

Adult Social Care Scrutiny Committee

Agenda

Date: Friday, 13th April, 2012
Time: 9.30 am
Venue: Committee Suite 1,2 & 3, Westfields, Middlewich Road,
Sandbach CW11 1HZ

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. **Minutes of Previous meeting** (Pages 1 - 8)

To approve the minutes of the meeting held on 15 March 2012.

3. **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.

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

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.

Please contact Mark Grimshaw on 01270 685680
E-Mail: mark.grimshaw@cheshireeast.gov.uk any apologies or requests for further
information or to give notice of a question to be asked by a member of the public

5. **Call-in of the Decision of Cabinet dated 5 March 2011 relating to the permanent Closure of Bexton Court** (Pages 9 - 212)

To consider the Call In of the above decision.

CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Adult Social Care Scrutiny Committee**
held on Thursday, 15th March, 2012 at Committee Suite 2/3 - Westfields,
Middlewich Road, Sandbach, CW11 1HZ

PRESENT

Councillor M J Simon (Chairman)
Councillor B Silvester (Vice-Chairman)

Councillors I Faseyi, J Jackson, L Jeuda, S Jones, B Murphy, J Saunders,
D Stockton and A Thwaite

Apologies

Councillors C Andrew and F Keegan

In Attendance

Councillors R Domleo, O Hunter and D Flude and Barrie Towse (LINK) and Bill
Brookes (LINK)

Officers

Lisa Quinn - Director of Finance and Business Services
Jacqui Evans - Head of Local Delivery/Independent Living Services
Martin Middleton - Direct Payments Project Manager
Dave Caldwell - Senior Information Officer
Alison McCudden - Commissioning Manager (Income Maximisation),
Mark Grimshaw – Scrutiny Officer

49 MINUTES OF PREVIOUS MEETING

RESOLVED – That the minutes of the meeting held on 18 January 2012 be
approved as a correct record and signed by the Chairman.

50 DECLARATION OF INTERESTS/PARTY WHIP

None noted.

51 PUBLIC SPEAKING TIME/OPEN SESSION

Charlotte Peters-Rock, a representative from Knutsford Area for Knutsford Action,
attended to address the Committee. She made the following points:

- 1) It was queried what progress had been made in the Carers Strategy – and
why had it yet to be finalised?
- 2) It was alleged that Cheshire East Council was working outside the law in
its closure of all Social Care Day and Respite facilities in Knutsford, with

no public consultation and pre-empting the decision yet to be taken by East Cheshire NHS Trust in respect of The Tatton Ward. It was also alleged that there had been collusion between the Council and the Trust and referred the Borough Solicitor towards the decision taken by Mr Justice Hodge at the Judicial Review, in respect of Regina v Trafford Health in 2006/7.

- 3) It was queried what the Committee intended to do to inform the Borough Solicitor of the allegation that the Council was acting unlawfully?
- 4) It was asserted that the Budget allocation for Adult social services for the elderly was not adequate to meet its needs. With this in mind, it was queried whether the Committee would do anything to inform the Council of this issue.
- 5) It was suggested that the adult transport review would not address the ongoing structural social care issues in the Knutsford area.
- 6) It was queried when the Committee would explore the potential health and wellbeing of service users and their family carers.

The Chairman thanked Mrs Peters-Rock for her attendance and assured her that a written response would be provided.

52 THE CHESHIRE AND WIRRAL COUNCILS' JOINT SCRUTINY COMMITTEE MINUTES

The Committee considered the minutes from The Cheshire and Wirral Councils' Joint Scrutiny Committee. Attention was drawn to item 30: Future of the Cheshire and Wirral Joint Scrutiny Committee. There was a concern that a recent resolution by the Health and Wellbeing Scrutiny Committee to recommend the disbanding of the Joint Committee was incommensurate with the discussion that was held in the Joint Committee meeting. Indeed a number of comments were made regarding the good work of the Joint Committee and it was stated that all stakeholders should be looking at ways to continue and improve practice rather than seeking to disband it. This was felt particularly pertinent considering the challenges and flux that the impending Health and Social Care Bill could bring.

As Vice-Chairman of the Health and Wellbeing Scrutiny Committee, Councillor Saunders provided the rationale behind the resolution. She explained that there was a feeling that Councillor resources would be better spent focusing on the needs of Cheshire East residents and that this could be achieved by merging issues around mental health, learning disabilities and drug and alcohol services into the relevant local Committees.

Having heard this, a number of comments suggested that until the Council fully understood how commissioning would work once the Health and Social Care Bill became enacted and embedded, the Joint Committee should remain. With this in mind, it was suggested that the Committee should state to the Constitution Committee its concerns about the recommended disbanding of the Joint Committee in a time of flux and uncertainty. It was also agreed that further information was required on the value and practice of the Joint Committee before any other statements on its future could be made.

RESOLVED:

- a) That a recommendation be made to the Constitution Committee to place a moratorium on any decision to disband the Joint Committee until there was clarity on the full implications of the Health and Social Care Bill on commissioning.
- b) That further information on the value and practice of the Joint Committee be brought to a meeting in the near future.

53 EMPOWER CARD

Martin Middleton, Direct Payments Project Manager, attended to provide an update on the status and progress of the Council's prepaid social care card product – known as the Empower Card. It was reported that as of March 2012, there were approximately 2000 Empower cards in existence (not all active) holding in the region of £2.5m in prepaid social care funding (including client contributions). Martin explained that such a rapid take up of the process in its formative period had created a number of issues, both with the product itself and the associated processes. As a result the Council had approved a three month 'pause' in the roll out of the Empower Card in November 2011 as part of a post-implementation review.

Martin described that the review was under way and that the service had collated and analysed issues from a variety of sources including service users, carers, the third sector and internal departments among others. Initial analysis of these responses had suggested that on balance most people were happy with the card and liked the concept. Having said this, Martin also outlined that a number of areas for improvement had emerged, mainly as a result of getting the existing infrastructure and established mechanisms to adapt to the new ways of working. Martin asserted that these issues did not originate from any single source and many pre-dated the Empower card. As a result of these findings, it was described how task teams had been put in place to undertake a detailed review on all the 3000 or so Empower and Direct Payment accounts on the Council's books. Internal administrative processes had been reviewed and improved and training for all relevant staff on the revised processes was planned for April 2012. Martin also noted that work was ongoing to identify whether any alternative products were on the market which could better meet the needs of Cheshire East residents.

Lisa Quinn, Director of Finance and Business Services, attending as a member of the Strategic Empower Steering Group added that the Empower 'pause' was part of a wider review of client social care finance. She also reasserted that the 'pause' had been a useful mechanism to review what had been going well with the Empower card and where there was need for improvement. As this had yet to be completed she described how the Steering Group had asked for the 'pause' to be extended indefinitely until the Council was confident that all the issues had been fully rectified.

It was described how the Committee had been recently informed that there was occasionally money in service users' Empower accounts that was not being used and was therefore sitting idle. It was queried what could be done to retrieve this money. Martin explained that if identifiable unused money was sat in client's

accounts, it was moved to the Council's holding account with Citibank and from here to the Council's budget. He reported that Citibank had recently cleared £500k to be transferred back to the Council from its holding account. Martin continued to explain however that there was often a need to carry out detailed reviews on large balances above the agreed care plan package and to not assume that the money was simply unused. For instance, service users could be back loading their funds for respite care at the end of the year or they could be involved in a dispute with a provider that they hadn't paid for a service already received. It was noted therefore that there was potential for more than £500k that could be retrieved but that this would require further work.

It was questioned whether the service had any idea in terms of an end date for the 'pause' period. Martin reported that there were a number of variables which impacted on the 'pause' period being ended. An example of such a variable was waiting for information from care providers which was outside of the Council's control. Providing an approximate date, it was estimated that the 'pause' would come to an end in December 2012.

With regards to the survey results, attention was drawn to the fact that only 65% of those asked understood and endorsed the Empower product. This suggested that nearly a third of those surveyed had some element of disconnect with the package. It was stated that this was a concern as a paucity of information could undermine the whole concept and consequently, it was queried whether any further work was being done to uncover the reasons behind this. Martin acknowledged that this was an issue and that the service was going back and looking at the survey responses in detail to identify recurrent themes. He also noted that work was ongoing to improve the customer feedback and resolution process.

Reference was made to the fact that those service users with Direct Payments could not purchase Council services. It was queried therefore whether any attempts had been made to lobby central government or the LGA over this issue. Jacqui Evans, Head of Local Delivery/Independent Living Services, confirmed that questions had been asked of the Association of Directors of Adult Social Services and the LGA and that they were awaiting a response. Martin also noted that service users could have a hybrid package in which they received both services from the Council and had a card for other services.

Barrie Towse, LINK Chair, noted that the LINK had played a significant part in bringing this issue forward and she stated that she was grateful for the 'pause'. Barrie explained that the LINK had been concerned that service users were having choice taken away by being given the Empower Card as their only Direct Payment option. She confirmed that this had now been clarified and was no longer a concern. Overall, Barrie reported that the LINK believed the Empower Card was a good product but they were now worried that the longer the 'pause' continued for the bigger the step backwards the personalisation agenda would take.

In terms of the audit of the Empower Card it was queried who carried this out and whether the Council could retrieve money that had been misspent. Martin confirmed that the Empower Card had made auditing the Direct Payment process much easier as it provided almost automatic electronic intelligence on purchases. He explained that a team within the client finance unit were tasked to carry out the process of audit and if an inappropriate purchase was identified this would then lead to a conversation with the client and their social worker. This

conversation could then lead to an adjustment in the care package if it was determined that money had been spent on unnecessary goods/services.

RESOLVED –

- a) That the Committee note the progress of the review and the extension of the Empower 'pause' until all Empower card customer accounts had been audited and customers given a care review.
- b) That the Committee acknowledge the pressure that the review is putting on officers.
- c) That the Committee endorse the Council's continued exploration and evaluation of the current pre-paid card produce against alternative options available in the market.
- d) That the Committee receive an update report once the review is completed and that this include all the relevant financial information and implications.

54 PROGRESS REPORT ON THE ADULTS LOCAL ACCOUNT

Building on a report that the Committee received on 22 November 2011, the Committee considered an update report on the progress of the production of the Local Account for Adults who were in receipt of Social Care intervention. Dave Caldwell, Senior Information Officer explained that producing a Local Account was part of government proposals following the abolition of the Annual Performance Assessment by the CQC and the National Indicator Set. This was intended to be a document published by the Council on how it believed it had made progress on achieving its goals for adult social care over the past year.

Dave continued to explain that the Council had set up a 'Local Account Steering Group' to oversee the development of the Local Account. The Steering Group had agreed that since the Local Account was intended to be a document local people could use to hold the Council to account, it should reflect their priorities and be in a format that is meaningful to them. As a result work was carried out to gather service users' and other partner organisation's views through surveys, questionnaires and focus group/face-to-face interview work.

Following from this, a number of principles were established:

- In order to be a credible document, the Local Account should be **honest and transparent**: it should address areas of weakness in performance and priorities going forward.
- The document format and content should be **"interesting, simple, informative and bright"**
- It needed to be **concise** and written from the **customer perspective** - avoiding internal and professional jargon; and reflect **customer priorities**.
- The Local Account should be an **ongoing process** not just an annual document. The Local Account document was merely a part of the process of transparency and accountability to local citizens.

Similarly in terms of the structure of the document, the following themes were established as a framework:

- person centred care;
- having independence, choice and opportunities;
- quality of care; and
- feeling safe and protected.

In terms of completion, Dave Caldwell reported that it was hoped that the final version of the Local Account would be available in July 2012.

It was queried whether the document had to be called a 'Local Account' as this could be deemed confusing in terms of a presumed relationship with 'financial accounts'. Dave Caldwell acknowledged that this was an issue and confirmed that service users would be involved in the naming of the document.

It was questioned whether the document would be compared with other authorities. Dave Caldwell reported that whilst there would be no external inspection from government there would be the opportunity for informal peer review.

A discussion was had over the reach and purpose of the document. It was stated that whilst it was understood that the document needed to be adapted to suit its target audience, this would be misguided if that audience had no demonstrable interest in reading the document. It was also asserted that the simple format of the document could possibly leave those with a deeper, more professional interest in the information not catered for. It was suggested that it perhaps would better to produce a more detailed document from which simpler, more reader friendly summary sheets could be produced. Dave Caldwell acknowledged that this was a challenge but reasserted that the development of the document would be an ongoing process that would improve and adapt to demand over time.

RESOLVED –

- a) That the Committee note the progress on the Local Account Development
- b) That the Committee have sight of the draft document in order to make comment and that this be shared with the LINK and Adult Safeguarding Board.

55 PERFORMANCE REPORT

Jacqui Evans, Head of Local Delivery/Independent Living Services, attended to provide the Committee with information on performance monitoring within Adult Social Care. She noted that the report was based on data at February 2012.

Jacqui continued to go through a number of performance indicators which had been retained following the removal of the National Indicator Set. Jacqui also drew attention to a new Departmental Management Team activity report that had been developed in which a number of key, additional analyses had been developed and incorporated. This included financial assessment timeliness activity and the impact of 'returning' self funders. It was noted that those

performance indicators presented had, on the whole, improved from the previous year.

It was queried whether there were any areas of substantial underperformance that had not been reported on. Jacqui confirmed that all of the performance data for individual commissioning had been presented and that other data for the other areas could be provided at a future meeting.

Attention was drawn to the indicator relating to the Timeliness of social care packages (LI002). It was stated that whilst it was pleasing that an improvement had been made, the service needed to look at shortening the target completion time from 4 weeks in order to provide a more instructive and worthwhile measure. It was asserted that 4 weeks was too long a period to be acceptable for a care package to be put in place.

A number of concerns were expressed about the time and effort that was required to put together the data sets for the indicators. It was argued that the department should concentrate on building a framework on performance measures that were informative, readily available and easy to compare. Jacqui Evans agreed with this comment and stated that she would be happy to give more thought as to what measures would provide value and give a rounded picture. She acknowledged that there needed to be a balance between having worthwhile performance measures whilst not letting the construction of these get in the way of actually doing the work.

RESOLVED –

- a) That the report be received
- b) That performance data from the other areas in Adult Social Care be brought to a future meeting.

56 ADULT SERVICES TRANSPORT

Alison McCudden, Commissioning Manager (Income Maximisation), attended to provide the Committee with an update on the Review of Adult Services Transport.

Alison outlined the key messages of the review as thus:

- Adult Services had worked closely with the Places Directorate
- The Portfolio Holder had been constantly briefed on the progress of the review
- Only a small number of issues had emerged from the changes with feedback from the completed area (Crewe & Nantwich) being positive.

Alison noted that it had been recognised by the service that there might be a need to retain a small element of strategically commissioned transport for those individuals who could not be supported to travel through alternative transport options. It was indicated how many service users were still in receipt of a commissioned service (60) and how many of these remained with fleet vehicles (38). Those using a fleet vehicle had indicated that they wanted to start travelling with Dial-a-ride which the service was working on achieving. The other 22 people were using a commissioned taxi service and it was explained that these people

had complex needs. The service was reviewing whether it had the resources to retain this and if not those people would be provided with a personal budget top up to support their transport needs. Alison reassured the Committee that the implications and success of the changes would continue to be monitored going forward.

A number of questions were asked about the future of Dial-a-ride/Shopmobility in Macclesfield. It was stated that staff at the organisation had been told that their contracts would cease on 31 March and no assurances had been given about the retention of their services post this date. Alison reported that this issue was being dealt with by the Places Directorate and that she would feed this comment back to the Transport Manager to ask him to clarify the position with the Committee.

Barrie Towse drew attention to comments that the LINK had received regarding the high cost of the Dial-a-ride service in the Crewe and Nantwich area. Alison confirmed that she would feed this back to the Transport Manager.

RESOLVED –

- a) That the Committee note the progress on implementing the transport review.
- b) That Alison McCudden feed back the Committee's comments regarding the future of Dial-a-ride/Shopmobility in Macclesfield and the high cost of Dial-a-ride in Crewe and Nantwich to the Transport Manager.

57 WORK PROGRAMME UPDATE

Members considered the work programme. It was noted that a full review of the work programme would take place at the next meeting.

RESOLVED – That the work programme be noted.

The meeting commenced at 10.03 am and concluded at 12.30 pm

Councillor M J Simon (Chairman)

CHESHIRE EAST COUNCIL

ADULT SOCIAL CARE SCRUTINY COMMITTEE

Date of meeting: 13 April 2012
Report of: The Borough Solicitor and Monitoring Officer
Title: Call In of the Closure of Bexton Court

1.0 Report Summary

This report sets out the procedure for the Call-in of the decision of the Cabinet made on 5 March 2012 to confirm the permanent closure of Bexton Court.

2.0 Recommendations

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

3.0 Wards Affected

- 5.1 All Wards

4.0 Local Ward Members

- 4.1 All Members for the above Wards.

5.0 Policy Implications

- 5.1 Contained within the attached report.

6.0 Financial Implications

- 6.1 Contained within the attached report.

7.0 Legal Implications

- 7.1 Contained within the attached report.

8.0 Risk Assessment

- 8.1 Contained within the attached report.

9.0 Background and Options

- 9.1 In accordance with Scrutiny Procedure Rule 12.3, any 8 or more Councillors can call in a decision. In this case, 8 Members have called in the above decision for the reasons identified in Appendix 1
- 9.2 In accordance with Scrutiny Procedure Rule 12.6 the Committee has two options in respect of any further action. The Committee may decide to offer no advice, in which case the decision may be implemented. Alternatively, the Committee may

decide to offer advice, in which case, the matter must be referred to the Cabinet, in order for a decision to be made upon it. In accordance with Scrutiny Procedure Rule 12.8, the Cabinet is not 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) Deferring the matter pending further consideration; or
- (3) Making a different decision.

- 9.3 Where the Scrutiny Committee decides to offer advice, this must be clearly documented in the minutes
- 9.4 If the Scrutiny Committee decides not to offer any advice, then the decision of the Cabinet can be implemented immediately.
- 9.5 Full details of the Call-In Procedure can be found at Scrutiny Procedure Rule 12
- 9.6 The Cabinet Member for Adult Social Care and Lead Officer will attend the meeting to explain the background and reasons for the decision and to answer any questions the Committee may have.
- 9.7 The following records the decision of the Cabinet of 5 March 2012:

RESOLVED

- 1. *That the importance be recognised of ensuring that the outcome of the public consultation was carefully considered in the evaluation of the proposals in the business case.*
- 2. *That approval be given to the recommendations in the business case (Appendix B of the report) summarised along with the key considerations as follows:*

KNUTSFORD/WILMSLOW/POYNTON

Overall 23 options were considered. There was additional consultation specifically related to the Knutsford developments and the original proposal to close the Stanley Centre and to re-provide locally has been modified to retain local services whilst releasing Stanley House. Work continues to engage with Health regarding future opportunities with local development on the Bexton Court site.

- a) Invest in new Changing Places facilities and enhanced lifestyle facilities at Wilmslow Leisure Centre;*
- b) Separate the Stanley Centre from Stanley House and make improvements to bathroom facilities. This will permit Stanley House to be returned to the corporate landlord property pool whilst retaining local Learning Disability day care facilities;*
- c) Confirm the permanent closure of Bexton Court acknowledging that local demand for dementia respite is adequately provided for by the independent sector. Work with partners from Health to assess the future usage of the site;*
- d) Invest in modifications to Redesmere to develop it as a multi purpose centre and permit the transfer of Learning Disability day care services from Dean Row. Subsequently to declare Dean Row surplus to requirements and return it to the corporate landlord property pool. The longer term goal is to*

move as soon as possible towards an integrated service which includes an integrated SMART, Frontline and Independent Living Centre (ILC) alongside the Lifestyle developments.

MACCLESFIELD

The alternative, more cost-effective, proposals for Hollins View now avoid disruption to customers during developments and significantly enhance local dementia services by providing a separate day centre provision which increases capacity and retains flexibility for future developments on that site.

- e) Invest in new Changing Places facilities and enhanced lifestyle facilities at Macclesfield Leisure Centre;*
- f) Convert the current Youth Offending Team building at Hollins View into specialist dementia day care facilities with secure garden areas. This will permit some local customers to transfer from Mayfields;*
- g) Transfer day care services from Peatfields to Mayfields, declare Peatfields surplus to requirements and return it to the corporate landlord property pool.*

CONGLETON

Following consultation feedback the original proposals to provide additional complex Learning Disability (LD) respite at Mountview as an alternative to Queens Drive have been reconsidered. Therefore significant respite over-capacity will remain and further work will be done to explore options including Carter House where short-term investment is required. This work will need to examine independent sector alternative provision, the potential future use of Hollins View, and will require close monitoring of all service usage for the immediate future. The high level of demand for dementia care in this area is acknowledged.

- h) Investment in Mountview to convert some existing Older People (OP) bedrooms into 10 additional dementia respite beds;*
- i) Closure of offices at 48/54 Lawton Street;*
- j) Possible investment in Carter House for the essential improvements to make it fit for purpose.*

CREWE

Following consultation feedback the original proposals to provide additional complex Learning Disability respite at Mountview as an alternative to Queens Drive have been reconsidered and supplemented with proposals at the more local Lincoln House.

- k) Investment in Lincoln House to create 5 additional Learning/Physical Disability respite beds;*
- l) Transfer of respite services from Queens Drive to both Lincoln House and Mountview, the subsequent closure of Queens Drive and its return to the corporate landlord property pool.*

- 3. That approval be given to the renegotiation of the Service Level Agreement with Care4CE realigned with the anticipated future demand and incorporating appropriate staff consultations. Whilst these proposals will have a significant impact on the current double running costs (services being commissioned by individuals personal budgets in the independent sector and continued surplus services remaining within internal provision via Care4CE) it is anticipated that there will continue to be some surplus capacity within Care4CE both in the short and medium term. The continual review of capacity will be needed both in the medium and longer term.*

4. *That it be confirmed that that the Places and People Directorates will work together to support the alternative, but minimal, transport provisions that might be required as a result of these proposed changes.*
 5. *That approval be given to the joint exploration of additional Lifestyle bases in line with the positive endorsements of the Lifestyle concept received during the consultation, working with the Places Directorate.*
 6. *That as part of the next phase of the review, the exploration of further solutions for delivery of Complex Learning Disability respite be endorsed, to possibly include additional development of the Hollins View site and options for services currently delivered from Warwick Mews. Additionally this work to incorporate the changing levels of Intermediate Care demand and possible developments on the Tatton site. Any proposals would be subject to consultation and future Cabinet decisions.*
 7. *That other ongoing work with Local Engagement Groups and other partners be endorsed, exploring future service developments and working to promote the development of a mixed economy for service provision providing greater choice and flexibility for customers. The outcome of this will result in further proposals being presented to Cabinet at a future date.*
- 9.8 The Report of the Strategic Director - Children, Families and Adults considered by the Cabinet on 5 March 2012 is attached at Appendix 2.
- 9.9 A response to the issues raised in the Call-In Notice is attached at Appendix 3.
- 10.0 **Appendices**
- Appendix 1 – Call In Notice
Appendix 2 – Report of the Strategic Director, Children, Families and Adults
Appendix 3 – Response to the issues raised in the Call-in Notice

For further information:-

*Officer: Mark Grimshaw
Tel No: 01270 685680
Email: mark.grimshaw@cheshireeast.gov.uk*

Background Documents:-

Documents are available for inspection at:

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

Appendix 1 – Call In Notice

The 8 councillors listed below have called in the decision of the Cabinet on the grounds:

In spite of intimations to the contrary, Lorraine Butcher made the very clear statement at the Knutsford Consultation meeting, in front of around 60 people, that

"This Consultation is not about Bexton Court, but only about The Stanley Centre"

In respect of the permanent closure of Bexton Court, no Consultation would in any case have been necessary, until last week's decision, since formerly the closure was always flagged up as 'temporary'. No Consultation is necessary about a 'temporary' closure.

However, we are now in a position where all Day and Respite Care, which formerly supported Family Carers in the Knutsford area, has been removed by Cheshire East Council - and all with no Consultation. That is unlawful.

Three separately funded Day Centres were closed within a few weeks of each other, at Bexton Court, Winstanley House and Memorial House. All are believed to have been funded by Cheshire East.

By requesting Local Services for Local People in Local Areas, Knutsford Area for Knutsford Action is trying to let the public understand - preferably before they find that, when urgently needed, there are no remaining services - that something must be done to support those in need of such services.

Cllr Domleo's constant statement that Cheshire East 'cannot support such Local Care' - except seemingly in Congleton - is just untrue.

In closing local services there is job loss, expertise loss, a greater carbon footprint, because of the need for transport, a diminution of the rights and quality of life of both Service Users and Carers, and a greater possibility that Carers will themselves need care, because of the added exhaustion and stress which they have been forced to face. Distant care services also allow the greater possibility of poor service which is not suitable nor kind to the person who is the subject of that care, and cannot readily be overseen by concerned Family Carers. Demented people have great difficulty in being believed, even if they are in a position to speak for themselves.

If Cheshire East does not allocate adequate funding for essential care services, then it is acting not just against morality and decency, but against the law.

Councillor David Brickhill
Councillor Rod Fletcher
Councillor Brendan Murphy
Councillor Arthur Moran
Councillor Penny Butterill
Councillor Michael Parsons
Councillor Simon McGrory
Councillor Paul Edwards

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CHESHIRE EAST COUNCIL

REPORT TO: CABINET

Date of Meeting:	5 March 2012
Report of:	Lorraine Butcher, Strategic Director Children, Families and Adults
Subject/Title:	Improvements in the Delivery of Adult Social Care Services – Building Based Services – Final Report (Phase 1)
Portfolio Holder:	Cllr Roland Domleo

1.0 Report Summary

- 1.1 Cabinet approved (5 Sept 2011) an earlier report regarding proposals to enhance facilities and potentially transfer some day and short breaks services from Bexton Court (Knutsford), Peatfields (Macclesfield), Dean Row (Wilmslow), the Stanley Centre (Knutsford) and Queens Drive (Nantwich). That report also proposed a period of consultation regarding the proposed changes and requested that further work be undertaken to prepare detailed business cases for any investment in buildings and/or transfer of services with a subsequent report to Cabinet to follow
- 1.2 An interim report was presented and approved by Cabinet on 9 January 2012. That report advised that a final report, including details of the public consultation and business case proposals would be available for March. This is that report. In developing the final proposals Officers have been proactive in their engagement with the community, have listened to the wide range of opinions expressed and have incorporated these, where practicable, into the final recommendations
- 1.3 The earlier report identified that this was but the first stage in the continuing work to explore options for future service provision for social care, health & wellbeing and 'Lifestyle' services across the whole borough including the Wilmslow proposals. In addition future work would start to focus on the more southerly areas and include developments such as the proposed Cumberland Arena investment in Crewe.

2.0 Decisions Requested

Cabinet is asked to approve the following proposals:

- 2.1 To recognise the importance of ensuring that the outcome of the public consultation (see attached document) is carefully considered when evaluating the proposals contained in the attached business case.
- 2.2 To accept the recommendations of the attached business case which can be summarised (along with the key considerations) as:

KNUTSFORD/WILMSLOW/POYNTON

Overall 23 options considered. There was additional consultation specifically related to the Knutsford developments and the original proposal to close the Stanley Centre and re-provide locally has been modified to retain local services whilst releasing Stanley House. Work continues to engage with Health regarding future opportunities with local development on the Bexton Court site

- a) Invest in new Changing Places facilities and enhanced lifestyle facilities at Wilmslow Leisure centre
- b) Separate the Stanley Centre from Stanley House and make improvements to bathroom facilities. This will permit Stanley House to be returned to the Corporate Landlord property pool whilst retaining local Learning Disability day care facilities
- c) Confirm the permanent closure of Bexton Court acknowledging that local demand for dementia respite is adequately provided for by the independent sector. Work with partners from Health to assess the future usage of the site
- d) Invest in modifications to Redesmere to develop it as a multi purpose centre and permit the transfer of Learning Disability day care services from Dean Row. Subsequently declare Dean Row surplus and return to the corporate landlord property pool. The longer term goal is to move as soon as possible towards an integrated service which includes an integrated SMART, Frontline and ILC alongside the Lifestyle developments

MACCLESFIELD

The alternative, more cost-effective, proposals for Hollins View now avoid disruption to customers during developments and significantly enhance local dementia services by providing a separate day centre provision which increase capacity and retains flexibility for future developments on that site

- e) Invest in new Changing Places facilities and enhanced lifestyle facilities at Macclesfield leisure centre
- f) Convert the current Youth Offending Team building at Hollins View into specialist dementia daycare facilities with secure garden areas. This will permit some local customers to transfer from Mayfields.
- g) Transfer day care services from Peatfields to Mayfields and declare Peatfields surplus to requirements and return to the corporate landlord property pool

CONGLETON

Following consultation feedback the original proposals to provide additional complex LD respite at Mountview as an alternative to Queens Drive have been reconsidered. Therefore significant respite over-capacity will remain and further work will be done to explore options including Carter House where short –term investment is required. This work will need to examine independent sector alternative provision, potential future use of Hollins View and will require close monitoring of all service usage for the immediate future. The high level of demand for dementia care in this area is acknowledged.

- h) Investment in Mountview to convert some existing OP bedrooms into 10 additional dementia respite beds
- i) Closure of offices at 48/54 Lawton Street

- j) Possible investment in Carter House for the essential improvements to make it fit for purpose.

CREWE

Following consultation feedback the original proposals to provide additional complex LD respite at Mountview as an alternative to Queens Drive have been reconsidered and supplemented with proposals at, the more local, Lincoln House

- k) Investment in Lincoln House to create 5 additional Learning/Physical Disability respite beds
- l) Transfer of respite services from Queens Drive to both Lincoln House and Mountview. Subsequent closure of Queens Drive and return to the corporate landlord property pool

- 2.3 To approve the renegotiation of the Service Level Agreement (SLA) with Care4CE realigned with the anticipated future demand and incorporating appropriate staff consultations.
Whilst these proposals will have a significant impact on the current double running costs (services being commissioned by individuals personal budgets in the independent sector and continued surplus services remaining within internal provision via Care4CE) it is anticipated that there will continue to be some surplus capacity within Care4CE both in the short and medium term. Continual review of capacity will be needed both in the medium and longer term
- 2.4 To confirm that Places and People Directorates will work together to support the alternative, but minimal, transport provisions that might be required as a result of these proposed changes
- 2.5 To agree the joint exploration of additional Lifestyle bases in line with the positive endorsements of the Lifestyle concept received during the consultation, working with the Places Directorate
- 2.6 To endorse, as part of the next phase of the review, the exploration of further solutions for delivery of Complex Learning Disability respite to possibly include additional development of the Hollins View site and options for services currently delivered from Warwick Mews. Additionally this work to incorporate the changing levels of Intermediate Care demand and possible developments on the Tatton site. Any proposals would be subject to consultation and future cabinet decisions
- 2.7 To endorse other ongoing work with Local Engagement Groups and other partners exploring future service developments and working to promote the development of a mixed economy for service provision providing greater choice and flexibility for customers. The outcome of this will result in further proposals been presented to Cabinet at a future date

3. Reasons for Recommendation

- 3.1 These recommendations are designed to achieve the following:

- 3.1.1 To ensure that the views of users of services, their carers and other interested parties have been fully considered in the development of policy and service design.
- 3.1.2 To ensure that day and short breaks services are provided in a 'personalised' but cost-effective way and within buildings that are fit for purpose and able to respond to changing demand.
- 3.1.3 To enable the changes to be implemented as soon as possible in the new financial year delivering estimated full year revenue savings of £318K together with a potential capital receipt of £1.180M at a capital cost of £345K (£182K of the cost is already earmarked from the Places property budget for the Leisure Centre investments)
- 3.1.4 To improve the variety and quality of services which are available to customers.
- 3.1.5 To underline the Council's commitment to enhancing services and to ensure that its statutory duty will continue to be met.

4.0 Wards Affected

- 4.1 All affected as the requirement on Officers is to consider all services within social care and other relevant Council services, particularly those in Health and Wellbeing.

5.0 Local Ward Members

- 5.1 All

6.0 Policy Implications including - Carbon reduction - Health

- 6.1 Net Carbon Reduction – proposals that make more intensive use of buildings have the potential to reduce overall energy consumption, especially energy delivered by carbon producing energy sources.
- 6.2 Health – these proposals are consistent with developing the role of the Council in supporting and improving the health of its population.

7.0 Financial Implications (Authorised by the Borough Treasurer)

- 7.1 The proposals, and the business case attached, are aimed at moving towards delivering the challenging financial targets already contained in the base budget for the current (2011/12) financial year. There were two savings targets in the budget for this year, firstly, a reduction of £1.15m "Review Building Based Services / Provider Services" and secondly, £0.796m "Big Idea" - Reductions in Expenditure / New Income - Lifestyle Developments Phase 1". The budget proposals were extremely ambitious, requiring extensive consultation in respect of the building based service budget reductions and rapid fundamental transformation in respect of those related to the lifestyle concept. It is also important to note the requirement to improve care provision and value for money by removing surplus capacity, vacating and closing under utilised buildings and facilities. Because of Personalisation and Direct Payment regulations individuals can decide to choose their own care, which at the current time cannot include internal provision offered by Care4CE, but can include facilities offered within our Leisure Centres (via the Lifestyle Concept). To receive internal Care4CE provision individuals need to reject the opportunity provided by Personalisation and request the Council to source their care.
- 7.2 In order to help mitigate the inability to deliver the original proposals during 2011/12 a variety of temporary measures have been undertaken to help ease the budgetary pressure. It is estimated that the first reduction of £1.15m has been delivered through a combination of the permanent closure of the Jubilee Day Centre in Crewe in 2010/11 (as a brought forward remedial action item to contribute towards the financial position at that time), the temporary closure of Bexton Court and other efficiencies delivered within the Care4CE service. It is relevant to note that the temporary nature of the closure of Bexton Court has resulted in some staff being temporarily redeployed into roles elsewhere, but their costs continue to be charged to the Bexton Court cost centre. Efficiency savings and under spends across Care4CE have increased as a result. Once permanent decisions have been determined the actions to achieve the full savings will then be undertaken, including the remaining staff and other premises related costs. Some residual costs may continue until the buildings are fully decommissioned.
- 7.3 The second savings target of £0.796m has not been achieved and is one of the key factors in the current year outturn, where Care4CE is working to continue to reduce the overspend as much as possible. At the end of January the measures had reduced the forecast overspend to £768k. The table below summarises the 2011/12 position.

2011/12 SUMMARY

	£000	£000
Building Based Review Target		1,150
Less savings achieved		

Jubilee Day Centre closure (permanent)	150	
Bexton Court closure (temporary)	464	
Other efficiency measures	348	
Savings achieved in year		(1,150)
Balance		Nil
Big Idea – Lifestyle Concept		796
Net impact of other efficiencies (at end of Jan)		(28)
Balance (and in effect Care4CE current outturn)		768

- 7.4 The current delay in delivery against these targets already has and will continue to have significant financial implications into 2012/13 and later years. If the recommendation to permanently close Bexton Court isn't ratified then this will create a significant permanent financial shortfall of £812k. In delivering proposals to cover the £1.15m target it has been assumed in this report, that Bexton Court will be permanently closed and fully decommissioned from April 2012. If this can't be achieved continued mitigating action will be required.
- 7.5 The current range of proposals detailed in the table below will help to deliver further savings of £318k against the second target of £796k, leaving a shortfall of £478k at this stage. The implementation of the closure detailed below are unlikely to deliver a full year of savings in 2012/13, with the full year effect not being available until 2013/14. Every effort will be made to achieve as much of the saving as possible through early closure. The closure of Carter House, which is not proposed at this stage, would allow a further £144k to be delivered in a full year, reducing the funding gap to £334k. It is inevitable that a further review and consultation will be required early in 2012/13 aiming to review where surplus capacity remains that could help to reduce the funding gap.

2012/13 SUMMARY

	£000	£000
Big Idea – Lifestyle Concept Proposal		796
Less savings proposals		
Dean Row Day Centre closure (permanent)	129	
Peatfields Day Centre closure (permanent)	99	

Queens Drive closure (permanent)	79	
48/54 Lawton Street (permanent)	11	
Saving proposals		(318)
Balance remaining		478

- 7.6 The proposals are fully detailed in the attached business case and are expected to result in:
- Full year revenue savings from 2013/14 totalling £318,000 (these will mainly derive from the reduced running costs of fewer buildings – most staff will transfer to other locations along with customers although staffing needs will be continually reviewed post-implementation)
 - The potential for realising capital receipts totalling £1,180,000 (this figure can only be an estimate given that the economic climate makes it difficult to value property, the value will also depend on any planning restrictions and may instead offer alternative use considerations by other departments)
 - Capital investments totalling £345,000 from existing capital budgets in Places (£182,000) and Adults (£163,000).

8.0 Legal Implications (Authorised by the Borough Solicitor)

- 8.1 The public consultation undertaken concluded on 13 December 2011. A further smaller user-group consultation has also taken place with members of the 'Brocklehurst' group who currently attend Mayfields in respect of their potential move to Hollins View. This was undertaken since the proposal resulted from the initial consultation but was not specifically mentioned within it
- 8.2 It is imperative that the outcome of those consultations is fully considered and taken into account in any proposals for future service delivery. Therefore before making a final decision on this matter, Cabinet will need to be confident that officers have fully considered the outcome of the consultations, clarified issues and produced appropriate proposals.
- 8.3 In order to comply with the duties contained in the Equalities Act 2010, the Authority needs to show that it has considered all individuals when shaping policy or delivering services. Officers have therefore undertaken an Equality Impact Assessment which is included as an appendix and should be taken into account by members when reaching their final decision in this matter.

9.0 Risk Management

- 9.1 The processes suggested in this report are important to assist the achievement of the budget for adult social care. This is the highest risk budget within the Council so timely implementation of action would assist greatly in achieving budget savings.
- 9.2 There is an equal risk to the Council from the failure to deliver statutory levels of care to those with critical or substantial care needs. All changes will therefore have to be considered against the possible impact on this statutory duty.

