



Improvements to Adult Social Care

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The Business Case

5 March 2012

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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

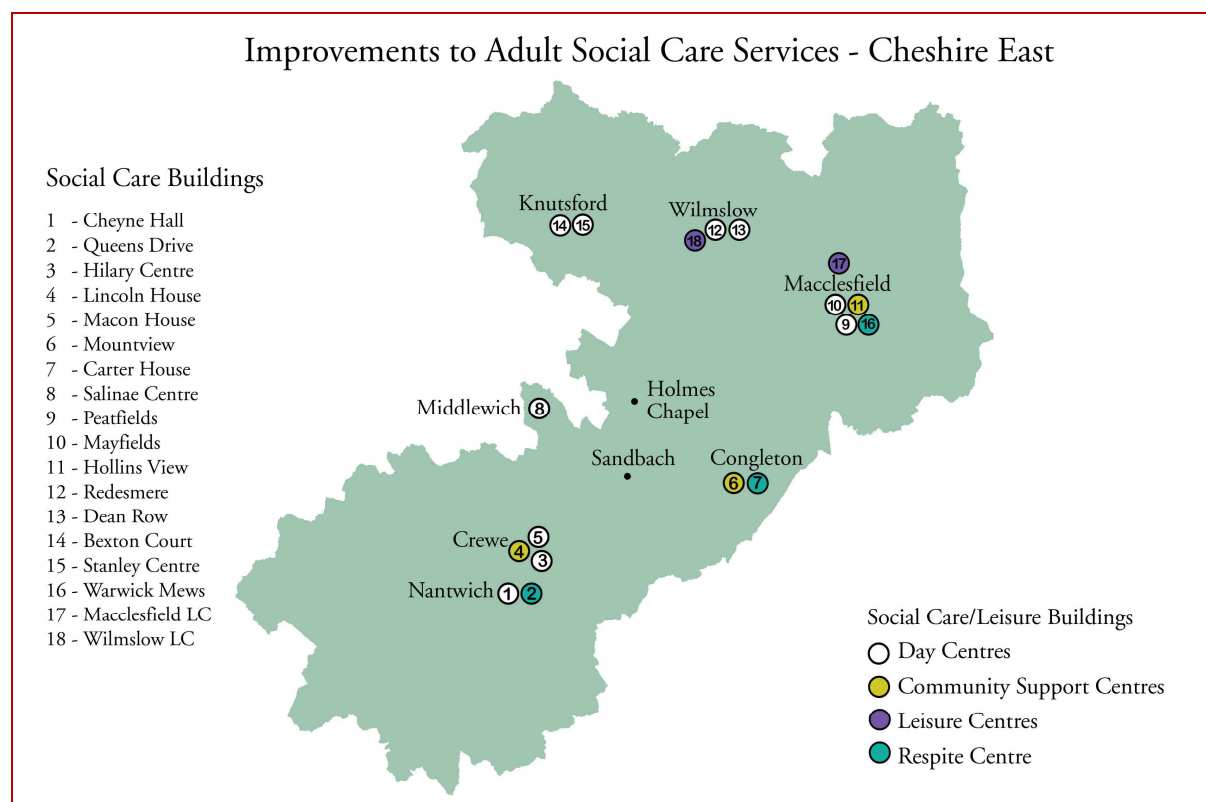
DEMAND

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.

