

Health and Adult Social Care Overview and Scrutiny Committee

Agenda

Date: Friday, 7th August, 2015
Time: 2.00 pm
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 - 6)

To approve the minutes of the meeting held on 9 July 2015.

3. Declarations of Interest

To provide an opportunity for Members and Officers to declare any disclosable pecuniary and non-pecuniary interests in any item on the agenda.

4. Declaration of Party Whip

To provide an opportunity for Members to declare the existence of a party whip in relation to any item on the Agenda

5. Public Speaking Time/Open Session

For requests for further information

Contact: James Morley

Tel: 01270 686458

E-Mail: james.morley@cheshireeast.gov.uk with any apologies

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 and 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.

6. **Call -in of Cabinet Decision of 30 June - Moving to Local and Personalised Carer Respite - Update (Pages 7 - 72)**

To consider the Call-In of the above decision

CHESHIRE EAST COUNCIL**Minutes of a meeting of the Health and Adult Social Care Overview and Scrutiny Committee**

held on Thursday, 9th July, 2015 at Committee Suite 1,2 & 3, Westfields,
Middlewich Road, Sandbach CW11 1HZ

PRESENT

Councillor J Saunders (Chairman)

Councillors Rhoda Bailey, B Dooley, L Jeuda, G Merry, A Moran and D Flude
(sub for D Bailey)

Apologies

Councillors L Wardlaw and D Bailey

ALSO PRESENT

Councillor S Gardiner – Deputy Cabinet Member (Health and Adults)
Fleur Blakeman – Eastern Cheshire Clinical Commissioning Group
Matthew Cunningham – Eastern Cheshire Clinical Commissioning Group
Fiona Field – South Cheshire Clinical Commissioning Group

OFFICERS PRESENT

Brenda Smith – Director of Adult Services and Independent Living
Alison McCudden - Service Manager Social Care Business Support
James Morley – Scrutiny Officer

1 MINUTES OF PREVIOUS MEETING

RESOLVED – That the minutes of the meeting held on 2 April 2015 be approved
as a correct record and signed by the Chairman.

2 DECLARATIONS OF INTEREST

There were no declarations of interest

3 DECLARATION OF PARTY WHIP

There were no declarations of party whip

4 PUBLIC SPEAKING TIME/OPEN SESSION

There were no members of the public present who wished to speak

5 CARING TOGETHER - GENERAL PRACTICE REVIEW

Fleur Blakeman, Strategy and Transformation Director at Eastern Cheshire CCG, provided an overview of a review being undertaken by the CCG in collaboration with NHS England of General Practice. The purpose of the review was to gain a better understanding of the services being provided above the General Practice contracted core services. It was explained that the findings of the review would be used to generate new service specifications for General Practice in Eastern Cheshire to meet the ambitions and outcomes of the Caring Together programme.

The initial phase of the review was due to be completed by 31 July 2015 with proposals for a Caring Together service specification for the delivery of services to be developed to reduce variation in services and improve patient outcomes and experiences. The Committee was requested to consider what level of consultation with it or the public would be required as a result of the proposed changes.

Members asked questions about the review and the following points arose:

- Councillors often spoke to members of the public about inability to get an appointment with their GP however members of the public not fulfilling their appointments was also an issue.
- Public expectation and demand of GP services was high and efforts were being made to change public perception at when and under what circumstances they needed to see a GP or when other services/treatments were more appropriate.
- Services considered as part of the review, provided outside of core services (e.g. obesity clinics), would be targeted at local areas based on needs assessments.
- GP practices would be given direction by the CCG in relation to the desired outcomes for patients however freedom and flexibility in how GPs operated and achieved outcomes would be given.
- Implementation of proposals was planned to begin in October 2015 and completed in April 2016. This included recruitment and training of any new staff that would be required.
- Any proposed changes to GP services would impact on children therefore the Children and Families Overview and Scrutiny Committee should be kept informed during the process.

Firm proposals for changes to services would be available in approximately two weeks and would be shared with the Committee to establish the level of impact and therefore the level of consultation required. The Cheshire East Health Overview and Scrutiny Protocol between the Committee and health service commissioners (including the CCG) would be referred to when establishing the required level of consultation.

RESOLVED

- (a) That the Committee: receive the proposals for change from the General Practice Review once they are available, and consult the Cheshire East Health Overview and Scrutiny Protocol in agreeing the required level of consultation with Eastern Cheshire Clinical Commissioning Group.

- (b) That the Children and Families Overview and Scrutiny Committee be kept informed about the consultation and proposals during the process.

6 CARING TOGETHER - COMMUNITY BASED CO-ORDINATED CARE

Fleur Blakeman, Strategy and Transformation Director at Eastern Cheshire CCG, and Brenda Smith, Director of Adult Social Care and Independent Living, provided an overview of Community Based Co-ordinated Care Services (CBCC).

The CBCC services were the first services being commissioned jointly by Eastern Cheshire CCG and the Council as part of the Caring Together (CT) programme. The outcome based service specification was due to be signed off during the summer 2015 with implementation commencing in October 2015. The Committee was requested to consider what level of consultation would be required prior to proposals being formally implemented.

The new service involved new integrated teams made up of staff from the various health and social care service providers. The purpose of the integrated teams was to better meet the needs of service users by working together across services, ensuring there were no gaps in service or duplication. The development of the service model had been heavily influenced by patient reps and service users and there would continue to be involved on a monitoring group.

Some of the changes to services would involve a change in location for where services were delivered from however where services users accessed services would mostly be in the same place (e.g. at home). Consultation with Trade Unions was taking place and staff engagement would happen when needed.

RESOLVED

- (a) That the Committee give consideration to the level of consultation required based on proposals for change to services once the service specification is received and report requirements to the Strategy and Transformation Director.
- (b) That the Committee give consideration to its role in the overseeing the implementation of new service delivery arrangements once the service specification is received and report suggestions to the Strategy and Transformation Director.

7 ADULT SOCIAL CARE CHARGING POLICY REVIEW

Alison McCudden, Service Manager for Social Care Business Support, provided an overview of the proposed changes to the Adult Social Care Charging Policy which were due to be approved by Cabinet on 21 July 2015.

The Council was required to review its charging policies for adult social care on a periodic basis and the introduction of the Care Act 2014 had also placed new duties on the Council which necessitated some changes to the existing policy. During the review of the policy consultation events took place and the responses had been collated and considered.

The purpose of the new policy was to ensure that charges for social care were fair, consistent and compliant with the Care Act. Charges were designed to ensure that people were not paying more than it costs to provide a service. Service users would also be given a financial assessment to ensure that no one would be expected to pay more than they could afford.

In March 2015 the Committee had submitted two task and finish group reports to Cabinet on Carers and on Assistive Technology. Some of the recommendations from the reports had been adopted as part of the new charging policy.

RESOLVED

- (a) That the report, proposals for changes to the Adult Social Care Charging Policy and the public consultation on proposed changes be noted.
- (b) That the Committee is please to note that recommendations from the Committee's task groups on Carers and on Assistive Technology have been taken into account in the proposals.
- (c) That the Committee requests to be consulted on charging proposals for Level 2 and Level 3 of telecare service once they have been developed.

8 WORK PROGRAMME

The Committee discussed the development on its annual work programme. It was suggested that an additional meeting of the Committee to consider possible items to be included in the Committee work programme for 2015/16 should be arrange. Members of the Committee were encouraged to consider what items might be suitable for the work programme and to bring their ideas to the work programming meeting.

It was suggested that members of the Council who were not on the Committee may also like to contribute to the development of the work programme; it was agreed that councillors who were not on the Committee would be informed of the date of the meeting to enable them to attend.

The Chairman explained that the Committee had been requested to host a meeting for all members on the Dementia Reablement Service and training to become a Dementia Friend.

RESOLVED

- (a) That an additional meeting of the Committee be arranged to hold a work programme development session and that the meeting be open to all members of the Council to attend.
- (b) That the Scrutiny Officer and Chairman be requested set up a meeting for all members on Dementia Reablement and becoming dementia friends.

The meeting commenced at 10.15 am and concluded at 12.04 pm

Councillor J Saunders (Chairman)

This page is intentionally left blank

CHESHIRE EAST COUNCIL

Health and Adult Social Care Overview and Scrutiny Committee

Date of meeting: 7th August 2014
Report of: Head of Corporate Governance and Stewardship
Title: Moving to Local and Personalised Carer Respite - Update

1.0 Report Summary

This report sets out the procedure for the Call-in of the decision of the Cabinet made on 30 June 2015.

2.0 Recommendations

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

3.0 Wards Affected

- 3.1 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 6 or more Councillors can call in a decision. In this case, 6 Members have called in the above decision for the reasons identified in Appendix 1.
- 9.2 In accordance with Scrutiny Procedure Rule 12.8 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 decision maker, in this case the Cabinet, in order for a decision to be made upon it. In accordance with Scrutiny Procedure Rule 12.10, the decision maker 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 Overview and Scrutiny Committee decides to offer advice, this must be clearly documented in the minutes
- 9.4 If the Overview and 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 Adults, Health and Leisure and relevant officers 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 30 June 2015:

“RESOLVED - That

1. Residential carer respite provision cease to be provided at the Hollins View and Lincoln House sites as of 31st December 2015 and alternative carer respite support be secured via a formal tender process in various areas across the Borough; Lincoln House and Hollins View continue to offer carer respite beds until 31st December 2015;
2. Residential carer respite provision for adults with learning disability continue to be provided at the Lincoln House site; and

3. The officers in consultation with the Portfolio Holder as appropriate be authorised to take all necessary steps to implement the decisions.

9.8 The Report of the Director of Adult Social Care and Independent Living considered by the Cabinet 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(p11)

Appendix 2 – Report of the Director of Adult Social Care and Independent Living(p13)

Appendix 3 – Response to the issues raised in the Call-in Notice(p67)

11.0 **Access to Information**

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

Name: Mark Nedderman

Designation: Scrutiny Manager

Tel No: 01270 686459

Email: mark.nedderman@cheshireeast.gov.uk

This page is intentionally left blank



Call In Request Form

Decision taken by: Cabinet

* Please indicate

Date of Decision 30/06/115.

Title of agenda item/report Moving to Local Personalised Carer Respite- Update

- 1) **Reason for Call In**** evidence of the impact of the closure of Mountview on service provision is not yet available. It would be sensible to see whether the proposed strategy is working in the Congleton area before adopting the same strategy in Crewe and Macclesfield areas
- 2) Work is ongoing to establish a 'fair price' for respite care. The financial implications of the decision cannot be properly established until this work is complete
- 3) The Shared Lives Care system will not cope with the extra workload that these proposals will cause
- 4) There is a direct conflict between the decision in June 2015 and point 3 of the resolution in December 2014. The implications for adults with learning disability should be established before any decision is taken to cease all
- 5) There will be a shortfall in bed vacancies and the people who currently use Hollins View and Lincoln House will have a reduced service. After contacting 11 Care Homes in Macclesfield and two in Bollington it was found that only 1 offered a pre-bookable service. The others will provide respite only if the beds are free and not as a regular service and two do not provide respite at all. We dispute the information provided re the provision in the private sector.
- 6) In December 2014 the Leader of the Council promised further consultation that has not happened.

Call In Signatories (to be signed by 6 Members)

Signed Councillor D Flude

Signed Councillor S Brookfield.....

Signed Councillor S Hogben.....

Signed Councillor L Jeuda.....

Signed Councillor D Bailey.....

