



# Cabinet

<b>Date:</b>	<b>Thursday, 12 April 2012</b>
<b>Time:</b>	<b>6.15 pm</b>
<b>Venue:</b>	<b>Committee Room 1 - Wallasey Town Hall</b>

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## **SUPPLEMENTARY AGENDA 2**

**24. PUBLIC HEALTH DEVELOPMENTS 2012/2013 (Pages 1 - 10)**

Revised report of the Director of Public Health

**48. URGENT BUSINESS APPROVED BY THE CHAIR**

**DISPOSAL OF FORMER CARE HOME, MEADOWCROFT, 304 SPITAL ROAD, BROMBOROUGH (Pages 11 - 18)**

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## WIRRAL COUNCIL

### CABINET

12 APRIL 2012

<b>SUBJECT:</b>	<b><i>PUBLIC HEALTH DEVELOPMENTS – 2012/13</i></b>
<b>WARD/S AFFECTED:</b>	<b><i>ALL</i></b>
<b>REPORT OF:</b>	<b><i>DIRECTOR OF PUBLIC HEALTH</i></b>
<b>RESPONSIBLE PORTFOLIO HOLDER:</b>	<b><i>PORTFOLIO HOLDER FOR PUBLIC HEALTH</i></b>
<b>KEY DECISION?</b>	YES

#### 1.0 EXECUTIVE SUMMARY

- 1.1 This report provides Cabinet with an overview of the key development areas which will be delivered through the Public Health Annual Plan for 2012-13. Currently, accountability for the delivery of these activities lies within the National Health Service at the NHS Cheshire, Warrington and Wirral Cluster Board. However, during 2012-13 public health reform means that, increasingly, the Council will need to be involved in the determination of future priorities for action and will want to understand progress against the existing plan in order to be in a good position to take early decisions affecting delivery from April 2013 onwards. The Health and Social Care Act which enshrines these public health reforms is expected to receive Royal Assent before the Easter recess.
- 1.2 The activities described in this report are those identified for the final year of the delivery of NHS Wirral's Strategic Commissioning Plan, and for a number of other existing public health programmes. They also link to the Council's Corporate Plan objectives for children (teenage pregnancy and obesity) and adults (alcohol harm reduction).

#### 2.0 BACKGROUND AND KEY ISSUES

- 2.1 The NHS Wirral Strategic Plan for 2010-13 identified the health needs of the local population, and how the views of the public and partners were being captured, and set out a number of programmes to address these. There were ten programmes in all, of which are linked to public health outcomes. Leadership for five of these strategic programmes has been provided through the public health directorate, these include: Health Inequalities, Alcohol, Obesity, Smoking and Sexual Health. All of these issues are to be the future responsibility of local authorities. In addition there are a number of other public health programmes that have been in place for some years and which are regularly reviewed to ensure they are still delivering value to our local population, and for improvement purposes. These include: accidental injury prevention, mental wellbeing, drug misuse, physical activity, workforce health and the healthy child programme.

2.2 This report can in no way do justice to the wide range of activities that are taking place on these strategic programmes, and it may be useful if future reports on specific areas of interest were to be brought to future Cabinet or Overview and Scrutiny meetings. Additionally, the full Annual Plan report will be made available to Elected Members. However, it will hopefully highlight areas of development activity which will be taking place in the Borough during the financial year April 2012-13.

### 2.3 **Proposed new developments for 2012-13**

The Alcohol Treatment programme (which incorporates education, prevention and treatment services for adults and children) will be managed by the Drug and Alcohol Action team (DAAT) and will continue to deliver the services described in detail in the strategic commissioning plan. Considerable progress was made in achieving the goals of this plan during 2011-12, with the new developments proposed in last years plan all delivered, or at least on the way to being delivered. To follow on from that work and further enhance the performance of the Programme in 2012-13, it is proposed that a new series of developments are delivered, including the following:

- Work with Cheshire and Wirral partnership to put in place a “Shared Care scheme” for alcohol that builds on the learning and structures already established and operating effectively for drugs.
  - Develop further the additional alternative responses to alcohol related crime and integrate these with the existing drug Intervention Process to achieve the maximised effectiveness and added value that this has the potential to offer. This includes further amendments to the Conditional Cautioning Scheme and the introduction of more prompt responses to alcohol related crime.
  - Linking the above with the enhanced prison through-care process with the capacity of this increased to enable it to engage with prisoners leaving custody who have had problems with alcohol and to connect them effectively with the appropriate community based services on their release.
  - Deliver the Social Marketing Campaign for young people using a “Peer Mentoring” model and incorporating the lessons learnt from the pilot study conducted in 2011.
  - Continue to strengthen the crisis intervention response, with particular reference to establishing a link nurse between Wirral University Teaching Hospital, General Practitioners and Birchwood\* – ensuring that access to the service by General Practice is prompt and effective
  - Redesign the ‘WHAT?’ (alcohol awareness) website
  - Complete the analysis of the data and information from the Alcohol needs Assessment and implement the actions and development indicated by this process.
  - Produce a new alcohol strategy
- \* Birchwood is a local 20 bed residential in-patient detoxification and stabilisation facility for drug and alcohol clients aged more than 18 years

The Government are preparing a new National Alcohol Strategy, and the team will also respond to this on its publication and look to incorporate it’s priorities into the local delivery plan and programme.

The health inequalities programme (which incorporates the Community Programme, the Health Trainer Service and the Targeted Nurse Practitioner service for the homeless) will continue to deliver the commissioned services and intends to undertake a number of key developments in 2012-13, including:

- To deliver a Health Advocate service to provide additional support and capacity to the Health Trainer programme. It is anticipated that delivery will commence in April/May 2012
- To offer third sector providers pilot funding to develop capacity for community-led health improvement activities, including Expert Patient and Mind-fullness programme
- To develop a service to increase the sustainability and reach of the Community Programme to those people who are most at risk of ill health and benchmark the programme against other areas

The obesity programme (incorporating the breastfeeding peer support service, the UNICEF baby-friendly initiative, adult and child weight management services and delivery of the Healthy Schools Programme) will continue to deliver the services commissioned via the strategic commissioning plan. During 2012-13 additional developments will include:

- Weight management interventions for obese pregnant women
- Workforce development to promote early intervention to increase healthy weight

The Sexual and Reproductive Health Programme has 2 investment strands –specific services for young people and universal services for the whole population:

The young people's programme (incorporating support for the Teenage Pregnancy Strategy, Health Services in Schools, Brook Wirral, workforce development, targeted outreach and delivery of the “Young People Friendly: You're Welcome” initiative) will continue to deliver its core programme, with the following enhancements through Relationships and Sex Education (RSE) 2012-13 including:

- Secondary school Personal Social and Health Education (PSHE) staff trained to raise awareness about teenage relationship abuse and domestic violence and provided with lesson resource.
- Resources and training to be developed through a multi-agency partnership for children and young people's workforce on addressing sexualisation, child sexual exploitation and pornography with young people.
- Disseminate findings from the 'Faith and Values in Relationships and Sex Education' consultation in the form of a Values Framework for Wirral.

The Chlamydia testing and treatment programme spans the age range 15-24 and is a model of good practice of a targeted and value for money intervention. However while positivity rates are high the testing volumes have been insufficient to meet targets so additional resource was commissioned to increase the volume of young men tested and to take testing out into the community using the 'Screen for a Screen engagement tool'. The learning from this pilot will be incorporated into the integrated specification for 2012-13.

In addition in 2012-13 implementation of findings of the needs assessments will continue, including:

- Increased accessibility to Sexual and Reproductive Health (SRH) services
- Develop and pilot a 'self-care' SRH model based in Children's Centres
- Improve the efficiency and the Value for Money (VfM) of SRH services
- Commission workforce clinical training where necessary
- Increase access and availability of Emergency Hormonal Contraception

- Maximise core service uptake of Chlamydia screening to meet 2012-13 outcome measure (2,400 per 100,000 population)
- Increase access to, and retention of, Long Acting Reversible Contraception methods
- Increase promotion of and access to HIV testing to ensure reduced undiagnosed rate and to reduce late diagnosis
- Commission a one-stop Wirral sexual health web-site and additional promotion work

NHS Cheshire, Warrington and Wirral Cluster and sub-regional (Cheshire and Merseyside SH Network) partnership work under development 2012-13 :

- A joint and shared specification for integrated reproductive and sexual health services
- Validation and road-testing of sexual health tariff and pathways
- Identification of a model joint protocol and pathway for free Emergency Hormonal Contraception in community pharmacies
- Abortion service study and development of self-referral pathway
- Best practice guidelines for condom distribution