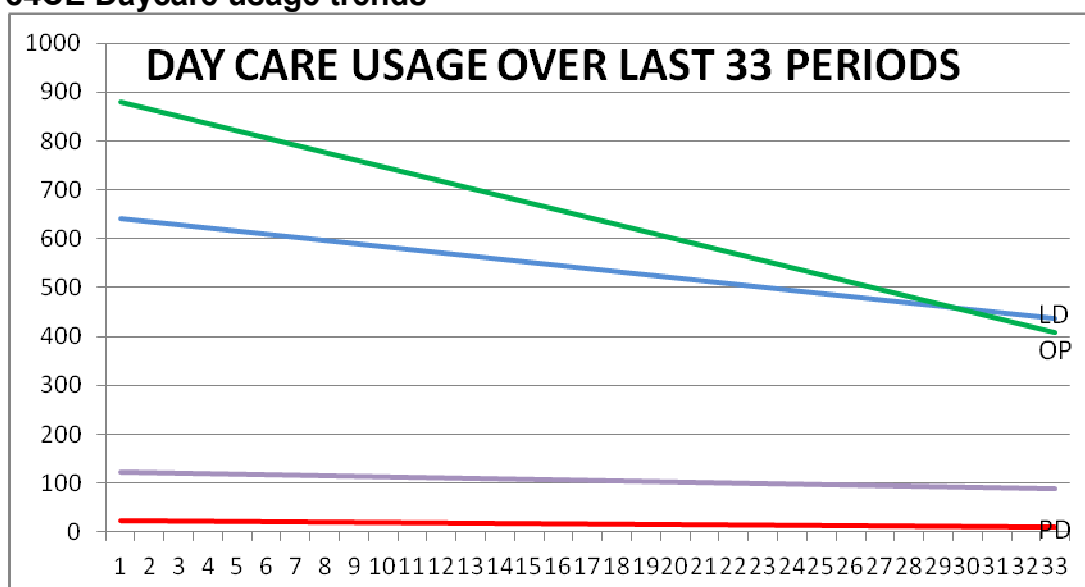
One way to predict demand for services is to look at what ratio of the current population meets eligibility criteria for social care services and then to apply this same ratio to a larger population size. See 'Forecasting' (section 1.2.5) for more information.

1.2.3 FUTURE DEMAND

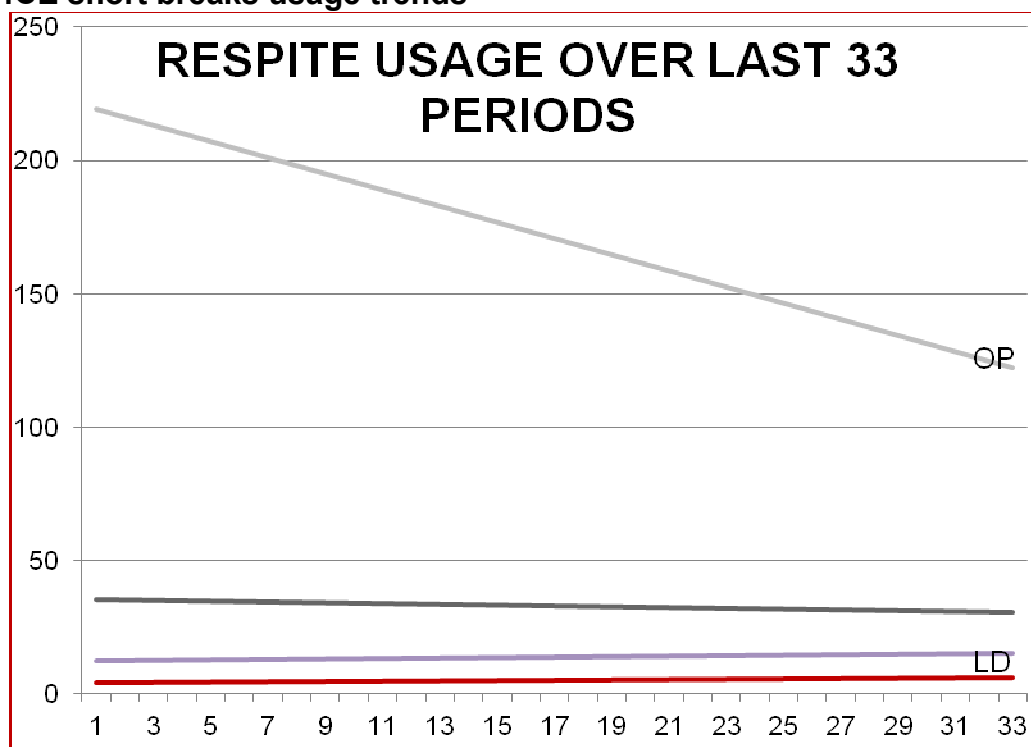
The population figures above suggest that demand for services should be increasing, however this is not the case in respect of most of the Council's own building-based services.