Signed Councillor S Corcoran.....

Date of call in Notice...09/07/15

****The Call-in rules as set out in the constitution stipulate that any 6 or more Members of the Council may submit a call-in notice in writing within 5 days of the decision being taken and recorded. In giving reasons for the call in, Members should consider the following criteria:**

- (1) Decision is taken outside the policy/budgetary framework
- (2) Inadequate consultation relating to the decision
- (3) Relevant information not considered
- (4) Viable alternatives not considered
- (5) Justification for the decision open to challenge on the basis of the evidence considered

Head of legal Services and Monitoring Officer Signature

This page is intentionally left blank

CHESHIRE EAST COUNCIL

Cabinet

Date of Meeting:	30 th June 2015
Report of:	Brenda Smith, Director of Adult Social Care and Independent Living
Subject/Title:	Moving to Local and Personalised Carer Respite - Update
Portfolio Holder:	Councillor Janet Clowes – Adults, Health and Leisure

1. Report Summary

- 1.1 Many residents of Cheshire East have care and support needs and are looked after by relatives and friends who as carers, support them in a variety of ways. For some carers this will be 24 hours a day for others their caring role may be less. The Council recognises the valuable role of all carers, the significant contribution they make and is committed to ensuring that they are supported in their caring role.
- 1.2 The Council have developed a Carers Strategy in conjunction with health partners which details our collective commitment to carers and how we will ensure carers have access to information, advice and support. A key element of that support is to recognise that carers will, at times, need a break from their caring role. Consequently a number of support options have been put in place which ensure that carers can take advantage of a respite break. Our commitment to carers is to ensure that the support they can access is:-
 - tailored to their specific needs and circumstances
 - local and personalised to them and those they care for.
- 1.3 The Council's commitments in the Carers Strategy is to put the interests of residents first by meeting the needs of carers for respite support in a range of personalised ways. The range of support is designed to provide quality care, good outcomes whilst at the same time providing value for money for the public purse. These commitments are made in the context of the well-documented future rise in demand from an increasing frail older population, both locally and nationally. The Council must therefore regularly review its service provision to ensure it meets its commitment to current and future carers, and those they care for, within available resources. This means that the council must deliver more for less if it is to meet its strategic commitments.
- 1.4 One element of the range of carer respite services is the residential carer respite services at Hollins View in Macclesfield and Lincoln House in Crewe. These services are provided by the Council's in-house care service Care4CE.

Whilst these services are of a good standard, they are high cost in comparison to similar services provided in the independent sector.

Other carer respite breaks are now available which are more personalised and allow the cared for person to remain in a family setting. The options include:

- Respite at home using home care services
- Direct payments, so that customers can purchase care in a way that works for them
- Shared Lives care in a family setting
- Residential Respite in a care home

(A number of case study examples of the different ways in which carers' respite needs are currently met in Cheshire East are provided in Appendix 3 of this report.)

- 1.5 The changes proposed in this report will release funding for investment in the expansion of the range of carer respite support services that will enable the growing demand for support to be met in future. This proposal would release £1.3 million per annum for reinvestment.
- 1.6 Residential carer respite will continue to be one of the options that is available for those who choose this type of support. This report seeks to secure that support at a more competitive rate in order to release funds for other types of carer support to be made available. Many residents already use different types of carer respite including the non-residential support services and express high levels of satisfaction with them.
- 1.7 It is therefore proposed to meet these objectives the provision of the residential carer respite services provided by Care4CE at Lincoln House and Hollins View cease and that funds released are used to provide the investment required to develop expanded carer respite support services. The Council understands that people who have used residential carer respite services at Lincoln House and Hollins View value them and so is committed to ensuring that their needs will continue to be met by providing this and other types of support in the independent sector.
- 1.8 The Council is committed to commissioning high quality care and support services and has in place a new Quality Assurance Team working with all care and support providers across all sectors to ensure quality standards are in place and maintained.
- 1.9 The Council intends to retain the two sites for use in order to deliver local services to local residents. Subject to the decision made by Cabinet the options for alternate service use for the two sites will be further explored. Initial work is underway with partners to consider potential ways in which local services for local people may be delivered from these settings.

2. Recommendations

It is recommended that:

- 2.1 Cabinet approves that residential carer respite provision will cease to be provided at the Hollins View and Lincoln House sites as of 31st December 2015 and that alternative carer respite support will be secured via a formal tender process in various areas across the Borough. During this period Lincoln House and Hollins View will continue to offer carer respite beds until 31st December 2015.
- 2.2 Cabinet support the proposal that residential carer respite provision for adults with learning disability continues to be provided at the Lincoln House site.
- 2.3 That decisions made are delegated to the Portfolio Holder and Officers to implement.

3. Reasons for Recommendations

- 3.1 The Cabinet received a report on 9th December 2014 with a proposal to approve the option to provide residential carer respite support in the independent care homes sector for older people, people with dementia and those with long term conditions.
- 3.2 As a result of consultation feedback and issues raised by public speakers at the Cabinet meeting on 9th December 2014, the decision was taken to defer consideration of the proposal.
- 3.3 This deferral was to allow time for further work by officers as follows:

“RESOLVED That the recommendations in the report be approved as amended as follows:

1. Cabinet approves the option to continue to provide residential carer respite at Lincoln House and Hollins View up until December 2015 whilst the Council explores options with alternative partners, (alongside recommendations 2 to 7 below);”

- 3.4 This report provides updated information to allow for the original proposals to now be re-considered.
- 3.5 Consultation with a range of partners has taken place but no viable options to provide residential carer respite on these sites have been identified. The Council are however actively exploring all opportunities to maintain the two sites of Hollins View and Lincoln House as resource bases for the local care and health economy should the recommendation detailed within this Cabinet report be approved.
- 3.6 The proposal is to provide residential carer respite support in the independent sector and has been the subject of formal consultation.

- 3.7 An options appraisal was conducted to consider how the Council could provide effective personalised local respite support for older people that is value for money. That options appraisal concluded that:
- Effective quality residential respite capacity could be secured in the independent sector and at better value for money than the current in-house provision
 - The other options for personalised respite, such as Shared Lives, home care and Direct Payments should be expanded as they are preferred by some customers and provide value for money for the Council.
- 3.8 This proposal meets the personalisation agenda which has now been embedded in the Care Act legislation, implemented from 1st April 2015. The Care Act includes enhanced support for carers and the Council intends to continue to develop further the available options for respite, which this proposal will support.
- 3.9 We know from the Census that we have approximately 40,000 carers and we will continue to work with them to ensure the range of options will deliver a local and personalised service to meet their individual needs.
- 3.10 This report provides Cabinet with a range of information to ensure a full consideration of the options for the future. This includes:
- (a) A report detailing the consultation exercise undertaken with the users and carers using the residential respite services at Hollins View and Lincoln House. See Appendix 1
 - (b) An Equality Impact Assessment has been undertaken and is provided at Appendix 2.
- 3.11 The Council received valuable feedback from service users and carers who use Hollins View and Lincoln House (102 out of the 366: 28% who were contacted gave feedback). The Council is aware that any proposals for change can cause anxiety for users and carers. The users and carers of Hollins View and Lincoln House have been assured that their eligible needs will continue to be met in future, although this may be in a different service venue or through a new range of services. It is also the intention to ensure that residential carer respite support will continue to be available in the Macclesfield and Crewe areas.
- 3.12 The majority of feedback from service users and carers who use Hollins View and Lincoln House stated a preference for continuing to receive respite from these facilities. There were many positive comments about the staff and the quality of the support received. Some service users said they also used or had used the independent sector.
- 3.13 Four petitions from members of the public have been received that request in various ways (as below) that Hollins View or Lincoln House should continue to

be retained as a local facility that provides residential carer respite support. The petitions are available at Cabinet for consideration and in summary are:

Hollins View – Senior Voice for Macclesfield – 593 signatories

“We hope that Cheshire East Council will think very carefully before reaching a decision about the future of Hollins View. Its closure would remove a much used and highly valued resource for those for whom extra care is needed.”

Hollins View – Councillor Jeuda – 1784 signatories at 8 Dec 2014

“Please don’t close Hollins View Community Support Centre. Protect services to older and vulnerable people.”

Hollins View – Mrs Elizabeth Dork/Jack Spencer – 95 signatories

Lincoln House – Councillor Flude – 1597 signatories at 8 Dec 2014

“Do not close the excellent respite service, beds/unit for people with dementia provided at Lincoln House in Crewe. Do not transfer this service to the private sector.”

- 3.14 The Council can secure quality residential respite from the independent sector at a substantially lower cost. Although there is variation in care home charges across the Borough, the equivalent number of bed nights provided by the Independent sector would cost (on average) 48% less than the in-house service costs. Given the substantial increase in the ageing population and the increasing need for support services for individuals and their carers, the Council must ensure that quality carer respite support is affordable within the current financial climate. It should be noted that residents in Cheshire East needing long-term residential care have accessed this care in the independent sector for many years.
- 3.15 There is a large independent sector market across Cheshire East comprising of 48 residential homes (1221 beds) and 49 nursing homes (2643 beds). In the Macclesfield area there 13 residential homes (298 beds) and in the Crewe area there are 15 residential homes (119 beds). It should be noted that care homes with nursing (nursing homes) can also offer those beds as residential beds which can increase potential residential capacity.
- 3.16 Increasing an individual’s choice and control in how they access support is a key priority to ensure personalisation and is a requirement of the Care Act (2014).
- 3.17 The Council is able to cite many examples of how increased choices in carer respite provision is meeting individual need, is being implemented successfully and is highly valued by those who access it. (see Appendix 3).
- 3.18 The Options Appraisal carried out by Adult Social Care Strategic Commissioning Team has considered and analysed a number of factors to assess the options for the future provision. This has included the feedback from users and carers and others. In summary this has highlighted that:

- 3.19 Users and families value respite care that is conveniently located.
- 3.20 Many users of Hollins View and Lincoln House already access other care and support provision and value having choice and quality care locally.
- 3.21 Residential respite support in the independent sector will be at a lower cost than in-house provision at Hollins View and Lincoln House..
- 3.22 A number of current users and carers made particular note that they considered the quality of support at Hollins View and Lincoln House to be good.
- 3.23 The current market for independent care homes has been assessed. This concluded that the home closures that had taken place over the last 12 months to December 2014 had no impact on reducing the residential care market. Since December 2014 there have been no home closures.
- 3.24 There are some current customers who are full cost payers who may pay less if the independent sector is the provider.
- 3.25 There are some people using the independent sector for residential respite already.
- 3.26 The Equality Impact Assessments (EIAs) (Appendix 2) contain positive impacts of the proposal for customers and their carers which some have reported in their own responses to the proposal.
- 3.27 The increased choice of options for respite support enables personalisation of style and location.
- 3.28 There is the potential for customers to access services nearer to where they live. This may reduce travelling time for them and visits from family and friends are easier.
- 3.29 The potentially adverse impacts which have been noted in the EIAs (Appendix 2) and the consultation feedback are in summary:
- Concerns about quality of support services
 - Ability to continue to access planned booked respite
 - Ensuring some continuity of care for people with dementia

The specific mitigation actions are contained in section 4 of the EIAs. In summary those are:

- The new Care Quality Assurance team funded from new investment will enable the Council to maintain quality of support.
- Access to planned booked respite will continue as before.
- Individual support planning will seek continuity of care for people with dementia

- 3.30 In both settings health partners purchase a small number of beds for intermediate care/transitional care services for people leaving hospital settings who require further health interventions and care provision as part of their recovery process. Following discussion (over the past 18 months) regarding the future purchase of this provision health partners (who also commission this service from other providers) have decided to commission these beds from alternate providers.