The sexual health programme (incorporating support for the teenage pregnancy strategy, Health Services in Schools, workforce development, targeted outreach and delivery of the “Young People Friendly: You’re Welcome” initiative) will continue to deliver its core programme, with the following enhancements for 2012-13 including:

- Secondary school staff trained to raise awareness about teenage relationship abuse and domestic violence and provided with lesson resource.
- Resources and training to be developed for children and young people’s workforce on addressing sexualisation, child sexual exploitation and pornography with young people.
- Disseminate findings from the ‘Faith and Values in Relationships and Sex Education’ consultation in the form of a Values Framework for Wirral.
- Brief intervention training in targeted Secondary schools to promote positive mental health
- Further targeted outreach to increase Chlamydia test uptake
- Following evaluation of the HIV testing pilot in termination of pregnancy services we will implement the recommendations arising from the evaluation and introduce workforce development regarding HIV awareness and testing for all key providers.

The Healthier Homes programme (aimed at ensuring Looked after Children have the best possible opportunities to follow healthy lifestyles) will continue to develop through 2012-2013 by:

- Supporting the Local Authority to introduce the Healthier Homes Fostering Standard to Wirral’s foster carers via pilot projects including therapeutic foster carers.
- Deliver the “Health Challenge Champions” pilot in conjunction with local partners to a defined group of young people “at the edge of care”.
- Working with housing associations such as Forum to adapt the above “Health Challenge Champions” into a format which can challenge and improve the lifestyles of young people moving towards independence via supported living.

The smoking programme (incorporating “Quit Stop Initiative” and the NHS Stop Smoking Service) will continue to deliver the key smoking cessation components of the tobacco

control plan for Wirral and intends to deliver a number of improvements in 2012-13, including these:

- Aim to deliver more quit attempts through local community providers to deliver smoking cessation along with weight management and exercise sessions
- Aim to deliver more quit attempts and embed smoking cessation services amongst carers, the mental health community and patients at risk of premature mortality by training staff, reviewing policies, increasing brief interventions and referrals
- Aim to reduce availability of tobacco products to children and young people through tackling illegal and illicit tobacco

The Drug and Alcohol Action team will also continue to manage the delivery of the Wirral Drug programme incorporating the key elements of the National Drug Strategy – “Reducing Demand, Restricting Supply, Building Recovery and Supporting people to live a drug free life”. This strategy was published by the Government in November 2010. During 2011-12 the DAAT intends to deliver a number of further improvements to the existing service including, based on analysis from the rigorous annual Needs Assessment, and consideration of other changes in the wider operating environment:

- Wirral DAAT will continue to monitor the progress of the national Payment by Results (PbR) pilot in the six national pilot areas, and co-operate with other identified DAAT areas who are also developing local variations of this approach, and work with provider partners to develop an application of the PbR model that fits with the local Treatment and Recovery Programme and supports further improvement in performance. Contracts negotiations will take place in 2012/13 to include PbR elements.

The DAAT will drive the further development of the Drug Treatment and Recovery Programme to maximize the effectiveness of this programme so that the following is achieved:

- Further increase the focus and effectiveness of the programme so that it supports a minimum of 12% of the In-treatment population to achieve and sustain recovery.
- Organise the system of support services available to people in recovery so that they are able to stay abstinent and out of contact with treatment services for at least 6 months after completing treatment (in line with new National Treatment Agency (NTA) outcome targets)
- Reduce the percentage of the in-treatment cohort who have been in treatment for 6 years or more (in line with NTA identified priorities).
- Strengthen the links between the Treatment and Recovery Programme with the Department of Work & Pensions Work Programme to increase the number of people accessing education, training and employment.
- Continue to create more opportunities to include service users in Recovery in the planning and delivery of services so that the system is able to harness the recognized positive benefits this has been shown to have in terms of motivating others to commit to their own Recovery. In particular, work with partners to consolidate and continue to develop the “Quays” Peer Support Project.
- Develop the potential for substance misuse Recovery Services to also work with people recovering from mild to moderate mental health problems, and by so doing break down some of the stigmatising effects of limited user group definitions, and

increasing the therapeutic benefit of more mixed and varied user groups, as well as having potential for increasing the cost effectiveness.