10.0 Background

- 10.1 Customer demand has changed over time for day and respite services. One of the key factors in this has been personalisation. This has allowed service users to opt to purchase services from the independent sector via a direct payment rather than receiving them from the Council. As such, it gives them the opportunity for greater choice and control.
- 10.2 The Council has recognised that it must respond to rising expectations of service quality. Following the Cabinet Paper in January 2011 on Lifestyle Centres, pilots have taken place for interested service users with lower levels of need at Wilmslow and Macclesfield Leisure Centres. These pilots have offered service users greater choice and variety in services, offering the potential for real enhancement in quality of life. They therefore offer a genuinely empowering alternative to existing day services for some service users.
- 10.3 A consequence of these two factors has been that a number of Council day services are experiencing significant under capacity. This means these services are disproportionately expensive in relation to the number of customers they assist.
- 10.4 A first stage to addressing these concerns was the consideration of transferring services from Bexton Court, Peatfields, Dean Row, the Stanley Centre and Queens Drive. This would generate financial efficiency savings and the potential for capital receipts subject to the future use of buildings. There is also a need to invest in the remaining building stock since some facilities are below standard. This will also allow the lifestyle approach to be developed.
- 10.5 The second stage of this work will be to explore other, borough-wide options including longer term developments around Lifestyle, co-location of teams and the development of flexible facilities capable of coping with future, changing demand and expectations. This work will also need to incorporate changing demand for Intermediate care beds, alternative complex Learning Disability respite facilities and new Health proposals emerging around the development of the Tatton site in Knutsford

The background papers relating to this report can be inspected by contacting the report writer:

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Appendices:

A: Location Map

B: Business case

C: Business Case Summary Sheets

D: Consultation Report

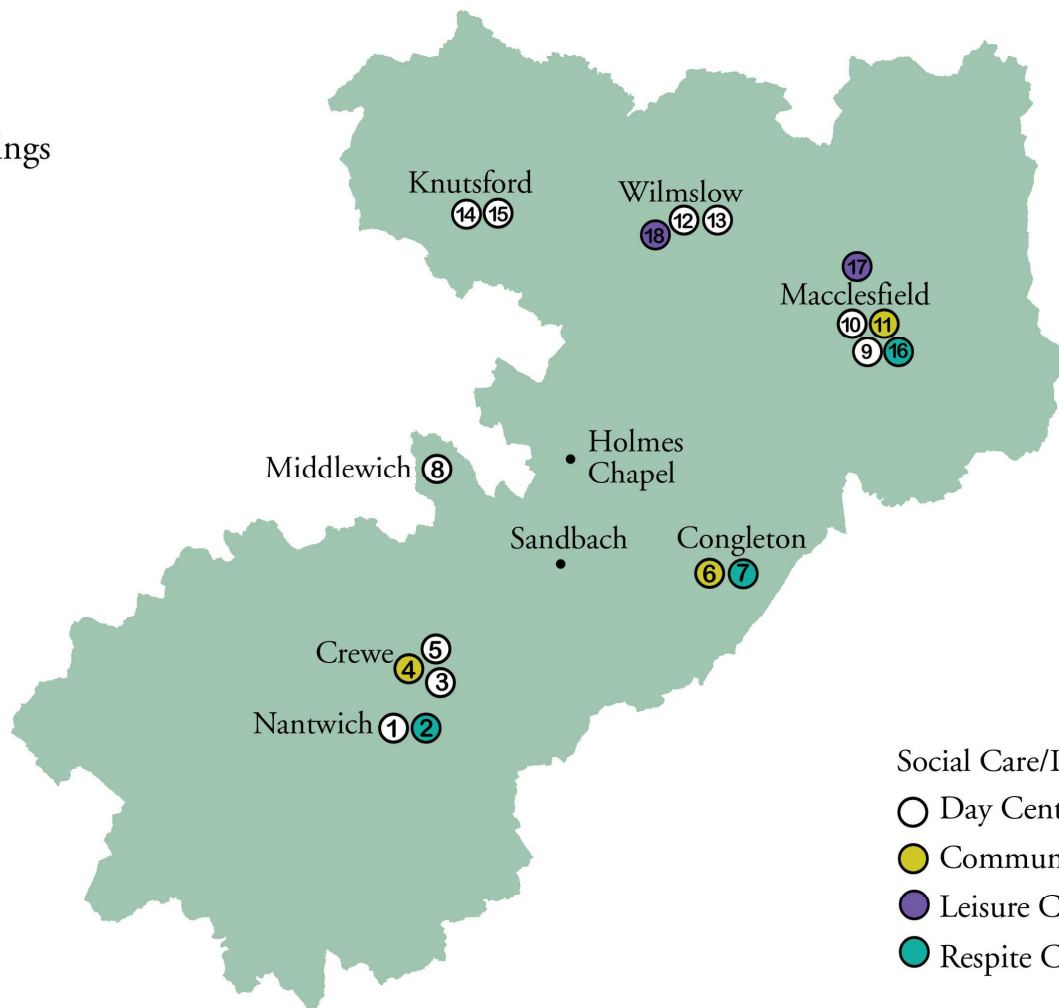
E: Equality Impact Assessment

APPENDIX A: LOCATION MAP

Improvements to Adult Social Care Services - Cheshire East

Social Care Buildings

- 1 - Cheyne Hall
- 2 - Queens Drive
- 3 - Hilary Centre
- 4 - Lincoln House
- 5 - Macon House
- 6 - Mountview
- 7 - Carter House
- 8 - Salinae Centre
- 9 - Peatfields
- 10 - Mayfields
- 11 - Hollins View
- 12 - Redesmere
- 13 - Dean Row
- 14 - Bexton Court
- 15 - Stanley Centre
- 16 - Warwick Mews
- 17 - Macclesfield LC
- 18 - Wilmslow LC



Social Care/Leisure Buildings

- Day Centres
- Community Support Centres
- Leisure Centres
- Respite Centre



Improvements to Adult Social Care

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The Business Case

5 March 2012

Sponsor: Jacqui Evans

Author: David Laycock

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Jill Greenwood
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Dave Watson
Simon Rice
Patrick Rhoden

INTRODUCTION

Cabinet approved (5 Sept 2011) a report regarding proposals to enhance facilities and potentially transfer some day and short breaks services from Bexton Court, Peatfields, Dean Row, the Stanley Centre and Queens Drive. That report also proposed a period of consultation regarding the proposed changes and requested that further work be undertaken to prepare a detailed business case for any investment in buildings and/or transfer of services with a subsequent report to Cabinet to follow

This report is that detailed business case which gives the background, explains the options considered and suggests the way forward for each of the four localities within the borough. These proposals incorporate the suggestions and opinions expressed during the period of consultation but the full consultation report is provided as a separate document and must be fully taken into account when examining the recommendations contained herein

SECTION ONE - BACKGROUND

STRATEGIC ISSUES

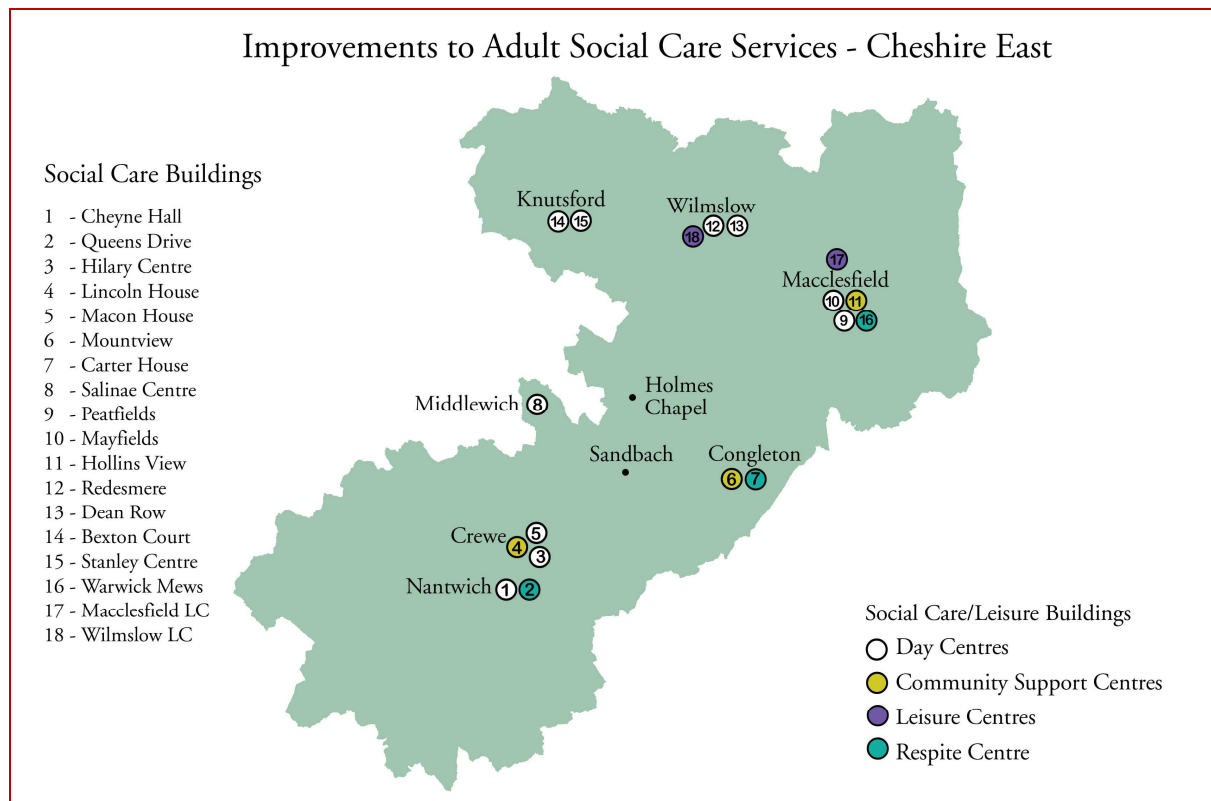
DEMAND

DEMOGRAPHICS

INDEPENDENT SECTOR

OCCUPANCY

FUTURE VISION



1.1 STRATEGIC ISSUES

Several key factors have combined to develop the situation in which the review of buildings used for delivering Adult social care was deemed necessary:

1.1.1 PERSONALISATION

Putting People First was a document published by the Government in October 2008 with cross party support. This sets out the agenda for a transformation of the way the social care system works, by adopting the 'personalisation' model. This aims to respond to the demographic challenges presented by an ageing society and the rising expectations of those who depend on social care for their quality of life and capacity to have full and purposeful lives.

Perhaps the most important element of Personalisation is its aim to give people choice over how they receive social care services. This is brought about by allowing Councils to offer individuals a personal budget which they can choose how to spend. This includes opting for Local Authority services or services offered by the independent or 3rd sector via a direct payment (so long as services meet their care needs). This option has radically altered both the way Councils have to think about service delivery and what customers expect from services.

A relevant passage from the Government's recent Think Local Act Personal policy document (January 2011) is:

"Personalisation and community are the key building blocks of a reform agenda, shaped around an individual's own expertise and resources. When people need ongoing support, this should help them to retain or regain the benefits of community membership including living in their own homes, maintaining or gaining employment and making a positive contribution to the communities they live in."

1.1.2 CARE4CE SERVICES

As a result of personalisation and in response to the increasing demand for care services, the Council agreed (Nov 2009) to a refocusing of the Council's in-house care services on three specific priorities:

- Crisis response
- Reablement service
- Complex longer term support.

This decision has been followed up by the drafting of a service level agreement with Care4CE (the staff who work directly with service users such as care workers).

These priorities reflect the need to concentrate resources where they can have the best effect; this is primarily on prevention and providing services where the market is unable to. The day and respite services review is bound up with delivering on these priorities and transitioning away from services which no longer fit with the overall strategy.

1.1.3 SOCIAL CARE REDESIGN

The redesign of Adult Social Care has been one of the largest transformation projects undertaken by Cheshire East Council. It has been a long term programme aimed at achieving full personalisation within Cheshire East Adult Services. A fundamental element within this has been a shift away from reliance upon building based services and promoting delivery by a range of independent providers. In this way real choice is aspired to for service users.

1.1.4 LIFESTYLE CENTRES

Cabinet agreed to the principle of lifestyle centres on 11 January 2011 which will see leisure, library and social care operating under one building. It also agreed to the principle of adult social care service users without intensive needs being relocated to 'lifestyle programmes' within these centres. This would:

- "Encourage integration and independence;
- Stimulate activity and fitness so providing longer-term, low intensity reablement & prevention thus reducing demand for more intensive social care;
- Open up access to activities to the broader population rather than just those deemed in need of attending 'ring-fenced' Day Centres"

Pilot schemes are now successfully operating in both Wilmslow and Macclesfield leisure centres. These utilise those centres as 'check-in' points before customers embark on a wide range of community-based activities.

1.1.5 COUNCIL BUDGET

Cheshire East, like most other authorities in the country, is still experiencing severe pressure on its adult social care services. It is trying to respond to this by reviewing the services it provides to make the best use of its limited resources.

In 2010/11, the last full financial year of operation, the Cheshire East adult social care service exceeded its budget by £9.7m. Significant investment has been built into the budget for 2011/12, part of which will be offset by savings that are required of £10m.

This financial pressure comes from a number of different areas.

Firstly, the Government has stated that local authorities will have their funding reduced by 28% over a four year period from 2011/12. This will mean that the Council has to carefully prioritise where it spends its money over this period.

Secondly, Cheshire East has an ageing population which is putting further pressure on resources. By 2016, the number of citizens aged 85 or over will increase by 42%. This is an additional 3,400 people in a potentially vulnerable group.

Thirdly, personalisation has allowed service users to opt out of Council services and instead receive a personal budget to spend on external services. This means the Council in effect is paying for services twice. This is because the Council must continue to run internal services for others who choose to remain with the Council, despite the fact less people are attending these centres. One solution to this problem is to re-size the Council's services so that they better fit current demand. However, ultimately the scale of service changes would depend on assessing whether modifications would bring about a disproportionate effect on different groups of service users in line with Equality legislation. Any proposed changes also need to have undergone a full and rigorous consultation exercise

Since the inception of the Council the directorate has grappled to contain the growth in care costs being incurred as a result of the demographics within the Borough. These are set to continue as the population ages, with those aged 65-74 anticipated to grow by over 17% and those over 85 anticipated to grow by almost 20% over the next 5 years alone.

Since 1st April 2009 care costs in Cheshire East have increased by 6% year on year compared with 4% nationally. The issues are not just confined to the ageing population. Learning Disability (LD) clients coming through transition from Children's Services to Adults are increasing, in terms of both numbers and in the complexity of conditions presented. Whilst the projected percentage increase is small (just over 3% over the next 5 years) the increase in costs can be disproportionately high as these are the highest cost service users. This is illustrated by the stark reality that 5 cases alone coming through transition from Children's Services accounted for the full £400k growth built into the Adults budget in 2010/11 to cope with increased demand. This is notable for example in respect of autism which often requires complex support.

However, it is the increasing number of older service users that has placed the most significant extra financial costs on the authority. For example, expenditure being incurred on over 85's in the current financial year is projected at over £20m. This is the beginning of a trend that shows this age category doubling over the next 15 years within the Borough. The latest projection in terms of Older People's service users is a year on year increase in costs in 2010/11 of £1.5m.

External factors outside the control of the department are also adding to the financial pressures. The current tough economic climate means people generally have less money. Personal capital and savings, which would previously have funded individual contributions to care costs, are being eroded. Even after rigorous financial assessment procedures and support to secure all the benefits available, many individuals are able to contribute less to the cost of their care, meaning greater costs to the Council. Returning self funders have significantly increased, previously from averaging about 6 per care period (80 per annum) to over 140 per annum.

Restrictions on other funding sources and changes in national benefits legislation also increase the local financial burden. This is illustrated by changes to the

Independent Living Fund (ILF) where no new awards are being made. It is estimated this has resulted in a reduction of income to clients within the Borough who previously would have been eligible to some £1.2m in the current financial year. This is income from central government which would have reduced our net costs of care.

1.1.6 CHESHIRE EAST DEMENTIA STRATEGY

Following a decision by Council on 2 March 2009, Cheshire East Council and Central and Eastern Cheshire PCT were commissioned to implement a local dementia care strategy in line with national guidance. The aim of this strategy is to ensure that appropriate services and timely are available for people with dementia throughout their lifespan. This strategy was taken to cabinet for briefing on 16 June 2009. Key decisions were also agreed here on a way forward for the Council's Community Support Centres. This included the idea of a having a base for dementia services in the North and South of Cheshire East.

An important theme of the Strategy is that people with dementia and their carers should have a range of options for services to support them. These include care both in their own homes and in residential settings such as Hollins View, thereby requiring a shift in the current delivery of services.

1.2 DEMAND FACTORS – BOROUGH-WIDE

1.2.1 AGEING POPULATION

The population of the borough is ageing and many day and respite services are currently being used by less people than they could be. Eleven of these services are below 70% capacity. This compares with the Council target for occupancy of 85%.

Although Cheshire East has an ageing population which is already meaning increased numbers of POTENTIAL service users, this is not reflected in these occupancy figures. One key reason for this is that people are choosing to receive care in other ways, for instance, by receiving care at home or by employing a Personal Assistant

1.2.2 POPULATION GROWTH

The population of Cheshire East is forecast to grow modestly over the next 30 years. This will see a rise from 362,700 in 2009 to 384,000 in 2029 (see table 1). This growth inevitably has a knock on effect of increasing demand for public services.

* **Population**

Table 1: Cheshire East Population Forecast

	2011	2014	2019	2024	2029
0-15	65440	64,600	64,400	63,500	63,300
16-44	122100	116,700	110,600	113,300	116,300
45-64	103520	104,900	106,700	102,700	95,900
65+	72880	79,600	88,200	97,000	108,500
Total	363,940	365,800	369,800	376,500	384,000

Source: Population forecasts (Population Forecasts January 2011 ; Research, Intelligence and Consultation Team Cheshire West and Chester Council). Note: 2011 figures have been interpolated from 2009 and 2014 figures.

For Adult Social Care Services it is particularly important to know not just the overall rise, but the rise for particular age groups. This is because some conditions are more prevalent for certain age bands e.g. the incidence of dementia rises significantly with age, likewise there is a greater proportion of people with learning disabilities in the lower age brackets.

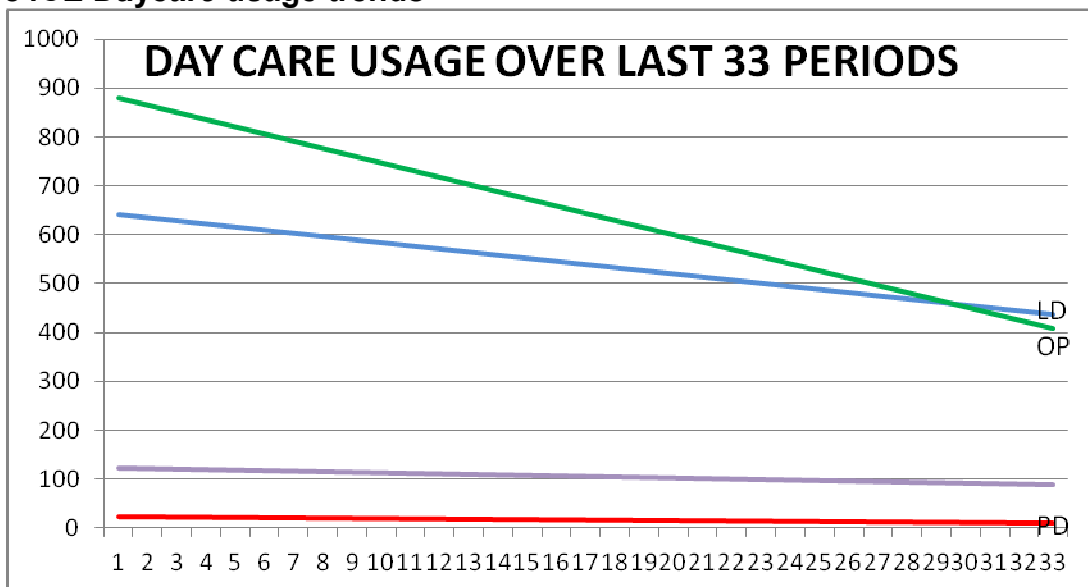
One way to predict demand for services is to look at what ratio of the current population meets eligibility criteria for social care services and then to apply this same ratio to a larger population size. See 'Forecasting' (section 1.2.5) for more information.

1.2.3 FUTURE DEMAND

The population figures above suggest that demand for services should be increasing, however this is not the case in respect of most of the Council's own building-based services.

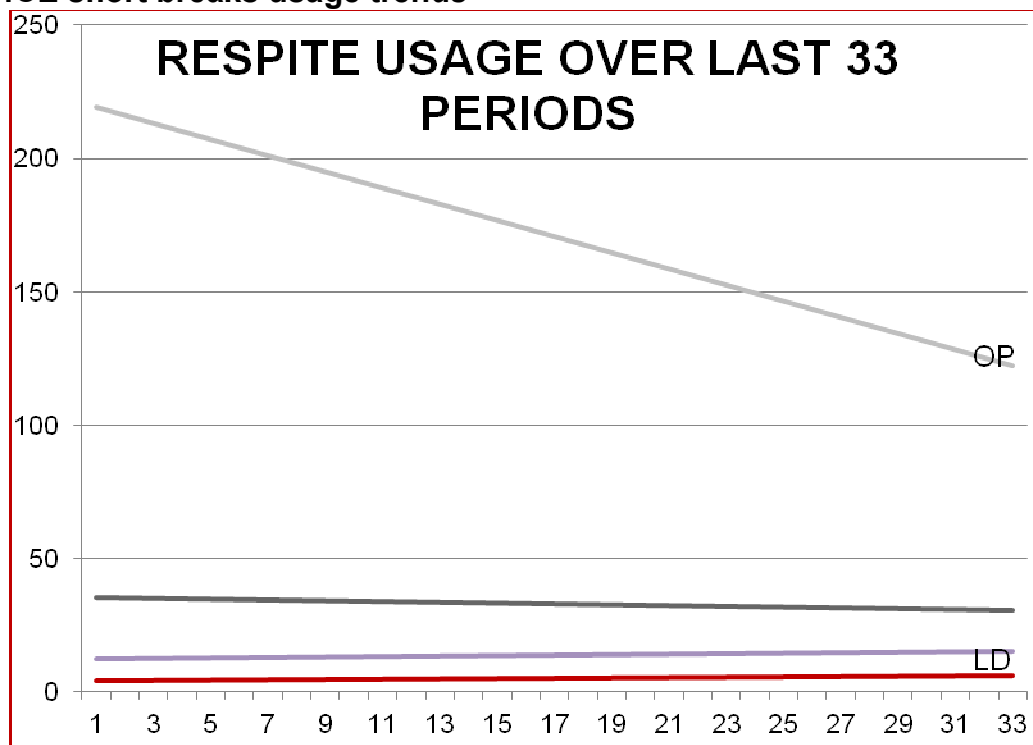
The charts below show how the number of customers for daycare and respite services has fallen significantly over the past 30 months (equals 33 charging periods). The only exception to this downward trend is usage of short break services for customers with a Physical Disability or Mental Health issues – however the base numbers here are low with customers per period currently standing at 15 and 8 respectively

Care4CE Daycare usage trends



	TOTAL USAGE APR-JUNE2009	TOTAL USAGE AUG-OCT 2011	CHANGE
LD	1819	1293	-28.9%
MH	65	35	-46.2%
OP	2384	1203	-49.5%
PD	331	253	-23.6%

Care4CE short breaks usage trends



	TOTAL USAGE APR-JUNE2009	TOTAL USAGE AUG-OCT 2011	CHANGE
LD	104	88	-15.4%
MH	14	24	+71.4%
OP	660	423	-35.9%
PD	30	46	+53.3%

The reasons for this overall reduction can be identified as follows:

- The increased take-up of Direct Payments has moved 'demand' into the private sector where increasing competition is offering lower cost services (especially respite) in higher quality establishments
- Direct payments cannot be spent on Council-run services
- People are using the principles of choice and control to find innovative alternatives to traditional service offerings
- The offer of free reablement services as part of initial assessment or review is helping to reduce the demand for long-term support
- Improved information, prevention and signposting is redirecting some people to other solutions
- The rigorous application of Fair Access to Care guidance and Council policy is ensuring that council-funded support is only directed towards those with the greatest need

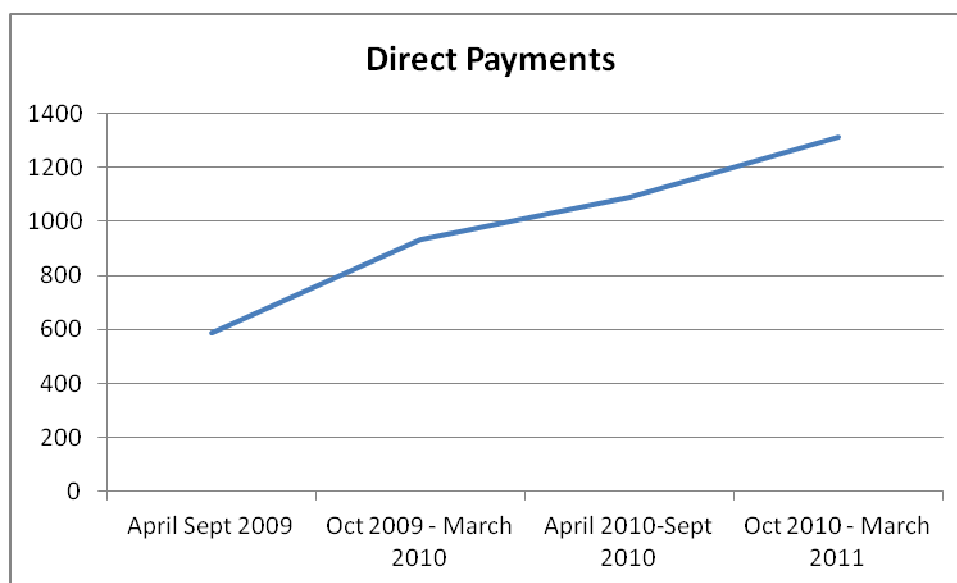
The only growth areas are those of Mental Health and Physical Disability respite.

- These reflect the increasing demand due to the growing prevalence of Dementia; indeed the % increase is likely to be an underestimate since the customer type used in the Councils' systems are likely to have recorded an initial customer type of 'Older Person' which has subsequently become a more dementia-prevalent case.
- Physical Disability groupings are quite small in volume but reflect a growth in increasingly complex and severe disabilities chiefly resulting from better post-natal care enabling those with more severe conditions to survive beyond childhood

1.2.4 GROWTH IN DIRECT PAYMENTS

Direct Payments give customers the opportunity to opt out of in-house Council care services, and instead receive a cash payment to spend on alternative methods of having their care needs met. As such they should be regarded as distinct from personal budgets which allow a customer to continue to receive Local Authority services whilst also 'buying in' other services.

The chart below shows the increase in Direct Payments that has occurred over time in Cheshire East since April 2009.



A number of factors are concerned in bringing about present/future growth. These include:

- Government legislation/guidance e.g. Government target of all service users being on personal budgets in local authorities by 2013 which is likely to have a knock on effect on direct payments
- Growth of the independent sector market
- Proportion of service users who would most directly benefit from taking up internal rather than external services

- Ability of customer/their carers to be proactive with their care management
- Internal Local Authority culture (including pro-activeness of commissioning staff in promoting this option)
- Advice and support given by advocacy groups.

1.2.5 FORECASTING

The following data is an attempt to forecast the growth of service take-up in the coming years. It should not be understood as a prediction because many simplifications and assumptions have to be applied to the calculations to make them serviceable. All conclusions reached from this data should therefore be drawn with caution.

Different methodologies have been applied in some instances so Borough-wide and LAP figures may not tally.

Direct Payments Scenarios

Use of an alternative provider to the Council for day services is classified under the category of a direct payment for the purposes of this analysis:

Two scenarios have been developed which forecast the potential future growth of direct payment usage based on a number of basic assumptions (see previous section). These are designed to illustrate rather than to predict. These scenarios are:

DP1: Maximising Choice

This scenario is based on an 'optimistic' view of the growth of the independent sector market. It is based on the idea that successive Governments maintain their drive for this to expand and that service users embrace the opportunity for greater choice and personalisation in their care service provision.

Increases in direct payments take up are calculated by levels of service user need. The hypothesis is that those with lower level needs are more likely to embrace the independent sector care market and it will be those lacking in capacity (and with limited access to support e.g. from a carer or relative) who will remain within Council care services.

DP2: Gradual Adoption

This scenario envisages a less steep growth in usage of the independent sector. However, take up is still pronounced due to the afore-mentioned factors such as targets from central government.

It should be noted that whilst these two scenarios have been created for the purposes of guiding decision making, the Council have not endorsed either approach.

Learning Disability – Borough Wide (population growth methodology)

	2011 (actual)	2015	2020	2025	2030
18-34	152	93	95	95	97
35-54	188	255	245	246	255
55-74	79	103	111	115	114
75-86	12	4	4	5	6
Total	431	454	455	461	473
DP1	431	400	237	175	113
DP2	431	418	401	240	189

Methodology: Population data applied from POPPI to current proportions (by age) of LD day service usage.

Learning Disability – Borough Wide (alternative methodology)

	2011 (Actual)	2015	2020
16-44	245	255	277
45-64	143	149	158
65+	43	47	42
TOTAL	431	452	477
DP1	431	398	248
DP2	431	377	337

Notes: Growth in service usage calculated from children with special educational needs statements, this figure is offset by expected attrition of current service users (using prescribed mortality rates). Methodology adapted from the Centre for Disability Research "Estimating Future Need for Adult Social Care Services for People with Learning Disabilities in England".

Learning Disability by LAP (Local Area Partnership area) **Summary Table**

LAP	Actual	2015	2020	DP1 2015	DP1 2020	DP2 2015	DP2 2020
Crewe and Nantwich	125	142	156	125	81	130	137
Congleton	92	84	73	74	38	77	64
Macclesfield	115	117	120	103	62	108	105
Poynton and Wilmslow	47	59	72	52	38	54	64
Knutsford	44	41	36	36	19	37	32

Note: all LAP calculations follow an adapted version of Centre for Disability Research methodology

Dementia Borough Wide (population growth methodology)

	2011	2015	2020	2025	2030
Total population aged 65 and over predicted to have dementia	5,091	5,765	6,792	8,068	9,514
Day Care Usage	66.0	74.7	88.1	104.6	123.3
DP1	66	67	70.4	83.7	92.5
DP2	66	71.0	80.1	91.0	101.1

Note: This applies a narrow criteria to dementia day care with only clients who are classified as having this as a primarily client type being used for the purposes of calculations. Data taken from POPPI, current proportions of service take up applied to future population growth.

Day Service Usage (population growth + dementia register)

	Total on Dementia Register	2011 Day Service Total (actual)	2017 Dementia (wider definition)	2017 forecast	DP1 2017	DP2 2017
Congleton	184	22	216	19.8	17.8	18.8
Knutsford	39	4	42	3.8	3.4	3.6
Macclesfield	182	22	203	18.6	16.7	17.7
Crewe and Nantwich	226	15	257	23.6	21.2	22.4
Wilmslow and Poynton	89	3	97	8.9	8	8.5

Note: population data for LAPs is only available up to 2017 (supplied by Research and Intelligence). A log of dementia users with wider criteria is used to get a more accurate reflection of dementia in a particular area as actual current numbers of dementia daycare customers (with this as a primary client

type) are low. Current service users have been disregarded because of high mortality rates for the condition.

Physical Disability

Note: Physical disability calculations include service users classified as having a visual impairment, a hearing impairment, frail/temporary illness, other physical and sensory loss and dual sensory loss.

Physical Disability – Borough Wide (population growth)

	2011 (actual)	2015	2020	2025	2030
65+	105.0	119.0	130.4	142.6	158.7
<65	24.0	23.5	24.2	24.8	24.1
Total	129.0	142.5	154.7	167.4	182.8
DP1	129	125.4	108.3	87.0	69.5
DP2	129	131.1	122.2	108.8	95.0

Notes: under 65s and over 65s have been split up with two different rates of population growth used. Data from POPPI for unders 65s used for people with a severe physical disability, for over 65s data used for people requiring a community based service

Physical Disability by LAP (population growth)

		2011 (actual)	2017	DP1 2017	DP2 2017
Congleton					
	16-44		1.9	1.6	1.7
	45-64		7.0	6.0	6.3
	65+		33.1	28.5	29.8
	Total	38.0	42.0	36.1	37.8
Knutsford					
	16-44		0.7	0.6	0.6
	45-64		2.6	2.2	2.3
	65+		12.6	10.8	11.3
	Total	15	15.8	13.6	14.2
Macclesfield					
	16-44		1.9	1.6	1.7
	45-64		6.5	5.6	5.8
	65+		25.7	22.1	23.2
	Total	32	34.1	29.3	30.7
Crewe and Nantwich					
	16-44		1.7	1.5	1.5
	45-64		5.6	4.8	5.0

	65+		23.0	19.8	20.7
	Total	28	30.3	26.0	27.3
Wilmslow and Poynton					
	16-44		0.7	0.6	0.6
	45-64		2.5	2.2	2.3
	65+		11.6	10.0	10.4
	Total	14	14.9	12.8	13.4

Notes: Population growth method applied to current ratios of service usage. Weighting applied for different age groups. LAP Population data supplied by R&I Cheshire West and Chester

Respite

Dementia - Internal Respite Take Up (Borough wide)

	2011	2015	2020	2025	2030
Total Service Users requiring respite services	237.0	260.9	299.0	349.3	408.7
DP1	237	189.6	154.1	118.5	83
DP2	237	213.3	189.6	165.9	142.2

Notes: Figures based on applying current percentages of respite take up to predicted dementia growth (source: POPPI)

Dementia – Respite by LAP area (number of service users)

LAP	Internal Respite Users 2011	External	Forecast Internal Respite Take Up 2017 (no. of individuals)	DP1	DP2
Crewe and Nantwich	108	125	82.6	61.1	74.1
Macclesfield	63	71	47.6	35.2	58.3
Congleton	10	8	76.4	56.6	62.2
Wilmslow and Poynton	43	51	45.3	33.6	28.0
Knutsford	10	12	20.4	15.1	12.0

Note: Figures calculated by applying current respite take up rate to dementia register (split by LAP area) adjusted for population growth.

Learning Disability - Respite (Borough wide)

Borough wide (based on population growth)

	2011 (Actual)	2015	2020	2025	2030
People aged 18-24	54	52	48	48	53
People aged 25-34	52	60	65	65	64
People aged 35-44	85	76	75	85	90
People aged 45-54	65	67	63	55	57
People aged 55-64	57	55	61	65	61
Total population aged 18-64	313	311	312	319	324
Total S.Users requiring respite services	87.0	86.4	86.7	88.7	90.1
DP1	87.0	76.1	45.1	33.7	21.6
DP2	87.0	79.5	76.3	46.1	36.0

Note: POPPI data on Adults with severe learning disability used applying current proportion of respite take up (age range 18-64)

Learning Disability Respite – LAP area

LAP	Actual	2015	2020
Crewe and Nantwich	25.7	29.2	32.1
Congleton	18.9	17.3	15.0
Macclesfield	23.7	24.1	24.7
Poynton and Wilmslow	9.7	12.1	14.8
Knutsford	9.0	8.4	7.4
Total	87.0	91.1	94.0
DP1	87.0	80.2	48.9
DP2	87.0	73.8	43.0

Note: Figures calculated by applying current proportion of respite service usage to day service data

1.2.6 INDEPENDENT SECTOR PROVISION

The commercial provision of residential and respite care continues to grow in Cheshire East. Whilst the Council no longer provides long term residential care the respite provision directly ‘competes’ with the services offered by Care4CE and, due

to the introduction of personalisation, is increasingly diverting customers from those services.

The table below illustrates current availability of care home beds. Not surprisingly it can be seen that those private sector beds are mostly concentrated on the wealthier areas within the borough, especially in respect of dementia care. Crewe and Congleton can readily be identified as having the lowest availability of such provision and are therefore most in need of council-run services until the external market can be stimulated to meet the required demand

AREA	CARE HOMES	TOTAL BEDS	BEDS PER 1000 POP'N	CARE HOMES OFFERING DEMENTIA CARE	DEMENTIA CARE BEDS	DEMENTIA BEDS PER 1000 POP'N	HOUSEHOLD INCOME
KNUTSFORD	18	930	14.3	9	563	8.67	£42,500
(WILMSLOW)							£43,200
(POYNTON)							£44,600
MACCLESFIELD	30	1057	20.33	11	627	12.06	£38,100
CONGLETON	25	820	11.5	11	450	6.3	£37,600
CREWE	25	974	11.19	15	552	6.3	£32,600
(NANTWICH)							£38,800

1.2.7 OCCUPANCY LEVELS

During the consultation on these proposals one of the key areas provoking questions from the public was that of the falling occupancy levels presented as part of the rationale for reviewing the usage of buildings

It is difficult to be precise about such %-based figures because of the following factors:

RESPITE/SHORT BREAKS

- These figures are the more precise since they are based on physical bedrooms and it is therefore easy to count these and the number of nights they are occupied
- However occupancy can be distorted downwards if the rooms are not adequately equipped to deal with higher levels of disability, particularly

physical disabilities which demand specialist handling equipment and may preclude use of rooms where emergency evacuation would not be possible

DAY CARE

- Whilst staffing levels can be flexed to cope with different types of demand the physical capacity of a building to 'house' a given number of individuals should be simple to estimate. However this can also be affected by the level of need for any given person: for example someone using a large, motorised wheelchair will require more space to manoeuvre without risking injury to others. Others with greater mobility require less space and can access floors above ground level with reduced safety concerns
- Staffing level in all buildings have been adjusted downwards to reflect falling demand giving lower levels of staffed capacity. However using this figure as the base for any percentage calculation would present a distorted picture (e.g. a building with a physical capacity of 20 might only be attended by 2 people suggesting 10% occupancy – if only staffed to match those two people's needs then the occupancy could be said to be 100%)
- Occupancy levels are also affected by the number of people who remain in the building for the full day. In recent years we have encouraged individuals to become involved in a wide range of community-based activities which often means that a centre is only used as a 'check-in' point before moving into the community. The number of people registered to attend will therefore always be higher than those that actually stay within the building – other venues could be used as that 'check-in' point
- Attendance level are also affected by sickness and other reasons for absence – requiring a place to be 'reserved' but not filled on some occasions

1.2.8 FUTURE VISION

Cheshire East Council (CEC) is committed to developing a mixed economy of care to maximise choice for customers, under personalisation.

We will continue to work with the independent sector, to encourage and develop alternatives to services provided by CEC in all areas; in line with what our customers are telling us they need and want. CEC will develop SMART (Skilled Multi Agency Response Team) teams; team hubs will be based in the 4 key population areas. We will continue to develop integrated neighbourhood teams aligned to GP practices. CEC will continue to provide day and respite services, which we will monitor and continue to redesign, in line with changing demand and expectations, and within the available resources.

In relation to our specific LAP areas:

Wilmslow/Knutsford:

- Provide local specialist Older People (OP), Learning Disability (LD), Physical Disability (PD) and Dementia day services from Redesmere, for people with complex needs.
- Develop day services for more independent (predominantly LD) in line with lifestyle developments.
- Access Hollins View, Mountview and Warwick Mews, for Dementia, O/P and LD respite services
- Develop integrated SMART and frontline team with Independent Living Centre, based in Lifestyle leisure centre development.. This will need to be temporarily based from Dean Row /Redesmere whilst the Lifestyle development is confirmed and completed.
- Hot-desking in GP practices.
- Retain LD day services in Knutsford.
- Explore opportunities with Health for services in Knutsford; including modelling of Intermediate Care (Step Up/Step Down) provision.