4. Wards Affected

- 4.1 All wards

5. Local Ward Members

- 5.1 All ward members

6. Policy Implications

- 6.1 None

7. Financial Implications

- 7.1 The financial case for the option to provide residential respite support for older people and people with dementia and other long term conditions in the independent sector is based on current independent sector prices. The Council can secure quality residential respite from the independent sector at a substantially lower cost; for the equivalent number of beds nights the cost would be in the region of 48% less than the in-house service costs. This reinvestment of recovered costs (approx. 1.3 million) in new services will enable the future growing needs of Cheshire East citizens to be met.

8. Implications for Rural Communities

- 8.1 The proposal will create greater choice of type and location of support for those in rural communities to have a personalised response to their circumstances and needs. Since the cabinet decision at 9th December 2014 locations in more rural areas have been identified where additional financial resource for 3 additional beds (1095 bed nights) has been secured for planned/booked residential carer respite services. These will be commissioned in conjunction with the commissioning of respite provision in the immediate Crewe and Macclesfield areas subject to Cabinet decision.

9.0 Legal Implications

- 9.1 Consultation has been undertaken in respect of this proposal (see Appendix 1). The general principles that must be followed when consulting are well established:

The consultation must be at a time when proposals are still at a formative stage;

The proposer must give sufficient reasons for any proposal to enable intelligent consideration and response. Those consulted should be aware of the criteria that will be applied when considering proposals and which factors will be considered decisive or of substantial importance at the end of the Consultation process;

Adequate time must be given for consideration and response;

The product of consultation must be conscientiously taken into account in finalising any statutory proposals.

9.2 Cabinet must satisfy itself that the consultation has been properly conducted in line with the principles above. In addition, Cabinet must ensure that it has clarity with the outcomes of that consultation and therefore, as decision maker, is able to take the results fully into account when making its decision on the proposals contained in this report.

9.3 In making its decision, Cabinet must have due regard to the Public Sector Equality Duty as set out at S149 of the Equality Act 2010, which states:

“(1) A public authority must, in the exercise of its functions, have due regard to the need to -

(a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;

(b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;

(c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it...

9.4 Additionally, case law has emphasised that for consultation to be lawful, it must be fair. The questions which were consulted upon remain the same to date and therefore no further consultation is considered necessary at this stage.

9.5 To assist Cabinet in respect of the Public Sector Equality Duty, an Equality Impact Assessment has been carried out in respect of the proposals within this report. Appendix 2 provides the Equality Impact Assessment.

10. Risk Management

10.1 The Medium Term Financial Strategy (MTFS) budget proposals may not be met, or only achieved in part.

10.2 The Council takes its responsibilities extremely seriously in relation to the Equality Act 2010. Our priority is to ensure that no groups within the area are disadvantaged by changes in policy or new ways of delivering care. We are proud of what we do to ensure we uphold the rights of our citizens .

11. Background and Options

- 11.1 Supporting material is included in the Consultation Report (Appendix 1), and the Equality Impact Assessment (Appendix 2).
- 11.2 Feedback from users was received through an extensive consultation exercise utilising a variety of mechanisms. These included: one to one meetings, a questionnaire, telephone line and correspondence. This feedback is summarised in the Consultation Report in Appendix 1. In addition, four petitions have been received which are available at Cabinet.
- 11.3 The option to provide residential respite to older people and people with dementia and other long term conditions in the independent sector was assessed against criteria agreed by the Portfolio Holder and the Director of Adult Social Care and Independent Living, in order to produce the final recommendation. These factors were:
- The wellbeing of current users and carers
 - Feedback from users/carers/general public
 - Effectiveness of residential respite support in meeting needs
 - Personalisation (choice and control)
 - Future proofing support for changes in levels of dementia need and demographics
 - Value for money
- 11.4 The options appraisal concludes that the option to provide residential respite to older people and people with dementia and other long term conditions in the independent sector is preferred following the application of the criteria. It is the strongest option to deliver choice and control and meet the future predictions of need.
- 11.5 In local authorities across the North West, 90% of social care is provided in the external market.
- 11.6 Service user and carer consultation feedback and individual needs will inform the level and type of provisions specified and contracted for.
- 11.7 A decision was made by Cabinet on 24th June 2013 to provide residential respite in the independent sector in the Congleton area for booked respite. This was implemented in July 2014. Some of the positive comments made by users of those independent sector booked respite beds are:

“It's been a great help, especially with my recent stay in hospital and readjusting my lifestyle (after a sudden amputation)”. “Nice room, staff are lovely and very helpful”. “Really thankful for the help we've had. Its been a great help” (Son). “Kind and helpful staff; was good to have a break and have someone else looking after” (member of family).

12. Access to Information/Bibliography

- 12.1 The background papers relating to this report can be inspected by contacting the report writer.

13. Contact Information

Contact details for this report are as follows:-

Name:	Brenda Smith
Designation:	Director of Adult Social Care & Independent Living
Tel No:	01270 685609
Email:	Brenda.smith@cheshireeast.gov.uk



**Consultation Report Summary: Consultation on the
Proposal to Provide Older People Residential Respite
Support Services in the Independent Sector
Hollins View Community Support Centre**

October 2014

Introduction

A consultation was held between the 28th August and 8th October, on the Proposal to Provide Older People Residential Respite Support Services in the Independent Sector. Its aim was to understand the views of customers and carers on the proposal and a number of ways other than residential care to provide respite care to give carers a break so that people have increased choice and their preferences can be met. These options included:

- Care provided in the person's own home through home care services
- The Shared Lives service.
- Receiving a Direct Payment.

Feedback Analysis

Number of customers who responded	Number of Customers who were contacted
41	144

In total, 59 separate responses were received in respect of the consultation, 41 of these were from customers of the service who were contacted direct. This includes via the online comment form, telephone calls, letters received, emails received and face to face meetings. Two petitions were also submitted to the Council expressing a wish to retain the respite services at Hollins View. The petitions contained 1784 signatures (petition created by Councillor Laura Jeuda - Member for Macclesfield South) and 593 signatures (petition created by Eileen Talbot, Senior Voice for Macclesfield).

A) Quality of Services

i) Quality of Care

- ▶ Responses from Customers or their Carers (or those representing a customer)

17 responses were received relating that the quality of care provided at Hollins View was high. The responses included comments about the caring nature of staff, their ability to build relationships with customers and the responsiveness of the services to crisis such as the need for a carer to go into hospital.

- ▶ Other Comments (inc. those who didn't state if they were representing someone)

Members of the public were also complimentary about the care at Hollins View (3 responses). Comments were received about staff being both caring and friendly, customers being treated with respect and the lively nature of the atmosphere there.

ii) Quality of Care in the Independent Sector

► Responses from Customers or their Carers (or those representing a customer)

15 responses stated concerns about the quality of independent sector care. 4 gave concerns that independent sector homes had a focus on profit over care. 3 responses stated that customers/carers were open to the idea of receiving respite in the independent sector providing the quality of care was similar. 6 responses emphasised the importance of the respite that Hollins View provides for carers.

► Other Comments (inc. those who didn't state if they were representing someone)

3 responses from members of the public expressed unease about the quality of care in the independent sector. 1 response related that profit would be prioritised over care by these homes. Additionally, 1 consultee noted that Hollins View offered specialist respite, including a commitment to good practice and links with health, and felt that it was not possible to replicate this through spot purchasing beds.

iii) Reassurance, Continuity of Care and Social Interaction:

► Responses from Customers or their Carers (or those representing a customer)

4 responses stated that Hollins View was important due to the reassurance and peace of mind that it gave carers. 7 responses stated that the continuity of care that Hollins View provided was a critical part of the service. 5 comments suggested that the cared for person felt more comfortable with a consistent staff group.

1 respondent felt that this was particularly important for customers with dementia. 5 respondents stated that the social interaction that the service at Hollins View provides is important. 1 respondent stated that this aspect of a respite service could not be as strong as these homes already had settled populations. Another carer stated that he believed that Hollins View was primarily for people with dementia and as such was a difficult place for his wife to go as she did not have this condition. As such, he welcomed the increased choice that the proposal offered.

► Other Comments (inc. those who didn't state if they were representing someone)

In the Alzheimer's Society's response, they highlighted how respite care allowed carers to reassess the situation providing, "an opportunity to stabilise a situation by changing or adapting support to the person with dementia's needs or abilities" and also that, "it can be a tool to prevent a crisis from developing or carer breakdown". Healthwatch remarked that any transition for dementia users would have to be

managed with care. They also commented that there was a lack of alternative day services locally if the service at the centre closed.

iii) The Building

► Responses from Customers or their Carers (or those representing a customer)

3 comments were received directly relating to the building. One individual asked why money had been spent on new carpets and redecoration if it was to close. Another person asked what would happen to the building if services moved from there. A further person praised the building stating that it allowed care to be offered in a smaller setting whilst also allowing customers freedom to wander.

B) Demand for Services and Availability

► Responses from Customers or their Carers (or those representing a customer)

15 comments were made regarding the availability of respite care in the independent sector. These responses stated that there was a shortage of suitable beds within Macclesfield and that the choices that were contained in the consultation would not be available. 3 respondents stated concerns about the growing demand for respite services within the local area and the country as a whole due to the ageing population. One respondent stated that the availability of beds in the independent sector would be 'severely limited' by the amount the Council was willing to pay.

► Other Comments (inc. those who didn't state if they were representing someone)

5 comments from the public (including Healthwatch) were received regarding the availability of respite care in the independent sector. Another individual expressed concern about the rising demand for respite services due to the growing population. The response from Healthwatch also queried how the withdrawal of intermediate care would be managed, and the availability of specialist respite care for people with learning disabilities.

ii) Cost of Care:

► Responses from Customers or their Carers (or those representing a customer)

4 individuals commented that the business case for the consultation proposal had not been included in the Information Pack. It was felt that if the longer-term costs were considered the independent sector care would be more expensive. They also went on to say that not having any public provision leaves the Council in a much weaker negotiating position. One respondent felt that more efforts were needed to attract other sources of funding to keep centres like Hollins View open.

- Other Comments (inc. those who didn't state if they were representing someone)

1 individual also felt that the business case for the consultation proposal should have been included in the Consultation Information Pack.

C) Booking

- Responses from Customers or their Carers (or those representing a customer)

5 comments were received relating to the booking of respite care. These comments noted the importance of being able to book respite care in both the short term; in an emergency situation, and also in the long term, for instance, to allow the planning of holidays. As such, it was felt that any future service must be able to provide for these needs. Having a single point for booking offering reliability and flexibility was also viewed as key. Location was a further factor, with 3 comments stating the need for local services and merits of Hollins View's situation.

- Other Comments (inc. those who didn't state if they were representing someone)

2 members of the public referred to the booking of respite care. Both comments emphasised the importance of being able to obtain respite services in an emergency.

D) Alternative Services (excluding independent sector respite)

- Responses from Customers or their Carers (or those representing a customer)

A number of alternative options to receiving care at Hollins View were put forward in the Consultation. Some respondents stated that there was not enough information provided to come to a full decision on the options and that two of them were not appropriate for customers who had been assessed as needing residential respite.

