

<b>Item No.</b> 20.	<b>Classification:</b> Open	<b>Date:</b> 11 December 2012	<b>Meeting Name:</b> Cabinet
<b>Report title:</b>		A Future Vision for a Centre of Excellence for Older Adults with Dementia and Complex Needs	
<b>Ward(s) or groups affected:</b>		All	
<b>Cabinet Member:</b>		Councillor Catherine McDonald, Health and Adult Social Care	

## **FOREWORD – COUNCILLOR CATHERINE MCDONALD, CABINET MEMBER FOR HEALTH AND ADULT SOCIAL CARE**

This summer the council set out a proposed vision for a new ‘centre of excellence’ for older people, which would provide enhanced day services for older people, compared to the council’s current day centres, including therapeutic sessions, wellbeing clinics on-site, and services and support groups for carers. The proposed centre would have a 7 day a-week service, with longer hours than is currently the case. It would have places for everyone that currently uses either of the two existing council day centres for older people, as well as places for many more people, because increasing numbers of older people have dementia. All users with personal budgets – including all the current users of the council’s current day centres – would have free door-to-door private transport, with minimal increases in travel time: many people would have reduced travel times.

Older people tell us that they want to stay independent and living in their own homes – but integrated in their communities – for as long as possible, rather than going into residential care. The proposed centre of excellence would help enable this.

This report sets out the response to consultation – which was very positive. It recommends that the centre of excellence is developed along the lines of the vision, and sets out a preferred location for it.

## **RECOMMENDATIONS**

### **Recommendations for the Cabinet**

1. That the Vision for a Centre of Excellence as set out in Appendix 1 be agreed.
2. That there is further consultation with families and key stakeholders on the preferred option of Cator Street as the location for the centre.
3. That the cabinet notes the positive outcome of the consultation exercise on vision and services and the opportunity that now arises for the council to work with families and carers, as well as the NHS and community partners, to transform the way we provide day opportunities for older people living with dementia and the support that is available to their carers.
4. That cabinet notes that officers will now establish a working group comprising

representatives from families/carers, the NHS and other key stakeholders to take forward the vision for the Centre of Excellence, shape the proposed model of care and work jointly with corporate property in the design and procurement of the centre.

### **Recommendation for the Leader of the Council**

5. That the leader of the council delegates authority to the cabinet member for health and adult social care to determine the most appropriate future service model and the decision regarding the location of the centre.

### **BACKGROUND INFORMATION**

6. The council currently runs two day centres for older people with eligible needs as assessed through Fair Access to Care criteria. These sites are at Fred Francis in East Dulwich and Southwark Park Road in Bermondsey. The council has also provided funding over the past two years to ensure that there continues to be a range of day services operating throughout the borough for older people, run by voluntary organisations.
7. There are currently 77 service users registered across both council run schemes. However not all of these individuals use the centres every day.
8. Fred Francis is currently open 7 days per week and averages 21 service users attending daily from Monday to Friday, with 9 attendees each weekend day. Southwark Park Road is open Monday to Friday and on average 17 attend daily. All users at both of the existing day centres are frail, almost all of whom are living with some form of dementia.
9. Both services operate from mid morning to mid afternoon, with service users being collected via mini buses from their own homes. Lunches are provided at both centers, and a range of activities take place through out the week (pottery, art classes etc).
10. The proposed centre of excellence would transform the services that are available to people with dementia and complex needs and their carers. Through partnership working with the local NHS, South London and Maudsley NHS Trust (SLAM), the voluntary sector and families/carers in the development of the centre, there is a great opportunity to provide better and more integrated services that Southwark residents can be proud of. The centre of excellence will be open 7 days a week with extended opening hours and will provide more services to more people and make a significant and positive contribution to how we respond to the increasing numbers of residents with dementia and complex needs and their families/carers.

### **KEY ISSUES FOR CONSIDERATION**

11. The recommendations set out in this report are starting off from a position that anyone using the current services, when the Centre of Excellence opens, will be guaranteed a place should they choose to continue to use their personal budget to do so. Proactive steps will be taken to minimise any disruption for current users of the service and make any transition as smooth as possible, and to fully engage and work with their families and carers.

