

Kernow Clinical  
Commissioning Group



# Strategic Commissioning Intentions and Delivery Plan June 2017

Care Home Services

V1.0

## **Table of Contents**

<b>1. Executive Summary</b>	<b>3</b>
<b>2. Introduction</b>	<b>5</b>
<b>2.1 Aims for Health, Care and Support Services in Cornwall</b>	<b>6</b>
<b>2.2 The Vision for Care Homes in Cornwall</b>	<b>7</b>
<b>3. Care Homes in Cornwall</b>	<b>8</b>
<b>3.1 Current Care Home's Market in Cornwall</b>	<b>8</b>
<b>3.2 Commissioning and Purchasing of Care Home Placements</b>	<b>9</b>
<b>4. Our Development Areas</b>	<b>10</b>
<b>5. Our Commissioning Intentions</b>	<b>12</b>
<b>6. Strategic Delivery Plan</b>	<b>15</b>

## 1. Executive Summary

Across Cornwall those involved in social care, health and housing are starting to radically reshape the way services are delivered, which will be driven by the Sustainability and Transformation Plan and Transforming Adult Social Care: The Cornwall Offer. By ensuring the development of effective community based prevention, enablement and care services we will support people to stay in their own homes for as long as possible. We will also work to enable those people living in residential settings to maintain and promote their independence wherever possible, including ending their lives in what is considered their home if this is their choice.

These Strategic Commissioning Intentions set out the local health and social care approach to commissioning from the care home market in the next three years. They consider how we will work together with providers to improve the quality of life and opportunities available for people who live in Care Homes in Cornwall. This will include how we develop and monitor our future requirements for quality, performance and outcomes, our approach to sourcing care home placements and calculating the cost of care using a fair and transparent methodology that supports a sustainable market. They will:

- Communicate the strategic direction for Care Home service commissioning in Cornwall
- Help to plan and shape the future Care Home market, ensuring that a range of appropriate care, support and accommodation options are available to people
- Enable the Council and NHS Kernow to adequately plan for future expenditure required to meet people's needs for care and support services
- Improve health and social care outcomes, moving away from complex systems towards clear pathways wherever possible
- Respond to the increasing demand on all care and support services arising as a result of an ageing population and increasing complexity of people's care and support needs.

Key strategic commissioning intentions for the Council and NHS Kernow are aligned across health and social care and include:

- A joint strategic direction for care homes commissioning
- An aligned care homes commissioning methodology including:
  - The development of a contract and service specification that allows for effective contract management
  - A fair and transparent methodology for calculating the cost of placement fees, including the cost of additional Funded Nursing care and Continuing Health Care.
  - A modernised one system approach to vacancy finding, procurement and brokerage
- Improved outcomes for people who live in care homes, including opportunities to move to independent living wherever possible

- Solutions to meeting people's care, support and accommodation needs that offer an alternative to care homes

The Council and NHS Kernow are committed to developing the partnerships needed to deliver these necessary changes. The Commissioning Intentions have been developed through engagement with a range of partners across health, social care and the provider market and we will endeavour to ensure their implementation is co-designed with people who use services wherever possible.

**AIM:** Improve outcomes for vulnerable people through enabling control, personalisation and independence

STRATEGIC OUTCOMES	•BENEFITS
We have a joint strategic direction for care homes commissioning in Cornwall	<ul style="list-style-type: none"> <li>•All workstreams are identified and coordinated</li> <li>•A joint dynamic Market Position Statement is developed</li> <li>•A joint commissioning framework is developed</li> <li>•The commissioning intentions are effectively delivered</li> </ul>
Our care homes commissioning methodology is aligned across health and social care	<ul style="list-style-type: none"> <li>•The calculation of care home placement fees is fair and transparent and supports market sustainability and innovation</li> <li>•Improved quality, performance and outcomes are achieved through the introduction of an aligned contract and service specification</li> <li>•A common approach to quality assurance is achieved</li> <li>•Vacancy finding and brokerage systems are developed and aligned</li> <li>•The Choice Framework considers care home placements</li> <li>•Support is available for care homes at risk of closure</li> <li>•Services are co-designed and coproduced</li> <li>•Care homes are supported through effective market development</li> </ul>
There is evidence of improved outcomes for people who live in care homes	<ul style="list-style-type: none"> <li>•Care homes are included in the development of whole system care pathways, which enable reduced admissions and facilitate timely discharge</li> <li>•Cross sector information pathways are improved</li> <li>•Care home services increasing the promotion of personalisation, independence, choice and control</li> <li>•Care home services are able to provide a fully supportive environment for people who are frail, at risk of falling or at the end of their lives</li> <li>•Involvement of Primary Care and Health is increased</li> <li>•A care homes workforce development plan is developed</li> <li>•Use of innovative solutions, including telecare, and other technology is increased</li> <li>•Arrangements for the management of equipment are improved</li> </ul>
Alternatives to care homes are available to meet people's needs	<ul style="list-style-type: none"> <li>•The care home market is supported to respond in a changing market place</li> <li>•The implementation of the <i>Community Based Support and Housing Commissioning Strategy 2017-2020</i> develops alternative provision</li> <li>•Integrated Community support networks are fully utilised to enable people to remain in their own homes for as long as possible</li> </ul>