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

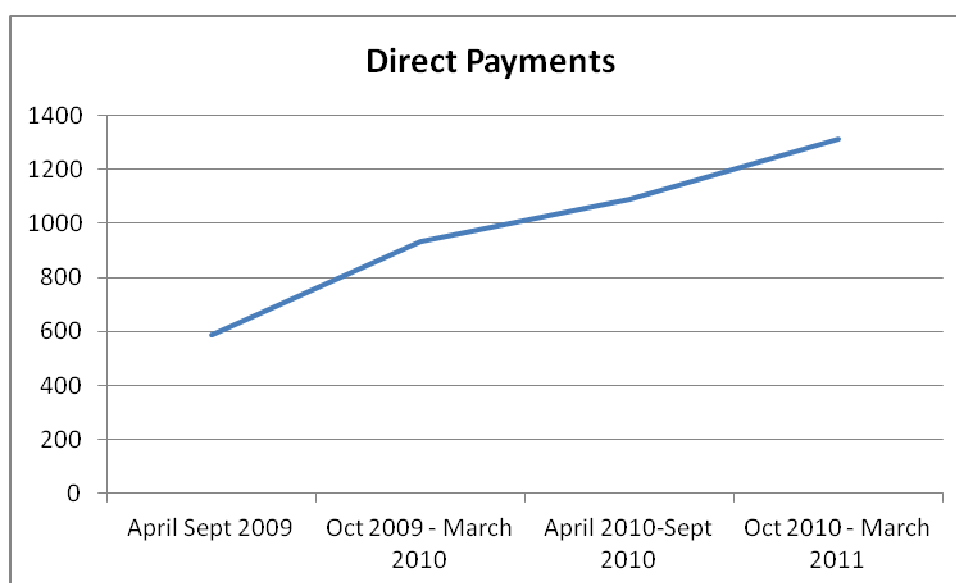
The only growth areas are those of Mental Health and Physical Disability respite.