Macclesfield:

- SMART team base at Alderley Building, Macclesfield District Hospital site.
- Hot-desking in GP practices.
- Offer Dementia and O/P day and respite support from Hollins View and by adapting the current Youth Offending Team building.
- Continue to offer Intermediate Care provision from Hollins View.
- Opportunity to redevelop Hollins View over the next 3 years to incorporate dual registration and offering nursing and residential intermediate care bed-based services with Health (step up/step down facility).
- Offer LD and PD day services from Mayfield.
- Continue to offer LD respite from Warwick Mews in the short term, in line with possible opportunities with Hollins View redevelopment.

Congleton:

Phase 1:

- Continue to offer LD day services from Carter House.
- Continue to offer Dementia and PD day services from Salinae.
- Offer Dementia and O/P day and respite support from Mountview.
- Offer specialist LD respite from Mountview.
- SMART based at Riverside.
- Hot-desking in GP Practices.

Phase 2:

- Explore opportunities for Lifestyle opportunities development.
- Evaluate demand from Dementia and LD day and respite provision, in line with occupancy at Mountview, Carter House and Salinae and make recommendations for future provision in Congleton.

Crewe/Nantwich:

- Provide O/P, Dementia and specialist LD respite at Lincoln House.
- Continue to provide Intermediate Care beds in line with the Intermediate Care review with Health.
- Evaluate current provision and opportunities for a lifestyle development (connections with Macon House/Jubilee House).
- Develop Eaglebridge base for integrated SMART, frontline and ILC for South.
- Hot-desking in GP Practices.
- Continue LD day service provision in Nantwich at Cheyne Hall.
- Potential development of Redsands to provide additional long term accommodation for people with complex needs (LD and MH)

SECTION TWO

LOCAL AREA SUMMARIES

KNUTSFORD/WILMSLOW/POYNTON

MACCLESFIELD

CONGLETON

CREWE/NANTWICH

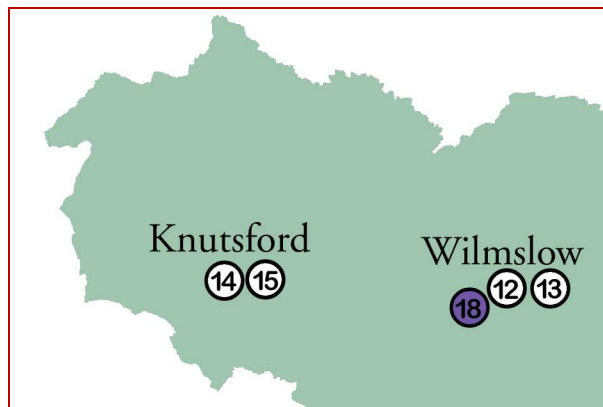
LOCAL AREA SUMMARIES

The following analysis is based upon the four areas around which social care is organised in Cheshire East. These areas are built up from the Local Area Partnership (LAP) footprints with some areas combining more than one LAP in order to give an approximately equal population distribution

For each area we give a brief overview then list the social care establishments in operation together with a pen-portrait of each. We then go on to explain the options considered in relation to those buildings and summarise the final recommendations

NB: The building occupancy figures quoted are the latest available at the time of writing and are based on analysis covering the period April 2011-January 2012

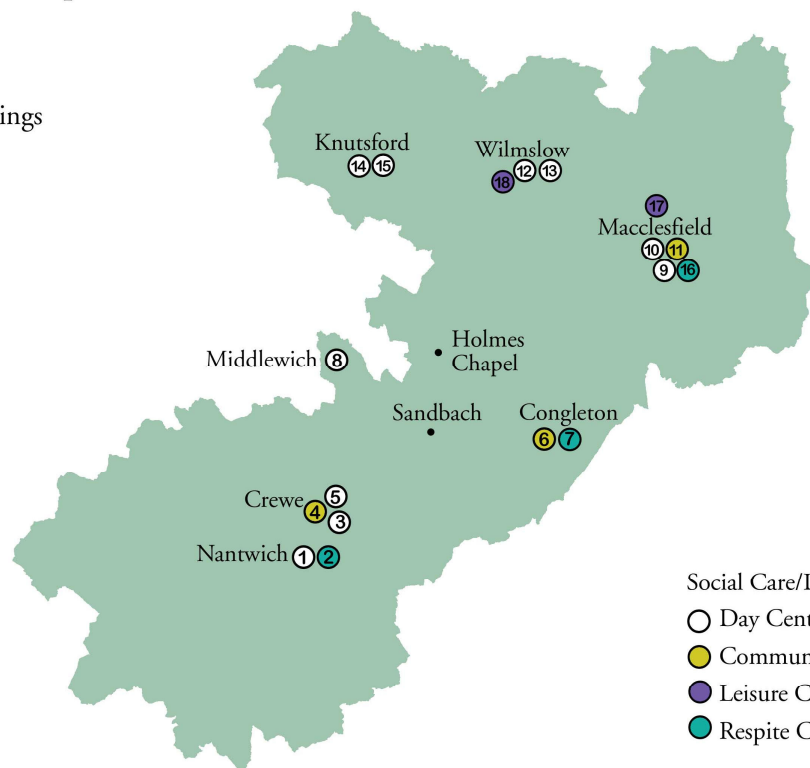
2.1 KNUTSFORD/WILMSLOW/POYNTON



Improvements to Adult Social Care Services - Cheshire East

Social Care Buildings

- 1 - Cheyne Hall
- 2 - Queens Drive
- 3 - Hilary Centre
- 4 - Lincoln House
- 5 - Macon House
- 6 - Mountview
- 7 - Carter House
- 8 - Salinae Centre
- 9 - Peatfields
- 10 - Mayfields
- 11 - Hollins View
- 12 - Redesmere
- 13 - Dean Row
- 14 - Bexton Court
- 15 - Stanley Centre
- 16 - Warwick Mews
- 17 - Macclesfield LC
- 18 - Wilmslow LC



Social Care/Leisure Buildings

- Day Centres
- Community Support Centres
- Leisure Centres
- Respite Centre

2.1.1 AREA PROFILE

(Extracts from 'Local Area Partnership Profile' published by CEC Research & Intelligence – full version available at

http://www.cheshireeast.gov.uk/community_and_living/research_and_consultation/cheshire_east_area_profiles/local_area_partnership_profile.aspx)

- ✚ **Knutsford** is the LAP in Cheshire East with the second smallest population and has a population density of 1.34 people per hectare. The population age distribution was similar to that for England & Wales. It is worth noting that the proportion of the population in Knutsford LAP (14%) in the 15-30 age group is lower than for England & Wales (20%).
- ✚ The unemployment rates in Knutsford LAP are lower than those for Cheshire East and England.
- ✚ Average household income in Knutsford LAP was higher than the average for England & Wales and Cheshire East.
- ✚ None out of the 17 LSOAs in Knutsford LAP were in the top 20% most multiply deprived nationally in the Knutsford LAP contained the ward with the highest estimated life expectancy in Cheshire East – Knutsford Norbury Booths (86.4 years).
- ✚ The proportion of people with a limiting long term illness or disability, the proportion of people claiming Disability Living Allowance and the proportion of people not in good health were similar to the proportions in Cheshire East.

- ✚ **Wilmslow** LAP has the fourth largest population of all the LAPs in Cheshire East, and the second highest population density. It had a low proportion of 20-30 year olds in comparison with England & Wales.
- ✚ Unemployment rates were lower than those for England and Cheshire East. Wilmslow was the LAP with the lowest percentage of unemployed people aged under 25.
- ✚ Average household income in Wilmslow LAP was higher than the average for England & Wales and Cheshire East.
- ✚ Two of the 22 Lower Super Output Areas in Wilmslow LAP (Wilmslow Town Dean Row & Handforth L4 and L6) were in the top 20% most multiply deprived nationally in the Index of Multiple Deprivation 2007.
- ✚ The proportion of people with a limiting long term illness or disability, the proportion of people claiming Disability Living Allowance and the proportion of people not in good health were similar to the proportions in Cheshire East.

- ✚ **Poynton** is the LAP in Cheshire East with the smallest population. The population age distribution differed from that for England & Wales. Poynton LAP had lower than the England & Wales average for every age group below 45-49 years (except for 10-14 years) and higher than the England & Wales average for every age group from 45-49 years and older.
- ✚ Unemployment rates were lower than those for England, and lower than the rates for Cheshire East.

- ✚ Average household income in Poynton LAP was higher than the average for England & Wales and was the highest in Cheshire East.
- ✚ None of the 17 LSOAs in Poynton LAP were in the top 20% most multiply deprived nationally in the Index of Multiple Deprivation 2007
- ✚ Poynton LAP had the second highest proportion, after Nantwich, of people saying they had a limiting long term illness or disability in the Communities of Cheshire Survey. The proportion of people claiming Disability Living Allowance and the proportion of people not in good health were similar to the proportions in Cheshire East.

2.1.2 CEC SOCIAL CARE BUILDINGS IN THIS AREA

Redesmere	
Description of the service	<ul style="list-style-type: none"> • Day service provision for older people and older people who have Dementia. • Registered office for Wilmslow Supported Living Network (SLN), which provides accommodation based support to people with learning disabilities in the community. • Also Office base for the OT Team and Choice Equip. • Base for the Ability Aware shop
Description of the building	Well maintained single storey building within large grounds which has a car park with safe drop-off zone. The building is well equipped to meet the needs of customers who have significant support needs
Occupancy	<ul style="list-style-type: none"> • Average Daily attendance = 20 • Number remaining in building each day = 20 • Estimated capacity = 30 • Occupancy level = 66%
Dean Row	
Description of the service	<ul style="list-style-type: none"> • Day service provision for Adults who have a learning Disability. • This service is split, with a number of customers who have less complex support needs receiving their support from a base at Wilmslow Leisure Centre (The lifestyle Group). The customers who receive their service from within Dean Row have more complex support needs, and require some specialist equipment to assist with their support.
Description of the building	The building is a large two storey building from which a day service has been provided on the ground floor for a number of years. The building has a number of meeting/activity rooms and a large well equipped light and sound room. On the first floor of the building are a number of office and

	meeting rooms which until recently were used by a social work team. The first floor can be accessed by a staircase or lift
Occupancy	<ul style="list-style-type: none"> • Average Daily attendance = 23 • Number remaining in building each day = 23 • Estimated capacity = 40 • Occupancy level = 58%
Stanley Centre (Knutsford)	
Description of the service	Learning disability day service – Ground floor capacity is now estimated to be approximately 55, although there is an historical capacity of 60. The service is currently staffed for 40 service users - dependent on need.
Description of the building	<p>The building comprises an older 3 storey side of the building and an adjoining, mainly single storey element. The original Stanley House building is over 80 years old, The more modern part of the building (Stanley Centre) Dates from 1985.</p> <p>The day service is provided on the ground floor. On the first and second floors of the building are a number of office and meeting rooms, some of which, until recently were used by a social work team. The first and second floors can be accessed by a staircase or lift.</p>
Occupancy	<ul style="list-style-type: none"> • Average Daily attendance = 33 • Number remaining in building each day = 33 • Estimated capacity = 55 • Occupancy level = 61%

2.1.3 ORIGINAL OPTIONS PROPOSED FOR THIS AREA

- Investing in Redesmere to provide for customers with learning disabilities and physical disabilities as well as a service for older people and those with dementia
- Closure of Dean Row with customers moving to Redesmere
- Closure of the Stanley Centre with customers transferring to Wilmslow lifestyle, Redesmere or local community options
- Investment in Wilmslow leisure centre to enhance lifestyle accommodation and install Changing Places toilet

2.1.4 ADDITIONAL OPTIONS NOW CONSIDERED

- Retain the Stanley Centre as is

- Retain the new part of the Stanley centre with some modifications to improve bathroom facilities and separate from Stanley House
- Retain the new part of the Stanley centre with some modifications to improve bathroom facilities and separate from Stanley House. Develop to provide an alternative to East Terrace residential accommodation
- Conversion of space within Knutsford Leisure centre into a day care facility
- Use of Plumley Civic Hall as an alternative day care base
- Use of Knutsford Civic Centre as an alternative day care base
- Use of St Johns Community Centre as an alternative day care base
- Use of Winstanley House as an alternative day care base
- Use of East Terrace as an alternative day care base
- Closure of Redesmere with customers transferring to Dean Row after investment there to expand/improve facilities
- Closure of Day care at Dean Row with investment in Redesmere to expand/improve facilities and capacity
- Alternative service offerings from 3rd sector and other partners

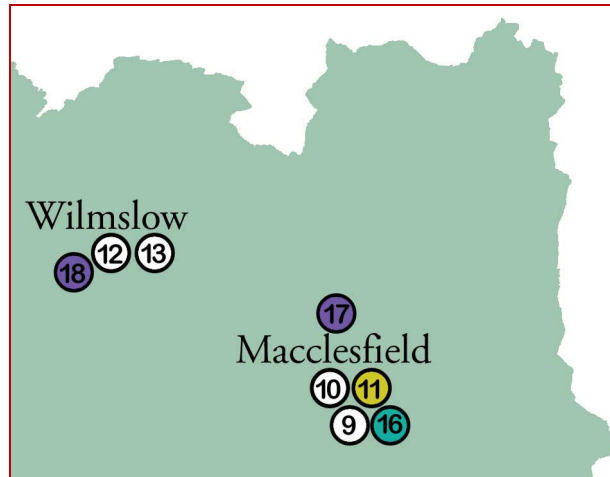
2.1.5 KEY POINTS CONSIDERED

- Stanley Centre considerably underused but strong local feelings that some services should remain local
- Difficult to find suitable, stable, accessible alternatives to Stanley centre
- Customers had previously being successfully relocated from Bexton Court with minimal disruption and NO complaints
- Lifestyle experience viewed favourably during consultation but obviously not suitable for all levels of need

2.1.6 RECOMMENDATIONS FOR THIS AREA

- Retain the Stanley Centre but with investment to separate it from Stanley House and improve bathroom facilities
- Explore future options for Stanley House to include sale
- Invest in Changing Places facilities at Wilmslow Leisure Centre
- Bexton Court to be permanently closed
- Closure of Day Care at Dean Row with investment in Redesmere to expand/improve facilities and capacity

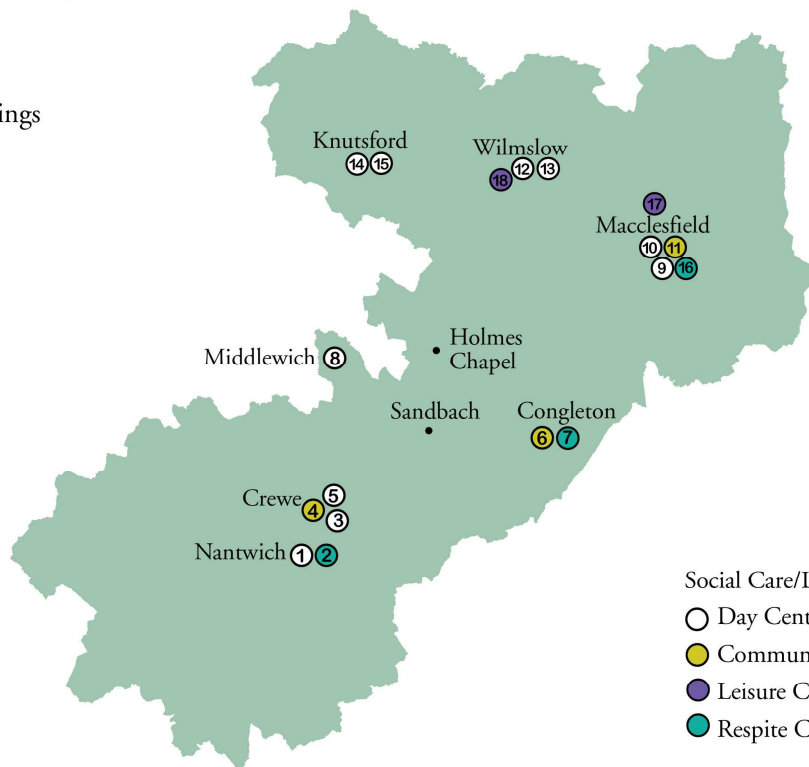
2.2 MACCLESFIELD



Improvements to Adult Social Care Services - Cheshire East

Social Care Buildings

- 1 - Cheyne Hall
- 2 - Queens Drive
- 3 - Hilary Centre
- 4 - Lincoln House
- 5 - Macon House
- 6 - Mountview
- 7 - Carter House
- 8 - Salinae Centre
- 9 - Peatfields
- 10 - Mayfields
- 11 - Hollins View
- 12 - Redesmere
- 13 - Dean Row
- 14 - Bexton Court
- 15 - Stanley Centre
- 16 - Warwick Mews
- 17 - Macclesfield LC
- 18 - Wilmslow LC



Social Care/Leisure Buildings

- Day Centres
- Community Support Centres
- Leisure Centres
- Respite Centre

2.2.1 AREA PROFILE

(Extracts from 'Local Area Partnership Profile' published by CEC Research & Intelligence – full version available at

http://www.cheshireeast.gov.uk/community_and_living/research_and_consultation/cheshire_east_area_profiles/local_area_partnership_profile.aspx)

- ✚ **Macclesfield** LAP is the Local Area Partnership in Cheshire East with the third largest population but with a population density slightly lower than average for Cheshire East. The population age distribution was fairly similar to that for England & Wales, but had a significantly lower proportion of people aged between 20-39 years and a significantly higher proportion of people aged between 40-60 years.
- ✚ Unemployment rates were lower than those for England, but higher than the average rate for Cheshire East.
- ✚ Average household income in Macclesfield LAP was higher than the average for England & Wales and very similar to the average for Cheshire East.
- ✚ Just one out of the 43 LSOAs in Macclesfield LAP (Macclesfield Town South L4) was in the top 20% most multiply deprived nationally in the Index of Multiple Deprivation 2007. This LSOA was also 6th in Cheshire East for Health Deprivation and Disability.
- ✚ Macclesfield LAP contained the ward (Macclesfield Tytherington) with the second highest estimated life expectancy (85 years) in Cheshire East.
- ✚ Macclesfield Town South had the highest hospitalised prevalence for mental health conditions in Cheshire East.

2.2.2 CEC SOCIAL CARE BUILDINGS IN THIS AREA

Hollins View	
Description of the service	<p>Community Support Centre, offering a total of 40 beds. These are made up of:</p> <ul style="list-style-type: none"> • Intermediate care beds (Usually 10 beds, but additional beds can be 'Spot purchased' and will on occasions total 15 beds) • Adults respite (Up to 30 beds, dependent on the demand for intermediate care beds) these beds would usually be predominantly for over 65's respite, but Hollins View also provides respite for younger adults, including younger adults who have a learning disability. • Also provide a 15 place OP day service
Description of the building	<p>A large 2 storey red brick building with a pitched tile roof. It has 4 wings which each have 10 bedrooms. Two of the wings are downstairs and two of the wings are upstairs, There are lifts and stairs to the 2 upstairs wings.</p> <p>On the ground floor there is a large secure open plan 'day' room and dining area – and off the main reception area are the offices and a</p>

	<p>small meeting room.</p> <p>On the same site as Hollins View is a separate building which is currently used by the Youth Offending Team – It is proposed that in the future this building may be used as a base to provide a Dementia day service.</p>
Occupancy	<p>Respite beds</p> <ul style="list-style-type: none"> • Average Daily attendance = 24 • Capacity = 30 • Occupancy level = 81% <p>Daycare</p> <ul style="list-style-type: none"> • Average Daily attendance = 4 • Estimated capacity = 15 • Occupancy level = 25%
Peatfields	
Description of the service	Learning disability day service with some customers receive a service away from the building (Lifestyle activities)
Description of the building	Peatfields is a single storey building which is approximately 47 years old. Although the building itself is single storey there is a connecting door which could provide access to the Park Lane site, which is an office base. The building is on the Macclesfield Learning Zone site. If retained the building would require investment – particularly in relation to the kitchen and toilet/changing areas.
Occupancy	<ul style="list-style-type: none"> • Average Daily attendance = 45 • Number remaining in building each day = 45 • Estimated capacity = 65 • Occupancy level = 69%
Mayfield Centre	
Description of the service	<ul style="list-style-type: none"> • The Mayfield Centre currently provides a day service for Adults who have Dementia (The Brockelhurst Group). • The Mayfield Centre also provides a service for Adults who have a physical disability.
Description of the building	The Mayfield Centre was opened in 1977 and is a well maintained single storey building which has had investment over recent years to improve the toilet/changing facilities. The building is brick built with large windows and a mixture of flat roof and pitched roof. Currently the different day services are split across different areas of the building and the building is well equipped to meet the needs of individuals who have significant support needs.
Occupancy	<ul style="list-style-type: none"> • Average Daily attendance = 30 • Number remaining in building each day = 30 • Estimated capacity = 45 • Occupancy level (Brockelhurst) = 67%, (PD Daycare) = 65%

2.2.3 ORIGINAL OPTIONS PROPOSED FOR THIS AREA

- Investing in Mayfield to provide for customers with learning disabilities and physical disabilities as well as a service for older people and those with dementia
- Investing in Hollins View to provide general respite and day and respite services for those with dementia and intermediate care services.
- Transferring customers from Peatfields to facilities described above
- Investment in Macclesfield leisure centre to enhance lifestyle accommodation and install Changing Places toilet

2.2.4 ADDITIONAL OPTIONS CONSIDERED

- Expanding Hollins View into adjacent Youth Offending Team building to expand capacity for dementia day care
- Improve access facilities to existing lifestyle accommodation
- Move some customers from Mayfields to Mountview to free capacity to accept customers transferring from Peatfields
- Move respite care customers from Warwick Mews to Mountview to allow re-use for customers returning from out-of-area placements
- Shared facilities with East Cheshire Hospice

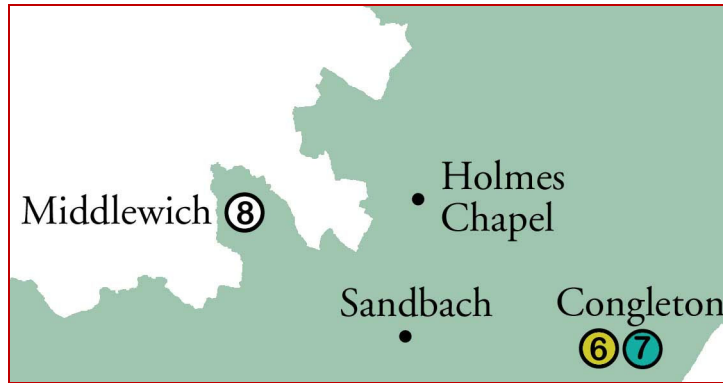
2.2.5 KEY POINTS CONSIDERED

- Requirement to increase dementia services but without disrupting current customers at Hollins View
- Lifestyle experience viewed favourably during consultation but obviously not suitable for all levels of need
- Peatfields would need investment to make fit for purpose but this would continue over-capacity issues
- Mountview is a higher quality building

2.2.6 RECOMMENDATIONS FOR THIS AREA

- Expand Hollins View by converting YOT Building
- Transfer Dementia Services from Mayfields to expanded Hollins View
- Close Peatfields with services transferring to Mayfields
- Further invest in Leisure Centre expansion and disabled facilities

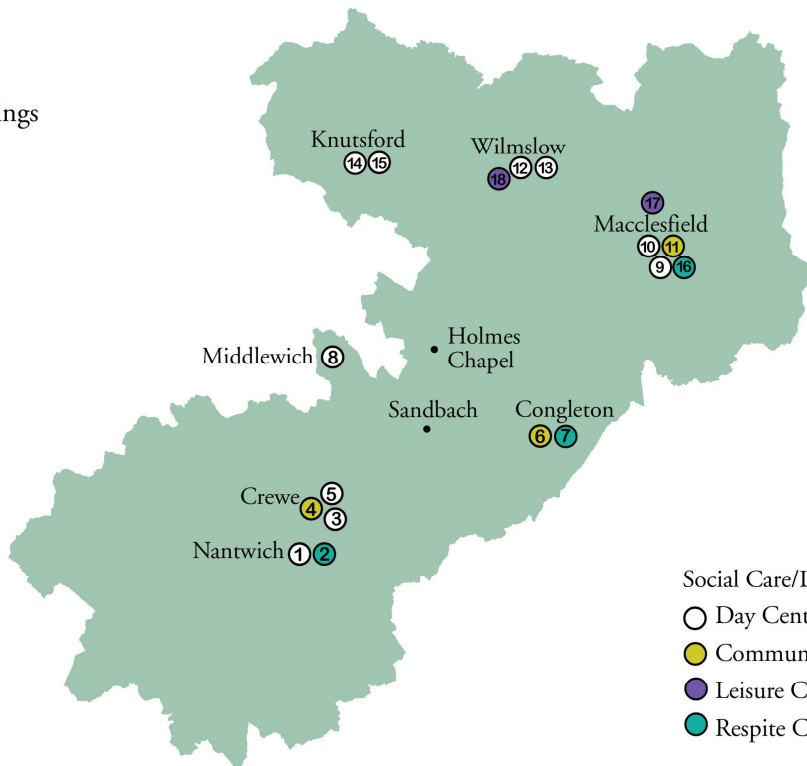
2.3 CONGLETON



Improvements to Adult Social Care Services - Cheshire East

Social Care Buildings

- 1 - Cheyne Hall
- 2 - Queens Drive
- 3 - Hilary Centre
- 4 - Lincoln House
- 5 - Macon House
- 6 - Mountview
- 7 - Carter House
- 8 - Salinae Centre
- 9 - Peatfields
- 10 - Mayfields
- 11 - Hollins View
- 12 - Redesmere
- 13 - Dean Row
- 14 - Bexton Court
- 15 - Stanley Centre
- 16 - Warwick Mews
- 17 - Macclesfield LC
- 18 - Wilmslow LC



Social Care/Leisure Buildings

- Day Centres
- Community Support Centres
- Leisure Centres
- Respite Centre

2.3.1 AREA PROFILE

(Extracts from 'Local Area Partnership Profile' published by CEC Research & Intelligence – full version available at http://www.cheshireeast.gov.uk/community_and_living/research_and_consultation/cheshire_east_area_profiles/local_area_partnership_profile.aspx)

Congleton is the LAP in Cheshire East with the largest population and the third-highest population density. The population age distribution was similar to that for England & Wales but had a higher proportion of people aged 55-64 and lower proportion of people aged between 20 and 30 years.

Unemployment rates were lower than those for England and similar to the rates for Cheshire East.

Average household income in Congleton LAP was higher than the average for England & Wales but was the second lowest in Cheshire East.

One of the 58 Lower Super Output Areas in Congleton LAP (Congleton East L3) was in the top 20% most multiply deprived nationally in the Index of Multiple Deprivation 2007.

The proportion of people with a limiting long term illness or disability, the proportion of people claiming Disability Living Allowance and the proportion of people not in good health were similar to the proportions in Cheshire East.

Congleton LAP contained the Middle Super Output Area with the lowest prevalence of hospitalisation for alcohol specific conditions in Cheshire East.

2.3.2 CEC SOCIAL CARE BUILDINGS IN THIS AREA

Mountview	
Description of the service	Community Support Centre, offering <ul style="list-style-type: none"> • Dementia respite (10 beds) • OP respite (22 beds) • OP Day service (20 places) • LD respite (3 beds)
Description of the building	A large 2 storey red brick building with a pitched tile roof. It has 4 wings, with lifts and stairs to the 2 upstairs wings. The ground floor west wing contains a secure 10 bed dementia respite unit. The ground floor east wing contains a new 3 bed learning disability respite unit and offices. Adjacent to and connected to this unit is the day service, with a separate entrance, situated in the former conference room on the ground floor.
Occupancy	Dementia respite – 80% OP respite – 58% LD respite – new service, data not available Daycare: <ul style="list-style-type: none"> • Average Daily attendance = 13 • Number remaining in building each day = 13

	<ul style="list-style-type: none"> Estimated capacity = 20 Occupancy level = 63%
Carter House	
Description of the service	64 place Learning disability day service
Description of the building	<p>Carter House is a newish (1980s) one storey brick building in the centre of Congleton, with a pitched slate roof. The main part of the building is not well designed and some thought may need to be given to the future layout.</p> <p>Modernisation and improvements are urgently needed to some areas, particularly the toilet / bathroom area.</p>
Occupancy	<ul style="list-style-type: none"> Average Daily attendance = 47 Number remaining in building each day = 27 Estimated capacity = 64 Occupancy level = 74% (42%)
Salinae	
Description of the service	<ul style="list-style-type: none"> Salinae is a 30 place day service for people with physical & sensory disabilities. The building is also used by Health and Childrens Services
Description of the building	<p>Salinae is a modern building (1990s), with brick walls, large windows and a pitched slate roof. It is built on a slope leading down from Lewin Street to the canal, with 2 storeys at the front of the building and 3 at the back. The building is shared with East Cheshire Community Health Trust who operate various clinics from Salinae (physio, chiropody and Health Visitors etc.) and with Children's Services (Middlewich & Holmes Chapel Children's Centre is based at Salinae).</p> <p>Most of the day service operates from the large ground floor, with good facilities for disabled people.</p>
Occupancy	<ul style="list-style-type: none"> Average Daily attendance = 19 Number remaining in building each day = 19 Estimated capacity = 30 Occupancy level = 63%
48 & 54 Lawton Street	
Description of the service	<p>Office bases for</p> <ul style="list-style-type: none"> Congleton Supported Living Network (SLN), which provides accommodation based support to people with learning disabilities in the community – 48 Lawton Street Shared Lives service (formerly known as Family Based Care) – 54 Lawton Street
Description of the	2 old terraced houses converted into offices, either side of the archway leading from Lawton Street to Carter House. The buildings are

building	inappropriate for office accommodation and there are issues with DDA compliance
Occupancy	<ul style="list-style-type: none"> • 48 Lawton St is the office base for Congleton SLN (learning disability network) and is used by about 6 staff per day • 54 Lawton St is the office base for Shared Lives (family based care) and is used by about 10 staff per day

2.3.3 ORIGINAL OPTIONS PROPOSED FOR THIS AREA

- Investing in Mountview to expand capacity as a specialist respite /short break facility for people with a learning disability (increase from 3 to 6 beds).
Transferring service users from Peatfields

2.3.4 ADDITIONAL OPTIONS CONSIDERED

- Closure of offices at 48/54 Lawton Street with staff transferring to other premises following investment
- Move services out of Carter House, relocating customers with complex needs at an enlarged Mountview. Develop community day services / lifestyle activities to enable customers with lower levels of need to be relocated.

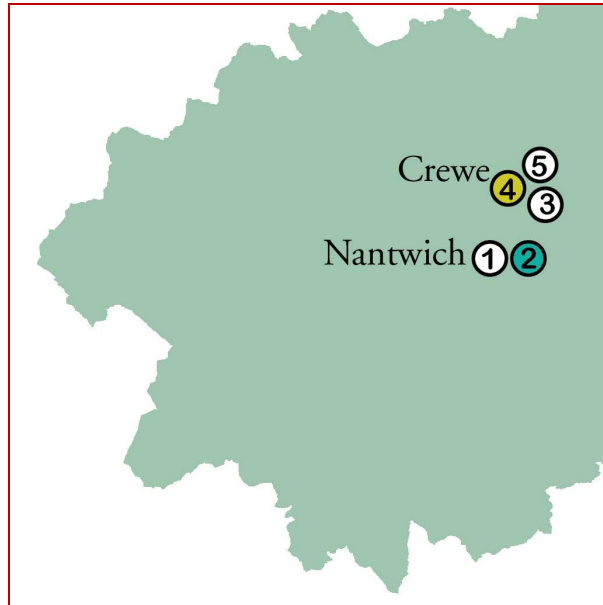
2.3.5 KEY POINTS CONSIDERED

- Original proposals for expanded LD respite at Mountview would have given required increase in capacity but the consultation highlighted additional journey times for Queens Drive customers. Lincoln House proposals developed instead
- Lawton street closures do not impact customers
- Options around Carter House require further exploration in light of possible Lifestyle developments in this vicinity
- Mountview dementia respite capacity is running at maximum levels – clear indications of additional capacity requirements for this service
- Carter House in need of refurbishment to make fit for purpose

2.3.6 RECOMMENDATIONS FOR THIS AREA

- Close 48/54 Lawton St with staff relocated to other buildings
- Develop Mountview as Dementia respite facility
- Possible investment in Carter House for the essential improvements to make it fit for purpose.

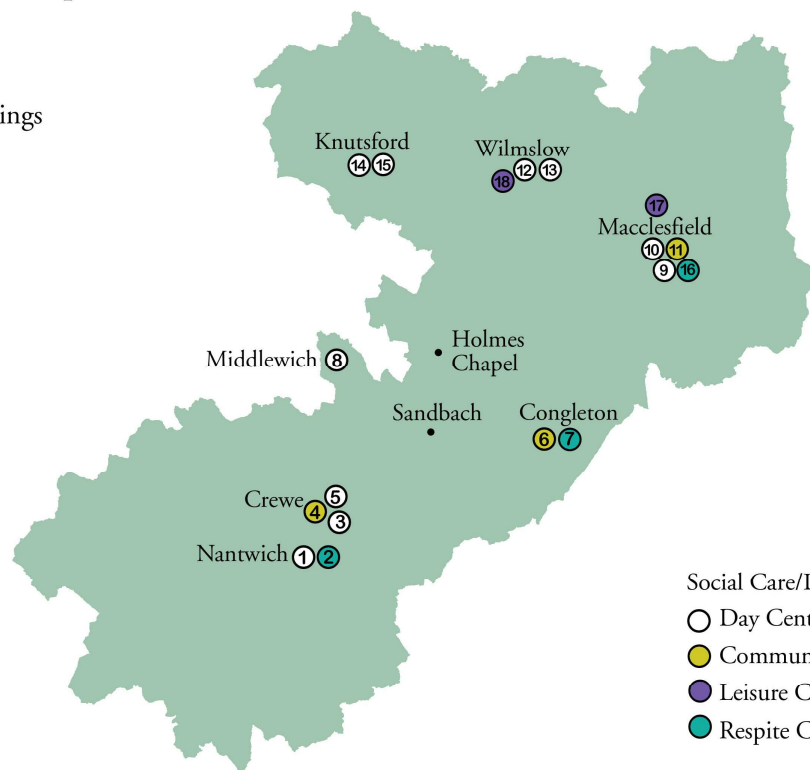
2.4 CREWE/NANTWICH



Improvements to Adult Social Care Services - Cheshire East

Social Care Buildings

- 1 - Cheyne Hall
- 2 - Queens Drive
- 3 - Hilary Centre
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- 17 - Macclesfield LC
- 18 - Wilmslow LC



Social Care/Leisure Buildings

- Day Centres
- Community Support Centres
- Leisure Centres
- Respite Centre

2.4.1 AREA PROFILE

(Extracts from 'Local Area Partnership Profile' published by CEC Research & Intelligence – full version available at http://www.cheshireeast.gov.uk/community_and_living/research_and_consultation/cheshire_east_area_profiles/local_area_partnership_profile.aspx)

Crewe is the LAP in Cheshire East with the second largest population and the highest population density.

The population age distribution was similar to that for England & Wales.

Unemployment rates were about the same as those for England and higher than the rates for Cheshire East.

Average household income in Crewe LAP was lower than the average for England & Wales and Cheshire East. Crewe LAP contained 8 out of the top 10 Lower Super Output Areas (LSOAs) in Cheshire East for proportions of people claiming working-age benefits.

Ten out of the 55 LSOAs in Crewe LAP were in the top 20% most multiply deprived nationally in the Index of Multiple Deprivation 2007, and Crewe LAP LSOAs ranked highest in Cheshire East for 6 out of 7 of the indicators.

There are significant pockets of social and economic disadvantage in the areas of St Barnabas, and West Coppenhall and Grosvenor, which have communities with the highest scores on the Index of Multiple Deprivation 2007 in Cheshire East and which lie within the top 20% most deprived areas in England.

Crewe LAP contained the Middle Super Output Areas (MSOAs) with the highest model-based estimates of the percentages of smokers, binge drinkers and obesity in Cheshire East, and the MSOA with the highest prevalence of hospitalisation for alcohol related conditions (2.4 times the national rate). It also contained the ward with the lowest estimated life expectancy in Cheshire East.

Nantwich is the LAP in Cheshire East with the third smallest population and the lowest population density.

The population age distribution was broadly similar to that for England & Wales, but Nantwich LAP's proportion of people aged between 25-39 years was significantly lower than for England & Wales and the proportion of people aged between 60-79 years significantly higher.

Unemployment rates were lower than those for England and for Cheshire East.

Average household income in Nantwich LAP was higher than the average for England & Wales and Cheshire East.

Pockets of social and economic disadvantage exist in the area, largely in East Nantwich. East Nantwich L2 had the highest overall score on the Index of Multiple Deprivation (2007) in Nantwich LAP, ranking 25th (out of 231) in Cheshire East. The four highest scores for the indicator Barriers to Housing & Services were all in Nantwich LAP.

Nantwich was the LAP with the highest proportion of people saying they had a limiting long term illness or disability in the Communities of Cheshire Survey. The

proportion of people claiming Disability Living Allowance and the proportion of people not in good health were similar to the proportions in Cheshire East.