12. The future vision has been developed in response to the council wishing to proactively respond to the needs of the growing numbers of older people living with dementia. In recognition of the requirement to develop services that promote choice and empowerment for older people and their carers within a context of reduction in central government funding being made available to the council.
13. The Centre of Excellence would host a range of specialist therapeutic activities, such as:
- Occupational Therapist and therapeutic rehabilitation exercise and classes
  - Memory and sensory treatment rooms<sup>1</sup>.
  - Co-locate and host services provided by partner organisation (ie health clinics, such as chiropody etc.
  - Continue to provide accessible transport for those who require it, funded through their allocated personal budgets
  - Demonstrations and access to assistive technology
  - User wellbeing activities such as hair dressing, music, art, etc
  - Meals and dietary advice and support
  - Carer respite, support and information.

A comparison with existing provision is given below.

<b>Services</b>	<b>Proposed for the Centre of Excellence</b>	<b>At Fred Francis</b>	<b>At Southwark Park Rd</b>
Therapeutic sessions in specialist rooms	✓	x	x
Memory stimulation rooms	✓	x	x
Sensory rooms	✓	x	x
Chiropody on site	✓	x	x
Health Clinics	✓	x	x
Carers Services	✓	x	x
Wellbeing planning	✓	x	x
Evening Opening	✓	x	x
Demonstrations/practice of Tele-Care	✓	x	x
7 day a week access	✓	✓	x
Free transport provided for people with personal budgets	✓	✓	✓
Hairdressing on site	✓	✓	✓
Art	✓	✓	✓
Music	✓	✓	✓
Meals	✓	✓	✓
Games	✓	✓	✓
Trips	✓	✓	✓

<sup>1</sup> Memory rooms are fitted out in a way so as to provide visual and aural stimulation to help manage issues such as forgetfulness. Sensory rooms host various aids to stimulate the 5 senses, which has proven to be effective in helping people with dementia to become less restless, agitated and improve sleep patterns.

14. The specific reasons why the council wishes to implement the recommendations in this report are set out below:

### **Responding to the demographic changes in our older population**

15. The 2011 census data that has recently been released by the Office of National Statistics shows the numbers of people in Southwark reaching 85+ years old is increasing.
16. These very oldest sections of our community are also those most likely to have a diagnosis of dementia, with some estimates being that 1 in 4 of those aged over 85 will be directly affected.
17. The new centre should be seen as part of the council's proactive response to the challenges posed by these demographic factors, and as such should not be considered as the sole vehicle through which the council will support older adults living with dementia. It will be developed alongside other planned initiatives such as the building of additional extra care facilities, the expansion of reablement to include more people living with dementia, taking advantage of the opportunities that now exist to incorporate assisted technology in people's home to ensure that they are safe as well as providing more effective and targeted support for the carers of those living with dementia.
18. Maximising resources at one centre of excellence creates the potential for providing a 7 day service with extended opening hours and increased capacity. We anticipate that by redesigning both the building and the service model that we could double the number of people who would benefit from the services at the centre of excellence in comparison to the total number of people who currently benefit from our existing 2 day centres. This would be a major improvement on the current service offer and would assist the council in providing better and more services in response to the growing number of people with dementia and their families/carers.
19. It also provides a more effective vehicle to work closer with our NHS and community sector partners, by providing better opportunities for co-locating services and staff than either Fred Francis or Southwark Park Road, because of the limited capacity of the buildings.
20. There is strong support for the initiative from the memory service hosted by SLAM recognising from a mental health service provider perspective, there is an opportunity to review how their services are provided with a view to enhancing the care provided to the Centre of Excellence service users. This could be achieved through a number of means such as: the development and delivery of therapeutic groups jointly delivered by SLAM / Local Authority staff; rapid access to psychiatric services as required and the potential for outpatient clinics to be run from the centre.
21. The new centre should also be considered within the context of other investments the council is making for older people with less complex needs, such as
  - A continued support for information, advice, befriending and wellbeing planning through the innovation fund,
  - Transitional funding provided to voluntary sector day centres in 2011-12, to