- 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

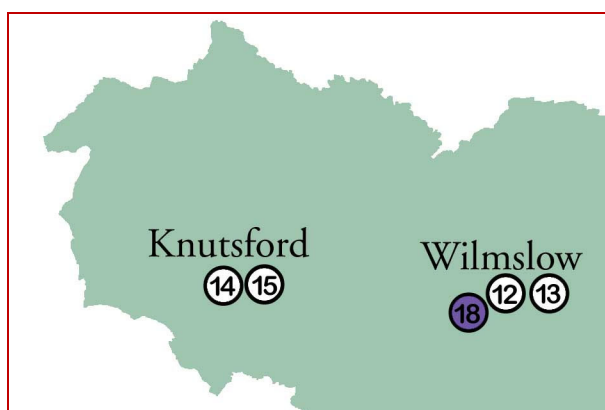
LOCAL AREA SUMMARIES

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

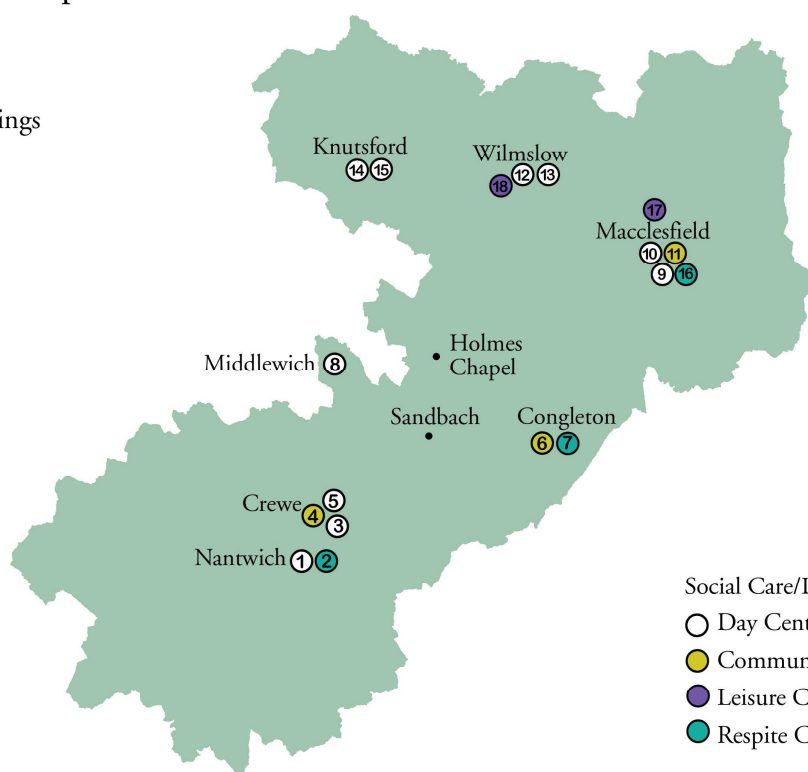
2.1 KNUTSFORD/WILMSLOW/POYNTON



Improvements to Adult Social Care Services - Cheshire East

Social Care Buildings

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- 2 - Queens Drive
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- 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

