

CESHIRE EAST COUNCIL

Cabinet

Date of meeting:	16 th June 2009
Report of:	John Weeks, Director People
Title:	Living Well With Dementia in Cheshire East : The local response to the National Dementia Strategy

1.0 Purpose of Report

- 1.1 This report informs the Cabinet about the National Dementia Strategy. It highlights some of the challenges, particularly around resources, which Cheshire East Council will have to address in implementing that strategy.
- 1.2 The report proposes that a significant element in the Council's implementation plan should be work to change the Community Support Centres for Older People (CSCs) which the Council has inherited from Cheshire County Council.
- 1.3 In particular the report recommends the Cabinet to decide to agree action to develop new and enhanced facilities and services for those with dementia in Crewe and Macclesfield, as the first phase of that implementation.

2.0 Decisions Required

The Cabinet is recommended to decide to:-

- 2.1 Agree that the recommissioning of the Council's Community Support Centres (CSCs) is fundamental to its implementation of the National Dementia Strategy.
- 2.2 Note the outcome of the Consultation exercise carried out by Cheshire County Council on the future of CSCs.
- 2.3 Agree that the development of new and enhanced services at Lincoln House in Crewe and Hollins View in Macclesfield should constitute the first phase of the Council's implementation plan, with services currently provided at Santune House being transferred to Lincoln House.
- 2.4 Specifically endorse its support in principle for the dementia services at Hollins View, subject to the successful conclusion of the Extra Care Housing Round 5 PFI scheme.
- 2.5 Approve a Supplementary Capital Estimate of £3m for the development of Lincoln House (£1m) in 2009/10, and Hollins View (£2M) in 2012/13 funded from prudential borrowing charged direct to the revenue budget of the Adults service. The Hollins View development being subject to the successful conclusion of the round 5 PFI scheme.

3.0 Financial Implications 2009/10 and beyond

- 3.1 The National Dementia Strategy (NDS) emphasises the issues which were consulted upon, particularly growing numbers of people likely to suffer from dementia over the coming years and describes the need for significant investment throughout the whole health and social care economy to improve services.
- 3.2 Central Government has announced £150m investment to implement the NDS. However it appears that the 3.5% uplift for 2009-10 awarded to the Primary Care Trusts (PCTs) includes a share of the central allocation of £150m nationally that is not ring fenced and comes without targets. Recognising that Central and Eastern Cheshire PCT begins the current financial year with a deficit of around £13M it would be unrealistic to base our own approach on an assumption of the use of the local allocation on dementia services. Whilst recognising the pressures being experienced by the PCT the Council's strategy will be developed alongside the PCT's seeking where possible to minimise the call on the public purse, which might release funding to replace that being deployed by the Council. Should this occur any savings will be used to reduce costs of later phases and reported back to Members.

There is **no** additional money for the implementation of the National Dementia Strategy within the Social Care Reform Grant for local authorities. **Therefore, taking the above into account, Local Authorities will have to find alternative ways within existing budgets to respond to the strategy. That makes these proposals for our Community Support Centres even more essential.**

The financial impact assessment set out in Appendix One distinguishes between the different objectives of the NDS divides the objectives of the National on the basis their cost implications and groups them as follows:-

- Projected costs are identified or
 - Nil costs are assumed, sometimes because funding is assumed to be available from other workstreams such as the Carers Strategy or
 - Further evaluation work is planned before implementation to identify cost effective actions.
- 3.4 The total cost of implementing NDS appears to be approximately £300 million per year nationally, which assuming approximately 0.6% of the national requirement for Cheshire East Council and CECPCT, equates to a local cost of £1.8 million per year.
- 3.5 However, the NDS also assumes nil costs for significant aspects of service development, where we know there are already identified gaps locally. Its estimates do not cover, in general, the costs of providing services to the increased numbers of people with dementia, who should be identified and supported nor developmental, management costs nor resources for involving and consulting service users and carers locally.

Therefore the assumptions in the NDS are likely to be an unrealistic assessment of total costs involved. Further details of the Financial Impact Assessment are included in the attached report at Appendix One of this report.