- support them in the transition from block funding to attracting older people with personal budgets or develop alternative funding stream.
- The return of warden support in sheltered housing
  - The Silver Fit fitness programme for older people provided through recreation services
  - Southwark Circle providing both practical and social support for older people.
  - Increased funding for the Alzheimer's society in 2012-13 to work with people and their carers who have early onset of dementia, for example a dementia cafe, advice and support workers and a group to promote the therapeutic qualities of singing for people living with dementia
  - Halving the price people pay for meals on wheels.

### **Responding to the aspirations of older people**

22. The council knows that the majority of older people do not wish to live in residential care as they become frailer, unless a placement is absolutely necessary. A survey of the borough's older residents in receipt of services in 2010<sup>2</sup> clearly demonstrated that older people in Southwark did not wish to receive their care in an institutional care home setting if it could be avoided. The Centre of Excellence would be a key resource for our older population and help shift the balance of care away from care homes and hospital to supporting older people to continue to live safely at home while being socially connected.
23. The same DEMOS survey also illustrated older people aspirations as they got older.

#### **DEMOS Survey 2010- Aspirations of older people for their future**

<b>Aspiration</b>	<b>% of older respondents</b>
Socialising	65%
Support to stay independent at home	45%
Help to get out	41%
Meet new people	29%
Advice and guidance	25%

24. The new Centre of Excellence would promote these aspirations for our most frail and vulnerable older people. Recognising that even at a time in their life when they may be lacking capacity, general aspirations to retain their independence at home whilst not being socially isolated would be supported by this centre of excellence, despite any loss of capacity due to dementia.

### **Supporting Carers and family members**

25. It is difficult to address the needs of older people with dementia and complex conditions, without also considering the needs and views of their carers and family members. The strain of supporting an older relative with dementia often places significant stress upon a caring relationship. Commonly the carer is also an elderly person in poor health, or an adult child who themselves may have

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<sup>2</sup> DEMOS survey of 338 older people's aspirations for personalised services in Southwark, 2010

child care and working responsibilities to manage alongside their unpaid caring role.

26. The council knows from work undertaken by The London Joint Improvement Partnership in Southwark in 2010<sup>3</sup> that many older people go into care homes because their carers can no longer cope. Often the right sort of respite and support was not available before things reached a crisis point. Dementia is often a key trigger in such carer breakdown situations.
27. The new service model will provide support and information to carers by providing more flexible respite for their loved one, as well as through services and advice aimed specifically at the carers themselves. This being provided by either staff employed at the centre or through partner organisations.

### **Modernisation of day opportunities for older people living with dementia and other complex needs**

28. Older people are often diagnosed with a form of dementia at a late stage. In many cases this diagnosis is coupled with other chronic health complications, such as strokes, diabetes, incontinence, heart disease and chronic obstructive pulmonary disease (COPD) often requiring complex packages of care and support.
29. The new Centre of Excellence is intended to be able to support the increasing numbers of those living with dementia and other forms of complex needs through changing the service model in partnership with the users of the service and their carers. This will be developed as part of a wider transformation of care and support through initiatives such as the Integrated Care Pilot and the personalisation of social care. Both addressed under the policy section of this report.
30. The current day centres were not designed to accommodate the requirements of older people with such complex needs as they are currently seeing. Although the staff provide a well valued service, the service model itself will need to be transformed, to be driven by a more person centered approach to care and support with a stronger emphasis on enablement.
31. Older people with eligible needs who so choose, would continue to use their allocated personal budget to receive a range of day opportunities underpinned by an ethos of empowerment, dignity and prevention. This means that the range of activities and services on offer will need to evolve. The skills set of the staff will need to be developed, with services opening earlier in the morning and later in the afternoon to provide a more flexible range of respite for the carers. Transport would continue to be a feature of the new service.
32. It is also proposed that the Centre of Excellence will work in closer partnership with other services provided by the NHS or community organisations. This could be through hosting services provided by these partners and potentially co-locating staff on site to offer a more integrated approach of services “wrapping around” the individual. It is intended that the facilities of the centre can be used by partner organisations working with older people living with dementia and

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<sup>3</sup> Advisory review of decisions and patterns of placement in residential care for the London Borough of Southwark

complex needs when structured day activity is not taking place.