## 2. Introduction

Everybody in our community has the right to feel as healthy, safe, well and independent as possible. Most people will have access to a range of people, services and organisations that help them to achieve these outcomes and to

be protected from abuse and neglect. This might be through their social network, family or employment circumstances, and through access to universal services or more targeted services.

The Commissioning Intentions for Care Homes have been developed with a range of health and social care commissioners, service providers and other professionals in Cornwall. It draws on evidence including the Joint Strategic Needs Assessment, information about the current utilisation of services and engagement with service providers and those people who use services now and in the future.

## 2.1 Aims for Health, Care and Support Services in Cornwall



### Our Aims

We will help adults with care needs to find support that improves their health and wellbeing so they can live as independently as possible.

We will ensure services are safe and effective and delivered in ways that improve people's experiences and outcomes.

We will protect the most vulnerable and ensure people are supported to live the lives they want in their communities, with the best possible opportunity to improve their physical and mental wellbeing and stay safe.

**In scope:** The scope of the Strategic Commissioning Intentions for Care Homes includes:

- ✓ Care homes with and without nursing
- ✓ Adults with learning disabilities and/ or physical disabilities and/ or autism and/ or mental health needs and/ or sensory needs
- ✓ Adults with age related illnesses, including frailty, risk of falling and dementia

- ✓ People in transition from children's to adult services
- ✓ Adults at the end of their lives
- ✓ Other adults with assessed eligible care and support needs

**Out of scope:** It is essential that all preventative, care and support and housing services are seen as a component of a whole system approach to the provision of care and support, from low level early intervention services to residential care homes. However, this document does not cover strategic commissioning intentions related to:

- ✗ Domiciliary care and re-ablement
- ✗ Housing based care and support solutions, including extra care, supported living and shared lives
- ✗ Community solutions, including day services
- ✗ Prevention and early intervention services
- ✗ Services for children and families

## 2.2 The Vision for Care Homes in Cornwall

Our Vision for Care Homes in Cornwall is the development of good quality care in an innovative and sustainable market that is able to respond to the changing and increasing complexity of the needs of people who use services and the future demand for care, support and accommodation based services. Care Homes will continue to play a key role in the early identification of health issues, reducing escalation, health crisis and avoidable hospital admissions.

Each person living in a Care Home should feel:

- **Secure:** People should feel safe, secure and free from threat or harm but not to the extent that positive risks are denied.
- **Continuity:** People should have their care and support provided by consistent staff. Their individual histories, interests, hobbies and social networks should be recognised and valued in the planning and delivery of personalised care. Contact should be maintained with their family and friends consistent with their wishes.
- **Belonging:** People should feel part of something, both within the home and the wider community and have the ability to maintain and develop their key relationships.
- **Purpose:** People should be supported to be involved in meaningful activities and achieve positive outcomes of care, while sustaining choice and control over their lives. They should be encouraged to develop the skills they need to move into independent living wherever possible.

- **Achievement:** People should be proactively supported in their ability to meet important goals and aspirations.
- **Significance:** Residents feel they are recognised and valued as an individual and that they are able to influence every part of their life including how their care and support is provided
- **Dignity:** The Person, when living in a Care Home, should always be treated with dignity. The Care Home provider should always adopt the principles of *Dignity in Care* set out by the Department of Health.