- 3.8 Locally, the changes anticipated by Cheshire County Council and the associated savings have been built into the Cheshire East Revenue budget with a reduction of £150k required in 2009/10.
- 3.9 To achieve that reduction and the longer term savings and service improvements our approach is to request Supplementary Capital funds of £3.0m to deliver improvements at Lincoln House in Crewe costing £1m and at Hollins View in Macclesfield costing £2m. A Capital Appraisal form covering both developments and detailed unit cost analysis of the implications on the revenue budget for Lincoln House, underpin this request. These have been ratified by the Borough Treasurer and Head of Assets from both financial and property viewpoints. Consideration has also been given to the phasing of both financial savings (the limited part year effect in 2009/10) and one off costs of delivering the changes.

4.0 Legal Implications

- 4.1 It is good practice to consult in relation to major policy changes which have the potential to affect a significant proportion of service users, and that was certainly the view taken by Cheshire County Council in July 2007 when the consultation on the future of CSC's took place. As we are not considering something fundamentally different from what was envisaged in the last consultation exercise it is not necessary nor expedient to consult again at this stage. We will however, supplement the information from the consultation exercise with additional informal engagement with stakeholders, as the policy is developed and reported to Members.
- 4.2 A summary of the Cheshire County Council consultation findings is attached at Appendix 3 and full details via the link at the end of this report.
- 4.3 Equality Impact Assessment – the Government has undertaken an EIA of the National Dementia Strategy which provides an initial overall assessment of the impact of the proposals contained in the Strategy. It outlines the potential impact of the proposals in the context of race, disability, gender, age, religion or belief and sexual orientation. Findings from their EIA are relevant in Cheshire East.

People in all population groups with dementia should have access to a pathway of care that delivers: a rapid and competent specialist assessment; an accurate diagnosis sensitively communicated to the person with dementia and their carers; and immediate treatment, care and support following diagnosis. The system should have the capacity to see all new cases of dementia in the area, and should be tailored take account of the needs of specific groups whose needs are different from the majority population.

People in all population groups should have access to an appropriate range of services to support people with dementia and their carers, whether they are living at home, living in a care or nursing home or receiving care in a general hospital. Such services should be flexible and responsive, ranging from early intervention to specialist home care services, which are responsive to the personal needs and preferences of each individual. Services should be accessible to people living alone or with carers, people who pay for their care privately, through personal budgets, or through Local Authority arranged services, and should be tailored take account of the needs of specific groups whose needs are different from the majority population.

Overall the proposals in this paper and the wider social care redesign will deliver key aspects outlined above and underlined.

No specific issues relating to the availability of services was raised under the original consultation but Cheshire East Council should reconsider this aspect when framing its response to the National Dementia Strategy. For as the Department of Health noted:-

Local authorities may need to produce their own EQIAs in association with their health partners in order to maximise provision and assess the success of information and advice about local opportunities and resources including personal care, clubs, hobbies, leisure, education and sports facilities in connection with emotional recovery. Continuing health and social care packages need to take account of individuals' cultural and social needs.

The link to the full Department of Health EIA is provided at the end of this report.

5.0 Risk Assessment

5.1 The risks of taking no action to implement NDS, and other risks around the project include:-

- Increased costs of providing residential or nursing care to people, who have not received adequate support to remain in their own homes.
- People with dementia and their carers receiving inadequate help and support.
- Poor quality care and safeguarding risks for people receiving contracted services.
- Poor achievement of performance targets and reduced star rating for the Authority.
- Failure to produce modernised service in line with current requirements / expectations
- Financially, failure to invest in Lincoln House results in continuation of current high unit costs and delay or failure to realise planned revenue savings already factored into current and future budgets.
- In terms of Hollins View risks include increased future costs by procuring new facilities on a stand alone basis as opposed to within the economies deliverable within a much larger project.
- Responding on a phased basis with other CSC's to be considered at a later stage helps address capacity issues which in turn, help maximise the quality of the project delivered.
- An opportunity is missed to strengthen integration between health and social care around dementia which is a key issue in Cheshire East and is likely to rise in importance for the foreseeable future.