### **Minimising disruption for the current users**

33. The council will proactively work with service users, their carers and stakeholders to minimise disruption for current users of the service.
34. Accessible transport would continue to be made available on a similar basis as is currently provided. This would be free, door-to-door transport for all users in receipt of a personal budget, including the current users of Fred Francis and Southwark Park Road. Transport arrangements would be more flexible and staggered throughout the day to meet individual service users' and their carers' needs. The use of taxi card and other transport schemes would be explored to facilitate maximum usage of the facility for the wider community of older people living with dementia and their carers.
35. These issues are addressed in more detail in the consultation section of this report.

### **Suitability of the current buildings**

36. Fred Francis and Southwark Park Road are both purpose built day centres well over 30 years old. Their physical design was not intended for use by a very frail older population as they currently serve, and as a result the buildings are not best equipped at present to meet the needs of older people with dementia.
37. In preparation for the consultation exercise, council officers working in partnership with South London and Maudsley Older Adult services, the Business Support Unit of the local GP Clinical Commissioning Group and the Alzheimer's Society drew up a requirements guide of essential and desirable criteria for the physical space requirements of the Centre of Excellence.
38. This included characteristics such as sensory and memory rooms as well as other design features to promote safely supporting older people who may wander or express challenging behaviours in a more homely and less institutionalised environment. It also specified the requirements for more traditional features such as a dining space, kitchen and activity rooms. Alongside these essential specified requirements, there was also consideration of space for co-located staff, meeting rooms and interview rooms for surgeries and peripatetic visiting services, such a podiatry or hairdressing.
39. These requirements were then further developed by a firm of architects commissioned by the council, whose work was itself informed by visits to other sites and application of best practice in relation to design for dementia friendly buildings. The requirements brief was then developed following a stakeholder event involving family, NHS partners and community groups during the consultation period.
40. From this brief, the architects undertook feasibility studies on both existing sites as well as an alternative site at Cator Street.
41. The council also agreed at August 2012 cabinet to allocate an initial £2m through its capital programme to fund refurbishment of premises to host the Centre of Excellence.

## **The case for Cator Street**

42. Following the conclusion of the consultation exercise and the outcomes of the initial feasibility studies, officers from the council, the architects commissioned to undertake the feasibility studies and partners from South London and Maudsley NHS Trust (SLAM) Older Adults Services and community groups working with older people living with dementia, assessed the potential for the three sites to accommodate the centre of excellence.
43. Following this workshop a Strength, Opportunities, Threats and Weakness exercise was undertaken on the three sites, as well as two other options that came up in the consultation process (Keep two sites and also to look into the possibility of proposing to build the centre on NHS-owned Dulwich hospital site) alongside a “do nothing” exercise.
44. Following this process, Cator Street was identified as the most appropriate location for the Centre of Excellence for the following reasons:
  - Site has most flexibility and potential use (including connected proposed extra care housing development adjacent)
  - The costs for Cator Street are closer aligned to the indicative allocation set by the council
  - No need to temporarily decant users from existing day care centres.
  - Central location in the borough
  - Most opportunity for co-location and partnership working.
45. Southwark Park Road and Fred Francis are thought not to be suitable options for the following reasons:
  - Both sites would need to be demolished and rebuilt as the buildings’ fabric would not allow building upwards
  - Both sites would cost at least twice as much as Cator Street to develop
  - Both sites would need to be accommodated on two floors which are not recommended for this client group to be supported safely
  - Southwark Park Rd site is very small and Fred Francis is built on a steep slope which makes full use of the land space more problematic
  - Development on either side would mean decanting current users for 2 years plus, which will be both disruptive for the vulnerable client group and costly for the council
  - It will take longer to develop.
46. Likewise “do nothing” would not resolve the challenges facing the council highlighted earlier in this report. Dulwich hospital would cost more because it would be a new build and the land is not owned by the council. The proposal to locate at Dulwich hospital would also be subject to further NHS consultation (which itself is being delayed due to the financial challenges affecting acute trusts in South East London). No other suitable options were identified through the consultation process.
47. It is noted that currently the ground floor of Cator Street is used for office space and training rooms for local schools and other council departments, as well as accommodating one off core council responses (Emergency planning, electoral