2.4.2 CEC SOCIAL CARE BUILDINGS IN THIS AREA

Macon House	
Description of the service	A 55 place day service for people with learning disabilities in Crewe
Description of the building	A large, sprawling mid twentieth century brick building with many flat roofs and an increasing number of maintenance problems. It was built as an adult training centre and is not fit for purpose as a modern day service. The front of the building, nearest to the road is 2 storeys and, in addition to the Macon House staff, it contains offices for several other staff teams - Occupational Opportunities, Mental Health Reablement (South) and Crewe & Nantwich SLN
Occupancy	<p>Less than half of customers remain in the building. They are receiving a community day service at the Oakley centre</p> <ul style="list-style-type: none"> • Average Daily attendance = 50 • Number remaining in building each day = 24 • Estimated capacity = 55 • Occupancy level = 91% (44%)
Hilary Centre	
Description of the service	A 30 place day service for people with physical and sensory disabilities in Crewe. Merged with Jubilee House (older people's day service when that closed in December 2010)
Description of the building	Attached to the Ethel Elks Children's Centre. A one storey brick building just off Nantwich Road in Crewe.
Occupancy	<ul style="list-style-type: none"> • Average Daily attendance = 23 • Number remaining in building each day = 23 • Estimated capacity = 30 • Occupancy level = 75%
Cheyne Hall	
Description of the service	A 40 place day service for people with learning disabilities in Nantwich
Description of the building	A newish building, built in the 1980s, attached to the fire station. Short of space

Occupancy	<ul style="list-style-type: none"> • Average Daily attendance = 38 • Number remaining in building each day = 20 • Estimated capacity = 40 • Occupancy level = 50%
Lincoln House	
Description of the service	<p>A 40 bed Community Support Centre in the west end of Crewe. It includes a new dementia wing opened in 2010. Provides respite mainly to older people, but an increasing number of younger adults with complex needs now use the service</p> <p>Also houses a Dementia daycare service</p>
Description of the building	<p>Built as a CSC in the 1980s, it was completely refurbished and a new dementia wing added in 2010</p> <p>Has received £1M investment in 2009/10 to create 12 en-suite units, communal areas and a day care facility in a separate wing for older people with dementia. This allowed the transfer of the services previously provided at Santune House.</p>
Occupancy	<ul style="list-style-type: none"> • Average Daily attendance = 36 • Estimated capacity = 44 beds • Occupancy level = 82% <p>Occupancy figure is across all beds, however the dementia beds usually run at close to 85%</p>
199 Queens Drive	
Description of the service	LD respite unit in Nantwich with 6 bedrooms,
Description of the building	<p>A 1950's build domestic property converted for use as a respite centre</p> <p>Extension (garage converted into downstairs bedroom) approximately 1987</p> <p>Provides 5 respite beds, plus 1 emergency bed</p> <p>5 of the bedrooms are upstairs. There is no lift. Most new referrals are for people who have physical and learning disabilities.</p> <p>Not enough room for ceiling track hoists, en suites or wet rooms</p> <p>Too few beds to make provision of waking nights economically viable</p>
Occupancy	<ul style="list-style-type: none"> • Average Daily attendance = 3.3 • Estimated capacity = 6 beds • Occupancy level = 54%

2.4.2 ORIGINAL OPTIONS PROPOSED FOR THIS AREA

- Transferring service users from Queens Drive to enlarged facilities at Mountview

2.4.3 ADDITIONAL OPTIONS CONSIDERED

- Investment in Lincoln house to create a separate 5 bed wing to provide more local Learning Disability respite facilities

2.4.5 KEY POINTS CONSIDERED

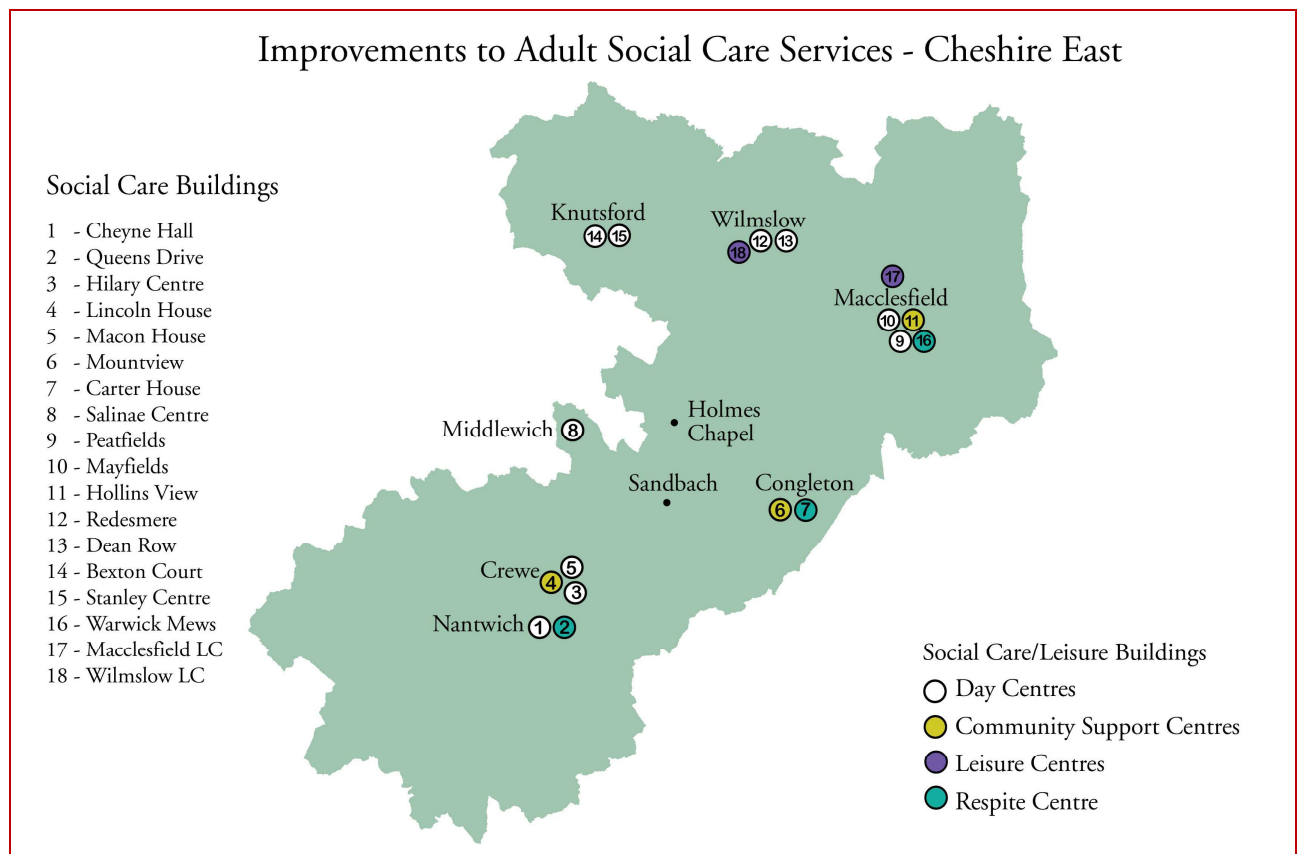
- Original proposals for expanded LD respite at Mountview would have given required increase in capacity but the consultation highlighted additional journey times for Queens Drive customers. Lincoln House proposals developed instead
- Queens Drive cannot cope with increasingly complex cases and cannot be practicably modified due to site restrictions
- Queens Drive cannot provide an economic waking nights service

2.4.6 RECOMMENDATIONS FOR THIS AREA

- Create separate LD respite wing at Lincoln House
- Close Queens Drive with services transferred to Lincoln House and Mountview if closer for users

SECTION THREE

SUMMARY OF RECOMMENDATIONS



3.1 SUMMARY PROPOSALS

KNUTSFORD/WILMSLOW/POYNTON

- Retain the Stanley Centre but with investment to separate it from Stanley House and improve bathroom facilities
- Explore future options for Stanley House to include sale
- Invest in Changing Places facilities at Wilmslow Leisure Centre
- Bexton Court to be permanently closed
- Closure of Day Care at Dean Row with investment in Redesmere to expand/improve facilities and capacity

MACCLESFIELD

- Expand Hollins View by converting YOT Building
- Transfer Dementia Services from Mayfields to expanded Hollins View
- Close Peatfields with services transferring to Mayfields
- Further invest in Leisure Centre expansion and disabled facilities

CONGLETON

- Close 48/54 Lawton St with staff relocated to other buildings
- Develop Mountview as Dementia respite facility
- Possible investment in Carter House for the essential improvements to make it fit for purpose should the timescales for developing alternative proposals extend beyond 6 months

CREWE/NANTWICH

- Create separate LD respite wing at Lincoln House
- Close Queens Drive with services transferred to Lincoln House and Mountview if closer for users

3.2 SERVICE CHANGES

The overall changes to service provision will be as follows:

(Please note the capacity figures are service best estimates and will vary according to the level of need and the mobility of customers as explained in section 1.2.5)

SERVICE	CURRENT CAPACITY	PROPOSED CAPACITY	CHANGE
Daycare – OP/PD**	140	135	Reduction of 5
Daycare – LD	319	268	Reduction of 51
Daycare – MH/Dementia	15	15	No change
Respite – OP/PD**	84	67	Reduction of 17
Respite LD	13	12	Reduction of 1
Respite – MH/Dementia	22	32	Increase of 10

** The distinction between OP and PD is blurring as Adults with PD become older hence they are combined here

It can be seen that these proposals align with the earlier analysis suggesting that future demand will be for an increase in dementia respite services whilst other services start to reduce

However the forecasting analysis in section 1.2.5 clearly indicates that demand will continue to change in the future as more people exercise choice. It is therefore imperative that ongoing provision will need continual review in order to match those changes.

ADULTS BUILDINGS REVIEW OPTIONS SUMMARY
@2/2/12

WHERE	WHAT	WHY	CAPITAL COST	CAPITAL RECEIPT	REVENUE SAVING	COMMENT
KNUTSFORD/WILMSLOW						
Stanley Centre - option1 (Day Care)	Retain the Stanley Centre as is, however would necessitate some building modernisation work to the older building (heating, bathroom etc)	Suggested by consultation	£10K	none	none - running costs of £440k continue	DECLINED The worst solution since, although retaining services locally, it demands investment, continuance of higher than necessary running costs and delivers no revenue nor capital benefit
Stanley Centre - option2 (Day Care)	Retain the new part of the Stanley Centre, with some modifications to separate from the old building and improve security. Consider potential for offering dementia care.	Retains local service and allows for potential capital receipt from sale of the old building	£15K	£74K	Minor (£40K?) - the bulk of current running costs would be incurred since they relate to staffing	DECLINED See below - however the additional of dementia respite is not practicable since the smaller centre would be fuller and there is no potential to offer segregated facilities as preferred by customers
Stanley Centre - option3 (Day Care)	Retain the new part of the Stanley Centre, with some modifications to separate from the old building and improve security.	Retains local service and allows for potential capital receipt from sale of the old building	£15K	£74K	Minor (£40K?) - the bulk of current running costs would be incurred since they relate to staffing	RECOMMENDED OPTION Retails local service with enhanced facilities whilst delivering a capital receipt
Stanley Centre - option4 (Day Care)	Complete closure and sale of entire site, service transferred to other venues inc. Wilmslow Lifestyle (non-complex needs) and Redesmere (for complex needs)	Maximises capital receipt and revenue savings	none	£465K	Approx £150K? - many current staff would need to transfer to other venues alongside service users	DECLINED Strong local opposition to complete closure and difficult in finding suitable alternative venues that would accommodate needs of all current customers
Knutsford Leisure Centre (Day Care)	Conversion of some rooms to provide day centre functions and lifestyle base	To provide an alternative venue for customers currently attending the Stanley centre thereby permitting its closure	Not explored due to unsuitability			DECLINED Not feasible due to shared use with High School, now an
Plumley Civic Hall (Day Care)	Use of some rooms to provide day centre functions and lifestyle base					DECLINED Not feasible due to existing booking patterns preventing regular use
Knutsford Civic Centre (Day Care)	Use of some rooms to provide day centre functions and lifestyle base					DECLINED Not feasible due to existing booking patterns preventing regular use
St Johns Community Centre (Day Care)	Use of some rooms to provide day centre functions and lifestyle base					DECLINED To be outsourced via tender - future options therefore uncertain
Winstanley House (Day Care)	Use of some rooms to provide day centre functions and lifestyle base					DECLINED No suitable rooms available
East Terrace (Day Care)	Use of some rooms to provide day centre functions and lifestyle base - several current Service Users live their					DECLINED Not feasible due to lack of space
Wilmslow Leisure Centre (Day Care)	Extension to existing Lifestyle hub and installation of Changing Places toilet & facilities	To allow expanded use as an attractive Lifestyle base	Cost Options listed below.		none directly although might	SEE BELOW
Wilmslow Leisure Centre	Extension of existing Dayroom facility		£12,500			RECOMMENDED OPTION Expands potential for current activities and additional customers
Wilmslow Leisure Centre	Changing Places (Option A) First Floor		£48,455			DECLINED Not the best location for ensuring maximum accessibility and use by public and customers
Wilmslow Leisure Centre	Changing Places (Option B) First Floor		£44,331			DECLINED Not the best location for ensuring maximum accessibility and use

Wilmslow Leisure Centre	Changing Places (Option C) Ground Floor Corridor	Allows current lifestyle user base to grow and encourages use of facilities by general population. Potential for extra revenue generated for Leisure services	£52,214	none	permit other buildings to close	RECOMMENDED OPTION Provides disabled facilities for both Lifestyle customers and the general public
Wilmslow Leisure Centre	Changing Places (Option D) Ground Floor Reception		£83,645			DECLINED Not the best location for ensuring maximum accessibility and use by public and customers
Wilmslow Leisure Centre	Changing Places (Option E) Ground Floor Reception		£81,895			DECLINED Not the best location for ensuring maximum accessibility and use by public and customers
Wilmslow Leisure Centre	Installation of disabled changing area		£16,000			RECOMMENDED OPTION Provides disabled facilities for both Lifestyle customers and the general public
Redesmere(Day Care)	Alterations to allow user transfer from Dean Row. Keep ILC and IROT on site	Makes it more attractive and possible for users to transfer from Dean Row - linked alternative under investigation	£37K	£525K from Dean Row	If Dean Row closed = £102K	RECOMMENDED OPTION Compared to Dean Row offers better parking and facilities for more complex needs. Adaptation proposed are much lower costs than dean Row and provide for a one-stop shop approach
Dean Row (Day Care)	Alterations to allow user transfer from Redesmere	Makes it more attractive and possible for users to transfer from Redesmere - linked alternative under investigation	£596K	£500K from Redesmere	If Redesmere closed = £62K	DECLINED Requires higher level of investment to make suitable for more complex needs and leaves the difficulty of accommodating the ILC and IROT service currently at Redesmere
Dean Row (Day Care)	Move services to Redesmere and then declare surplus	Realises capital value and saves running costs	none	£525K from Dean Row	£129K	RECOMMENDED OPTION Provides higher quality services at Redesmere and delivers higher capital and revenue benefit
David Lewis Centre (Day Care)	New provision by DLC of Day Care as independent sector solution		none	none	none directly although would permit other buildings to close, may be TUPE implications	DEFERRED May be a longer term solution to be included in Phase 2 consideration
Bexton Court (Day + Respite Care)	Confirm permanent closure	No proven demand for CEC dementia respite given large independent sector provision			No 'new' savings	RECOMMENDED OPTION Would require significant investment to bring back into service. Uncertainty exists about entire site given recent PCT proposals
MACCLESFIELD						
Hollins View - option1 (Day + Respite Care)	Improvements to existing building to provide specialist Dementia care	Allows use for both Dementia Respite and day care facilitating moves from Mayfields to more local provision	£126K	none	none directly although would permit other buildings to close	DECLINED Most costly option re Hollins View causing difficulty in relocating current customers during building works
Hollins View - option2 (Day + Respite Care)	Conversion of existing YOT building on same site to increase capacity for Dementia care	Increased capacity permitting moves from Mayfields	£25K	none	none directly although would permit other buildings to close	RECOMMENDED OPTION Provides additional capacity at lowest cost. New dementia faculties would also be separate with garden area in line with best practice and CEC Dementia Strategy
Macclesfield Leisure Centre (Day Care)	Extension to existing Lifestyle hub and installation of Changing Places toilet & facilities	To allow expanded use as an attractive Lifestyle base	costings and options shown below			SEE BELOW
Macclesfield Leisure Centre (Day Care)	Extension of existing room - Does not address any access issues, or incorporate Changing Places facility. (Option A)		£18,789			DECLINED Extension not large enough to cope with predicted demand
Macclesfield Leisure Centre (Day Care)	Larger extension of existing room - Does not address any access issues, or incorporate Changing Places facility. (Option B)		£29,189			RECOMMENDED OPTION Expands potential for current activities and additional customers

Macclesfield Leisure Centre Day Care)	Largest extension of existing room - Does not address any access issues, or incorporate Changing Places facility. (Option C)	Allows current lifestyle user base to grow and encourages use of facilities by general population. Extra revenue generated for Leisure services	£33,589	none	none directly although could potentially permit other buildings to close	DECLINED Extension too large for predicted demand
Macclesfield Leisure Centre Day Care)	Platform lift in addition to Options A-C to improve accessibility		£12,000			RECOMMENDED OPTION Expands potential for current activities and additional customers
Macclesfield Leisure Centre Day Care)	Move Lounge/Daycare room to improve accessibility		£59,221			DECLINED Does not give the expanded capacity of Option B
Macclesfield Leisure Centre Day Care)	Provide Changing Places facility at the main entrance		£60,540			RECOMMENDED OPTION Provides disabled facilities for both Lifestyle customers and the general public
Mayfields (Day Care)	Move dementia services to Mountview to free capacity for users to move in from Peatfields - will require consultation with Brockelhurst group	Allows consolidation of Peatfields	none	none	none directly although would permit other buildings to close	RECOMMENDED OPTION Allows customers to move into higher quality facilities and avoids the investment needed to make Peatfields fit for purpose
Peatfields (Day Care)	Declare surplus	Surplus once services consolidated - to retain would require significant investment and modification for use for complex needs	none	£150K	£99K	RECOMMENDED OPTION Allows customers to move into higher quality facilities and avoids the investment needed to make fit for purpose
Warwick Mews	Move respite care to redeveloped Mountview in order to allow re-use for returning out-of-area LD placements	Revenue savings from expensive out-of-area placements	none	none	Not investigated further at this time	DEFERRED May be a future option to be considered in Phase 2. However will be subject to consultation and monitoring of respite usage at Mountview
CONGLETON						
Mountview (Day + Respite Care)	Investment to create 3 additional LD respite bedrooms & multi-purpose facilities inc LD day service	Allows some users to move from Queens Drive/Carter House	£24,915	none	£102K from Carter House	DEFERRED May be a future option to be considered in Phase 2. However will be subject to consultation
Mountview (Day + Respite Care)	Conversion of 10 OP respite beds into 10 additional dementia respite bedrooms	Provides for increasing dementia demand	£34,400	none	none	RECOMMENDED OPTION Will provide expanded capacity for what is a currently over-subscribed service and responds to the increasing demand suggested by demographics and consultation
Carter House (Day Care)	Retain but with improvements to toilets etc	Urgently needed Investment to make fit for purpose	£20K	none	none	RECOMMENDED OPTION Investment needed if other alternatives not available within 6 months, does not resolve over-capacity issue in the area which will be subject to further work
Carter House (Day Care)	Close following development of Mountview - after consultation	Avoids investment needed to make fit for purpose	0	TBC	£102K from Carter House	DEFERRED May be a future option to be considered in Phase 2. However will be subject to consultation
48/54 Lawton St	Closure following staff relocation to other premises	Consolidation following staff moves. Avoids renovation costs and need to make DDA compliant	none	£200K+	£12K	RECOMMENDED OPTION Delivers savings with no impact on customers. Recent staff changes in other locations have made alternative accommodation available - details to be finalised
Salinae (Day Care)	NO CHANGE					
CREWE						

Queens Drive	Closure following moves to Mountview or Lincoln House	Unable to cope with increasingly complex demand without investment. 5 bedrooms are upstairs with no lift. One bedroom is a converted garage not fit for purpose. Insufficient space to install ceiling track hoists or en-suite facilities. Too few beds to make waking nights service viable	none	£230K	£79K	RECOMMENDED OPTION Unable to cope with complex demand - customers would receive higher quality facilities and service at either Lincoln House or Mountview, depending on journey times (88% would have shorter journeys)
Queens Drive	Retain	5 bedrooms are upstairs with no lift. One bedroom is a converted garage not fit for purpose. Insufficient space to install ceiling track hoists or en-suite facilities. Too few beds to make waking nights service viable	None	none	None	DECLINED requires significant investment but the building size makes this difficult to achieve economically
Queens Drive	Adapt	Install lift, ensuite facilities. But problem of lack of space to do this. Reduction in rooms means greater cost of places. Would not be able to offer a waking nights service.	TBC but likely to be £30K+	none	None	DECLINED requires significant investment but the building size makes this difficult to achieve economically
Lincoln House	Create 5 LD respite beds here in Kensington wing. There would need to be a partition, some alterations to bathrooms and toilets, secure doors fitted, along with some fencing to create an outside garden/patio area.	Would allow local delivery of respite in Crewe/Nantwich area.	£31,192	£230K from Queens Drive	£79K from Queens Drive	RECOMMENDED OPTION Provides local respite within enhanced facilities together with ability to offer a waking nights service
Private Provision	Block book beds with the private sector	Allows option of more local provision, means no capital outlay by the Council.	None	£230K from Queens Drive	£79K from closure of Queens Drive. More detail required although private sector staffing costs tend to be lower than in-house. May not realise savings from bringing in Out of Borough Placements	DEFERRED Will be included as part of longer term, phase 2 considerations However, would not allow separation of respite from normal residential care as no specialist independent sector respite places within Borough. Risk that costs may rise over time. Problem of whether provision available for Complex LD/PD.
Out of County Placements	Service users with more complex needs currently given respite out of county due to lack of facilities	Means no capital outlay but service users have to travel, relatively expensive for the Council	None	None	None	DEFERRED Will be included as part of longer term, phase 2 considerations
Shared Lives	Short breaks for older people in a carers home	Requires no capital investment by the Council, although finding the right placement not always straightforward. Unlikely to provide a solution for all customers (particularly for those with more complex needs).	None	None	Might allow a smaller number of beds to be used in a building but further work required	DEFERRED Will be included as part of longer term, phase 2 considerations
Redsands	Former Children's Home, located on outskirts of Nantwich	Is a much longer term solution which needs further exploration	TBC	TBC	TBC	DEFERRED Will be included as part of longer term, phase 2 considerations
Cheyne Hall (Day Care)	NO CHANGE					
Macon House (Day Care)	NO CHANGE					
TOTALS FROM PROPOSALS ABOVE			£345K	£1,180M	£318K	

Improvements to Adult Social Care **Consultation Report**

Produced by the Consultation and Participation Team,
Children, Families and Adults Directorate, Cheshire East Council

Executive Summary

The consultation period for the Improvements to Adult Social Care Consultation ran from 20 September-13 December and involved a number of measures to engage with the public. These included three public meetings (111 attendees) and 14 meetings at day centres with customers and carers (278 attendees). It also involved collating feedback that the Council received through questionnaire, by email, telephone or on a face to face basis (e.g. via a home visit).

Feedback was ordered by the three different aspects of the consultation; the lifestyle vision, the specific changes to day services, and the proposal regarding the respite centre at Queens Drive.

Lifestyle Vision

- 59% of customers endorsed the lifestyle approach, with 22% against it
- Many customers liked the idea of the greater choice and variety that the lifestyle vision promised for day services. However, some users felt that this variety should also be offered within existing day services.
- The following options were the most popular of potential activities that could be offered; trips out, lunch, music and cooking.

General (Day Services and Respite)

- In total 53% disagreed with the principle of rationalising centres with 30% agreeing.
- Any transfer of day centre was viewed as creating a number of transport related problems for customers and carers e.g. because of the logistics of public transport and the increased time and cost of travelling.
- Changes in centres were seen as being potentially disruptive to vulnerable groups of people e.g. people with learning disabilities
- Occupancy rates at buildings were questioned by many users. Linked to this, there was also a feeling that personal budgets were negatively impacting on the sustainability of centres.

- People generally valued the service they received at social care centres particularly the quality of staff.
- Two petitions were received; one with 6290 signatures which emphasised the need to keep services local in Cheshire East and to preserve health and social care provision in Knutsford. The other specifically related to retaining the Stanley Centre (Knutsford) and comprised of 275 signatures (see Appendix 1).

Day Centres listed in proposals:

Stanley Centre (Knutsford):

- No alternative buildings were seen as suitable in the Knutsford area by respondents.
- The inconvenience of travel to alternative day centres (e.g. Redesmere - Handforth) was seen as excessive.
- It was felt that the Stanley Centre already offered activities that fulfilled the lifestyle brief. The quality of care was also praised at the Stanley Centre and this was cited as superior to alternatives.
- The meetings at the Stanley Centre and at Knutsford Civic Centre were characterised by strong feelings being expressed about the proposals. Petitions were also completed by Knutsford residents and others emphasising the need for the Stanley Centre to be retained. A detailed report was also completed by MENCAP on the consultation proposals.

Bexton Court (Knutsford):

- Few representations were directly received about Bexton Court. Although a petition was completed by Knutsford residents and others emphasising the need for dementia care services to be retained. Knutsford Town Council made the same case.
- A drop in meeting was arranged for former users of Bexton Court and their family but nobody expressed an interest in attending.

Peatfields (Macclesfield):

- Comments were more limited for this centre although some carers were unhappy about the proposed decommissioning.

- Transport was cited as a key issue for users of Peatfields e.g. many users live nearby the centre and are able to walk in
- There were questions as to why Peatfields had been selected for closure above other centres. It was felt that it offered a personalised service which it would be difficult to replicate elsewhere.

Dean Row (Wilmslow):

- Customers of Dean Row appreciated the familiarity of the centre, the staff and its facilities.
- Concern was expressed that attendance at Dean Row had deliberately been limited in order to allow it to be closed.
- Comments were more limited for this centre although some carers were unhappy about the proposed decommissioning.

Brocklehurst (Macclesfield):

- A further proposal was developed to transfer customers from the Brocklehurst to Hollins View.
- Generally carers were happy with the transfer although it was emphasised that staff should transfer with customers to ensure continuity of service, and that bathing facilities should be available.

Respite - Queens Drive (Nantwich):

- Strong feelings were expressed about Queens Drive at the meetings at Nantwich Civic Hall and Crewe Football Ground.
- People valued the homely environment that Queens Drive offered and felt that the Council should have worked harder to find solutions to retain it.
- Transport was seen as particularly problematical for users of Queens Drive who were mostly from the Crewe and Nantwich area.

There were additional comments made about the consultation process itself; this included the information that was provided such as around occupancy. It also included remarks that the consultation was a done deal and over the anxiety and upset that the uncertainty was causing to customers and carers.

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Chapter 1: Introduction

The Improvements to Adult Social Care Consultation concerned the Council putting a vision forward for how the Council could deliver services in the future.

The vision involved customers who currently receive day services being given more choice over what they do during the day. Customers would be able to attend lifestyle groups where they would be able to access a much greater range of activities. These activities would be appropriate to their social care needs and their interests. The lifestyle groups would be run from buildings based in the community such as leisure centres.

Customers with more complex needs would still attend traditional day services. However, the number of these would be reduced. Some of the money from these changes would be used to re-invest in the remaining buildings.

The specific buildings directly affected by the proposals were: Peatfields (Macclesfield), Dean Row (Wilmslow), Bexton Court (Knutsford) and the Stanley Centre (Knutsford). However, it was underlined for Knutsford that dialogue would take place over the most appropriate way forward. It was also stated that no one would lose a service as a result of these proposals (subject to the Council's standard Fair Access to Care eligibility criteria).

In addition to this, proposals were put forward for respite services. This involved the transfer of respite services from Queens Drive (Nantwich) to Mountview (Congleton) due to the fact that this building did not have the facilities for people with more complex needs. It also involved investment in Hollins View (Macclesfield).

Full details of the vision and the proposals are available in the Information Pack which went with this consultation.

The proposals were preliminary because there was a desire by the Council to involve the public in work at an early stage. Options were compiled for each area/centre on the basis of the consultation with the public.

The time period for this consultation ran from 20th September to 13th December.

The Consultation Process

The Consultation was open to everyone in Cheshire East but was particularly aimed at customers, their families and carers. The Council was also keen to listen to organisations that play a part in delivering Social Care related support either because they represent customers or because they deliver care.

A number of methods were available to stakeholders to give them the opportunity to make their views known during the consultation. This included by email, telephone or face to face via a consultation meeting.

The Consultation meetings were held during the October/November period.

- The formal meetings were for customers who attended centres and their family/carers. These were for centres directly affected by the proposals.
- Informal meetings were also held at centres because the lifestyle ideas might be explored in these areas if this was of interest to customers. Explanation of the other proposals was also given.
- The public meetings were open to all and were arranged in the evening to give an alternative time slot for carers working during the day.

Meetings involved a presentation on the proposals, a question and answer session and the chance to speak to staff on a one to one basis. The format tended to vary slightly depending on the size and the needs of the audience. However, the key messages remained the same.

A questionnaire was handed out following the presentation at the meetings. This was available in both standard and easy read format. The questionnaire gave the chance for everyone to comment on the proposals and allowed quantitative information to be collected.

Staff at centres provided additional support to customers and carers to ensure that they understood the proposals and had a full chance to give their views. This included supporting them to fill in the questionnaire.

Formal Meetings

<i>Location</i>	<i>Date</i>	<i>Attendance</i>
Hollins View	Wednesday 5 th October 2011	7
Peatfields	Thursday 6 th October 2011	27
Stanley Centre (also for customers formerly based at Bexton Court)	Friday 7 th October 2011	48
Redesmere	Tuesday 18 th October 2011	18
Dean Row	Monday 24 th October 2011	16
Mountview	Monday 31 st October 2011	15
Nantwich Civic Hall (for customers based at Queens Drive)	Monday 31 st October 2011	24

Informal Meetings

<i>Location</i>	<i>Date</i>	<i>Attendance</i>
Mayfield	Monday 3 rd October 2011	43
Carter House	Wednesday 26 th October 2011	15
Lincoln House	Wednesday, 2 November 2011	3
Cheyne Hall	Monday 7 th November 2011	11
Macon House	Wednesday 9 th November 2011	9
Hilary Centre	Friday 11 th November 2011	24
Salinae	Friday 18 th November 2011	18

Public Meetings

Location	Date	Attendance
Knutsford Civic Hall (Cranford Suite)	Tuesday 15th November 2011	63
Crewe Football Ground (Carlsberg Lounge)	Thursday 24 th November 2011	33
Wilmslow Leisure Centre (Evans Suite)	Tuesday 29 th November 2011	15

Additional measures included:

- Focus groups with customers using the Macclesfield and Wilmslow pilot lifestyle groups.
- A Knutsford engagement group with customers who attended the Stanley Centre and their carers (expressions of interest were taken for this group)
- Presentations and questions and answers at Learning Disability Partnership Boards
- A follow up meeting for users of the Brocklehurst Unit
- A drop in meeting was held on 1 November for customers of the Stanley Centre and their carers/family, due to disruption at the formal meeting at the Stanley Centre. Similarly, a drop in meeting was held on 8 December for former customers of Bexton Court and their carers/family.

The public meetings were generally attended by people related to or caring for customers or people from organisations, although customers were also present. The day centres meetings had much greater representation by customers although carers did attend these meetings as well.

Petition

A petition was also presented to the Local Authority before full Council on 15 December 2011. The petition contained 6,290 signatures from people predominantly in Knutsford but also from those in Cheshire East (and outside its boundaries). The covering statement included the following:

“We the undersigned petition Cheshire East Council and East Cheshire Hospital Trust:

Save our social and health care –keep our services local

Keep our Stanley Centre for disabled adults

Return our dementia care services

Return our intermediate hospital ward”

The petition relates to the proposals to look at services within Knutsford (Bexton Court and the Stanley Centre) but also to services provided by health (the intermediate hospital ward) and more widely within Cheshire East.

Another petition was also presented directly relating to the Stanley Centre.

This was signed by 275 people. See Appendix 1 for full details.

Publicity

The consultation was publicised through a number of different methods. These included:

- Posters in libraries, supermarkets, public buildings etc
- Letters to customers using the Stanley Centre and those formerly using Bexton Court
- Radio interviews with Silk FM, Canalside and BBC Radio Stoke
- Publicity through Cheshire East LINK
- Letters to relevant local health and social care organisations
- Press releases
- Engagement with Knutsford Town Council
- Stakeholder meeting with strategic health and social care organisations
- Circulation of posters and email reminder to relevant health and social care organisations
- Internal Cheshire East staff newsletter (goes to 10,000+)
- Engagement of customers through staff working at our social care buildings
- Usage of the Council’s website including the ability to complete a questionnaire online

Questionnaire

A questionnaire is one of the best ways to receive feedback from a range of people. It is especially useful because of the way it can give quantitative information (numerical information) which can be used to give a general overall assessment of what people think of a particular policy. However, it is also important to allow open responses to questions in order to understand some of the reasoning behind the selection of a particular option.

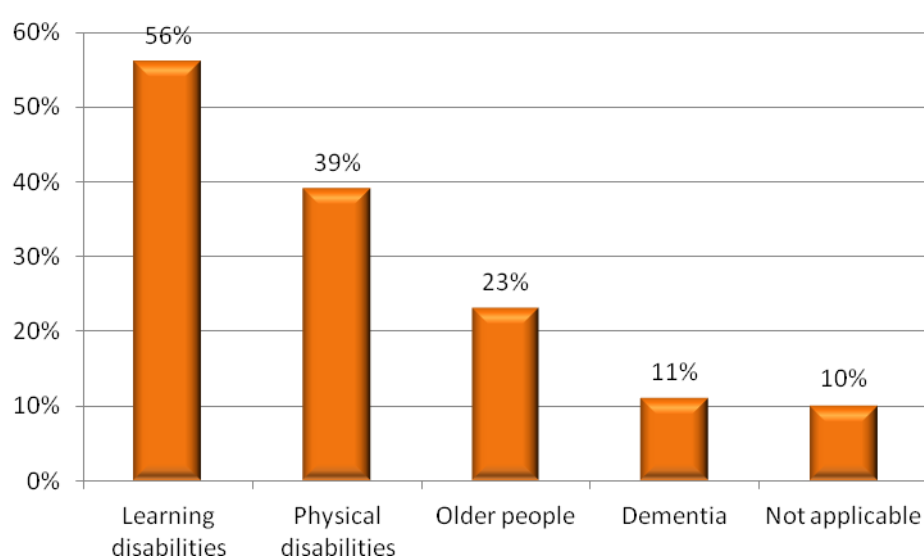
There were two versions of the questionnaire; a standard version and one aimed at customers with learning disabilities (although some people chose this because of the simpler language and pictorial approach that this offered). In all, 99 people completed the easy read questionnaire with 88 completing the standard questionnaire.

Only the standard questionnaire recorded the client type of the customers (e.g. learning disabilities, physical disabilities etc) due to concerns about keeping the questionnaire as brief and as simple as possible for those with learning disabilities. As such, it would be expected that the overall proportion of customers with learning disabilities is somewhat higher than the proportion below. It is also likely that there is a greater response rate from older people.

In total 187 questionnaires were received during the consultation. The majority of people (who indicated) were users of day or respite services (72%). 18% of all respondents used short break services with 70% using day services (note: it was possible to select both options).

If an assumption is made that those who did not indicate that they used a service in the easy read questionnaire were carers (to simplify this questionnaire 'carers' was not an option on this document) then carers can be said to have returned 32% of the questionnaires. (Note: some people indicated that they were both a customer and a carer so percentages are from total responses received. Other feedback received was from organisations or from general members of the public)

Chart 1: Questionnaire received by client group (from standard questionnaire)



The responses show a good spread of responses across the client groups. The percentages are weighted towards people with learning disabilities but this

reflects the fact that the main consultation proposals e.g. the Stanley Centre, Peatfields, Dean Row and Queens Drive relate to this client group (although there are also implications for others client categories).

General Questions Raised About the Consultation

Many general questions were raised about the consultation itself during the process. Responses from the Council have been given here to some of the main questions posed. A fuller list of general issues raised about the consultation is included in the analysis section.

Q: Will our views be listened?

A: The Council has tried to make this Consultation as transparent and as fair a process as possible. As such no final decision will genuinely be taken until Cabinet considers the revised proposals in March 2012.

Q: Is this just about saving money?

A: There are two important areas that the Council would contend to be improvements. Firstly, the lifestyle vision which if realised would see an increase in the range of activities and therefore the amount of choice available in the day to customers. This could have a genuinely positive effect on customers' wellbeing. Secondly, the investment that would be made in the buildings that the Council retained. One good example would be the potential ability for the Council to offer respite services for people with more complex needs.

Q: Why are you saying the centre is under occupied when I know many people attend there?

A: There were a number of people who disagreed with the way the Council had calculated occupancy rates in its buildings. This was particularly so for the Stanley Centre.

Occupancy can be interpreted in a number of ways. For instance, it can mean the physical capacity of the building – the number of people who can reasonably fit in the rooms the building has. It can also mean the staff capacity - the number of people the current staffing in the building can support.

There are also additional factors such as the fact that many individuals using a building may only use it as a 'check-in' point before accessing services in the community. Attendance levels are also affected by sickness and other reasons

for absence – requiring a place to be ‘reserved’ but not filled on some occasions.

Q: Why is the Council cutting services for vulnerable people?

A: Everyone who currently receives a service will continue to receive one. As such the Council is not cutting services although it is possible that they may be delivered in a different location.

Demand for social care services continues to grow as a result of factors such as the ageing population. This puts pressure on the Council’s limited resources. The Council therefore has a responsibility to regularly review services to try to ensure its services are delivered in as efficient way as possible. It is also important to ensure the needs of individuals are carefully taken into account.

Further more general issues are picked up about the consultation process later in this document.

Chapter 2: Analysis - Lifestyle

As stated in the introduction the consultation concerned three different areas; the lifestyle vision, specific proposals for day centres, a proposal for the respite centre Queens Drive. This commentary will take each of these proposals in turn, following the format of the original consultation information pack.

The lifestyle analysis which follows is split into three main sections, feedback we received via the questionnaire and feedback we received from other sources e.g. consultation meetings, correspondence etc. There is also a separate section on the lifestyle pilots.

Lifestyle

The proposals that were put forward for day services had an underlying vision behind them known as the lifestyle concept.

The idea of this was to try and give customers receiving day services more choice over what they do during the day. There would be a menu of lifestyle activities delivered by trained and experienced staff who would support individuals in what they wanted to do. Activities might include such options as swimming, using the gym, badminton, pottery, tea dances, IT buddy support sessions etc.

Services would be offered in a range of buildings including Council leisure centres and libraries. The lifestyle buildings would act as a base from which customers could access community facilities such as health services, luncheon clubs, shopping trips etc. Such services would predominantly be offered to people who were more independent, with those with complex needs continuing to attend 'traditional' day services.

Feedback from the Questionnaire

What do customers, carers and families value about current day services?

The first section of the questionnaire explored how people felt about their current day services. The standard and easy read questionnaires shared the same options apart from one ('the fact my carer/family can have a break from looking after me' – as such the percentage for this is worked out from the standard questionnaire responses only).

The most popular option selected was 'Being with friends' (82%). This perhaps reflects the importance of customers having an established group that they were part of. Another option relating to this which was also popular was 'Going to a place I am familiar' with (74%) respondents selecting this.

A representative quote is:

"The person for whom I care has chosen to travel from Macclesfield to the Stanley Centre at Knutsford. He wished to be with his friends in surroundings to which he is familiar."