Direct Payments - One carer stated that in their experience, the money that would be made available for a Direct Payment would be insufficient to cover respite care in an independent sector residential home. Another carer stated that they had already tried Direct Payments but found that it didn't work for them. They also stated that there was little aside from independent respite care that they would want to obtain as the cared for person was not keen on accessing things like day activities. Another carer felt the Council had a "duty of responsibility" with regard to respite care and that it could increase risk if people began employing their own carers.

Shared Lives - One respondent felt this service could not replace the social interaction available at Hollins View. Another respondent said that more information needed to be provided on this option. One carer stated that it sounded like a good service but would not be suitable for the person that they cared for. A further carer expressed a concern over whether there would be sufficient Shared Lives carers who would care for dementia customers, particularly overnight.

Home Care -3 responses detailed that respite for the carer could only be gained by using respite services away from the home. One carer stated that this had been tried as an option and had not really worked for them. 1 carer stated that Home Care does not offer the social aspects of a respite stay that Hollins View provides.

► Other Comments (inc. those who didn't state if they were representing someone)

One member of the public felt that there was insufficient information to decide between options for respite type services. Another felt that home care does not provide the social aspects of a stay at Hollins View. The Alzheimer's Society and Healthwatch's responses underlined the importance of a variety of options. They also flag that this could be an opportunity to create a broader choice for people/families at different stages of the dementia journey. Healthwatch emphasised the importance of support and training for customers using Direct Payments.

E) The Consultation

i) Opinions about the Proposal

► Responses from Customers or their Carers (or those representing a customer)

Respondents made a number of negative comments about the proposal itself. These included statements criticising the proposal as short-sighted, shameful, and unnecessary as the existing service was felt to be working well. Two individuals stated that they believed it was wrong to assert that the consultation was about choice when they felt it was actually being reduced. Some consultees were open to the alternatives put forward in the proposal.

► Other Comments (inc. those who didn't state if they were representing someone)

Members of the public also gave negative comments about the proposal. Healthwatch wanted to recognise that the service is valued by service users.

ii) Reasons for the Proposal

► Responses from Customers or their Carers (or those representing a customer)

4 responses from customers or their carers stated that they believed that the proposed transfer of services from Hollins View was really about the Council saving money rather than providing more choice. 3 respondents felt the proposal meant that vulnerable people were being affected disproportionately. One respondent felt that the proposal was about making it more difficult for people to access dementia care. 3 responses queried the idea that the proposal would bring about more choice.

► Other Comments (inc. those who didn't state if they were representing someone)

2 members of the public felt that the consultation proposal was really concerned with saving money. Another respondent stated that they felt that the proposal reflected problems with the country's approach to supporting people with dementia.

F) The Process

► Responses from Customers or their Carers (or those representing a customer)

2 customers or their carers stated that they believed that the information provided in the consultation pack was unsatisfactory as there was no information provided on where the alternative respite services would be. These respondents stated that it was therefore difficult for customers or their carers to form a judgement on the proposal. 1 response stated that the reasons given for the proposal focussed on dementia to the exclusion of others using the centre with different conditions. Responses were also received which stated that there was a lack of information relating to the business case for the proposals (see cost of care section as well).

3 customers or their carers felt that more people should have been directly involved in the consultation aside from customers/carers as it could affect other people in the future including intermediate care users. 2 of these individuals stated that for these reasons there should have been a public consultation meeting. 4 comments from customers or their carers stated that they believed that the Local Authority had already taken a decision on the proposal and that the consultation would not have any effect on decision-making. 1 respondent felt that consultation should have taken place before the Dementia Commissioning Plan went to Cabinet.

► Other Comments (inc. those who didn't state if they were representing someone)

1 response from a member of the public stated that information should have been provided on the alternative respite services. The Alzheimer's Society stated that the consultation could have been more user-friendly for people with dementia and that the Council could have taken specialist advice on this. Healthwatch felt that the information in the information pack should have been more comprehensive (incl. as to why the proposal had been put forward). They also felt (as did the Alzheimer's Society) that more people should have been involved in the consultation from the general public. 1 member of the public stated that they believed that the Local Authority had already taken a decision on the proposal.

This page is intentionally left blank



**Consultation Report Summary: Consultation on
the Proposal to Provide Older People Residential
Respite Support Services in the Independent
Sector**

Lincoln House Community Support Centre

October 2014

Introduction

A consultation was held between the 28th August and 8th October, on the Proposal to Provide Older People Residential Respite Support Services in the Independent Sector. Its aim was to understand the views of customers and carers on the proposal and a number of ways other than residential care to provide respite care so that people have increased choice and their preferences can be met. Options included:

- Care provided in the person's own home through home care services
- The Shared Lives service.
- Receiving a Direct Payment.

Feedback Analysis

Number of customers who responded	Number of Customers who were contacted
61	222

86 consultation responses were received by the Council, 61 of these were from customers contacted directly. This included via the online form, telephone, emails, letters and face to face meetings. A petition was also submitted expressing a wish to retain respite services at Lincoln House. This contained 1,597 signatures and was initiated by Cllr Dorothy Flude (Member for Crewe South).

A) Quality of Services**i) Quality of Care at Lincoln House****► Responses from Customers or their Carers (or those representing a customer)**

Many respondents praised the quality of the care provided by staff at Lincoln House (26 responses) and the suitability of the centre. 1 response criticised the care provided. 5 respondents emphasising the peace of mind the centre provides to families contrasting this with the care from the independent sector.

► Other Comments (inc. those who didn't state if they were representing someone)

Members of the public also praised the quality of care at Lincoln House (10 responses). 2 responses emphasised the reassurance that Lincoln House provides. 1 respondent cited the commitment to specialised care that was offered at Lincoln House, stating that this could not be easily replicated by the spot purchasing of beds.

ii) Quality of Care in the Independent Sector**► Responses from Customers or their Carers (or those representing a customer)**

Many respondents expressed concerns about quality of care in the independent sector (13 responses). Examples were also given to illustrate views. 2 respondents felt it placed profit over the care of customers, and concerns were expressed about staffing and staff turnover, training and the overall quality of the workforce.

► Other Comments (inc. those who didn't state if they were representing someone)

Members of the public also expressed anxieties about the care offered in the independent sector (6 responses). Reasons given for this were; the level of facilities, a tendency of the private sector to cut services, the perceived lower quality of services and training of staff, lower pay of staff and safeguarding issues.

iii) The Role of the Public and Private Sector:

► Responses from Customers or their Carers (or those representing a customer)

2 people commented that they were prepared to consider alternatives to current respite provision if it offered good quality care. However, 2 respondents stated that it was the role of the public sector to provide these services.

► Other Comments (inc. those who didn't state if they were representing someone)

One member of the public again stated a case against use of the independent sector.

iv) Dementia and Continuity of Care:

► Responses from Customers or their Carers (or those representing a customer)

Individuals remarked that continuity of care was vital for those with dementia (13) (including 2 stating change was "very daunting"). 1 carer felt respite customers may not be seen as a priority for the independent sector and may be treated as "2nd class". 2 stated they would be unable to take up alternative provision for this reason.

► Other Comments (inc. those who didn't state if they were representing someone)

Healthwatch felt any transition for customers with dementia would have to be managed carefully.

v) Importance of Respite Services:

► Responses from Customers or their Carers (or those representing a customer)

The value of respite services for carers was emphasised in feedback (6) and fears that it might be removed. 3 responses talked about the value of Lincoln House because of its ability to provide social contact. 1 respondent stated if the service was to move, this would break ties with what they saw as other "families and friends".

► Other Comments (inc. those who didn't state if they were representing someone)

3 individuals stressed the significance of respite services e.g. due to social interaction. The Alzheimer's Society's emphasised the importance of respite providing space for the

situation to be reassessed and to, “provide an opportunity to stabilise a situation [and]... to prevent a crisis from developing or carer breakdown”.

vi) Day Care Services

► Responses from Customers or their Carers (or those representing a customer)

4 responses were received directly about the day care services at Lincoln House. These stated that the importance of having day/respite services together at the same place. 2 respondents said that they believed that a transfer would lead to an increase in costs for customers and 1 respondent felt it could also mean poorer quality care.

► Other Comments (inc. those who didn't state if they were representing someone)

Healthwatch stated that day care was not available elsewhere locally.

B) Availability of Respite Beds

i) Demand and Availability

► Responses from Customers or their Carers (or those representing a customer)

11 respondents stated there might be a lack of alternative beds in the independent sector for respite care. Demand for services was raised twice triggered by a rising ageing population/ people with dementia. 1 respondent stressed the unpredictability of independent sector provision. Cost was also seen as limiting availability. 1 person stated that there were; “only 2 providers within a 5 mile radius of Lincoln House who don't charge top-up fees”. As such, it was felt families might be asked to pay more.

► Other Comments (inc. those who didn't state if they were representing someone)

The issue of demand was also raised by members of the public (2), again referencing the increasing elderly and dementia population. 5 responses (incl. Healthwatch) also referred to lack of availability of beds, with 2 respondents discussing this in relation to it putting further pressure on health services. The response from Healthwatch queried how the withdrawal of intermediate care would be managed, and the availability of specialist respite care for people with learning disabilities.

ii) Booking:

► Responses from Customers or their Carers (or those representing a customer)

5 respondents stated that it was important to retain the ability to book respite months in advance. 7 respondents expressed doubt as to whether respite could be accessed in an emergency asserting that it was key that this was available. 4 people also emphasised the need for booking needed to be simple/flexible, e.g. because it might have to be used in an emergency or by older people.

iii) Travel/ Localness of Services

► Responses from Customers or their Carers (or those representing a customer)

The need for local services was emphasised by 3 carers. 1 carer stated that they only had a 10 minute drive at the moment whereas another stated that they were open to going elsewhere because it was currently 40 minutes for them. The importance of closeness to family/friends was emphasised, e.g. to allow carers to visit in the day.

C) Alternative Services

i) Service Options

► Responses from Customers or their Carers (or those representing a customer)

A key part of the consultation was to understand the views of customers/carers on residential respite alternatives. A majority of customers/carers stated they would access residential respite from the independent sector, although views were given on other options. Common themes were these would not provide a sufficient break for the carer (6 comments) and would not provide enough social interaction/stimulation (3 comments).

Home Care - 8 responses stated that they did not view home care as a suitable alternative as it was “intrusive”, “disruptive and inflexible. Other comments included that it was lacking in quality, unable to provide sufficient respite, not able to provide social interaction and was not overseen by anyone.

Shared Lives - 11 responses were received on Shared Lives. Some expressed concerns it would not be able to deliver 24hr support. Other comments were; that customers may not wish to go to someone else’s home for respite, it would offer insufficient respite and that it may not be able to provide sufficient social stimulation.

Direct Payments (DPs) - 8 people commented on Direct Payments. 2 stated that they were currently successfully using DPs for other services. 1 respondent expressed their concern it would “create another job” for the carer. Others stated more information was needed, and it was irrelevant to full cost users. Concern was felt that services from DPs may not provide social stimulation, whilst someone else felt it, “expands the network of unknown people coming into contact with an individual.”

► Other Comments (inc. those who didn’t state if they were representing someone)

Most comments did not relate to specific options. However, a comment was received from one individual stating they already used Shared Lives and it was “very good”, offering consistent care. 1 respondent suggested that night care was more feasibly offered in a residential setting due to safety/costs. The Alzheimer’s Society’s and Healthwatch’s responses underlined the importance of a variety of options and flagged that this could be an opportunity to create a broader choice for people/families during the stages of the dementia journey. Healthwatch emphasised the importance of support and training for customers using Direct Payments.