services). The initial feasibility study was mindful of these continued requirements and was confident that these can be accommodated on the first and second floor of the building. The proposed Centre of Excellence would be a self contained facility with its own distinct entrance from that which is used by education and other council services.

48. Likewise the need for designated parking has been recognised and will continue to be available on the site for training and other purposes. If the recommendations set out in this report are agreed, these requirements will be further refined with our local schools and other departments of the council to be built into the final plans for the site, in order to develop a modern flexible multi purpose building to accommodate:
- The elderly residents of Southwark with a centre of excellence focusing primarily on providing day services for older people with dementia or complex physical or mental health needs and their carers
  - The council's organisational development team with learning and development facilities that cannot be provided easily at Tooley Street (e.g. IT training)
  - Southwark school staff with a headquarters for school improvement and an avenue to maintain and build on the council's leadership role in schools
  - The council with flexible office accommodation for Children's and Adults' Services Early Help teams, other peripatetic staff and resilience when the council's business continuity plans need to be implemented.
49. As a result, the council's preferred option is that Cator Street be used to accommodate the Centre of Excellence, subject to the findings of a more detailed feasibility study on the building and the outcome of further consultation involving families and key stakeholders working in the sector.

### **Financially sustainable model moving forward**

50. Given the challenging financial climate in which the council is operating and the likelihood that there will be no improvement to this situation in the forthcoming years ahead, the council believes that the current two centre portfolio would not be financially sustainable moving forward.
51. By investing capital into a single centre and consolidating available revenue, the council will be in a stronger position to work with NHS and community partners to jointly invest and enhance the service model. This could be through co-locating services directly at the site provided by partner agencies, as well as helping to support the resources and self reliance of older people themselves and their carers.
52. Work has already commenced and has provided the council with confidence that the service model proposed in this report will be deliverable within the anticipated future budget for the Centre of Excellence. These plans will be further developed in partnership with stakeholders and staff if approval by the cabinet is granted.

### **Policy implications**

53. The new service model for the Centre of Excellence will support the aims of the Southwark Council Plan "A Fairer Future for All". There are 10 key pledges in the

council plan, and the one that relates closest to recommendations set out in this report is; “The council will create a fairer future for all in Southwark by: protecting the most vulnerable; by looking after every penny as if it was our own; by working with local people, communities and businesses to innovate, improve and transform public services; and standing up for everyone’s rights”.

54. The Council Plan also contains 11 key targets for adult care in support of this pledge, one of which relates to the transformation of day services to allow a more personalised and outcome focused approach.
55. The recommended Centre of Excellence is consistent with the council’s Future Vision for Social Care agreed by the cabinet in April 2011 and the subsequent Adult Social Care Business Plan 2011-14 (as updated 2012-13), which again both place the modernisation of day services as a key strategic objective for the council.
56. The Centre of Excellence will also assist in the promotion of good mental health and wellbeing for its users and their carers, which is one of the four key priorities for the evolving Health and Well Being Board.
57. The National Dementia Strategy as updated in 2011, and the local delivery plan drawn up in partnership with the local NHS, places a great deal of emphasis on adopting a holistic approach to the care of older adults with dementia at the core of service development. Again this objective will be better met through the new service model outlined in this report.
58. The council also formally agreed by Individual Decision Making powers in May 2012, to participate in the Integrated Care Pilot (ICP). The ICP is set to transform intermediate care services for older people across Southwark and Lambeth. This programme has a large number of work streams and objectives aimed at reducing unnecessary hospital and residential care admissions across the two boroughs. One of which is to improve the quality of integrated care and support in the community for older people living with dementia. The scope of the new service model will provide new opportunities for effective joint working with our NHS partners in relation to care of the frailest sections of our older population.