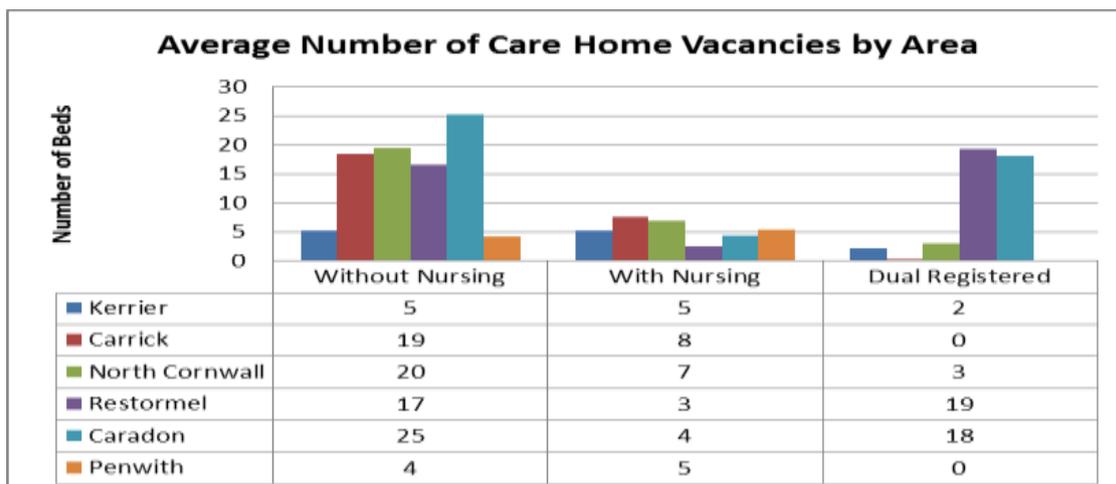
### 3. Care Homes in Cornwall

#### 3.1 Current Care Home's Market in Cornwall

A snapshot of the care home market in Cornwall from November 2016 shows the market is comprised as follows:

<b>Care Homes</b>	246 Care Homes registered with the CQC
<b>Total Care Homes Beds</b>	5,442 registered beds
<b>Residential Care Beds</b>	3,040 beds without nursing
<b>Nursing Care Beds</b>	2,403 beds with nursing
<b>Older People</b>	4,404 beds are available for older people
<b>Dementia</b>	3,097 can support older people with dementia including 1,671 residential, 1,548 with nursing.  327 can support people with a learning disability with dementia
<b>Learning Disability</b>	783 residential care beds available
<b>Number of Beds Purchased by CC (OPPD)</b>	1477 beds utilised by Older People and people with a Physical Disability  (33% of beds in market)
<b>Number of Beds Purchased by CC (LD)</b>	389 beds utilised by people with a Learning Disability  (49% of beds in market)
<b>Number of Beds purchased by KCCG</b>	469 beds utilised by KCCG CHC  Of the total nursing beds utilised across health and social care 910 beds are funded through FNC
<b>Total Number of Homes Contracted with</b>	Cornwall Council purchases services from 227 care homes  KCCG purchase services from 56 care homes
<b>Out of county placements</b>	147, including 30 placed due to no alternative provision in Cornwall

During the same period the number of available care home vacancies (older people and physical disability only) were as follows:



### 3.2 Commissioning and Purchasing of Care Home Placements

#### Cornwall Council

To determine whether a care home is a suitable solution to meet a person's care, support and accommodation needs Cornwall Council would undertake a needs assessment. Where the person was assessed as eligible for social care a support plan would be completed with the person and a care home placement may be identified as the most suitable solution to meeting the person's assessed eligible care needs.

A care home placement is then identified, either by the Council's brokerage or operational teams and contracted using an individual placement agreement. This sets out the Council's standard terms for individual placements as well as the person's care and support plan and financial arrangements. The Council contacts care homes on a twice weekly basis to collect information about the current vacancies.

Care home placement fees are calculated using methodology that is based on the cost of meeting the person's assessed eligible care needs as determined by a resource allocation system and their daily living costs.

#### NHS Kernow

##### Continuing Health Care

Where a person also has a primary health need, a joint assessment is undertaken between health and social care. A Continuing Health Care (CHC) checklist is used to determine whether a full Decision Support Tool assessment is needed to determine the person's eligibility. If the person is assessed as fully eligible all assessed health and social care needs will be fully funded thereafter and the person will not be required to make a financial contribution.

