CARE HOME REVIEW: SUMMARY, OPTIONS AND RECOMMENDATIONS

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Introduction: focus of options and recommendations

The main body of this report contains information about both residential homes and nursing homes in Derby. However, the focus of this summary will be upon the residential home market, and of the place of the City Council's own provider service within it. Further work about nursing homes will be carried out with NHS Derby but recommendations about nursing care will not in the main be covered by this report.

Summary of findings and recommendations

1. Continuing decline in demand for care home placements along with an increase in alternative supply (chiefly through the growth of Extra Care Housing) means that a minimum of 68 residential care beds will be surplus to requirements in the course of 2009-10. **Council-owned care home beds should reduce accordingly over time. Where there is no alternative but to close a home, capital receipts should be used to invest in other supported accommodation for older people as below**.
2. Older people in Derby have expressed a strong preference for the development of Extra Care Housing as an alternative to residential care. **Sites of existing Council-owned care homes should be redeveloped if large enough so that the care home is replaced by an Extra Care Housing scheme**.
3. Care homes in Derby are not sufficiently geared for the provision of dementia care in spite of the high prevalence of dementia in care homes already and the inevitability that this will grow. **Two Council-owned care homes should be adapted so that they provide specialist dementia care. They should initially start with long-term beds, respite beds and day care facilities, but should move into respite and day care only over time as the independent sector picks up more long-term needs. The independent sector should be stimulated to replace more generic provision with dementia care through the issuing of a Council dementia specification linked to dementia-specific fee rates.**
4. Use of Council-owned care home beds for intermediate care provides valuable rehabilitation opportunities for older people. This service could be managed more effectively if it was all on one care home site. **All sixteen intermediate care beds to be moved onto one care home site. Discussions with NHS Derby to take place to extend intermediate care provision on this site.**
5. A minimum of 32 short-term respite and emergency beds are needed to meet the needs of informal carers and help avert the need for permanent placements. **Remaining beds on the intermediate care site as above to be used to deliver respite and emergency care on a short-term basis. Further respite and emergency beds in the two dementia-specific care homes as above will bring total for this provision comfortably above 32.**

Part One: general residential care

1) Summary of issues

a) Forecasting demand

Although Derby's population of older people is projected to continue to rise, it need not follow that demand for care homes will increase. The previous three years at least have shown a decline in demand from the Council for care home placements even while the population of older people rose.

This decline in placements made by the Council has chiefly been fuelled by an increased emphasis on providing "intensive" home care to older people who have relatively high levels of need. This has prevented care home admissions by focusing more resource on people in their own homes.

National figures from Laing and Buisson indicate that it will be 2012 at the earliest before care home admissions begin to rise in England as a whole. However, there is reason to believe that Derby's decline in care home placements will continue beyond 2012. The justifications for this are that

- Derby currently uses care home placements more frequently than many other Local Authorities (proportionate to population size) and has more potential to reduce this dependency, and
- Derby has only latterly started to develop modern home-based initiatives (Assistive Technology, Falls Prevention, Enablement home care) which already have shown success in reducing dependence on care homes in other parts of the country.

There is also national evidence that development of alternative accommodation-based schemes can have a significant impact on demand for residential care. Intermediate care schemes help older people rebuild their daily living skills and return home after a period of illness or an accident. Extra Care Housing schemes offer very much enhanced Sheltered Housing with flexible care available on site to support older people who might otherwise have to move to a care home. Both Intermediate Care and Extra Care Housing are at a low base in Derby. Development of each will further reduce care home admissions.

Derby's target for Extra Care Housing development is 925 flats by the year 2015. Working on the "industry standard" basis that one third of these tenancies will be appropriate for people who would otherwise have to go into a care home, this will remove the need for 308 care home placements by that year. The outcomes delivered by intermediate care beds are less easy to quantify accurately, but even within Derby's current limited capacity has already diverted people from permanent residential care. An increase of available bed-based intermediate care would increase this impact.

b) Preferences of older people

i) Model of care
Survey work undertaken by both Supporting People and Adult Social Services indicates an appetite amongst all age groups, including people aged 85 and over, for the development of alternatives like Extra Care Housing that allow them to retain more privacy and control over their lives while still benefiting from high levels of care and security. People surveyed in their seventies, sixties and fifties give progressively more robust feedback that Extra Care Housing rather than moving into a residential care home is likely to be the first preference of most of them should their needs increase in old age.