### **Community impact statement**

59. The recommendations included within this report have been subject to a Community Impact Assessment (CIA), which considered any disproportional impact in relation to the following areas covered by the council equality agenda: Race, Gender, Age, Disability, Faith and Religion, Sexuality, Gender reassignment, Marriage and Civil Partnership and finally Childcare and Pregnancy.
60. This CIA firstly considered who would be primarily affected by the proposals. It took account of:
  - Summary of consultation responses to the Future Vision for the centre of Excellence document
  - Client records based upon the service users who were registered as users of the projects since the consultation period started
  - Demographic information and Joint Strategic Needs Analysis
  - National literature

- Locally commissioned data in relation to the needs and aspirations of older people in Southwark.

61. This assessment concluded that it would be older people who were also disabled as a result of dementia or other forms of physical ill health as being the primary group affected. It recognised that women, who may also have childcare and work responsibilities, were disproportionately the carers of older relatives. It also identified that the impact on these sections of the community would be positive.
62. The second stage of the assessment focused upon the specific issues relating to older people living with dementia and other forms of complex health problems, and their carers specifically in relation to the concerns that were raised through the consultation process. It also focused upon the ways to mitigate the concerns that were expressed through the consultation process.
63. It concluded that the impact on these members of the community by the establishment of the Centre of Excellence was positive, and that the council could reasonably take steps to mitigate these concerns. It also noted that the final decision on the council's preferred option to locate the Centre at Cator Street would be subject to further consultation with families and key stakeholders.

#### **Resource implications**

64. The specific issues in relation to resource implications can be summarised as follows:

#### **Financial issues**

65. Initial financial modeling of the staffing and infrastructure revenue costs for a new Centre of Excellence can be operated within the anticipated available council budget, whilst also providing considerable potential for joint investment into the future service from NHS and community sector partners in the future.

#### **Budget issues**

66. The budget issues are dealt with in detail under the comments from the strategic director of finance and corporate services set out below.
67. At the council's cabinet meeting in August 2012, £2m from the council's capital programme was allocated to pay for construction works for a Centre of Excellence.

#### **Staffing issues**

68. The recommendations will have implications for the Council as an employer, as it is likely there will be a need for a reduced number of staff. The Council's Reorganisation, Redeployment, Redundancy procedure will apply, and it is anticipated that there are likely to be redundancies. Redeployment opportunities may be limited given the roles and skills of the affected staff group; however every effort will be made to mitigate any compulsory redundancy. Further advice will be provided once it is known what affect the new operating model will have on the staff group.

## Consultation

69. The recommendation set out in this report have been informed by the outcome of a formal three month consultation process that concluded on 26 September 2012. The consultation took a number of forms:
- Specific meetings held with family and stakeholders
  - Attending existing fora to present the vision, such as the Older People Partnership Board
  - Specific staff meetings and presenting the vision to the Departmental Liaison Committee with the Trade Unions
  - Written responses from individuals and stakeholders to a questionnaire sent out to all family members, community and statutory partners as well as advertised on the council website and through press releases to the local media.
70. There was generally a very good response to the consultation, although it was helpful to call family and stakeholders to maximise engagement at the start of the process.
71. Overwhelmingly the responses came through direct contact with families and stakeholders and not through press and general mail outs.
72. The outcome of the consultation can be summarised as follows:
- Significant support for the vision and the need for a centre of excellence – people felt stimulated and had many ideas when they had an opportunity to consider the potential of the centre of excellence
  - An understanding of the need for change and for improved services and an enthusiasm from families/carers for a new offer for people with dementia
  - A number of people were aware of dementia friendly services (the Marjorie Warren ward at Kings and a new dementia unit build by Jewish Care) which they rated very positively, and understood how other existing centres were not designed for people with dementia
  - A strong appetite from many family members, NHS partners and community organisations to become involved in the design stage and to be actively involved in the development of the new centre.
73. Particular interest was shown in the following:
- Partnership working, including the involvement of families/carers
  - Good transport (including public transport )
  - High importance placed on meals and food and the need for a range of activities that stimulated and helped prevent deterioration in people with dementia and complex needs
  - Need for a centre that was homely, user friendly in respect of dementia and need for intimate spaces
  - Potential to develop more carers support
  - Good quality building and service delivery
  - A strong plea to maintain transparency and continue with active consultation.