6.0 Background and Options

6.1 The aim of the National Strategy is to ensure that significant improvements are made to services for people with dementia in three areas:-

- Improved awareness and help seeking.
- Earlier diagnosis and intervention.
- A higher quality of care.

The outcome wanted is that all people with dementia and their carers should have the best possible healthcare and support, no matter what the stage of their condition or where they are in the health and social care system.

6.2 The Strategy has 17 objectives, which provide a framework for improving services over a 5 year period and beyond. They include areas for both national and local action and make it clear that a whole systems approach to dementia is required, through joint commissioning between Health Services and Local Authorities. The strategy also highlights the connection with the World Class Commissioning programme for Primary Care Trusts.

Priorities for implementation nationally include:-

- Early diagnosis and intervention for all.
- Implementing the New Deal for Carers.
- Improved care in General Hospitals and Care Homes.
- An informed and effective workforce.
- Joint commissioning of services for people with dementia.

The 17 objectives are listed in Appendix Two of this report.

6.3 The NDS provides the framework for delivering the local vision for dementia services. Key elements of this vision are:

- Improved community support services for people with dementia and their carers.
- Improved care in Care Homes.
- Workforce development.
- Partnership working through the Local Strategic Partnership, Local Area Partnerships and joint commissioning with the PCT.
- A comprehensive approach to housing including Extra Care Housing and Telecare Services.
- The development of Self Directed Support and Individual budgets, which actively support people with dementia and their carers.

6.4 Once in place this approach will offer high quality experiences for people with dementia, including breaks to carers. Home Care Services will be person centred, flexible and meet the outcomes required by service users and carers, rather than being organised around tasks and time slots. Specialist services where staff have particular expertise in working with people with dementia will be developed further – along the lines of the excellent specialist services currently delivered from Bexton Court in Knutsford. The focus is to be on services delivered *from* not necessarily delivered *in* a building. The focus shifts from buildings to services. The closure of a building does not necessarily mean the ending of a service

An important theme of the Strategy is that people with dementia and their carers should have a range of options for services to support them. These include respite care both in their own homes and in residential settings, which will require a shift in the current delivery of services

- 6.5 On 2 March 2009 the People Advisory Panel considered a report on the National Dementia Strategy. The Panel recognised its importance in Cheshire East and resolved that;

The Cabinet be recommended to approve the steps being taken to implement the Strategy in Cheshire East.

Substantial work will be undertaken locally to implement the NDS. This builds on work that has begun to identify a baseline of needs and services across Cheshire including a project with the PCT to implement the strategy. Examples of work already started include End of Life Care, Care Pathways and workforce development. Both the PCT and the Council are committed to delivering the strategy in a way that contains costs, delivers outcomes and is sustainable in the longer term. Important developments that will link with work carried out by the Council include the development of a network of Memory Clinics as outlined in the NDS.

7.0 Relevance of National Dementia Strategy for the position in Cheshire East

- 7.1 The emergence of the NDS coincides with the need to consider the future of the Community Support Centres in Cheshire. It is relevant to consider a brief history of the local issue to set the context and to illustrate the consistency of the national and local developments and the opportunity that has arisen to develop the local strategy in order to meet the requirements of the National strategy.
- The former Cheshire County Council had a great number of Residential Care Homes for Older People. Many of those were built in the nineteen sixties.
 - The arrangements introduced by the Government for the funding of the Community Care reforms in the nineteen nineties created an incentive for Local Authorities to externalise their Residential Care Homes.
 - Cheshire County Council embarked upon an externalisation programme and transferred the majority of its Residential Care Homes to an independent organisation. That organisation set about the task of modernising those Homes. In some cases it demolished them and made use of the sites.
 - Cheshire County Council retained some of the Care Homes. It redesignated them as Community Support Centres (CSCs). The County Council resolved that it would no longer be a provider of long-term residential care for Older People. Consequently, the role of the CSCs was to be different. They were to provide short-stay care for vulnerable Older People and some Day Care Services. Inevitably, an increasing proportion of those Older People exhibit dementia.
 - The overall objective of the CSCs was to help Older People to remain in, or return to, their own homes. That objective was pursued by providing assessment services, emergency response, support to hospital discharge and

rehabilitation.