There are strong signs from this consultation work that the Extra Care Housing becoming available in Derby over the next few years will prove popular and further erode care home demand. Comparative study has shown exactly this development in authorities like Coventry and Oxfordshire that are advanced in the delivery of Extra Care Housing. A very significant positive for Extra Care Housing is that it provides the capacity for older couples to move together, rather than being separated as tends to happen when one requires residential care.

ii) Location of care
Feedback from all age groups of older people indicate that the great majority of them would value supported accommodation in the area where they currently live, where they can consider moving if their needs increase.

c) The impact of future demand upon Derby's supply of care homes

i) Occupancy of care homes
The number of care home places in Derby has been very stable. However, the reduction in demand and development of alternatives is increasing competition within the market. The Council has no powers to compel older people to use its own homes and hence is affected by this in the same way as independent sector providers. There are clear signs that the Council's own homes are not as competitive as many independent sector homes in attracting residents who want to move there.

- Levels of occupancy in independent sector homes are slightly higher than Council run homes, even allowing for recent restrictions on placements in Council homes
- Independent sector homes attract older people wishing to fund their own care in far greater numbers than the Council's homes

The Council needs to consider the reasons for this, particularly in view of the impact of a further decline in demand which will exacerbate occupancy issues in Council run homes and lower the value for money they provide to the Council taxpayer.

ii) Supply of care home placements for people who need them
Analysis of vacancy rates at homes across the city shows that the current level of supply is comfortably sufficient in meeting demand. Even when

Council homes were not taking on new residents due to uncertainties around Bramblebrook House there was enough independent sector provision to make placements.

There is also evidence of a stable supply of independent sector care home places that the Council is able to fill at its published fee rates. It is important to note that this also applies in the nursing home sector where there is no Council provision. It is therefore not likely that independent sector prices in residential care homes are kept low by the existence of Council-run homes as competitors.

The fall in placements numbers made by the Local Authority is reflective of the fact that more focused community provision means that only older people with relatively high needs are now moving into care homes. This means that the average length of stay of older people in care homes is decreasing over time and the available capacity for new placements is increasing on a corresponding basis.

There is also strong evidence of available capacity in the nursing home sector, where vacancy levels exceed those in residential care homes. Very high needs, requiring access to 24 hour nursing care, will continue to need to be met in these settings. The high level of nursing home capacity in the city will support this while the population of older people grows. Residential care is not a good place to meet these high needs, as evidenced by the large number of older people who, having moved into residential care, are forced to move again into a nursing home.

d) Assessment of quality and fitness-for-purpose

i) Accommodation
The single biggest difference between care homes run by the Council and those operated by the independent sector lies in the quality of the accommodation.

- 48% of independent sector single rooms have en suite toilet and basin facilities affording basic privacy and dignity to residents
- 0% of Council-run single rooms have en suite facilities for permanent residents. The only en suite facilities that exist are for short-term stays in the intermediate care units at Warwick House and Perth House, totalling 16 beds.

Council-run homes were built in the 1960s and 1970s for a far more able user group who typically used the home as a base from which to access the surrounding amenities. People with this level of independence can now be supported very comfortably in the community, and current care home residents are much more dependent, having been assessed as being unable to manage without access to 24 hour care and support. Accessing toilets in the corridor, especially at night time, is very difficult.

Obviously, facilities in the independent sector do vary. However, there are signs of new development across the city that will add to the availability of

modern en suite facilities in Derby and increase pressure on the care homes (including those run by the Council) that do not have modern facilities.

ii) Care standards

The Council is rightly proud of the high standards and commitment of care and support staff in its own homes, but standards at independent sector homes are also generally good. CSCI (Commission for Social Care Inspectorate, responsible for registration and inspection of all care homes) inspections show that homes run by the Council meet 80% of National Minimum Standards on average, sitting between private sector providers (76%) and voluntary sector providers (87%). Council run homes also tend to occupy a middle banding of quality, being awarded one or two stars by CSCI compared to independent sector providers which also have a small number of homes at zero and three star ratings. The Council works hard with its own homes and with independent sector providers to help make sure that standards are high, including working closely with "Poor" rated homes to ensure their quality improves against the areas where CSCI inspection has uncovered concerns.