74. The consultation exercise also identified a number of areas of potential concern. These relate to:

- **The loss of two sites at Fred Francis.** Although both current centres will close, all residents using our existing in-house day services when the new Centre of Excellence opens will be guaranteed a place and the future service model will target a much larger client base than the current 77 service users.
- **The availability of transport and length of journey in council leased adapted mini buses.** However the council will continue to provide door-to-door transport to those with personal budgets as it currently does. On average the journey to Cator Street would be 0.4 miles longer, but the advantages of the new service model are thought to outweigh any minimal increase in journey for all. It is also noted that the journey will be shorter for most users at Fred Francis and in the consultation a number of families highlighted the journey as a positive aspect of the day for their loved one, as it allowed them to see the outside world in a protected and supervised manner.
- **Eligibility criteria.** This would remain the same as it does currently but the new service model could also host services for carers that would not necessarily be linked to FACS criteria and could host services for carers without personal budgets. Similarly the council has been making other investments into services that support the needs of less frail older people (for example the 2012-13 Innovation Fund Programme, the Silver Fit initiative and the return of warden services in sheltered housing in 2013).
- **Impact of change in service users.** The council recognises that change may be disruptive for people living with dementia and would seek to minimise this disruption for service users. Should the Cator Street site be agreed, there would be no disruption to service users as the other sites can remain open whilst the building work is taking place on Cator Street. The views expressed by families and practitioners in the consultation exercise, was that the service users would be reassured by familiar faces of staff at the new centre.

75. As a result the council will carry out a further consultation exercise on the preferred Cator Street location to help inform the final decision to be made on the location. This will target the families, staff and NHS and community sector partners working with older adults living with dementia and other forms of complex needs.

## **SUPPLEMENTARY ADVICE FROM OTHER OFFICERS**

### **Head of Procurement**

76. There are no procurement issues in this report.

### **Director of Legal Services**

77. The report seeks cabinet approval of the Vision for a Centre of Excellence (as set out in Appendix 1 of the report). The report recommends that Cabinet agree that there is further consultation with families and key stakeholders on the preferred option of Cator Street as the location for the Centre. The Leader is delegating the final decision on the model and location to the cabinet member for

adult social care. Cabinet is also asked to note the outcome of the consultation exercise undertaken on the Vision and the establishment of a working group, including its composition and focus, to take forward the Vision.

78. The approval of the Vision comes within the executive functions of the cabinet as set out in the constitution. The decision of the leader to delegate the final decision on the location and model for the Centre of Excellence is in accordance with the leader's powers in Part 3 of the constitution.
79. The report states that the proposed Vision has been subject to consultation. For effective consultation to take place there are four requirements:
- 1) consultation must be conducted when proposals are at a formative stage;
  - 2) the decision maker must give sufficient reasons for its proposals to permit intelligent consideration and response;
  - 3) adequate time must be given for consideration and response; and
  - 4) the product of consultation must be conscientiously taken into account before making the relevant decision.