- The CSCs have begun to show their age in recent years. Their service offer is a traditional one and it is building based. The buildings themselves have not been invested in, and they now require very significant investment if they are to be brought up to modern standards. Additionally, Health and Safety requirements are proving more and more difficult to meet.
- In recent years, the take up of short stay care in the CSCs has been declining, with consequent increases in unit costs. For example, the unit costs at Santune House are the highest of any of the CSC's in the East. There are few en-suite rooms in any of our centres. Older People are obliged to share communal bathroom facilities. Few today would tolerate those arrangements if they were staying in a hotel.
- The advent of Direct Payments and Individual Budgets has also had an impact, and can be expected to have an increasing impact over time. More and more Older People and their families are becoming able to make arrangements of their own for short stay care and daytime occupation. It can be anticipated that fewer and fewer of them will want to make use of traditional, institutional settings.
- Moreover, as the numbers of those with dementia increase, it will become necessary to develop more specialist provision, tailored to their distinctive needs.
- All of those considerations prompted officers within Social Care in the County Council to develop a set of proposals for the CSCs and to undertake a major consultation exercise upon those proposals. The essence of those proposals was a recommendation to close those CSCs which were particularly problematic and which were located very close to another CSC, and to recycle the resources into the development of new services, particularly for Older People with dementia.
- The consultation exercise highlighted how much the carers and families of those with dementia valued the support of staff. There are many highly skilled staff in post, who have developed significant expertise in working to meet needs of this sort. It is unfortunate that their contribution is often made in a poorly maintained, traditional institutional setting.
- Any proposal for closure will generate opposition, and certainly opposition was voiced during the consultation exercise. However, that exercise did not either undermine or overturn the analysis of the situation or the proposed response to it. Moreover, the spotlight which it shone upon the quality of the workforce reinforced the aspiration to develop the specialism, and particularly to break beyond a building based orientation, to offer more outreach to individuals and families.
- The proposals were put to the County Council just as Local Government Reorganisation was gathering momentum. Very detailed recommendations were presented and the findings of a Scrutiny Review of the consultation exercise were shared. However, it was expedient for the County Council to

decline to take any decision on the matter. Instead, the County Council resolved simply to hand over the proposals and the report of the Scrutiny Committee to the two new Unitary Councils.

- Local Government Reorganisation took place in due course. The six CSCs in the east of Cheshire were transferred to Cheshire East Council. Those are:
 - Cypress House, Handforth
 - Mount View, Congleton
 - Hollins View, Macclesfield
 - Lincoln House, Crewe
 - Santune House, Shavington
 - Bexton Court, Knutsford

The Centres provide assessment and rehabilitation care, prevent hospital admission, facilitate early hospital discharge and deal with emergency situations such as carer breakdown. They also provide some routine short stay care.

- At around this time Government published its first draft of a National Dementia Strategy for consultation. The opportunity was therefore taken to reflect upon the thrust of that strategy, as the context within which the proposals for the future of the CSCs would have to be taken forward.
- A report was made to the Advisory Panel for People in order to share information about the National Dementia Strategy and to build an awareness of the background to the proposals about the CSCs.

The thrust of the National Dementia Strategy is thoroughly supportive of the ideas which underpin the proposals being presented. The analysis of the situation of the CSCs has not changed – if anything, the need to act has become more pressing as more time has elapsed.

- 7.2 The proposals put to the County Council were to close Santune House and Bexton Court and to consolidate core business on the remaining sites. Any capital released through Centre closures was to be used to adapt and expand the remaining Community Support Centres. It was recognised that there was a significant reduction in overall capacity and therefore a need to transfer some routine work into the independent sector. The following decisions were made:

The report of the Task/Finish Scrutiny Panel be received and the Executive resolved:

- (i) to take note and respond to the Scrutiny findings and conclusions set out in the Panel's final report;
- (ii) to give an assurance that within the life of this Council, all capital receipts accruing from the implementation of the strategy be ring-fenced to the Older People's Budget;
- (iii) that the closure proposals, the preparatory work and Scrutiny Report be passed to the New Authorities for their consideration in due course and that the County Council not make any closure decisions;

See also the link at the end of the report for access to detailed documentation from the work undertaken by Cheshire County Council.