D) The Building/Staff

► Responses from Customers or their Carers (or those representing a customer)

2 comments were received about the building itself, both posing the question as to what would happen to the premises. 4 responses from customers/carers questioned why money had been invested in Lincoln House. 1 respondent noted the closure of Santune House had been justified because of Lincoln House. 3 respondents raised questions/comments about what would happen to staff.

► Other Comments (inc. those who didn't state if they were representing someone)

One comment was received emphasising how Lincoln House had been built as a specialist dementia centre. Another individual stated that they thought that the building was, "in an ideal spot with lovely gardens", and as such should remain open.

E) The Financial Aspects of the Proposal

► Responses from Customers or their Carers (or those representing a customer)

6 respondents felt the proposal was financially driven. 3 suggested the costs of respite would increase meaning reduced access and rising health inequalities. Another also said it would mean increased carer breakdown and Council costs. A further respondent stated that they did not feel the Council should be in the business of inspecting homes. One respondent stated that the Council should reprioritise the way it spends money and not put funds into meaningless projects e.g. HS2. Competing views were given on the issue of paying extra to keep Lincoln House.

► Other Comments (inc. those who didn't state if they were representing someone)

3 members of the public also felt the proposal was for financial reasons, with 3 respondents also arguing money had been wasted in other areas.

F) The Consultation

i) Opinions about the Proposal

► Responses from Customers or their Carers (or those representing a customer)

Comments about the proposals were; that closure would be devastating; Lincoln House was well run and should remain; and that it was not possible to buy its quality of care. 3 qualified remarks were given in favour of the Council's options.

► Other Comments (inc. those who didn't state if they were representing someone)

Members of the public also made comments expressing a wish for Lincoln House to remain open and that closure was wrong. Healthwatch wanted particularly recognition for the assertion that the service is valued by service users.

ii) The Process

► Responses from Customers or their Carers (or those representing a customer)

Responses on the process included; 1 person did not like the way customers were informed by letter; 1 response felt the Consultation should have been opened out to the wider community; 1 response stated that Councillors should have been present at the face to face meetings; another respondent said the cost of the consultation was excessive ; 1 respondent felt a 30 minute face to face session was insufficient. 3 carers said that they wanted to know which homes would be available for respite. 1 felt that this lack of information made the consultation invalid; 3 respondents felt that the Information Pack was insufficiently detailed; with 1 stating it was written unhelpfully. 2 people stated that they wanted to know who had the original idea for the proposal; and 1 respondent felt the process had pushed her “close to the edge”.

► Other Comments (inc. those who didn’t state if they were representing someone)

Another response gave concerns about feedback mechanisms (including user-friendliness for those with dementia). 1 respondent said a public meeting was needed, another wished to know which residential homes would be available. 2 respondents (including Healthwatch) felt provided information was insufficient.

iii) The Integrity of the Consultation:

► Responses from Customers or their Carers (or those representing a customer)

4 customers/carers were concerned that the decision had been taken prior to the consultation. 1 respondent stated that there had been a failure to respond to queries. 1 carer said they appreciated the opportunity to voice their opinions.

► Other Comments (inc. those who didn’t state if they were representing someone)

2 members of the public felt the consultation decision had already been taken.

G) Miscellaneous

► Responses from Customers or their Carers (or those representing a customer)

4 respondents felt vulnerable people were being targeted, 4 respondents likewise stated Crewe was being discriminated against. Other comments covered many topics; including that it did not fit with the dementia strategy (2 comments), eligibility for respite would become tighter, there was an agenda to move learning disabilities customers in, that older people/dementia should not have been considered as “the same parcel”, the difficulty of people unfamiliar with social care accessing respite care.

► Other Comments (inc. those who didn’t state if they were representing someone)

3 respondents felt that vulnerable people were being targeted. Another felt robust monitoring should ensure the quality of independent sector care. 1 further respondent stated concerns that Councillors/staff had been blocked from speaking.

This page is intentionally left blank

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		Jon Wilkie	
Service	Adult Services		Other members of team undertaking assessment		Nik Darwin	
Date	10 June 2015		Version		3	
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 x		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><u>Proposal to Provide Older People and Dementia Residential Respite in the Independent Sector</u> Corporate priority 2 (Developing affordable models of sustainable local models of care for vulnerable children and adults).</p> <p>This involves exploration of the options for the future of all residential respite for older people and people living with dementia and other long term conditions. These proposals mean that some services currently provided at Hollins View (CSC) in Macclesfield may no longer be provided. These options will be informed by a consultation with service users, carers and other key stakeholders and will result in a decision paper being presented to cabinet.</p>					
Who are the main stakeholders? (eg general public, employees, Councillors, partners, specific audiences)	<ul style="list-style-type: none"> • service users and their carers at Hollins View • staff at Hollins View • Local Community Groups • Councillors • Independent sector care providers • Eastern Cheshire CCG and South Cheshire CCG 					

Section 2: Initial screening

Who is affected? (This may or may not include the stakeholders listed above)			All stakeholders listed above potentially								
Who is intended to benefit and how?			Service users and carers could be supported to identify more personalised service options which offer more choice and that better serve their needs								
Could there be a different impact or outcome for some groups?			Yes, Hollins View currently delivers respite services to the following groups each of which will be affected: <ul style="list-style-type: none"> • Older People with dementia • Older people • People with Long Term Conditions and Physical Disabilities • Carers - These respite services provide key support for carers so that they can continue to support their family member in the community 								
Does it include making decisions based on individual characteristics, needs or circumstances?			All social care services are offered on the basis of assessed eligible need. This work does not change the basis of those individual assessment decisions, these are in care plans. It may result in different support options being offered to individuals.								
Are relations between different groups or communities likely to be affected? (e.g. will it favour one particular group or deny opportunities for others?)			No								
Is there any specific targeted action to promote equality? Is there a history of unequal outcomes (do you have enough evidence to prove otherwise)?			No – all decision and solutions will be based on a fully personalised approach								
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	N	
Gender reassignment		N	Race		TBC	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	In respect of the respite provided at Hollins View the key characteristic of customers is that they are older (although some of these customers also have dementia). As such, the proposals could have a number of potentially negative impacts on people of this protected group. These include level of disability, accessibility of alternative services and the ability to cope with a change in location of the service that is being accessed. These aspects will need to be mitigated in alternative options considered for individuals.	Yes, a full consultation is to be conducted with service users
Disability	Dementia users currently use Hollins View provision for respite. As such, the proposals could have a number of potentially negative impacts on people with disabilities and long term conditions. The extent of these impacts will depend on the type and level of their disability. Examples include; accessibility and availability of alternative services that can be accessed locally, ability to cope with a change in location of the service that is being accessed. A change in the provision of a service could be detrimental to those people with dementia and other long term conditions. These will need to be mitigated in alternative options considered. Some current customers have a physical disability as a secondary client type.	Yes, a full consultation is to be conducted with service users
Gender reassignment	No recording of gender reassignment takes place on the Council's social care record system as such data on this will be unavailable. However, there is no known element in these proposals which is likely to lead to discrimination of the basis of this protected characteristic. There will also be the opportunity to feedback any impacts relating to this during the consultation process	Yes, a full consultation is to be conducted with service users
Marriage & civil partnership	There is the potential for a change in day/respite service to impact on married couples, or couples in civil partnership, where one partner uses services as a result of the relocation of services. There are also impacts listed under the carers section. There will be the opportunity to feedback any impacts relating to this during the consultation process	Yes, a full consultation is to be conducted with service users
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. However, there will be the opportunity to feedback any impacts relating to this during the consultation process	Yes, a full consultation is to be conducted with service users

Race	The current customers of Hollins View are likely to be predominantly White British given local characteristics. Data analysis on customers' characteristics will be conducted to understand this in full detail. However, there will be the opportunity to feedback any impacts relating to this during the consultation process.	Yes, a full consultation is to be conducted with service users
Religion & belief	The current customers of Hollins View are likely to be predominantly Christian. Data analysis on customers' characteristics will be conducted to understand in full detail. There is no known element in these proposals which is likely to impact on customers as a result of their religion. However, there will be the opportunity to feedback any impacts relating to this during the consultation process.	Yes, a full consultation is to be conducted with service users
Sex	There is no current known element in this proposal which will directly or indirectly discriminate on the basis of gender. Although there is likely to be a much larger ratio of females to male service users using the services given the characteristics of social care users which 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 (although this will be clarified by data analysis). The proposals themselves are not deemed to have disproportionate effects for either gender. However, there will be the opportunity to feedback any impacts relating to this during the consultation process.	Yes, a full consultation is to be conducted with service users
Sexual orientation	Data is not routinely recorded related to this protected characteristic for customers. However, there is no known evidence to suggest an impact is likely for this group. Nevertheless, there will be the opportunity to feedback any impacts relating to this during the consultation process.	Yes, a full consultation is to be conducted with service users
Carers	The Office of National Statistics estimates that 10% of the population are likely to be carers i.e. 36,500 people in Cheshire East. Respite services are provided to support carers as well as customers. As such, the proposals are likely to have an impact on a defined group of carers; those who care for people using respite or day services within the Crewe area. Particular identifiable concerns would be; changes to service location and the accessibility of alternative provision, increased pressure brought about on the caring role as a result of the changes in services for customers. These will need to be mitigated in alternative options considered. There will be the opportunity to feedback any impacts relating to this during the consultation process	Yes, a full consultation is to be conducted with service users
Socio-economic status	There is no current known element in this proposal which will directly or indirectly	Yes, a full consultation is

	have a negative impact on the basis of customers' socio-economic status. Under the proposal, for customers who are assessed to pay the maximum charge for the respite care at Hollins View, they would potentially pay less depending on the residential care home that they choose. For customers who are assessed as needing financial support from the council, it is expected that they will pay the same as they are paying now for respite care. There will be the opportunity to feedback any impacts relating to this during the consultation process.	to be conducted with service users
Proceed to full impact assessment? (Please tick)	Yes	Date: 30/09/14

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 of measures Low: Little/no	Further action (only an outline needs to be included here. A full action plan can be included at Section 4)

			identified impacts; heavily legislation-led; limited public facing aspect	
Note: impacts in this section of the EIA have been developed both through knowledge of the changes as well as by using feedback received from respondents to the consultation				
Age	<p>Note: Customers of affected respite services at Hollins View are in the older age groups.</p> <p><u>Localness of services:</u> Providing respite services from different locations may result in accessibility issues for some customers/carers.</p> <p>Also see Disability as other issues of relevance to older people are also picked up here.</p>	<p><u>Localness of services:</u> There is the potential for customers to be able to access services nearer to where they live. This would result in reduced costs and travelling time for them as well as a greater potential for visits from family/friends.</p>	Medium	<p>To ensure that accessibility for customers and their carers is taken into account when planning the provision of respite stays. This should include both in the care arranging process but also in deciding which homes should have beds blocked booked with them.</p> <p>To ensure that support is available to work with customers and their carers to make sure that alternative respite provision is accessible.</p>
Disability	<p><u>Dementia:</u> There is established evidence that customers with dementia value continuity of care. Services being transferred from Hollins View may mean the potential for this to be lost in the short term. This was a concern advanced by 7 customers or their carers during the consultation. This could potentially impact on both the carer and customer, increasing the chance of carer breakdown, and reducing the quality of care that it was possible for them to offer.</p>	<p><u>Dementia:</u> The increased choice of services including residential care homes available for customers affected by this consultation means that there is the potential for the customer to access homes which meet more specific needs. This might include facilities, staff training and social activities. It might also mean people of similar age groups/disabilities. A carer highlighted this advantage as part of the consultation, stating that Hollins View was a difficult place for his wife to attend as she</p>	Medium	<p>There needs to be a sufficient allocation of beds within the independent sector for Council customers so that they are able to book consistent respite with the same residential home. This may be less easy to achieve in emergency situations, however, care planning should be sensitive to this requirement.</p> <p>Customers with dementia, other long term conditions and physical disabilities should be placed for respite in homes which specialise in care which meets their specific needs including for their level of complexity. This would include factors</p>