Evidence from CSCI inspections and from the Council's own contract monitoring is that most Council-run and independent sector homes work very hard on ensuring a quality service. In an increasingly competitive market this should come as no surprise. There is no evidence that the presence of Council-run homes ensures that care standards are significantly higher in the sector as a whole than they would otherwise be.

e) Value for money

It costs the Council more to provide care home beds itself than it does to commission them from the independent sector. The unit cost of the Council's own homes vary in accordance with their situation. The degree of difference also depends upon whether older people placed in Council homes have general residential care needs or are very dependent (fees for very dependent older people in the independent sector are still lower than the unit cost of all the Council's homes). As above, firstly the higher cost of Council provision is not justified by popularity amongst older people and their families who are looking for a home and secondly it is difficult to argue for any significant difference in quality between Council and independent sector homes.

The unit cost of Council-run homes will only increase further as occupancy falls. The unit cost of Council-run homes would obviously be affected by any changes to staff Terms and Conditions. It would increase further if specialist dementia care, requiring a higher staffing ratio, was delivered in Council homes.

2) Replacement of residential places by new initiatives

a) Projection of surplus residential places

Table One below uses the information from Chart Nine (page ten) of the Key Supporting Information document, but averages placement numbers over each year to give a more linear indication of the downward trend.

Table One: average number of residents supported by the Council in residential homes

Financial year	Average number	Percentage change
2004-5	668	-
2005-6	616	-7.8
2006-7	565	-8.3
2007-8	551	-2.5
2008-9 (6 months)	533	-3.3

Looking forward is obviously difficult. However, evidence from the Key Supporting Information document substantiates the following assumptions:

- The success of new community initiatives in will help people remain in their own tenancies and continue the decline in care home demand. This confidence is supported by outcomes in more advanced Local Authorities.
- The early stage of many of these initiatives in Derby means that care home numbers will continue to reduce at least to 2014-15.

This suggests that it is reasonable to project a reduction of 3% in 2008-9 (for which 6 months' data is already known), and then a reduction in decline of 0.5% per year thereafter (ie 2.5% in 2009-10, 2.0% in 2010-11, and so on through to 0% in 2014-15 and possible increase beginning thereafter). This is reflected in column 3 of the table below.

Table Two: projections of residential home beds needed each year to 2015 on the basis of projected developments

1	2	3	4	5
Year	Residential places at start of year	Change in Council-funded places**	Replacement by other facilities	Places needed at end of year
2008-09	762	-12	-20	730
2009-10	730	-10	-26	694
2010-11	694	-7	-13	674
2011-12	674	-5	-116	553
2012-13	553	-3	-51	499
2013-14	499	-1	-51	447
2014-15	447	0	-51	396

* *The column 3 reduction applies to residents supported by the Council only. As at 2007 this comprised 53.4% of total placements. Therefore (e.g.) change

in Council funded placements for 2008-09 is calculated as 762 x 0.534 (ie 53.4% of total places) x 0.03 (ie reduction of 3%).

Column 4 adds the impact on required care home places of the projected increase in supply created by largely by Extra Care Housing.

- The boxes shaded in **green** indicate developments that are funded and authorised (20 independent sector beds delivered in January 2009; 13 beds in each of Tomlinson Court and the Leylands in 2009-10, a further 13 beds in the Leylands in 2010-11).
- The box shaded in **yellow** indicates developments for which funding exists but which are uncertain (delivery of Extra Care Housing on Arthur Neal site providing 33 high dependency units subject to outcome of consultation; delivery of Extra Care Housing in Chellaston providing 83 high dependency units subject to Department of Health approval).
- The boxes shaded in **red** indicate developments required to meet 2015 Extra Care Housing target agreed by Council Cabinet in 2008. Work is ongoing to identify opportunities that will result in successful new schemes to deliver this target.

Although the certainty of re-provision diminishes from 2011-12 onwards, column 4 quantifies how traditional residential care will be replaced by more modern forms of care in the community and supported accommodation.

This analysis projects that at least 68 (762 – 694) current places will be surplus to requirements by the end of 2009-10. It also illustrates the co-dependency between Extra Care Housing and residential care homes: more of the former means less of the latter are needed.

b) Options for Council to deal with risks of oversupply

<u>(i) Do nothing</u>:
Leaving things as they are would maximise continuity for care home staff and also clearly benefit existing care home residents. However, when existing residents move on, evidence clearly indicates that the Council is extremely unlikely to maintain occupancy levels which have already fallen below reasonable limits. Council care homes run on the same basis as at present would find it increasingly difficult both to meet the expectations of new generations of older people and to stay financially viable.