8. The revised Strategy

The revised proposals in outline, recognising that we are not now considering a 'County wide' approach are as follows:

8.1 Investment of £1m capital in Lincoln House 2009/10

This is intended to create 12 en-suite units, communal areas and a day care facility in a separate wing for older people with dementia. This will also involve the transfer to Lincoln House of the services currently provided at **Santune House**. The service at **Santune House** would not be transferred until this development has been completed.

9. Medium term strategy

Bexton Court – it is now proposed that the future of Bexton, which similarly has higher unit costs based on occupancy levels, should await the outcome of the work on a multi agency implementation plan in response to the National Dementia Strategy. There is interest in the site which is jointly occupied by the Community Support Centre and the Acute Trust for newly commissioned health services

Hollins View Macclesfield - the original proposal for Hollins View in Macclesfield was to create a specialist dementia wing in this 40 bedded Unit. That has been overtaken by the opportunity to replace with a 30 bedded purpose built unit designed to be flexible to meet the short term needs of older people with dementia for respite or intermediate care within a 120 unit extra care housing scheme on the existing site and adjacent playing fields. This method of procurement coupled with its integration within the wider facilities being developed within the PFI project is considered to offer significant value for money advantages when compared to going it alone on an individual locally procured new build scheme. This development is scheduled for completion in 2013 subject to a successful application for PFI Round 5 funding for which an outline business case has just been submitted.

Cypress House at Handforth and Mountview in Congleton - will be considered as the impact of the social care redesign process becomes apparent.

10. The Wider Vision

However the vision for Dementia in Cheshire East is about much more than services delivered in and from buildings. The new structure for Adult Services in Cheshire East already places in a strong position to deliver better services. The provider response is the focus of this paper but the other elements of the strategy are of equal importance.

- The Individual Commissioning arm of the service will ensure that a personalised response is delivered. The easy assumption that people with dementia cannot exercise choice and control is not accepted, for as Neil Hunt, Chief Executive of the Alzheimer's Society points out;

'....providing choice and putting people in control of their lives gives people the quality of life they deserve. Yet many people with dementia still face barriers to accessing direct payments and solutions must be found. With the numbers of people living with the condition set to soar, personalisation can only work if it works for people with dementia.'

- The Strategic Commissioning arm of the service will drive the delivery of quality services through its specifications, its work with partners in the statutory, private and voluntary sectors. It will also attend to the needs of carers which are vital in any dementia strategy. It is the link with the wider Council to ensure that the approach to dementia is not limited to social care and health. Leisure, housing, employment, transport, community safety and trading standards are examples of services which can make a very positive contribution to supporting those with dementia and their carers.

11. Reasons for the Recommendations

The National Dementia Strategy is a significant document providing a framework, within which health and social care services, in particular, will be expected to provide or commission a wider range and improved services for the increasing numbers of older people with dementia and their carers in the coming years. Cheshire East is a Council in which the issue of an ageing population is marked and the need for high quality services is apparent. It will reflect well on the Council in the longer term if it is able to deal with the short term impact of the delivery of a vision for dementia in order to establish a clear and sustainable longer term response. This paper provides such a response.

For further information:

Portfolio Holder: Cllr Roland Domleo

Officer: Sandra Shorter

Tel No:01625 37 4717

Email: Sandra.shorter@cheshireeast.gov.uk

Background Documents:

Documents are available for inspection at:

Living Well with Dementia : A National Dementia Strategy (including Equality Impact Assessment)

www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_094058

Cheshire County Council papers including Consultation documentation and findings

<http://www.ourcheshire.cccusers.com/cheshire/council/pin/desc.asp?item=6987>

APPENDIX 1

DEPARTMENT OF HEALTH FINANCIAL IMPACT ASSESSMENT

<u>Objectives where costs are identified</u>	<u>Local Costs</u>
<p>Objective 1 : Raising Awareness</p> <p>Year 1 - £1m Year 2 - £3.5m Year 3 – onwards £4m</p>	<p>Based on 0.6% national figure.</p> <p>£6,000 £21,000 £24,000</p>
<p>Objective 2 – Early Diagnosis and Intervention.</p> <p>Memory clinic costs £220m/year.</p>	<p>£1,320,000</p>
<p>Objective 3 – Information for people diagnosed and their carers.</p> <p>£1.5m over 2 years.</p>	<p>£9,000.</p>
<p>Objective 8 – Improved care in general hospitals.</p> <p>£3m/year for senior clinician in each hospital.</p>	<p>£180,000</p>
<p>Objective 9 – Intermediate care – dementia specific services.</p> <p>£38 million / year</p>	<p>£228,000</p>
<p>Objective 11 – Living well with dementia in care homes.</p> <p>4 CPNs for each PCT – in reach service to care homes.</p>	<p>£240K</p>

Appendix 1 Contd/....

Objectives where extra costs for Local Services are identified as nil

Objective 7 : Implementing the Carers Strategy.

Objective 9 : Intermediate care – mainstream.

Objective 10 : Housing and telecare.

Objective 12 : End of Life Care.

Objective 14 : Joint commissioning.

National Objectives where costs are identified as nil

Objective 15 : Inspection and registration.

Objective 16 : Research.

Objective 17 : Implementation

Objectives where further research and evaluation is planned

For some objectives it is planned to undertake further evaluation work before full roll out. These are:-

Objective 4 – Access to care, support and advice.

£4.5m over 2 years – evidence to be considered before full roll out.

Objective 5 – Structured peer support and learning networks.

£3 million over 2 years for demonstration sites and evaluation.

Objective 6 - Improved community personal support services.

£0.5 million over 1 year for evaluation of current services.

Objective 8 - Improved care in general hospitals.

£0.7 million over 1 year for evaluation of current psychiatric liaison services.

Objective 11 – Living well with dementia in care homes.

£1.5m over 2 years to develop materials support leadership.

Objective 13 – An informed and effective workforce.

£2m over 2 years for consultation and development of training for providers and cost analysis.

APPENDIX 2

Living Well With Dementia OBJECTIVES

- Objective 1 : Improving public and professional awareness and understanding of dementia.
- Objective 2 : Good quality early diagnosis and intervention for all
- Objective 3 : Good quality information for those with diagnosed dementia and their carers.
- Objective 4 : Enabling easy access to care, support and advice following diagnosis.
- Objective 5 : Development of structured peer support and learning networks.
- Objective 6 : Improved community personal support services.
- Objective 7 : Implementing the Carers' Strategy for people with dementia.
- Objective 8 : Improved quality care for people with dementia in general hospitals.
- Objective 9 : Improved intermediate care for people and dementia.
- Objective 10 : Considering the potential for housing support, housing-related services and telecare to support people with dementia and their carers.
- Objective 11 : Living well with dementia in care homes.
- Objective 12 : Improved end of life care for people with dementia.
- Objective 13 : An informed and effective workforce for people with dementia.
- Objective 14 : A joint commissioning strategy for dementia.
- Objective 15 : Improved assessment and regulation of health and care services and of how systems are working for people with dementia and their carers.
- Objective 16 : A clear picture of research evidence and needs.
- Objective 17 : Effective national and regional support for implementation of the Strategy.

CHESHIRE COUNTY COUNCIL RESPONSES TO THE CONSULTATION FEEDBACK

Themes	Responses
Capacity and Demand	<p>Feedback from the consultation indicates that the services that are currently offered are highly valued by older people, their carers, other professionals and the public.</p> <p>It is hard to predict what the future might bring, but work has been taking place to try to estimate what the likely demand for services will be in the future bearing in mind demographic changes and changes in services. The introduction of individualised budgets and self directed support is expected to have a major effect in the future on how older people and their carers will obtain their services and the type of services that are likely to be required. Short break residential and day services are still likely to be needed in the future but will be part of a much larger range of services which will develop to better match individual needs.</p> <p>The consultation feedback has led to a revised programme of closure of three centres over a three year time period from 2008/9 to 2010/1. This will achieve the objective of starting to make some efficiencies, but will mean a more gradual transfer of services and a lower impact on the overall market which could be more easily absorbed. It will also allow time for the experience of new developments such as extra service housing, and individualised budgets to filter through and be tested out to see whether, when older people have the ability to exercise greater choice, than the existing services are the ones that they would choose to use.</p> <p>A phased approach will also have the advantage of being able to better respond to any organisational changes which may come about as a result of local government reorganisation.</p>

