

CHESHIRE EAST COUNCIL

REPORT TO: CABINET

Date of Meeting:

Report of: **Phil Lloyd – Head of Adult Services**

Subject/Title: **Dementia Strategy - Building Based
Services Review**

Portfolio Holder: **Councillor Roland Domleo**

1.0 Report Summary

- 1.1 This report contains recommendations for the further implementation of the Council's approach to the Redesign of Adult Social Care Services and to its strategy for Dementia Services, which was agreed by the Cabinet at its meeting on 16th June, 2009.
- 1.2 In particular, it recommends the Cabinet to decide that a Procurement exercise should be undertaken to commission consultants (it is hoped, in partnership with Central and Eastern Cheshire Primary Care Trust) to develop costed options for the development of new facilities to meet the needs of Older People suffering from Dementia.

2.0 Decision Requested

The Cabinet is recommended to decide:-

- 2.1 To note the further work described in this report which has been taken forward to progress the implementation of the Cabinet's policy of gradually developing more specialised provision for those with Dementia, and of reducing over time the extent of the Council's reliance upon institutional, building based services.
- 2.2 To agree that negotiations should be undertaken with Central and Eastern Cheshire Primary Care Trust (CECPCT) to seek their support for consultants to carry out an exercise to develop specific proposals for how Cheshire East Council and the CECPCT should provide services for older people suffering from dementia in the area in the future.
- 2.3 To agree, subject to the outcome of those negotiations, that a procurement exercise should be undertaken to secure the services of consultants.
- 2.4 To acknowledge that any capital and revenue implications which arise from the proposals generated by this exercise, will be presented in a further report to the Cabinet, setting out the options and their potential impact upon the financial situation of the Council.
- 2.5 To agree that an exercise should be undertaken to gather the views of existing and recent service users (and their carers) of Cypress House, a Community Support Centre in Handforth, around the option of closing that provision, both to contribute to the re-commissioning of resources

for the creation of new specialist services, and to address its significant under-utilisation.

- 2.6 To request that a report be made to the Cabinet setting out the views expressed during that exercise and the proposed response to them.

3.0 Reasons for Recommendations

- 3.1 There are a number of reasons for the recommendations made in this report.
- 3.2 First and foremost, the Council's objective must be to secure better services for users and their carers. Cheshire East has an older population than the average English Local Authority. It can therefore be anticipated that the needs of older people with Dementia will become an increasing focus of strategic attention. Moreover the expectations of service users and carers are changing significantly, rendering some of our old service responses no longer relevant. It will be crucial for the Council to respond to those changes appropriately.
- 3.3 The Council is committed to developing its response to the National Dementia Strategy. A specific group to focus attention upon Services for Older People has been established as part of the Health and Wellbeing Thematic Partnership of the Local Strategic Partnership. A key deliverable from that group will be a joint commissioning strategy in relation to Services for Older People. The commissioning of services for Older People with Dementia will necessarily be a key part of that overall joint commissioning strategy.
- 3.4 The Redesign of Adult Social Care Services is one of the big Transformation projects of Cheshire East Council. A fundamental element within that Redesign is a shift away from reliance upon Building Based Services. As a Council we have inherited some traditional service provision. A key transformational challenge is to develop service solutions which are relevant to today's needs, rather than the needs of yesterday.
- 3.5 The Council is required to make effective use of its assets and its staff and to deliver Value for Money. In that context, it cannot ignore significant under-utilisation of resources, which arises as potential service users turn away from old fashioned provision.
- 3.6 More specifically, the Council's revenue budget for 2010/2011, as agreed by Full Council at its meeting on 25th February, 2010, requires the Adult Services of the People Directorate to deliver a reduction of £750,000 within its Provider Services. The recommendations contained within this report are fundamental to the delivery of that agreed reduction.

4.0 Wards Affected

- 4.1 All wards could be affected by these proposals

5.0 Local Ward Members

- 5.1 n/a

6.0 Policy Implications including - Climate change - Health

- 6.1 These proposals are in line with the Council's approach to the redesign Adult Services and the further development of our approach to the National Dementia Strategy as it affects building based services.

7.0 Financial Implications for Transition Costs (Authorised by the Borough Treasurer)

- 7.1 None.

8.0 Financial Implications 2009/10 and beyond (Authorised by the Borough Treasurer)

- 8.1 This strategy is designed to improve outcomes for users while delivering the challenging budget set for Adult Services involving an overall reduction of £2.995M in 2010/11 before corporate procurement reductions are allocated out. These reductions which form part of the 2010/11 budget specifically include a reduction of £750k in respect of Provider services Building Based Services. The rationalisation of one centre will help to achieve the targeted savings for one element of the 2010/11 budget. The cost of the commission to develop proposals will be funded from Social Care Reform Grant.

The capital cost of provision of new facilities will potentially be shared with partners and also part funded through the realisation of land and buildings where current provision is located – some of which is prime development land. Longer term capital and revenue implications will be presented as part of the options appraisal and will then be fed into the Council's medium term financial strategy and future budget setting exercise.