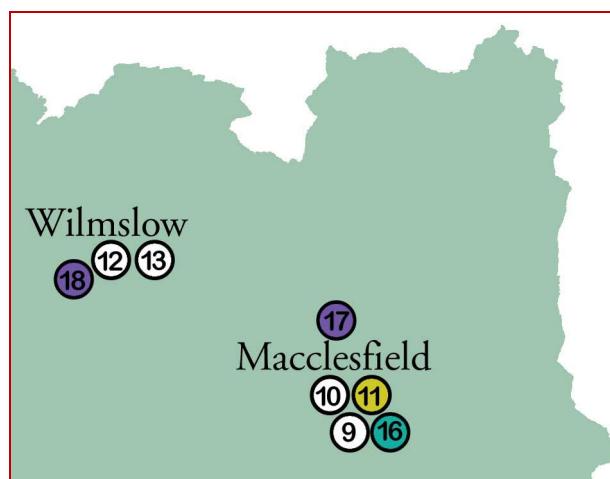
2.1.5 KEY POINTS CONSIDERED

- 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

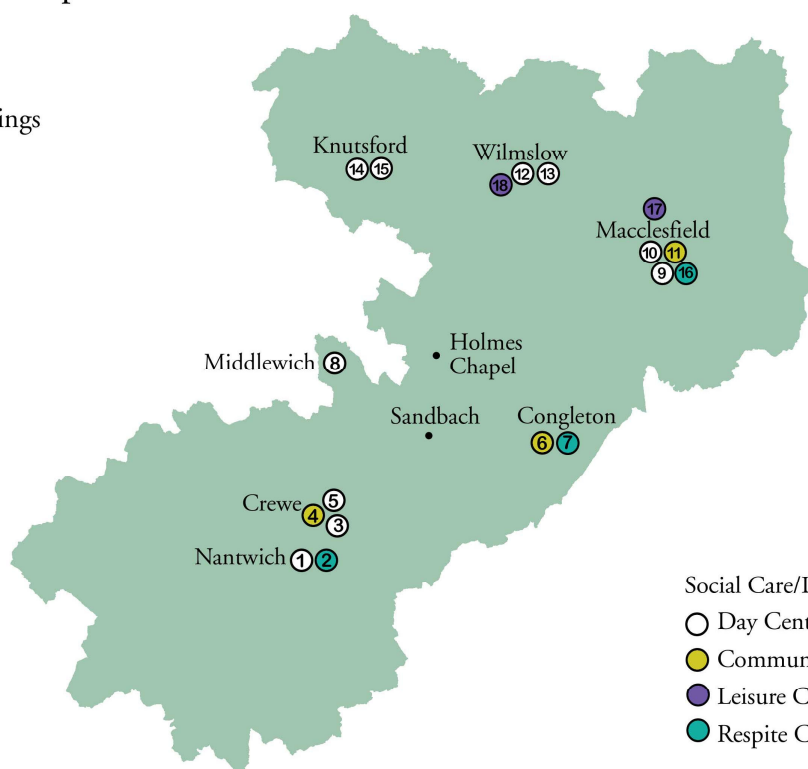
2.2 MACCLESFIELD



Improvements to Adult Social Care Services - Cheshire East

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Social Care/Leisure Buildings

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

2.2.1 AREA PROFILE

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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

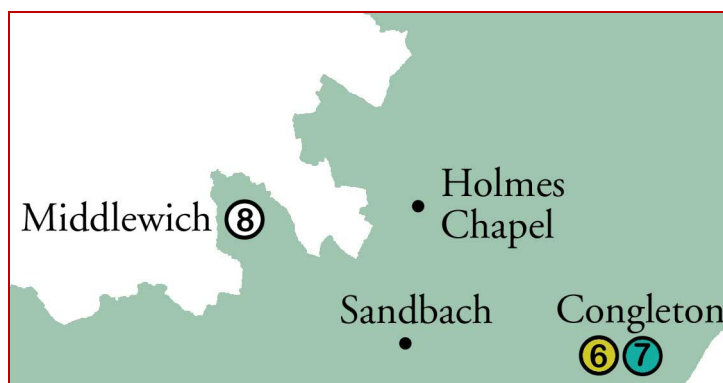
2.2.5 KEY POINTS CONSIDERED

- 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

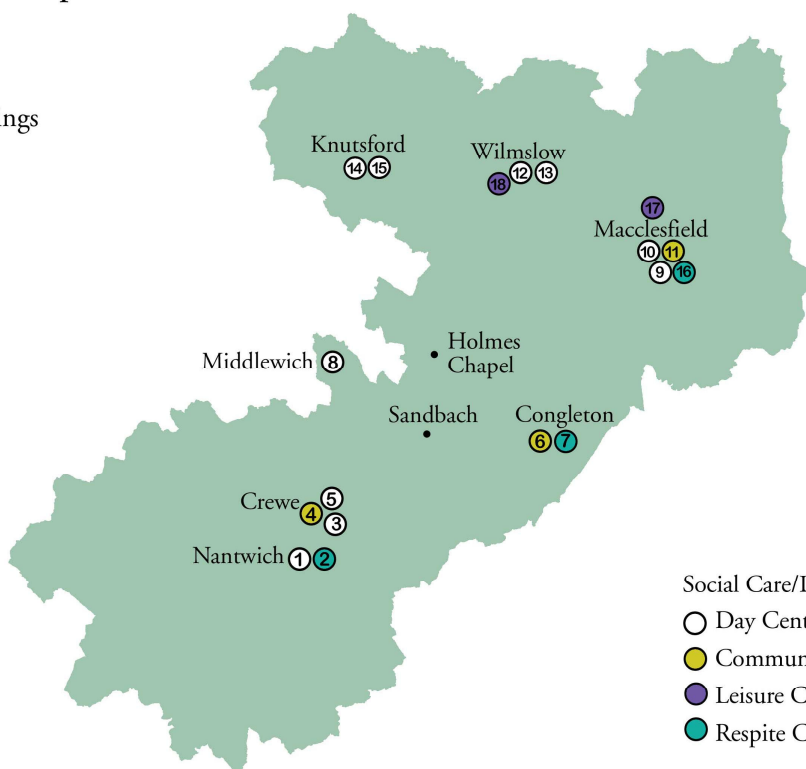
2.3 CONGLETON



Improvements to Adult Social Care Services - Cheshire East

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Social Care/Leisure Buildings

- Day Centres
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- Respite Centre

2.3.1 AREA PROFILE

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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 building	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.