Other improvements and developments will include:

- Having achieved the target of 60% for Hepatitis C screening the work will continue to provide co-ordinated support for the uptake of Hepatitis B and C testing and treatment so as to achieve a raised target of 70% target for Hepatitis C screening.
- Increase the availability of dried blood spot testing by increasing the numbers of staff who are able to carry out the testing and make this available across a wider set of service outlets.
- Through specialist treatment services, promote a winter health protection programme aimed at service users at greater risk of illness or death from winter conditions, and equip key staff to deliver winter health checks and protection advice.
- Work with colleagues at Supporting People, and with local provider partners, to organise available resources to provide the most comprehensive support to those service users living in abstinence based recovery housing.
- Reduced offending and improved offender health through effective treatment delivered as part of the prison through care and Integrated Offender Management (I.O.M.) programmes.
- Work with colleagues in the Community Safety Partnership to respond to the establishment of the new Police Commissioner role and maintain the high quality and effectiveness of substance misuse and crime services on the Wirral.
- Complete the review the Safeguarding protocols, policies and practice across the drug and alcohol programmes and take the required action to fill any gaps or where process or practice needs to be updated.
- Expand the work undertaken with 18 to 24 year old substance users and continue to develop projects with a specific focus on and skills in responding to their needs.

DAAT commissioning linked to generic Public Health programmes: The DAAT will give increasing attention to strengthening the links and integration between the commissioning strategies and programmes for substance misuse with other key Public health programmes, in particular those tackling Smoking Cessation, Obesity, Sexual Health and Teenage Pregnancy. Drug service providers in particular have a well developed, strong and effective practice in terms of engaging with their target communities, the majority of whom represent the hard to reach elements of the wider community, and those with higher levels of health inequalities. By looking at the areas of overlap between specialist drug and alcohol treatment services and the Public Health Action initiatives the DAAT will be looking for developments that not only tackle health inequalities in the drug alcohol misusing population but also support enhancements in the delivery of the Public Health programmes to the communities in which DAAT services and service users are based. Examples of this will include:

- Increased delivery of the smoking cessation programme through the substance misuse treatment services.
- Increased involvement with, and utilisation of, the Health Action Area programme by those engaged with the substance misuse programmes, including training recovery champions to be health champions both within their peer groups, and within their wider communities.

- Possible utilisation of the sites and methods of engagement practised very effectively by community substance misuse services to deliver Public health programmes addressing Obesity, Sexual Health, Teenage pregnancy

The Public Health Department are also intending to deliver a number of other strategic and tactical health improvement services in 2012-13. These include:

- A review of the School Nursing specification with the intention of commissioning the revised service specification from 2013
- Further promotion of the Healthier Homes programme to include identifying young people to act as health champions
- To act on the findings of the young offender health needs assessment due to conclude during 2012 to ensure the health needs of this vulnerable group are met
- To review and revise the local GU Medicine and Sexual Health Service
- To further develop – with our partners in the Local Authority – our physical activity programme
- To further develop the workforce health programme
- To pilot a health champion model within BME communities
- To repeat the third sector public health innovation fund opportunities – building on the lessons learned from 2011-12
- To develop a mental health awareness training programme in response to initial sessions delivered
- To develop a programme for carers which will be incorporated into the eventual “wellness service” model
- To explore potential community activities to support older people experiencing social isolation and dementia

### **3.0 RELEVANT RISKS**

- 3.1 The Department of Public Health, under the management of the Cheshire, Warrington and Wirral PCTs Cluster Board, administers a risk register in line with NHS Corporate Governance guidance. Any risks associated with delivering the outcomes established for the public health service are fully understood and any necessary mitigating actions are put in place, as appropriate.

### **4.0 OTHER OPTIONS CONSIDERED**

- 4.1 Other options are not applicable. The goals and outcomes established for the Public Health Department are determined by national strategic direction and by the NHS Wirral Commissioning Strategic Plan. These are described in, amongst other relevant documents, “Healthy Lives, Healthy People” and the NHS Outcomes Framework 2012-13.

### **5.0 CONSULTATION**

- 5.1 It is also important to note that the mode of delivery of these outcomes in Wirral is strongly influenced by a locally driven programme of service user ‘in-sight’ and engagement and a formal programme of research, development and evaluation. In addition the Wirral Joint Strategic Needs Assessment forms part of the analysis of need in the Borough, and identifies target populations where intervention or increased activity would be valuable.

## **6.0 IMPLICATIONS FOR VOLUNTARY, COMMUNITY AND FAITH GROUPS**

6.1 A number of the programmes commissioned by public health are delivered by the voluntary and community sector. Where new services are commissioned, they are open for bids from the voluntary and community sector to apply to deliver them through normal procurement processes.