<u>(ii) Improve marketing of Council-run homes:</u>
It is possible that improvements to the marketing and advertising of Council-run homes would influence some older people to choose them over independent sector alternatives. This could mean that the 68 bed oversupply up to 2009-10 was "lost" through competitors leaving the market rather than affecting Council-run home staff and residents. However, the benefits from this would be extremely short term. As new independent sector developments opened and other alternatives to residential care were launched the Council would find itself in an unviable position again very quickly. It is also important to note that older people in Derby will be affected and displaced by this scenario also. If an independent sector home is forced to close then the

Council will have less control over managing the process as humanely as possible than it would by closing one of its own homes.

(iii) Remodel care homes to 21st century standards:
Feedback from Property Services (received in September 2008) indicates a cost of £2.21 million per care home to remodel a 40 single-bedded home to a 30 en-suite bedroom home.

This cost is prohibitive in terms of adapting all seven care homes (seven homes assumes Arthur Neal House is converted to Extra Care Housing). Use of limited capital funding for the purpose of updating care homes that continue to run on a "traditional", generic basis is also not as high a priority as:

- Using capital to aid further development of Extra Care Housing which is lacking in the city and which is a preferable model for the clear majority of older people.
- Using capital to aid further development of dementia care within residential homes. As demonstrated in this review, there is an extremely low level of dedicated dementia care within Derby and a certainty that the proportion of care home residents with dementia-related needs will go up markedly each year for the foreseeable future.

(iv) Sell homes that are surplus to requirements as a going-concern
The advantages of this approach would be that staff (transferred via TUPE) would be able to retain employment within the care home, and that disruption for residents would also be minimised. The “risk” around the anticipated oversupply would pass on to another organisation. The distribution of care homes around the city would not be affected. However, sale as a going concern would not improve the quality of the care home unless the bidder was prepared to invest substantially. It would also reduce the capital receipt to the Council and therefore lessen the reinvestment possible in more modern supported accommodation for older people. It would not address the basic fact of over-supply, with the risk of closure and displacement for residents.

(v) Decommission homes that are surplus to requirements
Decommissioning homes that are outmoded and physically replaced by other facilities in the city will maximise the capital receipt that can be used to deliver further modern accommodation for older people with high care needs. It will also lessen the exposure of the Council to the decline in care home demand. Disadvantages of this option are clearly the impact upon existing residents and staff who would need to be supported carefully and sensitively through a difficult process. Also, there is a risk through decommissioning that some parts of the city would be temporarily disadvantaged in terms of supported accommodation provision pending new local developments. Some care homes also provide a small amount of day service to older people in the community and this would be lost if those homes were closed.

Preferred option is (v) above. Approximately 68 care home beds in Council homes will need to be fully decommissioned. Any home closure proposals would obviously need to be explored via a full consultation process once homes were identified. Risks to residents and staff would be managed

sensitively. Local supply would be an important factor in considering which care homes were chosen.

c) Options for the Council to increase the quantity of Extra Care Housing by using care home sites

(i) Do nothing:
Inaction will have similar consequences to the “do nothing” option explored above. In addition it will not address the majority views of local older people about the form of accommodation they prefer when they reach old age. It will lessen opportunities for couples to move together when one becomes infirm and will also miss an opportunity to provide supported accommodation for older people with lower needs who might stay healthy for longer in a supportive Extra Care environment. It will also be uneconomic for the Council which will need at least some capital for Extra Care Housing development (see below) which it could have offset through the use of its own land.

(ii) Deliver Extra Care Housing on viable sites of Council care homes
Re-use of care home sites to commission Extra Care Housing is a direct form of “new for old” replacement. For example, the proposals to replace Arthur Neal House with Extra Care Housing on the same site will, if approved, result in the creation of modern supported accommodation that will be able to support a higher number of older people with high levels of dependency than the current care home. Extra Care Housing can easily incorporate day opportunities so this service need not be lost if the care home provided it.

Developments are affordable because they are subsidised by the value of the Council’s land, the input of development partners and the receipts from properties that are offered for sale. In addition Housing Corporation capital funding is likely to be available. However, there is likely to be some call on Council capital.

