats). Attendances represent 55% of available capacity.

There are still many people attending 291 who began to go there when it was a drop in centre. However charges for mental health day services have now been introduced and CMHTs have recently been asked to review all people who attend this service and apply the FAC criteria (i.e. people receiving a service must have critical or substantial needs). The combination of these two factors may bring about a significant reduction in the 44 people on the books.

The conference room at 291 is occasionally used for group work, training, staff meetings etc. However, the parking problems mean this is not an ideal venue for such activities.

8. Financial situation

291 Nantwich Rd	Annual buildings costs	£10,000
	Annual staffing costs	£80,000

Staff from 291 already have access to office accommodation at Macon House, so there would be no additional costs for them if 291 closed.

As far as staffing costs are concerned, no savings would be made merely by closing the building, as the services would still continue in community venues. Some additional costs would be incurred on rental of rooms / buildings. However, it is anticipated there will be a reduction in attendance at mental health day services due to the introduction of day services charging and a more rigorous application of the FAC criteria. This will provide an opportunity to reduce staffing and make savings.

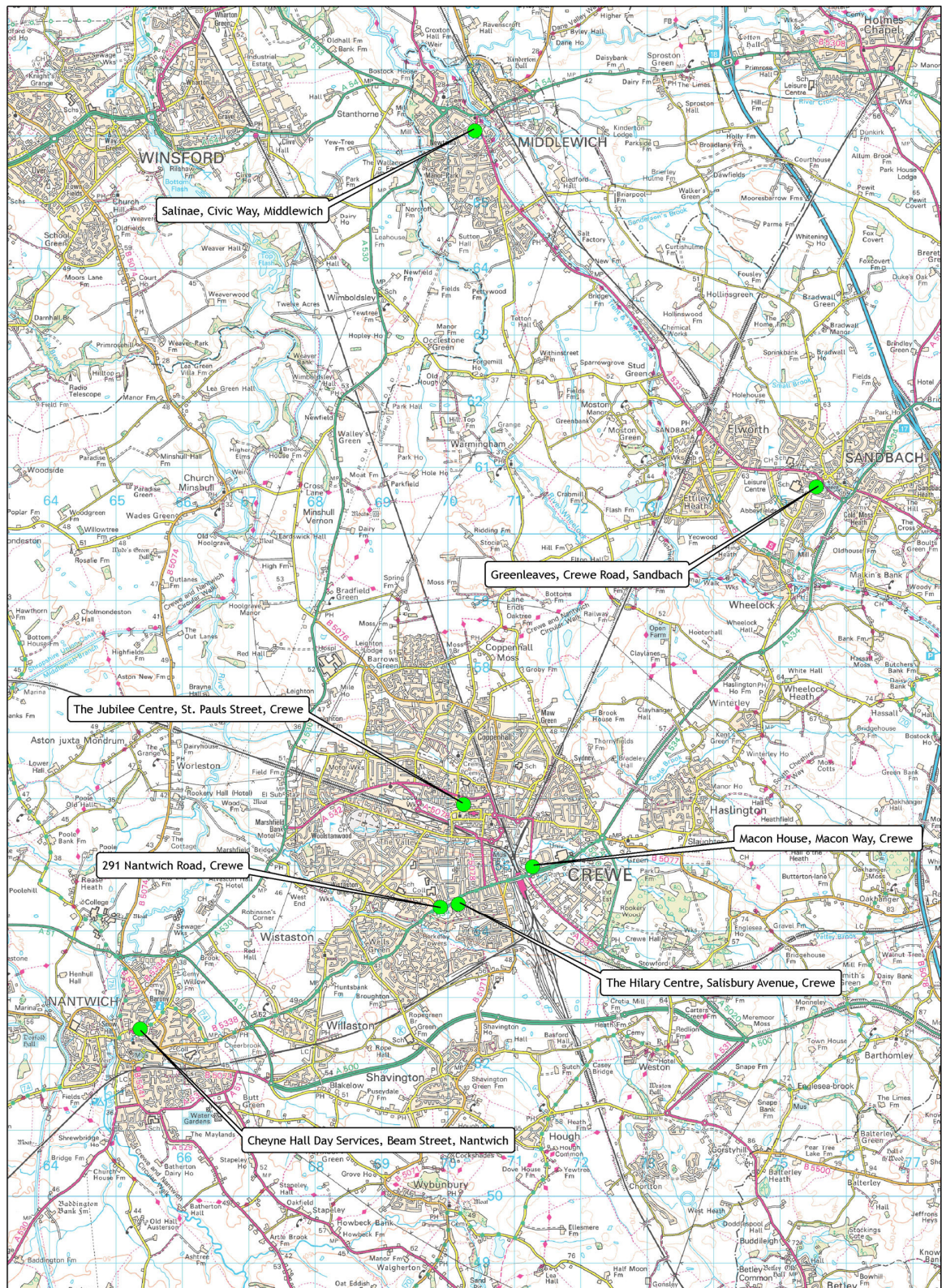
9. Recommendations:

If Cabinet agrees to discussions being undertaken with staff and service users around the services described in this paper the following proposals will be the focus of these discussions.

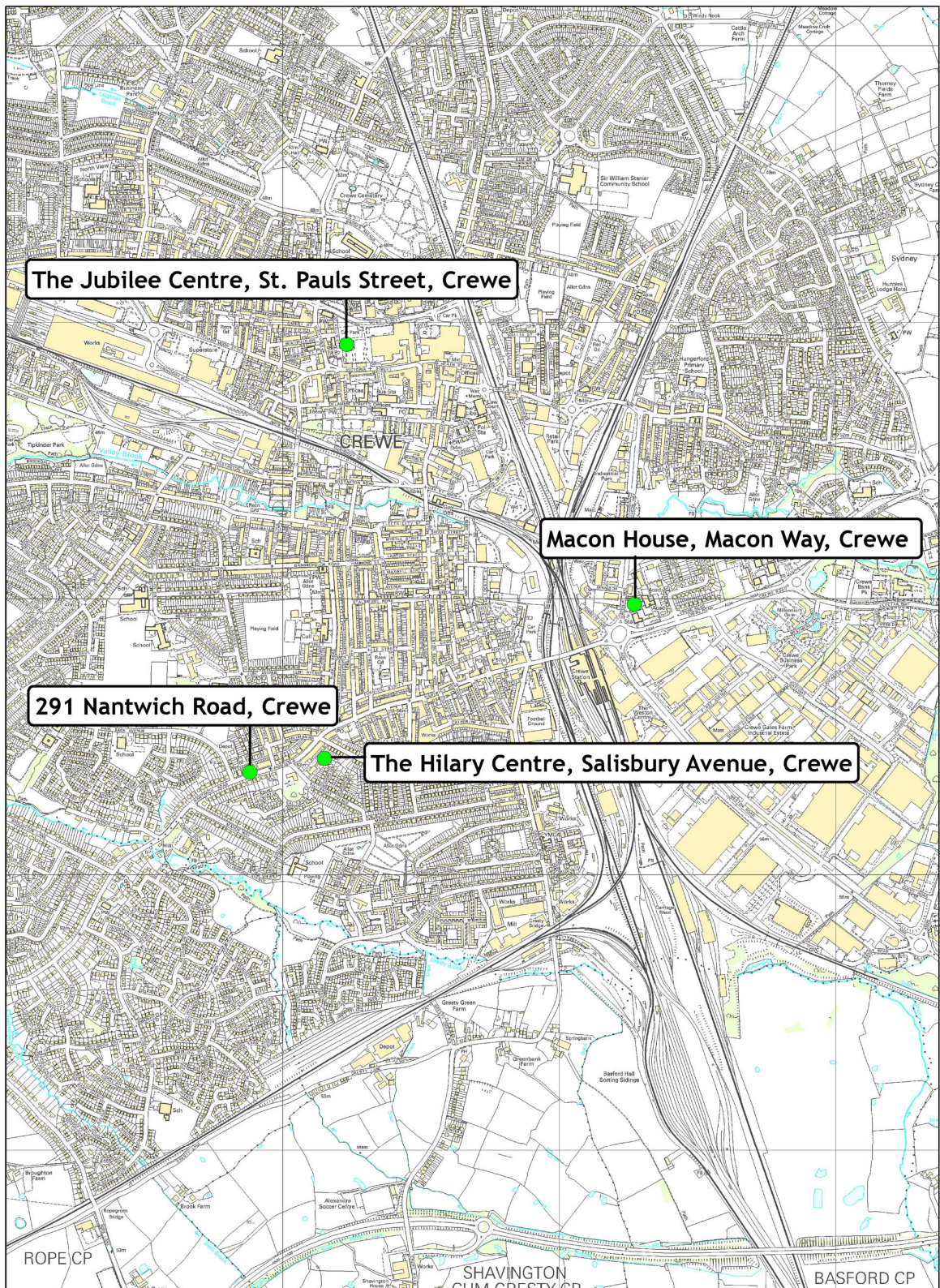
- i) That a decision is taken to combine the services currently provided by Hilary Centre House and Jubilee House, and future services are supplied from the latter.
- ii) That a decision is taken to close 291 Nantwich Road.
While there is no reason for mental health day services to be provided in “day centres”, the Hilary Centre would be able to provide a venue for service users when required for appropriate and specific activities
- iii) If (i) and (ii) agreed that an action plan be drawn up to plan the work needed to achieve this consolidation of services, including talking to service users and carers, members of staff who will be affected, Unions, and other stakeholders.
- iv) Plans are agreed for the changes needed to enhance the Hilary Centre building to provide a modern multi-purpose centre, including the development of drop-in services within the building for people with mental health needs.
- v) That a timescale is agreed to achieve the change and create an effective saving, as soon as possible.