## **7.0 RESOURCE IMPLICATIONS: FINANCIAL; IT; STAFFING; AND ASSETS**

7.1 There are no direct resource implications for the Council contained within this report. However, these commitments will be 'inherited' by the Council from April 2013.

7.2 The outcomes described within the Public Health Annual Plan 2012-13 are fully funded by the Department of Health. During 2012-13, the reform of the NHS will mean that the Council will need to become fully involved in the determination of future investment to ensure that the commitments made to develop, maintain and improve local health services fits with the public health grant received by each Local Authority from April 2013.

## **8.0 LEGAL IMPLICATIONS**

8.1 Any legal implications relating to the delivery of the Public Health Annual Plan in 2012-13 will be addressed, as appropriate, by the Department of Public Health and the Cheshire, Warrington and Wirral PCTs Cluster Board

## **9.0 EQUALITIES IMPLICATIONS**

9.1 Has the potential impact of your proposal(s) been reviewed with regard to equality?

(c) No because of another reason which is:

As part of the Equality Duty 2010, the NHS has a legal responsibility to give due regard to the impact of its policies and decision on people who share protected characteristics. In developing the Public Health Annual Plan 2012-13, the Department of Public Health has addressed the equalities implications as appropriate and the impact assessment has been completed and is deposited with the Public Health Governance Committee

## **10.0 CARBON REDUCTION IMPLICATIONS**

10.1 There are no direct implications contained within this report

## **11.0 PLANNING AND COMMUNITY SAFETY IMPLICATIONS**

11.1 There are no direct implications for planning and community safety within this report

## **12.0 RECOMMENDATION/S**

12.1 It is recommended that Cabinet note and support the main developments planned for 2012-13 within the Public Health Annual Plan and their link to the Council's Corporate Plan for 2012-13.

12.2 It is also recommended that Cabinet, and other elected Members identify areas where they would like further information or relevant training to enable them to become familiar with the new areas of responsibility transferring under the Health and Social

Care Bill to local authorities, and that the Director of Public Health be requested to make this available.

### 13.0 REASON/S FOR RECOMMENDATION/S

13.1 Many of the areas of development fall into the future portfolio of responsibilities that will transfer to the local authority in April 2013. During the shadow year, it will be important that Members feel that they have the necessary information and advice to allow for policy decisions to be made following transfer.

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### APPENDICES

*None*

### REFERENCE MATERIAL

*Public Health Annual Business Plan 2012-13*

### SUBJECT HISTORY (last 3 years)

<b>Council Meeting</b>	<b>Date</b>
n/a	

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## WIRRAL COUNCIL

### CABINET

12 APRIL 2012

<b>SUBJECT:</b>	<b><i>DISPOSAL OF FORMER CARE HOME, MEADOWCROFT, 304 SPITAL ROAD, BROMBOROUGH</i></b>
<b>WARD/S AFFECTED:</b>	<b><i>BROMBOROUGH</i></b>
<b>REPORT OF:</b>	<b><i>DIRECTOR OF LAW HR AND ASSET MANAGEMENT</i></b>
<b>RESPONSIBLE PORTFOLIO HOLDER:</b>	<b><i>COUNCILLOR HARNEY – CORPORATE RESOURCES</i></b>
<b>KEY DECISION</b>	<b>NO</b>

#### 1.0 EXECUTIVE SUMMARY

- 1.1 This report seeks consent to dispose of a former care home, Meadowcroft, 304 Spital Road Bromborough to Age UK Wirral.
- 1.2 The proposal is in support of the Council's goal of creating an excellent Council by improving the use of the Council's land and assets.
- 1.3 The sale of the asset will result in a capital receipt.
- 1.4 The sale is not a statutory duty.

#### 2.0 BACKGROUND AND KEY ISSUES

- 2.1 Cabinet, at its meeting on 9<sup>th</sup> December 2010, identified a number of operational buildings for closure.
- 2.2 Meadowcroft, 304 Spital Road, Bromborough, is a 23 bed care home, with additional day care facilities, constructed in 1963 on a 1 acre site shown on the attached plan.
- 2.3 The residential accommodation closed in March 2011 and the Day Care centre in November 2011.
- 2.4 At its meeting on 21 July 2011, Cabinet resolved
  - 1) The above asset be declared surplus and the Director of Law, HR and Asset Management be authorised to negotiate terms of disposal, by sale or lease, to Age Concern Wirral.