Health purchases care home placements through the Early Intervention Service where community nursing services access a short term care home

placement in order to improve health outcomes and prevent an admission to hospital or to facilitate an early discharge from hospital. This will form part of the development of the new Discharge to Assess Pathways for people who are waiting for a CHC assessment to be completed.

In November 2016, NHS Kernow introduced a new contract and service specification for those care homes with people who are funded through Continuing Health Care. A criteria-based tiered funding system was introduced based on the Continuing Health Care clinical assessment, which allows for movement of funding depending on health need.

**Funded Nursing Care:** If the result of the joint assessment is that the individual does not meet fully funded Continuing Health Care but does need access to a registered nurse over and above community health services, the nursing element, known as 'Funded Nursing Care' (FNC), will be paid for by the NHS at the rates set nationally. Such placements are regularly reviewed to ensure that financial contributions remain accurate in the event that the person's needs change.

#### 4. Our Development Areas

A number of areas for future development were identified through engagement with a range of stakeholders including care home providers, health and social care professionals and service commissioners. These included:

- **Coproduction and Co-design:** Proactive engagement with people who use, deliver and work alongside care homes is essential to ensuring that health and social care commissioning achieves a range of meaningful solutions and options that people say they want and need in the future.
- **Outcomes Based Commissioning:** The future commissioning model for care homes should have a greater emphasis on the achievement of personalised outcomes that focus on improved health, wellbeing and independence
- **Whole System Approach:** System issues that have an impact relating to care homes included avoidable hospital admissions and delayed transfers of care.
- **Commissioning and Purchasing:** The commissioning and purchasing of care home placements is different to other types of care provision, partly due to the Care Act 2014 requirements relating to their choice of accommodation. Systems for vacancy finding and brokerage of care home placements currently differ across health and social care and there is often competition across the system for placements. An effective joint approach to market management is necessary to ensure placements offer value for money whilst being based on the actual cost of care in the local market.
- **Contracts and Service Specifications:** To date, contractual arrangements for care homes have been on the basis of individual

placement agreements. This has limited commissioners ability to contract manage quality, performance and outcomes effectively. Additionally, operational staff have reported they would benefit from awareness of the contractual requirements for care homes, as this would enable them to advocate for people living in care homes, particularly how the care home is meeting the person's needs and the quality of care and support. NHS Kernow plans to introduce overarching terms and conditions for 2017-18 moving towards an aligned health and social care agreement from April 2018 onwards.

- **Work with Primary Health:** Care homes are often located within the catchment area of a number of GP practices. Evidence from NHS Kernow suggests that admissions to hospital can be avoided where the care homes work with a primary GP lead arrangement and where regular actual or virtual medical ward rounds take place.
- **Care Home 'Trusted Assessments':** Discharges from hospital to a care home are often delayed where care homes feel they must complete their own assessment for a person being discharged from hospital. This is particularly challenging where the person becomes medically fit for discharge over a weekend. Anecdotally, issues relate to medication, availability of appropriate accommodation, availability of equipment, the quality of information provided, and changes in complexity of need. Additionally care homes report limited support from community health services as a key reason why they will not accept weekend admissions. A 'trusted assessor' approach, developed between care homes, health and social care staff, is intended to identify issues as they arise, support the care home to facilitate discharge and to build trusted, consistent, and sustainable relationships between care homes and health and social care staff.
- **Avoidable Admissions and Delayed Transfers of Care:** Where strategically commissioned, Care Homes can offer a range of solutions to prevent admission to hospital or to facilitate a timely discharge. Intermediate Care and Discharge to Assess Pathway 3 offer evidence of where this approach has worked well to improve outcomes.
- **Choice:** The Council, NHS Kernow Acute and Community Health services are working together to build on the existing choice policies to develop an overarching policy based on choice and equity. This will clearly set out the parameters of the person's ability to choose their health and social care services balanced against availability, costs and ensuring people are discharged from hospital in a timely way. This will consider the options available to people who do not wish to leave hospital, how much choice people have in their care home service provider and the legislative requirements relating to choice of care home provision.
- **Complex Care Needs:** Currently the Council and NHS Kernow are utilising small numbers of hospital and out of county placements to support people with learning disabilities, autism or behaviour that

challenges when they enter into crisis. The Transforming Care Partnership will consider how Care Home services can be used to offer innovative alternatives and further prevent the need for hospital admission or contact with the criminal justice system.