Some sites will be too small to support the minimum of 38-40 one and two bedroom apartments (with adequate communal space also) that makes an Extra Care Housing unit viable.

Delivering Extra Care Housing on a care home site would mean the closure of that care home and would therefore be subject to sensitive consultation with residents, staff and wider stakeholders affected. There would be a build period, typically 18 months, when both accommodation and day services would need to be provided elsewhere.

Preferred option is (ii) above. Two suitable sites for Extra Care Housing development on the sites of existing care homes should be explored. They would need to be of a sufficient size to be viable but also to provide enough high-dependency places to keep required supply at an appropriate level (as in Table Two).

Part Two: Dementia care

1) Summary of issues

a) The changing nature of demand

The increase in the number of older people with dementia on Derby's population is ongoing, linked to the expansion of people aged 85 and over. Although new initiatives will be able to support many physically infirm older people in their own tenancies, for the foreseeable future there will be demand for care home places from older people with advanced forms of dementia whose families find it difficult to support even with community services.

The profile of care home residents is therefore likely to become increasingly dominated by dementia over time.

b) Adequacy of supply

This trend stands in stark opposition to the low level of supply of dementia beds in the city. At present, older people with dementia who need residential care are tending to have to move to care homes (whether Council-run or independent sector) with no specific registration for dementia care. This does not necessarily indicate that they cannot be supported appropriately in these locations, but the lack of strategic development of dementia care in Derby is a concern in view of the changing demographics.

Part of this development relates to the need for care homes to be designed and laid out in ways that maximise inclusion and minimise stress for older people with dementia.

c) The current role of the Council's care homes for older people

The Council currently has 12 beds registered for dementia care situated within a dedicated unit at Coleridge House. The material difference between the Council's dementia care and general residential care lies in greatly increased staffing levels. Significant changes to the environment have not been made: the general format around room size and communal space within the dementia unit is very similar to the delivery of general residential care in Council homes.

The unit cost to the Council of providing care at Coleridge House (£538.73) is £135 per week higher than the highest independent sector dementia rate (£393 in Coventry) sampled in other Midlands authorities. The Coleridge House unit cost will be inflated slightly by the day and respite services also provided on site, but nevertheless is very high (especially in view of the fact that 28 beds on site are for general residential care).

2) Coping with the increase in dementia-related needs

a) Analysis of required dementia care places

Work carried out in Derby by the Supported Accommodation Strategy (2005) used national benchmarks to suggest that 48% of all care home beds needed to be focused on older people with dementia by 2010. Currently only 7% of Derby's residential home beds are registered for dementia, with a 12 bedded unit at Coleridge House the only Council-run service. 48% suggests a need for a dementia registered target of 366 residential beds.

Even though Table Two shows that the number of care home beds that are required in Derby will come down year-on-year until 2015, it makes sense to regard the requirement for 366 dementia care beds as fixed because the proportion of dementia care needs to increase each year.

b) Options for the Council to deal with risks of undersupply

(i) Do nothing
This would not address the deficit of specialist dementia care in the city and would leave Derby's care homes ill-equipped to deal with future demand.

(ii) Convert all Council-run care homes to provide specialist dementia care
This would have the advantage of minimising disruption for existing staff and residents. It would also provide a robust lead on dealing with the growth of dementia needs. It would also justify the Council homes' unit costs as higher than those for general residential care in the independent sector.

However, as with Coleridge House, there is a substantial risk that unit costs would increase disproportionately and therefore significant doubt about the affordability (as well as best value) of this development. Making changes to the physical design of seven care homes to appropriately support older people with dementia would be as unaffordable as the remodelling described in 2bi) above.

It should be noted that, even if it was to be affordable, the Council is unable to deliver the levels of specialist dementia care required for Derby because the number of beds needed exceeds the total number places within Council owned homes. Some degree of partnership with the independent sector in managing specialist dementia care is necessary and imperative.

(iii) Develop specialist dementia care in the independent sector only
This would arguably maximise the cost-effectiveness to the Council of residential dementia care. There is no evidence that service quality would be affected. However, it would be risky to depend on the independent sector providing one hundred percent of the capacity required for this essential development.