- 2) Any proposed consideration for sale, established by an independent valuation, be reported back to the Cabinet: and
  - 3) Any lease at current market rates be dealt with under the Director of Law, HR and Asset Management's Scheme of Delegation.
- 2.5 Age Concern Wirral (operating under the working name of Age UK Wirral) is a registered charity to promote the wellbeing of older people throughout the Wirral. The organisation offers a range of services and activities aimed at addressing the whole spectrum of needs and aspirations of older people, from the fit and active to the more frail and vulnerable.
- 2.6 Meadowcroft would provide accommodation to centralise Age UK Wirral's activities and relocate a number of services and provide space for future development. The building would be altered to convert some of the residential accommodation into day care meeting rooms.
- 2.7 The range of services offered from Meadowcroft would include :-
- EMI day care service (The current service provided at Pensall House would be relocated to Meadowcroft).
  - Bathing Service. (The current service provided at Pensall House would be relocated to Meadowcroft).
  - Social day care/active care.
  - Active Ageing.
  - Information and Advice.
  - Bereavement Support Service.
  - Befriending Service.
  - Phonelink.
  - Wirral Older Persons' Parliament
  - Respite Care, proposed 6 bed facility for dementia respite.
  - Café.
  - Support Groups.
  - Expansion of Day Care.
- 2.8 Age UK Wirral is currently operating from a Council owned building, Pensall House, Pensby and Members have previously approved the transfer of Bromborough Social Centre, Forwood Road, Bromborough to Age Concern under the Community Asset Transfer Policy. If terms are approved for Meadowcroft both Pensall House and Bromborough Family Centre would no longer be required by Age UK Wirral.
- 2.9 Age UK Wirral has undertaken has undertaken investigations at the property and engaged external advisors to prepare proposals for its repair and alteration. It estimates that the total cost of bringing the property into full repair and altering it to support current and future service delivery will be approximately £530,000.
- 2.10 Age UK Wirral has indicated that whilst it is prepared to fund repairs and alteration costs at this level the addition of a purchase cost of £480,000 makes the whole project prohibitive. It has said that if it is unable to proceed it will either need to maintain occupation at Pensall House or the services operated there, including

dementia care, will be lost. It would also resurrect its proposals to use the former Bromborough Family Centre building.

2.11 Negotiations have taken place with Age UK Wirral and terms have been agreed (subject to approval) as set out below:

1. The Council will sell its freehold interest in Meadowcroft to Age Concern Wirral for uses consistent with its charitable objects.
2. The purchase price will be £240,000.
3. The sale will include a condition that requires the payment of overage to the Council if the property is sold within a period of 25 years from the date of its purchase by Age Concern Wirral. Overage will be based on the difference between the current market value (£480,000) and market value at the date of any subsequent sale. The Council will receive 50% of any such overage.
4. Each party will pay its own costs.

2.12 As noted above Age UK Wirral provides a wide range of services for older people in the borough. It has plans to grow and develop its services to meet future needs, and its proposed acquisition of Meadowcroft will allow it to consolidate and develop its services on a single site. It has said that if the Council insists on a sale at a figure of £480,000 the total costs will make the whole project prohibitive.

2.13 The Council has an obligation to obtain the best price reasonably obtainable on the sale of its land and property. However, under the General Consent, the Council does have the power to restrict the value of land by imposing restrictions as to its use on the grounds that to do so is in the interest of the economic social or environmental well being of the residents of the Borough and provided also that any such restriction in value does not exceed two million pounds, per transaction.

2.14 An independent valuation was jointly commissioned by the Council and Age UK Wirral from Mason Owen in February 2012. The Market Valuation of the property was assessed by Mason Owen at £480,000.