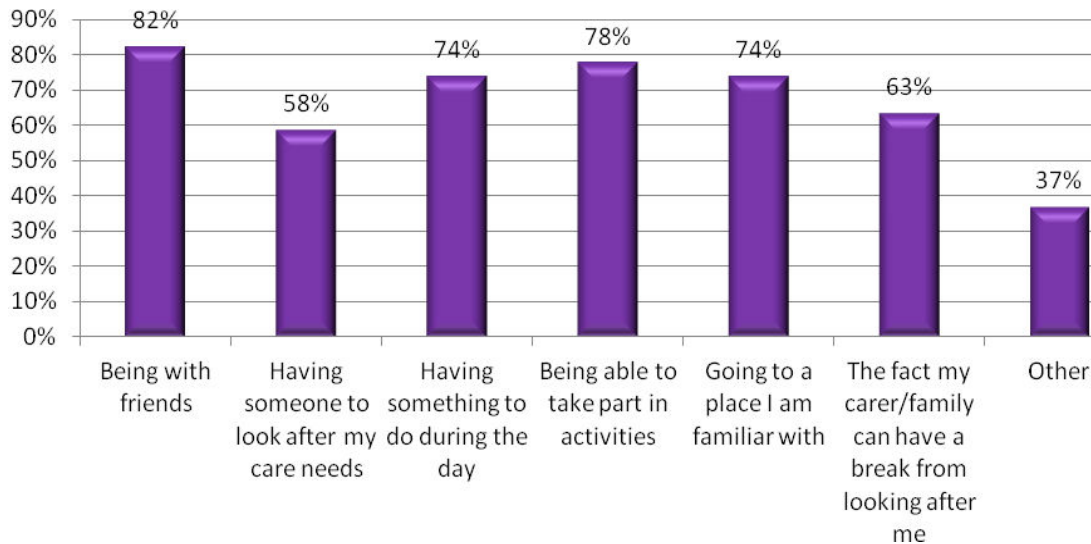
The second and joint third most popular options were 'Taking Part in Activities' (78%) and 'Having something to do during the day' (74%). It should be remembered that these options relate to current service provision and not the lifestyle vision. A statement relating to this was:

"The Centre (Stanley Centre) gives P's day a structure. He feels safe there and confident in taking part in activities, which do not duplicate activities he does in his spare time."

"My daughter goes to Carter House twice a week and enjoys having the independence of going there on the bus and meeting her friends there. She likes the fact that it is regular and familiar."

'Having someone to care for me' and 'the fact my carer/family can have a break from looking after me' were the least popular options although were still selected by a sizeable majority of people.

Chart 2: What do you value about current day services?



What do customers, carers and families dislike about current day services?

The easy read and the standard version of the questionnaires had a different range of choices here so results need to be commented on separately.

For the standard questionnaire the overwhelming majority of people (88%) stated that they did not dislike anything about day services. Comments that reflect this include:

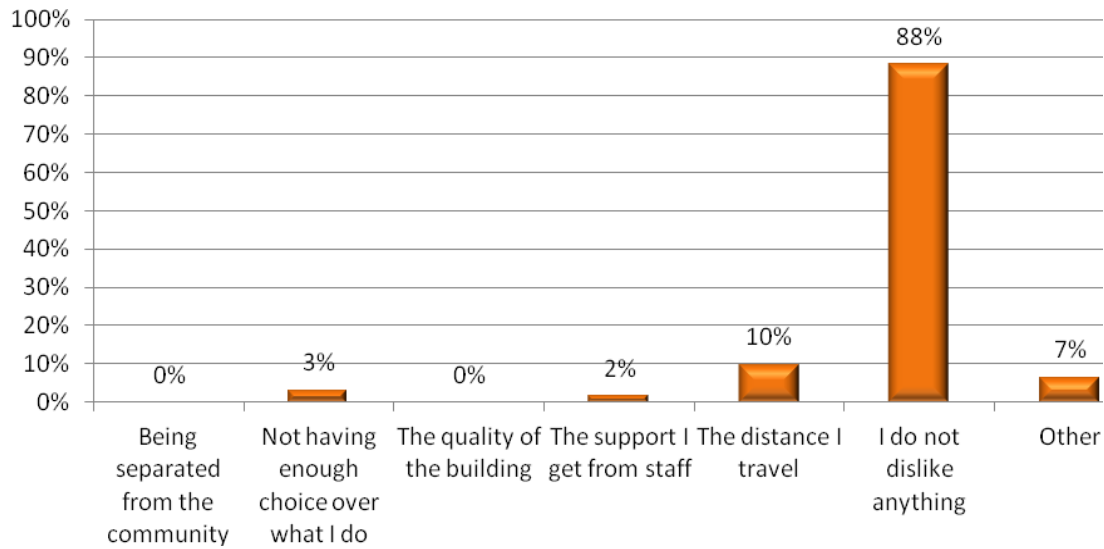
"The carers and staff are so kind and helpful."

"Peatfields is a very good day centre."

However, six people did state that they did not like the distance they had to travel. For instance:

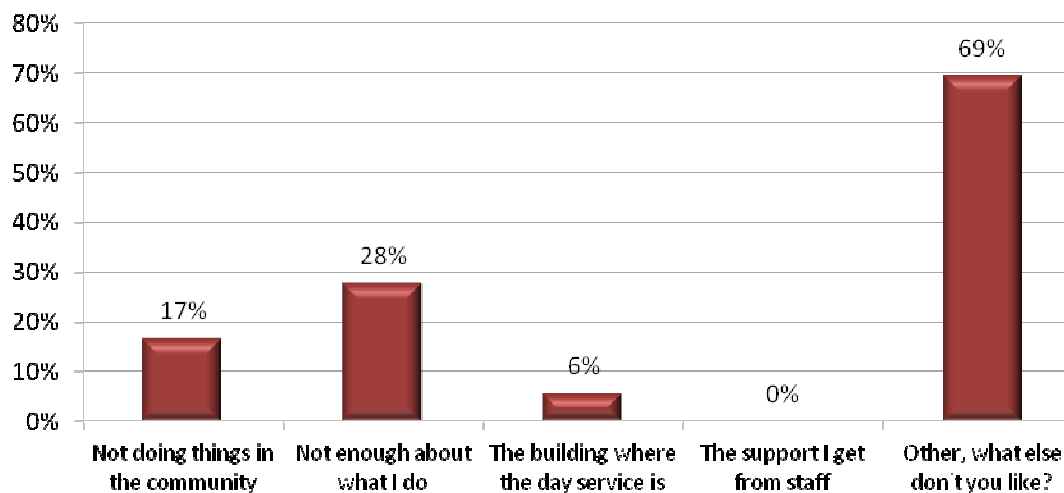
"Transport to and from the day centre is expensive at £4.00 per mile, so I have to walk to and from the centre."

Chart 3: What do you dislike about your day service? (standard questionnaire)



The response popularity was quite different for the Learning Disability version of the questionnaire. Here 28% of people stated that they did not have enough choice over what they did, 17% also stated that they disliked not being able to do things in the community. However, the majority of comments (69%) were from people ticking the 'Other' option. There was not a particular pattern in these remarks though aside from praise once again for day service staff.

Chart 4: What do you dislike about your day service? (easy read questionnaire)

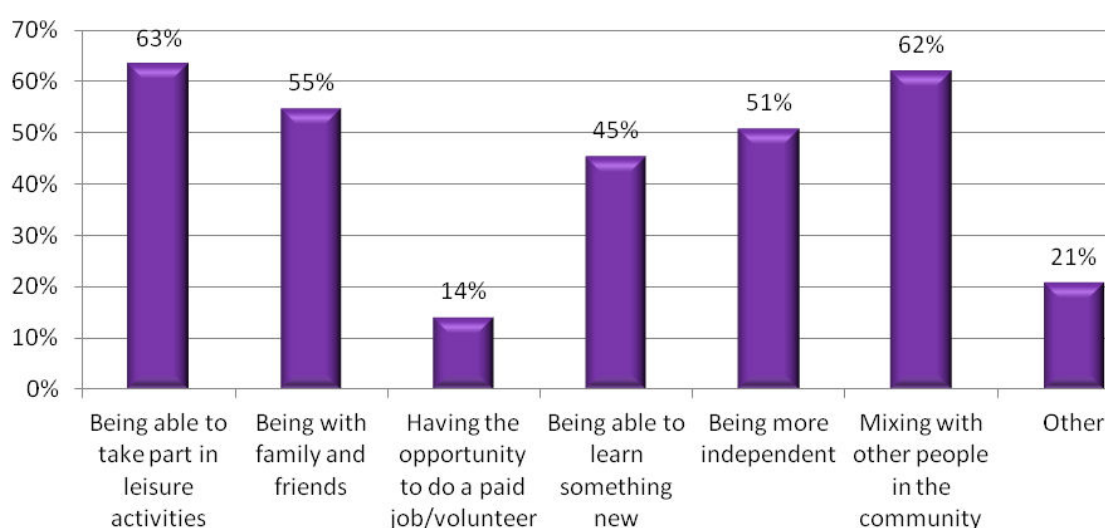


What do customers like doing during the day?

This question in the survey asked customers what they would like to do during the day in general terms. Marginally, the most people (63%) selected 'being able to take part in leisure activities' which is in some small way endorsement for the lifestyle approach. Likewise, 62% of responses were from people who stated that they liked mixing with other people in the community.

The responses 'being with family and friends' (55%) and 'choosing things you want to do/being more independent' were also (51%) popular choices.

Chart 5: What do customers like to do during the day



Few additional comments were given by respondents to this question. The ones that were received again reiterated the need for familiarity and continuity of day centre. One statement was:

"My disabilities mean most of the above are no longer practical. I enjoy the activities available at Redesmere, but not sure if these are classed as 'leisure'. I am unable to undertake physical activities. I enjoy being with my family but my children all live out of the area."

Would customers like to take part in 'lifestyle activities' during the day?

A majority of respondents to this question (59%) stated that they would like to take part in lifestyle activities, with 19% stating they were unsure and 22% stating they didn't wish to. It should be underlined here that the question emphasised that 'these would take place at other buildings different from our day centres such as leisure centres or libraries'.

This majority was noticeably higher in the easy read questionnaires with 70% of respondents here stating that they would like to take part in lifestyle activities (16% said they didn't wish to, 15% didn't know). In the standard questionnaire 44% stated that they would like to with 31% stating no (26% of people stated they were unsure).

The open comments received do suggest a little caution is applied to these results because people do raise a number of anxieties. For instance, questions are raised about the suitability of some activities.

"Some of the lifestyle activities listed may be inappropriate because of the nature of disability and personal unfamiliarity or dislike of an activity."

"Not physically or mentally able to participate in any lifestyle activities"

"It would be very difficult for C to take part in some things."

Transport was also seen as a problem in participating in a lifestyle group. For instance:

"My strong preference would be to participate in 'arts' and 'social' activities, but only if these are provided at Redesmere. I should be unwilling to travel away from Redesmere to access these."

"Needs to be local to where I live"

"...for me to attend activities provided at locations outside my home (whether held in other public buildings or at a day centre) affordable transport would be needed to enable me to participate. The nearest bus stop is beyond my walking range at present."

Many people also felt that the lifestyle approach should be available in a traditional day service setting. There were also a few comments relating once again to the difficulty of people going to an alternative location. For instance,

"Given the level of anxiety generated by unfamiliar places/situations, I doubt the benefits of any activities outside the community support centre."

What particular activities would customers like to do during the day?

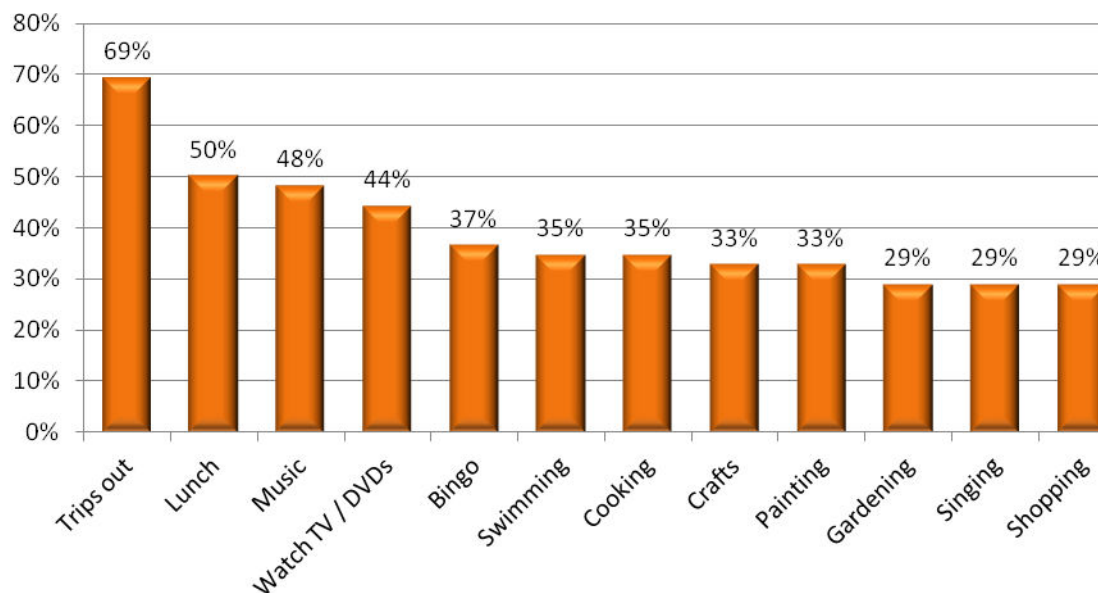
A wide range of activities were given as options in this question under the broad headings 'active', 'arts', 'social' and 'helping with everyday life'. The

range of options was slightly smaller for the easy read questionnaire to make it more usable for the individuals completing it.

In the standard version of the questionnaire the most popular option was 'trips out' with 69% of respondents selecting this. This was also the most popular (82%) for easy read respondents. 'Lunch' and 'Music' were also very commonly chosen by both sets of respondents (79% easy read, 50% standard; 65% easy read, 48% standard).

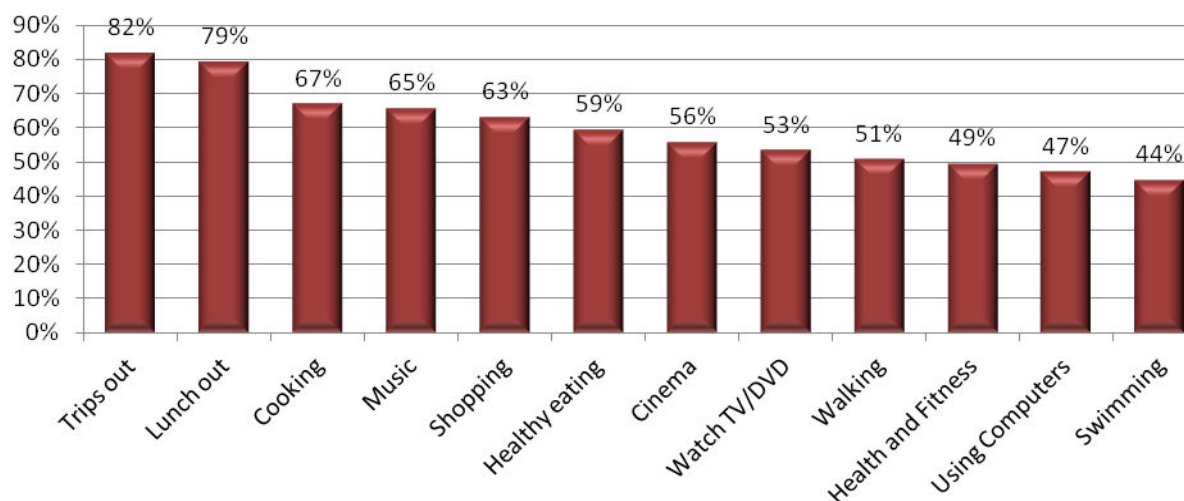
Cooking received much more prominence with easy read respondents (67%), whereas swimming was more important for respondents to the standard questionnaire (35%).

Chart 6: Top 12 activities selected (standard questionnaire)



Ch

Chart 7: Top 12 activities selected (easy read questionnaire)



What is most striking from this data is that it is the socially related activities and ones that help people with everyday life that are most popular. If further work is conducted by the Council into developing activities during the day this is invaluable information in understanding what to provide.

There were a small amount of comments given on additional ideas for activities. These included: Horse Riding, Pottery, Wildlife and Nature, Going on Short Trips (1-3 days) to the Seaside (with support of competent, familiar carers). A few remarks were also made once again about the level of the customer's disability making many of the activities listed unsuitable.

Responses at Meetings, By Letter etc.

The Consultation Meetings tended to be dominated more by people's views on the proposals for day centres and Queens Drive rather than views on the lifestyle vision. However, where it was raised people did express some anxiety with the approach.

For instance, concerns were raised over whether it would be suitable for people with complex needs:

"B won't go to the leisure centre, some people are cruel to him, it is not an option."

"The lifestyle service sounds great for some people but it is not necessarily appropriate for older people. I applaud giving people greater choice and for some people this would be great. For my wife, who is losing skills, it is wholly inappropriate."

"I would suggest that it would not be simply a case of installing a disabled toilet to replicate the extensive facilities currently in use at Stanley House."

Note: it should be stated that the proposal was for people with complex needs to continue to receive support in a traditional day service setting.

It was also felt that because the pilots were held at leisure centres that activities might be too orientated towards physical activity and thus activities should also be offered in the day centres.

"How many people would want to go swimming five days per week. The Stanley Centre doesn't just offer sport."

“What are they going to do at a leisure centre all day except sport. You are going to send them backwards instead of forwards. They would learn nothing at a leisure centre.”

There were also questions about how some of the logistics would work. For instance, transport to and from the centre, the problems of different people wanting to access different activities/services in the community, and related staffing related problems.

“Bus services appear reasonable, but infrequent, and often several different buses are required to reach relatively nearby locations.”

Knutsford Town Council

Issues were also raised about how long the Council would stay committed to this model of service delivery.

One further point raised at the Knutsford drop-in meeting was that it was felt that the lifestyle approach was potentially problematic because it split an established group of customers up. This would lead to those with less complex needs going elsewhere and mean that those with more complex needs would only be able to interact with each other. This could potentially damage their wellbeing and development.

Organisations tended to give cautious support to the lifestyle approach. Although the opinion was given (e.g. Age UK Cheshire East) that traditional day centres should still be maintained as this approach was not suitable for all.

“We applaud the Life Style concept for those users for whom it is appropriate and who are able to benefit.” Cheshire East LINK

“The Lifestyle Activities detailed in the consultation covering physical activities, social and community activities, and activities which help a person in their day to day life, are a very similar approach to the activities provided by Age UK Cheshire East.” Age UK Cheshire East

“We agree that use of ordinary community buildings is a good thing so as to integrate people whilst offering a wider range of activities...” Crewe and Nantwich Open Minds

Note: please see the appendix for the context these comments were given in

One representative of an independent sector provider stressed that there was a general lack of awareness amongst customers and carers of alternative provision they could take up.

A few carers did want to know if the pilots were deemed a success whether they would be implemented elsewhere. For instance,

“If the pilots of the lifestyle services are successful at Wilmslow and Macclesfield will it be rolled out to leisure centres in other areas of Cheshire East Council?”

The Lifestyle Pilots

Focus groups were conducted with customers taking part in lifestyle pilots at Wilmslow and Macclesfield Leisure Centre. Each of these pilots make use of rooms in the leisure centre to serve as a base for customers. From here they could take part in different activities both in the leisure centre and in the wider community. In order to travel to different buildings, individuals might be assisted by a carer or use public transport accompanied by a member of staff as necessary.

Customers in both locations felt that the lifestyle group was a genuine improvement over what they did before. In particular, they valued the greater choice over what they did during the day including the ability to use leisure centre facilities such as the gym or swimming pool. People also stated that they had formed friendships since they had started attending and thought the staff were excellent.

“I used to go to the Methodist Church Community Day Service but I like the leisure centre better because there is more to do and I can play badminton and football.”

“I like coming here because there are more things to do, I keep busy and it keeps me fit.”

“I have made new friends coming to the leisure centre.”

“It’s a bigger building and lots of activities going on, I like keep fit and walking.”

The location of the leisure centre in Wilmslow was seen as a real plus. However, there were issues raised about Macclesfield. One customer mentioned that travelling to Macclesfield town centre by public transport was easy but actually getting to the leisure centre was not.

There were also concerns raised by users of the Macclesfield Lifestyle Group about the small size of the room they used and access to it. For instance, the standard route to get to the room is circuitous and disabled access is only possible through the sports hall at the moment. Canteen facilities are offered upstairs as part of normal leisure centre facilities, however, this is not accessible to those with wheelchairs.

These issues were also picked up by respondents during the consultation.

“Macclesfield Leisure Centre is a dump and isolated. It is not nice enough for people with LD and how will you encourage people to get out into the community without good places for them to go to....You need to build relationships in the local community - Macc College and Wilmslow Guild are two really good resources and you should be working with them.”

“We raised the matter of disabled access and were told that there were no wheelchair users at the moment.” Cheshire East LINK

It should be noted that the Council intends to make further modifications to these facilities if the pilots are approved.

Chapter 3: Analysis – Day Centre Proposals

In order to realise the lifestyle vision there was a need to look at re-shaping the Council's resources. The Council stated that this would also allow efficiencies to be realised, tackling for instance, the problem of under capacity at some centres and allowing the overall social care budget to be met.

These proposals were to:

- *Invest in Redesmere and Mayfield to provide for customers with learning disabilities and physical disabilities as well as a service for older people and those with Dementia*
- *Invest in Hollins View to provide general Respite and Day services for those with Dementia and intermediate care services.*
- *Invest in Mountview as a specialist Respite/Short Break facility for people with a learning disability. This will also provide Day and Respite support for people with Dementia.*
- *Consider what services need to be provided locally in Knutsford.*
- *Transfer customers from Peatfields, Dean Row, Bexton Court, Stanley Centre and Queens Drive (currently a Respite centre).*

One further idea was also considered at an additional meeting which was:

- To transfer customers from the Brocklehurst Unit, Mayfield to a building within the Hollins View complex.

Although these proposals had been put forward for consultation, the Council was in no way decided about whether they would be implemented. It was stressed that the Council would listen to alternative options on a way forward. This was particularly emphasised for the Knutsford area.

The Questionnaire

The first part of the questionnaire related to the lifestyle ideas and the current operation of day services. These have already been analysed in the lifestyle chapter. The next set of analysis relates to the remaining questions which

centre around the review of provision at day centres and the Queens Drive respite centre (although specific comments about particular centres are included in the area section).

Did customers/carers agree with the reasoning behind the proposals?

The key question in the survey relating to the proposals was:

- How strongly do you agree or disagree with the principle that the Council should reduce the number of day and respite centres that it runs and should invest in the remaining buildings?

This was phrased a little differently in the easy read version of the questionnaire to make it more understandable for individuals.

- The number of people going to the day centres and short break services is getting less. The Council do not have enough money to continue to pay for services that are not being used. Do you think it is a good idea for the Council to have less Day Centres and Short Breaks services? This is so they can spend money on making the buildings that are left better? Or do you think that would not be a good idea?

Overall, a significant majority of respondents disagreed with the proposals (33% strongly disagreed, 20% disagreed, 15% agreed, 14% strongly agreed, 17% neither agreed nor disagreed). If we put these figures together we can see that 30% of people agreed with the proposals with 53% disagreeing. This is a sizeable majority against the principle underlying the proposals.

How would the proposed changes affect customers/carers personally (if at all)? [the proposed changes were detailed below the question]

One of the reasons for including this question was to understand the impact of proposals on customers/carers whether positive or negative. In particular, it was important to know if proposals would have a disproportionate impact on particular groups of individuals e.g. people with learning disabilities.

The issue of transport was commonly referenced in responses. This concerned the increased distance customers would have to travel if they transferred centres and the cost of transport for them. Carers also raised issues such as that it might lead to them needing to provide greater transport assistance which could lead to reduced respite time for them. The Council's recent

decision to phase out fleet transport was cited as an issue compounding the problem.

“Transfer from the Stanley Centre to a place other than in Knutsford would cause problems , especially as regards transport. We have experienced this in the past when our daughter was transferred from Risley Street to the Centre. The whole day was wasted waiting for transport and being transported.”

“The transfer of respite services from Queens Drive to Mountview will involve considerable increase in transport cost for customers in the Nantwich, Audlem and Crewe area who will need to travel instead to Congleton.”

“If the service of respite moves from Queens Drive to Mountview, it would be impossible for S as I myself care for S and I would not be able to take S as I am a none driver. The transport cost would be too much. I do not think it is right that all this extra pressure should be put on families with someone learning disabilities.”

“How it would affect me as a carer is that the amount I currently contribute towards transport would go from £25 per week to £50 per day which is unfeasible.”

Another important concern for respondents was the general disruption it would cause to the wellbeing of customers. It was felt that any transfer could be challenging for them especially those with more complex needs:

“These changes would turn me upside down and make me sad because I know what to expect from my day centre, and everyone knows me and what I need and I like Dean Row”

“It will be very hard for T as he soon gets upset, he does not like change but needs short stays as we are 80 and need a break”

It was also felt by some that the lifestyle centre option might cause further related problems:

“If C is not provided with stability & the structure of a day centre. She will become more disturbed and challenging.”

A couple of respondents felt that day services should be evenly spaced across Cheshire East in line with population centres and to minimise travelling.

“It is assumed that the reorganised centres would be well-distributed over the area of Cheshire East. This is to optimise coverage and minimise travelling distances from the locations where there are clusters of potential users and avoid long and expensive taxi journeys.”

General comments that customers/carers wanted to add

Little feedback was received for this question which was intended to ensure there was an opportunity to capture any additional concerns people had. One respondent did question whether the Council was truly committed to the proposed re-investment in buildings:

“I am not sure that I believe the council when they say they will improve and invest in the remaining buildings. I feel it is just an excuse to close some of the current facilities to save money and the remaining one's will probably just carry on as they currently do with no further investment. “

Analysis: by Area

A great deal of feedback was received from customers and the Cheshire East public relating to specific areas and centres. To recap feedback sources were; comments in questionnaires received, comments and questions at day centre meetings, comments and questions from the public meetings, letters, face to face meetings, drop in meetings, telephone calls, emails etc. In order to make this section more concise and because similar issues were often raised this information has been grouped together under a single heading for each centre.

Feedback has also been ordered by area because some of the proposals have knock-on effects for other centres (i.e. a centre may be affected by customers being moved there). A summary of the main themes is also provided later on in this document.

Knutsford Area

The original proposal was to ‘consider what service needs to be provided locally in Knutsford’. One of these options might include closing Bexton Court

(already temporarily closed as a result of the closure of Tatton Ward by Health) and the Stanley Centre and transferring those users to other services.

We received perhaps the most feedback of all during the consultation, on the proposal relating to the Stanley Centre. Much of this was powerfully expressed. This included emotive meetings at the Stanley Centre and at Knutsford Civic Centre. Feedback also included two petitions (with 6290 signatures and 275 signatures respectively) which were made available in buildings in Cheshire East and other locations. See Appendix 1 for further details (including the covering statement by Knutsford Area for Knutsford Action, organisers of the larger petition). An extract from the main petition text is:

“We the undersigned petition Cheshire East Council and East Cheshire Hospital Trust:
Save our social and health care –keep our services local
Keep our Stanley Centre for disabled adults
Return our dementia care services
Return our intermediate hospital ward”

Other documents (e.g. reports from other agencies) were also submitted with the petitions (see Appendix 1).

i) Disruption to Customers

Many individuals expressed grave concerns about the ability of customers with learning disabilities to cope with the proposals being put forward. A large number felt that the upheaval and change would cause a lot of distress amongst the customers.

“P has been at the Stanley Centre for 20 years now, and it is quite likely he will refuse to go anywhere else.”

“The Stanley Centre is like a second home, customers would have a terrible time adjusting if it was taken away.”

Many of them had attended the centre for many years and viewed it like a second home where they met regularly with their friends.

Comments were made about the importance of the relationships that had been established at the centre, not just between customers but also between customers and staff. One customer expressed her feelings about the proposals, and became quite emotional whilst doing so:

“This is the first day centre I have been to, don’t take it away from us, you can’t take it away from us. This is a big part of my life. All of our staff are very nice people. We will not be moved, you cannot make us.”

A further comment was:

“We all stick together because we don’t see our parents that much.”

Some individuals questioned the ability of some customers with complex needs to make choices and to understand what the proposals meant to them.

ii) Building facilities and condition

Many parents and carers did not accept that the Stanley Centre was not fit for purpose. Instead they felt the Stanley Centre section of the building was modern and purpose-built and would not take a great deal of investment to improve the facilities. They also questioned the financial feasibility of closing an existing centre and looking for alternative accommodation. It was felt that for very little cash outlay, the Stanley Centre could be brought up to date thus eliminating the need to look for an alternative.

“The Stanley Centre is NOT a decrepit building. There is no reason that this facility cannot be brought to a reasonable standard without great expense, for less than would be needed to adapt any other premises in the Knutsford area.”

Several comments were made regarding the activities provided at the Stanley Centre. They felt it already provided for vocational and recreational needs.

“Since attending the Stanley Centre my son has benefitted from their very well structured activities”

“The Stanley Centre meets all of my needs and is local to my home in Knutsford. I have attended this centre for 18 months and am familiar with the staff and surroundings.”

The staff are described as excellent, caring and experienced and familiar with the majority of customers.

“My son is unable to verbalise what he enjoys doing. He is very rigid in what he will join in with. Staff at the Stanley Centre encourage him to

join in and have made some progress in widening his narrow range of interests.”

“Andy (the Manager) is brilliant and knows exactly how to manage M, he wouldn’t get that elsewhere.”

iii) Transport

Transport provision was seen as a particular problem if customers were required to travel to another centre. This was felt to be compounded by the removal of fleet transport as well as the limited public transport available into and out of Knutsford. Costs and the time that they would potentially spend travelling were also of particular concern. Many felt that they could not afford to pay for increased travel costs if the person they cared for had to travel to a centre located further away. Two representative comments were:

“How can these be seen as improvements for adults with learning disabilities if their local services are cut and they are to be taxied to other areas of Cheshire?”

“We can’t afford a taxi if (he) has to travel further”

A further transport related point made was that the location of the centre was seen as ideal for many of the customers who attended. It was stated that many of the Stanley Centre’s customers were able to walk there, but this would not be the case if the centre closed. One parent in particular felt that public transport was not an option.

“Only a minority of the customers at the Stanley Centre are independent enough to be able to cope with public transport.”

MENCAP stated:

“If the Stanley Centre were to close the next nearest centre would be Wilmslow. The council would have a duty to provide transportation to and from this centre which could prove very costly and would add a substantial amount of travel time for attendees.”

A carer at the day centre meeting expressed concern about the additional distances to other centres should there be an emergency.

“In the event of an emergency how would we get to them if they are too far away?”

One issue that was particularly emotive was the fact that the centre minibus had been removed by Cheshire East Council. It was felt that the range of activities had been restricted as a consequence. A representative of the Knutsford Lions questioned why the offer of a minibus from them had been declined. It was felt that this had in itself limited the number of activities the day service was now able to offer.

iv) Building usage

Several attendees at the Stanley Centre meeting and at the drop-in meeting questioned the reliability of the occupancy figures supplied in the Consultation Information Pack. Many felt that this misrepresented the actual occupancy rate as they deemed the capacity being based on Stanley House and the Stanley Centre (when it was felt Stanley House was not utilised).

A few individuals felt the drop in occupancy rates at the centre were directly related to the introduction of Personal Budgets and Direct Payments. Concerns were raised as to whether Cheshire East staff promoted Personal Budgets/Direct Payments on an equal par with day services. Questions were also asked as to why in-house services could not be purchased with a Personal Budget. One individual suggested that Care4CE should become an independent arm of Cheshire East Council thus enabling customers to purchase in-house services with their personal budget.

“The low occupancy is because of personal budgets, because people cannot pay for Cheshire East Council services with one, so this blocks people coming here.”

“Give people a choice of what options are in place, ensure staff are promoting all alternatives”

It was suggested that a reduction in Cheshire East Council staff could be responsible for the decline in referrals to the Stanley Centre.

“The low levels of social workers at Cheshire East Council must be responsible for the low occupancy at day centres and the subsequent under utilisation.”

A few comments were also made concerning the lack of transport affecting the attendance at the centre.

One attendee suggested that as Knutsford was so closely situated to the border with Cheshire West and Chester Council that Cheshire East Council should work more closely with them to ensure local services were better attended.

Portioning off Stanley House from the Stanley Centre and leasing the office space or selling the building was suggested by several individuals particularly at the drop-in meeting. Many felt this was a good option.

v) Carers

Many carers expressed their concerns in relation to the proposals at the meeting at the Stanley Centre. They felt that the proposals were adding more pressure to carers already at breaking point, were causing distress to the person they cared for and were unsuitable for many particularly in terms of the impacts of relocation.

“My brother goes to the Stanley Centre, he is 54 now and has been going for many years, since he was in his 20’s. You are talking about taking this away from him, his second home. That is his life, you can’t move him or put him in a leisure centre”

“Carers will be under greater pressure if facilities are not available in Knutsford and they have to travel”

“Listen to your very valuable carers. They are saving you money.”

A further point raised was a belief of carers that the Stanley Centre offered in some way a superior service to alternative centres operated by Cheshire East.

“The proposals are insulting, my son cannot go out. I have always wanted the best for my son and this is being at the Stanley Centre. Can’t you make things better here? I spent a long time looking for an appropriate place, and that is the Stanley Centre.”

vi) General

In relation to the proposals, a respondent acknowledged that merging centres where they were close to each other was acceptable, but felt this should not

be the case in Knutsford because there was a lack of suitable alternative provision. The lack of alternative places to take part in day activities was commented on by MENCAP in their response.

Comments were raised in the drop-in meeting around the rumours circulating concerning the Stanley Centre/Stanley House land being earmarked for a super surgery. Some parents felt the media speculation on this had been unhelpful, and that the Council should have given a clear statement of its position as it would have allayed many fears.

The Knutsford Town Council Health and Social Care Public Consultation (Nov 2011) recommended that the Stanley Centre was retained with some alterations and its usage increased out of hours. It also recommended that:

“Stanley House should ideally be retained as a facility for the community, with options considered for relocating other services into this building.”

The facilities on offer at the centre were also commended.

Knutsford Local Engagement Group

Carers and customers were asked both by letter and at the Stanley Centre day centre meeting to indicate if they would like to take part in an engagement group looking at options for the Stanley Centre. In total one customer and five carers attended this meeting which was held in late November.

Each member of the group was asked to state what they felt about the Stanley Centre and the consultation itself. The group then worked through a list of alternative options that had been raised by members of the public, organisations and Cheshire East Council, with comments being sought for each one. Options included; use of Plumley Chapel, East Terrace and Knutsford Civic Hall etc.

The overwhelming opinion of the group was that it was unnecessary to consider alternative options for Stanley Centre users because none of them would deliver a better quality of service. By way of example, there would have been few toilet facilities at the Civic Hall and it was felt that it would have been

inappropriate for people residing at East Terrace to also receive day services there.

Bexton Court

Although comments were expressed about Bexton Court in emails/letters and at the public and formal meeting in Knutsford, these were relatively meagre in comparison to those raised relating to the Stanley Centre.

One argument that was raised on several occasions was that Cheshire East Council had always intended to close Bexton Court permanently despite the fact the initial closure in November 2010 was deemed temporary.

“We were told that Bexton Court and Tatton Ward would be closed temporarily – untrue, stop telling untruths.”

In addition to this it was stressed that it was important that dementia provision was still available in Knutsford.

“You said you would provide something else in Knutsford, but there isn’t anything else in Knutsford. Bexton Court has been closed.”

“People relied on Bexton Court – you said Cypress Court was under occupied when it wasn’t.”

A comment given by another respondent was that it didn’t matter who provided the services as long as they were available:

“Dementia care respite beds are needed in Knutsford, but could be provided by the private sector.”

An issue which was raised at the Stanley Centre meeting and Knutsford public meeting was whether the Local Authority had already developed plans for a new ‘super surgery’ on the Bexton Road Community Hospital site (consisting of Stanley House, Stanley Centre, Knutsford Community Hospital, Tatton Ward and Bexton Court).

“What plans does Cheshire East have to sell off the Bexton Court site?”

As a result of the disruption at the Stanley Centre Day Service Meeting (for carers/services users who used or formerly used Bexton Court or the Stanley

Centre), letters were sent out to carers of people who used the service at Bexton Court as well as former customers (with capacity). This letter invited people to book a slot at a drop-in meeting to discuss issues to do with Bexton Court or to contact the Consultation Team by telephone or email if this date was unsuitable. However, the Consultation Team did not receive any resulting contact requesting a meeting. [Note: a similar meeting was held for the Stanley Centre which was well attended]

Knutsford Town Council stated in their response document that they themselves did not receive representations on the subject of Bexton Court. However, they still felt it was an important facility in the local area particularly given its ageing population:

"..This working group would therefore urge CEC to provide this type of facility within Knutsford, and should Tatton Ward re-open suggest that Bexton Court is also opened, at least until the future of the Bexton Road site is known, and an alternative venue secured."

Wilmslow Area

The proposal put forward for Wilmslow entailed transferring customers to the Redesmere building from Dean Row.

Dean Row

i) Disruption to Customers

In general, people's comments in the questionnaire and at the Dean Row meeting reflected that they were happy with the service they received there and were concerned that the main driver behind the proposals was to save money rather than to improve services. Strong feelings were expressed relating to this in the day centre meeting. The familiarity of the centre, the staff, facilities (such as the light and sound room) and the accessibility of the building for wheelchair users were particularly appreciated.

“What are the plans for this building? My daughter has specific needs which she at present gets at Dean Row. My Daughter has 24/7 care. There aren’t any problems, so why make changes?”

“These changes would turn me upside down and make me sad because I know what to expect from my day centre, and everyone knows me and what I need and I like Dean Row.”

There was a concern that if people from Dean Row and the Stanley Centre moved to Redesmere then it could be overcrowded.

“What was the criteria used to close Dean Row and why is Redesmere better than Dean Row?”

However, one respondent said they wouldn’t be against a change of buildings as long as the same facilities were available at the alternative centre.

“I really do not mind changing buildings if the same facilities are available but a normal leisure centre is irrelevant”

ii) Building usage

There was scepticism about the occupancy rate of Dean Row, for example one person felt that there may be an underlying reason why this was low.

“I was refused an extra day for my daughter as other people were waiting for places. I have since found out this is not true as numbers are down.”

iii) Transport

There was also concern expressed about the extra travelling that would be required to get to the alternative day centre and the logistical problems it would cause.

“No buses coming in”

“It will make a difference to get people who live further away”

However, the amount of comments was relatively limited.

Redesmere Centre

i) Disruption to Customers

Although customers of Redesmere were not being asked to switch to another day centre, there were anxieties expressed that they might have their days cut as a result of people transferring to this centre (as a result of the proposed closure of Dean Row). One person was concerned about the reference in the proposals to less demand for day care and respite. They felt strongly that there is still high demand at Redesmere and that the issue was money to provide it. There was also concern about personalisation affecting the nature and quality of services.

“A lady had to cut her days and was then transferred to Hawthorns”

“People’s care keeps changing now that they no longer get council staff and have to use agency staff”

But in general respondents said that they wouldn’t be impacted by the proposals in relation to Redesmere. An example comment was:

“I assume that as long as I am allowed to continue to attend Redesmere and as long as the services at Redesmere are not reduced, removed or changed, then I should not be affected.”

ii) Building usage

Many people commented at the Redesmere Meeting that the low occupancy figures were not due to lack of demand for the day centres, but rather due to people not being able to afford services. The promotion of personalisation (and the opting out of Council run services) by Cheshire East was also seen as a factor.

“The reason why people are not coming to day centres is because they can’t afford to and not because people are using other services.”