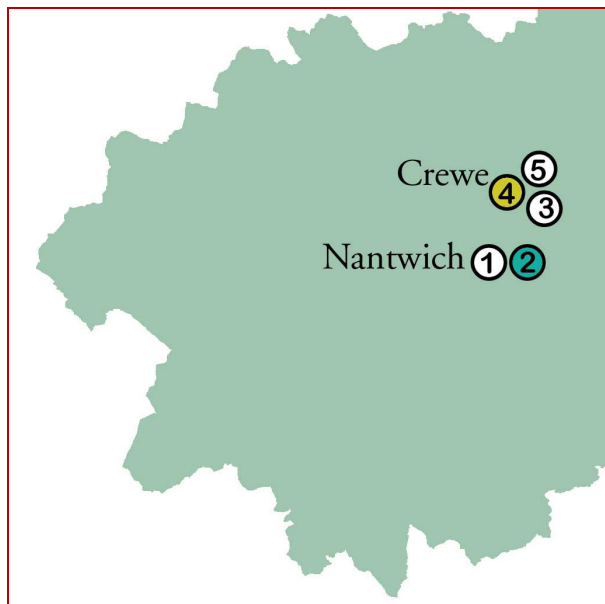
2.3.5 KEY POINTS CONSIDERED

- 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.

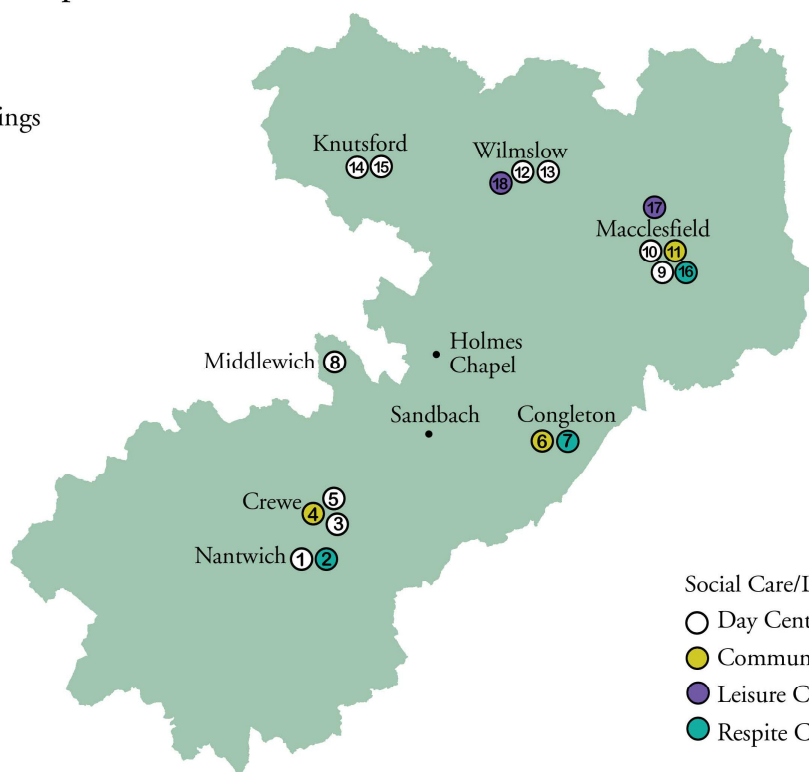
2.4 CREWE/NANTWICH



Improvements to Adult Social Care Services - Cheshire East

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Social Care/Leisure Buildings

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2.4.1 AREA PROFILE

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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	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 Also houses a Dementia daycare service
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 Extension (garage converted into downstairs bedroom) approximately 1987 Provides 5 respite beds, plus 1 emergency bed 5 of the bedrooms are upstairs. There is no lift. Most new referrals are for people who have physical and learning disabilities. Not enough room for ceiling track hoists, en suites or wet rooms 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