Sandra Shorter
Manager of Care4CE

APPENDIX 5.1- Map showing location of Day Services in CEC South



APPENDIX 5.2- Map showing location of Day Services in CEC South



APPENDIX 5.3

Costs	Hilary Centre	Jubilee Centre	Salinae
Budget 2009 - 2010	£313.341 244.624	£250.888 302.160	384.262
Number of Service Users on the books	17	85	83
Daily Number of Service Users	17 (Maximum 40 per day)	max 40 per day	max 40 per day
Average attendance per day	4 – 8 people	30 – 40 per day	30-40 per day
Unit Costs based upon budget		£28.34 (total occupancy unit cost for 09/10)	£36.73(total occupancy unit cost for 09/10)
Average Occupancy	20 – 25%	73%	70%
No Of People Living With Carer	14 family care for at home 1 has 24 hr agency care	37	30
No Of Wheelchair Users	11	10	8
Hoe many people attend five days	1	3	4
How many people attend four days	1	0	4
How many people attend three days	5	20	12

How many people attend two days	3	38	32
How many people attend one days	7	24	31
Staffing			
Number Of SSWs Number of OT s	1 (31 hrs)	3 (67.35) = 1.82 wte	4 (81) = 2.19 fte 1 (13.5) = 0.36 fte
Number of CSW s Number of OT assts	7 (132.5 hrs) = 3.58 wte	8 (157 hrs) = 4.24 wte	10(198) = 5.35 fte 2 (43.5) = 1.18 fte
Number of General Assistants	2 (10) 6 temp ? RG	2 (47.5 hrs) = 1.28 wte	4 (64.5) = 1.75 fte
Number of Clerical and Administration	2 (37hrs) = 1 wte	2 (35.5 hrs)	2 (37) =1fte
Number Of Cooks	1 (22.5 hrs)	1 (28 hrs)	none
Number of handy men	1 (12 hrs)	1 (15 hrs)no one in post at moment job not filled after last post holder retired	1 (25) =.68fte
Facilities	Hilary Centre	Jubilee Centre	Salinae
Location	Nantwich Road – Not a central location	ASDA Car Park – Central location	Middlewich
Floor Space	Slightly More Floor space than Jubilee		more floor space

Storage	3	3	4
<p>Activity rooms</p> <p>List Function Us of existing rooms</p> <p>How accessible to external groups without disturbing customers ? X without disturbing customers</p>	<p>conservatory large main room if divided would make 2 good sized rooms treatment room X small/quiet lounge activity/craft room X area outside of RM office (not enclosed was used for computer for DRE)X</p>	<p>dining room X large lounge bottom Lounge lilac lounge small room off bottom lounge hairdressing salon</p>	<p>dining room large lounge craft room small lounge/ Bridgewater room hair dresser room small beauty area off dining room rehab kitchen</p>
Bathrooms	1 + Toilet	1 & Toilet	2 & Toilets
Shower Rooms	1 + Toilet	1 & Toilet	
Toilets	4 (inc above)	8 (10 inc above)	4 (inc above)
Car Park	Yes – Good access 14 plus 3 disabled	Adjacent to Asda 11 plus 1 disabled	yes both front and back car parks on a steep slope front car park shared with health
Office Space	4	2	3
Facilities			
Access	Good	Good	good
Garden	Outside	No Garden	small paved