"I noted that the occupancy of the Redesmere Day Service is given in the Pack as 45%. I visit the Redesmere Centre every week and my observation was that the occupancy is much higher than this."

iii) Building facilities and condition

One person questioned why the proposals were to upgrade Redesmere but close the Stanley Centre when Redesmere is the older building.

iv) Transport

It was also felt that the overall proposals gave little thought to the impact on carers as respite could be shortened as a result of the carer having to transport the cared for a longer distance.

"Quality of care will be affected if carers have to travel much further"

Congleton and Middlewich Area

Note: The proposed changes would not directly affect Carter House and Salinae but would have an impact on Mountview with an extra service being provided from there for adults with learning disabilities.

Mountview

i) Disruption to Customers and Carers

In general, users of Mountview stated that they were very happy with the services they receive there. It was felt it gave them social interaction which many required due to being housebound. In addition to this it gave them something to look forward to and a focus for the day.

The respite support for families was cited as helping to avoid the need for nursing home care. Staff were highly valued and the feeling was that they should also be considered when planning change. It was felt their expertise would be invaluable in ensuring a smooth transition of customers who may have to move.

"The staff are our gold dust on whom we all critically rely. Please proceed slowly and steadily to preserve the excellence we have and treasure."

"We get a break knowing that we can relax without worry and our relative comes home after respite rejuvenated. It's a joy to see. I am very pleased with the care received at Mountview."

"I'm asthmatic and I get very tired but I have a lovely relaxing break when my husband is in Mountview."

One additional point was that there were felt to be potential issues around how the two customer groups (older people and adults with learning disabilities) would mix. For instance, would there be sufficient beds and availability to cover the respite people required?

"My son keeps getting moved for respite which unsettles him for quite a while after. The present service is wonderful and everyone is happy with it but suddenly it all changes."

"Don't mind if the new service is better but find Queens Drive to be very good."

"Smaller places are better."

ii) Building facilities and condition

Respondents were concerned that the physical constraints of the building would not be able to support additional customers. There were also concerns that the quality and availability of services there would suffer.

"Very impressed with the service and the staff are excellent. Concerned that when adults with learning disabilities start to attend it will change. Would hope the changes will be slow so that it does not unsettle people who already use the service."

It was felt that staffing levels should be increased because of this. The question was also posed as to whether the building would be extended in the future to accommodate higher numbers. One carer wanted reassurance that customer needs would continue to be met despite pressure on services.

iii) Building Usage

An individual raised the explanation that the reason numbers might have been decreasing at centres such as Mountview was because transport was expensive and meal charges had increased.

iv) General

One respondent expressed views strongly that there was a lack of attention to mental health related issues in the consultation. It was also felt that there was a general lack of attention paid to this group of customers by the Council. It was felt that the comment in the information that 'people with mental health disabilities are not affected by this consultation' was inaccurate and misleading.

There were a couple of miscellaneous comments. One respondent wished the Council to train staff to administer insulin injections to customers. Another respondent wished to know what the Council was doing for people with more complex needs who were 75+ and required nursing care.

Carter House and Salinae

i) Disruption to Customers and Carers

As both these centres were not mentioned in terms of specific proposals, people felt that the changes would have little or no affect on them.

However, customers that attended these services did state that they enjoyed their time there and valued the contact with other people. The centres were felt to provide a change for a lot of people from the home environment which was important to the wellbeing of users and carers. :

"My daughter likes being with her friends, if she didn't go to Carter House she would just stay upstairs in her pyjamas, she loves taking part in activities."

ii) Lifestyle Services

Respondents (with reference to Salinae) said that they enjoyed socialising and the activities that they do at this day centre but would not cope with the independence of going to lifestyle groups. However, more variety would be welcomed (e.g. computer or internet classes). Some individuals at Carter House commented that going to the Leisure Centre in Congleton enabled them to exercise which helped with their general wellbeing.

iii) Transport

One carer whose daughter uses Carter House expressed the view that any changes in transport would lead to less respite time for carers. It was also felt that people were now being asked to continue to come to the centre but without the Council assisting with travel as a result of the transport review.

iv) General

Some felt that the consultation itself generated a lot of unnecessary worry for customers not attending centres where modifications were proposed.

“When the word ‘change’ comes up immediately you have a hostile audience. Dementia sufferers need routine, structure and familiarity, these are really important. Changes bring too much anxiety.”

People at Salinae were also very concerned that if more people took personal budgets for their care needs and were unable to spend this on Council services the present service at Salinae would not continue.

One other point that was raised was the impact of previous staff cuts. It was felt that this had led to a worse service because many of the most experienced staff had left.

Crewe and Nantwich Area

There were very few comments received by questionnaire on day services in Crewe and Nantwich. This was, perhaps, unsurprisingly as they were unaffected directly by the proposals although there was the opportunity to comment on the lifestyle vision.

One organisation based in this area ‘Audlem and District Community Action’ stressed the need to retain specialist centres in the area for those with specialist needs. They also stressed the importance of day centres for providing social interaction.

Cheyne Hall

Respondents generally valued the service they received at Cheyne, seeing it as providing somewhere to visit that was both familiar and inclusive. They also liked the advantages of mixing with people who had similar disabilities as well as the social activities that took place. A few respondents were interested in the lifestyle activities but remained unsure about attending a leisure centre .

Macon House

At the day centre meeting there were some more general questions and comments relating to the lifestyle service and personal budgets. For instance,

“If the pilots of the lifestyle services are successful at Wilmslow and Macclesfield, will it be rolled out to leisure centres in other areas of Cheshire East Council?”

But there was little on Macon House itself. Only one questionnaire respondent commented directly about the centre. This person stated that their relative was happy at Macon House, that the service gives them some independence and provides them with activities that meet their needs.

Hilary Centre

Little comment was received directly relating to the Hilary Centre. One respondent stated that they had formerly attended Jubilee House and preferred going there. Another stated that they liked the computing facilities available at this centre.

Lincoln House

Lincoln House was not affected directly by the proposals so most of the comments at the Lincoln House meeting related to Queens Drive. However one respondent did state that the activities at Lincoln were not always relevant to the person they care for. No questionnaire comments were received directly relating to this centre.

Macclesfield Area

Proposals for Macclesfield included the transfer of customers from Peatfields to Mayfield. Dementia users at Mayfield would in turn transfer to a specialist service at Hollins View.

Peatfields

i) Disruption to Customers

A range of concerns were raised about the proposed transfer of day services from Peatfields to the Mayfield Centre. Customers explained that the social interaction Peatfields provided was very important to them, and they were concerned this would be lost if they were moved. The personalised nature of the service at this centre was also stressed.

Many felt strongly that some of the customers would not cope with any change to their day service provision.

“What will happen to people who have 24/7 care and have been attending Peatfields for years and don’t like change?”

Some felt that if Peatfields had to close, there should be a period of transition between customers leaving the centre and moving to the Mayfield Centre. The importance of staff moving with users was also stressed.

“The right services should be provided before everyone is moved”

In addition to this, the Gardening Club at Peatfields was clearly very important to some customers. Carers were keen to know whether there was a similar group at the Mayfield Centre.

ii) Building condition and facilities

One question raised concerning this why the Mayfield Centre had been earmarked for investment and Peatfields had not.

iii) Building usage

It was generally felt that Personal Budgets were responsible for the decline in attendance at day centres. Questions were also raised concerning where people could go if they decided to take a Personal Budget.

One question was asked concerning what would happen to the Peatfields building if it did close.

iv) Transport

One of the main concerns for people at Peatfields was the additional distance and cost which would be incurred if customers had to move to an alternative day centre. This included the fact that some were currently able to walk to the centre. Alternative transport options were discussed at the meeting.

v) General

Some of the carers in attendance were cynical about the exercise because the previous consultation around transport had concluded in fleet transport being stopped.

Mayfield

i) Transport

Transport was seen as a major issue for users of Mayfields. This was felt to be very much exacerbated by the move away from fleet transport by the Council. Example quotes were:

“Not being able to afford the extra cost of a longer journey when they move to a different centre or leisure centre could lead to isolation of disabled people in their own homes. There is no objection to paying from mobility allowance but transport is a big issue with the proposed changes.”

“Transport, now that fleet transport has stopped dial-a-ride transport is in greater demand and if someone wants to go out during the day i.e. shopping there is no transport available. Also dial-a-ride drivers not trained to support people.”

Other issues touched on related to the safety and reliability of alternative transport options.

ii) Lifestyle

Feelings were expressed that the ability to do more during the day was appealing. However, it was felt that this was impossible in the day centre itself due to the low numbers of staff. One person stated:

“There should be more staff because we want to go out and do things, bowling, shopping, eating out, and other activities. We can't do these things at present.”

It was also commented in the questionnaire with regards to the lifestyle approach:

“But it is only what Mayfield Centre offered 5 years ago. We used to go swimming, sewing, gardening, learning computers. Drive through the country. It's only what we used to do at Mayfield centre.”

Mayfield – Brocklehurst

Note: An additional meeting was held for Brocklehurst (part of Mayfield) customers on 3 February as a result of an amended consultation option. Information was also available on the Cheshire East website.

Overall individuals were content with the proposal providing that staff transferred with service users. This was perhaps the key issue stressed in feedback.

“I think the whole idea of a purpose built facility for dementia care can only be welcomed. I do feel the continuity of care staff will be essential, they all do such a fantastic job they are part of the family.”

“I don't mind about the change to my day care as long as we have M and J coming with us. They make my day they are such wonderful ladies without them it won't be the same.”

Another point raised related to the importance of bathing facilities being available at the new unit at Hollins View. One person reported how they did not have facilities to bathe the cared for at home and that being able to use the Brocklehurst helped reduce the overall stress of this procedure.

Hollins View

There was little feedback received around Hollins View. One issue that was raised concerned respite provision here and how it would change as a result of the proposals. Other issues concerned the administration of medication and the availability of art classes.

Chapter 4: Analysis - Respite and Queens Drive

There was one proposal that specifically related to respite services. This suggested that customers using Queens Drive (Nantwich) would use Mountview (Congleton) instead due in part to the lack of facilities at Queens Drive for people with more complex needs.

A consultation meeting was held at Nantwich Civic Hall for carers and customers. There was also a public meeting at Crewe which was attended by many people with an interest in Queens Drive. Both meetings contained people who strongly felt that Queens Drive should continue to be available. The strength of feeling was also apparent in the written feedback that was received.

i) Building Condition

One person questioned why Queens Drive can't be improved for people so that there was a respite facility in the south of Cheshire East. There was a feeling that Queens Drive did not require investment but more thought about how it could be used. One concept that was put forward was to use it as a training centre to prepare customers for independent living.

"Queens Drive doesn't need investment – it needs thought and planning to get it filled. Leave it alone". (Strong reaction in favour from rest of attendees at meeting)

Some individuals questioned the figures on usage of Queens Drive, feeling they were not an accurate reflection of its use by the community.

"I feel the figures quoted on page 17 of the information pack are not accurate as they are based on occupancy of nine months not 12 months"

ii) Disruption to Customers

Respondents felt that if Queens Drive were to close it would have a significantly negative effect on the clients using it as they would find it hard to cope with the change. They were also concerned about increased social isolation as customers might access services less in the future on account of them being further away. Some respondents felt that Mountview wouldn't meet client need as well because it is larger and it would consist of a mixed client group. It was felt that this could potentially lead to increased stigma and a poorer quality service.

"It will be very hard for T as he soon gets upset, he does not like change but need short stays as we are 80 and need a break"

"Would you put a child of yours with a learning disability in service with older people?"

"Why should they have to travel over to Congleton, to Mountview. Those youngsters will get labelled there."

The impact of the proposals and the disruption it would cause to customers was clearly and emotively expressed at the meetings and in questionnaire responses. It was clear that the service at Queens Drive is highly valued by those that attend it and their families. In particular people like the friendly, comfortable and homely atmosphere as well as the convenient location.

"I'm concerned about the increase of social isolation by moving respite from Nantwich to Congleton. It is important for people when using respite that they can still get visits from their family/friends but if they are far away from their local area this will be less likely"

iii) Carers

Respondents felt a closure of Queens Drive would have negative affects for carers as they would have to support the cared for in adjusting to provision at an alternative centre. They also felt respite might have to be reduced as a result of a need to travel further, with services no longer being local to Crewe and Nantwich. It was even stated that the potential extra cost of transport

might make it unaffordable for some people to continue to receive respite. This would all put extra pressure on carers potentially leading to crisis.

“We as carers are not asking for much, just suitable respite in the area. We are already saving the council money!”

“If you don’t provide respite that is convenient, carers are going to breakdown and that will cost the council more money”

iv) Transport

Respondents felt strongly that transport would be a major issue if respite was moved from Queens Drive to Mountview. Issues raised concerned whether transport would be provided by the Council and the cost/affordability of respite if transport was not provided.

“The move from Queen's Drive in Nantwich to Congleton is a move too far. The cost of transport and time spent on transport for the service users is too much. Congleton is an unfamiliar area and that is a worry.”

One respondent also stated that as they didn’t drive it would be impossible for them to get respite if services were relocated to Congleton.

“Our daughter attends Queens Drive. We don’t drive so won’t be able to afford for her to attend Mountview.”

v) General

Note: usage of Lincoln House for respite was not in the original proposals but was suggested to Queen Drive carers/users as a possible alternative to Mountview.

Some individuals raised concerns about customers from Queens Drive attending a centre which was seen as for older people. An additional concern raised by a carer was that some clients at Lincoln House might have a mental health disability. One respondent did endorse the Lincoln House idea providing respite provision for those with learning disabilities was made available at Lincoln House before Queens Drive was closed.

There were also quite a few comments about looking at alternative buildings that are no longer used as a way of saving money. Many felt the south of Cheshire East was disadvantaged by the proposals as they felt that as well as respite being moved there to the north, improvements to buildings were also anticipated in this same area.

A further comment relating to the Council's overall approach to respite was:

"Cheshire East is not very creative when it comes to respite / short breaks – there are other options".

Chapter 5: Key Themes

This consultation was a large scale exercise and one which provoked undeniably strong feelings at times. Perhaps, inevitably the majority of feedback was about specific proposals to decommission centres rather than the lifestyle vision or the potential improvements to buildings.

The next section summarises some of the key themes from the preceding analysis, particularly points common to a number of day centres. There is also a précis of points raised about the consultation process itself.

The Consultation Process

i) The decision had already been taken

A number of members of the public expressed the view that a decision had already been taken on the consultation. They felt the Council was just going through the motions and that whatever they said would make little difference. A typical comment was:

“I believe that the Consultation Process is purely a case of ‘smoke and mirrors’ in an attempt to convince higher authorities that Cheshire East Council actively involves participation of the public in its decision-making process. The truth is that the Council proceeds with its proposed actions irrespective of public opinions expressed at the consultation stage.”

An extension of this was the feeling that the public had had little influence over previous consultations and this would be a case of more of the same.

“This seems like the transport consultation – is it a done deal?”

“What confidence will we have about the consultation, the council doesn’t have a good track record, carers don’t get listened to! Focus should be on service users and carers.”

Finance was often referred to as a key reason why this was the case.

“Is it just about costs rather than about the quality of care for people? “

“You say no decisions have been taken but it seems unlikely that these major changes are not going to be adopted. You give a strong financial argument etc. these proposals will go ahead surely?”

There was also a specific statement made by Knutsford Area for Knutsford Action (organisers of the main Knutsford petition) about the consultation process and the lack of general engagement in the Knutsford area on health and social care issues:

“We petition Cheshire East Council on this day, Thursday, 15 December 2011, to carefully consider the needs and rights of service users and carers and further to consider – in view of point 9 - whether any adequate ‘consultation’ has ever – yet - taken place between Cheshire East Council and residents of the Knutsford Area, in respect of social care and health services.”

Given these arguments, it was stated by some that the consultation should never have been termed ‘improvements to social care services’.

“Where does improvement come into it? All we’ve heard about is budget and cutting services. It casts doubt on the credibility of the council.”

One further issue was that it was felt that Councillors should have been more involved in the consultation as they were the ones making the final decisions.

ii) Upset caused to customers and carers by the Consultation exercise

Some carers felt that even consulting on proposals with customers was potentially very damaging. This was because it caused anxiety in often very vulnerable people. There was a feeling that the Council should try to ensure the status quo was retained as much as possible. A typical comment was:

“These proposals are causing unnecessary stress to service users and carers.”

“The uncertainty is a big worry at the moment.”

There was also a remark relating to this from Cheshire East LINK

"We were most concerned to note that the current consultation is causing anxiety and distress to some users. We were approached, as strangers wearing badges, almost as soon as we arrived by a user asking on several occasions, 'Get us back our bus'. 'Don't close us down'"

iii) Information Given

Some points were raised which can be put under the theme of disagreement with the information provided by the Council. For instance, it was felt that occupancy information was inaccurate. This was particularly felt to be so for the Stanley Centre:

"I dispute the numbers that are using for the Stanley Centre. Why does it say 38 people? There are 50 on the register which equates to 85% occupancy."

"I feel the figures quoted on page 17 of the information pack are not accurate as they are based on occupancy of 9 months not 12 months. The proposals being put forward are therefore based on inaccurate information." (from Macon House meeting)

Similarly, it was felt that the Council had misrepresented the condition of some of the buildings proposed for closure. Again, this was an issue particularly raised by people in connection to the Stanley Centre.

A comment was made about the deteriorated state of the Stanley Centre building fabric:

"In practice there was refurbishment undertaken not many years ago and currently in my opinion I would not suggest that further refurbishment work is needed."

One individual raised an issue of the lack of attention given to mental health services in the consultation information. An extract from their correspondence was:

"Do you not consider People with mental health disabilities as forming part of your customer base? Do you believe that People with mental health disabilities do not use Day Care and/or Respite services? Have you decided that People with mental health disabilities will not in future have

access to Day Care/Respite services?”

Service Changes – Key Themes

i) Lifestyle

Many customers liked the idea of the greater choice and variety that the lifestyle vision promised for day services. However, some users felt that this variety should be offered within existing day services. It was also expressed that activities should be tailored around the individual and should have a particular emphasis on life skills and social type activities rather than merely making use of leisure facilities.

A further issue was that it was felt that the lifestyle approach would only work for certain types of customers. Older people for instance, it was argued would be less interested in taking this option up.

Customers taking part in the lifestyle groups at Macclesfield and Wilmslow were mostly very enthusiastic about the pilots. However, concerns were expressed regarding the room (including access to it) at Macclesfield Leisure Centre.

ii) Transport

Transport was seen to be problematic in any attempt to relocate customers. This was because it was felt that transport options were limited particularly following the withdrawal of fleet transport. The time and cost that would be incurred were seen as key factors. It was felt this could lead to social isolation in some cases with a service no longer taken up due to these obstacles.

Issues with transport were raised particularly in relation to the Stanley Centre and Queens Drive. However, it was discussed at other meetings as well e.g. for Dean Row and Peatfields.

As such, the importance of having local services was seen as key. A comment was received from the Stroke Association relating to this:

“....I really hope that this will mean that services are ‘local’ to service users. I visit stroke survivors throughout East Cheshire and one of the biggest issues preventing people from maximising their recovery is that activities to help in their rehabilitation or care are not local.”

iii) Personalisation

Personalisation was looked on with suspicion by many people. Whilst they acknowledged it allowed greater choice, it was felt that it also decreased the viability of Council services for those who continued to wish to receive them.

There was also concern that the Council was deliberately pushing customers and carers into personal budget or direct payment options (see consultation pack for further information on what these are) in order to be in a position to argue for centre closure. One comment from a meeting regarding Queens Drive was:

“Numbers are dropping because referrals are being refused.”

“Is the promotion of personal budgets a form of privatisation?”

Frustration was expressed that people who opted to receive a direct payment could not buy in-house services.

“With Direct Payments/Personal budgets people should have choice of purchasing private or traditional services.”

iv) Disruption to Customers

There were many comments raised about the problems that moving centres would cause for customers. Aside from transport problems, these concerns centred around the problems that users would have in adapting to new surroundings, in meeting new people and in coping with a change of routine.

“As anyone who is closely involved with people with learning disabilities will know, they suffer huge stress and anxiety when taken away from their routine and comfort zone and find it hard to form new relationships.”

It was also the case that many carers and customers disagreed that the alternative centre for service provision would be an improvement. This is reflected in the case of all proposed buildings for closure but was particularly so for the Stanley Centre.

v) Carers

There were many concerns raised about the impact of the proposals on carers. These often stemmed from the previous two issues. It was felt that carers were being asked to provide more transport support than they had to before fleet transport had been phased out. It was stated this would lead to greater stress. Safety of customers was also expressed as a key concern because of the travelling they might be asked to do. For instance, a point was made about the difficulty of coping in an emergency if a customer was based further away.

Appendix 1: Petition

Two petitions were presented in advance of full Council in December. The main one was organised by a group called KAFKA (Knutsford Area for Knutsford Action). The majority of signatures were collected in Knutsford or Cheshire East, with a small number placed outside of the Cheshire East boundaries.

The message on the petition states:

“We the undersigned petition Cheshire East Council and East Cheshire Hospital Trust:

Save our social and health care –keep our services local

Keep our Stanley Centre for disabled adults

Return our dementia care services

Return our intermediate hospital ward”

The following table is a breakdown of the locations the petition was placed in and the number of signatures collected there.

Place	Number of signatures
Allstock	59
Congleton	182
Cranage	128
Crewe	67
Goostrey	124
Homes Chapel	422
Knutsford	3081
Lower Peover	8
Macclesfield	50
Middlewich	108
Mobberley	82
Northwich	23

Over Peover	20
Parkgate	433
Plumley	4
Sandbach	995
Toft	258
Wilmslow	38
Winsford	149
Online	59
Total	6290

In addition to this there was a petition solely concerning the Stanley Centre. 275 signatures were collected for this at various locations. Its text stated:

“SAVE THE STANLEY CENTRE

By an accident of birth, my brother Paul was born with severe learning disabilities.

Through no fault of his own, he will never be able to hold down a job. He will never experience simple joys such as reading the newspaper, driving a car, taking himself out for a meal or a pint with mates – or having a relationship.

Paul (and those like him) need the opportunity to be part of the local community where he can have a sense of belonging, make friends and develop skills in a caring, safe environment surrounded by people he knows and trusts.

Today such an environment exists in Knutsford- a day-care centre called ‘the Stanley Centre’. It has helped make my brother feel happy and feel that Knutsford is his home. Without it, he would be isolated and lonely, with little access to his friends.

East Cheshire Council are proposing to close the Stanley Centre as a cost cutting measure.

We live in tough times, HOWEVER, to deprive people like Paul of the assistance they need is to attack the VERY WEAKEST AND LEAST ABLE in society.

Please help speak for them, by taking the trouble to add your name to this, as we work to protect those with NO VOICE to speak for themselves.

Thank you for taking the time to help. Simon”

The petitions were presented with the covering sheet shown on the next page.



KAF KA Save Our Services

In presenting this Petition, signatures of which have been gained over the short time of only two months (14 October 2011 – 14 December 2011) **Knutsford Area For Knutsford Action**, states that it represents the view of more than 6000 people, who object to the current policy of removing local services for local people from local areas.

What began as a serious attempt to gain support for a number of learning disabled adults who attend The Stanley Centre, caught fire across Cheshire East and over its borders. Carers and other volunteers have committed a large part of their valuable social time to this Petition, and invite Cheshire East Council Representatives to take very seriously the results obtained.

We now present a three-part Petition.

The first part consists of more than 3000 signatures gathered in Knutsford;

The second part is a similar number of signatures gathered in towns and villages across Cheshire East and on its borders;

The third part is a 275 signature petition on the single topic of **The Stanley Centre**, which was begun by family members of an adult who attends the Stanley Centre.

To this petition we add,:

1. a copy of **Cheshire East LINK Report** on The Stanley Centre - 11 November 2011
2. a copy of **Knutsford Town Council Health and Social Care Work Group's Report** - November 2011
3. a **Care Quality Commission Report on Bexton Court** – showing that it was well run and appreciated by its service users and their carers - prior to its unnecessary closure – 14 April 2010
4. A Knutsford Guardian news item on the recently issued **MENCAP Report on The Stanley Centre** showing the centre's usefulness to the learning disabled and their carers – 14 December 2011.
5. **A Report to Cabinet, on Dementia Strategy – Building Based Services Review – showing an 80% occupancy of Bexton Court just before it was closed** - produced by Director of Adult Services, Mr Phil Lloyd – 20 April 2010
6. A copy of the **Report of East Cheshire NHS Trust's Director of Performance and Quality, Kath Senior** on '**Temporary Closure of Tatton Ward**' – 09 September 2010
7. A copy of **Cheshire East Council's 05 October 2011 Health and Wellbeing Scrutiny Committee Minutes**, during which a formal request was made - and undertaking given - to look into the effect of the current difficulties and worries experienced by service users and carers, about the future of their Day and Respite Services – 05 October 2011

8. Extract from **Cheshire East Council's Health and Wellbeing Scrutiny Committee Work Programme** – showing (Page 30) that the Health and Wellbeing aspects of the current crisis in social care was '**To be prioritised**' - presented with Agenda for 10 November 2011 Meeting effectively closed down all consideration of this matter for several months at that meeting.
9. Knutsford Guardian 01 December 2011 and email to Charlotte Peters Rock from **Cheshire Police Area Commander, Michael Garrihy** – 02 December 2011.

We formally request a full response from Cheshire East Council, on all aspects of this broad-ranging Petition, and ask that it should take careful account of the legal requirements on public bodies, under the European Convention on Human Rights, and under the many aspects of disability legislation in operation within the UK, in respect of non-discrimination towards disabled people and the right of all people to have their family life uninterrupted unnecessarily by any official or public body.

We petition Cheshire East Council on this day, Thursday, 15 December 2011, to carefully consider the needs and rights of service users and carers and further to consider – in view of point 9 - whether any adequate 'consultation' has ever – yet - taken place between Cheshire East Council and residents of the Knutsford Area, in respect of social care and health services.

15 December 2011

Appendix 2: Responses from Organisations

See supplementary document

Appendix 2: Responses from Organisations

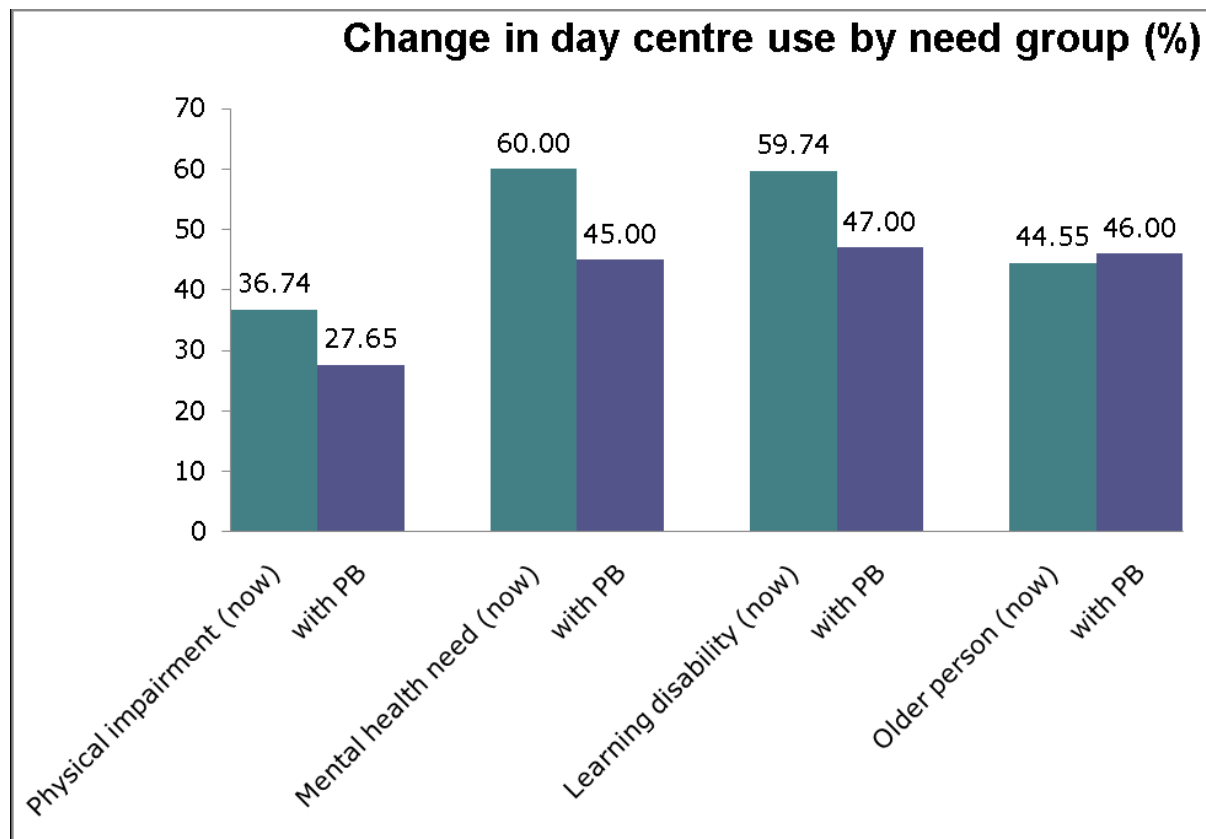
Representations from Organisations

Improvements to Adult Social Care Services Age UK Cheshire East's Response to Consultation

Age UK Cheshire East understands and supports the rationale and principles behind the changes being proposed to service delivery for Adult Social Care. Where changes are being made that improve service quality, choice and control, and reduce travel time for the majority of older people in Cheshire East, we recognise that those changes need to be made.

We believe that there will be ongoing demand for some level of day care for older people. Research published by DEMOS in 2009 found that 33% of older people, if they had a personal budget, would prefer to use day centre services. In 2010, they published the findings of further research which built on this, exploring the preferences of a larger group of people with the aim of providing intelligence and an insight into market changes for both providers and commissioners. When asked what sorts of activities older council funded social care users would like to carry out if they had a personal budget, 54% said socialising, 48% said meeting new people and 43% said help going out.

When asked about services they would purchase, 46% of older people said they would use day centres. Currently 45% of council funded older people use day centres, so this shows a slight increase. Around 40% of self-funding older people said that they use day centres. The chart below shows that other user groups said they would use day centres less if they had a personal budget, whereas older people with personal budgets would use them slightly more.



The research noted that people with learning disabilities and older people give very different responses. For example, although the data suggest a general decline in their use, day centres remain a popular service. A third of care users say they will still use day centres after receiving a personal budget, and older people may use them slightly more than they do now.' Caution should, therefore, be exercised when generalising from other research based predominantly on choices made by different user groups.

The Lifestyle Activities detailed in the consultation covering physical activities, social and community activities, and activities which help a person in their day to day life, are a very similar approach to the activities provided by Age UK Cheshire East. Our Healthy Lifestyle service provides a wide range of physical activities, such as walks, keep fit classes, chairrobics, Tai Chi, Zumba, and golf. It also provides social activities including arts and crafts groups, scrabble, and reminiscence sessions, and activities which help people in their day to day life, such as cookery courses. Other services such as Help at Home and Information and Advice provide these activities too, such as helping people getting to and from shops, and assistance with filling in forms. Age UK Cheshire East has a Health and Wellbeing Centre in Macclesfield as a focus for this approach to service delivery, and plans to replicate this model to create hubs in other towns in Cheshire East, as funding opportunities are identified. We also use a range of community venues such as sheltered accommodation, libraries, village halls and community centres. Due to demand, we are currently seeking additional funding to expand our Healthy Lifestyle activities.

It would make sense for us to work together in supporting the health and wellbeing of the older population. As the Lifestyle pilots focused on people with learning disabilities, we could offer our experience of working with older people in the planning and development of services. We are currently working with Cheshire East Council to deliver a range of activities, including Be Steady Be Safe falls prevention classes, Nordic Walking, and badminton. We have delivered activities in Leisure Centres and can offer to do more of this. We can also offer our community buildings as venues for activities. We are also in a position to provide training based on our extensive experience of working with older people. We are a registered Centre for delivering the Royal Institute of Public Health's Understanding Health Improvement course, an NVQ Level 2 which enables staff to work as health advocates, and support people in making choices about their health. We are also a training centre for the walking the way to health programme, and can train people as walk leaders. Our training services have a range of courses available, including on dementia awareness. Finally, as a charity, we can access sources of funding to support service development.

Our main priority is that older people have opportunities for physical, mental and social activity, and, as long as they are accessible, the locations in which services are based is not as important as their availability. However transport is a key issue for many older people in this area, and we feel that the consultation on adult social care services need to liaise closely with the transport workstream of the Ageing Well programme to ensure that a whole system approach is taken to the issue. Macclesfield Leisure Centre, for example, is out of town and difficult to access as it has no bus stop outside it. Also, transport options for people with dementia need to reflect that the majority will need help from door to door, and can't safely use public transport and taxis.

We would like to work with Cheshire East Council in whatever capacity is appropriate to develop long term solutions to the challenges of an ageing population, and to harness the assets of an ageing population in finding those solutions.

**Age UK Cheshire East
Head Office
New Horizons Centre
Henderson Street
Macclesfield
SK11 6RA**

www.ageukcheshireeast.org

Response to the consultation from Audlem and District Community Action

I am writing on behalf of Audlem & District Community Action as its Chairman to respond to the consultation on proposed changes to adult social care services with specific reference to day services.

Our local charity was established in March this year and successful in bidding to take over the community day care for older people which operates one day per week in our village. We have a contract with your council to do this and are also in the process of expanding services to include a Friday morning coffee club and a befriending service.

We currently have 20 people attending our day club each Tuesday, approximately half of whom have substantial or critical needs.

Our committee have discussed the day service changes proposed and, and whilst we are not directly involved with the day centres included in your consultation, would like to make the following general points about day services for you to consider as part of the consultation process.

1. We agree that use of ordinary community building is a good thing so as to integrate people with a wide range of activities. This is what we do in Audlem by using Wulvern Housing sheltered accommodation complex for our day club
2. However, we understand the need to retain some specialist centres, on a multi- use basis, for people with complex needs which need specialist equipment and staffing.
3. We want to stress the importance of continuing to contract with local voluntary organisations to provide day activity and support particularly in rural areas like ours. We do certainly provide value for money as our costs are significantly less than those charged by larger national VOs. We also provide easily accessible local services including for people who already receive a care package funded by the Council and who, therefore, have significant needs.
4. We understand and support the development of more personalised services, hence the development of our own befriending service, but would want to stress the continuing importance of providing communal activity for people as in a day service. Not only does this help

physical and mental stimulation but prevents social isolation. It also, vitally, provides respite to carers.

I hope these comments are helpful

yours sincererly

Roger Millns

Chairman ADCA

**KNUTSFORD TOWN COUNCIL
HEALTH AND SOCIAL CARE
PUBLIC CONSULTATION RECOMMENDATIONS**

November 2011



Knutsford Town Council

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Health and Social Care Public Consultation Recommendations

Background

In September 2011 a report, compiled by Cheshire East Council [CEC] Officers, was put forward to CEC Cabinet on the re-organisation of Social Care provision within east Cheshire. Within this report was the recommended permanent closure of Bexton Court and the Stanley Centre, both located on the current Bexton Road Community Hospital site. Relocation of these services to various locations across east Cheshire; Wilmslow, Macclesfield and Congleton was proposed.

Meanwhile, the NHS Central and Eastern Cheshire Primary Care Trust [CECPCT], have engaged a consultant to look into the viability of providing a new medical centre in Knutsford, encompassing the existing GP surgeries, bed facilities and other social and health care services, with the possibility of private sector/commercial facilities, all under one roof.

Knutsford has undergone several consultations over the past number of years with no progress seen. The most recent consultation in 2009 ending without result.

Knutsford Town Council resolved that a joined up thinking procedure was required, bringing together the knowledge and expertise of CEC Social Care, CECPCT, Knutsford GP's, Knutsford Town Plan, and Knutsford Town Council, with input from those who use the facilities, the residents of Knutsford and surrounding areas.

Knutsford Town Council established a panel consisting of the above bodies, and invited members of the public to come and talk to them about their health and social care needs.

Two sessions were held, first on 16th November in Jubilee Hall, Toft Road. The panel included; Mike Houghton and Andrew Malloy of Knutsford Town Council; Jason Oxley of CEC Social Services; Geoff Wood and Andy Bacon (Knutsford Programme Director) of CECPCT; and Peter Rose from the Knutsford Town Plan. Nine individuals or groups presented to the panel on this occasion.

The second session was held on 25th November at the Tatton Room of Knutsford Civic Centre with Mike Houghton and Andrew Malloy of Knutsford Town Council; Geoff Wood of CECPCT. Again, nine individuals or groups presented to the panel on this occasion.

Representatives from each of the three GP surgeries were invited to sit on and present to the panel, but decided they were happy to be represented by Andy Bacon.

This report is a summary of the findings, culminating in a summary of the consensus for the way forward.

Knutsford Community Hospital, Bexton Road

- GP Surgeries and proposed Medical Centre
- Day Care - Stanley Centre and Stanley House
- Tatton Ward - Hospital Beds
- Dementia Care - Bexton Court
- Transport
- Additional Observations
- Overall Summary & Conclusion



Knutsford Community Hospital, Bexton Road



GP Surgeries and proposed Medical Centre

From all of the presentations received, it was clear that no-one was dissatisfied with the services currently provided by any of Knutsford's GP Surgeries. The majority of people felt that the buildings, although not state of the art, were adequate for their needs. There were a few concerns raised about operating over two floors, but most were happy that this was managed well by the surgeries.

One comment was made that surgeries operating from 'Victorian premises' were unlikely to attract newly qualified medical professionals who would be seeking modern premises to practice from and this could be to the detriment of medical care within Knutsford moving forward. Medical professionals have assured us of their belief that services would be greatly improved with a new medical centre.

The Town Plan survey appeared to produce mixed views on the subject, confirming that patients were happy with the medical care they received, some raising concern over being able to see their own GP, and that services could actually suffer. Travel to the new medical centre location was also a concern.

This Working Group feels that there are a number of items which must be assured should a centralised Medical Centre proceed;

- i. The existing GP Surgeries must be allowed to continue to operate individually, with separate waiting areas, and consultation rooms.
- ii. Transport to and from the new centre and adequate parking, must be in place before the move is finalised.
- iii. The centre must be designed to last long into the future. It is not acceptable to get 25 years down the road to find the facilities are out-dated and redundant.
- iv. A centralised medical centre, should it replace the existing Community Hospital, must retain all existing but improved and updated services, and additional services. For example a minor injuries facility has been mentioned by many.

Any commercial partners which may be brought on board to help make the facility financially viable should be closely matched, with sensitivity. Partners such as Dentists, Pharmacies, Holistic Treatments even Private medical care should be considered before retail or hospitality, which could detract from the purpose of the site and potentially take business away from the town centre.

However, it has been made perfectly clear by CECPT that there is no funding available to build any new facilities. As such an alternative financial model is required should a new medical facility be built in Knutsford.