2.15 Agreeing a sale at the reduced price of £240,000 will enable Age UK Wirral to acquire the building and carry out its proposed refurbishment/alterations to provide an improved service to the older people of the Wirral. In considering a disposal at undervalue as proposed by the above terms members will need to be satisfied of the benefits arising from the transaction. In this respect the Director of Adult Social Services supports the proposal and would comment as follows:-

- The social care market across the borough is currently undeveloped in many areas, but specifically in relation to care for older people. Age UK will be able to meet and address this gap once they have a new base at Meadowcroft
- There is a particular and pressing paucity of service for older people with dementia; this is more acute in relation to the provision of short breaks (respite) which is having a detrimental effect on Carers across the borough in that they are

unable to access appropriate and timely services. Age UK's new provision will again meet this need

- We currently fund a number of services through Age UK and the proposal to relocate several of these services into one base will enable us to realise some efficiencies and savings
- We are currently working in partnership with Age UK on several key national projects, the ability to have a good working relationship is vital to the continuation and success of these projects, therefore any support WBC could offer to Age UK in terms of progressing this is critical
- As we move towards implementing the Adult Social Care Commissioning Strategy, there is a greater need to work closely with the VCF to develop more responsive and flexible services and the proposals from Age UK are absolutely aligned to this objective.

2.16 The services to be provided at Meadowcroft will support the Council's corporate goals of enhancing the quality of life of the people of Wirral who have care and support needs and delaying and reducing the need for care and support.

### **3.0 RELEVANT RISKS**

3.1 Until the building is sold the Council remains liable for all ongoing running costs, including repair maintenance and security.

### **4.0 OTHER OPTIONS CONSIDERED**

4.1 The reuse of the building by other Departments in the Council has been considered. The building is not required for any alternative Council Service delivery.

4.2 Offer the property for sale in the open market. Sale on the open market has not been pursued at this stage as it is inconsistent with the previous instruction to negotiate terms for disposal to Age Concern Wirral. The terms now negotiated are considered reasonable having regard to the wider benefits that will be realised from a sale to Age Concern Wirral.

### **5.0 CONSULTATION**

5.1 Prior to the closure of the building, consultation was undertaken under Wirral's Future Be a Part of it.

5.2 Consultation has taken place with Age UK Wirral over the reuse of the building.

### **6.0 IMPLICATIONS FOR VOLUNTARY, COMMUNITY AND FAITH GROUPS**

6.1 There are no implications for Voluntary Community or Faith Groups arising from this report.

### **7.0 RESOURCE IMPLICATIONS: FINANCIAL; IT; STAFFING; AND ASSETS**

7.1 The disposal will result in an initial capital receipt of £240,000 and a future 50% share of the capital receipt if the building is sold by Age UK Wirral within 25 years.

7.2 The Market Value of the property in the independent valuation carried out by Mason Owen was £480,000. The Council has an obligation to obtain the best price reasonably obtainable on the sale of land and property. However under the Local Government Act 1972 general disposal consent (England) 2003 it has the power to restrict the value in the interests of the economic or environmental or social well being of the residents of the Borough.

7.3 Sale of the building will mean the Council avoids the costs associated with future maintenance liabilities. It will also release two other Council assets for disposal where the Council is continuing to incur costs.

## **8.0 LEGAL IMPLICATIONS**

8.1 The disposal will require the preparation of appropriate legal documentation.

## **9.0 EQUALITIES IMPLICATIONS**

9.1 Has the potential impact of your proposal been reviewed with regard to equality?

No because there is no relevance to equality.

## **10.0 CARBON REDUCTION IMPLICATIONS**

10.1 The sale of Meadowcroft will reduce Wirral Council's Carbon emissions by 160 tonnes per year.

## **11.0 PLANNING AND COMMUNITY SAFETY IMPLICATIONS**

11.1 The site is within the Primarily Residential Area as annotated on the Unitary Development Plan (UDP) proposals map and is located outside the Regeneration Priority Area identified in the Interim Planning Policy for New Housing Development (2005). The site is also adjacent to Key Town Centre at Bromborough Village. The proposed use of the property is likely to require a change of use planning application, which will be assessed against Policy HS15 – Non Residential Uses in Primarily Residential Areas.

## **12.0 RECOMMENDATION**

12.1 That Meadowcroft, 304 Spital Road, Bromborough be disposed of in accordance with the terms set out in this report.

## **13.0 REASON FOR RECOMMENDATION**

13.1 The building is no longer required for operational purposes and Age UK Wirral has submitted detailed proposals for reuse of the building, which will offer a variety of services for the benefit of the local community and Wirral Residents.

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## APPENDICES

Location Plan

## REFERENCE MATERIAL

None

## SUBJECT HISTORY (last 3 years)

<b>Council Meeting</b>	<b>Date</b>
Cabinet Budget Projections 2011-15	9 December 2010
Cabinet Wirral Future Be a Part of It, Task Force Options and Recommendations.	9 December 2010
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