Specialist Services for People with Dementia	<p>A strong message from the consultation feedback was the importance of services for people with dementia. It links with issues of likely capacity and demand, and with quality and trust. The specialist services that Cheshire County Council has directly provided are highly valued and are services that generally older people wish to retain. The scope for alternative services to appropriately meet the needs of people with dementia is generally seen as being less effective.</p> <p>In the light of the feedback, the intention is to phase the implementation of any closures. Where dementia centres do close, the actual service is retained at the same capacity albeit at a different site. If demand for this kind of service does increase over time, then the balance of care between general residential care and specialist residential care can be reviewed and potentially changed. There will also be opportunities for older people to purchase specialist residential care from the independent sector if they wish.</p> <p>The idea of operating a specialist wing within a general residential centre has already been tested out, but it will be important to retain specialist staff skills wherever possible and to ensure appropriate staff training where it is not.</p> <p>The physical requirements of providing specialist care was also recognised and suggestions have been made for how to incorporate best practice design into services. This will be taken into account as far as practicably possible within any changes to existing buildings and would form part of the specification in the event that any new build centres are commissioned.</p>
Quality and Trust	<p>The vulnerability of older people and the importance of confidence and trust in services was a theme which ran throughout the feedback. The overwhelming feedback was that the public had confidence in the services that are being directly provided by CCC. This confidence has been validated by Commission of Social Care Inspection with the award of excellent being given to four of the centres in their first inspection under the new criteria.</p> <p>The drive for quality has been constantly emphasised within the directly provided service, and it is recognised that the needs of older people must remain paramount in any future service changes and developments but that in addition services will need to be affordable for older people to be able to choose.</p>

Local Services	<p>Local services are important to people, including the ability for carers to visit services easily. They are also important as one of the features of a local community. There are issues about how local is local and what is a reasonable distance to expect people to travel. The aim has been to try to retain a centre in major urban areas which includes the neighbouring rural area, but this is not always possible when trying to match individuals' needs with available resources. Where this is not possible, other services within the independent sector may also be able to respond to local need if there is sufficient demand.</p>
Development of Alternative Services	<p>The feedback generally supports giving older people more choice and control in the meeting of their care needs. There are concerns about how suitable some alternative services are for the particularly vulnerable, including people with dementia. The planning of new services including individualised budgets will need to consider support and brokerage arrangements for services.</p> <p>There was some recognition of the potential for new build care home accommodation being better able to meet peoples' needs locally, and to maximise partnership working with health organisations. This possibility will be actively pursued.</p>
Carers	<p>The importance of supporting informal carers in continuing with their care of their relatives and friends was a common theme in the consultation feedback.</p> <p>Services will need to be responsive to both older people and their carers' needs as they develop. CCC will seek to gain feedback from older people and their carers on the services and how any changes impact in practice, through a Review of the changes.</p>
Funding of Services for Older People	<p>Feedback was suggesting a demand from older people, their carers, and the general community for greater funding for older people to recognise the growing demography and cost pressures.</p> <p>How we best meet the funding challenges of an ageing population is part of a national and local political debate. CCC will continue to try to exercise influence in appropriate arenas to highlight the needs of older people. Raising the profile of older people and services that support them, is one way of trying to put this issue on the general public agenda. This includes supporting the 'Dignity in Care' campaign and increasing the membership and voice of the Older Peoples Network</p>
Consultation Process	<p>There were some concerns voiced about the accessibility of information, and the process adopted.</p> <p>CCC has reviewed its consultation process and the requirements and guidance concerning local authorities to ensure that full compliance has taken place.</p>