Durrows, CECPT's consultants (specialists in health services management), are due to report on the financial model, options and viability by the end of the year.



Day Care - Stanley Centre and Stanley House

One point was made perfectly clear by the sheer volume of comment and love of this facility, which is that the facilities provided at the Stanley Centre by CEC Social Care, MUST be retained in Knutsford. CEC Social Care professionals themselves have also confirmed during this consultation that it is their preferred option to retain either the Stanley Centre or at least its services in the town.

CECPCT have also stressed that a new Medical Centre could be built without touching the land on which the Stanley Centre stands.

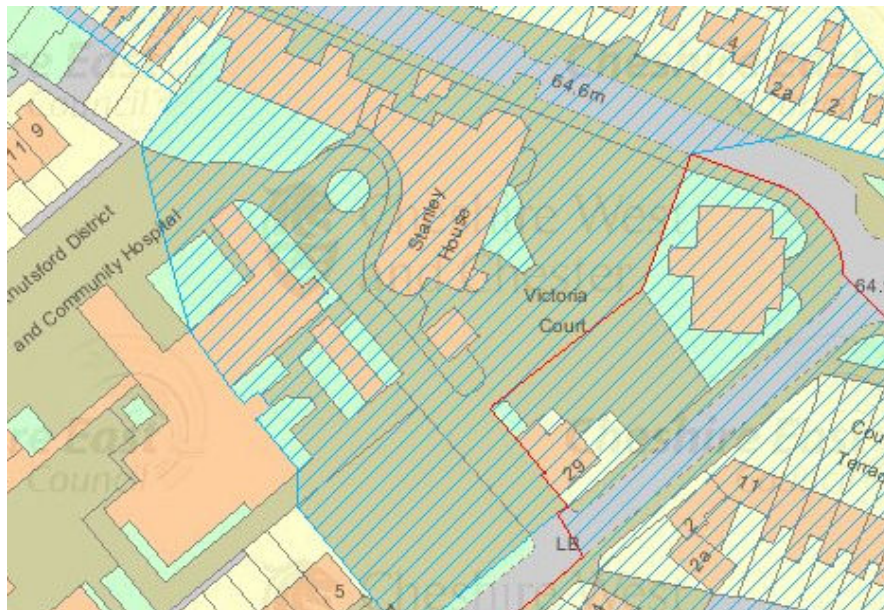
The Stanley Centre would benefit from greater utilisation, with most use occurring weekdays between 9am and 4pm. CEC should therefore consider greater use of the building outside of these hours, be it for additional events for the existing attendees, or potentially letting the premises in the evening to other groups – but the majority if not all of the time during the day ('office hours') should be kept for its current use.

Concern remains over Stanley House. Part of the ground floor is currently used by Stanley House attendees, but it is felt this is not essential for the continuation of Stanley Centre.

The Stanley Centre recently received a glowing report by Cheshire East LINK (8th November 2011). The report states;
"the older part of the building is not really fit for purpose. However, we understand that it would be possible, with some adjustment... to run the current service using only the newer building." Link would "strongly recommend that this is seriously considered by the Local Authority."

LINK go further, highlighting the facilities that the Stanley Centre users were offered as an alternative at the local Leisure Centre. The facility offered was a squash court, which was accepted by all as wholly inadequate.

Stanley House is the "older part", and is an old and interesting building. Formerly a nurse's home for the old Cranford Hospital, in recent years it has struggled to find a full purpose. Both the Stanley Centre and Stanley House and a small part of the Community Hospital are within the Knutsford Town Centre Conservation area, so ideally they should be protected.



Part of Knutsford Town Centre and St Johns Conservation areas (blue hatching)

Stanley House is fitted with a fully functioning lift, so should be deemed accessible. It is undeniable that the building would require some alteration to make it usable for social or medical care. For example, to enable use by people with mobility issues, consideration must also be given to adequate escape facilities such as disabled refuge or upgrading the existing lift to a fire fighting lift.

Alternatively, the building could be converted for commercial use, and provide either an income or become an asset to the community. Conversion for serviced office space as provided by organisations such as Regus (a national office management company), should also be considered. Meeting space remains in limited supply in Knutsford.

Stanley Centre users lost their mini bus facility earlier this year at very short notice. Parents of attendees offered to buy the bus, as did Knutsford Lions, but this offer was rejected by CEC for some unknown reason. This bus service provided an important service to the attendees, allowing them to get to and from the centre and take part in excursions beyond the local area.

It has been highlighted that a mini bus at the Leisure Centre often sits unused, and options should be explored to see whether this could be shared by the Stanley Centre. Alternatively, other offers or fund raising should be encouraged. Consultation with local charities (e.g. Dementia Care, MS Society, Age Concern, Mind, Mencap, Caring for Carers, to name a few) might lead to co-operation.



Hospital beds and intermediate care - Tatton Ward

Tatton Ward (operated by CECPCT rented from CEC) 'temporarily' closed in August 2010 due to insufficient Consultant cover. Due to the shared nature of services, this resulted in the later 'temporary' closure of Bexton Court in November 2010.

Both centres were set to open in early 2011, but this did not happen.

Since then there has been much speculation about the future of both facilities.

CECPCT have confirmed they have now appointed the consultant needed to re-open Tatton Ward, however, due to uncertainty over the future of the site and a potential medical centre, it was decided to hold off re-opening the ward until the future was more certain.

Durrows, a consultancy employed by CECPCT, are due to report on the viability of a new medical centre toward the end of 2011.

It is the feeling of this working group that nothing is likely to happen to the Bexton Road site for at least two years, during which time funding, design, planning permissions and other issues would need to be resolved, and as such, we see no reason why Tatton Ward should not re-open as soon as possible.

CECPCT have stated that any new medical centre would include beds, although the number is to be determined. Opening Tatton Ward would surely help determine the demand required to finalise this decision, while providing the much needed care Knutsford people so obviously crave.



Dementia Care - Bexton Court

Unfortunately, this working group did not received representation relating directly to this facility, however below is a summary of readily available information.

As stated earlier in this report, Bexton Court, temporarily closed in November 2010 due to the closure of Tatton Ward.

Since that time, patients of Bexton, have had to find care elsewhere, either in other parts of Cheshire East or in private facilities in the Knutsford area.

Sadly, the status of these patients appears to be unclear, with none coming forward to speak to our panel.

Prior to the 'temporary' closure of Bexton Court, a Cheshire East report – Dementia Strategy – Building Based Services Review, 20th April 2010 – identified Bexton Court as having an average bed use (23 beds) of 80%, higher than any of the other Cheshire East facilities in Handforth, Macclesfield, Congleton and Crewe. It has not however been possible to determine from which areas these users reside nor how they access similar services now.

It is evident that Knutsford has an aging population. A recent CEC Profile for the Knutsford Ward identified 14.6% as elderly, higher than the borough average of 9.3%. It also identifies 8.3% as "active elderly people living in pleasant retirement locations", again higher than the borough average of 4.5%.

A number of nursing or residential homes also either exist or are proposed for Knutsford.

As such, it is clear that Knutsford has its need for the services of centres such as Bexton Court.

Due to the lack of evidence provided during the Town Council's consultation, we do not feel able to summarise the feelings of Knutsford's residents towards Bexton Court, except for that of historic concern for the facility.

This working group would therefore urge CEC to provide this type of facility within Knutsford, and should Tatton Ward re-open suggest that Bexton Court is also opened, at least until the future of the Bexton Road site is known, and an alternative venue secured.

Alternatively, the Stanley Centre and Stanley House could be considered for this facility.



Transport

Knutsford has a limited number of public transport facilities. Although the town benefits from a Train Station, it is not actually possible to access any other major Cheshire East town directly by train. This leaves buses, taxis or cars.

Bus services appear reasonable, but infrequent, and often several different buses are required to reach relatively nearby locations.

If a centralised medical facility is to be built in Knutsford, local bus services must be improved, especially to outer lying areas of the town and local villages who look to Knutsford for their services. A joined up, integrated approach to public transport is required. This would benefit the town in far more ways than providing access to medical facilities. Knutsford is known to suffer from large amounts of traffic, and parking issues. Improved public transport could alleviate the already evident problems our town suffers.

Mini-bus services are also important to the more vulnerable in our society, whether giving them access to services, or simply a day out with friends.

Cheshire East Council have removed their fleet of mini buses earlier this year, with no viable replacement provided. Options need to be seriously considered.



Additional Observations

It must be remembered that Knutsford has many unsung heroes – carers, volunteers and fund raisers. Many times in the past, the people of Knutsford have joined forces in order to provide facilities which could not be provided any other way.

The Knutsford League of Hospital Friends, for example, have long raised funds for equipment at Bexton Road.

Knutsford's Cottage Hospital (Memorial Hospital) was also funded through public subscription. It was later sold off, with reduced services provided at the old Cranford Hospital site.

We must also remember that carers are often not volunteers, but family members thrown into the situation through fate who either accept the caring responsibility out of love or because they have no alternative. Many would not give up the responsibility, but would appreciate help and support in return in order to assist them in managing their demanding role.

Views expressed included;

How long will the people of Knutsford continue fund raising and volunteering, only to have services taken away?

We urge Cheshire East Council and Central and Eastern Cheshire Primary Care Trust to give a little back to Knutsford.



Overall Summary & Conclusion

This Working Group recommends that, should the promises made to the people of Knutsford in relation to equal and improved services, be kept, a medical centre in Knutsford be given the backing of Knutsford Town Council.

Such a centre must include some or all of the existing GP Surgeries, bed provision, and at least the existing services currently provided by Knutsford Community Hospital. Any additional services to be considered should include a minor injuries ward.

This WG further recommends that the Stanley Centre is retained in the current building with some alterations to move out of Stanley House, and increase usage out of current hours. Leisure Centres cannot provide adequate facilities for the users of the Stanley Centre. If the Stanley Centre remains at risk, KTC should act to help ensure its future. Stanley House should ideally be retained as a facility for the community, with options considered for relocating other services into this building, whether they are a temporary provision of beds while the new medical centre is built, or admin facilities.

Tatton Ward should be re-opened as soon as possible now that Consultant cover has been secured, and remain in place while the future of the Bexton Road site is confirmed. Should temporary closure be required in the future, suitable local provision or adequate transport facilities must be provided to users.

Dependent upon the above we suggest that Bexton Court also re-open along with Tatton Court, or an alternative local facility provided.

Finally, transport options must be provided for the most vulnerable within our society.

It is accepted that Macclesfield General Hospital as the primary centre of medical care in this area, must also be protected. Knutsford's services must act to support MGH rather than take services away.

We would also like to thank all those who assisted this working group during this consultation.

LINK



Cheshire East Council Consultation Premises based care for Service Users with Learning Disabilities: Response from Cheshire East LINK

We understand the Consultation to looking at reprovion of services in three areas:

1. Life Style concept
2. Traditional premises based support
3. Respite care

In an attempt both to ascertain the current provision, and to understand the proposed changes, Cheshire East LINK has undertaken Enter and View visits to facilities and also sat in on some consultations with users and carers. Other feedback has reached the LINK by contacts expressing concern.

All of the Enter and View Reports together with observations on user and carer consultation are submitted in support of this overall comment.

An over riding concern is the cost and lack of transport and we are told that some users have had to reduce their attendances at Centres due to cost. In one instance we were told of a user paying £100 per week. We understand the intention is to ensure care as near to home as possible and users tell us that there has been an assurance that travel will not be more than 10 miles. However

one widely expressed concern in the Nantwich area is the proposal to close the Queens Avenue Respite Centre reprovioning the care at Mount View Support Centre in Congleton . There is much concern here regarding the distance users and carers would have to travel, certainly more than ten miles.

We applaud the Life Style concept for those users for whom it is appropriate and who are able to benefit. Many of the users with whom we have spoken are most enthusiastic. However we do have concerns regarding the current accommodation, although we understand there are plans to improve this. Even among the most enthusiastic users there is a dislike of rooms without windows and to some this is the reason they do not wish to use this facility.

As regards access, in one case Macclesfield Leisure Centre, there is currently no possibility of disabled access and the Council is in breach of its own policies. We understand there to be architect plans pending the results of this consultation.

We understand the problems in continuing to provide services within short distances of each other but in one instance, the Stanley Centre at Knutsford there would appear to be no clear alternative proposals as to where the service would be provided should this centre close. It was in visiting this centre that we encountered marked anxiety and distress on behalf of the users who approached us, as strangers wearing badges, with the plea, "Don't close us down". In this instance we would most strongly urge that the service continue to be provided on this site using the newer build, which we understand to be a possibility. Please find the attached reports in support of this overall comment.

Cheshire East LINK	
Observation of	Consultation for users of Cheyne Hall and their carers concerning the proposed closure of Queen's Drive Respite Centre in Nantwich
Date	7/11/11
Authorised Representatives	Celia Bloor and Ian Bloor
	Thanks to the Consultation team, staff and service-users for allowing us to observe
Background	<p>Representatives for 4 service users, out of 40, were at the meeting; two couples, one father and one sister. There had already been one meeting held at the Civic Hall Nantwich. We were told that 18 people attended but do not have details except that Cllr Flude was there.</p> <p>A few service users attended. They had to be reassured that it was not their homes which would be closed or moved.</p> <p>There have been no further proposals involving closure of Dedicated Day Care centres in the Crewe and Nantwich area. This might come in a 'Phase 2' of the moves to improve Adult Care Services in the area, but there would have to be separate consultation.</p> <p>Several Buildings in the area have been closed already.</p> <ul style="list-style-type: none"> ✦ Santune House (Dementia respite transferred to the new wing at Lincoln House in Crewe) ✦ Jubilee House (Older people day care transferred to The Hilary Centre) ✦ Primrose Ave, Haslington NHS respite centre (was available for emergency beds and for those with severe health needs) ✦ 291 Nantwich Rd (Mental Health day centre/activity groups transferred to The Hilary Centre and The Oakley Centre) <p>As local leisure centres and other buildings are already being used there is no argument for change. Nantwich only has one Learning Disabilities Day Care Centre. The users of Cheyne Hall have choice and control already. It is important they should be advised that direct payments cannot be used for care provided by the council, and that a mixture of payment methods can be arranged if they wish to retain council services.</p> <p>The discussion mainly centred on the transfer of respite care from Nantwich (6 beds) to Mount View, Congleton. It should be remembered that a few beds should always be available for use in emergency (e.g. Carer illness).</p>
Observations	At least one person uses Queen's Drive for Day Care, because their complex

needs were not suited by Cheyne Hall when first tried some years ago. They have been going to Queen's Drive ever since. There has been no suggestions about the future for this service-user should Queen's Drive be closed.

All the carers agreed that Queen's Drive is like a 'family home' and that the users enjoyed their stays there. It was acknowledged that this 'family' feel would be lacking at Congleton, but indicated that 'economies of scale' are necessary.

The lack of a lift at Queen's Drive is not usually a problem, but it has been suggested that one could be installed to the exterior of the building to improve accessibility. At present there is no 'waking night' service which would cost about £45,000 p.a.(using council's stated charge of £125 for a waking night to an individual). It was said that 20 to 30 users were needed to make waking night staff economic.

At Mountview, Congleton, a wing would be dedicated to users with Learning Disabilities and 24 hr care provided during their stay.

It was suggested that a separate wing at Lincoln House would be preferable, as it is in the Crewe and Nantwich area, but apparently Lincoln House is over-subscribed at present.

At the Macon House consultation it was stated that people with Learning Disabilities could use Lincoln House if they wished. Some liked mixing with other users but some felt there were too many old people there.

The difficulty of transport was cited as a major problem; taxis costing £36, or more, for a single journey. Some carers do not drive or are not sufficiently confident to go as far as Congleton. Many service-users are not able to travel on public transport, even if there was a convenient bus. The length of the break for carers, when they have to take a service-user a great distance is dramatically shortened, by the time taken to get the user to a respite centre. During respite, users would prefer to spend time at their familiar centre during the day, which would not be possible if the respite centre is far away.

An important point was made that service-users in respite at a great distance from their 'home', would be taken out of their GPs area, which would cause difficulty if they were taken ill. Apparently some users at present travel from Congleton to Nantwich for respite (no figures given).

The question of travel during the winter was raised. From the geography of the area it would seem more sensible to locate respite centres on the lower, more level areas, than to move them closer to the Peak District.

It was felt that South Cheshire was always neglected. The reply was that each area feels itself neglected.

There was general dissatisfaction with penalising this vulnerable minority who have little if any voice and, often, no vote.

The view was expressed that consultations are a waste of time.

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Feedback from Cheshire East LINK

	<p>There was concern that service-users' and carers' views were ignored as evidenced by the alterations to transport arrangements.. One family is paying £100 a week for taxis.</p> <p>In addition, the implications of removing 'guides' from buses did not seem to have been considered. A person in a wheel chair would be at risk whenever the driver had to leave the vehicle, or if a passenger was taken ill, seizures being quite common.</p> <p>It was said that Alsager had managed to keep their transport.</p>
Summary	<p>Those at the meeting did not want Queen's Drive to be closed and certainly did not want to have to take service-users to Congleton.</p>
Conclusions	<p>So far as service-users and carers who use Cheyne Hall are concerned, the only immediate effect of the proposed changes would be the closure of the Queen's Drive respite and day-care facility, which would impact seriously on the quality of life, and safety, of both the service-users and their carers, simply through the extra distances that they would be required to travel.</p> <p>It will also be difficult for many service-users to find alternative, local, alternatives.</p> <p>It was said that Service-users and Carers in Knutsford have generated enough pressure to force a re-think of the proposals that affect their services.</p>

Cheshire East LINK	
Observation of	Consultation for users of Macon House and their carers concerning the proposed closure of Queen's Drive Respite Centre, Nantwich.
Date	9/11/11
Authorised Representatives	Celia Bloor and Ian Bloor
	Thanks to the Staff, Service-users, Carers and the Consultation team for allowing us to observe
Background	Some Macon House service-users have respite at Queen's Drive, Nantwich. Cheshire East's proposals for 'Improvements to Adult Social Care Services' include closure of Queen's Drive and the creation of a specialist Learning Disabilities wing at Mountview in Congleton.
Observations	<p>5 service users and 6+ carers attended the Consultation Meeting.</p> <p>Carers raised a number of questions about proposals, and about some of the the data presented in the 'Improvements to Adult Social Care services' Information Pack.</p> <p>The occupancy figures for Queen's Drive given on p16 of the Information pack were challenged, because it had been revealed that they were for the period from Jan 2011 to end of August 2011, rather than for a full year, thus excluding a time when occupancy might be high. It is also important to analyse figures for preceding years so as to identify long-term trends.</p> <p>It was suggested that since the NHS facility at Primrose Avenue has closed , some of those users might need respite.</p> <p>The need for 'Emergency beds' must be considered too, as we should not be tempted to rely on 'out of county' to supply them.</p> <p>It was suggested that another ground-floor bedroom could be created at Queen's Drive, if the office was moved upstairs. Apparently this would have been costed already and been rejected.</p> <p>Mountview would be able to have 8 or 10 fully accessible bedrooms devoted to Learning Disability respite.</p> <p>It was claimed that the journey to Mountview, from Crewe, would not be significantly longer than the journey to Queen's Drive. In fact, taking Crewe Rail Station as a typical point in Crewe, the distance to Mountview is twice the distance to Queen's Drive.</p> <p>It was pointed out that, using the figures given on p14 of the proposals, the population of Crewe and Nantwich, which have for a long time been considered as a single area, is 32.5% of the population of Cheshire East. making it the largest 'town' in the unitary authority, and yet Crewe and Nantwich is losing facilities. It was suggested that any new, alternative respite centre should be in Crewe or Nantwich.</p>

Feedback from Cheshire East LINK

	<p>The presenters suggested that Lincoln House could be used for respite, but acknowledged that demands on the facility for respite for older people and those with dementia is very great, and that a specialist Learning Disabilities wing cannot be created, under the present circumstances.</p> <p>When a service user is able to live in their own home, with paid carers rather than with parents or other family members, then respite is not needed.</p> <p>The point was made that at present there is no known private provision in the area for respite for Learning Disabilities, which makes it impossible for respite to be arranged by families.</p> <p>Because it is not possible to use a 'Personal Budget' to pay for 'council' services, any service user who wants to access council services should turn down a personal budget or ask for a mixed budget. One carer stated that it had taken 2 years of argument with Social Services to get a mixed budget.</p> <p>Shavington and Oakley Leisure centres may get investment in the next phase of changes. It is the aim that all leisure centres will eventually have a 'changing places' toilet.</p> <p>It was noted that no councillors were present at the meeting, and the view was expressed that this showed contempt for the ratepayers and service users.</p>
Summary	<p>The main concerns of the carers present were that:</p> <ul style="list-style-type: none"> ✧ Closure of the Queen's Drive in Nantwich, and transfer of the respite facility to Mountview would be stressful for service-users who had become accustomed to the 'family feel' of the Queen's Drive unit, and would involve more travelling for family carers, these effects combining to significantly reduce the effective length, and effectiveness of the respite stay. ✧ The justification for the closure of Queen's Drive on the basis of low 'occupancy' was based on incomplete data. ✧ The proposals do not include provision for the development of any new facilities in Crewe and Nantwich, although it is the largest single centre of population in the Unitary Authority. ✧ The absence of Councillors was a matter of great concern. <p>Service-users from the Oakley Centre groups expressed support of the activities and experiences that they are involved in under the 'Life Style' Approach.</p>

Cheshire East LINK - Enter and View Report	
Enter and View Visit to	Stanley House Community Support Centre, Knutsford
Date	8th November 2011
Authorised Representatives	Geoff Gray and Barrie Towse
Background	<p>Stanley House is a Day Care Community Support Centre for those with Learning Disabilities run by Cheshire East Council. In the light of the ongoing Consultation by Cheshire East Council into the use of these facilities the intent of the visit was to understand the current provision of service.</p>
Observations	<p>This was an unannounced visit and the Centre Manager, Andy Brandon was busy, although we did manage to have a conversation with him later. Julie Fox, Supervising Senior Support Worker kindly showed us round the facility.</p> <p>The centre consists of two parts, one part extending into the ground floor of Stanley House and a newer build joined by a link corridor. We arrived at the same time as some of the service users and were able to observe the pleasant manner with which the Receptionist dealt with them as they were paying for lunches etc. We understand that with the increase in prices more users now bring a packed lunch. At this time we were also able to exchange pleasantries with those arriving.</p> <p>The centre caters for 48 service users with learning disabilities, usually about 37 a day. We understand that the majority of users are from the Knutsford area with six coming from Macclesfield, one from Congleton and two from Wilmslow. This we were told is user choice.</p> <p>One of the Centre's special skills is in coping with challenging behaviour. It also provides an older people's centre and we were able to visit the rooms at the end of the older part of the building and speak briefly with this small group of service users. Again this is a service not provided elsewhere.</p> <p>We did note that the rooms at this end of the building smelt a little of damp and there was water leakage through one leaded window.</p>

We were shown into all the rooms and the activities which take place there were explained. There is an art room, a library which tends to be a quieter room. A computer room is used in the main for playing games. "Who wants to be a Millionaire" is very popular and one service user likes to type.

There is a Salon catering for hair, make up and nail care. A TV lounge caters for quiet times for example after meals when users like to watch TV and at the end of the week they can watch a video of their choice. This room also has a wii console and dancing is very popular. There is the provision for music in every room.

In the "Green Room" there were several partially completed jigsaws and these are very popular with some users.

There is a "Sound and Light" room with floor cushions and a massage couch. This was in use at the time of the visit.

The service users are very keen on recycling and we noticed a notice board in the corridor with photographs and the names of "Your Recycling Officers". Waste is separated into different containers and users walk to the Leisure Centre with this. In the past when the Centre had the use of their bus this was taken to Waste Disposal Centre. Since the loss of the bus the Centre has had to look at innovative ways of continuing external activities.

There was cooking activity ongoing in a small kitchen and users showed us the recipes they were preparing. The finished result is taken home for tea. On one day a week users can prepare their own lunch.

We visited the dining room and were able to see the kitchen where lunch, chicken curry, was being prepared. One user helps in the kitchen.

Service users choose which of the many group activities in which they wish to participate. We were able to see the time table for these activities.

Many life style activities take place outside the Centre. Some service users are supported in the use of public transport and small numbers visit the Leisure Centre to use the gym. The high usage of the swimming pool by school groups prohibits the use of this by the Centre service users. There are walking and rambling groups. The loss of the bus has meant the rambling group's activities are restricted. Groups volunteer at the Farm at Tatton Park and also with litter collection at Lower Moss Wood.

	<p>Gardening is popular and there is a well stocked greenhouse.</p> <p>We understand that there is soon to be a Coffee Morning with the funds raised going to Macmillan.</p> <p>We understand that a small group of service users visited the Leisure Centre to explore the possibility of using the facilities for a “sports group” once a week. However the facility on offer was a squash court without any external light source and this and the noise factor was felt to be oppressive. It was decided that the facilities on offer were not suitable. The Leisure Centre is used for sports activities.</p>
Summary	<p>This was pleasant visit and we valued the opportunity to speak with service users.</p> <p>We were most concerned to note that the current Consultation is causing anxiety and distress to some users. We were approached, as strangers wearing badges, almost as soon as we arrived by a user asking on several occasions, “Get us back our bus”. “Don’t close us down”.</p> <p>.</p>
Conclusions	<p>We agree that the older part of the building is not really fit for purpose.</p> <p>However we understand that it would be possible, with some adjustment in the usage of the rooms, to run the current service using only the newer build.</p> <p>Particularly with the uniqueness of the provision of “older care” and the experience in dealing with challenging behaviour we see this as a viable alternative for the Centre and strongly recommend that this is seriously considered by the Local Authority.</p> <p>The Representatives would like to thank Julie Fox and Andy Brandon, and indeed all the staff, for their time and courtesy particularly as this was an unannounced visit.</p>

Mencap Summary 13-12-11

Stanley Day Centre – A true representation

Introduction

- Mencaps document outline concerns by Mencap and also families/carers and clients affected by the proposal relating to the Stanley Centre.
- The document criticises the consultation claiming it includes factually inaccurate information and that it hasn't been made accessible to people with a learning disability.

Impact Assessments'

- The document includes impact assessments: four statements by parents of people attending the Stanley Centre. They outline what the impact would be, on their son/daughter and also on themselves as carers, if the Stanley Centre were to close. The common themes are;
 - They all strongly oppose the proposal to close the Stanley centre and express the anxiety the proposals have caused.
 - The clients are very happy at the Stanley Centre as it meets their needs, provides a safe environment where they see people they know and trust. It also provides varied activities to suit different interests and capabilities.
 - If the proposals went ahead this would cause much distress to the clients.
 - The lifestyle option would not be suitable for various reasons (accessibility, staffing, appropriate activities, security)
 - Moving to a different day centre wouldn't be a good option as they felt it is important to have a service local to Knutsford and that the other centres wouldn't offer the same personal and specialist provision as they would be bigger and mixed client groups.

Personal Budgets

- It is Mencaps view that personal budget are not a valid option for the vast majority who attend the Stanley Centre. This is partly due to a lack of information about whether there are activities accessible in the community that people could spend their personal budgets on.
- The document includes a timetable of activities at the Stanley Centre such as: Art, Numeracy, Keep Fit, Wii, Computers, Crafts, Cooking, Sensory, Dance, Walking Group and the staff/client ratio for each activity.
- A statement by Nicola Thomson (mother of Ben who attends the centre) explains that she has looked to see what activities (out of those provided at

the centre and cited in the Cheshire East consultation are available in Knutsford community. A limited amount was found and of those available many were inaccessible for a lot of the people who attend the centre. She concludes that there is nothing in the community that comes close to offering what is provided at the Stanley centre.

Alternative Venues in Knutsford

- This section summarises the views of attendees of the Stanley centre and their families over the use of other buildings in Knutsford as an alternative to the Stanley Centre. It concludes that none of them are appropriate, so the only option is to retain the Stanley Centre or a centrally located purpose built building.

Evaluation from consultation with people with a learning disability and there families

- This summarises feedback from Mencaps 'easy read' questionnaire.
- For people attending the centre it is an integral and essential part of their life. They feel comfortable, safe and secure at the centre.
- The building is fit for purpose and in a convenient location.
- Staff at the centre understand individual needs.
- They are happy with the activities offered at the centre – a far cry from “old fashioned” day service provision.
- Felt the consultation is tokenistic and information is misleading. People attending the centre lack comprehension about the proposals.
- For majority of attendees personal budgets and lifestyle option would not be appropriate.

Conclusion

- The centre provides a safe, social & educational environment and is conveniently located.
- Personalisation, while often championed by Mencap is not appropriate for the majority of clients at the Stanley Centre.
- If the Stanley Centre were to close the next nearest centre would be Wilmslow. The council would have a duty to provide transportation to and from this centre which could prove very costly and would add a substantial amount of travel time for attendees.
- Mencap will continue to campaign against closure by a variety of means.



Analysis of feedback from the Cheshire East Partnership Boards for Adults with Learning Disabilities

There are three Partnership Boards, the main Partnership Board is made up of Commissioners from statutory services, carers and self advocates and is chaired by the Associate Director for Joint Commissioning, Central and Eastern Primary Care Trust. The two local Partnership Boards are sub groups to the main Board. They have a wider representation including advocacy services, provider services in house and independent and are chaired by carers.

The feedback is from three meetings in October, November and December.

Cheshire East Partnership Board meeting on 24 November 2011

Disruption to Service Uses and Carers

One of the self advocates at the meeting representing the Macclesfield Speaking Up Speaking Out Group raised concerns from the group about the proposal to close Peatfields. The proposals are affecting people's lives and creating a lot of concern.

Transport

This was highlighted as an important factor when closing buildings. The cost to some people will be a lot higher. There are several people who walk to their day service and with the changes will have to take a bus or taxi and will need support. This will take away their independence.

Lifestyle Services

A member of the Time Out Group said that it is a good idea for people to have better access to community facilities. The Time Out Group (a charity) support adults to go out in the evenings. This has been very successful but it does mean that they don't have space for more people to join. The Time Out Group model can be shared with the Partnership Board and it was suggested that voluntary services and statutory services could work together on this.

North and South Cheshire Local Partnership Boards – meetings on

Disruption to Service Users and Carers

The Stanley Centre closing would be a huge disruption for all the people who use it that live in Knutsford. There are no suitable options in the area.

There were two very different opinions from carers at the North meeting. Some carers feel that they need day centre especially as they, the carer gets older. Another opinion was that you can set up trust funds etc which means the cared for does not need to go to a day centre even if the parents are no longer around. People with complex needs and lack of capacity can still have a personal budget and pay someone to manage the budget for them.

Transport

There will be a cost implication for travelling to different buildings. Higher costs will stop people going to day centres because they can't afford to.

General

Rumours have been around for some time that the Stanley Centre is to close. This could account for low referrals.

A response from an independent provider – “I went to all the public meetings which I thought were very good but the vision is blinkered when it comes to other providers of social care. There are other providers and alternatives. Ideas should be fed into the consultation.”

The response to this from a carer – “I was not aware of other options especially in the Knutsford area and now I find that there are quite a few community options available.”
The council has done a disservice by not mentioning private providers in the consultation.

Concerns from the South Local Partnership Board were that the changes are mainly in the North for now but will the South be the next target.

Comment:

Cheshire East is not very creative when it comes to respite / short breaks - there other options, carer comment.

Lifestyle Services

Several service users agreed that people need to be given the choice to do more with their lives.

A carer's comment:

The council is not pushing personalisation enough and is actually encouraging people to use day centres.

Some of the comments about the changes were very positive. A service user said she likes the idea of doing different things in the community.

EQUALITY IMPACT ASSESSMENT FORM

Equality impact assessment is a legal requirement for all strategies, plans, functions, policies, procedures and services under the Equalities Act 2010. We are also legally required to publish assessments.

Section 1: Description

Department	Childrens, Families and Adults		Lead officer responsible for assessment		Jacqui Evans	
Service	Adult Services		Other members of team undertaking assessment		Nik Darwin	
Date	16/02/12		Version		4	
Type of document (mark as appropriate)	Strategy x	Plan	Function	Policy	Procedure	Service x
Is this a new/existing/revision of an existing document (mark as appropriate)	New		Existing		Revision	
Title and subject of the impact assessment (include a brief description of the aims, outcomes , operational issues as appropriate and how it fits in with the wider aims of the organisation) Please attach a copy of the strategy/plan/function/policy/procedure/service	<p>Improvements to Adult Social Care Services</p> <p>The Improvements to Adult Social Care Consultation concerned the Council putting a vision forward for how the Council could deliver services in the future. The vision involved customers who currently receive Day Services being given more choice over what they do during the day. Customers would be able to attend lifestyle groups run from buildings in the community where they would be able to access a much greater range of activities than they do presently to meet their assessed needs and interests.</p> <p>Customers with more complex needs would still attend traditional day services. However, the number of these would be reduced. Some of the money from these changes would be used to re-invest in the remaining buildings.</p> <p>The specific buildings put forward for potential decommissioning were: Peatfields (Macclesfield) and Dean Row (Wilmslow). Discussions were also to be had on services in Knutsford including Bexton Court (Knutsford), Stanley Centre (Knutsford). An additional proposal put forward was to transfer respite services from the centre at Queens Drive (Nantwich) to Mountview (Congleton) due to the fact that this building was unsuitable for people with more complex needs.</p>					

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Who are the main stakeholders? (eg general public, employees, Councillors, partners, specific audiences)	Customers, their families and carers
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Section 2: Initial screening

Who is affected? (This may or may not include the stakeholders listed above)	Customers and their families and carers, members of staff at the affected centres (including respite services), organisations which deliver day type services in Cheshire East
Who is intended to benefit and how?	Customers from taking part in an increased variety of activities during the day. These will also occur at places within the community thus increasing their integration with local people. Customers with complex needs using respite services.
Could there be a different impact or outcome for some groups?	<p><u>Lifestyle</u></p> <p>One tenet of the lifestyle approach is that it is only suitable for those with lower levels of need, with customers with more complex needs continuing to receive care in a traditional day centre setting. It is also more focussed on people with learning disabilities. As a result of both these factors there could be a differing impact on equality groups. In addition to this there are potential issues that changes may cause for carers.</p> <p><u>Day Care/Respite</u></p> <p>Whilst the proposals to decommission centres and transfer users predominantly affect people with learning disabilities (e.g. Peatfields, Stanley Centre, Dean Row, Queens Drive) the proposal to close Bexton and to move people from the Brocklehurst Unit also affects people with dementia. There are, however, indirect effects on other groups as well as a result of customers transferring to centres. Affected centres include: Hollins View, Redesmere, Mountview and Mayfield. In addition to this there are potential issues that changes may cause for carers.</p> <p>A specific question relating to the impact on individuals was included in the consultation questionnaire to record issues. Other feedback was also analysed for further information on this topic.</p>

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Does it include making decisions based on individual characteristics, needs or circumstances?			Decision making will take into account a customer's individual needs, including factors such as the degree and type of their disability.								
Are relations between different groups or communities likely to be affected? (eg will it favour one particular group or deny opportunities for others?)			Issues have been raised during the consultation regarding the treatment of people with learning disabilities. It could be construed that they have been disadvantaged over other groups because of the number of day centres that they use that are affected by the proposals although people with dementia etc are involved in the changes as well.								
Is there any specific targeted action to promote equality? Is there a history of unequal outcomes (do you have enough evidence to prove otherwise)?			The lifestyle approach may be seen as targeted action as one of its principles is to encourage integration between groups of people with disabilities and the wider community								
Is there an actual or potential negative impact on these specific characteristics? (Please tick)											
Age	Y		Marriage & civil partnership		N	Religion & belief		N	Carers	Y	
Disability	Y		Pregnancy & maternity		N	Sex		N	Socio-economic status	Y	
Gender reassignment		N	Race		N	Sexual orientation		N			
What evidence do you have to support your findings? (quantitative and qualitative) Please provide additional information that you wish to include as appendices to this document, i.e., graphs, tables, charts										Consultation/involvement carried out	
										Yes	No
Age			There are a number of potential impacts on different age groups as a result of the consultation proposals affecting different client types (e.g. those with learning disabilities etc.). However, it is deemed that this is best addressed under the disability section.							Y	
			Overall usage of day care is highest amongst older people. Although there is a small peak of customers in the lower age bands as well as a result of learning disability								

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	<p>customers. Please see Appendix 1 for data. There are similar proportions for respite (also see Appendix 1).</p> <p>The Lifestyle approach has the potential to have a positive impact on the wellbeing of older people e.g. see research contained in 'Looking Forward to Old Age' by the Kings Fund.</p>		
Disability	<p>The lifestyle approach contains a number of potentially positive benefits for customers with a disability. This is due firstly to the increased choice and control that it offers (for instance in the choice of activity they could have). See Appendix 1 for a breakdown of the number of people with disabilities making up day centre usage. See Chapter 1 of the Consultation Report for information on the number of customers with a disability who responded via the questionnaire. It also tries to put into practice the findings given in the SCIE (Social Care Institute for Excellence) guide "Community-Based Day Activities and Supports for People with Learning Disabilities".</p> <p>The physical element of some of the activities as well as those that assist with every day life (e.g. healthy eating, cooking) also have the potential to impact favourably on customer's health. Studies have shown people with a learning disability are 58 times more likely to die aged under 50 than other people. There are also four times as many people with a learning disability who die of preventable causes compared to people in the general population. There are also numerous studies on the benefits of physical activity for older people. For instance, the NICE document 'Active for life: Promoting physical activity with older people' gives evidence of the potential benefits in terms of longer life expectancy and quality of life that aerobic activity can give. The social aspect of the lifestyle approach is also highly likely to have a positive impact on customer's mental wellbeing.</p> <p>However, it is also the case that the proposals could have a number of potentially negative impacts on people with disabilities. The extent of these impacts will depend</p>	Y	

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	on the type and level of their disability. Examples include; transport (inc. potential for reduced time in day care as a result of increased travelling time), facilities that can be accessed, disruption to wellbeing caused by change in location. The latter could be particularly detrimental to those with learning disabilities or dementia.		
Gender reassignment	No impacts were recorded on this protected characteristic during the course of the consultation process. There is also no other evidence to suggest an impact is likely. As such, the effect of the proposals is deemed neutral on this protected characteristic.	Y	
Marriage & civil partnership	No impacts were recorded on this protected characteristic during the course of the consultation process. There is also no other evidence to suggest an impact is likely. As such, the effect of the proposals is deemed neutral on this protected characteristic.	Y	
Pregnancy & maternity	No impacts were recorded on this protected characteristic during the course of the consultation process. There is also no other evidence to suggest an impact is likely. As such, the effect of the proposals is deemed neutral on this protected characteristic.	Y	
Race	No impacts were recorded on this protected characteristic during the course of the consultation process. The proportion of respondents of different ethnicity broadly correlates with what would be expected given the composition of Cheshire East (see appendix 2), the composition of day care users (see appendix 1) and the number of responses received. Copies of the consultation information pack were circulated to a range of groups associated with this protected characteristic. However, further work is required to understand the impact of any service transfers on local areas.	Y	
Religion & belief	No impacts were recorded on this protected characteristic during the course of the consultation process. The proportion of respondents of different religions broadly correlates with what would be expected given the composition of Cheshire East (see appendix 2), the composition of day care users (see appendix 1) and the number of	Y	