	<p><u>Other Issues</u></p> <p>Mixing: There is the potential for a mixing of long term and short term customers at independent sector homes to impact negatively on both sets of users. This may include difficulties in making social links for short stay customers and disturbance to permanent residents due to customers using the services for short periods of time. As part of the consultation 5 comments from customers or their carers stated a concern that about a potential lack of social links in the independent sector which was valued at Hollins View.</p> <p>Booking: The current booking system involves contacting a Care Manager or the home directly for a bed. Any revised way of doing this should maintain ease of use due to carers/customers having a range of needs which could potentially inhibit usage. 5 customers or their carers stated the importance of flexibility in booking respite through the consultation.</p>	<p>did not have dementia but had respite in an environment where people were supporting others with dementia. Market development work would need to take place to establish this potential benefit.</p> <p>See also Localness of Services under Age</p>		<p>such as type of clientele, training, security, home layout, adaptations and facilities.</p> <p>Work should be conducted with contracted residential homes to establish good practice with regard to providing short term respite alongside long term residents, reducing the risk of impact on both customers accessing respite and long term residents.</p> <p>The booking system for respite in the independent sector should be simple and flexible to use and should accommodate people with a range of disability related needs.</p>
Gender reassignment	No impacts on this protected characteristic where raised as a result of this consultation, likewise, there are no perceived impacts as a result of this policy. As such, the impact is deemed neutral on this protected characteristic.			
Marriage & civil partnership	No impacts on this protected characteristic where raised as a result of this consultation, likewise, there are no perceived impacts as a result of this policy. As such, the impact is deemed neutral on this protected characteristic.			

Pregnancy and maternity	No impacts on this protected characteristic where raised as a result of this consultation, likewise, there are no perceived impacts as a result of this policy. As such, the impact is deemed neutral on this protected characteristic.			
Race	No impacts on this protected characteristic where raised as a result of this consultation, likewise, there are no perceived impacts as a result of this policy. As such, the impact is deemed neutral on this protected characteristic.			
Religion & belief	No impacts on this protected characteristic where raised as a result of this consultation, likewise, there are no perceived impacts as a result of this policy. As such, the impact is deemed neutral on this protected characteristic.			
Sex	Whilst arguably it is the case that, due to the greater proportion of service users who are female, these proposals could have a potential to disproportionately impact on this group, it is currently felt that any issues are best covered in the categories of disability and age			
Sexual orientation	No impacts on this protected characteristic where raised as a result of this consultation, likewise, there are no perceived impacts as a result of this policy. As such, the impact is deemed neutral on this protected characteristic.			
Carers	<p><u>Quality of Care Services</u> 15 responses to the consultation from customers or their carers stated concerns about the quality of respite care in the independent sector. Measures should be put in place to ensure that the homes customers are placed in for respite are known to meet quality standards.</p> <p>There is the potential for carers to be reluctant to take respite as a result of their uncertainty about alternative options. This could lead to future carer breakdown.</p>	<p><u>Choice of Services</u> The proposal would allow carers to exercise a choice of care options. This has the potential to reduce the pressure on carers by enabling them to access services which are an improved fit to their needs.</p>	Low	<p>Quality of Care Services – Block booking of respite beds in the independent sector and care arranging should be based on Council quality assurance processes and Care Quality Commission inspection reports.</p> <p>Customers should have information made available to them in regard to the quality of independent sector options (including care standards) in order to give them greater reassurance and to ensure that they utilise their respite allocation. They should also be given further information on Shared Lives which may benefit some individuals.</p>

Socio-economics	<p><u>Cost of Respite</u></p> <p>In the consultation, one carer stated concerns about being asked to pay top ups for respite in the independent sector. Block booking of beds will need to ensure that sufficient range of respite is available to avoid the need to use top-up fees which could potentially significantly disadvantage people from lower socio-economic brackets.</p>		Low	Costs of respite beds should be a factor when consideration is given to which independent sector homes are used for respite so that use of top-up fees is more an exception than a rule. The Council stated in the Consultation Information Pack that the amount that customers would pay for respite would most likely be the same for customers who are assessed as needing financial support from the council. Under the proposal, for customers who are assessed to pay the maximum charge for the respite care at Hollins View, they would potentially pay less depending on the residential care home that they choose.
------------------------	--	--	-----	---

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)

No – all work will be done internally

Section 4: Review and conclusion

Summary: provide a brief overview including impact, changes, improvement, any gaps in evidence and additional data that is needed

If the proposals to offer alternatives to existing services are implemented there are some potential negative impacts on customers and carers although they can be mitigated by following the prescribed actions listed.

Further engagement with customers and carers would be a crucial part of any transition process.

Specific actions to be taken to reduce, justify or remove any adverse impacts	How will this be monitored?	Officer responsible	Target date
To ensure that accessibility of alternative services is taken into account when planning respite stays. This should include both in the care arranging process but also in deciding which homes	During the normal project planning transition process	Ann Riley	Unknown at this stage

should have beds blocked booked with them.			
To ensure that alternatives for day services are local and accessible.	During the normal project planning transition process	Ann Riley	Unknown at this stage
There should be sufficient allocation of beds within the independent sector for Council customers so that they are able to book consistent respite with the same residential home. This may be less easy to achieve in emergency situations, however, care planning should nevertheless be sensitive to this requirement. Cost bands should be factored in when conducting this review so that use of top up fees is more an exception than a rule.	During the normal project planning transition process	Ann Riley	Unknown at this stage
Customers with dementia, other long term conditions and physical disabilities should be able to access respite in homes which specialise in care which meets their specific needs including for their level of complexity. This would include factors such as type of clientele, training, security, home layout, adaptations and facilities.	During the normal project planning transition process	Ann Riley	Unknown at this stage
Work should be conducted with contracted residential homes to establish good practice with regard to providing short term respite alongside long term residents, reducing the risk of impact on both customers accessing respite and long term residents.	During the normal project planning transition process	Ann Riley	Unknown at this stage
Quality of Care Services – Block booking of beds and care arranging should take into account Council quality assurance processes and Care Quality Commission inspection reports.	During the normal project planning transition process	Ann Riley	Unknown at this stage
Customers should have information made available to them in regard to the quality of independent sector options (including care standards) in order to give them greater reassurance and to ensure that they utilise their respite allocation. They should also be given further information on Shared Lives which may benefit some individuals.	During the normal project planning transition process	Ann Riley	Unknown at this stage
The booking system should be simple and flexible to use and should accommodate people with a range of disability related needs.	During the normal project planning transition process	Ann Riley	Unknown at this stage

Please provide details and link to full action plan for actions			
When will this assessment be reviewed?	6 months after any decision is taken		
Are there any additional assessments that need to be undertaken in relation to this assessment?	N/A		
Lead officer signoff	Jon Wilkie	Date: 10 June 2015	
Head of service signoff	Ann Riley	Date: 10 June 2015	

Please publish this completed EIA form on your website

This page is intentionally left blank

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		Jon Wilkie	
Service	Adult Services		Other members of team undertaking assessment		Nik Darwin	
Date	10 June 2015		Version		3	
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 x		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><u>Proposal to Provide Older People and Dementia Residential Respite in the Independent Sector</u> Corporate priority 2 (Developing affordable models of sustainable local models of care for vulnerable children and adults).</p> <p>This involves exploration of the options for the future of all residential respite for older people and people living with dementia and other long term conditions. These proposals mean that some services currently provided at Lincoln House (CSC) in Crewe may no longer be provided. These options will be informed by a consultation with service users, carers and other key stakeholders and will result in a decision paper being presented to cabinet.</p>					
Who are the main stakeholders? (eg general public, employees, Councillors, partners, specific audiences)	<ul style="list-style-type: none"> • service users and their carers at Lincoln House • staff at Lincoln House • Local Community Groups • Councillors • Independent sector care providers • Eastern Cheshire CCG and South Cheshire CCG 					

Section 2: Initial screening

Who is affected? (This may or may not include the stakeholders listed above)			All stakeholders listed above potentially								
Who is intended to benefit and how?			Service users and carers could be supported to identify more personalised service options which offer more choice and that better serve their needs								
Could there be a different impact or outcome for some groups?			Yes, Lincoln House currently delivers respite and day care service to the following groups each of which will be affected: <ul style="list-style-type: none"> • Older People with dementia • Older people • People with Long Term Conditions and Physical Disabilities • Carers - These respite services provide key support for carers so that they can continue to support their family member in the community 								
Does it include making decisions based on individual characteristics, needs or circumstances?			All social care services are offered on the basis of assessed eligible need. This work does not change the basis of those individual assessment decisions, these are in care plans. It may result in different support options being offered to individuals.								
Are relations between different groups or communities likely to be affected? (e.g. will it favour one particular group or deny opportunities for others?)			No								
Is there any specific targeted action to promote equality? Is there a history of unequal outcomes (do you have enough evidence to prove otherwise)?			No – all decision and solutions will be based on a fully personalised approach								
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	N	
Gender reassignment		N	Race		TBC	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	In respect of the respite services provided at Lincoln House the key characteristic of customers is that they are older (although some of these customers also have dementia). As such, the proposals could have a number of potentially negative impacts on people of this protected group. These include level of disability, accessibility of alternative services and the ability to cope with a change in location of the service that is being accessed. These aspects will need to be mitigated in alternative options considered for individuals.	Yes, a full consultation is to be conducted with service users
Disability	Dementia users currently use Lincoln House provision for respite and day care. As such, the proposals could have a number of potentially negative impacts on people with disabilities and long term conditions. The extent of these impacts will depend on the type and level of their disability. Examples include; accessibility and availability of alternative services that can be accessed locally, ability to cope with a change in location of the service that is being accessed. A change in the provision of a service could be detrimental to those people with dementia and other long term conditions. These will need to be mitigated in alternative options considered. Some current customers have a physical disability as a secondary client type.	Yes, a full consultation is to be conducted with service users
Gender reassignment	No recording of gender reassignment takes place on the Council's social care record system as such data on this will be unavailable. However, there is no known element in these proposals which is likely to lead to discrimination of the basis of this protected characteristic. There will also be the opportunity to feedback any impacts relating to this during the consultation process	Yes, a full consultation is to be conducted with service users
Marriage & civil partnership	There is the potential for a change in day/respite service to impact on married couples, or couples in civil partnership, where one partner uses services as a result of the relocation of services. There are also impacts listed under the carers section. There will be the opportunity to feedback any impacts relating to this during the consultation process	Yes, a full consultation is to be conducted with service users
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. However, there will be the opportunity to feedback any impacts relating to this during the consultation process	Yes, a full consultation is to be conducted with service users