- **Equipment and Assistive Technology:** It will be necessary to collate evidence about the utilisation of equipment and assistive technology in care homes and how this can be developed in future
- **Self-Funding Care:** It will be necessary to establish and implement a methodology for collecting and analysing data about self-funders. This should include early indications to the local authority about the plan when people's funds reduce to the threshold.

## **5. Our Commissioning Intentions**

The following commissioning intentions will support the Council and NHS Kernow in achieving the strategic aims and vision for Care Homes in 2017-20 and will be in keeping with the principles of coproduction wherever possible:

### **Outcome 1: We have a joint strategic direction for care homes commissioning in Cornwall**

- ✓ All care home related work streams are identified and are coordinated across Health and Social Care
- ✓ A dynamic Market Position Statement is developed, which effectively communicates the projected demand for services, including market trajectory
- ✓ A joint commissioning framework is developed, which effectively communicates the future commissioning intentions of Health and Social Care
- ✓ The intentions set out in the Care Homes Commissioning Strategy are effectively delivered through the implementation of the agreed delivery plan, including timescales, accountabilities and reporting requirements.

### **Outcome 2: Our care homes commissioning methodology is aligned across health and social care**

- ✓ The calculation of care home placement fees reflect the actual cost of care in the local market. The methodology is fair and transparent and supports market sustainability and innovation
- ✓ Improved quality, performance and outcomes are achieved through the introduction of an aligned, co-produced contract and service specification, which allows for effective, joint contract management
- ✓ Quality assurance is undertaken across Health and Social Care, utilising a single, common approach and include feedback from all stakeholders, including people living in care homes and their families

- ✓ Functions for vacancy finding, procurement and brokerage of care home placements are developed, implemented and aligned across Health and Social Care
- ✓ The system wide Choice Framework sets out the requirements for choice of care home in both long and short term placements
- ✓ A proactive and intensive response is available to support care homes at risk of closure
- ✓ Services are co-designed and co-produced with the people who use them and all other key stakeholders
- ✓ Market development is undertaken with the sector to build competition in specialist markets and equip service providers to take part in future strategic commissioning and procurement activity.

**Outcome 3: There is evidence of improved outcomes for people who live in care homes**

- ✓ Care homes are included in the development of whole system care pathways, which help to reduce avoidable admissions and delayed transfers of care by utilising care homes to achieve innovative solutions
- ✓ Cross sector information pathways are improved
- ✓ Care home services are increasingly personalised, with focus on independence, outcomes, choice, enablement and positive risk taking
- ✓ Care home services are able to provide a fully supportive environment for people who are increasingly frail, at risk of falling and for those who wish to end their lives in a care home without the need for secondary care interventions
- ✓ Involvement of Primary Care and Health is increased
- ✓ Care home related capacity issues are addressed, including a full workforce development plan, which also includes registered nursing workforce and the development of skills and competencies of non-nursing workforce improving recruitment and retention.
- ✓ Use of innovative solutions, including telecare, and other technology is increased
- ✓ Arrangements for the provision, management and return of equipment in care homes is clarified and improved.

**Outcome 4: Alternatives to care homes are available to meet people's needs**

- ✓ The care home market is supported by Health and Social Care commissioners to ensure the flexibility, viability and sustainability needed to respond in a changing market place
- ✓ People are able to have their needs met through a range of solutions including supported living, extra care, shared lives and other innovative approaches that include the provision of accommodation, care and support in accordance with the *Community Based Support and Housing Commissioning Strategy 2017-2020*
- ✓ Community support networks within a locality based approach including Health, Adult Social Care and Voluntary Sector involvement can allow people to remain in their own homes.