9.0 Legal Implications (Authorised by the Borough Solicitor)

- 9.1 The proposals contained within this paper will enable the Authority to continue into the future to comply with its statutory duty to meet the needs of persons with a critical or substantial need for community care services under Section 47 National Health Service and Community Care Act 1990.
- 9.2 There is no statutory requirement for consultation in respect of the possible closure of Cypress House. However, it is appropriate to seek the views of affected service users and for these to be taken into account before any final decision is taken as to closure. Any consultation must contain four elements, known as the Sedley Requirements (R v Brent London Borough Council, ex parte Gunning (1985))

84 LGR 168) and it would be good practice for these principles to be followed in this matter. The Sedley Requirements are as follows:

- 1 The Consultation must be at a time when proposals are still at a formative stage
- 2 The proposer must give sufficient reasons for any proposal to permit of intelligent consideration and response
- 3 That adequate time must be given for any consideration and response
- 4 That the result of the consultation must be conscientiously taken into account in finalising any proposals

9.3 It should further be noted that it was stated in *R (Madden) v Bury MBC* [2002] EWHC 1882 (Admin) that consultation will be held to be inadequate if the residents are not given the true reason for the closure and for why one home was favoured to remain open rather than another. Therefore in seeking the views of affected users and carers of Cypress house it is important that they be provided with full information as to why it has been selected for possible closure in preference to any of the other Community Support Centres.

9.4 The Authority has a duty under the Disability Discrimination Act 2005 to take into account the impact of these proposals upon affected service users and to carry out an Equality Impact Assessment before reaching any final decision to substantially vary service provision.

9.5 The Local Authority is permitted to work jointly with other bodies to provide services to its residents. However, there are restrictions in respect of some of the work that can be undertaken jointly e.g. procurement exercises and therefore officers will seek legal advice in respect of the specific options that are identified for future joint working.

10.0 Risk Management

10.1 As with all major transformation projects, risks will be identified and mitigating actions taken. A risk register will be maintained by the Steering group implementing this project.

11.0 Background and Options

11.1 The Council's internal Provider Service has already undergone significant transformation in line with the redesign of Adult's Social Care and its underpinning principles of addressing changing demand, maximising efficiency, and responding to personalised needs. The overarching strategy for the Internal Provider Service has been to redefine its core purpose to deliver services in the following areas:

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

- 11.2 On 16 June 2009 Cabinet agreed that the recommissioning of the Council's Community Support Centres (CSCs) is fundamental to its implementation of the National Dementia Strategy. To that end it further agreed that the development of new and enhanced services at Lincoln House in Crewe should *constitute the first phase* of the Council's implementation plan, with services currently provided at Santune House being transferred to Lincoln House and Santune House closing. As the agreed approach continued the report indicated that other CSC's would be considered at a later stage to help address capacity issues which in turn, helps to maximise the quality of the project delivered. It should be noted that there are no permanent or long-term residents in the Council's Community Support Centres.

The report also noted specifically that, "Cypress House at Handforth and Mountview in Congleton- will be considered as the impact of the social care re-design process becomes apparent". This impact is now apparent and is outlined in this report.

- 11.3 The Report noted that the CSCs have begun to show their age in recent years. Their service offer is a traditional one and it is building based. The buildings themselves have not been updated and they now require very significant investment if they are to be brought up to modern standards. There are few en-suite rooms in any of our Centres. Older People are obliged to share communal bathroom facilities. Few today would tolerate those arrangements if they were staying in a hotel. Additionally, Health and Safety requirements are proving more and more difficult to meet. It is hardly surprising that potential service users have been increasingly turning away from this old-fashioned provision. In recent years, the take up of short stay care in the CSCs has been declining, with consequent increases in unit costs.
- 11.4 The increasing availability of Direct Payments and Individual Budgets has also had an impact, and can be expected to have an increasing impact over time. More and more Older People and their families are becoming able to make arrangements for their own for short stay care and daytime occupation. It can be anticipated that fewer and fewer of them will want to make use of traditional, institutional settings.
- 11.5 The approach agreed by the Cabinet was to close those CSCs which were particularly problematic and which were located very close to another CSC or a significant facility like extra care housing, and to recycle the resources (subject to the approval of a robust Business Case) into the development of new services, particularly for Older People with dementia. The report also noted specifically that, "Cypress House at Handforth and Mountview in Congleton – will be considered, as the impact of the social care redesign process becomes apparent". This impact is now apparent and is outlined in this report.

- 11.6 The future model involves integrating and rationalising current facilities and part of this work will be to determine the final shape of provision. However, current thinking suggests a model on the following lines:
- Two main specialist centres for Dementia – i.e. 1 each in the north and south of the Borough.
 - Two main specialist centres for Adults with Severe and Complex Conditions – i.e. 1 each in the North and South of the Borough.
 - New facilities to provide both short stay residential and nursing care in seamless, integrated and co-located services between the Council and PCT.
 - Investment in Telecare / Assistive Technology for individuals to remain safely in their own homes for longer, to be funded from existing resources.
 - Investment and acknowledgment for carers and respite, to be funded from existing resources.
 - Maximising use of underutilised external provision.
 - Maximising use of Extra Care Housing developments in the Borough.
- 11.7 As noted earlier the Council is already aware that its current provision of Community Support Centres is, to some extent, struggling to respond to user needs and expectations. This is reflected in the current usage of the centres. The level of vacancies across all 5 centres has averaged 21% (i.e. 37 beds) over the last year. In some centres occupancy has peaked at just 58%.