(iv) Develop specialist residential dementia care in Council run homes but also stimulate dementia care development in the independent sector
This twin approach would enable the required levels of dementia care to be achieved and would not be overly reliant on any one sector to deliver the changes. Depending on how it was modelled and managed, this option could embody all the advantages of options (i) and (ii) but also all the disadvantages.

Preferred option is (iv) above. Work is proposed with independent sector providers to stimulate development of dementia care (payment of higher dementia rates against delivery of a Council specification for environment and staffing). In addition to this, two Council-run homes could be fully remodelled (incorporating physical changes: en suite facilities are essential, and communal areas need to provide the range of calming spaces necessary to support the well-being of residents). This would incorporate £2.21 million per home to make the necessary capital adaptations and also some increased revenue costs because of the higher ratio of staff to residents that would be required.

The two Council-run homes identified should provide a mix of short-term and long-term beds as well as day facilities. However, the high unit cost of Coleridge House supports the proposal that, as capacity builds up in the independent sector, long-term beds are phased out in Council dementia homes. This will leave the Council, through short-term beds and day services, specialising in respite and social inclusion for older people living with dementia in the community, helping keep them safely at home for longer and contributing longer-term savings.

Part Three: Intermediate and respite care

1) Summary of issues

a) Intermediate care demand and supply

Derby currently has 16 intermediate care beds, across two Council care homes for older people. Rooms have been adapted to provide en suite facilities and there have been further modifications to kitchen and bathing facilities to provide an appropriate environment for Occupational Therapy assessment and training. This is well below the number that the Department of Health assesses that the city should have in relation to its population (52 as at 2005-6) and does not compare well with most other Local Authorities.

b) Respite care demand and supply

Work was undertaken by a social care consultant in 2006 to build on the Supported Accommodation Strategy undertaken by the Council and partners in the local NHS. This underlined the need for more intermediate care but also modelled the need for short-term respite beds to support carers of older people in the community. Analysis of demand and occupancy over 2005-6 modelled the need for 32 respite beds in the city at that time.

2) Delivering required intermediate and respite care

a) Options for delivering intermediate care

i) Do nothing
This would not provide a means of addressing Derby's under-supply of intermediate care. It would also not help maximise the effectiveness of current intermediate care delivery which consists of small units on two sites at present.

ii) Convert a further 37 bedrooms in Council care homes to provide the intermediate care capacity required
Delivery of this option would increase intermediate care capacity and increase the numbers of older people who are able to safely return home after illness or an accident. The maximum capital costs of basic remodelling to provide en suite facilities would be the same as those quoted previously (a maximum of £2.21 million) and there would probably be additional costs, depending on the location, to install accessible kitchen and adapted bathing facilities. Delivery of this option would depend on full partnership with NHS Derby and would also increase revenue costs to the Council because of the higher staff ration required.

iii) Amalgamate existing intermediate care and look to develop in partnership with NHS Derby
Moving all intermediate care onto one site would maximise the ability of the service to market itself with referring professionals and would also maximise

the efficiency of staffing arrangements. It could allow potential for development within that site, as 16 beds would only take up approximately half of available bed capacity. This option could prove challenging both for NHS Derby and for Derwent New Deal for Communities, both of whom have invested in the existing configuration.

Preferred option is iii) above. Work is proposed in partnership with NHS Derby and Derwent NDC to transfer all intermediate care capacity to one site.

b) Options for delivering respite and emergency care

<u>i) Do nothing</u>
This would keep respite and emergency care beds dispersed across care home sites (although some sites have far more experience than others of delivering this sort of provision).

<u>ii) Focus respite and emergency care on three sites providing intermediate care and dementia care</u>
This would safeguard the provision of respite and emergency care, and also provide more joined up and specialist support to older people with dementia needs. The links with intermediate care would also be valuable for older people with needs relating to physical disability. The concentration of this provision onto three sites would mean some older people had to travel slightly further for short-term care than they do at present.

Preferred option is ii) above. Short-term care would be delivered across all seven sites on a transitional basis, prior to the move to three specialist sites as above. Although Choice of Home directives prohibit the Council from insisting that all respite and emergency placements are made in its homes, it is sensible for the Council to retain significant provision in this area. This is because:

1. Respite and emergency beds provide a short-term outlet that enables many older people to stay in their own homes over the long term. This is an extremely valuable strategic provision.
2. The quick turnaround required by respite and especially dementia care lends itself better to Council provision because less transaction is required than with independent sector alternatives.