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	<p>responses received. There is also no other evidence to suggest an impact is likely. As such, the effect of the proposals is deemed neutral on this protected characteristic. See Appendix 3 for a profile of the religion of respondents and Appendix 1 for a profile of the religion of customers. Copies of the consultation information pack were circulated to a range of groups associated with this protected characteristic.</p>		
Sex	<p>There is a much larger ratio of females to male service users in Cheshire East (see Appendix 1). This can largely be explained by the differences in life expectancy between the sexes. As such a greater proportion of female service users are likely to receive day and respite services. However, the policy in itself is not deemed to have disproportionate effects for either gender. No impacts were recorded on this protected characteristic during the course of the consultation process. However, further work needs to be done to look at gender issues related to staff employment.</p>	Y	
Sexual orientation	<p>No impacts were recorded on this protected characteristic during the course of the consultation process. There is also no other evidence to suggest an impact is likely. As such, the effect of the proposals is deemed neutral on this protected characteristic. See Appendix 3 for data on the sexual orientation of respondents to the consultation.</p>	Y	
Carers	<p>The Office of National Statistics estimates that 10% of the population are likely to be carers i.e. 36,500 people in Cheshire East. However, the proposals are likely to have an impact on a defined group of carers; those who care for people using respite or day services. Particular concerns would be; changes to service location and its resulting transport requirements (this could bring about a reduction in the overall respite that was taken up by carers), increased pressure brought about on the caring role as a result of the disruption caused to customers.</p>	Y	
Socio-economic status	<p>Both people with a disability and those who support them are often cited to have reduced economic advantage compared to the overall population. For instance, the Cabinet Office Report, "Improving the Life Chances of Disabled People", states that</p>	Y	

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	disabled people are more likely to be economically inactive, more likely to experience problems with housing and more likely to experience problems with transport. As such any policy needs to be carefully evaluated to understand its potential economic impact on these groups. The proposals to relocate users may entail increased transport costs on them and as such there is the potential for it to disproportionately impact on this group.		
Proceed to full impact assessment? (Please tick)			
Yes			Date: 06/02/12

If yes, please proceed to Section 3. If no, please publish the initial screening as part of the suite of documents relating to this issue

Section 3: Identifying impacts and evidence

This section identifies if there are impacts on equality, diversity and cohesion, what evidence there is to support the conclusion and what further action is needed

Protected characteristics	Is the policy (function etc....) likely to have an adverse impact on any of the groups? Please include evidence (qualitative & quantitative) and consultations	Are there any positive impacts of the policy (function etc....) on any of the groups? Please include evidence (qualitative & quantitative) and consultations	Please rate the impact taking into account any measures already in place to reduce the impacts identified High: Significant potential impact; history of complaints; no mitigating measures in place; need for consultation Medium: Some potential impact; some mitigating measures in place, lack of evidence to show effectiveness	Further action (only an outline needs to be included here. A full action plan can be included at Section 4)

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			of measures Low: Little/no identified impacts; heavily legislation-led; limited public facing aspect	
Age	It has been highlighted that there is the potential for a disproportionate impact on people who are elderly because proportionally more attend day services than from other age bands (see Appendix 1). There is also a small 'bulge' in day centre usage amongst younger age groups due to customers with learning disabilities. As issues are identical to those under disability they are addressed in this section		Medium	
Disability	<u>Learning Disability</u> Opinion expressed during the consultation and through expert knowledge states that people with complex learning disabilities can find moving to a new building (or the transfer of other customers from or to the	<u>Lifestyle</u> <i>Health and Wellbeing</i> The emphasis on lifestyle options that is in the proposals may bring about improved health and wellbeing for disabled customers in	High	<u>Disruption</u> 1.Work should be conducted to investigate how the impact of change should be managed in a person centred way. Good practice from national research and local knowledge should be utilised e.g. 'Having a Good Day' by the social Care Institute for Excellence and guidelines

¹ Michigan Department of Community Health, Moving Persons with Dementia, <http://www.dementiacoalition.org/resources/pdfs/Caring6.pdf>

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	<p>building they are in) stressful to their wellbeing. The proposals put forward may lead this to occur in a number of instances. A number of carers/families have put this issue forward as a potential problem.</p> <p>An example quote from the consultation is: <i>"These changes would turn me upside down and make me sad because I know what to expect from my day centre, and everyone knows me and what I need and I like Dean Row."</i></p> <p>Some carers/families indicated that the lifestyle option as an alternative would not be suitable for their loved one. Feedback can be summarised as stating that their mental and physical capacity is the chief issue. It is true to state however, that there has always been an awareness in policy-making that people with complex needs would continue to attend traditional day services. Nevertheless it should be emphasised</p>	<p>general. The extent that this occurs will depend on the number of customers who opt to receive this service and the nature of their disabilities (physical activity will be more limited for those with severe physical disabilities). People with a learning disability are 58 times more likely to die aged under 50 than other people. There are also four times as many people with a learning disability who die of preventable causes as people in the general population.²</p> <p><i>Activities and variety</i></p> <p>The lifestyle options have the potential to offer much greater choice and variety for customers. Proposals would involve retaining the Wilmslow and Macclesfield pilot sites and the possible future roll out of other groups. The principal of providing services away from a</p>	<p>from the the Dementia Coalition http://www.dementiacoalition.org/resources/pdfs/Caring6.pdf. Giving sufficient time for transition to take place and taking the needs of each individual into account in a person centred way will be key. [Note: this was referenced in the Information Pack and the presentation in day centres]. A focus should be had on minimising the amount of moves by customers with complex needs.</p> <p>Staffing would also need to be taken into account so that if any customers do move they would still see familiar faces which would ease transition. This should also ensure that they transfer with service users that they also socialise with (where possible).</p> <p><u>Transport</u></p> <p>2. Customers must have a viable transport option in order to get to a day centre. Options would include Dial a Ride, public transport (supported by travel training) or</p>
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² MENCAP website, What is a Learning Disability, <http://www.mencap.org.uk/page.asp?id=1684>

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	<p>that taking up the lifestyle option should be related to need and be a matter of choice.</p> <p>It was flagged by Stanley Centre carers that If customers with lower level needs opted to attend lifestyle services it might mean that peer groups were split. However, it is also true to say that removing this choice for this group of customers (with less complex needs) could reduce their individual life chances.</p> <p>Continuity of staffing and other attendees has been sighted as another issue that is important to individuals with learning disabilities.</p> <p>Issues of separation between client groups was also raised as a concern during the consultation process. For instance in relation to possible relocation to Redesmere.</p> <p><i>Transport</i></p> <p>Transport was also cited as a key issue for those with learning disabilities. This</p>	<p>traditional day service building is well established in other areas of Cheshire East and these proposals will build on this practice. The success of this approach has been captured in questionnaires and in focus groups. A majority of respondents to the consultation (58%) stated that they would like customers to have the opportunity to take up 'lifestyle activities'.</p> <p><u>Physical Disabilities</u></p> <p>One element of the proposal is to invest in Mountview and Lincoln House so that it has facilities for people with severe physical disabilities. Queens Drive which is the only provision for Learning Disability respite at the moment does not have the facilities to provide this care.</p> <p>The provision of care at Mountview and Lincoln House might also mean that a higher level of care can be provided due to other staff and</p>	<p>volunteers/carers providing transport. Assessment of viability needs to be done carefully including taking income into account. Review of the issues that have come up in this process should take place so that learning can lead to a more refined process in the future.</p> <p><u>Lifestyle</u></p> <p>3. A longer term policy decision may relate to personal budgets being offered as part of the transition to lifestyle groups. If this is the case a personal budget should be of a sufficient level to cover customer social care needs. They should also at least have the potential to provide sufficient hours of occupation during the day (e.g. the time spent in day services should not fall as a result of this policy unless the customer chooses to opt for more expensive activities which result in this)</p> <p>4. Procedures need to be put in place to ensure that an informed decision is made by a customer over whether the lifestyle option is right for them. Advocates should be involved where necessary. Customers</p>
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	<p>would be a concern for those relocating to a new centre e.g. Peatfields, Queens Drive and Dean Row. A basic travel analysis (see appendix 4) purely based on road and time distance between the users home and proposed centre finds that most customers are only marginally impacted by relocation. For Peatfields customers, there would be an increase of 0.2 miles in travel and 0.4 miles for Dean Row customers. In the case of Queens Drive there would be a 3.3 mileage reduction. Nevertheless, many transport issues were raised during the consultation in connection with these centres. For instance, it was stated that some Peatfields customers walk to their centre and would no longer be able to do so following a move. This could mean increased travelling time and reduced physical and mental wellbeing. Cost of transport was also raised as an issue (this also related to the removal of fleet transport). Difficulty of convenient public transport was also raised.</p> <p><u>Dementia</u></p>	<p>facilities being available on site.</p>		<p>should have the option of remaining in traditional day services should they so wish. A re-assessment of a person's needs should be conducted if this has not taken place for some time.</p> <p>5. Whilst touched on in strategy, it should be emphasised that positive links should be made with services in learning and employment so that the lifestyle approach is not just an end in itself but a springboard to improved life chances for disabled people.</p> <p><u>Respite</u></p> <p>6. The proposed respite care for service users with learning disabilities at Mountview and Lincoln House should be a separate unit designed around their needs (e.g. décor could reflect the younger nature of this client type). This should also include a separate entrance (if this does not incur excessive expense). Separation should be easily achieved at Hollins View for dementia customers.</p> <p>7. Transport options should be</p>
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	<p>A new environment can be challenging for a person with dementia. Although this point should be tempered by research that has shown that it generally takes a person less than three months to adjust to their new surroundings (depending on the level of their dementia)¹. This includes both a person moving to a centre and disruption caused by new customers being moved to an individual's centre. This particularly concerns the transfers that have already taken place from Bexton Court, and those proposed from the Brocklehurst Unit. Continuity of staffing was particularly stressed during consultation in connection with the latter.</p> <p>One relevant comment from the Salinae Centre meeting was: "Dementia sufferers need routine, structure and familiarity, these are really important. Changes bring too much anxiety."</p> <p><i>Transport</i></p> <p>Following analysis of former customers of</p>			<p>investigated for customers moving from Queens Drive to ensure that any day service arrangements can be maintained.</p> <p>8. Changes in service demand should be monitored and service planning adjusted where practicable. This would aim to ensure that customer choice was maintained i.e. that there would be sufficient supply of internal places for customers to meet demand.</p> <p>9. Further work required to understand 3rd sector groups making use of day centre buildings which may be decommissioned with alternative venues explored.</p>
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	<p>Bexton Court (see appendix 4) we can see that 61% were not based within the Knutsford LAP area. Out of former customers of Bexton who continue to receive day or respite services 50% would find their alternative centre closer, with 50% being nearer to Bexton. 4 people are currently receiving day services who live in the Knutsford LAP, whereas 22 users of respite live in this LAP area. Few issues were raised specifically on Bexton during the consultation although the need for local services was highlighted.</p> <p>Analysis of location for customers of the Brocklehurst finds that the vast majority of customers would benefit from the change in centre at least in terms of reduced road mileage. No transport issues were raised during the consultation regarding Brocklehurst.</p> <p><u>Physical Disability</u></p> <p>The proposals will also impact on people with physical disabilities even if services are not specifically stated as for this</p>			
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	<p>customer group.</p> <p>Transport is perhaps even more of a key issue for this customer group. Any change in centre is likely to therefore have impact on this group of customers. See previous comments on transport for further information.</p> <p>The Council needs to ensure that a viable transport option is available for customers. Further details of this approach is contained within the separate Transport EIA (although some actions are also suggested in this EIA).</p> <p><u>Further Respite related Issues</u></p> <p>Queens Drive is a small building in a residential area predominantly provides respite care to people with physical and learning disabilities. As such, carers stated during the consultation that they value the homely environment that this centre provides. Whilst Mountview and Lincoln House will bring about more specialist provision for customers, it is</p>			
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	<p>not possible to replicate this environment fully.</p> <p>A further point that was raised in the consultation is that there might be a 'stigma' attached to people with learning disabilities attending a centre for older people. One comment was: <i>"Would you put a child of yours with a learning disability in service with older people?"</i>. Although to some extent it might be argued that this is a unfair attitude to hold (something asserted by an attendee during the consultation meeting at Crewe Alexandra Football Ground). Staff and carers have stressed the fact that different client groups will require separation within a building because of the different needs and a different way of identifying themselves. Physical arrangements to arrange this have already been investigated.</p> <p>One additional point that was raised during the consultation was that changing respite location can impact on the ability of customers to receive their</p>			
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	<p>day service at a familiar location. For instance, there was reference to a gardening club. A review of customer transport and social care needs should be used to take this into account.</p> <p><u>Mental Health Disabilities</u></p> <p>Some customers have mental health disabilities who use day and respite services (although this does not mean that this is necessarily their primary client type). Most of the issues raise with this set of customers do not stand apart from fore mentioned concerns. These include over disruption to customers and transport provision. However, it should be stressed that as part of care planning planning day services should be considered as an option for mental health users if there is a joint agreement that it would be to their best advantage.</p> <p><u>Demand</u></p> <p>Present decisions could have ramifications for the ability of future customers to take up internal services.</p>			
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	<p>However, forecasting analysis (see the business case) would suggest that proposals would meet short-medium term demand.</p> <p><u>General</u></p> <p>Some 3rd sector groups which provide services for people with disabilities currently use day service buildings to hold meetings. Any decommissioning of buildings could potentially result in these groups being required to find other premises.</p>			
Gender reassignment		<p>No impacts were recorded on this protected characteristic during the course of the consultation process. There is also no other evidence to suggest an impact is likely. As such, the effect of the proposals is deemed neutral on this protected characteristic.</p>		
Marriage & civil partnership		<p>No impacts were recorded on this protected characteristic during the course of the consultation process. There is also no other evidence to</p>		

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		suggest an impact is likely. As such, the effect of the proposals is deemed neutral on this protected characteristic.		
Pregnancy and maternity		No impacts were recorded on this protected characteristic during the course of the consultation process. There is also no other evidence to suggest an impact is likely. As such, the effect of the proposals is deemed neutral on this protected characteristic.		
Race	There are potential impacts on local areas of centres closing. For instance, less throughput of customers in local shops. Analysis also required of ethnicity of people over these shops to ensure that there isn't any disproportionate impact on any ethnic group. No other impacts were recorded on this protected characteristic during the course of the consultation process. There is also no other evidence to suggest an impact is likely. As such, the effect of the proposals is deemed neutral on this protected			

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	characteristic.			
Religion & belief		No impacts were recorded on this protected characteristic during the course of the consultation process. There is also no other evidence to suggest an impact is likely. As such, the effect of the proposals is deemed neutral on this protected characteristic.		
Sex	<p>Whilst arguably it is the case that due to the greater proportion of service users who are female that these proposals have a potential to disproportionately impact on this group. It is currently felt that these issues are better picked up in the category of disability.</p> <p>In the longer term the general movements towards the lifestyle approach has the potential to mean that there is a boost in the support given by Health and Wellbeing staff and a corresponding decrease in Adult social care staffing. This could potentially impact greatest on women who make up</p>		Medium	1. The staff balance between Adult Social care and Health and Wellbeing may shift as a result of implementing the lifestyle vision. The Council should do its best to redeploy staff to these services so that the impact particularly on female workers is minimised.

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	the majority of social care staff.			
Sexual orientation		No impacts were recorded on this protected characteristic during the course of the consultation process. There is also no other evidence to suggest an impact is likely. As such, the effect of the proposals is deemed neutral on this protected characteristic.		
Carers	<p>1. Transport</p> <p>During the consultation Carers cited transport as a significant issue for them in any relocation of day service. This was due to pressure carers felt they would be under to provide transport to the new centre which might be located further away. This would mean extra time and cost would be incurred.</p> <p>An example comment was: <i>“Our daughter attends Queens Drive. We don’t drive so won’t be able to afford for her to attend Mountview.” A further quote relating to Queens Drive was; “If you don’t provide respite that is</i></p>	Relocation of Learning Disability respite to Mountview may benefit some carers/customers resident in other locations e.g. Holmes Chapel, Sandbach, Alsager. For these users Mountview is more conveniently placed. The newly put forward option of Lincoln House would help to mitigate the impact of closure of Queens Drive because for many users this is actually in a nearer location (see Appendix 4).	High	<p>1. For more general transport issues see the disability section above.</p> <p>As part of the standard review of transport needs it must be ensured that any transport provided by carers is mutually agreed. Any additional travel should not be so great that it could potentially lead to future carer breakdown.</p> <p>2. Performance Monitoring</p> <p>Work should be conducted to ensure that there are joint standards between centres and that perceived quality is high for all. This includes greater standardisation of care such as activities offered in each</p>

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	<p><i>convenient, carers are going to breakdown and that will cost the council more money"</i></p> <p>Although the analysis suggests that for Queens Drive customers (if Lincoln House is agreed as a proposal), Peatfields, Bexton Court and Dean Row the impact is small, the public transport issues that can be faced with travelling to another centre even if it is nearer should not be discounted. See the transport summary under disability for further information on these issues.</p> <p>More specific issues about transport are dealt with in the Transport Equality Impact Assessment.</p> <p>2. Respite</p> <p>Some carers stressed in the consultation that day centres provide crucial respite for them. One comment was, <i>"Quality of care will be affected if carers have to travel much further"</i>. However, the level of support provided to the cared for is unlikely to change under the current</p>			<p>centre (subject to local amenities). This should feed into the Care4CE and department plan.</p> <p>3. Personal Budgets</p> <p>Whilst it is recognised that this is more within the scope of the Personalisation EIA it is also important to stress here that carers/customers should have a choice over whether to take up internal or external services (via a personal budget or direct payment) and this should be informed by relevant information. The correct briefing / training of individual commissioning staff will be crucial to this process. (See "Developing new lifestyles with disabled people" by Joseph Rowntree foundation for evidence of results)</p>
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	<p>lifestyle proposals (longer term personal budget issues are covered elsewhere in this EIA). Issues with the suitability of the respite care are stated in the disability section.</p> <p>3. Learning Disabilities Facilities/Care Some carers highlighted a perceived variation in the standard of care and facilities between centres. For instance the Stanley Centre was perceived as offering a superior service to alternatives and as such some customers travel there from further afield e.g. Macclesfield. This was seen as to positively impact on their caring role. Evidence for this is anecdotal rather than the result of any deliberate policy by the Council or demonstrated by data analysis.</p> <p>4. Personal Budgets Some carers felt that there was a deliberate policy of the Council encouraging customers to take personal budgets/personal budgets so that they can opt out of Council run services. This caused occupancy to fall in centres and</p>			
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	<p>potentially made it harder for customers to access Council services in the future. One comment stated in the consultation was <i>“With Direct Payments/Personal budgets people should have choice of purchasing private or traditional services.”</i></p>			
Socio-economics	<p>As detailed in the initial assessment there are potential issues with greater costs being incurred because of increased transport cost for some customers. However, from transport analysis it would appear that many customers would also benefit from being located nearer to their centre.</p> <p>There are potential impacts on local areas of centres closing. For instance, less throughput of customers in local shops. Analysis also required of ethnicity of people over these shops to ensure that there isn't any disproportionate impact on any ethnic group.</p>		Low	<p>1. The cost of transport needs to be one of the issues that is monitored when transport assessment is conducted. This should apply both to costs incurred by customers and potentially by carers who may be in a lower socio-economic bracket.</p> <p>2. Analysis work to be conducted on potential impacts to local areas of centres closing and how these could be mitigated.</p>
<p>Is this project due to be carried out wholly or partly by contractors? If yes, please indicate how you have ensured that the partner organisation complies with equality legislation (e.g. tendering, awards process, contract, monitoring and performance measures)</p>				

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Section 4: Review and conclusion

Summary: provide a brief overview including impact, changes, improvement, any gaps in evidence and additional data that is needed			
<p>The lifestyle element of the strategy has the potential to have real positive impacts on customers if it is managed in a careful person centred way. The proposals to transfer customers from particular centres on the other hand is likely to cause negative impacts on customers and carers although they can be mitigated to an extent by following prescribed actions. Further engagement with customers and carers would be crucial in any transition process.</p>			
Specific actions to be taken to reduce, justify or remove any adverse impacts	How will this be monitored?	Officer responsible	Target date
<p>Work should be conducted to manage any transition process in a person centred way. Good practice from national research and local knowledge should be utilised e.g. http://www.dementiacoalition.org/resources/pdfs/Caring6.pdf. Sufficient time should be also given for the transition to be take place. The number of past and future moves for customers should be minimised as much as possible.</p>	Customer complaints, detailed documentation of transition plans, monitoring of reviews of customers social care needs	DW/ PK	Dependent on timescales of customer transfers
<p>The Council transport policy should be applied in full so that it is ensured that customers have a viable transport option to get to a day centre. Financial Assessment should take into account the full range of the individuals and carers circumstances. Any extra travel support by carers should be mutually agreed and deemed manageable. Review of the problems/ issues that have occurred in transport planning should be assessed regularly so that learning can take place inc. the actioning of any remedial measures. Transport options should be investigated in particular for customers moving from Queens Drive (who may be most affected by changes) to ensure that any day service arrangements can be maintained.</p>	Customer complaints, issues raised during review by customers	AMc	Dependent on timescales of customer transfers
<p>Personal budgets offered as part of the transition to lifestyle should be of a sufficient level to cover customer social care needs. They should also at least have the potential to provide sufficient hours of occupation during the day (e.g. the respite provided for</p>	Customer complaints, monitoring of options selected by customers	Individual Commissioning Senior Managers	Dependent on longer term application of

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carers by a day service should not fall as a result of this policy unless the customer chooses to opt for more expensive activities which result in this)			Personal Budgets to lifestyle groups
An up to date assessment of a person's needs should be in place in order to inform decision making over whether the individual might be suitable for the lifestyle option. This should be conducted in conjunction with a carer's assessment. Procedures and working practice should be on the basis that the customer must opt rather than be compelled to attend a lifestyle group. Advocacy should be available where necessary.	Procedure documents, existence of social care review records	Individual Commissioning Senior Managers/ Care4CE Resource Managers	Dependent on timescales of customer transfers
Links should be made with services in learning and employment so that the lifestyle approach is not just an end in itself but a springboard to improved life chances for disabled people.	Data on number of people in lifestyle groups who have received training/ qualifications. Data of people who have on from lifestyle groups to employment or volunteering.	Lifestyle Resource Managers	Ongoing
The staff balance between Adult Social Care and Health and Wellbeing may shift as a result of implementing the lifestyle vision. The Council should do its best to redeploy staff to these services so that the impact particularly on female workers is minimised.	Monitoring of staff redundancies, transition plan in place to look at practicalities of redeploying staff	DW/PK	Dependent on timescales of customer transfers/ application of lifestyle approach
The proposed respite care for service users with learning disabilities at Mountview and Lincoln House should be a separate unit designed around their needs (e.g. décor could reflect the younger nature of this client type). This should also include a	Consultation groups made up of potential customers/carers of	DW/PK, Resource Managers	Summer 2012

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separate entrance (if this does not incur excessive expense). Separation should be easily achieved at Hollins View for dementia customers.	Mountview and Lincoln House		
Changes in service demand should be monitored and service planning adjusted where practicable. This would aim to ensure that customer choice was maintained i.e. that there would be sufficient supply of internal places for customers to meet demand.	Monitoring of take up of internal and external services through business activity reports	Individual Commissioning Senior Managers	Ongoing (to be carried out on a minimum of an annual basis)
Work should be conducted to ensure that there are joint standards between centres and that perceived quality is high for all. This includes greater standardisation of care such as activities offered in each centre (subject to local amenities). This should feed into the Care4CE and department plan.		Individual Commissioning/Care 4ce Senior Managers/	Summer 2012
Customers (with reference to carers where appropriate) should have a choice over whether to take up internal or external services (via a personal budget or direct payment) and this should be informed by relevant information. The correct briefing / training of individual commissioning staff will be crucial to this process.	Training plan for individual commissioning staff	Individual Commissioning Senior Managers	Summer 2012
Analysis of impact of local economy should be conducted e.g. local shops where centres are to be closed, and the protected characteristic of people who own these.	Existence of report	Strategic Commissioning	Summer 2012
The opportunities of the new lifestyle approach should be positively promoted to equality groups e.g. gypsies and travellers, Polish communities etc	Marketing plan	Strategic Commissioning	Dependent on roll out of lifestyle approach
Further analysis required to understand 3 rd sector groups making use of day centre buildings for meetings. Any decommissioning should aim to minimise problems that it	Evidence of contact with relevant 3 rd sector groups	Care4CE Senior Managers	Summer 2012

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may cause such as exploring alternative rooms at other CEC buildings.			
Please provide details and link to full action plan for actions			
When will this assessment be reviewed?	Review of EIA to take place six months after Cabinet if proposals adopted		
Are there any additional assessments that need to be undertaken in relation to this assessment?	No		
Lead officer signoff		Date	
Head of service signoff		Date	

Please publish this completed EIA form on your website

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Appendix 1

Day Services Usage

Note: Figures taken from 'snapshot' of service users Autumn 2011

By Age Band

Age	Total
18-34	149
35-49	151
50-64	108
65-74	88
75-84	103
85+	115
Total	714

By Age Band – Learning Disability Day Care

18-24	43
25-34	109
35-44	93
45-54	95
55-64	48
65-74	31
75-84	10
85+	2
TOTAL	431

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By Age Band – Dementia Day Care

45-54	0
55-64	2
65-74	11
75-84	30
85+	29
TOTAL	72

By Age Band – Physical Disability Day Care

18-24	1
25-34	1
35-44	7
45-54	8
55-64	17
65-74	23
75-84	24
85+	48

By Disability – Day Care

Visual Impairment	53
Older Person	336
Physical Disability	28

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Learning Disability	350
Total	714

By Sex – Day Care

M	2072	38%
F	3426	62%

By Ethnic Group – Day Care

A1 White - British	727
A2 White - Irish	3
A3 White - Other	15
B1 White & Black Caribbean	1
B2 White & Black African	0
B3 White & Asian	0
B4 Other Mixed Background	1
C1 Indian	1
C2 Pakistani	1
C3 Bangladeshi	0
C4 Other Asian Background	1
D1 Black Caribbean	3
D2 Black African	0
D3 Other Black Background	1

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E1 Chinese	2
E1 Chinese	2
E2 Other Ethnic Group	1
F2 Refused To Disclose	0
F3 Information Not Available	0
F5 Not Appropriate To Ask	0
F6 Institution	0
Null	0
T1 Traveller Of Irish Heritage	0
T2 Gypsy/Roma Traveller	0

By Religion – Day Care

Not Stated	270
Roman Catholic	23
Church Of England / Episcopali	185
Methodist	11
Other Christian	13
Christian	206
United Reformed / Presbyterian	0
Any Other Religion	18
None	22
Refused To Disclose	0
Pentecostal	0
Baptist	2

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Jehovah's Witness	3
Jewish	0
Muslim	1
Hindu	0
Null	1
Buddhist	0
Seventh Day Adventist	0
Sikh	1

Respite Usage

By Age Band – Dementia Respite Usage (internal)

45-64	2
65-69	2
70-74	18
75-79	30
80-84	53
85-89	79
90-94	43
95+	12
Total	237

By Age Band – LD Respite Usage (internal)

18-44	63
45-64	18

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65+	6
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Appendix 2: Cheshire East and UK Statistics

Cheshire East Ethnic Group Statistics (2001 Census)

	Cheshire East	North West	England	Cheshire East %	North West %	England %
	Unitary Authority	Region	Country	Unitary Authority	Region	Country
All Ethnic Groups	360,700	6,864,300	51,092,000	100.0	100.0	100.0
White	347,600	6,324,600	45,082,900	96.4	92.1	88.2
White: British	337,000	6,137,800	42,736,000	93.4	89.4	83.6
White: Irish	2,800	69,800	570,500	0.8	1.0	1.1
White: Other White	7,700	117,000	1,776,300	2.1	1.7	3.5
Mixed	3,300	85,400	870,000	0.9	1.2	1.7

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Mixed: White and Black Caribbean	1,100	27,800	282,900	0.3	0.4	0.6
Mixed: White and Black African	400	13,300	114,300	0.1	0.2	0.2
Mixed: White and Asian	1,000	25,200	260,900	0.3	0.4	0.5
Mixed: Other Mixed	800	19,100	212,000	0.2	0.3	0.4
Asian or Asian British	5,000	304,200	2,914,900	1.4	4.4	5.7
Asian or Asian British: Indian	2,300	99,900	1,316,000	0.6	1.5	2.6
Asian or Asian British: Pakistani	1,500	143,900	905,700	0.4	2.1	1.8
Asian or Asian British: Bangladeshi	500	34,800	353,900	0.1	0.5	0.7
Asian or Asian British: Other Asian	700	25,600	339,200	0.2	0.4	0.7
Black or Black British	2,000	75,200	1,447,900	0.6	1.1	2.8
Black or Black British: Caribbean	800	25,500	599,700	0.2	0.4	1.2

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Black or Black British: African	1,000	42,600	730,600	0.3	0.6	1.4
Black or Black British: Other Black	200	7,000	117,600	0.1	0.1	0.2
Chinese or Other Ethnic Group	2,700	74,900	776,400	0.7	1.1	1.5
Chinese or Other Ethnic Group: Chinese	1,600	46,200	400,300	0.4	0.7	0.8
Chinese or Other Ethnic Group: Other Ethnic Group	1,200	28,700	376,100	0.3	0.4	0.7

Cheshire East – Religious Belief (2001 Census)

	Cheshire East Unitary Authority	North West Region	England Country	Cheshire East Unitary Authority%	North West Region %	England %
All People	351,817	6,729,764	49,138,831	100.0	100.0	100.0
Christian	282,432	5,249,686	35,251,244	80.3	78.0	71.7

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Buddhist	551	11,794	139,046	0.2	0.2	0.3
Hindu	617	27,211	546,982	0.2	0.4	1.1
Jewish	562	27,974	257,671	0.2	0.4	0.5
Muslim	1,375	204,261	1,524,887	0.4	3.0	3.1
Sikh	170	6,487	327,343	0.0	0.1	0.7
Any other religion	593	10,625	143,811	0.2	0.2	0.3
No religion	42,757	705,045	7,171,332	12.2	10.5	14.6
Religion not stated	22,760	486,681	3,776,515	6.5	7.2	7.7

Appendix 3: Consultation – Equality and Diversity Monitoring

Nationality

Answer Options	Response Percent	Response Count
British or Mixed British	19%	14
English	78%	57
Scottish	1%	1
Welsh	1%	1
Any Other (please specify)	0.0%	0

Race

Answer Options	Response Percent	Response Count
Any white group	100.0%	59

Sexuality

Answer Options	Response Percent	Response Count
Hetrosexual/straight	100.0%	46

Religion

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Answer Options		Response Percent	Response Count
Christian (includes: Church of England, Catholic, Protestant & all other Christian denominations)	Christian (includes: Church of England, Catholic, Protestant & all other Christian denominations)	91.9%	57
Agnostic	Agnostic	4.8%	3
Atheist	Atheist	1.6%	1
Jewish	Jewish	1.6%	1
Buddhist	Buddhist	0.0%	0
Hindu	Hindu	0.0%	0
Muslim	Muslim	0.0%	0
Sikh	Sikh	0.0%	0
Prefer not to say	Prefer not to say	0.0%	0
Any other Religion or Belief (please specify)	Any other Religion or Belief (please specify)	0.0%	0

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Appendix 4: Travel Data

1. Proposal – Peatfields to be decommissioned, customers to move to Mayfields

Peatfields closer for	15	customers
Mayfields closer for	6	customers
Average Peatfields travel distance	2.8	miles
Average Mayfields travel distance	3.0	miles
Average Peatfields travel time	6.6	mins
Average Mayfields travel time	8.7	mins

2. Proposal – Dean Row to be decommissioned, customers to move to Redesmere

Dean Row closer for	15	customers
Redesmere closer for	14	customers
Average Dean Row travel distance	3.7	miles
Average Redesmere travel distance	4.1	miles
Average Dean Row travel time	9.9	mins
Average Redesmere travel time	9.4	mins

3. Proposal – Bexton Court to be decommissioned

<u>All former customers of Bexton</u>		%
In LAP	16	40%

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Not in LAP	24	60%
Total	40	

Customers switched to alternative Internal Day Care

Bexton nearer	7	customers
Alternative provision nearer for	9	customers
Average Bexton travel distance	8.6	miles
Average alternative day centre travel distance	9.6	miles
Average Bexton travel time	19.3	mins
Average alternative centre travel time	19.9	mins

Customers switched to alternative Internal Respite Care

Bexton closer	4	customers
Alternative provision closer for	5	customers
Average Bexton travel distance	8.6	miles
Average alternative respite centre travel distance	8.6	miles
Average Bexton travel time	15.9	mins
Average alternative respite central travel time	16.7	mins

4. Proposal – Queens Drive to be decommissioned

Queens Drive closer for	2	customers (compared to Mountview or Lincoln House)
Lincoln House closer for	23	customers (out of a choice of

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		Mountview or Lincoln House)
Mountview closer for	2	customers (out of a choice of Mountview or Lincoln House)
Average Queens Drive travel distance	6.4	miles
Average Queens Drive travel time	15.6	minutes
Average travel distance to nearest centre (Lincoln House or Mountview)	3.1	miles
Average travel time to nearest centre (Lincoln House or Mountview)	9.0	minutes

5. Proposal – Stanley Centre to be decommissioned, customers to travel to an alternative (leisure centres or Carter House, Mayfield or Redesmere)

Alternative closer for	11	customers
Stanley Centre closer for	36	customers
Average alternative centre travel distance	8.6	miles
Average Stanley Centre travel distance	3.3	miles
Average Leisure Centre travel distance	18.2	miles
Average alternative centre travel time	20.2	mins
Average Stanley Centre travel time	7.4	mins
Average Leisure Centre travel time	38.2	mins

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6. Proposal – Customers to transfer from Brocklehurst Unit (Mayfield) to Hollins View

Mayfield closer for	7	customers
Hollins View closer for	21	customers
Average Mayfield travel distance	2.9	miles
Average Hollins View travel distance	2.6	miles
Average Mayfield travel time	7.7	mins
Average Hollins View travel time	7.4	mins

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CALL-IN OF CABINET DECISION (5/3/2012) RE BEXTON COURT

Response by Lorraine Butcher - Strategic Director of Children, Families & Adults

NOTICE OF CALL-IN

There has been no specifically worded notice of this call-in but it results from an email from Ms Charlotte Peters Rock (see attached). In this report we address the key point made in that email:

However, we are now in a position where all Day and Respite Care, which formerly supported Family Carers in the Knutsford area, has been removed by Cheshire East Council - and all with no Consultation. That is unlawful

BACKGROUND & CONTEXT

On 5th March 2012 Cabinet took the decision, amongst others, to confirm the permanent closure of Bexton Court which had previously been closed temporarily since November 2010.

The reasons for the review which resulted in the Cabinet decisions included the following factors:

- Customer demand has changed over time for day and respite services. One of the key factors in this has been Personalisation. This has allowed customers to opt to purchase services from the independent sector via a direct payment rather than receiving them from the Council. As such, it gives them the opportunity for greater choice and control.
- The Council has recognised that it must respond to rising expectations of service quality and choice. Following the Cabinet Paper in January 2011 on Lifestyle Centres, pilots have taken place for interested service users with lower levels of need at Wilmslow and Macclesfield Leisure Centres. These pilots have offered service users greater choice and variety in services, offering the potential for real enhancement in quality of life. They therefore offer a genuinely empowering alternative to existing day services for some service users.
- A consequence of these two factors has been that a number of Council day and respite services are experiencing significant under capacity. This means these services are disproportionately expensive in relation to the number of customers they assist.
- Many of the buildings used are ageing, becoming unfit for purpose and are not equipped to meet modern customer expectations. The need for investment is recognised but this must be done prudently and be focussed on creating a smaller number of better equipped facilities that will operate at high occupancy in order to reap maximum benefit from the investment and the ongoing expenditure on resources

KEY POINT – LACK OF CONSULTATION

The comment that there has been no consultation (particularly in respect of Bexton Court) seems to be the crux of the call-in. However it is unclear whether the statement actually refers to the democratic process followed, the actual consultation

process itself, or the fact that Bexton was perceived not to be included in the consultation process.

Accordingly all three aspects are addressed below:

Democratic Process:

- Bexton Court has in fact been included in two separate consultations: the first conducted by Cheshire County Council (July-Oct 2007), the second conducted by Cheshire East Council (Sept-Dec 2011)
- In both these instances a full and proper democratic decision making process was followed both before and after the consultation.
- The very first recommendation in the Cabinet report of 5 March was:
 - To recognise the importance of ensuring that the outcome of the public consultation (see attached document) is carefully considered when evaluating the proposals contained in the attached business case.

The Consultation process

- The consultation was a borough-wide exercise run in accordance with accepted best practice. It was widely promoted using posters in all Council buildings with leaflets and letters given to customers and carers. It received extensive local press coverage.
- The consultation included 17 meetings for both the public and customers & carers with a total of 389 people attending.
- Whilst the Council does have a duty to consult on major changes to services and take the results of those consultations into account, it is not bound to make decision purely on the outcome of such consultations but to weigh those outcomes against the broader scenario in which the Council operates.
- In this instance the consultation did result in changes to the original proposals with the retention of Day Care services at the Stanley Centre together with a revision of plans for respite in Crewe and Nantwich. It can therefore be demonstrated that it was fully taken into account when developing the final proposals

None inclusion of Bexton Court in the Consultation

- Bexton Court was specifically mentioned, and with equal parity to the Stanley Centre and others, in the public consultation document and information pack
- Bexton Court was specifically mentioned, and with equal parity to the Stanley Centre and others, in the public consultation presentation slides used at all the public and customer meetings
- Every attempt was made to include former customers of Bexton Court including inviting them, and their carers, personally by letter to attend additional drop-in sessions organised solely for them – none accepted that invitation
- It can be easily deduced that it was widely understood that the consultation included Bexton Court given that:
 - Fol requests relating to Bexton have been received both during and after the consultation period – three such questions were from Ms Peter Rock
 - In its response to the consultation Knutsford Town Council commented 'Within this report was the recommended permanent closure of Bexton Court and the Stanley Centre, both located on the current Bexton Road

Community Hospital site. Relocation of these services to various locations across east Cheshire; Wilmslow, Macclesfield and Congleton was proposed.

- Coverage in the Knutsford Guardian, including articles on 7 and 14 Sept, refers to 'transfer of services from Bexton Court and the Stanley Centre

Taking all the above into consideration we therefore believe that a full and proper consultation in respect of Bexton Court, and the other elements in the proposals, was undertaken.

Lorraine Butcher
Strategic Director of Children, Families & Adults

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