Existing provision and average usage for 2009/10 are:

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

- 11.8 Current figures indicate an average demand of 119 beds.. The net effect of this under usage is heavily subsidised individual beds which are neither economical nor competitive. A more efficient use of resources could be achieved by meeting the demand in less centres whilst still allowing for peaks in activity.

12.0 Which is the most appropriate Centre to close?

- 12.1 A public consultation exercise was carried out by the former County Council to establish an appropriate strategy to address this issue and the closure of some Centres was concluded to be the solution. The consultation emphasised the value placed on specialist dementia services and the need to articulate the vision for alternative services of the future before any closures took place. This feedback has informed the revised proposals, together with

learning from the project at Lincoln House which has illustrated the costs of re-providing specialist dementia facilities in the current buildings as an alternative to new purpose build accommodation.

- 12.2 Whilst Bexton Court is the smallest centre it has a Service Level Agreement in place with CECPT for the 18 bedded Tatton Ward and until they find a location for this service its closure could have a considerable impact on the Intermediate Care Strategy. That is our key, joint strategy for ensuring smooth transition from hospital to the community. Bexton Court is also a specialist centre for dementia providing a service for all Cheshire East Borough Council and some residents of Cheshire West and Chester Council (CWAC).
- 12.3 Cypress House is the next smallest of the centres with 31 beds, of which 7 are purchased by CECPT for Intermediate care. The PCT has been consulted and would be able to relocate these beds to under-occupied provision at Hollinsview in Macclesfield and for those with dementia at Bexton Court. Evidence shows that service users are already accessing these services from the Handforth locality
- 12.4 During the last twelve months, the remaining 24 beds were used by 255 service users. Of these, the equivalent of 2 beds were used by 46 carers to access respite care using the one call system (an instant access service for carers). Service users are no longer restricted to the use of in house provision to meet their short term respite needs and some of this demand could be met by alternative local provision using individual budgets. Ten former services users are now resident in the Oakmere, the nearby Extra Care Housing facility. The proximity of Oakmere as a modern facility is relevant to the proposals in this report, as it demonstrates commitment to investment in an area before proposed withdrawal of facilities
- 12.5 The demand for core services – reablement, complex care and crisis Response - could be absorbed in the remaining Community Support Centres pending new build accommodation.
- 12.6 Cypress House also provides day care to 38 service users. Those who are assessed as still requiring this service would be relocated either to Redesmere Day Care in Redesmere Road, Handforth, Wilmslow or community activities at Oakmere Extra Care Housing in Spath Lane, Handforth. Cypress House and Redesmere are currently only averaging 50% and 49% attendance respectively and the proposal is to amalgamate those services.

It is therefore proposed that consideration be given to the possibility of closing Cypress House, as the preferred centre, with users enabled to access similar services at other facilities as part of migrating to the future model because

- It involves a loss of the least number of beds
- Its services can be re-provided in the remaining centres/services

- There is alternative local provision in the new Extra Care Housing scheme and day centre.
- There are alternative independent providers of short stay residential care in the vicinity.
- All the current community support centres are utilised by Cheshire East citizens from throughout the borough.

12.7 The current sale value of Cypress House has been estimated on the basis of current and alternative use and this will generate a capital receipt, once the building has been declared surplus and sold. In addition, the centre has a net revenue budget of £760K some of which will be realised as an annual saving once users and some staff have been relocated to other more effective provision. The remaining staff would be redeployed, but it must be acknowledged that for some redundancy may be the outcome. The closure would therefore provide the opportunity to enhance staffing levels where appropriate at remaining centres to deliver a more intensive level of support, in line with the emerging model of dementia care, while still achieving efficiencies for the Council.

12.8 This would partly meet the revenue saving target included within the 2010/11 budget. It is requested that any capital receipt should be taken into account in developing the business case for the development of new facilities. The cost of redundancies would be funded from an earmarked corporate fund against which this development has already been identified as a potential claim. The Council needs to carry out an exercise to ascertain the views of, and address the impact on, affected users and carers and this will be undertaken immediately. An Equality Impact Assessment will also be carried out. The Cabinet will be asked to make a final decision in the summer of 2010 when the results of the above exercises are available.

13.0 Overview of Year One and Term One Issues

13.0 n/a

14. Access to Information

The first Cabinet Report on Dementia Strategy is available on [http://moderngov.cheshireeast.gov.uk/ecminutes/Published/C00000241/M00002477/\\$\\$ADocPackPublic.pdf](http://moderngov.cheshireeast.gov.uk/ecminutes/Published/C00000241/M00002477/$$ADocPackPublic.pdf)

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

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