Each of these elements must be considered separately, evidenced and documented. The report states that The Vision has been consulted on over a 3 month period which concluded in September 2012. This is an adequate period of time for consultation. The Vision document explains the reason for proposal to establish a Centre of Excellence and at Section 5 (headed "The case for change") the drivers for the Vision are explained. Section 3 (headed "Where would it be?" explains the sort of building that is required in order to deliver the Vision and Section 6 explains why the sites where services are currently provided are not sustainable to continue to operate the current service model.

The means and outcome of the consultation is summarised in the report at paragraphs 69- 75, in summary a variety of means were used to consult and the views are recorded. Paragraph 72 notes the areas where concerns were raised in the consultation and the response of the council to this. The report also notes the interest of those consulted in how the Centre would be developed and its design. This has translated into the 4<sup>th</sup> recommendation noting the establishment of a working group of officers, agencies and service users into the design of the Centre and development of the service model.

80. The report recommendations have been subject to a Community Impact Assessment. This assessment provides an analysis of the impact that its decision will have and identifies if there are any groups within the community who will be impacted. It also provides a means by which steps can be taken to lessen any negative impacts, where they exist. This is important because when exercising its powers the council must have due regard to its equalities duties as set out in the Equalities Act 2010 and specifically the need to:

A. eliminate discrimination, harassment, victimisation or other prohibited conduct

B. advance of equality of opportunity between persons who share a relevant protected characteristic and those who do not

C. foster good relations between those who share a relevant characteristic and

those that do not.

81. The outcome of the Community Impact Assessment is summarised at paragraphs 59-63. It concludes that the Vision and Centre for Excellence will have a positive impact on the lives of those who suffer from dementia and their carers.

#### **Strategic Director of Finance and Corporate Services (FI/1005)**

82. The Strategic Director of Finance and Corporate Services notes the recommendations contained in this report. The capital programme includes £2m for developing a centre of excellence. The project also anticipates that there is potential for joint investment into the future service from NHS and community sector partners in the future. It is noted that once implemented there are wide ranging benefits to be obtained including continued transformation of adult day services; promoting client independence and potential for all sorts of investment initiatives with our various partners i.e. NHS and voluntary sector.

#### **BACKGROUND DOCUMENTS**

<b>Background Papers</b>	<b>Held At</b>	<b>Contact</b>
Community Impact Assessment (Item 20) <a href="http://moderngov.southwark.gov.uk/ielistDocuments.aspx?CId=302&amp;MId=4249&amp;Ver=4">http://moderngov.southwark.gov.uk/ielistDocuments.aspx?CId=302&amp;MId=4249&amp;Ver=4</a>	Adult Commissioning 160 Tooley Street London SE1 2QH	Andy Loxton 020 7525 3130
Communications summary (Item 20) <a href="http://moderngov.southwark.gov.uk/ielistDocuments.aspx?CId=302&amp;MId=4249&amp;Ver=4">http://moderngov.southwark.gov.uk/ielistDocuments.aspx?CId=302&amp;MId=4249&amp;Ver=4</a>	Adult Commissioning 160 Tooley Street London SE1 2QH	Andy Loxton 020 7525 3130

#### **APPENDICES**

<b>No.</b>	<b>Title</b>
Appendix 1	Future Vision for the Centre of Excellence - Consultation Document

## AUDIT TRAIL

<b>Cabinet Member</b>	Councillor Catherine McDonald, Cabinet Member for Health and Adult Social Care	
<b>Lead Officer</b>	Romi Bowen, Strategic Director of Children's and Adults Services	
<b>Report Author</b>	Andy Loxton, Lead Commissioning Manager for Older People	
<b>Version</b>	Final	
<b>Dated</b>	29 November 2012	
<b>Key Decision?</b>	Yes	
<b>CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER</b>		
<b>Officer Title</b>	<b>Comments Sought</b>	<b>Comments included</b>
Director of Legal Services	Yes	Yes
Strategic Director of Finance and Corporate Services	Yes	Yes
Human Resources	Yes	Yes
Regeneration	Yes	Yes
<b>Cabinet Member</b>	Yes	Yes
<b>Date final report sent to Constitutional Team</b>	29 November 2012	