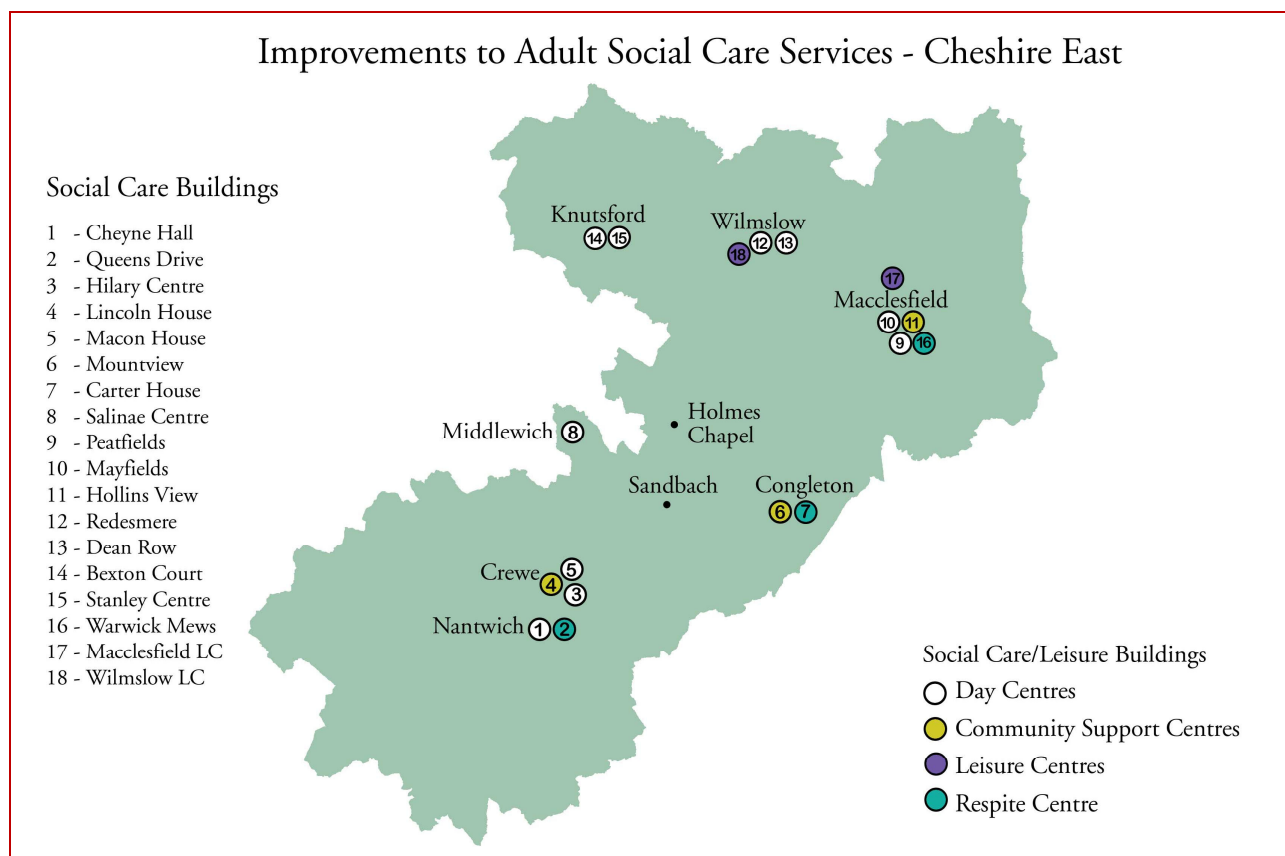
- Original proposals for expanded LD respite at Mountview would have given required increase in capacity but the consultation highlighted additional journey times for Queens Drive customers. Lincoln House proposals developed instead
- Queens Drive cannot cope with increasingly complex cases and cannot 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.