## 6. Strategic Delivery Plan

	Commissioning Intention Outcomes	Delivery Method
	<b>A joint strategic direction for care homes commissioning in Cornwall is achieved</b>	
<b>COMMISSIONING INTENTIONS</b>	<ul style="list-style-type: none"> <li>✓ All care home related workstreams are identified and are coordinated across Health and Adult Social Care</li> </ul>	<ul style="list-style-type: none"> <li>✓ The Council and NHS Kernow to identify all officers with key care home related roles to determine all current work</li> <li>✓ Care homes commissioning delivery group to be established to ensure effective communication, reporting routes and escalation</li> </ul>
	<ul style="list-style-type: none"> <li>✓ A dynamic Market Position Statement is developed, which effectively communicates the projected demand for services, including market trajectory</li> </ul>	<ul style="list-style-type: none"> <li>✓ The Council and NHS Kernow officers to take responsibility for collating and providing relevant information</li> <li>✓ Council to take the lead on producing the MPS for Care Homes</li> </ul>
	<ul style="list-style-type: none"> <li>✓ A joint commissioning framework is developed, which effectively communicates the future commissioning intentions of Health and Social Care</li> </ul>	<ul style="list-style-type: none"> <li>✓ Work will commence on the development of a joint commissioning framework for 'Care Closer to Home' from 2017 onwards.</li> </ul>
	<ul style="list-style-type: none"> <li>✓ The Care Homes Strategic Commissioning Intentions are effectively delivered through the implementation of the agreed delivery plan, including timescales, accountabilities and reporting requirements.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Council and NHS Kernow to ensure the Strategic Commissioning Intentions are approved through the required governance process and appropriate resources are identified</li> <li>✓ Effective monitoring of this delivery plan is undertaken by the delivery group</li> </ul>

	Commissioning Intention Outcomes	Delivery Method
<b>COMMISSIONING INTENTIONS</b>	<b>Our care homes commissioning methodology is aligned across health and social care</b>	
	<ul style="list-style-type: none"> <li>✓ The calculation of care home placement fees reflect the actual cost of care in the local market. The methodology is fair and transparent and supports market sustainability and innovation</li> </ul>	<ul style="list-style-type: none"> <li>✓ Fair Cost of Care Project is established to include:               <ul style="list-style-type: none"> <li>➤ Identifying the actual cost of care in the local market</li> <li>➤ Identifying appropriate fee setting tools to cover both the Council and Health</li> <li>➤ Testing the impact of the cost of care information</li> <li>➤ Implementing the agreed approach</li> </ul> </li> </ul>
	<ul style="list-style-type: none"> <li>✓ Improved quality, performance and outcomes are achieved through the introduction of an aligned, coproduced contract and service specification, which allows for effective, joint contract management</li> </ul>	<ul style="list-style-type: none"> <li>✓ Introduction of an overarching, aligned contract and service specification including:               <ul style="list-style-type: none"> <li>➤ Agreement of key performance indicators</li> <li>➤ Agreement of quality monitoring requirements</li> <li>➤ Agreement of approach to contract management</li> </ul> </li> </ul>
	<ul style="list-style-type: none"> <li>✓ Quality assurance is undertaken across Health and Social Care, utilising a single, common approach and include feedback from all stakeholders, including people living in care homes and their families</li> </ul>	<ul style="list-style-type: none"> <li>✓ Review of current quality monitoring systems</li> <li>✓ Requirements of contract and service specification can be quality assured</li> <li>✓ Quality assurance links effectively to contract management</li> </ul>
	<ul style="list-style-type: none"> <li>✓ Functions for vacancy finding and brokerage of care home placements are developed, implemented and aligned across Health and Social Care</li> </ul>	<ul style="list-style-type: none"> <li>✓ The development of placement hub (s) allows for effective systems to be developed alongside the Fair Cost of Care initiative</li> <li>✓ Vacancy finding system is developed and available across health and social care</li> <li>✓ Brokerage and procurement capacity is increased to enable effective placement management across health and social care.</li> </ul>
	<ul style="list-style-type: none"> <li>✓ The system wide Choice Framework sets out the requirements for choice of care home in both long and short term placements</li> </ul>	<ul style="list-style-type: none"> <li>✓ Choice policy is in place and agreed across health and social care governance</li> </ul>
	<ul style="list-style-type: none"> <li>✓ A proactive and intensive response is available to support care homes at risk of closure</li> </ul>	<ul style="list-style-type: none"> <li>✓ A joint home closure protocol is developed for health and social care</li> </ul>

	<ul style="list-style-type: none"> <li>✓ Services are co-designed and co-produced with the people who use them and all other key stakeholders</li> </ul>	<ul style="list-style-type: none"> <li>✓ The principles of coproduction are followed throughout the implementation of this delivery plan</li> <li>✓ Coproduction principles are embedded in the contract and service specification</li> <li>✓ Provider market is supported to understand and embed the principles of coproduction in their service delivery</li> </ul>
	<ul style="list-style-type: none"> <li>✓ Market development is undertaken with the sector to build competition in specialist markets and equip service providers to take part in future strategic commissioning and procurement activity</li> </ul>	<ul style="list-style-type: none"> <li>✓ The market position statement (MPS) provides clear information to the market about the future direction of health and social care for commissioning care home services</li> <li>✓ A market development strategy for care homes is prepare in conjunction with the MPS</li> </ul>