Race	The current customers of Lincoln House are likely to be predominantly White British given local characteristics. Data analysis on customers' characteristics will be conducted to understand this in full detail. However, there will be the opportunity to feedback any impacts relating to this during the consultation process.	Yes, a full consultation is to be conducted with service users
Religion & belief	The current customers of Lincoln House are likely to be predominantly Christian. Data analysis on customers' characteristics will be conducted to understand in full detail. There is no known element in these proposals which is likely to impact on customers as a result of their religion. However, there will be the opportunity to feedback any impacts relating to this during the consultation process.	Yes, a full consultation is to be conducted with service users
Sex	There is no current known element in this proposal which will directly or indirectly discriminate on the basis of gender. Although there is likely to be a much larger ratio of females to male service users using the services given the characteristics of social care users which 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 (although this will be clarified by data analysis). The proposals themselves are not deemed to have disproportionate effects for either gender. However, there will be the opportunity to feedback any impacts relating to this during the consultation process.	Yes, a full consultation is to be conducted with service users
Sexual orientation	Data is not routinely recorded related to this protected characteristic for customers. However, there is no known evidence to suggest an impact is likely for this group. Nevertheless, there will be the opportunity to feedback any impacts relating to this during the consultation process.	Yes, a full consultation is to be conducted with service users
Carers	The Office of National Statistics estimates that 10% of the population are likely to be carers i.e. 36,500 people in Cheshire East. Respite services are provided to support carers as well as customers. As such, the proposals are likely to have an impact on a defined group of carers; those who care for people using respite or day services within the Crewe area. Particular identifiable concerns would be; changes to service location and the accessibility of alternative provision, increased pressure brought about on the caring role as a result of the changes in services for customers. These will need to be mitigated in alternative options considered. There will be the opportunity to feedback any impacts relating to this during the consultation process	Yes, a full consultation is to be conducted with service users
Socio-economic status	There is no current known element in this proposal which will directly or indirectly	Yes, a full consultation is

	have a negative impact on the basis of customers' socio-economic status. Under the proposal, for customers who are assessed to pay the maximum charge for the respite care at Lincoln House, they would potentially pay less depending on the residential care home that they choose. For customers who are assessed as needing financial support from the council, it is expected that they will pay the same as they are paying now for respite care. There will be the opportunity to feedback any impacts relating to this during the consultation process.	to be conducted with service users
Proceed to full impact assessment? (Please tick)	Yes	Date: 30/09/14

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 of measures Low: Little/no	Further action (only an outline needs to be included here. A full action plan can be included at Section 4)

			identified impacts; heavily legislation-led; limited public facing aspect	
Note: impacts in this section of the EIA have been developed both through knowledge of the changes as well as by using feedback received from respondents to the consultation				
Age	<p>Note: Customers of affected respite services at Lincoln House are in the older age groups.</p> <p><u>Localness of services:</u> Providing respite services from different locations may result in accessibility issues for some customers/carers. This may be a particular issue for the 16 current customers receiving day services at Lincoln House dependant on the location of alternative services. 3 customers or their carers raised concerns about accessing respite services which were further away from their home than Lincoln House.</p> <p>Also see Disability as many issues of relevance to older people are also picked up here.</p>	<p><u>Localness of services:</u> There is the potential for customers to be able to access services nearer to where they live. This would result in reduced costs and travelling time for them as well as a greater potential for visits from family/friends. One carer reported that they saw the opportunity to access services closer to their home under the proposal as an advantage.</p> <p>There may be similar benefits provided by the alternatives to current day services may include independent/voluntary sector day care provision or the usage of home care, shared lives or direct payments etc.</p>	Medium	<p>To ensure that accessibility for customers and their carers is taken into account when planning the provision of respite stays. This should include both in the care arranging process but also in deciding which homes should have beds blocked booked with them.</p> <p>To ensure that support is available to work with customers and their carers to make sure that alternative respite provision and day services are local and accessible.</p>
Disability	<p><u>Dementia:</u> There is established evidence that customers with dementia value continuity of care. Services being transferred from Lincoln House may mean the potential for this to be lost in the short term. This was a concern advanced by 13 customers or their carers during the consultation.</p>	<p><u>Dementia:</u> The increased choice of services including residential care homes available for customers affected by this consultation means that there is the potential for the customer to access homes which meet more specific needs. This might include facilities, staff training and social</p>	Medium	<p>There needs to be a sufficient allocation of beds within the independent sector for Council customers so that they are able to book consistent respite with the same residential home. This may be less easy to achieve in emergency situations, however, care planning should be sensitive to this requirement.</p>

	<p>There were concerns raised by 2 carers through the consultation that the person they care for may refuse to attend alternative services as a result of this disability. This could potentially impact on both the carer and customer, increasing the chance of carer breakdown, and reducing the quality of care that it was possible for them to offer.</p> <p>Lincoln House currently provides specialist dementia care. Alternative services would need to be able to offer similar dedicated support.</p> <p><u>Other Issues</u></p> <p>Mixing: There is the potential for a mixing of long term and short term customers at independent sector homes to impact negatively on both sets of users. This may include difficulties in making social links for short stay customers and disturbance to permanent residents due to customers using the services for short periods of time. As part of the consultation a carer stated a concern that a person accessing respite in the independent sector may not be treated as well by the staff as one of the permanent residents, stating that they could be treated as, "second class citizens".</p> <p>Booking: The current booking system involves contacting a Care Manager or the home directly for a bed. Any revised way of</p>	<p>activities. It might also mean people of similar age groups/disabilities. Market development work would need to take place to establish this potential benefit.</p> <p>See also Localness of Services under Age</p>		<p>Customers with dementia, other long term conditions and physical disabilities should be placed for respite in homes which specialise in care which meets their specific needs including for their level of complexity. This would include factors such as type of clientele, training, security, home layout, adaptations and facilities.</p> <p>Work should be conducted with contracted residential homes to establish good practice with regard to providing short term respite alongside long term residents, reducing the risk of impact on both customers accessing respite and long term residents.</p> <p>The booking system for respite in the independent sector should be simple and flexible to use and should accommodate people with a range of disability related needs.</p>
--	---	--	--	--

	doing this should maintain ease of use due to carers/customers having a range of needs which could potentially inhibit usage.			
Gender reassignment	No impacts on this protected characteristic where raised as a result of this consultation, likewise, there are no perceived impacts as a result of this policy. As such, the impact is deemed neutral on this protected characteristic.			
Marriage & civil partnership	No impacts on this protected characteristic where raised as a result of this consultation, likewise, there are no perceived impacts as a result of this policy. As such, the impact is deemed neutral on this protected characteristic.			
Pregnancy and maternity	No impacts on this protected characteristic where raised as a result of this consultation, likewise, there are no perceived impacts as a result of this policy. As such, the impact is deemed neutral on this protected characteristic.			
Race	No impacts on this protected characteristic where raised as a result of this consultation, likewise, there are no perceived impacts as a result of this policy. As such, the impact is deemed neutral on this protected characteristic.			
Religion & belief	No impacts on this protected characteristic where raised as a result of this consultation, likewise, there are no perceived impacts as a result of this policy. As such, the impact is deemed neutral on this protected characteristic.			
Sex	Whilst arguably it is the case that, due to the greater proportion of service users who are female, these proposals could have a potential to disproportionately impact on this group, it is currently felt that any issues are best covered in the categories of disability and age			
Sexual orientation	No impacts on this protected characteristic where raised as a result of this consultation, likewise, there are no perceived impacts as a result of this policy. As such, the impact is deemed neutral on this protected characteristic.			
Carers	<u>Quality of Care Services</u> 13 responses to the consultation from customers or their carers stated that the quality of alternative care services was very important to carers and families (for	<u>Choice of Services</u> The proposal would allow carers to exercise a choice of care options. This has the potential to reduce the pressure on carers by enabling them	Low	Quality of Care Services – Block booking of respite beds in the independent sector and care arranging should be based on Council quality assurance processes and Care Quality Commission inspection

	<p>example in providing reassurance). Measures should be put in place to ensure that the homes customers are placed in for respite are known to meet quality standards.</p> <p>There is the potential for carers to be reluctant to take respite as a result of their uncertainty about alternative options. This could lead to future carer breakdown.</p>	to access services which are an improved fit to their needs.		<p>reports.</p> <p>Customers should have information made available to them in regard to the quality of independent sector options (including care standards) in order to give them greater reassurance and to ensure that they utilise their respite allocation. They should also be given further information on Shared Lives which may benefit some individuals.</p>
Socio-economics	<p><u>Cost of Respite</u></p> <p>One carer stated through the consultation that they would not be able to pay any more for respite support than they do now. Block booking of beds will need to ensure that sufficient range of respite is available to avoid the need to use top-up fees which could potentially significantly disadvantage people from lower socio-economic brackets.</p>		Low	<p>Costs of respite beds should be a factor when consideration is given to which independent sector homes are used for respite so that use of top-up fees is more an exception than a rule. The Council stated in the Consultation Information Pack that the amount that customers would pay for respite would most likely be the same for customers who are assessed as needing financial support from the council. Under the proposal, for customers who are assessed to pay the maximum charge for the respite care at Hollins View, they would potentially pay less depending on the residential care home that they choose.</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> <p>No – all work will be done internally</p>				

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>If the proposals to offer alternatives to existing services are implemented there are some potential negative impacts on customers and carers although they can be mitigated by following the prescribed actions listed.</p> <p>Further engagement with customers and carers would be a crucial part of 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
To ensure that accessibility of alternative services is taken into account when planning respite stays. This should include both in the care arranging process but also in deciding which homes should have beds blocked booked with them.	During the normal project planning transition process	Ann Riley	Unknown at this stage
To ensure that alternatives for day services are local and accessible.	During the normal project planning transition process	Ann Riley	Unknown at this stage
There should be sufficient allocation of beds within the independent sector for Council customers so that they are able to book consistent respite with the same residential home. This may be less easy to achieve in emergency situations, however, care planning should nevertheless be sensitive to this requirement. Cost bands should be factored in when conducting this review so that use of top up fees is more an exception than a rule.	During the normal project planning transition process	Ann Riley	Unknown at this stage
Customers with dementia, other long term conditions and physical disabilities should be able to access respite in homes which specialise in care which meets their specific needs including for their level of complexity. This would include factors such as type of clientele, training, security, home layout, adaptations and facilities.	During the normal project planning transition process	Ann Riley	Unknown at this stage
Work should be conducted with contracted residential homes to establish good practice with regard to providing short term respite alongside long term residents, reducing the risk of impact on both customers accessing respite and long term residents.	During the normal project planning transition process	Ann Riley	Unknown at this stage
Quality of Care Services – Block booking of beds and care	During the normal project planning	Ann Riley	Unknown at this stage

arranging should take into account Council quality assurance processes and Care Quality Commission inspection reports.	transition process		
Customers should have information made available to them in regard to the quality of independent sector options (including care standards) in order to give them greater reassurance and to ensure that they utilise their respite allocation. They should also be given further information on Shared Lives which may benefit some individuals.	During the normal project planning transition process	Ann Riley	Unknown at this stage
The booking system should be simple and flexible to use and should accommodate people with a range of disability related needs.	During the normal project planning transition process	Ann Riley	Unknown at this stage
Please provide details and link to full action plan for actions			
When will this assessment be reviewed?	6 months after any decision is taken		
Are there any additional assessments that need to be undertaken in relation to this assessment?	N/A		
Lead officer signoff	Jon Wilkie	Date: 10 June 2015	
Head of service signoff	Ann Riley	Date: 10 June 2015	

Please publish this completed EIA form on your website

This page is intentionally left blank

Case study examples of the different ways in which carers' respite needs are currently met in Cheshire East