Facilities	Garden ./ Conservatory	area	area with raised beds not enclosed
Rehab Kitchen	Has a rehab kitchen	No Rehab kitchen	has a rehab kitchen
Commercial Kitchen	Yes	Yes	yes

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CHESHIRE EAST COUNCIL

REPORT TO: Health and Adult Social Care Scrutiny Committee

Date of Meeting:	12 August 2010
Report of:	Adult Services – People Directorate
Subject/Title:	Call in Report - Future Provision for Older People with Dementia
Portfolio Holder	Councillor Roland Domleo

1.0 Report Summary

- 1.1 Cabinet received a report on the above issue on the 19th July 2010. Consideration was given to the closure of Cypress House, Handforth, and to the future planning and delivery of services for people with dementia. The report consolidated work carried out so far and pointed the way for the future planning and delivery of these services, especially the model within the Council's provider Care4CE. The decisions requested would sustain the transformational momentum in Adult Services and contribute to the wider development of commissioning, provision and delivery within the Council.
- 1.2 Cabinet was asked to note the following amendments to the report: -
- the wording in para 9(i) (Wider Building Review) had been amended to read 'and future services are supplied from the former'.
 - the recommendation in para 2.3 of the report had been deleted as it had been included in error.

2. Cabinet Resolution

For the reasons set out in the report, and as now reported: -

That agreement be given : -

- 2.1 To the closure of Cypress House based on the results of discussions with service users and their carers and noting that services currently provided on the site are available and nobody who qualifies will be denied a service.
- 2.2 That, Cypress House be declared surplus to requirements and that it be sold on the open market if not required for Cheshire East Council.
- 2.3 To complete further work to progress the business case to develop two further sites, one in Macclesfield and one in Congleton to deliver the

Dementia model jointly with Central and Eastern Cheshire Primary Care Trust, with a next report anticipated for Cabinet in October this year.

- 2.4 To the rationalisation of building use where this does not impact upon the range and volume of service provided to enable additional capital receipts to be added to support progress with the Living with Dementia strategy.
- 2.5 To recognise that Care4CE has reduced its cost base, rationalised its structure and purpose in line with Cabinet decisions and budget requirements and should now explore securing further commercial freedom to assist its development as an asset to Cheshire East Council.

3. Grounds for the Call-In

The decision in 2.3 above was subject to call in because of the uncertain future of Central and Eastern Cheshire Primary Care Trust. Councillor Dorothy Flude wanted to know how these proposals could go forward given the uncertainty about the future of the PCT. The matter was considered at the Scrutiny Mid Point Meeting on 30 July 2010 and a date set for formal consideration of this matter.

4. Response to the Call-In

- 4.1 The development of the Council's proposals for Community Support Centres will continue well within the timescale for the formal dissolution of the PCTs (currently set for April 2013). Meanwhile, it is clear that PCTs are already beginning to engage GP Practice Based consortia in their consideration of the future direction of key projects and we may expect that this will occur in respect of the development of the Dementia Strategy. In any event, the first stage of the implementation of the dementia strategy as it applies to buildings, the development of Lincoln House, was capable of delivery without the active engagement of Health partners. It is entirely possible that the next two developments could be carried out by the Council alone if the Health partners considered that they could not become involved because of uncertainty about their future. Health partners would be consulted and developments would take place in a manner consistent with known priorities in Health, of which tackling dementia will clearly be one.
- 4.2 The precise form of the proposals for the Centre and the North of the area will be brought before Cabinet in the Autumn. It appears likely that this may be in the form of proposals for refurbishment rather than rebuilding. The remaining Community Support Centres that have not been refurbished – Bexton Court, Hollins View and Mountview are the candidates for consideration at that stage.

5. Conclusion

The demise of the PCT, which is not scheduled until April 2013 is not sufficient reason to delay proposals to take forward the dementia strategy in Cheshire East. Indeed it would be most regrettable if structural changes were to have a detrimental effect upon the implementation of measures to put together a more relevant and effective pattern of provision for those with dementia and their carers. There will be changes in the arrangements with health partners and it will be ever more important to engage with GP consortia as the new arrangements develop. This is already in hand in Cheshire East.

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6.0 Access to Information

The background papers relating to this report are below:

<http://moderngov.cheshireeast.gov.uk/ecminutes/ieListDocuments.aspx?CId=241&MId=3094&Ver=4>

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