	Commissioning Intention Outcomes	Delivery Method
<b>COMMISSIONING INTENTIONS</b>	<b>Improved outcomes are achieved for people who live in care homes</b>	
	✓ Care homes are included in the development of whole system care pathways, which help to reduce avoidable admissions and delayed transfers of care by utilising care homes to achieve innovative solutions	<ul style="list-style-type: none"> <li>✓ Care home representation on the provider Partnership Group is increased</li> <li>✓ Care homes are included in service development and redesign on an ongoing basis wherever appropriate</li> </ul>
	✓ Cross sector information pathways are improved	✓ Closer relationships between commissioners, community networks and locality based care and assessment and other front line teams will be created.
	✓ Care home services are increasingly personalised, with focus on independence, outcomes, choice, enablement and positive risk taking	<ul style="list-style-type: none"> <li>✓ The care homes service specification has an emphasis on the principles of care, promoting independence, enablement, dignity, choice etc.</li> <li>✓ Quality assurance is able to validate service specification requirements effectively</li> </ul>
	✓ Care home services are able to provide a fully supportive environment for people who are increasingly frail and wish to end their lives in a care home without the need for secondary care interventions	✓ The development of the overarching contract and service specification will include requirements that will support the improvement of care quality. This will include but is not limited to physical environment, dignity, personal care, care planning, and end of life care.
	✓ Involvement of Primary Care and Health is increased	<ul style="list-style-type: none"> <li>✓ The development of contractual agreements with Primary Care and Health to improve visibility and accessibility of GPs and Health into Care Homes</li> <li>✓ Improved coordination of care and support is available for people who are at the end of their lives</li> </ul>
	✓ Care home related capacity issues are addressed, including a workforce development plan	✓ A market development strategy for care homes will be prepared in conjunction with the MPS
	✓ Use of innovative solutions, including telecare, is increased	✓ Requirements for the increased utilisation of innovative solutions will be included in the service specification

✓ Arrangements for the provision, management and return of equipment in care homes is clarified and improved.

✓ The Care Home specification will emphasise the requirement for Care Homes to consider and evidence of innovative solutions to reduce over reliance of bespoke equipment and more focus on technology.

	Commissioning Intention Outcomes	Delivery Method
	<b>Alternatives to care homes are available to meet people's needs</b>	
	<ul style="list-style-type: none"> <li>✓ The care home market is supported by Health and Social Care commissioners to ensure the flexibility, viability and sustainability needed to respond in a changing market place.</li> </ul>	<ul style="list-style-type: none"> <li>✓ A market development strategy for care homes will be prepared in conjunction with the MPS</li> </ul>
	<ul style="list-style-type: none"> <li>✓ People are able to have their needs met through a range of solutions including supported living, extra care, shared lives and other innovative approaches that include the provision of accommodation, care and support in accordance with the Community Based Support and Housing Commissioning Strategy 2017-2020</li> </ul>	<ul style="list-style-type: none"> <li>✓ Please refer to the Community Based Support and Housing Commissioning Strategy 2017-2020 Delivery Plan for details</li> </ul>
	<ul style="list-style-type: none"> <li>✓ Community support networks within a locality based approach including Health, Adult Social Care and Voluntary sector involvement can allow people to remain in their own homes.</li> </ul>	<ul style="list-style-type: none"> <li>✓ A joint commissioning framework is developed, which effectively communicates the future commissioning intentions of Health and Social Care</li> </ul>

Prepared by:

**Care Homes Commissioning Team**

Adults Transformation and Commissioning, Children, Families and Adults  
and

NHS Kernow Care Home Continuing Health Care and Related Services  
Commissioning Team

March 2017

If you would like this information  
in another format please contact:

**Cornwall Council  
County Hall  
Treyew Road  
Truro TR1 3AY**

Telephone: **0300 1234 100**

Email: **enquiries@cornwall.gov.uk**

**www.cornwall.gov.uk**