Service Type	Examples
<p>Shared Lives - the service can offer customers long-term respite or day support either in their own home or within the Shared Lives carer's family home.</p>	<p>A customer with a diagnosis of Dementia supported through Shared Lives day care which provides respite for his carer.</p> <p>A customer who lives with his wife who is his main carer. He has a diagnosis of dementia, he struggles to understand some questions and give accurate answers due to his cognitive and memory impairment. The referral to Shared Lives was to match to a Shared Lives Carer who could encourage the customer to pursue his interests and give the clients wife respite away from her caring responsibilities. The Carers comments on the service she received:</p> <p>Feedback from the carer The carer reported that the service has given her the confidence to leave her husband with competent, experienced carers and allows her time to have respite.</p> <p>Two customers jointly supported through Shared Lives Day Care & flexible overnight stays.</p> <p>The customer has a diagnosis of advanced dementia. She lives with her daughter who has a learning disability. Both are supported by the son, who is he is the family's main carer. The son lives over 40 miles away and had resorted to staying most nights with his mother and sister, away from his own family home, to ensure their safety.</p> <p>Shared Lives has supported the family to remain together within the family home since 2005. During this time they have had the same team of Shared Lives Carers.</p> <p>The service has provided flexible day time support, as well as regular overnight respite (shared lives carer staying overnight in the clients home). This has allowed the main carer a break from his regular caring responsibilities.</p> <p>Feedback from the carer "The Shared Lives Service has helped to keep the family as a unit and remain in the family home together. The respite arrangements have been successful and I appreciate the sterling job the girls do".</p>

<p>Support provided by a Personal Assistant paid for through Direct Payments.</p> <p>A personal assistant (sometimes called a PA or a support worker) is employed by people who need social care, either because of their age or disability, to enable them to live as independently as possible. A direct payment is one of the ways in which people can receive a personal budget from the Council. Customers can spend this money on services that will help them with their everyday life.</p>	<p>A customer with memory difficulties</p> <p>A customer who has a poor short term memory as a result of a brain injury uses a direct payment to receive daily visits from personal assistants to support her to live independently in her home and local community. This enables her husband, who is her main carer, to work and maintain his caring role, which is what he wishes to do.</p> <p>Customer with a Neurological Impairment</p> <p>A customer who lives with her partner uses a direct payment to pay for personal assistants to support her in her own home which enables her partner to have a break from his caring role. This flexible approach meet the needs of the customer who requires consistency and to base herself at home as a familiar environment and meets the needs of the carer to maintain his employment.</p> <p>A customer with autism and learning disabilities</p> <p>Customer with autism and learning disabilities uses a direct payment to pay for a personal assistant (PA) but visits the PA in their home to enable his parents to have respite in their own home. In addition to having a break from caring, this approach also enables his parents to complete household tasks (for example, vacuuming) that he would find difficult to cope with were he to remain at home.</p> <p>A customer with learning disabilities</p> <p>Customer with learning disabilities uses direct payments to pay for support hours to be provided by a personal assistant when she goes on holiday with her parents as a family. This allows the family to have a break together but both the parents and their daughter can follow their own interests when they are away alongside spending time together as a family.</p>
<p>Support through Assistive Technologies –</p> <p>assistive technologies are electronic sensors, detectors, monitors, apps and alarms that can support people to live in their own home and community.</p>	<p>Use of a GPS (Global Positioning System) unit to provide peace of mind for a full time carer of an individual living with dementia.</p> <p>Whilst the customer has a diagnosis of dementia, his mobility and energy are unaffected and he wanted to continue to follow his regular routine of getting out of the house and visiting regular locations in his local community. A GPS device allowed the carer of a man living with dementia to monitor the location of her husband who had in the past become lost and disorientated and needed the police to search for him.</p> <p>The GPS device enables the man to continue to pursue his interests whilst allowing the carer to have a predictable break, not needing to be concerned about where her husband is as she is able to track him using her computer and knowing that she will be alerted if he enters an area where he may become disorientated or lost.</p>
<p>Early Intervention & Prevention Services</p>	<p>There are a large number of services in the Cheshire East area which support people with a wide range of health and social care needs in group and individual settings.</p> <p>For example; the Neighbours Network who help older people and/or those with disabilities, living in Haslington and Winterley, to retain their independence so that they can continue to live in their own homes. This support also provides carers with a break from their role. Another example is the Cheshire and Warrington Carers Centre which provides support and information to carers as well as being able to allocate a carers personal budget to support carers have respite and maintain their caring role.</p>

This page is intentionally left blank

Report for Adult Social Care and Health Overview and Scrutiny**Meeting Date: 7 August 2015****Subject: Moving to Local and Personalised Carer Respite Report in response to the Call In of the Cabinet Decision taken 30th June 2015****Responsible Head of service: Brenda Smith****1. Background**

- 1.1 The paper entitled Moving to Local and Personalised Carer Respite was considered by Cabinet on the 30 June 2015. This report details the response to the points raised in the call in submission which is to be considered at the Overview and Scrutiny meeting on 7 September 2015. The report should be read in conjunction with the Cabinet papers submitted for the meeting on 30 June 2015. The report has been structured to provide responses to each of the elements in the call in submission.
- 1.2 For the purposes of this report and the discussions which will take place the term 'residential carer respite' is to mean use of residential care settings that can be pre booked for a person to receive their care for a short period whilst their carer(s) can have a break from their caring role.

2. Call in Submission**2.1 Reason One**

The call in request states:

Evidence of the impact of the closure of Mountview on service provision is not yet available. It would be sensible to see whether the proposed strategy is working in the Congleton area before adopting the same strategy in Crewe and Macclesfield areas.

Service Response

- 2.1.1 Evidence of the impact of the closure of Mountview is being monitored regularly and is used to ensure the commissioned services are providing the appropriate response and support needed.
- 2.1.2 Following the decision to cease residential respite at Mountview, the Council commissioned 1095 new bed nights in the independent sector in the Congleton area in August 2014. The analysis of the use of the commissioned carer respite beds is that the provision has been under-utilised. The total usage over the last 11 months since August 2014 is at 39%, (427 out of 1095 available bed nights). The highest monthly usage so far was 63% (690 bed nights) in November 2014 which resulted in 405 bed nights (37%) still available in this month. This confirms that there is sufficient capacity for residential carer respite available in the Congleton area.

- 2.1.3 The use of independent sector residential carer respite will continue to be regularly monitored to ensure that the support is effective and that the levels of capacity are sufficient to meet needs. This will be reviewed at least annually so that any changes in needs or preferences can be met in the future. There are internal mechanisms where capacity and demand issues for all service types are regularly reviewed.
- 2.1.4 There has been positive feedback from users of the services in Congleton – these have been detailed in the Cabinet report of 30th June 2015.

2.2 Reason Two

Work is ongoing to establish a 'fair price' for respite care. The financial implications of the decision cannot be properly established until this work is complete.

Response

- 2.2.1 The Council have commissioned an independent consultant, Red Quadrant, to make recommendations for the fair price for care. This will include all care services including residential carer respite. This work is underway and will not delay the Council procuring residential carer respite.
- 2.2.2 The financial implications of the decision are noted in the Cabinet report. The Cabinet decision is expected to release £1.3 million per annum for reinvestment. This is based on the Council's experience of purchasing significant levels of care from the independent sector in the current market. The indications are that the costs in the independent sector would be in the region of 48% less than in-house costs. Until the procurement exercise is complete it would be impossible to confirm an exact figure for the release of funds for reinvestment.

2.3 Reason Three

The Shared Lives Care system will not cope with the extra workload that these proposals will cause.

Response

- 2.3.1 The council is committed to providing pre bookable respite at the level utilised at Hollins View and Lincoln House. There is no expectation that Shared Lives will be commissioned to replace in part any of the residential provision currently being accessed to provide carers with a respite break. The planned procurement exercise will seek sufficient residential respite beds in the independent to meet current patterns of need. The expansion of Shared Lives in future is to provide an alternative for those who choose to use this different service type.

- 2.3.2 Shared lives are about to commence a recruitment campaign which includes recruitment of people who can provide respite for carers of a range of people who have different needs. The service already provides carer respite breaks for people with a Learning disability. The demand for Shared Lives is expected to increase slowly and will add an alternate option to the more traditional carer respite in due course but this will not necessarily be a service which has high demand initially.
- 2.3.3 The Shared Lives service model receives very positive feedback locally and nationally as it is a family/home -based service.

2.4 Reason Four

There is a direct conflict between the decision in June 2015 and point 3 of the resolution in December 2014. The implications for adults with learning disability should be established before any decision is taken to cease all.

Response

- 2.4.1 The review of the cabinet papers and minutes indicates there is no conflicting wording on this issue. The wording, detailed below, confirms that there is no impact on the Learning Disability respite service at Lincoln House. This service will continue.
- 2.4.2 The wording of the resolution at December 2014 Cabinet states:-
“3. the respite provision for adults with learning disability continue at Lincoln House”
- 2.4.3 The recommendation in the June 2015 Cabinet report states:
“2.2 Cabinet support the proposal that residential carer respite provision for adults with learning disability continue to be provided at the Lincoln House site.”
- 2.4.4 The wording of the resolution at June 2015 Cabinet states:-
“2 residential carer respite provision for adults with learning disability continue to be provided at the Lincoln House site”

2.5 Reason Five

There will be a shortfall in bed vacancies and the people who currently use Hollins View and Lincoln House will have a reduced service. After contacting 11 Care Homes in Macclesfield and two in Bollington it was found that only 1 offered a pre-bookable service. The others will provide respite only if the beds are free and not as a regular service and two do not provide respite at all. We dispute the information provided re the provision in the private sector.

Response

- 2.5.1 The Council will procure this new provision for pre bookable residential carer respite through a tender process, as was done successfully to secure such provision in the Congleton area. Until that tender is complete it is entirely to be expected that homes in the area may not currently offer this service. The service of having a bed available for pre-booking but without a guarantee of income for that would not be possible for many care homes. This type of a service would require a specific allocation of a bed or beds commissioned in advance to guarantee an income against that bed for a set period. This would enable independent sector homes to have a secured source of income to retain the beds as available for the required demand.
- 2.5.2 The Council routinely monitors the number of vacancies in residential homes in Cheshire East. On average, on any day over the last six months there are 53 vacancies in residential homes. These numbers do fluctuate on a daily basis. However this trend information shows that there are vacant beds which can be purchased for residential carer respite.

2.6 Reason Six

In December 2014 the Leader of the Council promised further consultation that has not happened.

Response

The cabinet minutes from the December 2014 Cabinet states:

- 2.6.1 Comments of the leader: "...the Leader, Councillor Michael Jones, announced that Lincoln House and Hollins View would remain open while the Council continued to explore the development of alternative forms of respite care provision across the Borough with potential partners".
- 2.6.2 The decisions noted:
"5. it be noted that officers are reviewing with the Council's health partners' new and enhanced ways of offering intermediate care services, which may result in alternate services being provided from Local Authority buildings".
- 2.6.3 Legal advice was sought which confirmed that the proposals put before cabinet on 30th June 2015 were the same as those presented to cabinet on 9th December 2014. The formal consultation with users and carers prior to the December 2014 report to cabinet remained sufficient to fulfil requirements of formal consultation. This was noted at Paragraph 9.4 (page 40) in the cabinet report of 30th June 2015.

Report Author: Ann Riley, Strategic Commissioning manager

30 July 2015

This page is intentionally left blank